Northern Health
Submission to the Mental Health Royal Commission

Contents

Key changes that will deliver better mental health services to the people of outer northern Melbourne:

1. Disaggregation of the existing mental health services provided by NorthWestern Mental Health to the Northern Health catchment and their integration with health services under the governance of Northern Health;
2. Northern Health becomes the designated mental health service for its catchment and is granted access to the State mental health Client Management Interface (CMI) database;
3. Northern Health becomes responsible for the management of:
    - Inpatient mental health beds across all of its sites; and,
    - Community-based mental health services across its catchment.
4. Improved and expanded infrastructure including a Behavioural Assessment Unit in the Northern Hospital Emergency Department and sufficient inpatient beds to meet the mental health service needs

1. Executive Summary

1.1 Northern Health is not a designated mental health service under the *Mental Health Act 2014* (Vic) (the Act). However, NorthWestern Mental Health (NWMH) is a designated mental health service under the Act.

1.2 Mental Health Services at Northern Health sites and throughout the Northern Health catchment area are provided by NWMH under a direct agreement between the State of Victoria and Melbourne Health.

1.3 NWMH is part of Melbourne Health. It provides comprehensive hospital-based, community and specialist mental health services to young people, adults and aged people across northern and western Melbourne.

1.4 Mental Health inpatient beds on Northern Health sites are managed by NWMH. Additionally, emergency mental health services are provided by NWMH to Northern Health patients in the Emergency Department at Northern Hospital, a Northern Health campus.

1.5 Northern Health is reliant on NWMH for the psychiatric assessment, management and admission of mental health patients to NWMH-managed inpatient beds at Northern Health campuses.

1.6 Significant numbers of Emergency Department presentations at Northern Health relate to patients requiring mental health services that NWMH is unable to support in a timely manner.

1.7 Northern Health has little oversight and no visibility of bed availability across NWMH. Consequently, Northern Health is not able to influence timely access to mental health inpatient beds for presenting mental health patients.

1.8 There is minimal integration between services provided respectively by NWMH and Northern Health, with resulting adverse impact on patient care.

1.9 The Northern Health Emergency Department and its acute and sub-acute wards are not purpose-built, equipped or staffed to safely and appropriately manage mental health patients.

1.10 Northern Health staff are currently not adequately supported or trained to appropriately care for mental health patients.

1.11 Care of patients with mental health issues at Northern Health sites is adversely affected by the nature of the external provision of mental health services by NWMH.

1.12 The mental health system in Victoria is severely overburdened and under-resourced. Numerous reports highlight the inadequacy of current services. A lack of growth in mental health services, changes in drug use patterns, increasing levels of social isolation in the community and gaps in funding are driving increasing demands on mental health services.[1]

1.13 According to the Department of Health and Human Services, up to 3% of the Victorian population is expected to experience a severe mental health episode each year. Despite this, Victoria is only funded to support and manage about 1.1% of the demand.[2]

1.14 These gaps have exacerbated capacity and access barriers for patients and have shifted the focus to acute and crisis treatment at the expense of earlier intervention and support in the community.[3]

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[1] Victorian Auditor-General's Report. (2019). Access to Mental Health Services. Accessed at: https://www.audit.vic.gov.au/sites/default/files/2019-03/20190321-Mental-Health-Access.pdf

[2] Department of Health and Human Services. (2015). Victoria's 10-Year Mental Health Plan. Accessed at: https://dhhs.vic.gov.au/sites/default/files/documents/201612/Victoria%2010-year%20mental%20health%20plan.pdf

1.15 This submission reflects and is informed by the expertise and perspective of Northern Health and its staff. It does not attempt to present the broader, system-wide issues affecting the mental health system in Victoria. These matters are assumed to be addressed through other submissions to the Royal Commission including, but not limited to, the expert evidence to be given by the Northern Health Board Chair, Ms Jennifer Williams AM.

1.16 This submission concentrates on key issues associated with the provision of mental health services by NWMH to the Northern Health catchment population.

1.17 The key issues are:

1.17.1 Governance, accountability, infrastructure and information-sharing arrangements;

1.17.2 Pathways and interfaces between NWMH mental health services and Northern Health services;

1.17.3 Access to and navigation of mental health services across the Northern Health catchment; and

1.17.4 Best practice treatment and care models that are safe and person-centred.

1.18 This submission is made on behalf of the Northern Health Board which recommends the transition of all mental health services currently provided within the outer north of Melbourne to Northern Health.

1.19 Northern Health's preferred position is that all mental health services in the outer north of Melbourne be managed by Northern Health to facilitate the integration of planning and delivery of such services with the planning and delivery of all other services provided by Northern Health for its catchment population. Additionally, the transition of mental health services to Northern will provide opportunities to review and work towards:

- Improving communication and coordination of care for patients requiring mental health care, whether acute or sub-acute
- Enhancing the quality of care received by mental health patients and their families
- Reducing the barriers to care for mental health patients within the Northern Health catchment
- Potentially freeing up the Northern Hospital Emergency Department resuscitation bays for their primary purpose and restoring resuscitation capacity to the Emergency Department
- Reducing the incidence and impact of behavioural disturbances, workplace violence and aggression, and the resultant physical and psychological injury experienced by Northern Health staff, patients and families
- Enabling Northern Health staff to better manage aggression through appropriate training and support
- Ensuring that the right patient is treated by the right clinician in the right time frame and in the right place.

