

A decorative graphic on the left side of the page consisting of two overlapping, swirling ribbons in shades of green, creating a sense of movement and depth.

Response to the Review of Rural Mental Health Services in South Australia

13 September 2023

Contents

Background 1

Response 1

 Accepted in Progress 2

 Accepted in Principle 4

 Noted For Consideration 7

 Recommendations Outside of the Terms of Reference 9

Appendix One – List of Recommendations..... 10

Background

The Deputy State Coroner commenced an inquest into the death of a consumer in a country region in February 2020. The findings from the inquest were handed down on 4 November 2021. The findings made a number of recommendations which included:

I direct the following recommendations to the Minister for Health, the Chief Psychiatrist and the Chief Executive of SA Health. It is recommended that:

A comprehensive review be conducted in relation to clinical resources in respect of mental health services in all rural regions in South Australia. The review should be conducted with a view to;

- (i) Community Mental Health Teams in regional areas being staffed by a resident team consultant psychiatrist and a resident psychiatric registrar. It is recognised that in order for this recommendation to be implemented there will be a need to incentivise these positions.*
- (ii) ensuring that there is continuity of care in relation to the management of mental health patients in regional areas.*
- (iii) hospitals in regional areas that administer mental health services being provided with the ability and resources to administer level 2 Inpatient Treatment Orders.*

The former Minister for Health and Wellbeing requested that the Chief Psychiatrist commission the review on behalf of the Minister for Health and Wellbeing. The office of the Chief Psychiatrist developed a Terms of Reference to guide the review based on the above recommendation and commissioned a review team in February 2022.

The review team consisted of:

- > Associate Professor Mathew Coleman, Chair of Rural and Remote Mental Health Practice, The Rural Clinical School of Western Australia, University of Western Australia
- > Professor Russell Roberts, Professor of Management and Leadership, Charles Sturt University, New South Wales
- > Ms Lyn English AM, Co-Chair SA Office of Chief Psychiatrist Lived Experience Advisory Group.

The Final report of the review included thirty recommendations which were grouped under governance, workforce and service enhancement.

Response

The report was provided to Mental Health Strategy and Planning to co-ordinate a response to the recommendations on behalf of the Minister for Health and Wellbeing. The response to these recommendations are outlined in the table below.

The recommendations have been grouped into four categories:

- Accepted – in progress
- Accepted in principle
- Noted for consideration
- Recommendations outside of the Terms of Reference for the review

Accepted in Progress

Number	Recommendation	Response	Comment
4.	SA Health must ensure that rural mental health representation is proportionately present within state-wide mental health governance, planning and resourcing bodies. Representation must include clinical, lived experience and Aboriginal voices.	Accepted - in progress	Consideration is currently given to how rural representation and voice on statewide meetings and planning activities occurs, to support greater input.
5.	The state government must as a matter of priority establish independent branches of mental health governance. One branch should have responsibility for performance and activity: and the other for quality and safety, service review and independent investigations.	Accepted - implemented	The Office of the Chief Psychiatrist and Mental Health Strategy and Planning have recently been separated to strengthen independence across portfolios.
6.	SA Health must adopt a single state-wide Electronic Medical Record system to enable effective communication of clinical information.	Accepted – in progress	Work is being undertaken on implementation of Sunrise across country SA sites. Additional work is being undertaken on the approach to collection in community mental health.
7.	An external expert be contracted to work with local staff to review and recommend enhancements to existing governance processes with and across regional LHNs	Accepted – in progress	The LHN Boards and Chief Executive Officers will review recommendations to consider appropriate local response in line with the review of the devolved public health care system and local governance review undertaken by Fran Thorn.
12	Actions must be undertaken to include people with lived experience in governance throughout mental health services.	Accepted - in progress	SA Health are committed to including the voice of lived experience in all levels of governance. This engagement is a usual accreditation requirement as part of a Partnering with Consumers Standard of the Australian Commission on Safety and Quality Standards
13	SA Health undertake an immediate audit of patient and staff clinical environments and practices	Accepted – in progress	A key element of this recommendation related to staff safety was actioned as an early and urgent recommendation following the provision of interim

