

# Developing a statewide collaborative service model in community forensic mental health

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**Health**

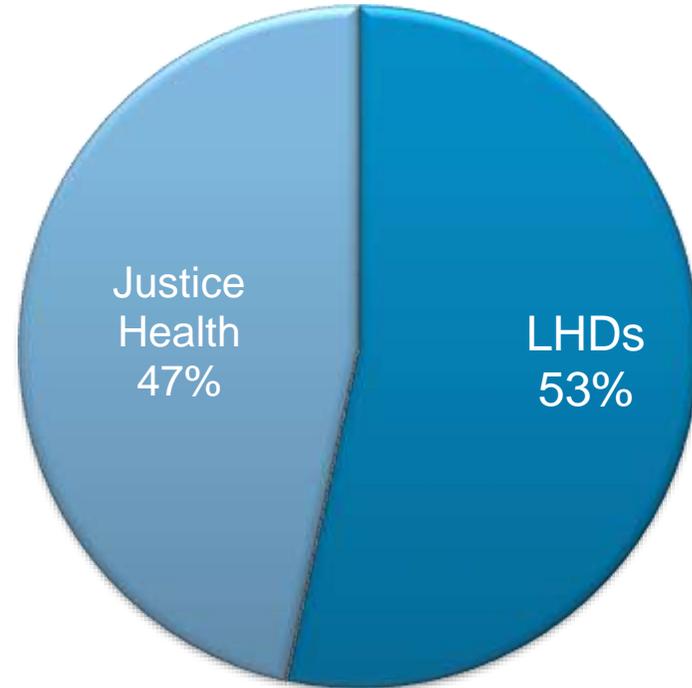
Justice Health and  
Forensic Mental Health Network

# Medical Leadership: Welcome to Sydney!

- I arrived in Sydney in 2013, started at Justice Health and Forensic Mental Health Network
- Complex role – Statewide Clinical Director Forensic Mental Health
  - Forensic Mental Health? The mental health of people who come in contact with, or who are at risk of coming in contact with, the criminal justice system.
  - Multiple services: Courts, community, prison, secure hospitals
  - Legal aspects (Mental Health Act, Mental Health (Forensic Provisions) Act, Crime Act, etc.)
  - Increasing numbers of forensic and high risk civil patients
  - New Ministry of Health policy to implement: ‘Forensic Mental Health Services’ 2012
  - Potentially high public profile
- Clear need to integrate a previously not well integrated forensic system. ‘Siloed’ was the word.

# Development of the Forensic Mental Health Network – the situation:

- New(ish) large secure hospital – The Forensic Hospital, opened 2008, 135 beds
- Three ‘medium secure units’ – run by three different LHDs. 60 beds.
- No low secure, or community placements.
- Differing levels of engagement and attitude, from ‘no no no’ to very helpful.
- Mental Health Review Tribunal oversight – decision making body since 2009.
- Ministerial anxiety (later)
- Many forensic patients in the community, but where? And managed how?



# Siloed System



# Community Forensic Mental Health Service

- Offered support to Local Health Districts in managing forensic patients in the community
- Team was established in early 00's in response to Sentinel Events Review Committee – 'Tracking Tragedy'. Excellent staff, comprehensive 'gold standard' reports.
- However, not viewed positively by most LHDs
  - Dump 'forensic patients' on us
  - Rude, peremptory
  - Don't help – no treatment
  - Ivory tower, tell us what to do
  - Reports long and useless
  - Waste of time referring to them
  - An offer to pilot a project working collaboratively to treat patients was rejected by one LHD due to the level of mistrust.

