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INQUIRY INTO THE MANAGEMENT OF HEALTH CARE DELIVERY IN NSW

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MANAGEMENT OF HEALTH CARE DELIVERY IN NSW

Public Accounts Committee Inquiry

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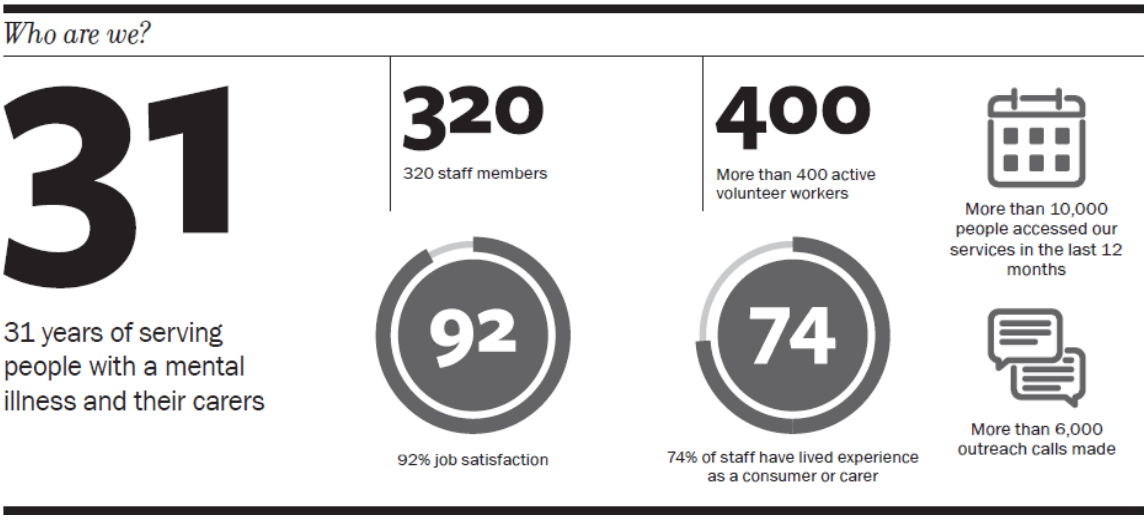
One DOOR Mental Health

About One Door Mental Health

One Door is a specialist mental health recovery organisation, with a 32 year history, committed to improving access to services and the circumstances of people living with severe and complex mental illness.

One Door delivers trauma-informed recovery-oriented psychosocial support programs for carers and consumers. We provide NDIS services, psychosocial community mental health programs such as Personal Helpers and Mentors program (PHaMs), Partners in Recovery (PIR) and Day to Day Living (D2DL), specialist mental health Disability Employment Services (DES), care coordination, housing, clinical and peer supported services. Each year, 10 000 people, across 33 sites in NSW and ACT, access our services.

One Door delivers services and coordinates community psychosocial care for people across silos of sectors, funding and policy through the building of relationships and trust with other providers, funding bodies and most importantly, individuals and the communities they live in.



Executive Summary

One Door Mental Health welcomes the Public Accounts Committee Inquiry into the Management of Health Care Delivery in NSW. This submission is intended to provide feedback on health system performance, the management of health care delivery, safety and quality in NSW from our experience and those we represent who are consumers of the mental health care system. One Door Mental Health also intends to submit feedback to the recently announced Review of seclusion, restraint and observation of consumers with a mental illness in NSW Health facilities.

NSW's health system performs relatively well on the international stage. One Door Mental Health respects and appreciates the efforts of NSW Health and the workforce who drive advances in caring for our most vulnerable. However, a number of aspects of the system should be improved. In its Public Hospital Report Card 2017, the Australian Medical Association (AMA) found that the performance of public hospitals worsening on a number of fronts, including emergency department waiting times and that all states and territories were failing to meet targets.

