Introduction of the Community Mental Health Planning and Service Coordination Initiative (CMHPSCI) Project

Department of Health

Community Mental Health Planning and Service Coordination Initiative (CMHPSCI)

Part 1	About Mental Health
Part 2	Kessler Distress Scale (K10)
Part 3	Mental Health Services
Part 4	Referral to Mental Health

Introduction to Mental Health

Public Funded Mental Health Services

- There are 21 Area Mental Health Services within the state of Victoria.
- Treats people who have a serious mental illness that is at a level that cannot be managed by other services (i.e. GP, Private Psychiatrist, Psychologists etc).
- Grampians region covers 48,000 sq km.
- Emphasis on community based treatment.

LOCATIONS

Ballarat Health Services offers a comprehensive range of services in acute, extended and psychiatric care with both inpatient and outpatient facilities. Whilst the majority of work is undertaken in Ballarat, community programs cover the whole of Western Victoria, from Bacchus Marsh to the South Australian border.

Ballarat Health Services will continue to serve and respond to the community's health needs well into the 21st Century.

Mental Health Act 1986

- Persons to be treated in the least restrictive / intrusive manner
- Provides that interference with rights, dignity and self respect is kept to the minimum necessary
- Wherever possible treated in the community
- Given right to appeal treatments

Section 8 Criteria for involuntary treatment (all 5 must be met)

1. Appears to be mentally ill
2. The illness requires immediate treatment
3. Treatment is necessary for their health and safety
4. The person has refused or is unable to consent to treatment
5. The person cannot receive treatment in a manner less restrictive of his / her freedom of decision or action

- *MHA under review with a draft Bill currently with the minister with further emphasis on a persons Human Rights.*

Good Mental Health?

Common Mental Disorders

Percentage affected in the last 12 months	% Male 16-85	%Female 16-85	%Total 16-85
Any Anxiety Disorder	11.0%	18.0%	14.4%
Any Depressive Disorder	5.3%	7.1%	6.2%
Any Substance Use Disorder	7.0%	3.3%	5.1%
Any Common Mental Disorder	18.0%	22.0%	20.0%

Australian National Survey of Mental Health and Wellbeing (2007)

Uncommon Mental Disorders

- Psychotic Disorders

  - Schizophrenia
  - Bipolar Disorder
  - Psychotic Depression
  - Schizoaffective Disorder
  - Drug Induced Psychosis

