

SUBMISSION TO THE PRODUCTIVITY COMMISSION - MENTAL HEALTH

INTRODUCTION

Peninsula Health welcomes the opportunity to provide a submission to the Productivity Commission, to comment on the draft report which was released last year. Peninsula Health's vision is to provide exceptional health and community care. Our purpose is to work together to build a healthy community. The Productivity Commission provides Peninsula Health with a unique opportunity to comment on the draft recommendations in respect to the current workforce and the sustainability of the Mental Health System, which will support Peninsula Health's strategic goals in relation to its mental health service.

1. ABOUT PENINSULA HEALTH

Peninsula Health is the major metropolitan health service for Frankston and the Mornington Peninsula area. We care for a population of 300,000 people, which swells to over 400,000 during the peak tourism seasons between December and March each year.

Our health service consists of four major sites: Frankston Hospital, Rosebud Hospital, Golf Links Road Rehabilitation Centre and The Mornington Centre. Other sites include; three community mental health facilities; and four community health centres in Frankston, Mornington, Rosebud and Hastings.

Our health service catchment area has some unique demographic features and challenges, including:

- an ageing population;
- a mix of wealth and extreme disadvantage;
- higher than average rates of vulnerable children, homelessness and family violence¹; and
- higher than average rates of mental health issues.

Peninsula Health's Clinical Governance Framework (Peninsula Care) drives person-centred care that is safe, personal, effective and connected. Peninsula Care operates across all of Peninsula Health's services, including its mental health services.

2. ABOUT PENINSULA HEALTH MENTAL HEALTH SERVICES

The Peninsula Health Mental Health Service catchment includes, adult, youth, adolescent and aged communities in the areas of Kingston South, Frankston, and the Mornington Peninsula. However, with two emergency departments operating within Peninsula Health, the Mental Health Service also provides emergency mental health care to patients who live outside the catchment area.

Peninsula Health provides the following mental health services:

¹ Monash University, *Family Violence Community Consultation Workshop Paper*, (August 2016)

a) Acute in-patient

50 acute in-patient beds, comprising of:

- i. 29 adult beds
- ii. 6 adult Psychiatric Assessment and Planning Unit (PAPU) beds
- iii. 15 aged beds

b) Community

- i. Mental Health Telephone Triage;
- ii. Access and Assessment Team (AAT) provides acute and non-acute mental health assessment as well as brief intervention;
- iii. Consultation Liaison Mental Health in the Emergency Departments;
- iv. Consultation Liaison – General Hospital;
- v. Police, Ambulance and Clinician Early Response (PACER);
- vi. Adult Community Mental Health Program includes Frankston and Mornington Teams. Both teams have a case management function and an intensive treatment function;
- vii. Youth Mental Health team for client aged 16-25 years; and
- viii. Aged Community Mental Health Team, which has a case management function and an intensive treatment function, and incorporates a Residential Support program.

c) Specialist services/clinics

- i. Families where a parent has a mental illness (FaPMI);
- ii. Forensic clinical specialist;
- iii. Wellness clinic; and
- iv. Clozapine clinic.

d) Residential Services

- i. Community Care Units;
- ii. Adult Prevention and Recovery Care (APARC);
- iii. Youth Prevention and Recovery Care (YPARC); and
- iv. Carinya Residential Aged Care- Psychogeriatric.

Peninsula Health's Mental Health Service does not provide services to children. Children presenting to Peninsula Health emergency departments are assessed and subsequently transferred to a paediatric mental health facility for ongoing care.

An overview of Peninsula Health's Mental Health Service is provided below.

Table A	2018/2019	2017/2018
Number of acute inpatient beds	50	50
Mental health Inpatient occupied bed days	29,489	29,482
Acute inpatient admissions per annum	1,650	1,954
Mental Health ED presentations per annum	4,533	5,055
Mental Health ED presentations of children under 16 years	271	246
Number of community clients per annum	2,848	3,173
Number of Mental Health community service episodes	4,250	3,904

Healthcare workforce	REFORM OBJECTIVE: <i>A health workforce with capacity to deliver mental health treatment and care</i>
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3. PENINSULA HEALTH MENTAL HEALTH WORKFORCE CHALLENGES RECRUITING AND RETAINING BY SPECIALTY

Peninsula Health Mental Health Service is a multidisciplinary workforce which comprises of a range of speciality clinical positions and generic clinical positions. Specialty positions predominately work with in the Inpatient setting where as the generic clinical positions of Case Managers are community based. The below information are the challenges which speciality disciplines face within the Peninsula Health Mental Health Service.

