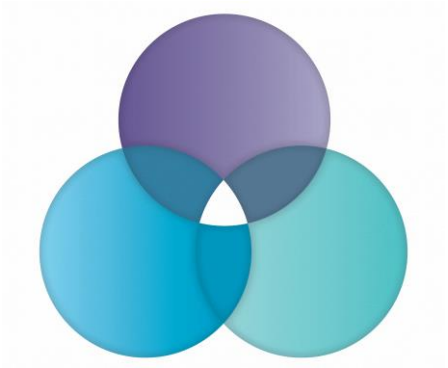

REVIEW OF MENTAL HEALTH SCREENING TOOLS USED BY COMMUNITY-BASED MENTAL HEALTH SERVICES IN THE EASTERN METROPOLITAN REGION

Eastern Metropolitan Region Mental Health and
Alcohol and Drug Planning Council

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Acknowledgement
We begin by acknowledging the traditional custodians of the land on which we work, and we pay our respects to Elders past and present. We acknowledge the sorrow of the Stolen Generations and the impacts of colonisation on Aboriginal and Torres Strait Islander people. We recognise the resilience, strength and pride of the Aboriginal community. We embrace diversity in all its forms, and respect everyone's strengths and contributions irrespective of gender, ethnicity, culture, religious beliefs, sexual orientation and political views.

Acronyms

AOD	Alcohol and other drugs
CEO	Chief Executive Officer
DHHS	Department of Health and Human Services
EMHSCA	EMR Mental Health Service Coordination Alliance
EMPHN	Eastern Melbourne Primary Health Network
EMR	Eastern Metropolitan Region
MHCSS	Mental Health Community Support Services
NDIS	National Disability Insurance Scheme
PHaMs	Personal Helpers and Mentors Program
PIR	Partners in Recovery

Executive summary

In May 2017, the Eastern Metropolitan Region (EMR) Mental Health and Alcohol and Drug Planning Council endorsed its *Action Plan 2017-2018*. This Plan provides a roadmap to strengthen the regional mental health and alcohol and other drugs service response to consumers with additional needs from three priority areas: Aboriginal and Torres Strait Islanders, victims and perpetrators of family violence, and service users with dependent children.

As a first step to enable improvements with regards to regional workforce capacity and cross-sectoral integration and collaboration, a review of mental health screening and assessment tools currently in use across the EMR was conducted in mid-2017. This review aimed to assess the usefulness of such tools in identifying any additional needs which may relate to a service user's Aboriginal and/or Torres Strait Islander status and experience of family (as either victim or perpetrator), or dependent children (both in terms of associated parenting needs and/or child wellbeing needs).

Key findings

Eighteen screening and assessment tools from five agencies were reviewed. Based on these, it was found that:

- Aboriginal and Torres Strait Islander status was mostly identified directly;
- There was a greater volume of questions with suggestive but unspecific wording that could lead to the indirect identification of family violence victims, family violence perpetrators and dependent children, than there were direct, specific questions. Identifying service users with these life circumstances therefore currently mostly relies on practitioner skill and informal prompting;
- Beyond identification, there were relatively few questions in the questionnaires reviewed which would guide practitioners in assessing additional needs or existing supports. This probably still happens to some degree, but would likely be more on an informal and ad hoc basis, and dependent on the skills and knowledge of each individual practitioner.

Recommendations

Regional mental health services should consider incorporating within their screening and assessment tools:

1. More **direct prompts which could support the identification of perpetrators** of family violence;
2. More **prompts to support the identification of additional needs and support** for service users who are Aboriginal and Torres Strait Islanders, victims or perpetrators of family violence, service users who are parents, and dependent children of service users.

To ensure that both these recommendations could effectively lead to changes in practice, they should be implemented in conjunction with:

3. Relevant **training and ongoing organisational support** to further build the capability, capacity and confidence of the regional mental health workforce to work with each of these target groups, and **awareness raising on specific services available** to meet related additional needs.