Many of those who have encountered the mental health system experience trauma from the experience. Carers of people living with a mental illness report the experience of needing to "fight the system" that is in theory designed to help them. These experiences direct our feedback to this inquiry and suggest that there is a vast disparity between the intended outcomes of reforms and targets and the actual consumer or carer experience of the health care system in NSW.

This is particularly true in the field of mental health. Some of the performance indicators are well short of where they should be. For example, according to the Australian Institute of Health and Welfare (AIHW) only 63.3% of separations from acute psychiatric care received post-discharge community care[1] and 15% are readmitted within 28 days of discharge from an acute psychiatric care unit[2] in 2014-15.

Funding mechanisms also need to incentivise prevention and deter avoidable hospital admissions. For example, One Door recommends further consideration of the Independent Hospital Pricing Authority's (IHPAs) recommendations for performance based payments in the health sector, which could provide a strong incentive to improve health system performance.

One Door would welcome the opportunity to provide further input towards improvements to health care in NSW.

Yours sincerely,

[redacted]

Dr Ellen Marks
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[redacted]
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[1] The Australian Institute of Health and Welfare (AIHW). Key Performance Indicators for Public Mental Health Services 2014-15. Australian Govt, Canberra. Accessed 28/06/2017 at: http://analytics.aihw.gov.au/Viewer/VisualAnalyticsViewer_guest.jsp?reportPath=%2FAIHW%2FReleasedPublic%2FMHSI%2FReports&reportName=MHS%20KPIs%202016&appSwitcherDisabled

[2] The Australian Institute of Health and Welfare (AIHW). Key Performance Indicators for Public Mental Health Services 2014-15. Australian Govt, Canberra. Accessed 28/06/2017 at: http://analytics.aihw.gov.au/Viewer/VisualAnalyticsViewer_guest.jsp?reportPath=%2FAIHW%2FReleasedPublic%2FMHSI%2FReports&reportName=MHS%20KPIs%202016&appSwitcherDisabled

Summary of Recommendations:

- **Report the number of suicides and suicide attempts following discharge.**
- **Introduce more ambitious targets for post-discharge follow-up, readmission rates and seclusion rates.**
- **Create transparency surrounding the quality of post-discharge follow-up.**
- **Consistently introduce state-wide discharge programs such as Hospital to Home.**
- **Introduce policies aimed at reducing discrimination in the health care system, which includes setting a target for peer worker numbers in mental health care.**
- **Improve transparency surrounding private patients treated in public hospitals, including publication of revenue targets and auditing of incentivising practices.**
- **Improve ED presentations and waiting times for mental health consumers.**

Discharge planning, follow-up and suicide prevention

Mental health readmissions

Mental health readmissions in NSW can be an important indicator of the effectiveness of the mental health system. Readmission rates reflect, among other factors, the effectiveness of mental health services. The more effective the service upon initial contact with adequate and effective follow-up, the smaller the number of readmissions. Effective service and follow-up can also be tied to patient experience of care, improved staff morale, improved patient outcomes and a reduction in the suicide rate.

In NSW, the Service Performance Agreements Safety and Quality target for readmission is set at less than or equal to 13%. However, in 2014-15 the 28 day readmission rate for mental health patients was 15%[3]. One Door Mental Health supports a significant reduction in both the target and the current rate of readmission through the implementation of reforms of discharge procedures following a psychiatric in-patient admission, such as the Hospital to Home program (described in the section “suicide after discharge”).

One Door recognises that factors contributing to readmission rates are complex and many can be difficult to control, such as the patient’s age, sex and primary diagnosis. However, the Australian National Audit Office (ANAO) identified that improvements can be made in order to reduce readmission rates, including good transitions to out-of-hospital care and good information sharing which ensures better continuity of care for the patient.

Discharge planning and follow-up

Follow-up with the patient in the period after their discharge from mental health units is an important aspect of continuity of care for people with mental health conditions. There is strong evidence that successful follow-up policies can reduce costs and time associated with readmission length of stay and suicides.

