Northern Adelaide Local Health Network (NALHN)

Mental Health Senior Management Structure: Clinical, Operational and Professional Governance
Feedback closed 30 November 2017

Senior Manager, Allied Health & Community Mental Health Services AHP-5 position	
Who the feedback was received from:	**What the feedback is:**
An individual. Occupational Therapist.	• Thought that individuals with qualifications in Social Work or Occupational Therapy would also be eligible to apply for and potentially fill this position. • Social Workers and Occupational Therapists also work within community mental health and are therefore familiar with the processes involved and expectations. • Including all three allied health disciplines will enable equal opportunities for these professionals to achieve this enhanced career pathway into professional and/or leadership roles.
An individual. Clinical Director.	• Restricting the AHP-5 position to a psychologist makes no logical sense and will severely limit career pathways for other allied heath staff.
An individual. Senior Manager.	• Confused as to why the AHP-5 position is limited to a Psychologist as the position could be capably filled by a number of allied heath disciplines. • Concerned as it limits the professional and succession planning path for the other AHPs within the division and potentially prevents NALHN from recruiting the most suitably qualified individual.
An individual. Senior Manager.	• Limiting the AHP-5 position to a Psychologist limits the potential of both staff and the position.
An individual. Senior Manager.	• As it's a senior management position, all allied health disciplines should have the opportunity to apply. • Opening up the position to all disciplines will also enhance career opportunities for all of allied health.
An individual. Social Worker.	• The AHP-5 position should not be limited to psychologists. • It is unreasonable to prevent access to apply for the AHP-5 position when psychologists make up only twenty percent of the allied health professional workforce in Northern Mental Health. • If specific levels of expertise via educational qualifications are what's required then a range of

	appropriate and relevant qualifications should be listed as being suitable. Options of equivalency could include a - ○ Masters of Social Work or Occupational Therapy with a focus on mental health subjects; ○ Masters of Health Sciences (Mental Health); or ○ Masters of Health Administration. • Any other option unreasonably limits the career pathways available to allied health staff. • The need to resource senior management positions with professionals who have specialised mental health knowledge does not appear to operate across the spectrum of the proposed management structure. For example, the nursing director positions do not require any qualifications in mental health nursing or any direct mental health clinical experience.
Three Individuals. Social Workers.	• The proposal that the AHP-5 position only be offered to Clinical Psychologists strongly promotes Social Work and Occupational Therapy as being unappreciated, undervalued and unsupported. • It does not allow for career progression for Social Work and Occupational Therapy. • The absence of representation in these disciplines will filter down to staff creating an inharmonious and unsafe work environment. It also has the potential to significantly divide the disciplines within allied health. • The Job and Person Specification outlines the roles and responsibilities which do not seem specific to Clinical Psychology. • All disciplines can seek out further study in mental health and in areas that are relevant to higher management positions.
An individual. Clinician.	• Cannot understand why the AHP-5 position is not opened to all AHP disciplines.
An individual. Clinical Psychologist.	• Supports the AHP-5 position being limited to clinical psychologists. ○ Clinical psychologists specifically have the training to diagnose and treat mental illness. • They are required to successfully complete a three year undergraduate course, a one year honours course and a two years masters course as well as a further two years of supervised practice.
An individual.	• The proposed structure disregards the contribution and skills brought to the service by the majority

Sector Manager.	of the Allied Health workforce. • It also limits managerial career pathways for the majority of Allied Health staff. • There is nothing in the Job and Person Specification that appears to be specific to psychology.
On behalf of the state-wide Psychology Advisory Group.	• The role and scope of the AHP-5 position needs to be further defined. • Specifically queries whether or not the role oversees the operational management of a community team only if the Manager is from an Allied Health background.
On behalf of the North East Community Mental Health Team and Mental Health Clinical Psychological Rehabilitation Program.	• It is unclear who will benefit from the AHP-5 position in that it is only open to psychologists. • The actual discipline should not be important. • The best applicant should be the person who is best able to provide strong leadership and management.
On behalf of the Forensic Occupational Therapy service.	• Having the AHP-5 position only open to psychology is concerning. • It runs the risk of creating a divide amongst the disciplines. • It sends the message that only psychology is valued at the executive level. • Given psychology is the smallest allied health discipline, it also raises concerns about the ability to recruit to the position. • The duties and roles outlined in the Job and Person Specification are not psychology specific. • The creation of this position does not support the career progression of all allied health staff.
An individual. Social Worker.	• The AHP-5 position is welcomed however there is some confusion as to why it is only open to a psychologist. • Different allied health disciplines also have relevant post graduate qualifications and/or extensive leadership experience. • Quarantining the position constitutes an inequity issue. • Queries why the span of responsibilities for the position is limited to Community only.
On behalf of the Northern and North Eastern Community Rehabilitation Program Staff.	• The AHP-5 position is welcomed however there are concerns in relation to it. • It should be open to all allied health disciplines. • Limiting it to psychology will create a divide amongst the disciplines and is not conducive to an

