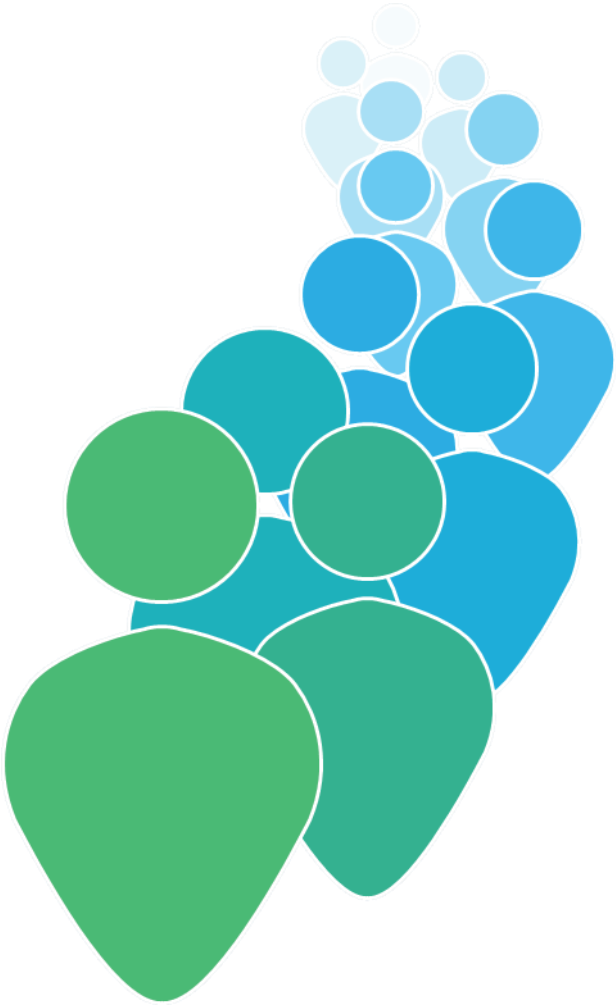
2022 Community Mental Health Service
Model of Care



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Document Ownership and History

Document Control

Document owner	Mel Bradley, Program Director, Mental Health
Title	2022 Community Mental Health Service Model of Care
Description	Model of Care document which articulates our way of working, who CMHS consumers are and the suite of services that CMHS provide.
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Document History

Version*	Date	Change reference
V1.0	11 August 2022	Final for Consultation
V1.1	01 September 2022	Final for Consultation – Amendments, sections removed as it relates to ED Direct Care Pathway
V1.2	27 October 2022	Consultation Feedback Incorporated (For MHCP Project Board Endorsement). Changes include: **1.** Inclusion of CALHN strategic vision and ambitions **2.** Inclusion of circular diagram depicting service eligibility criteria **3.** Inclusion of GP's, SACAT and UMHCC's under partnered services **4.** Inclusion of child/young person in carer definition **5.** Inclusion of information as it relates to forensic consumers in service entry section **6.** Inclusion of the term where clinically indicated in the context of time period under Medication Clinics section **7.** Edits to Occupational Therapy section including removal of IPS **8.** Further clarity regarding Youth Service expected episode of care **9.** Strengthened language regarding title Mental Health Clinician and professional discipline title **10.** Inclusion of Nurse Practitioner Services **11.** Clarity regarding opening hours v's shift hours
V1.3	16 November 2022	Final for Publishing **1.** Addition of Dialectal Behaviour Therapy within the Psychology description. **2.** Clarity regarding episode of care for MH - Core

*Note refreshed versioning control since inception of original Model of Care in 2019.

Endorsement

Name	Title	Date
MHCP Project Board	Various – MHCP Project Board Members	27 October 2022

Approval

Name	Title	Date
Dr. Paul Furst	Executive Director, Mental Health & SA Prison Health Service	27 October 2022

Acknowledgement of Country

We acknowledge that this land we meet, work, live and play on is the traditional lands of the Kaurna people, and we respect their spiritual relationship with this country. We pay our respects to their leaders, past, present, and emerging and acknowledge that their language, cultural and traditional beliefs held for over 60,000 years are still as important and relevant to the living Kaurna and all Aboriginal people today.

Thank you to contributors

The Central Adelaide Local Health Network Mental Health Clinical Program would like to thank all members of former Community Mental Health Redesign Committees. Special thanks to those clinicians, consumers and carers who provided direct material input. Thanks for sharing your time and ideas at workshops and meetings, providing documents to consider, or commenting on the various drafts.

Content

Introduction

Community Mental Health Services (CMHS) is a critical part of the South Australian mental health system with a commitment to providing a specialist mental health service to our consumers in the Central Adelaide Local Health Network (CALHN) community.

To meet this commitment and ensure our services are contemporary and consumer centred the Mental Health Clinical Program (MHCP) embarked on a journey to review how CMHS are delivered to address the impact of severe mental health illness in the CALHN community. This has resulted in the development of the 2022 Community Mental Health Model of Care (hereafter referred to as 'Model of Care') which articulates our way of working, who CMHS consumers are and the suite of services that CMHS provide.

The Model of Care is an overarching document, and should be read in conjunction with relevant procedures, clinical guidelines, and operational work instructions (known as 'governing documents') that are produced, monitored and updated under the governance of CALHN's Policy and Procedure Framework.

Additional governing documents will be developed as areas of work are further strengthened throughout the implementation phase. The implementation phase will be supported by a MHCP governance structure focusing on corporate systems, clinical practice, safety and quality and performance to provide the scaffold from which to operationalise the Model of Care.

A note about language

In the Model of Care the terms 'Consumer', 'Carer', 'Mental Illness', 'Mental Health' and 'Severe Mental Illness' are referenced regularly. The following table explains these references and provides important context for the Model of Care.

Term	Context
Consumer	Patients or clients, potential patients or clients and organisations representing consumers' interests[1].
Carer	A person who cares for or otherwise supports a person living with mental illness. A carer has a close relationship with the person living with mental illness and may be a family member [inclusive of chid/young person], friend, neighbour or member of the broader community.[2]
Mental health	A state of wellbeing in which a person has the skills and resources to navigate adversity, meet their needs and live in a way they find meaningful.[2]
Mental illness	A clinically diagnosable disorder that impacts on a person's cognitive, functional, emotional, or social abilities. Mental illness can have different levels of impact and severity.[2]
Severe mental illness	Characterised by a severe level of clinical symptoms and often some degree of disruption to social, personal, family, and occupational functioning. Severe mental illness is often described as comprising three subcategories: • Severe and episodic mental illness • Severe and persistent mental illness • Severe and persistent mental illness with complex multi-agency needs.[2]
Severe and complex mental illness	Comprises people with severe mental illness, as well as people who have a severe mental illness plus complexities that are not disability related – for example, comorbid chronic physical illness, complex social factors, high suicide risk, or need for co-ordinated assistance across a range of health and disability support agencies.[2]
Specialist mental health services	Services provided by psychiatric hospitals, psychiatric units or wards in hospitals, community mental health care services and residential mental health services.[2]

The Central Adelaide Local Health Network (CALHN)

CALHN is one of ten Local Health Networks (LHNs) in South Australia. CALHN is responsible for the following health services:

- Royal Adelaide Hospital (RAH)
- The Queen Elizabeth Hospital (TQEH)
- Hampstead Rehabilitation Centre (HRC)
- St Margaret's Rehabilitation Hospital (SMRH)
- Glenside Health Services (GHS): Acute Care Services and Inpatient Rehabilitation Services
- Adelaide Dental Hospital (ADH).

CALHN also has governance over numerous community mental health and primary health services including Prison Health Services, SA Dental Service and DonateLife SA. Of note also is governance responsibility of the Statewide Clinical Support Services (SCSS) including imaging, pathology and pharmacy, which has vacillated between CALHN and the Department for Health and Wellbeing over the past few years.

CALHN is one of three metropolitan LHNs and its core population is approximately 527,000 people. CALHN also provides services to patients from other SA networks, rural and remote areas, the Northern Territory, NSW (Broken Hill) and western parts of Victoria. This usually relates to complex services such as head and neck cancer, radiation therapy, cardiac surgery, spinal surgery, or rehabilitation.

CALHN's purpose is to deliver quality and sustainable health care. While the delivery of high-quality patient care is our number one priority, we face a significant challenge in achieving financial sustainability. A quality-assured financial recovery plan has been developed to meet these challenges. Through effective leadership and change management, the plan which is applicable to all Clinical Programs and departments is being implemented.

CALHN's Vision

To shape the future of health with world-class care and world-class research. To become one of the top-five-performing health services in the world within five years.

