

Forensic Mental Health Directorate Restructure Consultation Guide

June 2023

Purpose

This consultation document provides staff in Justice Health and Forensic Mental Health Network (Justice Health NSW) with information regarding the restructure of the Forensic Mental Health directorate.

Context for change

As Justice Health NSW prepares to implement our 10-year Strategic Plan – *Together for Healthier Tomorrows*, several changes have been made to our organisational structure.

Realigning the Executive Leadership team was the first step to ensuring Justice Health NSW was best placed to deliver effective care into the future for our patients. The realignment at the Executive level resulted in several changes including the de-establishment of the Services and Programs directorate and position of Executive Director Clinical Operations. The Forensic Mental Health (FMH) directorate was consequently bolstered with the return of Custodial Mental Health and Adolescent Mental Health Services.

The changes recognised the speciality of FMH and the directorate's functions within the network of forensic mental health services in NSW. It enabled effective decision making and is conducive to good governance and collaboration. Most importantly, the changes ensure the alignment of the leadership and services supports the delivery of our Strategic Plan 2023-32.

This consultation document provides staff in Justice Health NSW an outline of the key changes proposed to services within the **Forensic Mental Health Directorate**, to realise the benefits sought through the Executive realignment.

The proposed structure aligns with contemporary, evidence-informed models of care, supports service expansions and system-wide reforms to achieve clinical excellence in forensic mental health care. Ultimately, our aim is to deliver safe, effective outcomes for our patients and the community.

Forensic Mental Health

There are four service domains that forms Forensic Mental Health (FMH) services. These are 1) court, 2) community, 3) custody, and 4) secure inpatient services. These services support important functions for adults and young people who are in contact, or at risk of contact, with the criminal justice system including:

- early intervention and prevention, which includes preventing offending among those with mental health needs
- mental health court diversion
- recovery and rehabilitation in the least restrictive settings, and
- community reintegration.

NSW Forensic Mental Health

In NSW, Justice Health NSW administers services across all four FMH service domains, for both adults and young people. These services include Adolescent Forensic Mental Health Services (AFMHS), the Statewide Court and Community Liaison Service (SCCLS), the Community Forensic Mental Health Service (CFMHS), Custodial Mental Health (CMH), and the high-secure Forensic Hospital.

There are also three medium secure inpatient units operated by three Local Health Districts (LHDs) that form part of the bed-based FMH services; and all 15 LHDs provide community-based treatment to forensic and at-risk civil patients.

All these services and functions make up the FMH system in NSW.

Justice Health NSW, which administers the majority of FMH services, is the lead agency for FMH care in NSW. Justice Health NSW must therefore work collaboratively with all LHDs and stakeholders to keep the state's FMH services operating effectively and in unison for the benefit of our patients and the community.

Proposed Structure – Forensic Mental Health Directorate

Proposed Tier 3 and 4 Restructure and Key Changes

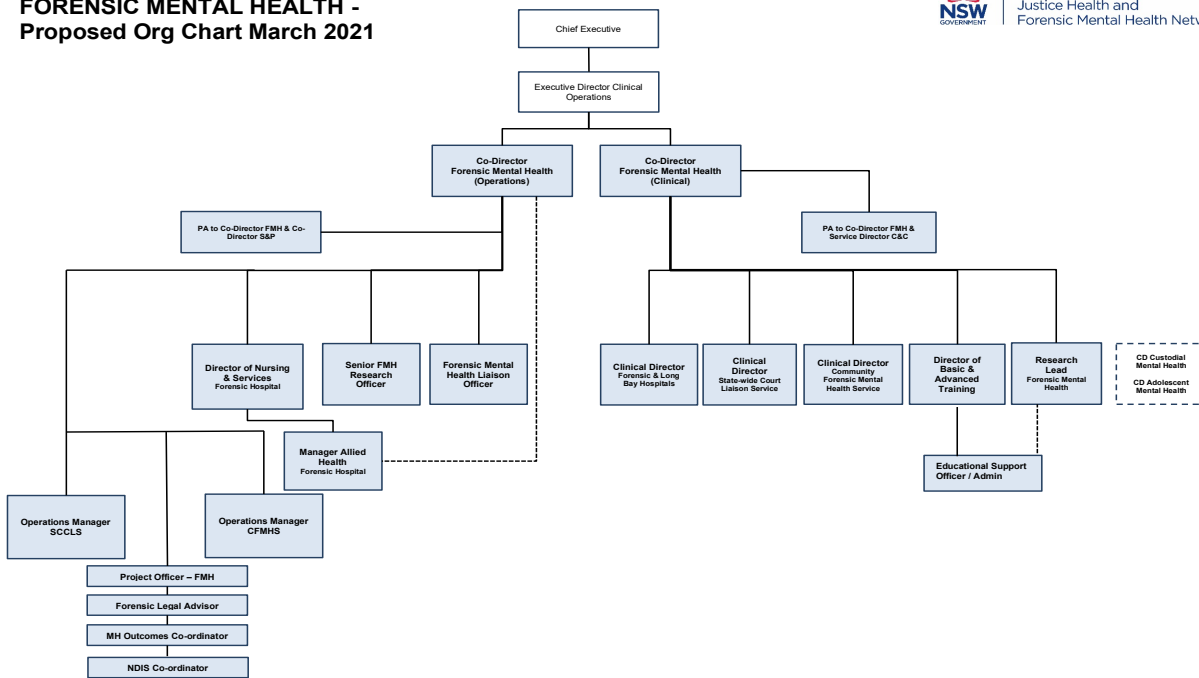
The proposed new structure for the FMH directorate aims to:

- Support patient and carer engagement and co-design.
- Assist necessary system-wide care coordination, service reforms and improved patient flow.
- Recognise adolescent FMH as a specialist sector within the directorate to deliver age-appropriate, timely care.
- Better support community-based patient care, including transition services.
- Organise resources to best support the functions of individual services and ensure that corresponding patient outcomes can be clarified and improved.
- Establish role parity and governance structures across tier 3 and 4 positions, to reflect the unique responsibilities of the Directorate's managers and support career progression.