	integrated Allied Health Service. • As such, the position should be open to all incumbents with significant mental health expertise.
An individual. Team Leader.	• The AHP-5 position is welcomed however there are concerns in relation to it. • It is the only opportunity for career progression and leadership available to allied health staff. • It should be open to all allied health disciplines. • Limiting it to psychology will create a divide amongst the disciplines and is not conducive to an integrated Allied Health Service. • Given psychology is the smallest allied health discipline, it will make it more challenging to recruit to the position. • There is nothing in the Job and Person Specification that indicates why the position should only be filled by a psychologist. It should be open to all incumbents with significant mental health expertise. • The final concern relate to the position being combined as a Senior Manager of Allied Health and Community Mental Health. With the workload that will be required, there will be limited time for allied health representation/leadership.
An individual. Allied and Scientific Health Officer.	• The proposed AHP-5 position has responsibility over allied health within community and James Nash House as well as responsibility over a range of Team Manger roles. This appears to be an inequitable FTE responsibility in comparison to the comparator Head of Unit roles. • The AHP-5 role incorporates some state-wide responsibilities and responsibilities in this space usually align with an AHP-6. • The rationale as to why the AHP-5 position requires a psychology qualification is not clear. If it is regarding qualifications and registration processes, it is noted that both Social Workers and Occupational Therapists are eligible for a Masters of Mental Health Practice.
The Public Service Association of SA (PSA).	• The PSA welcomes the AHP-5 position however it sees the restriction of this role to Psychology only as a major issue. It argues: o Psychology only represents approximately 20% of the relevant workforce. o Oher Allied Health disciplines undertake a strong and rigorous curriculum including management and mental health components. To say that psychology is the only discipline

	who can undertake this role is disrespectful to the rest of the allied health profession.
Co-director model	
Who the feedback was received from:	**What the feedback is:**
An individual. Clinical Services and Wellbeing Coordinator.	• Queries why the co-director model leaves out allied health, stating that the proposed structure does not reflect the "significant" presence of Allied Health in adult mental health services. • For services to be truly multi-disciplinary, there should be three directors of equal statute (medical, nursing and allied health).
An individual. Nursing Director.	• Believes that the AHP-5 position should sit at the same level as the Divisional Director (Medicine) and the Divisional Director (Nursing) and should be open to all allied health professions.
Three Individuals. Social Workers.	• Having a structure in place that has Allied Health reporting directly to Nursing is not appropriate. It undervalues and undermines the allied health workforce and drives inequality.
On behalf of the state-wide Psychology Advisory Group.	• The conversion of previous multi-classification positions such as the Director of Strategy and Operations and Sector Manager to Nursing Director positions limits the career progression available to Allied Health. • Even with the appointment of the AHP-5 Senior Manager of Allied Health & Community Mental Health positon, Allied Health is still unrepresented at the executive level.
On behalf of the North East Community Mental Health Team and Mental Health Clinical Psychological Rehabilitation Program.	• The co-directorship is not appropriate as it is a multi-disciplinary team and so the highest level of management should reflect this. • It queries the justification for payment of the Director of Nursing at RN6.5.
On behalf of the Forensic Occupational Therapy service within FMHS.	• To have allied health report directly to nursing is inappropriate. • It queries why allied health only deserves a Senior Manager and not a director. • Believes it will significantly restrict the voice of allied health staff when it comes to service development and strategic decision making.