Symptoms of Depression

- At least 2 of the following symptoms for *at least 2 weeks:*

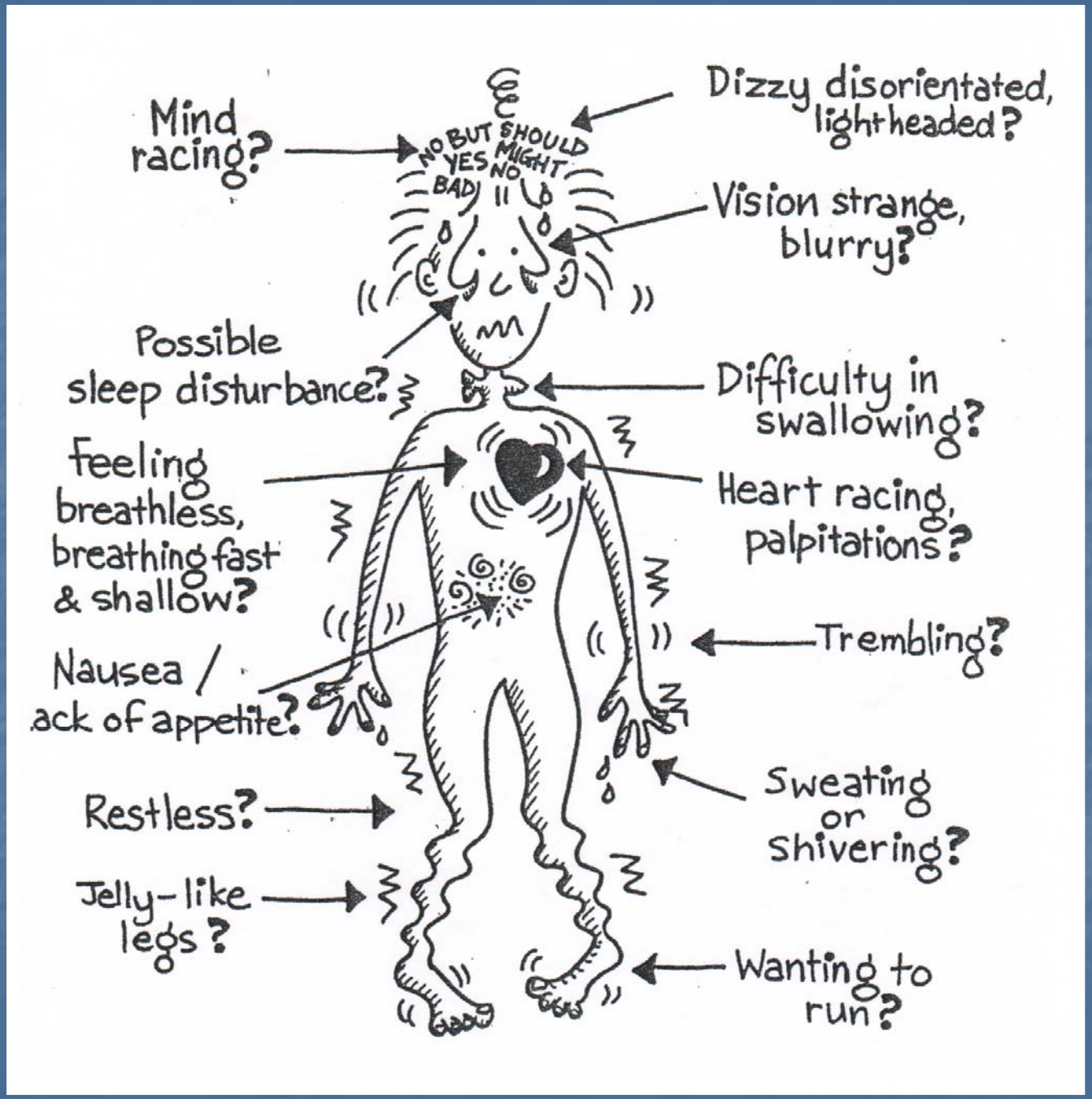
  - An unusually sad mood that does not go away
  - Loss of enjoyment and interest in activities that used to be enjoyable
  - Lack of energy and tiredness

Symptoms of Depression

- Loss of confidence or poor self esteem
- Feeling guilty when they are not really at fault
- Wishing they were dead
- Difficulty concentrating or making decisions
- Moving more slowly, or becoming agitated and unable to settle
- Having difficulty sleeping or sleeping too much
- Loss of interest in food, or eating too much. This may lead to a change in weight

Anxiety Disorders

- We all know what it feels like to be anxious
- It becomes a disorder if it causes major changes to thinking, emotions and behaviour and disrupts the ability to function day-to-day (eg work, study, personal relationships etc)


Mind racing?
NO BUT SHOULD
YES MIGHT
BAD NO
Dizzy disorientated, lightheaded?
Vision strange, blurry?
Possible sleep disturbance?
Difficulty in swallowing?
Feeling breathless, breathing fast & shallow?
Heart racing, palpitations?
Trembling?
Nausea / ack of appetite?
Restless?
Sweating or shivering?
Jelly-like legs?
Wanting to run?