[3] The Australian Institute of Health and Welfare (AIHW). Key Performance Indicators for Public Mental Health Services 2014-15. Australian Govt, Canberra. Accessed 28/06/2017 at: http://analytics.aihw.gov.au/Viewer/VisualAnalyticsViewer_guest.jsp?reportPath=%2FAIHW%2FReleasedPublic%2FMHSI%2FReports&reportName=MHS%20KPIs%202016&appSwitcherDisabled

"*Early and consistent follow up in the community reduces suicide among hospital discharged mental health patients with high suicide risk and history of self-harm*"[4].

Typically, in NSW, follow-up rates are measured in the week following discharge and include those who have made only one contact with a Community Manage Organisation (CMO) within 7 days. The target for overnight separations from NSW acute mental health units to be followed by a recorded community contact within 7 days of discharge is currently 70%. In 2014-2015, follow-up rates within the first 7 days of discharge from an acute psychiatric inpatient admission in NSW were 63.3%[5].

While this percentage has been improving incrementally since 2005-06, this level of follow-up is fundamentally inadequate, both in number of contacts and the period over which contact is followed and reported on. Furthermore, there is a lack of transparency regarding the quality or outcome of contact. In 2011, it was reported that of those that did receive follow-up psychiatric treatment in the community, only less than two thirds received a single session of 30 minutes[6].

Suicide after discharge

One of the most distressing features of mental health care is the rate of attempted and successful suicide immediately following discharge from a mental health service, when consumers are most vulnerable[7].

Although we were not able to find suicide rates following discharge in NSW, studies internationally suggest the rate of suicide within 3 months of discharge could be as high as 20%[8]. In WA, of those who died from suicide following discharge from a psychiatric unit, 15% of men and 20% of women completed suicide on the day of discharge and a third completed suicide within a month of discharge[7].

The NSW mental health sector should aim higher than they are currently achieving. NSW should publically report this data and aim to reduce suicide and suicide attempts to nil following discharge. Hospital readmissions and suicides that occur after discharge from in-patient psychiatric care are completely preventable.

In 2015-16, One Door trialled the Hospital to Home Peer Support Program (H2H), receiving 125 referrals over 18 months. During this time there were no suicide attempts, no emergency department presentations and only one readmission following discharge.

H2H is a 6-8 week program whereby peer support recovery workers are involved in planning of discharge and continue follow-up throughout the discharge process and integration back into the community. This program works at busy Sydney and regional hospitals. Independent evaluation, stakeholder feedback and letters of support from hospital staff are all evidence that we improved clients' recovery, wellness and independence.

[4] Key Performance Indicators for Australian Public Mental Health Services second edition 2011. Australian Govt, Canberra.
[5] The Australian Institute of Health and Welfare (AIHW). Key Performance Indicators for Public Mental Health Services 2014-15. Australian Govt, Canberra. Accessed 28/06/2017 at:
https://www.audit.nsw.gov.au/ArticleDocuments/622/01_Mental_health_post-discharge_care_Full_Report.pdf.aspx?Embed=Y
[6] Department of Health and Ageing (2013) *National Mental Health Report 2013: tracking progress of mental health reform in Australia 1993 – 2011.*Commonwealth of Australia, Canberra.
[7] National Mental Health Performance Subcommittee 2011. Key performance indicators for Australian public mental health services. 2nd edn. Canberra: NMHPSC.
[8] Meehan J, Kapur N, Hunt IM, Turnbull P, Robinson J, Bickley H, Parsons R, Flynn S, Burns J, Amos T, Shaw J, Appleby L (2006). Suicide in mental health in-patients and within 3 months of discharge. National clinical survey. Br J Psychiatry;188:129-34.

Seclusion

Seclusion refers to the practice of involuntarily restricting mental health patients, generally on the basis of protecting the patient and others from harm.