Context

The Eastern Metropolitan Region Mental Health and Alcohol and Drug Planning Council

The Eastern Metropolitan Region (EMR) Mental Health and Alcohol and Drug Planning Council was purposefully established in October 2014, as part of the reform of the state-funded mental health community support services (MHCSS) and alcohol and other drugs (AOD) service sectors, to provide high level guidance to the regional roll-out of a new catchment-based planning function for these two sectors. It is co-chaired by the Chief Executive Officer (CEO) of EACH and the Director Health, East Division, Department of Health and Human Services (DHHS), and provides a mechanism for executive leadership oversight of the interface between the region's mental health (both community-based and acute), AOD and related service systems. This is particularly critical in the current context of changing population health needs, ongoing reform (e.g. roll-out of the National Disability Insurance Scheme - NDIS) and significant policy drivers (e.g. recommendations from the Royal Commission into Family Violence). The Planning Council is also a platform for enabling the shared identification and understanding of current and emerging regional mental health and AOD needs.

2017-2018 Action Plan

The Planning Council recently endorsed its *Action Plan 2017-2018*, which provides a roadmap for strengthening the regional service system's response to people living with mental health and/or AOD concerns, with a particular focus on those who may also be from one or several of the three following priority areas:

- Aboriginal and Torres Strait Islanders;
- Experiencing family violence; and/or
- Have dependent children.

It is a plan which is set in a fluid policy and funding context, characterised by major drivers such as the upcoming roll-out of the NDIS (scheduled for November 2017 in the Eastern Region), cuts to the MHCSS catchment planning funding (as of 1st July 2017), and strong recommendations from the Royal Commission into Family Violence around the need for mainstream services to play a stronger role in ensuring that women and children live free of violence.

The *Action Plan 2017-2018* is the result of a collaborative planning process, and proposes actions across three domains: workforce capacity building and systems, cross-sectoral integration and cross sectoral collaboration. An important first step to enable improvements under each of these domains is to gain a better understanding of the screening and assessment mechanisms currently in place within the region's community-based mental health services which could enable the identification of service users with multiple and complex needs. This is what this review aims to do.

Community-based mental health services screening tool review

Purpose

To review the screening and assessment tools of all EMR-based MHCSS services, at all points of a service user's journey, to assess their usefulness in identifying any additional needs which may relate to a mental health service user's:

- Aboriginal and/or Torres Strait Islander status;
- Experience of family violence (past and current victims and perpetrators) and risk and safety concerns, for both the primary victim and any dependent children; and/or
- Dependent children, and associated parenting or child wellbeing needs.

As illustrated in Appendix 1, this review process corresponds to Step 1.1.2, and is a prerequisite for Step 1.1.3, under the Action Plan 2017-2018.

Methodology

Data collection

Via a key partnering platform for the Planning Council, the EMR Mental Health Service Coordination Alliance (EMHSCA), a request was sent via email to managers of all EMR-based mental health services to share with the Catchment Planning Team (based at EACH) electronic copies of the screening tool(s) and template(s) routinely used by their staff members, as part of their screening processes. This occurred over a four week period, from late May to mid-June 2017. After a first wave of tools were received and analysed (n =16), managers were provided with a full list of tools currently included in the review, and an opportunity to provide additional documents if necessary.

Analysis

The tools received from agencies were read in detail, and any mentions of family violence, dependent children and parenting, and Aboriginal and Torres Strait Islander status were recorded on an Excel spreadsheet.

Mentions were mapped according to whether they enabled:

- Direct identification of a situation;
- Indirect identification of a situation;
- Identification of any additional needs a consumer may have, or family/dependent children may have, in relation to the identified situation;
- Identification of any existing support(s) already in place.

The distinction made between "direct" and "indirect" identification is described in Table 1.

Table 1: Definitional distinction between direct and indirect identification

Type of identification	Definition used in this review	Example
Direct	The question or item on a form is worded in a way that specifically seeks to identify a particular situation.	*"Family violence – Have you experienced family violence?"* This question **specifically** asks about family violence.
Indirect	The question or item on a form is worded in a way that may potentially elicit information about a particular situation. Wording is unspecific.	*"Safety and vulnerability – Do you feel safe at the moment?"* This question does **not specifically** ask about family violence, but it might indirectly prompt a consumer to express that they feel unsafe due to family violence. For example, because of the way an intimate partner behaves towards them. However, consumers may also express feeling unsafe due to reasons other than family violence – e.g. sleeping rough, high rates of crime in the community, etc.

