The Royal Australian & New Zealand College of Psychiatrists

Tasmanian Branch

9 August 2018

The Secretary
Legislative Council Sessional Committee Government Administration 'A' Sub-Committee
Parliament of Tasmania
Parliament House
Hobart TAS 7000

By email to: hst@parliament.tas.gov.au

Dear Mr Valentine

Re: Acute health services in Tasmania

The Tasmania Branch of the Royal Australian and New Zealand College of Psychiatrists (Tasmania Branch) welcomes the opportunity to provide an updated submission to the Legislative Council Government Administration Committee 'A' Sub-Committee inquiry into acute health services in Tasmania (the Inquiry).

In the Tasmania Branch's view, there is a need for increased numbers of acute mental health hospital beds across Tasmania with appropriate staffing and resources. This is especially urgent at the Royal Hobart Hospital where there has been a reduction in acute bed numbers, putting intense pressure on the hospital system and exposing patients to risks and poor outcomes.

There is also a critical shortage of permanent psychiatrists in the North, North-West and Southern regions of Tasmania leading to poor continuity of patient care.

The Tasmania Branch is also very concerned about the impact bed and workforce shortages are having on the ability for health services to appropriately train psychiatry trainees. In order to have a future psychiatric workforce that is committed to Tasmania, we believe that we need to recruit and nurture trainees and on achieving their Fellowship qualification, encourage them to stay in Tasmania long term.

A final major issue is to ensure that Tasmanian psychiatric patients have a modern, built for purpose mental health unit in Southern Tasmania. This unit needs to be capable of caring for mothers and babies and have some capacity to care for a small number of adolescent patients.

Please see the attached submission which we hope will be of assistance.

If you would like to discuss any of the issues raised in the submission, please contact Bronwen Evans, Manager, Policy – Branches, via bronwen.evans@ranzcp.org or by phone on (03) 9236 9113.

Yours sincerely

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The Royal Australian & New Zealand College of Psychiatrists

Your Health in Mind

Legislative Council Government Administration Committee 'A' Sub-Committee

Inquiry into acute health services in Tasmania

August 2018

improve the mental health of the community

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RANZCP Tasmania Branch submission

Inquiry into acute health services in Tasmania

About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises governments on mental health care. The RANZCP is the peak body representing psychiatrists in Australia and New Zealand and as a bi-national college has strong ties with associations in the Asia-Pacific region.

The RANZCP has approximately 6000 members bi-nationally including more than 4000 qualified psychiatrists and over 1500 members who are training to qualify as psychiatrists. The RANZCP Tasmania Branch (Tasmania Branch) represents 100 members including almost 70 qualified psychiatrists and 25 members who are training to qualify as psychiatrists.

Introduction

The Tasmania Branch welcomes the opportunity to contribute to the Legislative Council Government Administration Committee 'A' Sub-Committee inquiry into acute health services in Tasmania (the Inquiry).

The Tasmania Branch commends the Government for establishing the Inquiry and for its commitment to examining the concerns of health professionals and the public regarding the capacity of Tasmania's hospitals to deliver acute health services, including mental health services.

In the Tasmania Branch's view, there are inadequate mental health services for the community in the North, North-West and Southern regions of Tasmania. There is a critical shortage of permanent psychiatrists in the North and North-West with the workforce shortfall made up, when they can be employed, with expensive locum psychiatrists. In the South of the state, the critical issues are: acute bed numbers, the lack of planning for a contemporary inpatient unit and problems training psychiatrists who will need to work in the health service for the decades to come.

We are also concerned about the lack of comprehensive services available in Tasmania for perinatal, child and adolescent mental health. There are no dedicated public mother–baby inpatient beds nor are there any child and adolescent mental health beds so it is not possible to provide developmentally appropriate mental health inpatient care to young people across Tasmania. Managing mental health and behavioural issues early in life improves long-term health outcomes and can decrease the need for acute or crisis care later in life. Given that 50% of all serious mental health and substance use disorders commence by age 14 (Whiteford et al., 2013), prevention and early intervention services targeted at young people including infants and their parents have the potential to generate significant benefits for the community.

Mental health beds

Data from the Australian Institute of Health and Welfare (AIHW, 2017a) reveals that in 2014–15 there were 19 mental health hospital beds per 100,000 people in Tasmania, well below the levels in other Australian states – South Australia (29 hospital beds per 100,000 population), Queensland (30 hospital beds per 100,000 population) and New South Wales (36 beds per 100,000 population). The problem of low bed numbers is particularly acute in the South.

Royal Hobart Hospital

In the years leading up to the redevelopment of the Royal Hobart Hospital, the mental health ward was reduced from 42 beds to 32 and then moved more recently to a temporary ward in J-Block.

