Australian Salaried Medical Officers' Federation (New South Wales)

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26 May 2017

Mr Gary Forrest
Chief Executive
Justice Health and Forensic Mental Health Network
PO Box 150 Matraville
NSW 2036

Attention: Skye Russell, Acting Performance and Planning Officer
By email: Skye.Russell@justicehealth.nsw.gov.au

Dear Mr Forrest

Re: ASMOF's Feedback on Justice Health and Forensic Mental Health Network Strategic Plan 2018 -2022

Thank you for the opportunity for the Australian Salaried Medical Officers' Federation NSW ('**ASMOF**') and our members to comment and provide feedback on Justice Health and Forensic Mental Health Network **('JH&FMHN'**) Strategic Plan 2018 -2022.

ASMOF sought and received feedback from members working in JH&FMHN as well as psychiatrists employed in community mental health services. We received both verbal and written feedback from members working in both adult and child & youth mental health services across several LHDs. We **annex** to this correspondence de-identified extracts of the written feedback we received.

Overall, ASMOF members did not take issue with the Strategic Plan per se and several supported the concept. However, members employed in community health services indicated that community mental health psychiatrists already have overwhelming caseloads and are struggling to meet current demand. Significant concerns were raised about the capacity of community mental health services to treat forensic patients discharged to the community at a time when the medical workforce is already incredibly stretched. In a similar vein, members employed at Justice Health reported having

unsustainable workloads. ASMOF contends that this is timely and important feedback when considering the intentions of the Strategic Plan, inter alia:

> 3.2 (b) Support the health, safety and wellbeing of all JH&FMHN staff in clinical and non-clinical settings
>
> 3.3 (d) Deliver strategies to attract and recruit clinical and non-clinical specialist workforce to rural locations

In addition, concerns were expressed that adult psychiatrists in community health services frequently lacked training in the sub-specialty of forensic psychiatry which may involve appearances at the Mental Health Review Tribunal, drafting reports and dealing with particularly vulnerable patients with needs often more complex than others in the community.

Members employed at JH&FMHN indicated that there had been significant work in training and advising community mental health psychiatrists in relation to forensic patients (similarly, this was identified in a written response). One member also noted the requirements of the *Mental Health Act 2007* (NSW) in respect of the principles/requirements of treating forensic patients in the community. It was also noted that that there is urgent need for more medium secure beds due to overwhelming demand.

In conclusion, ASMOF thanks you for seeking our feedback. While we are supportive of the development of the Strategic Plan, we draw your attention to our members' serious concerns about workload pressures and sustainable service delivery which we seek to be considered and addressed as part of this process.

We look forward to your response to our correspondence and the feedback provided.

Should you wish to discuss this matter, please contact Hanna Schutz (Industrial Officer) and Bob Morgan (Senior Industrial Officer) on 02 9212 6900.

Yours sincerely

for
DR TOM KARPLUS
Secretary
ASMOF (NSW)

ANNEXURE A

The following constitutes a collation of written feedback made to ASMOF in relation to the Strategic Plan.

General comments

- Along with evidence (relevant to local contexts) I think an emphasis on the values that drive service provision needs to be articulated.
- There could be greater emphasis/clarification on the notion of community so that there is specific consideration of families and social networks as well as the professional networks that also form a part of the person's community. This raises the issue of promoting development of skills that are specifically focused on relational aspects of care, including the engagement of complex family situations and engaging communities that might otherwise experience the service as unsympathetic or hostile.
- Is there space to acknowledge and facilitate meaningful dialogue about limitations in realising these goals, especially once resource limitations are taken into account? In my opinion, SD4 in particular needs to be connected to a commitment to identifying real dilemmas and ensuring transparency.
- There is no mention of young persons and specifically of the children parents who find themselves involved with Justice Health and Forensic Mental Health.
- In considering other stakeholders, it would be helpful at some point to identify how this Plan aligns (or does not align) with other similar Plans.

Specific comments

1.1(a): I wonder if it is worth acknowledging the "attributes" as well as "skills" of the workforce – pointing in some ways to the values that drive service delivery.

1.1(b): There has been recent emphasis on the notion of *citizenship* alongside *recovery*. There could be inclusion of this here.

1.1(c): The issue of accessibility is particularly important and may be tied in with an emphasis on the integration of services with each other at all levels.

1.1(e): Again, I would emphasise the value of services being integrated with other relevant services and with the community.

