The Journey Australia's First Urgent Mental Health Care Centre

April 2021 – Helene Nielsen – Regional Manager

Urgent Mental Health Care Centre

The Urgent Mental Health Care Centre is a Neami National service, delivered in partnership with RI International and supported by SA Health and the Australian Government.

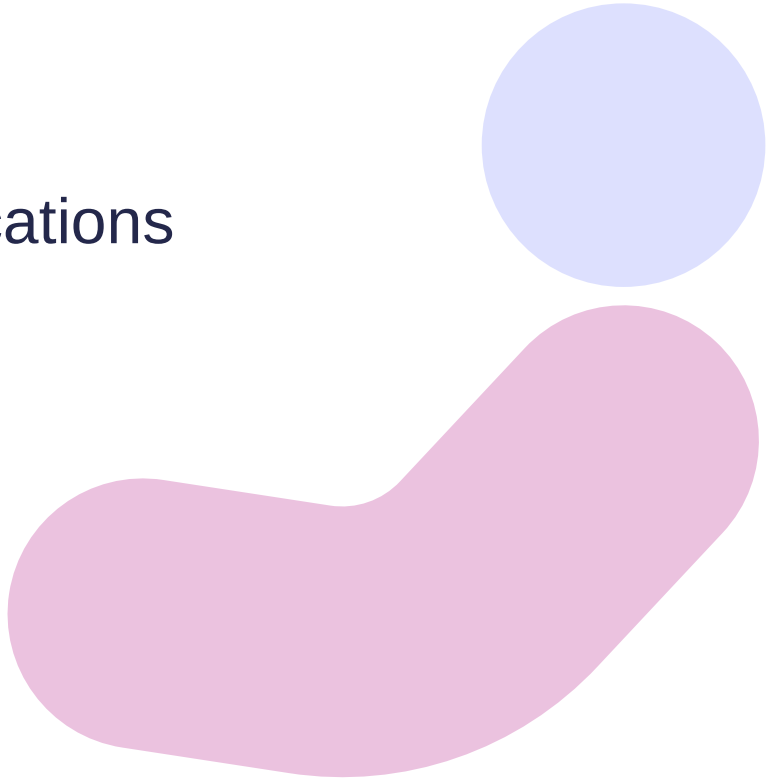
Neami National

RI INTERNATIONAL

Government of South Australia
SA Health

Overview

- Neami National & RI International
- Overview of Tender and Contract Specifications
- Co-Design Process
- Service Model
- Staffing, Recruitment and Training
- The service so far
- Questions

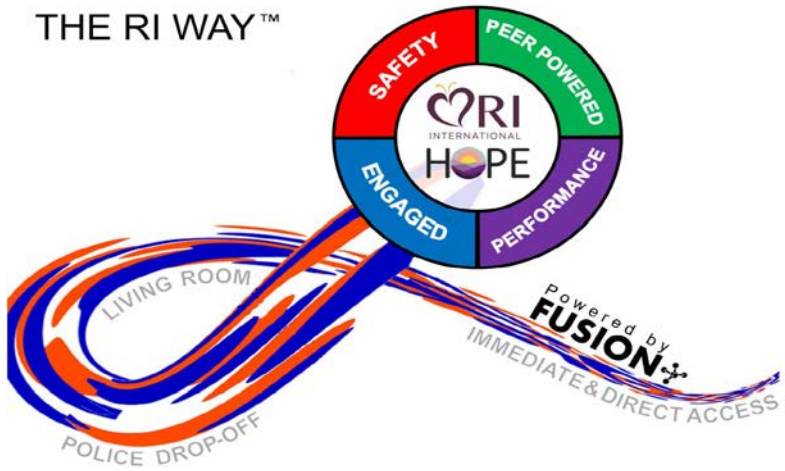


Who is Neami National?

- Not-for-profit, values and mission driven organisation
- Recovery orientated, collaboration, lived experience, evidence, strengths, outcomes, safety & quality and consumer focused
- Delivering services in South Australia for 18 years, more than160 staff and 10 service locations – metro and country SA
- SA Services - psychosocial recovery and rehabilitation; sub-acute; crisis respite; primary mental health therapeutic / clinical services; homelessness
- Nationally – subacute services, National Clinical Lead, Clinical Governance Framework
- Collective and collaborative action - APHN (two consortiums – Links to Wellbeing & NPS/COS), Adelaide Zero Project, Local Health Networks

UMH CC

Who is RI International?



