

ACN RESPONSE TO THE ADULT MENTAL HEALTH CENTRES CONSULTATION

Introduction

What is your name?

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What is your email address?

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Would you like to be involved in future surveys from the Department of Health to understand the views and perspectives of Australians on key health issues?

Yes

Are you providing a submission as an individual, health professional or on behalf of an organisation?

Organisation

If you are an organisation, what category best describes the role of your organisation?

Professional college

Please specify the name of your organisation, department or agency.

Australian College of Nursing (ACN)

In which State or Territory do you live or does your organisation operate?

ACT and NSW

The Department of Health would like your permission to publish your consultation response. Please indicate your publishing response.

Publish response (your email address will not be published but all other answers,

including your name, may be published)

Principles

Are the principles which underpin the service model appropriate?

Very appropriate

Please provide comments on the principles including if there are principles that are missing or any suggested amendments, providing your rationale for the suggested change.

ACN welcomes the opportunity to provide feedback to the Department of Health in relation to the Potential Service Model for Adult Mental Health Centres consultation. As the professional organisation for nurses, ACN strongly supports measures to improve mental health in the community and welcomes the announcement to establish Adult Mental Health Centres. Nurses are an integral part of multidisciplinary teams of health professionals who provide care to people who require mental health support in the community.

ACN members consider the ten listed principles are appropriate, particularly principle number 3 “Provide a welcoming, compassionate, culturally appropriate and safe environment that is inclusive for all people accessing services or support”. It acknowledges special needs within the region, especially for Aboriginal and Torres Strait Islander people. The mental health of Aboriginal and Torres Strait Islander people is significantly worse than that of non-Indigenous Australians across many indicators and the suicide rates are twice as high.¹ Moreover, Aboriginal and Torres Strait Islander Australians who live in rural and remote areas face significant challenges when compared to urban residents. People from rural and remote areas are at greater risk of hardship, social-isolation, self-harm and suicide.² ACN notes the impact of drug and alcohol use, poorer education, and climate related risks must not be understated in these regions.

In May 2018, ACN provided a submission to the Senate Community Affairs Reference Committee on the accessibility and quality of mental health services in rural and remote Australia. ACN highlighted in the submission the lower numbers of mental health care providers, demanding workloads, increasing rates of provider burnout and lack of culturally appropriate and responsive services to Aboriginal and Torres Strait Islander peoples.³ A generalist approach to nursing care in these regions is also contributing to reduced quality of care, service effectiveness and expertise available in mental health.

¹ National Aboriginal and Torres Strait Islander Leadership in Mental Health (NATSILMH), 2020, *Pledge support for the Gayaa Dhuwi (Proud Spirit) Declaration*, accessed on 28 July 2020,

<https://natsilmh.org.au/pledge-support-for-the-gayaa-dhuwi-proud-spirit-declaration>

² Bishop, L, Ransom, A, Laverty, M and Gale, L, 2017, *Research Report: Mental Health in Remote and Rural Communities*, Royal Flying Doctor Service of Australia.

³ Australian College of Nursing (ACN), 2018, *ACN COMMENTS ON: Mental health services in rural and remote Australia*.

<https://www.acn.edu.au/nurseclick/acn-comments-on-mental-health-services-in-rural-and-remote-australia>

ACN provided several suggestions and practical solutions to address the issues, including to:

- implement mandatory culturally responsive training to support the mental health needs of Aboriginal and Torres Strait Islander peoples
- develop and grow the Aboriginal and Torres Strait Islander mental health workforce
- build the mental health workforce in rural and remote Australia through relocation with funding scholarships
- remodel reimbursement schemes to support rural and remote loading
- up-skill the existing nursing workforce in rural and remote Australia to remain and work within their local region
- ensure competency in mental health education is consistent with current evidence based training.