[3] Victorian Auditor-General's Report. (2019). Access to Mental Health Services. Accessed at: https://www.audit.vic.gov.au/sites/default/files/2019-03/20190321-Mental-Health-Access.pdf

2. Background

2.1. Northern Health is the major provider of acute, maternity, sub-acute and ambulatory specialist health care services in Melbourne's outer north. Northern Health provides a comprehensive range of primary, secondary and some tertiary level services to the catchment.

2.2. The catchment is characterised by significant socioeconomic disadvantage, poor social determinants of health, a highly-diverse population, high prevalence of poor health risk factors and high rates of established chronic disease.

2.3. The catchment is experiencing unprecedented population growth and is expected to be home to over 623,000 people (equivalent to almost half the population of Adelaide) by 2031.[4]

2.4. High rates of psychological distress and mental illness exist across the catchment, experienced particularly by more vulnerable groups, including people of Aboriginal descent, refugees, asylum seekers and persons experiencing family violence.

The mental health context in Victoria

2.5. In the context of the mental health system across the State of Victoria, the following key factors are likely to significantly contribute to the current, inadequate access to mental health services across the Northern Health catchment:

2.5.1. Mental illness is the third leading cause of disability burden in Australia, placing a significant social and economic burden of mental health illness in the community as it continues to grow.[5]

2.5.2. The high prevalence of mental illness combined with limited resourcing and capacity across the acute inpatient sector, results in mental health services operating at full capacity and unable to flex to admit acutely unwell patients.

2.5.3. Gaps in funding are exacerbating capacity and access barriers and have shifted the focus to acute and crisis treatment at the expense of earlier intervention and support in the community, driving a risk-management approach to mental health care.[6]

2.5.4. Demand for inpatient units has created higher thresholds for care, resulting in longer wait times to access care and less timely, less intensive treatment of shorter duration. There is a view that patients are being discharged sooner and are comparatively less-well, which further exacerbates pressure on community services.

2.5.5. Self-discharge of mental health patients from Emergency Departments without being admitted to an inpatient bed is a documented common endpoint for many mental health presentations.[7]

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[4] Department of Health and Human Services. (2017). Statewide design, service and infrastructure plan for Victoria's health system 2017-2037. Accessed at: https://www2.health.vic.gov.au/Api/downloadmedia/%7B5A8D2F76-CCA8-42A8-AC31-93AF35406CC0%7D

[5] Australian Institute of Health and Welfare (AIHW). (2014). Mental health services - in brief 2014. Accessed at: https://www.aihw.gov.au/getmedia/1fa38ce8-bed1-47b7-ac3d-5be09baac2cc/16873.pdf.aspx?inline=true

[6] Victorian Auditor-General's Report. (2019). Access to Mental Health Services. Accessed at: https://www.audit.vic.gov.au/sites/default/files/2019-03/20190321-Mental-Health-Access.pdf

[7] Manchengo, PA et al. (2015). Management of mental health patients in Victorian emergency departments: A 10 year follow-up study. Emergency Medicine Australasia, 27(6), 529-536.

For example, on 26 June 2019 a Victorian Coroner delivered a Finding after Inquest (Ref: 2015/5722) in respect of a death of a patient at the Northern Hospital. Both Northern Health and NMWH had involvement with the patient in the Emergency Department during the hours prior to his death. The Coroner made three recommendations:

- NWMH and Northern Health undertake a review of the actual wait times of people awaiting assessment by the Emergency Department Mental Health clinicians, especially out of business hours.
- NWMH and Northern Health review the current service model of care provided to patients in the Emergency Department who have a mental illness, or who require assessment for possible mental illness, for opportunities to integrate patient care processes to (i) identify patient needs, (ii) increase the communication of critical information, (iii) develop shared and comprehensive care planning, and (iv) prevent harm.
- Northern Hospital Emergency Department, in consultation with NWMH, review contemporaneousness and appropriateness of the practice that currently removes medical practitioner responsibilities under the Mental Health Act 2014 and assigns responsibility for its use to NWMH clinicians.

At paragraph 187 of the Finding the Coroner stated: "I find the structure of the two health organisations (Northern Health and NWMH) impedes the quality and responsiveness of patient care."

Northern Health is required to provide a formal response to the three recommendations by 20 September 2019 and such response will be published on the State Coroner's website.

2.5.6. The shortfall in community mental health services is likely to be driving an increased utilisation of emergency departments.[8,9]

2.5.7. This burden also extends to carers and the role they play in supporting and advocating for a family member within a complex system of health care.[10]

Mental health service provision for people in the outer north

2.6. Despite being the major health care provider in the outer north, Northern Health is not a designated mental health service under the Mental Health Act. As such:

2.6.1. Northern Health is dependent on NWMH for the assessment, admission, and management of both psychiatric inpatients and Northern Health patients with concurrent physical and mental health issues.

2.6.2. Northern Health does provide care to registered mental health patients within the Emergency Department, Short Stay Unit, Emergency Observation Unit and Intensive Care Unit, as well as inpatient medical, surgical and sub-acute wards.

