

INQUIRY INTO HEALTH SERVICES FOR THE PSYCHIATRICALY ILL AND DEVELOPMENTALLY DISABLED

SUMMARY OF RECOMMENDATIONS

MARCH 1983

PART 1 - GENERAL PROPOSALS

The following recommendations arise from Part 1:

1. That services be delivered primarily on the basis of a system of integrated community based networks, backed up by specialist hospital or other services as required. (refer to Section 5)
2. That the two prime operational objectives be to -
 - (i) fund and/or provide services which maintain clients in their normal community environment; and
 - (ii) progressively reduce the size and the number of existing Fifth Schedule hospitals by decentralising the services they provide. (5)
3. That services for the developmentally disabled, as far as possible, be funded separately and services delivered under separate management from mental health services and that priorities for funding in developmental disability be
 - (i) provision of additional community services staff to provide diagnostic assessment, early intervention and home support services;
 - (ii) development of small community residential units to re-house residents from existing institutions;
 - (iii) development of small community residential units particularly for adults unable to continue living with their families;
 - (iv) provision of opportunities for training of existing Fifth Schedule hospital staff for new roles in community services. (5)
4. That priorities for funding in mental health be -
 - (i) provision of additional community based crisis teams;
 - (ii) provision of staffing to provide adequate follow up for mentally ill people in the community;
 - (iii) provision of psychiatric staff for assessment services in general hospitals;
 - (iv) provision of linked networks of hostels and satellite housing;

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(v) provision for opportunities for training existing Fifth Schedule hospital staff for new roles in community and specialised hospital services. (5)

5. That the current direct provision of services for the mentally ill, developmentally disabled and the aged through Fifth Schedule hospitals and community health services be transferred from the direct administration of the Department of Health and provided instead under the management of Boards of Directors, in the form of either an Area Board, a newly created Board for a particular specialised service, or the reconstituted Board of an existing public hospital as appropriate to particular services or locations as proposed in this Report. (7)

6. That staff presently employed in the provision of these services in Fifth Schedule hospitals and community health services be transferred from the provisions of the Public Service Act, 1979, on the basis and conditions provided for in Schedule Three of the Health Administration Act, 1982, to become employees of the above Boards. (7)

7. That staff commencing employment in these areas in future receive salary and other employment conditions applicable to staff employed under the current Second and Third Schedules of the Public Hospitals Act. (7 ,8)

8. That membership of existing and proposed Boards of Directors encompass representation reflecting the range of client interests of the services covered by this Report and that the size of existing hospital boards be expanded, where appropriate, to achieve this end. (7)

9. That provision be progressively made for elected representation from employees on all Hospital and other Boards. (8)

10. That the Department of Health and the Public Service Board establish a Task Force to implement Recommendations 5 and 6 in consultation with the Labor Council of New South Wales. (11)

11. That these services be managed through a management structure based on -

administration by a Chief/Area Executive Officer;

a global and incentive budget system as proposed by the Parliamentary Public Accounts Committee rather than a staff number and establishment control. (7)

12. That as a priority the Health Department develop a programme budgeting approach to the funding of these areas of health care in order to monitor the level of resources utilised for particular programmes or client groups. (7)

13. That in funding of health services generally a higher

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priority for the next three years be given to the provision of improved services to meet mental health needs and those of the developmentally disabled. (7)

14. That the distinction in current New South Wales Government budget allocations between "recognised" and "non recognised" hospitals be eliminated to provide for a total allocation to the Minister for Health. (7)
15. That for each of the next three years an amount of half of one percent per annum (approximately \$9 million per annum) of these funds be "earmarked" for specific purpose funding of the new services proposed by this Report which are necessary to provide adequate community based support and to facilitate reduction in the size of the existing institutions, including priority projects in deficit Regions. (7)
16. That a specific budget (commencing with \$1.7 million in 1983/84) be allocated to fund community non-profit organisations to provide supportive accommodation and innovative services. These funds, separately earmarked for mental health and developmental disability services, to be provided from Recommendation 15 above, and by redirection of existing health funding of non-government organisations. (7)
17. That as savings are achieved from the rationalisation and reduction of existing hospitals, these savings be committed to the development of community services. (7)
18. That from 1984/85, these savings be progressively used to fund the community services proposed by the Inquiry and their future expansion; from 1986/87 these savings to be the major source of funding for such services, replacing the allocation proposed for 1983/84, 1984/85, and 1985/86 in Recommendation 15. (7)
19. That fees policy for long stay patients in specialised psychiatric hospitals be reviewed and that the patient contribution be increased from 66.6 percent to 87.5 percent of the pension to bring this contribution into line with that required by private and deficit financed nursing homes. (7)
20. That subject to "heritage" and environmental considerations land currently unused on the existing sites, or released through the rationalisation programme be released for other purposes and any proceeds realised be available for expansion of community health services. (7).
21. That action be taken to progressively introduce 8-hour shifts to replace 12-hour shifts in the care of the psychiatrically ill and developmentally disabled. (8)
22. That greater emphasis be given to the use of part-time staff to cover excessive workload periods in hospitals (to reduce overtime expenditure and excessive work demands on full time staff). (8)
23. That in the process of transfer of these services to the Second Schedule system a review be undertaken of the number