In NSW, the target for seclusion rates is less than 6.8 events per 1000 bed days in mental health units[9], while in 2013-2014 there were approximately 8 seclusion events per 1000 bed days in NSW. The method used in the seclusion collection for calculating the admitted mental health separations needs to be reviewed. In NSW, data collected for the calculation of seclusion rates raises a number of concerns:

- There is no centralised database for the collection of seclusion data.
- Services maintain and report seclusion rates to the NSW Ministry of Health, which may be, but are note necessarily, audited by NSW Official Visitors.
- NSW seclusion rates include bed days for some but not all forensic services managed by correctional facilities.
- Calculation of seclusion rates uses data collected from all acute bed days, including from facilities where no seclusion occurs, therefore there is little ability to publically benchmark seclusion rates.
- The proportion of episodes with a seclusion event may be underestimated in some facilities containing multiple acute units.
- There is a lack of transparency of the rate of multiple seclusion events for the same individual.

Seclusion events can be psychologically and physically traumatic, as well as compromising the freedom of secluded patients, and, as such, should be minimised to the greatest extent possible. Whilst the seclusion rate in NSW comes very close to the national average, comparison with the very low rate of seclusion in other areas of Australia, such as the ACT, and internationally suggests that much more could be done to reduce the occurrence of seclusion events.

Discrimination in the health system

As in many parts of Australian society, people living with a mental illness experience discrimination within the mental health system. Employment of peer workers within the health care system can significantly reduce discrimination experienced by mental health consumers. One Door Mental Health commends NSW for including a Key Performance Indicator aimed at increasing the peer workforce within the health care system, although a clear target for a proportion increase should be considered.

Private patients in public hospitals

The number of privately insured patients in public hospitals has increased by an average of 10% per annum since 2008–09 and cost of treating private patients in public hospitals has more than doubled over the period, costing $4.6 billion in 2015–16. NSW (19.9%) had the highest average

[9] NSW Health 2016/17 Service Agreement Key Performance Indicators and Service Measures Data Dictionary. Accessed 28/06/2017 at: http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/IB2016_036.pdf

proportion of private patients in public hospitals in 2015–16 (ranging from 12-41%[10]), well above the national average of 13.9%[11].

Of particular concern is the growing inequity between public and private patients, particularly the fact that public patients are waiting more than twice as long as private patients for treatment in public hospitals, and public patients are less likely to be admitted to public hospitals for overnight treatment than private patients[12].

It has been reported that one of the key drivers of the growth of private patients in public hospitals are incentives offered by some public hospitals aimed at encouraging patients to declare and use their private health insurance product[13]. These concerns have been raised previously by Infrastructure NSW[14]. Infrastructure NSW suggested that a reduction in the use of public hospital beds by private patients would provide additional hospital beds for public care, reduce waiting times and reduce the need for new capital expenditure[14].

One Door Mental Health supports improved transparency from the NSW health care system on this front. In particular, any revenue targets for private patients in public hospitals should be made publically available and an audit of incentivising practices by public hospitals should occur. Further, provisions in public hospital funding agreements between the Commonwealth and states should be included that ensure neutrality of funding for public and private patients.

[10] Source: National Health Performance Authority, Cost of acute admitted patients per NWAU 2013–14. Accessed 28/06/2017 at: http://www.myhospitals.gov.au/about-the-data/download-data

[11] Australian Institute of Health and Welfare (AIHW), Admitted patient care 2015–16, 2014–15 and 2013–14.

[12] Domitrovic K, Panzera A (2017). Upsetting the Balance: How the Growth of Private Patients in Public Hospitals is Impacting Australia's Health System. Catholic Health Australia (CHA). Accessed 28/06/2017 at: http://www.cha.org.au/images/CAT2006_Report_v4_FA_Low_Res_Digital.pdf

[13] Domitrovic K, Panzera A (2017). Upsetting the Balance: How the Growth of Private Patients in Public Hospitals is Impacting Australia's Health System. Catholic Health Australia (CHA). Accessed 28/06/2017 at: http://www.cha.org.au/images/CAT2006_Report_v4_FA_Low_Res_Digital.pdf

[14] Infrastructure NSW, State Infrastructure Strategy, Section 13 – Health Infrastructure, cited in David King, Private patients in public hospitals. 2013.