# The Tasmanian Mental Health Reform Program.

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Office of the Chief Psychiatrist
Department of Health

Tasmanian Government

# What were we tasked to do?

- Provide advice on how we best deliver services across the spectrum of mental health care – from community facilities, inpatient units, the Emergency Department – to ensure Tasmanians get the right care, at the right place, in the right time
- Provide expert advice on the best use of the new 27 mental health beds to the benefit of Tasmanian “patients”
- Consider integration from the perspective of people using the system (consumers and their families and carers) and service providers delivering the system
- Lived experience will be a key consideration across all aspects of the work of the taskforce

# How we went about it?

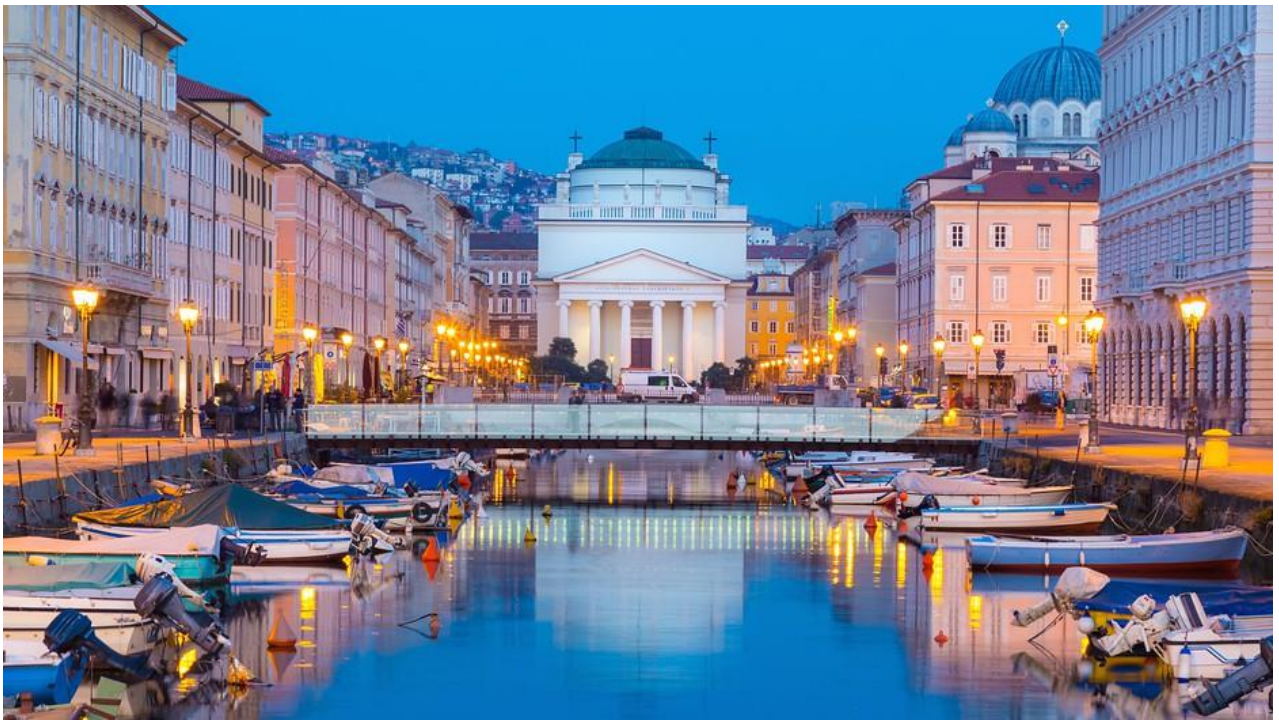
- Six half-day workshops of the Taskforce
- Written submissions were not formally sought
- A broad range of information considered including national and international best practice examples.

