

# CCLHD Mental Health

Allied Health Manager Consultation

# Agenda

Acknowledgement to Country

Feedback

NSW Data

Proposal

Support

Next steps

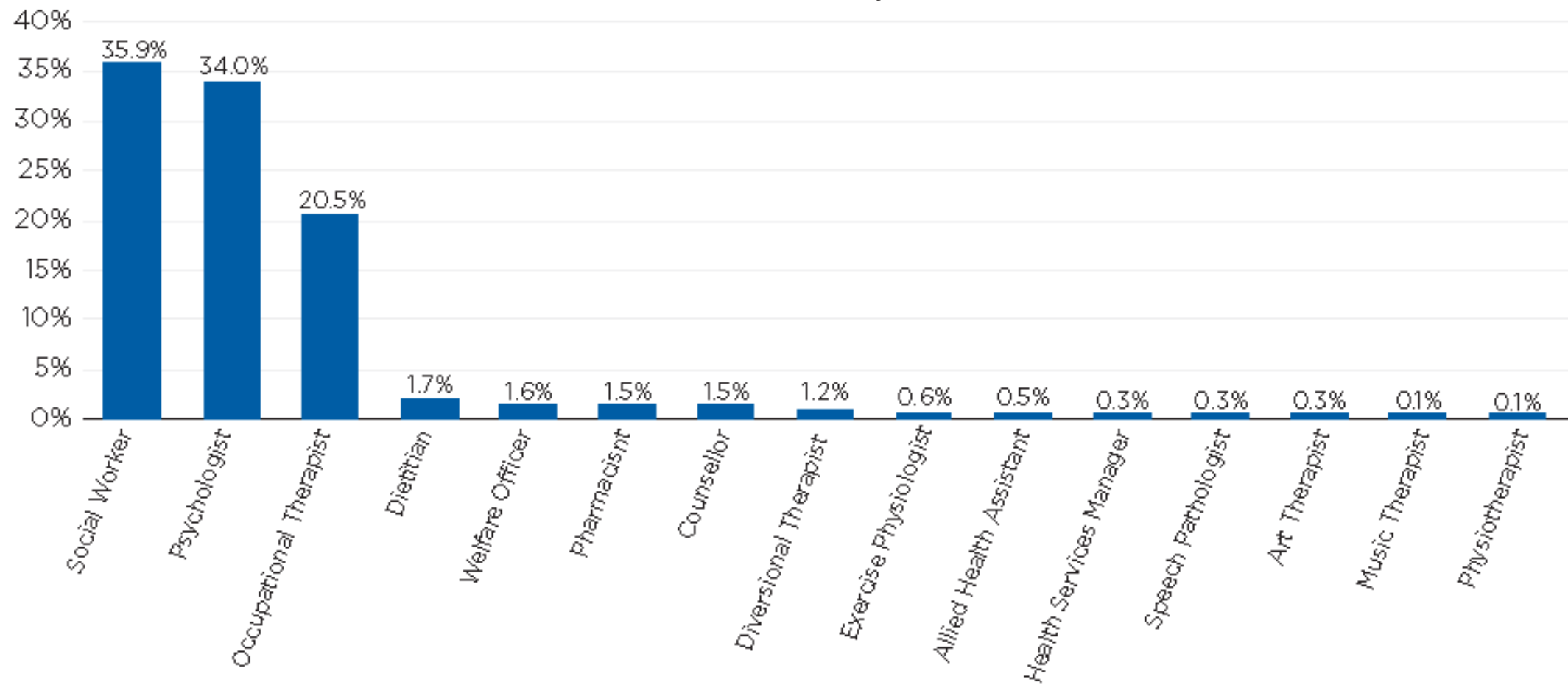
# Feedback from AH staff

- AHMH are independent professionals with a defined scopes of practice.
- AHMH should be working to the top of scope and supported to do so; enabling the right care provided by the right clinician.
- AHMH should be closely aligned with their professional department to support the delivery of safe, quality, and value-based care.
- The role of individual professions and their identity should be supported within the multidisciplinary team
- Clear role delineations and an understanding that while all professions may share some common skills, each profession also has unique clinical skills which enhance recovery and the care people with a lived experience of mental illness receive.