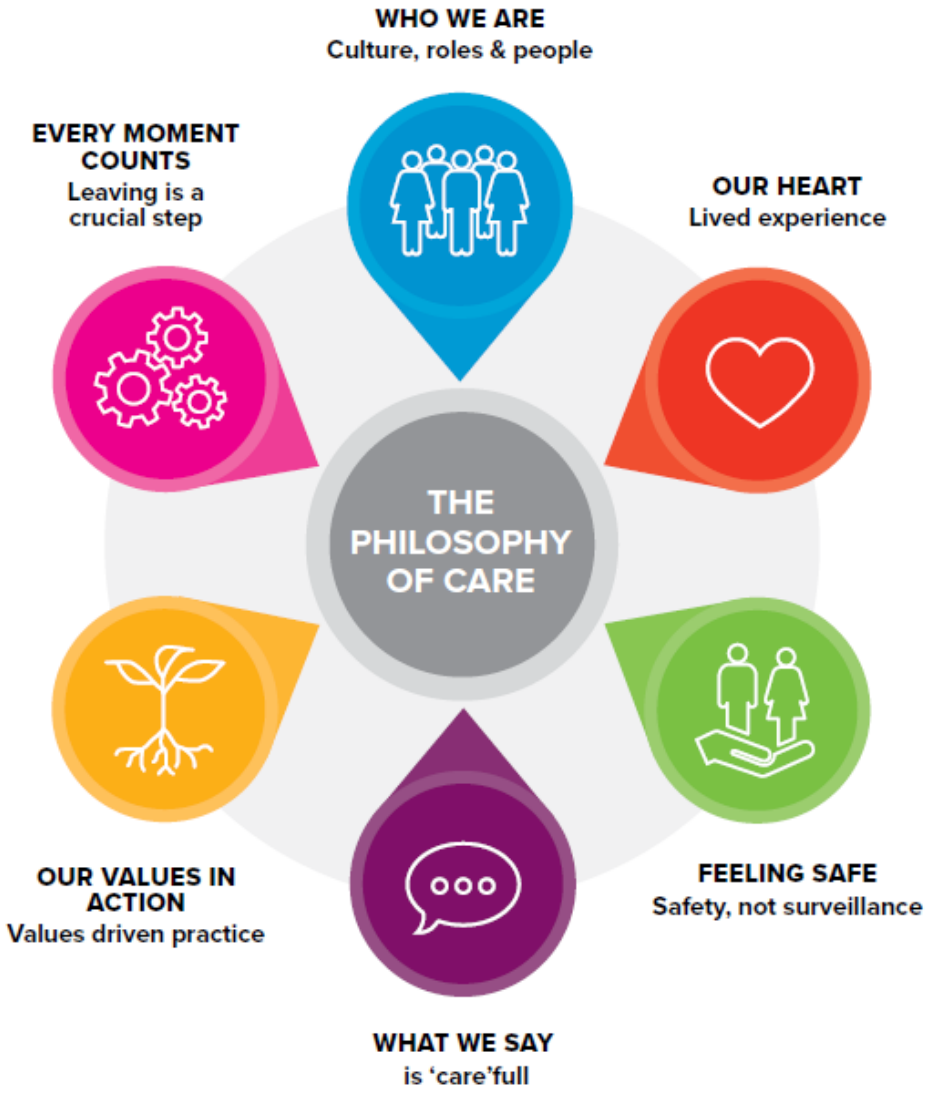
- US based not-for-profit, organization established in 1990;
- Share similar values, mission and vision with Neami;
- 2nd largest employer of Certified Peer Support Specialists in the US behind the federal government;
- Approximately 1,200 employees, across 8 US States and New Zealand (Arizona, California, Delaware, Louisiana, North Carolina, Utah, Virginia, Washington, New Zealand);
- Exemplar in facility based crisis services (SAMSHA, *Crisis Now*);
- Leader in the Zero Suicide in Health Care initiative.

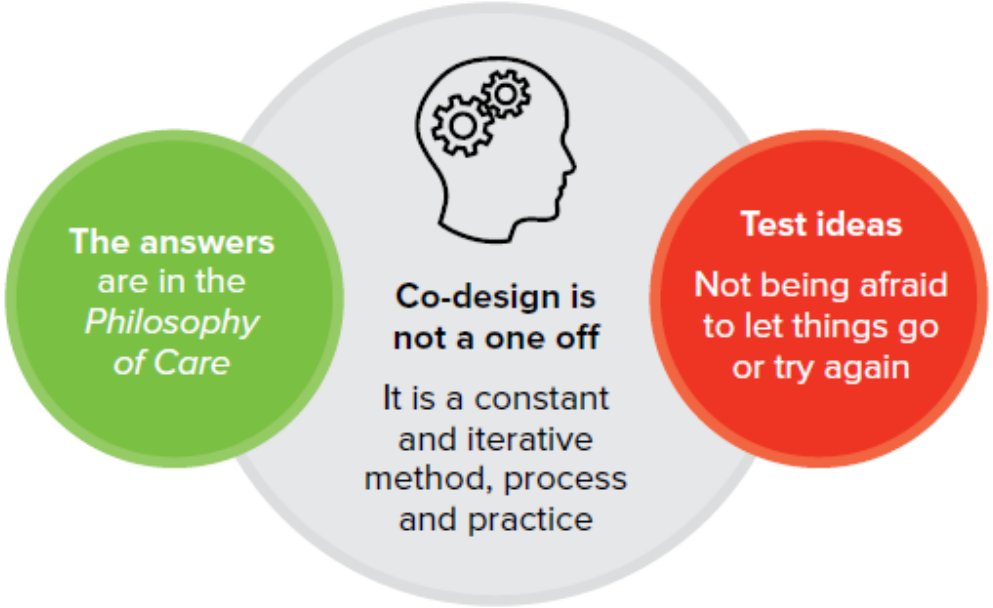
Tender & Contract

- Open tender process
- 4-year contract, $14m – 3 years, 9 months direct service delivery
- Based on co-created Philosophy of Care – SA Health / LELAN
- 12 hours per day, 7 days per week, 365 days per year
- ED - Triage Category 3 – 5 (1 & 2 hospital response)
- Closely located by & integrated with Royal Adelaide Hospital; ED; Inpatient
- Focus on partnerships with community mental teams and community service providers including potential in-reach services
- Access via – SAPOL, SAAS, Triage, Professional, Self-Referral
- Multi-disciplinary team – Medical Officers, Clinicians & PSW's
- Free and low barrier access

