the Australian College of Mental Health Nurses Inc.

Submission to the Public Consultation Paper on
Development of the Australian Mental Health Care Classification

Introduction

The Australian College of Mental Health Nurses (ACMHN) is the professional body representing nurses who work in mental health in Australia. The ACMHN is represented on the Independent Hospital Pricing Authority's Mental Health Working Group and welcomes the opportunity to provide a response to the AMHCC Consultation Paper.

The ACMHN represents mental health nurses who work across all mental health service settings in all states and territories of Australia. In responding to the consultation paper, the ACMHN seeks to provide the perspective of nurses, who are the primary workforce within hospital based mental health services.

General remarks

Developing a national mental health classification is important to the future performance and funding of mental health services in Australia. In an environment where there is increasing demands on Australian's health services, and pressure of Governments budgets, the Australian Mental Health Care Classification (AMHCC) can help ensure services are provided efficiently and effectively.

The reports prepared by the University of Queensland on the Cost Drivers and Classification Framework for Mental Health form the evidence base for the development of the classification. However these reports highlighted a number issues and areas where further development work is needed.

The ACMHN notes that the development of the AMHCC is already well underway, with the Mental Health Costing Study almost completed. It is not clear how the IHPA intends to address many of the issues identified as requiring further development including:

- Mental Health consultation liaison services
- Improvements in how mental health services delivered in emergency departments is captured in the emergency department classification
- Differences in the way jurisdictions categorise service settings.

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A critical issue identified in the UQ report was the quality of data collected. The report cautioned that the conclusions it drew were indicative only due to the poor quality of data and the lack of linkages between data. This suggests that much work needs to be done to improve the quality of data that is collected in mental health services across Australia. If so, it is likely the Mental Health Costing Study to also identify data quality as a problem. The ACMHN is very concerned that there has been no action taken to improve data collection quality. We urge IHPA to examine the causes of poor quality data collection and consider strategies that would improve data quality, as a part of the work to develop the AMHCC.

The ACMHN understands that not all the issues raised and recommendations made in the UQ report can be pursued in the current AMHCC workplan. We urge that these issues should be clearly identified and prioritised for future development work of the AMHCC. The ACMHN suggests IHPA, working through the MHWG, consider all recommendations of the UQ reports, establish the priority for that work and include this on future workplans.

Building capacity in mental health classification

The consultation paper states 'The purpose of developing the AMHCC is to improve the clinical meaningfulness of mental health classification, leading to an improvement in the cost predictiveness, and to support new models of care being implemented in all states and territories with a classification that can be applied in all settings.' The University of Queensland (UQ) Stage B report stated 'the mental health classification to be developed will inevitably depend on clinical assessment data collected and prospectively reported by individual treating clinicians. The quality and timing of the information collected thus depends on clinical buy-in.'

The ACMHN is very concerned that clinicians are not well engaged with the process of developing the AMHCC. The views and feedback of clinicians, such as mental health nurses, who provide the clinical data about phase of case, interventions and outcome measures must be considered as an important source of input to the AMHCC. The ACMHN's efforts in engaging the interest of our members in this work have had little success. It is not clear to the ACMHN how jurisdictions have engaged their clinical workforces, and enabled them to contribute to the design and development of the AMHCC, nor the extent of clinician education during the Mental Health Costing Study. With our experience engaging mental health nurses on classification and related issues, and delivering training to mental health nurses we are concerned that jurisdictions may have had little success engaging clinicians also.

The ACMHN believes there is a need for strategies to engage clinicians that go beyond providing information about the AMHCC and ABF at a high level. We note that Mental Health Australia has been contracted to engage the mental health sector, however we believe additional specific strategies to educate and engage clinicians such as mental health nurses in the development of the AMHCC are needed.

Clinicians in the main have a low level of interest in topics such as classification systems and data sets. However, it is possible to engage clinicians by demonstrating the connection between the AMHCC and ABF, the work clinicians do every day and the impact on outcomes for consumers. Resources that are targeted to clinicians in this way need to be developed. These resources should have the goal of both educating clinicians, but also providing them with contextual information that then enables them to provide relevant and useful feedback to the development of the AMHCC. The ACMHN also recommends consultation processes used by IHPA need to be proactive in gathering feedback from busy clinicians.

Feedback on the proposed approach

The ACMHN sought feedback from College members about the AMHCC consultation paper and their experience participating in the mental health costing study. As indicated in our previous comments, we were only able to draw input from a small number of people, nevertheless this feedback is valuable..

Comments on Phase of Care

The feedback received shows there are a number of problems with the concept of phase of care. For example the initial assessment and acute phases of care are often inseparable. Someone presenting with acute symptoms will be constantly assessed, even if they are known to the service.

Overlap also arose where different clinicians working with the same consumer are at a different stage or the intervention has a different focus. For example, with the psychologist, the consumer is in functional gain phase, but they are also seeing a speech pathologist who was continuing with their assessment. So potentially in the same day/week the consumer would be rated as being in two phases of care. While there was an understanding that the phase of care should be considered from the consumer's experience of treatment, they written from the clinician's perspective (eg clinicians perform assessments, consumers provide information). This feedback demonstrates that further work is needed on the phase of care definitions and application.

The feedback noted a change in phase of care triggers an outcome collection, which was problematic when there were multiple changes in phase of care.

Another issue was when to review phase of care. This is simple when there is an event to link the phase of care to, such as on admission, but not all are as simple. Rating phase of care periodically is one possibility suggested, but there are resource implications of this approach.

Comments on Mental Health Interventions

There was some feedback that suggests clinicians didn't know which codes were the most appropriate for the services they provide. One view was that this was because clinicians are not skilled in coding their clinical work. So while they are competent at describing their clinical work in case notes, they are not skilled in interpreting and applying the appropriate code. It was also noted that in other parts of the system, coders (not clinicians) are trained to read case notes and identify the appropriate codes.

Contact

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