The 3rd principle also states that the Centres are inclusive for all people. This principle is crucial when dealing with patients who were not born in Australia including refugees and asylum seekers. Studies indicate that refugees and asylum seekers experience high levels of mental health problems such as anxiety, depression and post-traumatic stress disorder.⁴ As stated in its Position Statement, ACN believes that all refugees and asylum seekers should receive quality holistic health care that addresses their physical and mental health needs particularly as they are vulnerable populations of great cultural diversity.⁵ Health professionals who work with refugee and asylum seeker populations practise in environments of considerable medical, cultural and social complexity. They provide care to members of ethnic and cultural groups new to Australia who often present with unfamiliar health profiles. For this reason, health professionals, including nurses, working in these settings should be assisted through access to education that addresses the specific health, mental well-being, cultural, and social needs of refugee and asylum seeker populations. They should be supported to acquire and maintain the strong clinical skills covering care across the lifespan they require.

ACN members support the principle to provide a safe environment at the Centres (principle number 3). When patients with alcohol and other drug (AOD), domestic violence, family violence, legal and financial problems are at the Centres, it can be a challenge to establish and maintain safety and to manage escalating behaviour of mental health patients. Therefore, adequate training in this area is crucial to create a safe environment for both patients and the multidisciplinary team. ACN members who work in the mental health field explain that their services have been struggling to attract skilled clinicians. Before coming to the Centres, staff should get adequate training in this area and be ready to deal with the range of issues that come up in this model.

ACN shares with you one specific ACN member comment on the importance of principle number 6: *“Support people to connect to pathways of care through integration with longer term existing community mental health services where these are accessible, local Primary Health Network commissioned services, or GPs and state and territory funded services, as required.”* Currently there

⁴ von Werthern, M, Robjant, K, Schon, R et al., 2018, ‘The impact of immigration detention on mental health: a systematic review’, *BMC Psychiatry*, 18, Article number 382.

⁵ Australian College of Nursing (ACN), 2019, *ACN Position Statement: Quality health care for all refugees and asylum seekers*.

<https://www.acn.edu.au/wp-content/uploads/position-statement-quality-health-care-refugees-asylum-seekers.pdf>

is a gap with private patients accessing community and Primary Health services in Outpatient capacity. It is important to highlight this issue and address the gap in services.

Assumptions

Are the assumptions appropriate?

Appropriate

Please provide comments on the assumptions, including any assumptions that are missing or any suggested amendments, providing your rationale for the suggested change.

ACN members consider the assumptions are appropriate and realistic. According to the World Health Organization (WHO), depression is the leading cause of disability worldwide, and is a major contributor to the overall global burden of disease.⁶ Nurses are on the front-line of health care services and play a vital role in the early intervention of patients seeking mental health support. Prompt diagnosis and early intervention in the initial stages of a mental illness can have significant and life-changing consequences for a person's mental health. All nurses are likely to be caring for people with depression or at risk of serious mental health issues.

ACN members suggest adding the global COVID-19 pandemic effects in the assumptions section. The WHO has expressed its concern over the pandemic's mental health and psycho-social consequences. The new measures such as self-isolation and quarantine have affected usual activities, routines, and livelihoods of people that lead to an increase in loneliness, anxiety, depression, insomnia, harmful alcohol and other drug use, and self-harm or suicidal behaviour.⁷ The lockdowns around the world have led to an increase in cases of domestic violence where women and children who live with domestic violence have no escape from their abusers during self-isolation and quarantine.⁸

It is clear that the COVID-19 pandemic has led to a vigorous and multifaceted response from psychiatrists and allied health professionals, and that mental health is clearly being taken into consideration at multiple levels in the general population, among health care professionals, and in vulnerable populations. As the number of patients affected by this pandemic continues to increase, health care professionals face a great challenge. The cumulative effects of stress and professional challenges can lead to harmful impacts for mental health professionals including burnout and poorer physical and mental health, and the risk of infection. Support should be provided to them. This can be in the form of equipping them with appropriate training, COVID-19 guidelines, provision of

