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1. Welcome to Campbelltown Hospital

Campbelltown Hospital is a integral part of SWSLHD (South West Sydney Local Health District.) This is a major metropolitan hospital, and Camden Hospital, a district hospital, operates under a common executive management structure and has networked services.

Camden and Campbelltown Hospitals are part of the NSW health system with their major responsibility being to improve the health of the community of Macarthur. The Hospitals deliver quality health care to the residents of the three local government areas of Wollondilly, Camden and Campbelltown. Camden and Campelltown Hospitals provide a diverse range of services including intensive care, stroke medicine, cardiology, surgery maternity, gynecology, pediatrics, palliative care, respiratory, psychiatry, and emergency medicine as well as broad aged care services.

The Queen Victoria Memorial Nursing Home, which is licensed for 100 beds, also comes under the same administration as Camden and Campbelltown Hospitals.

The SWSLHD Mental Health Service includes major clinical services located in facilities at Bankstown, Fairfield, Liverpool, Campbelltown and Bowral area. This Mental Health Service provides a mixture of inpatient and community-based services in order to meet consumer needs.

The Campbelltown service referred as Wingecarabee and Macarthur mental service is a part of SWSLHD Mental Health service offers great opportunities for professional development and advancement through hands on experience with wide range of case loads and interventions. It encourage clinician who share vision of improvement and values, to build a career through supportive environment for individual career development need.

The Campbelltown hospital is located in one of the fastest growing areas in the State, with more than one million people expected to reside in south western Sydney by 2016. Learning opportunities and career advancement is endless at the Hospital and further study is encouraged through a range of nationally accredited courses provided by the Hospital.

Campbelltown Mental Health Service

A number of Specialist Services are also provided including: Aboriginal Mental Health, Child and Adolescent Mental Health, Perinatal and Infant Mental Health, Mental Health Services for Older People and Consumer and Carer Services.

Inpatient Care

The Campbelltown Hospital Mental Health caters for number of Area-wide and local mental health services in one modern purpose-built facility. There are three purpose-built facilities which provides inpatient care.

The Waratah is main acute unit providing inpatient services for general acute adult patient services. There are 30-beds with 10 beds in closed observation (locked unit and intensive monitoring) and 20 beds for patients with outdoor courtyards and recreational
facilities. While as inpatient the social and psychological needs are also addressed to approach their care holistically.

The Burunji is the subacute unit compromising of 20 beds. This predominantly provides treatment for people aged between 16 and 25 who have recently experienced their first episode of mental illness.

Consultation/Liaison

Provides assessment, treatment and education for patients in the general hospital and Emergency Department.

PECC (Psychiatry Emergency Care Center)

This placed next to emergency department. There are 6 beds which is used to treat patient requiring brief intervention and aimed at a stay of 3 days.

Community Mental Health Services

Outpatient and community adult mental health services for the communities of the Campbelltown are provided at community health center located in Brown Street Campbelltown.

Integrates Area-wide mental health services including GPs, non-government organizations, and related government departments to provide assessments and refer people to appropriate services. They also provide treatments which help people manage their mental illness while living at home and provide support for people with specific needs recently discharged from hospital. These services employ mental health professionals from Aboriginal and culturally diverse backgrounds.

Early Psychosis Intervention Program

Patient who have been diagnosed with first episode of mental illness are accepted in this program.

Consumer and Carer Support

Provide information and support for consumers and their carers/families.

Infant, Child & Adolescent Service

This is a major referral point for SWSLHD for adolescent mental health care. Gun Na Kun in the inpatient unit with 10 beds which provide care to complex psychiatric care as well as mental health service to Area schools; support for children of parents with mental illness and family therapy including parenting training and support.