Co-created Philosophy of Care:

SA Lived Experience Leadership & Advocacy Network





Co-design session outline

- Focus sessions will cover the following areas:
  - Property
  - Governance
  - Service Model – referral in, intake & escalation
  - Service Model – exit and follow up
  - Evaluation
  - Diversity & Inclusion
  - Consumer Experience
  - UMHCC Workforce

Monday	Tuesday	Wednesday	Thursday	Friday
September 21	22	23	24	25
		10.00am – 11.30am Co-design "kick off" **Session 1**	2.00pm – 3.30pm Co-design "kick off" **Session 2**	10.00am – 11.30am Property **Session 3**
28	29	30	October 1	2
	2.30pm – 4.00pm Property **Session 2** Property visits	10.00am-11.30am Property **Session 3** Final property review and decision making		10:00am-11:30am Governance Structure
5	6	7	8	9
	10.00-11.30 Property **Session 4** Property fit out		10am-11.30am Service Model – **Session 1** Referral in, intake and escalation	10.00 – 11.30am Service Model – exit and follow up
12	13	14	15	16
10.00am – 11.30am Service Model – **Session 2** Referral in, intake and escalation		10.00am-11.30am Evaluation		
19	20	21	22	23
	10.00am – 11.30am Consumer Experience	10.00am – 11.30am Diversity & Inclusion **Session 2**	10.00am – 11.30am UMHCC Workforce	10.00am – 11.30am Governance **Session 2**
26	27	28	29	30
		10.00am – 11.30am Wrap up **Session 1**	2.00pm – 3.30pm Wrap up **Session 2**	

SA Urgent Mental Health Care Centre

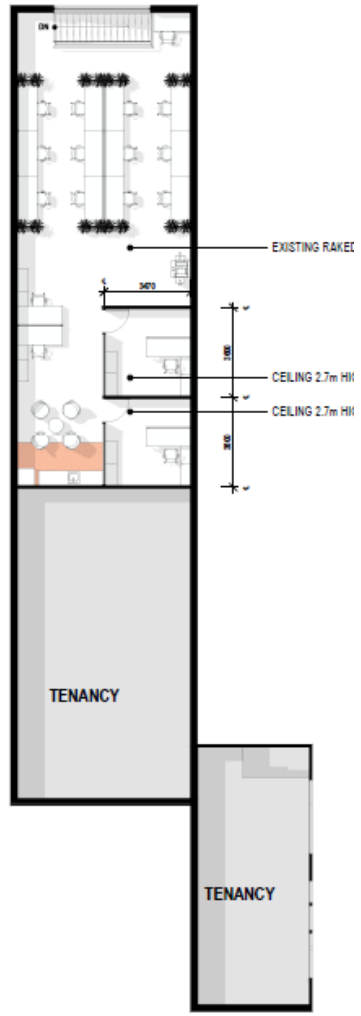
- 12pm to 12am daily, 7 days per week, 365 days per year
- Low stimulus, low barrier, welcoming “living room” environment
- Open Space (700sqm)– coffee/tea, family room, sensory room, laundry, bathroom, recliners, consulting rooms
- High engagement Crisis Centre, instead of attending ED
- Multi-disciplinary team - 50% Peer Support Workers
- Exit and community transition and follow-up
- RI International “Thought Partners”

Welcome


welcome
Urgent Mental Health Care Centre
The Urgent Mental Health Care Centre is a Neami National service, delivered in partnership with Ri International and supported by SA Health and the Commonwealth of Australia.

The living room


EMERGENCY MENTAL HEALTH WING
LAUNDRY
UNISEX
WC
WC
STORE
STAFF KITCHEN
STAIRS
PRINT/COPY
EXIT
FULL HEIGHT GLAZING
MANAGER
CONSULT
CONSULT
CONSULT
CONSULT
CONSULT
CONSULT
LEADS
FAMILY
RECEPTION/WAITING
PRIVATE INTAKE
RAMP
CLIENT LOUNGE 03
EXAMINATION ROOM
MEDICAL STORE
RECOVERY ISLAND NURSE STATION
SERVER ROOM
CLR
UNISEX
FEMALE
MALE
MALE
FEMALE
UNISEX
CLR
CLIENT KITCHEN
CLIENT LOUNGE 01
CLIENT LOUNGE 02
TRAINING & FAMILY
GREETING
TENANCY
TENANCY
SKYLIGHT OVER
CEILING HEIGHT - 3.3m
SKYLIGHT OVER
SKYLIGHT OVER
SECURE AIR LOCK
DDA RAMP
EXPOSED TRUSS - NO CEILING
ENTRANCE


EXISTING RAKE
CEILING 2.7m HI
CEILING 2.7m HI
TENANCY
TENANCY

Experience/Culture

- Gentle conversations
- A welcoming environment - natural light, greenery, open spaces but also private spaces
- Staff easily identifiable (but not uniforms)
- Service clearly catering to diversity (clear signs, options available)