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	across all 6 regional LHNs to ensure and promote safe and high-quality mental health care for patients in accordance with the National Safety and Quality Health Services Standards (NSQHS).		<p>recommendations to this effect in July 2022.</p> <p>It was considered that a new audit was not required as the needs had been described in previous reports.</p> <p>Action has been taken at a LHN level with significant progress in most regional LHNs to provide additional training to staff in deescalating patients who are agitated and applying restrictive practices when required. A number of centres have increased security staffing during this period which was a concern.</p>
17	Enable mental health directors to employ a vacancy strategy using salary budget savings for purchase of other visiting clinical services dependent on need, e.g., visiting clinical psychologists and social workers.	Accepted - in progress	This opportunity already exists in regional LHNs subject to discussion with the relevant LHN Chief Executive Officer.
22	SA Health commit to adopting a single employer model for rural trainee GPs. and/or Diploma of Psychiatry (in development).	Accepted - in progress	It is noted that this has already commenced in RMCLHN under the RACE program and is in the process of exploring for expansion.
25	SA Health commission and establish a MH rehabilitation and recovery centre in the east of the state.	Accepted - in progress	The government has committed to additional mental health beds for regional LHNs with 6 additional beds in Mt Gambier and 12 in Mt Barker. The service type for the Mt Gambier beds is under consideration.
26	SA Health ensure that the recent investment in residential recovery and rehabilitation beds in Adelaide includes a population-based proportion of those resources for BHFLHN in providing integrated services to rural consumers and communities proximal to Adelaide.	Accepted - in progress	It is noted that as part of the project to implement 72 new rehabilitation beds, use of the existing Inpatient Rehabilitation Service beds is being reviewed with consideration of allocating a proportion of existing beds to BHFLHN.
28	Regional LHNs in collaboration with SA Country PHN to review and update the Mental Health	Accepted - in progress	Regional plans have been drafted by Primary Health Networks with their LHN partners. Regional LHNs could work with the Country SA Primary

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	and Suicide Prevention Strategy for the next 5 years.		Health Network and Child and Adolescent Mental Health Service to review their current plan.
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Accepted in Principle

Number	Recommendation	Response	Comment
2.	As a matter of priority, a 10-year rural mental health service plan and workforce strategy should be developed, supported by a funded implementation plan with regular implementation progress reporting to parliament	Accepted - in principle	<ul style="list-style-type: none"> > A ten year strategic plan for the mental health workforce is currently being developed that will include rural workforce needs. > Regional LHNs will undertake planning in partnership with the Department for Health and Wellbeing to develop a clinical services plan that will include mental health. The outcome of this planning will inform the appropriate next steps > Governance for implementation of any accepted recommendations is to be determined, therefore it is premature to require progress reports on this recommendation alone to be made to Parliament.
3.	<p>The implementation plan progress reporting should include progress against workforce, activity and quality targets. These reports should present data on:</p> <ul style="list-style-type: none"> • Regional LHN mental health actual and established FTE, • Reported clinical hospital and community activity, and • Quality and safety performance indicators. 	Accepted - in principle	<p>An implementation plan for the accepted recommendations will need to be developed as a partnership between BHFLHN in its regional leadership role, the Department for Health and Wellbeing and the remaining regional LHNs.</p> <p>It is noted that in relation to the recommendation on data reporting:</p> <ul style="list-style-type: none"> > Work is already underway by SA Health to produce improved workforce data. > Reporting is currently available on hospital and community mental health activity; this could be built into a dashboard and/or regular static reports. > Mental Health quality and safety indicators are measured and reported currently with a modern self-service dashboard that provides a breakdown of regional data, as well as data for each LHN to enable comparisons between services