Regional findings

Sample description

A total of 18 forms or templates were shared and analysed, from a total of five organisations or programs. Sixteen forms were received following the first request, and an additional two were shared after the second call-out. Two additional documents were shared but not analysed as they consisted of clinical guidelines, which were out of scope for this review. All forms analysed are listed in Table 2.

Table 2: List of forms and templates that were analysed as part of this review (n = 18)

#	Organisation or program	Name of form or template
1	Eastern Health – PARC	Clinical Risk Screening & Ongoing Assessment
2	Eastern Health – PARC	Registration (PR1) – demographics
3	Eastern Health – PARC	Registration (PR1A) – legal and clinical
4	Eastern Health – PARC	Mental health consumer complexity
5	Eastern Health – PARC	PARC Referral / Transfer Summary
6	Prahran Mission	Carelink+ registration
7	Prahran Mission	Personal Helpers and Mentors Program (PHaMS) Eligibility Screening Tool
8	EACH	MHCSS Common Intake Assessment Tool *(for whole EMR)*
9	Neami	Neami National Consumer Registration
10	Neami	Victorian addendum to the Neami National Consumer Registration
11	Neami	CANSAS-P form
12	Neami	PHaMS EST questions not covered in Neami registration form
13	Neami	Family and carer support prompt
14	Neami	Neami National consumer risk assessment
15	Neami	Family violence response – Eastern region
16	Wellways / EMPHN / Neami	Inner East Partners in Recovery (PIR) Initial Screen
17	Wellways / EMPHN / Neami	Partners in Recovery (PIR) Intake form
18	Wellways	Referral: Family and Friends Supporting Someone with a Mental Illness

Direct or indirect identification of family violence situations, Aboriginal and/or Torres Strait Islander status, and dependent children

Table 3 below provides an overview of how many questions (compiled across organisations) might enable the identification of Aboriginal and/or Torres Strait Islander status, a family violence experience (either as victim or perpetrator), or dependent children and associated parenting and/or child wellbeing needs.

Table 3: Number of questions and tools that identify directly or indirectly one of the priority areas

	Identifies directly		Identifies indirectly	
	# questions	# tools	# questions	# tools
Aboriginal and Torres Strait Islander status	12	9	5	5
Family violence - victims	11	3	19	7
Family violence - perpetrators	3	1	20	10
Presence of dependent children	26	11	35	10

The following table (4) summarises how many questions prompt workers to specifically identify additional needs (other than presenting mental health or AOD issue) which are related to any given identified situation from one of the priority areas, as well as the existence of relevant supports already in place.

Table 4: Number of questions enabling the identification of additional needs and/or existing supports

	Additional needs	Existing supports in place
Aboriginal and Torres Strait Islander status	0	4
Family violence - victims	6	5
Family violence - perpetrators	1	4
Dependent children	3	6
Service users as parents	2	5

Discussion and recommendations

Discussion

Direct vs indirect identification

Of all three priority areas, Aboriginal and Torres Strait Islander status was most frequently identified directly. For all other groups – family violence victims, family violence perpetrators and dependent children – there was a greater volume of questions which could enable indirect identification, compared to directly identifying questions.

Of particular note, the mental health screening tools reviewed were far more likely to indirectly identify situations where a service user may be perpetrating family violence (20 questions in 10 tools), than directly (three questions within a single tool). This denotes a great need currently for practitioners to be able to "read between the lines" and to have the confidence and skills to prompt for information in an unscripted fashion, in order to identify perpetrators of family violence who may present to mental health services.

Identification of additional needs and existing supports

Beyond identifying a particular situation, there were comparatively few questions incorporated within the various tools reviewed that clearly and specifically assisted practitioners in teasing out any additional needs, or whether supports were already in place, with respect to the situation identified. Without specific prompting, it may mean that discussions around support are more likely to occur on an *ad hoc* basis, and to vary greatly in nature between service providers, both across and within organisations.

