HSU HEALTH SERVICES UNION
Newsletter: 25/2018
Date: 22 January 2019
Distribution: Karitane Carramar members
Contact: Your HSU Organiser

Karitane Carramar Staff Realignment

Dear Member,

Attached is correspondence the HSU has received from Karitane Carramar regarding a proposed staff realignment.

Member feedback requested

The HSU is currently reviewing the potential impacts of the proposed restructure upon affected employees. We are now seeking feedback, views and comments from our members.

Please review the attached documentation and provide comment and feedback to gail.owens@hsu.asn.au with subject line *Karitane Staff Realignment.*

Not a member of the HSU? Now is time to join and have your say! You can join online at www.hsu.asn.au/join or call 1300 HSU NSW and join over the phone.

A union's effectiveness and negotiation power depends upon the strength and density of its membership base. Join your work colleagues today by becoming a member of the Health Services Union and help us continue to protect and improve your working life.

In unity,

Gerard Hayes
Secretary, HSU NSW/ACT/QLD

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Briefing Paper: Matter for Discussion

Issue:	**Date: 18th December 2018**
Karitane Child & Infant Mental Health Services - Staff Realignment **Brief for NSW Health Services Union (HSU)**	

Executive Sponsor

Grainne O'Loughlin, CEO, Karitane

Purpose
To provide an overview of the proposed Karitane Child & Infant Mental Health Services staff realignment.

Recommendation
Karitane will implement the findings of the staff led Perinatal Infant Mental Health Committee (PIMHS) review to deliver a set of solutions that ensures optimal Mental Health services for all clients (adults & children) referred to Karitane with perinatal mental health and / or child behavioural and emotional disorders.

Background & Current State

Following on from Karitane's Mental Health services planning day in late 2016, the PIMHS committee comprising a group of multidisciplinary clinical staff was established to deliver a set of recommendations to the Karitane CEO with the purpose of:

1) Improving services to families with complex mental health issues and

2) Ensuring appropriate governance and support mechanisms are in place for staff involved in the delivery of their care.

The PIMHS committee identified the following issues:

- That there are inequities in access to PIMH expertise for families attending Karitane and in the levels of staff support for those working across Karitane services & facilities.
- Evidence to support that an increasing number of families with complex needs and requiring Level 2 + or Level 3 Care are referred to and attending Karitane, including those with complexity relating to the cultural and socioeconomic diversity of our clients.

- There is a need for an improved triage and thorough assessment to ensure these families are provided with the most appropriate treatment.
- Innovative solutions are required to meet the mental health needs of Karitane clients within the existing funding envelope
- There is a need to build Karitane's visibility as a leader in the perinatal, infant and child mental health arena.
- The Mental health team are spread across a number of teams and geographical sites with no single clinical lead/manager, resulting in siloed services, isolated staff and difficulty coordinating complex case management.

The Proposal

Karitane aims to provide a stepped care approach to mental health service provision for families with mild to moderate mental health difficulties. We aim to ensure each family receives the right level of treatment at the right time, depending on their presenting issues within Karitane's scope of practice. This involves clear triaging to ensure families receive the appropriate level of assessment and intervention. We aim to develop a structure and strategies to increase the profile of our PIMH services and meet the clinical needs of our families: The proposal includes:

- Improved leadership through the development of a *new* single senior PIMHS manager who can represent Karitane at District, Ministry, MH Commission, and clinically manage & support Karitane's mental health team.
- A new, more senior level of mental health management in Karitane creating career advancement in the form of a *new* Mental Health Clinical Coordinator position.
- Greater collaboration between our mental health/allied health teams to create increased visibility to stakeholders & referring agencies.
- Intake MDT to determine suitable services in collaboration with mental health manager and clinical leads
- Improved client triage: where sufficient information is gained to form a decision of appropriate need, triage to either:

  1.Brief Intervention services: Offer a range of brief interventions via the Parenting Centre and Residential Unit psychologists and social workers for low intensity mental health support for parents and their infants and toddlers, including behaviour management support .

2. *Intensive Intervention services*: Offer Parent and infant psychotherapy for significant mental health issues impacting the parent/child relationship; offer PCIT for management of challenging emotions and behaviours in toddlers.