Anxiety and Depression

- Often people will experience symptoms of both anxiety and depression.
- Substance misuse frequently occurs with depression and anxiety

Kessler Distress Scale (K 10)

Background

The K10:

- was designed by Prof R C Kessler (Harvard University)
- as the mental health section of a wider USA National Health Survey
- is NOT used to provide a diagnosis of a mental illness
- can distinguish those with minimal symptoms through to those who have a serious mental illness
- is a short measure of non-specific psychological distress
- asks about agitation, psychological fatigue, depression & nervousness

Background (II)

The K10:

- has been widely used in Australia
- is available in a range of community languages
- is a tool with which many GP's are familiar
- is a 10 item questionnaire which is quick & easy to complete (eg 10 minutes)
- is a Self Report Measure (ie completed by the client)
- if used regularly can monitor changes to distress levels
- operates using a time frame of the previous four weeks

Practice

When completing the SCTT tool:

- let the client know this will provide you with useful information to guide your work
- let them know that with their consent, the information will be provided to people involved with their care (eg GP, service managers, policy developers or carer/family)
- the information will be used to assist in the development of a care plan and may be used for research and service development (in a de-identified form)
- assure the client that participation is voluntary and will not effect their access to services or support

Note: All SCTT tool information is subject to confidentiality and privacy legislation as all other information contained within their client record

Practice II

When offering the K10:

- be warm, friendly and helpful
- encourage the client to complete the survey
- offer to assist if they have questions
- ask the client to respond based on their understanding of the question
- encourage the client to answer all the questions

Practice III (do's & don'ts)

Do:

- Highlight the importance of completing the measure
- Emphasise that participation is voluntary & that non-participation will not affect the service provided
- Emphasise that there is no right or wrong answer
- Emphasise that you are looking for his or her views
- Read or repeat a question verbatim if necessary
- Provide a definition of a single word if necessary
- Ensure the consumer completes the questions without outside assistance
- Advise the client that they will be asked to complete the K10 again in the future
- Thank them for their assistance

Practice IV (do's & don'ts)

Do not:

- Force clients to complete the K10
- Paraphrase or interpret the meaning of questions
- Answer questions for the client
- Tell the client how to answer the questions
- Ask a carer to answer for the client
- Allow the client to seek answers from a carer

Practice V

- Discussion about your use or knowledge of the K10

Practice VI

- Practice by the participants – using the case study

Practice VII

- Barbara is an 80 yr old widow who lives alone. She has Diabetes and Hypertension which her GP assists her with. Over the past 6 weeks she has seemed withdrawn and less enthusiastic. She appears to be worrying more about herself, her family and what may become of her. She mentions she has not been sleeping well for the past 3 weeks and you notice her meals on wheels meals have not all been eaten. She appears nervous and is fidgeting whilst she is talking. She states that she feels sad and hopeless, that she is worthless and that life doesn't hold much joy for her. She also seems to have less energy and motivation and says that keeping the house tidy is an effort.

- Complete the K-10 scale for the above client.

BREAK

- Take a 10min break

Practice VIII

- Discuss case study

Scoring & Interpretation I

- Scores (from the K10 manual):
  10-19 Likely to be well
  20-24 Likely to have a mild level of distress
  25-29 Likely to have a moderate level of distress
  30-50 Likely to have a severe level of distress

- What to do with the results?

Note: Your SCTT tool cut off score is 16. The K10 manual cut off for distress is 20. We suggest use of 20 to ensure you are not referring people who are not in distress.

Scoring & Interpretation II

- 10-20 Nothing to report
  - Some responses may require further enquiry
- 20+ Consider further action/referral
  - Explore high scoring items further for details that may indicate the person needs help
  - With client permission, ask a carer, have they noticed any changes recently?

ASKING BETTER QUESTIONS

- Q1 Tired for no good reason
  - How long have you felt like this?
  - Are you sleeping well?
  - Are you in pain?
  - Have you seen your GP about this?
- Q2 Nervous
  - Are you more nervous than usual?
  - How long has this been going on?

ASKING BETTER QUESTIONS II

- Q3 So nervous nothing could calm you down?
  - Do you feel out of control?
  - Can you distract yourself?
- Q4 Hopeless
  - Do you have plans for the future?
  - Do you have things to look forward to?
  - Are you satisfied with your life?
  - Do you feel hopeful your situation will change?

ASKING BETTER QUESTIONS III

- Q5 Restless or Fidgety
  - Do you find it difficult to relax or settle down?
  - Do you feel uncomfortable in your own skin?
- Q6 So restless you could not sit still
  - Are you pacing?
  - Irritable?
  - Are you talking more?
  - Do you have nervous energy to burn?
  - Are you more active than usual?