1.1(f): These strategies also need to be oriented toward and responsive to the family and social network.
1.2(a): I would emphasise the need for genuine and meaningful input into co-design approaches.

1.2(b): I would emphasise the appropriateness of community-based treatments, as well as their need to be well resourced.

1.2(c): I would consider including “collaborative” as well as “multidisciplinary”.

1.3: I think “values” also need to drive this process. Another priority would be to identify the need and opportunity for original research.

1.3(b): Consider “incoporporate” rather than “implement” and identify the need for these practices to be values congruent as well.

1.3(c): Innovation would need to be well supported and well resourced.

1.3(d): This point could benefit from an emphasis on “collaborative” development of solutions.

2.1: I think as well as being “understood by” these roles and services need to be “meaningfully engaged with” the community.

2.1(a): Is there a way this point can include an emphasis on inviting and integrating feedback, perhaps “dialogue” rather than “communication”?

2.1(b): The focus/foci of a social media presence might need to be stated eg engagement with the community.

2.1(c): Engagement should be meaningful as well as effective.

2.2(b): I wonder how the voice of the person and the community might contribute to the development of these collaborations. This also needs to include consideration of non-forensic public mental health services and emphasise frank and meaningful dialogue around continuity, accessibility and integration.

2.2(c): Consider an emphasis on approaches that include the development of systemic skills, and allow professionals to engage competently and meaningfully with families, communities and broader networks. There is room for considering innovative approaches here eg Open Dialogue.

2.2(d): I would add “in a way that minimises disruption to the person’s and family’s experience and maintains an emphasis on their needs and priorities.”

2.2(e): This emphasis needs to occur at different levels of the organisation so as to be able to identify real opportunities and challenges. For examples, clinician champions may need to be identified as well as dialogue at higher levels of the organisation. I also think that the role of private clinicians and the private sector needs to be considered but I recognise that this will be challenging. If there is a greater burden of contribution placed on public sector services, this should be acknowledged.

3.1: What is the role of staff in contributing to an ongoing dialogue about values? Should there be an emphasis on recovery and citizenship specifically?

3.1(b): I think value-driven approaches need to be mentioned alongside consideration of evidence.

3.2(a): The word “safe” has a broad connotation here.

3.2(b): I would imagine you would also want to support “thriving” alongside health, safety and wellbeing.

3.2(d): Access to supervision in a range of forms and modalities is vital.

4.1(a): Benchmarking should also consider ways in which services espouse organizational values. Issues of performance and efficiency still need to be consistent with broader organisational values and I think in a document like this, it would be helpful to state as much.

4.2(a): I think alongside this it would be helpful to evaluate the impact of activity-based management principles on care provision (both potential benefits and shortcomings).

4.3: I think there should also be an emphasis on supporting innovation/creativity in this category. (Do you mean “service safety, quality and assurance” or “service safety and quality assurance”?) Monitoring and audit processes need to include qualitative as well as numerical approaches.

4.4: I would also say that they are consistent with service values.

4.4(a): I would want to emphasise that the information obtained is accessible and relevant to all tiers of service delivery. Data risks being used primarily by administrators while contributing minimally to service delivery at the coalface.

I think the Strategic Plan looks good and I support it.

The main concern I have is that Justice Health and Forensic MHSs are pushing for more Forensic patients to be conditionally discharged to the community. But community mental health services in NSW have not received any enhancement to their specialist clinical services for decades despite the increasing demand. Most community mental health services are struggling to keep up a safe level of care.

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on reading the plan on a page I wondered whether some themes related to recovery oriented mental health care might be useful to the future directions of the plan these themes are noted in headlines below:

Uniqueness of the individual

Attitudes to and rights of the individual

Dignity and respect

Partnership and communication

Evaluation on the approach and individual outcomes

Culturally sensitive practice

I am one of the psychiatrist working at xxxxx Hospital.
I have some concerns about the push for forensic patients to be cared for in the community by general psychiatrist.
Firstly, general psychiatrists are not trained in forensic mental health- especially around risk assessment and management.
There are limited resources within the community mental heath services.
The expectations of the forensic tribunal are difficult to meet- reports, hearings and intense case assertive case management.

We have discussed the understaffing of GPs and also the imposition of a policy where psychiatric patients have been moved to GP lists. There is ongoing discussion with the Executive about this.

The Medical Staff Council has noted that this change in practice introduces a large amount of risk to doctors. We have asked the Executive and Board to recognise this.

Current staffing levels are unsustainable.