Yarra Mental Health Alliance

Submission to the Royal Commission into Mental Health

July 2019

Fire Brand Oasis Tree from the 'We are not do-gooders, we are people who do good things' forum 2018

About the Yarra Mental Health Alliance

The Yarra Mental Health Alliance is (YMHA) is for organisations such as housing, drug and alcohol, gambling, mental health, community health, consumer and carer, family violence, local government, PHN and primary care partnership, that are committed to improving outcomes for people with mental health issues living within or with links to the City of Yarra, through improved coordination and collaboration of service provision based on recovery principles. YMHA as a cross-sector alliance recognises the implementation of new reforms and will continue to work collaboratively based on sound principles and values that have held YMHA for over 20 years.

The Alliance principles and values include:

- *Advocacy* - seeking belonging, wanting community/working with community, voicing and addressing systemic issues, supporting individuals through change
- *Activism* – the City of Yarra has a long history of addressing power and systemic issues by seeking alliances, plurality of visions and holding the hope, optimism and perspectives for the individuals we service
- *Education* – through YMHA forums and providing information within the systems about grass roots impact on services through reform.
- *Service* – sharing resources within the alliance to ensure support and service to all people that utilise our services

In developing this submission The Alliance consulted with members to identify key issues and priorities. Given the Royal Commission's terms of reference included having regard to the Productivity Commission's Review into Mental Health, we reviewed a sample of 20 Productivity Commission submissions. Confident that shared issues are comprehensively addressed and articulated by aligned groups (e.g. National Mental Health Council, Victorian Government, Mental Health Australia and Victoria, Jesuit Social Services, Launch Housing, Emerging Minds, RANZCP, Tandem, Council to Homeless Persons, National Disability Services) our submission focusses on **what we know about the communities we work with, and the role of collaboration and coordination in**

- Making it easier for people to get treatment and support to prevent mental illness.
- Improving access and experience of mental health treatment
- Addressing the drivers behind people experiencing poorer mental health outcomes

"The opposite of integration is dis-integration"

– Alliance member

Through the cooperative approach that The Alliance has to practice, members benefit from a knowing and trusting relationship that enables the ability to hold risk and work with great complexity to achieve what the service user identifies as the most helpful/constructive for them

For example:

> This story takes place in 2014, pre mental health reforms in Victoria. E[redacted] is a 60 year old woman who is known to many services and has a long history of mental illness and sleeping rough. She has been diagnosed with schizophrenia and spends her time moving between boarding houses in the country and sleeping in toilets, or sleeping rough. She is known to psychiatric outreach workers but refuses treatment and medication from them as she doesn't want to be controlled. E[redacted] was referred to a housing and homelessness service, an Alliance member, which specialises in working with homeless patients exiting mental health inpatient unit. E[redacted] was unable to return a rooming house in Yarra where she had lived in the past, due to her unmanaged mental illness resulted in a serious incident at the property, despite advocacy from the local housing and homelessness service. It was at this point, due to her age, mental illness and physical health, that E[redacted] was admitted to a long stay in hospital, which was

also part of the Alliance. E[redacted] was on an Administration Order and a Guardianship was then put in place for decisions relating to health and housing. The housing service liaised with the hospital to find out what worked for E[redacted]. The Occupational Therapist had completed a Wellness Recovery Action Plan and noted that E[redacted] like to be around people and activities but not participate in them, indicating E[redacted] was in need of companionship. The hospital continued to try and treat the mental illness but E[redacted] refused. An ED coordination meeting was called at the hospital, however E[redacted] had absconded so she was discharged. The housing service began looking at what types of housing would work well for E[redacted], and in the interim arranged crisis accommodation in a motel and the staff continued to meet regularly. E[redacted] enjoyed engaging with the staff from the housing service so mental health support was given though the social workers at the housing service, not in the form of medication but through building trusting relationships, and working on a case plan. This work was backed by secondary consultations and guidance from mental health services. The coordination between the hospital and the housing service, resulted in an ACAS assessment. At this point the manager of specialised aged care service became part the planning process. The manager worked collaboratively and was incredibly flexible in keeping a bed open for E[redacted]. The manager was then liaised directly with mental health to manage the risk but also to work from a strengths based perspective to meet E[redacted]'s needs. If E[redacted] felt safe and had security for her accommodation it was known that her mental health would improve. Upon visiting the aged care facility E[redacted] decided to stay and was able to receive the mental health support that in a way that worked for her. She remains there until this day.

