



Tasmania



PREMIER

Senator G Humphries
Chair
Community Affairs Committee
Department of the Senate
PO Box 6100
Parliament House
CANBERRA ACT 2600

11 SEP 2007

Dear Senator Humphries

The Tasmanian Government welcomes the opportunity to make a submission to the Senate Inquiry into Mental Health Services in Australia.

In making this submission the Tasmanian Government notes the relatively short interval between the endorsement of the *COAG National Action Plan on Mental Health* in July 2006 and the Report of the Select Committee on Mental Health. Many of the reforms are in an early stage of implementation. For this reason, it is not feasible to provide detailed evaluation and analysis of each of the matters being considered by your Committee.

Tasmania is establishing an integrated model of care that can accommodate ongoing reforms and quality improvement in an organised and transparent manner. Through the *COAG National Action Plan*, Tasmania has joined all other governments in making an investment to deliver mental health services in a more integrated way. Both the National Mental Health Strategy and the *COAG National Action Plan* highlight cross-jurisdictional commitment to working together as part of a complex reform process.

These reforms have involved major changes to service structures, systems and processes, and created significant challenges for consumers, carers, families and service providers.

2.

To achieve a greater alignment of service delivery on a national basis, Tasmania proposes a closer working relationship between the relevant State and Territory and Commonwealth government agencies to identify and determine priority areas and programs necessary to meet national objectives.

Thank you again for the opportunity to comment.

Yours sincerely

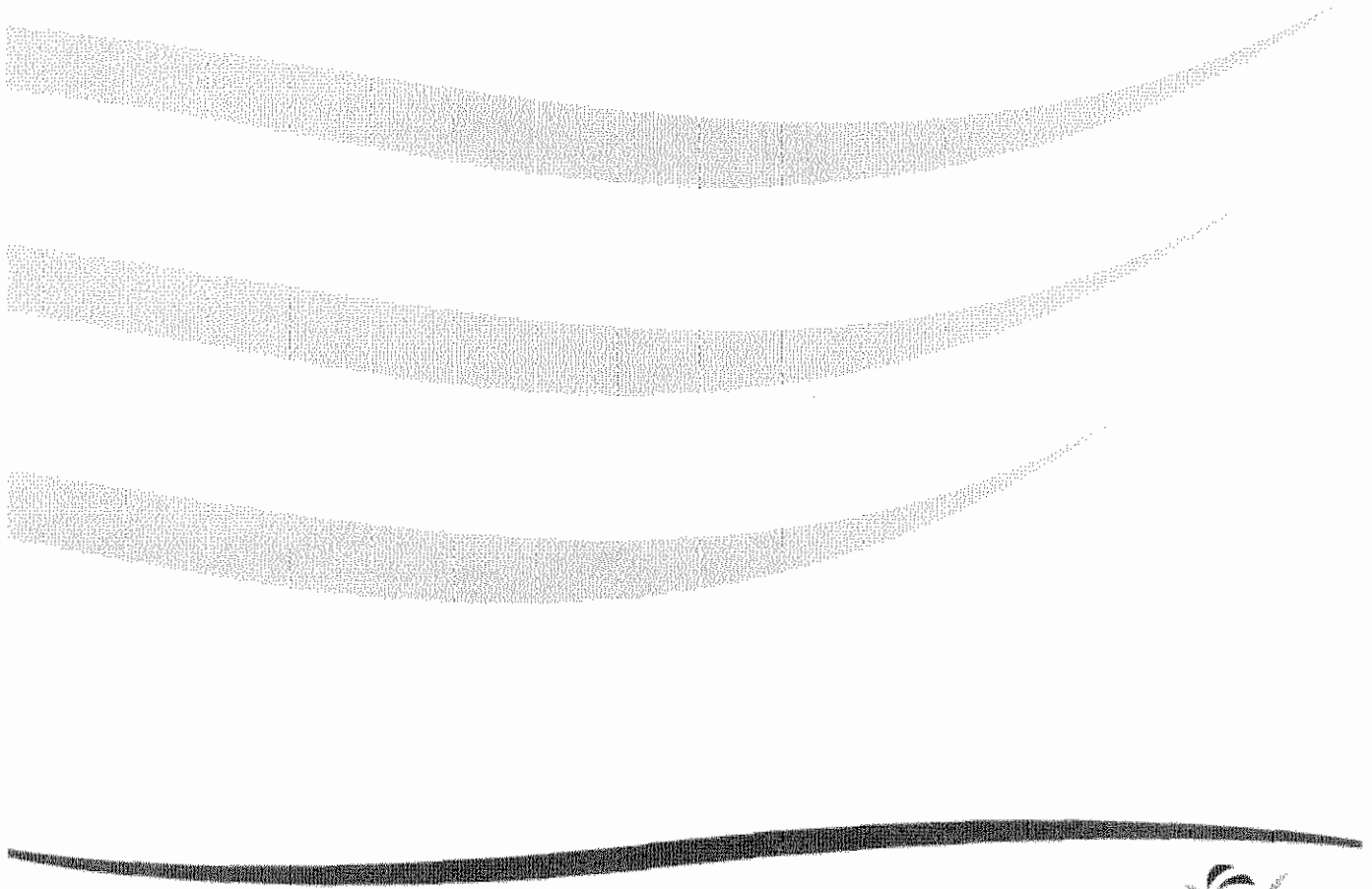
A handwritten signature in black ink, appearing to read "Paul Lennon". The signature is written in a cursive style with a large initial "P" and "L".

