25 October 2017

Ms Robyn Kruk AM
Panel Chair
Sustainable Health Review

By email to: shr@health.wa.gov.au

Dear Ms Kruk

Re: Sustainable Health Review

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to contribute to Western Australian Government's Sustainable Health Review.

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises governments on mental health care. The RANZCP is the peak body representing psychiatrists in Australia and New Zealand and as a bi-national college has strong ties with associations in the Asia-Pacific region.

The RANZCP has almost 6000 members including more than 4000 qualified psychiatrists and around 1500 members who are training to qualify as psychiatrists. The RANZCP Western Australia Branch (RANZCP WA Branch) represents over 450 members, more than 340 of whom are qualified psychiatrists.

In our submission to the Committee, the RANZCP WA Branch has focused on sustainability in the health system as it pertains to mental health.

In order that Western Australia have a sustainable mental health system which can achieve the best outcomes for consumers, carers and their families the RANZCP WA Branch recommends;

1. That the governance of the mental health system be urgently revised
2. That a single, identifiable body with a level of accountability on par with Health Service Boards, hold the overall responsibility for the mental health system.
3. That the expertise of mental health clinicians, and in particular, psychiatrists, is explicitly sought in system management.
4. That the system is developed to enable integrated, cost-effective approaches (such as consultation liaison) to be implemented
5. That review and reform cycles in health and mental health be synchronised to ensure reforms in one system do not adversely affect established programs and relationships in the other

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6. That information systems for mental health be updated to provide fit-for purpose tools for consumers and carers, clinicians, managers, planners and advocates.

The RANZCP WA Branch would welcome the opportunity for further consultation.

If you would like to discuss any of the issues raised in the submission, please contact Zoe Carter, RANZCP WA Branch Policy Officer via zoe.carter@ranzcp.org or by phone on (08) 9347 6429.

Yours sincerely

Dr Elizabeth Moore
Branch Chair
Royal Australian and New Zealand College of Psychiatrists
Western Australian Branch

The Royal Australian & New Zealand College of Psychiatrists

Government of Western Australia: Department of Health
Sustainable Health Review
October 2017

Inform and influence mental health policy in Australia

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Royal Australian and New Zealand College of Psychiatrists submission

Western Australian Sustainable Health Review

About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises governments on mental health care. The RANZCP is the peak body representing psychiatrists in Australia and New Zealand and as a bi-national college has strong ties with associations in the Asia-Pacific region.

The RANZCP has more than 6000 members including more than 4000 qualified psychiatrists and over 1500 members who are training to qualify as psychiatrists. Psychiatrists are clinical leaders in the provision of mental health care in the community and use a range of evidence-based treatments to support a person in their journey of recovery.

Introduction

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to provide feedback into the Western Australian State Government's Sustainable Health Review (the Review). The Western Australian Branch of RANZCP (RANZCP WA Branch) supports the WA Government's aim to prioritise the delivery of high quality, patient-centred sustainable healthcare across WA into the future.

As clinical specialists in mental health, the focus of our submission is on the provision of care for people with, or at risk of, mental illness and the capacity of the health system to plan, deliver and sustain requisite services.

The lack of clear accountability and governance structures to ensure the delivery of safe, sustainable and patient-centred mental health services is of utmost concern to the RANZCP WA Branch.

Reviews including Stokes (2012) and Mascie-Taylor (2017) have identified the significant risks to consumers, the community and the health system posed by poor and fragmented governance of mental health.

Furthermore, in the absence of a strong model of governance for the mental health system it is deeply concerning that the health system appears to be devolving mental health services into more mainstream services with non-specialist governance. The move to the Health Service board structure and the subsequent corporate restructures within health service providers has seen a decrease in the numbers of psychiatrists in executive and decision making tiers.

Mainstream health services have consistently failed to consider the requirements of mental health consumers and carers, the obligations imposed by mental health legislation and the complexities of mental health service provision when developing system procedures and processes. The costs of failure to support a robust mental health system are borne not just by individual mental health consumers and their carers who fall through the cracks. Where the mental health system is less than comprehensive, costs are transferred to justice, social services, disability services and emergency departments.