CALHN's Strategic Ambition

Our strategic ambitions focus our efforts on the delivery of world-class care and world-class research that will shape the future of health in South Australia. They express our commitment to care, community, investment research, technology and importantly, recognise the influence of our world-class workforce on our ability to achieve our vision.

- Our care is connected and revolves around the patient in their (and our community)
- Our curiosity compels us to always do better-research and innovation drives everything
- We invest in what matters
- Our technology enables excellence
- We attract and foster work-class talent

The Mental Health Clinical Program (MHCP)

The MHCP is one of eight programs within CALHN. It provides comprehensive inpatient and community based mental health care to people living within the CALHN mental health catchment area. Services are located in the two general hospitals (RAH and TQEH), at GHS and at a range of community sites. Services are available for people aged from 16 years.

The MHCP partners with multiple government and non-government services in the co-ordination of treatment and support services. The service is multidisciplinary and employs a range of medical, nursing, allied health, administration and lived experience workers. The MHCP is committed to the genuine engagement of consumers and carers as partners in service delivery.

Our Values

- To actively listen and not judge.
- To show compassion and empathy.
- To be genuine and inclusive.
- To empower and foster optimism.
- To respect and encourage.
- To manage stigma.

Our Vision

To provide consumer centred mental health care that enables early identification, prevention and recovery of mental illnesses and supports consumers to feel valued and empowered to 'reconnect with family, community, work and study' without guilt, shame, stigma or judgement'.

Our Guiding Principles

1. **Consumer centred care**
   A care system is designed around the consumer, carer and family with respect for a person's preferences, values and needs.
2. **Evidence based and informed practice**
   To provide safe and high-quality evidenced based interventions, treatments, and therapies.
3. **Collaborative partnerships**
   To build collaborative partnerships that enhance the efficiency and quality of service provision for all consumers.
4. **Recovery oriented**
   Respect and value the real life, deeply personal and unique experiences and challenges of mental health disability or illness.
5. **Value and develop staff**
   To recognise and value the skills, experience, diversity, goals, and skills of all staff. To empower staff to work at their optimum level by being mentally and physically well.
6. **Outcome and evaluation focus**
   To measure and evaluate key consumer and service outcomes to improve our service. delivery.

The MHCP's Values, Vision and Guiding Principles were developed during the *CALHN Staff Clinical Expert Advisory Workshops* (December 2018 - February 2019), and the *Consumer and Carers Workshop* (February 2019).

Community Mental Health Services (CMHS)

Mental health services encapsulate a complex amalgam and broader network of state and federal government agencies and funding streams, as well as community-managed organisations and private providers all providing different levels of care, treatment, psychosocial rehabilitation, support, housing etc.

CMHS:

- Is a public, community based, service that provides mental health tertiary level care for consumers aged 16 – 65 residing within the CALHN mental health catchment area.
- Provides tertiary level mental health care, which means specialist mental health services for consumers with severe mental illness who cannot be managed by primary and secondary services.
- Is interdependent with the broader network of mental health services aligned to primary and secondary levels of care.

The placement of CMHS in the broad context of the mental health system is illustrated in Figure 1.

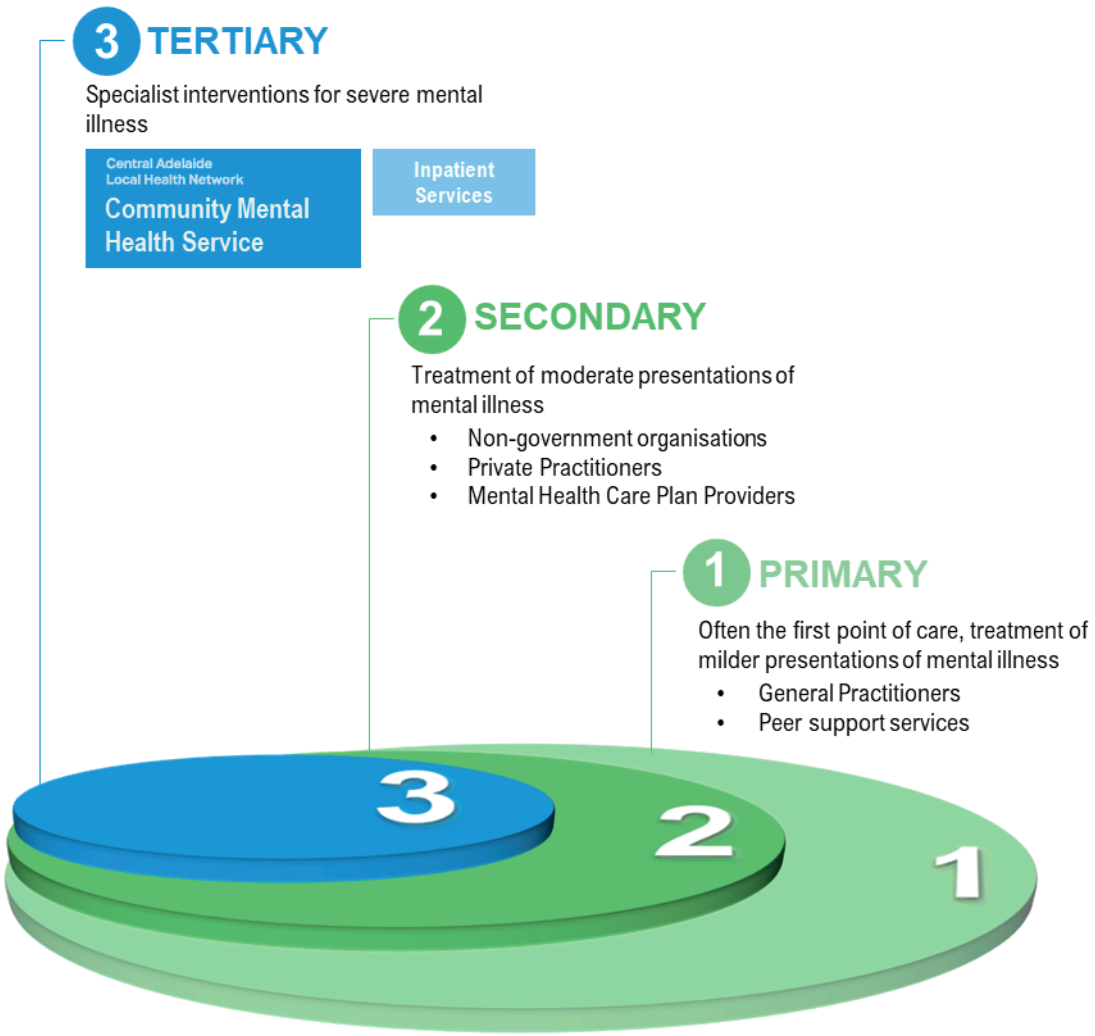


Figure 1 – Our Place in the System

Realigning the way we provide care to meet the needs of our community

In developing the Model of Care, the MHCP carefully considered previous state level mental health reforms, consumer service level data and extensive consumer, carer, and staff consultation feedback.

Historical Reforms

The need to improve community mental health services in South Australia dates back to 2005 where the Premier of South Australia gave a mandate to the SA Social Inclusion Board to review South Australia's Mental Health System. This resulted in a series of state level reform initiatives informed by the following:

- Stepping Up: A Social Inclusion 5 year Action Plan for Mental Health Reform 2007 – 2012.
- An SA Health review of Community Mental Health Services in South Australia Report - January 2008.

These reviews resulted in the 2010 Adult Community Mental Health Services Model of Care and associated Adult Integrated Community Mental Health Teams Clinical Business Rules (2013). The aim of the integrated model was to provide a more generic, standardised approach to care with staff working across acute and non-acute functions (previously known as ongoing care). Care Co-ordinator roles were established.

A key document that has been influential is the Transforming Health, Community Mental Health Report (Deloitte), 2016. This was the driver to further reform and provided the early evidence for the need for CMHS to de-integrate (form acute and non-acute functions).

Our Model of Care is underpinned by our six guiding principles that define how we work with our consumers, carers, colleagues, and partners in the delivery of our services.

The Mental Health Act 2009 and plans such as the South Australian Mental Health Strategic Plan (2017 - 2022), South Australian Mental Health Services Plan (2020 – 2025), National Mental Health and Suicide Prevention Plan (2021) (inclusive of its Equally Well priority action), South Australian Health and Wellbeing Strategy (2020 – 2025), National Safety and Quality Standards (2021), Family Safety Framework (FSF) and the Office of the Chief Psychiatrist will continue to guide the strategic directions of CALHN CMHS.

Our journey to the 2022 Model of Care

The development of a new Model of Care to supersede the 2010 Adult Community Mental Health Model of Care, commenced in 2018 and included consultation with key stakeholders before being released (with the intention of informing the Community Mental Health Service Plan) in June 2019[3].