Psychologist

It is hard to recruit Psychologists into case management roles. Psychologists want to maximise their core training that is the assessment, formulation and treatment of psychological problems drawing on a range of psychological theories and models to deliver structured psychological treatment. It might be easier to recruit psychologists into psychology-specific positions. As well as the opportunity for psychologists to deliver a range of psychological treatments, the retention of psychologists would be supported by investment in supervision and training (that is: training in delivering different therapeutic interventions). In regards to staff development and recruitment there is a lack of pathways for newly qualified psychologists. It would be attractive for newly qualified psychologists to have support for endorsement and to be able to gain experience in a range of services in MH – rotationally Grade 2 positions would be good. Further, clear pathways for more senior psychologists, who rarely take on management positions, would also assist with the recruitment and retention of psychologists.

Social Worker

The issues for recruitment of social workers include lack of pathways for graduates. Currently the Peninsula Health Mental Health Service only has one graduate position at the Community Care Units and this program needs to be expanded. Secondly there has been a reluctance to employ social workers without prior mental health experience. This is currently being addressed by Peninsula Health but to support social workers new to mental health there needs to be a robust orientation education and support program in the first year. These issues have been raised at the last state-wide allied health forum and are not unique to Peninsula Health. On retention the increase of Grade 3 positions has been positive but beyond this level there is no clear pathway described in the EBA as there is for Nurses. There is also no consistency across the state with the interpretation of the award leading to better conditions on offer at other health services. There is a risk of not retaining future staff with senior leadership potential.

Occupational Therapist

The issues for recruitment for Occupational Therapists are similar to that of social workers. – Lack of graduate pathways for grade 1 staff. Peninsula Health currently have 3 permanent grade 1 rotation positions with in the Organisations wide grade 1 rotation programme. More grade 1 positons could be considered and included in this rotation system to recruit occupational therapist into Peninsula Health. There is great scope for Occupational Therapists in all areas of the Mental Health Service that have grade 2 and above positions and generally the training equips Occupational Therapists to be excellent case managers