ASKING BETTER QUESTIONS IV

- Q7 Depressed
  - Do you feel sad much of the time?
  - Is it worse in the morning or evening?
  - Has your appetite changed?
  - Do you still look forward to/enjoy your usual activities?
  - Do you still enjoy seeing friends and family?
- Q8 That everything was an effort
  - Are you finding it more difficult to think clearly?
  - Are you finding it more difficult to get things done?
  - Are your energy levels lower?
  - Are you keeping up with the housework?

ASKING BETTER QUESTIONS V

- Q9 So sad that nothing could cheer you up
  - Sometimes when people feel like this, they think about ending their life. Are you thinking about this?
  - Have you thought about how you might do that?
  - Do you have plan?
- Q10 Worthless
  - Do you feel bad about yourself?
  - Have you lost confidence in yourself?
  - Do you think others would be better without you?
  - Do you feel guilty about things from your past?
  - Do you feel you don’t deserve help?

General Observations

- Other aspects to notice:
  - Does the person look unkempt or dishevelled?
  - Are they making eye contact?
  - Are they moving differently than usual?
  - Are they behaving differently than usual?
  - Are they behaving in ways that are peculiar/strange compared to others (eg talking to themselves or responding to things you can't see)?
  - Do they seem: Irritable? Despondent? Withdrawn? Tearful? Excessively talkative or "busy"?
  - Are they confused or disorientated?
  - What does their environment look like?

Referral Pathways

(The majority of instances referral will be to the GP)

- If scores are 20+:
  - Gather additional information on high score items
  - Contact a carer or family member to discuss with them (ie seek information & also with permission, provide update)
  - Is the person safe right now?
  - If uncertain discuss with your manager

- Examples of actions may include (but are not limited to) the following:
  - Referral to GP (for a physical health & mental health check)
  - If necessary, arrange transport to the nearest Hospital Emergency Dept (if health is severely compromised & GP is not available)
  - Seek advice from APMHS if unsure how to proceed
  - Or if the person is unsafe (ie high risks of harm), it may involve immediate referral to APMHS

Area Mental Health Services in the Grampians Region

Functions and Services

Child and Adolescent Services (undergoing redesign)

- Child and Adolescent Mental Health Services (CAMHS) is based in Ballarat
- Offers services to children and adolescents between the ages of 0-18 years
- Undergoing redesign. Team will be divided to 0-14 years, and 15-25 years of age
- Inpatient service is available, with clients usually transferred to the Banksia or Eagle unit at the Austin Hospital

Adult Mental Health Services

- Operates 24 hours, seven days a week
- Teams are located in Ballarat, Ararat & Horsham
- Inpatient adult beds include the Adult Acute Unit (AAU), Secure Extended Care Unit (SECU) & the Community Care Unit (CCU)
- Age group covered by Adult Mental Health Services is 18 - 65 years of age

