

National Health and Hospitals Reform Commission

Submission Cover Sheet

Please complete and submit this cover sheet with your submission to:

By email: talkhealth@nhrc.org.au

By mail to: PO Box 685 Woden ACT 2606

A. Details of the person or organisation that prepared this submission

Date of submission: 30 May 2008

Who prepared this submission?

Organisation

For individuals:

Name of individual: _____

Street address: _____

Mailing address (if different from above): _____

Phone (daytime): _____

Fax: _____

Email: _____

For organisations:

Type of organisation. (Please tick all that apply)

Consumer group

Government agency

Private company

Professional body

Other non government organization

Other (Please specify) Consumer and Carer Organisation

Geographic focus of organisation. (Please tick all that apply)

Nationwide

Statewide (Please specify State/Territory) _____

Metropolitan

Rural / regional

Remote

Please specify the particular sector focus of your organisation (if applicable).
National forum for consumers and carers in the mental health sector

Purpose/s of organisation. (Please tick all that apply)

Research

Education

Service provision

Advocacy

Other (Please specify) _____

Name of representative: Liz Ruck

Position within organisation: Executive Officer

Name of organisation: National Mental Health Consumer and Carer Forum

Street address: 9-11 Napier Close Deakin ACT

Mailing address (if different from above): PO Box 174 Deakin West, ACT, 2605

Phone (daytime): 02 4473 6934

Fax: _____

Email: liz.ruck@mhca.org.au

Please note that in making a submission you agree that it may be made public.

B. Response to draft principles

- x This submission specifically comments on the draft principles developed by the Commission to shape Australia's future health system. (Please tick if this applies)

C. Response to key themes

This submission specifically responds to the following key themes taken from the Commission's Terms of Reference. (Please tick all that apply)

- x A greater focus on prevention to the health system
- x Improving frontline care to promote healthy lifestyles and prevent and intervene early in chronic illness
- Improving Indigenous health outcomes
- Integrating and coordinating care across all aspects of the health sector, particularly between primary care and hospital services around key measurable outputs for health
- Improving the provision of health services in rural areas
- Integrating acute services and aged care services, and improve the transition between hospital and aged care
- x Reducing inefficiencies generated by cost-shifting, blame-shifting and buck-passing

- Providing a well qualified and sustainable health workforce
- Maintaining the principles of universality of Medicare and the Pharmaceutical Benefits Scheme, and public hospital care
- Maximising a productive relationship between public and private sectors
- Providing a more seamless experience across public and private services
- Providing advice on the framework for the next Australian Health Care Agreements (AHCAs), including robust performance benchmarks
- Addressing the escalating costs of new health technologies
- Increasing access to services
- Addressing the growing burden of chronic disease
- Providing for an ageing population
- Managing the escalating costs of new health technologies
- Addressing overlap and duplication including in regulation between the Commonwealth and states

- Other (Please specify)___ Improving hospital based mental health services



National Mental Health Consumer and Carer Forum Submission to the National Health and Hospitals Reform Commission, 30 May 2008

Introduction

The National Mental Health Consumer and Carer Forum (NMHCCF) was established by the Australian Health Ministers Advisory Council (AHMAC) in 2002 in recognition of the continued need for mental health consumer and carer involvement at the highest level of policy development. It provides a mechanism for mental health consumers and carers to come together to foster partnerships and to support the input of consumers and carers into the activities of the mental health sector including the reform of mental health policy and service delivery in Australia.

The NMHCCF is funded under this agreement by AHMAC, through state and territory and Australian Government contributions, to be an independent voice for consumers and carers. It reports to AHMAC's Mental Health Standing Committee (MHSC) through the Mental Health Council of Australia (MHCA), which auspices the NMHCCF.

Summary of this submission

- Consumers and carers are extremely concerned with the availability and quality of services in hospital mental health inpatient settings.
- The culture of clinical services in hospital mental health inpatient settings is often appalling and supports a system that is about incarceration rather than therapy or recovery.
- Prevention, early intervention and recovery approaches are only possible for services that operate under a culture that seeks to establish partnerships with consumers and carers. With such partnerships currently the exception rather than the rule, these approaches are rarely implemented.
- Culture change would be supported by
 - Leadership and commitment to culture change at the highest level
 - The development of mechanisms to monitor the quality of mental health services
 - The use of evidence based interventions such as the National Association for State Mental Health Program Directors (NASHMPD) programs to eliminate the use of seclusion and restraint.