The RANZCP WA Branch therefore strongly recommends the Sustainable Health Review consider:

- The urgent need for streamlined, specialist governance for mental health

- Mechanisms for ensuring that the review, reform and restructure cycles within the Department of Health, Health Support Services and Health Service Providers don't jeopardise the establishment and sustainability of a cohesive mental health system.
- The impact on the mental health sector of any recommendations of the Sustainable Health Review regarding the health system

In direct response to the terms of reference regarding the development of a sustainable, patient-centered health system in WA, the RANZCP WA Branch makes the following comments for the consideration of the Review panel;

Leveraging existing investment in Primary, Secondary and Tertiary healthcare, as well as new initiatives to improve patient centred service delivery, pathways and transition;

Specialist expertise across the state wide system

While specialist expertise is essential in tertiary healthcare, the benefits of specialists in supporting other tiers of the healthcare system should not be overlooked. Judicious use of specialist consultation can enable early and accurate interventions that may delay or prevent admission to more acute services.

There are varying models that efficiently leverage specialist expertise to augment the capacity of mainstream services to deliver best practice care. Statewide hub and spoke models in particular are effective in situations where specialist expertise is critical in providing appropriate care for patients but low volumes of cases within each discrete area health service make stand-alone specialist units unviable. The WA Eating Disorders Outreach and Consultation Service is an example of a hub and spoke model that supports existing healthcare services.

Hub and spoke models

Hub and spoke models have also been used effectively in NSW (Project Air) and Victoria (Spectrum) to enable improved efficiency of service delivery by supporting existing services in provision of care for people with personality disorders. People with personality disorders are high service utilisers, but at present there is inequitable access to specialist treatment in WA.

Investment in development of broadly accessible effective treatment programs and clinical expertise will ultimately reduce costly and ineffective emergency department presentations and inpatient hospitalisations.

Where hub and spoke models have appropriate oversight and governance and are appropriately resourced, the linkages formed across Health Service Providers can be drivers of standardisation across services – an important component of safe mental health care identified in the Stokes Review (Stokes, 2012)

Hub and spoke models can be vulnerable to absorption into the area health service in which they are based. These models are therefore reliant on strong system oversight to ensure that there is transparency in the use of resources and accountability to state-wide KPIs.

Shared care models

Shared Care is another model that can be effective in making the most of existing services through linking together specialist expertise and the efficiencies of generalist services to provide best-practice patient-centred service delivery. Shared care can also be an effective model where a combination of state and Commonwealth funded services are required.

Cross sector linkages (primary, secondary, tertiary health care services, NGO and private services) and pathways to effective recovery oriented mental health care need to be developed to divert consumers from ineffective repeated emergency presentations to effective treatment programs.

For complex mental health presentations related to trauma (including personality disorders), clear pathways to care are needed. To best meet need the needs of these patients, services need to be able to prioritise the right treatment at the right time and in the right place – a challenge when funding and outcomes are allocated and measured in disparate silos.

Expertise and strong leadership are required to ensure best practice and standardised approaches to care in these models.

Co-morbidity

The impact on individuals and the health system of co-occurring illness (substance use and or physical illness) associated with serious mental illness is substantial. For people with mental disorders, co-morbidities and their risk factors are the rule rather than the exception (RANZCP, 2016).

Rates of physical conditions are higher than in the general population, especially for cardiovascular and diabetes. Risk factors including high blood pressure, elevated cholesterol, smoking, obesity and physical activity are similarly at higher rates. For women with serious mental illness this includes elevated rates of gestational diabetes, hypertension and other complications during pregnancy – conditions with serious implications for both maternal mental health and lifelong offspring health.

For individuals living with depression and co-morbid mental illness the average cost of monthly care – excluding direct expenditure on mental health services – are between 33% and 169% higher. In addition to the suffering associated with severe mental illness and the financial impact people with severe mental illness have a life expectancy that is substantially lower than the general population (RANZCP, 2016).