2.6.3. Paediatric and adolescent patients with psychiatric needs presenting to the Northern Health Emergency Department are generally cared for in the paediatric pod. If these patients are

[8] Department of Health and Human Services. (2015). Victoria's 10-Year Mental Health Plan. Accessed at: https://dhhs.vic.gov.au/sites/default/files/documents/201612/Victoria%2010-year%20mental%20health%20plan.pdf

[9] Manchengo, PA et al. (2015). Management of mental health patients in Victorian emergency departments: A 10 year follow-up study. Emergency Medicine Australasia, 27(6), 529-536.

[10] Olasoji, M et al. (2017). Not sick enough: Experiences of carers of people with mental illness negotiating care for their relatives with mental health services. Journal of Psychiatric and Mental Health Nursing, 24(6): 403-411.

disruptive, or deemed at-risk of harming themselves or others, their care is managed within an adult cubicle.

2.6.4. Paediatric and adolescent patients requiring inpatient mental health care are transferred to the State-wide specialist services at Austin Health, the Royal Children's Hospital, or the Orygen Youth Mental Health Service.

2.7. As a designated mental health service, NWWH is not accountable to Northern Health for mental health services provided to the Northern Health catchment.

2.8. NWMH manages the three inpatient mental health units on Northern Health's acute and sub-acute campuses (see Table One), as well as providing a consultation-liaison service for patients who are admitted with primary medical comorbidities to medical/surgical/sub-acute units across Northern Health. Additionally, emergency mental health services are provided by North Western Mental Health to Northern Health patients in the Emergency Department.

Table One – Mental Health Services provided by NWMH

Campus	Service
The Northern Hospital 185 Cooper Street, EPPING	• Adult inpatient treatment • Community team • Emergency Mental Health consulting service • Psychiatric Consultation-Liaison service • Outpatient consulting services • Aboriginal Liaison Officer
Broadmeadows Hospital 35 Johnstone Street, BROADMEADOWS	• Aged persons inpatient ward • Adult inpatient ward • McLellan House aged persons residential care facility • Community Team • Outpatient consulting services
Bundoora Centre 1231 Plenty Road, BUNDOORA	• Aged persons mental health inpatient unit • Merv Irvine residential aged care facility • North/North-East Aged Psychiatry Assessment and Treatment Team
Craigieburn Centre 274 Craigieburn Road, CRAIGIEBURN	• Outpatient consulting services

2.9. The Northern Hospital Emergency Department, the busiest Emergency Department in the state of Victoria[11], also provides Emergency Mental Health services to presenting patients, either self-referred or via emergency services (Ambulance Victoria or Victoria Police).

[11] Victorian Agency for Health Information (VAHI). (2019). Victorian Health Services Performance – Statewide Emergency Department total attendences – quarterly data. Accessed at: https://performance.health.vic.gov.au/Home/Report.aspx?ReportKey=157

2.9.1. Presenting patients undergo an initial medical assessment by Northern Hospital Emergency Department staff

- If they are medically fit for psychiatric assessment, a mental health assessment is requested to be undertaken by NWMH Emergency Mental Health (EMH) team.
- If the patient requires both inpatient medical and psychiatric treatment, they are generally admitted to Northern Health beds for medical treatment, and have NWMH Psychiatric Consultation-Liaison service consults.

2.9.2. NWMH provides Emergency Mental Health (EMH) services to patients who present to the Northern Hospital Emergency Department. This is a secondary consultation service within the Northern Hospital Emergency Department. Generally, the NWMH EMH team only review patients after a referral has been made by Emergency Department Medical staff.

2.9.3. Persons referred by Emergency Services (Ambulance Victoria or Victoria Police) are admitted to the Emergency Department as Northern Health patients and are generally the responsibility of Northern Health until transfer is accepted by NWMH and the patient is physically transferred to a NWMH inpatient unit bed or they are certified to be involuntary under the Act.

2.10. The NWMH Psychiatric Consultation-Liaison service is primarily nurse-led (with Registrar support) and provides consultation services to mental health patients admitted to a Northern Health acute ward.

2.11. Northern Health supports NWMH in the following ways:

2.11.1. Medical interns and resident junior medical officers undertake rotations across the NWMH inpatient units. Some cross-cover is also provided after-hours by the Northern Health night cover resident.

2.11.2. Code Blue and Medical Emergency Teams (MET) provide an emergency response for deteriorating mental health inpatients across Northern Hospital, Broadmeadows Hospital and Bundoora Centre.

2.11.3. Pharmacists provide services to mental health inpatients and outpatients at Northern Hospital and Bundoora Centre.

2.11.4. Anaesthetists support the provision of Electroconvulsive therapy for mental health inpatients.

2.11.5. Security staff support the management of unarmed violence towards staff and other patients.

2.12. For the period 1 December 2017 to 30 November 2018 at Northern Health there were:

- 5,354 mental health presentations to the Emergency Department
  - 4,414 mental health presentations were managed by NWMH
  - 2,702 Emergency Mental Health Assessments were undertaken by the NWMH EMH team
  - 1,470 patients were admitted to a NWMH inpatient bed
- 3,351 Northern Health patients admitted to a medical ward who had a mental health comorbidity
- 1,394 patients admitted to a medical ward with a primary mental health diagnosis
- 88 patients transferred from a Northern Health medical ward to a NWMH inpatient ward
- 35 patients transferred from a NWMH inpatient ward to a Northern Health inpatient ward

Northern Health has undertaken high-level analysis of community mental health needs using Victorian Admitted Episode Data (VAED). Mental health inpatient separations over the past four-years and forecast growth modelling (provided by the Department of Health and Human Services, Victoria) suggests that mental health presentations to Northern Health are growing at an average rate of 5.3% per annum. This data supports the call for greater resources and infrastructure to support community needs.

