Northern Adelaide Local Health Network

Adult Inpatient Mental Health Services

Model of Care

December 2018
Acknowledgement

We would like to acknowledge that we are working on the Traditional lands of the Kaurna people, custodians of the greater Adelaide region. We respect their spiritual relationship with this land and the importance of the cultural heritage and beliefs to the living Kaurna and other Aboriginal people today.

Terminology

Throughout this document the term Aboriginal or Torres Strait Islander is used to include people who identify as Aboriginal, or Torres Strait Islander or as both Aboriginal and Torres Strait Islander.

Consultation with individuals with lived experience of mental illness and users of the Mental Health Service revealed a preference, where possible, to be referred to as ‘people’ or ‘individuals’ where possible. ‘Clients’ of the service or ‘people with Lived Experience’ were preferred where a generic term was required.

Document History / Communication and consultation

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Executive Summary

The Northern Adelaide Local Health Network (NALHN) Mental Health Division (MHD) provides a mental health service reflective of South Australia’s Stepped System of Care and the South Australia’s Mental Health Services (MHS) Pathways to Care Policy Directive. The NALHN MHD consists of a continuum of tertiary mental health service settings ranging from acute inpatient facilities with a focus on treatment and stabilisation of individuals experiencing an acute episode of illness, to community services focused on engaging and providing care and treatment in the community and the individual’s home environment.

The NALHN MHD is committed to providing high quality specialist mental health services to the northern communities of Adelaide, recognising that individuals also receive health services from other divisions within NALHN, other Local Health Networks (LHNs), and additional health care providers. The NALHN MHD has a strong focus on client and carer participation and a commitment to ensuring collaboration and consultation is central to all levels of service planning, delivery and evaluation.

The Model of Care for Adult Inpatient MHS has been informed and developed alongside the Model of Care for Adult Community Mental Health and recognizes the importance of an integrated approach between services. This document aims to describe the services we provide in a way that will assist us to organise our resources and approach to service provision that maximises outcomes for people with lived experience.

Introduction

What is the Model of Care?

The Model of Care describes the key features of the service and the principles on which it is based, beyond those that underpin the mental health division as a whole. This document aligns with the National Standards for Mental Health Services (NSMHS) and the National Safety and Quality Health Services Standards (NSQHS) and describes equitable and respectful care for individuals with a mental illness within the resources available and in an environment that provides flexibility and choice.

By articulating a single Model of Care for Adult Inpatient Mental Health Services, we aim to have a consistent approach commencing at the beginning of an individual’s episode of care; facilitating timely access to a proactive and recovery orientated service. The Model of Care will aim to ensure recovery-orientated thinking is central to, and an integral part of, care planning with individuals, families and carers and extends to our working relationships with other divisions within NALHN, other government agencies such as Department of Correctional Services, Families SA, Disability SA, Drug and Alcohol Services SA, emergency services and Non-Government Organisation partners and primary health care providers.

The scope of this Model of Care applies to all Adult Inpatient Mental Health services which include mental health teams in:

- Mental Health services in Lyell McEwin hospital ED and Modbury hospital ED
- Ward 1G - Lyell McEwin Hospital
- Ward 1G Psychiatric Intensive Care Unit – Lyell McEwin Hospital;
- Temporary Mental Health Assessment unit., Lyell McEwin hospital
- Woodleigh House - Modbury Hospital;
- Consultation and Liaison services at Lyell McEwin and Modbury Hospitals,;
- Perinatal services, Lyell McEwin Hospital
- Electroconvulsive Therapy services (ECT); and
- Includes close collaboration with the Child and Adolescent Mental Health Services (CAMHS) for the provision of mental health care to young people aged 16 to 18 in our ED s
The purpose of the Model of Care is to create an agreed foundation on which to build a cohesive and specialised adult inpatient mental health service. The operational and organisational service structures will be articulated in separate documents.

The extensive work, collaboration and consultation in bringing about the Adult Community Mental Health Model of Care is acknowledged and has informed the development of this document.

**Aim**

The aim of the Adult Inpatient MHS Model of Care is to inform a service that will:

- Provide a seamless integration of acute mental health care between the community and inpatient services via a multi-disciplinary approach;
- Deliver person centered and family/carer orientated care through flexible access to services; addressing both identified and unmet needs in partnership with other divisions within NALHN, community, government and non-government service providers;
- Promote strategies to support the sexual safety of mental health clients and take appropriate action to prevent and appropriately respond to sexual safety incidents;
- Improve patient experience and outcomes by contributing to improvement and efficiencies in Bed and Flow management with a focus on reducing Length of Stay (LOS) of mental health clients in the ED.
- Enhance the quality of client and carer outcomes and satisfaction with services during an acute episode of mental health care, balanced with delivering services in a least restrictive setting;
- Develop a consistent and collaborative multidisciplinary approach to care with a shared understanding and awareness across the NALHN MHD, ensuring contemporary evidence-based best practice in assessment, risk management, care planning and clinical interventions.
- Foster an approach to care that focusses on reducing reliance on inpatient services through early referral to community mental health services, primary health services, provision of co-morbid mental health services to the general inpatient setting and facilitation of ECT services to clients as an outpatient;
- Promote and develop increased utilisation of recovery orientated psychological, psychosocial and therapeutic interventions across the continuum of care including involving carers in all aspects of recovery;
- Develop KPIs relevant to adult inpatient mental health services to map client outcomes, and provide a framework for the evaluation of service quality and enhance service improvement initiatives;
- Optimise the utilisation of existing human, structural and organisational resources;
- Reduce the use of, and where possible elimination of, clinical restraint and seclusion in mental health emergency situations. Adult Inpatient MHS will guide the development of clinical seclusion and restraint reduction programs, ensure that when clinical restraint or seclusion is used the person’s rights and dignity are maintained and ensure a review process occurs to assist in preventing further incidents of clinical seclusion and restraint.