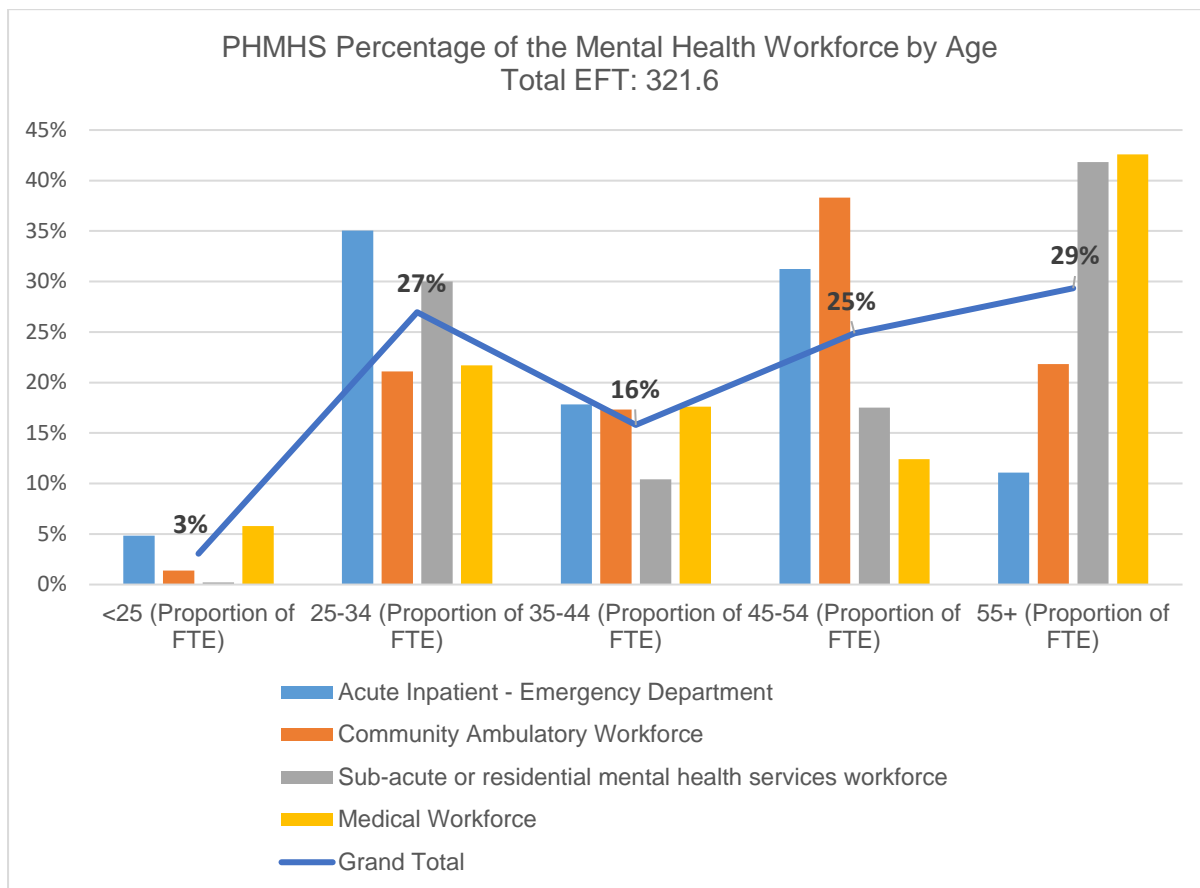
and acute intensive clinicians. With the current lack of an Occupational Therapist Senior the position is being reviewed and a Grade 4 senior would solve some of the supervision issues that have arisen Post Accreditation for the discipline, as grade 3 Occupational Therapists now should be supervised by a grade 4.

Occupational Therapists can work casually when linked to one cost centre, but staff are not able to work across cost centres as nurses can (via the Bureau), thus limiting the scope for a casual work force, which could be very attractive for the Occupational Therapist workforce.

Allied Health Addition

Recruitment and retention of allied health professionals would be improved with increased availability of profession specific roles e.g. Occupational Therapists, Social Workers, and Psychology at all levels. Currently there are a range of generic roles/titles particularly in the community setting and feedback from staff is that they are concerned they would lose their professional identity and skills if they moved into these roles. Each allied health profession has unique skills to offer their clients and each client should have equitable access to these skills when they are needed rather than just access to those of the case manager they are allocated.

Peninsula Health Mental Health Service workforce is currently an aging workforce. The below graph highlights that 54% for the entire Mental Health workforce is 45 years and over. Considerable investment and radical reforms of education processes are required to entice and attract the younger generations to work in the mental health field.