Key issues affecting Northern Health's catchment

2.13. There is growing concern that the provision of mental health services delivered by NWMH cannot sustainably and adequately support the current and future demand and needs of the Northern Health catchment.

Specifically:

2.13.1. Existing governance arrangements regarding the management of mental health patients and services to Northern Health are flawed. Consequently, Northern Health is restricted in its ability to influence such management to any degree.

2.13.2. Transparency with respect to mental health service provision commitments, compliance with the requirements of the Act, key performance indicators and inter-organisational quality of care issues are all limited.

2.13.3. Accountability structures regarding the management of mental health services for Northern Health patients are unclear.

2.13.4. Information-sharing between NWMH and Northern Health is hampered by artificial jurisdictional service responsibility boundaries between the mental health service and the public health service interface.

2.13.5. Integration and pathways of care between Northern Health and NWMH are weak and lines of responsibility for patient care are blurred.

2.13.6. Planning and service delivery capability is severely limited by the lack of integration between the two organisations and the misalignment of relevant catchment boundaries. This, in turn, adversely affects prioritisation of services to the community across the catchment.

2.13.7. Northern Health's very limited role in planning, investment and monitoring places patient safety and quality of care at risk.

2.13.8. Difficulties regarding communication and coordination of care of mental health patients are routinely experienced by Northern Health, which negatively affect patient care and patient experience.

2.13.9. Engagement of NWMH clinicians with Northern Health is a challenge given the organisational and accountability boundaries that exist between Northern Health and NWMH.

2.13.10. No paediatric and adolescent mental health consultation service is provided to Northern Health patients, despite the relative size of the paediatric department. This results in paediatric and adolescent patients being referred outside their community and the Northern Health catchment area to access services.

2.14. The experience of Northern Health is that mental health services provided by NWMH are severely overburdened and under-resourced. Services are inadequate to meet the demand in the community. They have not grown in alignment with population and demographic changes across the Northern Growth Corridor.

2.15. Northern Health acknowledges the challenges facing NWMH and the large catchment area that it services, which includes three hospital Emergency Departments, two of which are the busiest in the State (The Northern Hospital and Sunshine Hospital).

2.16. Northern Health acknowledges Melbourne Health Executive and Board support for the disaggregation of mental health services provided to the Northern Health catchment by NWMH.

2.17. Northern Health acknowledges that transitioning delivery of mental health services from NWMH to Northern Health for the Northern Health catchment will not itself resolve all concerns and issues noted in this submission. Rather, it is recognised that transitioning the service to Northern Health is pivotal to the

provision of greater oversight over processes, facilitate stronger integration, reduce stigma and support treatment of mental health as a chronic condition.

3. Governance, accountability, infrastructure and information sharing arrangements

3.1. There is limited transparency of the provision of mental health services delivered by NWMH within the Northern Health catchment.

3.2. Access to inpatient beds across NWMH psychiatric units is inconsistent. Northern Health has limited visibility or influence over bed availability across the NWMH inpatient psychiatric units. The Service Level Agreement does not provide either a minimum number of beds allocated for Northern Health or a process to effectively manage bed availability to support mental health presentations and admissions across Northern Health.

3.3. Northern Health has to compete with inpatient bed demands across NWMH's entire catchment:

- NWMH has complete discretion as to how it manages demand for beds from its own catchment in the inner north and west of Melbourne.
- The boundaries between Northern Health and NWMH catchments are artificial.

3.4. Similarly, Northern Health also faces challenges in accessing aged persons psychiatric beds on its Bundoora and Broadmeadows campuses, all of which are managed by NWMH.

3.5. Accountability for patient management and care and lines of responsibility for clinical decision making can be blurred. Differences of opinion on patient diagnosis incentivise lack of responsibility for patient care and can lead to blame between the services.

3.6. Existing infrastructure across both NWMH and Northern Health does not adequately or safely support the management of mental health patients. Northern Health strongly advocates for the development of a Behavioural Assessment Unit (BAU) to supplement and strengthen the existing Emergency Department infrastructure.

3.7. Northern Health acute and sub-acute areas are not adequate for or purpose-built to support patients with mental health comorbidities. Northern Health ward nursing staff are currently not equipped to support the mental health care needs of these patients.

3.8. Existing psychiatric inpatient wards managed by NWMH at Northern Health have limited capability to manage mental health patients with medical and/or surgical conditions. Mental health nursing staff are not adequately skilled in managing such conditions. Consequently, mentally unwell patients often need to be transferred to or, sometimes, directly admitted to a Northern Health medical, surgical or sub-acute inpatient ward to support their non-mental health care needs.

3.9. Tracking of such patients is not well developed, leading to the prospect of them receiving sub-optimal mental health care from the NWMH consultation-liaison service while they are located in a Northern Health inpatient ward.

