

Public Service Association Meeting

Friday 27 July 2007

PSA Office, 122 Pirie Street

12:30 – 1:30, 30 minute speech followed by questions

Jill Whitehorn in attendance

Good afternoon everyone and thank you very much for inviting me to speak to you today. I'd like to acknowledge the presence of the President of the Public Service Association, Lindsay Oxlad and PSA General Secretary, Jan McMahon. I have been asked to talk to you about the work of the Social Inclusion Board in mental health through the Stepping Up report for the reform of the South Australian mental health system.

Today I want to affirm and acknowledge the critical importance of the work of public sector social workers, psychologists, occupational therapists and others who work in the public mental health system. Your work with those most in need is crucial to a socially inclusive community. Your client groups are not always easy to work with, and in fact, they are becoming more complex.

In February this year the Social Inclusion Board's reform plan for the South Australian mental health system was released.

During our consultation process for the reform of the mental health system over 1400 people were involved, including consumers, their families and carers. Various interest groups also presented their views through written submissions or verbal briefings. Four panels were convened – consumers and advocates, professions and workforce organisations, non-government organisations and public sector managers. We also undertook consultation with the Aboriginal community and country SA. They each presented a

communiqué with a summary of their views. The Board, without bias or favour, considered the full array of information, opinions and ideas.

The Public Service Association was involved right through the consultation process with Lindsay Oxlad representing the PSA on our initial consultation panels, as well as continuing on the Social Inclusion Board's reference group to inform the directions of the final report. The PSA also put in a written submission along with many other representative bodies such as the SA Branch of the Australian Association of Social Workers, the SA Branch of the Australian Psychological Society and OT Australia. These detailed submissions gave us valuable insight into the issues and concerns facing the mental health sector. The concerns and recommendations of these groups were very important. And if you have read the Social Inclusion Board's Report, I hope you would agree that these are reflected in our report and that we share the same vision for the South Australian mental health system.

I know that many have been disillusioned and demoralised by numerous unfulfilled promises and plans for reform that weren't fully realised.

I don't believe that mental health system reform has not been fully achieved anywhere else in Australia. However I do believe that we have an opportunity here in South Australia to bring about a sustainable whole of system reform.

Why do I think this new reform plan will work? Well, to start with, the Social Inclusion Board's report is the first major review of the mental health system that has been undertaken outside the Health Department or through a parliamentary process. This was an unbiased, balanced, whole of system

review, not a particular interest based review. A whole of system review which looked at the flows and processes between the various mental health care systems. Another thing that is different this time is that our plan is not a 'pick and choose' for the government. It is about full scale reform. A full scale adoption of a stepped system of care. Every bit of our plan has to be implemented across the system for it to work.

We didn't approach this review with preconceived ideas or ready solutions. We didn't simply agree to the 'demand' argument - that the demand for mental health services was increasing and that we needed more of everything to fix the many problems. We consulted with people and groups who are part of the system in various ways. We looked at the data. We defined the problem. We sought new ideas and new concepts from the community and the workforce. And only after all that did we recommended solutions. The result was the Stepping Up report and a 5 year plan for the reform of the South Australian mental health system.

I am very confident in the report and am strongly committed to seeing its recommendations made a reality. As you know, when it was released the government immediately accepted 33 of the 41 recommendations in the plan. Following the recent budget, an additional 4 recommendations relating to non government organisations and community care centres were funded. We are now only waiting on the government's response to the remaining recommendations relating to the Glenside Hospital.

Now while the responsibility for implementing the plan lies with the Department of Health and the Minister, as Commissioner for Social Inclusion, I have been given the mandate by the Premier to formally monitor the implementation of the plan and report to the Premier on its progress. I think this will be critical and I can assure you that I will continue to be vigilant, and vocal when necessary, to ensure the plan is implemented in its entirety - the key will be the time frame.

I'd like now to personally share with you the Board's vision for the South Australian Mental Health system that is detailed our report and that has been accepted by the government.