# Policies, Service Level Agreements

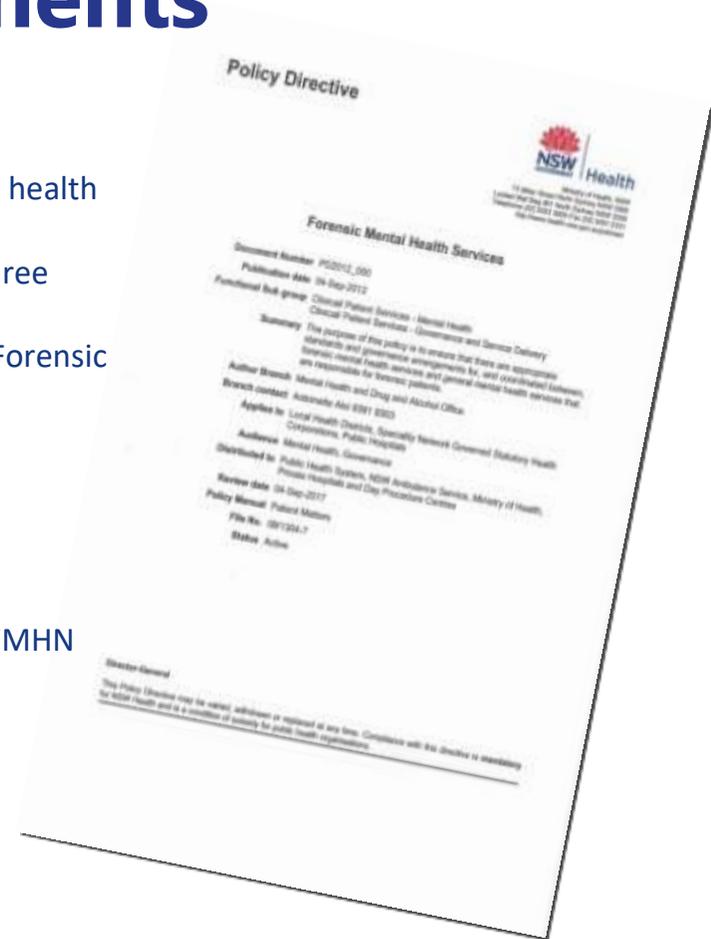
- New MoH policy: 'Forensic Mental Health Services', 2012:
  - Sought to address difficulties in the governance of the NSW forensic mental health system.
  - JH&FMHN lead role in management of Forensic Patients including for the three MSUs.
  - Collaborative arrangements with NSW LHDs regarding the management of Forensic Patients in community and general hospital settings.
- Led to development of two Service Level Agreements:

## SLA 1

- Form the virtual network between the three medium secure units and JH&FMHN
- Pretty straightforward

## SLA 2

- Integrate JH&FMHN better with LHDs
- Not straightforward...



# What did we want?

- Aims:
  - JFMHN responsible for supporting and assisting LHDs
  - LHDs responsible for forensic patients in their area
  - Improved clinical governance
  - Improved patient flow
  - Healthier, safer, better rehabilitated patients
- Outcomes:
  - Regular communication between JFHMN & LHDs regarding forensic patients (meetings)
  - Better support to LHDs
  - Availability of expert advice to LHDs via CFMHS
  - Better patient tracking

# Developing SLA 2

- First round:
  - We translated the policy, telling LHDs what they now must do to satisfy the ministry: report assiduously on their patients, train their staff, take better care of forensic patients, and we will report back compliance to the Ministry.
  - We visited 15 LHDs
  - They were not always welcoming
  - We had feedback ranging from passive acceptance ('learned helplessness') to outright opposition. No good feedback
  - “What is in it for us?”
  