- Where insufficient information and need to gather further information, triage to the Mental Health Team (FACT Team) to receive further assessment of psychosocial/mental health vulnerabilities for families presenting with:
  - Higher level of complexity, severity or other unmanaged mental health risk issues but not in crisis
  - Child protection risks factors that impact clear referral to Karitane service stream or ongoing support needs
  - Current Karitane clients who require further mental health and or child protection risk assessment utilising a team approach
  - Cultural and linguistic diversity risks: refugee trauma, lack of clarity about need due to linguistic complexity
  - Existing staff resources will be reallocated to provide this service

Proposed new structure

- Manager Child & Perinatal Infant Mental Health – HSM3 Full- time. **NEW** (displaces existing Jade House Manager role currently Allied Health Level 5)

- Mental Health Coordinator creates a new opportunity for an existing clinician for additional 16 hours per week Allied Health - level 3. **NEW**

- CNC3 Child & Perinatal Infant Mental Health – 5 days/fortnight – **NEW ROLE** (transfer of existing Toddler Clinic NUM) – already completed at staff member's request as part of transition to retirement

- Revised Allied Health Coordinator role – no financial impact. Continues 8 hours/week. **EXISTING** but with Redesign of Job Description

- Allied Health Educator role – 8 hours – **NEW –** already recruited & commenced

- Intake team - Enhanced Mental Health skills/role. Commenced

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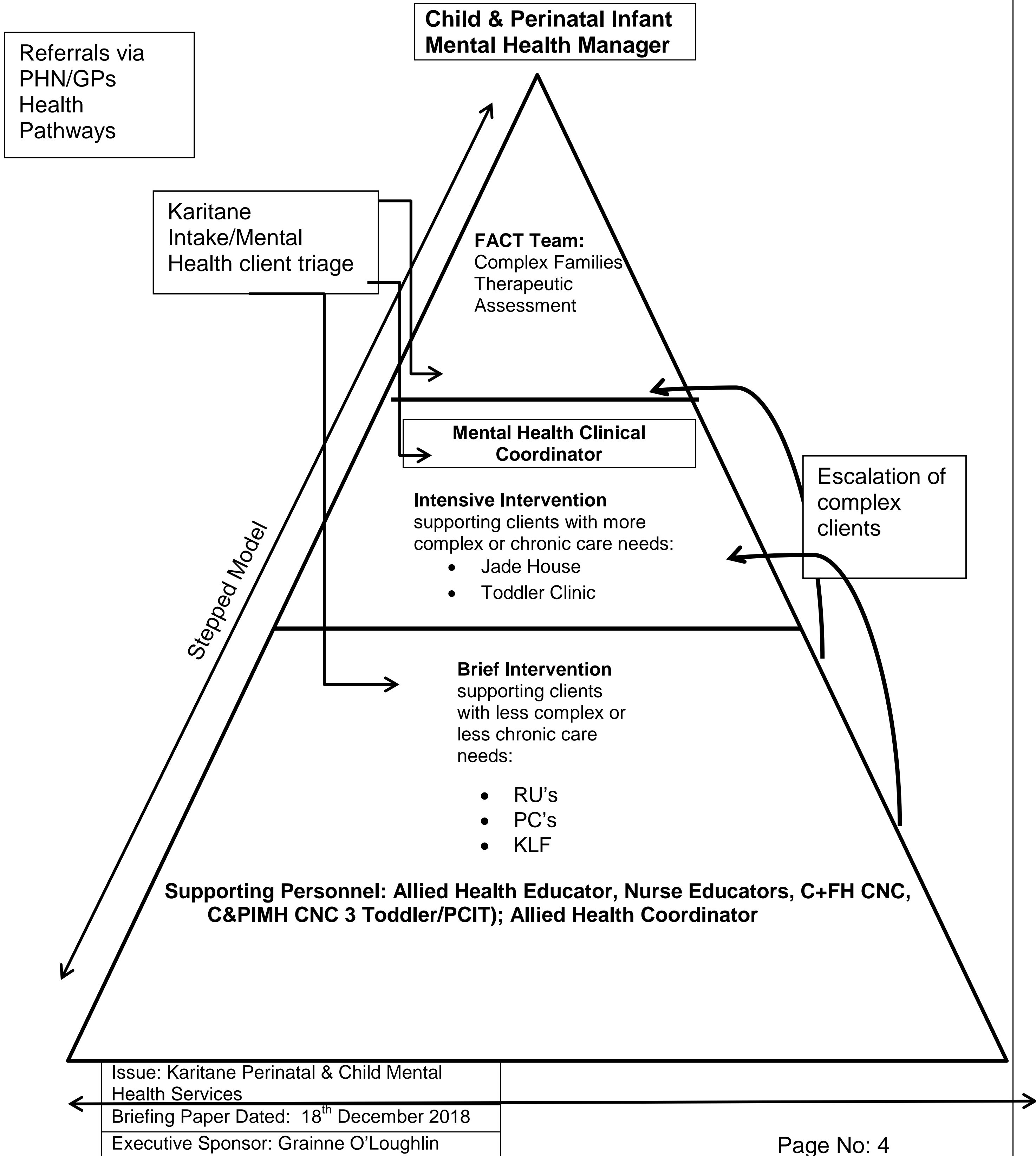