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of promotional positions in the specialised hospitals to ensure that adequate numbers are maintained to meet ward management requirements. (8)

24. That a more effective independent grievance procedure be established within the health system to deal with complaints of individual staff against management decisions affecting their employment. (8)
25. That at the level of individual hospital or Area Boards, improved consultative mechanisms be established with the Unions through the upgrading of existing "welfare" meetings. (8)
26. That in the development of a Single Register Nurse education programme, adequate theoretical and clinical psychiatric nursing content be included, and that the views of experienced psychiatric nurse educators be sought in this regard. (9)
27. That clinical education of psychiatric nurses be provided through an integrated arrangement involving community services, general hospitals and rehabilitation services in specialised hospitals and that the Nurses Registration Board remove existing procedural constraints on this arrangement. (8)
28. That the curriculum of the First-line Management Course be reviewed to produce a refresher course for nurses trained prior to the introduction of the 1000 hour syllabus. (9)
29. That the Department of Health consult with the College of General Practitioners regarding appropriate programmes designed to encourage improved co-ordination between general practitioners and public sector mental health services. (9)
30. That clinical education of psychiatrists be provided through an integrated arrangement involving community services, general hospitals and specialised hospitals, (both public and private) and that the Department, the training bodies, and the College of Psychiatrists review current arrangements in order to achieve this objective. (9)

PART 2 - SERVICES FOR THE DEVELOPMENTALLY DISABLED

1. That the Minister for Health -

(i) endorse the principle that the provision of services for the developmentally disabled within the health administration should be based on:

(a) promotion of maximum development and education of each individual;

(b) pursuit of the objectives of normalisation and integration;

(c) promotion of the rights of people with disabilities; and

(ii) recommend to the government their adoption and application to all areas of government policy relating to the care of the developmentally disabled. (refer to Section 3.2)

3. That the role of health services in the area of developmental disability be endorsed as follows:

(i) Development and implementation of preventive programmes;

(ii) Provision of comprehensive diagnostic/assessment and associated counselling.

(These services should be available to all developmentally disabled children and their families);

(iii) Provision of early intervention programmes (in consultation with the Education Department and the Department of Youth and Community Services to ensure a range of programmes are developed);

(iv) Provision of home support services (in consultation with the Department of Youth and Community Services, the Home Care Service of N.S.W. and Local Government as appropriate);

(v) Development of small community residential units to rehouse residents from existing institutions;

(vi) Development of small community residential units for the severely disabled, particularly the severely intellectually handicapped, and others with severe physical conditions, both children and adults, who are unable to continue living with their families;

(vii) Provision of respite and shared care arrangements within these units;

(viii) Provision of specialised therapeutic services as required;

(ix) Access to general health services for the "routine" physical and mental health needs of the disabled. (5)

3. That an amount of \$200,000 be allocated in 1983/84 from the Hospital Health Promotion Programme for a public education programme on the importance of ante-natal care and the availability of screening and genetic counselling services. (6 .1)

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4. That from the specific allocation referred to in Part 1 (approximately \$9 million per annum for the next three years), an amount of \$4 million per annum be allocated to developmental disability services. (6.1, 8.1).
5. That \$1.5 million of these funds be allocated per annum to the expansion of diagnostic, assessment and community support services, with priority to the Western Metropolitan, Hunter, South-East and Central West Regions in the first year. (6.1, 8.1)
6. That all public hospitals implement a policy to ensure that parents of all handicapped children identified at or soon after birth are automatically given access to counselling and assessment and early intervention services. (6.1)
7. That the Health Department implement a policy that all admissions to health services residential facilities and participation in programmes be dependent on prior assessment and subject to regular review by community assessment services. (6.1)
8. That each Region establish a Residential Placement Committee (6.1).
9. That Regional and local management review the location of work oriented facilities and initiate their relocation to community-based premises. (6.1)
10. That the Department of Health consult with the Department of Social Security regarding the potential expansion of co-operative arrangements in the provision of activity and work-related programmes. (6.1)
11. That the Health Department adopt a long term policy of providing all health care residential services for the developmentally disabled in small residential units (with varying staffing levels depending on particular clients' levels of disability).
12. That in each Region a network of community residential units which would normally be ordinary houses each accommodating from 5-10 people be established to provide both short (including respite) and long term residential care and social and living skills training for developmentally disabled people. (6.2)
13. That from the specific allocation (\$4 million per annum) referred to in Recommendation 4, an amount of \$2 million be allocated to Regions to assist in the development (either directly or through non-government organisations) of community residential units to re-house adults currently resident in institutions and those at home urgently in need of placement. (6.2)
14. That priority for the funding of such units in the first