  Trieste, UK, US and Europe as well as Australian examples
- Consultative forums across the sector that achieved broad engagement.
- Positive and welcome contributions throughout.
- In parallel, the Clinical Planning Taskforce conducting the Master Planning of the RHH and Repat sites, stages 2 and 3 were endorsed by the State Government in March 2019.

# What does best practice look like?

- The WHO has recognised for the past 35 years that a few Mental Health services, as a result of quite extraordinary reforms, have ended with systems that are considered to be world leading.
- These services often have common characteristics and the elements that characterize these services are worthy of detailed analysis.
- One service is often considered the pinnacle and the intention is to look at this in more depth as part of the consideration on this taskforce, the service is the one located in Trieste, Italy.

# Trieste - not just a beautiful place to visit.



Chief Psychiatrist Approved

# Trieste- where is it?

Trieste is a city in North Eastern Italy in the Province of Fruili Venezia Giulia close to both Slovenia and Croatia and not far from Venice.

Population is nearly 250,000 , not much different from Hobart and the regional catchment of Southern Tasmania.

# Trieste reforms the history

- In Trieste, it all started in 1971 as a result of the work of Franco Basaglia and his group. Their most significant achievement was the closure of the Psychiatric Hospital in 1980 and the creation of a completely new range of services, as an alternative to the Psychiatric Hospital.
- The approach they took was based around a fundamental reconsideration of their approach. It developed with two key elements, first towards the individual as a social being, which implied the need to critically reappraise the approach to society and its norms, and secondly towards the community.

Today's features of the Mental Health Department in Trieste (236,393) are:

**Facilities:**

- 4 Mental Health Centres (equipped with 6/8 beds each and open around the clock) plus the University Clinic)
- A small Unit in the General Hospital with 6 emergency beds
- A Service for Rehabilitation and Residential Support (5 group-homes with a total of 35 beds, provided by staff at different levels and a Day Centre including training programs and workshops);


**Partners:**

- 15 accredited Social Co-operatives.
- Families and users associations, clubs and recovery homes.

**Staff: 214 people**

23 psychiatrists, 7 psychologists, 111 nurses, 10 psychosocial rehabilitation workers, 8 social workers, 27 support operators, 12 administrative staff.

# What is the 24hrs CMH Centre in Trieste?

An open door on the street

A multidisciplinary team in a normalised therapeutic environment (domestic) for day care and respite, socialisation and social inclusion

A multifunctional service: outpatient care, day care, night care for the guests, social care & work, team base for home treatment and network interventions, group & family meetings / therapies, team meetings, mutual support, relatives and other lay people visits, inputs and burden relief.

Social cooperative home management

Leisure and daily life support (self care; breakfast, lunch and dinner)

Intensive Home Treatment

# Some relevant outcomes

- In 2014, only 19 persons under **involuntary treatments** (6.5/ 100,000 inhabitants), the lowest in Italy (national rate: 19/100,000);
  2/3 are done within the 24 hrs CMHC.
- **Open doors**, no restraint,
- No psychiatric users are **homeless**
- Every year 200 trainees in Social Coops and open employment, of which 10% became employees
- Social cooperatives **employ** 400 disadvantaged persons, of whom 30% live with a psychosis
- Over 140 “health budgets” for individual rehabilitation plans
- The **suicide** prevention programme lowered suicide rate 40% in the last 15 years.

# How should we define Integration?

- “My care is planned with people who work together to understand me and my carer(s), put me in control, coordinate and deliver services to achieve my best outcomes” and

- “Integration is a coherent set of methods and models on the funding, administrative, organisational, service delivery and clinical levels designed to create connectivity, alignment and collaboration within and between the care and care sector… to enhance quality of care and quality of life, consumer experience and system efficiency for people living with mental illness, their family and carers, that cuts across multiple services, providers and settings.”

# What is being recommended?

21 Recommendations that cover three broad areas

1. Vertical Integration (12 recommendations),
2. Horizontal Integration (5 recommendations), and
3. Implementation (4 recommendations).