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Mission and Strategic Fit
Ensuring excellence & collaboration in the services we provide.

Financial Analysis

Cost neutral
Salary savings from Toddler Clinic NUM role.
These savings are redistributed to:
- CNC3 Child & Perinatal Infant Mental health
- Manager Child & Perinatal Infant Mental Health - HSM 3
- Mental Health Coordinator -16 hours/week
- Clinical backfill for toddler clinic (previous manager clinical hours)
- deletion Jade House manager position

Expected Benefits
- All staff have a single mental health service manager and access to mental health expertise for client care
- Access to mental health team approach around cases including clinical meetings and case review
- Reduced clinical isolation of mental health clinicians in Karitane
- Reduced siloing of mental health services based on artificial barriers i.e. location, child's age
- Mechanism to increase stakeholder engagement and the visibility of Karitane's mental health team

Potential Negative Impacts
Nil
- **Staff concerns as to one team manager(amalgamation of two teams)**.
Mitigation: several team consultations held during construction of the model. Several support roles included in the structure in addition to single manager including: Mental Health Coordinator, CNC Mental Health, Allied Health Coordinator, Allied Health Educator; evaluation of role and refinements at 6 & 12 months post implementation

- **Karitane promoting itself as a comprehensive MH service but having limited resources to deliver this**
Mitigation: Karitane has a team of highly skilled mental health staff with the demonstrated capacity to deliver intensive intervention to clients with complex or chronic care needs as well as those clients with brief intervention needs. The caseload changes/presentations to Karitane may change over time but this is not related to the new team structure, rather to the local demographic and service demands. These changes require appropriate workforce adaptability strategies to ensure staff have the clinical skills to cope with changes in client complexity and emerging models of care. Monitoring of service demand levels will ensure we address waitlist management strategies and advocacy for increased or reallocation of resources as required.

Risks

Staff concerns about job security.
Mitigation: No reduction in staff fte is planned. Increases in resources/staff are being actively sought. One displaced senior manager (Jade House manager) will be offered the new Manager Child & Perinatal Infant mental Health role with commensurate salary increase. All existing staff are retained.

Conclusion and Next Steps

Action	**Timeline 2018**	**Status**
Consultation with Karitane PIMHS Committee	August 2018	completed
Consultation with Executive & Senior Management	August 2018	completed
Commence staff/team consultations Jade House & Toddler Clinic; Parenting Centres & Residential Units	August/December 2018	commenced
Commence Professional Body Consultations (HSU/ASMOF/NSWNMA)	August- December 2018	commenced
Regrading Committee new roles	December 2018	completed

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Appendix 1 – case examples for change

Case examples of the need for change in our mental health support across Karitane services:

- Residential unit case seen by Psychiatrist and Social Worker (SW) early in the week. Mother's mental health declined as the week progressed. By Thursday the mother couldn't guarantee her safety and SW thought the client needed to be assessed by the mental health team, with the possibility of being scheduled. As there were no other mental health staff on the RU that day SW and NUM sought the advice of Manager of Jade House and the AHC who was also in the building. They were able to support and advise. Outcome: SW was able to have the mother agree to be taken by ambulance to hospital for a further assessment.
The example showed the need to be able to collaborate across services and for all mental health staff to have access to senior mental health clinicians to support them in their decision making on how to best meet the needs of clients with complex presentations.

