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Welcome to the Mental Health Service. We hope your time with the service proves to be a challenging, rewarding and productive experience. We aim for excellence in every facet of our service, including care, treatment, teaching, and research.

Our staff are our key resource in our network of care, as we come together to create an outstanding workforce equipped with the knowledge and skills to succeed in their chosen field and to meet the mental health needs of our community. We offer a supportive learning and working environment. Each staff member has the capacity to build a rewarding career. We encourage you to take advantage of the career development opportunities we offer.

Caring about people is central as we work in partnership with consumers, carers, health professionals and others to improve wellbeing. Using the best available evidence, we strive to continually improve our clinical service, in collaboration with our clinical and disability support partners. We welcome the personal qualities and abilities that each individual brings to their work and we trust that you will take care to relate to others in exactly the way you would treat yourself or a member of your family.

We appreciate and value the unique talents and skills you bring to the Mental Health Service. We hope you enjoy working with us towards improving the mental health and wellbeing of our vast and dynamic community.

Again, welcome to the Mental Health Service.

Associate Professor Victor Storm
Director, Mental Health Service
Sydney Local Health District
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INTRODUCTION

Orientation Overview
This Mental Health handbook complements the Corporate Orientation process. Depending on your job, the person responsible for your recruitment books you into the orientation program.

Orientation may take up to five days. The remaining components of your induction will take about three months. Your manager will assign a person to support your induction. As your induction progresses, you and your preceptor will be able to sign off the items you have completed. Your induction checklist becomes your record of induction. You keep the checklist and your manager will send a copy to Human Resources. If you move to another department, you take your checklist with you. Please talk with your manager if you require further information on how the orientation program works. The corporate and nursing orientation checklist can be found at:

A useful source of information is the Mental Health Intranet page and the Centre for Education and Workforce Development (CEWD) orientation page.
Mental Health Reform
Reform of mental health services to meet changing needs of the community has been occurring in a planned way since the implementation of the National Mental Health Strategy in 1992. On a national level, developments impacting on our service direction include:

- National Mental Health Statement of Rights and Responsibilities
- National Mental Health Policy and Plans
- National Standards for Mental Health Services 2010
- National Practice Standards for Mental Health Professionals.

Key outcomes of the National Mental Health Reform Agenda:

- reducing the proportion of the working age population not participating in the labour force due to illness, injury or disability;
- reducing the prevalence of key risk factors that contribute to chronic disease
- reducing the incidence of chronic disease; and
- increasing the effectiveness and efficiency of the health system in achieving health outcomes.

The Fourth National Action Plan: An agenda for collaborative government action mental health 2009-2014 identifies 5 priority areas for action - Social inclusion and recovery; Prevention and early intervention; Service access, coordination and continuity of care; Quality improvement and innovation; Accountability—measuring and reporting progress. It advocates for collaboration between health, education, social welfare, housing and employment arms of all government, private and non-government sectors to promote mental health and to provide the treatment, care and social inclusion needed by people with an emerging mental health problem or a mental illness.

In 2006 NSW developed a state wide strategy NSW: A New Direction for Mental Health, committing to:

- Promotion, Prevention and Early Intervention Across the Lifespan: Building resilience, raising community awareness and treating mental illness as early as possible to reduce long-term disability.

- Improving and Integrating the Care System: Improving the linkage between inpatient and community health services and their linkages to GPs, community support, supported accommodation, social support services and other key service partners including the Commonwealth.

- Participation in the community and employment, including accommodation: Helping people live a quality life with stable housing and opportunities to participate in employment and education.

- Better Workforce Capacity: More doctors, nurses and allied health professionals so that services are available when needed. (NSW Health Department 2006)

This mental health initiative is expanded in Towards Recovery: From prevention and early intervention to recovery (NSW Health 2007). New programs have subsequently been
developed by the New South Wales Mental Health and Drug & Alcohol Office, in conjunction with consumers, carers and service partners.

The Mental Health Act 2007 makes provision with respect to care, treatment and control of mentally ill persons and mentally disordered persons and other matters relating to mental health (NSWIOP, 2009). Key changes from the previous legislation reflect consumer and carer rights and changes to models of care. Changes have been made in relation to:

1. Carers, including the concept of primary carer and the sharing of information while protecting privacy
2. Referring/transporting a person to hospital against their will: medical practitioners, accredited persons, police and now ambulance officers now have these powers
3. Role of Police
4. Patient Transport
5. Admission, and transfer between facilities
6. Judicial review of detention
7. Compulsory treatment in the Community
8. Psychosurgery
9. Electroconvulsive Therapy
10. Forensic Patients

A Quick Guideline to understanding these key changes to mental health legislation is available from the NSWIOP Website: [http://www.nswiop.nsw.edu.au/images/resources/MHA/keychangesbrochure.pdf](http://www.nswiop.nsw.edu.au/images/resources/MHA/keychangesbrochure.pdf)

Pamphlets and videos explaining the Mental Health Act 2007 may also be searched via our Mental Health Service website and intranet.
**Towards Recovery: From prevention and early intervention to recovery**

**NSW Programs**
1. Promotion, prevention and early intervention
2. Integrating and improving the care system
3. Participation in the community and employment including accommodation
4. Increasing workforce capacity
5. Consumer, family and carer participation
6. NGO Capacity Building (MHCC)
7. Forensic Mental Health Services
8. Rural and Remote Communities Mental Health Programs