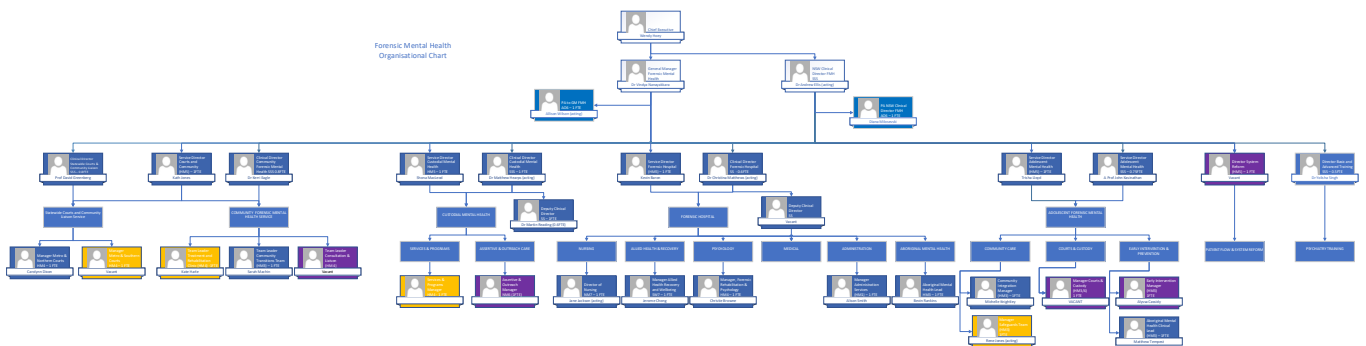
The directorate's Tier 4 structure shows how court and community, custody, hospital and adolescent services, alongside training and reform functions will be administered and governed. The proposed Tier 3 leadership will include existing Clinical Directors and Service Director positions, including the consolidated position of 'Service Director Courts and Community'. A new position of 'Director System Reform' will also form part of the Tier 3 leadership. Tier 4 management positions then enable a stepped reporting structure to ensure manageable workloads and the coordination of teams with clear clinical purpose and function. Tier 4 has seven new positions including those funded via budget supplementations for FMH service enhancements.

Historical structure

FORENSIC MENTAL HEALTH - Proposed Org Chart March 2021



Proposed Structure



Disclaimer:
 All Registered Nurses have a professional reporting line to the Director of Nursing, Midwifery and Clinical Governance
 All Medical Officers have a professional reporting line to the Executive Medical Director
 All Allied Health staff have a professional reporting line to the Director of Allied Health

Adolescent Forensic Mental Health

Case for Change

Justice Health NSW Adolescent Forensic Mental Health (AFMH) services have diversified and grown over the last 15 years, including the recent establishment of the Safeguards Service. However, no adjustment or budget enhancements were allocated to support the AFMH leadership structure to ensure feasible workloads and line management. Use of contemporary award structures is also inconsistent across the service, with priority given to stretch often-small amounts of supplemental funding to enhance service reach to young people. The AFMH service's ability to function as a specialist area of FMH also needed to be better supported, with programs aligned to clear service functions and outcomes.

Proposed Restructure and Key Changes

The AFMH restructure aims to coordinate and efficiently manage the now various services across adolescent forensic mental health, including drug health services. The restructure delivers a stepped management structure, improved clinical governance and best-practice care for young people interacting (or at risk of contact) with the criminal justice system.

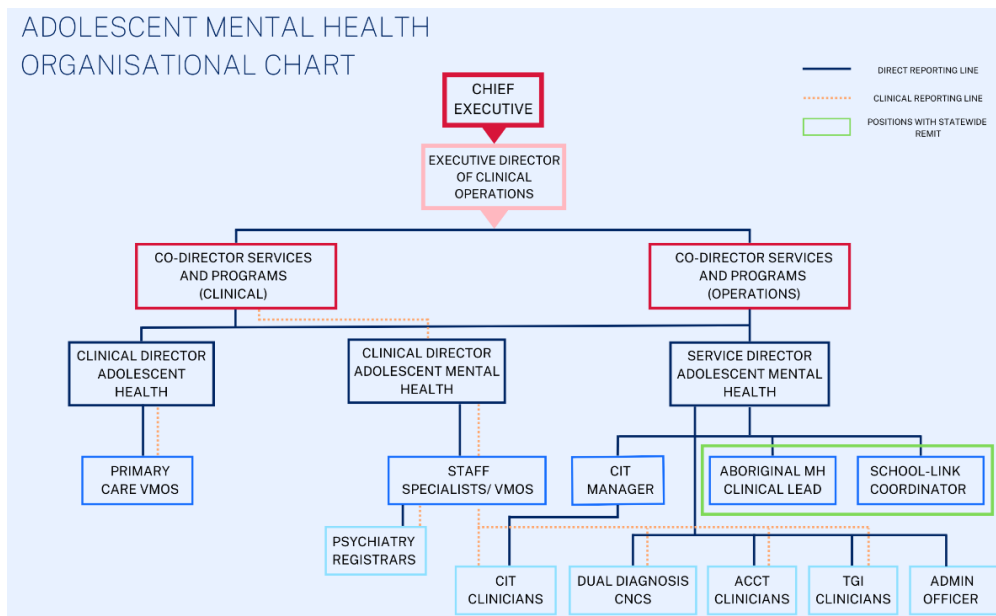
The goals of the AFMH restructure are to:

- Meet the changing needs of young people in contact or at risk of contact with the criminal justice system by incorporating an early intervention and prevention program stream.
- Distinguish the suite of AFMH programs in line with service functions, to foster team cohesion and sense of purpose, and clarify service outcomes for young people.
- Create team leader roles and enable the ADFMH leadership team to better support staff, improve reporting, manage workloads and allow time for strategy, service development and collaboration.
- Establish a dedicated ADFMH workforce and capability framework to support the delivery of quality, evidence-based specialist care.

The key changes featured in the AFMH restructure include:

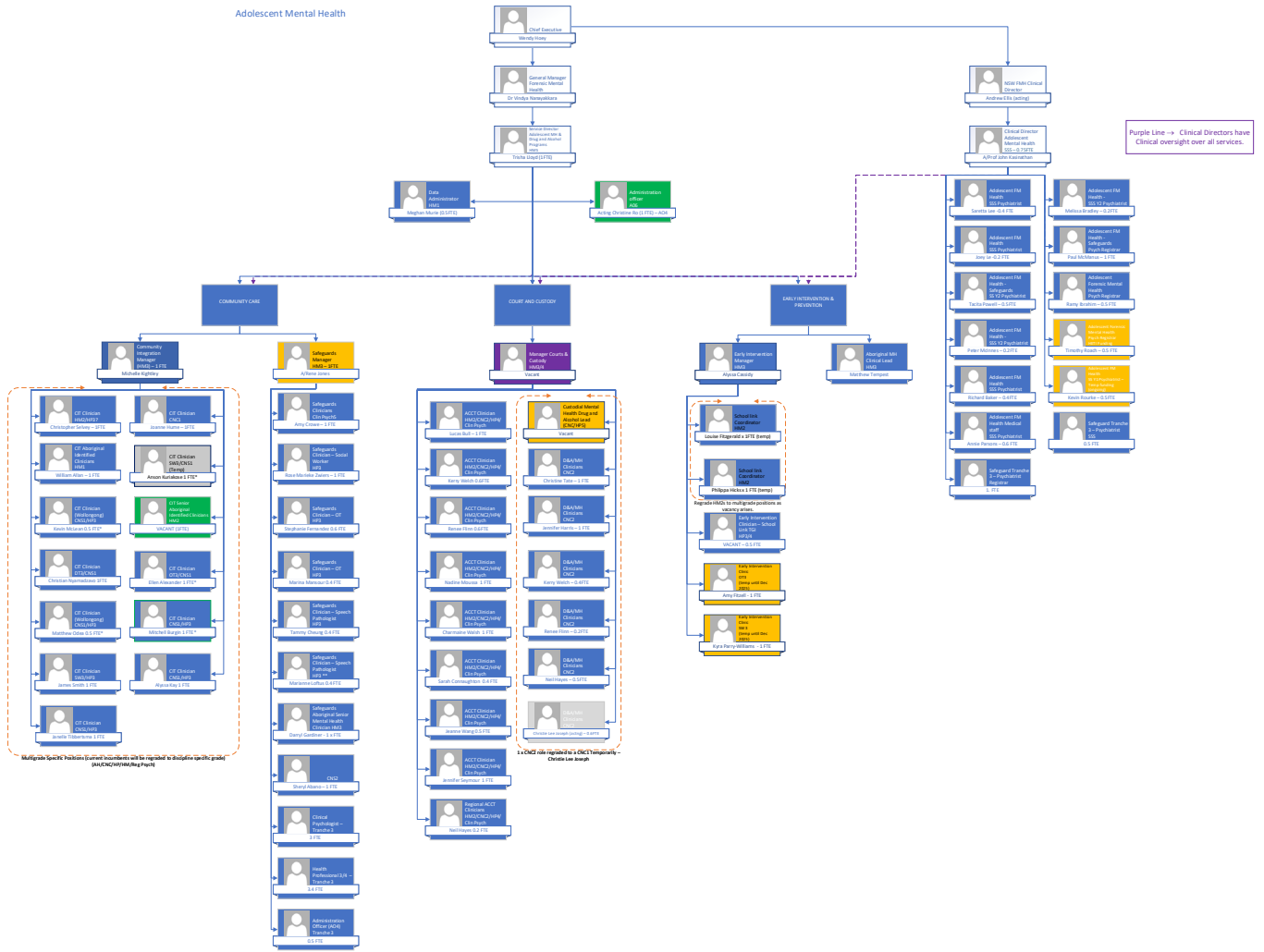
- Conversion of the AO4 position to an AO6, recognising the growing administrative demands and complexity of the role.
- Establishment of the Manager for Safeguards (HM3).
- Establishment of the Manager for Courts and Custody (HM3).
- Establishment of an Early Intervention Manager (HM3) to support early intervention and prevention programs for young people at risk of entering the criminal justice system.
- Establishment of a Drug and Alcohol Lead (CNC/ HM3) within the Courts and Custody team.
- Clarifying and regrading of positions to ensure remuneration and awards best reflect the duties allocated to clinical positions and the multi-disciplinary nature of the AFMH workforce.

Historical Structure



Proposed Structure

Adolescent Mental Health



Footnote:
 - All Registered Nurses have a professional reporting line to the Director of Nursing, Midwifery and Clinical Governance
 - All Medical clinicians have a professional reporting line to the Executive Medical Director
 - All Allied Health staff have a professional reporting line to the Director of Allied Health

Custodial Mental Health

Case for Change

The Custodial Mental Health Service and its model of care has remained generally unchanged for decades. This is despite the growing rates of serious mental illness in custody, increasing overpenetration of First Nations people in NSW prisons, stretched resourcing, developments in evidence-based prison mental health care, contemporary workforce structures, and growing pressure – both nationally and internationally – to improve conditions of care for acutely unwell and at-risk patients in prison. A realignment of the Custodial Mental Health workforce to support a contemporary, evidence-informed model of care is necessary.

Proposed Restructure and Key Changes

The Custodial Mental Health restructure aims to create a service structure and workforce that best meets the needs of patients, staff and specialist forensic mental health care standards. This includes providing services in a manner that is least restrictive and consistent with patients' clinical needs and risk.

The goals of the restructure are to:

- Realign resources and improve efficiency and patient care,
- Strengthen partnerships to support patient transitions along a mental health care pathway,
- Provide targeted, equivalent care through evidence-based, standardised practice, and
- Develop a cohesive, specialised, contemporary multi-disciplinary service.

The restructure will importantly support a new model of care – based on the 'STAIR' model¹ - which will guide care delivery and improve patient outcomes. The STAIR model focuses on key points along a (prison) care pathway – Screening, Triage, Assessment, Intervention and Release planning/Reintegration – and aims to standardise procedures at these key junctures to reliably direct treatment and improve patient outcomes. By ensuring screening, triage and assessment processes are empirically informed and standardised, the right patients can be identified, referred, and prioritised more appropriately for care. Similarly, by emphasising release planning and reintegration as a key aspect of throughcare, treatment continuity is better supported.

The proposed structure groups key functions across Custodial Mental Health to assist in:

- aligning expertise,
- streamlining management structures and reporting lines to support teams and individuals,

¹ Simpson A I F et al. (2022) A Systematic Review of Reviews of Correctional Mental Health Services Using the STAIR Framework. Front. Psychiatry, Sec. Forensic Psychiatry, Volume 12

- redefining Mental Health Assertive Care Areas,
- redefining Mental Health Outreach Services,
- establishing services to improve triage, recovery and reintegration,
- establishing multidisciplinary teamwork across Custodial Mental Health and with other directorates,
- establishing a Services and Programs function to enhance speciality services and service development for vulnerable and at-risk patient populations,
- aligning non-clinical staff to services to improve efficiencies, role clarity, and job satisfaction, and,
- creating an integrated, collaborative team, with clear purpose and direction.