- Trauma informed practice
- Collaboration between peer worker and nurse
- Actively listened to
- Developing trust with people/UMHCC
- Not needing to re-tell what has already been said - no duplication
- Discreet and respectful

- Rapport with peer worker
- Strengths based approach and language
- Promotion of agency
- Holistic care - biopsychosocial needs being addressed
- Respect and compassion from UMHCC team
- Collaborative approach

- Safe and inclusive language used by all staff
- Well informed and included in all planning
- Holistic self being considered
- Strengths and recovery focused
- Informed about community services/resources

- Feeling well informed
- Feeling confident in any plans made
- Confident that support networks are informed
- Having the information at my disposal i.e. written down

- Trauma informed approach
- Not feeling alone when leaving
- Feeling safe getting back home

- First touch with peer - in instances of high acuity may be accompanied by nurse to support immediate triage assessment
- Discreet/separate rear access for people arriving by police and ambulance - police and ambulance not being able to be seen by other consumers
- Orientation and clear explanation of service
- Starting to understand the consumers story - establishing support networks etc.
- Completing paperwork, securing personal belongings etc.

- Peer support
- Baseline observations including physical health
- ISBAR - standard communication tool used for referral in (and out)
- Mental State Examination (MSE)
- Assessment of safety in the environment and sensory needs (is a private space or living room more appropriate etc.)
- Connection with family/carers
- Informed consent
- Establishing consumer needs and expectations
- Clinically indicated assessments as required i.e. withdrawal scales, urine tests (MSU/UDS)
- Commencement of 15 minute check ins from peer workers

- Mental Health assessment including: psychosocial needs, stressors, understanding consumer story
- Collaboration with others (carers, family, services, GP) to seek collateral
- Begin plan for consumer leaving UMHCC
- Provisional diagnosis
- Query escalation
- 15 minute check ins from peer workers

- Collaborative planning
- Wellness Plan development and coordination (including suicide prevention - connecting with people etc.)
- Providing information in community services/resources available relevant to consumer need
- Making referrals where required
- Medication needs
- Collecting further information
- Liaison with clinical and medical UMHCC staff
- 15 minute check ins from peer workers

- Peer first, peer last
- Ascertaining communication requirements (GP, family, carers, ED, other services)
- Finalising any referrals
- Finalising any medical or medication needs/plans
- Introductions to services where possible (in reach etc.)
- Checking in with the person around the care they have received, and checking needs have been met

- Arrangements made for transport home
- Follow up from UMHCCC up to 3 days following
- Referral follow up/communication

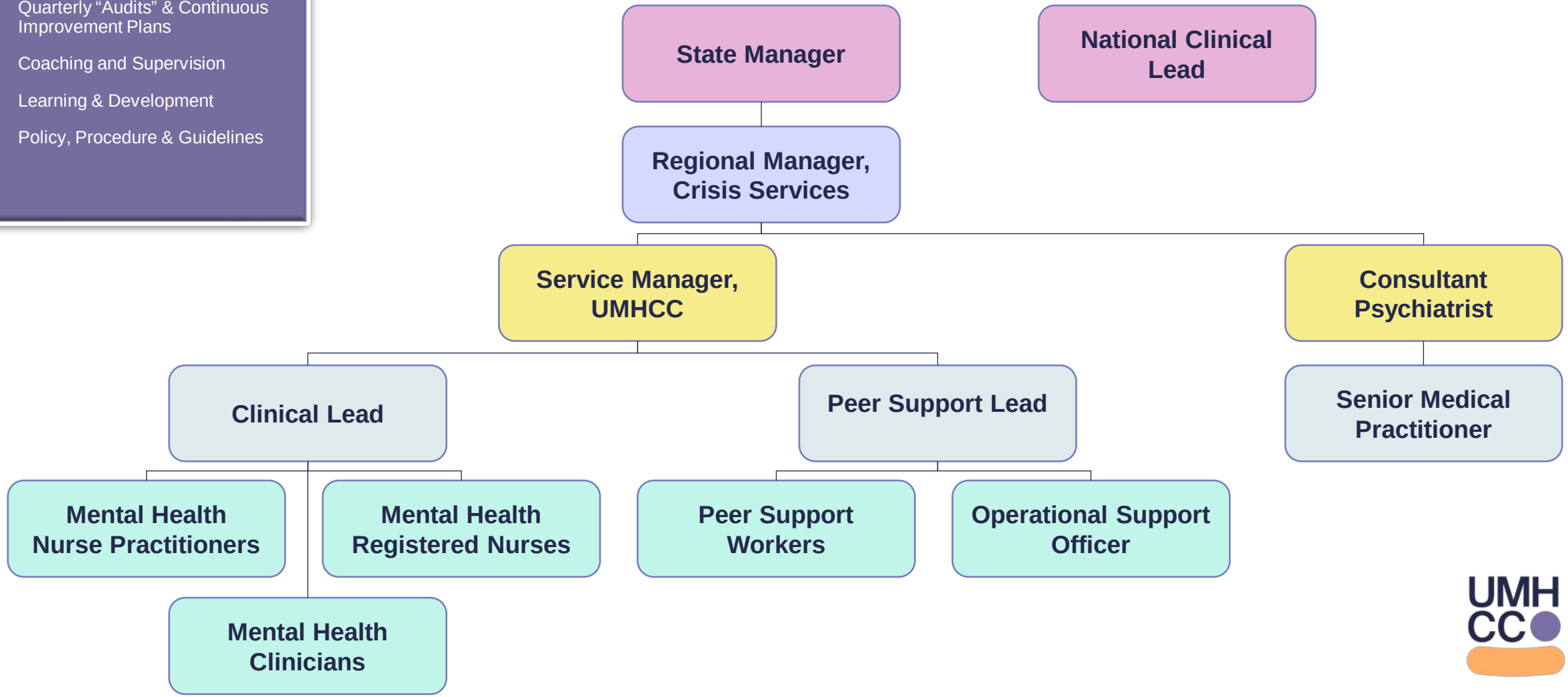
- Integrated services - ED, ICC etc.
- Trauma informed escalation
- Integrated team supporting communication
- No duplication/retelling of story