Education and Training

Education programs are. Specialist training in Psychiatry is also provided for registrars. As part of the Area Human Resource Development, a comprehensive in-service training program is provided for all staff.
BLOCK A
LEVEL: LOWER GROUND
- Main Hospital Entrance
- Aboriginal Meeting Room
- Admissions
- Ambulatory Care
- Emergency
- Group Rooms
- Heart Rock Café
- Medical Imaging
- Nuclear Medicine
- Outpatients
- PEC
- Pharmacy
- Reception – Enquiries

LEVEL: GROUND
- Day Surgery
- Equipment Loan Pool
- Operating Suite
- Pathology
- Pre-Operative Unit

LEVEL 1
- Renal Unit
  Access to Block B – Level 1

LEVEL 2
- High Dependency (HDU)
- Intensive Care (ICU)
  Access to Block B – Level 2

BLOCK B
LEVEL: GROUND
- Allied Health – Adult
- Diabetes/Endocrinology Services
- Discharge Lounge
- Medical Administration
- Nursing Workforce
- Special Care Nursery
- Stores

LEVEL 1
- Administration
- Clinical Information
- Conference Centre

LEVEL 2
- Surgical Ward A
- Surgical Ward B

LEVEL 3
- Neurology Unit
- Oncology Unit
- Respiratory Unit

BLOCK C
LEVEL: LOWER GROUND
- Chapel
- Paediatric Allied Health
- Paediatric Ambulatory Care (PACS)
- Paediatric Clinics
- Paediatric Unit
  Access to Clinical Library
  Access to UWS Clinical School

LEVEL: GROUND
- Birthing Unit
- Maternity

LEVEL 1
- Cardiology/Diagnostics
- Coronary Care Unit (CCU)
- General Medical Unit
- Medical Assessment Unit (MAU)

LEVEL 2
- Cancer Therapy Centre

BLOCK D
LEVEL: BASEMENT
- GNA KA LUN
  Adolescent Mental Health

BLOCK F
- BIRUNJI
  Sub-Acute Adolescent Mental Health

BLOCK G
- WARUDAH HOUSE
  Adult Mental Health
### Macarthur/Wingecarribee Mental Health Services

#### Macarthur Wingecarribee Mental Health Senior Staff

<table>
<thead>
<tr>
<th><strong>Campbelltown Mental Health Clinical Director</strong></th>
<th><strong>Dr Nishant Wankhede</strong></th>
<th><strong>4634 4200</strong></th>
<th><strong><a href="mailto:Nishant.Wankhede@sswahs.nsw.gov.au">Nishant.Wankhede@sswahs.nsw.gov.au</a></strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical director</strong> iCAMHS (Infant Child Adolescence Mental Health Service for the district)</td>
<td><strong>Dr. Rajeev Jairam</strong></td>
<td><strong>4634 4401</strong></td>
<td><strong><a href="mailto:Rajeev.Jairam@sswahs.nsw.gov.au">Rajeev.Jairam@sswahs.nsw.gov.au</a></strong></td>
</tr>
<tr>
<td><strong>Gna Ka Lun Nursing Unit Manager</strong></td>
<td><strong>Kanchani Prakash</strong></td>
<td></td>
<td><strong>Kanchani.P <a href="mailto:Kash@sswahs.nsw.gov.au">Kash@sswahs.nsw.gov.au</a></strong></td>
</tr>
<tr>
<td><strong>Waratah House Nursing Unit Manager</strong></td>
<td><strong>Barry Hope</strong></td>
<td><strong>4643 4200</strong></td>
<td><strong><a href="mailto:Barry.Hope@sswahs.nsw.gov.au">Barry.Hope@sswahs.nsw.gov.au</a></strong></td>
</tr>
<tr>
<td><strong>Birunji Youth Nursing Unit Manager</strong></td>
<td><strong>Pinkesh Patel</strong></td>
<td><strong>4634 4270</strong></td>
<td><strong><a href="mailto:Pinkeshkumar.Patel@sswahs.nsw.gov.au">Pinkeshkumar.Patel@sswahs.nsw.gov.au</a></strong></td>
</tr>
<tr>
<td><strong>PECC Nursing Unit Manager</strong></td>
<td><strong>Kerri Brigden</strong></td>
<td><strong>4634 3000</strong></td>
<td><strong><a href="mailto:Kerri.Brigden@sswahs.nsw.gov.au">Kerri.Brigden@sswahs.nsw.gov.au</a></strong></td>
</tr>
<tr>
<td><strong>Campbelltown Community Mental Health Service Manager</strong></td>
<td><strong>Johnny Pullman</strong></td>
<td><strong>4629 5400</strong></td>
<td><strong><a href="mailto:John.Pullman@sswahs.nsw.gov.au">John.Pullman@sswahs.nsw.gov.au</a></strong></td>
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#### Contact Details