- Need for wisdom – pause, beat a retreat, rethink our approach

# SLA 2

- Second round
  - We now had several parts of the document:
    - Background
    - What are our responsibilities to the LHD
    - What is LHD responsibility to JH&FMHN
    - How can we help with high risk patients
    - A few miscellaneous sections
  - We offered:
    - consultation with the referrer as part of all of our reports
    - education & training (including clarifying who were our patients)
    - support with all risky patients (as identified by LHD)
    - regular liaison meetings

**CLINICAL RISK ASSESSMENT AND MANAGEMENT (CRAM) (2 DAYS)**

**WHEN**  
Monday-Tuesday, 13-14 August 2018, 9am – 4pm  
Monday-Tuesday, 26-27 November 2018, 9am – 4pm

**WHERE**  
JHOP Lecture Theatre  
Justice Health  
Level 2, 'The Avenue'  
10 Herb Elliot Avenue, Sydney Olympic Park

**Purpose**  
To provide Local Health District mental health staff with an introduction to working with high risk civil or forensic patients in general community and inpatient mental health services. The program covers the key concepts of safe practice when working with high risk civil or forensic patients.

**CRAM Program**  
The majority of the program covers knowledge and skill development in the area of Clinical Risk Assessment and Management (CRAM). The program also introduces participants to the forensic mental health system in NSW.

CRAM provides a framework for clinical risk assessment and management of patients and is valuable for all mental health clinicians. This training introduces concepts and practices integral to working with high risk civil and forensic patients and also covers the relationship between mental illness and violence. The CRAM Program itself sets out a 5 step process that clinicians can follow to assess patients' risk in an informed manner and develop comprehensive risk management plans.

This 2 day workshop refers to the HCR-20 but does not cover the HCR-20 in depth.

**HCR-20 Training**  
HCR-20 version 3 training will be delivered as a separate 2 day workshop on 10-11 September 2018.  
Attendance at the CRAM workshop will be a prerequisite for HCR-20 training.

**TRAINING WORKSHOP**

Presented By  
Justice Health &  
Forensic Mental  
Health Network

**Eligibility**  
Participants must be currently employed in an LHD community or inpatient mental health service

**Duration**  
2 day workshop  
9am – 4pm

**Cost**  
Nil  
Please note lunch is not provided.

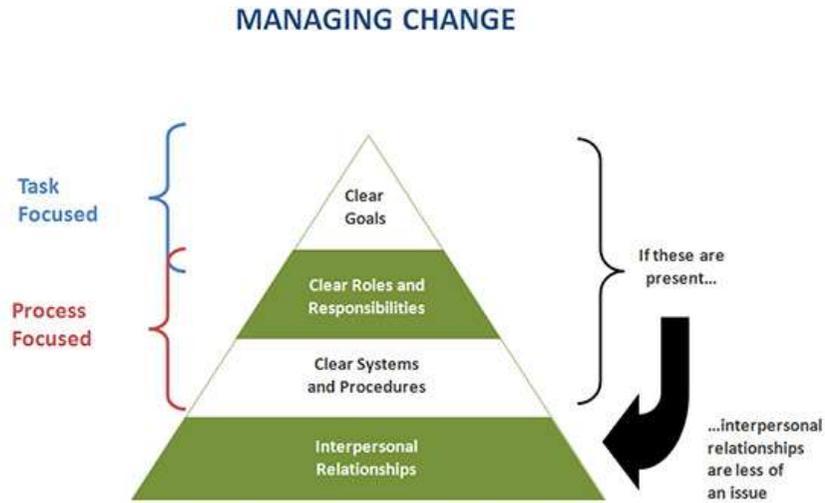
**Parking**  
Secure parking  
\$25/day, Walking  
distance to Justice  
Health,  
P2, P3, P6, P8 in  
Sydney Olympic  
Park

**How to Enrol**  
Staff are able to enrol on [MyLearning](#)

NSW GOVERNMENT | Health Justice Health & Forensic Mental Health Network

DG4503015

# Change Management Processes



- A well considered change management strategy...?
- But this can only be considered in retrospect.
- Would this have been useful at the outset?