**Background and Context that informs the Model of Care**

Mental Health Services in South Australia have embarked upon a number of incremental changes to service priorities in structure and governance over many years. The Adult Inpatient MHS Model of Care has been guided by the National and State based strategic plans and frameworks.

**National context**

- The Fifth National Mental Health and Suicide Prevention Plan - The Fifth Plan seeks to establish a national approach for collaborative government effort from 2017 to 2022.
National Mental Health Service Planning Framework (NMHSPF) - NMHSPF is a tool designed to help plan, coordinate and resource mental health services to meet population needs. It is an internationally utilised evidence-based framework that provides national average benchmarks for optimal service delivery across the full spectrum of mental health services in Australia.

Independent Hospital Pricing Authority - IHPA is an independent government agency established by the Commonwealth as part of the National Health Reform Act 2011. IHPA was established to contribute to significant reforms to improve Australian public hospitals. A major component of these reforms is the implementation of national Activity Based Funding (ABF) for Australian public hospitals and health services. While this has not yet been fully adopted within adult inpatient mental health services, it is anticipated. Describing services provided in a manner congruent with ABF terminology will assist this transition.

State context

The South Australian Mental Health Strategic Plan (2017 – 2022) has drawn on the input from thousands of people across South Australia. This work was conducted at local, national and international levels in mental health and wellbeing reform. The SA Mental Health Strategic Plan translates our vision into three core strategies.

The SA Health Strategic Plan (2017 – 2020) - a vision for SA Health from 2017– 2020 and sets priorities and a framework for planning and decision-making across SA Health.

The Model of Care is guided by the Pathways to Care Policy Directive (2014).

The South Australian Suicide Prevention Plan (2017-2021).

Demographics

The population serviced by NALHN covering northern metropolitan Adelaide, has significant, specific demographic features that must be considered in the planning of mental health service delivery. The northern area of Adelaide currently has the highest population growth in South Australia and by 2026 it is expected a quarter of the state’s population will live in the northern metropolitan catchment area (NALHN Annual Report, 2016 – 17).

The socio-economic position of the NALHN catchment is diverse, with suburbs such as Salisbury and Elizabeth comprising cohorts of low to middle income and with higher concentrations of the community with multiple and compound disadvantage. Suburbs such as Modbury are comparatively more affluent. Unemployment in the Salisbury and Playford regions are higher when compared with those for Adelaide and South Australia, while the labour force participation in these communities is significantly lower than for Adelaide and South Australia.

Twenty-five per cent of the South Australian Aboriginal population lives in the northern suburbs of Adelaide. The City of Playford has the highest metropolitan Aboriginal or Torres Strait Islander population and the City of Salisbury the third highest in South Australia. According to the 2016 Australian Bureau of Statistics Report, there were:

- 198,549 individuals aged between 16-64 years within the NALHN MHD catchment area, with a total NALHN population of Approximately 400,000
- People born overseas report poor proficiency in English - Playford 2.6% and Salisbury 5.4%;
- Playford had the highest rate in the state of people who left school at year 10 or below, with Salisbury the second highest; and
- Playford had the highest percentage of people not in the labour force at 15.5% with Salisbury 2nd Highest at 10% and, Tea Tree Gully at 4.4%.
Social determinants of health

An individual's mental health is shaped by experiences of everyday life and the social condition in which a person grows, lives, relates, plays, works and ages. The social determinants of mental health and wellbeing include general social, cultural and economic environmental conditions, community networks (including supports from family and friends); living and work conditions, distribution of finances, power and resources and social, individual lifestyle factors. It also includes hereditary factors, age, and sex (Wilkinson, Michael, 2003). The Adult Inpatient MHS recognises that opportunities exist throughout the life span to improve the mental health of individuals, and for reducing the risk of mental illness associated with social inequality. It is also important to recognise specific subgroups that are at an elevated risk of mental illness due to greater exposure and vulnerability due to unfavourable economic, environmental and social conditions.

Who we work with

The Adult Inpatient MHS provides mental health care in an inpatient setting to clients with, or at risk of developing, serious mental illness or a mental health disorder with significant levels of distress, disturbance or psychosocial disability. They will be predominantly aged from 18 to 64 years; however, the Consultation and Liaison (CL) and Electroconvulsive Therapy (ECT) staff are not limited to treating clients in this age range and will be available to provide care to clients older than 65 years. Similarly the mental health staff in the ED will provide care for young people from 16 to 18 years in collaboration with CAMHS to ensure they do not fall through the gaps and receive the most appropriate care and also for clients older than 65 years in collaboration with Older Persons Mental Health.

Individuals presenting with an intellectual disability and/or substance misuse, in the absence of severe mental illness are not considered as primary users of the service. The Consultation and Liaison staff will be available to provide support and advice in the general inpatient setting for clinicians caring for clients where a co-morbid mental health condition co-exists with a general disease diagnosis.

