SA Health

Mental Health Services Plan: Progress Report and Implementation Plan for 2021-22

OCTOBER 2021

Government of South Australia

SA Health

SA Department for Health and Wellbeing

Mental Health Services Plan

Status Update SEPTEMBER 2021

Government of South Australia

Vision

The SA Department for Health and Wellbeing will commission mental health services of the highest quality, that are effective and safe, uphold human rights, enhance wellbeing and support people to fully participate and thrive in their chosen community.

Goals

> PERSONALISED CARE
Respectful of the needs and preferences of the individual and affords them dignity and active participation in all support, care and treatment decisions

> INTEGRATED CARE
Supporting a more holistic service approach that focuses on the whole person, recognising and supporting their mental health, physical health and social needs through improved partnerships, collaborative care planning and continuity of care.

> SAFE AND HIGH QUALITY CARE
Ensuring that services are planned and delivered to the highest quality, are safe, respectful and protect the rights of all who utilise services.

Key facts (annually)

690,000	CONTACTS IN OUR COMMUNITY MENTAL HEALTH SERVICES
20,700	ED PRESENTATIONS
9,200	ACUTE ADMISSIONS TO HOSPITAL BEDS
2,600	CLINICIANS AND STAFF
377	ACUTE BEDS
92	NON-ACUTE BEDS
146	RESIDENTIAL BEDS
86	METRO TELE-PSYCHIATRY UNITS
20	COUNTRY TELE-PSYCHIATRY UNITS

Future state

> Priority expansion of:
- Child & Adolescent Mental Health Services
- Forensic Mental Health Services
- Older Persons Mental Health Services

> Use of Urgent Mental Health Care Centres

> New crisis model (telephone, community and residential)

> New residential based services for youth, adults in crisis, and older people

The system at a glance

Key priorities

Community alternatives: timely access to community-based care earlier in the course of illness and early in episode

Human rights: ensuring human rights are respected, protected, and fulfilled, with a reduction in coercion

Peer workforce: peer workers will be incorporated as an integral component of mental health service delivery

Effective Suicide Prevention: commitment to a Towards Zero Suicide initiative within our tertiary mental health services

Access to therapies: Providing greater access to a range of evidence based therapies

Equity of access to services: ensuring people in South Australia have equitable access to services wherever they live, including people in rural and remote communities

Supporting people who are more at risk:

- Aboriginal People
- Children, young people and families
- Older persons
- Culturally and linguistically diverse backgrounds
- People in isolated rural areas
- Veterans and First Responders
- In the Correctional or Forensic system
- Young people in the justice system
- Gender and sexually diverse
- People with a disability
- Substance use issues
- Chronic health conditions
- People experiencing other forms of social disadvantage

The outcomes identified in the Plan

	Outcomes
Personalised Care	1. People receiving services are actively engaged as partners in their care
	2. Perinatal, infants, children and families have improved access to and engagement with mental health services and support
	3. Young people (12-24) have positive mental health and early intervention service access for any emerging mental health issues
	4. Aboriginal and Torres Strait Islander people have access to culturally safe and appropriate initiatives determined by local communities
	5. Older people have access to mental health programs and support that reduce the impacts of mental illness
Integrated Care	6. People obtain timely and effective mental health care and support that promotes wellbeing and respects diversity
	7. Services work together in partnership to provide a coordinated response to meet people's individual needs
	8. People with a mental illness will have better physical health and live longer
Safe and High Quality Care	9. Improving safety and quality in mental health services to reduce harm, uphold human rights and support inclusion
	10. Mental health services promote fairness, inclusion, tolerance and equity in all interactions
	11. The workforce is supported to provide the best care

New clinical models to develop during the life of the plan:

SA Aboriginal Mental Health and Wellbeing Centre of Excellence	PLANNING
Urgent Mental Health Care Centre	100% COMPLETE
Stage 2	PLANNING
Embedding mental health services into other settings including child and youth services and emergency services	PARTIAL
Towards Zero Suicide initiative	PROJECT ACTIVE
Prison In-reach Mental Health Services	PARTIAL
Expansion of James Nash House	PLANNING
Dementia Units and Rapid Access Service (into aged care facilities)	PARTIAL
Crisis Retreat Centre and Safe Haven Cafe	PLANNING COMMENCED
Re-vamped telephone crisis and support line	SCOPING
Non-government organisation alignment redesign project	
Stage 1	COMPLETE
Stage 2	COMMENCED

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Contents

ABBREVIATIONS

A		
	ABAU	Acute Behavioural Assessment Unit
	ACT	Australian Capital Territory
B		
	BHFLHN	Barossa Hills Fleurieu Local Health Network
	BPSD	Behavioural and Psychological Symptoms of Dementia
C		
	CALHN	Central Adelaide Local Health Network
	CAMHS	Child and Adolescent Mental Health Service
	CwP	Connecting with People
D		
	DHW	Department for Health and Wellbeing
E		
	ED	Emergency Department
H		
	HDU	High Dependency Unit
I		
	ICAC	Independent Commissioner Against Corruption
L		
	LHN	Local Health Network
M		
	MH-CORE	Mental Health Co-Response
N		
	NALHN	Northern Adelaide Local Health Network
	NBU	Neurobehavioral Unit
	NDIS	National Disability Insurance Scheme
	NGO	Non-Government Organisation
	NMHSP	National Mental Health Services Planning Framework
P		
	PICU	Psychiatric Intensive Care Unit
R		
	RAS	Rapid Access Service
S		
	SA	South Australia
	SAAS	South Australia Ambulance Service
	SAFETool	Suicide Assessment Framework E-Tool
	SALHN	Southern Adelaide Local Health Network
T		
	TZS	Towards Zero Suicide
V		
	VSN	Virtual Support Network
W		
	WCHN	Women's and Children's Health Network

1. Introduction

1.1 Overview

This one year Progress Report and Implementation Plan is intended to be read in conjunction with the original Mental Health Services Plan 2020-2025. This document provides details about current initiatives, noting that the full range of strategies is described in the five year plan document.

This document has four sections:

- An overview of COVID-19 Mental Health Responses, a number of which were linked to Mental Health Services Plan 2020-2025 strategies.
- A discussion of a selection of key action areas currently being implemented in the plan consideration of the background, progress to date, and workplan for 2021-22.
- A summary table of the workplan for 2021-22.
- A review of planning in the context of the Productivity Commission plan.

In considering the targets for this year it also reviews progress to date in each area.

The COVID-19 mental health section of the document describes the response so far in relation to community, vulnerable groups and for people in quarantine. Planning remains flexible to adapt to evolving needs, with a focus on recovery planning into the future.

Emergency department presentations data is reviewed, along with activities to address emergency mental health demand. This includes amendments to the crisis response system, redesign of existing community services in two Local Health Networks, improving access to long term beds and the purchase of additional acute beds in the private sector. Crisis initiatives include the expansion of the hours of service of the Urgent Mental Health Care Centre, continuation of the Mental Health Ambulance Co-Response initiative, work to improve phone responses and commencement of planning for the first Crisis Stabilisation Unit. Other initiatives include the development of a new Psychiatric Intensive Care Unit, and planning for future Acute Behavioural Assessment Unit beds.

Forensic Mental Health Services will now operate an ongoing multidisciplinary prison mental health in-reach service to two metropolitan prisons and work will occur to relocate a forensic disability inpatient unit from the Glenside site to the James Nash House site. In addition, the development of a new Forensic Mental Health services plan will commence.

For children and young people, additional clinical time will be provided to telephone services, including providing an ongoing service in Youth Corrections.

For older people, planning for a new unit at Modbury will continue, along with the development of a nine bed, State supplemented Special Dementia Care Unit at the Repat. Additional resources will also be provided to enable ongoing Rapid Response mental health access for residential aged care residents.

Redesign of psychosocial rehabilitation services will continue, along with the implementation of a new accommodation initiative for 16 people in a cluster of supported independent units.

As part of Safety and Quality activities, the Towards Zero Suicide initiative will continue, along with a continued focus on seclusion and restraint reduction.

Robust workforce strategies will support mental health service operation, with a continuation of existing strategies and approaches. In addition, there will be a roll out of new recruitment and retention initiatives supported by new funds.

Each initiative will be focussed to ensure that new and redesigned services are accessible to at risk and vulnerable populations. A Human Rights and Coercion Reduction Committee has been established and the work of this committee will inform the implementation of strategies that are a part of the plan, as well as a review of the *Mental Health Act 2009* that will occur this year.

1.2 Mental Health Services Plan 2020-2025

The Mental Health Services Plan 2020-2025 was released on 2 November 2019. The Plan recognised that the Mental Health System had become a complex patchwork of success and areas of failure. The skills and commitment of individuals is recognised but in itself is insufficient if systems are not working properly[1]. The modelling for the plan sets priorities such as services for children, adolescents, and older people, and more community alternatives for all population groups.

As noted in the introduction of the plan[2], this is an Outcomes based focused on the key priorities of personalisation, integration and the safety and quality of services; themes that the plan explains in detail. Expectations are set by the plan, but they will need to be implemented locally by the providers of our services in close consultation and collaboration with consumers and carers. It is a plan to guide the Department, Local Health Networks and for commissioned non-government services.

The plan itself recognised the need to be flexible to new innovations during the plan, including in updating the modelling that underpinned the plan. Responses to people in crisis and the response to the recommendations of the Oakden reports have been significant elements in the initial actions of the plan.

Although developed prior to the pandemic, the plan has also informed the mental health response to COVID-19, because when a surge in services was required to respond to demand, the Plan has offered agreed evidence based strategies. Approaches to address the needs for priority groups were already identified as part of the plan and an approach to increasing capacity of crisis and therapy services for different age groups could be followed as the pandemic emerged in 2020.

The creation of the plan also addressed commentary from reviewers in 2017 that services provided in the community do not appear to consistently include those components which would normally be associated with a contemporary mental health service. Both community and inpatient services need to be nurtured[3]. The plan has sought to achieve this balance. While the plan does this over a 5 year period it also increases bed capacity over the course of the plan. Modelling for the plan is continually revised, and this document, in addition to discussing actions for 21-22 also reviews *Productivity Commission* findings.

The Plan identifies eleven outcomes which are underpinned by three high level goals which are interdependent with action in one area driving improvement in all other areas:

- Personalised Care;
- Integrated Care; and
- Safe and High Quality Care.

These three goals are critical to understanding all aspects of the plan and reflect the integration of expert opinion both from professionals and the literature, as well as from consumers and carers with lived experience and community members. They are explained in detail on pages 13 – 16 of the plan[4]

[1] *Mental Health Services Plan 2020-2025,* page 7, https://bit.ly/3BHJ3AD

[2] *MHSP,* page 4

[3] *MHSP,* page 49

[4] MHSP, Goals of the Plan, page 13-16. https://bit.ly/3BHJ3AD

As an outcomes based plan, it is envisaged that:

- Services will be planned to the highest quality, are safe, respectful and protect the rights of all who utilise services
- Outcomes reflect what consumers can expect from services, as well as meeting population-based needs. This includes outcome measures that assist individual consumers with their care, clinical staff in monitoring therapeutic and functional outcomes and administrators in monitoring system performance.
- Culturally safe community-based care enables more efficient access resulting in earlier intervention and crisis prevention
- Models of service delivery are inclusive to linking and integrating services wherever possible with resources determined locally
- Every therapeutic encounter aims to be meaningful, validating, engaging and effective, resulting in positive therapeutic outcomes for consumers and reducing hospitalisation and re-admission.
- Workforce capability offers the right skills mix whilst acknowledging existing expertise.

Key developments since the production of the plan include:

- The development and release of the National Mental Health and Wellbeing National Pandemic Mental Health Response Plan in May 2020.
- The release of the Productivity Commission, Mental Health, Inquiry Report on 16 November 2020.
- The publication of the report of the Royal Commission into Victoria's Mental Health System in February 2021, which is informing the work of a sub-committee of National Cabinet working on mental health (and hence mental health developments in other states such as South Australia).
- A Minister's Workshop on Mental Health in South Australia held on 28 April 2021.
- The development of a new Mental Health Partnership between Commonwealth and State and Territory governments, which is still underway.

Although each report has had a span and focus, there is broad agreement to the types of strategies required to deliver a contemporary best practice mental health system.

Aspects of the Productivity Commission report are discussed in **Appendix 1**

2. COVID-19 Mental Health Response

Subsequent to COVID-19 being declared a pandemic the South Australian government committed funding to develop a mental health response to the pandemic. The COVID 19 Mental Health Virtual Support Network (VSN) commenced in April 2020. The name reflects that during the first phase of COVID-19 the initiatives were delivered by phone and online platforms, but increasingly the later initiatives moved to being delivered face to face. (Although in regional areas telehealth consultations have been supported and continued.)

The COVID-19 Mental Health Response has been developed parallel to the implementation of the Mental Health Services Plan. Initially the Response focussed on specific COVID-19 related initiatives, resources to enhance the use of technology for service delivery, and increased capacity for phone and online based support services delivered by a range of organisations. Following the first wave in 2020, the Response expanded to support a "surge" of specialist services for people in distress across all age groups. These latter "surges" in capacity have wherever possible been aligned to the Mental Health Services Plan, for example with increases in telephone services for young people, mobile responses with the mental health ambulance co-response, additional in reach into prisons and youth corrections, and expanded in reach into aged care facilities.

In 2021-22 funding for specific initiatives has continued, but many of the "surge" capacity initiatives now have ongoing funding.

During this period data for service use has been monitored through a weekly dashboard. The response has been subject to continued refinement

Monitoring of data about deaths by suspected suicide
Information about suspected suicide has been forwarded from the Coroner's office. At this time there has not been an observed increase in the rates of death by suicide since the commencement of the pandemic. This is consistent with the observations of the Australian Institute of Health and Welfare, which has received data about suspected suicide from a number of jurisdictions[5]

Psychological distress in the community
There has been evidence of increased psychological distress in the community, and in SA and other jurisdictions, this has been most pronounced in young people, although all age groups are affected. This has been monitored through surveys of community mental health and wellbeing undertaken by Wellbeing SA, calls to mental health helplines, including government mental health lines, and presentations to emergency departments.

Specific impacts for individuals and communities vary, and can be linked to fear of the virus, the effects of isolation during quarantine, lockdowns, and the economic impacts of the pandemic and public health measures to put in place to protect us from it. In 2020-21 the impact of the pandemic in other countries had a significant effect on South Australians born overseas, or with family overseas, who have been affected by illness, grief and loss of friends and family during the pandemic. The mental health pathway out of the pandemic is inextricably linked to the public health measures, vaccination and the impact of new variants, and whether or not further lockdowns are required. Aligning our responses to those in other disasters, a common expert view is that there will be a need for a "recovery" response for at least 4-5 years, and the effects of the pandemic could continue longer.

In this context the Pandemic response are being refined to consider a range of scenarios as the pandemic progresses, and we move to a 'recovery' phase, and the Mental Health Services Plan is being used to inform service expansions.

[5] Australian Institute of Health and Welfare, The use of mental health services, psychological distress, loneliness, suicide, ambulance attendances and COVID-19, https://www.aihw.gov.au/suicide-self-harm-monitoring/data/covid-19 Last Updated 21st July 2021. Accessed 5th September 2021

The COVID-19 Mental Health Response has been delivered as a series of stages with changes made to the response as a result of the changing needs for mental health support as the level of the impact of the pandemic altered.

