

Barrett Adolescent Centre Commission of Inquiry

Submissions on behalf of the West Moreton Hospital and Health Service and the West Moreton Hospital and Health Board

Re: Draft National Mental Health Services Planning Framework

1. STATUS OF THE NMHSPF

- 1.1. WMHHS and WMHHB do not take issue with paragraphs 3 to 12 of Counsel Assisting's submissions regarding the NMHSPF.
- 1.2. In the time available to consider this issue, we are unable to address the accuracy or otherwise of the matters set out in paragraphs 13 to 27 of Counsel Assisting's submission. WMHHS and WMHHB do not dispute that the NMHSPF remains in draft.
- 1.3. However, while acknowledging that the NMHSPF is as yet not formally adopted by the Commonwealth and the States, it should be recognised to reflect a broad consensus amongst clinicians. Pages 5 to 8 of the October 2013 version identify:
 - (a) 51 clinicians (as well as 2 consumer representatives and 2 carer representatives) drawn from all States as 'modelling, working group and reference group members'.
 - (b) 24 'other direct contributors', predominantly clinicians, from a range of States.
 - (c) An Executive Group of 13, representing the peak mental health policy making units and Health Departments in each of the States and the Commonwealth.
- 1.4. Such numbers are persuasive of the proposition that the content of the NMHSPF ought to be reflective of a majority view of practicing clinicians as to what constitutes best contemporary practice.
- 1.5. WMHHS and WMHHB express no view as to the use of the draft NMHSPF in Western Australia (paragraphs 29 to 31 of Counsel Assisting's submissions).

2. SERVICE CATEGORIES IN THE DRAFT NMHSPF

- 2.1. The following reflects an examination of the terms of the NMHSPF documents produced in the course of Dr Kingswell giving evidence.
- 2.2. Service Category 2.3.2 relates to 'Sub-Acute Services (Residential and Hospital or Nursing Home Based).

- 2.3. Within this Service Category, there are three elements:
- (a) Step up/step down services
 - (b) Rehabilitation services
 - (c) Intensive care services.
- 2.4. Page 253 and 254 state the 'example services' for this Service Category. This is a reference to the existing services studied or considered by the relevant working group in developing the Service Category.
- 2.5. The inclusion of BAC as an 'example service' reflects that:
- (a) It is a service which was considered by the working group in developing the Service Category.
 - (b) This is the Service Category proposed as relevant to patients of the kind receiving care at BAC at the time of review.
- 2.6. It does not reflect that BAC in the form in which it then operated, fitted within any of the three elements within this Service Category. It reflects that the working group took into account the type of patients and services at BAC (and the other facilities listed) when developing this Service Category.
- 2.7. This Service Category comprises:
- (a) 2.3.1.1 Step Up/Step Down – Youth (Residential)
 - (b) 2.3.2.2 Step Up/Sept Down – Adult (Residential)
 - (c) 2.3.2.3 Rehabilitation – Adult and Older Adult (Residential)
 - (d) 2.3.2.4 Sub Acute Oder Adult 65+ (Hospital)
 - (e) 2.3.2.5 Sub Acute Intensive Care Service (Hospital)
- 2.8. Service Elements 2.3.2.2, 2.3.2.3 and 2.3.2.4 clearly have no application to adolescents.
- 2.9. Service Element 2.3.2.1 Step Up/Step Down – Youth (Residential) clearly has application. In that Service Element:
- (a) The 'key distinguishing features' are stated to be:
Services are located in the community, and delivered in a community residential environment. They are delivered as partnerships and/or collaborations between clinical services and the community support sector. There is a strong focus on early and active engagement of family/friend/support person or carer in a young person friendly environment. Services operate as a component of a district or area integrated mental health system.
 - (b) Average length of stay is stated to be 21 days.
- 2.10. This Service Element:

- (a) Is consistent with the overwhelming evidence to the Commission as to the focus on providing services in the community as a key feature of contemporary models of care.
- (b) Differs in material respects to the model of care at BAC, in particular in that BAC:
 - i. was not a model of care for delivery of services in the community
 - ii. was not delivered as a collaboration between clinical services and the community support sector
 - iii. did not operate as a component of an integrated mental health system, and
 - iv. did not have an average length of stay (or even a targeted length of stay) in the order of 21 days.

2.11. Service Element 2.3.2.5 Sub-Acute Intensive Care Service (Hospital) has application but only to adolescents 16 to 25. In that Service Element:

- (a) The 'key distinguishing features' are stated to be:

Sub-acute intensive care services are located on hospital campuses usually operating as a sub-program collocated with non-acute intensive care services. Programs have a strong focus on safety, security and risk assessment and management. They operate as a component of a district or area integrated mental health services system. Not to be confused with low, medium and high security forensic units.