It is widely acknowledged that there is a significant overlap of individuals who present with substance misuse problems that are in addition to their mental illness. The combination of substance misuse and mental illness makes diagnostic and treatment decision making difficult and successful interventions are often dependent on concurrent responses to both disorders. It is therefore essential that the linkage and management of these comorbidities are considered in system and service planning (The Fifth National Mental Health and Suicide Prevention Plan, 2017 – 2022) as well as ensuring strong linkages and pathways are developed with drug and alcohol service providers.

Aboriginal and Torres Strait Islander peoples

The Adult Inpatient MHS has a commitment to focusing on Aboriginal and Torres Strait Islander peoples. This is particularly pertinent given the higher prevalence of Aboriginal and Torres Strait Islander peoples that reside in the NALHN catchment. The Adult Inpatient MHS also recognises the importance of ensuring that clients from Aboriginal and Torres Strait Islander backgrounds have full and fair access to health services. Aboriginal and Torres Strait Islander peoples have higher rates of mental illness and suicide, higher levels of substance use and rates of psychological distress more than twice those of the general population (The Fifth National Mental Health and Suicide Prevention Plan, 2017 – 2022). Stressors include discrimination, racism and social exclusion, grief and loss, removal of children, economic and social disadvantage, family and community violence, incarceration and physical health difficulties. Intergenerational trauma associated with these stressors can impact upon Aboriginal and Torres Strait Islander communities. Despite this, Aboriginal and Torres Strait Islander peoples do not make up a significant proportion of people attending and/or accessing adult inpatient mental health services (The Fifth National Mental Health and Suicide Prevention Plan, 2017 – 2022). Furthermore, it is important to recognise that Aboriginal and Torres Strait Islander people and their families experience a range of life and health challenges related to the ongoing impact of colonisation, racism and intergenerational disadvantage and trauma. These factors point to high impact on the service delivery model and that particular consideration is given to the most effective ways to engage and deliver services for the NALHN Aboriginal and Torres Strait Islander population.
It is well documented that for a service to work effectively with Aboriginal or Torres Strait Islander peoples, it needs to be ensured that services provided are culturally respectful and competent and acknowledge the unique social, emotional, mental health and wellbeing perspectives of Aboriginal or Torres Strait Islander people. Thus, the Adult Inpatient MHS acknowledges the need to ensure that culturally appropriate training is provided to all staff to ensure appropriate cultural sensitivity. The Adult Inpatient MHS is committed to ongoing training for staff to increase understanding of the values, cultural and linguistic traditions, social structures and history of Aboriginal and Torres Strait Islanders and communities and their specific mental health care needs. Health is traditionally a holistic concept for Aboriginal and Torres Strait Islanders so adopting the social and emotional wellbeing framework is integral. Social and emotional wellbeing is founded on the core concepts of prevention, early intervention, recovery, social inclusion and healing. Concepts of mental ill health for Aboriginal or Torres Strait Islander people will always need to take into account the entirety of one’s experiences, including physical, mental, emotional, spiritual and cultural states of being.

Individuals from Culturally and Linguistically Diverse (CALD) Backgrounds

Numbers of migrants/recent arrival Australians in the northern suburbs of Adelaide are increasing and integrating culturally respectful practices into mental health is critical. The needs of individuals and their families from culturally and linguistically diverse backgrounds accessing Adult Inpatient MHS are met by:

- Recognising the importance of culture;
- Recognising the potential impact of trauma on mental health from country of origin, migration / refugee journey and / or settlement experience – and responding therapeutically within a cultural context; and
- Providing a service that is accessible and respectful of the cultural, linguistic, religious and spiritual needs or other specific needs of people of CALD backgrounds;

For people from a refugee background, mental health literacy can often present as a barrier to effective engagement with adult inpatient mental health services. The development of trust is paramount but often undermined by key issues of poor access to services, fear of authority, suspicion regarding confidentiality and poor continuity of interpreter support workers. The effective engagement of people from a refugee background requires well defined multiagency collaboration. Continuity of care and provision of seamless services are critical to engagement with people within this population.

Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ) people

Australians who identify as lesbian, gay, bisexual, transgender, intersex or queer (LGBTIQ) have disproportionate experiences of mental health difficulties and mental illness. The available data within current literature confirms that LGBTIQ young people (16-24 years) are five times more likely to attempt suicide than peers of a correlating age within the broader community. This age group within the LGBTIQ community is also twice as likely as non-LGBTI peers to self-harm, correlating with the highest level of psychological distress compared with all age groups.

Many experience stigma, marginalisation, discrimination and social exclusion, leading to negative health and wellbeing outcomes. The Adult Inpatient MHS acknowledges the importance of engaging with the LGBTIQ community when developing the service structure and operational guidelines in order to identify the range of issues which affect this community and to ensure that responses are appropriate (South Australian Strategy for the Inclusion of Lesbian, Gay, Bisexual, Transgender, Intersex and Queer People 2014 – 2016).

The Adult Inpatient MHS also has a commitment to ensuring that staff have the skills and understanding to appropriately work with individuals or clients and their carers who are members of the LBGTIQ community. Of particularly significance is the importance of reducing stigma and improving the appropriateness of mental health services for LGBTIQ communities (The Fifth National Mental Health and Suicide Prevention Plan, 2017 – 2022).