3.10. Access to the NWMH mental health patient record Client Management Interface (CMI) system, used by designated mental health services and providers across Victoria, is not available to Northern Health staff. This is a well-known and documented limitation of the separation between mental health and the health

portfolio in Victoria.[12] Management and provision of mental health services by Northern Health would be greatly facilitated by access to the CMI database, particularly information about patient diagnosis, prior mental health history, treatment orders made under the Act and patient compliance with such Orders.

3.11. Medical records for patients who are admitted to a Northern Health inpatient ward with medical/surgical comorbidities are only able to be provided to NWMH in hard-copy for input into the CMI system. This occurs once the patient has been discharged and there may be a significant delay between the date of discharge and the date data is manually put into the CMI system.

3.12. At a minimum, access to the CMI database would assist the Northern Health Emergency Department in the identification of patients with a relevant mental health history and the provision of person-centred care, particularly where a patient lacks capacity and a psychiatric advance directive (PAD) is in place.[13]

3.13. Information and data regarding mental health patients is not readily accessible or able to be quietly extracted from NWMH systems to support Northern Health compliance with Mental Health Act obligations.

3.14. Non-compliance with the Act poses significant risk of reputational damage for Northern Health as the public are seldom aware of the distinction between Northern Health and NWMH.

[12] Saraf, S et al. (2015). Advance statements in the new Victorian Mental Health Act. Australasian Psychiatry, 23(3): 230-232.

[13] Saraf, S et al. (2015). Advance statements in the new Victorian Mental Health Act. Australasian Psychiatry, 23(3): 230-232.

4. Pathways and interfaces between NWMH and Northern Health

4.1. The community within the Northern Health catchment area is one of the most culturally rich and linguistically diverse in Melbourne.[14]

4.2. The prevalence of common social-economic factors across the catchment (such as unemployment, poverty, isolation, homelessness, family dysfunction, discrimination and stigma), increases the likelihood of psychological distress and mental illness.[15]

4.3. Cultural and social issues affect the community's access to mental health services.[16] Separation between the provision of (and responsibility for) mental health and public health services to Northern Health's catchment reduces the effectiveness of its ability to impact and address these issues, which include:

- Stereotyping of institutions, particularly those relating to or providing mental health services
- Lower community confidence and/or lack of trust in mental health care services, especially with respect to vulnerable populations within the catchment (e.g. Aboriginal population and immigrant communities)
- Broader, community held, cultural beliefs that foster shame, stigma and reinforce discrimination
- Gender-related, communication and language barriers as well as the cultural inappropriateness of some services
- Socioeconomic disadvantage, especially among newly arrived immigrant groups in the catchment

4.4. The Northern Health catchment is not alone in experiencing an increasing prevalence of methamphetamine abuse, which presents challenges in the management of drug-induced mental health presentations.[17] Often these presentations also require management of non-mental health related comorbidities, which may result in sub-optimal care as the patients negotiate service provision between Northern Health and NWMH. This can result in disjointed, disconnected care and poor treatment compliance.

4.5. Mental health issues are known to commonly emerge at the critical junctures of human development and are at their highest prevalence amongst the late adolescent to young adult age group.[18] This group is frequently observed in the Northern Health Emergency Department. Separation between the provision of mental health and public health services reduces the effectiveness of Northern Health's role in providing streamlined and integrated care.

4.6. There is considerable interface between the Victorian Police Force (Epping Station), NWMH staff and the Northern Health Emergency Department. The Emergency Department is commonly the first port of call for emergency services, which creates significant workload burden on staff and resources. Patients often

[14] Department of Health and Human Services (2018). Northern Health Statement of Priorities 2018-2019. Accessed at: https://www2.health.vic.gov.au/hospitals-and-health-services/funding-performanceaccountability/statement-of-priorities

[15] Australian Institute of Health and Welfare (AIHW). (2018). Mental health services – in brief 2018. Accessed at: https://www.aihw.gov.au/getmedia/0e102c2f-694b-4949-84fb-e5db1c941a58/aihw-hse-211.pdf.aspx?inline=true

[16] Isaacs, AN et al. (2012). Mental health services for aboriginal men: mismatches and solutions. International Journal of Mental Health Nursing, 21(5): 400-408.

[17] Manchengo, PA et al. (2015). Management of mental health patients in Victorian emergency departments: A 10 year follow-up study. Emergency Medicine Australasia, 27(6): 529-536.

[18] Rayner, S et al (2018). A new paradigm of youth recovery: Implications for youth mental health service provision. Australian Journal of Psychology, 70(4): 330-340.

require both medical and mental health care, however it is challenging to deliver both in a streamlined manner due to the separation of services provided by NWMH and Northern Health.

4.7. Integration of mental health services will assist Northern Health to further develop a direct relationship with the local police and explore opportunities to improve liaison with emergency services to enhance outcomes for patients.[19]

[19] Martin, T et al. (2014). Police officers' views of absconding from mental health units in Victoria, Australia. International Journal of Mental Health Nursing, 23(2): 145-152.

5. Access to and navigation of mental health services across the Northern Health catchment

5.1. Long-term growth of the population within the Northern Health catchment and limitations of the existing physical infrastructure adversely impacts the inpatient treatment of mental health patients. The infrastructure within the Emergency Department, Broadmeadows Hospital and the Bundoora Centre are not purpose-designed clinical spaces to support the safe, person-centred care of mental health patients.