The Tasmania Branch, together with other professional bodies such as the Australian Medical Association and the Australian Nursing Federation, has previously raised concerns to both the Tasmanian Health Service and the Government regarding the reduced bed capacity of both the temporary ward and the new mental health unit in K-Block and advocated for the number of beds in the unit to be re-instated to 42. The many problems identified in the current temporary ward, including significant health and safety issues as well as lack of space, will remain in the new ward unless plans are revised. It is the Tasmania Branch's view that the design of the new facility does not meet modern standards as it is too crowded and lacks open space. Further, the design does not support the education of clinicians, in particular trainee psychiatrists, as there is a lack of office space for trainees on the ward and no training room to provide the Formal Education Course – a requirement for RANZCP training.

Please see the Tasmania Branch's previous submissions on Rethink Mental Health and Primary Health Tasmania's Mental Health Commissioning Intentions 2016–17.

As a consequence of the reduction in bed numbers, patients needing admission to an acute mental health unit have been held for up to several days in the emergency department as there were no acute mental health beds available for them. This is not aligned with best practice for contemporary psychiatric care.

In November 2016, the coroner highlighted the insufficient bed numbers at the Royal Hobart Hospital in his findings into the death of Mr S:

> 'Had sufficient beds been available in the mental health ward of the Royal Hobart Hospital then doubtless he would have been admitted and it is likely that he would not have taken his life. Self-evidently, the Department of Emergency Medicine at the Royal Hobart Hospital is no place for anyone suffering from depression, anxiety, suicidal ideation and indeed any mental health issue… it is a matter of real concern that, at the time of Mr S's death, insufficient beds were available in the mental health ward at the Royal Hobart Hospital' (Magistrates Court of Tasmania, 2016).

Recent media reports have highlighted the continuing and ongoing pressures on the hospital's mental health ward and emergency department as a result of the reduced bed numbers (ABC News, 2017a; ABC News, 2017b). There are also significant safety concerns for patients and staff as the temporary mental health ward is not secure, with patients able to break through plyboard doors.

It is vital that Tasmanian psychiatric patients have a modern, built for purpose mental health unit in the future. The unit needs to be capable of caring for mothers and babies and have some capacity for a small number of adolescent patients. It is the Tasmania Branch's view that including the mental health unit in K-block is not appropriate in location, size or amenity.

Workforce

AIHW data shows that in 2014–15, there were 12.7 FTE psychiatrists per 100,000 population in Australia whereas in Tasmania, there were only 10.5 FTE psychiatrists per 100,000 people (AIHW, 2017b). Although Tasmania's psychiatric workforce is below the national average, a number of public sector positions have been lost in recent years, including a consultant consultation–liaison psychiatrist, and consultant and registrar positions from the Psychiatric Intensive Care Unit.

In times of financial restraint, community-based mental health services including their psychiatric staff have tended to diminish. This trend is concerning as while 'community programs cannot completely replace inpatient care [they] can offset the risks of bed closures by providing effective person-centred care (Allison et al., 2017). Community teams are currently understaffed for their caseloads and are often unable to provide timely service to patients needing case management, with long delays between discharge from the ward and appointment of a case manager. This leads to poor continuity of patient care, exposes patients to risk of relapse and increased likelihood of need for re-admission to inpatient care. Team members are inadequately covered when on leave or otherwise unavailable and not always replaced if they resign or retire. These problems are of concern across the state.

In the North-West, all adult consultant psychiatrist positions (community [x2] crisis assessment and treatment team [CATT], inpatient) are vacant. Major factors contributing to this are: workload pressures, frequent on call, lack of access to beds and professional isolation. There is no continuity of care for patients and no local support network for doctors.

In the North, there are only 1.5 FTE permanently employed psychiatrists; other positions are filled by locums.

In the South, as described above, several consultant psychiatrist positions have been lost and there are currently unfilled vacancies for consultant psychiatrists in the community teams.

Of major concern is the lack of effort by the Tasmanian Health Service to retain locally trained psychiatrists. In recent years several trainees have completed their training but have not been offered consultant positions, despite these individuals being well trained and having made it clear they wished to remain in Tasmania and the ongoing requirement for locum consultants to fill gaps across the state.

The Tasmania Branch considers that if the issues regarding lack of staffing and insufficient mental health hospital beds are not addressed, the outcome will be an ongoing negative impact on patients and mental health services. The recruitment of Australian-trained psychiatrists will be affected and the Tasmanian Health Service will increasingly have to resort to expensive locum doctors to maintain services.