Paul Lennon
Premier

Tasmanian Government

Submission to the

Senate Inquiry
into Mental Health Services
in Australia



AUGUST 2007

1. Introduction

Over the last ten years, Tasmania has undertaken a range of mental health reforms that has resulted in increased funding and a stronger focus on delivering community based care through an integrated service system. Increasingly, the emphasis is on providing services that are centred on consumers, recovery focused, based on environments providing the least restrictive care, and which involve working in partnership with a wide range of sectors such as housing, education, welfare, justice and employment.

Tasmania's commitment to the National Mental Health Strategy is reflected in the *Tasmanian Mental Health Services Strategic Plan 2006-2011*, which focuses on a holistic population-based framework for improving mental health and wellbeing. The *Strategic Plan* also closely aligns with the *COAG National Action Plan on Mental Health 2006-2011*.

Tasmania is currently undertaking a range of reforms that will enhance the capacity of the Tasmanian Government to provide services for mental health consumers and carers (see Appendix I). Many of these reforms are in an early stage of implementation, and while relevant to the matters before the Senate Inquiry, it is too soon to evaluate the outcomes.

Likewise, implementation of the *COAG National Action Plan* is still at an early stage. The first formal evaluation has only recently been set up, and a first-year progress report is currently being prepared for COAG Senior Officials. For this reason, it is not yet possible to provide detailed analysis on each of the matters being considered by the Senate's Inquiry into Mental Health Services.

The following sections of this submission address each of the terms of reference for the present Inquiry. Appendix I provides further information on Tasmania's mental health services and current reforms that will impact on mental health care in Tasmania.

2. The extent to which the action plan assists in achieving the aims and objectives of the National Mental Health Strategy

The Tasmanian Government is of the view that the intended outcomes of the *COAG National Action Plan* are aligned with the aims of the National Mental Health Strategy. Through the *COAG National Action Plan*, both levels of government are allocating a significant amount of funding in specific areas, including:

- promotion, prevention and early intervention;
- integrating and improving the care system;
- participation in the community and employment, including accommodation;
- coordinating care; and
- increasing workforce capacity.

This funding commitment is making a concrete contribution to the aims of the National Mental Health Strategy. The Tasmanian Government considers that these aims remain an appropriate agenda for service and community development in all jurisdictions, and has reflected these in the *Tasmanian Mental Health Services Strategic Plan*.

