

Re: JH & FMHN Strategic Plan 2018-2022 (Draft)

Thank you for the opportunity to comment on this Plan.

1. The Plan under SD2 – Maybe there should be an additional comment (para)

“Enable staff from varied areas of FMHN to become more familiar with other areas of work in the network”.

As an example:

It has been obvious to the team at the Bunya Unit that staff at the Forensic Hospital are not familiar with the workings of the medium secure units.

2. The introduction roll out of eMR and other electronic record systems in Western Sydney and other LH networks in NSW is a challenge for the official visitors, MHRT and it will be for Justice Health going forward.
Justice Health Clinical staff are naïve in this area.

3. There is a need for the Community aspects of Forensic Mental Health to be reviewed. This needs to be part of the Strategic Plan.
Justice Health do not take responsibility for Community Forensic patients. They believe that general psychiatry services should be responsible.
Having said this, the Community Forensic Mental Health Service of Justice Health provides a great deal of help and advice to the local general psychiatric teams with Forensic patients in their care in the community.
Some general psychiatric services are reluctant for good reasons (poor skills, time constraints, limited experience).

4. There is a need to address liaison by the Court Liaison service of Justice Health. Their interaction with local in-patient psychiatric services re Section 32/33 (Mental Health Forensic Provisions Act 2008) patients is limited.
Those mental health services of Local Health Network services near busy Courts do have difficulties.
A reference to review, audit, development of Court Liaison services with reference to local mental health services is important.

5. Case planning so that patient continuity through the service – community (Police), Court, prison, hospital (Forensic Hospital → medium secure unit, low secure, Community facility) needs to be more robust.

6. The liaison with the Mental Health Review tribunal has improved at all levels. Their interest, input and monitoring of the processes and patients is greater than it was. The CFMHS with Justice Health have a unique role with the MHRT. They provide second opinions on all community patients.

7. Research should be emphasised. We need to develop the research initiatives around the chair of FMH at NSW.
Having an academic psychiatrist appointed there gives unique opportunities.

8. Education of staff in Justice Health and Forensic Mental Health Network. This is crucial for the future. Equally, education of the wider general psychiatry fraternity.

9. The development of innovative models is certainly in the literature for general psychiatry.

Mental Health and new models of care lessons from the vanguards.

Chris Naylor, Holly Taggart and Anna Charles.

May 2017 - The Kings Fund, Royal College of Psychiatrists

10. There are major changes to parts of the Forensic service real estate proposed in the next 5-10 years. Some is clear – Western Sydney work – Parramatta Urban Development at Cumberland Hospital.
Less clear maybe the fate of Long Bay Prison site.
All of this offers opportunities for the redevelopment re thinking and reformatting of the service.
Innovation should be part of the reprovion process.
This strategic plan does not show the flexibility to address, cooperate in and manage these major opportunities – It needs to be more adventurous, enterprising.

11. In all this “management speak” there is a need for clinical language. This is an intensively clinician rein service.

- Multidisciplinary teams, Definition, Operation, management
- Clinicians involvement in Strategic planning and development
- Models of Care
- Governance
 - Corporate
 - Clinical
 - Audit
- Patient voice
- Carers voice
- Voice of the general public
- Integration with general and community services
- Roles for Primary Care Health Networks with Forensic patients