Progress to Date

- Stage 1 of the VSN consisted of a range of Non-Government Organisations (NGO) delivering support to those in distress as a result of COVID 19. This included mental health support lines, call back services and an online chat service as well as individual and group counselling. Stage 1 of the VSN also encompassed support for carers of people with mental health concerns, people from culturally and linguistically diverse communities, and Aboriginal communities.
- This first phase also included a "Communities of Practice" – meetings chaired by an academic with skills in convening such groups that work to support staff working in mental health in quality improvement, professional development and service development in the context of COVID-19.
- An initial university evaluation was also undertaken of new initiatives and mental health service performance during the first outbreak.
- Stage 2 of the response included the continuation of the services offered through the VSN as well as additional support through:
  - Further resources to expand services for drug and alcohol, specialist mental health services, child and adolescent mental health, older persons;
  - Further mental health support to prisoners and those in youth detention;
  - Increased capacity for delivery of specialist mental health services via telehealth and digital platforms;
  - Initiatives for children and young people affected by social isolation and the economic impacts of COVID-19;
  - Increased capacity to provide mental health services for older persons to residents in aged care facilities through Rapid Access In-reach Services;
  - Counselling services, training and community engagement supports for Aboriginal and Torres Strait Islander communities and Culturally and Linguistically Diverse Communities;
  - Increased support for carers of people with a mental illness

- Stage 3 of the COVID-19 Mental Health Response included the continuation of services offered as part of Stage 2 until 30 June 2021 with the following expansion:
  - Increased capacity for specialist mental health services, including services for children and young people, adults, older persons, veterans, and forensic mental health
  - Expansion of the Mental Health and SA Ambulance Co-response service across metropolitan areas;
  - Expansion of specialist drug and alcohol services, including telephone support services, outpatient withdrawal services, in-reach into Community Mental Health Services, support for GPs managing drug and alcohol conditions and NGO treatment services;
  - Additional mental health and wellbeing supports for International Students; and
  - Additional NGO mental health and wellbeing supports for children under the age of 12 due to the significant waiting periods for access to services for this age group during the pandemic.

- Stage 4 of the response continues services into 2021-22 and is described at the end of this section. At the same time a number of services that received temporary 'surge' funding have now received ongoing funding including child and adolescent services, forensic services, crisis response services and older persons services.

These responses are those delivered by State Government. In addition, there has been a range of Commonwealth funded initiatives delivered through Medicare or Primary Health Networks (PHN). The Oversight Committee for the COVID-19 Mental Health Response is attended by PHN

representatives to help coordinate initiatives.

Psychological Distress experienced by persons in quarantine.

The SA COVID-19 Mental Health Support Line was one of the first initiatives established as part of the COVID-19 response and has been continued throughout 2021-22.

The line is available 8AM to 8PM for any member of the public to call about Mental Health Concerns. The Mental Health Support Line also plays a critical role in providing mental health support to people in hotel quarantine. While brief mental health screening from health staff occurs on arrival, this is followed up by a call from a counsellor to all people over the age of 12 years of age and over, to check on their mental health, provide support and undertake a Kessler 10 (K10) item screening questionnaire to assist with identifying the need for mental health follow up. To date 20,288 travellers have received an initial contact from the Mental Health Support Line and engaged in a K10 assessment. Extra support can be provided to people who request it or for those who are identified as needing further mental health support during the screening process. Follow up services are provided by the Mental Health Support Line where appropriate, or referrals to clinical mental health services are made if the person requires more specialist intervention.

As of the 29th August 2021, the line had the following activity[6]: This is for first calls only and does not include follow up calls.

	This week	*Weekly average*	*To date*
Total number of clients who received initial contact with service and completed a first K10 (K10v.1)	227	323	20,288
Total number of people with a K10v.1 score 20 or over	30	32	2031

To date during the same period the line has answered 4764 calls from the community. These calls tend to increase during outbreaks in South Australia and also when restrictions or outbreaks are occurring in other states which can generate distress in local communities.

In addition to the screening described above, health staff at quarantine hotels, and mental health line operators can refer a person to a specialist mental health team in Medi-Hotels operated by Home Support Services. Between the 18th August 2020 and the 26th August 2021, the team has undertaken 956 initial assessments, and provided 2,971 services, across the medi-hotels[7].

The arrangements for checks on people in home quarantine are different. When there are less than 50 people in home quarantine checks are undertaken through the Mental Health Support Line – as set up for Medi Hotels. Where there are larger numbers of people in home quarantine either during an outbreak in SA or with SA residents returning from interstate, Red Cross undertakes psychosocial wellbeing checks to provide support and refer people onto mental health services where required. As of 29th August, Red Cross had undertaken 13,771 checks from 24th June 2021[8]. This service is funded through the Disaster Preparedness Branch but coordinated through Mental Health.

[6] Uniting Communities COVID Mental Health Support Line: Weekly report for week ending 29th August 2021

[7] Home Support Services, Specialist Mental Health Team report. Report for week ending 26th August 2021

[8] [8] Red Cross Telecross Redicommander Report – Weekly report for week ending 3rd September 2021

Work Plan 2021-22

The 2021-22 State Budget included additional funding of $7.3 million to continue a series of additional time limited programs to support the mental health, wellbeing and resilience of the community in the face of the COVID-19 pandemic until 30 June 2022. This funding will allow for the ongoing operation in 2021-22 for:

- The mental health support services delivered by NGOs, including the COVID-19 Mental Health Support Line for the general community and for people in hotel quarantine, support for Aboriginal and Torres Strait Islander Communities, support for Culturally and Linguistically Diverse Communities, support for carers of people with a mental illness.
- The Mental Health Liaison Officer role and specialist mental health services for people in hotel quarantine delivered by Home Support Services as described above.
- Specialist mental health initiatives for children and young people (CAMHS)
- Expansion of specialist drug and alcohol services (DASSA)
- Increased capacity for specialist mental health services
- Expansion of specialist drug and alcohol services
- The University of South Australia COVID-19 Mental Health Communities of Practice initiative providing support, learning and development opportunities for frontline mental health staff during the pandemic.
- Additional mental health and wellbeing supports for International Students and multicultural youth
- Additional mental health and wellbeing supports for children under the age of 12 due to the significant waiting periods for access to services for this age group during the pandemic.

The following initiatives from Stage 2 of the COVID-19 Mental Health Response transitioned to ongoing funding as part of the 2021-22 State Budget:

- Increased specialist mental health staff and expansion of triage services
- Expanded multi-disciplinary mental health prison in-reach services
- Expansion of the Mental Health and SA Ambulance Co-response service
- Expansion of mental health in-reach services for residents in aged care facilities
- Expansion of veterans mental health services
- Expansion of specialist drug and alcohol services, including telephone support services and community based services

In addition to the one year funding, a range of other ongoing expansions in services are discussed later in the document, that are also relevant to the COVID-19 mental health demand.

The pandemic mental health response is currently being refined to consider a range of scenarios linked to recent public health modelling of the Doherty institute. As vaccination levels increase it is anticipated that we will then move to a more traditional post disaster ‘recovery’ phase with the pandemic having impacts for many years.

An evidence based review by Professor Nicholas Procter’s team at the University of South Australia has been completed for SA Health. This considers the impact of COVID-19 on the mental health of the population as a whole and at risk groups. It guides us to further work to address social connection in the community, strategies to address social and economic factors that may impact on mental health (including work to support the personal and career development of young people affected by the pandemic), further suicide prevention work, screening of at risk populations for the early signs of mental illness, and the use of peer support strategies and community grant programs are raised by this document.

This document will inform the recovery plan, with input from stakeholder groups, and involvement of the COVID Mental Health Response Oversight committee.

3. Work Plan 2021-22

3.1 Emergency Department Presentations and Bed Access

Background

Mental Health presentations to hospital emergency departments are charted in the table below. Presentations in 2021 are compared to 2019 as a pre-COVID-19 comparator.

Emergency Department Presentations Per Day: January to July 2021

	2021								2019
	Jan	Feb	Mar	Apr	May	Jun	Jul	2021 Ave (to date)	2019 Ave
RAH	15.4	18.3	17.0	16.7	14.5	13.6	12.3	15.4	14.2
QEH	6.6	7.2	8.1	8.0	6.3	5.4	5.9	6.8	7.7
CALHN	**22.1**	**25.5**	**25.2**	**24.7**	**20.9**	**19.0**	**18.2**	**22.2**	21.9
LMH	9.9	12.4	10.5	10.6	9.0	9.3	8.2	10.0	11.1
MHP	4.7	4.9	5.7	6.1	4.2	3.4	2.1	4.4	3.3
NALHN	**14.6**	**17.3**	**16.3**	**16.7**	**13.2**	**12.7**	**10.3**	**14.4**	14.4
FMC	10.4	10.9	12.5	11.4	9.5	8.6	8.2	10.2	10.1
NHS	5.9	5.0	6.2	6.0	4.8	4.9	5.6	5.5	5.9
SALHN	**16.2**	**16.0**	**18.6**	**17.3**	**14.3**	**13.5**	**13.8**	**15.7**	16.0
WCHP	7.5	10.5	11.5	8.1	10.4	10.0	8.5	9.5	6.8
WCHN	**7.5**	**10.5**	**11.5**	**8.1**	**10.4**	**10.0**	**8.5**	**9.5**	6.8
0-17 year olds	**8.8**	**11.9**	**13.4**	**9.5**	**12.4**	**11.2**	**9.6**	**11.0**	**8.1**
18-64	**47.4**	**52.4**	**49.9**	**47.9**	**41.9**	**40.9**	**37.9**	**45.4**	**47**
65+	**4.2**	**5.0**	**8.2**	**9.3**	**4.4**	**3.2**	**3.4**	**5.4**	**4.0**
Grand Total	**60.4**	**69.3**	**71.5**	**66.8**	**58.8**	**55.2**	**50.9**	**61.7**	**59.1**

There has been a significant increase in the number of daily presentations of youth aged under 18 – which is understood to reflect COVID-19 related factors. There are significant fluctuations in adult presentations with significant peaks some months at the Royal Adelaide Hospital, but overall, there has not been an increase in ED presentations for adults in this data up to July 2021. However these presentation numbers may have been higher if it were not for people seen at the Urgent Mental Health Care Centre and the Mental Health Co-Response service, given that people seen by these services may have otherwise presented to an ED (data on these services is in the next section).

Tackling emergency department waits is a critical issue for the Mental Health Services Plan. Elements of the response to bed access include:

- The redesigned Crisis Model that will provide community alternatives. See the next section for details.
- Expansion of beds – including the Crisis Stabilisation Beds[9], beds for people and during the life of the plan Acute Behavioural Assessment Unit beds[10] Both community and bed based resources are subject to ongoing review during the implementation of the plan[11]. Resource requirements are subject to regular review based on updates in the National

[9] MHSP, page 43
[10] MHSP, page 42, 43
[11] MHSP, Page 39

Mental Health Services Framework, new mental health reviews such as the Productivity Commission and developments in other jurisdictions. The plan is explicitly not locked in as such and considers the "bed debate" opting for an approach that provides a range of services[12]

- Application of Activity Based Funding to flex beds. Most mental health beds are funded using Activity Based Funding, a model determined nationally by the Independent Hospital Pricing Authority[13]. This model gives Local Health Networks flexibility to scale beds subject to demand, including opening extra beds on site and commissioning private beds as required at times of peak demand or using inpatient funding for hospital in the home. As of September 2021, 12 private beds in the Adelaide Clinic have been purchased.
- Community redesign to improve acute services in the community and work to improve hospital flow.

With respect of flow, The New England Journal of Medicine has described patient flow in general health care as follows.

Patient flow is the movement of patients through a healthcare facility. It involves the medical care, physical resources, and internal systems needed to get patients from the point of admission to the point of discharge while maintaining quality and patient/provider satisfaction. Improving patient flow is a critical component of process management in hospitals and other healthcare facilities[14].

The article goes onto note that poorly managed flow can lead to adverse health outcomes including increased readmissions to hospital and death.

In mental health services the flow applies to referrals of patients across community and hospital services, and is not just within the hospital facility, The Mental Health Services Plan seeks to do this in a safe way, defining 'capability based flow' as an approach to using the stepped system and maintaining system safety. Flow of consumers from each part of the system to the next will be determined by the actual capability of service components[15].

Linked to this mental health service redesign is the development of new community alternatives described in the next section. The effective and efficient operation of all parts of the existing system are also required to enable an effective response including improved access to community services to support people in crisis in the community, to respond early to emergencies, as well as changes in hospital processes to reduce bed waits. Community mental health service redesign as undertaken by SALHN, and also occurring in NALHN and CALHN are intended to replace the previous structure of integrated teams doing both acute and long term work, with new team structures that provide a greater focus on teams undertaking acute responses on one hand that is expected to improve mobile responses to people experiencing mental health emergencies, and other teams providing ongoing support and rehabilitation for people with longer term needs on the other that may improve the support for people in the community and prevent relapse. While rural areas are mostly unable to have separate team structures, the Plan still expects similar functions to be made available to rural populations, subject to local planning needs and supported by Telehealth.

Bed modelling. The Mental Health Services Plan uses the National Mental Health Services Framework. A more in depth discussion of the Plan's modelling and analysis of some elements by the Productivity Commission can be read in **Appendix 1** considering the Productivity Commission report from 2020. This discussion considers factors relevant to both the efficiency of community services and the number of beds that need to be commissioned. The modelling is being updated in 2021-22.

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[12] MHSP, Page 49

[13] Independent Hospital Pricing Authority, https://www.ihpa.gov.au/what-we-do/activity-based-funding, Accessed 12th September 2021

[14] [14] NEJM Catalyst (2018) What is patient flow, innovations in healthcare delivery, https://catalyst.nejm.org/doi/full/10.1056/CAT.18.0289 Accessed 5th September 2021

[15] MHSP, Capability Based Flow, page 17

Progress to date work in LHNs:

The long waits mostly occur in the Central Adelaide Local Health Network, rather than in the other hospitals and Local Health Networks, so there has been a focus on flow within that LHN, and system wide support for CALHN at peak times.

While there is debate about bed numbers overall, there is also debate about the adequacy of bed numbers allocated to each LHN in particular to CALHN. The Royal Adelaide Hospital emergency department is susceptible to factors outside of its control. It assesses people from metropolitan Adelaide, but also from rural and remote areas of the state – many of those people arrive by air ambulance. People are then admitted to either a CALHN operated bed, or a Rural and Remote Mental Health Services Bed operated by BHFLHN. It also experiences seasonal fluctuations.

In practice a range of responses are occurring – to improve flow within and across CALHN, to increase bed capacity when required, and to change bed management systems to provide extra support at peak times

Improved flow is an anticipated outcome from improvement work being undertaken by the CALHN Mental Health Taskforce. As of August 2021 the Taskforce is working on 7 priority initiatives including (1) ED Mental Health Model of Care implementation, (2) Community Mental Health Redesign, (3) Mental Health Workforce Innovation and Stabilisation, (4) NDIS Operational Reform, (5) Inpatient Rehabilitation Services Plan Implementation, (6) Older Persons Mental Health Model of Care and Implementation and (7) Sustainable mental health triage. The outcomes of these projects will contribute to improved flow.

NALHN continues its community redesign, that is also informed by the work of the Northern Mental Health Alliance – a critical partnership with non-government providers in the North. An example of this work includes the implementation of a common intake mechanism for young people seen by the NALHN mental health service, and a youth team based at Sonder, consistent with the integration goal and common intake for youth aim of the Mental Health Services Plan[16]. This work is now being replicated in the North for adults.