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**MENTAL HEALTH REFORM**

**National Mental Health Strategy**
- Mental Health Statement of Rights and Responsibilities
- National Mental Health Policy and plans
- National Standards for Mental Health Services (reviewed 2008)
- National Practice Standards for Mental Health Professionals
- Medicare Agreement

**New South Wales Mental Health and Drug and Alcohol Office**
- in conjunction with Local District Health Services, consumers, carers, and service partners

**National Action Plan on Mental Health 2009-2014**
1. Social inclusion and recovery
2. Prevention and early intervention
3. Service access, coordination and continuity of care
4. Quality improvement and innovation
5. Accountability—measuring and reporting progress.
The Charter for Mental Health Care in New South Wales

The following Charter was developed by the Centre for Mental Health, NSW Health Department, through extensive stakeholder consultation to guide the provision of mental health care. The Charter is endorsed by the Mental Health Services (MHS) of Sydney Local Health District. Every person in NSW has the right to mental health services that:

1. Respect human rights
2. Are compassionate and sensitive to the needs of the individuals they serve
3. Foster positive attitudes to mental health in the larger community
4. Promote positive mental health
5. Encourage true consumer involvement at all levels of service delivery and policy development
6. Provide effective treatment and care across the lifespan
7. Are widely accessible to all people with mental health needs
8. Provide care in the least restrictive environment, consistent with treatment requirements
9. Provide effective and comprehensive prevention programs across the lifespan
10. Promote “living well” with mental illness
11. Address quality of life issues such as accommodation, education, work and income, leisure and sport, home and family and other relationships
12. Use language that reduces stigma, discrimination, or negativity for those affected and their families
13. Respect and are responsive to the diversity in lifestyle, sexuality and sexual preference
14. Are culturally sensitive and appropriate to the needs of the individuals they serve
15. Encourage and support self-help.
THE MENTAL HEALTH SERVICE (MHS)

The Mental Health Service manages all public mental health facilities within the geographic boundaries of Sydney Local Health District (SLHD), covering 8 Local Government Areas from inner city Ultimo to Concord and Canterbury. Apart from provision of general mental health services across the age range (perinatal, child and adolescent, youth, adults and older people) there are specialist services for Aboriginal and Torres Strait Islander people, people with Eating Disorders, Mood Disorders, and Multicultural services. The MHS has partnerships with services that care for consumers and their families or carers, providing a range of services from accommodation support, leisure programs, vocational and educational training and support to respite services.

The local health district provides health services for people within the District and also to the NSW population. Currently a total of 580,000 people inhabit the area and this is projected to grow to 642,000 by 2021.

- A high percentage of overseas born residents are from non-English speaking countries, 43% speak a language other than English at home
- The most common countries of birth are China, United Kingdom, Italy, New Zealand, Greece, Lebanon, Vietnam, Korea and Indonesia
- In some areas, up to half the population speak a language other than English at home
- The area contains a large ageing population and a range of affluent and disadvantaged areas
- The area contains the LGA with the highest homelessness
- The area has one of the largest projected growth areas for young people
- Prevalence of mental illness is highest in the 16-24 age group in SLHD at 26%
- The service area comprises of suburban and inner city high density housing

In general, local residents fair relatively similar to health outcomes than other NSW residents in relation to lung cancer, prevalence of tobacco smoking, cervical cancer, high blood pressure, and Obesity. However, there is significant urban growth occurring and projected population growth rates are some of the highest in NSW. These new housing developments, together with other new community developments have significant implications for health services within Sydney, and more particularly Sydney Local Health District, placing further demands on services.
Geographical Area
Sydney Local Health District includes 8 Local Government Areas:
- Ashfield
- Canterbury
- Marrickville
- Burwood
- City of Sydney (part)
- Canada Bay
- Leichhardt
- Strathfield

Mental Health Clinical Stream
The Mental Health Service has distributed the Local Government Areas (LGA) into two administrative groups that are known as the Eastern Cluster and the Western Cluster. The following lists define which LGA have been allocated to specific clusters.

Eastern Cluster
- City of Sydney (part)
- Leichhardt
- Marrickville

Western Cluster
- Ashfield
- Burwood
- Canada Bay
- Canterbury
- Strathfield

The integrated service model provides for close relationships between inpatient and community based services with community health centres relating to specified inpatient units or wards. This model ensures a seamless progression through mental health services and continuity of care for local residents.

MENTAL HEALTH SERVICE ADMINISTRATION IS LOCATED AT CONCORD REPATRIATION GENERAL HOSPITAL
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Our Values

In your Corporate Orientation you became familiar with the NSW Health and Local Health District organisational values of Collaboration, Openness, Respect and Empowerment. Through these values is the commitment to Patient and Family Centred Care by focussing on

- Our Patients, Consumers and Carers
- Our Communities
- Our Services
- Our Staff
- Our Education
- Our Research
- Our Organisation
- Our Environment

The mental health service has further detailed values that underpin the specialty area of practice, guided by the Charter for Mental Health Care in NSW. People should expect services that demonstrate the following core values:

- Commitment to equity in service provision and quality of care
- Commitment to improving the quality and safety of care
- Respect for the rights of consumers, their families and carers, based on the principles of human rights, consumer empowerment, and a recovery orientation
- Valuing our staff and developing workforce capacity
- Responsiveness to the cultural, linguistic and socioeconomic diversity of the population
- A holistic, multidisciplinary approach to care and promotion of continuity of care
- Commitment to enabling social inclusion.