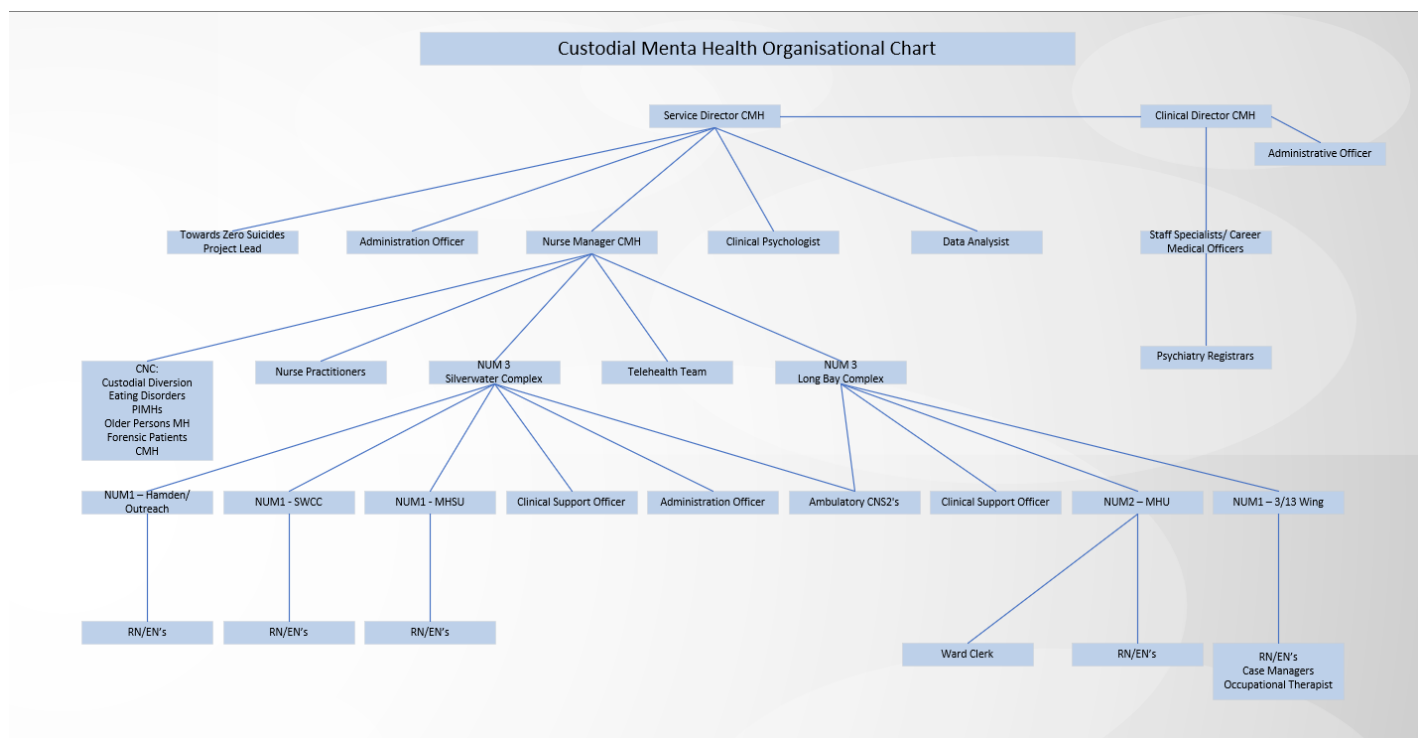
The Custodial Mental Health Service will be arranged into service streams that reflect patient needs and risks. Investment into Mental Health Assertive Care areas and the delineation of Mental Health Outreach Services ensures establishment of functions and clinical interventions that are commensurate with patients' treatment needs. The establishment of a specialist Services and Programs stream also recognises the centralised resources needed to best support the unique, specialist needs of patients in custody such as their risk for suicide, cultural needs, perinatal needs and comorbidities, as well as age-related needs and changing vulnerabilities.

Please note, the restructure will be implemented progressively and in consultation with staff. The proposed structure outlines the end state and will be fully implemented when the Freshwater Unit is operational and the degazettal of the Long Bay Hospital Mental Health Unit is complete.

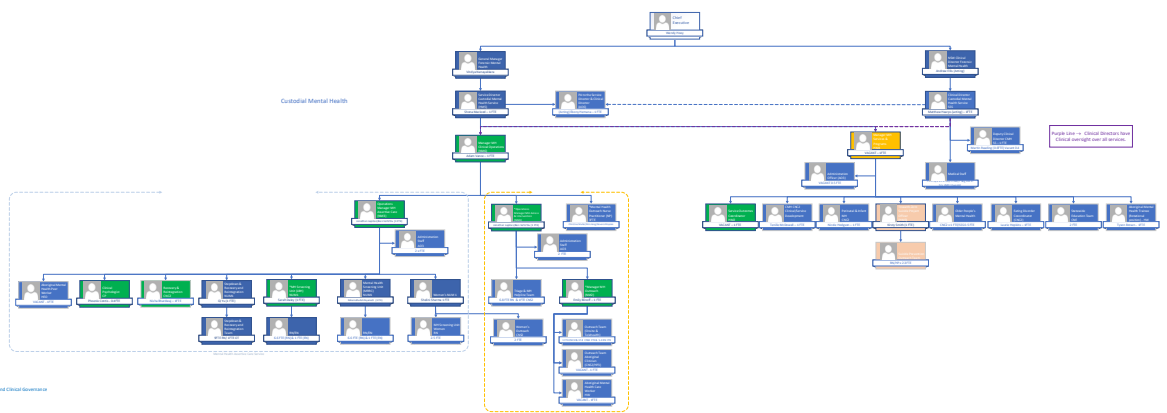
Some of the newly proposed management positions include:

- Manager Mental Health Services and Programs
- Manager Mental Health Strategic and Clinical Operations
- Operations Manager Mental Health Assertive Care
- Operations Manager Access and Intervention
- Manager Mental Health Outreach
- NUM1 Step down and Recovery & Reintegration
- NUM1 Mental Health Screening Unit – Long Bay
- NUM1 Women's Mental Health

Historical structure



Proposed Structure



Courts & Community Forensic Mental Health

After many years, both the Statewide Community and Court Liaison Service (SCCLS) and the Community Forensic Mental Health Service (CFMHS) has received recurrent funding to a) enhance mental health court diversion, and b) improve community safety and access to treatment, respectively. The court and community services will be structured to best support these expansions.

The SCCLS and the CFMHS will form one sub-directorate, but continue to operate as two separate services, recognising the different specialities of the services and the patient cohorts. Each service will be clinically led by its own Clinical Director; and the programs that form the Court and Community stream will be operationally managed by service managers and team leaders, who will report to the new, consolidated position of Service Director Court and Community.