### Inpatient (Campbelltown Hospital)

<table>
<thead>
<tr>
<th>Mental Health Unit</th>
<th>Staff Station Phone</th>
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<tbody>
<tr>
<td>Waratah House (Adult)</td>
<td>4634 4217</td>
</tr>
<tr>
<td>Birunji (Youth)</td>
<td>4634 4282</td>
</tr>
<tr>
<td>Gna Ka Lun (Adolescent)</td>
<td>4634 4444</td>
</tr>
<tr>
<td>PECC</td>
<td>4634 4951</td>
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</tbody>
</table>
# Community

<table>
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<tr>
<th>Community Team</th>
<th>Contact Details</th>
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<tbody>
<tr>
<td>CoMHET</td>
<td>Phone: 1300 787 799</td>
</tr>
<tr>
<td></td>
<td>Hours: 8:30am – 10:30pm, 7 days/week</td>
</tr>
<tr>
<td>Campbelltown Community Mental Health Team</td>
<td>Phone: 4629 5400</td>
</tr>
<tr>
<td></td>
<td>Hours: 8:30am – 5:00pm, M-F</td>
</tr>
<tr>
<td>Macarthur Mental Health Youth Team</td>
<td>Phone: 4629 5400</td>
</tr>
<tr>
<td></td>
<td>Hours: 8:30am – 5:00pm, M-F</td>
</tr>
<tr>
<td>Aboriginal Mental Health</td>
<td>Phone: 4629 5400</td>
</tr>
<tr>
<td></td>
<td>Hours: 8:30am – 5:00pm, M-F</td>
</tr>
<tr>
<td>Tahmoor Wollondilly Community Health Centre</td>
<td>Phone: 4683 6000</td>
</tr>
<tr>
<td>Bowral Community Health Centre</td>
<td>Phone: 4861 8000</td>
</tr>
</tbody>
</table>
2. The first days

Accommodation and parking

Campbelltown Hospital is situated about 50km West of Sydney’s CBD. It can be easily reached within one hour from Sydney’s CBD. There is a bus service from Campbelltown train station.

Many Registrars live close to Sydney CBD but some Registrars also live locally.

Temporary accommodation can be provided JMO service but very limited rooms and is an old building but close to the hospital.

Campbelltown can be reached over the M5 from Sydney’s East. Parking is plenty and easily available in designated staff parking area. More information is available on the Hospital website.

Tax file number

If you haven’t worked in Australia before, you need to apply for a tax file number.

Information can be found on the ATO homepage.

Working hours and Pager

Sylvia King (Senior Administration Officer, Waratah Adult Mental Health Unit PH: 46 344222) will be the point of contact for any issues prior to starting your placement.

Working hours are from 0830-1700. You would be allocated to a team and be informed prior where to present. In Campbelltown your own personal phone is used to contact you during working hours and it will be placed in the Medical staff contact number. You can page from every phone in the hospital dial 82 then pager number of the person you want to page * your land phone extension *. If you want to ring someone back outside the hospital you need to dial the prefix “0” and dial the phone number. But if you want to dial an extension in hospital just dial the extension no. from any hospital phone.

Keys/Computer access/ID

In Waratah you will be provided with a key and request form. You will be guided to security to get your swipe card and parking ID. Swipe card access is necessary for the main hospital; the key open the Mental Health wards for you.

Sylvia King will also give you a form for your computer access.

Both forms need to be signed by the Clinical Director and forwards the computer access form to Technical support.

You will also need to get a name badge and a photo-ID. You will get both from Human Resources/Medical Admin.
**Mental Health Act**

Familiarize yourself early with the Mental Health Act.

http://www0.health.nsw.gov.au/mhdao/legislation.asp is a good website which contains the forms and also a guide to the act  

**Sick leave/Leave/ADOs**

If you are sick, clinical director Dr. Wankhede or Sylvia in the morning and inform her know that you are not coming. Also make contact with your ward, consultant or other team members. You will need a medical certificate after 2 days of sick leave. If you want to take annual leave, you will need to put in a form signed by the Clinical director. Sylvia has the forms and forwards them to Medical Admin.