The role of Clinical Directors

The Tasmania Branch considers that all mental health services, including the three inpatient units, community and rehabilitation services plus the subspecialties such as child and adolescent services, old age mental health services, drug and alcohol services, forensic mental health services and correctional health services need clinical directors empowered to lead them by close and regular contact.

The Tasmania Branch agrees with the principle of state-wide mental health services and that the process of developing such services should be continued in collaboration with regional services where that model is functioning well. An example of this may be to have onsite clinical directors for the three regional inpatient units.

Training

The RANZCP is responsible for accrediting training programs in psychiatry, to ensure they provide quality training experiences that facilitate the training of safe and competent psychiatrists. The RANZCP's accreditation and training committees visit training programs to monitor its accreditation standards which cover educational, clinical and governance areas.

In the North-West, lack of appropriately qualified supervisors has meant that there have been no trainees at that site for 3 years.

There are major problems in the North. There were six training positions in Launceston until 2014 when it was reduced to two due to lack of supervisors and other issues such as frequent on call, burnout, etc. Unfortunately the position has worsened as four consultant psychiatrists have left the hospital. There is no permanent consultant psychiatrist for the 20-bed acute unit and as such there can be no trainees placed in that unit. A recent RANZCP site visit to Launceston General Hospital identified that there are insufficient psychiatrists to provide consistency of training and this will most likely result in no training occurring in Launceston once current trainees have completed their training (the two current advanced trainees will complete their training in the next 6 months) until there is active recruitment of permanent staff.

The RANZCP bi-national Committee for Training is currently reviewing conditions for trainees at the Royal Hobart Hospital. The Tasmania Branch Training Committee has grave concerns about the effect on trainee psychiatrists of ongoing bed shortages at the hospital and is concerned not only for the trainees' physical and mental health but also for the future of psychiatric training in Tasmania. Trainees are at risk of burnout from managing acutely unwell patients in the emergency department as well as working in chaotic acute wards, with insufficient time to complete mandatory *Mental Health Act* and discharge paperwork. The Tasmanian Branch Training Committee concerns have been confirmed by the Committee for Training and as a result, effective 7 August 2017, trainee positions in the acute inpatient units will no longer be accredited and no trainees will be placed in these wards. This has potentially devastating consequences for patient care and for psychiatry training in Tasmania. The Committee for Training will undertake an urgent site accreditation visit the week beginning 11 September 2017 to review the adult inpatient unit.

For many years the Tasmanian Government has not funded any increase in the number of psychiatry training positions which suggests a lack of commitment to training and a poor understanding of the importance of recruitment and retention of Tasmanian-trained specialist psychiatrists. Over the past several years all new training positions have been obtained through federal funding initiatives (Specialist Training Program [STP] and Integrated Rural Training Pipeline [IRTP]; see below) rather than by any investment from the Tasmanian Government. Furthermore, training positions funded by the state government have actually been lost. In order to have a future psychiatric workforce that is committed to Tasmania, we need to recruit and nurture trainees and on achieving their Fellowship encourage them to stay in Tasmania long term.

Specialist Training Program

The Specialist Training Program (STP) is an Australian Government initiative that provides funding to health organisations to support specialist medical training experiences in settings beyond traditional public teaching hospitals. In Tasmania, there are four STP posts and a further three posts at the Royal Hobart Hospital funded through the 'Training more specialist doctors in Tasmania' (TMSDT) project. The Integrated Rural Training Pipeline (IRTP) – a program which aims to increase the number of psychiatry trainees and specialists in rural and regional areas – funds three IRTP posts across Tasmania. Therefore, the Australian Government funds a total of 10 psychiatry training posts in Tasmania.

The RANZCP strongly supports continued funding of the STP and IRTP which provide vital support for training posts outside of traditional metropolitan teaching hospitals and in rural areas. All psychiatry training opportunities offered under the STP and IRTP must meet the accreditation standards set by the RANZCP and be considered by the RANZCP to deliver educational value.

Furthermore, the operational framework of the STP[1] states that positions funded by the STP must be new posts that are in addition to existing state-funded training positions.

The Tasmania Branch urges the Tasmanian Government to remedy the problematic service capacity and workforce issues described above as quickly as possible or risk losing these valuable training posts as it is a contractual obligation from the Department of Health that all STP, TMSDT and IRTP posts are accredited by the RANZCP.

The Tasmania Branch is also disappointed with the delays by the Tasmanian Health Service in finalising the contractual arrangements for STP, TMSDT and IRTP posts which risks future placement of trainees in positions.