# Vertical Integration

Recommendation 1.

The Statewide Mental Health Service (SMHS) should re-orient the manner in which it operates its clinical services. Its focus should be on developing a **Community Mental Health System** rather than Community Mental Health Services. That is the current services should see themselves as an important, if not vital, part of a more distributed system of care rather than as a stand-alone service.

Recommendation 2:

The Statewide Mental Health Service (SMHS) should **reconsider the current boundaries of its catchment areas in Southern Tasmania and determine how to realign its resources so that there is a more equitable approach between catchment teams.** This must specifically address the current situation where caseloads and case burden are not matched with resourcing levels and this has a detrimental effect on morale, leading to burnout and absenteeism, creating unsafe and poor quality systems of care and contributing to both exit block from acute inpatient services and late access to healthcare which causes more presentations to the Emergency Centre.

Recommendation 3:

The SMHS, should develop **new consistent models of care for each of the four mental health programs within the service**. Of primary importance, this should be done jointly to get an agreed understanding of the boundaries and interfaces. This is particularly the case in trying to get commitment by all clinical staff to a **single system of clinical care**, as opposed to a set of discrete non overlapping siloes.

# Vertical Integration

- Recommendation 4:

The SMHS undertakes a **review of the relationship between Mental Health Services and the Alcohol and Drug Service (ADS) to get a fuller appreciation of the difficulties between these two sectors.** This review should focus on the difficulties identified by people with health needs and the degree to which the current systems and their interface allow people with any degree of comorbidity to access in a timely and appropriate manner. The SMHS should consider whether an external reviewer with experience in the provision of services from both sectors should be involved to provide advice about how the two sectors provide better integrated clinical services.

- Recommendation 5:

In line with the commitment under the 5th National Mental Health and Suicide Prevention Plan to undertake planning using the National Mental Health Service Planning Framework (NMHSPF), the **Department of Health and the Tasmanian Health Service need to address that the resources devoted to Public Mental Health Services are out of balance compared to the optimal balance outlined in the National Mental Health Services Planning Framework (NMHSPF**). In this regard, there is a current challenge to address the major shortfall in Community Clinical staffing levels across all mental health programs. Without addressing this, it is unlikely any significant integration can be achieved.

# Vertical Integration

- Recommendation 7:

The SMHS needs to review the manner in which it provides clinical services. This should take account of how to re-organise the services that people need to access when needing most urgent access. **This will require a fundamental reconsideration of the role of the Helpline, Crisis Assessment and Treatment Teams (CATT), Duty Officer roles, Psychiatric Emergency Nurses and the Mental Health Hospital in the Home (MHHITH) Service.**

As part of this reorganisation, the SMHS should look to having one system of CATT across Southern Tasmania, with Helpline functions integrated into this service and a clear connection to both MH HITH and the ED. It is critical that barriers that currently exist because of different service models and inclusion criteria between different geographical teams are removed as a matter or priority. In reorganising these parts of the service it is important that staff have an opportunity to work in various parts of this service to get competencies in all aspects of these roles so that they are equally able to do any part of this process.

# Vertical Integration

- Recommendation 8:

The SMHS and Primary Health Tasmania together with all parts of the Primary Mental Health Care system, notably the Tasmanian Branch of the Royal Australian College of General Practitioners **develop a better system of collaboration between Public Mental Health Services and Primary Care.**

- Recommendation 9:

The **SMHS needs to redefine the manner in which clinical services are provided within the Community Mental Health System.** In particular it needs to consider the development of Mental Health Nurse Practitioner roles and approach which allows clinical staff with skills in providing a range of therapeutic skills to be able to have this better reflected within a scope of practice that allows them to complement the current prevailing models of care. Consideration should also include how to make more service available through the greater use of services being provided to groups of people rather than only providing care to individuals.