5.2. The Emergency Department is increasingly being used as an initial point of care for acute mental health presentations. This observation is corroborated externally, and suggests local resource and system deficiencies outside the hospital environment across the catchment area.[20]

5.3. Physical limitations across the Emergency Department and medical/surgical wards limit the ability of Northern Health to be able to support appropriate, adequate and safe management of mental health patients. This has the potential for sub-optimal treatment in a sub-optimal environment and is believed to contribute to the increasing incidence of violence and aggressive behaviours towards staff at Northern Health.[21]

5.4. Occupational violence incidents reported by Northern Health staff treating mental health patients from 1 January 2018 to 4 December 2018 identified that:

- 87% (40) of the incidents occurred in the Northern Health Emergency Department
- 3 incidents were rated as Incident Severity Rating (ISR) 2 events according to the Victorian Health Incident Management System (VHIMS) criteria.

5.5. A record of Code Black and Code Grey incidents reported by Northern Health staff during the treatment of mental patients in the Emergency Department between 1 December 2017 to 30 November 2018 identified:

- 5 Code Blacks[22] (Armed Threat) related to mental health patients
- 2,617 Code Greys[23] (Unarmed Threat) related to mental health patients

These statistics are significant and demonstrate the increasing prevalence of such incidents.

5.6. The existing Northern Health Emergency Department layout limits the ability to provide adequate and appropriate quiet space to support the treatment and care of mental health patients, particularly patients experiencing a psychotic event or who are affected by alcohol or other drugs.

5.7. Treatment of mental health patients displaying aggressive behaviours in the Northern Health Emergency Department occurs within resuscitation bays as these are the only clinical spaces available for their relatively safer management.

5.7.1. Utilisation of resuscitation bays for the treatment of these patients significantly and frequently impairs both the Emergency Department's acute resuscitation capacity and the provision of resuscitation services to other patients. It also exposes children and their families, other patients,

[20] Knott JC, et al (2007). Management of mental health patients attending Victorian emergency departments. Aust. New Zeal. J. Psychiatry, 41: 759–67.

[21] Department of Health and Human Services. (2015). Victoria's 10-Year Mental Health Plan. Accessed at: https://dhhs.vic.gov.au/sites/default/files/documents/201612/Victoria%2010-year%20mental%20health%20plan.pdf

[22] Code Black: is defined as a hospital-wide internal security response to actual or potential aggression involving a weapon or a serious threat to personal safety.

[23] Code Grey: is defined as an emergency response initiated by staff for immediate assistance with a current incident.

visitors and staff to disruptive and sometimes frightening behaviours, including violence and aggression, offensive language, spitting, scratching and assault.

5.7.2. The Short Stay Unit (SSU) in the Northern Health Emergency Department is not a safe or appropriate location to transfer and hold a mental health patient awaiting assessment for an inpatient bed. The environment is highly stimulatory and not conducive to appropriate mental health care. It can also increase the need for physical or chemical restraint.

5.8. The Northern Health Emergency Department requires a safe, purpose-designed and adequate BAU to manage mental health patients when a mental health inpatient bed is not available, where there is a delay in transfer to a mental health inpatient bed or while a patient awaits a mental health assessment by NWMH. There may be opportunities to streamline care if all services were provided by Northern Health. Patients assessed as requiring a mental health inpatient admission could be transferred out of the Emergency Department to the BAU and receive appropriate support and management whilst awaiting an inpatient bed.

5.9. Medical and surgical wards at Northern Health are not appropriately designed to facilitate the safe management of admitted mental health patients and do not meet operational, functional and design requirements under the Australasian Health Facility Guidelines.[24]

5.9.1. The environment is highly stimulatory and not conducive for delivery of appropriate mental health care.

5.9.2. Medical/Surgical wards are not secure and mental health patients may have access to equipment that poses a risk to themselves (e.g. ligature points and implements[25]), other patients, visitors and staff.

5.9.3. Admission of patients with a primary mental health diagnosis to a medical/surgical ward often occurs when there are no inpatient beds available within NWMH.

5.10. The nature of the provision of mental health services by NWMH within the Northern Health catchment creates barriers to the provision of person-centred care for mental health patients who potentially exhibit medical comorbidities. Patients and carers are required to negotiate and juggle care between an acute hospital setting, the mental health service, and community care facilities.[26]

The care and experience of both mental health patients and their carers could be significantly enhanced by the elimination of the barriers to integrated care if mental health services were provided by Northern Health.

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[24] Australasian Health Facility Guidelines (AusHFG). (2016). Full Guidelines. Accessed at: https://healthfacilityguidelines.com.au/full-guidelines

[25] Hunt IM. (2012). Ligature Points and Ligature Types Used by Psychiatric Inpatients Who Die by Hanging: A National Study. Crisis: The Journal of Crisis Intervention and Suicide Prevention, 33(2), 87-94.

[26] Olasoji, M et al. (2017). Not sick enough: Experiences of carers of people with mental illness negotiating care for their relatives with mental health services. Journal of Psychiatric and Mental Health Nursing, 24(6): 403-411.

6. Best practice treatment and care models that are safe and person-centred

6.1. Northern Health and NWMH staff are regularly subjected to occupational violence and aggression (OVA), leading to physical and/or psychological injury. The absence of a BAU at Northern Health and lengthy delays in mental health consultations increase the exposure of Northern Health staff to OVA and its impacts.