You get one ADO for every 4 weeks of work and can accumulate a maximum of three ADO’s. This happens because you are only supposed to work 38 hours per week but work 40 hours/week. ADOs can be taken in agreement with your team. You don’t need to put a form in but let Sylvia know.

It is your own responsibility to make sure that your name is not on the admitting or overtime roster when you are away.

**Payroll issues**

You will get paid every fortnight on Wednesdays. Salary packing options are available and can be accessed over Human resources. Pay rates, overtime rates, etc. can be looked into on  
http://www0.health.nsw.gov.au/jobs/conditions/classifications/medicalofficers.asp

A new payroll system was introduced in 2013. It is called “stafflink” and allows you to access your payslips online. It can be accessed over the intranet homepage.

**Hospital orientation**

The hospital conducts a mandatory 2 days orientation a few times a year. Leanne McKechnie will assist you with the dates

**Mandatory trainings**

The CEWD (Center for education and workforce development) schedules mandatory trainings.
Many of them can be done online, some of them are face to face. Examples of mandatory trainings are the annual fire training (theoretical and practical part) and CIPO (Critical incident positive outcome). There is a long list of mandatory training. It can be found on the HETI link. The login for HETI learning is the employee number and the stafflink password.


AHPRA

Make sure that you are registered to work and don’t let your registration expire. Please be aware that you need a certain supervision level to participate in overtime shifts (usually applies for overseas qualified trainees)

Registrar representative

If you need any help, the registrar representative can be good guidance at present Dr. Nagesh is representing the registrar from campbelltown. There is a allocated registrar who does the rosters for after hours and ECT. It is very important that you check your mail to follow up whether you are placed in the roster. If you are unable to do the shift it is your responsibility to organize a swap or to organize another person doing the shift. If you are going on leave it is your responsibility to notify the senior admin officer and clinical director well before to avoid disruption to the clinical care.

Power chart training (electronic medical records)

Before using powerchart (electronic documentation, ordering of investigations, etc. you will need to undergo powerchart training. Sylvia can assist with arranging the training and usually it is being arranged during your first few weeks in the hospital.
3. The first four weeks

1. You need to know the basics of the Mental Health Act
2. You should have attended a Mental Health Inquiry hearing
3. You should be familiar with the use of the eMR system
4. You should be familiar with the requirements of an ED admitting shift
5. You should be familiar what to do in an overtime shift
6. You should know what an A5 is and what to do with it
7. You should make sure that you document work with patients in the notes
8. You should know how to fill in a med chart
9. You should know how to conduct a mental state examination and a risk assessment
10. You should know which form you should use for what
11. You should have introduced yourself to your colleagues—they usually don’t bite
12. You should be accepted by the RANZCP or know your way to acceptance
13. You should have attended the teaching sessions every week
14. You should have a weekly hour 1:1 supervision with your supervisor
15. You should know about the mandatory rotations and should have a think what you want to do next term.

4. Mental Health Inquiry/Mental Health Review Tribunal

MHI

All patients held under the Mental Health Act (MHA) – i.e. all involuntary patients, must be presented to the Mental Health Inquiry (MHI) within the second or third week of their admission. The MHI is held every second Wednesday in the ‘conference room’ in Waratah. It is organised by Waratah administration staff Ms Vanetta Karr—acting senior admin officer.

The purpose of the MHI is to ensure patients are being treated within the least restrictive environment that is consistent with safe and effective care, so essentially deciding if the patient needs to stay in hospital or could be managed in the community.

On the Friday before the Inquiry week, give all the names of your patients who need to be presented (i.e. all patients admitted involuntarily in the last 2 weeks) to Vanetta.

You must write a report addressed to the MHI explaining how your patient meets the criteria for being a mentally ill person under the MHA, how long you would like the involuntary inpatient order to be (generally minimum 4 weeks, maximum 12) and what the potential risks are if the patient were to be discharged (see appendix for an example report). Vanetta requests that all reports be given to her by the Wednesday of MHI week at the latest.

Ensure your patient’s legal paperwork is all completed correctly. They must have an initial schedule document (section 19/20/22 etc) and 2 ‘Form 1’s – at least one of which has been completed by a consultant.