Statewide Community & Court Liaison Services

Case for Change

The SCCLS expansion commenced in FY 2022/23 and will conclude at the end of FY24/25. During this time, staffing will increase to 36.8 FTE mental health clinicians across 58 locations in NSW. Whilst the proven model of care of the SCCLS will not change and will remain under the clinical leadership of the SCCLS Clinical Director, the near doubling of the workforce and service footprint, particularly in regional NSW, requires some practical changes.

Proposed Restructure and Key Changes

To accommodate the service expansion and effectively manage service delivery, the SCCLS will be divided into two teams:

- Metro and Southern Courts, and
- Metro and Northern Courts

Both teams will be led by two operational managers. This division of operational responsibilities will ensure equitable workloads for the two managers and enable them to best support the work of clinicians across metro and regional courts. The two operational managers will work in close collaboration with the Clinical Director SCCLS to ensure safe and effective service delivery.

The expansion of the SCCLS will also include the establishment of two Aboriginal Court Liaison Officer (CLO) positions, to support culturally informed diversion and help close the gap between Aboriginal and non-Aboriginal diversion rates. There will be an Aboriginal CLO allocated to each of the two SCCLS teams and there will be an Aboriginal CLO based in one regional court and one metro court.

As part of the changes highlighted in the FMH restructure, all mental health diversion services will be consolidated, with the Custodial Diversion Clinical Nurse Consultant (CNC) falling under the SCCLS. However, the focus on diverting those who are in custody and eligible for diversion will be maintained.

Community Forensic Mental Health Service

Case for Change

In recent years, expansions within the CFMHS have addressed:

- service gaps in specialist transition support offered to people with major mental illness leaving custody; and
- recognised the need for forensic mental health treatment to vulnerable populations who are at risk of causing harm to themselves and others.

Two programs were funded as part of these expansions: The Community Transitions Team (CTT) and the Treatment and Rehabilitation Clinic (TRC). Both programs were funded to be operationally supported by team leaders and remain under the clinical leadership of the CFMHS Clinical Director. However, the formative CFMHS workforce remained directly line managed by the Service Director CFMHS, contributing to demanding line management responsibilities and little time for strategic and operational development of the service. The need to establish improved escalation pathways and role clarity within the CFMHS leadership, through the way in which programs are structured, was also evident.

Proposed Restructure and Key Changes

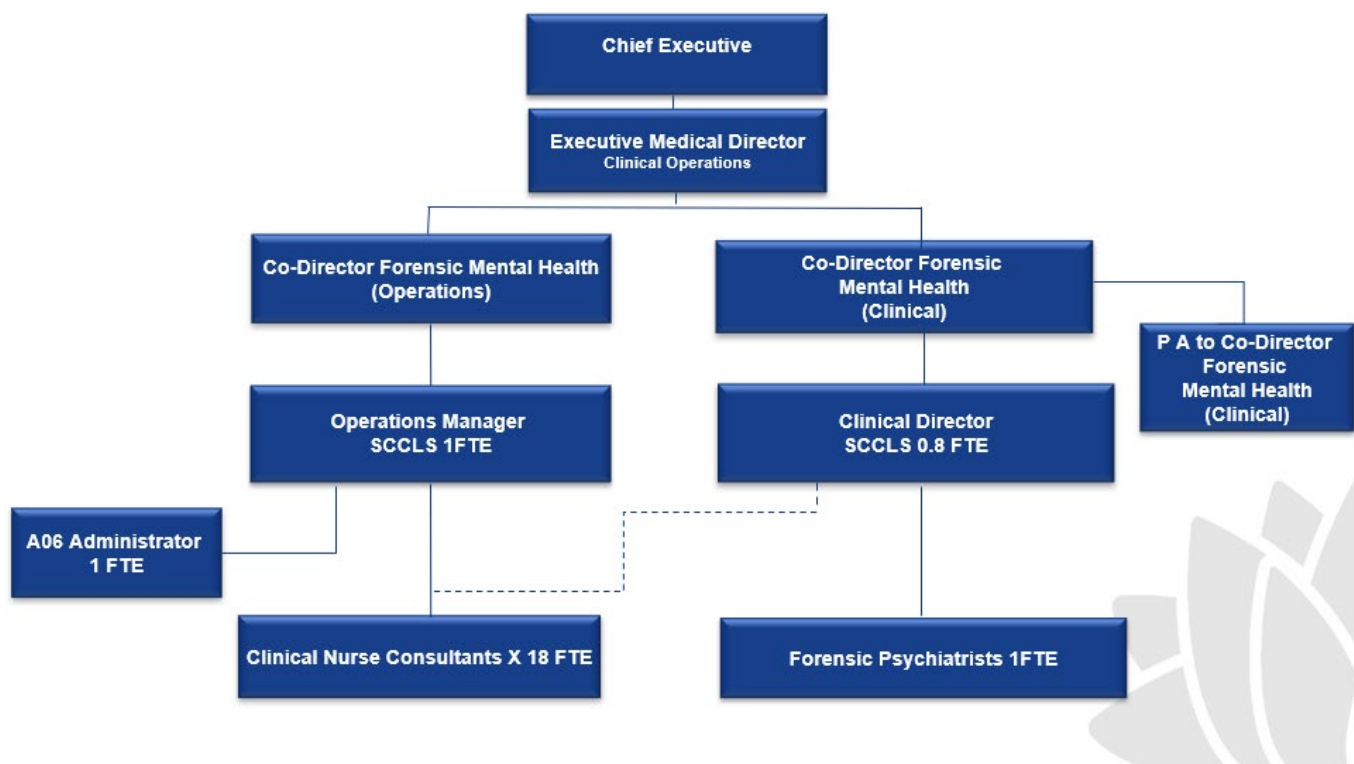
The proposed structure of the CFMHS features three distinct programs:

- The TRC, which provides specialist forensic clinical treatment services to at risk individuals is a newly established, multi-disciplinary community clinic focussing on treatment continuity and community safety.
- The CTT, which provides highly vulnerable transitional support services for people with serious mental illness leaving custody; and
- The newly re-formed Forensic Consultation Liaison Team (CLT), which consolidates the formative responsibilities of the CFMHS, including forensic mental health assessments and consultation services, forensic supervision, and education and training services to Local Health District mental health services.