The relationship and coordination of care that was gained through services participation in The Alliance resulted in the best outcome for E[redacted] where she received both housing and mental health support on her own terms.

Summary of recommendations

Everyone in the service sector has a role to play in improving someone's mental health

1. Incentivise collaboration; funded KPIs around networking and collaboration.
2. End short term funding and transactional service provision; design delivery models and funding to support and strengthen relational aspects of care.
3. Make addressing the social determinants of mental health as important as acute medical care. People should not have to fail every other option (or experience dis-integration) before they get a wrap around service. Address the intergenerational impact of mental illness.
4. Build in access to specialist advice for staff for best practice outcomes – embed accessible service experts for advice **and** practice support for staff and focus on learning outcomes (not just mandatory learning).
5. Governance mechanisms need to include a review body (e.g. ombudsman) with stronger focus on ensuring collaboration between sectors and centralised accountability with localised focus.

What works in collaboration?

The true meaning of the term 'integrated care' remains elusive. It is the equivalent of the psychologist's ink-blot test – meaning different things to different people – enthusing some, threatening others, bemusing many.
Dr Nick Goodwin, The Kings Fund

The work of The King's Fund found there is no 'best way' of integrating care; transforming systems is ultimately about transforming relationships among people who shape those systems.

What works for The Alliance?

1. Bringing varied expertise from different service focuses keeps our assessment lens holistic and allows us to draw on each other's knowledge and build 'bridging' networks for greater impact [1]
2. By providing a community response through integrated service provision and collaboration, we build capacity in each other to maintain social cohesion and address the 'knock on' effect broader issues

For example: Connexions Program at Jesuit Social Services

> In working with young people with dual diagnosis, complexity and significant risk are daily realities for the Connexions program. The challenge of responding to multiple, complex and competing needs is in both assessment and prioritising response. As can be seen in working with S[redacted], a 20 year old female residing in the outer western suburbs of Melbourne, who has been diagnosed with schizoaffective disorder, however is disengaged from clinical services. With a chronic substance use issue, S[redacted] has been living with a much older male partner whom she accompanies to pokies venues on a nightly basis. Her older partner also

[1] "The kind of networks we operate in can make a big difference to the level of change we are able to achieve. 'Cohesive networks' made up of people with similar interests, professional backgrounds and interests are the best kind of networks for delivering small scale incremental change [strong ties]. However, if we are seeking large scale, transformational change, we should be building 'bridging' networks that connect individuals and groups that were previously disconnected [weak ties]. Working with weak ties creates relationships based not on pre-existing similarities but on common purpose and commitments that people make to each other to take action and mobilises assets across member organisations to help shared goals".
Bevan, Helen & Fairman, Steve. (2017). The new era of thinking and practice in change and transformation: Improving Quality NHS.

has two teenage children who often reside at the premises. Through attending the Alliance, Connexions are able to draw expertise from clinical mental health professionals, dual diagnosis specialists, family mental health professionals, and importantly for S[redacted], gambling specialists. This access to multiple sector professionals has enabled a holistic and comprehensive knowledge base for Connexions program to assess and meaningfully respond to the priority needs identified by the young person, which in S[redacted]'s case was the gambling concerns. As a first step, this enabled the Connexions dual diagnosis worker to build a meaningful and trusting relationship, and support a warm referral to the relevant gambling professionals. Connexions continues to consult with clinical mental health services and work with S[redacted] to support her to reengage with clinical supports.

3. A common cause with partners: creating a positive vision of the future built around the needs of our local population and what we really want to achieve.
4. A shared narrative to explain why collaboration matters.
5. A persuasive vision to describe what collaboration will achieve.
6. Behaving altruistically towards each other: asking 'how can I help' (and not 'how can I use our relationship to further my own position and that of my organisation').
7. Sharing information about users (supported by appropriate information governance but not hindered by overly zealous interpretation of the rules).
8. Willingness to work beyond the boundaries of job descriptions to achieve the best results.
9. Commitment to working together for the longer term – holding all of the above even when though the service delivery landscape changes and staff turnover.

What we see working in other areas e.g. Neighbourhood Justice Centre, Journey to Social Inclusion (J2SI), Breaking Ground, The Cottage

1. Time and space to develop understanding and new ways of working.
2. Identifying services and user groups where the potential benefits from integrated care are greatest.
3. Making use of data to target expertise effectively.
4. Recognising the interdependencies of services and integrating all aspects of care from prevention through to specialist treatment.
5. Pooling resources to integrated teams to use resources flexibly and innovate in the use of funding.