6.2. Whilst Northern Health staff receive some psychiatry training, Emergency Department and ward staff are not the health care professionals best equipped to manage mental health presentations and inpatient admissions, especially in medical/surgical/sub-acute inpatient ward areas.[27] Northern Health patients would benefit from best practice care provided by dedicated mental health clinicians.

6.3. Northern Health staff are currently not adequately equipped to manage alcohol-and-other-drug (AOD) affected patients. Transition and integration of the services would provide for greater staff capability to manage OVA across Northern Health.

6.4. While Northern Health already delivers a comprehensive Management of Clinical Aggression (MOCA) training program to staff, management of mental health services by Northern Health would enhance this and support the development of a stronger capability skillset. Further, this training could also be extended to families and carers, improving their ability to locally manage aggression, mental health conditions and behavioural outbursts.

6.5. Average inpatient length of stay (ALOS) data[28] across mental health services since 2011-12 indicates considerable variance between the Royal Melbourne Hospital and Northern Health, 3.9 and 10.7 days respectively (see Table Two). This variance would suggest models of care may be quite different.

Management of mental health services by Northern Health would provide it with the opportunity to explore different models of care that may be more suitable to its catchment.

[27] Australian Institute of Health and Welfare (AIHW). (2018). Mental health services – in brief 2018. Accessed at: https://www.aihw.gov.au/getmedia/0e102c2f-694b-4949-84fb-e5db1c941a58/aihw-hse-211.pdf.aspx?inline=true

[28] Inpatient data was sourced from the Victorian Admitted Episode Dataset (VAED) for the years 2011-12 to 2016-17. Inpatient forecasts were produced by the Department of Health and Human Services (DHHS) and were for the period 2015-16 to 2031-32.

Table Two – Average LOS across Victorian Mental Health Services

Hospital	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
Royal Melbourne Hospital- City	3.8	4.2	3.9	4.1	3.9	3.9
Monash Medical Centre [Clayton]	7.8	5.5	5.3	6.4	6.2	6.2
Dandenong Campus	16.7	15.7	13.9	16.5	15.0	16.1
Frankston Hospital	10.7	11.4	9.3	8.1	7.3	7.2
Alfred, The [Prahran]	10.5	13.2	13.1	11.5	10.7	10.8
Casey Hospital	7.5	8.9	8.7	7.9	7.1	6.1
Maroondah Hospital [East Ringwood]	11.3	9.9	9.8	10.1	9.7	9.6
Box Hill Hospital	8.2	7.9	8.3	7.9	8.0	7.3
Northern Hospital, The [Epping]	11.2	13.7	12.7	13.0	11.3	10.7
Bendigo Hospital, The	10.8	9.8	10.0	8.8	9.2	11.2
Geelong Hospital	6.5	7.5	8.6	8.0	7.7	7.6
Latrobe Regional Hospital [Traralgon]	11.8	11.8	11.2	9.5	9.8	11.2
Austin Hospital	16.9	18.8	18.6	16.4	16.3	14.8
Sunshine Hospital	17.6	23.6	20.5	18.6	18.4	22.7
St Vincents Hospital	13.0	17.6	16.4	15.0	15.0	13.9

6.6. Approximately 5% of all Emergency Department presentations are for mental health issues (refer to Table Three). These patients utilise on average 8% of available cubicles and often require lengthier treatment than other patients, reducing emergency department cubicle availability and efficient turn-over.[29]

Table Three – Northern Health Emergency Department presentations

Fin Year	Mental health	Total presentations	% mental health
2011-12	2,834	66,224	4.3%
2012-13	2,815	68,259	4.1%
2013-14	2,811	70,812	4.0%
2014-15	3,146	77,308	4.1%
2015-16	4,095	85,007	4.8%
2016-17	4,613	91,667	5.0%

It is worth noting that the actual number of mental health presentations is likely to be greater than quoted above as intentional self-harm data was not captured prior to 2016-17.

6.7. Table Four shows that the time taken to treat mental health patients in the Northern Health Emergency Department has increased significantly since 2011-12 and is currently 3 hours more than for non-mental health patients.[30] Table Five shows that the difference in time taken to treat mental health patients at The Royal Melbourne Hospital is not increasing and has remained fairly consistent at 1 hour since 2011-12.

[29] Emergency presentation data was sourced from the Victorian Emergency Minimum Dataset (VEMD) for the years 2011-12 to 2016-17. Emergency Department forecasts were produced by the Department of Health and Human Services (DHHS) and were for the period 2015-16 to 2031-32.

[30] Emergency presentation data was sourced from the Victorian Emergency Minimum Dataset (VEMD) for the years 2011-12 to 2016-17. Emergency Department forecasts were produced by the Department of Health and Human Services (DHHS) and were for the period 2015-16 to 2031-32.

Whilst the variance could be related to differences in access to inpatient beds as well as demographic and population differences, it does indicate that Northern Health patients are receiving sub-optimal mental health care from the existing services.