Adult Inpatient Mental Health Service

Who and where we are

We are a multidisciplinary workforce, including Consultant Psychiatrists, Medical Officers, Nurses, Occupational Therapists, Social Workers, Clinical Psychologists, Lived Experience Workers (Consumers and Carers) and Activity Supervisors and Administration Support Officers.
All clinical staff are registered with the appropriate professional body or accredited as per their professional organisation, with most staff having a shared set of mental health specific skills in clinical assessment (incorporating risk) and care planning.

We deliver comprehensive treatment and care that is developed in a multi-disciplinary framework, in partnership with clients and carers.

The Adult Inpatient MHS is located across Modbury and Lyell McEwin (LMH) Hospitals and consists of 55 inpatient beds in total (58 in 2020/21 when the new SSU opens)

Modbury Hospital has a 20-bed acute inpatient unit, while LMH has a 20-bed acute inpatient unit and a 10-bed Psychiatric Intensive Care Unit.

A new 8-bed Short Stay Unit at LMH is planned to be operational in 2020/2021 a temporary 5-bed Mental Health Assessment Unit will operate in the interim to provide short term mental health assessment, interventions and care.

The Adult Inpatient MHS provides a Consultation Liaison service at Modbury and Lyell McEwin Hospitals. These teams provide specialist mental health advice and treatment to clients admitted in the medical/surgical general wards suffering with co-morbid mental health issues. This service operates Monday to Friday.

Mental Health staff are also located within the emergency departments of Lyell McEwin and Modbury Hospitals to provide their expertise and work with the ED staff to provide mental health clients who present to ED with the most appropriate specialised care.

Mental Health clients can either be admitted to inpatient services in a planned manner through Community Mental health Services, through an emergency department or via a general medical/surgical pathway.

The majority of admissions to the bedded services are unplanned emergencies and may include detention under the Mental Health Act 2009 or are voluntary in status. Referral systems are standardised across the service to ensure consistency of practice at all points and reduce repetition and duplication. Families and carers are encouraged to be involved in their client’s assessment, treatment and discharge planning.

Clients can expect a consumer centred approach delivered by a caring and supportive multidisciplinary team that includes Consultant Psychiatrists, Psychiatric Registrars, Mental Health Nurses, Psychologists, Occupational Therapists, Social Workers, Carer Consultants, Peer Specialists and Aboriginal and Torres Strait Islander Health Practitioners.

We are committed to maintaining and enhancing skills of our workforce through ongoing supervision and professional development is fundamental to ensuring quality, contemporary practice. As a NALHN MHD managed service, the opportunity for staff rotation and extension of experience will be supported.

**Vision**

*Together with our community and staff we will deliver exceptional care through innovative practice. “Compassionate Care, Exceptional People”*

To achieve our vision, NALHN staff will contribute to the values, behaviors and standards:
- Client and Family Centred Care;
- Accessible, Integrated and Coordinated Care;
- Working as a Team;
- Acting on Feedback; and
- Safe and Reliable Care.
Our Values

Client and Family Centred Care

> We partner with, encourage and support you to effectively participate in the planning and delivery of your care; 
> We incorporate client and family knowledge, values, beliefs and cultural backgrounds into the planning and delivery of your care; 
> We believe you should know who is providing your care and the role of each person on your treatment team; and 
> We ensure you have the option of support people or translators to be present during consultations if you need this support.

Accessible, Integrated & Coordinated Care

> We communicate and share information that is timely, complete and accurate to promote the delivery of your care; 
> We aim to be as responsive as possible to meet your expectations with respect to your health needs and service delivery options; and 
> We benchmark our services with other health services with the aim of improving treatment outcomes for our patients.

Working as a Team

> Staff work with the clients to make their health care experience the very best it can be – the first time – every time; 
> Staff and clients are encouraged to voice ideas to improve the health care experience; and 
> We show pride in our achievements and promote these wherever possible.

Acting on Feedback

> We respond to your feedback, about our work, our attitude, the services we provide and the way we provide them; 
> We collaborate with, clients and carers, to develop, implement and evaluate our services; and 
> We undertake patient shadowing, so we can walk alongside the client to learn about and improve our services and your care experience.

Safe and Reliable

> We ensure clinical documentation complies with best practice and legislative requirements; and 
> We have documented and structured clinical handover systems in place that include clients and carers.

Philosophy of care

Our person-centred philosophy of care is defined by the Fifth National Mental Health and Suicide Prevention Plan (2017 – 2022) and is underpinned by the concept of recovery. While there are various understandings of mental health, its origins and its treatments abound, our focus should remain on the experience of the individual; their past, present and future and our role in supporting them to achieve the best life possible.

Recovery-oriented Practice

Mental health is more than the absence of illness, it is about enabling individuals to develop their greatest potential, to enjoy life and manage adversity. The Adult Inpatient MHS recognises the importance of adopting a recovery-oriented approach that offers a progressive theoretical framework for practice, culture and service delivery in mental health service provision (A national framework for recovery-oriented mental health services: guide for practitioners and providers, 2013).

The lived experience and insights of people with mental health issues and their families are at the heart of recovery oriented practice. Recovery oriented approaches most importantly recognise the value of
individuals’ lived experience and bring it together with the expertise, knowledge and skills of mental health practitioners. Within recovery oriented practice all individuals are respected for the experience, expertise and strengths they contribute. Recovery focuses on the needs of the individuals who use services rather than on organisational priorities (A national framework for recovery-oriented mental health services: guide for practitioners and providers, 2013).