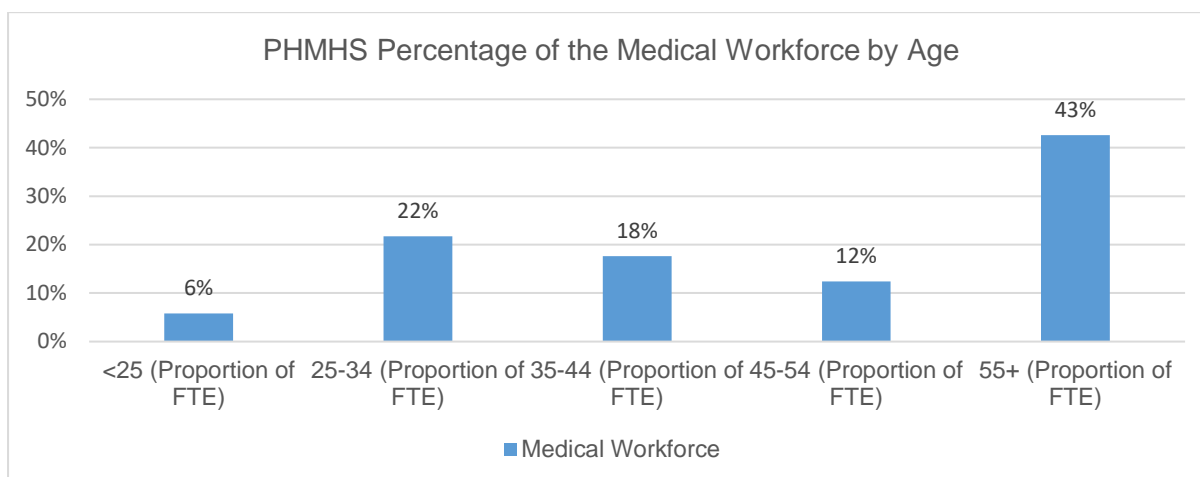


Peninsula Health Supports the implementation of:	
Draft Recommendation 11.2 – Increase the Number of Psychiatrist	<i>In the medium term (over 2 – 5 years)</i> The Australian, State and Territory Governments should collectively develop a national plan to increase the number of psychiatrists in clinical practice, particularly outside major cities and in sub-specialities with significant shortages, such as child and adolescent psychiatry.

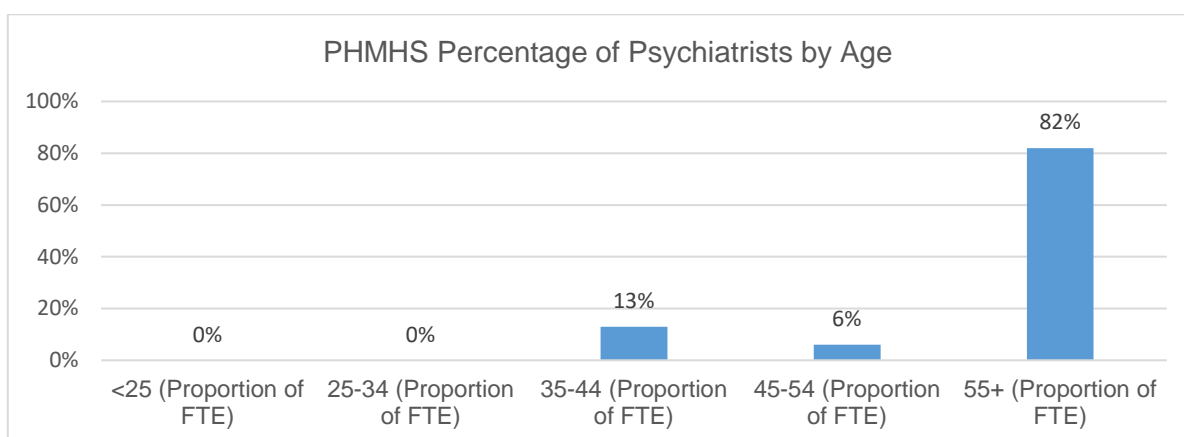
Peninsula Health Mental Health Service has a significant recruitment issue of Medical staff for both Consultant Psychiatrists and Registrars. Over the last two years 60% of our recruitment has had to come from overseas at considerable expense for Consultant Psychiatrists and currently we have a vacancy of 2.2 EFT.

With regards to junior doctors, although we are able to recruit into first year positions retaining these doctors in the later part of their training is very difficult as they tend to move to tier 1 hospital rotations that can offer them specialist experiences in areas of interest such as Perinatal, eating disorders, forensic etc.

The aging medical workforce is illustrated in the graph below. This highlights that 43% of the current medical workforce is 55 years and over.



When Psychiatrist are separated out as a standalone group, the percentage of the workforce over 55 years of age escalates to 82%.



Peninsula Health Supports the implementation of:	
Draft Recommendation 11.3 - More Specialist Mental Health Nurses	<p><i>In the short term (in the next 2 years)</i></p> <ul style="list-style-type: none"> • Accreditation standards should be developed for a three-year direct-entry (undergraduate) degree in mental health nursing, similar to the option already available to midwives. Nurses who complete the three-year direct-entry degree would be registered as having an undergraduate qualification in mental health and be distinguished from registered nurses with a post graduate degree in mental health.