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8.	The centralised rural psychiatry team should be maintained and significantly enhanced. Clinical governance of rural psychiatrists should be to the Clinical Director, BHFLHN. Service operational governance regarding the provision of specialist psychiatry services should be documented in a MOU between regional LHN mental health directors and the Clinical Director BHFLHN. This MOU should specify the funding available to enable fair proportion of psychiatry time from the centralised rural psychiatry team to each rural LHN. The budget for psychiatry time from the centralised team and for resident psychiatrists would be under the control of the respective rural LHN Mental Health Directors.	Accepted in principle	<p>Further consideration of overall medical budgets will occur noting the due diligence and the multiple roles and potential risks to be considered. In the future there is potential for budgets for community positions to rest in regional LHNs</p> <p>It is noted that a Memorandum of Understanding already exists between the Rural and Remote Mental Health Service and Regional LHNs. A review of the memorandum will be undertaken over the next twelve months.</p>
10.	The ETLS must be resourced and expanded in order to meet increasing demands and complexity of calls/requests across all regional LHNs.	Accepted in principle	ETLS is the mental health triage service for country. It is noted that as part of the bilateral agreement on mental health suicide prevention work on triage responses across the state is already occurring which will allow ETLS to have a more specific crisis focus. This recommendation will be considered as these new arrangements are implemented.
11.	Immediate measures must be undertaken to resource, consult, implement and monitor the Actions for the Fifth Plan relating to Aboriginal and Torres Strait Islander social emotional wellbeing and mental health workforce including, improve Aboriginal presence in governance systems and functioning.	Accepted in principle	<p>The Fifth National Mental Health and Suicide Prevention Plan 2017-2022 has been finalised at a Commonwealth level and is not driving current planning and development activity.</p> <p>It has been replaced at a national level by the National Mental Health and Suicide Prevention Agreement. Actions relating to Aboriginal and Torres Strait Islander workforce is being undertaken as part of the national agreement.</p>

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15	In cases where resident psychiatrists' positions are not filled, regional LHN mental health directors are empowered to use this funding for flexible and adjunct models of medical workforce employment such as the 'visiting medical officer' model.	Accepted in principle	For consideration by regional LHNs, this relates to recommendation # 8
18	SA Health commit to developing a high quality, well promoted and appropriately funded Rural Psychiatry Training Pathway (RPTP) for South Australia.	Accepted in principle	This will be explored by the Office of the Chief Psychiatrist and regional LHNs in partnership with the SA Psychiatry Training Committee and the Royal Australian New Zealand College of Psychiatry.
20	SA Health must fund and develop a lived experience (peer) workforce within each regional LHN, consistent with the National Mental Health Commission's 'National Lived Experience (Peer) Workforce Development Guidelines'	Accepted in principle	<p>A ten year strategic plan for the mental health workforce is currently being developed that will include lived experience workforce.</p> <p>Work has also been undertaken as part of the implementation of the Mental Health Services Plan 2020-2025 on the development of a Strategic Framework for the Mental Health Lived Experience Workforce in South Australia. All new service models developed are inclusive of lived experience.</p>
21	An Aboriginal mental health workforce program should be developed and implemented as a priority to increase the number of qualified Aboriginal mental health workers in public mental health services. Aboriginal workforce initiatives must not be limited to AMHWs, but include affirmative incentives, scholarships, supports, training and career opportunities in clinical professions.	Accepted in principle	<p>A ten year strategic plan for the mental health workforce is currently being developed that will include Aboriginal mental health workforce.</p> <p>Work is also being undertaken as part of the bilateral project 'Aboriginal mental health and wellbeing centre' to look at workforce and practice.</p> <p>Work is linked to the SA Rural Aboriginal Health Workforce Plan, which was released in 2021.</p>
24	SA Health to develop and implement a Regional Hospital Consultation Liaison Service (RHCLS) to support low acuity mental health inpatient admissions and	Accepted in principle	It is noted that some regional LHNs are already providing consultation liaison services with on site mental health staff.

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	care using existing Telehealth Technologies available at RRMHS at Glenside Hospital.		SA Health agrees to consider further support for expanded MOC for virtual care of patients in rural centres or at home
29	Expansion of funding and commissioning mechanisms for NGO provided mental health services for housing, employment, community participation and social prescribing and for sub-acute and low acuity service delivery.	Accepted in principle	<p>Work is underway to recommission existing mental health NGO services, including those provided in country SA.</p> <p>Any expansion of services for psychosocial support will be considered as part of the response to the 'unmet needs report'.</p> <p>The Government is working to address the complexities of housing requirements in rural communities.</p>
30	Consideration of a MOU with Aboriginal Medical Services for the partnerships and provision of Social and Emotional Wellbeing services for Aboriginal and Torres Strait Islander communities.	Accepted in principle	<p>Work is being undertaken to improve collaboration with Aboriginal Community Controlled Health Organisations</p> <p>Work is also being undertaken as part of the bilateral project 'Aboriginal mental health and wellbeing centre' to consider partnerships with Aboriginal led health services. regional LHNs will then consider as part of their work program.</p>