Investment in the development of approaches that centre care around patients' needs and enable integrated treatments for co-morbidity is a system challenge for health and mental health services. Support for initiatives that focus on patient centred delivery, pathways and transition provide opportunities for making better use of existing services. However, existing activity and cost reporting mechanisms do not adequately capture the impact of joined-up approaches, leaving them vulnerable to de-prioritisation and 'top-slicing' of funds to meet the budgets of more readily identifiable cost centres.

According to the Australian Health Policy Collaboration at Victoria Institute of Strategic Economic Studies (AHPC), best practice in healthcare could reduce the impact of serious mental illness and co-morbidities by almost one third. (RANZCP, 2016).A program developed in Western Australia for people with emotionally unstable personality disorder (EUPD) (also known as borderline personality disorder) provides one example of a demonstrably cost-effective program with improved outcomes for consumers that has been developed and then left unsupported.

The investigators in the Enhance Study aimed to translate the National Health and Medical Research Council (NHMRC)'s *Clinical Practice Guideline for the management of borderline personality disorder* into a Clinical Pathway for the acute inpatient care of patients with EUPD and to evaluate the patient related outcomes of this approach. The project was based at Royal Perth Hospital, and the evaluation was the subject of a doctoral dissertation (Wilson, 2017).

In the program, it was clear that consumers were put at the centre of their care, including holding authority to self-refer to acute beds as part of their individual crisis management plan. The investigators found that that the program could be delivered cost neutrally and resulted in reduced readmissions and reduced length of stay for people with EUPD. This resulted in better flow through the RPH inpatient unit and an extra 180 separations in 1 year, which would generate an extra $3.4 million using ABF methodology. Alternatively this would allow the service to meet a growing amount of purchased activity using current resources. The RANZCP WA Branch would like to propose that this the kind of evidence based service model that could be considered for implementation in youth and adult mental health inpatient units in WA.

The decision was made to axe the program for reasons that are not clear and the following year there was an increased in readmission rate and increased length of stay. This is an example of the costs to the health service that develop due to the lack of a centralised mental health governance and leadership group, that can consider policy and implement, process and service improvements with some expertise and awareness of cost implications across the entire sector.

The RANZCP WA Branch also notes that the high co-occurrence of substance use disorder and mental illness requires more attention from government in terms of planning. The RANZCP WA Branch recommends embedding of drug and alcohol workers within mental health services and upskilling of all staff (including emergency department staff) in the recognition and appropriate management of people so that there is a 'no wrong door' policy and the stigma associated with this co-morbidity is reduced.

Addressing co-morbidity though resourcing Consultation Liaison Psychiatry

Consultation-liaison psychiatry is a psychiatric sub specialty that focusses on the practice of psychiatry in collaboration with a range of other health professionals.

There is extensive literature on the benefits of consultation-liaison. An important example is the RAID Model (Rapid Assessment Interface Discharge), developed and trialled in Birmingham England. This particular consultation liaison team model was tested rigorously in a 600-bed general hospital and economically evaluated (Tadros et al 2013).

The service led to:

- marked reductions in length of stay
- marked reductions in readmission rates
- substantial savings in terms of bed-days (estimated savings of ~14,000 bed-days over 12 months, or ~38 beds per day).

Most of the savings were observed in services for older adult patients, particularly in geriatric medicine wards. (RANZCP, 2014)

The inadequate management of mental disorders in general hospitals is associated with a range of negative outcomes including:

- increased length of stay
- repeat admissions
- increased health care costs
- decreased physical health outcomes
- poor treatment adherence
- behavioural disturbance and serious incidents including inpatient suicide.

The RANZCP WA Branch also notes that in pregnancy the leading indirect cause for maternal mortality is mental health and the numbers of women who suicide in pregnancy has increased over the past decade

While consultation-liaison services are available in Western Australia, the lack of transparency regarding the allocation of consultation-liaison funding within health services makes it difficult to evaluate the extent to which the services are under-resourced. The Sustainable Health Review represents an opportunity to consider the benefits of such services and address the barriers to implementation.

The RANZCP WA Branch confirms that consultation-liaison rotations are a mandatory component of training for psychiatrists. This is because the RANZCP values the consultation-liaison experience and believes it is an essential component of holistic comprehensive care. The lack of availability of consultation-liaison training places is a block in training that poses a risk to the sustainability of the psychiatric workforce in Western Australia.