Our Standards

In addition to Australian Council for Healthcare Standards, mental health services are guided by National Safety and Quality Health Service Standards which came into effect in 2012 and we practice in line with the National Practice Standards for the Mental Health Workforce, endorsed 2002. The SLHD Mental Health Service will undergo accreditation under National standards and EQuIPNational for the first time in June 2015. Previously, the Mental Health Service was accredited under the National Standards for Mental Health Services and EQuIP 5.

A Learning Organisation

Being a learning organisation means that at every level we are committed to improving outcomes for our consumers and their families. We do this at a personal level by commitment to continuing professional development, at a team level by comparing the outcome data from the care we provide with peers, and other teams that are considered to be the ‘gold standard’, and at an organisational level we provide supervision, mentorship and an enabling environment. People in a learning organisation are always scanning the literature and developments in Australia and around the world to make sure we are informed about the latest developments in psychiatric interventions and mental health service delivery.
Key Action Principles

Access
• Provide equity of access to the spectrum of mental health care irrespective of a person’s background or where they live
• Provide a range of services in tertiary mental health facilities so that consumers have access to timely and appropriate treatment
• Integrate care delivery across general health and community mental health to provide access to the range of services required to support people with mental illness and their carers through the course of illness and the recovery period.

Effectiveness
• Deliver high quality treatment and care across the lifespan that is informed by available evidence as being effective, acceptable and good practice
• Develop accountability processes through outcome measurement, evaluation and service review to monitor, report on and improve service effectiveness
• Ensure health staff are equipped with the knowledge and skills to deliver high standards of care through education and ongoing staff development
• Provide an integrated care plan that fosters recovery and personal empowerment through seamless provision of services.

Consumer and Carer Participation
• Acknowledge that consumers, their families and carers have a right to participate at a service planning, delivery, evaluation and decision making regarding care options
• Provide opportunities at a service level for consumer and carer participation in planning, delivery and evaluation of services
• Provide opportunities for consumers and their families and carers to participate in decision making regarding care options
• Adopt a recovery focus in care planning to promote self management.

Appropriateness
• Promote culturally sensitive and appropriate mental health care that meets the needs of individuals, families and communities
• Respond to mental health needs as they vary across the lifespan and during the course of illness
• Provide the least restrictive care appropriate to the person’s circumstances, clinical needs and safety
• Integrate care across settings.

Safety
• Protect the safety of consumers, their families and carers, staff and the wider public through accreditation aligned to standards and occupational health and safety guidelines
• Implement regular quality review through local monitoring by Area Health Services
• Review of adverse events and participate in the NSW Health Patient Safety Improvement Program.

Efficiency
• Provide evidence based intervention at the earliest possible stage of the development of a mental disorder
• Achieve the best possible outcomes through efficient use of health care resources
• Participate in the broader NSW Health redesign initiatives aimed at increasing
effectiveness, efficiency and improve coordination of care through rationalisation of resources and collocation where possible,

- Build collaborative partnerships with NGO services providing supports to people with mental illness
- Improve collaboration and identify opportunities to work in partnership with other government agencies.
SERVICES WE PROVIDE

The Mental Health Service provides a wide range of services, at times in partnership with other healthcare or interagency services, non-government organisations or community based organisations. Services are designed to address life stages, across the lifespan, and the phase of treatment and care that is needed provided in the most suitable setting. The Mental Health Service provides services targeted at identified needs of our community that span service settings. In addition to the mental health services we provide, in partnership we offer a range of complementary programs provided by non-government organisations.

Services that traverse the lifespan
- Perinatal, Child and Family and Adolescent services
- Youth services
- Adult services
- Older People’s Mental Health Services,

Services that span the continuum of care
- Promotion, Prevention & Early Intervention
- Acute services
- Consultation and liaison services
- Rehabilitation and recovery services
- Leisure and recreational services
- Accommodation support

Services targeted at identified needs of our communities
- Aboriginal Mental Health
- Carer Programs
- Consumer Programs
- Dual Disorder – developmental disability
- Dual disorder – substance abuse
- Mental Health / Physical Health Care
- Transcultural Mental Health Programs
- Services for victims of torture and trauma

Complementary Programs
- The Housing and Support Initiative
- Family and Carers
- The Mental Health Respite Program
- Headspace – Youth mental health initiative
Community Based Services

Community based mental health services operate from:
1. Camperdown
2. Canterbury
3. Croydon
4. Marrickville
5. Redfern

Community Mental Health Services in Sydney Local Health District consist of a number of clinical service delivery teams. The diagram below represents the overall service delivery model within the district community mental health services. Contact details and referral procedures for these services are listed in the transfer of care procedures or the individual team information section on the Intranet site.

Diagram: overview of Community Mental Health Models:

Community Mental Health Team (CORE Teams)
The “Community Mental Health Team” (CMHT) or Core Team is the mainstay of the community mental health system – the “core team”. CMHTs have an important role to play in supporting consumers and families in community settings. This service provides the core around which specialist service elements are developed.

The specialist teams include Child and Adolescent MHS (CAMHS); Older Persons Mental Health; Early Intervention in Psychosis; Assertive Outreach Teams; Acute Care or “Crisis” Teams.

The Diagram above is designed to illustrate that the Community Mental Health Team is the “core” team and generally the largest team. The other teams are considered specialist teams and their function is focussed on a dedicated target groups.
The CMHT provides clinical services including assessments, specialist consultations and a range of packages of care using an extended care coordination model or a short term care coordination model.