Table Four – Northern Health Emergency Department LOS (hrs)

Fin Year	Non MH	MH	Difference
2011-12	5.1	5.8	0.7
2012-13	5.1	5.8	0.7
2013-14	5.0	6.0	1.0
2014-15	5.7	6.9	1.2
2015-16	4.9	7.5	2.7
2016-17	4.8	7.9	3.2

Table Five – Melbourne Health Emergency Department LOS (hrs)

Fin Year	Non MH	MH	Difference
2011-12	4.8	5.8	1.0
2012-13	4.8	5.7	0.9
2013-14	4.6	5.7	1.1
2014-15	4.5	5.5	1.0
2015-16	4.5	6.2	1.7
2016-17	4.2	5.3	1.1

6.8. Viewed in the context of Northern Health at times having difficulty in accessing mental health consult services for Emergency Department patients (particularly after-hours), and experience lengthy waits for an inpatient mental health bed to become available, this data suggests that the mental health service capacity at the Northern Health Emergency Department is inadequate to meet patient needs and that the current dual model of care is not optimal for the patient cohort within the Northern Health catchment.

Management of mental health services by Northern Health would provide visibility and accountability to address these issues and advocate for resourcing in line with other planning activities undertaken across Northern Health.

6.9. Mental health patients remain in the Northern Health Emergency Department for prolonged periods of time:

- 50% of admitted mental health patients spend more than 16 hours in the Emergency Department
- 36% of mental health patients spend more than 8 hours in the Emergency Department
- 48% of non-admitted mental health patients spend more than 4 hours in the Emergency Department

While in some cases a lengthy period in the Emergency Department may be clinically indicated (i.e. during acute intoxication by alcohol or other drugs), these figures suggest that current system inefficiencies and lack of capacity do delay assessment, treatment and transfer.

6.10. Poor access to inpatient mental health beds and timely mental health transfer affects Northern Health's ability to ensure the right patient gets the right treatment by the right person at the right time and in the right place.

6.11. Most patients presenting to the Northern Health Emergency Department with what appears to be a mental health issue are often not assessed by NWMH Emergency Mental Health Team until a Northern Health Emergency Physician has assessed the patient. This creates lengthy delays within the Department.

6.12. The Consultation Liaison Psychiatry Team only provides advisory/consultative services to Northern Health to manage patients with a mental illness across medical/surgical wards.

6.13. The Consultation Liaison Psychiatry Team only reviews patients admitted to medical wards upon request. Data on demand or referrals is not monitored or captured. There are, from time to time, issues regarding the responsiveness of the service to the needs of Northern Health inpatients displaying behaviours of concern. Additionally:

- Business hours are from 0800-1600 hours, Monday to Friday
- 1 FTE provides this service across Northern Health
- After-hours Northern Health is reliant upon the NWMH Emergency Mental Health Team to manage urgent requests across medical/surgical wards in addition to their Emergency Department duties.
- The Consultation-Liaison team is predominantly nurse-led (with limited Registrar support)
- Mental health management plans are often absent, which significantly affects care of patients admitted to a Northern Health inpatient ward.

6.14. Paediatric patients presenting to the Emergency Department are transferred to the Paediatric ward to decrease time spent in the Emergency Department and therefore, usually not seen by the Consultation Liaison Psychiatry Team until the next shift.

6.15. Management of the mental health service under Northern Health could facilitate the provision of adequate access to a consultation psychiatry liaison service for patients admitted to acute inpatient wards at Northern Health.

6.16. Northern Health does not have access to a Paediatric Psychiatry service to provide emergency and ward consults. Patients within this category are referred to State-wide specialist services at the Austin Health Child & Adolescent Mental Health Service, the Parkville Orygen Centre of Excellence in Youth Mental Health Centre or the Royal Children's Hospital.

A Paediatric Psychiatry service integrated within paediatric care would enhance support for paediatric patients and reduce inequity of access issues currently experienced.

6.17. Significant numbers of patients presenting to the Northern Health Emergency Department with suicidal ideation report major social issues such as lack of social supports funds to purchase food or pay rent, etc., which cannot be resolved by medical care. Support often falls upon Northern Health social workers to provide short-term, interim solutions.

6.18. On average, NWMH admit between 4-6 mental health patients into their mental health Intensive Care Area beds every day. This reduces their capacity to provide appropriate levels of care for other patients and (at times) results in the premature movement of marginally less-well patients into lower acuity areas where they cannot be provided with the same level of supervision. Additionally, pressure for beds means that patients may also be discharged earlier than the desired length of stay.

7. Conclusion

7.1. Mental health services across Victoria are severely overburdened and under-resourced. Lack of capacity across the system is being exacerbated by a lack of growth in alignment with population, demographic and social changes. The shortfall in mental health services, combined with increasing demand, is undermining the capacity of NWMH to effectively deliver safe, effective person-centred mental health services to patients within Northern Health's catchment.

7.2. Northern Health strongly supports the work of the Commission and is committed to contributing to the delivery of high quality mental health services to its patients and to keep them safe.

7.3. Northern Health is not a designated mental health service under the Mental Health Act and suffers major deficits as a consequence.

7.4. Northern Health's preferred position is to manage all mental health services (currently provided by NWMH) in the outer north of Melbourne. This will facilitate the integration, planning and delivery of services alongside public health services provided by Northern Health and enhance the delivery of safe, effective, person-centred care to mental health patients.

7.5. An investment in improved and expanded infrastructure to meet the mental health service needs of the rapidly growing population in Melbourne's north is required.