Peer workers

Peer workers are valued in youth and adult mental health for their expertise in helping consumers navigating services, helping ensure patients are supported in getting the care that they want in order to meet their recovery goals and supporting patients through transitions between services.

The expertise in system navigation and assisting in transitions that is provided by peer workers enables patients to make the most of the clinical services available to them. Peer Support Workers can lead to a reduction in admissions for the people among whom they work, and contribute to other associated improvements (Repper and Carter, 2011).

The lived experience of peer workers as consumers of mental health services is also invaluable in supporting the mental health teams to develop service models that are responsive to the aspirations and concerns of patients.

The benefits of peer worker models could be explored across the health system, particularly in assisting consumers in navigating transitions between services. Repper and Carter, in a review of published and grey literature on peer support in mental health services, identified that peer support workers have the potential to drive recovery-focused changes They went on to note that there are challenges involved in the development of peer support and that careful training, supervision and management of everyone involved is required. (Repper and Carter 2011)

The RANZCP WA Branch notes that performance indicator 18 of the Fifth National Mental Health and Suicide Prevention Plan is the proportion of total mental health workforce accounted for by the mental health peer workforce (Department of Health, 2017)

The mix of services provided across the system, including gaps in service provision, sub-acute, step-down, community and other out-of-hospital services across WA to deliver care in the most appropriate setting and to maximise health outcomes and value to the public;

An ongoing concern for the RANZCP is the gap between the funding allocated to mental health and the burden of disease created by the mental illness. It is therefore imperative that mental health funding is managed effectively and transparently.

The clear gap in mental health services in Western Australia is the lack of governance and accountability structures that support the delivery of care, maximise health outcomes and optimise value to the public. Lack of clear, accountable, experienced leadership results in systems that have gaps, fragmentation of care pathways and duplication of services and results in disproportionate inefficiency. A systems and dynamic modelling approach could yield significant savings and efficiencies.

Service planning

In developing the Better Choices: Better Lives Mental Health, Alcohol and other Drugs Plan (the Plan) the Western Australian Mental Health Commission used extensive consultation to develop a comprehensive plan for mental health services required Western Australia (Mental Health Commission, 2014). The Plan clearly articulates required mix of services and provides a solid foundation for planning. The challenge is that the Plan now needs to be resourced, implemented and evaluated.

Implementation and evaluation

In Western Australia, the Mental Health Commission is the current contracting agency for mental health services. The Mental Health Commission must have access to comprehensive data from the Department of Health and Health Service providers regarding costs and outcomes of commissioned services. Where mental health services are integrated in the provision of health services more generally, budget and reporting systems need to support transparency regarding costs and outcomes for mental health services to ensure that mental health commissioning can be properly evaluated and that funding is not being diverted to other services.

The Mental Health Commission must have clear and accessible processes for identifying sector concerns and responding to changing demographics, prevalence of disease and other drivers of service needs. Conversely, transparency on the behalf of the Commission regarding the modelling, planning and prioritisation of services should be considered a worthwhile exercise in accountability.

Without effective governance of, and accountability to, mental health outcomes it is impossible to implement a service mix that meets the mental health service needs of Western Australia.

Ways to encourage and drive digital innovation, the use of new technology, research and data to support patient centred care and improved performance;

The RANZCP WA Branch notes that innovations in service delivery, treatment and diagnostic capability have the capacity to improve patient care and health system performance.

Opportunities

The challenge of providing services over the vast geographic area of Western Australia means that innovations that are able to deliver services that respond to the needs rather than the location of the population are particularly important. Programs can support mental health consumers in their community of choice through direct service, or providing specialist consultancy to augment existing local services.

Developing technology solutions that support clinicians to provide services outside of inpatient settings has potential to drive an increase in cost effective care models that can be delivered in patient homes and communities. For instance, developing secure access on mobile platforms to PSOLIS and other databases has the potential to greatly expand the efficiency of programs like Hospital in the Home (HiTH). As HiTH programs deliver good patient outcomes, free up scarce acute inpatient beds and deliver cost efficiencies finding tech solutions to managing records effectively away from site would be worth consideration.