As a nursing profession, Peninsula Health Mental Health Service (PHMHS) identified that we currently have a lack of skilled registered mental health nurses within this workforce. We as a service are extremely concerned with the mental health component of the current undergraduate nursing degree as it is negligible and does not encourage student nurses to consider mental health as a career path. Funding for specific mental health nurse graduate programs may encourage and facilitate recruitment and retention of nursing staff.

Currently there is no regulatory requirement for nurses or allied health practitioners working in mental health to hold specialist qualifications notwithstanding that it is a highly specialised area of health care. Unlike the practice of midwifery (which requires a registered nurse to undertake an under graduate bachelor degree in midwifery or post graduate midwifery qualifications before being able to practice in the area), a registered nurse or allied health practitioner, with little or no experience in the mental health sector, is able to seek employment and work in mental health. Whilst practical training and experience is extremely important, Peninsula Health considers that consumers of mental health services would undoubtedly benefit from being cared for by specialised tertiary qualified health practitioners. However, a significant barrier to nursing and allied health practitioners undertaking post graduate qualifications in mental health is the cost (the fees for a graduate diploma in mental health are approximately \$25,000²) and time commitment required to study, which would be an additional loss in financial income due to the reduction in full time work.

At the Peninsula Health Mental Health Service we also have identified that we currently have novice-enrolled nurses within this workforce who have limited mental health experience or specified training. We do not currently have a structured enrolled nurse transition to speciality practice program to support them to work in mental health.

² La Trobe University; Monash University.

Peninsula Health Supports the implementation of:	
Draft Recommendation 11.4 – Strengthen the Peer Workforce	<p>Governments should strengthen the peer workforce.</p> <p><i>In the short term (in the next 2 years)</i></p> <ul style="list-style-type: none"> • The National Mental Health Commission should, when submitting its finalised national guidelines on peer workers to governments for approval in mid-2020, recommend how the guidelines should be supported by work standards for particular areas of practice. • The National Mental Health Commission should, by the end of 2019, submit a recommendation to the Australian Government on how to establish of a professional organisation to represent peer workers. This should include advice on how governments should, if at all, make a financial contribution, such as by providing seed funding to establish the professional organisation.

In 2018, the DHHS published its report ‘Lived Experience Workforce Positions in Victorian Public Mental Health Services, October 2017.’³ In the report, the DHHS noted that throughout 2018-2019 it would ‘*focus on deepening the understanding of the roles and how they are implemented at each service*’ and that it was ‘*important to understand ...the supports, training and structures that are required to support career development*’ for peer workers. The sharing of lived experienced by peer workers at Peninsula Health has developed into an integral part of the mental health services provided to clients, families, carers and staff. Peer worker programs are implemented differently across mental health services and Peninsula Health considers there would be real benefit in the development of a state-wide framework for peer worker programs, including the development of standardised training and networking.

The benefits of this standardised framework has been echoed in feedback from our current workforce, clinicians and the current 20.6 EFT peer workforce. There has been concerns raised of conflict within the workforce regarding roles and opinions, leading to high variation in the type/ style of work that some peer workers will and won’t do. The peer workforce has mixed experiences of integration with in the team and sense they have been “unsupported” and “undervalued”. This has led to a high number of turnover within the peer workforce with only 45% peer workers remaining in the position they were employed into within the Mental Health Service.

Despite challenges at Peninsula Health Mental Health Service, the Peer Workforce is very interested in having a process of review and want to be involved in collectively defining their work in a more consistent way. They are looking for leadership and guidance. The managers are open to having more knowledge and support, therefore a governing national framework and a professional organisation to represent the peer workforce would be extremely beneficial.

³ State of Victoria, Department of Health and Human Services, ‘Lived Experience Workforce Positions in Victorian Public Mental Health Services October 2017’, July 2018.