The proposed Community Mental Health Service Plan to support the 2019 Model of Care was disseminated for consultation in December 2019 and August 2021. The intent of the proposed Service Plan was to provide service structure options to support the underlying acute and non-acute (previously known as on-going care) functions outlined in the Model of Care in anticipation of formally implementing the Model of Care.

It was recognised that since the release of the 2019 Model of Care a significant time period had passed. The effects of COVID-19 and new MHCP leadership necessitated a reorganised and

refreshed approach to the release of the proposed Community Mental Health Service Plan to ensure a contemporaneous consumer centred approach. As such the June 2019 Model of Care has been updated and combined to include relevant service plan content.

A timeline of our journey is represented Appendix 1.

Consumer Centred Care

Consumers are at the forefront and are central to our Model of Care. Feedback and advice from our consumers and the outputs from consumer and community workshops has informed our approach to service delivery design. The voice of our consumers will continue to guide how we shape and evolve our services in the future.

The figure below is based on that collated feedback and advice and summarises how consumer centred care feels and looks, and how we deliver it in CMHS.

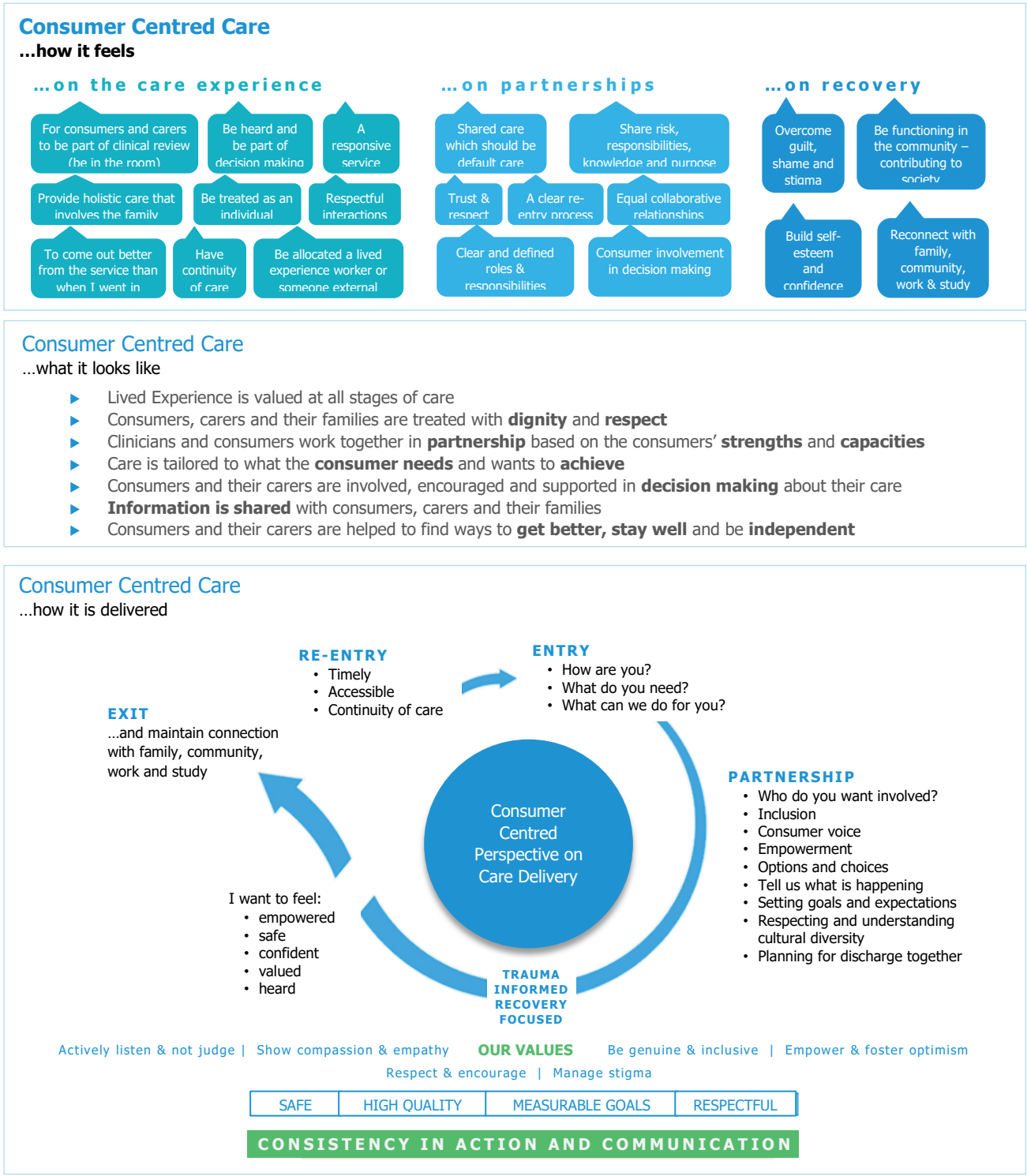


Figure 2 – Consumer Centred Care

Core Business

The core business of CMHS at CALHN is to support eligible consumers residing in the CALHN mental health catchment area aged 16 – 65 to 'recover, remain well in the community and to prevent unnecessary hospitalisation' [1].

CALHN CMHS provides specialist mental health services in a tertiary health care setting for consumers with severe mental illness who cannot be managed by primary and secondary services.

Specialist mental health services include mental health assessment, treatment and risk management and are provided by multidisciplinary staff i.e., nursing, allied health, medical staff and the lived experience workforce. Multidisciplinary staff are supported by administrative staff.

Approach

CMHS are delivered:

- From two geographic locations bound by mental health catchment areas aligned by postcode i.e. Eastern Community Mental Health Centre (ECMHC) and Western Community Mental Health Centre (WCMHC).
- From a variety of location types - Community Mental Health Centres based at the Tranmere and Woodville sites, homes, community venues and in-reaching into the hospital setting where required.
- Using tele-health platforms and other virtual supports where clinically appropriate.
- In partnership with a range of government and non-government service providers to best meet need and avoid service duplication.
- In alignment with provisions of the Mental Health Act 2009.
- Using a 'one system, one service' approach. This supports consistency, equity and replication of services across the two geographic locations.
- By various clinical disciplines including nurses, occupational therapists, social workers, psychologists, medical staff (including psychiatrists).
- Within a shared care model with primary care.
- In collaboration with staff and services aligned to acute and non-acute based functions (collaborative service delivery between functions will occur).
- In partnership with our intra-program service partners.

Service delivery is supported by:

- A robust system of clinical accountability through to the CMHS Heads of Department.
- A workforce structure aligned to services delivered by the acute and non-acute functions.
- Clinical skills development informed by the National Practice Standards for the Mental Health Workforce 2013, complemented by discipline specific practice standards or competencies for the professions of nursing, occupational therapy, psychology, social work and medical (including psychiatry).
- Clinical supervision within and across disciplines, by experienced clinicians.

Service Entry Criteria

Referrals are accepted for consumers who meet the following criteria:

- Aged 16 – 65[1] years who reside in the CALHN CMHS catchment area.
- Primary presentation of severe mental illness or mental health crisis, and/or suicidal ideation with functional impairment resulting in a deteriorating ability to remain safe in the community.

It is noted that severe mental illness does include mental illness complicated by alcohol and other drugs and severe and complex mental illness.

CMHS does not accept referrals for consumers where there is a primary presentation of:

- Alcohol and other drug related conditions
- Intellectual disability
- Attention Deficit Hyperactivity Disorder
- Autism spectrum disorders
- Acquired brain injury
- Dementia.

[1] Older Persons Mental Health Services (OPMHS) will be considered for the older age range (refer to Transfer of Care section).

CMHS does not provide a service for individuals for the primary purpose of support to access the National Disability Insurance Scheme (NDIS) in the absences of meeting other service entry criteria.

CMHS will provide community treatment to forensic consumers according to their license conditions. Advice is always available from Forensic Mental Health Services. Forensic consumers may need to move areas depending on their parole/remand conditions. CMHS treatment will be provided as close to the person's housing as possible.

Consumers who have previously exited CMHS in the last six months (approximately) and need to re-enter will be directly supported.

It is recognised that certain population cohorts face additional challenges and barriers to accessing services and care. Service responses in alignment with our Model of Care will be modified to address this to ensure the same access to reduce health status inequity.

CMHS service entry criteria is depicted below in figure 3.