**Trauma informed care**

A history of trauma is a dominant feature of clinical presentations and is regarded as being widespread among those who use mental health services. The experience of childhood trauma, especially sexual abuse, can greatly increase the risk of mental illness and adverse psychosocial outcomes (Dube et al. 2001). The adverse effects of childhood trauma can often be long lasting (Felitti et al. 1998). We must seek to address childhood trauma where possible in our approach to care and seek to prevent further trauma when individuals are utilising our services (Kezelman, Stavropoulos, 2012). Furthermore, the provision of therapeutic responses for those affected will need to be strongly based on the best available evidence about trauma informed care (The Fifth National Mental Health and Suicide Prevention Plan, 2017 – 2022).

The Adult Inpatient MHS is committed to adopting a universal precautions approach to trauma informed care for mental health presentations, given the correlation between the incidence of trauma and mental illness. It is paramount that all individuals are treated with respect, provided with choice wherever possible, and supported to exercise control over their own lives. The awareness of how the experience of trauma can impact clinical interactions may also help prevent the emergence of barriers to the implementation of care. From a neurobiological perspective, trauma survivors are sensitised to stimuli that may trigger fright, fight or flight response. In order to minimise potential barriers to the implementation of care, practice needs to be aimed at preventing this fear response. Least restrictive practices, as supported by the Mental Health Act (2009), form an essential foundation to a trauma-informed approach and have been accepted internationally and nationally as best practice (Recovery Oriented Mental Health Services: guide for practitioners and providers, 2013).

**Collaboration with individuals, carers, families and partnering agencies**

The Adult Inpatient MHS places the individual at the centre of our practice. By focusing on the person, their friends, families and carers we are able to keep our own role in perspective. While we have a fundamental role in care and treatment, we have a similarly significant role in strengthening and building capacity in the people and agencies also in that person’s life, however, the Adult Inpatient MHS cannot be all things to all people and this must be in context.

The Adult Inpatient MHS needs to be built on the concept of partnership:

- Partnerships with clients and carers is first and foremost, with care aimed at collaborative approaches to all domains of assessment, including risk assessment and care planning and implementation;

- Partnerships within the Mental Health Division - Adult Community Mental Health, Older Persons Mental Health and Forensic Mental Health Services in line with our stepped care model and principles;

- Partnerships within NALHN and other LHN service areas ensuring an integrated and seamless approach to the care continuum;

- Partnerships with mental health orientated non-government organisations; working together to deliver direct and complimentary clinical and psychosocial services and providing clinical expertise and advice in consultation with the individual and their carer; and

- Partnerships with non-mental health specific government or non-government services and providers.

**Partnering with Carers**

Carers are a crucial component of any partnership approach to service delivery and can be the spouse, de facto partner, parent, friend, relative or guardian of an individual who requires care and/or who live with an individual who requires care. They provide personal care, support and assistance to another individual in need of support due to a disability; medical condition; including terminal or chronic illness; mental illness or are frail and aged.
This Model of Care recognises that within Aboriginal and Torres Strait Islander communities and kinship systems, caring is a collaborative act with many individuals helping care for a person. Because of this, people looking after family and friends often do not recognise themselves as carers.

**Partnering Agencies**

The Adult Inpatient MHS form part of a broader network of mental health, primary health, government and non-government services operating within South Australian. The delivery of services by Adult Inpatient MHS has interdependence with those services delivered by our service partners within a broader partnership framework. The Adult Inpatient MHS have strong links with external stakeholders:

- The Department of Health and Wellbeing;
- The wider SA Health network (WCHN, CALHN, SALHN, CHSA);
- South Australian Ambulance Service (SAAS);
- South Australian Police (SAPoL);
- Department for Correctional Services;
- Office of the Chief Psychiatrist (OCP);
- Office of Public Advocate;
- The Public Trustee;
- South Australian Civil and Administrative Tribunal (SACAT);
- Community Visitors Scheme;
- Consumer Health Alliance;
- Drug and Alcohol Services South Australia (DASSA);
- Department for Child Protection;
- Adelaide and Country Primary Health Networks;
- Non-Government Organisations (NGOs);
- Universities, TAFE and Schools;
- National Disability Insurance Agency (NDIA);
- Disability SA Services;
- Attorney General Department;
- SA Suicide Prevention Networks;
- Local Councils – City of Playford, Salisbury and Tea Tree Gully Councils;
- Housing SA;
- Social agencies – e.g. migrants and refugees/gambling services;
- Employment services;
- Youth specific agencies; and
- ATSI agencies.

**Intra-agency Collaboration**

We aspire to provide services such that the client experience is one of continuous, coordinated care. Underpinned by the concept of a ‘continuum of care’ and the person’s journey, we recognise the imperative for intra-agency collaboration and cooperation. The foundation of the stepped system of care is people being supported in the community and their own homes wherever possible, the Adult Inpatient MHS reflects the vision that consumer centred care will be driven by the Community MHS.

The relationship between Adult Inpatient MHS and Adult Community MHS is significant to ensure both timely admission and discharge to and from hospital for individuals. When a client is admitted to hospital, the Adult Community Mental Health Service will provide inpatient in-reach and work collaboratively with the inpatient treating team. This in-reach is intended to provide a seamless delivery of care between inpatient and community services.