Peninsula Health supports the implementation of:	
DRAFT RECOMMENDATION 15.2 — SUPPORT PEOPLE TO FIND AND MAINTAIN HOUSING	<p>Housing and homelessness services should have the capacity to support people with severe mental illness to find and maintain housing in the community.</p> <p><i>In the short term (in the next 2 years)</i></p> <ul style="list-style-type: none"> • The National Disability Insurance Agency should review its Specialist Disability Accommodation strategy and policies with a view to encouraging development of long-term supported accommodation for National Disability Insurance Scheme recipients with severe and persistent mental illness. • Each State and Territory Government, with support from the Australian Government, should work towards meeting the gap in the number of 'supported housing' places for those individuals with severe mental illness who are in need of integrated housing and mental health supports. <ul style="list-style-type: none"> - Governments should provide (either themselves or outsourced to non-government organisations) a combination of long-term housing options for this cohort to support the diverse needs for mental health support and tenancy security. • Each State and Territory Government, with support from the Australian Government, should work towards meeting the gap for homelessness services among people with mental illness in their jurisdiction. This could include increasing existing homelessness services as well as scaling up longer-term housing options such as Housing First programs. <ul style="list-style-type: none"> - Housing First programs should target people who experience severe and complex mental illness, are persistently homeless, and are unlikely to respond to existing homelessness services. - This would require governments to invest in homelessness services that make long-term housing available specifically for these programs.

The Peninsula Health Mental Health Service has significant numbers of people experiencing homelessness within our catchment area, with Centrelink rating the Frankston municipality as being the fifth highest area for homelessness in Australia in 2017. The service is faced with numerous barriers in finding appropriate housing for homeless individuals on discharge from the Acute Mental Health Inpatient Unit, delaying the persons discharge in most situations. Lack of affordable and accessible housing, boarding houses and support accommodation options in the catchment add to this ever growing problem. An article written in the Age newspaper in 2014⁴ emphasized recent '*growth in unregistered rooming houses in the Frankston area*'. With little privacy and high levels of danger and safety issues. The article also detailed that there is an increasing number of '*rough sleepers*' that '*camp on foreshores, in cars or on sand dunes*'. An increase in homelessness services would assist people in linking with crisis housing options and support them with working toward longer term housing options and tenancy security.

⁴ Dow, Aisha, 'Frankston mentally ill forced into burgeoning 'unsavoury' housing' The Aged, February 2014

Peninsula Health preferred model is the Rebuild model:	
INFORMATION REQUEST 23.1 — ARCHITECTURE OF THE FUTURE MENTAL HEALTH SYSTEM	<p>The Productivity Commission has proposed two distinct models for the architecture of the future mental health system:</p> <p>The Renovate model, which embraces current efforts at cooperation between Primary Health Networks (PHNs) and Local Hospital Networks (LHNs).</p> <p>The Rebuild model, under which State and Territory Governments would establish 'Regional Commissioning Authorities' that pool funds from all tiers of government and commission nearly all mental healthcare (Regional Commissioning Authorities would take over PHNs' mental health commissioning responsibilities and also commission more acute mental healthcare) and psychosocial and carer supports (outside the NDIS) for people living within their catchment areas.</p> <p>At this stage, the Rebuild model is the Commission's preferred approach.</p>

The Peninsula Health Mental Health Service supports the implementation of option 2 - The Rebuild model. This model is based upon a people-oriented mental health structure that enables health services to be more responsive and agile to meet the needs of people experiencing mental ill-health. The Rebuild model provides an opportunity for a seamless mental health system that offers continuity of service for people with mental ill-health and is consistent with the strategic direction of Peninsula Health Mental Health Service. The quality and distribution of funds through a shared pool allows for greater equitability across regions to better meet the needs of the most vulnerable people within the local catchment areas. Peninsula Health Mental Health Service supports a funding model which is fair and equitable, which is not indicative of the current climate of existing funding structures within the mental health service. The experience of the Primary Health Network's across the country is extremely varied and is currently a broken system failing to deliver demonstrable benefits. Having strong Governance, in a one system approach would assist in repairing this system, ensuring an integrated, equitable service for people experiencing mental ill-health.