Response ID ANON-DFPF-91T2-G

Submitted to **Australian Mental Health Care Classification - Public Consultation No. 2**
Submitted on **2015-12-11 11:09:12**

Introduction

1 What is your name?

Name:
Liz Prowse

2 What is your email address?

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3 What is your organisation?

Organisation:
Women's and Children's Health Network, SA

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:
No

No:
Yes

Comments::
Relevant maybe, congruent with practice - no. The proposal is not congruent with current directions (for example using LSP despite clear and extensively consulted feedback that it should go - it is outdated and lacks contemporary field credibility), and potentially impacts on practice. For example the model does not recognize the complexity of Child/adolescent systemic work, the funding model potentially leads to an increase of face to face work in order to 'earn' funding, not necessarily best practice. (high rate of multi-agency liaison, family work not including the client). Phase of care is different from current practice, confusing and for CAMHS does not make sense in practice - high risk that CAMHS services will not be recognized with appropriate weightings.

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

Yes:
Yes

No:
No

Comments::
Consultation/Liaison model for mental health is crucial - both hospital and community. CAMHS is different from adult CL
The rate or recognition for non-face to face work
Reconsideration of phases of care - if pursued, consideration needs to be given to how it fits with current practice, information systems collection, retraining of clinical staff.
The technical considerations of how the model was arrived at particularly for CAMHS is unclear - the numbers are often low, many outliers, potentially skewed data
Consideration to further differentiating ages - eg 0-5 is very different from 12 - 17
Consideration for CALD and Aboriginal populations - big difference in how the work is undertaken
Voluntary/involuntary is not a cost driver - please look at closed ward vs open, one to one care vs general ward care
Perinatal mental health services - an outlier with respect to diagnostic related costing

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

Yes:
No

No:
Yes

Comments::
Problems for CAMHS with the phases of care, as well as the single age 0-17
Role of the Honos family - we have worked very hard to engage clinicians to use these tools as clinical. There is a huge risk to the validity and reliability of the

completion of the tools if used for other purposes.
Use of LSP does not have face validity with the field - there is no robust contemporary use of LSP in the literature to benchmark, unlike Honos.
Other stakeholders - not clear who they might be or how they have been engaged

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

Yes:
Yes

No:
No

Comments::
The stages of development are not spelled out in detail, so it is difficult to provide comment. See next comments

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

Yes:
Yes

No:
No

Comments::
There has been significant concern in the field and among mental health information experts about appropriate consultation and how concerns are addressed, so in terms of next steps, more detail required. By and large clinicians are not currently engaged, or feel that they have the opportunity for genuine consultation and feedback.

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

Yes:
Yes