Research in mental health

The RANZCP WA Branch welcomes the inclusion of mental health in a recent update to the research themes for the Western Australian Health Translation Network (WAHTN). The cross-sector partnerships developed by WAHTN provide excellent opportunities to drive health research and innovation in WA.

However, earlier in 2017, the RANZCP WA Branch was deeply concerned that the WAHTN did not identify mental health research in its scope. Although the recent inclusion of mental health within the major theme of 'life-course and non-communicable disease' is a positive development, the WAHTN still does not have mental health research as one of its priority areas (WAHTN, 2017).

In the absence of a mental health research priority in WAHTN, the RANZCP WA Branch is currently supporting the development of a WA Mental Health Research Alliance, and welcomes the development of further opportunities for mental health researchers. The RANZCP WA Branch also looks forward with interest to more in-depth information about the strategies and support for mental health translational research anticipated by the WAHTN.

Managing risks

If the development of new technologies is driven by the mainstream health system, it is important that the implications for mental health consumers are adequately identified and considered.

For example, in responding to the Council of Presidents of Medical Colleges' discussion paper 'Proposing an Effective E-Mental Health Solution', the RANZCP expressed general support for e-health and noted that privacy, capacity to consent, carer and family access to information and protection from insurance companies/family law proceedings as issues that may be particularly sensitive or problematic for mental health consumers (RANZCP, 2017). Failure to adequately address those issues undermines

trust in the therapeutic relationship and embeds systemic barriers to treatment for mental health consumers.

Similarly, the development of Software as a Medical Device (SaMD) has great potential for mental health consumers and is welcomed by the RANZCP. In our submission to the International Medical Device Regulator Forum's consultation on SaMD, the RANZCP acknowledged the benefit of the development of tools that are supported by an evidence base, including internet based cognitive- behavioural therapy tools (RANZCP, 2016). However the RANZCP cautions that SaMD without a good evidence base may be ineffective and/or unsafe and it is therefore critical that software developers are well guided with regards to suitable processes of clinical evaluation of risk management.

Providing adequate resourcing to enable the early and rigorous participation of mental health clinicians in design and development projects has the potential to deliver solutions that appropriately balance risk and innovation.

Developing data and technology capabilities

The integration of the multiplicity of clinical records, bed flow management, and reporting systems is a complex but critical project. The RANZCP WA Branch notes that incomplete or inappropriate data and technology systems are the current norm and should be addressed as a priority.

In developing new systems, health services are at risk of introducing unnecessary costs and inefficiencies where the data and reporting requirements of the mental health system are not fully understood. The reporting requirements embedded in the *Mental Health Act 2014* and accountabilities to a variety of stakeholders means that data collection systems must be customised to mental health service provision. Where health service providers implement generic changes across health and mental health services the impact of adding additional layers of reporting must be assessed.

The limitations of the current systems are articulated further later in this submission.

Opportunities to drive partnerships across sectors and all levels of government to reduce duplication and to deliver integrated and coordinated care;

Partnerships across governments

Sustainable health systems cannot be developed in isolation from other government portfolios and tiers of government.

If spiralling health costs are to be contained, a whole of government approach is required to support the health and wellbeing of Western Australians and reduce the need for health services.

The introduction of whole of government targets, as identified in the current Service Priority Review, has the potential to address some of the underlying social determinants of health that manifest in the avoidable need for expensive solutions provided by the health and justice systems (department of Premier and Cabinet, 2017).

The RANZCP WA Branch notes the work in interagency and cross-sector partnership approaches to alcohol and other drugs, methamphetamine, domestic violence and suicide prevention. There are clear

opportunities for inter-agency partnerships with Departments such as Justice, Communities, Education and Health to deliver better outcomes in forensic; perinatal and infant; child and adolescent; youth; and older adult mental health.