An individual. Social Worker.	• Whilst the structure provides a clearer delineation of responsibilities for medical and nursing staff, it diminishes management and clinical leadership pathways for allied health staff.
On behalf of the Northern and North Eastern Community Rehabilitation Program Staff.	• The proposed structure means that the medical and nursing profession dominates the executive team leaving only one voice for allied health when it comes to strategic decision making. • It undermines the allied health professions and devalues their ability to contribute at the executive level. • Believes the quality of services provided will be negatively impacted with no allied health representation at the strategic/director level.
An individual. Team Leader.	• The proposal to transition operational responsibilities from multi-classified Sector/Service Manager positions to Nursing Director positions precludes allied health professionals from another level of the mental health governance structure. • Queries why allied health only deserves a Senior Manager and not a director. This undermines allied health professionals and devalues their ability to contribute at the executive level. • Raises concerns about where allied health professionals report professionally.
An individual. Allied and Scientific Health Officer.	• The removal of the Director of Strategy and Operations and Sector Manager roles limits the career pathway, succession planning and FTE opportunities available to Allied Health Professionals. • Although a collaborative linkage is in place, there is insufficient explanation as to why Allied Health is not directly involved at the Executive level.
Australian Nursing and Midwifery Federation (ANMF).	• Welcomes the introduction of a Director of Nursing position. • Is seeking clarification that operational and professional governance is such that the Director of Nursing is responsible for providing nursing clinical decision making authority. • Is also seeking further detail on how the accountability for the various strategic and operational deliverables will be divided between the Medical and Nursing Directors. • States that it is only able to support a role description for the Director of Nursing position that ensures an appropriately qualified and experience mental health nurse.

The Public Service Association of SA (PSA).	• There is no mention of the Divisional Director (Medical) and the Divisional Director (Nursing) working collaboratively, in partnership with, or in conjunction with, the proposed AHP-5 role.
Heads of Unit positions	
Who the feedback was received from:	**What the feedback is:**
An individual. Clinical Director.	• The number of Heads of Unit positions in the Northern vs North Eastern Sectors (5:1) is in no way equitable or reflective of the current relative workload or complexity of the two sectors.
On behalf of the North East Community Mental Health Team and Mental Health Clinical Psychological Rehabilitation Program.	• Disproportionate weighted allocation of small Heads of Units to Northern Community Mental Health Services. It is to detriment of the North Eastern sector/s.

The South Australian Salaried Medical Officers' Federation (SASMOA).	• The Large and Small Heads of Unit roles appear to reflect joint managerial responsibility with the Nursing Directors. This is not industrially sound (see the South Australian Medical Officers Award (the Award)).
	  ○ SASMOA requests that the proposed structure reflect the appropriate industrial application.
	• The Heads of Units for Woodleigh House, Modbury CL and ED and North East Community appear absent in the proposed structure.
	  ○ SASMOA states that these units each require a Head of Unit in order to adhere to the Award and to previous agreements between the parties.

New Occupational Therapy Clinical Lead position	
Who the feedback was received from:	**What the feedback is:**
An individual. Manager.	• Pleased to see the creation of an Occupational Therapy clinical lead.

An individual. Social Worker.	• Welcomes the reinstatement of an AHP-4 Occupational Therapy lead position.
Three Individuals. Social Workers	• The inclusion of an AHP-4 Occupational Therapist is supported as it will provide each discipline the same lines of support and leadership.
An individual. Sector Manager.	• Welcomes the inclusion of the Occupational Therapy lead position.
On behalf of the North East Community Mental Health Team and Mental Health Clinical Psychological Rehabilitation Program.	• The introduction of an AHP-4 Occupational Therapist lead is an excellent improvement and will improve equity.
On behalf of the Forensic Occupational Therapy service within FMHS.	• Pleased to see the inclusion of an AP-4 Occupational Therapist lead.
An individual. Social Worker.	• Welcomes the inclusion of the Occupational Therapy lead position however queries why it has Consumer Workforce responsibilities.
On behalf of the Northern and North Eastern Community Rehabilitation Program Staff.	• Welcomes the inclusion of the Occupational Therapy lead position however believes its leadership of the Lived Experience Workforce need to be further explored.
An individual. Team Leader.	• Considers the inclusion of an AP-4 Occupational Therapist lead to be a positive addition.
The Public Service Association of SA (PSA).	• Welcomes the inclusion of the Occupational Therapy lead position however the PSA believes that this role should not include Consumer Workforce responsibilities.
Lived Experience Workforce	

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Three Individuals. Social Workers.	• Consideration should be given to the allocation of a senior lived experience worker.
An individual. Sector Manager	• Consideration should be given to the establishment of a lead Lived Experience role.