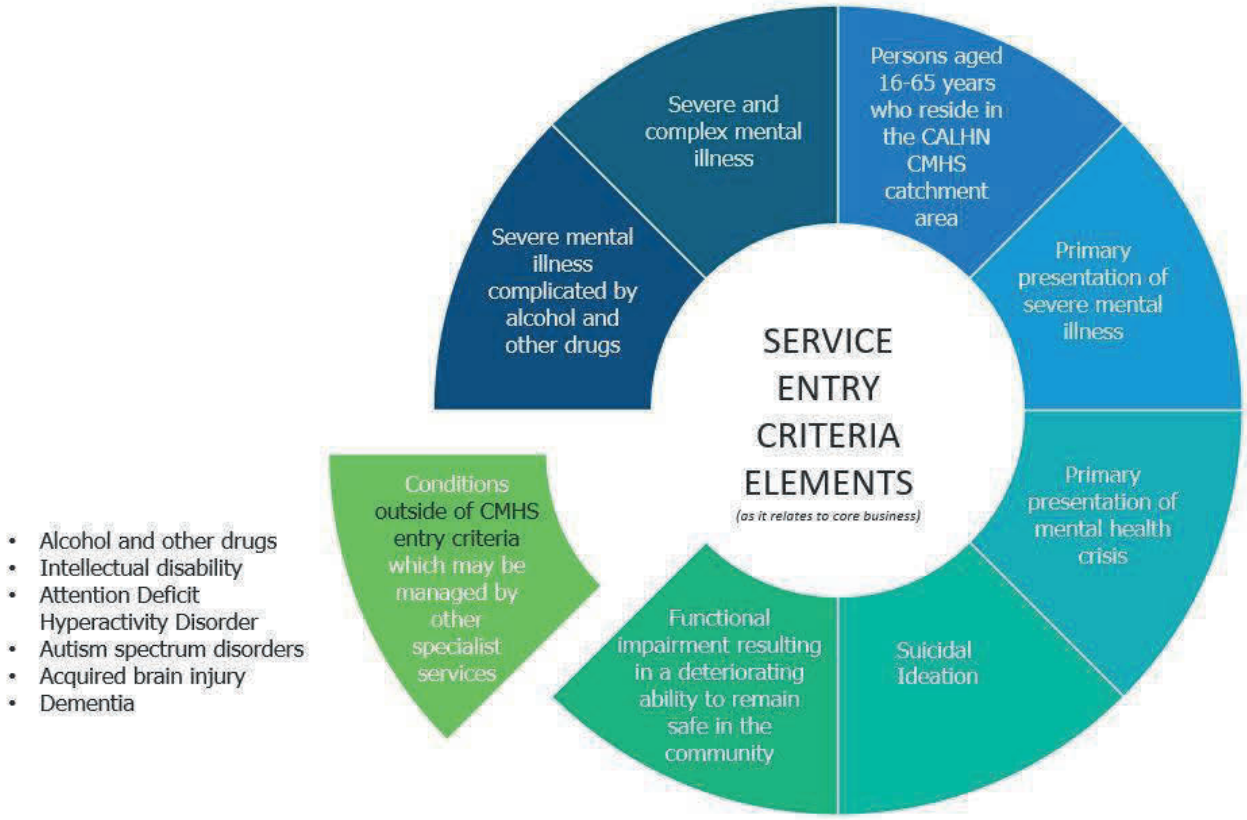


Figure 3 – CMHS Service Entry Criteria Elements

Service model

The CMHS Service model is closely aligned to other models of care within the MHCP, reflecting the importance of continuity of care and care between inpatient and community settings.

Core to the service model are functions and services. Figure 4 below illustrates the CMHS service model (inclusive of standard opening hours*) which comprises:

- Two functions: acute and non-acute.
- Three services aligned to the acute function: the Assessment and Brief Intervention Service (ABIS), Youth Service and Mental Health Co-Responder (MH-Core) Service[>].
- One service aligned to the non-acute function: the Community Recovery Service (CRS).
- All services supported by multidisciplinary staff.

Note: *standard opening hours differ from shift hours, refer to definitions section

[>] MH-Core is an assessment and referral service for a single occasion and has been aligned to the acute function for illustration purposes below.

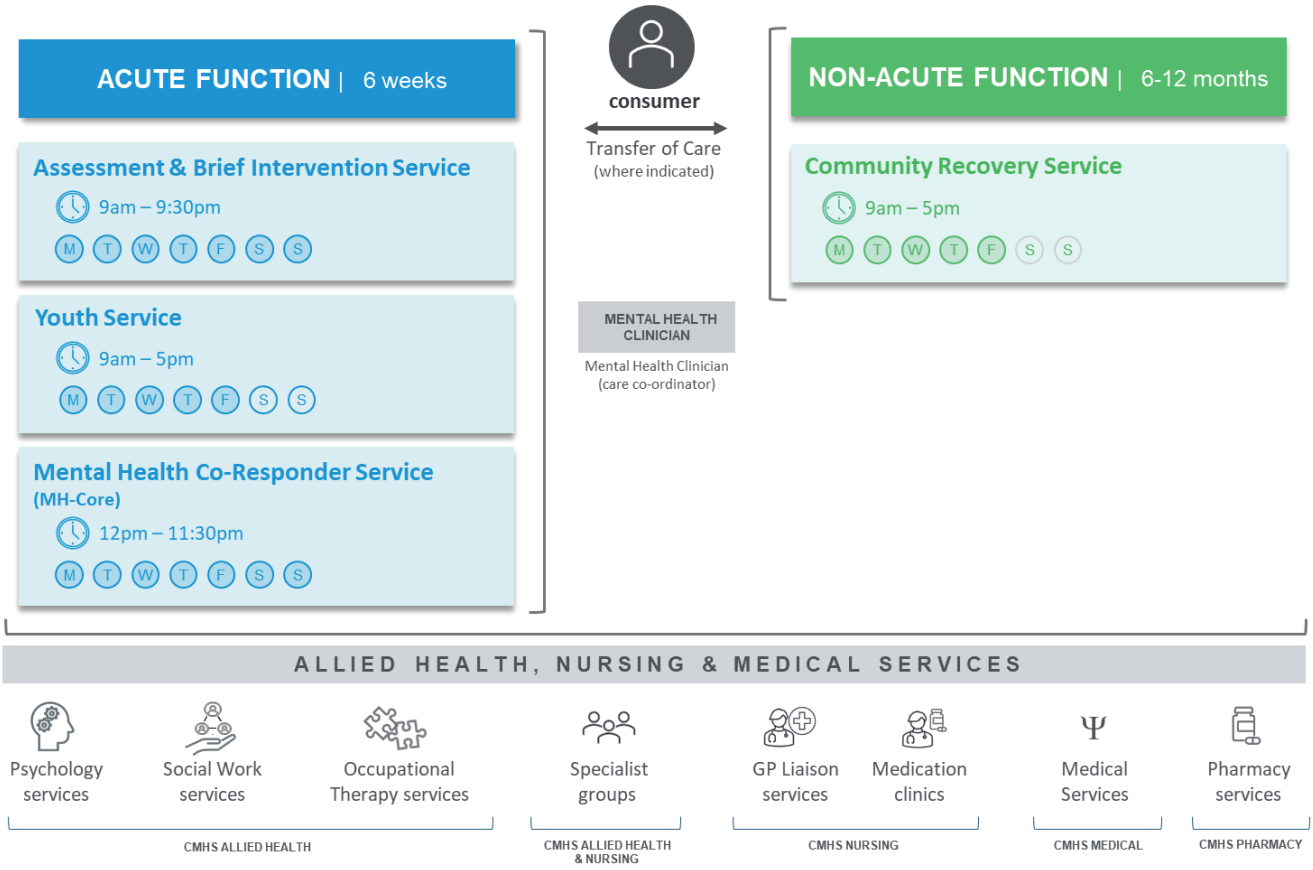


Figure 4 – CMHS Service Model

Common elements to services aligned to both functions include:

- Collaborative partnerships with the consumer, their families and friends, primary health care, General Practitioners (GPs), acute and emergency services, Non-Government Organisations (NGOs) and other relevant community agencies.
- Close working relationships with the Community Clinical Rehabilitation Service (one of our intra-program partners), particularly with consumers who have clearly identified psychosocial / rehabilitation needs that are impacting on their functioning and community reintegration.
- Biopsychosocial specialist assessment, including risk mitigation.
- Dynamic and responsive to individual consumers' mental health needs.
- A close relationship with the CALHN ED and acute inpatient services.
- Facilitation of an ED presentation (via the *Mental Health Emergency Department Expedited Clinical Pathway*) or inpatient admission via direct admission pathways where required.

The Non-Acute Function

NON-ACUTE FUNCTION | 6-12 months

Community Recovery Service (CRS)

The primary focus of services aligned to the non- acute care function is to provide care that continues beyond the recovery from an acute episode of mental illness. Services aligned to the non-acute function aim to address improving function, consolidating gains and/or providing intensive extended care.