**Acute Care Services**

Acute Care Services are based at 3 sites

1. Camperdown
2. Croydon

Many people refer to the Acute Care Service as “the Crisis Team”.

**Diagram: An Acute Care Service (ACS) has the following primary roles**

Each of the three ACS are linked to Community Mental Health Centres. The ACS is a multidisciplinary team that provides mental health assessment and interventions for people experiencing acute mental health problems. This service is accessible 24 hours a day, with clinicians on call after 10pm.

**Assertive Outreach Teams**

The Assertive Outreach Teams are based at Croydon and Camperdown. The assertive outreach service was developed specifically for adults with persistent mental disorders who have:

- A primary diagnosis of severe mood or psychotic disorders, often with multiple co-morbidities such as intellectual disability, substance disorders and personality disorders;
- Significant functional disability that impairs the consumer’s ability to maintain community tenure;
- Multiple hospital contacts or admissions or a lengthy hospital admission; and/or
- Unable to be supported in the community with standard care coordination.

These consumers often have a history of fragmented care and may be difficult to engage. The model of care includes intensive home based treatment. The consumer typically requires more regular and intensive support than what the CMHT can provide.

**Early Intervention in Psychosis (EIP)**

Early Intervention in Psychosis (EIP) service operates from two sites (Camperdown and Croydon) and aims to improve outcomes for young people in early stages of psychosis.

The EIP service aims are:

1. To provide effective care during the critical early phase of illness. This involves proactive engagement and initiation of clinical therapies.
2. To reduce the duration of untreated psychosis, limit the impact of a first episode of psychosis, foster hope that recovery is possible and maximize the quality of life of consumers, carers and their families.
3. To work in partnership with other agencies to provide psychosocial interventions aiming for maximal symptomatic and functional recovery and prevention of relapse.
4. To utilize co-located clinical and research models with a view to enhancing learning and improving care.

Each of the EIP Services are co-located with service partners. These co-locations are with Community Mental Health Teams (eg Croydon Mental Health and Brain Mind Research Institute / Clinical Services / Headspace). The co-location shared models aim to improve the mental and social wellbeing of young people through the provision of high quality early intervention services that are welcoming, friendly and supportive.

**Inpatient Services**

A range of Mental Health Services are located in inpatient services. These include:
- Acute, high dependency, intensive care and rehabilitation and recovery services
- Adolescent and youth services; Adult Services; Older Persons Mental Health Services
- Consultation and Liaison Mental Health Services
- Psychiatric Emergency Care Centres

**Canterbury Hospital**
- Consultation and Liaison Mental Health Service

**Concord Repatriation General Hospital**
- Consultation and Liaison Mental Health Service

**Concord Centre for Mental Health (CCMH)**
- Admission Office
- Jara, older persons acute unit, 30 beds
- Norton, adult acute unit, 24 beds
- McKay, 10 bed IPCU + 10 bed male HDU
- Manning, adult acute unit, 24 beds
- Manning East, female HDU, 12 beds
- Broughton, rehabilitation unit, 35 beds
- Kirkbride, rehabilitation unit, 15 beds
- Walker, adolescent unit, 12 beds

**The Professor Marie Bashir Centre at Royal Prince Alfred Hospital**
Principal Referral & Teaching Hospital for SLHD
- Assessment Unit
- Short Stay Unit
- Acute Unit
- High Dependency Unit – Missenden Psychiatric Unit
- Peter Beaumont Unit Eating Disorder Program, inpatient, day patient and outpatient.
- Consultation and Liaison Mental Health Service

**Thomas Walker Hospital**
Tertiary Referral Service and Teaching Hospital for Sydney University
- Rivendell, weekdays, child & adolescent unit, non-acute inpatient day and residential programme and outpatients
Redfern Community Health Centre.

Canterbury Community Health Centre
Aboriginal Mental Health

The Aboriginal Mental Health team provides a service to all age groups. The team also works with the Torres Strait Islander community. There are cultural differences between the two groups which need to be respected.

Adult Mental Health Services

Adult mental health services include intake and triage, comprehensive assessment, and a wide range of therapeutic interventions. The service spans the continuum of care, from acute care to the varying phases of recovery in both hospital and community settings.

Boarding Houses

In our Local Health District there are 6 Assisted Boarding Houses (ABH) with approximately 150 residents. Estimates are that over 95% have mental health problems. In SLHD Mental Health, we allocate clinicians and a psychiatrist to play a lead role in supporting consumers residing in boarding houses and liaise with Boarding House HASI (The Housing and Accommodation Support Initiative). Boarding House HASI support packages for Boarding House residents and assessment and consultation services for all other residents. The model requires significant interagency collaboration to develop a holistic and complete health model.

Carer Support

NSW Health has funded a range of Non-government Organisations in NSW to provide education, training and individual support services for families and carers of people with a mental illness. More information about the services offered to families and carers is covered in the section of this manual, Complementary Programs.

Consultation and Liaison Mental Health Services

Consultation and Liaison Mental Health Services provide specialised consultation for consumers referred from acute hospital wards and mental health assessment by Emergency Department (ED) liaison teams within EDs at RPA, Canterbury and Concord Centre for Mental Health Hospitals, as well as liaison relationships with a number of medical and surgical specialist inpatient services and ambulatory clinics. An active interface exists with community and inpatient mental health services. Consultation and Liaison mental health services also provide a range of continuing mental health education for general hospital staff.

