

Response ID ANON-DFPF-91KP-5

Submitted to **Australian Mental Health Care Classification - Public Consultation No. 2**

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Introduction

1 What is your name?

Name:

Andrew Adam

2 What is your email address?

Email:

andrew.adam@ths.tas.gov.au

3 What is your organisation?

Organisation:

THS

Australian Mental Health Care Classification - Consultation Questions

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

Yes:

Yes

No:

No

Comments::

CAMHS Clinicians have indicated that Phase of Care can change rapidly for some CAMHS Clients. Perhaps some business rules around variability in PoC is required

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

Yes:

Yes

No:

No

Comments::

Post Code may of value in consideration of population density; i.e. Rural, Remote or City location of care (admitted/community); as this is a significant cost driver from my experience as a manager in MHS in both inner city as well as rural work plus remote visits. Whilst ideally the cost of care should be similar, in practice it varies significantly.

Additionally, more time and resources are required when working with ATSI and NESB consumers

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

Yes:

Yes

No:

No

Comments::

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

Yes:

Yes

No:

No

Comments::

Please consider Rural, Remote or City location of care (admitted/community); as this is a significant cost driver as well as ATSI and NESB consumers

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

Yes:

Yes

No:

No

Comments::

Phase of care needs tighter definitions where consumers experience multiple changes in short periods of time, i.e. CAMHS client can rapidly flick between assessment, acute, functional gain and consolidation gain e.g. acute suicidal response to relationship break up requiring assessment, then acute, but in a day or two that subsides, and community support is provided at functional gain, then another crisis triggers a change again. Perhaps PoC should be removed for 17yo < ??

6 Do you consent to the answers you have provided being submitted for the consultation?

Yes:

Yes