On behalf of the Northern Lived Experience Workforce.	• So as to avoid offence and stigmatisation, it is recommended that the Lived Experience Workforce is <u>not</u> relabelled 'Consumer Workforce.'
	  ○ Lived Experience Practitioners may no longer personally identify as consumers and do not professionally identify as consumers in their place of employment.
	• A lead Lived Experience role should sit alongside the Allied Health Leads.
	  ○ This position would provide the knowledge and training required to supervise Peer Specialists and Carer Consultants in their practice and professional development.
	• A Northern Lived Experience Workforce Coordinator should also be appointed.
	  ○ This position would coordinate the workforce and promote consumer representation at the policy and governance level. It would also ensure that Lived Experience staff are appropriately matched to services.
	• If the above cannot be facilitated then the Lived Experience Workforce should be under the management of the Social Work Lead.

On behalf of the Forensic Occupational Therapy service within FMHS.	• Considers that the inclusion of a Senior Lived Experience Worker should be explored.
An individual. Team Leader.	• The Lived Experience Workforce should be led by a lead/senior Lived Experience position rather than another discipline.
Roles within Forensic Mental Health Services, Older Persons Services and/or the Community	
Who the feedback was received from:	**What the feedback is:**
An individual.	• Considers that there should be an additional Nurse Unit Manager and Nurse Consultant role (Mon

Nursing Director.	– Fri) for Forensic Inpatient Services.
Three Individuals. Social Workers.	• It is unclear who the allied health professionals working within Forensic Mental Health Services report too.
An individual. Sector Manager.	• There is little rationale as to why the roles in Forensic and Older Persons Services proposed to be Nursing Directors could not be multiclass so as to include Allied Health.
On behalf of the state-wide Psychology Advisory Group.	• Given the significant reforms occurring in Older Persons Mental Health Services, there should be greater Allied Health involvement and oversight of Allied Health staff within these services.
On behalf of the North East Community Mental Health Team and Mental Health Clinical Psychological Rehabilitation Program.	• Queries why the proposed structure no longer includes an RN-4 position in the community.

On behalf of the Forensic Occupational Therapy service within FMHS.	• Within Forensic Mental Health, the reporting lines and management structures for the allied health positions (particularly the senior positions) are unclear. The proposed structure does not provide any clarity on this.
	  ○ In the proposed structure, it is assumed that the inpatient allied health staff will report to the Nurse Unit Manager (NUM). Adding this load to the NUM is unreasonable and will not provide adequate support to allied health staff.
	  ○ Support and management structures for allied health staff working within Forensic Mental Health should be addressed in this restructure.

Australian Nursing and Midwifery Federation (ANMF).	• In relation to Forensic Mental Health Services (FMHS), the proposed structure does not facilitate a safe staffing model that is commensurate with the requirements for nursing leadership both now and in the future.
The proposed structure (in general)	

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Who the feedback was received from:	What the feedback is:
An individual. Clinical Director.	• Concerned and disappointed about the process of formulating the proposed structure. Believes it came out of nowhere with little to no consultation.
An individual. Sector Manager.	• The proposed structure in Adult Services with multiple Medical Heads of Units aligned with the Senior Manager will dilute the intended increased clinical governance and leadership with no one responsible person at this level.
On behalf of the state-wide Psychology Advisory Group.	• The governance of Allied Health staff working in inpatient settings is difficult to ascertain from the proposed model. • Clarity is sought on the governance structure for Allied Health and how it will intersect with the governance structure for Medical and Nursing.
On behalf of the North East Community Mental Health Team and Mental Health Clinical Psychological Rehabilitation Program.	• In relation to the overall perspective indicated within the document, it is felt that it does not do justice to the concepts community mental health services have aspired to such as rehabilitation and recovery, which are vital in moving the service, consumers and community forward. • There is a sense that the structure will divide the service along discipline lines and that this will alienate those who are not able to be represented in senior management roles.
The South Australian Salaried Medical Officers' Federation (SASMOA).	• The proposed structure does not comply with the South Australian Medical Officers Award (the Award) and therefore cannot be endorsed. o It does not comply with the parameters around medical management roles. o It does not reflect the Divisional Director as being the overarching manager of the Division with the primary control, accountability and responsibility for the clinical care and direction of all staff and patients. ▪ The Divisional Director does not report to the Chief Operating Officer. ▪ The Divisional Director cannot have KPIs as this role does not have the control necessary to influence the achievement of the KPIs and strategic and operational deliverables. o The Clinical Director (Forensic Services) must report directly to the CEO.