6. Involvement of people who use the services in co-designing
    - the models of integrated care that work, and
    - the information about these services for other people.
7. Specific objectives, measures and evaluation that encompass a variety of dimensions of care including user experience, service utilisation, staff experience and the costs of delivering care.
8. Appropriate timescales (at least five years and often longer) and a coherent strategy that acknowledges the importance of all the lessons outlined here[2].

Recommendation 1: Incentivise Coordination and Collaboration

The issues of integration of services and coordination of care have been a part of the National Mental Health Strategy documents for almost 20 years, but reports and evaluations continually note a lack of solid progress on these reforms.

The National Mental Health Commission review highlighted

- fragmentation and limited coordination across services, providers and settings, rather than a genuine mental health 'system' in the sense of being a planned, unitary whole to address the needs of the population
- services being designed with a focus on the needs of providers rather than consumers
- inequitable access to care for disadvantaged groups.

Most can agree that coordinated care is person-centred - listening to what is most important to and for the person - and then bringing services together to significantly improve the quality and experience of care to individuals.

Research shows that there are many different ways of doing this, and that – where implemented appropriately – user experience and care outcomes can improve significantly

Two of the main reasons transformation plans fail is
1. There is a lack of executive buy in, and
2. because they are too 'top down' and fail to fully engage the front line workforce.

2

Sally Hulks, Nicola Walsh, Marcus Powell, Chris Ham and Hugh Alderwick (2017) Leading across the health and care system: lessons from experience

Ensure there is organisational commitment to collaboration and integration and that there is investment in engaging front line staff in the change.

- Incentivise collaboration: enable professionals to work together across boundaries by making it a priority through rewards based funding with a focus on networking and collaboration.

Recommendation 2: Design delivery models and funding to support and strengthen relational aspects of care.

"There are more pilots in community services than the Air Force" – Alliance member

Relational aspects of care are often the elements most closely correlated with good consumer experience, and continuity is highly valued by service users, carers and families, particularly for people with complex health or social issues. E.g. "**Services funded for long term care"** was identified as the most important priority at a Mental Health Victoria Stakeholder workshop to inform their submission to the Productivity Commission.

The Report of the PHN Advisory Panel on Mental Health (2018) found "the short term nature of PHN funding has led to even shorter contract terms for providers, resulting in a situation that is even more uncertain than before PHNs were established. This is a devastating and unintended consequence of the reforms".
Relatively short contracting arrangements and piecemeal mental health commissioning add to the fragmentation of the system and difficulties navigating it.

These aspects combined with short term pilot programs that build relationships with people accessing services, then disappear from people's lives as quickly as they appeared, does not support long term relational based care. **A balance needs to be struck between flexible funding to support innovation and the impact of short-term contracts and pilot programs**.
A minimum of five-year funding for programs will strengthen the relational basis of care and is consistent with recommendations from Mental Health Victoria, the Report of the PHN Advisory Panel on Mental Health, and The King's Fund.

- Design delivery models and funding to support and strengthen relational aspects of care.

Recommendation 3: Make addressing the social determinants of mental health as important in treatment plans as medication.

The current system gives primacy to the traditional model of health care which promotes ever subspecialised clinical treatment modalities that neglect to acknowledge the broader social, human and economic factors at play.

Historically health services have developed into systems arranged to provide the most appropriate services for traumatic injury, infectious diseases and single diseases. In the 21st century, health needs are radically different requiring very different health services responses. There needs to be a shift in focus across the health and care system as a whole, from a system centred around hospitals to a system focused around communities and community services defined in their broadest sense.

Make the best use of all the community's assets in planning and delivering care to meet local needs. Involve families, carers and communities, the full range of statutory services, voluntary and community sector organisations, private sector organisations, support groups, social networks, individuals, buildings and community spaces.

When people accessing services are provided with the choice of preferred service delivery, they are most likely to preference the option that not only best responds to their needs but also is the most cost effective[3]. This is due to individuals choosing more preventative measures of care that built on existing relationships and increased community participation (e.g. Artful Dodgers, Safe Haven) as opposed to high cost measures e.g. inpatient care.

This active choice to participate in comprehensive care early allows for services to identify people in need before they reach a crisis point. People should not have to commit a crime or meet a criterion of 'failure' (or dis-integration) to receive wrap around care. This would require a shift from the deficit model of care offered currently to a proactive system that integrates the community assets listed above to address the social determinants of mental health before acute medical care is the only pathway to recovery. Prevention is more cost effective than a cure.