Specifically, staff working in services aligned to the non-acute care function:

- Work with consumers to reduce the severity of mental health symptoms whilst strengthening psychosocial function, living skills and community participation.
- Work with consumers to prevent relapse and a hospital presentation including risk mitigation.

The CRS is aligned to the non-acute function.

CRS - Service elements

- **Service Population**: Eligible CMHS consumers that require specialist mental health care and treatment beyond recovery from an acute mental health episode of illness due to significant functional impairment.
- **Expected Episode of Care**: 6-12 months.
- **Tertiary Mental Health Response Type**: Non-Urgent.
- **Opening Hours**: 5 Days per week, 9am – 5pm.

The Acute Function

ACUTE FUNCTION | 6 weeks

The primary focus of services aligned to the acute care function is to provide short term assessment and intervention for consumers in the acute stages of mental illness. Services aligned to the acute function aim to address the intensity of symptoms for the consumer and support the management of risk associated with the illness. Specifically, staff working in services aligned to the acute function:

- Work in partnership with the consumer and other identified partners to deliver specialised mental health services as an alternative option to a hospital admission.
- Utilise short term therapeutic interventions.
- Facilitate transfer of care to the most appropriate service.
- Support patient discharge from EDs (i.e Outpatient Clinics) and CALHN mental health inpatient services.
- Work collaboratively with Mental Health Triage to respond to referrals.

Consumers that are typically referred to a service in the acute function are those that are referred by an inpatient unit or ED who require an acute response and are unable to be managed primary or secondary services.

The ABIS, Youth Service and MH-Core Service are aligned to the acute function.

Assessment and Brief Intervention Service (ABIS)

The ABIS aims to assess, stabilise, treat and facilitate transfer of care at the earliest possibility to the most appropriate service, in the least restrictive environment.

ABIS - Service elements

- **Service Population**: Consumers with acute mental illness or experiencing an acute mental health crisis and/or suicidal ideation with a significant degree of impact on the person's ability to function safely in the community, who might otherwise require admission to hospital.
- **Expected Episode of Care**: Up to six weeks.
- **Tertiary Mental Health Response Type**: Urgent.
- **Opening Hours**: 7 Days per week, 9am – 9.30pm.

Youth Service

The Youth Service provides the same service as the ABIS for consumers aged 16-24 years inclusive. It is noted that not all consumers within this age range will require a specialist youth service and as such may be more appropriately aligned to the CRS. It also acknowledged that some consumers would continue to require specialist youth service beyond the expected episode of care and will continue to receive such services directly by the Youth Clinician or in collaboration with a CRS Mental Health Clinician.

Youth Service - Service elements

- **Service Population**: Eligible CMHS consumers (aged 16 – 24) with acute mental illness or experiencing an acute mental health crisis and/or suicidal ideation with a significant degree of impact on the person's ability to function safely in the community, who might otherwise require admission to hospital.
- **Expected Episode of Care**: Six weeks (+ additional six weeks where clinically indicated)
- **Tertiary Mental Health Response Type**: Urgent.
- **Opening Hours**: 5 Days per week, 9am – 5pm.

The ABIS will provide an acute response, where clinically indicated, for those consumers from CRS or the Youth Service after hours.

A small number of consumers in the ABIS require longitudinal medication supervision as part of their relapse prevention care plan. Where transfer of care which includes longitudinal medication supervision is not available, the ABIS team will negotiate with the CRS / private services to continue this supervision for a specific period of time to close the episode of care.

Mental Health Co-Responder (MH-Core) Service

The MH-Core Service is a collaboration between CALHN and SA Ambulance Services (SAAS). It is a service that consists of a SAAS paramedic working alongside a Mental Health Clinician (based in the East in a SAAS Co-responder Role) to respond to consumers who would otherwise require a SAAS response with predicted outcome of transport to a hospital ED. This service is aimed at providing

alternate mental health care pathways, improving patient outcomes and reducing the number of ED presentations, whilst keeping emergency ambulances within the community.

Staff provide a mental health risk assessment and formulate a mental health plan. The plan will be inclusive of home-based mental health interventions provided through numerous supports, for example, GP, private practitioner and CMHS.

MH-Core - Service elements

- **Inclusion Criteria**:
  - CALHN mental health catchment.
  - Medium/low risk acute mental health or altered behaviour presentations.
  - Likely to benefit from community-based care.
- **Exclusion Criteria**:
  - Obvious or suspected intoxication or drug use.
  - Suspected medical cause of deterioration.
  - Likely to require South Australian Police for apprehension/physical restraint due to severity of behavioural emergency.
- **Expected Episode of Care:** N/A – Assessment and Referral Service for a single occasion.
- **Tertiary Mental Health Response Type**: Urgent.
- **Opening Hours**: 7 days per week, 12pm – 11:30pm.

Appendix 2 provides a summary of the services aligned to functions and their service elements.

A note about expected episode of care

The expected episode of care is the expected timeframe the consumer receives services. Noting these are expected and care beyond the expected timeframes can occur where clinically indicated.
Heads of Unit will continue to have clinical oversight of consumers (including episode of care lengths). A flexible service delivery approach to meet the needs of our consumers is forefront to the model.

The service structure at each site (i.e., East and West) allows for both acute and non-acute functions to be serviced, noting that each site comprises of the following core services:

- One ABIS.
- One Youth Service.
- Two CRS, with one CRS belonging to each team.

In addition, each site has a centralised referral system comprising of triage co-ordinators who work collaboratively to triage incoming referrals into the acute and non-acute function. The site service structure is depicted in figure 4.

The site service structure maintains all services within one site and facilitates a 'step-up and step-down' model across services within the acute and non-acute functions.

The unique and varied needs of the site are acknowledged and additional services outside of the core structure listed above are recognised and varied to meet operational requirements. For example, MH-Core is currently aligned to the Eastern Mental Health Services site and services the Eastern and Western Mental Health Catchment area in conjunction with SAAS.

Each site operates a duty worker system. Duty workers are available to provide support for consumers who contact the CMHS team when their Mental Health Clinician is unavailable.

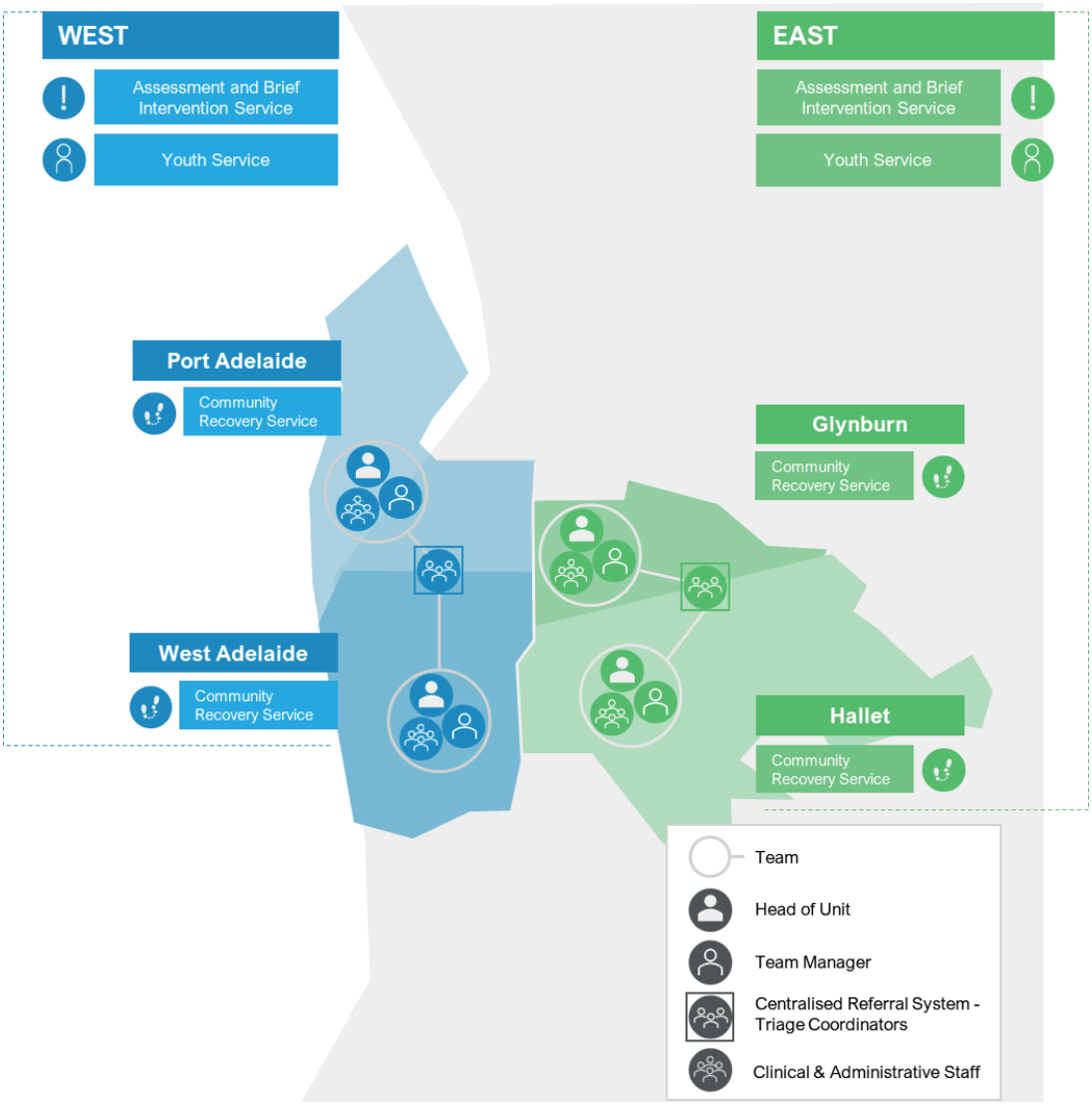


Figure 4 – Site Service Structure

Site Team Composition

Each team comprises of medical, nursing and allied staff. The teams are supported by a team manager (with operational responsibility) and Head of Unit (with clinical responsibility) who work collaboratively to support the team.