Noted For Consideration

Number	Recommendation	Response	Comment
14	SA Health should extend Clause 29, attraction and retention allowances, of the SA Health Salaried Medical Officers EA 2022, to include Psychiatry Consultants employed within a regional LHN to receive an allowance of the Consultant's annual salary (in Schedule 2.1) acknowledging and compensating for the waiver of RPP for to these employees. (Precedents for this exist for ICU and ED specialists.)	Noted for consideration	<p>This recommendation would require a broader discussion with workforce and industrial bodies as it would require a change to awards and enterprise bargaining agreements that might impact on SA Health as a whole rather than just the regional LHNs. Further due diligence is required on the financial impacts of the proposed high loading rate.</p> <p>Regional LHNs have advised that such arrangements already exist, although they are not limited to rural psychiatrists. Psychiatrists are currently receiving a 30% attraction and</p>

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			retention allowance as part of the current agreement.
16	For critical, and 'hard to recruit' positions, provision of housing stock and rental support should be considered by SA Health through Regional LHNs.	Noted for consideration	Regional LHNs are already able to consider these incentives. This will be considered by the Department in conjunction with LHNs and the Rural Support Service.
19	SA Health commit to enhance and incentivise its system to support recruitment and retention of allied health and nursing staff in regional LHNs.	Noted for consideration	The recommendation is noted as a potential way to support an increase in the broader workforce in regional Local Health Networks. It will be considered in conjunction with the Allied Health and Nursing Officers, and work emanating from the <i>SA Rural Nursing and Midwifery Workforce Plan 2021-26</i> and the <i>SA Rural Allied and Scientific Health Workforce Plan 2021-26</i> that can be applied to mental health. It is noted that training linked to the <i>Mental Health Nursing Workforce Strategy 2020-2030</i> has targeted rural settings.
23	SA Health resource 2-3 rural GP training positions for advanced skills training	Noted for consideration	<p>This will be considered by the Rural Support Unit and Medical Director in conjunction with the Clinical Director of BHFLHN.</p> <p>It is noted that this is already occurring in RMCLHN with an AST for mental health in RMCLHN. Resourcing is not the only issue and further discussion and consideration is needed on this point as it is a multi-stakeholder engagement piece including the GP training colleges.</p>
27	All stakeholders to consider seed funding initiatives or incentivisation of genuine private practice enterprise into regional South Australia such as the Outreach Program with RDWA.	Noted for consideration	This suggestion is noted and will be considered in the broader work being undertaken on the development of a mental health workforce plan for the state.

Recommendations Outside of the Terms of Reference

Number	Recommendation	Response	Comment
1.	The state government should consider allocating responsibility for rural health and mental health within its Ministry portfolios.	Noted	Rural health and mental health are the responsibility of the Minister for Health and Wellbeing
9.	The issues around the Rights of Private Practice in SA as identified in the 2019 ICAC report should be addresses as soon as practicable. Especially with respect to their impact on rural mental health service provision.	Referred to industrial relation negotiation process	This recommendation is wider then Mental Health and forms part of industrial agreements and their renegotiation and will need to be considered through their process.