SALHN have had their new community redesign in place since late 2019, along with an integrated management system to escalate matters and concerns. SALHN has had a system in place to monitor and oversee flow that includes a short stay ward that can accept admissions from the emergency department for assessment and then referral for either community or inpatient follow-up.

Regional LHNs do not have the scope to redesign through multiple teams and continue to operate single team service models for adult mental health, with central support from Telehealth. Further work is occurring at the Limestone Coast, to address significant demand pressures in its services, and there has been additional Telehealth funding associated with COVID-19 (see the previous section).

At WCHN CAMHS, a range of responses to support and improve the access and flow to services have been implemented, with focus on the Paediatric Emergency Department (PED) in response to a significant increase in mental health presentations. An Emergency Mental Health Clinical Coordinator has been appointed to focus on safe, high quality care for mental health consumers presenting to the PED. The coordinator is also providing oversight of the newly implemented Rapid Assessment Consultation Evaluation Response (RACER) clinic aimed to provide urgent care reviews of potentially preventable admissions to the WCH inpatient unit and reduce wait times to community services. The new Child and Adolescent Mental Health Inpatient Unit in WCH, Mallee Ward, has access to a HDU (4 “swing” beds).

The ability to swing these beds provides opportunity to increase bed capacity of the lower dependency acute unit when HDU beds are not required. The implementation of the “Bridge” Program at Helen

[16] MHSP, page 17 and 52

Mayo House to provide an intervention and support service to women and their infants on the waiting list for admission has been successful in shortening the waitlist for hospital admissions and in some cases has led to hospital avoidance and a shorter length of stay. This has proven to support bed management for a specialised service that remains at full capacity on a regular basis. The outcomes of these projects will contribute to improved access and flow to CAMHS services.

Identifying avoidable aeromedical retrievals has been another stream of work that may benefit consumers and both sending and receiving hospitals. Recent analysis by the Office of the Chief Psychiatrist undertaken with the Medstar aero retrieval service at SAAS has focussed on potentially avoidable air retrievals. Casenote matching of 696 mental health retrievals over 5 years was possible for 480 people. Of these at least 28% stayed in hospital for less than 2 days. It is considered that higher levels of support for people who are distressed or have a short lived behavioural disturbance may reduce the need for transfers and associated risks of air travel, but the form of that support is still to be determined along with modelling of the extent of the impact. This work is consistent with the application of modified Acute Behavioural Assessment Unit principles to regional areas, and in particular the need to involve Medstar specialists, mental health services and drug and alcohol services in providing additional advice and support – particularly to practitioners in larger country centres. Further work to develop the feasibility of additional support for local management of some country consumers will occur in conjunction with rural LHNs.

With respect to responding to overall regional needs, additional bushfire funding over 2 years from 2020 enabled extra capacity in the Adelaide Hills and Kangaroo Island to respond to bushfire demand (equivalent to 9 workers).

In early 2021, in order to align the management of mental health beds to the same processes used for the management of general health beds, the specific mental health localised bed management policy was discontinued. Instead mental health beds are allocated using the same processes that occur in general health. While this has significant similarities to localised bed management it provides more flexibility and greater support for LHNs by other LHNs than the previously strategy, particularly at times of high demand in one hospital, when other hospitals have capacity.

Workplan 2021-22

- *Crisis alternatives for ED presentation and short term admission*: see the next section for an in-depth discussion of the new services.
- *Increase PICU beds*: see next section
- *CALHN Mental Health Taskforce:* ED mental health, community mental health redesign.
- *NALHN Redesign:* To proceed informed by the work of the Northern Mental Health Alliance.
- *Short Stay Unit, Lyell McEwin Hospital:* A newly developed 8 bed facility will be commissioned late in 2021-22. Current forecasts have it becoming operational in May 2022. The new unit will be an improved location for clinical care, currently delivered in a 5 bed unit in a transportable.
- *Purchase of beds in the private sector:* It is anticipated that LHNs through activity based funding will continue to purchase additional capacity in the private sector to respond to demand. In September 2021, 12 beds remain open.
- *Long term rehabilitation bed access:* Implementation of the Inpatient Rehabilitation Service model of care will improve access to long stay rehabilitation beds for clients in NALHN and SALHN. The improved utilisation of Community Recovery Centre bed space is being considered by LHNs and the DHW.
- *Psychosocial rehabilitation:* Please see this later section. This work can support prevention of admission and discharge from hospital.

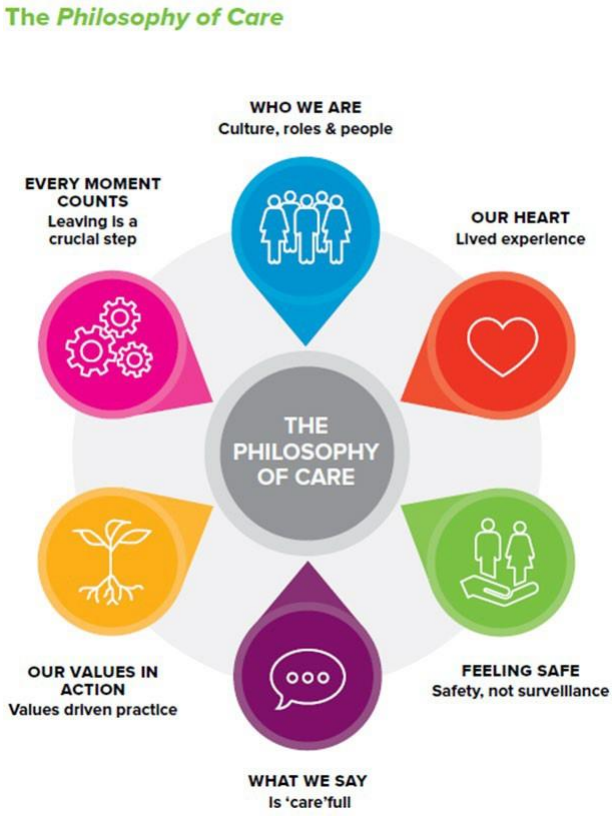
3.2 Crisis Response System

The Plan highlighted the need to improve crisis pathways to provide other options besides presenting at an Emergency Department. The crisis response will have a revamped Mental Health Crisis and Support Telephone and web service with an ability to dispatch mobile crisis teams, as well as centre based services: the Urgent Mental Health Centre in the city, Crisis Stabilisation Units (Crisis Retreats) with beds in the metropolitan and regional areas, and Safe Haven Cafes[17].

The Plan supports a number of initiatives that once implemented would move consumers away from presenting to an Emergency Department and would strengthen the crisis pathway.

Urgent Mental Health Care Centre

Underpinning the work of the Urgent Mental Health Care Centre is a philosophy of care document, developed for the project by the SA Lived Experience Leadership and Advocacy Network (LELAN) and The Australian Centre for Social Innovation (TACSI)[18]. The key elements are summarised in the diagram below. More explanation can be read in the reference link.



While this approach was designed for one service it is also applicable to other services more generally and will particularly inform the design of services that are part of the crisis response.

The Centre commenced operating in March 2021 and is open twelve hours a day with a gradual increase in capacity to having full capacity including accepting walk ins during June 2021. The Centre is the first of its type in Australia, providing a combined clinician and peer worker response in a "living room model", very different to the environment of an ED. More information about the

[17] MHSP, page 16. https://bit.ly/3BHJ3AD It should be noted that NALHN have been planning such a café in the North, subject to the identification of funds for its operation

[18] LELAN and TACSI (2020) A co-created philosophy of care -Office of the Chief Psychiatrist, https://www.lelan.org.au/wp-content/uploads/2020/09/20130-Philosophy-of-Care-Report-final.pdf Accessed 5th September 2021

Urgent Mental Health Care Centre model can be read in the Plan[19] The State Budget for 2021-22 included additional funding for the Urgent Mental Health Care Centre which would enable it to extend its operating hours to twenty four hours a day seven days a week.

The Centre has progressively expanded since March 2021. The Centre has been accredited under the National Safety and Quality Health Service Standards and has also been gazetted as a Authorised Community Mental Health Facility under the *Mental Health Act 2009*.

The Centre initially only accepted referral from ambulance, police and the Mental Health Triage line but now accept consumers who self-present to the Centre.

Current activity for the centre can be seen in the diagram below. Self presentations now comprise the majority of arrivals, but 416 referrals have been by ambulance.

Urgent Mental Health Care Centre Activity – March to August 2021

Mental Health Co-Response Service

Mobile crisis teams are part of the emergency response. The plan envisaged that collaborative models with ambulance and police would be trialled. Ultimately there would be trials of mental health two person crisis teams which combine a health professional and peer worker[20]. The Mental Health Co-Response (MH-CORE) team commenced in CALHN in 2020 and consisted of a SAAS Paramedic working alongside a CALHN Mental Health Nurse to respond to low to medium acuity mental health cases. The model is aimed at providing alternate care pathways, improving patient outcomes and reducing the number of emergency department presentations. In the first part of 2021 with additional funding provided through the COVID-19 Mental Health Response the service expanded to include NALHN and SALHN. This additional funding was confirmed as ongoing as part of the State Budget 2021- 22.

The MH CORE Service was first established in Central Adelaide Local Health Network in January 2020. From January until 10 May 2021 the service had 607 tasked jobs which resulted in 370 patients being treated in the community.

In April 2021, the MH CORE Services in Central Adelaide Local Health Network and Southern Adelaide Local Health Network saw 138 people, and of these 90 were managed in the community. The model also opened in Northern Adelaide Local Health Network on 10 May 2021 with 102 consumers receiving a service from the team of which 73 were able to be supported at home and

[19] *MHSP*, page 16. https://bit.ly/3BHJ3AD
[20] *MHSP*, page 16 and page 74

not require transfer to ED or other service.

CALHN and NALHN services continued to operate into 2021-22 with SALHN expected to resume this service when ongoing staff have been appointed.

Crisis Stabilisation Unit

The Plan describes the development of these units - also called Crisis Retreats[21]. The Crisis Stabilisation Unit model combines a front end assessment area that is similar to the Urgent Mental Health Care Centre, with "recliners" in a living room setting, combined with a 16 bed unit for stays of up to 3 days for patients who might otherwise have been admitted to hospital. The intensive model relies on both professional and peer workers, to provide therapeutic and planning input prior to transfer home with community supports. The plan recommended that the first centre be established in the Northern suburbs, due to the limited beds in the north of Adelaide but be available to take admissions from outside of the region including the Royal Adelaide Hospital. The plan had initially suggested that 20 bed centres be established, but instead it was opted to develop a 16 bed centre, the similar size unit to that established in US cities. There was concern that a 20 bed unit may in fact be too large and might lose its focus on intensive engagement and interventions. In the second part of 2020-21 planning work was undertaken on confirming the priority geographic area for the establishment of a Crisis Stabilisation Unit.

The State Budget 2021-22 included funding for the establishment of a unit in the northern suburbs of Adelaide. Decisions on site location will be expected soon, and design of the unit, and the development of the innovative model of care will then proceed. It is expected that the unit will commence operating in the second half of the 2023-24 financial year.

Mental Health Triage

The plan describes a comprehensive telephone and web based service as a hub for mental health crisis response. International crisis responses use an 'air traffic control model, where an operator provides assessment, therapy and support, and follows a consumer's progress in the same way as an air traffic controller follows an aircraft for which they are responsible[22] [23] Such systems need to use modern technology to support operators, that where possible links in with mobile responses, and access to assessment centres and hospitals.

While crisis system work so far has focussed on centres and mobile responses, work has also occurred to address telephone responses. While work on the definitive 'air-traffic control model' is yet to occur, there has been planning work in 2021, to improve the capacity and systems used by the metropolitan Mental Health Triage service for adults. Improvement work is being led by CALHN and supported by the OCP. It is anticipated that the local Mental Health Triage centre may be assisted to manage periods of peak demand from a second centre, using a provider skilled in specialist mental health responses. At the same time further improvement work with our own Centre will occur. Decisions about this interim approach are currently being made.

The eventual operating model will parallel modern "command centre" models which link community, mobile, ambulatory and hospital care.

For younger age groups, in 2020-21 the WCHN undertook improvement work to increase the capacity of the CAMHS Connect service, the entry point to CAMHS services for children and adolescents, their families and professionals who support them. This is described in the section on CAMHS

[21] MHSP page 43

[22] MHSP page 16

[23] United States Substance Abuse and Mental Health Services Administration (2020) National Guidelines for Behavioural Health Crisis Care – Best Practice Toolkit, https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf Accessed 1st September 2021

The need to make the improvement was linked to COVID-19 demand with additional funds allocated to provide extra staff. The 2021-22 Budget has allocated $233,000 to CAMHS to increase access to services using technology, of which it is expected that the WCHN will allocate funds to CAMHS Connect as part of supporting its own revamped emergency response for children and adolescents.

Work Plan 2021-22

- *Urgent Mental Health Care Centre*: increase operating hours of centre to twenty four hours a day
- *Crisis Stabilisation Unit*: work to establish the first Unit in the Northern suburbs of Adelaide commenced in July 2021 with a governance structure, project documentation and project group developed. During 2021-2022 work will be undertaken on the following aspects:
  - Infrastructure – undertake site search leading to confirmation of site. Undertake design process of facility with procurement of Architect and design working group set up
  - Undertake development of Model of Care for new unit which will be followed by commencement of development of Staffing Model.
- *Mental Health Triage*. The Office of the Chief Psychiatrist will continue to work with the Central Adelaide Local Health Network to develop the Mental Health Triage system to support immediate demand. It is then anticipated that the model will be aligned to the Mental Health Services Plan, to support the 'air traffic control' approach described above.

3.3 Psychiatric Intensive Care Unit Beds and Acute Behavioural Assessment Units

The Plan described a new model for delivering care for people who experience a behavioural disturbance – the Acute Behavioural Assessment Unit (ABAU). This is a collaborative model between Emergency Department Toxicology clinical staff, mental health services and drug and alcohol services. These units care for people with behavioural disturbance of any cause including acute and chronic substance abuse, people in crisis, people with acute psychiatric illness and people recovering from confusion secondary to drug overdose[24]. For many people there may be a combination of causes of behavioural disturbance – including dual diagnoses of mental health and substance use problems.

Because the unit does not have the same exclusion criteria as traditional psychiatric intensive care units, there are a wider group of people who maybe admitted.

People in crisis, who are not at immediate risk to others, will receive a service at the Urgent Mental Health Care Centre, and in the future the Crisis Stabilisation Units, but because these are stand alone units they have less capacity to manage behavioural disturbance. People who are violent to others, or where there is a significant risk of violence will continue to be referred to hospitals, that can manage this risk, as well as assess and treat the physical health risks that may be present for people who have taken substances.

The ABAU however is a low stimulus environment, that based on experience in other jurisdictions will prevent episodes of violence and use less restrictive practices.

In the interim conventional Psychiatric Intensive Care Unit (PICU) capacity also needs to be increased. These are closed units that care for people who are at high risk either to themselves or others. There are 37 closed unit beds in adult inpatient units operating across Adelaide. While traditionally described as PICU, the highest level of care, a number of the units have limitations because of dated design – generally small footprints. This includes the beds at the Queen Elizabeth Hospital, and at Flinders Medical Centre – the latter are subject to gazettal conditions due to design limitations. Beds at the Noarlunga Health Service are officially designated as a High Dependency Unit due to staffing and support considerations at this hospital. That unit has "swing beds" – two open beds that can be converted to become part of the closed area. When operated this way SA has 39 closed beds.