To talk to you about our vision for the future, however, I want to firstly paint for you the picture of the current system that came through our consultations and research.

Overall our mental health system in South Australia is congested and crisis driven. Consumers and their families are frustrated by the disjointed care, variable service quality and relatively poor outcomes in social connection and functioning that they achieve.

Our mental health workforce has to function in crisis mode - and burnout, absenteeism and resignation are the consequence. There is low morale amongst staff across the system and entrenched difficulties in recruitment and retention.

This crisis in the system is due to two main factors:

- Insufficient alternative options to acute in-patient care, and
- pathways that are not configured and managed to ensure patient flow.

South Australia has a lack of community based care facilities and has no intermediate care facilities. As a consequence many people are receiving treatment at levels above, or below, what they need.

There isn't enough appropriate accommodation, or care, for people to remain well in the community and avoid hospital admissions. When people need more intensive care, there are very few options besides an expensive hospital bed. And because of this, hospital beds are often not readily available for people with more urgent needs.

Re-entry into the mental health system is usually through a single entry crisis gateway such as emergency departments.

When it comes to the delivery of care across community specialist services, there doesn't seem to be any consistency. There are differences in responses between regions, within regions and between teams working from the same service models. The transitions between child and adolescent services, adult services and services for older people, are not generally flexible or support a continuity of care. This results in people having to navigate around the system, rather than the system working around them, and this goes to the very heart of the frustration felt by consumers.

To address these significant problems, the Board put forward 41 recommendations for the reform of the South Australian mental health system.

The Board has recommended that South Australia has to get back to knowing the people who use its services. We need to construct a system that behaves like you as practitioners do, in recognising clients as individual people, each with their unique needs and life circumstances.

A people centred approach means that consumers are recognised when they enter, re-enter or move through the different pathways across the system. To do this we have to be able to report accurately, and regularly, on the numbers of individuals, their profiles and their interaction with the mental health system. The Board has recommended that community mental health services develop a system where individuals are assigned a unique identification number that can become interoperable with the inpatient data collection.

We collected and analysed a significant amount of data on the numbers of people using the mental health system. No evidence was presented to us that community mental health services are dealing with an escalating demand. What we found was not an increasing demand in the system, but a system that is struggling to deal with a particularly complex and demanding client group. Most of the people with enduring mental illness, who are also long-term consumers, have a complex mix of problems in their lives and are profoundly socially excluded. These are people who are using a variety of services across many systems in addition to mental health; such as drug and alcohol,

housing and the justice system. And these are the people who are contributing significantly to the current crisis in acute psychosis care.

Our research showed us that between 400-800 people fit this profile of having chronic and complex needs. We strongly believes that focusing on these 400-800 people will give us the greatest benefits in terms of cost savings, reduction in expensive acute admissions and better treatment outcomes for people suffering the most severe effects of mental illness. Focusing on this complex needs group to keep them out of the acute system is the first phase in the implementation of the stepped system of care that is at the very heart of the reform proposed by the Board.

A stepped system of care is a system which is organised as a range of steps from the least intensive to the most intensive. The system is balanced by making sure there is sufficient capacity at each of the less intensive service steps to limit the need for more intensive options.

In order for South Australia to move to a stepped system of care, a range of things needs to happen first. As I said earlier, South Australia has no intermediate care facilities until recently, no community rehabilitation facilities and insufficient supported accommodation.

This range of facilities is critical to the implementation of a stepped system of care. Evidence from a 2006 national snapshot survey showed that 36% of people in mental health beds in South Australia could have been immediately discharged if intermediate care, rehabilitation support or more accommodation

services were available. I am pleased that the community rehabilitation centre at Mile End has opened and another at Noarlunga is under construction.

New intermediate care facilities will provide a step up or step down option between home and hospital that doesn't currently exist. During our consultation process, consumers and carers consistently raised the lack of services to support the transitions between hospital and home for people with a mental illness. The Board was also influenced by consumers who advocated strongly for step-up arrangements because of the empowerment that comes from avoiding an admission to hospital.