- ISBAR standard communication tool
- handover pack - information shared to reduce duplications
- UMHCC team available to receiving team
- Communications - Carer's/family, GP

Actions

Staffing Model

- **RI International Clinical and Quality Leadership**
  - Clinical & Quality Governance
  - Quarterly “Audits” & Continuous Improvement Plans
  - Coaching and Supervision
  - Learning & Development
  - Policy, Procedure & Guidelines



Workforce key themes:

Supporting a strong peer workforce

- Peer specific supervision
- Quality training (including Cert IV Peer Work)
- Embedding lived experience in all aspects of the service (from staffing to governance)
- Clear scope of practice that is equally valued
- Understanding amongst all team members the role of lived experience

Supporting truly collaborative multi-disciplinary team

•Strong relationship between clinical lead and peer lead

•Shared knowledge around each persons roles and responsibilities

•Collaborative journey/experience remaining the focus

•Working on team culture – respect, openness, strong communication

Strengthening the practice of clinicians to recognise their lived experience

- Explore existing work in this space (RANZCP, LELAN, etc)
- Recruiting the right people who align with the values of the UMHCC
- Respect privacy in this space
- Training around having lived experience vs using it in a purposeful way
- Acknowledge that people may feel comfortable with someone with lived experience, but people are also cautious around blurring roles.

Intensive Training Program

- Welcome to Neami and Neami's e-learning
- RI International model (4 sessions)
  - Fusion model and the four keys,
    - Roles, Collaboration and Connection
    - Safety, Towards Zero and Performance
    - Work flow and Provider (Medical Officer and Nurse Practitioner)
    - Specialist training. The training was with Dr Charles Browning (Medical Director RI International (Psychiatrist) and Lisa Saint-George (Vice President of Peer Support and Empowerment RI International)
- Trauma Informed conversations (RII)
- Trauma Informed Care (Neami) Collaborative Recovery Model
- Stanley and Brown – Safety Planning
- Authorised Officer (Clinicians, peer support attended for information)
- MAPA
- E-CPR
- Guest journey

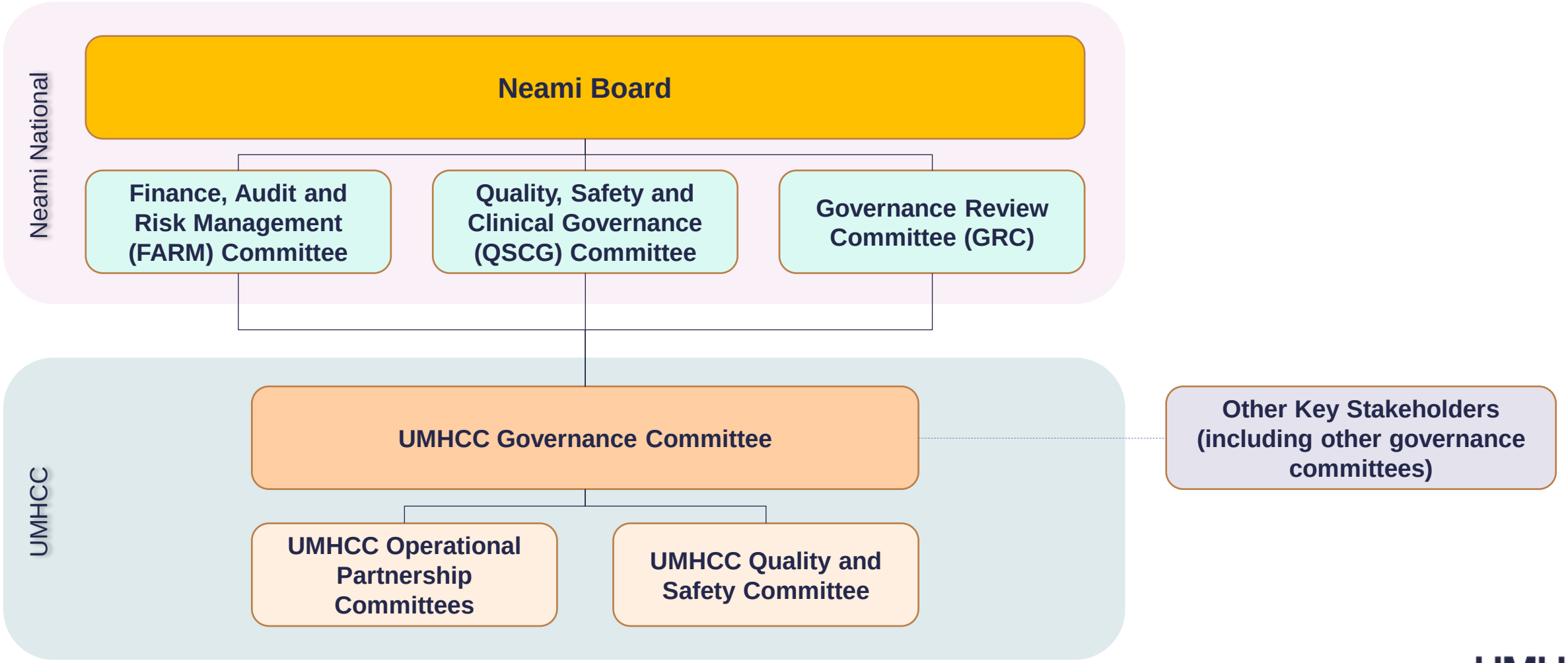
Intensive Training Program (cont.)