- Recommendation 10:

The **SMHS should redevelop its model of care for subacute and non acute inpatient services in light of the commencement of the NDIS at full scheme in Tasmania and the outputs from the NMHSPF**. This would see a fundamental shift of care from institutions to community settings with the preservation of funding to ensure sufficient clinical care is available in the future for people who have the most severe forms of mental illness and the highest levels of psychosocial disability.

# Vertical Integration

- Recommendation 11:

The **SMHS should develop a clear plan for how it will better address the physical health needs of people who access the public mental health system.** This should involve how better access to screening services is facilitated, how Cardio-metabolic risk is managed and how diagnostic overshadowing is addressed.

- Recommendation 12:

The **Department of Health and the SMHS should urgently consider the need for a better mental health clinical information system that meets the needs of supporting vertical integration. This should take into account recommendations from the Prisoner Mental Health Taskforce and recommendations made as a result of the review of Sentinel events and SAC 1 and 2 incidents.** Furthermore, it should address the issue that currently there is a major difficulty for clinical staff in certain settings, knowing the current status of certain people under the *Mental Health Act 2013,* which has led to errors in administration of that Act.

# Horizontal Integration

- Recommendation 1:

The **Department of Health and the THS adopt a new service element as a central new feature of the Community Mental Health System; namely a 24 hour integrated service hub that consists of the collocation of a range of social services, disability support, peer operated services and clinical services, built around ensuring the recovery concept and supported by subacute residential services.** These centres should primarily focus on horizontal integration facilitating an approach in which a person's recovery is supported as well as all aspect of the person health care needs. The approach should be welcoming, free of stigmatising institutional approaches as possible and have peers as a central role within a place based approach to integration.

**These centres should be able to support the Safe Haven concept from the United Kingdom as well as being an opportunity to provide a non clinical option for those people who are in suicidal distress but do not require medical care as an alternative to presenting to the Emergency department at the RHH.**

**This new service element should consider how to provide a Local Area Coordination (LAC) approach for those people with mental health issues who use this service as well as how an approach to Service Integration (SI) would be facilitated.**

# Horizontal Integration

- Recommendation 2:

The **Tasmanian Government considers the adoption of this model within the current election commitments for the redeveloped Peacock Centre and the subacute services at St John's Park. These would represent ideal sites to trail this new model of integrated placed-based care.**

- Recommendation 3:

The **Department of Health together with the Flourish, Mental Health Families and Friends Tasmania, and the Mental Health Council of Tasmania undertake a project to explore the best way of getting greater integration of the full range of disability and social services that may need to be accessed by a person as part of their full participation in their community**. This should explore not only Tasmanian Government funded programs but also those of the Commonwealth Government and Local Government. This project should identify the most effective way of utilising LAC and SI in settings other than within the integrated centres.

# Horizontal Integration

- Recommendation 4:

The **Department of Health develops an approach that would allow the ability to have flexible funding through the Community Managed Sector in Tasmania** that would support the provision of services that promote greater horizontal integration, either at the Integration hubs or in other parts of the Community Mental Health System.

- Recommendation 5:

The **Department of Health works with Flourish, Mental Health Carers Tasmania and the Mental Health Council of Tasmania and the SMHS to develop a model to trial the transferability of the Recovery College concept as an element within the Integration Hubs.**

# Implementation

- Recommendation 1:

That the Tasmanian Government set a timeframe for the adoption of a fully integrated approach within the Tasmanian Mental Health Service. Further, **it is recommended that having considered the following critical success factors that the date of implementation be 1 January 2021.**

**Furthermore it is recommended that the recommendations within this report are used as the basis for exploring whether they are equally applicable in the North and North West regions of Tasmania. It is the taskforce's recommendation that they apply.**

# Implementation

- Recommendation 2:

That the **Department of Health note the significant undertaking to move to an integrated service system and agree to the development of an endorsed program structure to oversee the process of implementation (henceforth referred to as the Reform Program).** This Reform Program should identify, at the very least, an overall **Executive Sponsor who is accountable for the program, the resources available to undertake this reform process and the program deliverables, proposed outcomes and communication and change management processes**. The Reform Program will need dedicated resources and an extensive commitment by all levels of the SMHS to ensure a range of complex and inter-related projects that would comprise this reform are successfully undertaken.

