

Allied Health Mental Health Scope of Practice Workshop Summary Report



Background

A workshop was held on the 15 March 2017 to discuss the *Allied Health Mental Health Scope of Practice Report* and the project recommendations. The workshop was sponsored by the Allied Health Professions' Office of Queensland, Clinical Excellence Division, Department of Health. There were 70 Stakeholders from across Queensland in attendance, including Mental Health Directors of Allied Health, Mental Health Allied Health clinicians and managers, representatives from the Mental Health Alcohol and Other Drugs (MHAOD) Branch and one representative of the clinical network, Office of Chief Nursing and Midwifery Officer, university partners and carer and consumer representatives. Although there was a call through the clinical network for non-allied health representatives there was only one who attended, and the multidisciplinary team input was limited. An external facilitator was engaged to support the workshop. Attendees at the workshop were engaged and the informal feedback has been positive.

The workshop included a range of formal presentations and group discussion opportunities.

Workshop Outcomes

There was wide agreement from participants regarding the workforce issues needing to be addressed, including expanding the scope of practice for Allied Health Practitioners (AHPs) within Mental Health. Identified changes that could influence these issues and improve outcomes included:

- Better care pathways: redesigned case management
- Allied health resources focused (and freed to) deliver allied health interventions
- Governance/service structure that support allied health therapeutic interventions
- Allied health workforce capability
- Better use of peer support workforce
- Better integration of non-government services and other specialist services
- Maintaining a client centred approach
- Clients being able to navigate/access system
- Consistency of service
- Key Performance Indicators for outcomes

Strategies to affect these changes included:

- Trial of AHP led "agile" clinics/allied health clinics
- Allied health as a consultancy service
- Reallocation of roles to better meet the needs of the consumer and maximise clinician time.
- Integration of services with Non-Government Organisations (NGOs). This included Models of care such as STARR and CCU which include assigning tasks to other workers/assistants.
- Identifying existing evidence-based therapies already practiced on a statewide level and therapy capability frameworks.

- AH operationally reporting to discipline
- Outcome data

These strategies were prioritised to the following:

- Models of care –allied health clinics based loosely on Agile clinic, STARR and CCUs,
- Outcomes and interventions, and
- Governance issues for AH i.e. operationally reporting to AH discipline leads.

Strategies proposed for further development

Based on the priorities and strategies identified by stakeholders at the workshop the following strategies are proposed for further development.

1. **Models of Care to enable Allied Health Professionals to work to full scope including:**

1.1 **Early Intervention Allied Health Clinics**

These fall under a model of care strategy where brief solution focused care is delivered at the entry to service (ED) with the purpose of:

- Suicide prevention
- Therapeutic service delivery / therapies capability
- Right pathways
- Hospital avoidance
- Primary sector integration – referrals directly into ATAPS and community as well as internal to QH.
- Workforce development – through rotation the development and extension of AH capability to delivery therapies

This model is presently being planned for implementation in Metro South, West Moreton and Darling Downs. Service is to be located in walking distance to ED's in a combination of GP practices and NGO community facilities (Floresco).

1.2 **Further uptake and evaluation of the integrated model across services.**

Integrated models are already being trialled by some services (e.g. STARR model in Mackay Hospital and Health Service) but could also include the further development of CCU models with a focus on services jointly provided with non-government agencies. The benefits of these models is that they provide a framework for working with the non-government sector and ensure there is better use of the scopes of practice for AHPs and nursing by assigning/delegating tasks to non-clinical support workers. These terms were defined in the Statewide Mental Health Allied Health Scope of Practice Project but further work is required to detail and embed this understanding.

A project is proposed to further investigate the adaption of resources regarding the assignment of tasks to non-clinical support workers in adult mental health allied health services. The project would aim to:

- Engage with Queensland Health Mental Health stakeholders to scope effective service models and strategies in this area
- Develop resources that:
 - define responsibility and accountability of clinicians with respect to assigning/delegating tasks to non-clinical support workers

- develop a process for communication and negotiation in the assignment of tasks including review, monitoring and negotiation of assigned tasks

1.3 Models of care that would support a return to true multidisciplinary practice.

Models of care should include team structures and role descriptions which provide the skill set required to meet the local community needs. These should include clear multidisciplinary frameworks for multi-disciplinary team case reviews and referrals to members of the team to carry out tasks that are in the scope of that profession.

For sustainability the models of care strategy requires:

- Nursing and medicine involvement in the MOC.
- Full concept briefs to be developed which will include a clear workforce outline with Job Descriptions tailored to the skills required.
- Recruitment of staff that have the skills to implement the model and develop others to ensure sustainable workforce capability and services.
- Implementation within resources.
- A framework that can be consistently rolled out and evaluated across services.
- All projects to have a research protocol developed so findings can be published and contribute to further reviews of services.
- All projects will involve partnership and collaboration regarding, leadership and research as a means of building allied health research capacity. This would increase possibilities of access to research grants and increase partnerships with the tertiary sector.

The projects could be rolled out using a collaborative approach using a lead site working with others health services to implement the models.

2. Governance of Allied Health

- Mental health allied health directors managing the allied health workforce FTE budgets
- Allied health directors signing off on all vacancies
- Allied health directors lead and inform recruitment and use of vacant positions and ensure AH representation on interview panels
- The development of a workforce plan that ensures positions were positioned against community/service sector need and professional skill set required.
- Role descriptions would be changed to reflect the skill set required and therefore inform professional scope of practice and development.

A project is proposed to investigate the development of a policy statement that supports improved allied health governance within Queensland Health Mental Health Services.

3. Development of standard measures to evaluate progress

These measures could be applied to the models of care projects and to be reported and monitored on a regular basis the progress of implementing full scope for clinicians. This could include a standard suite of measures which could include the following:

- A consumer outcome measure e.g. K10.

- Clinical interventions (will need to be refined and developed) based on EBP interventions. This could have overlap for AHP with the Queensland and National AH Data set in development/revision. A workshop is being held in April and representatives from the mental health branch to be invited.
- Percentage of clinical time / frequency (already reported).

Next steps:

All of these initiatives will require a collaborative approach between the Allied Health Professions' Office of Queensland, the Mental Health Alcohol and Other Drugs Branch; the Mental Health Clinical Network, managers of mental health services, clinicians (including medical and nursing staff) and community partners. It is anticipated that this work will also align with other strategies such as the Connecting Care to Recovery 2016-21, which is currently under development.

Where to from here:

- meet with MHAOD Branch to discuss the best way to progress.
- send to MH AH advisory group for finalisation
- disseminate *Allied Health Mental Health Scope of Practice Report* to HHS Board Chairs and CEOs, Mental Health Services and other stakeholders together with determined strategies.