⁶ World Health Organization (WHO), 2020, *Depression*, accessed on 28 July 2020, <https://www.who.int/news-room/fact-sheets/detail/depression>

⁷ World Health Organization (WHO), 2020, *Mental health and COVID-19*, accessed on 28 July 2020, <https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/technical-guidance/mental-health-and-covid-19>

⁸ World Health Organization (WHO), 2020, *COVID-19 and violence against women: What the health sector/system can do*, accessed on 28 July 2020, <https://www.who.int/reproductivehealth/publications/emergencies/COVID-19-VAW-full-text.pdf>

protective gear (such as masks, gloves, gowns, and eye wear), food, and rest breaks at the health care services.⁹ All healthcare workers need to be prepared for the challenges they are going to face during the COVID-19 pandemic. We know that properly preparing staff for the job and the associated challenges reduces the risk of mental health problems. They should not be given false reassurance but a full and frank assessment of what they will face, delivered without euphemisms.¹⁰ Staff can be supported by reinforcing teams and providing regular contact to discuss decisions and check on wellbeing. Once the crisis begins to recede, staff must be actively monitored, supported, and, where necessary, provided with evidence based treatments.⁹

Core services

Are these core services appropriate?

Somewhat appropriate

Please provide comments on the core service elements, including any suggested amendments, providing your rationale for the suggested change.

ACN members consider the core service elements reasonable. It is important that the Centres can provide a central point to connect people to other services in the region and in-house assessment, including information and support to access services. This service will give the option for individualising needs and services to specific communities.

ACN members propose to reconsider the use of the word 'crisis' in the first core service element because the term 'crisis response' can have a wide interpretation and consequence. Crisis response generally requires the involvement of emergency departments, ambulances, and the police. However, the consultation paper mentions that services for people in need of urgent emergency department care and acute reception of police or ambulance referrals are considered out of services of the Centres. The Centres offer assistance for people experiencing multifactorial stressors which many of them are triggered by other parts of the system, such as Centrelink, National Disability Insurance Scheme (NDIS) and housing issues. The systems should serve patients as their priority but currently the systems often become stressor factors for people to get assistance for mental health problems.

For the fourth core service element, ACN members recommend involving mental health nurses and nurse practitioners (NPs) with a speciality in mental health and addiction besides GPs and psychiatrists to do medical assessment, including initiation or continuation of medication management where appropriate; and assistance with physical health needs. A study shows that

⁹ Adams, JG and Walls, RM, 2020, 'Supporting the Health Care Workforce During the COVID-19 Global Epidemic', *JAMA*, 323(15), pp. 1439-1440.

¹⁰ Greenberg, N, 2020, 'Managing mental health challenges faced by healthcare workers during covid-19 pandemic', *The BMJ*, 368.

integration in a nurse practitioner-led mental health service in rural Australia was highly regarded.¹¹ It addressed the drug and alcohol and mental health needs of a vulnerable rural community and it showed that they can mitigate the current rural mental health system issue.¹⁰ They have full scope of practice, engage in related scholarly activity, and have formalised education and training for rural health care delivery, which collectively answers the professional and moral call serving the underserved rural population with mental illness.¹²

However, there is a barrier for the people to access structured psychological therapies such as cognitive behaviour therapies, including services provided through Medicare Benefits Schedule (MBS) arrangements (page 7), from mental health NPs. Currently NPs are not able to provide service under MBS Mental Health Treatment Plans. It needs government commitment to change this regulation to enable mental health nurses and NPs working to their full scope of practice to serve the community.

Services out of scope

Is the list of out of scope services clearly explained?

Yes

Please provide comments on the services that are out of scope, including any suggested amendments.

ACN members support the listing of the services that are out of scope and acknowledges that the list is reasonable and not unexpected. This out of scope service list will also avoid duplication of services among health community systems which will create confusion for the community.