- Models of care should be well-defined by the multidisciplinary team. This includes clearly articulated inputs by individual multidisciplinary team members during the different phases of care.
- AHMH are a valued member of the LHD mental health service leadership team. They contribute to the planning and providing of care during all phases of the persons recovery journey.
- AHMH need to be flexible and adaptable in their roles and skills to meet the needs of the service and to ensure the best holistic recovery for people with a lived experience of mental illness.

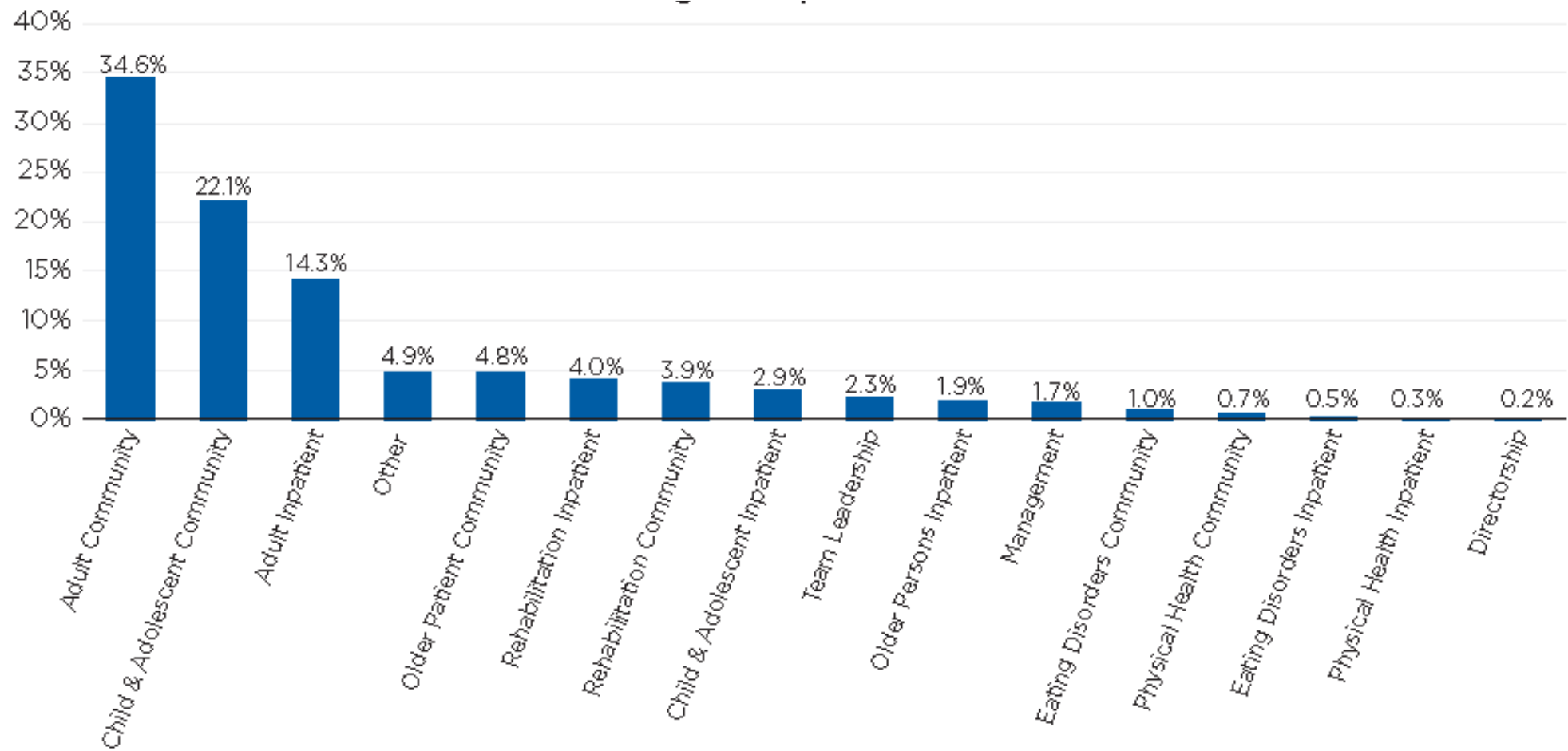
NSW Health defines twenty-three professional groups as AHPs. Fifteen groups regularly work in mental health:

- Art therapy
- Counselling
- Dietetics & Nutrition
- Diversional therapy
- Exercise Physiology
- Music therapy
- Occupational therapy
- Pharmacy

- Physiotherapy
- Podiatry
- Sexual Assault
- Social Work
- Speech Pathology
- Welfare
- Psychology



Role Dispersion (NSW MH 2019/20)



## Setting Description (NSW MH 2019/20)

# Proposal

Establish	Establish an AHMH Manager (AHMHM) to be part of the MH Executive Leadership group and report directly to the District Director of Mental Health.
Continue	Continue a professional line report to the District Director of Allied Health.
Assume	Assume operational management for Allied Health roles employed within inpatient MH services, removing allied health line responsibility from ward NUMS.
Continue	Continue to be the professional line manager for all allied health staff employed within the MH Service.
Apply	Only allied health staff can apply for the role

# Aims

- Build a stronger alignment for AHMH with allied health
- Develop clear and respected roles
- Educate the community (staff and public) to know when, how and where to access AHMH supports
- Work as an essential part of the solution to changing workplace culture and addressing workforce shortages
- Develop roles in inpatient and community teams and support community integration for mental health
- Establish pathways for Aboriginal people and workforce into AHMH with sufficient cultural mentoring
- Improve the physical health and reduce early mortality for mental health people with a lived experience of mental illness
- Use technology
- Support staff to work to discipline top of scope.



# Work to be done #1

## Training and Research

- Develop undergraduate AHMH profile and programs
- Develop innovative student placement models
- Develop a research culture to enhance outcomes and practice
- Recruitment and Retention

## Attract and support the future AHMH workforce

- Link AHMH to incentive opportunities
- Create university to new graduate pathways and roles
- Grow and support Aboriginal AHMH pathways
- Establish flexible workforce models
- Develop strategies to retain and increase opportunities for AHMH clinicians