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year should go to the Hunter, Western Metropolitan, Southern Metropolitan and Northern Metropolitan Regions. (6.2).

15. That initially these services be funded from the total hospital budget; and that from 1984/85 resources for this purpose be augmented from savings to be achieved through proposed reductions in the size and number of existing institutions. (6.2) .
16. That from the specific allocation (\$4 million per annum) referred to in Recommendation 4, an amount of \$500,000 be earmarked for the support of innovative programmes such as supportive accommodation for developmentally disabled women with children ("Women in Limbo" proposal). (6.2)
17. That the Minister for Health, in consultation with the Minister for Youth and Community Services, negotiate with the Minister for Social Security to improve co-ordination of planning and service delivery and to develop proposals for joint Commonwealth/State funding of these services. (6.2)
18. That the Minister for Health negotiate an arrangement with the Minister for Housing whereby a proportion of welfare housing stock in existing and proposed developments is specifically made available as community residential units for developmentally disabled people. (6.2)
19. That within existing hospitals emphasis in client care be based on the implementation of independent living training programmes. Direct care staff to be responsible to the programme staff for programme maintenance and achievement. (6.2)
20. That as resident numbers in existing hospitals decrease, the ratio of direct care staff per resident at Stockton Hospital be gradually increased. (6.2)
21. That Regional Directors negotiate formal contractual arrangements between hospitals and Regions to provide social work, psychology and occupational therapy services, where recruitment difficulties are experienced. (6.2)
22. That a new category of direct care staff be established - to be titled "Residential Care Assistant". This category to be used in the expansion of community residential units and eventually as direct care staff in hospitals. (7.1)
23. That the Department of Health negotiate with the Department of Technical and Further Education for the development of an appropriate "apprenticeship-type" educational programme for this category of staff. (7.1)
24. That the employment of "Programme officers" be expanded as a major staff category in community developmental disability teams, and in specialised hospitals. (7.1)
25. That the Department of Health negotiate with the appropriate education authorities for the development of a suitable undergraduate or postgraduate programme at College of Advanced Education level for this category of staff. (7.1)
26. That at the appropriate level (Regional or supra-Regional) a community based Board of Directors be established with the responsibility for the management of all services

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within the health administration for the developmentally disabled, both residential and non-residential. Appropriate advisory mechanisms should be established to ensure input from parent and voluntary groups and from local government and the Departments of Youth and Community Services, Education and Social Security. (7.2)

27. That these services be managed by a Chief Executive officer responsible to the above Board. (7 .2)
28. That care of the developmentally disabled in specialised hospital settings should be separated from the care of the psychiatrically ill by the establishment of a distinct management organisation, responsible to the above Boards, and by the degazettal and physical separation of services. (7 .2)
29. That the role of the Senior Specialist for Developmental Disability Services in the Central Administration of the Health Department be strengthened by involving him or her to a greater extent in budget decisions affecting provisions of services. (7.2)
30. That the Minister for Health consult with the Attorney General regarding the development of appropriate guardianship legislation for these clients. (7.4)
31. That the following targets be adopted for the expansion of community residential services recommended above and the reduction of existing institutional services for the developmentally disabled by 1986. (The following targets should be viewed as interim pending the further expansion of community services). (8.2)

Region	FIFTH SCHEDULE HOSPITALS				Community
	Target		Reductions		Target
Current	Residential	Total			
Target					1986
Western					
Metropolitan	871	301	570	390	960
Southern					
Metropolitan	276	244	32	300	332
Northern					
Metropolitan	316	174	142	150	292
Hunter	1052	382	670	390	1060
South-East	200	100	100	100	200
Central West	198	100	98	100	198
Illawarra				12	12
North Coast				12	12
Orana & Far					
West				12	12
South-West				12	12
New England					
Total	2913	1301	1612	1478	3090

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PART 3 - MENTAL HEALTH SERVICES AND SERVICES FOR THE MENTALLY ILL

The following recommendations arise from Part 3:

1. That as a matter of policy the highest priority in mental health services be the community-based care and rehabilitation of the seriously mentally ill. (refer to Section 3.1)
2. That these services be provided in an integrated manner for each defined catchment area, through the appointment of one person with joint clinical responsibility for the inpatient and community services servicing that catchment area. (3.2)
3. That the Health Department implement a policy that all admissions to public sector psychiatric services be dependent on prior assessment by a community-based assessment team. (3.2)
4. That each Region develop a preventative programme which is tightly defined and targeted at specific client groups or needs. (4 .1)
5. That the highest priority in the funding of mental health services be given to the development of adequately staffed community-based assessment, crisis-care and treatment a.services. (4.1)
6. That from the specific allocation referred to in Part 1 (approximately \$9 million per annum for the next three years), an amount of \$5 million per annum be allocated to mental health services. (5.3 ; 6)
7. That from 1983/84 a specific fund be established (\$1.2 million initially) from these funds for the funding of nongovernment non-profit organisations to provide supportive and therapeutic hostel and group-home accommodation for the mentally ill, and services for special needs groups. (4)
8. That guidelines be developed to ensure adequate accountability of organisations allocated funding. These guidelines should be developed in consultation with the Department of Youth and Community Services and the Commonwealth Department of Social Security. (4.1)
9. That within this non-government fund an amount, of \$400,000 be "earmarked" in 1983/84 for the support of innovative programmes to meet special needs, such as Louisa Lawson House and the Kings Cross Youth Refuge assessment service. (4.1)
10. That the Minister for Health, in consultation with the Minister for Youth and Community Services, negotiate with the Minister for Social Security to improve co-ordination of planning and service delivery and to develop proposals for joint Commonwealth/State funding of these services.

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(4.1)

11. That the Minister for Health negotiate an arrangement with the Minister for Housing whereby a proportion of welfare housing stock in existing and proposed developments is specifically made available as hostel and group home accommodation for mentally ill people. (4 .1)
12. That the Minister for Health explore with the Ministers for Planning and Environment, Housing and Youth and Community Services, potential for implementation of a programme of subsidies to private boarding-houses for housing of people with long-term psychological disabilities. (4.2)
13. That as a matter of policy all acute psychiatric admission services be located in general public hospitals; existing acute admission units and staff in state psychiatric hospitals should be relocated or administratively attached to general public hospitals. (4.1)
14. That all acute psychiatric units in general hospitals be authorised for admissions under the Mental Health Act. (4.1) .
15. That in association with Recommendation 13 above, services currently provided in general public hospitals for people with acute psychiatric diagnoses be upgraded through the employment of psychiatric nurses and sessional psychiatrists to provide direct services and a formal consultancy service in accident and emergency departments and in general hospital wards. (4.1)
16. That as psychiatric services in general public hospitals are upgraded these hospitals be authorised for admissions under the Mental Health Act. (4.1)
17. That use of Enrolled Nursing Aides be expanded in the staffing of specialised psychiatric hospitals. (4.1; 5.1)
18. That the Health Department and the Nurses' Registration Board urgently review the curriculum and length of Nursing Aide training with a view to upgrading the psychiatric component. (4.1)
19. That Regional Directors negotiate expansion of arrangements for purchase of social work, psychology, and occupational therapy services between hospitals and regions. (4.1)
20. That services in psychiatric hospitals be made more specialised on the basis of diagnostic groupings and programmes. (4.1)
21. That in staffing to meet clinical needs within available resources, more use be made of sessional arrangements for use of private practitioners. (5.1)
22. That Regional Directors negotiate arrangements for greater use of authorised private psychiatric hospitals for the provision of services for public patients. (4.1)
23. That within hospitals emphasis be placed on rehabilitation programmes developed and monitored by programme staff. Direct care ward staff be responsible to the programme

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- staff for programme maintenance and achievement. (5.1)
24. That the Department of Health approach the College of Nursing to develop a training programme to facilitate the transfer of nurses to community care services. (5.1)
25. That services for children and adolescents (located in community health centres, child *health centres* or in hospitals) be administered as a specialised network at regional or sub-regional level. (5.2)
26. That Advisory Committees on Child, Adolescent and Family Mental Health be established at regional and state level, including representatives of the Departments of Youth and Community Services and Education. (5.2)
27. That from the specific allocation (\$5 million per annum) referred to in Recommendation 6, an amount of \$3.8 million be allocated to Regions to develop community mental health assessment crisis-care and treatment services necessary to facilitate reduction in the utilisation and size of the existing specialised psychiatric hospitals. Priority to be given to the Western Metropolitan, Hunter, Southern Metropolitan and Illawarra Regions. (5.3)
28. That the existing psychiatric services in the following hospitals be responsible to the Boards of the following hospitals:

Rozelle and Gladesville Hospitals - Royal Prince Alfred Hospital Board (with widened membership to represent psychiatric services)

Parramatta Psychiatric Centre (and services at Rydalmere Hospital until 1985j6) -Parramatta Hospitals Board (with widened membership to represent psychiatric services)

Macquarie Hospital - Royal North Shore Hospital Board (with widened membership to represent psychiatric services)

Newcastle Psychiatric Centre and Morisset Hospital

Regional Psychiatric Board (with teaching hospital representation)

Kenmore Hospital - Area Board for Goulburn

Bloomfield Hospital - Area Board for Orange

29. That the following targets be adopted for the expansion of community services and the relocation of acute admission services, and the reduction in size of specialised psychiatric hospitals:

Region	PSYCHIATRIC HOSPITALS				Target		ity Mental Health <u>Positions</u>
	Current	Proposed	Transfer	Reduction	Proposed	Target	
Western Metropolitan	803	100	100	603	n	56	

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Southern Metropolitan	1155	305	100	750	0	20
Northern Metropolitan	286	-	40	246	t	
Hunter	591	241	100	250	s	
South-East	39.6	106	40	250	p	
Central West	467	245	60	162	e	
Illawarra					c	15
South-West					f	
Orana & Far West					i	29
North Coast					c	
New England					a	29
	3698	997	440	2261	l	
					Y	
					a	29
					1	
					1	
					0	29
					c	
					a	29
					t	
					e	
					d	
					500	256

30. That in each specialised psychiatric hospital a migrant health advocate be designated from among the existing staff. (7.1)

PART-4 - SERVICES FOR THE DISTURBED AND CONFUSED ELDERLY AND THE FUTURE
ROLE OF STATE NURSING HOMES

The following recommendations arise from Part 4:

1. That the primary focus of services for the disturbed and confused elderly be based on a multi-disciplinary community oriented geriatric assessment service (refer to Sections 3.2, 4.1).
2. That these services be provided in an integrated manner through linkages to appropriate area or regional acute health services (including psychiatric services), day hospital facilities and a range of supportive accommodation facilities (4.1).
3. That the Health Department implement a policy that all admissions of elderly people to public sector psychiatric or nursing home facilities be dependent on prior assessment by a community based geriatric assessment service (4.1).
4. That the Department of Health in conjunction with the relevant educational authorities and professional bodies review the adequacy of training of professionals involved in caring for the disturbed and confused elderly with a view to improving knowledge and understanding of their special needs. (4.2)
5. That the following issues be raised by the Minister for Health with the Commonwealth Ministers for both Health and Social Security:
 - (i) the need for Commonwealth funding of geriatric assessment services to ensure more appropriate care is provided to confused and disturbed elderly people and to minimise inappropriate private nursing home placements;
 - (ii) the need to eliminate administrative impediments to the adequate provision of "extensive care" benefits under the National Health Act for those elderly people who require intensive nursing care for nonphysical reasons.
 - (iii) the need to foster the development of alternatives to nursing home accommodation through appropriate Commonwealth funding arrangements (5.2).
6. That in granting approvals for the establishment and/or extension of nursing homes the Department of Health give priority to proposals which provide facilities and programmes for the confused elderly and consider introduction of a requirement of this kind as a condition of licensing. (5.2) ,
7. That services for the elderly in specialised psychiatric hospital facilities be linked to acute geriatric and psychiatric services provided within the general hospitals to which these specialised facilities will be linked in future and/or to regional geriatric services. (6 .1)

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8. That existing Fifth Schedule Nursing Homes be transferred to the Second Schedule of the Public Hospital Act and linked to regional or area geriatric services as follows:

Allandale Hospital - initially a separate Board with representation from the Cessnock, Kurri Kurri and Maitland Hospital Boards (subsequently to become part of a regional geriatric service).

Lidcombe Hospital - separate Board.

Garrawarra Hospital- transfer to management of the Board of St. George Hospital.

Strickland House - transfer to management of the Prince Henry/Prince of Wales Board.

9. That the Boards responsible for the management of these services be given the clear responsibility to decentralise and rationalise the accommodation facilities, through the development of smaller community based accommodation, expanded day hospital facilities and improved home care. (6.2)

10. That use of the term "psychogeriatric" to describe the confused or disturbed elderly be discontinued. (1)

11. That the role of David Berry Hospital in geriatric, rehabilitation and long-term care be expanded, and the hospital be linked for management purposes to other health services in the Shoalhaven area, and transferred to the Second Schedule of the Public Hospitals Act. (6.2)