- Parenting Centre psychologists seeing complex clients on their own/in isolation with limited support of other mental health professionals. Parenting Centre case involving a woman expressing suicidal ideation. Psychologist had conducted a risk assessment, but was going off on leave. She had made some plans to support the client in her absence, but a discussion with psych reg and AHC at MDT resulted in additional supports being put in place. Outcome: Psychologist made contact with GP to arrange an appointment for an urgent medication review and ongoing support while on leave. This contributed to increased confidence around safety for both the client and clinician, and included a plan for monitoring and managing the changeable nature of risk, including after hours.
The access to team support and senior clinical advice was key in supporting both the client and clinician, and in optimising the care plan.

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Appendix 2: PIMHS Committee Recommendations made to CEO in August 2017

1. Mental health expertise and representation on the Executive and on the Board in a structured rather than ad hoc way
2. A clinical services implementation meeting, ideally before the end of 2017, to look at how the PIMHS recommendations, Intake review, Workforce and Training review and Tele-health projects converge and to decide on priorities for implementation.
3. Decisions to be made about consistent inclusion/ exclusion criteria for Karitane as a whole organisation on the basis of geographical boundaries and children's age.
4. Create PIMH coordinator role (CNC/allied health professional) to sit alongside CFHN CNC. This will ensure that assessment priorities at Karitane driven and include CFHN (e.g. establish BF) and PIMH (parental mental illness and infant risk) They will be
   a. an expert clinician with therapeutic expertise in PIMH and family assessments , second lead for Intake, manage triage process, mentor RU nursing staff, prioritise risk assessment
   b. This will maintains the dual profile of CFHN and PIMH expertise and clinical skills and services across Karitane
   c. Responsible for data collection in relation to establishing FACT team
   d. Position not based within any specific team.
   e. Successful applicant be determined by having the right skills and expertise rather than their professional discipline.
5. Risk management - Identified mental health risk s to parent and/or infant/child to be better managed at an organisation level both acutely and during Transfer of Care particularly at discharge
   a. Prior to admission to any Karitane service -require families to identify a GP or GP Clinic as point of contact for Karitane
   b. Discharge letter to be sent automatically to identified GP or practice
   c. Suicide Risk management policy to be reviewed in conjunction with "Red Flags" document
   d. Consent to include explicit note that assessment of identified risk to parent will include further assessment by allied/mental health staff (to address clients with high EDS and + on Q10 who currently refuse further assessment or contact with GP and referring agent.
   e. Review Res Unit Roles and responsibilities (Res Unit Guidelines Draft July 16th 2015) to include specific mention that admission assessment includes mental health screening and risk assessment. Add GP and psychiatrist to list of roles and responsibilities (link to red Flags document).

6. A planning process to consider how services within geographic 'hubs' (Randwick, Carramar and Camden) might work together more innovatively in relation to PIMHS –so as to enhance the overall service provided to clients. For example parenting centres providing step up/ step down consults after res Unit admission; Parenting centre groups to be considered for families on Jade House, toddler and res Unit wait lists; Randwick to access services through Gidget or psych registrar .
7. Review Karitane policies to reflect the admission of parents (mothers and fathers) not just infants.
8. Include more people with lived experience of PIMH difficulties and recovery in our committees and processes across the organisation.
9. Continue PIMH networking and at LHD and state level

<u>Other Issues</u>

- How the above sits with the FACT team proposal –do we update/refine that model a bit more?
- How/whether Toddler Clinic families will be provided with holistic services that includes PCIT triage
- Psychiatry role and skill set - perinatal +/- infant, child and family both across the service within each of the teams
- PHN money for service enhancement
- Look at mental health governance issues for use of telehealth within Karitane

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Appendix 3 – Staff FTE & headcount of the new Perinatal Infant mental health team

Total: 26 staff headcount 12.92 FTE

Jade House		AHC	RPC		Psychiatrists	
Clin psych	.42	Vacant .21	Clin Psych	.53	SS	.52
Clin psych	.42				VMO	.31
Clin psych	.42					
MH Nurse	.42					
SW	.42					
C&FH N	.42					
SW	.42					
Admin	.8					
Manager	1.0					
Total FTE	4.74	0.21		0.53		0.83

Toddler Clinic		Carramar RU	Camden RU/PC
SW	.42	SW .42	Clin Psych .63
Clin psy	.42	SW .63	
Psy	.63		
CNS	1.0		
CNS	.63		
Psych	.63		
Clin psych	.42		
Admin	.78		
Total FTE	4.93	1.05	0.63

Grand total Mental Health Team : 12.92 FTE (includes manager 1.0fte)