These intermediate care facilities will focus on quality nursing care to consolidate the person's treatment and restore their basic health and wellbeing that may have been disrupted by or untreated during their time in hospital.

Non facility based intermediate care is also a very important part of a stepped system of care. Hospital in the home arrangements and intensive packages of psychosocial rehabilitation will continue to be supported to assist people to return to life in the community.

Psychosocial rehabilitation is so critical to real recovery for many people with a mental illness. Consumers need a range of interventions: psychiatric, psychological and social, as well as vocational and occupational therapies. And these interventions need to be delivered in a coordinated way by either government or non government providers, or a combination of both.

The occupational groups represented here today, the social workers, psychologists and occupational therapists, know full well that recovery is a personal journey that is different for everyone. This means that a one-size-fits-all approach to providing rehabilitation and recovery services doesn't work.

You all know that the importance of meaningful social relationships with other people can never be underestimated. It is our meaningful social interactions that allow us to be true citizens of humanity and of society. Having sound social networks, a secure income, good health, a well-developed understanding of how society operates and how to access its services are what allows an individual to successfully engage and participate in society.

Your expertise is absolutely critical in this arena.

Key to the whole reform plan that I have been describing is the role of Community Mental Health Services. The Board has recommended that the model for South Australia is to have **community mental health services** at the centre of the whole mental health system.

The Board strongly believes that all mental health services outside of the acute hospital setting and long term care should be managed by Community Mental Health Services. This includes being the entry point into the mental health system for consumers rather than the acute hospitals, and managing all admissions to, and discharges from, non acute facilities. They must have

responsibility for managing the partnerships with primary health care, private specialists, other government sectors and the non-government sector.

Our vision for having community mental health services at the centre of the system is also going to require changes in the current structure and function of Community Mental Health teams. We have recommended a detailed functional assessment of community mental health services which will likely result in a change in the way functions are allocated to teams.

One change that we know needs to happen, as I'm sure you will all agree, is a renewed focus on quality case management in teams. The social work profession founded true case management and it needs to take the lead in restoring this practice. We also need to see a restoration of multidisciplinary teams in case management. The true meaning of multidisciplinary teams and their operation seems to have been lost over the years and needs to be recaptured.

The Board has also recommended that mental health services across the adult, child and adolescent and older people sectors should be organised around geographic catchment areas to support a population based service delivery. By locating and aligning services in catchment areas, the transitions across the three sectors will be able to be much more effectively managed.

A workforce for the future

Now, South Australia's capacity to deliver this stepped system of care is not just reliant on having the right infrastructure. It is even more critical that we have a workforce of the right size with the right skills.

When we examined the workforce data we found that South Australia has a relatively high supply of social workers when compared to the national average, but has an undersupply of psychologists. Recent analysis of workforce data is also indicating that the number of occupational therapists is on the decline.

We also all know that we have an ageing workforce. This is a very significant problem in the health workforce. We are going to have a very big problem when the older, skilled workers retire and are not replaced by a sufficient number of younger entrants coming through the education and training system. Add to this the problem of attrition from the health workforce for reasons other than retirement and it is very clear that we are not going to have the volume of professionals and other workers that will be needed in the mental health system.

Strategies to increase the numbers; such as encouraging more people to enter the health professions, increasing the numbers being trained and so on, have long lead times and won't solve our current problem. Recruitment and retention of skilled workers are currently, and will continue to be key challenges. We need to think differently and creatively about solutions for ***now***.

This is why we have recommended that the Department of Health undertake a detailed and thorough workforce planning process. Regardless of this process, however, we have made a specific recommendation that the Department of Health should negotiate private practice rights for psychologists in particular, but also for other allied health professionals. This would hopefully enhance their career development and support their recruitment and retention.

The Board has also made another specific workforce recommendation with regards to country South Australia. The Board has recommended the development of nurse practitioner roles in Country SA to address the inequities between services in metro and country regions. Because of the shortages of GPs and a limited pool of visiting psychiatrists these nurse practitioner roles will be able to provide access to mental health services for people who are at risk in the country areas.