As part of bed planning each area is expected to meet its catchment area PICU needs, but with small overall bed numbers, and volatile fluctuations in presentations it is inevitable that small PICU units will need to assist each other.

The number of PICU beds required is also influenced by the number of forensic patients who cannot be accommodated in James Nash House, and require admission to a PICU unit instead. The 37 PICU beds have been planned to respond to community needs, so when forensic patients are admitted to those beds it limits community access. This topic is also discussed in the next section on Forensic Mental Health.

Progress to date

To date, the Queen Elizabeth Hospital is planning to introduce a small ABAU into a new Emergency Department that has been under design. There has also been interest at the Royal Adelaide Hospital in ABAU functions as it develops its new model of care for mental health in the emergency department.

With respect to PICU there have been plans to establish 4 extra beds, then expanding to 8.

[24] MHSP, page 43

Peaks can be supported using the current bed management approach as described in the previous section on emergency department waits – this facilitates across LHN support at times of peak demand which is more likely to be needed for PICU beds because of their smaller number.

In April 2021 approval was given to a proposal from the Barossa Hills Fleurieu Local Health Network – the operators of the Rural and Remote Mental Health Service at Glenside Hospital to commence the development of a four closed bed unit on the Glenside Campus. This would convert open bed space to a closed unit. Because of the renovation approach this would be a quicker solution than a new build. The approach would also improve continuity of care for people receiving care, as most people initially receiving care in a closed unit will then step down to an open unit for further care which would be on site and operated by the same team.

Subsequently at the Minister's Mental Health in South Australia Workshop the suggestion of using the ten bed space currently used by the Tarnanthi Forensic Ward at Glenside was raised as a concept, and then evaluated. Funding was obtained in the 2021-22 State Budget to relocate the Tarnanthi Unit to a site at or near James Nash House – which would have advantages to users of the service, freeing up the same space for a PICU, which would cater for up to 8 patients.

An analysis undertaken by the Health Systems branch in May 2021 demonstrates the PICU need. Currently PICUs operate at up to 100% occupancy, so it is reasonable to consider the number of beds needed for 85% or 90% capacity. Another factor is the number of forensic outlier patients occupying CALHN PICU beds. As can be seen in the next chapter this has reduced recently to between 0 – 2 beds.

PICU Bed Modelling

Scenario	Outcome
Achieving a minimum **80 percent** PICU bed occupancy - CALHN/BHFHN would require 22 beds in total to meet current PICU ED demand in 2021.	Required net increase of 7 CALHN /BHFHN PICU beds in addition to their current PICU commissioned capacity of 15 beds (10 at RAH and 5 at TQEH).
Achieving minimum **85 percent** PICU bed occupancy, CALHN would require 20.7 beds in total to meet current PICU ED demand in 2021.	Required net increase of 5.7 CALHN/BHFLHN PICU beds in addition to current PICU commissioned capacity of 15 beds (10 at RAH and 5 at TQEH).
On this basis of achieving minimum **90 percent** PICU bed occupancy, CALHN would require 19.5 beds in total to meet current PICU ED demand in 2021.	Required net increase of 4.5 CALHN/BHFLHN PICU beds in addition to current PICU commissioned capacity of 15 beds (10 at RAH and 5 at TQEH).
The average approximate forensic overflow to CALHN/BHFLHN is the equivalent of 4 PICU beds in 2020 and 3 beds in 2021. If **forensic overflow reduced down to zero in 2021**,	• Required net increase of an extra 4 PICU beds would be required to meet CALHN/BHFHN PICU ED demand and achieve **80 percent** bed occupancy • extra 2.7 PICU beds to meet **85 percent** bed occupancy; • and an extra 1.5 PICU beds to meet **90 percent** bed occupancy.

The first three scenarios consider a situation where there are four forensic overflow patients occupying PICU beds. At 85% bed occupancy 5.7 beds are needed, and at 90% this is an extra 4.5 beds. However, if CALHN has no forensic overflow patients then it will require 2.7 extra PICU

beds at 85% occupancy and 1.5 extra PICU beds at 90% occupancy.

In other words, based on this modelling based on average use, an additional 4 beds will provide a small but significant boost to capacity that will meet average needs, and will give some buffer for fluctuations.

Similarly, in the longer term the 8 bed model using the current Tarnanthi space when it relocates would enable even greater capacity to respond to additional unmet need and fluctuations or support the system when there are additional forensic outlier patients admitted to PICU beds.

Progress to date

- BHFLHN and DHW Infrastructure are leading the development of the extra 4 temporary High Dependency Unit (HDU) beds at Glenside. An architect is developing the design for the renovation. The design work has indicated that the intended space can accommodate a 6 bed renovation so the unit may have slightly higher capacity than originally anticipated.
- NALHN and DHW Infrastructure are leading the development of the Tarnanthi move, which will free up the current ward space at Glenside for up to 8 PICU beds. An architect has worked on the building design and the overall plan for the James Nash site.

Workplan 2021-22

- Completion of building works and commissioning of the four bed High Dependency Unit to be located at Glenside and operated by the Barossa Hills Fleurieu Local Health Network
- Progress the Tarnanthi re-location to the James Nash House site to enable work to commence on the development of the eight bed PICU unit at Glenside.
- Provide support for ABAU developments – in particular at the QEH.

3.4 Forensic Mental Health

Adult forensic mental health service developments have been informed by a review of the service undertaken in 2015 to provide recommendations to the Chief Executive Officer of the Northern Adelaide Local Health Network[25]. All recommendations which covered program components, strategic and relationship matters and legislation can be read on the SA Health website, but included are the development of clear models of services for the inpatient service, and community service, to establish a clear model of service for the Court Liaison Service and to establish a multidisciplinary prison mental health service.

At the time the Mental Health Services Plan was released, forensic services had expanded by 10 beds, to 60 inpatient beds in total, with the opening of the Tarnanthi Inpatient Unit – commissioned in late 2018 and operational in July 2019.

The Mental Health Services Plan recommended the early deployment of Prison In-reach Services in the short term, with a gradual further deployment to increase access in the medium term[26].

Based on current demand, and the existing waiting list, a recommendation to increase forensic beds to 80 was made. The current bed modelling tool – the NMHSF – does not allow forensic bed numbers to be modelled, but work is underway by the designers of the tool to expand it to forensic beds, which will enable requirements to be updated. Reviews of evolving bed numbers in other jurisdictions will inform planning.

The plan also prioritises the allocation of resources to those in Youth Corrections. Youth in- reach is under the governance of the Women's and Children's Health Network.

The option of developing a Justice Health Service was put to the Government, and the Department for Health and Wellbeing began considering this pre-COVID-19. A Justice Health model would bring together the Prison Health Service and the Forensic Mental Health service under one leadership auspiced by one LHN. Further consultation on this option is proposed.

Progress to date
As noted key developments occurred in 2019 before the release of the plan, but consistent with the approach.

An expanded Court Diversion Service was funded and commenced operating in March 2019 to the Magistrates Court – currently at the Adelaide, Christies Beach, Elizabeth and Port Adelaide Magistrates Court.

The latest statistical report for this service for the period from August 2020 to July 2021 indicates that 1348 defendants were reviewed, 496 people diverted to a mental health service and an estimated 119 court orders for forensic assessment avoided. This work assists individuals by identifying the mental health need of people presenting to court and referring them to care. It also assists with demand on the limited bed supply if a period of assessment in a forensic bed is not required.

As noted, the Tarnanthi Unit was established as a specialist unit for people with mental disability in July 2021. While this has been a valuable expansion in bed numbers, and has addressed past problems of generic wards at James Nash House that created difficulty for people with a primary intellectual disability, autism spectrum disorder or brain injury, sharing a ward with a routine designed for people who experience a primary mental illness, the limitations of the current environment have been described in Chief Psychiatrist inspections and a post occupancy review (to be published in the near future).

[25] Forensic Mental Health Services Review, https://bit.ly/3lodmWr Accessed 15th September 2021
[26] MHSP, page 30.

It was anticipated that these measures would reduce the number of forensic patient outliers in non-forensic beds, and in emergency departments. The number of people receiving "outlier" care is described in the table below.

Forensic Inpatient Outliers – October 2020 to July 2021

Month	Average for the Month
October	3.0
November	7.3
December	7.1
January	10.0
February	9.9
March	8.5
April	4.9
May	2.0
June	3.2
July	2.1

Reports from the service suggested that the increase in numbers in late 2020 coincided with a busy period in the Courts, catching up in the post COVID-19 period. Numbers have subsequently reduced, supported by discharge placements of people to NDIS accommodation and a legislative amendment to the *Criminal Law Consolidation Act 1935.*

This amendment to s269X changed the requirement for all defendants remanded for assessment to be admitted to hospital instead of prison for that assessment (even if that person's assessment could be undertaken on a consulting 'outpatient' basis and hospital admission is not required). Admission to hospital is now determined by the Clinical Director of the Forensic Mental Health Service based on clinical need.

The Tarnanthi Post-occupancy review has made 11 recommendations which will be released along with actions in 2021. Some of the key actions are incorporated in the workplan below and include the development of a Forensic Mental Health Services Plan, the development of quantifiable performance targets for these services, discharge strategies – including those related to NDIS access, and further capital planning.

Planning for the relocation of Tarnanthi to James Nash House has commenced as noted earlier, with sites identified and architects plans under development.

Workplan 2021-22

- Obtain necessary approvals for the new mental health beds to be located at James Nash House, to enable the relocation of those people currently receiving services at the Tarnanthi Glenside site.
- Implement the future model of Prison In-reach to Yatala Prison and the Women's Prison, now that funding is ongoing. To be led by NALHN.
- Commence the development of a Forensic Mental Health Services Plan (led by NALHN with OCP support).
- Develop a forensic mental health services dashboard that monitors the forensic patients and prisoners in the SA Health system and their location (led by DHW Commissioning with consultation with Forensic Mental Health Services and OCP)
- Continue the provision of extra clinical time to Youth Corrections which is now allocated ongoing funding (WCHN through CAMHS)

3.5 Psychosocial Rehabilitation and Supported Accommodation

The outcome in the Plan recognises that a person will require many varied services to assist them to stay well in the community that go beyond what public mental health services provide. It is important to ensure that a range of services both government and non- government across housing, employment, education and training and psychosocial support are available and willing to work in partnership with each other.

The plan provides for new roles for NGOs, recognising that SA Health funded NGO services need to be delivered in the context of new NDIS services. A new NGO service access point is required, so that consumers can have access to a state funded NGO without necessarily being a registered client of a state clinical service first. NGOs will provide case coordination, and access clinical services for assessments, therapies and other interventions. It is intended that there will be two programs an acute crisis stream offering short term at home services, and a psychosocial rehabilitation stream[27]

Access to affordable housing options is considered in the plan. Mental health services will not be a housing provider but will work to ensure that clients have support to maintain their tenancy and if homeless receive mental health care services.[28]

A specific collaborative initiative has been the 31 homes plan – providing high level supported accommodation for people with a primary psychosocial disability. As of the 16 August 2021 24 people had fully transitioned into their new home in the community. This program has enabled people who have been living in institutional care for many years to live in the community with appropriate support.

Non-Government Organisations Redesign Project

The project was established to facilitate the redesign of current and future Non-Government Organisation (NGO) services to meet the needs of consumers and communities. This will be done in part with the development of new service models in partnership with consumers, carers and NGOs. The project will also develop new NGO service access points for consumers and referrers.

Relevant Project documentation and governance structure has been finalised and first stage co-design workshops completed. The first of three NGO redesign workstreams commenced – NGO Access and Pathways, Service Models and Transition Planning. The NGO Access and Pathways Working Group established with diverse membership across sectors including Lived Experience.

[27] MHSP, page 14

[28] MHSP, page 81.

NGO-Redesign Project Overview

At the same time transition to the NDIS continues. South Australia transferred 25% of its psychosocial rehabilitation budget to the NDIA, approximately $6M. The Commonwealth also transferred significant mental health expenditure. In May 2021 the NDIA reported as of December 2020 it had committed over $200M in support costs to approximately 2,400 people with psychosocial disability in South Australia. The utilisation rate of these committed funds was 59%, still a significant expenditure of approximately $120M. As of the 30th June 2021 761 (44%) of 1,702 SA Health funded clients at the commencement of transition have been deemed eligible for the NDIA. An analysis of current clients in late 2020 indicated that 91 (9.1%) had fully transitioned to the NDIS a further 261 clients (28%) were in a state of transition.

This has enabled new clients to gain access to existing South Australian programs, including people who may have had difficulty obtaining a limited package in the past. While times for NDIS decision making of clients in the community were initially slow these have improved significantly according to both NGO and LHN providers. There are opportunities as NDIA providers gain more capability, while at the same time access challenges continue. In the community a person may be placed on a SA mental health package, so that they can be assisted to obtain NDIA access. In hospital, where some people may require higher levels of supported accommodation delays in obtaining support persist. As of the 16th August 2021 there were 34 people in acute mental health beds waiting for NDIS support, and 70 people in non-acute beds (people in inpatient rehabilitation services, forensic services, community rehabilitation services and intermediate care centres). Some services have deployed extra allied health staff to meet the NDIA requirements for assessments and plans.

In 2021-22 a new accommodation initiative will commence development - funded from the 2021-22 State Budget. A 16 bed cluster accommodation facility will be commissioned offering residents individual unit accommodation, but continuous on site support. The facility will support residents who have a psychosocial disability and are NDIS eligible.

Work Plan 2021-22

- NGO Redesign:
  - Completion of Stage 1 – Assessing need with the finalisation of the Co-Design workshop report – September 2021
  - Implement Stage 2 – Develop Strategy and Plan to address needs by re- designing current and future service models and pathways – May 2021 –December 2021

    - Implement Stage 3 – Operationalise response which builds on Stage 2 – January 2022 – June 2023
- Accommodation initiative – select a housing provider to deliver the new sixteen bed development

3.6 Child and Adolescent Mental Health and Young Persons Mental Health

Improving the mental health and wellbeing of children and their families and preventing the development of mental illness is vital to creating a positive and fulfilling life trajectory for young people and future generations.

The Mental Health Services Plan proposes more integrated services with embedding of child and adolescent staff in other services such as schools, child protection services and youth health[29] and the plan identified a significant gap between current staffing and the staffing modelled under the NMHSP Framework.

While the pandemic has affected the mental health of people of all age groups, children and adolescents have been disproportionately affected, with increased usage of help lines and presentations to emergency departments.

Progress to Date

It has been well recognised within SA and nationally as reflected in the data, that COVID-19 has had a significant impact on the emotional and psychological health and wellbeing of mothers, infants, children and young people. This will require the allocation of resources for a recovery period that will need to extend for several years.

During 2020-21 the Women's and Children's Health Network were provided additional funding as part of the COVID-19 Mental Health Response. This funding allowed CAMHS to extend hours of the CAMHS Connect telephone service, and increase staffing across emergency mental health services, therapy services, dedicated services for the early years (0-3) and the CALD populations, youth forensic care, peer work and a hospital admission diversion program at Helen Mayo House.

The State Budget 2021-22 included additional funding for Community Mental Health Services which was inclusive of expansion of Child and Adolescent Mental Health Service. This funding is ongoing and corresponds to $6.2M over the forward estimates (the next four years). In addition, in 2021 time limited COVID funds allocated to child and adolescent mental health is $1.3M – the majority to CAMHS services, with some funds ($367,500) allocated to bolster NGO counselling services for children under 12

Aligning with the Plan, the stated overarching goal for the Child and Adolescent Mental Health Service is to provide a service of excellence that is comprehensive, consumer- focused and integrated state-wide; and is driven by the key principles of early intervention and prevention, avoidance of hospital-based treatments where possible and the least restrictive and empathic practices.