Appendix One – List of Recommendations

1. The state government should consider allocating responsibility for rural health and mental health within its Ministry portfolios.
2. As a matter of priority, a 10-year rural mental health service plan and workforce strategy should be developed, supported by a funded implementation plan with regular implementation progress reporting to parliament
3. The implementation plan progress reporting should include progress against workforce, activity and quality targets. These reports should present data on:
 - Regional LHN mental health actual and established FTE,
 - Reported clinical hospital and community activity, and
 - Quality and safety performance indicators.
4. SA Health must ensure that rural mental health representation is proportionately present within state-wide mental health governance, planning and resourcing bodies. Representation must include clinical, lived experience and Aboriginal voices.
5. The state government must as a matter of priority establish independent branches of mental health governance. One branch should have responsibility for performance and activity: and the other for quality and safety, service review and independent investigations.
6. SA Health must adopt a single state-wide Electronic Medical Record system to enable effective communication of clinical information.
7. An external expert be contracted to work with local staff to review and recommend enhancements to existing governance processes with and across regional LHNs.
8. The centralised rural psychiatry team should be maintained and significantly enhanced. Clinical governance of rural psychiatrists should be to the Clinical Director, BHFLHN. Service operational governance regarding the provision of specialist psychiatry services should be documented in a MOU between regional LHN mental health directors and the Clinical Director BHRLHN. This MOU should specify the funding available to enable fair proportion of psychiatry time from the centralised rural psychiatry team to each rural LHN. The budget for psychiatry time from the centralised team and for resident psychiatrists would be under the control of the respective rural LHN Mental Health Directors.
9. The issues around the Rights of Private Practice in SA as identified in the 2019 ICAC report should be addresses as soon as practicable. Especially with respect to their impact on rural mental health service provision.
10. The ETLS must be resourced and expanded in order to meet increasing demands and complexity of calls/requests across all regional LHNs.
11. Immediate measures must be undertaken to resource, consult, implement and monitor the Actions for the Fifth Plan¹⁸ relating to Aboriginal and Torres Strait Islander social emotional wellbeing and mental health workforce including, improve Aboriginal presence in governance systems and functioning.
12. Actions must be undertaken to include people with lived experience in governance throughout mental health services.
13. SA Health undertake an immediate audit of patient and staff clinical environments and practices across all 6 regional LHNs to ensure and promote safe and high-quality mental health care for patients in accordance with the National Safety and Quality Health Services Standards (NSQHS).
14. SA Health should extend Clause 29, attraction and retention allowances, of the SA Health Salaried Medical Officers EA 2022, to include Psychiatry Consultants employed within a regional LHN to receive an allowance of the Consultant's annual salary (in Schedule 2.1) acknowledging and compensating for the waiver of RPP for to these employees. (Precedents for this exist for ICU and ED specialists.)
15. In cases where resident psychiatrists' positions are not filled, regional LHN mental health directors are empowered to use this funding for flexible and adjunct models of medical workforce employment such as the 'visiting medical officer' model.

16. For critical, and 'hard to recruit' positions, provision of housing stock and rental support should be considered by SA Health through Regional LHNs.
17. Enable mental health directors to employ a vacancy strategy using salary budget savings for purchase of other visiting clinical services dependent on need, e.g., visiting clinical psychologists and social workers.
18. SA Health commit to developing a high quality, well promoted and appropriately funded Rural Psychiatry Training Pathway (RPTP) for South Australia.
19. SA Health commit to enhance and incentivise its system to support recruitment and retention of allied health and nursing staff in regional LHNs.
20. SA Health must fund and develop a lived experience (peer) workforce within each regional LHN, consistent with the National Mental Health Commission's 'National Lived Experience (Peer) Workforce Development Guidelines'
21. An Aboriginal mental health workforce program should be developed and implemented as a priority to increase the number of qualified Aboriginal mental health workers in public mental health services. Aboriginal workforce initiatives must not be limited to AMHWs, but include affirmative incentives, scholarships, supports, training and career opportunities in clinical professions.
22. SA Health commit to adopting a single employer model for rural trainee GPs.
23. SA Health resource 2-3 rural GP training positions for advanced skills training and/or Diploma of Psychiatry (in development).
24. SA Health to develop and implement a Regional Hospital Consultation Liaison Service (RHCLS) to support low acuity mental health inpatient admissions and care using existing Telehealth Technologies available at RRMHS at Glenside Hospital.
25. SA Health commission and establish a MH rehabilitation and recovery centre in the east of the state.
26. SA Health ensure that the recent investment in residential recovery and rehabilitation beds in Adelaide includes a population-based proportion of those resources for BFHLHN in providing integrated services to rural consumers and communities proximal to Adelaide.
27. All stakeholders to consider seed funding initiatives or incentivisation of genuine private practice enterprise into regional South Australia such as the Outreach Program with RDWA.
28. Regional LHNs in collaboration with SA Country PHN to review and update the Mental Health and Suicide Prevention Strategy for the next 5 years.
29. Expansion of funding and commissioning mechanisms for NGO provided mental health services for housing, employment, community participation and social prescribing and for sub-acute and low acuity service delivery.
30. Consideration of a MOU with Aboriginal Medical Services for the partnerships and provision of Social and Emotional Wellbeing services for Aboriginal and Torres Strait Islander communities.

For more information

Mental Health Strategy and Planning
Department for Health and Wellbeing
11 Hindmarsh Square, Adelaide, SA 5000
www.sahealth.sa.gov.au



www.ausgoal.gov.au/creative-commons