The future is about multi-disciplinary practitioners who can travel across sectors and systems to respond to clients who have multiple and complex needs.

Increasing supply in traditional occupations still dominates workforce planning rather than issues of job redesign, changing workforce culture and, certainly for South Australia, dealing with the distribution inequities between metropolitan and country regions.

Early intervention and prevention

At the same time as we are trying to treat and aid the recovery for people with a mental illness, we need to also have a strong focus on early intervention and prevention. This was a clear message from all groups during our

consultation. Early intervention and prevention is one of the best investments governments can make. Promoting the psychological well-being of children and young people is the essence of prevention and a range of state and federally funded initiatives already exist.

However a critical gap is the lack of a service to address first episode psychosis. The need for this service was highlighted by a number of groups during the consultation, including the Social Workers Association, and the Board agreed. A response to first episode psychosis is one of the best investments for young people and for South Australia. And we have proposed that this early psychosis service be located on the Glenside Hospital campus.

The Glenside campus is of particular importance to our reform plan. The Board feels strongly that Glenside must be redeveloped as a stand-alone centre for state-wide specialist mental health services. The uniqueness of the Glenside site, its proximity to the city, the fact that it is well integrated into the surrounding community – all of these are reasons why Glenside is so important.

We want to see a new future for Glenside, and a break from its institutional past. We want to see new, purpose built, adaptable, state of the art facilities being built on the Glenside site. Never again in South Australia should people with a mental illness be treated in buildings such as those that currently sit on the Glenside campus.

In the plan for redeveloping the site we also want to see a focus on bringing the community onto the site. We want to see Glenside having a whole new

relationship with the surrounding community. Creating a more positive image of Glenside with the community and the media is an important step towards reducing the stigma that is attached to Glenside and its residents.

The Board's vision for the Glenside site includes a range of co-located services.

The clinical services we have recommended for the site include the proposed Early Psychosis Service, the existing Rural and Remote Service, Drug and Alcohol Services, a proposed Aboriginal Mental Health Service, the replacements for Cleland, Brentwood North and Helen Mayo House and a secure rehabilitation service.

The re-location of Drug and Alcohol Services to Glenside is particularly important as it is going to significantly enhance the capacity for dual diagnosis services. The intention is for specialist drug and alcohol staff to provide consultancy support for mental health staff and vice versa on a 24 hour basis.

We have also recommended other services be located on the site, including 24 hour supported accommodation and an intermediate care facility. Co-location of all these services will allow for better collaboration across the services and ease of access for consumers and their families.

Joined up approach

The submission from the Public Service Association expressed the need for a greater integration and collaboration in the delivery of services across

professional groups and the government and non government sectors. This was echoed in the most of the other submissions. The Board strongly agreed. It is joined up service delivery that has seen us have successes in our other references such as homelessness and school retention.

All of us here today know that social problems and the social needs of individuals, families and communities are joined up. However, it is only recently that this understanding has permeated into mainstream public policy development with some degree of success, as our bureaucracies, government departments and processes, and indeed the thinking of many, still operates in linea and silo mentality and structure. This is a challenge we must overcome.

To implement a joined up response to reforming the mental health system, five key partnerships involving 32 agencies across state and commonwealth government have already been formed. And non-government organisations will also be involved.

We have gotten together the key people in mental health with people from a wide range of services in government that interact with people with a mental illness in some way. Agencies such as housing, aged care, justice, drug and alcohol and so on.

Through these partnerships we hope to see a much more joined up approach to the delivery of services to people with a mental illness.

We are all going to have to play our part in making this plan for reform a reality. And I call on you here today to become leaders in this reform process. I know, as you all do, that this reform is not just going to require changes to the structure of the system. It is also going to involve a massive change in the culture of the system.

This is South Australia's opportunity to lead the nation and have a world class mental health system. We have to get it right this time for the future of mental health in this state, for the hardworking and dedicated mental health workforce, and most importantly, for the consumers of the system, their families and carers.

Thank you.