The Royal Australian & New Zealand College of Psychiatrists
Western Australian Branch

21 December 2022

Ms Megan Inglis
Executive Director
Governance and System Support Director
Strategy and Governance Division
Department of Health

By email to: independentgovernancereview@health.wa.gov.au

Dear Ms Inglis

Re: Independent Review of WA Health System Governance Report Recommendations

Thank you for your email of 30 September 2022, inviting The Royal Australian and New Zealand College of Psychiatrists (RANZCP) to provide our initial views on the Independent Review of WA Health System Governance Report ('Report') recommendations.

The RANZCP WA Branch welcomes the proposed move to a single point of accountability for the public health system, and alignment of the commissioning and service delivery functions in mental health. We hope that this will address the inefficiencies in the current system, such as systemic gaps and believe it has the potential to deliver an effective, integrated system which is publicly accountable.
We also welcome the potential for a high-performance health system, led by collaborative and distributed leadership to create a culture that embraces the recovery model, patient safety, quality improvement and sustainability.

The RANZCP has previously provided responses to governance reviews of the health system, including the 2019 Mental Health and Clinical Governance Review (see RANZCP 2019 submission). Our 2019 submission included the following quote from Associate Professor Simon Stafrace, which remains relevant:

> *Patients and families don't deserve to endure for much longer the soft bigotry of low expectations; treatment in sub-optimal settings; the exposure to preventable harm; and the neglect of human rights and physical health. Equally, clinicians don't deserve the frustration and helplessness that comes with heavy caseloads; the privileging of compliance over therapeutic interventions; and yes, the exposure to violence and trauma that can also be part of their experience of mental health care. We must harness the creativity of people with a lived experience of mental illness, and that of the carers, clinicians, peers, and communities who support them. In doing so, we may finally match the ambition*

RANZCP Western Australia Branch
On Whadjuk Noongar Boodja
1/31 Broadway, Nedlands WA 6009
T 08 6458 7800 | F 03 9642 5652
ranzcp.wa@ranzcp.org
www.ranzcp.org
ABN 68 000 439 047

that so clearly exists in our state, to make a positive difference to the lives of people with mental illness and their families. (Stafrace, 2018)

We firmly support the proposed shift in governance towards stronger collective responsibility for system and population health outcomes. We welcome the recommendations to:

1. establish a new Mental Health Directorate, and create a central point of accountability for alcohol and other drugs, and the public mental health system
2. integrate consumer led and recovery focussed care into clinical services across the acute, subacute, rehabilitation and recovery phases of care
3. update and consolidate policy frameworks and prescribe mandatory requirements across all Health Service Providers
4. develop the data and information systems required to inform decision-making at all levels of the system, from clinical to strategic, and
5. create more opportunities for people with lived experience to participate in the health system.

However, we note that the successful achievement of these aims will depend on how they are implemented. The model proposed by the review, where the Department of Health commissions the entire range of mental health services from Health service provider (HSP) acute inpatient to non-government organisations (NGO) community recovery is yet untried. It requires detailed planning and significant expertise if it is to truly meet the desired outcome of providing co-designed, integrated, effective and efficient services for the WA community.

Lived experience voice

The RANZCP WA Branch strongly supports recovery principles, co-design, and the true integration of lived experience expertise into mental health services if they are to be contemporary and meet the need of the WA community. In our view, appropriate consumer and carer services must be funded, and there must be specific roles identified within the Department of Health structure, who are responsible for recruiting and continually reaching, supporting, revitalising, and maintaining the currency of the lived experience voice. For example, there could be a mechanism so that people can join a committee for a year or two, or even just be consulted with on an *ad hoc* basis. The role would also seek out broad, lived experience perspectives, particularly from those with current or recent experiences of mental health services.

Integration of services

Currently, people can be discharged from mental health services with no community supports because they are viewed as too high-risk for the community-based services. This is unacceptable. The reforms must ensure integration of services across the acute, subacute, rehabilitation and recovery phases of care. Additionally, consumers should be able to move between pregnancy, child, adolescent, adult, and older adult services with seamless support and not fall through these gaps.

There is an opportunity to clearly map the responsibilities and interfaces between public mental health and alcohol and other drug (MHAOD) services, and community mental health organisations. Partnerships and collaborations should be encouraged and should

include the processes, capacity, and authority for disputes to be resolved, and if necessary, for resources to be reallocated as needed.

Non-government, community-based services need to be appropriately developed and supported, and this could be one of the roles of the Mental Health Commission. Additionally, the Commission could take whole of government responsibility for mental health, for example liaison and negotiation with other government departments to ensure housing and other social determinants of health are addressed, including for example between AOD, chronic pain, domestic and family violence and mental health services. In our view, this would be an appropriate extension of the Mental Health Commission's proposed role in establishing primary prevention and oversight, in recommendation 14.b of the Report.

Mental health funding

Measures must be taken to ensure that there must be a 'ring fence' around mental health funding to ensure it is directed as intended. The RANZCP WA Branch notes that in the past, when the Department of Health had responsibility for both physical and mental health, monies that were allocated to mental health became subsumed within the global health budget and were not allocated to mental health service provision. The establishment of the Mental Health Commission was meant to address this, however, "neither the System Manager nor the Mental Health Commission (MHC) has whole of system visibility". This has led to gaps in "line of sight" of how funding is expended.

Responsive service delivery

The planning, commissioning and delivery of health services all need built-in flexibility so that the services are managed as one system, which can adjust as future initiatives are commenced, or new service gaps appear. Sometimes plans miss important practical barriers or considerations. The implementation team and service providers need a mechanism whereby they can adjust the services (and spending) to meet needs, and not be bound by out-dated funding agreements or plans. Any amendments to the uses of funds would need to be presented and agreed upon in the governance structure of services and by the overarching funding body, and some parameters to allow this could be established up front.

Clinical leadership

The RANZCP WA Branch notes initiatives such as the proposed Mental Health Improvement Unit which will lead clinical safety and quality monitoring and improvement (Report recommendation 15b), and that stewardship of the WA public health system be facilitated through groups such as the System Leadership Forum, the System Leadership Advisory Council and revitalised Clinical Senate and clinical networks (Report recommendation 8). The WA Branch stresses the importance of MHAOD clinical expertise and leadership operating at all levels, and able to have real influence on decision making not just the provision of advice. This must be embedded in an integrated clinical governance framework across the system. We also reiterate our support for the Mental Health Network, which has been eroded in recent times, with no clinical lead at present or mechanism to feed into executive/leadership groups. We support the mental health networks shifting to the Department of Health. They should be aligned with clinical

networks and Senate and ensure clinical and consumer input/leadership via this mechanism.

Implementation

The WA Branch acknowledges the need for careful planning around the details contained in the Report, and the need for ongoing clinician and service user input into the final design. We welcome the opportunity to take part in further consultations in 2023. We trust that the implementation process will draw on input from the RANZCP and all other stakeholders and ensure that mental health services are structured and funded well and that the governance changes lead to enhanced efficiency, accountability, transparency, and flexibility in meeting the needs of all stakeholders.

Thank you for the opportunity to contribute our initial feedback. Should you have any queries, please do not hesitate to contact me via our Senior Advisor, Policy, Advocacy and Educational Development, Gillie Anderson on gillie.anderson@ranzcp.org or 08 6458 7802. We look forward to further involvement in the new year.

Yours sincerely

Dr Michael Verheggen
Chair, RANZCP Western Australia Branch