Nevertheless, achieving these aims and objectives in the Tasmanian context is challenging due to a combination of reasons including:

- Tasmania's dispersed, low population base;
- Tasmania's population demographics;
- limited specialist training facilities and programs in the state;
- high costs associated with establishing infrastructure, developing specialist programs and attracting and retaining specialist staff;
- costs of servicing rural and remote areas;
- higher prevalence of certain health conditions in certain locations or age demographics; and
- Increasing prevalence of mental illness and associated demand for services.

Notwithstanding the considerable recent investments in mental health services by all States and Territories and the Commonwealth, it is clear that more funds are required to address these challenges (see Section 5 for a more detailed discussion of funding gaps). It is also essential that funding arrangements support a sustainable service response.

The Tasmanian Government welcomes Commonwealth funding that helps the State deal with the growing burden of mental illness. However, it is concerned over the sustainability of one-off programs that identify and service a need without guaranteeing ongoing support beyond the current funding round. This problem is exacerbated by many of these programs having elements in common with other programs and services already being provided. In addition, these one-off programs are increasingly being provided by organisations with limited experience in the delivery of services in the area of mental health.

To ensure sustainable funding arrangements that can help achieve the aims and objectives of the National Mental Health Strategy, coordination and communication across governments is necessary to minimise resource duplication and strengthen integrated effort. The *COAG National Action Plan* provides a useful framework through which to do this.

3. The overall contribution of the action plan to the development of a coordinated infrastructure to support community-based care

Tasmania's commitment to the *COAG National Action Plan* includes a range of initiatives across the five agreed areas of action (that is, promotion, prevention and early intervention; integrating and improving the care system; participation in the community and employment, including accommodation; coordinating care; and increasing workforce capacity). These initiatives are part of significant reforms designed to provide Tasmanians with contemporary, high quality community-based services.

As part of the commitment to providing more seamless and coordinated health and community services for people with a mental illness, Tasmania's COAG Mental Health Group has developed the *Tasmanian Care Coordination Model*. This model enhances collaboration between government, non-government and private sector organisations by building on a successful care coordination model already established by Tasmanian Mental Health Services (MHS).

The *Tasmanian Care Coordination Model* provides support for consumers/service users with serious mental illness and complex needs, through an effective care system in which health and community service providers work together with the consumer to achieve a high standard of treatment, timely support, and capacity for people to manage their recovery and lead meaningful lives in the community.

The *Tasmanian Care Coordination Model* incorporates clinical and primary health referral pathways and care coordination. It uses the existing MHS Maximising Recovery Panels to assess and allocate applicants to non-government organisations providing community-based care and support.

The model has commenced with two initiatives, Personal Helpers and Mentors (PHAMS) and Day-to-Day Living (D2DL) in the Community, which are being rolled out in sites chosen to enhance the current programs provided by MHS through the community sector.

At this stage it is too early to assess the contribution the model will have in supporting community-based care, given that PHAMS and D2DL are currently in their infancy. However, in partnership with members of Tasmania's COAG Mental Health Group, the Tasmanian Government will monitor and evaluate the impact of new services on its existing service delivery model.

One of the challenges for Tasmania is educating the community as to the changing role of Mental Health Services Tasmania and the relevant Commonwealth agencies involved in the direct and in-direct provision of services across the continuum of care.

The Tasmanian Government therefore recommends that greater emphasis is placed on educating the wider mental health and community sectors as well as consumers, carers and related stakeholders so that there is widespread community understanding of all services available and how such services are accessed.

The Tasmanian Government also recommends that the Commonwealth Government ensure effective and timely communication during the planning of service provision within local jurisdictions. Timely consultation will help limit service duplication and enhance the efficiency of allocated resources.

The State and Territory COAG Mental Health Groups have been established to oversee and collaborate on improving the responsiveness of the mental health system for the benefit of individuals with a mental illness, their families and carers, and the wider community. These Groups are a structured mechanism through which effective and timely consultation should occur.

4. Progress towards implementing the recommendations of the Select Committee on Mental Health, as outlined in its report '*A National Approach to Mental Health – From Crisis to Community*'.