Aged Persons Mental Health

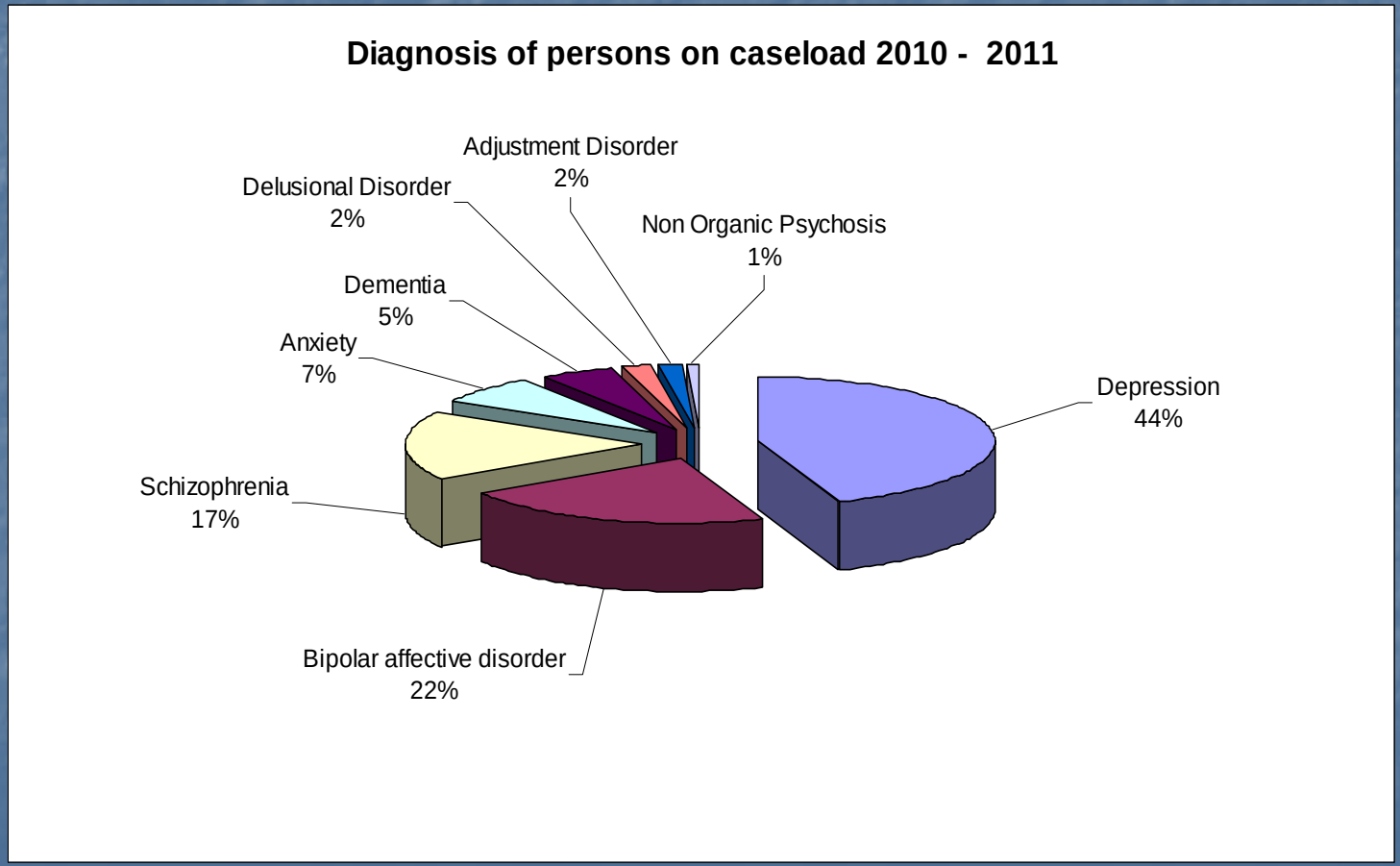
Aged Persons Mental Health

- The Aged Persons Mental Health Service provides treatment for serious mental illnesses within the Grampians region, specifically for those 65 years and older
- Is a regional service with offices in Ballarat, Ararat and Horsham
- APMHS also has a representative of the Dementia Behaviour Management and Advisory Service (DBMAS)

Aged Persons Mental Health

- Acute inpatient beds are located within the Steele Haughton Unit in Ballarat (10 beds). These beds are for the entire region and are short term with the person on discharge returning from where they came
- Residential psycho-geriatric beds are also located within the Steele Haughton Unit (20 beds), and also in Stawell (6 beds) and Nhill (6 beds)