You must also give the patient notification of the hearing, ensure they have received a copy of the ‘Statement of Rights’ document (in their own language) and informed the
patient’s nominated primary carer of the hearing and invited them to attend. The MHI is very strict on these things and has often adjourned hearings in the past if they feel the correct notification/legal paperwork has not been given or completed. Ensure the ‘MHI checklist’ has been completed (see appendix).

The Inquiry is conducted by a lawyer who represents the magistrate. The patient will have a Legal Aid lawyer from the Mental Health Advocacy Service who will represent them. You will be asked to give a brief summary of your report then the patient will have the opportunity to speak and also any family members who are present. Then the Legal Aid lawyer may ask you some questions regarding your report/length of the order etc. Generally they don’t push too hard but some of them take great delight in arguing you down from 6 weeks to 4.

It is also possible to request a Financial Management Order (FMO) at these regular Inquiries and to ask for a Community Treatment Order (CTO) if the patient is ready for discharge.

MHRT

The Mental Health Review Tribunal (MHRT) is a 3 member panel consisting of a lawyer, a psychiatrist and a lay person involved in MH services (e.g. a psychologist or a consumer advocate etc). These hearings are conducted via video link in the ‘tribunal room’.

These hearings are to make all other involuntary order requests, for example, requests for involuntary ECT, CTOs, FMOs. If a patient has already been presented to the MHI but the order granted at that hearing is due to expire and the patient needs further hospital care, an extension of order must be sought via this route. Also if a patient appeals for discharge, their hearing will be conducted by the MHRT. Patients can appeal for discharge as many times as they wish, only the MHRT can tell them if they are not allowed to appeal any more.

The same paperwork must be completed as for the MHI. For a CTO, the Clinical Care Coordinator must prepare a ‘Treatment Plan’ and a copy must be given to the patient before the hearing.

6. Term descriptions

Inpatients wards

These are the acute adult inpatient units - termed the ‘open wards’ (even though the doors are locked). They each have 30 beds, and has 3 consultants, 3 registrars and an intern/RMO. You will be allocated to a particular consultant who will be on the ward for 2 - 2.5 days per week and in outpatient clinic the rest of the time. The 30 patients are split evenly between the consultants so you will have a patient load of approx 10 (it’s frequently more than this as there always tends to be patients on overnight leave). Wards have similar routines – handover at 8.30/8.45am each day and an MDT meeting once a week. A MDT meeting is a multidisciplinary meeting where the ongoing care and care after the inpatient stay is discussed.

On Monday morning at 0900 there is a case review meeting with the whole team where all inpatients and any patients with acute issues or risks are discussed in depth, as well as for regular review of more stable patients. A ward round follows. The afternoons are
usually taken up with family meeting, paper works and follow up on decisions made in ward round and sometimes with an outpatient clinic.

The registrar position is accredited, and meets the RANZCP requirements as an “adult acute” first-year term.

Your role is to attend to the medical as well as the psychiatric aspects of the patient’s care. The consultants need to review all their patients once a week. You should review them regularly in between these times and document the potential risk (the frequency being dependent on how unwell the patient is). You also need to ensure all the correct legal paperwork is completed (including chasing your consultant to complete their Form 1s!) and prepare involuntary patients for presentation at the Mental Health Inquiry (MHI) on an allocated day. It is also your responsibility to complete discharge summaries (ensure you have filled out when the patient’s next depot dose is due if they have IM meds) and ensure any discharged patients have adequate follow up planned. It is advised that you discuss and get opinion regards to any changes made to your patients with consultant.

As part of your training you should be receiving weekly supervision from your supervisor as described by college (RANZCP). It is your responsibility to get your supervisor to fill the forms and submit these to the college, Otherwise your training may not be approved.

**CL Psychiatry**

Consultation Liaison Psychiatry provides consultations for other departments of the hospital. The referral is faxed to Waratah or by calling the registrar. The consultant is Dr. Teresa Slade/ Dr. Wankhede. Their offices are located in the ground floor of Waratah.

The team comprises consultant and a CNC (Roy Maharaj) the CL team works during normal working hours Monday-Friday. The day starts with a team meeting at 8:30 am in the PECC office. The CL team is also responsible for the review of already admitted patients in ED who haven’t been transferred to the Mental Health wards.