Inclusive support and treatment

As described, will the service model meet these establishment aims?

No

Please comment on the establishment aims, including any suggested amendments, providing your rationale for the suggested change.

ACN members are of the opinion that the establishment aims are accountable and objective. Particularly the addition of the Gayaa Dhuwi (Proud Spirit) Declaration in the development and

¹¹ Barraclough, F, Longman, J and Barclay, L, 2015, 'Integration in a nurse practitioner-led mental health service in rural Australia', *The Australian Journal of Rural Health*, Volume24, Issue2, pp. 144-150.

¹² Finley, BA, 2019, 'Psychiatric Mental Health Nurse Practitioners Meeting Rural Mental Health Challenges', *Journal of the American Psychiatric Nurses Association*, Vol 26, Issue 1.

delivery of services to ensure culturally safe services for Aboriginal and Torres Strait Islander people are included as part of the broader model. ACN members are also pleased to see Aboriginal Health Workers as part of a possible multidisciplinary team working at the Adult Mental Health Centres. Statistics show that more than 30 per cent of Aboriginal people suffer some form of psychological distress compared to 20 per cent for non-Aboriginal Australians.¹³ ACN advocates that it is imperative that an Aboriginal Health Worker is employed full-time at each Adult Mental Health Centre.

In spite of that, there is some room for improvement of the Centres service model. Some input from ACN members are as follows:

- There is a need for partnership with other health and community organisations in managing the mental health problems among the Aboriginal and Torres Islander (ATSI) peoples. The Centres can collaborate with those who have experience, knowledge and skills in this area as they have been working with the ATSI community. People from culturally and linguistically diverse (CALD) backgrounds would also benefit from culturally sensitive approaches and language services as the ATSI community.
- Nurse Practitioners (NPs) should be included alongside GPs, Psychiatrists and Psychiatric Registrars as the multidisciplinary teams in providing an option for intervention and support to reduce the need for emergency department attendance (Table 1, p. 12).
- NPs should be included in the assessment (Table 1, p. 12). Due to their scope of practice, NPs would limit the number of people needing to be consulted or referred to other services. NPs specialised in mental health and addiction have a broad skill set inclusive of medication, physical health care needs and assessment, referral out to specialists, psychotherapy, opiate replacement therapy and addiction care and treatment.
- NPs should be included in providing treatment and support for individuals, families and carers (Table 1, p. 12). The paper has involved mental health nurses to conduct this treatment. However, both mental health nurses and NPs should be included. The skill set of a mental health NP is extended on what a mental health nurse can provide yet a mental health nurse should also be included with their skill set considered.
- The consultation paper mentions that *“Given the role of Centres in offering an option for intervention and support to reduce the need for emergency department attendance, staff will need to be available who have received specialised training and who are experienced in supporting people at risk of suicide or who are experiencing significant levels of distress.”* This will be appropriately addressed by employing nurses and NPs to work at the Centres as both of them have skill sets in assessment, and possible experience in working in EDs where acute presentations are frequent, and triage at the acute level as they may have graduated through the public mental health system and held senior clinical roles in triage and assessment teams.

National branding

¹³ Australian and New Zealand Mental Health Association 2018, *Mental Health and Aboriginal People*, <https://anzmh.asn.au/2018/07/10/mental-health-aboriginal-people/>

What factors could make a national brand easily identifiable?
Please provide comments on the factors that will assist in creating an easily identifiable national brand.

ACN members suggest engaging with mental health consumers in a roundtable-style forum to hear their views on what they would like to see as the branding for the Adult Mental Health Centres. The Centres can occupy an effective logo/ symbol with minimum use of words in order to be easily identified by people. It can incorporate a sunflower picture as most people would recognise and relate it to mental health. Furthermore, the brand should clearly identify its purpose and values.

Lastly, ACN wishes for the roll-out of the Adult Mental Health Centres to go well and thanks the Department of Health for coordinating this important work.