- Ongoing integration of consumer and carer voices into service development and delivery.
- Mental Health Services need to be structure so that they are more accountable to the needs of those that they serve.
- Consumers and carers are an under-utilised resource in the quest for quality services – they know what works in addressing their needs but their input is rarely sought.
- There is little opportunity for consumers and carers to make their needs known at the national policy development level.

This submission

The NMHCCF welcomes the opportunity to provide information on how mental health services can better serve the needs of the Australian Community. We see the role of consumers and carers as central in a system where health care providers are seeking to work in partnership with consumers and carers to optimise health outcomes. We strongly believe that consumers and carers are an untapped resource in the battle to improve health systems and staff attitudes.

The NMHCCF supports the NHHRC principles document that provides appropriate high level goals for future health system. However the mental health system provides a good example of difficulties of implementing such principles. These goals have been policy for about 20 years through the National Mental Health Strategy (NMHS) and including Standards and yet are still not put into practice. The NMHS includes aims that are consistent with the NHHRC principles: people and family centred; public voice; a culture of reflective improvement and innovation; respectful and ethical; transparent and accountable; safety and quality. Yet consumers and carers believe that acute mental health services in particular fall far short of achieving any of these.

Consumers and carers have been identifying and highlighting these barriers for many years. However, despite the existence of numerous policy statements asserting the importance of consumer and carer participation, there are few avenues through which consumers and carers can provide this input or have it acknowledged.

The NMHCCF was set up by the States, Territories and Australian Government but it has limited influence as it does not report directly to the Mental Health Standing Committee (MHSC – the key national mental health policy advisory body under AHMAC ‘s Health Priorities subcommittee), and it is not clear that the consumer and carer voice is heard. The voice of mental health consumers and carers certainly seems to have little effect on the debate around health system reform. This lack of acknowledgement of consumer and carer issues at the highest level underlies a basic lack of recognition of the importance of partnerships with consumers and carers.

Focus on the following areas could help to bring current mental health services more in line with the NHHRC stated principles for an improved health system.

The need for a change in the culture of clinical services

The poor quality of currently available services contributes to a system in which people remain unwell or become unwell too often (for example a lack of housing, employment opportunities, and other community supports) and need to access services again quickly. This in turn affects access to services that are already stretched in meeting the needs of consumers and carers in crisis – and whose crises could have been prevented or minimised with the availability of high quality and more readily accessible services.

Consumers and carers are concerned about access to appropriate services and their own human rights when coming into contact with those services. Human rights abuses range from lack of respect and dignity to the inappropriate use of seclusion and restraint. Clinicians acknowledge that traditionally, acute inpatient settings have provided a custodial approach rather than providing a therapeutic environment.¹

It is clear that lack of resources is a factor in supporting such a situation in hospital based mental health services. Bed occupancy rates in Victoria (a state reputed to provide better than average mental health services in Australia), obtained through freedom of information show occupancies of up to 132 per cent in some acute mental health facilities with statewide averages nearing 100% and rural averages exceeding this for most quarters in 2006-07.² In many cases this sort of resource pressure leaves clinicians little time for reflective practice or a practice development approach which could improve service quality.

Poor culture supports the system failures that result in abuse being tolerated and even normalised, clinicians who are unable to speak out against or change system failures, and a system that through fear of change protects itself from improvement. These are all characteristics of a failing Australian hospital system and among the reasons that the Health and Hospital Reform Commission has been established.

However, there is also much quality improvement that can be undertaken using a cost neutral approach by addressing the culture of acute clinical services. There are examples of pockets of excellent practice throughout Australia including some of the Seclusion and Restraint project beacon sites that are genuinely challenging the systemic issues that provide barriers to quality improvement. It can be done.

Any governance expert knows that cultural change can only be addressed through strong leadership, which demonstrates its commitment to change through an appropriate

¹Ms Sharon Olson, SA Branch President, Australian College of Mental Health Nurses from witness testimony to the Senate Community Affairs Inquiry into Mental Health Services in Australia, HANSARD Mental health services in Australia, Tuesday 20 May 2008 Canberra, page CA53.

²Department of Human Services Victoria, Mental Health Key Performance Indicators Quarters 1-4 2006-07, released under the Freedom of Information Act 1982.

allocation of resources, genuine accountability in the form of demonstrated and measurable action and support for staff to participate in systemic improvement. These strategies are rare in mental health services in Australia and need to be a standard part of service provision.

Accountability to the Australian Community

To support an improved culture, mental health services also need to be structured so that they are more accountable to the needs of those they seek to serve: that is, consumers and carers who make up a significant part of the Australian community.

