WORKLOAD MANAGEMENT & MONITORING

Workload/caseload considerations
There are no established caseload management guidelines for mental health service clinicians. It is not possible to implement a caseload management ‘capping’ system given the variability between clients in the level and intensity of care required at any particular time.

Clinician workloads/caseloads will also vary for a variety of other reasons including:
1) The nature of the work being undertaken e.g. a staff member may not only provide individual care coordination services but also provide other interventions such as group work or therapy;
2) The roster that the worker is on e.g. whether the worker is on a 5 or 7 day roster; and
3) The worker’s level of service experience e.g. staff may have a lower workload, building up as they develop skills and confidence, if they are new to the service, an AHP intern or a nurse completing GDMH.

Metropolitan Local Health Networks (NALHN | CALHN | SALHN)
There are a number of mechanisms currently in place to monitor workloads for integrated adult community mental health teams. These will be used across metropolitan LHNs for YMHS and include:

Clinical/Morning meeting
This is a team business meeting and work allocation meeting held each day of the week. It facilitates the allocation of tasks, assessments and care coordination, and ensures transparency of staff caseload and enables the review of clinician and team capacity. Youth consumers will be specifically identified and ‘tagged’.

Journey Board
This is a tool to visually represent the caseload allocated to each individual worker within the team. The ‘focus of care’ for each consumer is recorded on the board. This then allows both the clinical staff and the clinical coordinator/team manager to review the capacity and workload of individuals and the team as a whole. Youth consumers will be specifically identified and ‘tagged’.

Clinical Review
This is a multi-disciplinary consumer review involving the care coordinator, clinical coordinator and clinical leads within the team. This provides an opportunity to review individual cases which may require additional support from other parts of the team or service. Specialist youth staff will be included in clinical reviews of young people.

Clinical supervision
Clinical supervision comprises three core elements of line management, clinical support and professional supervision. This process supports the clinician in their professional practice, their professional working life and aims to improve service delivery. This process gives the opportunity to reflect on practice in a supportive environment, enabling any issues regarding workload to be raised and discussed.
Country Health SA Local Health Network (CHSALHN)
The mechanisms in place for monitoring of workloads/caseloads in CHSALHN are as follows:

- Daily team meetings where work is allocated and monitored by Team Leaders;
- Management structures which include regular supervision, performance review and development meetings and other meetings as required;
- Management reporting tools (including CCCME and line management reporting) will be in place to pick up if workload is increasing.

There will be close monitoring of staff workloads/caseloads given that YMHS are new to the mental health system.

Women’s and Children’s Health Network (WCHN)
Workload monitoring in Child and Adolescent Mental Health Services (CAMHS) is based on a number of factors at individual and team levels including:

- The number of referrals;
- The average length of service, and number and capacity of clinicians in each team as well as demand;
- The ratio of direct client work, indirect work and other requirements; and
- Both managers and clinicians have access to BART and CBIS information systems which are used to monitor hours of service delivered, contacts as well as supporting workload discussions in relation to capacity.

State-wide structural mechanisms
Staff workloads will be monitored to ensure that they are in accordance with the applicable industrial instruments and WHS obligations.

The Statewide Mental Health Project Implementation Committee provides a structural mechanism that monitors the implementation of YMHS (including monitoring of YMHS staff workloads). The Statewide Mental Health Project Implementation Committee reports to the CAMHS-Youth Mental Health Steering Committee which has responsibility for overseeing the implementation of the CAMHS and YMHS reforms in SA.

The workload of both clinicians providing services to young people and clinicians within broader teams will be monitored in LHNs in accordance with these structural processes which will include clinical/team meetings, supervision, quarterly reporting on service usage, feedback from clinicians either directly or through union consultative forums.

Union Consultative Forum

Ongoing consultation with Union representatives in relation to workload monitoring will continue via the CAMHS-Youth Mental Health Union Consultative Forum once YMHS commence.

It is expected that once YMHS are established, monitoring and management of LHN workloads will be dealt with at the LHN level and involve the LHN Consultative Forums as necessary. Unions are encouraged to raise any concerns about Workloads within LHNs at the LHN level to enable issues to be managed and dealt with accordingly.