The Reform Program should also have a clear schedule of reporting on progress at no less a frequency than three-monthly.

The **Reform Program should be built around the principle of co-design and both Flourish and Mental Health Carers Tasmania should be key partners in all parts of the program. Furthermore, the Mental Health Council of Tasmania, and Primary Care need to be involved in the design of the Reform Program.**

# Implementation

- Recommendation 3:

**The THS will need to identify a range of workforce reforms that support this process. This will include how all clinical staff can demonstrate that they are competent in the 16 values and attitudes contained within Standard 9 (Integration and Partnership) of the updated *National Practice Standards for the Mental Health Workforce 2013*. This standard, together with Standard 9 (integration) of the *National Standards for Mental Health Services 2010* are key documents that should set out the expectations for an integrated system of mental healthcare.**

Furthermore, the **THS should consider the degree to which the *National Framework for Recovery-Oriented Mental Health Services*, the Triangle of Care and the Principles of Trauma-Informed Care are known and adopted by all clinical staff. These three frameworks are considered fundamental to successful integration**. The SMHS will need to determine what investment is needed to ensure staff have competency with these approaches.

- Recommendation 4

**It is recommended that the recommendations within this report are used as the basis for exploring whether they are equally applicable in the North and North West regions of Tasmania. It is the taskforce's recommendation that they should apply.**

# Government Response

The Minister for Mental Health and Wellbeing has announced that Government has accepted all recommendations and that they intend that all will be implemented.

This will be achieved through 8 key actions as follows:

1. Establish a Mental Health-Hospital Avoidance Program
2. Establish Integration Hubs at SJP and Peacock Centre
3. Establish Specialised Suicide Response Service
4. Review the Model of Care for CAMHS
5. Dedicated Statewide Services for people with Complex needs
6. Continue the key reforms of the Alcohol and Drug Sector and the Transition to the NDIS
7. Use the NMHSPF to inform regional planning
8. Establish a dedicated project resource with clear governance and accountability with regular reporting

# General remarks about Integration

Leutz's "Laws" of Integration:

- You can integrate all of the services for some of the people, some of the services for all of the people, but you can't integrate all of the services for all of the people.
- Integration costs before it pays
- Your integration is my fragmentation
- You can't integrate a square peg and a round hole
- The one who integrates calls the tune.

# 1. Mental Health Hospital Avoidance Program

This will feature:

- Expansion of Crisis support functions
- Continuation of HITH
- GP assistance out of hours
- Centre based alternatives for assessment and treatment 24/7 as an alternative to ED.
- A clear point of entry to the system
- Expansion of Adult Community MH Services

This service will require a significant increase in the number of clinical and non clinical staff working within this program. This has been funded and will commence from 1 July 2020.

# 2. Integration Hubs at St John's Park and the Peacock Centre

These two centres will feature not only the 27 acute community beds that comprise part of the 24 hour/ 7 day a week MH HAP they will also become the sites that provide a one-stop shop where a person with multiple needs can access the array of services they may require.

This approach would be based on an adaptation of the Trieste approach for integrating a range of clinical and non clinical services.

They would also have the capacity to provide Safe Haven and a Recovery Centre.

# 3. Suicide Mitigation Service

To complement the expanded Hospital Avoidance Program a new stream dedicated to providing best practice approaches to people experiencing suicidal distress will be developed to ensure existing aftercare responses and community based crisis services are meeting individual need and ensuring people can access the types of services that best meet their needs.

# 4. Review CAMHS model of care.

A project to review all aspects of the CAMHS model of care will commence in August.