Child and Adolescent Mental Health Services (CAMHS)

CAMHS is a clinical stream which provides specialist assessment and treatment for 0-17 year olds with mental health concerns or needs. CAMHS interfaces with child health, youth health and mental health, and adult mental health services. Provision of mental health care to young people typically involves collaboration with parents or carers, education providers and in some instances welfare services.

Most young people experiencing mental health problems can be assessed and treated in the community clinics located at Concord (Rivendell) and Camperdown (Community Adolescent Outreach Service). Those requiring more intensive treatment may be admitted to the non-acute residential program at Rivendell, or the Walker longer stay high severity unit located at Concord Centre for Mental Health.
The preferred pathway for young people presenting with a mental health emergency is management by the Community Adolescent Outreach Service in collaboration with the Community Mental Health Teams. This is a mobile service for young people aged from 12 to 18 years who are experiencing mental health problems. The team based at Camperdown offers acute assessments, support and counselling, and help with links to other specialist services.

Young people requiring hospitalisation for a mental health emergency will in most instances need to be first admitted to an adult mental health or paediatric ward. From that admission arrangements can be made, where clinically indicated, for transfer to a specialist CAMHS acute inpatient unit in another Local Health District for further care. Decisions about transfer or discharge are made in collaboration with the current treating or duty child and adolescent psychiatrist.

**Dialectical Behaviour Therapy (DBT)**

This is a psychological treatment of people with borderline personality disorder (BPD) which involves group attendance, and individual and phone based support. The treatment program is run by clinicians from the Core teams and is manualised.

**Improving Physical Health – Living Well, Living Longer (LWLL)**

The LWLL program aims to improve access to appropriate health care and achieve better quality of life and health outcomes for people living with severe mental illness across the district. This program aims to integrate appropriate health care for people living with mental illness into routine health service provision.

People living with significant and enduring mental illness have a life expectancy of up to 25 years earlier than the general population. Most of this early death is due to physical health conditions such as cardiovascular disease. Despite increased health need, people living with mental illness are less likely to receive appropriate care, even when attending clinical services.

The program is now supported by a grant from the Integrated Care Planning and Innovation Fund from NSW Health, which supports:

- The trial of a new Peer Support Worker health workforce whose role is focused on supporting physical health activities such as connecting with health services and participating in healthy lifestyle activities.
- Enhanced GP liaison and support for primary care to work with the Mental Health Service, through a part-time project officer embedded in the Inner West Sydney Medicare Local.
- Establishment of a dental clinic based at the Sydney Dental Hospital to address health needs.
- Expanded cardiometabolic clinics into the Charles Perkins Centre, offering better access to these services across the area.
- Increased smoking cessation support for mental health consumers.
- Dietician and Exercise Physiologist

Key activities include:

- GP & Mental Health Collaborative Care Project
- Cardiometabolic Clinics
- Healthy Lifestyle Programs
- Staff education and training
Peer Support and Consumer Support Services

Peer Support Workers use their lived experience of mental illness and understanding of recovery to engage consumers in developing their own recovery path. Peer Support Workers also provide a lived experience perspective in training, service development and implementation, quality improvement activities and service evaluation and monitoring.

Peer support workers are embedded into community mental health teams adding another dimension to the range of recovery oriented services.

Rehabilitation and Recovery Services

Mental Health Rehabilitation involves the provision of targeted, evidence based interventions designed to reduce disability, maintain and improve functional capacity and increase coping skills. Specialised, clinical mental health rehabilitation services are provided across hospital and community settings across the area mental health service. In community mental health team’s rehabilitative strategies are built into care coordination processes. For inpatient services, referral for rehabilitation interventions should be considered as soon as practical.

Specialist Mental Health Services for Older People (SMHSOP)

Clinical care for older people which focuses upon disturbances of their mental health, cognition or behaviour is provided by both Aged Care and Mental Health Services in Sydney Local Health District.

Specialist inpatient services are available for older persons if required however adult mental health services also provide assessment, treatment and rehabilitation services to people over 65 years with mental disorders. This will include consumers with existing (prior to age 65 years) continuing or episodic mental illness provided there are not significant age related issues impairing function.

SMHSOP services are provided to older people and their families in an integrated way, in combination with primary health and aged care services, community support services, hospital services and the housing and residential aged care sectors. The families and carers of these older people are also part of the broader target group for SMHSOP.

Community SMHSOP teams are based at Camperdown Community Health Centre (CHC), Canterbury CHC and Concord Hospital.

Mental Health-NGO formal partnership initiatives provide assessment and care for older people who have challenging behaviours arising from significant cognitive and/or psychiatric disorders, in special purpose residential care facilities at Croydon.

Vocational and Educational Training and Support Services

There are specialists employed to improve vocational and training outcomes particularly for people with severe and persistent mental health problems. Supporting educational and employment goals for consumers is a goal for all community mental health clinicians. Each community mental health team has a clinician who can provide a primary contact for all vocational enquiries; this work is supported by a District-level Employment and Education specialist.
PARTNERSHIPS WITH COMMUNITY MANAGED ORGANISATIONS

In recent years there has been increased funding to Community managed organisations (also known as Non-government Organisations (NGO)) by both the State and Federal Governments to provide disability support services for people experiencing mental health problems. This has led to a multi-agency approach including; drug health, housing, employment, schools and more. These programs have complemented clinical mental health services by enabling access for consumers to a range of supports, from assistance with sourcing community activities to support in managing their day to day affairs. Some of these programs are described below. Not all programs are funded for every part of the MHS; your local manager can describe what is available in the area you will be based.