Linkage between Health and Education departments, community and family and accommodation services would enable prevention and early intervention strategies. Building on existing networks such as Data Linkage; the WA Health Research Translation Network; the Department of Health's Clinical Senate and Health Networks; and the Mental Health Networks offers an opportunity to drive partnerships in health whilst avoiding duplication. Network approaches could be used more widely between State Government Departments.

Local government has the potential to influence health by planning for community engagement, environments that support physical activity, reducing isolation and embedding health promotion into activities. Health promotion and prevention of illness are extremely cost effective, but often overlooked.

Partnerships between State and Commonwealth – particularly with regard to primary care, NDIS and aged care - have great potential for delivering seamless services. Collaborative approaches between the sectors, and the development of commonly understood integrated plans and clinical pathways are essential in providing stepped care models.

Where possible, collaborative system planning approaches can mean services are seamless. Out-of-sync reforms and the push to shift costs pose ongoing challenges. Informal approaches to collaboration may offer more flexibility to respond to the practicalities of navigating multiple service providers in local areas.

Engagement

Engagement methodology and technology has become increasingly sophisticated. Moving beyond consultation to genuinely collaborative approaches has the potential to deliver robust multiagency approaches to complex problems.

Sustained support for collaboration

Within the Plan, the Mental Health Networks are one of the mechanisms identified for maintaining a collaborative relationship with between the MHC, consumers and carers, clinicians and the broader mental health sector (MHC, 2015).

Early investment in the development of the Mental Health Networks was later jeopardised by changing priorities and resourcing within individual directorates in the Department of Health. The process was indicative of the challenges that are inherent in the relationship between the mental health and health systems.

One of the challenges in working with the health system in WA is that agreements made with the varying tiers of the health system are not necessarily supported by others; a problem which is compounded by the ongoing cycle of reviews, reforms and restructuring that mean agreements reached may not survive changes of positions, reporting lines or individual personnel.

Co-ordination of reform cycles in health and mental health, and the requirement for impact assessment of substantial change in health on the provision of mental health services would be valuable contributions to the partnership between sectors.

Integrated planning for healthy communities

The National Mental Health Commission (NMHC)'s *Equally Well* report aims to improve the physical health and wellbeing of people living with mental illness in Australia (NMHC, 2016). The report was supported by state governments, Primary Health Networks, Medical Colleges and non-government mental health organisations. The report outlines the essential elements in ensuring quality of life and health equality for people with mental. Integrating the recommendations of the report in planning has the potential to improve the mental and physical health of people with mental illness.

The Draft First State Interim Public Health Plan provides good examples of how local governments can have an impact on the health of the population through avenues such as supporting physical activity, regulation of alcohol and smoking and providing sanitation services (WA Department of Health, 2017). The RANZCP WA Branch would like to see the inclusion of mental health and wellbeing – as outlined in the *Equally Well* report - in such planning.

The World Health Organisation's Age Friendly Cities Initiative is a good example of how local governments can support people enable people to stay healthy and engaged in local communities. The RANZCP WA Branch notes the participation of the City of Melville in this project (WHO, 2017)

Local governments are ideally placed to support services, strategies and activities that encourage community inclusion and therefore mental wellbeing.

Ways to drive improvements in safety and quality for patients, value and financial sustainability, including cost drivers, allocative and technical efficiencies

Safety and quality

The RANZCP WA Branch supports the view of the Mascie-Taylor Review that the complexity of governance in mental health poses a direct risk to ensuring the safety and quality of services (Mascie-Taylor, 2017). As the mental health system is charged with the care of some of the most vulnerable patients in the healthcare system, resolution of responsibility for the overarching system is of critical importance.

The RANZCP WA Branch also reiterates our view that the lack of expertise regarding mental health at executive levels within the Department of Health and within Health Service Providers has a direct and negative impact on safety and quality for mental health consumers, carers and staff. Without the involvement of psychiatrists at decision making levels, the significant risks that are unique to mental health are poorly understood and addressed by mainstream health management.

Embedding psychiatrists in decision making bodies within health and mental health should be standard practice to ensure system-wide decisions are clinically appropriate and safe. In the absence of an overarching governance structure for mental health, failing to include psychiatrists in executive tiers within health further increases the risks to safety and quality.

