



21 December 2015

Independent Hospital Pricing Authority
PO Box 483
DARLINGHURST NSW 1300

Email: submissions.ihpa@ihpa.gov.au

Dear Sir/Madam,

Re: Development of the Mental Health Care Classification – Public Consultation paper 2

The Australian Nursing and Midwifery Federation (SA Branch) welcomes the opportunity to provide feedback on the development of an Australian Mental Health Care Classification.

The ANMF (SA Branch) is the professional and industrial organisation representing more than 19,000 nurses, midwives and assistant in nursing/personal care assistants across South Australia. Our members are employed in a wide range of health and community services, including tertiary, public and private secondary hospitals, country hospitals and Multi-Purpose Services, district, community, primary and related health services, aged care and disability services, mental health services.

The ANMF (SA Branch) acknowledges the importance of, and need for, developing a single national Australian Mental Health Care Classification system. We support the principle of a single classification system specific to mental health as important for providing future funding and for monitoring performance which in turn will ensure better outcomes for clients and consumers of mental health services.

The ANMF (SA Branch) suggests that it would be beneficial for consultation respondents to review the results of the pilot testing for version 1.0 of the Australian Mental Health Care Classification (AMHCC). This will help in determining further directions, priorities and response needed.

If you require further information or clarification regarding our response, please contact Ms Jennifer Hurley, Manager Professional Programs, on 8334 1937 or email jenny.hurley@anmf.org.au

Yours sincerely

Adj Assoc Professor Elizabeth Dabars AM
CEO/Secretary

Please find below the ANMF (SA Branch)'s responses to the consultation paper 2.

1. Are the variables included in the draft AMHCC version 1.0 relevant to clinicians, health service managers and other stakeholders?

The ANMF (SA Branch) supports the variables that have been previously considered in draft version 1.0; further comments about the variables appear under the relevant headings.

2. Are there other variables that should be considered in later iterations of the AMHCC?

In response to this question we have reviewed the previous review first consultation papers. The ANMF (SA Branch) supports that many of the variables proposed by those providing consultation are important as they do impact on care complexity, funding classifications and care requirements. The ANMF (SA Branch) would like consideration to be made to include some of the variables suggested during the first consultation paper. For example, the rural and remote community care, the expense of some therapies, developmental stages when care is being provided (infant mental health), intellectual capacity, and clients from non English speaking backgrounds.

The ANMF (SA Branch) also asks that there consideration be given regarding the inclusion of the following variables.

Level 1 Setting:

The ANMF (SA Branch) seeks consideration be given regarding the complexity of mothers admitted with their babies for mental health treatment. Mothers admitted to a perinatal mental health unit with their infants and/or toddlers have a high complexity and require specialist care. Maternity settings also need to be considered as they often have women with mental health issues admitted either antenatally and postnatally, and this produces a considerable increase in workload in the midwifery setting and may involve the need of consultation liaison teams.

Consideration needs to be made to provide funding for clients attending group therapy within community and/or inpatient settings.

Level 2 Mental health phase of care:

The ANMF (SA Branch) seeks consideration of the following elements to be included in the different phases of care:

- *Assessment only* to also include consultation liaison services and emergency department short stays.
- *Acute care* maintaining safety needs and ongoing risk assessment to be included.
- *Functional gain* phase it would be of great benefit to add psycho-education as an intervention.
- *Intensive extended care* phase it would be advantageous to include a strong recovery focus with the interventions provided.
- *Consolidating gain* phase of care it would be beneficial to add more around recovery focused interventions, partnership, and client focused care.

Further, we seek clarification whether the classification system will take into consideration when a client is over more than one care phase at the same time? Clients may frequently move quickly between the levels sometimes overlapping. E.g. assessment and acute care will often occur at the same time.

Level 4 Mental Health Legal Status:

The ANMF (SA Branch) seeks consideration be given to the legal status within community or home care settings. For example, in community settings in an acute phase a client on a Community Treatment Order (CTO), who is non compliant with care, could create an increase in care complexity, and time allocated for follow up, thus leading to greater costs, so it is important not to limit legal status to admitted settings only.

Level 5 HoNOS:

The ANMF (SA Branch) has received member feedback regarding the use and application of HoNOS. Members' view is that HoNOS is a very subjective instrument, with a risk of data integrity given the user's ability to manipulate the data that has been entered. Data can be manipulated for the purpose of funding, admission, discharge and risk assessment. This may indicate that it is an unreliable instrument and may not be useful as a variable, if not regularly audited. If HoNOS is to be used as a variable, there is an ongoing need for regular education and training updates, as well as, regular auditing within a quality improvement process.

3. Do the final classification groups have relevance to clinicians, health service managers and other stakeholders?

The ANMF (SA Branch) believes that the final classification groups have relevance to the above groups and key stakeholders.

4. Are the priorities for the next stages of development of the AMHCC appropriate?

The ANMF (SA Branch) supports the priorities for the next stage.

Further development and validation of the AMHCC is extremely important, including reviewing the results of the pilot testing. Further refining and explanations of the mental health phase of care is necessary to ensure that care classifications adequately define the care needed within each phase. The inclusion of residential care classifications is important to ensure that all facets of mental health care are encompassed.

Many mental health clients have comorbidities which lead to increased clinical complexity, such as drug and alcohol comorbidity is very common. Medical comorbidities include chronic medical conditions such as diabetes, obesity and hypertension. These illnesses often occur, or are exacerbated by psychiatric treatments.

The ANMF (SA Branch) supports the need to look at the work and complexity of clients in the community who are provided a service by Non-Government Organisations (NGO). Many NGOs have contracts to undertake mental health support in community and home settings. Their feedback on client

care needs will be extremely important, particularly in relation to the *intensive extended* and *consolidating gain* phases of care.

The ANMF (SA Branch) advocates for an appropriate level of training and ongoing education of all staff and services involved in the care and coding of mental health clients prior to the implementation of AMHCC.

5. Are there any other issues which should be taken into account in the next stages of development?

The ANMF (SA Branch) takes this opportunity to support the testing of the AMHCC tool to ensure validity and a reliable tool that is applicable across the diverse mental health settings.

Other comments:

This comment refers to the admitted setting diagram on page 20.

The ANMF (SA Branch) notes that there is no mention of Forensic mental health within this diagram. We seek clarification regarding whether or not forensic mental health is considered within the development of AMHCC. It is our position that the forensic mental health may needs a separate costing system or additional classifications as care complexity is decided by courts as well as diagnoses and client behaviours.