Aged Persons Mental Health Services Diagnosis Data



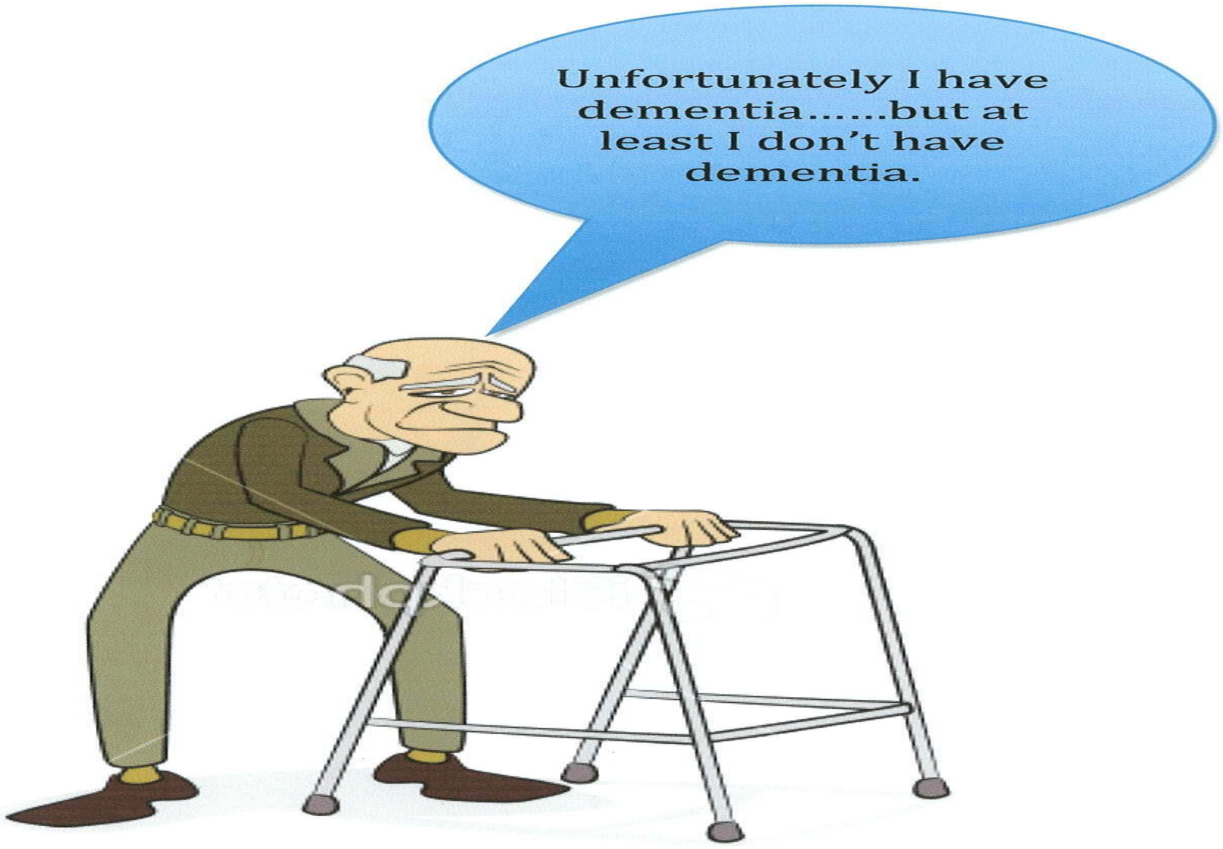
What Aged Mental Health Provides

- We are governed by the Mental Health Act (Section 8)
- Treats people who have a severe mental illness
- Treats people with severe behavioural disturbance due to dementia
- Treats people in the least restrictive environment
- General aged care services are considered before a specialist mental health service is involved
- Initial assessment and treatment is undertaken in the community by the Aged Community Team
- Provides individualised evidence based treatments
- Is family inclusive in practice

What Aged Mental Health Services Does Not Provide

- It doesn't provide frontline response for violent / drunk / or drug affected persons. This is the domain of the Police. Call 000.
- It doesn't take people away. It treats people in the least restrictive manner which is usually the persons place of residence.
- It doesn't treat persons in delirium (It is a medical condition / emergency).
- It doesn't provide competency assessments.
- It doesn't arrange placement of persons in care.