Within the NALHN MHD, the person may move between any of the:
When and where we provide services

**Emergency Department - Mental Health**

Mental Health Clinicians are located within the emergency departments 24 hours per day 7 days a week, at Lyell McEwin and Modbury Hospitals to provide specialised care for mental health clients who present to the Emergency Department. The majority of admissions to the mental health bedded services are unplanned emergencies and may include clients with an involuntary or voluntary status.

Criteria in considering whether an admission is required can include:

- Recognised or probable psychiatric illness;
- AND one of the following;
- Unsuccessful trial of intervention in less restrictive setting; or
- Level of instability of illness (significant danger to self or others, impaired judgement or function) or;
- Presence of significant co-existing medical condition complicating management of psychiatric illness in a less restrictive setting or;
- Requirement of a specialist procedure (e.g. ECT) or in introduction of medication which cannot be delivered in a less restrictive setting;
- Requirement for complex assessment which cannot be done in a less restrictive setting AND reasonable likelihood that inpatient care will result in substantial benefit to the person.

**Consultation and Liaison (CL)**

The Mental Health Consultation Liaison service is available business hours and provides specialist mental health assessment to people admitted for medical and surgical reasons on request of the admitting team. The CL team can provide support, medication advice and education to the clinicians working with clients admitted in the general or Women’s Health wards with co-morbid mental health problems. CL team includes Senior Mental Health Clinicians, Consultant Psychiatrists, Psychiatric Registrars and senior mental health nurses.

**Perinatal Mental Health Service**

The Perinatal Mental Health Service sits with the Consultation Liaison service to provide specialist mental health care for women with mental health disorders in the ‘perinatal period’ – this is the period from conception to the end of the first postnatal year. High prevalence disorders such as depression, occurring in up to one in ten women during pregnancy and following birth and anxiety disorders that present in one in five women in both the antenatal and postnatal periods. Comorbidity with depression is high. Severe mental illnesses are much less common than depression and anxiety but all of these conditions have the potential to have a negative impact on maternal and infant outcomes. The Perinatal MHS follows the Centre of Perinatal Excellence (COPE) guidelines in providing psychosocial support, psychological interventions, pharmacological treatment, pre-conception counselling for medication and serious mental illness, cover the ante-natal period and medical appointments for up to one year following birth. Additionally, post-natal nursing support can be provided for up to three months.

**Electroconvulsive Therapy (ECT)**

Electroconvulsive therapy (ECT) has been used for over 60 years in the treatment of psychiatric disorders with the most common indication for a major depressive episode (Tiller and Lyndon 2003) and has a role in the treatment of other conditions including mania, schizophrenia, schizoaffective disorder, catatonia, neuroleptic malignant syndrome and Parkinson’s disease.
Adult Inpatient MHS respect and consider the preferences of the client, their family and carers before any decision to treat with ECT. The needs of minority groups and those from diverse cultural and linguistic groups are considered in providing a service that is accessible and responsive of these groups. Treatment is carried out ensuring the clients privacy and dignity is maintained.

We practice and follow the mandated Electroconvulsive Therapy - Chief Psychiatrist Standard for the administration of ECT and we aim to provide this treatment on a voluntary basis whenever possible. All treatments comply with our ECT procedures ensuring checklists and pre-anaesthetic checklists are completed.

The ECT service operates three days a week at the LMH staffed by a Consultant Psychiatrist, a psychiatric registrar and an ECT Nurse Coordinator with support from the NALHN anaesthetic team. Emergency ECT can be provided after hours in consultation with Operating Theatre staff and the requesting psychiatric treating team.

ECT can be provided to clients assessed as suitable for this treatment during an inpatient episode or as an outpatient from the age of 18 years up. Twelve treatments of ECT per course is typically prescribed, however, this can be ceased at any time as clinically indicated or if the client withdraws consent. Maintenance ECT, varying from twice per week to once every four weeks may be prescribed for clients after their initial course of treatment and are monitored by the Community Mental Health Team to assess their clinical progress and need for continued therapy.

**Acute Care**

Acute Care is provided to clients requiring acute mental health care in an inpatient setting. The two acute wards are Woodleigh House at Modbury Hospital (20 beds) and Ward 1G Open (20 Beds) at LMH

<table>
<thead>
<tr>
<th>Target Group</th>
<th>From 18 years old, requiring acute mental health care, whose symptoms can no longer be managed within a less restrictive setting</th>
<th>Those attending the LMH or Modbury Hospital Emergency Departments and assessed as requiring and inpatient admission</th>
<th>Direct admissions from Northern Adelaide LHN Community Mental Health Teams</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours of Service</td>
<td>&gt; 24 hour care, 7 days per week</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Length of Stay</td>
<td>&gt; based on clinical need using individualised criteria, expected average length of stay is less than 12 days.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outcomes</td>
<td>&gt; the client’s recovery is supported by providing clinical care in a safe and supportive environment leading to the earliest possible return to their home environment and community supports</td>
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</tbody>
</table>

**Short Stay Unit (to be commissioned in 2020/2021)**

The LMH Mental Health Short Stay Unit (8 beds) will provide acute mental health care in an inpatient setting to clients assessed as needing only a brief period of stabilization, further assessment or diagnosis leading to acute inpatient admission, transfer of care to Community Mental Health Service or discharge to the care of a General Practitioner.