	▪ SASMOA is seeking that amendments to the Job and Person Specification (J&P) for the Clinical Director position be made so as to ensure that the J&P accurately reflects the role. • The structure suggests a siloed application of care to patients. Concerning, allied health appears to engage with complete autonomy within themselves and with no direct line management to anyone within the service. • Nothing in the proposed structure sets out who is responsible within clinical governance.
Australian Nursing and Midwifery Federation (ANMF).	• The ANMF is seeking an increase in clinical leader roles at the RN-3 level across the mental health division. • It states that proposed structure does not reflect all necessary reporting lines and requires clarity on this. o To this end, the ANMF is seeking a proposed workforce profile that includes the total number of positions and classifications.
The Public Service Association of SA (PSA).	• The PSA and its members consider the model to be very hospital-centric and question the rational for the proposed changes and the reasons for the 'severe' impacts on allied health. • It considers that professional and operational leadership should be separated and therefore believes that the proposed structure does not provide clearer delineation, but rather "blur the boundaries." o This is demonstrated by the proposal that separate multi-classified Operational Leads (Service Manager and Sector Manager) are to be removed – currently without any professional duties – to be replaced by Nursing Directors who will be providing both operational and professional (nursing) support – therefore blurring these lines further. ▪ The PSA does not support the blending of operational duties with nursing professional duties as given the workloads of this role, "something will have to give" and it considers that it is more likely to be the operational area that will be neglected. • The PSA notes a lack of attention to one of the primary focuses of mental health – rehabilitation and recovery. It states that the lack of inclusion of these people in this process is both concerning and disappointing. • The career progression in a "management stream" is severely restricted for AHPs.

	• The PSA cannot see any clear rationale as to why the Director of Nursing role is nursing specific and not multi-classified. It states that there is no evidence that only nurses can provide senior operational leadership in mental health. It argues:
	  ○ Client care is not entirely focused on nursing.
	  ○ All AHP qualifications contain curriculum matter in the area of mental health and all are required to undertake significant hours in mental health placements.
	  ○ An intern program exists for AHPs working in mental health.
	  ○ In terms of operational leadership, all AHP qualifications also include training and education regarding management and operational matters.
	  ○ The proposed Job and Person Specification for the Director of Nursing role does not contain any criteria that would rule out an AHP.
	• Having a multi-classified role will ensure that a broader range of operational experts, with experience in mental health, can be sought.
	• The PSA further notes that the proposed structure creates another level between the Nursing Director role and the Executive Director of Nursing and Midwifery. The PSA queries why this is seen to be necessary.

The Consultation Paper itself	
Who the feedback was received from:	**What the feedback is:**
An individual. Clinical Director.	• Paper is incomplete and it is therefore impossible to provide informed and valid feedback. • There are no Job and Person Specifications (J&Ps) for the proposed Heads of Units, Nursing Director positions or Allied Health lead positions. (States that the previous 'Lead Psychiatrist' descriptions were inaccurate and are not assessable as a J&P). • The lines of clinical and operational responsibility between the various positions are confusing and unclear. • A revised Consultation Paper with attachments should be circulated.
An individual. Sector Manager.	• It is impossible to provide comprehensive considered feedback on the structure as the Consultation Paper is incomplete and the supporting documentation is lacking. • Within the paper there is no description of the operational reporting lines or account of who exactly is responsible for what operationally.