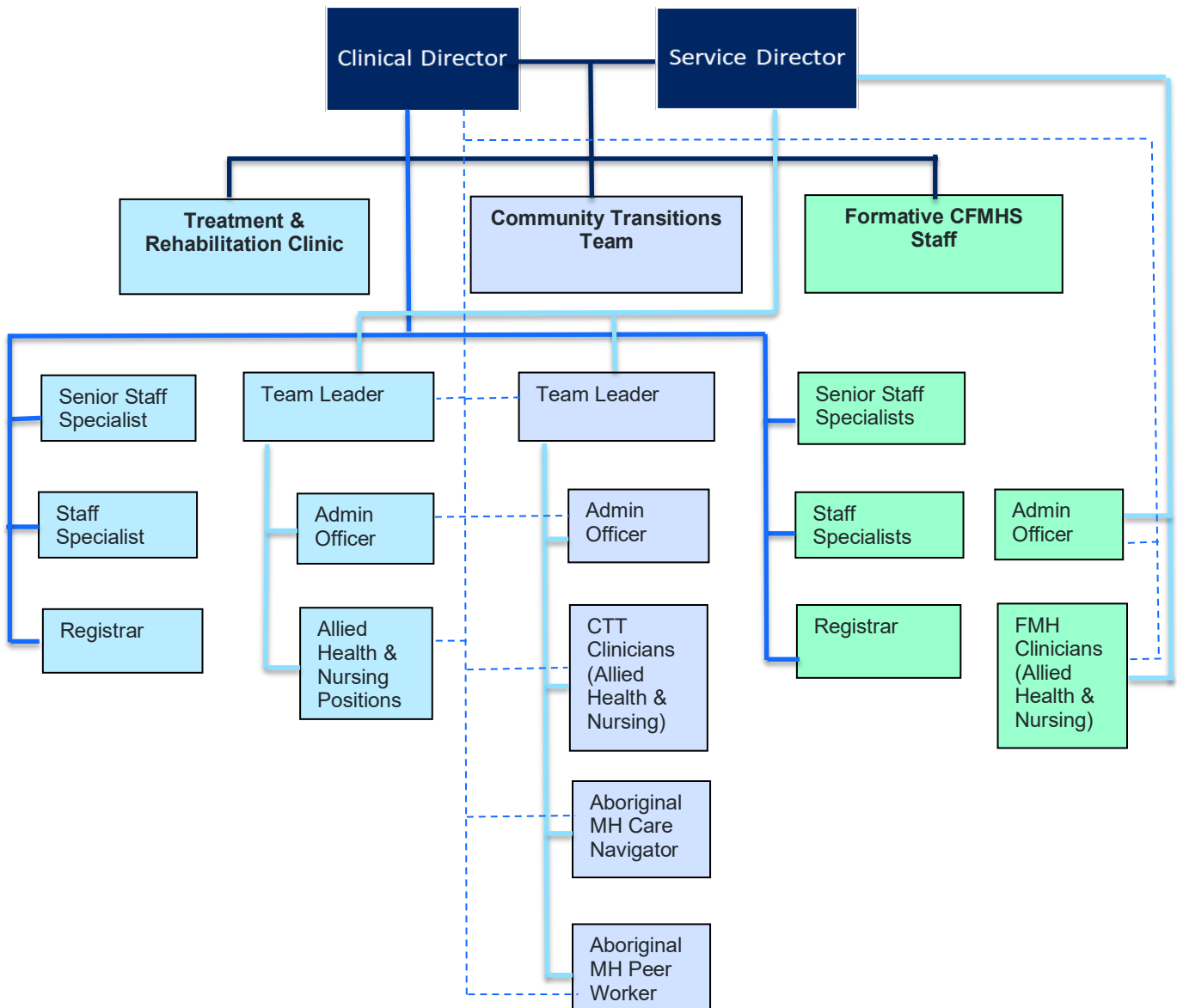
The team leaders of these respective services will be operationally responsible for service delivery and the direct line management of non-medical staff within the programs. All three team leaders will report to the Service Director Court and Community and work in close collaboration with the Clinical Director CFMHS who will provide clinical oversight and ensure safe and effective care is delivered to patients.

Historical structure(s)

Statewide Community and Court Liaison Service (SCCLS)



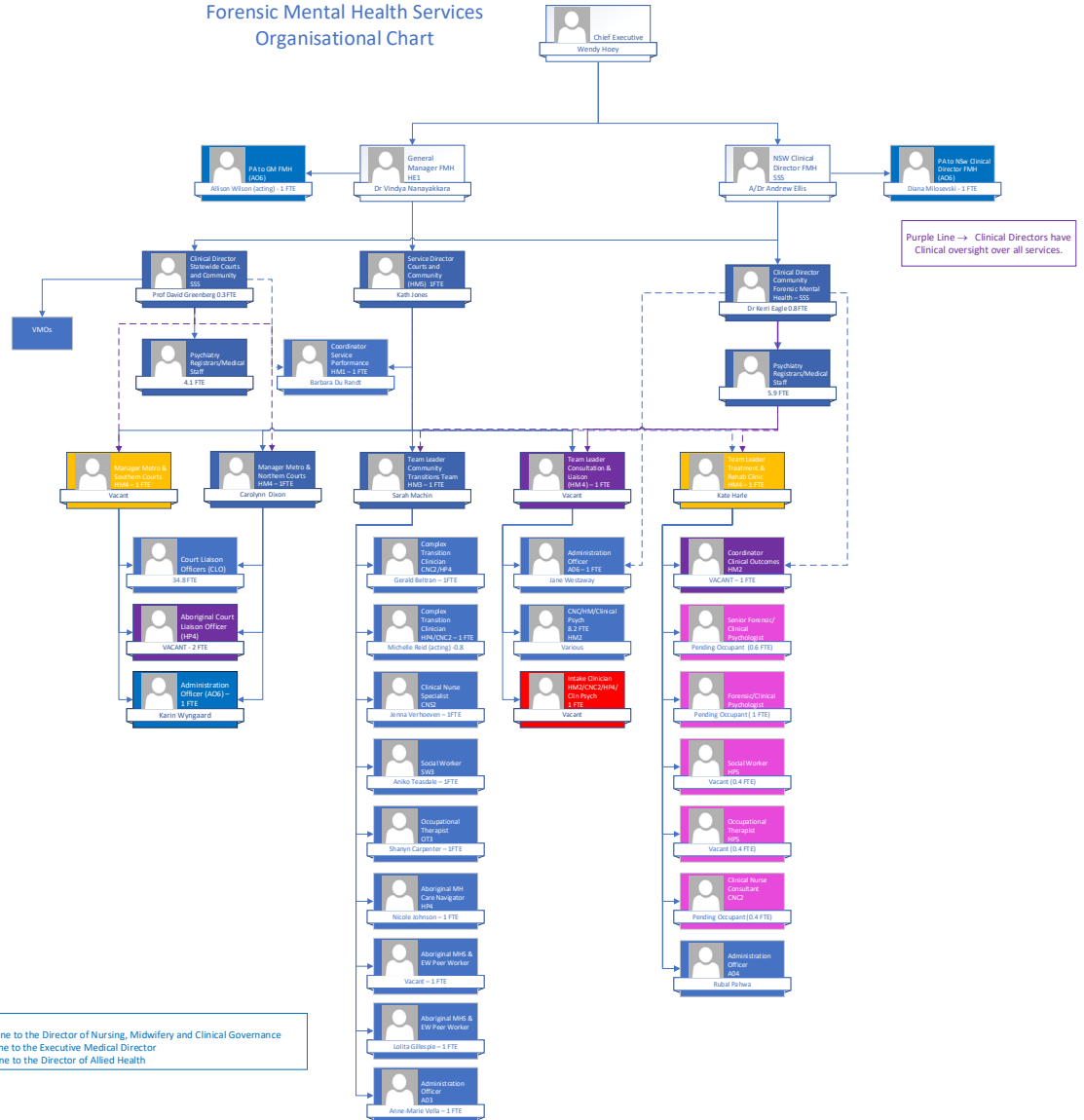
Community Forensic Mental Health Service



