

# Mendoza's 10-point plan:

## 1. Forensic means Forensic

- Transfer all forensic mental health patients out of general hospitals and into forensic mental health services by the end of April.

Mendoza says SA Health and the Correctional Services Department will have to “purchase” or set up additional capacity “now” – “not in two or three years”.

**Cost:** Not estimated

## 2. Specialist beds for the most unwell patients

- Open at least eight additional psychiatric intensive care beds now for the Central Adelaide Local Health Network and country and rural local health networks.

Mendoza says a module unit can be in place in 12 weeks at Glenside.

He says this would “reduce 90 per cent of bed blocks for the needs of these very unwell patients”.

**Cost:** Annualised cost per bed \$400,000 – total \$3.2m

## 3. Mobilise an additional workforce

- Use unplaced graduate nurses
- Rapid 6-week up-skilling program
- Extra allied health positions
- Recruit overseas specialists where needed
- Increase the number of graduate traineeships for nurses
- Invest in rapid development of the peer specialist workforce

**Cost:** \$500,000

## 4. Think big, start small, scale fast

- Rapidly scale up a number of proven programs to slow flow of demand to metropolitan emergency departments
- Increase GP mental health nurse liaison, from two teams in CALHN to six across metro and hills
- Extend mental health co-responder programs – that partner specialist mental health staff with paramedics – from the current two vehicles on one extended shift per day across Adelaide to six vehicles and working across two shifts
- Set up two trials of GP psychiatry liaison, similar to a model operating in Sydney
- Scale up “Hospital in the Home” program from 12 beds to 36

**Cost:** annualised \$7m

## 5. Housing First

- Stand up emergency accommodation for an initial 100 people across the metro area working with homeless service providers.
- Expand this on as needed and uncapped basis for the rest of 2021-22.

Mendoza says this was “exactly what was done at height of pandemic” and that there is a “vast amount of vacant student accommodation on every street which may be suitable and immediately available prior to the cooler and wetter months”.

**Cost:** Not estimated but based on Perth’s experience, savings of \$2.50 for every \$1 invested.

## 6. Non-ambulance transfers for Mental Health Patients

- Approve CALHN’s procurement of “non-stretcher transport” for mental health patients – then extend it metro-wide.

Mendoza says “South Australia is the only jurisdiction still exclusively using stretcher-based transport for all mental health patients”.

“This is a totally unnecessary and harmful,” he says.

“It is a contributing factor to the very high number of mental health patients subject to coercive and restrictive practices in this state under sections and involuntary treatment orders.

“Our public services are actively doing harm to unwell people.”

**Cost:** A saving for CALHN in a year of \$1.7m. Statewide \$3m+.

## **7. A Real NDIS Taskforce**

- Free up beds occupied by NDIS clients.

Mendoza says more than 50 beds – nearly a third of the total capacity across CALHN – are occupied by NDIS ready and/or eligible clients.

“Some have been stuck for over a thousand days in a small room,” he says.

“The average length of stay for 40 of these patients is over 620 days and 26 of them are over 900 days. This is deplorable and a violation of human rights.”

He says additional Allied Health (AH) specialist resources are needed to move the NDIS waitlist.

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“I have seen nothing happen on this front for nearly two years,” he says.

“SA has the worst transfer of state supported Mental Health clients across to NDIS. Less than 40% after three years. NDIS paperwork is onerous and requires a four to five fold increase in specialist Allied Health resources.

“Freeing CALHN and statewide beds of these NDIS patients will immediately unblock the system.”

**Cost:** \$400,000 for 6.7 staff for just one year. The Return on Investment is calculated at greater than \$12 saved for every \$1 spent.

## **8. First Responder Up-Skilling**

- Replicate a QLD training system for police including:
  - A four-hour mental health awareness program
  - A two-day mental health first aid training
  - Advanced skills in mental health for some officers

Mendoza says the QLD police service has then “connected every police vehicle to the QLD Health database to enable them to be informed about the person they may be engaged to see or visit”.

“They have some co-responder teams and in many regions they now have dedicated Vulnerable Persons Units who work exclusively with domestic violence perpetrators and people living with severe mental illness,” he says.

“It is world-class and it must be replicated in South Australia to improve SAPOL’s capacity to response to the most common call on its staff – mental illness.

“Mental health and suicide related issues and domestic violence accounts for almost 90 per cent of police work. Police need to be supported to undertake this work.”

**Cost:** \$1 million initially

## **9. How to Manage the Surge – a Plan would be good**

- Apply advanced modelling to regions in SA to understand the likely impact of job losses, income reductions, mortgage stress and business closures.

Mendoza says “currently there is no plan based on robust data analysis”.

“That has to change,” he says.

“We will then have a clearer understanding of demands and can anticipate the range of health and social needs that will develop over coming years.”

**Cost:** \$150,000-200,000

## **10. COVID Mental Health Response Centre**

- Establish a special COVID Mental Health Response Centre (CMHRC) to undertake continuous surveillance and reporting, coordinate public education campaigns and mobilise extra resources when needed
- Restructure the Office of the Chief Psychiatrist in line with other states

**Cost:** \$1m per year