Governance in Mental Health

A submission to the Royal Commission on Mental Health

From Dr Tricia Szirom CEO VMIAC

Governance in mental health

There is concern amongst consumers that there is no structure or process that oversees the mental health system in Victoria and, as a result, many issues go unmanaged. More importantly, there is a lack of vision and strategy to inspire and incentivise the system to strive, as an integrated whole, for improvements and quality in service delivery and better outcomes for consumers.

1. What is the problem?

The problem can be simply described as having three equally important aspects:
Failure to protect human rights and assure safety, as evidenced by:

- Lack of accountability in the system for practice that damages people
- Lack of action on human rights breaches
- Lack of processes which ensure the safety of consumers
- Lack of action on complaints from consumers, carers, staff and others within the system.

Weaknesses that work against best outcomes and a well joined up system including a

- Lack of consistency across services and the practices within these
- Lack of collaboration within and across sectors that deal with social determinants
- Lack of a robust and courageous approach to reviewing and monitoring authentic adherence to best practice principles and good practice standards.

Gaps in forward momentum including:

- Lack of visionary leadership which takes the sector to a future outlined by the Royal Commission
- Lack commitment to implementing structural interventions that really will address the power differentials that inhibit collaborative solution finding to wicked problems – including system and local level collaborations involving consumers, carers, professionals and policy makers; acute, community and academic sectors as well as policy makers
- Lack of incentivisation (reward) for evidence informed and more radical service and practice innovations.

Each of these aspects is raised directly or implicitly in the Interim Report of the Royal Commission.

2. What is governance?

According to Adrian Cadbury in *Corporate Governance and Chairmanship: A Personal View* (2002) the objective of good governance is *…to encourage the efficient use of resources and equally to require accountability for the stewardship of those resources. The aim is to align as nearly as possible the interests of individuals, the organisation and society."*

In addition, it is the role of a governing body to be explicitly responsible for providing strategic direction and oversight, to decide on the culture it wants and to influence the operating culture of the society, community, network or organisation through the people it appoints to executive positions.

It is well known in the business sector that good governance is central to any success and that without good governance it is not possible to achieve agreed goals. Perhaps even more importantly, without good governance it is not possible to hold the organisation to account to stakeholders at any level.

A governance structure for the mental health system as a whole would or could:

- directly support the achievement of government policy in mental health
- promote change that is aligned with evidence, and challenge institutional resistance
- better engage and hold to account diverse stakeholders
- keep the focus on better outcomes for consumers and on a more robust, effective, integrated, and sustainable system
- create more active ownership of and adherence to agreed standards.

3. Good Governance

In the wide-ranging literature about governance there are a number of characteristics of good governance that are common. These include:

- **Vision:** good governance calls for a strong statement of vision which describes what the organisation, department or entity is aiming towards. Vision provides the positive framework for other decisions and action.
- **Strategy:** which is seen as including planning at both the strategic and operational levels and ensuring that there are systems and processes in place to follow through
- **Culture:** refers to the way in which the system, department or business operates and includes leadership, oversight of strategic decisions, expressed values and conduct and approaches to service delivery.
- **Relationships:** is usually seen as both internal and external connections through different means of communication as well as effectiveness and striving for excellence at all levels of the organisation.
- **Quality performance:** There are three major components to this area, effectiveness, efficiency and quality, which involve monitoring, evaluation and reporting. Measuring quality and performance involves the establishment of outcome measures.
- **Compliance and accountability:** for this to be possible there needs to be agreed standards and assessment of these through audits, clear policies, processes and plans to manage finances, risk, human resources. Risk management is actually a key aspect of this area.

Taking a consumer-focused and a system level view, VMIAC would add to this list:

- Centrality of the voice of consumers in the mental health system
- Explicit commitment to the management of power differentials and conflicts of interest
- Capacity of the entity to listen and to learn, to self-reflect and change, and to lead change
- Ability to leverage and lead collaboration between stakeholder groups, sectors, and agencies/institutions.

3. Good Governance

At a systems level there is a need to establish a governing body that will ensure the governance function has capacity to hold an overview of the system as well as the interactions between the parts of the system. It must have the capacity to exert influence and promote system level change and coordination and be enabled by meaningful reporting, evidence and data. Governance arrangements also require the mechanisms to impact specific stakeholders, sectors and individual services ensuring accountability and promoting quality (consistency and innovation) on the ground. Expectations need to be clear and clearly communicated.