Partnerships are important to mental health service provision. Maintaining partnerships requires each clinician to work collaboratively and professionally with our non-health partners. It is important to be mindful of the CMO’s brief, to actively communicate and to engage in solving clinical problems productively.

Diagram: List of some of the key Mental Health funded Service Providers

*HASI*
- HASI provide high, medium and low packages (provider Aftercare and New Horizons). There are approximately 60 packages for people who live in public or community housing. There is a separate HASI program for people who live in Assisted Boarding Houses.

*PHaMs*
- PHaMs provide low support packages (New Horizons, Aftercare, NEAMI). There are over 200 packages in Sydney LHD.

*GP/ Medicare funded services*
- A major provider for people with depression, anxiety and psycho social issues; funding opportunities to engage providers at no cost to consumer.

*Private Practitioners*
- There are multiple private Mental Health practitioners including private psychiatrists in the Sydney LHD area.

*Aboriginal Medical Service at Redfern*
- A multidisciplinary health care facility that provides acute and primary health to the local Aboriginal & Torres Strait Islander communities but is not restricted to the local community.
**Partners in Recovery** is a 3 year project which commenced in 2013 and targets improvements in coordinated care for people with severe and persistent mental health problems.

**Headspace – Youth Mental Health Initiative**

Headspace is a youth mental health initiative which aims to provide a range of mental health services aimed at young people between the ages of 12 and 25. It is linked with GPs and has a focus on early identification and intervention. Headspace is based at Camperdown and Ashfield. [http://www.headspace.org.au/](http://www.headspace.org.au/)

**Family and Carers**

NSW Health has funded a range of NGO in NSW to provide education, training and individual support services for families and carers of people with a mental illness. In SSWMHS these services are provided by Carers Assist, a part of the Schizophrenia Fellowship.

**The Mental Health Respite Program**

The federally funded Carer Respite Program aims to support carers by providing alternative and supplementary care arrangements in order to give the carer a short term break from their caring role. These programs offer a range of options, from short term overnight accommodation, to day programs for the consumers to enable the carer to have a break. These programs are operated by different organisations across the MHS.
CLINICAL GOVERNANCE, QUALITY AND SAFETY

The Clinical Governance Unit (CGU) ensures that appropriate consumer safety and quality activities are occurring within the Mental Health Service. CGU activities include:

- Accreditation and Quality Improvement Program
- Policies, Procedures and Guidelines
- Incident Management
- Complaints Management
- Critical Incident Reviews
- Risk Management oversight, managed in conjunction with the Corporate Governance Unit
- Liaison with LHD Clinical Governance Units
- Monitoring & Reporting (Internal & External)

Evaluation & Quality Improvement Program (EQuIPNational)

The National Safety and Quality Health Service (NSQHS) Standards were developed by the Australian Commission on Safety and Quality in Health Care to “provide a nationally consistent and uniform set of measures of safety and quality for application across a variety of health services.

The NSQHS Standards are a critical component of the Australian Health Services Safety and Quality Accreditation Scheme.

The assessment against the NSQHS Standards for accreditation is mandatory for health care providers.

The Australian Council on Health Standard (ACHS) accreditation program includes the ten NSQHS Standards, plus five EQuIP-content Standards. The EQuIP-content of EQuIPNational focuses on the performance of service delivery processes, provision of care and non-clinical systems of health services.

The Evaluation and Quality Improvement Program (EQuIPNational) is a tool to specifically help health organisations improve their ability to provide quality care and services. EQuIPNational provides the framework for developing a culture of continuous quality improvement, risk management and focusing the organisation on customers and outcomes. As mental health services in Australia have National Standards for Mental Health Services (NSMHS), our assessments need to demonstrate how we meet both EQuIPNational and NSMHS requirements.

Policy, Procedure & Guidelines

The Mental Health Service (MHS) Policy & Procedure webpage contains policies that are produced by and are relevant to the clinical stream of Mental Health. The Local Health District website provides policies and procedures which apply across all health services, including mental health services.

Policies, Procedures and Guidelines are available via the Sydney Local Health District Intranet sites. Policies may be accessed by clicking the Policies & Guidelines link on the home page, and making a selection.

For specific MHS policies, scroll down to and click on the Mental Health link. Policies can be selected alphabetically, by clicking on the letter of the alphabet matching the policy or key
word, or by typing in a word in the Search Box which would be included in the policy. More information can be found on how to access policies by referring to the Mental Health Policy & Guidelines document.

Mental Health Service policies are regularly reviewed. You are encouraged to be actively involved in policy and procedure development. If any staff member is aware of a policy that requires correction or review, or if a new policy needs to be issued on a particular subject, you can recommend directly to the chair of the MHS Policy and Procedure Committee or the MHS Quality and Risk Manager.

**Incident Management**

The NSW Patient Safety & Clinical Quality Program (PSCQP) was published in 2005. An effective incident management system is a key component of the Program. This includes the management of both clinical and corporate incidents. To support implementation of the Program, the electronic Incident Information Management System (IIMS) has been developed and implemented in NSW Health for notification of all incidents, including those with corporate consequences. You will be trained to log incidents in this system.

**Complaints Management**

Consumers, their family and other support people or advocates are encouraged to raise concerns about any aspects of health care or express dissatisfaction with a service offered or provided. Complaints, compliments and feedback give us valuable information about areas for quality improvement.