This will encompass an analysis of the staffing needed for the new Adolescent MH inpatient services, the current CAMHS Hospital Team, the CL services the Community CAMHS service and the recently announced all age Eating Disorder Residential Treatment Centre.

# 5. Dedicated Clinical Teams for people with complex needs

This will consist of two separate new services.

1. The first dedicated Intellectual Disability/ Mental Health Service to provide a combination of comprehensive case management, consultation and liaison and teaching and training for the sector.
2. A dedicated service for people with Borderline Personality Disorder/Complex PTSD to expand our capacity to provide best practice assistance for people who live with these issues.

# 6. Reform of Alcohol and Drug Sector and the NDIS transition.

1. Alcohol and Drug Sector Reform

2. Consideration of the role of Millbrook Rise Centre, Tolosa St, the NDIS, the Psychosocial measure and Community Managed Sector

# 7. The NMHSPF informing regional planning

Joint Project between Statewide Mental Health Services (SMHS), Primary Health Tasmania (PHT) and the Department of Health and a range of other MH stakeholders to develop an Integrated Regional Plan for Tasmania.

The NMHSPF will help identify the gaps within the current service mix most notably as it relates to the provision of peer workers, supports and assistance for families and carers and the full range of community supports.

## What does not change?

- The RHH Mental Health Inpatient Unit will still move to K block in 2020.
- As part of Stage 2 of the RHH, there will be a Short Stay Unit established in the new ED, where Paediatric Outpatients is currently located.
- Mistral place will remain providing the same services.
- Stage 3 of the RHH will, once funded, see the development of a new MH inpatient precinct.

If you want to find the full Taskforce report and the Government Response it can be found at the following site:

https://www.dhhs.tas.gov.au/mentalhealth

# The Tasmanian MH Reform Team

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Tasmanian Government

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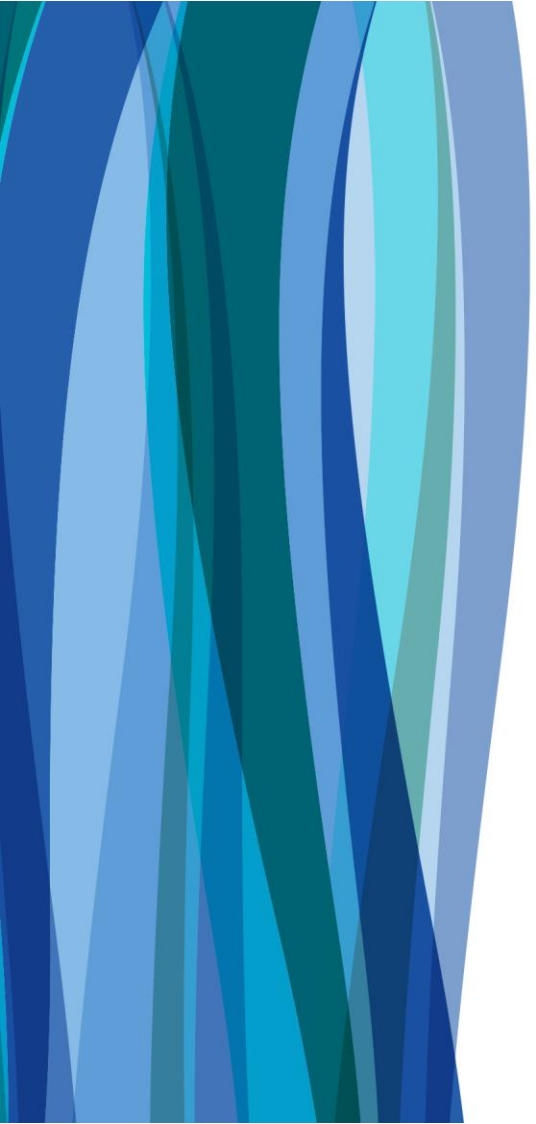

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