The service is available for Inpatients in the different wards of Campbelltown Hospital who may have:

1. A Psychiatric/Psychological issue in addition to the physical illness necessitating their admission
2. A Psychiatric/Psychological issue arising from or complicating their illness.

Referral Process:

A clear description of the problem and the expectation of the treating team must be handed over on phone by the treating team to facilitate the triage of patients.

A standard Consult Sheet should then be faxed to the service at 46344220. The consult sheet should have a label, a clear description of the problem and the expectation of the treating team. The name of the referrer and pager number and the necessity if any for an interpreter should be included.
Any patient seen in the Emergency Department by a Psychiatry Registrar/ Mental Health staff who is then admitted to an in-patient bed will still need to be referred to the Consultation Liaison Psychiatry Services by the above means.

6. ECT

If the decision is made to give one of your patients ECT, there are a number of things you must do to prepare them. Make sure you take the time to explain ECT fully to the patient and their family as there are a lot of misconceptions about it. Find a good patient information leaflet (e.g. http://www.rcpsych.ac.uk/expertadvice/treatmentswellbeing/ect.aspx or http://www.patient.co.uk/doctor/Electroconvulsive-Therapy.htm). Advise them of the dangers of reading unaccredited websites.

If they are a voluntary patient and they agree to a voluntary course of ECT, then you must fill out the ‘Voluntary ECT Pack’ available on the ward or intranet and ensure they have signed the consent form correctly.

If they are an involuntary patient or if they do not agree to a course of ECT, you must request an involuntary ECT order form the Mental Health Review Tribunal (MHRT). Ask Waratah admin officer to book a hearing for you. You will need to write a report explaining why ECT is indicated and how many treatments you want to give (usually 12) over what period of time. You must also fill in the ‘Involuntary ECT Pack’.

Prior to the commencement of ECT, all patients must undergo routine work up including physical examination, full bloods, ECG, EEG, CXR and CT brain (when indicated). They must also have an anaesthetic review by consult by calling on call anaesthetic. (usually conducted the day before).

Patients must also have a mini mental state examination (Folstein) and a relevant rating scale completed before they start their treatment, half way through (usually after 6 sessions) and at the end (usually after 12). The MMSE monitors for any cognitive side effects. Different rating scales are used depending on the indication for ECT. If depression is the diagnosis, the Montgomery-Asberg Depression Rating Scale (MADRS) is used, the Young Mania Rating Scale (YMRS) is used for mania and the Brief Psychiatric Rating Scale (BPRS) is used for any other indication.

Ensure your patient is not on any anticonvulsants/mood stabiliser or benzodiazepines (don’t forget PRNs!) for at least 12-24hrs before the procedure as these will obviously increase the seizure threshold and reduce the effectiveness of the treatment. Patient should be fasted from the night before and the nursing staff in the ward needs to be notified.

Make sure the ECT prescription chart is prescribed by your consultant and included in the pack.

GIVING ECT

ECT is administered by a psych registrar with the assistance of a psych consultant. Everyone is placed on the rota which is complied by one registrar and distributed by senior admin officer thru Emails.
ECT is conducted 3 times per week on Mondays, Wednesdays and Fridays. It is held in theatres on the 1st floor with changing rooms next to it accessible by your swipe card. The list begins at 8am but it’s advisable to arrive around 7.45am so you can set up.

There will be a consultant there with you to guide and assist with the actual procedure. It’s a good idea to go and observe a few sessions before you do a session yourself.

You must set up the machine and check all correct paperwork (including consent forms/involuntary order form) is present. Prepare the patient by cleaning the forehead with a swab and then applying the EEG electrodes. Ensure the machine is correctly recording baseline EEG readings and check the impedance of the machine. The consultant will assist in deciding the level of ECT to deliver.

Once the patient is anaesthetised, you deliver the ECT via paddles placed on the temples (for bilateral) or right temple and vortex (for unilateral). The patient will then have a brief seizure which you must time for both the motor aspect and EEG aspect. The patient will then be taken to recovery.

The procedure must be documented in 2 places: in the ‘ECT book’ which lives in Waratah, on the ECT prescription chart (also kept in the patient’s file). You must document who administered the ECT, the level of ECT given (e.g. bilateral level 10), the duration of both motor and EEG seizures and comment on the quality of the seizure, the name of the anaesthetist and the doses of propofol and suxamethonium given. Also document any recommendations for the next treatment.