Allocative and technical efficiencies

Mental Health is a complex sector, with a multitude of data collection and reporting mechanisms. The current business systems are not standardised across Health Service Providers and are ill-suited to delivering outcomes measures to support compliance and reporting (for example regarding the *Mental Health Act 2014*, national mental health standards, etc).

Updating the State-wide Standardised Clinical Documentation (SSCD) suite of documents, upgrading or replacing PSOLIS and standardising the use of TOPAS/WebPAS must be prioritised. Integration of the requirements of the Act, appropriate customisation of the systems to address the requirements of sub-specialities and integrated mechanisms for reporting compliance must also be resourced and addressed at a system level.

Treatment Support and Discharge Plans (TSDP) are one of the mechanisms specified in the *Mental Health Act 2014* (Part 13, Division 3) that support the achievement of the best possible treatment and care for people with mental illness. While the completion of the TSDP is a useful indicator of collaborative care planning, poor levels of integration with PSOLIS mean duplication of reporting mechanisms, manual compliance checks and limited capacity to assess benefit. Having the capacity to assess patient and carer satisfaction through an integrated TSDP process could potentially deliver data that could then be reflected in system planning.

In explaining some of the challenges posed by a fragmented system, one RANZCP WA Branch Fellow wrote;

'The issues with duplication of documentation are being problematic across the board, but this is most pronounced in CL [consultation-liaison] where we are required to complete the documentation required by the mental health services AND the documentation required by the hospitals. If I comply with the documentation requirements placed on me, I am required to document my patient interactions in quadruplicate (written medical record + electronic referral management database + MH SSCD + PSOLIS), which is not only a waste of time and money, but a clinical risk as it leads to fragmentation of documentation.'

By integrating the documentation requirements, clinicians will be better supported to spend their time and expertise delivering the best possible treatment and care, rather than completing inefficient tasks of arguable benefit to patients.

While ABF modelling may be out of the direct scope of this review, the RANZCP WA Branch recommends that health and mental health services in Western Australia be proactively involved in consultations regarding funding mechanisms for mental health. As it stands, ABF modelling for mental health has led to a decrease in some cost effective, evidence based services such as consultation-liaison psychiatry.

The key enablers of new efficiencies and change, including, research, productivity, teaching and training, culture, leadership development, procurement and improved performance monitoring

Employees across the health system are passionate about providing excellence in patient care and genuinely invested in delivering best-practice services. In mental health, consumer and clinician co-production is a model that is delivering innovative and effective services that could be replicated across the wider health system.

Supporting clinical services with efficient administrative systems, workable models and robust policy and planning resources enables people to be productive and patient-centred.

The RANZCP and other medical colleges and professional peak bodies are committed to professional standards; ongoing research, sector and leadership development; teaching and training. The synergies between these functions and key enablers for change in health systems present valuable opportunities for partnerships that should be explored.

The RANZCP WA Branch is committed to working closely with the Mental Health Commission, Department of Health and Health service providers regarding the sustainability of the workforce and the ongoing training requirements for psychiatrists.

Any further opportunities concerning patient centred service delivery and the sustainability of the WA health system

It is inevitable that community expectations of health care outstrip the state's capacity to fund more services. Therefore the quest to deliver services more efficiently and make best use of resources is an inevitable feature of the service provision landscape. In evaluating the sustainability of the health system, the impact and costs of the ongoing review and reform cycle are also worthy of consideration.

Recommendations

In light of the points raised above, the RANZCP WA Branch makes the following recommendations:

1. That the governance of the mental health system be urgently revised
2. That a single, identifiable body with a level of accountability on par with Health Service Boards, hold the overall responsibility for the mental health system.
3. That the expertise of mental health clinicians, and in particular, psychiatrists, is explicitly sought in system management.
4. That the system is developed to enable integrated, cost-effective approaches (such as consultation liaison) to be implemented
5. That review and reform cycles in health and mental health be synchronised to ensure reforms in one system do not adversely affect established programs and relationships in the other
6. That information systems for mental health be updated to provide fit-for purpose tools for consumers and carers, clinicians, managers, planners and advocates.

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