

# Mental Health and Statewide Services

Response to the White Paper  
– Exposure Draft (March  
2015)

# Delivering Safe and Sustainable Clinical Services

## Mental Health and Statewide Services: Response to the White Paper – Exposure Draft

### General Comments

Mental Health and Statewide Services support the need to reform the Tasmanian health system to deliver better health outcomes for all Tasmanians. Clearly the current system is struggling to meet the demands placed upon it and is hindered by organisational structures and processes which are inefficient and do not effectively support the delivery of high quality clinical services.

The move to one Tasmanian Health Service is a step in the right direction. The establishment of a single Tasmanian Health Service will enable us to focus on delivering streamlined high quality health services that are accessible to all Tasmanians regardless of where they live in the State.

It is recognised that the White Paper – Exposure Draft primarily focusses on those public health services that are delivered through our acute care settings. However, it needs to be acknowledged that significantly improving our health system will not be achieved by focussing on the acute care sector alone. True sustainable change to our public health system will only occur if we consider our primary and community based services alongside our acute services.

The range of primary health and community based services is significant within Tasmania. It is important to note that these services play a dual role in Tasmania's overall health system:

- They deliver a range of vital services to Tasmanians; and
- They keep Tasmanians out of our more expensive acute care sector.

The intrinsic links, relationships and reliance between our acute services and the range of primary and community based services will make improvements impossible unless those improvements occur across the whole health system. This will require a significant focus on the role of primary care services (including those outside the public system, like general practitioners) and community based services (including both public services and those provided by the Community Sector).

The White Paper provides very little commentary on the need for improvements to our infrastructure that will be required to build a better health system in Tasmania. As an example, a key concern for Mental Health and Statewide Services is the need for a comprehensive and integrated Clinical Information System to support client care. The current service information system is inadequate to meet the needs of our clinical services and was highlighted in the recent review of Review of Drug Use and Service Responses in North West Tasmania (where a specific recommendation was made in relation to the need for a clinical information management system).

## **Specific Issues Relating to Mental Health and Statewide Services**

The range of services provided by Mental Health and Statewide Services receive small consideration within the White Paper – Exposure Draft. This is understandable given the paper predominantly focusses on services provided through the acute sector. However, it will be critical that the relationship between the broader health reforms of the White Paper and the outcomes from the Rethink Mental Health Review are considered, explored and included in the overall reform agenda. These processes should not be progressed in isolation of each other.

The comments below are provided against the specific services areas of Mental Health and Statewide Services.

### *1. Mental Health Services – South*

The creation of the adolescent unit as part of the redevelopment of the Royal Hobart Hospital will play a vital role in the development of quality psychiatric services to children and adolescents. The paper identifies this service as providing a Statewide model of care. This will require further clarification to ensure the service is utilised effectively. The move to a single Tasmanian Health Service will result in greater collaboration and cooperation across mental health services Statewide.

The provision of step up and step down beds for Mental Health Services should be a consideration in reforms to Acute Care setting. This model has proven, not only to provide opportunity for early intervention in the community (and thus avoiding an acute admission) but also contributes to a reduction in the acute length of stay through safe and early discharge.

### *2. Alcohol and Drug Service*

At present, specialist Alcohol and Drug Services are provided to our Acute Hospitals via a consultation liaison model. In the South a specialist consultation liaison nurse (employed by Alcohol and Drug Service) is located at the Royal Hobart Hospital. The nurse is also supported by specialist alcohol and drug medical officers as required (by phone and via a visiting service). In the North and North West Regions, specialist services are provided on an as needed basis. At this stage, no acute hospital has dedicated Alcohol and Drug beds (i.e. for withdrawal management).

Mental Health and Statewide Services supports the provision of specialist alcohol and drug services from an acute hospital setting and welcomes any strategy that supports increased specialist services within our major hospitals. However, it is unclear if these specialist services are considered new services as part of the reform of our acute services or if the paper suggests moving current resources into the hospital setting.

The provision of Alcohol and Drug Services contained within the report may need further refinement. Significant work and resources have been invested by the Commonwealth Government in recent times to develop a planning model for the provision of specialist Alcohol and Drug Services in different populations – the Drug and Alcohol Service Planning Model for Australia. It is suggested that more work using this model could assist in refining the level of service provision required at a regional level.

The paper highlights the establishment of a level 4 Alcohol and Drug Service at the Mersey Hospital. There is some concern that it will be difficult to develop a level 4 service at the Mersey and a level 3 at the North West Regional Hospital. The recruitment difficulties faced by Alcohol and Drug Service in recent years in the North West suggest that the sustainability of two specialist services in the North West will be difficult. It is suggested that the immediate focus should be on establishing a single specialist alcohol and drug service that is based within one hospital and supports the other via a visiting consultation liaison service.

### *3. Forensic Mental Health Services and Correctional Health Services*

Forensic Mental Health and Correctional Health Services are not specifically mentioned in the White Paper but it is assumed that they will be considered as part of the broader health system. Clients of these services present with significant complexities which, if not appropriately managed, can have significant consequences for the broader health system and the wider community when they transition back to the community. It will be important for Statewide and Mental Health Services to work closely with our partner services within the future Tasmanian Health Service to ensure that there is a renewed emphasis on integration between community based services and acute inpatient services.

It is critical to note that Tasmania does not currently have an appropriate dedicated civil-secure mental health service. Without this service model, Tasmania is limited in the range of treatment options available for patients who present with high complexities within the civil mental health sector who often require transfer to the secure mental health facility.