If a person has an issue or concern about mental health care, this concern will often be able to be resolved immediately by listening to the person’s concern and taking appropriate action. If the issue isn’t able to be resolved on the spot, the person may wish to make a complaint.

Receiving complaints and managing them effectively benefits the complainant and our service. Complaints need to be acknowledged promptly with the complainant (within 5 days) and resolved in a timely manner. All complaints are recorded on the IIMS system. If you receive a complaint, you are encouraged to notify your immediate supervisor / manager, who will initiate management of the complaint. Consumers, their family or advocates may make a complaint verbally or in writing.

The Patient Liaison Officer (PLO) MHS coordinates the management of mental health complaints. Patients and other complainants are also able to contact the PLO to raise their concerns. There are many resources available regarding complaints management. The SLHD Clinical Governance Website [http://intranet.sswahs.nsw.gov.au/cgu_slhd/](http://intranet.sswahs.nsw.gov.au/cgu_slhd/) includes relevant policies and procedures, a ‘How Do You’ series, and information about the complaints handling training ‘Your Role in Taking a Patient Related Complaint’.

**Risk Management**

Risk management is the suite of coordinated activities to direct and control an organisation with regard to risk; it is recognised as an integral part of good practice. The Mental Health Service (MHS) integrates risk management into the MHS culture, philosophy and practices of all staff.

The risk management process can be applied to any situation where an undesired or unexpected outcome could be significant, or where opportunities are identified. The strategies of risk management include the identification, monitoring and reporting of "near misses", incidents, adverse events, sentinel events, and communication and planning with
staff/consumers/carers. Key features of the risk management approach are that risk management is integrated into normal business activities, and communication and consultation are vital aspects.

The MHS Risk Management Policy outlines the requirements of managers and all staff. The policy comprises a comprehensive integrated risk management approach that is consistent, standardised and integrated within all areas that are relevant to risk. It outlines the responsibility of all staff relating to both corporate and clinical risk management. The MHS records all risks in the Electronic Risk Management System called ERMS and the risk registers are available to staff.

A Clinical Risk Assessment & Management Practices throughout the Consumer Journey guideline is an appendix to this policy and identifies staff responsibilities and documentation standards relating to clinical risk assessment and management. Completion of the MHPOD “Risk Assessment and Management” module is compulsory, i.e. mandatory, for all MHS clinical staff. Registration with MHPOD requires an email address and is arranged through your MHS line manager.

CORPORATE GOVERNANCE, PLANNING & PERFORMANCE

Work Health and Safety

Mental Health Service, in consultation with other collocated facilities and services, is committed to achieving and maintaining the best possible standard of health, safety and welfare at work for all its employees and others working at or visiting Mental Health Service workplaces.

Work Health & Safety (WHS) is a responsibility of all persons in the Mental Health workplace.

The Mental Health Service expects all staff to be pro-active in the carrying out of its WHS policy, programs, procedures, guidelines and participating in training programs so that injuries, unnecessary legal, financial and personal costs can be avoided.

Throughout the Mental Health Service the MHS WHS Manager provides co-ordination, consultation and management for health and safety programs and activities.

Our WHS programs aim to assist management and staff to establish a culture of risk management and collective mindfulness within the Mental Health Service, that will encourage every person to work in a safe manner and to care for the health and safety of other people and the environment.

The WHS Manager, within the Corporate Governance Unit, has a commitment to providing quality in-house occupational health safety and risk management consultancy services to the Mental Health Service. Specific advice, information and assistance relates to:

- Meeting legal compliance and interpretation of legislative requirements
- Understanding the scope and application of the service’s policies, plans and procedures
- Assistance to develop, implement and monitor local WHS management plans
- WHS hazard and risk management principles
- Analysis of WHS incident / accident data
- WHS training analysis, course design, development and delivery
Orientation Handbook, Mental Health Services

- Information regarding workers compensation and rehabilitation services
- Information regarding the employee assistance program
- Establishment of WHS consultation arrangements – WHS Committees
- Assistance with accident investigation
- Coordination of the implementation of the WHS Audit (formerly known as OHS&IM Profile)
- Mechanisms and advice for resolving WHS related issues and disputes
- Liaison with WorkCover authority and other external agencies

**WHS Policies and Procedures**

The Mental Health Service has adopted all Sydney Local Health District policies that are related to WHS. Should there be additional compliance requirements the Mental Health Service has developed specific policies and procedures that can be found on the Mental Health Intranet site (see Policies, Procedures and Guidelines section of this Orientation Manual).

**Mandatory Training**

You will be expected to complete mandatory training as determined by the Mental Health Service, in addition to training required of all employees in the health service.

Most of this training is available on-line – either through the Centre for Education and Workforce Development (CEWD) intranet or MHPOD. Some training must be completed in a practical or face-to-face training session such as Fire Safety training.

HETI Online is the learning management system used across all of NSW Health. You can access HETI Online at the following link [http://www.slhd.nsw.gov.au/cewd/enrolNow.html](http://www.slhd.nsw.gov.au/cewd/enrolNow.html). To login to HETI Online, use the same username and password as for StaffLink. Your username is your 8-digit employee number (ignore any assignment numbers – e.g., “-02” at the end of your employee number) and your password will be sent to you soon after you receive your first pay. If you are unsure of your password, you can contact the statewide service desk on 1300 28 55 33.