Core allied health and nursing staff that report to the team managers include:

- Nurse Consultant
- GP Liaison Nurse - to one team manager within the site
- Senior Social Worker
- Senior Occupational Therapist
- Senior Psychologist
- Triage Co-ordinators
- Senior Youth Clinician
- Mental Health Clinicians.

The unique and varied needs of the geographical location and population cohorts are acknowledged and additional roles outside of the core list outlined above are recognised e.g., Transfer of Care Co-ordinator and MH-Core Mental Health Clinicians working in the SAAS Co-Responder roles etc.

Core medical staff that report to the Head of Unit through the consultant psychiatrist include:

- Trainee Registrar
- Resident Medical Officer
- Senior Medical Officer.

Teams are supported by administrative staff and the lived experience workforce.

Operational Oversight

Team managers are responsible for the operational business of the service including flow of accepted referrals to allocation. Specifically, each team manager within the site maintains operational oversight for:

- The Youth Service or GP Liaison.
- One CRS (including one medication clinic).
- ABIS (allocated post coded portion of the service).

Clinical Oversight

Heads of Unit are responsible for providing clinical leadership and direction for consumers (aligned to their designated post code allocation). Those consumers with no fixed address will be allocated alternately to each team.

Heads of Unit are accountable for the clinical decision to accept, decline or transfer care for consumers with a strong collaborative building of relationships with primary care and across the Mental Health Clinical Program including EDs, inpatient and rehabilitation services.

The Head of Unit:

- Supports clinical decision-making processes through working in partnership with the Team Manager, Medical Officers and Senior Clinicians to facilitate regular clinical case reviews (minimum 3 monthly clinical review of every consumer).
- Allocates Mental Health Clinicians, Senior Clinicians and Medical Officers to an identified clinical case review process.

Referral Management

Each site comprises a single, centralised point of entry where all referrals are triaged by a triage co-ordinator. A centralised site-based referral management system supports a consistent and timely approach to support the management of flow into CMHS.

Referral management principles include:

- Triage co-ordinators will adopt a standardised process across the Eastern and Western Community Mental Health sites.
- Triage co-ordinators work collaboratively within their site to triage referrals that are intended for services aligned to the acute and non-function.
- A referral determination following a triage assessment of accept or decline is made. Where there is uncertainty about the referral determination further information will be sought from the referrer and determination made in collaboration with the Head of Unit (or delegate).
- Any referrals that are intended to be declined by the triage co-ordinator are reviewed by the Head of Unit (or delegate) prior to being formally declined.
- Triage co-ordinators will support consumers whose referrals are declined by linking/re-directing them to an appropriate service.
- Referrals are processed at regular intervals throughout the day, with a subsequent triage assessment, referral determination and outcome communicated back to referrer.
- Referral determinations for referrals from CALHN EDs, CALHN Inpatient Services, Mental Health Triage, other LHN Mental Health Services (inclusive of EDs), GPs etc are made in accordance with CMHS referral processing timeframes and processes.

Allocation

Triage co-ordinators aligned to the acute function will provide workload allocation across relevant services in the acute function.

In the non-acute function, services will hold twice weekly allocation meetings comprising:

- Team Manager (Operational Oversight and management)
- Head of Unit (Clinical Oversight and leadership)
- Senior Clinicians
- Triage Co-ordinator.

The allocation meetings facilitate the allocation of referrals to a Mental Health Clinician.

Assessment, Case Formulation, Care Planning, Clinical Case Reviews and Treatment

All new consumer episodes will include a comprehensive biopsychosocial assessment to best understand the consumer's perspective, issues and needs across a range of domains. We heard from consumers and carers that being listened to, feeling understood, and having the opportunity to develop trust and rapport with clinicians and services was important to them.

The purpose of the assessment is to develop a deeper understanding of the consumer's mental health issues (including history, symptoms, mental state, and risk), their relevant support networks, determine appropriate treatment and therapy options, and develop a collaborative care plan.

It is expected that all assessments will lead to a clinical case formulation that considers the interaction between the range of biopsychosocial factors and offers potential areas for targeted intervention. In collaboration with the consumer, the aim is to build a shared understanding of the situation and develop a plan to address issues of priority and importance.

The case formulation will be constantly reviewed throughout the intervention to monitor the consumer's progress and evaluate the effectiveness of the intervention.

A case formulation will typically consist of:

- Predisposing factors (or vulnerability and historical factors).
- Precipitating factors (or likely triggers and significant events/situations preceding the episode or crisis).
- Presenting problem/s (current or immediate difficulties).
- Perpetuating factors (or maintaining factors).
- Protective / positive factors (or strengths, resources and abilities)[4].

The resultant care plan factors contains:

- The consumer's strengths and goals.
- Identified needs of the consumers / carer.
- Identified key issues and immediate risks.
- An action plan.
- The consumer's social supports (to be bolstered or further supported).
- Available evidence-based treatments.
- Brief discipline specific consultation.
- Targeted referrals to members of the multidisciplinary team (allied health, nursing and medical specific interventions / therapies / treatments to address issues identified in the case formulation e.g. trauma history, social isolation, avoidance, maladaptive coping skills, etc.).
- Targeted referrals to the Community Clinical Rehabilitation Service clinicians to provide specific, targeted individually tailored interventions that assist with improved role functioning, independence and the development of skills and resources[5].

Clinical case reviews are formal mechanisms by which a case discussion can occur between the Mental Health Clinician and other team members. Clinical case reviews provide an opportunity to review the assessment, outcome measures, case plan, and care plan, identify risks and issues, and consider shared care arrangements with GPs and NGO input for psychosocial rehabilitation. Clinical case review can occur in multiple forums e.g. within Pods which are known as consultant led multi-disciplinary clinical review groups (for consumers in the CRS). There is a minimum three monthly clinical case reviews of every consumer.

Transfer of Care

Consumer care can be transferred between functions, to shared care arrangements with primary care providers or to our partners.

All persons aged 65 and above will be gradually transitioned to the Older Persons Mental Health Service by the age of 70. All persons aged 60 plus who have age related conditions can also be considered for early transition. It is recognised that Aboriginal people over 50 years of age may require earlier transition.

Shared care is the preferred pathway to assist in reducing the impact of comorbid physical health issues and improve consumer's quality of life. In a shared care arrangement CMHS will support GPs, other providers and partner with consumers and carers through all stages of care. The GP Liaison nurse supports time limited shared care.

CMHS Allied Health

CMHS Allied Health services comprise Occupational Therapy, Social Work and Psychology.

Occupational Therapy

Occupational Therapists (OTs) provide strengths-based, functionally-focused and goal-directed services to improve mental health and wellbeing, and to help a person access personally relevant and valued roles in life. OTs take a holistic, person centred approach focused on supporting an individual to function and experience enhanced wellbeing through participation in the activities and environments of their daily life[6]. OTs provide a range of holistic person centred and evidence-based interventions including discipline specific assessments, consultations and treatment plans, in collaboration with the multidisciplinary team and other stakeholders, to promote independence, self-management and safe and supported community tenure. OT services include:

- Functional, cognitive, environmental, and sensory assessments and interventions
- Comprehensive written reports to support access, transition or engagement with other mental health services, secondary health and social services.
- Social connectedness and community engagement (including vocational and leisure interests)
- Functional goal setting, psychoeducation, healthy habit formation, physical needs assessment (including community falls prevention) using graded programs, skills based approaches, group and individual work and adaptive techniques.