- (b) The 'target age' is adults, older adults and selected young people with special needs. As to what is meant by 'selected young people', see paragraph 2.12(c) below.
- (c) The 'diagnostic profile' is:

Primary diagnoses usually include schizophrenia, psychosis or severe mood illnesses. Also may have complex presentations including issues with personality illness or exacerbations of underlying personality traits, drug and alcohol illnesses, complex trauma and clinically significant deficits in psychosocial functioning.

...

- (d) Average length of stay is stated to be '120 days with an expected maximum stay of less than 180 days (6 months).

2.12. This Service Element recognises the need for sub-acute hospitalisation for a cohort of mental health patients, however:

- (a) Is not a category generally applicable to adolescents, rather it is stated to apply only to 'selected young people with special needs', being those aged 16 and over. In that regard, the 'Distinguishing Features'

describes the age groups applicable to the various service elements and refers to:

- i. 'sub-acute step up/down and sub acute rehabilitation units young people (12-17) and/or adolescents (16-25) are delivered in community residential settings
 - ii. Sub-acute intensive care services are provided for ages 16 to 65+ as collocations with other inpatient services on general hospital campuses or in some cases psychiatric hospital campuses.
- (b) Differs in material respects to the model of care at BAC, in particular in that BAC:
- i. Did not operate as a sub-program collocated with non-acute intensive care services.
 - ii. Did not operate as a component of an integrated mental health services system.
 - iii. Was a specific service for adolescents aged 13 to 18, not a service for adults and young people aged 16 and above.
 - iv. Did not have as its admission criteria, a primary diagnosis of schizophrenia, psychosis or severe mood illness. In fact, [REDACTED] of the BAC patients had a primary diagnosis of schizophrenia or psychosis. This was not the focus of care at BAC.

2.13. In summary, the BAC, as it had operated for many years prior to its closure did not 'fit' within either of the above Service Elements, which are the only Service Elements within the NMHSPF relating to sub acute care for adolescents.

2.14. Paragraph 33 of Counsel Assisting's submission refers also to Service Element 2.3.3.1 Non-Acute – Intensive Care Service – Hospital.

2.15. This Service Element sits within Service Category 2.3.3 – Non-Acute Extended Treatment Services (Residential and Hospital or Nursing Home Based). As such, it is not applicable to services such as BAC because it relates to non-acute not sub-acute services.

2.16. This is further reflected in the following:

- (a) The 'example services' listed for Service Category 2.3.3 do not include BAC. They include services which are very different to those for Service Category 2.3.2. None of them are adolescent services.
- (b) That BAC was specifically referenced as an example service for Service Category 2.3.2 and not for Service Category 2.3.3, and the fact that the example services for Service Category 2.3.3 are all adult services of a very different nature to those in Service Category 2.3.2 would support that BAC is not a relevant reference point for BAC nor is

the cohort of patients to which BAC provided care, within the contemplation of Service Category 2.3.3.

3. ARE MODELS INVOLVING A STATEWIDE CLINICAL BED-BASED FACILITY SUCH AS THE BAC OR THE WALKER CENTRE CONSIDERED CONTEMPORARY WITHIN THE NMHSPF?

- 3.1. Neither WMHHS nor WMHHB had access to the NMHSPF at the time of the relevant events. As to whether BAC, or any proposed alternative, fitted within the NMHSPF, they were reliant on advice provided to them, specifically by Dr Kingswell.
- 3.2. It was reasonable for those within the Planning Group, and later the SWAERTI, to rely on such advice given:
- (a) In his role at the MHAODB, Dr Kingswell was *'the key accountable officer for mental health and strategic planning and services across the State'*¹ and as such would be expected to have an understanding of national developments in mental health policy.
 - (b) Dr Kingswell was the Deputy Chair of the Executive Group for the NMHSPF Project².
- 3.3. WMHHS and WMHHB would take advice from the architects of the NMHSPF in endeavouring to interpret the document, however would submit that the following conclusions can be drawn from the draft:
- (a) The model of care under which the BAC operated did not accord with any Service Element within the NMHSPF.
 - (b) The model of care proposed for the Redlands facility appears to have had some features demonstrating greater alignment, such as the proposal for a limited length of stay and for greater integration within the continuum of mental health services. However, as it had been developed to the time of cancellation of the project, the Redlands facility:
 - i. Was a State-wide single-site facility and as such was not in alignment with Service Element 2.3.2.1.
 - ii. In terms of its age range, did not align with Service Element 2.3.2.5.
 - iii. As a sub-acute service, did not align with Service Element 2.3.3.1.

Counsel for WMHHS and WMHHB

¹ Evidence of Sharon Kelly t11-70

² NMHSPF Service Elements and Activity Descriptions page 5