**Response to the**

***Development of the Australian Mental Health Care Classification Instrument***

***Public Consultation Paper 1***

**provided by Break Thru People Solutions**

Break Thru People Solutions (Break Thru) welcomes the opportunity provided by the Independent Hospital Pricing Authority (IHPA) to comment on the development of the Australian Mental Health Care Classification (AMHCC) Instrument. As an experienced mental health services provider since 1985 and significant stakeholder within the Australian mental health sector, we are pleased to contribute to the discussion on how to improve the meaningfulness of mental health care classification across the Australian mental health system, in particular for the community managed, non government sector.

Break Thru is an Australian not-for-profit organisation whose core vision is to “Break Thru barriers and create futures” by being the leading diversity champion, courageously promoting the value, potential and inclusion of all people in the life of the Australian community. We place social inclusion at the core of our mission and therefore support the AMHCC’s alignment with the key priorities outlined in the National Mental Health Plan[[1]](#endnote-1), of which social inclusion is the first priority.

As a non government, community managed organisation and provider of a diverse range of federally and state (NSW/Victoria) funded mental health services; service delivery has been encumbered by the challenges of navigating a complex classification structure. We therefore look forward to the introduction of a single national classification system. We expect that a well designed, nationally consistent approach to classification will contribute to the better management, measurement and appropriate allocation of funding for mental health services[[2]](#endnote-2) and greater simplicity will enable us to focus our attention more fully on providing direct services and support to those who most need it.

In preparing our response Break Thru sought the views of a number of stakeholders including:

> Break Thru’s Client Reference Group which represents our clients, especially in the area of mental health.

> Break Thru’s own expertise – Program Managers of Victorian state funded mental health programs; Mental Health Community Support Services (MHCSS) and Prevention and Recovery Care (PARC) and Federally funded programs; Personal Helpers and Mentors (PHaMs) , Mental Health Respite: Carers Support (MHR:CS), and Family Mental Health Support Services (FMHSS).

The following feedback is based on questions outlined in the submission template. However, due to the nature of our service provision, we have focused primarily on questions pertaining to issues associated with community managed mental health services.

Authorising Signature:

 

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13th February 2015

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# Response to Consultation questions

## What are the most important factors to draw from international experiences in classifying mental health care?

Break Thru’s Program Manager who has recent experience in working within an Activity Based Funding framework in Ontario, Canada highlights that the proposed architecture detailed in the IHPA consultation paper is disproportionately weighted to a clinical/admitted setting. Although the community setting is mentioned throughout the consultation paper, both the proposed architecture (developed by University of QLD) and the six month costing study (delivered by Health Consult), feature hospital or clinically managed community settings only. The Canadian experience is articulated in terms of mental health being an integrated system which incorporates the client journey from clinical to community settings. This includes cost indicators of two types: (1) Resource utilisation indicators. For e.g. length of time a client is in receipt of a community based service and (2) Quality indicators which can further be divided into (a) in-service usually in a clinical setting, for e.g. mortality and infection rates, non-compliance with procedures and when discharged to (b) a community setting for e.g. Independence measures including the social determinants of health such as; employment, participation in social activities, quality of life, physical health, housing etc.

In Canada, funding models also take into consideration:

Reduced re admission rates back into service

Reduced re-admission into hospital

Discharge reasons - have they been discharged inappropriately, either too late or too early?

Has there been any night time discharges - adverse impacts on quality

## What are the most important considerations in the national context?

Further consideration to the extent which local demographics impact mental health recovery should be applied when developing a national classification system. This will assist in ensuring that any activity or outcomes are accurately measured and that funding is appropriately allocated. The unique set of characteristics in a particular local region including but not limited to; socio-economic factors, population factors, cultural diversity and occurrence of mental illness may have varying degrees of impact on mental health recovery and ultimately the cost of care.

As already mentioned, Break Thru fully supports the development of a nationally consistent mental health care classification system but we are concerned that the change in federal government funding arrangements from July 2017, which will divert funds away from Activity Based Funding models toward funding based on Consumer Price Index and population growth will cause confusion about the commitment toward a national model. We therefore seek reassurance that there is a continued commitment to the development of a nationally consistent classification model and that the merit of such a model is recognised universally by state and territory jurisdictions.

## Is there any further evidence that should be considered in testing the proposed architecture?

**Cross sector data capture**

As a community managed not for profit organisation, we would like to see an increase in the collection of data from the community based health services sector in the classification framework. A standard classification system which includes all mental health care services will facilitate nationally comparable data which can be used for a range of purposes including the fulfilment of evidence-based service delivery, evaluation and advocacy for funding for both the clinical and the community sector.