- Motivational Interviewing
- Cultural Competency
- Quality and Safety
- Brief Assessment
- Infection Control
- DBT – Introduction and skills sets
- The safe use of self-disclosure in peer support
- HONOS, ASSIST, K10
- Alcohol and Other Drugs
- First Aid Training
- Emergency Management Procedures – including duress
- Child Safe Environments

Guest Experience: Safety

- All staff trained in Trauma informed practice & de-escalation techniques – staff are equipped and appropriately trained to meet needs
- Staff in casual clothes – identifiable by displayed ID
- Designers were engaged to create a calm space which is also culturally appropriate and is a space which promotes safety
- Recognising that police and ambulance presence can be triggering – a discreet space for police and ambulance to bring people to the UMHCC which is not visible to other guests
- No security guards
- Safety not surveillance

UMHCC Governance Structure



Evaluation key themes:

Routine reporting	Consumer outcomes	Service system outcomes	Research
• Contract requirements • Public dashboard reporting	• Experience of service (YES, CES) • Quality safety plans • Quality ‘warm referrals’ • Families, friends and loved ones involved • Low wait times • Holistic care • Service aligns with Philosophy of Care	• First responders are supported with a timely and quality handover of care • Emergency Department avoidance • Qualitative feedback from all service users	• External research – through universities, graphs etc.

UMHCC – Quality and Safety Standards

- *"Comply with applicable legislation, policies, protocols, standards, guidelines, accreditation, licences, related to mental health clinical services…."* Pg. 6-7 UMHCC Service Agreement Service Specifications

- National Safety and Quality Health Service Standards 2017 (HDAA) – interim accreditation 18 improvements

- National Standards for Mental Health Services 2010 - Link to Neami National Accreditation – HDAA (Includes - ISO 9001:2015 'Quality Management Systems')

- Medication Licence

OCP – Mental Health Act – Gazettal

MENTAL HEALTH ACT 2009

SECTION 97A

Authorised Community Mental Facility

NOTICE is hereby given that the Chief Psychiatrist, pursuant to Section 97A of the *Mental Health Act 2009*, has determined that the following place will be an Authorised Community Mental Health Facility for the purposes of this Act:

- Urgent Mental Health Care Centre, 215 Grenfell Street, Adelaide SA 5000.

This determination is subject to the following conditions or limitations:

- the Centre may only commence providing mental health care to patients on, or after, 1 March 2021;
- between 1 March 2021 and 1 May 2021 mental health care at the Centre may only be provided to patients who have been referred to the Centre by South Australian Ambulance Service , South Australian Police or the SA Health Mental Health Triage Service.
- between 1 March 2021 and 1 April 2021 the Centre may provide mental health care to a maximum of 6 patients at any one time;
- between 2 April 2021 and 1 May 2021 the Centre may provide mental health care to a maximum of 10 patients at any one time.