The Select Committee's report highlighted the need for more money, more effort and more care to be invested in Australia's mental health system. It also noted a lack of attention in the area of prevention and early intervention and that too many people were ending up in acute care. It further identified the need to assist people in the community with managing their illness and that there are particular groups, and people with particular illnesses, who are not receiving the level of care required.

The Tasmanian Government has recently undertaken, or is in the process of undertaking, a range of service system reforms that address many of these concerns, and which will improve mental health and wellbeing outcomes and access to clinical and support services for Tasmanians who are affected by mental illness. Some of these reforms are specifically related to the delivery of mental health services; other reforms are not directly related to mental health services, but will impact on the mental health outcomes and support needs of Tasmanians. (See Appendix 1 for a more detailed outline of these reforms).

The Better Outcomes initiative

This Submission would like to draw the Inquiry's attention to progress on the recommendations relating to reform of the Commonwealth Government's Better Outcomes initiative.

As part of reforming the Better Outcomes initiative, the Select Committee's report recommended a new set of Medicare mental health schedule fees and rebates for combinations of private consulting psychiatrists, general practitioners and psychologists who work together or in partnership with mental health service providers under integrated, collaborative arrangements in the management of primary mental health services.

On a positive note, early indications suggest that uptake of the new items in a primary care setting is positive. On a negative note, Tasmania has lost staff from its public mental health services to private practice in a labour market where recruitment of skilled staff is already extremely difficult. The extent of this situation will become clearer as more data is collected and further analysis undertaken of both positive and negative impacts of this initiative.

Historically Tasmania's public health system provided mental health services to the more acutely ill and more disabled mental health consumer, with the Commonwealth funded or private funded providers delivering services to those with mild to moderate mental health disorders and some mental health problems. A reduction in workforce in public programs does not necessarily correspond with an equal uptake of seriously mentally ill individuals outside of the State funded Mental Health Services. This initiative has the potential to decrease services to those in greatest need unless workforce capacity is increased.

Tasmania's response to specific recommendations

Other specific recommendations in the report are developmental for Tasmania, as these relate to significant service change, resource and funding availability. Specific report recommendations that have become the focus of key reforms identified in the *Tasmanian Mental Health Services Strategic Plan* include:

- available funding to provide infrastructure for and ongoing management of mental health services;
- development of population-specific budgets, mental health plans and evidence based protocols for children, youth, aged, culturally and linguistically diverse (CALD) communities and Indigenous people;
- progress towards defining benchmark ratios of mental health professionals to populations, based on analysing numbers needed to meet the population's mental health care needs now and in the medium and long term;

- designation of an agreed number and distribution of community based mental health centres for youth, those with dual diagnoses and for specialist geriatric and Indigenous mental health, where appropriate; and
- improved integration of the National Mental Health Strategy, National Drug Strategy, National Suicide Prevention Strategy and the National Alcohol Strategy.

At this stage, it is too early to be specific on progress towards implementation of these and other recommendations.

5. Identify any possible remaining gaps or shortfalls in funding and in the range of services available for people with mental illness

The level of current need combined with an increasing awareness of the prevalence of mental illness, its associated disability, and the demand for improved access and quality of services all place heavy demands on existing services for people with mental illness. Consequently, innovative modes of care and efficient and effective service provisions are a key to future success in the provision of mental health care in Australia.

Tasmania has identified constraints on the delivery of mental health services across the non-government, private and public sectors, specifically in the following areas:

- establishing and maintaining infrastructure in a state with a low, dispersed population base;
- attracting and recruiting skilled staff, particularly to regional and remote areas;
- technological innovation;
- workforce training and development;
- developing and implementing programs for specific sections of the community, such as Culturally and Linguistically Diverse (CALD) and Indigenous groups;
- providing specialised services to certain sections of the community, such as acute in-patient facilities for children and adolescents;
- providing a range of psychiatric services to older persons, complicated by virtue of Tasmania's population ageing trends; and
- high-level research and data analysis on matters relating to mental health care.

6. Conclusion

The commitment of the Tasmanian Government to mental health care has been continually demonstrated in the progressive roll out of reforms over the last ten years, with an increased expenditure on mental health and a strengthening focus at community and political levels on the need to work cooperatively in the delivery of an integrated care system.