**Outcome measurement**

If measures of outcome are to be linked to the cost of providing services as indicated on page 28 of the AMHCC consultation paper, there are other methods of measurement (in addition to those outlined in Table 3 of the AMHCC consultation paper) that may be worthy of consideration. They include:

Outcome Data Collection Tool

The Mental Health Branch of the Victorian Department of Health and Human Services is in the process of drafting the specifications for and conducting a field trial on an Outcome Data Collection tool with participating Victorian MHCSS agencies.

Mental Health Recovery Star™**[[3]](#endnote-3)**

The Outcomes Star™ is for adults managing their mental health. It is a tool for supporting and measuring change when working with adults of working age who are accessing mental health support services.

Standard Client Outcomes Reporting (SCORE)[[4]](#endnote-4)

SCORE is used by service providers funded by the Department of Social Services (DSS) which includes federally funded community mental health services such as PHaMs and FMHSS.

SCORE allows service providers to measure client and community outcomes using their own self-selected tools and methods—but to report these outcomes to DSS in a way that is consistent and comparable.

## Which psychological interventions, if any, may be of significant in understanding the cost of care?

Although it is understood that mental health interventions will not determine the structure of the classification, we value the flexibility detailed in the *Mental Health Intervention Classic prototype* [[5]](#endnote-5) to add additional interventions if required. This will aid in building a better understanding of client profiles and provides opportunity to consider unique practices at service delivery level.

An example of such additional interventions relevant to community based mental health service delivery, are the *Four levels of intervention* (or activity) outlined below. These levels which may be complimentary or occur in parallel include:

*Four levels of intervention* : Primary Intervention, Early Intervention, Intervention & Postvention.

Many of the strategies developed for Primary Intervention and other levels of activity seek to build resilience.

*Primary* intervention describes population based rather than individual strategies that can be universally or selectively targeted. Its primary purpose is to raise awareness of what makes a person vulnerable and develop strategies to reduce vulnerabilities and increase coping skills.

The aim of *Early* intervention is to target those at risk of ongoing social, emotional and/or physical harm in order to reduce the intensity, severity and duration of the risk behaviour.

*Intervention* involves the provision of effective treatment and support to people in crisis.

*Postvention* aims to provide appropriate support to consumers and their significant others to deal with the aftermath of traumatic incidents.

## Are there particular aspects or areas of the AMHCC that should be prioritised in its development or aspects that should be developed at a later stage?

After consulting Break Thru’s client reference group to gain input into this consultation paper, they expressed the desire for consumers/clients to be encouraged to participate in future planned public consultations (i.e. public consultations #2 scheduled for mid 2015). As outlined in the National Mental Health Plan (to which the AMHCC is aligned) one of the key principles is “*Respect for the rights and needs of consumers, carers and families and that they should be actively engaged at all levels of policy and service development*”.[[6]](#endnote-6)

The members of Break Thru’s client reference group were not aware of the AMHCC consultation until it was raised by Break Thru staff. The client reference group advised that consumers/clients may find it difficult to make comment on any future public consultation papers if it was delivered in a similar format to the AMHCC public consultation paper #1. They make the following recommendations:

## Client/Consumer Reference Group recommendations

* Future consultations should be promoted more broadly amongst consumer/client networks and forums to engage consumers.
* Consultation papers should be more user friendly, free of jargon and technical terms should be kept at a minimum.
* Responses can be provided in varying formats; audio recording, video, picture format, shared in focus groups etc.

## Are there any further considerations that should be taken into account when developing the AMHCC?

With the federal Government's commitment to implement the National Disability Insurance Scheme, Break Thru sees the development of a national mental health care classification system not only in parallel to the delivery of NDIS but integral to its success. We are encouraged by the National Disability Insurance Agency representation on the Independent Hospital Pricing Authority’s Mental Health Working Group and hope that there will be even greater opportunity to capitalise on co-efficiencies arising from collaboration between the two systems to eliminate inconsistencies and confusion for consumers and service providers.

## References

1. <http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-f-plan09-toc~mental-pubs-f-plan09-pla> [↑](#endnote-ref-1)
2. <http://mhaustralia.org/sites/default/files/docs/fact_sheet_-_developing_a_national_mental_health_care_classification.pdf> [↑](#endnote-ref-2)
3. <http://www.outcomesstar.org.uk/mental-health/> [↑](#endnote-ref-3)
4. <https://www.dss.gov.au/sites/default/files/documents/06_2014/using_score_final_2_0.pdf> [↑](#endnote-ref-4)
5. <http://www.aihw.gov.au/publication-detail/?id=60129542689> [↑](#endnote-ref-5)
6. <http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-f-plan09-toc~mental-pubs-f-plan09-pla~mental-pubs-f-plan09-pla-und>

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 Break Thru wishes to thank the contributors to this report.

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