NB: The Clinical Director maintains clinical governance for all clinical positions including medical, nursing, allied health, Aboriginal health and peer worker positions. Direct operational governance is outlined above.

Proposed Structure

Proposed Court & Community Forensic Mental Health Services Organisational Chart



Purple Line → Clinical Directors have Clinical oversight over all services.

Please note:
 - All Registered Nurses have a professional reporting line to the Director of Nursing, Midwifery and Clinical Governance
 - All Medical clinicians have a professional reporting line to the Executive Medical Director
 - All Allied Health staff have a professional reporting line to the Director of Allied Health

Forensic Hospital

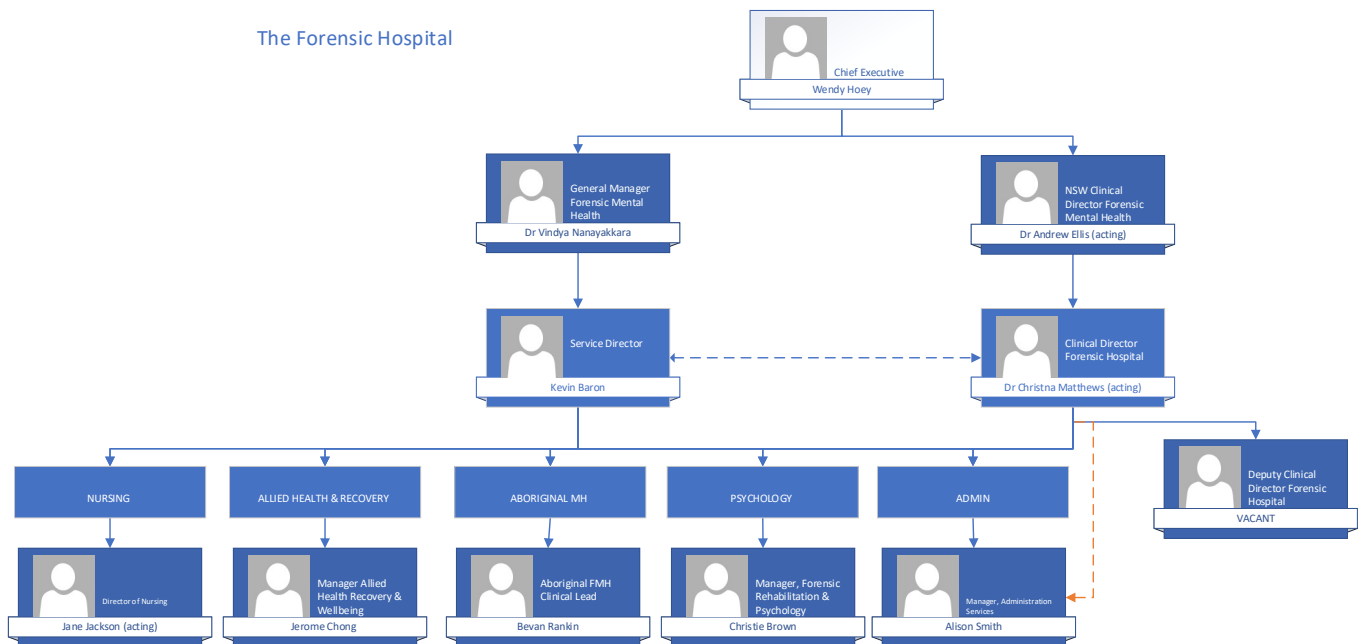
The Forensic Hospital undertook extensive consultation to develop the new workforce structure and the process was finalised August 2023. This process preceded the Justice Health NSW Tier 2 realignment and subsequent changes.

The key aims of the structure were to meet changing patient needs, provide stronger leadership, role clarity for staff, stronger governance, and supports to improve quality, safety and innovation in FMH care.

This Workforce Plan unequivocally enables the Forensic Hospital’s model of care and the balanced, evidence informed practices that make forensic mental health care specialised. The distinction of the four clinical care streams – medical, nursing, allied health recovery, and forensic rehabilitation – in the proposed workforce structure is therefore aligned with best practice, theory and evidence.

The consultation process for the Forensic Hospital workforce structure has now been finalised, and there are no more proposed changes to the structure. As a result, implementation of this structure commenced in late 2023.

The Forensic Hospital



Training, Patient Flow and System Reform

Case for Change

With Justice Health NSW being the lead agency for FMH care in NSW, there is a need for the directorate to properly govern and support the state's FMH system to perform to its brief, in an integrated and cohesive manner.

At present, the Directorate is not well placed to shoulder such governance responsibilities or support the state's FMH service functions. Consequently, necessary service and system reforms are delayed. Similarly, despite the continued growth in FMH services and program expansions, unlike in Local Health District mental health services, these developments are rarely codesigned with consumers and/or carer representatives and ineffectually reflect the perspectives of those with lived experience.

Resources allocated to the completion of legal reports that were previously part of FMH, but which were realigned during a historical restructure to Corporate Services, will also be returned to the directorate and the Patient Flow and System Reform stream as part of this restructure. This will improve efficiency, synergy and clinical governance of clinical legal reports.