Dementia Behavioural Management Advisory Service



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Introduction to DBMAS Vic

AIM:

- The **aim** of DBMAS Vic is essentially to improve the quality of life of persons with dementia that are experiencing Behaviours of Concern (BPSD)

HOW:

- DBMAS Vic aims to do so, by working with carers and care workers (service providers) to offer additional support, advice, assessment and care planning for persons with BPSD

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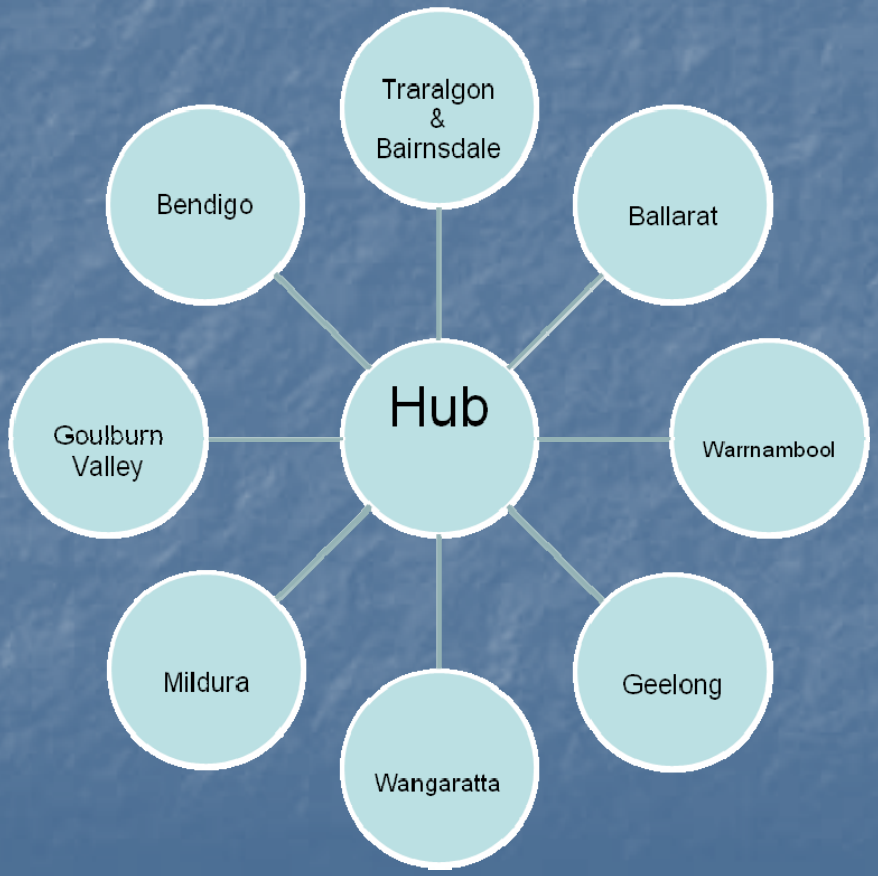
Hub and Spoke Model of Care



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Hub Staff (St Vincent's Melbourne)

- Provide 24-hour **phone-based:**
- Assessment: of the person with BPSD
- Identification of medical, environmental, and social factors contributing to behaviours
- Clinical support, information, & advice
- Contribution to care planning

An Australian Government Initiative

StV

- GPs can also contact DBMAS for phone consultations with specialist Old-Age Consultant Psychiatrists

Spoke Staff

- DBMAS ‘spoke’ staff exist within regional aged persons mental health services, and they provide the same functions as the Hub, but on a face-to-face level

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StV

DBMAS

24 hour Freecall

1800 699 799

Who can refer to Mental Health Services?

- For non urgent mental health issues refer to GP
- Anyone can refer to psychiatric services
- Aged persons mental health services prefers GP involvement
- Aged persons have a high incidence of medical co-morbidities so medical screening is required

- We will require demographic information
- What are the symptoms?
- What risks may be involved?
- Is the client aware of the referral?

- For every referral a triage response is assigned dependant on risk

Referral To Mental Health Services

24 Hours 7 days a week

1300 661 323

Referral to Aged Mental Health Service

Monday to Friday

Between Hours of 8.30am to 5pm

Referrals can be made by calling

5320 3592

- Any Questions?