A WCHN Mental Health workshop was held in April 2021 which enabled the identification of key areas of focus for their CAMHS service either as an area of unmet need or where demand had outstripped current capacity:

- Increased capacity to provide specialist therapeutic intervention and support to mothers with infants (aged 0-3years).
- Increase in the number of clinicians within community-based services to expand early intervention services for children under 12 and their families.
- Expand assertive outreach programs for hard to engage vulnerable populations, such as adolescents and Aboriginal children and young people.
- Creation of a state-wide single point of access model for children and young people with mental health concerns,
- Development of a strategic plan to address the shortfall of a skilled Workforce
- Strengthen the capacity to provide urgent mental health assessments for children and young

[29] MHSP page 14

people in crisis.

Work Plan 2021-22

- The development work undertaken by WCHN during 2021 will be supported by new services, which will provide telephone, emergency department and community services for children and adolescents in need of mental health care. t
- The establishment of an Inter-agency Project Working Group with representatives from CAMHS, DECS DHS, DCP, OCP, Lived Experience representatives will occur during 2021-22

Young Persons Mental Health

Transition points between services are a point of risk for young people engaging in care and being followed up.

Progress to Date

- A review of state funded youth mental health services was undertaken in 2018-2019.Subsequently, OCP has held regular meetings with key LHN youth mental health staff, with 3 key activities as priority. These are to develop a model of care, refresh training across the state, and to investigate a single entry point for young people.
- OCP has undertaken planning for two facilitated Youth Mental Health co-design workshops to support development of a State-wide Youth Model of Care. The aim is to include a diverse group of young people with lived experience of a mental health issue along with key stakeholders from Local Health Networks, DASSA, non-government sector etc.
- Discussions have been held with Adelaide Primary Health Network about undertaking a feasibility study for the establishment of a single access point for youth mental health. This will be included in the development of a model of care

Work Plan 2021-2022

- Continue to work with key stakeholders to develop a single access point for youth mental health.
- Continue to work with key stakeholders to support the development of a State-wide Youth Model of Care by providing facilitated co-design workshops
- Continue work on specific training in youth mental health
- If approved, commence planning towards the future development of a sub-acute youth Mental Health Facility (using an existing site)

3.7 Older Persons Mental Health

The Plan has adopted the recommendations of the Oakden Report Response Plan Oversight Committee in their final report that have underpinned the work of the Older Persons Mental Health Reform Program.

The Southern Neurobehavioral Unit was officially opened in February 2021. The unit has capacity for eighteen places of care. The unit provides services to people with Tier 7 Behavioural and Psychological Symptoms of Dementia (BPSD) and is part of a range of services recommended in the Oakden Report.

The first Specialist Dementia Care Unit with 9 places of care for people with severe BPSD (Tier 5 and 6), hosted by Uniting Communities, at Aldersgate Aged Care opened in 2021. Funding for this unit has been provided by the Commonwealth as part of their Dementia Care strategy. There are scheduled to be a further 18 SDCU places of care opened in 2023, operated by Hammond Care at the Repat Campus. It is anticipated that 9 of these beds will be subsidised by the state, and the remaining 9 by the Commonwealth.

The Rapid Access Service (RAS) model of specialist and responsive in-reach to mainstream Residential Aged Care Facilities formerly only available in SALHN was provided through short term funding in 2020-21 to expand to NALHN, CALHN and in the BHFLHN (on behalf of all regional LHNs). The State Budget 2021-22 provided ongoing funding for these services as part of the commitment to community mental health programs. These services provide focused, specialised mental health in-reach to residential aged care facilities. These services also provide a practical response to recommendations 58 and 59 of the Royal Commission, as well as reflecting the implementation of the Oakden Report Response.

The State Budget 2021-22 outlined funding for the move of acute older persons beds from Lyell McEwin Hospital to Modbury Hospital. This will be achieved through the construction of a new 20 bed older person's acute mental health unit at Modbury Hospital. The current adult mental health beds located at Woodleigh House will transfer to fit-for-purpose facilities at the Lyell McEwin Hospital.

Work Plan 2021-22

- Commencement of facility development work of the new 20 bed older person's acute mental health unit at Modbury Hospital.
- Undertake a gateway review of implementation of the Older Persons mental health reform program
- Continue work on developing a statewide strategy for older persons with enduring mental illness.
- The Office of the Chief Psychiatrist is also conducting a series of inspections to review access and service models for country older persons' mental health services – including Rapid In-reach Service, Older Persons' Mental Health Service Consultation Liaison Service and inpatient services.

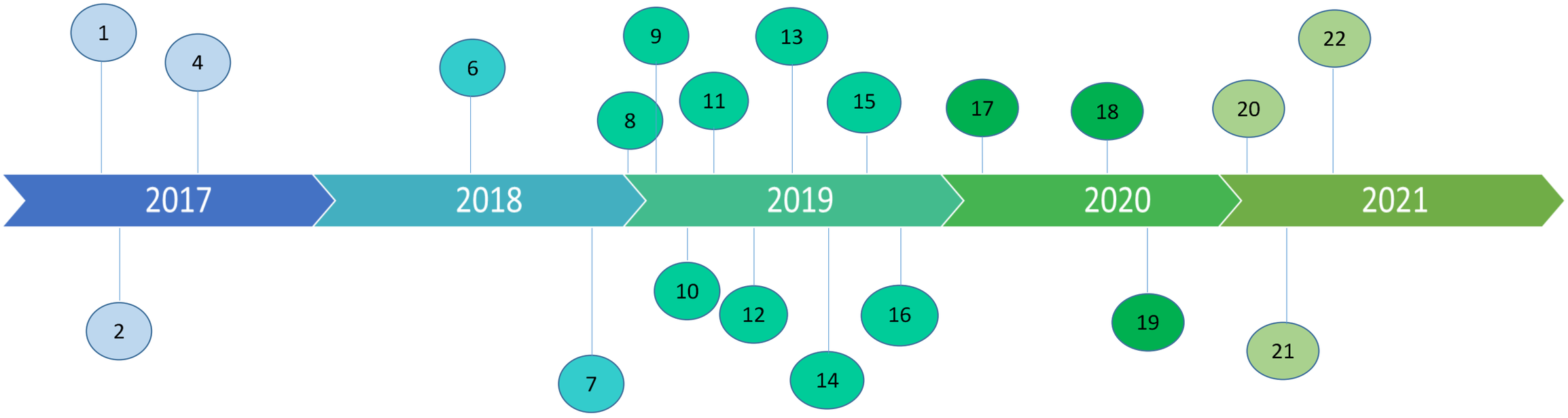
Timeline of Implementation of the Specialised Aged Care Reform Program (Oakden Report Response)

Planned initiatives 2021-2023

2021	Enduring Mental Illness model development
2021	Program evaluation to commence
2022	SDCP phase 2 to be announced
2023	HammondCare SDCU opening on RHP

Initiatives subject to budget bid

Jun 2021	Northgate House infrastructure replacement



1. APR 2017 Response to the Review of the Oakden Older Person's Mental Health Service released

2. MAY 2017 Oakden Response Plan Oversight Committee established

3. JUN 2017 Opening of Northgate House

4. JULY 2017 Oakden Oversight Committee report released

5. SEPT 2017 Decommissioning of Oakden campus

6. JULY 2018 Oakden Oversight Committee report released

7. DEC 2018 The Specialised Aged Care Reform Program (SACR)

11. MAY 2019 Design work for the Repat NBU commenced

First meeting of the Older Persons Mental Health Committee

12. JUNE 2019 Consumer Engagement process for the Repatriation Health precinct (RHP) NBU starts

June progress Report for SACR released publicly

13. JULY 2019 Funding for Wrap around services released for all LHNs to access

14. AUG 2019 Oakden Taskforce updated

Community of Practice Forum held

Commissioner Tracey from the Aged Care Royal Commission visit to

16. DEC 2019 Commenced feasibility study for northern NBU

EOI process commenced for clinical governance of the Repat NBU

Announcement of State Government partnership with HammondCare to deliver the Dementia Village at RHP

Commenced feasibility study for northern NBU

17. JAN 2020 Proof of concept funds released

18. JULY 2020 Practical completion of building works at the RNBU

Commencement of Enduring Mental Illness strategy

19. SEPT 2020 SALHN announced as LHN to govern RNBU

20. JAN 2021 Older Person's Mental Health Clinical Lead commenced

21. FEB 2021 RNBU officially opened

3.8 Safety and Quality

Improving consumer safety must embrace treating consumers and families with dignity and respect. Further the provision of high-quality care in the right environments, creating systems that prevent both error and harm and creating a workforce culture can be supported by clinical practice improvement and the reliable implementation of models of care supported by training.

Towards Zero Suicide

Towards Zero Suicide is a commitment to prevent suicide in health and behavioural health care systems. It also encompasses a specific set of tools and strategies and therefore is considered a concept as well as a practice. The Towards Zero Suicide Improvement Initiative is explained in detail in the plan[30]

Progress to Date

A Towards Zero Suicide (TZS) Project Committee has been established which is managed by the Office of the Chief Psychiatrist, working in partnership with the Commission on Excellence and Innovation in Health. The committee membership includes Lived Experience, and Aboriginal and Torres Strait Islander representation.

Elements of TZS approaches include engagement with people in distress, undertaking safety planning, providing therapies that focus on suicidal thinking, and providing follow up to ensure that people do not fall through gaps.

Connecting with People (CwP) is the state-wide approach to suicide mitigation; it is a key component of the South Australian Suicide Prevention Plan 2017-2021. South Australia was the first state in Australia to adopt the Connecting with People approach to suicide mitigation. CwP is now being implemented in clinical services in Tasmania, New South Wales and the ACT.

In 2020-21, the Connecting with People Suicide Mitigation training has continued in the LHNs and NGOs with a clinical workforce.

The ability to provide face-to-face training has been severely curtailed by COVID-19, although webinar based training modules have now been implemented to allow training to continue in times of restricted movement and gatherings. There have been 1,513 people trained across the available eight modules.76 sessions were provided across the financial year, with 18 being delivered via webinar. 170 COVID-19 medi-hotel staff and nurses were trained via the webinar-based training module, Emotional Resilience for Professionals, this included clinicians who returned to SA following the provision of support to medical services in Victoria.

Each Local Health Network (LHN) received funding for 2020-21 specifically to support their local investigations and research, to help determine an organisational starting point and scope of their individual approach to suicide prevention delivery. All six of the Regional LHNs have agreed to collaborate on delivery of this initiative and have convened a Steering Group, which is meeting monthly.

To further support the TZS approach within the LHNs and help increase knowledge capital, engagement workshops were held in 2020-21 which have facilitated education about core elements of the framework from leaders in the field. These included:

- On-*line Restorative Just Culture in Health* Workshops were held with Professor Sidney Dekker, Griffith University, Brisbane. The health focus of these workshops underpinned the Towards Zero approach.
- Supporting LHN representatives to attend the *Zero Suicide, Lessons Learned from Australia's First Mental Health Service to implement Zero Suicide*, May 28 &29 2021.
- *Understanding and Responding to Critical Moments in the Suicide Experience* Workshop with Professor Nicholas Procter, UniSA.
- Podcasts from an earlier *Translating Evidence into Practice* Workshop are now available on the

[30] MHSP page 83.

Towards Zero Suicide intranet page.

Work Plan 2021-22

- Development of Key Performance Indicators (KPIs) – Outcomes and measures
- A 'Next Steps' workshop scheduled with the Local Health Networks for September 2021 This will review and consolidate preparedness plans and Funding Templates as well as facilitating discussion to confirm the scope of the project going forwards
- Development of data strategy measures to facilitate the creation of data dashboards
- Review the membership of the Project Committee to meet the needs of the LHNs in implementing Towards Zero Suicide
- Completion of Restorative Just Culture videos, these are a part of the overall Communications Strategy and will be uploaded onto the SA Health intranet site when complete. Towards Zero Suicide factsheets and infographics have also been developed to maintain consistent dissemination of key messages
- Local groundwork, including the crucial engagement with people in suicide distress and their families is scheduled to commence in the first quarter of 2021-2022

Reducing the Use of Restraint and Seclusion in Mental Health Services

Restraint and seclusion are considered the more extreme end of the restrictive practice spectrum, which can also include the use of mental health legal orders, exclusion, coercion and limit setting to restrain a person's behaviour.

Progress to Date

Finalised and implemented the Chief Psychiatrist Standard: Reduce and Eliminate where possible the Use of Restraint and Seclusion applied under the *Mental Health Act 2009*.

In accordance with The Standard, a Fact sheet on the approval of mechanical restraint devices and an Application Form for approval of new devices was also completed and implemented. LHN's have been through a process of aligning their devices to the criteria, having them approved and aware that any new devices need to follow the application form process.

Work Plan 2021-22

- Work is currently underway to review current and develop new supplementary fact sheets to aid clinicians in practice for this Chief Psychiatrist Standard.;
- Work has commenced on the improvement of SLS restraint and seclusion incident data reporting across Mental Health Services to address under reporting of incidents and improve the reliability of local, state-wide and national benchmarking activities.

People living with a mental illness will have better physical health and live longer

This is outcome 8 of the plan.[31] People with an enduring mental illness can have poorer health if not managed appropriately. Evidence shows poorer physical health outcomes for people with an enduring mental illness. Statistics show that the average life expectancy of someone diagnosed with a mental illness is 50 to 59 years, 20 years less than the general population average.

[31] MHSP, Page 57

Progress to Date
Development of Mental Health GP Shared Care webpage and the Metabolic (Physical) Health Assessment Webpage. The webpage includes resources for consumers, carers and General Practitioners. The page was launched in July 2021.

Work Plan 2021-2022

- Metabolic Health – Assist LHNs to develop and write their physical health action plans utilising the Equally Well templates.
- Establish regular GP mental health education forums

Mental health services promote fairness, inclusion, tolerance and equity in all interactions

This is outcome 10 of the plan[32].

Stigma and discrimination associated with mental illness occurs across all levels of healthcare, government, the general community, workplaces, education and the media, with negative impacts for people with lived experience.

Progress to Date
A Philosophy of Care has been developed and utilised when establishing the Urgent Mental Health Care Centre– this co-designed way of care delivery establishes personalised care at the heart of workplace culture.

The OCP Lived Experience Advisory Group (LEAG) is fundamental to upholding checks and balances using a lived experience lens over the mental health system and its outcomes, for which the OCP maintains oversight.

The Learning and Development Steering Committee undertook initial discussion on recovery orientated care in regard to defining recovery and what would be considered fundamental in best practice training for all mental health services staff. Work was also commenced on reviewing training already available for mental health services staff on trauma informed practice.

Work has also been commenced under Outcome 11 on the development of a Lived Experience Workforce Strategic Framework. This work will include taking a stocktake of the current peer workforce in public mental health services to identify gaps.

The expression of Interest process and other forms of recruitment used to ensure lived experience is represented at all levels of decision-making in mental health service policy, design and delivery.

The promotion of lived experience workforce and the SA Lived Experience Workforce Taskforce are seeking to influence/support transformational change at all levels of mental health service delivery.

Work Plan 2021-22

- Consultation with Wellbeing SA on the development of a broader community awareness campaign to reduce stigma.
- Learning and Development Steering Committee will continue work on best practice models of training in recovery orientated concepts
- Review of training already available on Trauma Informed Practice will be completed.
- Lived Experience Workforce Framework to continue development with Mental Health Commissioners (see section 3.9 for more details).