Perinatal and infant mental health services

Women are at greater risk of developing a mental illness following childbirth than at any other time (Kowalenko, 2000). While most postnatal psychiatric illness can be managed with outpatient treatment, in some cases the illness and associated risk can be severe enough to warrant admission to hospital (Salmon et al., 2003). It is widely accepted that women requiring inpatient treatment have improved outcomes if accompanied by their babies. However, there are no dedicated public mother–baby inpatient beds in Tasmania. Women with severe mental health problems and their infants can be admitted to a mother–baby unit at St Helens Private Hospital (following approval from the Clinical Director of Mental Health); however, this facility cannot accommodate those requiring involuntary treatment. The redevelopment of the Royal Hobart Hospital does not currently include plans for mother–baby beds in the new psychiatry inpatient unit.

In the South, the Royal Hobart Hospital has a Perinatal and Infant Mental Health (PIMH) service which provides consultation and liaison to the maternity, neonatal and paediatric services treating women identified as 'at risk' by their midwife, obstetrician or GP in the antenatal period. While it was the original intention of the service that women would be seen for follow-up for up to 12 months after their baby was born, resources have not been sufficient for this to occur. Also due to limited resources, most women referred for the first time in the postnatal period (usually by their GP) are not managed primarily by the PIMH team but rather through advice and support to their GP.

In the North and North-West, there are no PIMH teams at Launceston General Hospital or North West Regional Hospital, respectively. Federal funding from the National Perinatal Depression Initiative (NPDI) allowed development of PIMH clinical nurse coordinators in each region from 2010–2017; however, these positions are due to conclude in 2017.

Child and adolescent mental health services

There are no dedicated inpatient beds or specialist inpatient facilities in Tasmania for under-18 year olds with mental illness requiring acute hospital care. Young people requiring inpatient care in each region are admitted to the paediatric unit of the hospital, or the adult psychiatric unit if too unwell to be

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[1] '…A position will not be considered new if it has been funded by another organisation for more than 12 months within the last 3 years. Additionally, a position that was funded by another organisation within the last 12 months will need to conclusively demonstrate that its funding is not ongoing. This allows for short term funding from organisations such as charitable trusts. In this context, positions funded by the applicant organisation or a state and territory government will not be considered new and will be ineligible for STP support.' Specialist Training Program (STP) Operational Framework July 2016

accommodated in the paediatric unit. Neither facility is appropriate for their care and there is a high level of risk associated with accommodating young people with mental illness in adult psychiatric facilities. Young people require developmentally appropriate care, in safe and developmentally appropriate environments, with specialist multidisciplinary staff.

In the South, there is considerable bed pressure in the paediatric unit. Young people with mental disorders impact on the unit in terms of bed time (prolonged admissions) and demands on staff. There is also significant unmet need for specialist mental health care for young people with medical conditions, especially chronic and severe illness, pain disorders and physical symptoms without medical explanation.

In the North and North-West, there are no hospital teams to respond to children and adolescents with mental disorders so the relevant Child and Adolescent Mental Health Service community team provides in-reach services to these patients. This impacts on the care they can provide to their community patients, often necessitating cancellation of scheduled appointments to address inpatient crises.

While there are plans to include adolescent inpatient units in the redevelopments of Royal Hobart Hospital and Launceston General Hospital which will be designed to meet adolescent needs including those patients with mental illness, these units will not be completed for several years.

Public–private cooperation

Given the under-resourced public mental health sector, the Tasmania Branch supports utilising the expertise of Tasmania's private psychiatric workforce to enhance mental health outcomes. However, the private psychiatric sector also has insufficient bed numbers and workforce to manage their current referral rate, both for inpatients and outpatients, thus would be unable to significantly improve public sector capacity.

Improvements can be made by promoting cross-sector collaboration, ensuring early referral from GPs and encouraging private psychiatrists to contribute to public psychiatric services on a sessional basis. Restoring Visiting Medical Officer (VMO) positions would also help in smoothing patient transition between public and private services. Another option could be conjoint psychiatric appointments to facilitate cooperation between the two sectors.

Similarly, the Tasmania Branch believes that ensuring continuity of services and communication between psychiatrists, GPs and psychologists will improve the delivery and integration of mental health services and, in turn, enhance outcomes for Tasmanians with a mental illness.

To facilitate this process, the RANZCP has a Professional Practice Guideline: Best practice referral, communication and shared care arrangements between psychiatrists, general practitioners and psychologists (2014; of note, currently being reviewed and updated). The guideline outlines best practice steps in referral, communication and shared care arrangements between GPs, psychologists and psychiatrists who are the main providers of community mental health care. The guideline aims to assist communication flow and clarify patient management, care and safety between all practitioners involved in the shared cared service model.

Independent review

Given the systemic management failures within the Tasmanian Health Service that have led to the current critical situation, the Tasmania Branch supports an independent review of Tasmania's mental health system.

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