Dated: 25 February 2021

DR JOHN BRAYLEY

Chief Psychiatrist

Accepted

177

Avg. Age

36

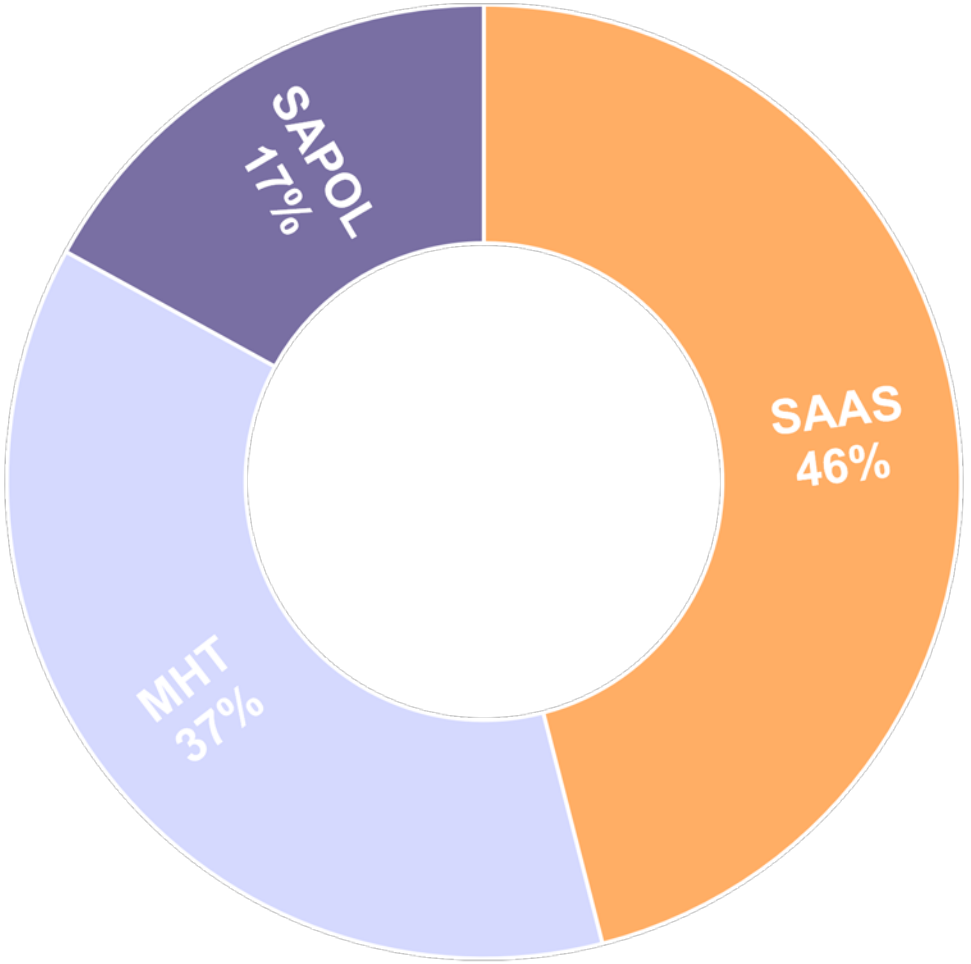
Declined/ Withdrawn

28

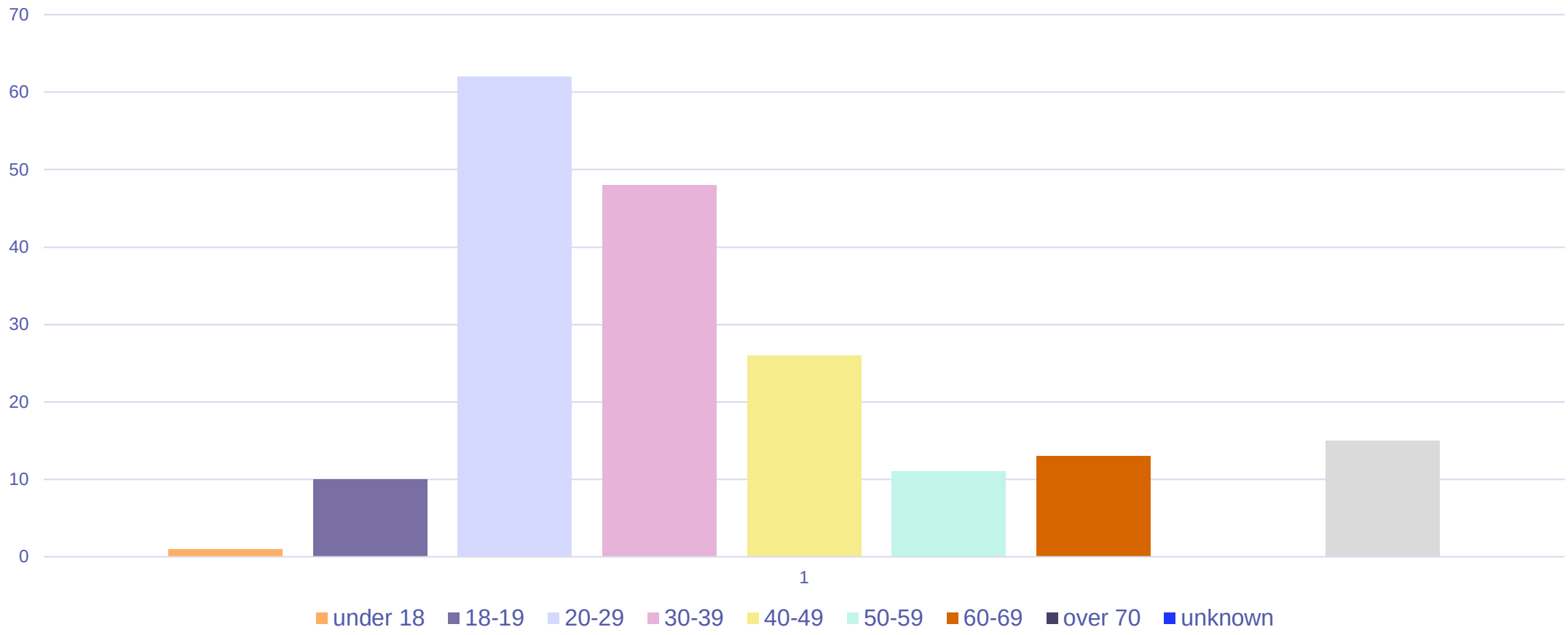
Total

149

Referral Source



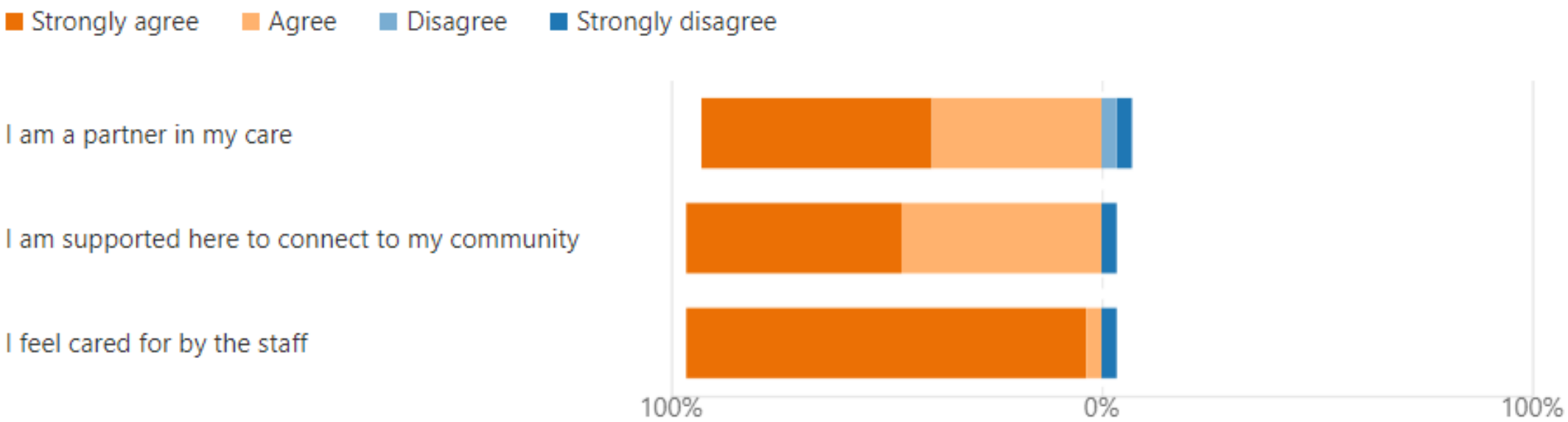
Age breakdown



Service Experience

1. Could you please tell us how much you agree or disagree with the following statements:

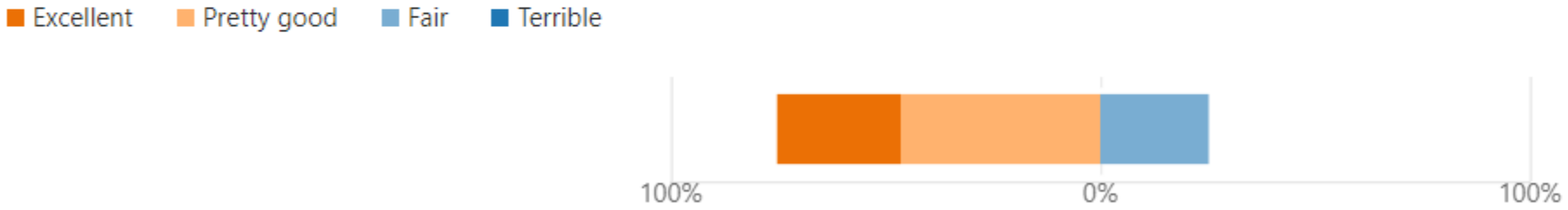
More Details



Service Experience cont.

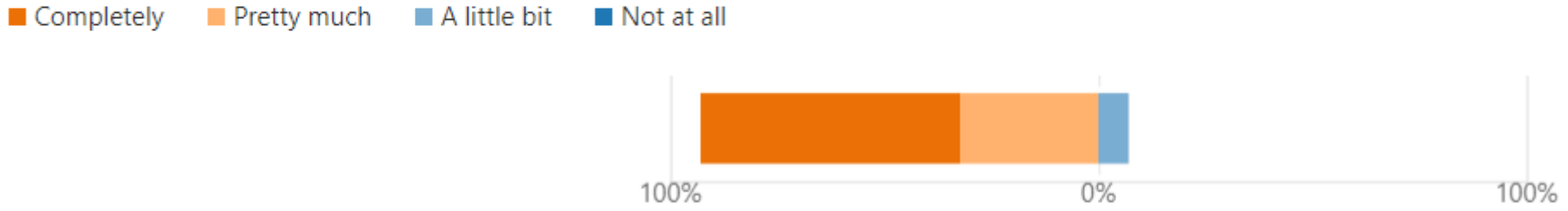
2. My level of hope in recovery

More Details



4. I am feeling cared for

More Details



Feedback

- *Guest rang today to say her experience at UMHCC was extremely positive. She felt valued and heard. She said the care and support she received has changed her emotional state from victim to survivor…She was very thankful for the service and believes it not only helped on the immediate front but also put her on a different path of thinking*.

Feedback

Email from parent:

Just wanted to say thank you for the care you gave (Guest) yesterday. (Guest) often ends up at RAH after calling an ambulance and is assessed and discharged. They're really just reaching out because they get anxious so it's good to know your service exists….

Questions

For more information contact Helene Nielsen:

Helene.Nielsen@neaminational.org.au