[32] MHSP, Page 59

Community Clinical Information Systems Improvement

The current community clinical system (CME) system is utilised by a wide range of community health services, include mental health community (CBIS) and Country Health (CCCME). These two systems and DASSA make up the largest users of the CME platform. From a metropolitan Mental Health perspective, there are 3000 users of CBIS and around 1,000,000 services recorded in the system every year, representing a significant clinical record.

It is an identified risk that the user front end of CME is in old architecture no longer supported by the supplier (Microsoft) with few programmers available with the skill to maintain it. The back end of CME is industry standard. At the request of OCP, Country Health and DASSA, Digital Health SA supported the need to examine options for CME replacement. The Project Governance Board representing all CME users was formed in March 2020, chaired by Director of Policy, Planning & Safety.

Progress to Date

The Governance board has progressed work throughout 2020- 2021. Following a comprehensive business needs analysis, and at the advice of Procurement, Digital Health sent out a Request for Information (RFI) to eight major vendors in eHealth records in Australia, including Sunrise (Allscripts), to assess capacity and functionality of their products. Of particular interest is the ability to meet the needs of community records over prolonged periods, usability, clinical functionality, mobility and reporting requirements. Accessibility of the record to consumers also formed a key part of the consideration.

Members of the CME Project Board undertook a review of a selection of Vendors which included a demonstration of their product. Options for recommendations to move forward have been provided to the Digital Health Board for consideration.

A clinical reference group has also been selected and is prepared to review detailed requirements against functionality once required. This reference group includes a mix of mental health clinical and analyst staff as well as representatives for other CME stakeholders.

Work Plan 2021-22

- To develop a business case for an information system replacement

3.9 Workforce

Workforce Planning

The plan describes, in parts of our system, an inability to fill vacancies and major shortages in regional South Australia. It notes a potential workforce crisis as a large proportion of our workforce moves towards retirement[33]. The strategies outlined in the plan included the use of workforce modelling, and changes to the roles of clinical staff that linked to the rest of the plan, to make work more rewarding, and help retention. More specialist assessment and therapy roles for nursing staff, and allied health staff would be supplemented, by a greater role of NGOs in providing case coordination and logistic support to clients, leaving mental health staff to focus on assessment and therapies, and for peer workers in education and support[34].

The *Mental Health Nursing Workforce Strategy 2020-2030*[35], seeks to grow, develop, support and enable the mental health nursing workforce. The strategies in this plan have been built on evidence reviews, workforce surveys and collaborative round tables, that have identified the need to foster leadership and management skills, for the development of new and flexible education pathways, supported clinical placements, ongoing professional development, and increased career development opportunities.

An accelerated program for mental health nursing was developed, with stage 1, a 12 week program, leading to a Professional Certificate in Specialist Mental Health Nursing Practice, and Stage 2, a further 14 weeks leading to a Graduate Diploma in Mental Health Nursing[36]. More details of these programs are below.

The adequacy of allied health staffing were considered in the response to ICAC recommendations, published in May 2020[37]. The Allied and Scientific Health Office undertook a review of this recommendation, and made a number of findings about the lack of senior positions for allied health professionals who were mostly employed at junior levels and part time, a lack of consistency between Local Health Networks, and it identified the need for service wide planning on the impacts of the NDIS, My Aged Care and NGO sector recruitment on the allied health workforce. Two metropolitan Local Health Networks (NALHN and CALHN) have allied health seniors on their mental health divisional executive teams, which was not the case at the time of the ICAC investigation.

The Minister's Mental Health Workshop in South Australia held in April 2021 offered a number of solutions to support the clinical and lived experience workforce, across education, support of new employees, the delivery of security of employment (in particular appointing to permanent rather than temporary roles) and the need to look at incentives and classification levels.

The Productivity Commission made a number of recommendations for workforce reform through the development of an upcoming National Mental Health Workforce Strategy that would better align needs with availability and location of the mental health workforce[38]. The Commission saw the need for a national plan to increase the number of psychiatrists in practice, particularly outside major cities, and in sub-specialties within psychiatry that may have shortages. With respect to nursing it recommended a three year direct-entry undergraduate degree in mental health nursing. This latter recommendation will be further considered. The report did not find shortages of psychologists overall but noted evidence from Victoria that there can be limitations in funding of public psychologist positions, and that staff can be lost to private practice[39]– as occurs in SA. The report considered the larger role for peer workers in the future and the need for certification, supervision and support. It noted the need to consider substitution of

[33] MHSP, page 87

[34] MHSP, page 88

[35] Mental Health Nursing Workforce Strategy 2020-2030, https://bit.ly/3jMNGn3, Accessed 5th September 2021.

[36] Mental Health Nursing Accelerated Programs, https://bit.ly/3thnfZD, Accessed 5th September 2021

[37] SA Health Response to the ICAC Investigation Final Report, https://bit.ly/3tk8K7l, Accessed 5th September 2021

[38] Productivity Commission Mental Health Report, page 699

[39] Productivity Commission Mental Health Report, page 716

roles between occupations and considering new ways of meeting consumer needs.

The draft National Mental Health Workforce Strategy is now subject to consultation[40]. It offers a data driven approach to workforce planning, recruitment, and retention.

The outcome highlights the need to undertake medical, nursing and midwifery and allied health workforce planning and modelling. It is well known that a high proportion of the current workforce is moving towards retirement with the expectation that workforce shortages will increase. Planning needs to be undertaken that looks at all facets including ensuring the courses and training offered by the tertiary education sector providers is aligned with the state's requirements and there are sufficient training placements

Progress to Date
Local Health Networks have been identifying their own priorities based on the Workforce Strategy opportunities in the Nursing Plan. In regional areas 23 nurses have completed a Professional Certificate in Mental Health Nursing . An Adolescent Mental Health Professional Certificate has been developed with providers and the course funded to commence soon – with an anticipated 20 nursing students. A similar program to develop a Forensic Mental Health Professional Certificate is under development.

With respect to leadership support the Chief Nursing and Midwifery Officer has established two programs on the themes Transform, Inspire, Engage and Redesign, that is inclusive of mental health Nursing Unit Managers and Mental Health Senior Leaders.

As an immediate action in response to the Mental Health Workshop, the Chief Executive wrote to Local Health Networks advising services to backfill with permanent employment arrangements where possible – rather than the previous temporary arrangements with subsequent renewals.

The State Budget 2021-22 announced on 22 June 2021 included funding of $5 million over two years. The funding is to support the immediate needs of the mental health workforce in public mental health services by increasing training and oversight capacity to assist in filling immediate positions, and to provide greater opportunity to the existing workforce to build skills in mental health treatment. This funding is to support workforce across all direct service delivery groups – allied health, nursing, medical, and peer workers.

To date up to September 2021 two internal workshops and consultations with LHN leaders has occurred on local LHN needs to be addressed with the workforce funding initiative.

Work Plan 2021-22

- A Workshop held on the 22nd September 2021 with Local Health Networks will guide workforce enhancement initiatives aligned with the State Budget announcement (in conjunction with a series of meetings already held with LHNs).
- Evaluation of impact of first round of initiatives will occur prior to confirming if they will continue for 2022-23 as they are or if modifications will be required.
- Workforce Project Officer is currently being appointed to lead modelling of workforce requirements for the future and support the strategy across all professions This will link in with National planning and work with tertiary organisations.
- An adolescent mental health nursing program has been funded, along with two temporary additional basic Child and Adolescent training positions. This supports training in this area, but also addresses a 'bottleneck' in psychiatry training that limits the number of graduates.

Peer Workforce Strategy

The Mental Health Services Plan seeks to grow a professionalised peer workforce, with consideration of a peer workforce component for all new projects and for existing services as they are recommissioned[41]

[40] National Mental Health Workforce Strategy Taskforce, https://www.health.gov.au/committees-and- groups/national-mental-health-workforce-strategy-taskforce Accessed 5th September 2021
[41] MHSP page 89.

The outcome highlights the importance of undertaking strategic planning at a state wide level to identify the peer workforce needs within the mental health system. The planning will include an audit of the current peer workforce to identify gaps and in conjunction with training providers develop projections for a peer workforce.

Progress to Date

The South Australia Lived Experience Workforce Taskforce was formally established in November 2020. The Taskforce was established to assist with the development of a plan for a state-wide Lived Experience Workforce Strategic Framework. A series of workshops have been held to progress the *Strategic Framework for the Lived Experience (Mental Health) Workforce in SA,* which will be finalised in 2021 for broader consultation with commissioning, LHN and NGO sectors, for endorsement and implementation considerations.

Work Plan 2021-2022

- Continued development of the Strategic Framework of the Lived Experience (Mental Health) Workforce in SA services supporting a robust and well supported lived experience workforce for more effective mental health outcomes.
- Consultation and development of the SA Health Lived Experience Workforce Operational 'Toolkit' Guideline for SA Health Mental Health services.
- Development of a SA Health Lived Experience Workforce Mental Health services Community of Practice.

3.10 Personalised Care

Human Rights and Coercion Reduction Committee

The establishment of the Human Rights and Coercion Reduction Committee was completed in June 2021 with the first meeting held on 6 July 2021. The Committee's purpose has been outlined as:

- Oversee measures that promote the Principles as derived from the Convention on the Rights of Persons with Disabilities (United Nations 2006):
- Oversee a Human Rights analysis to support the development of new models of care for new services, eventually assessing this analysis for each piece of work undertaken.
- Consider the use of and monitor restrictive practice and involuntary orders with the aim of reducing coercion.
- This work will inform the review of the *Mental Health Act 2009* due in 2022.

Carer Experience

A project was undertaken on the implementation of the Carer Experience of Service (CES) Survey The purpose of the project was to support public mental health services to collect, analyse, communicate and implement actions aimed at quality improvement based on the experiences of carers of people receiving mental health care. CES Working Group was established to guide the implementation

Care Planning

The development of a Chief Psychiatrist Standard on care planning was commenced. The Standard will support the use of care plans suited to individual needs.

Philosophy of Care

During the development of the model for the Urgent Mental Health Care Centre, co-design principles were used for the development of the model and subsequent service delivery. This resulted in the development of a Philosophy of Care – this co-designed way of care delivery establishes personalised care at the heart of workplace culture.

Work Plan 2021-22

- Further work will be undertaken with the Local Health Networks to embed the implementation of CES Survey across all mental health services.
- The Chief Psychiatrist Standard on Care Planning will be finalised during 2021-22. Consultation on an initial draft will take place in the last quarter of 2021 with the aim for the Standard to be finalised in the first quarter of 2022.
- The Human Rights and Coercion Reduction Committee will meet on a monthly basis for 2021-22. The Committee will work on:
    - developing a Human Rights and Coercive Reduction Strategy which will include investigation of Human Rights based consistent laws, policy levers and service design that impact mental health;
    - this will be done in conjunction with the development of an integrated and outcomes approach to coercion reduction based on the International Convention on the Rights of Persons with Disabilities.

Cultural Safety

In recent years, programs designed to improve mental health outcomes for Aboriginal people in South Australia, particularly in rural and remote areas have developed indicators that suggest that Aboriginal people face higher rates of hospitalisation for severe mental illness, and are less likely to access primary mental health care and receive early help.

Progress to Date

The Aboriginal Mental Health and Suicide Prevention Committee was established in March 2021. The Committee's key focus is the development of an Aboriginal Suicide Prevention and Wellbeing Framework. The Framework's focus is to act as a base for each department to write and develop their own

personalized Aboriginal Suicide Prevention plan using the Framework as its structure.

During 2020-21 Connecting with People (CwP) Suicide Awareness and Prevention training was delivered to

- Cert IV Primary Health Care students at Nunkawarrin Yunti Aboriginal Community Health service.
- Aboriginal Health Workers as part of the Alcohol Other Drug / Social Emotional Wellbeing forum Port Augusta.

Aboriginal Mental Health First Aid Training continues to be delivered through the Mental Health Training Centre.

A current review and re-design of the planned South Australian Aboriginal Mental Health and Wellbeing Centre model has commenced. The intent of a SA Aboriginal Mental Health and Wellbeing Centre would be to enable all Aboriginal people in South Australia to have their mental health needs met through evidence based, culturally capable mental health service delivery and to significantly improve access to care and treatment to complement and link to existing service activity such as drug and alcohol services, suicide prevention, broader social and emotional wellbeing services, as well as mainstream mental health services. The model re-design would consider possible service delivery through the Aboriginal Community Controlled Health Services (ACCHS) across SA.

Work Plan 2021-22

- The continued development of targeted early intervention and suicide prevention programs for Aboriginal people in both metropolitan and remote areas
- The finalisation of the Aboriginal Suicide Prevention and Wellbeing Framework
- Further development of the proposed service model of the South Australian Aboriginal Mental Health and Wellbeing Centre will occur to link with and support mental health and wellbeing services delivered through Aboriginal Community Health services by Aboriginal mental health teams located across all Aboriginal Community Health organisations in South Australia. This will be a broader service model.
- The development of a Chief Psychiatrist's Cultural Safety Standard.

4. Summary of Work Plan 2021-22

Emergency Department Presentations and Bed Access

Key Element	Work Plan	Timeline
CALHN Mental Health Taskforce	> *CALHN Mental Health Taskforce:* ED mental health, community mental health redesign.	July 2021 – June 2022
NALHN Redesign	> *NALHN Redesign:* To proceed informed by the work of the Northern Mental Health Alliance.	July 2021 – June 2022
Lyell McEwin Hospital Short Stay Unit	> A newly developed 8 bed facility will be commissioned late in 2021-22. Current forecasts have it becoming operational in May 2022. The new unit will be an improved location for clinical care, currently delivered in a 5 bed unit in a transportable.	July 2021 – May 2022
Purchase of Beds in the Private Sector	> It is anticipated that LHNs through activity based funding will continue to purchase additional capacity in the private sector to respond to demand. In September 2021, 12 beds remain open. > Further options of purchasing extra beds during COVID outbreaks are available.	July 2021 – June 2022
Long term rehabilitation Bed Access	> Implementation of the Inpatient Rehabilitation Service model of care will improve access to long stay rehabilitation beds for clients in NALHN and SALHN. The improved utilisation of Community Recovery Centre bed space is being considered by LHNs and the DHW.	July 2021 – June 2022

Crisis Response System

Key Element	Work Plan	Timeline
Urgent Mental Health Care Centre	> *Urgent Mental Health Care Centre*: increase operating hours of centre to twenty four hours a day	July 2021 – January 2022
Crisis Stabilisation Unit	> Work to establish the first Unit in the Northern suburbs of	July 2021 – June 2022
	Adelaide commenced in July 2021 with a governance structure, project documentation and project group finalised. During 2021-	

	2022 work will be undertaken on the following aspects: ○ Infrastructure – undertake site search leading to confirmation of site. Undertake design process of facility with procurement of Architect and design working group set up ○ Undertake development of Model of Care for new unit which will be followed by commencement of development of Staffing Model.	August 2021 – June 2022 August 2021 – June 2022
Mental Health Triage	> The Office of the Chief Psychiatrist will continue to work with the Central Adelaide Local Health Network to develop the Mental Health Triage system to support immediate demand. It is then anticipated that the model will be aligned to the Mental Health Services Plan, to support the 'air traffic control' approach	July 2021 – June 2022