Once logged in, you will see a “My current training” listing. This outlines all of the courses that are mandatory for you to complete. You must complete all courses by the listed due dates. To explore other courses, click on the “catalogue” tab. In addition to the training determined by HETI at a state level, the mental health service has also determined that the following courses must be completed by all staff:

- Working with consumers and communities
- Mental Health Clinical Handover

Search for both of these courses under the “courses” tab.

For further information about mandatory training, go to the CEWD intranet site and ask your line manager.

**Mental Health Information and Performance Reporting**

The Mental Health Information Unit manages clinical and corporate mental health information for Mental Health Services in SLHD.
Key functions of the Unit include:

- Providing clinical and corporate reports
- Providing mental health eMR training and support
- Overseeing standardised clinical documentation
- Working with other Information providers to meet service and quality targets.

Standardised clinical documentation is designed to support the recording and retrieval of clinical information at different points in the cycle of mental health care (assessment, care planning, review and discharge). The uses of specific modules are mandated across the range of public mental health settings.

Standardised outcome measures are mandated national data collection tools to support the assessment, monitoring and review of mental health care in all mental health setting. Clinicians also record Occasions of Service (OOS) and activities for Community Mental Health Services.

The Cerner / eMR system is used to support these initiatives. Clinicians can enter and view client information directly from the workplace.

A Clinical Documentation and Reporting Manager coordinates Clinical Documentation and Outcome Measures throughout the area.

Outcome data is collated and can be viewed using the Australian Mental Health Outcomes and Classification Network (AMHOCN) Decision Support Tool.
**RESEARCH**

The SLHD MHS has at any one time about 50 active research projects registered with the Concord and RPA Human Research Ethics Committees involving staff and/or consumers of the MHS. The main nodes for research are the academic units of psychiatry based at Concord Centre for Mental Health and Royal Prince Alfred Hospital, but other projects are based at Canterbury Hospital, the community mental health teams, and the child and adolescent mental health services.

A register of projects with ethics approval, and details of publications and other outputs is accessible on the MHS intranet. SLHD MHS has a strong affiliation with the University of Sydney, with many clinical staff having cross appointments. There is a plan for the Professor Marie Bashir Centre to host seven research beds that will be operated jointly by university and SLHD staff.

**Research Unit, Concord Centre for Mental Health**

A Research Unit is located at Concord Centre for Mental Health and provides multidisciplinary expertise for clinical and organisational research within the North East Cluster of the Mental Health Service. The Unit aims to provide a multidisciplinary focus for clinical and organisational research. The unit has an established track record in attracting research funding, publishing in peer-reviewed journals and presenting at conferences.
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<tr>
<th>ACRONYMS</th>
<th>Description</th>
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<td>ACHS</td>
<td>Australian Council on Healthcare Standards</td>
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<td>ADHC</td>
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<td>AMHOCN</td>
<td>Australian Mental Health Outcomes and Classification Network</td>
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<td>AOT</td>
<td>Assertive Outreach Team</td>
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<td>CAMHS</td>
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<td>ccCHIP</td>
<td>Concord Clinic for Cardiometabolic Health in Psychosis</td>
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<td>Centre for Education and Workforce Development</td>
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<td>CGU</td>
<td>Clinical Governance Unit</td>
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<td>CRGH</td>
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<td>DBT</td>
<td>Dialectical Behaviour Therapy</td>
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<td>EIP</td>
<td>Early Intervention in Psychosis</td>
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<td>EQuIP</td>
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<td>HASI</td>
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<td>HETI</td>
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<td>IIMS</td>
<td>Incident Information Management System</td>
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<td>LMS</td>
<td>Learning Management System</td>
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<td>MHS</td>
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<td>MRT</td>
<td>Mobile Rehabilitation Team</td>
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<td>NSMHS</td>
<td>National Standards for Mental Health Services</td>
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<td>PFCC</td>
<td>Patient and Family Centre Care</td>
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<td>PMBC</td>
<td>Professor Marie Bashir Centre</td>
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<td>PRTU</td>
<td>Psychiatry Research and Teaching Unit</td>
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<td>Patient Safety &amp; Clinical Quality Program</td>
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<td>Royal Prince Alfred</td>
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<td>SMHSOP</td>
<td>Specialist Mental Health Services for Older People</td>
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<td>SRU</td>
<td>Schizophrenia Research Unit</td>
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<tr>
<td>TCH</td>
<td>The Canterbury Hospital</td>
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RESOURCES

Mental Health Services, Sydney Local Health District
- Intranet
- Internet

Clinical Governance Website, SSWAHS

Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA)

Commonwealth Department of Health - General
  http://www.health.gov.au

Commonwealth Department of Health - Mental Health

Education Centre Against Violence
  http://www.ecav.health.nsw.gov.au

Institute of Psychiatry

National Mental Health Strategy

NSW Mental Health and Drug & Alcohol Office

Occupational Health and Safety (OHS)

Research

Centre for Education and Workforce Development

The NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)
Sources:  
After Hours Nurse Manager Induction Manual 2007 V21
SSWAHS (Corporate) Orientation Handbook 2007
SSWAHS Area Mental Health Services Website
SSWAHS CEWD Website Orientation Program downloaded June, 2009
SSWMHS Nursing Staff Orientation Package January 2004
SSWMHS Nursing Services Orientation Package February 2007
Department Orientation Manuals from units across the MHS
Improving Mental Health in Sydney South West: A Service Plan for 2007 to 2016 Draft 2.3 2007