Tasmania is establishing an integrated model of care that can accommodate ongoing reforms and quality improvement in an organised and transparent manner. Many reforms are at an early stage of implementation, making it difficult to more fully address the matters currently being considered as part of the Senate Inquiry into Mental Health Services in Australia.

Tasmania remains committed to the aims and objectives of the National Mental Health Strategy. Through the *COAG National Action Plan*, Tasmania has joined all other governments in making an investment to deliver mental health services in a more integrated way. Both the National Mental Health Strategy and the *COAG National Action Plan* highlight cross-jurisdictional commitment to working together as part of a complex reform process. These reforms have involved major changes to service structures, systems and processes, and created significant challenges for consumers, carers, families and service providers.

It must be recognised, however, that States and Territories are at different stages in the development and implementation of strategies to support the agreed national priority areas for mental health. It must also be recognised that each jurisdiction has unique characteristics and problems that necessitate individualised and specialised approaches to meeting the objectives of the National Mental Health Strategy, including the identification of key priority areas and funding arrangements.

To achieve greater alignment of service delivery on a national basis, Tasmania proposes a closer working relationship between the relevant State and Territory and Commonwealth government agencies to identify and determine priority areas and programs necessary to meet national objectives. The COAG Mental Health Groups is one mechanism through which this can happen.

The current National Mental Health Strategy is due to expire in 2008, while the *COAG National Action Plan* covers the period 2006-2011. Tasmania is supportive of a process that would see increased alignment of the respective aims and outcomes of the National Mental Health Strategy with those of the *COAG National Action Plan*.

The Tasmanian Government has welcomed the opportunity to comment on the National Mental Health Strategy and *COAG National Action Plan*, and to work cooperatively with the Senate Inquiry in support of its commitment to improve services to those persons in the community impacted by mental illness.

Appendix I –Service Reforms That Will Impact On Mental Health Care In Tasmania

Serious mental illnesses affect approximately 3% of the Tasmanian population everyday and a further 17% will experience a mental health problem over the next 12 months. Addressing this prevalence and associated burden to both the individual and the community is a priority for the Tasmanian Government.

While not all people with a serious mental illness have the same need for coordinated care, a small group experience frequent co morbid substance abuse, high risk of relapse and multiple hospital admissions and an absence of functional family and social support networks.

At this time a significant portion of acute mental health care in Tasmania is provided in inpatient hospital settings. Additionally, given the prevalence of mental illness in the general population it follows that a significant proportion of clients admitted primarily for medical and surgical conditions into non-psychiatric settings in acute hospitals also have some mental health needs. It also follows that service providers in other settings must deliver services that are responsive to carers and clients who have mental health needs, for example schools, the courts, and housing, child and family, police and prison services.

Among the complex range of issues faced by the Tasmanian community is being able to provide a continuum of care across settings and an integrated approach to support and care provision. As more of the population with complex physical and psychological issues avail themselves of the respective care systems, the skills and intervention base required across primary, secondary and tertiary care providers increases. For example, given the high prevalence of co-occurring physical illness, mental health and substance abuse disorders, emerging directions and strategies should emphasise approaches that rely on more integrated treatment approaches by a range of care providers with a range of core skills that reflect the population needs.

The Tasmanian Government is undertaking a range of service reforms that will help improve mental health and wellbeing outcomes, and access to care and support for those who are either experiencing mental illness or caring for those who have a mental illness.

Mental Health Service Reforms

Bridging the Gap

The *Bridging the Gap Review* (2004) recognised that Tasmanians suffering mental illness are entitled to expect high quality, professional mental health care in a safe environment. It identified a range of issues and considerations, and made clear recommendations that have subsequently been implemented and embedded into everyday mental health service provision.

Bridging the Gap resulted in a \$47 million funding injection over 4 years to improve the quality and safety of services; develop non-government services including support accommodation services, recovery programs and packages of care for consumers living in their own homes throughout the state; and strengthen clinical resources in the community with a focus on child and adolescent teams.