<table>
<thead>
<tr>
<th>Target Group</th>
<th>From 18 years old, requiring acute mental health care, whose assessed presentation requires a short period of stabilization, which may include further assessment, diagnosis and may lead to acute inpatient care, intermediate care and / or transfer of care to Community Mental Health Service or their GP.</th>
<th>It does not include people requiring a medical pathway for any reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours of Service</td>
<td>&gt; 24 hour care, 7 days per week</td>
<td></td>
</tr>
<tr>
<td>Length of Stay</td>
<td>&gt; Model to be established.</td>
<td></td>
</tr>
<tr>
<td>Outcomes</td>
<td>&gt; the client’s recovery is supported by specialized mental health assessment, care</td>
<td></td>
</tr>
</tbody>
</table>
and treatment which stabilizes presenting problems and enables decision making regarding transfer for further care

**Temporary Mental Health Assessment Unit (T-MHAU - interim until opening of the Short Stay Unit)**

The LMH Temporary Mental Health Assessment Unit (5 beds) provides a specialised mental health assessment and treatment environment at the hospital's emergency department. Further assessment or diagnosis and may lead to acute inpatient admission, transfer of care to Community Mental Health Service or discharge to the care of a General Practitioner.

| Target Group | > From 18 years old, requiring acute mental health care, whose assessed presentation requires a short period of stabilization, which may include further assessment, diagnosis and may lead to acute inpatient care, intermediate care and / or transfer of care to Community Mental Health Service or their GP.  
> It does not include people requiring a medical pathway for any reason |
| Hours of Service | > 24 hour care, 7 days per week |
| Length of Stay | > based on clinical need using individualised criteria, expected length of stay is 24-48 hours. |
| Outcomes | > the client’s recovery is supported by specialized mental health assessment, care and treatment which stabilizes presenting problems and enables decision making regarding transfer for further care |

**Psychiatric Intensive Care Unit**

The Psychiatric Intensive Care Unit is co-located in Ward 1G at LMH (10 beds) and provides acute mental health care in an inpatient setting to clients with an involuntary status.

| Target Group | > From 18 years old, requiring secure acute mental health care, whose symptoms can no longer be managed within another setting and who are:  
> Unable to be managed safely in an acute care setting  
> Exhibiting psychiatric symptoms complicated by severe behavioural disturbance  
> Subject to an ITO under the Mental health Act 2009 (SA) |
| Hours of Service | > 24 hour care, 7 days per week |
| Length of Stay | > based on clinical need as established by individualised criteria, |
| Outcomes | > the client’s recovery is supported by specialized clinical care in a safe and controlled environment, which respects privacy and dignity. |

**Priority areas**

A number of clinical service priority areas within the NALHN catchment have been identified and further supported by the Fifth National Mental Health and Suicide Prevention Plan (2017-2022).

The socioeconomic and health complexity inherent in the Northern community has ensured that these priorities remain a focus of the Model of Care.

**Suicide prevention**

The Fifth National Mental Health and Suicide Prevention Plan (2017 – 2022) data on suicide and attempted suicide in Australia highlights the devastating impacts of this issue on the community and identifies suicide prevention as a priority health and social policy issue.
The Adult Inpatient MHS is committed to implementing several strategies including embedding training into practice to ensure the workforce is equipped with the knowledge, skills and capacity to identify, assess and treat individuals at risk or suicide.

Connecting with People is an evidence-based training program in suicide, self-harm mitigation and emotional resilience. Tools used in the Connecting with People framework support clinicians in developing effective skills to interact with clients in a respectful manner, being responsive and compassionate, and developing engagement-based interventions. This approach is underpinned by the Fifth National Mental Health and Suicide Prevention Plan (2017 – 2022). At the heart of the Connecting with People approach is a paradigm shift in thinking about suicide; from risk assessment towards comprehensive safety planning and suicide mitigation. It is important to note that NALHN MHD staff will be appropriately trained in the use of all of these programs.

Physical health and mental health

It is well documented that people living with mental illness have poorer physical health outcomes than other Australians. Physical health treatment rates for people living with mental illness are reported to be around 50 per cent lower than for people with only a physical illness. Adult Inpatient MHS are well equipped to provide education about healthy lifestyle and eating strategies that support clients in making healthy choices in the inpatient setting and to identify symptoms of physical illness through routine organic health screening as a component of initial patient assessment. The Adult Inpatient MHS recognises the general physical health needs of individuals as a priority area and has linkages through the Consultation and Liaison team with other NALHN specialties, such as the Division of Medicine, to provide treatment and advice to clients with co-morbid mental and physical ill health.

Seclusion and Restraint

The Adult Inpatient MHS is guided by the SA Health Restraint and Seclusion Reduction Policy developed by the Office of The Chief Psychiatrist to reduce and, where possible, eliminate the use of seclusion and restraint in our services. Where restraint and seclusion is used we will ensure that the clients rights and dignity are maintained and ensure that a review process occurs to assist in preventing further incidents of restraint and seclusion.

Strategies for prevention of seclusion and restraint that are adopted in our services include:

A Trauma Informed Care approach, where staff recognize how past trauma can impact on clinical interactions, will ensure we create a welcoming environment and one of mutual respect, empathy and clear communication. Primary prevention strategies and de-escalation techniques to reduce clients anxiety are incorporated through the use of environmental modifications to reduce noise, ensure privacy, natural light and access to alternative spaces and the outside areas.