It could be argued that greater prompting around additional needs and support could be better integrated as part of screening and assessment tools, especially for Aboriginal and Torres Strait Islanders, perpetrators of family violence, service users with parenting needs, and dependent children of service users.

Limitations

Despite multiple requests to regional managers, it remains possible that this review process may have missed other tools or questionnaires currently in use across the region, and therefore might only present a partial picture of the current situation.

It is recognised that the inclusion of a question within a standardised tool does not guarantee its use as part of screening and assessment processes. Similarly, the absence of specific questions about family violence, Aboriginal and/or Torres Strait Islander status, and/or the presence of dependent children does not necessarily mean that these aspects of service users' lives and any associated support needs aren't being explored regularly by the region's mental health practitioners as part of screening and assessment processes.

Finally, it is acknowledged that this review has been carried out only a few months before the planned roll-out of the NDIS across the EMR (scheduled for November 2017). As the majority of mental health services under MHCSS funding are expected to transition to customer-held packages under the NDIS, it is possible that some of the tools reviewed, and therefore some of the conclusions and recommendations made in this report, may lose relevance by the end of 2017.

Recommendations

Despite these limitations, and based on the findings described above, the following recommendations are made with regards to how the screening and assessment tools currently in use across the EMR could better assist mental health services in identifying and supporting Aboriginal and Torres Strait Islander peoples, service users with dependent children, and victims and perpetrators of family violence:

1. Consider incorporating **more direct prompts which could support the identification of perpetrators of family violence**. Indeed, the recent 2017 Capability and Capacity Snapshot[1] identified that regional mental health and AOD practitioners felt least confident in working with perpetrators of family violence.
2. Consider **incorporating clearer prompts to support the identification of additional needs and supports**, for service users of all priority groups: Aboriginal and Torres Strait Islanders, victims and perpetrators of family violence, service users who are parents, and dependent children of service users.

On their own, both these recommendations would seldom lead to any change in practice, if they were not implemented in conjunction with this third and final recommendation:

3. Any addition to screening and assessment tools needs to be accompanied by relevant **training and ongoing organisational support** to further build the capability, capacity and confidence of the regional mental health workforce to work with each of these target groups, and **awareness raising on specific services available** to meet related additional needs.

[1] *The Capability and Capacity of the EMR Mental Health and Alcohol and Drug Workforce with regard to the Key Priority Areas in the Catchment Plan – Final Report*, July 2017. Whole report available upon request: catchment.planning@each.com.au

Appendix 1: relationship of this screening review to the EMR Mental Health and Alcohol and Drug Catchment Action Plan 2017-2018

The cell in green in the table below highlights the specific action item that this review relates to, under the EMR Mental Health and Alcohol and Drug Catchment Action Plan 2017-2018.

Domain	Action	Steps	Stakeholders
1. Workforce capacity building and systems	1.1. Amend the screening and assessment processes of MHCSS and AOD service providers in the Eastern Metropolitan Region (EMR) to enable the systematic identification of: ▪ Family violence risk ▪ Service users with dependent children (SUDC)	**1.1.2. Review the screening and assessment tools of all EMR-based MHCSS services, at all points of a service user's journey, to assess their usefulness in identifying:** ▪ **Family violence (past and current victims and perpetrators) and risk and safety concerns, for both the primary victim and any dependent children** ▪ **Service users with dependent children, and associated parenting or child wellbeing needs**	▪ EMHSCA Strategic Planning Sub-committee ▪ MHCSS and AOD service provision agencies and consortia ▪ DHHS EMR ▪ Family services ▪ Family violence specialist agencies
		1.1.3. Develop an enhanced screening process for AOD and MHCSS service providers across the EMR, and pilot the use of mandatory questions about: ▪ Family violence harm and risk, and the presence of dependent children ▪ Parenting needs and wellbeing needs of children, including where family violence is not a factor	▪ EMHSCA Strategic Planning Sub-committee ▪ MHCSS and AOD service provision agencies and consortia ▪ DHHS EMR ▪ Family services ▪ Family violence specialist agencies ▪ EMR Regional Family Violence Partnership (EMRFVP)