7. Clozapine

Clozapine is an atypical antipsychotic that is being used for treatment resistant schizophrenia. Its prescription is closely monitored over ClopineConnect.

Every psychiatry registrar needs to be registered as a Clozapine prescriber with ClopineConnect. Forms can be found in the Clozapine folder on every ward. The form needs to be faxed to ClopineConnect (In Waratah the Clozapine nurse can assist with this).

Every trainee needs to be familiar with the prescribing guidelines and protocols. It is essential to have an understanding for indication, contraindications, monitoring, etc. This information can be found in the Clozapine folder but also in the Clozapine guidelines (via intranet).

Campbelltown Community Mental Health run very busy Clozapine Clinics. It is run by a consultant, nurse and LMO experienced in mental health. If the doctors who are usually running those clinics can’t attend work, every other registrar could be asked to jump in. Usually a prescription for Clozapine and a form for pharmacy with results of WBC and Neutrophil (usually test done a day before and result is available in the center) for monitoring purpose is given to all patient.

The Clozapine Clinic in Campbelltown runs on Tuesdays at outpatient.
Campbelltown Community Mental Health Team

The community health center is placed at 6 Brown St campbelltown which a double storied building. The community health provides services for community emergency mental health service (CoMHET), psychological service, Rehabilitation service and care case management. Patients under the care of CMH may have a case manager (or CCC – Clinical Care Coordinator). The CCCs have offices upstairs who are mental health professionals (nurses, OTs, social workers, psychologists etc) and act as the main contact person for the patient and their carers. They provide support and psycho-education to patients, can monitor medication compliance, arrange appointments, liaise with GPs and other external services and assist with housing/social needs. They work Mon - Fri 8.30am – 5pm. There is a liaison officer who attends to patients queries who care case managed.

Be aware that prescribing in the community can be tricky. You will need a provider/prescriber number (application form available on the intranet) and certain medications (mainly antipsychotics) need to be written on an ‘authority script’ for which you have to call to get an authority code. Ensure you familiarize yourself with this system. When you see patients in clinic, ensure you keep their community medication chart up to date.

All outpatients now need to have a metabolic monitoring form filled out and regularly updated (see appendix). This should be done every 3 months for patients with metabolic syndrome/DM or annually for patients without.

If a patient does not attend for an appointment with you, inform their CCC. If they are a ‘doctor only’ patient then you must chase the patient up yourself or hand it over to the ‘on call’ CCC for the day.

COMHET

COMHET stands for Community Mental Health Emergency Team. Located in 6 Brown st Campbelltown his a multidisciplinary team comprises clinicians (nurses, social workers, and psychologists), one consultant (Dr Shetal Natha) and one registrar.

The Community Mental Health Emergency Team is available 16 hours, seven days per week. The service screens and accepts referrals from the Intake Service and provides a comprehensive mental state assessment, intensive treatment and support to consumers

Service Responsibility:

- Identify through a comprehensive assessment, the appropriate response to the needs of the consumer
- Put in place an interim management plan to effectively service the consumer, their family and carers
• Provide information to the consumer, family members and carers, on the nature of mental illness, prognosis, treatment options, effects and side effects of medication
• Refer to other aspects of Mental Health Services or related agencies as appropriate
• Provide mental health crisis resolution
• Provide appropriate feedback to the referral agent

Assessments and treatment is undertaken in a location that is familiar to the consumer, i.e. Consumer’s home. Consumer may also attend their local Community Mental Health Centre for assessment if they prefer.

The number for intake is 1300787799. Office hours 46295400

If follow up by COMHET is required, an A5 needs to be faxed 46286101.

**EPIP**

The Early Psychosis Intervention Program (EPIP) team recently merged with headspace cares for patients aged 16-25 who experience a first episode of psychosis that is either previously untreated, or treated for less than 6 months by relevant professionals. Referrals are received from both inpatient and community mental health teams for assessment. Once accepted, patients continue under the care of EPIP for 2 years, covering both inpatient and outpatient settings.