# Education and Training: 'CRAM' Training

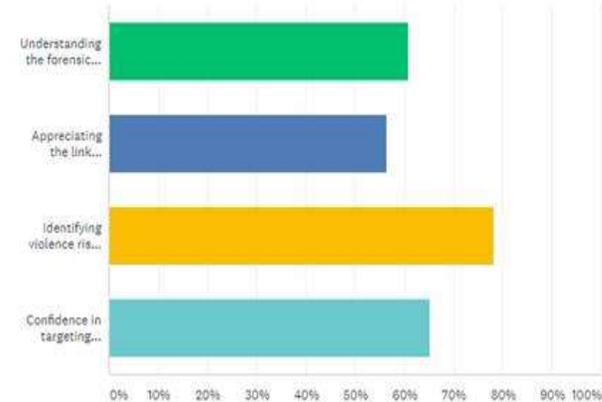
- Since 2014, trained more than 1,000 LHD staff in 'CRAM' and a smaller number in the advanced risk assessment tool 'HCR-20'.
- Immediate training satisfaction very high
  - A community 'hungry' for training and education.
- The post training survey results:
  - Early data
  - 82.6% said they had identified risk factors associated with violence since the training.
  - 69.6% said they had used the CRAM steps to formulate patient's risk.
  - 60% said they used T-PRIM to assist with their treatment plans.
- The training sessions rapidly book out
- Difficult to access doctors, especially senior doctors – opinion leaders?

Q6

Customize Save As

What have you found most useful since attending the CRAM training?

Answered: 23 Skipped: 1



| ANSWER CHOICES  | RESPONSES |
|---|-----------|
| Understanding the forensic mental health system           | 60.87% 14 |
| Appreciating the link between mental illness and violence | 56.52% 13 |
| Identifying violence risk factors                         | 73.26% 18 |
| Confidence in targeting violence risk                     | 65.22% 15 |
| Total Respondents: 23                                     |           |

# Working to improve the relationship:

- Consultation rate:
  - 2013-2014 audit showed 25% or less consultation rate.
  - 2017-2018 audit showed evidence of 56% consultation rate, but considered to be higher and not documented
- Liaison meetings
  - 56 in total
  - Most with the busier, metro LHDs where most problems arise.
- Specialist Supervision Program
  - Since 2012, delivered to 8 LHDs, monthly supervision sessions to each. Two further LHDs in planning stage.
  - Annual surveys demonstrate that the sessions are well received and recognised as helpful by LHD clinicians.
- Community Re-Integration and Support Programs
  - CFMHS treating patients collaboratively in LHDs since 2015, reserved for the highest risk patients.

Table: Patients in the Western NSW Local Health District - Third Quarter Report for 2017/18 - 1 January 2018 to 31 March 2018 - Report Date: 11 April 2018

| Community Patient | Location  | Local Health District | Community Health Centre                         | Consultant | Case Manager | Date of Last Assessment | Legal Status          | Verdict Date | Law                  |
|-------------------|-----------|-----------------------|---|------------|--------------|-------------------------|-----------------------|--------------|----------------------|
| Yes               | Community | Western NSW           | Orange Community Mental Health Service          |            |              |                         | NGM                   |              | Confidential the MHA |
| Yes               | Community | Western NSW           | Orange Community Mental Health - ACCT           | Dr X       | X            | 1/10/2017               | NGM                   |              | Confidential the MHA |
| Yes               | Community | Western NSW           | Orange Community Mental Health Service          | Dr X       | X            |                         | NGM                   |              | Confidential the MHA |
| Yes               | Community | Western NSW           | Orange Community Mental Health - FACT           | Dr X       | X            | 1/10/2017               | NGM                   |              | Confidential the MHA |
| Yes               | Community | Western NSW           | Lakeland Community Mental Health Service        | Dr X       | X            |                         | NGM                   |              | Signed CD Release is |
| Yes               | Community | Western NSW           | Orange Community Mental Health - FACT           | Dr X       | X            | 1/10/2017               | NGM                   |              | Drach Macquarie      |
| Yes               | Community | Western NSW           | Orange Community Mental Health Service          | Dr X       | X            |                         | NGM                   |              | Confidential the MHA |
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| Yes               | Community | Western NSW           | Orange Community Mental Health - FACT           | Dr X       | X            | 1/10/2017               | NGM                   |              | Confidential the MHA |
| Yes               | Community | Western NSW           | Orange Community Mental Health Service          | Dr X       | X            | 1/10/2017               | NGM                   |              | Confidential the MHA |
| Yes               | Community | Western NSW           | Lightning Ridge Community Mental Health Service | Dr X       | X            | 1/10/2017               | NGM                   |              | Confidential the MHA |
| Yes               | Community | Western NSW           | Orange Community Mental Health Service          | Dr X       | X            | 1/10/2017               | NGM                   |              | Order for Release is |
| Yes               | Community | Western NSW           | Balfour Community Mental Health Service         | Dr X       | X            | 1/10/2017               | NGM                   |              | Confidential the MHA |
| Yes               | Community | Western NSW           | Community Justice Program (CJP)                 |            | X            |                         | Limiting Term Expires |              |                      |