Sensory modulation techniques that are designed to engage the senses that are relaxing, distracting, self-soothing and self-calming along with therapeutic activities such as yoga, taking a hot shower, art and craft activities and journaling are diversionary therapies we will encourage clients to utilise to assist them to self-regulate their behavior when their ability to do this is significantly affected. Dedicated Sensory Modulation rooms or spaces will be made available to clients to support their ability to self-regulate.

The Personal Prevention Plan (PPP) is a seclusion and restraint reduction tool that is used by a client, alone or in partnership with the treating team or family member, to identify the triggers for agitation, the symptoms for agitation and the calming strategies that the client would want to access or use in a time of increased anxiety or aggression. Integration of Sensory Modulation techniques and activities into these plans will help to prevent a crisis and promote a safe environment for everyone.

The inclusion of our lived experience workforce, in presenting or facilitating groups and activities is also encouraged.

Safety and quality and how we evaluate our service

The Adult Inpatient MHS aims to meet the National Safety and Quality Health Service Standards and the National Standards for Mental Health Services to ensure safe and quality services are delivered. Consistency of these standards works to ensure valid and reliable data is collected on an individual’s health status and wellbeing. This ensures that comparable monitoring and evaluation of an individual’s health outcome occurs and supports continuous quality improvement across all services. The application
of sound governance and accountability requirements, mechanisms for service monitoring based on measurable standards, good information management practices and a motivated, well-trained workforce is also extremely important.

It is important to ensure that relevant KPIs, data collection and outcome measures relevant and meaningful to the Adult Inpatient MHS context are routinely and consistently undertaken. This includes collecting feedback from individuals and their carers and developing pathways for service users to provide input about the service and ways to improve the client experience.

**Legislation, policy and frameworks**

NALHN Mental Health Division is governed by a series of Acts, frameworks, guides, standards, policies and directives. A list of key documents is provided below.

**Legislation**
- Public Sector Act 2009, South Australia.
- Mental Health Act 2009, South Australia.
- Health Care Act 2008, South Australia

**Commonwealth - Standards and Service Frameworks**
- National Standards for Mental Health Services, 2010.
- Australian Commission on Safety and Quality in Health Care, National Safety and Quality Standards 2012.
- Australian Commission on Safety and Quality in Health Care.
- Australian Key Performance Indicators for Public Mental Health Services 2013.
- National Practice Standards for the Mental Health Workforce 2013.
- Independent Hospital Pricing Authority, Australian Mental Health Care Classification: Mental health phase of care guide, 2016.

**South Australia – strategic plans and policy directives**
- South Australian Mental Health Strategic Plan 2017– 2022.
- SA Health Mental Health Services Pathways to Care Policy Guidelines, 2014.
- SA Health Statement of Reconciliation, 2014.

**General Definitions**

**Acute Care**
Specialist psychiatric care for people who have been admitted to the mental health unit with acute episode of mental illness.

**Psychiatric Intensive Care**
Specialist psychiatric care for people who have been admitted to the mental health unit with acute episode of mental illness and require a closed environment and are involuntary in status.
Short Stay  Specialist psychiatric care and assessment for people who have been admitted to or referred to the MHU with an acute episode of mental illness which requires further assessment and potentially a brief admission of no more than 72 hrs to establish a treatment plan.

MHAU  Mental Health Assessment Unit (MHAU) is part of an integrated psychiatric assessment service and provides a specialised mental health assessment and treatment environment at the hospital's emergency department. It ensures that mental health clients are well cared for in a safe and supportive environment.

Consultation Liaison  Specialist inpatient psychiatric assessment, for people who are currently being managed by a different functional / specialist service and require an assessment of an acute or chronic episode of mental illness to establish a treatment plan and support inpatient care / referral to appropriate outpatient services.

Community Team  MHS and teams that provide mental health care services in the community outside of the hospital setting.

Culturally appropriate  Services are culturally appropriate if they respect and take into account the cultural background, spiritual beliefs and values of a person and incorporate this into the way healthcare is delivered to that person.

Personal Prevention Plan  The Personal Prevention Plan helps to focus on preventing a crisis and promoting a safe environment for everyone. The plan allows a client to list the things that are helpful when feeling upset, identify the things that may make them angry and be a guide for them and their Treating Team to work towards keeping safe whilst in hospital.

Least restrictive  The concept of allowing the person to be cared for in an environment which places the least amount of restriction on freedom of movement while maintaining the safety of the person and others.

Support person / carer  A person who provides ongoing care or assistance to a person with a mental illness, usually a family member, close friend and including young support person/s. this does not include a person who provides care or assistance pursuant to a contract for services.

References

An Integrated Recovery - Oriented Model (IRM) for mental health services: evolution and challenges
Barry Frost et al BMC Psychiatry (2017) 17:22 Australian


Government of South Australia. South Australian Suicide Prevention Plan, 2017-2021
A national framework for recovery – oriented mental health services, Guide for practitioners and providers, national mental health strategy.


South Australian Mental Health Strategic Plan, 2017 – 2022, Government of South Australia, SA Mental Health Commission.

South Australian Strategy for the Inclusion of Lesbian, Gay, Bisexual, Transgender, Intersex and Queer People 2014-2016. Policy and Community Development Division; Department for Communities and Social Inclusion, Government of South Australia.


National Strategic Framework for Aboriginal and Torres Strait Islander Peoples’ Mental Health and Social and Emotional Wellbeing, 2017-2023.