# Work to be done #2

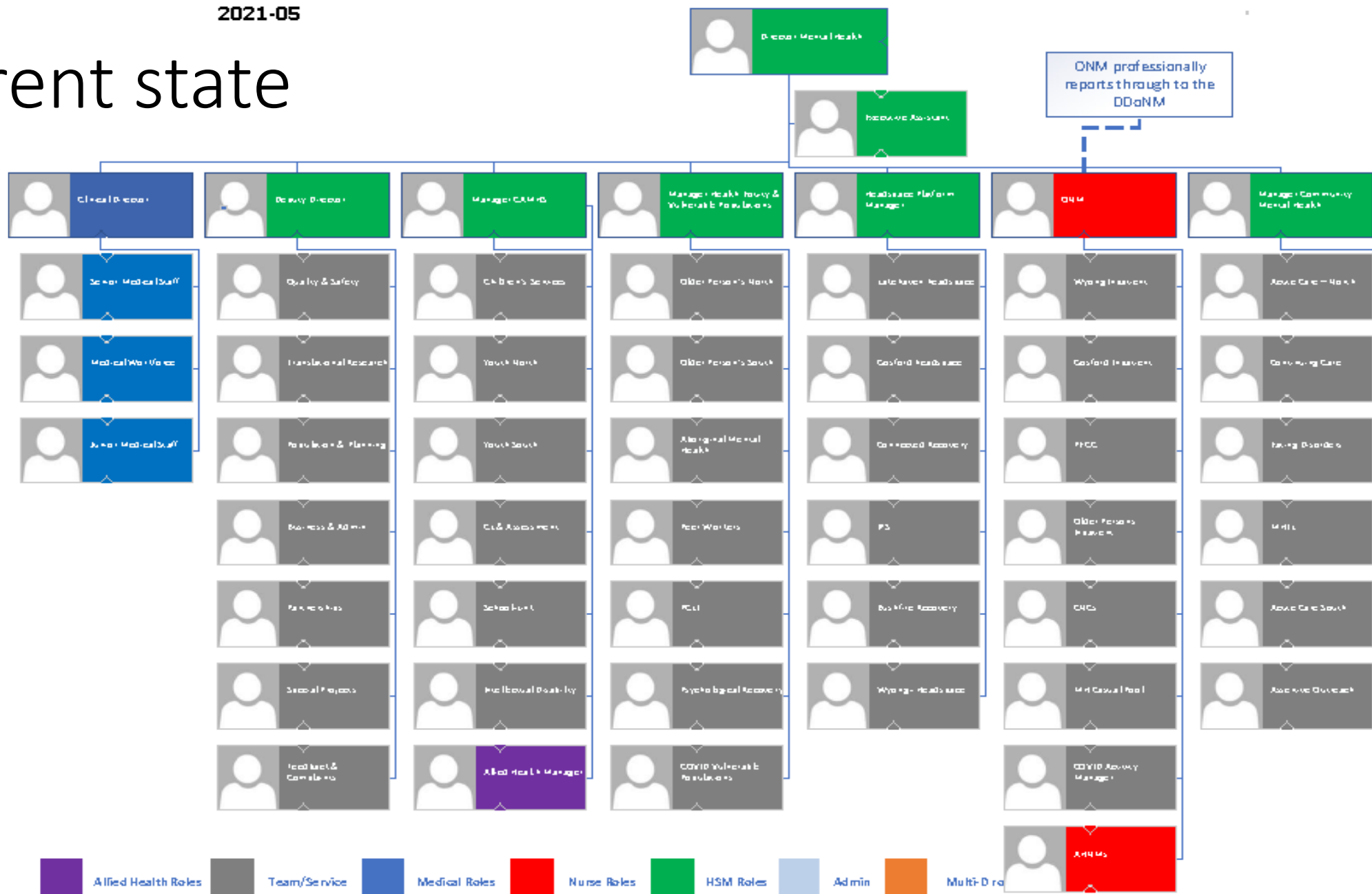
## Learning and Development

- Develop capacity to work to discipline 'top of scope'
- Enhance AHMH education and educator roles
- Enhance technology to support the delivery of contemporary professional development opportunities
- Progress AHMH leadership opportunities, capacity and capabilities