Psychiatric Intensive Care Unit Beds and Acute Behavioural Assessment Units

Key Element	Work Plan	Timeline
High Dependency Unit - Glenside	> Completion of building works and commissioning of the four bed High Dependency Unit to be located at Glenside and operated by the Barossa Hills Fleurieu Local Health Network	July 2021 – March 2022
Psychiatric Intensive Care Unit - Glenside	> Progress the Tarnanthi re-location to the James Nash House site to enable work to commence on the development of the eight bed PICU unit at Glenside.	July 2021 – June 2022
Acute Behavioural Assessment Unit	> Provide support for ABAU developments – in particular at the QEH.	July 2021 – June 2022

Forensic Mental Health

Key Element	Work Plan	Timeline
Tarnanthi Unit	> Obtain necessary approvals for the new mental health beds to be located at James Nash House, to enable the relocation of those people currently receiving services at the Tarnanthi Glenside site.	July 2021 – June 2022

Prison In-reach	> Implement the future model of Prison In-reach to Yatala Prison and the Women's Prison, now that funding is ongoing. To be led by NALHN.	July 2021 – June 2022
Forensic Mental Health Services Plan	> Commence the development of a Forensic Mental Health Services Plan (led by NALHN with OCP support).	July 2021 – June 2022
Forensic Mental Health Dashboard	> Develop a forensic mental health services dashboard that monitors the forensic patients and prisoners in the SA Health system and their location (led by DHW Commissioning with consultation with Forensic Mental Health Services and OCP)	July 2021 – June 2022
Youth Corrections	> Continue the provision of extra clinical time to Youth Corrections which is now allocated ongoing funding (WCHN through CAMHS)	July 2021 – June 2022

Psychosocial Rehabilitation and Supported Accommodation

Key Element	Work Plan	Timeline
Non-Government Organisations Redesign Project	> Completion of Stage 1 – Assessing need with the finalisation of the Co-Design workshop report > Implement Stage 2 – Develop Strategy and Plan to address needs by redesigning current and future service models and pathways > Implement Stage 3 – Operationalise response which builds on Stage 2	September 2021 May 2021 – December 2021 January 2022 – June 2022
Accommodation Initiative	> Select a housing provider to deliver the new sixteen bed development	July 2021 – June 2022

Child and Adolescent Mental Health and Young Persons Mental Health

Key Element	Work Plan	Timeline
Child and Adolescent Mental Health Service development	> The development work undertaken by WCHN during 2021 will be supported by new services, which will provide telephone, emergency department and community services for children and adolescents in need of mental health care.	July 2021 – June 2022

Child and Adolescent Mental Health Interagency Project Working Group	> The establishment of an Inter-agency Project Working Group with representatives from CAMHS, DECS DHS, DCP, OCP, Lived Experience representatives will occur during 2021-22	July 2021 – June 2022
Single Access Point for Youth Mental Health	> Continue to work with key stakeholders to develop a single access point for youth mental health.	July 2021 – June 2022
State Wide Youth Model of Care	> Continue to work with key stakeholders to support the development of a State-wide Youth Model of Care by providing facilitated co-design workshops	July 2021 – June 2022
Training on youth mental health	> Continue work on specific training in youth mental health	July 2021 – June 2022
Youth Sub-Acute Facility	> If approved, commence planning towards the development of a sub-acute youth Mental Health Facility (using an existing site)	May 2022 – June 2022

Older persons mental health

Key Element	Work Plan	Timeline
New 20 bed older persons acute mental health unit	> Commencement of facility development work of the new 20 bed older person's acute mental health unit at Modbury Hospital.	July 2021
Older Persons Mental Health Reform Program	> Undertake a gateway review of implementation of the Older Persons mental health reform program > Continue work on developing a statewide strategy for older persons with enduring mental illness > The Office of the Chief Psychiatrist is also conducting a series of inspections to review access and service models for country older persons' mental health services – including Rapid In- reach Service, Older Persons' Mental Health Service Consultation Liaison Service and inpatient services.	July 2021 – November 2021 October 2021 – June 2022 September 2021 –December 2021

Safety and Quality

Key Element	Work Plan	Timeline
Towards Zero Suicide	> Development of Key Performance Indicators (KPIs) – Outcomes and measures	August – October 2021
	> A 'Next Steps' workshop scheduled with the Local Health Networks for September 2021 This will review and consolidate preparedness plans and Funding Templates as well as facilitating discussion to confirm the scope of the project going forwards	September 2021
	> Development of data strategy measures to facilitate the creation of data dashboards	October 2021 – January 2022 October 2021
	> Review the membership of the Project Committee to meet the needs of the LHNs in implementing Towards Zero Suicide	
	> Completion of Restorative Just Culture videos, these are a part of the overall Communications Strategy and will be uploaded onto the SA Health intranet site when complete. Towards Zero Suicide factsheets and infographics have also been developed to maintain consistent dissemination of key messages	October 2021 – December 2021
	> Local groundwork, including the crucial engagement with people in suicide distress and their families is scheduled to commence in the first quarter of 2021-22	July 2021 – December 2021
Reducing the use of Restraint and Seclusion in Mental Health Services	> Work is currently underway to review current and develop new supplementary fact sheets to aid clinicians in practice for this Chief Psychiatrist Standard.;	June 2021 – July 2022
	> Work has commenced on the improvement of SLS restraint and seclusion incident data reporting across Mental Health Services to address under reporting of incidents and improve the reliability of local, state-wide and national benchmarking activities.	June 2021 – July 2022

Physical Health - Metabolic Health	> Metabolic Health – Assist LHNs to develop and write their physical health action plans utilising the Equally Well templates.	July 2021 – June 2022
Physical Health - General Practice Forums	> Establish regular GP mental health education forums	July 2021 – June 2022
Stigma Reduction	> Consultation with Wellbeing SA on the development of a broader community awareness campaign to reduce stigma.	August 2021 – January 2022
Recovery Orientated Concepts	> Learning and Development Steering Committee will continue work on best practice models of training in recovery orientated concepts	July 2021 – June 2022
Trauma Informed Practice	> Review of training already available on Trauma Informed Practice will be completed.	July 2021 – December 2021
Community Clinical Information Systems Improvement	> To develop a business case for an information system replacement	July 2021 – June 2022

Workforce

Key Element	Work Plan	Timeline
Mental Health Workforce Planning	> A Workshop to be scheduled with Local Health Networks will finalise the workforce enhancement initiatives aligned with the State Budget announcement.	September 2021 – October 2021
	> Evaluation of impact of first round of initiatives will occur prior to confirming if they will continue for 2022-23 as they are or if modifications will be required.	May 2022 – June 2022
	> Workforce Project Officer is currently being appointed to lead modelling of workforce requirements for the future and support the strategy across all professions This will link in with National planning and work with tertiary organisations.	September 2021 – October 2021
	> An adolescent mental health nursing program has been funded, along with two temporary additional basic Child and Adolescent training positions. This supports training in this area, but also addresses a 'bottleneck' in psychiatry training that limits the number of graduates.	July 2021 – June 2022

Peer Workforce	> Continued development of the Strategic Framework of the Lived Experience (Mental Health) Workforce in SA services supporting a robust and well supported lived experience workforce for more effective mental health outcomes. > Consultation and development of the SA Health Lived Experience Workforce Operational 'Toolkit' Guideline for SA Health Mental Health services. > Development of a SA Health Lived Experience Workforce Mental Health services Community of Practice.	July 2021 – December 2021 January 2022 – May 2022 March 2022 – May 2022

Personalised Care

Key Element	Work Plan	Timeline
Implementation of CES Survey	> Further work will be undertaken with the Local Health Networks to embed the implementation of Carer Experiences Survey (CES) across all mental health services.	July 2021 – June 2022
Chief Psychiatrist Standard on Care Planning	> The Chief Psychiatrist Standard on Care Planning will be finalised during 2021- 2022. Consultation on an initial draft will take place in the last quarter of 2021 with the aim for the Standard to be finalised in the first quarter of 2022.	July 2021 – June 2022
Human Rights and Coercion Reduction	> The Human Rights and Coercion Reduction Committee will meet on a monthly basis for 2021-2022. The Committee will work on: ○ developing a Human Rights and Coercive Reduction Strategy which will include investigation of Human Rights based consistent laws, policy levers and service design that impact mental health; ○ this will be done in conjunction with the development of an integrated and outcomes approach to coercion reduction based on the International Convention on the Rights of Persons with Disabilities.	July 2021 – June 2022

Aboriginal Suicide Prevention and Wellbeing	> The continued development of targeted early intervention and suicide prevention programs for Aboriginal people in both metropolitan and remote areas > The finalisation of the Aboriginal Suicide Prevention and Wellbeing Framework > Further development of the model of the South Australian Aboriginal Mental Health and Wellbeing Centre to provide a broader South Australian Aboriginal Mental health and Wellbeing Service Model. > Development of a cultural safety standard.	July 2021 – June 2022 July 2021 – June 2022 July 2021 – June 2022

Appendix 1 - Modelling Considerations

Productivity Commission Inquiry – Mental Health

The Productivity Commission was requested to undertake an inquiry into mental health in November 2018. The final report of the Inquiry was released in November 2020. The final report included twenty four recommendations.

A key recommendation was the creation of a person-centred mental health system. This would empower people to choose the services most suitable to them, and these services should be evidence-based and responsive to their cultural, social and clinical preferences.

The report had a whole of government view, whereas the Mental Health Services Plan is focussed on Department for Health and Wellbeing operated and commissioned services. However, the Mental Health Services Plan goal on mental health services integrating with other services is consistent with the broad Productivity Commission focus – for example for children, older people, people experiencing homelessness those in the justice system.

An analysis of the Productivity Commission recommendations highlighted that a number of them aligned with the goals and outcomes of the Mental Health Services Plan 2020-2025. These recommendations include:

- Recommendation Four – Create a Person-Centred Mental Health System – this aligns with the goal of personalised care
- Recommendation Eight – support the social inclusion of people living with mental illness – this aligns with Outcome 10 - Mental health services promote fairness, inclusion, tolerance and equity in all interactions
- Recommendation Twelve – Address the Healthcare Gaps: Community Mental Health Care – this aligns with the plan's focus on developing community based options to provide alternatives to emergency departments
- Recommendation Thirteen – Improve the Experience of Mental Healthcare for People in Crisis – aligns with Outcome Six and the development of crisis response alternatives to Emergency Departments including the Urgent Mental Health Care Centre and the Crisis Stabilisation Unit.
- Recommendation Fourteen – Improve outcomes for people with comorbidities – aligns with Outcome 8
- Recommendation Sixteen – Increase the efficacy of Australia's mental health workforce – aligns with Outcome 11 which includes the development of a peer workforce strategy and modelling for workforce requirements in the future.
- Recommendation Seventeen – Improve the availability of Psychosocial Supports – aligns with the work being undertaken on the NGO Re-design project to look at psychosocial supports for consumers not eligible for NDIS
- Recommendation Eighteen – Support for Families and Carers – aligns with goals of the plan as well as Outcome One People receiving services are actively engaged in their care which includes strengthening support for families and carers with one aim the full implementation of the Carer Experience of Service (CES) survey.

The breadth of the Productivity Commission report is huge, and effects all aspects of the delivery of the plan. This discussion will consider two areas – access to community mental health services and access to beds as it affects immediate planning in 2021-22, noting that more will be developed through a Commonwealth – State Partnership agreement under current negotiation

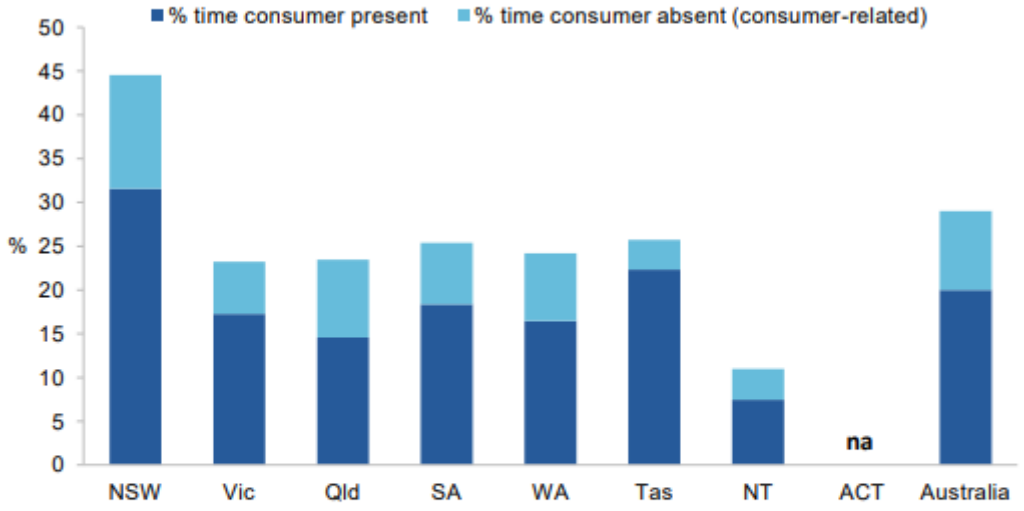
Productivity Commission – Community Mental Health Services

Amongst the breadth of areas covered by the Productivity Commission, was the structural inefficiency of community mental health services in Australia. On one hand services are overworked and not managing demand. On the other the design of services across the country has created problems for consumers and clinicians alike, and not achieved the efficiency that can be expected in other health systems.

In this context, the Mental Health Services Plan continues to expand adult mental health services in designated areas, such as crisis response. The plan identified child and adolescent mental health services and older persons mental health services as priority areas of future expansion[42]

The Productivity Commission illustrated the structural inefficiencies of services in the following diagram from the report.

Figure 12.12 **Clinical staff spend only 20% of their time with consumers on average[a]**
2017-18



[a] Derived by comparing the total duration of care (with patient present and with patient absent) provided in community mental health services (unpublished data supplied by AIHW) with the number of full-time equivalent healthcare providers working in community mental health services (AIHW 2020n, table FAC.42), assuming 44 productive working weeks per year. New South Wales data was affected by the introduction of a new system in the Justice Health Network in 2017-18; this resulted in reduced data coverage. (More detail is available in the data quality statement for the Community mental health care National Minimum Dataset.) Additional data quality issues are noted in AIHW (2020n, table FAC.42). **na** not available — the ACT collects this data, but did not give permission for it to be published.

Source: Productivity Commission estimates using AIHW (2020n, table FAC.42) and unpublished data provided by the AIHW.

Source Productivity Commission[43]

The Commission clarified the meaning of this statistic

We have no reason to believe that the apparent misallocation of clinical staff time is due to staff choosing to spend their time in a way other than what would benefit patients most.
Throughout this Inquiry, we have consistently heard stories of the dedication and hard work of clinicians, care-givers and front-line administrators working in a sector that is often very challenging. It is

[42] *Mental Health Services Plan,* page 40
[43] *Productivity Commission, Inquiry into Mental Health* Vol2, page 572

the systems that staff work within that determine how they spend their time — overloading them with reams of paperwork, for example (HSU, sub. 237, p. 12). We propose below steps that State and Territory Governments should take to ensure that staff are able to spend their time in the way that benefits consumers most.

The Commission noted the disparity with the estimate used in the National Mental Health Services Planning Framework, which assumes that 67% of clinician time is spent with consumers. Given that this is not occurring in any jurisdiction the gap between the service level available and what is required is not met.

The Productivity Commission acknowledged that this was "at least in part" acknowledged by the South Australian Mental Health Commission and the Office of the Chief Psychiatrist in the Mental Health Services Plan, the Commission were able to quantify this using AIHW data.