Social Work

Social Workers optimise the quality of life of individuals and consumer populations by working with people where they live, strengthening support networks, and addressing broader systems issues. Social work services facilitate sustainable transfer of consumers to community living and other support networks. The Social Work service offers comprehensive social work assessment, consultation, advocacy and interventions to consumers where mental illness co-exists with significant and complex psychosocial problems. Clinical psychosocial services focus on the interrelationship between mental health, social factors and the thoughts and behaviours of an individual. Social workers draw on strengths-based approaches, evidence-based focused psychological strategies, family support and safety. Additional services address partnerships and the development of service systems.

Psychology

Psychologists work with consumers who are experiencing mental health issues characterised by a clinically significant disturbance of thought, mood, perception, learning, memory and/or behaviour that pose significant limitations upon their social and community functioning. The Psychology Service provide a wide range of individual and group-based psychological evidence-based therapies, treatments and interventions to address these psychological difficulties and aid the consumer to reach their goals (e.g. Dialectical Behaviour Therapy). Additionally, Psychology provide consultation in complex case conceptualisation and education in relation to a range of evidence based psychological approaches and strategies for the multidisciplinary team and with wider community partners.

Allied Health services partner with specific providers to assist with providing wrap around services for the consumer. It is noted that these allied health service partners can change.

CMHS Pharmacy Services

Pharmacy services comprise services delivered in partnership with community pharmacies.

Partnered community pharmacies in the East and Western geographic locations provides a range of pharmacy services for example:

- Provision of dose administration aids (including preparation of weekly Webster packs, sachets and automatic pill dispensers).
- Clozapine supply service.
- Medication Review Services.
- Daily Dispensing and Delivery of Depot Injections.
- Opioid Substitution Program (i.e Methadone and Suboxone).
- Staged Supply Arrangements (to assist clients who cannot manage their medications safely or are at risk of misuse or dependency).
- Vaccination Services.
- Home medicine reviews.
- Staff and consumer education.

CMHS Nursing Services

CMHS Nursing services comprise:

Medication Clinics

Medication clinics provide short term (or longer where clinically indicated) management to consumers requiring support with, and administration of, their Depot, Clozapine and other medication requirements.

Medication clinics include Clozapine Clinics co-ordinated by a Clozapine Co-ordinator (Registered Nurse) and Depot Clinics.

CMHS nursing services offered within medication clinics include:

- Physical health assessments, health education and three-monthly monitoring.
- Psychoeducation, including reference to approved consumer information resources describing positive effects and benefits of medication, and any potential side effects and how to manage them.
- Assistance with consumer medication concordance, including developing and facilitating engagement in routines that support medication management.
- Monitoring and reporting of whether the medication appears to be working, and whether there are any side effects in collaboration with medical staff.

GP Liaison

GP Liaison provides consultative services to GPs and the Primary Health Network by a dedicated GP Liaison Mental Health Nurse. The GP Liaison Mental Health Nurse plays a pivotal role in identifying and transitioning appropriate community mental health consumers (with a focus on those who use medication clinics) to the primary health care sector, ensuring effective communication with GPs and their practice staff in relation to information they may require to ensure continuity of consumer care back to the community.

Nurse Practitioner Services

Nurse practitioners' use advanced nursing knowledge to deliver the following services:

- Advanced mental health assessment and physical health assessment
- Diagnostic services (clarify and confirm diagnosis)
- psychological interventions including psychotherapy

- Prescribing adjusting and administration of medications, management of side effects and deprescribe
- Referral to medical specialists

CMHS Medical Services

CMHS medical services are delivered by medical officers, psychiatry registrars, and psychiatry consultants who are specialist mental health medical doctors. CMHS medical staff work in collaboration with mental health clinicians and the multidisciplinary team to provide treatment to consumers and expert opinion and advice to GPs supporting a shared care approach.

Treatment provided by CMHS medical staff include:

- General medical care, checking physical health and the effects of medication.
- Psychological treatments (psychotherapy or talking therapy).
- Medication.
- Brain stimulation therapies such as electroconvulsive therapy (ECT)[7].

Mental Health Clinician

A mental health clinician (who is an allied health professional or nursing staff member who may in addition still retain their professional discipline specific title) takes a lead role in care co-ordination of consumers by:

- Co-ordinating, facilitating and integrating mental health treatment care and support, which is tailored to meet the needs of individual consumers.
- Ensuring consumers receive an effective service which is regularly reviewed.
- Supporting inter-agency collaboration.
- Acting as a main point of contact for the consumer.

It is noted that not all consumers will require a mental health clinician and a case co-ordination role.

Youth Clinicians are a type of Mental Health Clinician aligned to Youth Services within the acute function.

Specialist Groups

Specialist groups are provided to support consumer recovery. These group programs are evidence based and targeted to address specific mental health difficulties. There are a range of group programs which include a focus on increasing the consumers' skills with; tolerating distress; regulating emotions; examining thinking; problem-solving abilities; managing relationships; increasing interpersonal and assertiveness skills; and building social networks. The therapy group may focus on one or multiple areas of skill development as indicated by the needs of the consumer population accessing the group.

Our partnered services

CMHS partners with other services providers external to CALHN (government, non-government, private, primary, and secondary) to assist with providing wrap around services for consumers, for example:

- Department for Child Protection (DCP)
- Department for Correctional Service (DCS)
- Drug and Alcohol Services South Australia (DASSA)
- General Practitioner's (GP's)
- National Disability Insurance Agency (NDIA)
- SA Ambulance Service (SAAS)
- South Australia Police (SAPOL)
- South Australian Civil & Administrative Tribunal (SACAT)
- SA Housing Authority (SAHA)
- Private Psychiatrists
- Private Allied Health
- Primary Health Network (PHN)
- Other LHN Mental Health Services
- Other non-government services e.g., Urgent Mental Health Care Centres (UMHCC)

It is noted that consumers may move in-between our closely partnered services within CALHN, including our intra-program partners, such as:

- Community Clinical Rehabilitation Service
- Older Persons Mental Health Service
- Mental Health Triage
- Western Intermediate Care
- Acute Inpatient Units
- EDs
- Mental Health Hospital In the Home
- Brief Intervention Clinic
- Mental Health Triage.

Measurement and Evaluation

- CMHS is committed to measurement and evaluation within the broader framework for consumer safety and quality improvement.
- CMHS will evaluate consumer health outcomes in accordance with the National Outcomes and Casemix Collection (NOCC). The measures that comprise the mental health NOCC include the Health of Nations Outcome Scales (HoNOS), Life Skills Profile (LSP-16) and The Kessler 10+ (K10+).
- CMHS (its sites and teams) will measure against an agreed 'performance framework' incorporating measures including safety and quality financial and human resources performance.
- CMHS participates in the Health Roundtable where it is benchmarked against other CMHS.
- CMHS will provide opportunities for consumers and carers to provide ongoing feedback on their experience of care through a range of mechanisms such as the 'Your Experience of Service' (YES), 'Mental Health Carers Experience Survey' (CES), CALHN Consumer Experience Team and Consumer and Carer Advisory Groups.

Glossary of terms

Aboriginal	When the term Aboriginal is used in this document, it should be read as inclusive of Torres Strait Islander people, acknowledging that Torres Strait Islander people have a separate and distinct culture, identity and country to that of mainland Aboriginal peoples.
Carer	A person who cares for or otherwise supports a person living with mental illness. A carer has a close relationship with the person living with mental illness and may be a family member, friend, neighbour or member of a broader community.[2]
Consumer	Patients or clients, potential patients or clients and organisations representing consumers' interests.[1]
Expected Episode of Care	Expected timeframe the consumer receives services. Noting these are expected and care beyond the expected timeframes can occur where clinically indicated.
Expedited Clinical Pathway	The Expedited Clinical Pathway in the ED (RAH ED & TQEH ED) is a fast track pathway (within 60 mins) for consumers who are presenting primarily with changes in mental state and for whom there is a primary mental health diagnosis (including provisional) referred by a General Practitioner (GP) or specialist mental health service/provider (Psychiatrists, Headspace, Borderline Personality Collaborative, Urgent Mental Health Care Centre or Community Mental Health Team).
Mental Health Catchment Area	Geographical area based on postcodes.
Mental Health Issue	Thoughts, feelings or behaviours which can impact on a person's mental health and wellbeing and lead to distress and disruption to their lives. Mental health issues can occur with or without diagnosed mental illness.[2]
Mental Illness	A clinically diagnosable disorder that impacts on a person's cognitive, functional, emotional or social abilities. Mental illness can have different levels of impact and severity.[2]
Mental Health Triage (MHT)	A CALHN operated state based phone based mental health triage service, operating 24 hours a day, 7 days a week. MHT is the first point of contact with public mental health services for all potential people (age 16 and above) who may have a mental illness/mental health issue, including those seeking assistance on behalf of another person. This can include new people seeking access for the first time and as well as current and former consumers seeking re-access to services.
Mental Health Triage Scale	A scale that classifies the response required by mental health or other services.
Opening Hours	Opening hours are the hours the 'doors' are open for our consumers to access CMH services. Consumers that require a service outside of the specified operating hours will negotiated on a case by case basis dependent on clinical need. There will be flexibility based on consumer demand, however core service provision will operate between the stated opening hours.
Pod	Consultant led multi-disciplinary clinical review groups. Formal forum for clinical reviews to occur for consumers aligned to the Community Recovery Service. Membership of pods comprise: • Consultant • Junior Doctor • Senior Clinician • Mental Health Clinicians