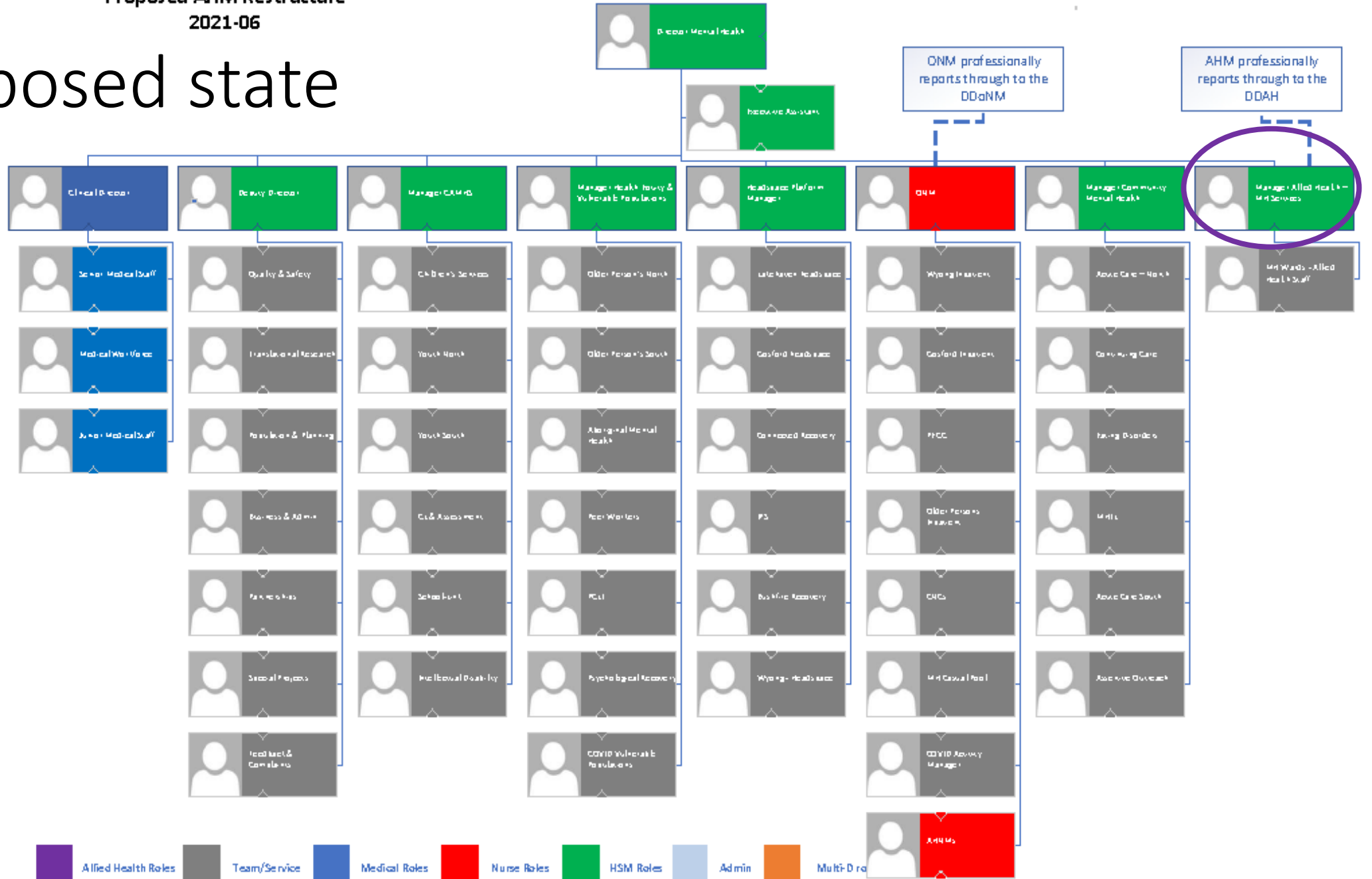
## Workforce Wellbeing

- Implement workforce wellbeing strategies
- Enhance the profile of AHMH professions
- Strengthen clinical supervision and cultural mentoring
- Strengthen AHMH governance support structures

# Current state



# Proposed state



# Proposed changes

1

Convert vacant HP 4  
AHM to HSM 3 AHM

2

Change reporting line  
for AHM from DCAMHS  
to DDMH

3

Change operational  
reporting line for  
approx. 14.2 FTE in MH  
inpatient units

4

Maintain professional  
line responsibility for  
approx. 88.3 FTE in MH  
Directorate (inclusive of  
inpatient staff)

# Support during this time

Line managers

Discipline Heads

Workforce & EAP service - 1800 818 728

Key contacts during this time

- Anthony Critchley
- Jenny Martin
- Cidi Olujie (Psych)
- Kate Hardy (OT)
- Sarah Smith (SW)

## Next steps

- Questions and feedback open until 23 June 2021
  - Provide feedback in writing to [cclhd-ementalhealth@health.nsw.gov.au](mailto:cclhd-ementalhealth@health.nsw.gov.au) or professional line managers who will collate on behalf of disciplines
  - If required, a regular FAQ update will be provided
- A 13-week EOI will go out to AH staff to act in the role while recruitment occurs.
- Recruitment to the permanent role will be competitive