While good governance is well understood in the business and not for profit sectors, it has not been discussed widely in the Australian health sector until relatively recently and has very little exposure in mental health.

There are two key aspects in mental health governance, the first being governance of the system and the second being clinical and practice governance within each service. Clearly the two are interactive.

There is also a third aspect which needs to be included in any governance model and that is the centrality of the voice of lived experience.

4. Systems Governance

If we apply the characteristics and aspects of good governance, as outlined above, to the current Victorian mental health system, then it is possible that there are six agencies In the current mental health system in Victoria which play some role in what could be considered a form of governance in that they address compliance and provide some standards of good practice and accountability. The table below demonstrates the ways in which each of these agencies contribute to governance. (Note: The summary related to each agency is taken from their website so it is not a judgement – merely and indication of activity related to the aspects of governance.

Mental Health Complaints Commission: Established in 2014 under the *Mental Health Act 2014* (Vic) to safeguard rights, resolve complaints about Victorian public mental health services, and recommend improvements. Its vision is *A public mental health system that welcomes and learns from complaints, and makes quality and safety improvements to protect the rights of consumers, families and carers and uphold the principles of the Mental Health Act in all aspects of service delivery.*

Mental Health Tribunal: The Act also established the Tribunal, an independent primary decision-maker which decides whether patients need compulsory mental health treatment. The Tribunal is designed to protect patient rights by conducting hearings to identify the least restrictive way people can receive treatment they need. The vision of the MHT is *That the principles and objectives of the Mental Health Act 2014 are reflected in the experience of consumers and carers.*

4. Systems Governance

Office of the Chief Psychiatrist: The role of the Chief Psychiatrist under the *Mental Health Act 2014* is to:
provide clinical leadership and expert clinical advice
promote continuous improvement in the quality and safety of mental health services
promote the rights of persons receiving mental health treatment
provide advice to the Minister and the Secretary.

DHHS Mental Health Branch: The Mental Health Branch implements the *Mental Health Act* and has a key role in funding service development and delivery to meet demand and to enhance the mental *s* health system. In addition, the MH Branch has a key role in workforce development.

Chief Mental Health Nurse: The Chief MH Nurse promotes recognition of the mental health nursing profession, provides education and training, and promotes best practice standards, workforce planning and development and professional leadership.

Victorian Agency for Health Information: Has as its vision: *To deliver trusted information to inform better decisions that improve health and wellbeing of Victorians.*

Safer Victoria: Does not have coverage of the mental health system.