The EPIP consultant is Dr Sean Yenson and Dr. Mark Cross. Also on the team are registrar, clinical psychologist and case managers who also have dual roles as nurses, occupational therapists, or social workers.

8. Afterhours and rostering

Everyone needs to participate in the afterhours and admissions roster.

Admitting roster

Registrars are usually rostered for weekly ED shift the number depending on available registrar to cover the shifts.

The morning shift starts at 0830 until 1300; the afternoon shift goes from 1300 until 1700. You will be required to assess the patients presenting to emergency from the beginning of your shift. The admitting pager sits in PECC, often together with the CNC. The “frontline” in ED is the on duty CNC (clinical nurse consultant). Campbelltown Hospital has the luxury of a 24/7 CNC coverage for ED. CNCs conduct the initial Mental Health assessments independently and advise registrars and psychiatrists accordingly. They can also discharge voluntary patients after consultation in liaison with the on call psychiatrists. They collaborate between community mental health, ED, and the mental health services.
health wards. CNCs are usually very experienced and can be a good resource person for every registrar.

Every involuntary patient needs to be seen by a psychiatry registrar but the initial assessment can be done by the CNC (often together with the registrar but this is not an obligation).

If a patient needs admission make sure that the appropriate paperwork accompanies the patient (medication chart, A5, risk assessment, Form 1, Schedule form, or voluntary form).

Every presentation should be discussed with the on call consultant.

Children and adolescents need to be discussed with the on call Child&Adolescent Psychiatrist.

Rosters for the on call psychiatrists are available in PECC.

**Afterhours**

**Afterhours shift times**

<table>
<thead>
<tr>
<th>Days</th>
<th>Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday-Thursday</td>
<td>1700-2300</td>
</tr>
<tr>
<td>Friday</td>
<td>1700-0830am</td>
</tr>
<tr>
<td>Saturday/Sunday</td>
<td>0830am-0830pm</td>
</tr>
<tr>
<td></td>
<td>0830pm-0830pm</td>
</tr>
<tr>
<td>Public holidays</td>
<td>0830-2300 if followed by a normal working day, otherwise 24 hours (2x12h)</td>
</tr>
</tbody>
</table>

The health service pays very generously for the after hour’s shifts and depending on the registrars there are times when many people compete about shifts or times when nobody wants to work.

The rosters are done about 2-3 months (after hour’s roster) and 1 month (admitting roster) in advance.

Currently senior registrar Dr. Abhishek Nagesh prepares the roster. It is mandatory to inform him of any leave very well in advance when you go on leave. If you are already rostered and decide to go on leave you need to arrange cover by yourself.

It is also important, that you email Nagesh the times when you attend the NSWIOP or have other obligations that prevent you from being on the roster on that particular day.

If you are running late for your shift, you need to give the CNC a heads up (0407233185).

During the afterhours shift you will be the only psychiatry registrar in the hospital. Your primary responsibility is to ED presentations for psychiatric care. You will also be called
to the inpatient wards to review patients, chart medication, to see patients in the medical wards. If you need to handover something to the registrar after you and can’t speak to him/her in person, you can also write the referral book in ED office of mental health. The afterhours bed manager and CNC is your contact person to find what is required of you in the afterhours shift. This is also very important for the registrars on the weekend. Every medical inpatient seen over the weekend and should have CL follow up, needs to be referred to CL separately (see term description CL).

9. NSWIOP and RANZCP

The NSWIOP offers the Master of Psychiatry/Postgraduate course of psychiatry. It is a 3 year course that is mandatory for RANZCP trainees.

Sonia Kumar [Sonia.Kumar@nswiop.nsw.edu.au] can be asked for further information. Please note that there is an early bird fee for this very expensive course.

The lectures/seminars take place in Parramatta or Rozelle on a Tuesday, Wednesday, or Thursday afternoon. You don’t need to take leave to attend the lectures, it is covered by your yearly study leave.

In order to work in as an “accredited registrar” you must be a trainee accepted by member of the RANZCP. Interviews are conducted throughout the year. Leanne McKechnie can provide very useful information. You can also check the homepage for further details.

10. Phone numbers

A most recent staff list for Mental Health contact numbers are send to your email by admin officers. Switch can always be contacted for a phone number (dial “9”).

We hope that you all enjoy working in Campbelltown.