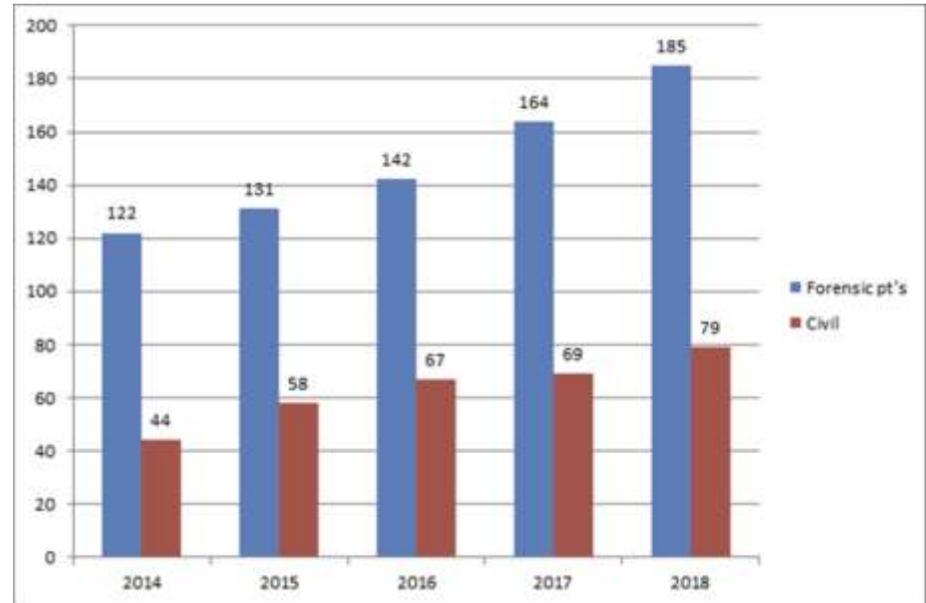
h Policy Directive 2012\_050 Forensic Mental Health Services ([http://www.health.nsw.gov.au/policies/2012/PC010\\_050.html](http://www.health.nsw.gov.au/policies/2012/PC010_050.html)) requires all forensic patients be provided technical employed by a Public Health Organisation

# What are the results?

- Difficult to measure.
- We have no clear indicator, but:
  - Referrals are up
  - Consultation seems successful
  - High demand for specialist supervision
  - Training has been very well received
  - Anecdotally the relationships have improved
  - CFMHS reports highly regarded by the Minister for Mental Health!

# CFMHS Referral Rate

- Continuous growth
  - Forensic Patients (outside of out control)
  - LHD referrals of high risk civil patients – almost double the rate of referral.
  - 60% overall increase in referalls.



# Lessons learned

- This has been an experience over 5 years.
- Change is slow.
- Particularly of reputations:

*“It takes 20 years to build a reputation and five minutes to ruin it. If you think about that, you'll do things differently.” (Warren Buffet)*

- Empathise – what do the people you are trying to persuade want.
- It's all about working with people, and relationships.