In referring to the SA Mental Health Services Plan approach to increase the efficiency of adult services through reducing current time-consuming paperwork requirements, and through the provision of mobile technology to access information and make notes when providing home treatment, the Commission said that these steps are welcome, and all jurisdictions should make similar efforts.[44]

However, the Commission also said that more systematic changes are also needed, and instead proposed that State and Territories adopt activity based funding for community ambulatory services.

Workplan 2021-22, SA Health will:

- Implement the funded expansion of community mental health services from 2021-22 onwards – across CAMHS, adult and older persons services. This includes forensic and youth forensic services
- Local Health Networks yet to complete community mental health re-design will progress this objective, noting that currently CAMHS and SALHN have redesigned services, and CALHN and NALHN have redesign in progress.
- Proceed with the mental health NGO redesign that commenced in 2020-21. This will have benefits for clinical services.
- Proceed with project work commenced in 2020-21 to develop a case to replace the current community information systems used by mental health services – CBIS and CCCME – with a new information system. The current interface of CBIS and the duplication for mental health staff of using CBIS with other IT systems takes practitioners away from patient care.
- Local Health Networks to improve access to telehealth technology for remote care (which has developed during the COVID-19 period and is also a focus in the Productivity Commission report) and be encouraged to provide mobile IT to support efficient home visiting.
- Participate in a shadow trial of activity based funding conducted by the Independent Hospitals Pricing Authority, the approach suggested by the Productivity Commission to increase local investment.

Productivity Commission – Access to Inpatient Care

For context the Mental Health Services Plan modelled bed needs in chapter 4 of the plan[45]. There were recommendation for increased Crisis Stabilisation Beds (described as Crisis Retreats) which in the plan can meet the needs of people with high levels of acuity – similar to 'open' hospital beds, an increase in forensic beds as well as increases in older persons sub-acute beds.

Modelling had demonstrated a surplus of acute beds, but insufficient sub-acute and non- acute beds for adults and older adults

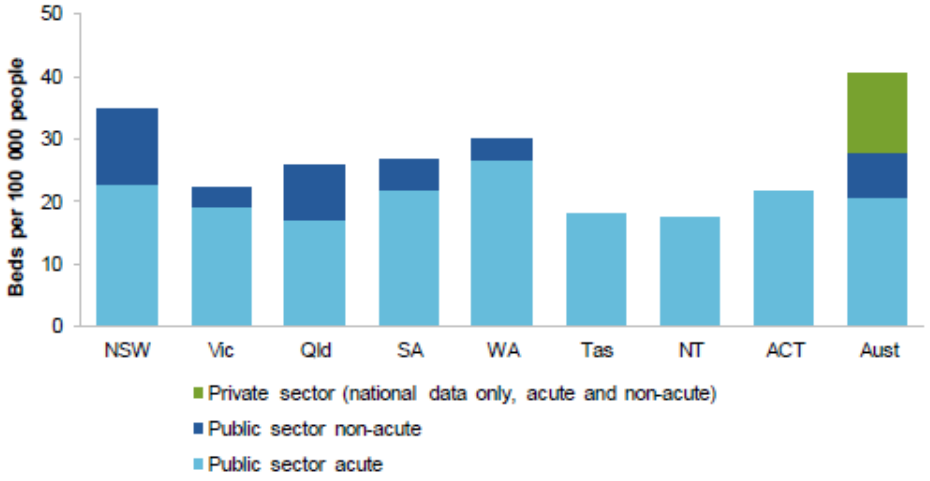
In this section the discussion in the Productivity Commission report compared the numbers of specialised

[44] Productivity Commission Mental Health Inquiry Volume 2, page 578

[45] *Mental Health Services Plan* pages 40 -49.

mental health beds across Australia in 2017-18, as published by the AIHW in 2020.

Figure 13.5 **Specialised mental health hospital beds, 2017-18**



Source: AIHW (2020n).

The report addressed the supply and demand for acute mental health beds in public hospitals.[46] It cited the South Australian plan which had used the National Mental Health Services Planning Framework to undertake a gap analysis that suggested that South Australia has an excess of public sector acute beds (372 actual in 2019-20 compared with the framework benchmark of 294 in 2023-24) however the Commission went on to note that the SA plan did not recommend that these beds be closed due to the current state of other services and system demand, because one of the core assumption of the NMHSPF is that other parts of the system are operating to benchmark levels. While other jurisdictions – apart from Western Australia – have not published such an analysis based on Figure 13.5 many other jurisdictions had less acute beds.

The Productivity Commission later commented that the South Australian plan (in the context of the new crisis initiative and role out of the NDIS) to operate beds flexibility along the lines of medicine and surgery that are open and closed as required, with full transparency of the number of beds opened on any particular day. The Commission considered such reasoning is completely appropriate, going onto to note that governments and commissioning bodies need to be prepared to take regional circumstances into account.[47]

This flexible approach has been seen in the flexing up and down of additional capacity at acute times in 2020-21 which has varied throughout the year based on demand.

Workplan 2021-22. .

- Support Local Health Networks to use their activated based funding to flex increased bed through the use of private sector wards (up to 12 beds at the Adelaide Clinic) and hospital in the home.
- Develop increased acute capacity through extra PICU beds (see budget initiatives above) to open in early 2022 and the first Crisis Stabilisation Beds to open in 2024.
- Continue the commissioning of 9 special Dementia Care unit beds at the Repat Site, co located with 9 similar beds in the Commonwealth program (total 18 beds), in addition to the 18 Neurobehavioural Unit beds at the same location opened in 2020- 21.
- Update modelling for Older Persons sub-acute beds in the context of the Commonwealth's Special Dementia Care Bed program.

[46] *Productivity Commission Mental Health Inquiry* page 605

[47] *Productivity Commission* page 613.

- Update planning for beds for older people who experience enduring mental illness.

Mental Health Service Data and Modelling

Data and modelling was reported in Chapter 4 of the plan[48]. South Australian data was compared to National data, and the National Mental Health Services Planning Framework, an approach used by Commonwealth and State Governments was used to inform priorities.

The implications of the modelling were discussed from this analysis. This included

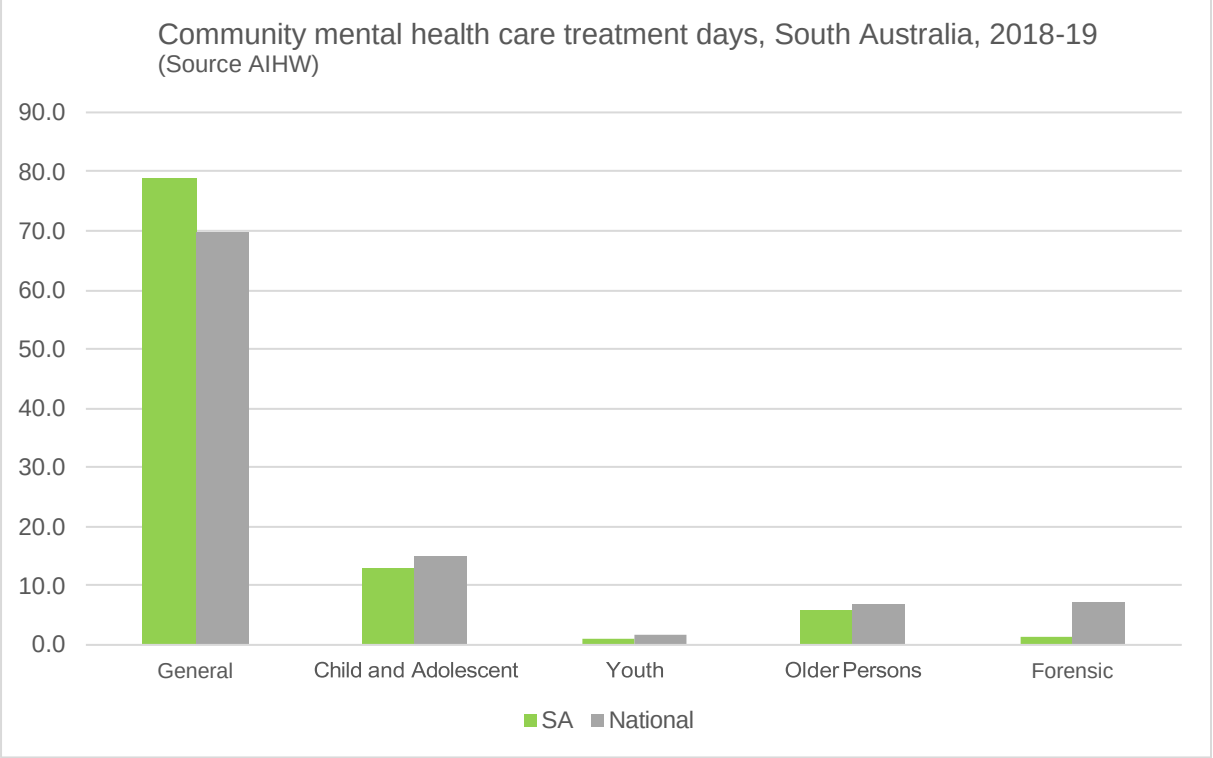
- The assessment of the framework, supported by expert and local consensus is that priority areas of future expansion of community mental health services are:
  - Child and Adolescent Mental Health Services
  - Older Persons Mental Health Services.

This is not to say that the plan also did not include an expansion of adult services, noting that a number of new initiatives will require extra staff. There are gaps in adult services in regional areas in particular that need to be addressed.

The modelling also demonstrated a requirement for additional sub-acute and non-acute beds for adults and older adults, however also suggested a decrease in acute beds[49].

Community Mental Health

For general adult service category – the number of days in community treatment were higher (78.8%) than the national average (69.6%). A treatment day refers to any day on which one or more community contacts (direct or indirect) are recorded for a registered consumer during an ambulatory care episode.



	General	Child and adolescent	Youth	Older Person	Forensic
SA	78.8	12.9	1.0	5.8	1.4
National	69.6	14.9	1.7	6.9	7.0

[48] MHSP, page 36 – 48.
[49] MHSP, page 44

Bed Based Services

Beds per 100,000 – 2018-19

Indicator	SA 18/19	National
Beds per 100,000 by Target Setting - Public		
Inpatient – General Acute per 100,000 population	28.9	24.3
Inpatient-General Non Acute per 100,000 population	3.8	7.8
Inpatient – General Total per 100,000 population	32.7	32.1
Inpatient – Child &Adolescent Acute per 100,000 population	3.3	4.8
Inpatient – Child & Adolescent Non Acute per 100,000 population	0.0	0.6
Inpatient – Child & Adolescent Total per 100,000 population	3.3	5.4
Inpatient – Youth Acute per 100,000 population	0.0	2.4
Inpatient – Youth Non Acute per 100,000 population	0.0	0.0
Inpatient – Youth Total per 100,000 population	0.0	2.4
Inpatient – Older Persons Acute per 100,000 population	21.6	19.1
Inpatient – Older Persons Non Acute per 100,000 population	0.0	4.8
Inpatient – Older Persons Total per 100,000 population	21.6	23.9
Inpatient – Forensic Acute per 100,000 population	0.6	1.6
Inpatient – Forensic Non Acute per 100,000 population	3.1	1.8
Inpatient – Forensic Total per 100,000 population	3.7	3.5
Inpatient - Total Acute per 100,000 population	22.6	20.7
Inpatient – Total Non-Acute per 100,000 population	4.7	7.1
Inpatient Total Acute + Non-Acute per 100,000 population	**27.3**	**27.8**
Inpatient – Total Residential per 100,000 population (24-Hours)	7.8	7.9
Inpatient – Total Acute + Non-Acute + Residential per 100,000 population	**35.1**	**35.7**
Residential – Government 24 Hour per 100,000 population	6.7	6.5
Residential – Government non 24 Hour per 100,000 population	0.6	0.1
Residential – Government Total per 100,000 population	7.2	6.6
Residential – NGO 24 hour per 100,000 population	1.1	1.4
Residential – NGO non 24 hours per 100,000 population	1.4	2.1
Residential – NGO total per 100,000 population	2.5	3.5
Residential – Total per 100,000 population	9.8	10.0

Workplan 2021-22

- Modelling using the NMHSP will be updated, along with tables of community and bed resources.

Appendix 2 – Mental Health in South Australia Workshop

The Mental Health in South Australia Workshop was held on 28 April 2021. Invitations were issued to a range of stakeholders with 60 people in attendance on the day.

The attendees included people from a range of areas including:

- People with Lived Experience
- Clinical and Governance Leads from Local Health Networks
- Department for Health and Wellbeing
- State Mental Health Commissioners
- Wellbeing SA
- Providers of mental health services from the non-government sector
- Industrial bodies
- Professional bodies

The purpose of the workshop was to provide an opportunity for a range of stakeholders to consider a number of issues and explore consensus on them:

- The level of need for mental health services especially in light of the COVID-19 pandemic;
- To consider the Mental Health Services Plan 2020-2025 implementation and whether there is a need refresh or refocus the plan in the light of the COVID-19 pandemic;
- Opportunities to improve mental health services or their governance, especially in the short term; and
- Opportunities to improve other health or other services which impact on health outcomes for people with mental health issues (eg housing, NDIS).

The workshop discussed the Mental Health Services Plan 2020-2025 (MHSP) and it was confirmed as an appropriate strategy moving forward. While targeted investments have been made based on the plan, and there is a continued need to respond to the impact of the pandemic, the direction of the MHSP was supported.

A table of outcomes and actions from the workshop can be seen on the next page.

Action areas arising from Minister Mental Health Workshop

Theme	Details	Timeframe
WORKFORCE	A sustainable multidisciplinary workforce for the future.	
	- Reduce HR barriers to backfilling vacancies.	Short
	Expand placement opportunities for professionals entering mental health services	Medium
	Develop a Lived Experience (peer) workforce strategy	Medium - Long
BED ESCALATION	LHN coordination – demand and escalation policy.	Short
NDIS ACCESS	Increase access psychosocial support for people awaiting NDIS	Short
FORENSIC CAPACITY	Reduce forensic outlier patients	Short
	Assess the proposed use of an alternative site to relocate Tarnanthi	Short
	Forensic Prison In-reach	Short
PICU	Establish additional PICU beds	Short
CRISIS CARE AND COMMUNITY SUPPORT	Maintain the focus on crisis care as described in the Mental Health Services Plan	Short - Medium
	Urgent Mental Health Centre to operate 24 hours	Short - Medium
	Research step up and step down models	Short
	Develop an accommodation model (similar to Haven Foundation)	Short
	Develop an integrated collaborative approach between peer workers, allied health and NGOs	Short - Medium
	Psychiatric supervision of GPs	Short-Medium
	Priority Care Centres for mental health	Short
CHILDREN, ADOLESCENTS AND YOUNG PEOPLE	Support for the Mental Health Services Plan modelling that prioritises children and youth (as well as older people). This noted the effect of COVID required increased access to a range of services	Short - Medium
	Improved interaction with education	Medium
SERVICE ALIGNMENT PROJECT	Review people getting each level of care. Linked with this is a move away from EDs, increases in the UMHCC approach.	Medium

Theme	Details	Timeframe
RURAL	Note that the application and modification of key projects to rural areas was a priority	Short - Medium
COVID RESPONSE	A response to increasing COVID demand. This issue was incorporated in discussions about the above initiatives.	Short- Medium

This list provides themes and details of the action areas. A range of specific actions are being followed up. There is considerable overlap with actions described earlier in this document. More details about the initial actions in response to the workshop can be read on the following weblink https://bit.ly/3mDw8K0.