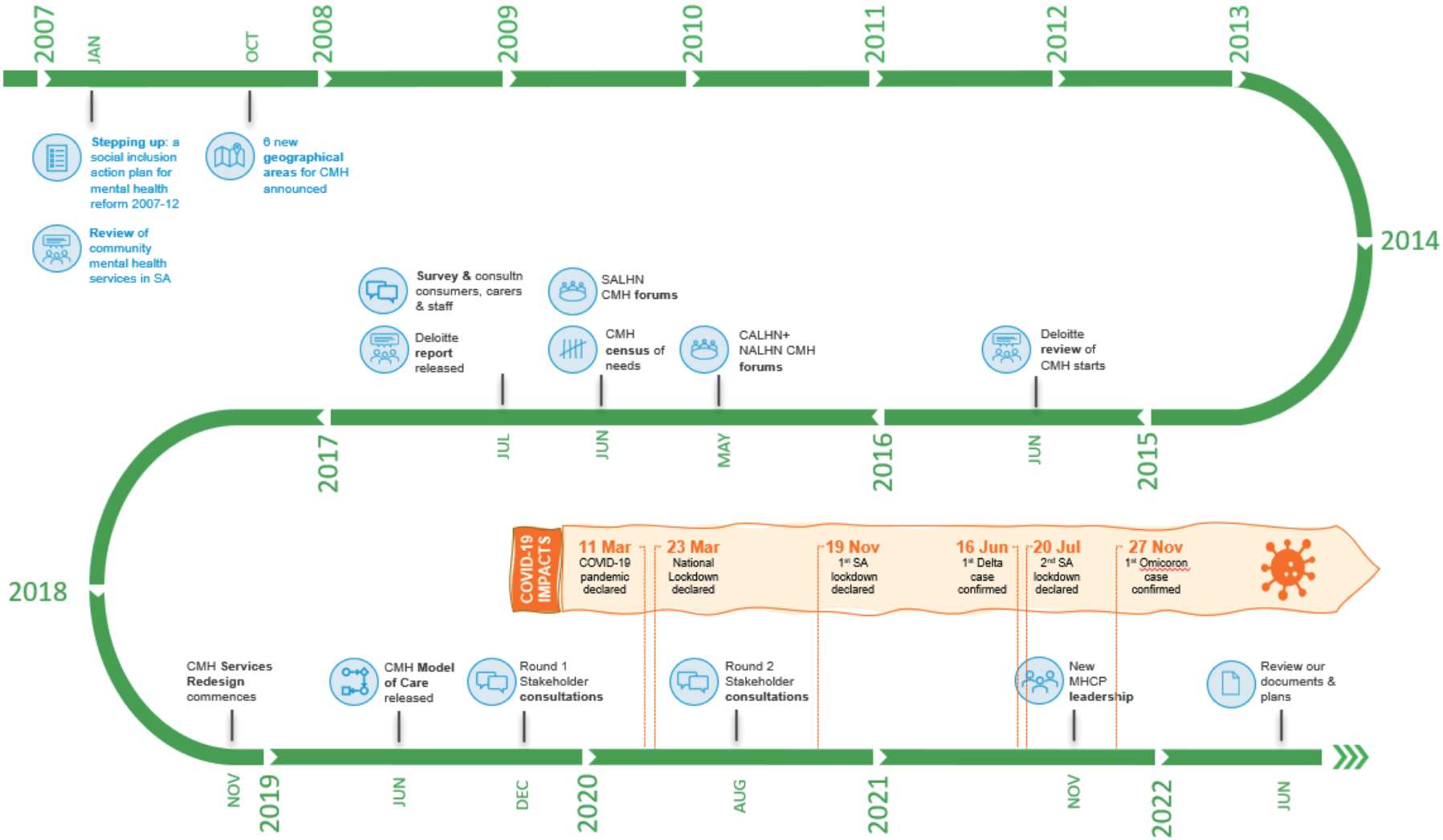
Referral Processing	Triage assessment, referral determination and communication of the determination back to the referrer (inclusive of documentation requirements). For referrals from CALHN EDs this includes a confirmed priority appointment booking.
Severe Mental Illness	Characterised by a severe level of clinical symptoms and often some degree of disruption to social, personal, family and occupational functioning. Severe mental illness is often described as comprising three subcategories: • Severe and episodic mental illness • Severe and persistent mental illness • Severe and persistent mental illness with complex multi-agency needs.[2]
Severe and complex mental illness	Comprises people with severe mental illness, as well as people who have a severe mental illness plus complexities that are not disability related – for example, comorbid chronic physical illness, complex social factors, high suicide risk, or need for co-ordinated assistance across a range of health and disability support agencies.[2]
Shift Hours	Shift hours are the hours that staff will be rostered to start and finish during the relevant shift (start and finish times).
Site	Refers to the Eastern Community Mental Health Centre based at Tranmere and the Western Community Mental Health Centre based at Woodville, each comprising of two teams that deliver services aligned to the acute and non - acute function.
Specialist Mental Health Services	Services provided by psychiatric hospitals, psychiatric units or wards in hospitals, community mental health care services and residential mental health services.[2]
Tertiary Care	Tertiary care is defined as specialised interventions delivered by highly trained staff to individuals with problems that are complex and refractory to primary and secondary care.[8]

Glossary of abbreviations

ABIS	Assessment and Brief Intervention Service
CALHN	Central Adelaide Local Health Network
CMHS	Community Mental Health Services
CRS	Community Recovery Service
ECMHC	Eastern Community Mental Health Centre
ED	Emergency Department
GP	General Practitioner
LHN	Local Health Network
MH-Core	Mental Health Co-Responder Service
MHCP	Mental Health Clinical Program
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
SAAS	SA Ambulance Service
WCMHC	Western Community Mental Health Centre

Appendices

Appendix 1 – Our timeline



Appendix 2 – Community Mental Health Services - Summary of services aligned to functions and their key elements

SERVICE ELEMENTS	ACUTE FUNCTION			NON-ACUTE FUNCTION
Service Name	**Assessment and Brief Intervention Service (ABIS)**	**Youth Service (YS)**	**Mental Health Co-Responder (MH-Core) Service**	**Community Recovery Service (CRS)**
Who	Eligible CMHS consumers with acute mental illness or experiencing an acute mental health crisis and/or suicidal ideation with a significant degree of impact on the person's ability to function safely in the community, who might otherwise require admission to hospital.	Eligible CMHS consumers (aged 16 – 24) with acute mental illness or experiencing an acute mental health crisis and/or suicidal ideation with a significant degree of impact on the person's ability to function safely in the community, who might otherwise require admission to hospital.	Consumers aged 18+ with low/medium risk acute mental health or altered behaviour presentations likely to benefit from community-based care.	Eligible CMHS consumers that require specialist mental health care and treatment beyond recovery from an acute mental health episode of illness due to significant functional impairment.
Focus	Address the intensity of symptoms for the consumer and support the management of risk associated with the illness. Assess, stabilise, treat and facilitate transfer of care at the earliest possibility to the most appropriate service, in the least restrictive environment.	Address the intensity of symptoms for the consumer and support the management of risk associated with the illness. Assess, stabilise, treat and facilitate transfer of care at the earliest possibility to the most appropriate service, in the least restrictive environment.	Provide alternate care pathways, improving patient outcomes and reducing the number of ED presentations, whilst keeping emergency ambulances within the community.	Reduce the severity of mental health symptoms whilst strengthening psychosocial function, living skills and community participation, prevent relapse, hospital avoidance and risk management. Improve function, consolidate gains and / or provide intensive extended care.
Episode of Care	Up to 6 weeks*	Up to 6 six weeks*	N/A	6 – 12 months*
Service Opening Hours	7 days per week, 9am – 9.30pm	5 days per week, 9am – 5pm	7 days per week, 12pm – 11:30pm	5 days per week, 9am – 5pm

*Consumers must first meet the CMHS entry criteria and then be aligned into an acute or non-acute based service, noting collaborative service delivery between functions will occur.

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