Bridging the Gap has significantly influenced Tasmania's mental health reform agenda, and recommendations from the review are reflected in Tasmania's initiatives for the *COAG National Action Plan*. This includes the development of the *Tasmanian Care Coordination Model*.

An independent evaluation of the implementation of *Bridging the Gap* recommendations is currently underway and will be concluded toward the end of this year. It is premature to anticipate the outcomes from this evaluation.

Consumer, Carer Participation Framework

The *Tasmanian Mental Health Consumer and Carer Participation Framework* was developed in 2006, and recognises that consumers and carers provide valuable insights and are frequently sources of expert feedback on the nature of mental illness and effectiveness of therapies and treatments. The Framework seeks to unite the efforts of the many people in the Tasmanian community who care about mental health and wish to promote both recovery from mental illness and improved wellbeing.

An implementation plan is currently being developed to turn the Framework into a practical and effective working system.

Review of the Mental Health Act 1996

The Tasmanian Government is currently undertaking a review of the *Mental Health Act 1996*. The review will ensure that the Act facilitates effective practice and is consistent with current thinking in relation to mental health service delivery as outlined in the *Tasmanian Mental Health Services Strategic Plan*.

During the first half of 2008, Parliament will consider proposed amendments to the Act and/or related legislation that arise from the Review.

Other reforms and initiatives in health and human services

Tasmanian Health Plan

The Tasmanian Government has recently launched the *Tasmanian Health Plan*, which sets a new direction for the delivery of primary health and clinical services in Tasmania. The *Tasmanian Health Plan* articulates wide-ranging reforms to the health system as a whole, and will impact on how the Tasmanian Government fulfils its roles and responsibilities regarding the National Mental Health Strategy and the *COAG National Action Plan on Mental Health*.

The *Tasmanian Health Plan* focuses more on prevention and community-based care, reserving acute hospital resources for people who cannot be managed in non-hospital settings. Service changes will include increasing access to mental health and alcohol and drug programs in rural areas, and strengthening the role of community-based health centres to work with key stakeholders and the local community to design and implement programs to support healthy life conditions and choices and address local causes of illness and injury.

The *Tasmanian Health Plan* has a planning horizon to 2021, and will be reviewed by the Department of Health and Human Services during that time to respond to changes in demographics, technology, service practices and other areas of change.

Review of Drug and Alcohol Services

Use of alcohol and illicit substances among people requiring treatment for mental illness has been an area of concern for a long time. Alcohol, Tobacco and Other Drugs Services (ATODS), which is part of Statewide Specialist Services, and Tasmanian Mental Health Services (MHS) work collaboratively to provide complementary services that provide intervention at any stage along the continuum of care. For people more severely affected by the combined problems of substance abuse and mental disorder, an *integrated treatment model* must involve the effective and coordinated application of the more specialised skills represented in the specialist mental health and drug and alcohol service units.

A review of ATODS is currently underway, which recognises the need for close linkages with MHS and acknowledges that a co-morbidity collaboration framework is already in place. However, the review also recognises that more can be done to improve current arrangements. The review is exploring future strategic directions that include:

- Continued implementation of the co-morbidity framework and increased collaboration to further facilitate better outcomes for clients with co-morbidities;
- Improved screening and assessment processes (including general mental health assessments) within ATODS and a reciprocal arrangement (general alcohol and drug assessments) within MHS;
- Improved access to psychiatric support, input and advice for clients with alcohol and drug issues; and
- Development of a service framework for managing clients with co-morbidity presentations.

Working in partnership with other service sectors

Tasmania's MHS currently works with non-government organisations, volunteer groups, the private sector, education providers, housing services, and police, justice and forensic services.

Through the *Tasmanian Mental Health Services Strategic Plan*, the Tasmanian Government recognises that MHS cannot address, nor is it appropriate that it addresses, mental illness in isolation from the broader health and welfare sector. The intention is to build on existing relationships and foster new partnerships, bringing together the skills and expertise of many individuals to benefit mental health consumers and the wider community.