The ongoing debate between governments and service providers about what constitutes improved or even adequate service delivery in the mental health sector in Australia already lacks appropriate input from the voices of those who are its target. The mental health system will never adequately meet the needs of the community unless it seeks their input on what works and what does not, and measures how well it is performing, so that it can make improvements where necessary.

There are a number of ways that this could be achieved and these should include at a minimum:

- The collection and publication of data on health outcomes and satisfaction rates for consumers and carers using mental health services.
- The examination of this data at the national policy level and by the services themselves to determine causes and strategies to address these.
- Support for the consumer and carer sector so that skills and leadership are enhanced and the sector is able to participate in health service planning and delivery from the local to the highest level.
- The recognition (not tokenistic) of consumer and carer voices at the highest level of national policy development – eg the NMHCCF should work directly with the MHSC.
- The complementary development of consumer and carer networks to support national consumer and carer participation and leadership.

Evidence based approaches

The only current national mechanism to provide information about the implementation of processes that respect the human rights of mental health consumers is quality assurance through accreditation against the National Mental Health Standards. In terms of its measurement of consumer and carer satisfaction with services, this process can easily become a token effort.

Support for the use of evidence based approaches is one area where much more leadership needs to be shown in the mental health sector. For example, one area in which evidence is collected on causes and solutions in mental health is in the area of sentinel events. These are not routinely examined or well explored in mental health as sources to inform improvement. Where events are examined in-house this process is often flawed, and lack the input of consumers and carers.

In the United States, the NASMHPD has had much success in the development and trialling of programs to reduce and eliminate seclusion and restraint practices and have found that culture change is one of the significant positive benefits of this intervention.³ The programs have resulted in

- services becoming more consumer and carer focussed,
- clinicians who are comfortable with this approach and
- genuine partnerships between clinicians and consumers and carers, leading to real gains in service quality.⁴

Regarding seclusion and restraint in Australia, the NMHCCF acknowledges the important work currently being undertaken by the AHMAC Mental Health Standing Committee Safety and Quality subcommittee through its National Seclusion and Restraint Project and hopes that the NACHMPD achievements can be replicated in Australia.

Another important initiative would be the development and measurement of meaningful consumer and carer participation in mental health services policy development. This would include gathering data which would be critical in supporting any evidence of quality improvement.

Measurement of meaningful participation would include:

- Measurement and publication of consumer and carer satisfaction.
- National recognition of the need and value of consumer and carer input at the highest level.
- Ensuring that this input is meaningful by strengthening the capacity of the sector to participate. This would require at a minimum:
 - training and resources to support networking at a local level so that consumers and carers are able to participate effectively in community debate on issues that affect them and have the skills and experience to offer effective solutions; and
 - ensuring that consumer and carer representation is appropriately valued through the use of financial remuneration.

The prevention, early intervention and recovery approaches

These approaches are being acknowledged by service providers and policy makers as critical in developing successful interventions for people with mental illness. This is because their underlying aims focus on needs identified by consumers and carers themselves. These needs are more holistic than those identified by health care providers and include housing and employment, access to services by those who need them, and

³ United States Department of Health and Human Services, 2003: United States Department of Health and Human Services News, Vol XI, No 2, http://www.samhsa.gov/samhsa_news/VolumeXI_2/article6.htm.

⁴ American Psychiatric Association, American Psychiatric Nurses Association, National Association of Psychiatric Health Systems 2003, Learning from each other – success stories and ideas for reducing restraint/seclusion in behavioural health, <http://www.psych.org/Departments/QIPS/Downloads/LearningfromEachOther.aspx>.

enhancing the role of consumers and carers in the health care process. These are generally not the aims identified by services or government when developing services.

However, these approaches are not being implemented in any consistent or coherent strategic way throughout the health system. Indeed, recovery approaches are at the opposite end of a spectrum that includes acute mental health services that operate on a regime of incarceration of un-well consumers. Rather, these approaches are incorporated as policy and the terminology appropriated and used under old ways of operating.

The current non-inclusive culture of existing services, lack of evidenced based practice and a lack of any accountability to consumers and carers ensures that this situation is perpetuated.

Conclusion

Supporting culture change would be a significant and cost effective way to assist the mental health sector to carry out the reforms that are needed if the mental health system is to identify and meet the needs of mental health consumers and carers.

However, it should also be acknowledged that the existing culture is very likely to be supported by complex structural and systemic imperatives which will take more time and resources to address. Leadership and supportive management practices would be a first step in enabling clinicians and service providers to explore best practice and address systemic barriers.