	• The relationship between different roles is not described. • There's no Job and Person Specifications (J&Ps) provided for the proposed Heads of Unit positions, Nursing Director positions or the Allied Health Professional leads. • All J&Ps should be required so that genuine and informed consideration can be given to the proposed structure. Once this is provided, a further period of genuine consultation should be undertaken.
On behalf of the North East Community Mental Health Team and Mental Health Clinical Psychological Rehabilitation Program.	• The second paragraph under Sector Manager on page six is unclear. • The document does not clearly define the rationale for the changes in relation to providing better accountability and responsiveness. • It queries who the author of the document is and why this information has not been provided. • Believes Job and Person Specifications for the Co-Director positions are crucial in order to be able to understand the proposed roles. • Considers that the timing of this document in relation to the end of the calendar year is poor.
An individual. Social Worker.	• Without a clearly delineated Model of Care underpinning the Divisions of Adult, Older Persons and Forensic and given the lack of supporting documentation outlining operational reporting lines, it is difficult to assess how good a fit the proposed management structure may be. • As such, more information is required in order to be able to determine if the proposal is the "best fit" management structure for the continuum of service delivery systems.
On behalf of the Northern and North Eastern Community Rehabilitation Program Staff.	• Job and Person Specifications have not been provided for the majority of the positions. • Clarity regarding the interface and the operational responsibilities of the AHP-5 position and the Nursing Director positions is required. • Clarity on the reporting lines of the Team Managers' is also required. ○ For example, do the Allied Health Team Managers only report to the AHP-5 and do the Nursing Team Managers only report to Nursing Directors?
An individual. Team Leader.	• A Job and Person Specification has not been provided for the AHP-4 Occupational Therapist lead. • Clarity regarding the interface and the operational responsibilities of the AHP-5 position and the Nursing Director positions is required.

	• Clarity on the reporting lines of the Team Managers' is also required. ○ For example, do the Allied Health Team Managers only report to the AHP-5 and do the Nursing Team Managers only report to Nursing Directors?
An individual. Allied and Scientific Health Officer.	• Clarity regarding the reporting links for AHPs working in adult impatient is required.
Australian Nursing and Midwifery Federation (ANMF).	• The current structure does not depict all roles within the division. For example, the Nurse Consultant role within Forensic Mental Health Services is not included. ○ The ANMF is seeking a current workforce portfolio that includes the total number of positions and classifications.
The Public Service Association of SA (PSA).	• No Job and Person Specifications (J&Ps) have been provided for the Nursing Directors, Professional Leads or Heads of Unit positions. It is difficult for the PSA and its members to review the effectiveness of the structure without these. • The PSA considers that the operational aspects of the proposed Director of Nursing role are not clear. It also states that there are concerns in regard to the overlap with this position and the proposed AHP-5 role. ○ For example, the primary duties of the AHP-5 role are listed as being "…operational… accountability for all allied health and community mental health services…" and "the direct management of the multi-disciplinary Community Mental Health Team, including line management of Professional Leads and Team Managers for Community Mental Health…." *However* the Director of Nursing J&P also contains reference to "…operational leadership….for the nursing services and/or multi-disciplinary team members…" and "providing corporate management of… multi-disciplinary services." <u>Current Organisational Structure:</u> • The current Organisational Structure is missing an ASO4 role in Forensic Mental Health as well as three other ASO3 roles. The PSA also notes that the Assistant Business Manager position has not been included on the chart. Whilst this position may be out of scope, the PSA says that there are other roles that are not in-scope yet still appear on the chart. <u>Proposed Organisational Structure:</u>

	• Nurse "Management" is in the singular. As it is intended for there to be more than one position of this type, this should be clarified. • The Mental Health Compliance Officer position does not appear on the proposed structure. • There is a marked change in administration roles. This has caused confusion and concern in relation to the level of administrative support required for mental health. • The Hotel Services Manager position currently also covers Forensic Mental Health Services (FMHS). The proposed Organisational Structure only links this position to Older Persons Mental Health Services (OPMHS). • The reporting lines for the AHP-5 position in the proposed Organisational Structure and Consultation Paper are different to how they appear in the J&Ps. ○ The PSA is seeking that the reporting lines noted in the J&Ps are reflected on the proposed Organisational Structure. That is, in partnership with the Divisional Directors, the AHP-5 position reports operationally to the CEO and COO. If this will not be the case then the view of members is that this position is just a "token" role in an attempt to appease the large allied health workforce.