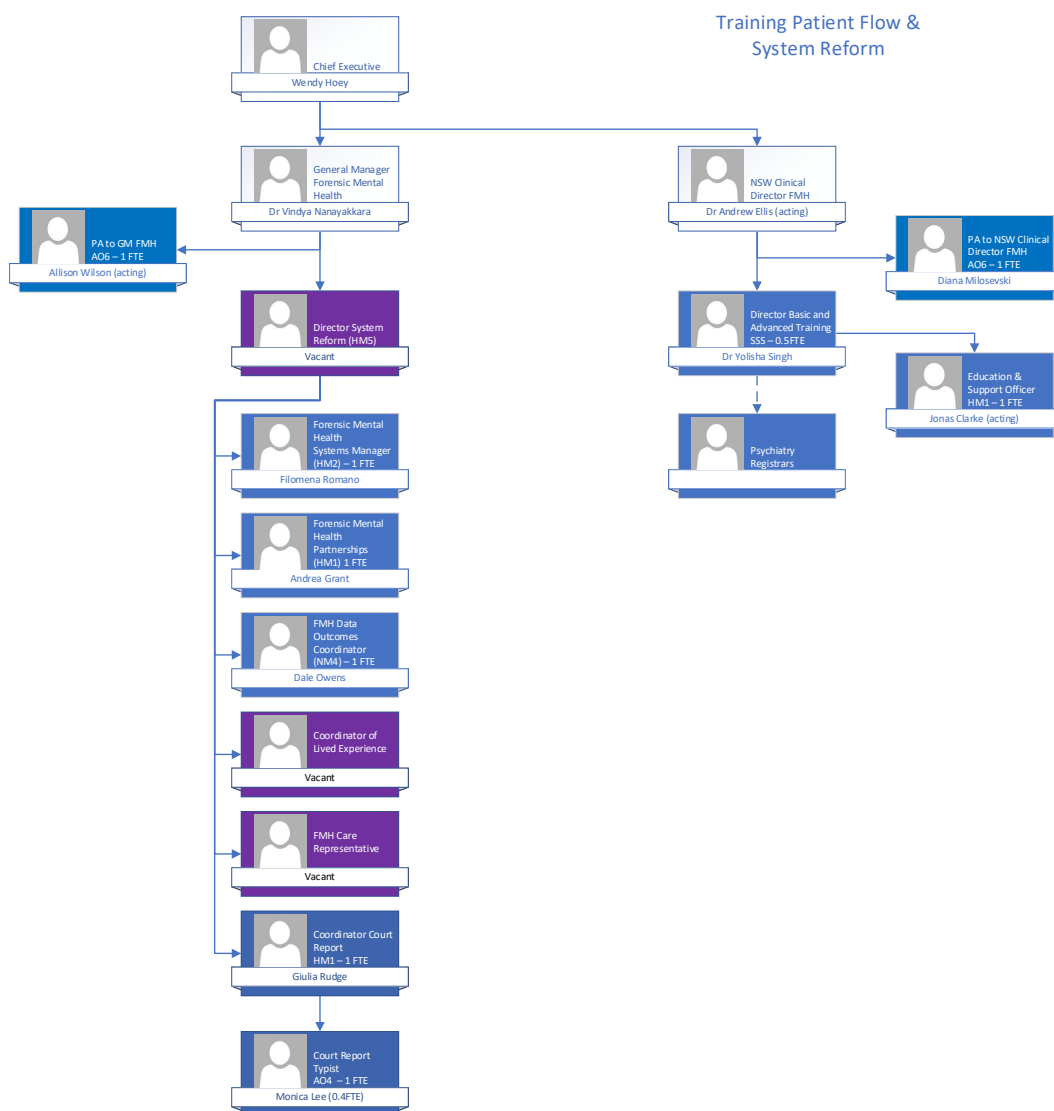
Proposed Restructure and Key Changes

This area of the FMH directorate supports basic and advanced psychiatry training and a repurposed Network Coordination Team, to help Justice Health NSW and the directorate lead the state's FMH services. In particular, the Patient Flow and System Reform team will assist to implement and monitor statewide functions, strategy and policy, and support reforms that align with contemporary standards to transform and benchmark care across custody, court, inpatient and community settings.

The directorate's psychiatry training will continue to be led and governed by the Director of Basic and Advanced Training. This position will remain direct line managed by the NSW Clinical Director FMH.

The more significant changes relate to the establishment of new positions within the Patient Flow and System Reform team including:

- The establishment of the position of Director System Reforms, which will be responsible for the direct line management of this team.
- The long-awaited establishment of the position of Coordinator of Lived Experience, which will provide support to the directorate's peer workforce and ensure a consumer voice in all aspects of service development and policy; and
- The establishment of the position of FMH Carer Representative, which will support carer engagement in FMH care and ensure we do not lose sight of the important role carers and family members play in patients' safe recovery.



Please note:

- All Registered Nurses have a professional reporting line to the Director of Nursing, Midwifery and Clinical Governance
- All Medical clinicians have a professional reporting line to the Executive Medical Director
- All Allied Health staff have a professional reporting line to the Director of Allied Health

Staffing and Support

With the creation of new positions, there will be opportunities for our current staff members to explore and progress into.

Some staff members will experience changes in both their reporting line and changes to their role/duties.

Staff impacted by this change will have the opportunity to discuss changes to their role, what this means to them, and the process that will be followed. Where possible, staff members who experience changes to their current role will be mapped in a suitable/same position at level. Recruitment to vacant positions will also be prioritised.

All staff will be provided details of the Justice Health NSW Employee Assistance Program. This is a free and confidential service to all employees and their immediate families. For assistance employees can call **1300 687 327** or visit the website on www.convergeinternational.com.au

Additional support services for staff include:

- support provided by line management and the Human Resources team
- access to support and counselling services such as the Employee Assistance Program, Beyond Blue and Lifeline.

Consultation and Timeline

Consultation with employees will commence on **Thursday 30 May to 2024**. **The consultation will conclude after two weeks**. Written correspondence will be sent to staff outlining any changes to their role and/or reporting lines during the consultation period.

Meetings to discuss the proposed structure will be scheduled during the consultation period. All feedback received on the changes to the FMH directorate will be collated and submitted to the General Manager FMH for review and consideration.

A final FMH Directorate organisation chart will be presented to relevant staff once finalised.

Staff will officially transition to their new reporting lines following the completion of the final organisational chart or once Stafflink has been updated to reflect the changes in the new structure.

If not already completed, staff will officially transition to the new Forensic Mental Health directorate on once appointment to vacant positions is completed and/or Stafflink has been updated to reflect the changes in the new structure.

Further information

For further information on the restructure process or to ask a question, please email JHFMHN-JusticeHealthRe-alignment@health.nsw.gov.au