A significant aspect of prevention that The Alliance feels should be highlighted is that of **child aware practices in adult services.** The impact of intergenerational trauma is well

[3] Alakeson, Bunnin and Miller. (2013). Coproduction of health and wellbeing outcomes: the new paradigm for effective health and social care.

documented as are the impacts of parental mental illness on that of the children's mental health outcomes. It is therefore important for adult services to maintain a level of competency in child aware practices.

- Make addressing the social determinants of mental health as important as acute medical care.
- Address the intergenerational impact of mental illness.

Recommendation 4: Build in access to specialist advice and support for staff

There are issues about front line staff having

- access to the knowledge they need at the time they need it,
- the way the knowledge is stored and
- the extent to which it is reviewed, updated and ultimately discarded.

Learning and education are changing fundamentally with a move away from formal training to a more person-centred approach with real-time, constantly-changing, collaborative, support for learning in workplace situations. The shift in health and care improvement is an increasing focus on tacit knowledge rather than explicit knowledge for change. It is tacit knowledge, or know-how, created by learning in action and experience that is the most valuable knowledge for improvement and is most likely to lead to breakthroughs in thinking and performance.[4]

Professionals in the community often manage high levels of clinical complexity, acuity and risk and should be able to draw on specialist input when required, without having to go through complex and indirect referral pathways. Given the nature of short-term contracting, multiple reforms across sectors and fragmented health services, it is unrealistic for staff to maintain a working knowledge of how best to refer people accessing services, whilst maintaining their own professional development requirements.

What is needed is a combination of approaches to "curate" this knowledge and be available to staff e.g.

- programs and roles similar to Families where a Parent has a Mental Illness (FaPMI) Program, Forensic Clinical Specialist Program and NDIS Program Leads where dedicated

[4] Bevan, Helen & Fairman, Steve. (2017). The new era of thinking and practice in change and transformation: Improving Quality NHS.

staff are embedded within area mental health services to provide specialist training and service development functions, build expertise and to enhance sector capacity.

- Specialist consultancy services such as The Bouverie Centre, Victorian Dual Diagnosis Initiative, VTMH, and the Victorian Disability Service

- Build in access to specialist advice for staff for best practice outcomes – embed accessible service experts for advice **and** practice support for staff and focus on learning outcomes (not just mandatory learning).

Recommendation 5: Governance mechanisms need to include a review body with stronger focus on ensuring collaboration between sectors and centralised accountability with localised focus.

"No level of government 'owns' mental health, which in turn has made it difficult to ensure accountability of mental health outcomes. Services are poorly integrated, overseen by different parts of government and based on widely different organising principles that are not working towards a common goal. Cross-portfolio interactions are particularly complex. For example, disability, income support and employment services are all Commonwealth responsibilities and yet states incur costs if people need care in public hospitals, interact with the justice system, or become homeless." - NMHC 2014 Contributing Lives Review.