Characteristics Of Good Governance	Complaints Commission	Mental Health Tribunal	Office of the Chief Psychiatrist	Chief Mental Health Nurse	Mental Health Branch	Victorian Agency for Health Information
Vision **Visions are related to own delivery of service not a broad vision for the MH Sector**	Vision is about dealing with complaints Capacity to do this is too reliant on the consumer being able to make the complaint.	Vision relates to ensuring the Act is implemented for LE Complaints to the MHT are not handled independently. No accountability enforcement.	Focus on Clinical Practice It is unclear in documents whether the OCP promotes consumer rights although there are indications in practice that this is the case.	Focus on Clinical Practice Has a strong commitment to co-design and co-production and demonstrates this in practice. Provides training and support to improve practice.	Stewards of the mental health system and implementation of the Mental Health Act Has a strong commitment to consumer engagement	Vision related to information provision Accessing information is time consuming and data is only available quarterly
Strategy **Strategy is for own practice not a broad systems wide strategy**	MHCC strategic directions include four goals: people are empowered, complaints are resolved locally, practice improves, we see measurable, positive change.	Strategy is about; ensuring fair, consistent, and solution-focused hearings, promoting the realisation of the principles and objectives of the MH Act 2014 and using technology to make processes more efficient and sustainable.	Development and implementation of policies and guidelines aimed at: reducing restrictive interventions, capacity building initiatives for the MH workforce, and reporting and responding to issues associated with restrictive practices.	Provides leadership in quality service provision for the safety of consumers, delivering care that is consumer-centred, family-inclusive, trauma-informed, recovery-focused, quality-focused and, safe for all	There is not a clear strategy for the branch although there are action plans for the units within the branch. Has developed strategy for consumer involvement and promotes this but no capacity to enforce.	Responding to partners' and stakeholders' needs. Focusing on value and outcomes. Understanding the patient journey
Culture **Contributes to the culture in services related to their specific role but not the broader culture in the sector**	Claims to work on the cultural shift required for services to embrace complaints as an integral part of recovery.	Sees its role as being: Collaborative Fair Respectful Recovery focused.	Has an influencing role in the culture of hospital mental health services. Does not have specific power to change culture.	Demonstrates by example the way in which consumers and carers can be engaged in the development and delivery of high-quality programs. Supports local services to develop a consumer engaging culture but cannot enforce	The culture of MH Branch includes commitment to lived experience engagement and co-design and co-production. This is demonstrated in the LEAG which meets monthly with the Directors of each unit	Improving information sharing
Quality performance **Each has some role in quality delivery**	Improve quality and safety of services is part of role but not able to enforce.	Uses key performance indicators on number of hearings and outcomes.	OCP reporting under the Mental Health Act includes monitoring ECT, restrictive interventions and reportable deaths.	Works across the sector in the development of quality standards.	Has worked with consumers and carers to develop guidelines which underpin good practice	Feeds information and data to oversight bodies but is not directly involved in quality performance
Compliance and accountability **While all have the capacity to influence none enforce change**	MHCC has compliance and accountability to various Acts including the charter of Human Rights.	MHT accountable for complaint handling and decision-making - ensures that decisions are subject to appropriate review processes.	Is responsible for monitoring restrictive practices, electroconvulsive therapy and reportable deaths.	Works by influence as does not have any capacity to enforce changes in behaviour. Will work alongside a service to bring about change	Does not have any power to enforce good practice or to hold any part of the system to account	Information source only
Relationships **Relationships are specific to own area of work**	Works with services, the OCP, DHHS and other relevant statutory bodies, sharing information about safeguarding to ensure services are safe.	Legal representatives, Tribunal Advisory Council, Health services, VMIAC and TANDEM and DHHS, MHCC and OCP	DHHS Mental Health Services Chief Mental Health Nurse	DHHS Mental Health Services Community based services	Has strong relationships in the MH sector and with community sector and peak bodies. Also, part of national bodies.	Safer Care Victoria and DHHS
Summary	**Potential to take a role in systems governance**	**Could play a role in clinical governance**	**Key to clinical governance**	**Plays a major role in clinical governance**	**Plays a major role through funding and setting standards**	**Information gathering critical for systems governance**

5. Application of Good Governance in Mental Health in Victoria

As can be seen, there is not a consistent and integrated approach to systems governance as the current focus is primarily on complaints of individuals. There is not an approach to systems governance which provides a vision, strategy and culture across the system and there is no connection between these three aspects and quality assurance, compliance and accountability. There are some agencies such as the Office of the Chief Mental Health Nurse which provide examples of how good practice can raise standards in the sector and the Mental Health Branch provides models of working with consumers and carers which provide new ways of engaging lived experience.

In its interim report, the Royal Commission has demonstrated commitment to the engagement of consumers in the development of new programs and in the future of the mental health system at all levels. However, once the Commission has completed its work there is currently no guarantee that the issues addressed in this paper will be implemented.

While the Royal Commission could make recommendations on some of these issues, it is critical for there to be a collaborative approach in which one body oversees and coordinates a fully integrated approach to governance.

Building new services will not in and of itself change the practices and culture of those currently in power in the system and it will not ensure that the consumer voice is more than token.

For good systems-wide governance to be developed there needs to be a commitment to change which will ensure a positive approach to vision, strategy and culture and a strong commitment which will hold all services accountable for their practice through empowering relationships and quality performance.

6. Clinical and Practice Governance

Aside from a consideration of good governance across the mental health system, there is the associated issue of clinical and practice governance. Simply put, clinical governance is focused on improving the quality of care in clinical services.

The concept of clinical governance emerged in health in the 1990's and holds an expectation that all those involved in service delivery will be open to improving the quality of the service they provide and strive for excellence. Underpinning this concept is multi-disciplinary practice in which the whole team, including consumers and carers, is engaged.

As can be seen in the table above the Office of the Chief Psychiatrist and the Chief Mental Health Nurse have a major influence in developing and promoting frameworks and standards for clinical and practice governance in Victoria.

A key issue for clinical governance in mental health is its location in large hospitals where it plays a minor role compared to other professional groups. In addition, the role of the psychiatric model can block new ideas and innovation as this model of service delivery holds fast to one approach and the voice of one discipline. There is potential through the Office of the Chief Psychiatrist to develop a strong and effective approach to clinical governance however at some point the psychiatrists in individual services will need to see themselves as part of a system and not independent of it and certainly not in charge of it.

There have been tools developed which potentially contribute to good clinical governance including concepts of co-design and co-production both of which provide processes for engaging consumers and carers in the design of their own involvement as well as in the shaping of broader service delivery.

6. Clinical and Practice Governance

It is critical to recognise that neither co-design nor co-production automatically lead to good clinical governance. This will require a reshaping of the clinical structures and processes to move beyond even multi-disciplinary approaches to trans-disciplinary ones where all disciplines contribute equally. This requires accepting peer support workers and consumer consultants as a legitimate discipline with a valid voice in consumer healing. It also requires medical and psychiatric professionals to see themselves as just one perspective in the healing process.

There has been a concerted effort to employ people with lived experience in clinical settings to provide direct support to consumers while in hospital and consumer consultants to 'advise' on broader issues. However, reports from peer workers and consumer consultants indicate that their roles are not taken seriously in most situations and that they have very little capacity to change the culture and therefore the practices that occur. In fact, it should not be the responsibility of consumers to change the practice it should be the responsibility of those currently in power to bring about the needed change in collaboration and with the advice of, consumers.

These concepts challenge the current power relationships within all services which will require recognition that:

- Consumers are often traumatised by current approaches
- Mental health services need to focus on healing as their outcome rather than simply providing a holding service
- Consumers as peer workers and consultants often provide the most appropriate interventions and the ones most valued by consumers
- Psychiatrists need to play a consulting role rather than lead and manage the process – this will be a major positive shift in a current power imbalance
- A range of new disciplines needs to be involved in service delivery based on consumer preference for allied health workers.

7. Creating Systems Governance

There is a major problem in mental health in Victoria which has been identified by the Royal Commission and articulated in its interim report and this problem is directly related to the lack of system-wide vision, values and strategy.

While allocating funds to new and revised services will address some of the issues regarding access and quantity of services this will not address the key issues of lack of vision, values and culture which are at the heart of the Interim Report. Neither will it address the fundamental issues which are at the core of the problem, these being a lack of commitment to healing rather than holding people in places and ways that traumatise them further.

For the recommendations of the Royal Commission to be implemented and maintained over time there needs to be effective systems-wide governance, including the power to change current practices that do more harm than good. There is a history of reviews and inquiries making recommendations about reform of the mental health sector with little follow through and the reforms come to nothing. This would be tragic given the amount of work that has gone into the Royal Commission.

While Mental Health Reform Victoria can implement the building of new services, training the workforce and building its capacity, long-term changes to the mental health system will require strong integrated system-wide-governance to ensure that the vision of the Commission for consumer-centred and consumer-acknowledged leadership is implemented and maintained over future years. This is about the critical role of implementing the practical recommendations of the Royal Commission.

7. Creating Systems Governance

The analysis provided above shows that, while each of the agencies has an important role, none of them is a natural fit to take on the sector-wide governance role although some of them have a part of what is needed. For example, two of the existing agencies play a part in clinical and practice governance and two have some role in compliance. This is not enough. A new sector-wide entity is required. There is also a Ministerial Advisory Committee which has a broad membership representing all components in the mental health system. Unfortunately, its role is advisory and more is required than advice.

What should be considered is the establishment of a Mental Health Board or Commission appointed though an Act of Parliament and reporting to the Premier, the Minister and through them annually to Parliament. This body needs to be able to act independently to ensure that the system is both visionary and accountable. Membership of this body should include consumers, carers, service providers with leadership of consumers

In the final months of its deliberations the Royal Commission could convene a round table to bring together representatives of the key stakeholders within the system to collaborate on a mechanism or process that will address the issues outlined above. It is essential that a body has the mandate to implement the vision of the Royal Commission and to ensure that real change is achieved in a system that has a responsibility to bring about healing of those who have experienced mental distress and for whom the system has been a large part of the problem.

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