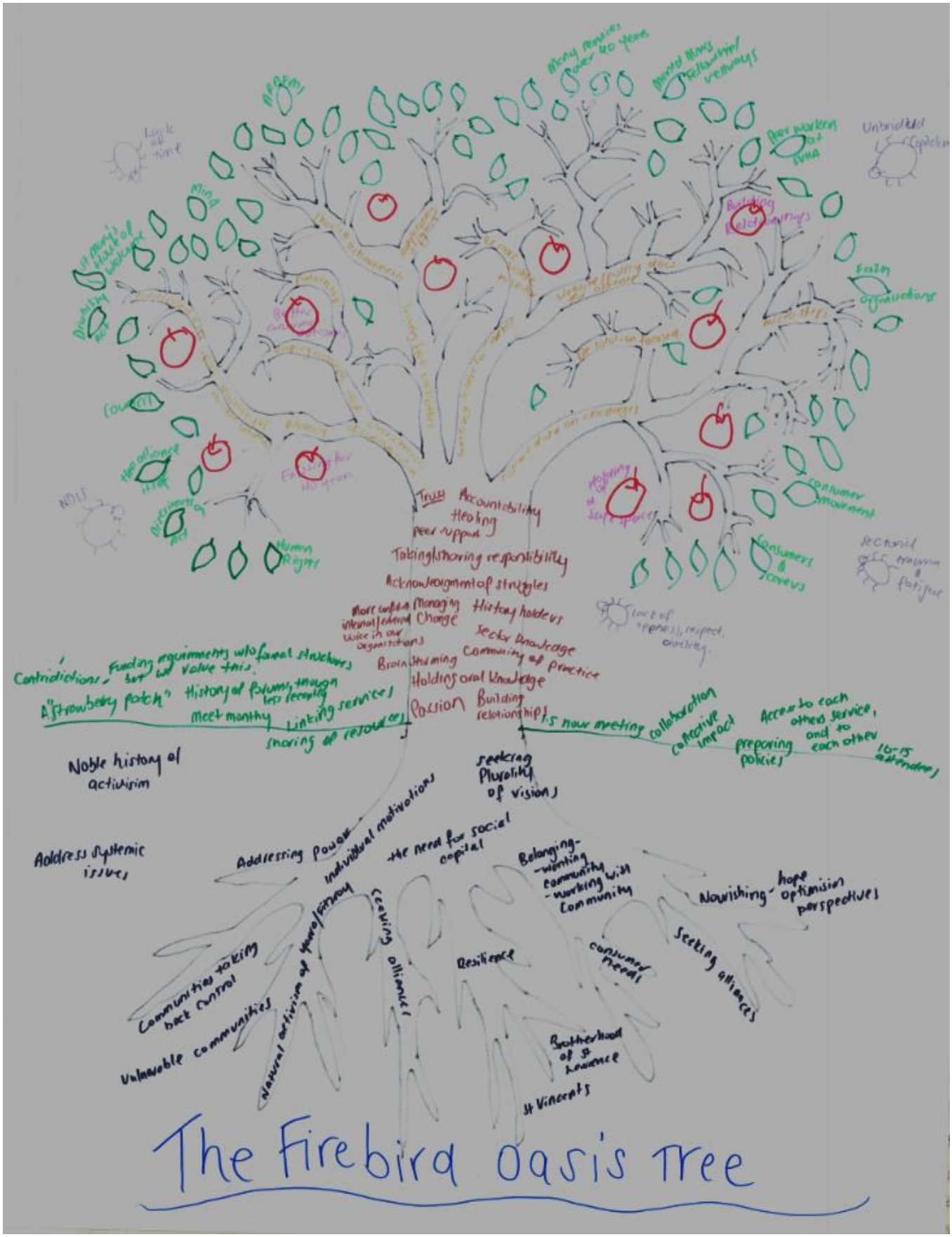
Practice gaps can be seen across different sectors and portfolios but there is no unified process for overting practice issues or independent arbiter of good practice. What is the most effective tool for facilitating cooperation, accountability and clarity of roles and responsibilities?

Governance mechanisms need to include a review body (e.g. ombudsman) with stronger focus on ensuring collaboration between sectors, centralised accountability with localised focus. The Alliance acknowledges the expertise of people with lived experience and encourages any review body to include this within the governance structure.

A better process for reviewing the experience of people using services must also be implemented at a service level. The use of surveys to measure service users experience is an inadequate tool to gain a qualitative understanding of how service delivery has resulted in positive or negative outcomes in people's mental health. Feedback must seek to gain a holistic understanding of service user experience. This process should be normalised across services

and not a token gesture during exit interviews. Quality improvement needs to prioritise consumer and carer experience. Complaints and feedback processes to be supported and developed to determine service redesign. KPI funding linked to user experience to reward quality and meaningful outcomes for people accessing services as opposed to volume-encouraging fee-for-service arrangements alone.

- Governance mechanism to ensure best practice and centralise accountability
- Review body with a weighted lived experience component.


Trust
Accountability
Healing
peer support
Taking/sharing responsibility
Acknowledgment of struggles
Managing Change
History holders
Seeking knowledge
Community of Practice
Brainstorming
Holding oral knowledge
Passion
Building relationships
Contradictions
Funding requirements who formal structures set the value this
A "strawberry patch"
History of Pitumi, though less recently
Meet monthly
Linking services
sharing of resources
5 hour meeting
collaboration
collective impact
Access to each others service, and to each other
preparing policies
10-15 attendees
Noble history of activism
seeking Plurality of visions
Address systemic issues
Addressing power
individual motivations
the need for social capital
Belonging- wanting community - working with community
Nourishing - hope optimism perspectives
Communities taking back control
Vulnerable communities
natural activism of youth/fitzroy
Giving alliances
Resilience
consumer needs
Seeking alliances
Brotherhood of St Laurence
St Vincents
The Firebird Oasis Tree