

Grampians Psychiatric Services



Performance Review 2001-2002



Victorian Health Services



Contents

FOREWORD

MISSION STATEMENT & PHILOSOPHY

KEY ACHIEVEMENTS

ORGANISATIONAL ACTIVITIES

- "Shape Up" Healthy Lifestyles Program
 - Consumer Consultant Meetings
 - Safe City Program
 - Mental Health Legal Centre
 - Carer Crisis Fund
-

QUALITY INCENTIVE PROGRAM

SERVICE REPORTS

COMMUNITY MENTAL HEALTH SERVICE

- Child & Adolescent Mental Health Service
 - Adult Community Mental Health Service
 - Geriatric Psychiatry Assessment & Treatment Team
 - Psychogeriatric Care Unit Initiative
 - Intensive Outreach Program
-

BED BASED SERVICES

- Adult Acute Unit
 - Sovereign House
 - Steele Haughton Unit
 - Eastern View
-

SPECIALIST AREAS

- ECT Report
 - Primary Mental Health Team
 - Non-English Speaking Background Report
 - Improving Service Responsiveness to Aboriginal & Torres Strait Islanders
 - Mental Health Promotions
 - Education, Training and Professional Development Program
 - Consumer & Carer Education
 - Substance Abuse & mental Illness
 - Court Liaison
-

KEY PERFORMANCE INDICATORS

CLINICAL TARGETS

EDUCATION & DEVELOPMENT

INCIDENT/COMPLAINT REPORTS

FINANCIAL REPORT

OPERATING COSTS

REVENUE & EXPENDITURE STATEMENT

E.F.T. REPORT

PUBLICATIONS / PAPERS PRESENTED

Foreword

Ballarat Health Services is a major provider of health services within the Grampians Region. Grampians Psychiatric Services is a division of Ballarat Health Services and provides clinical services to clients who have mental illness.

It is pleasing to review the results of the third annual GPS performance review. I congratulate every staff member of Grampians Psychiatric Services on their endeavour. This Performance Review is provided as a report against DHS funding targets and outcomes for the various programs and provides a base for the measurement and continual improvement of strategies for psychiatric services.



ALLAN D. HUGHES
Chief Executive Officer

Grampians Psychiatric Services (GPS) catchment area is the Grampians Region, some 48,000 sq. kilometres, from Bacchus Marsh to the South Australian border. It is one of 21 Area Mental Health Services in Victoria. It is the largest region in area but receives the least funding based on its smaller population.

The past financial year has been an extremely positive one with consolidation of programs and initiatives commenced in previous years and the implementation of new initiatives under funding arrangements with DHS. GPS continues to draw heavily on national standards and state guidelines to bench mark itself and provide direction

The Business Plan has provided a useful structure to the implementation of change and the monitoring of improvement. Quality improvement is part of everyday practice and has been embraced by staff and is evidenced by the increase in quality projects with documented outcomes used as a basis for service development.

Consumer and carer groups are a valued part of the GPS structure. They provide direction, support and advice at multiple levels within the organisation. We could not go forward without their input.

The formal links with the Nursing Department of the Ballarat University has provided staff of GPS with the opportunity to lecture undergraduate nursing students in mental health nursing, offering students a contemporary view of the profession of Psychiatric Nursing. It is hoped that this will encourage more graduate nurses to consider psychiatric nursing as a career option and better prepare students for their practical placements with the service. This program has achieved statewide recognition.

This report has been produced for the third year and highlights the achievements of the clinical areas and other organisational initiatives that add value to the service. It is acknowledged that every member of the organisation contributes in a positive manner to GPS and whilst this report highlights innovation, it should not detract from the significance of the everyday practice.

The past year saw many changes of staffing at all levels within the organisation, the commitment and dedication of those staff has helped lay the foundation for a progressive and innovative regional mental health service. All staff are commended for the services they have provided during 2001/2002 and look forward to a full and challenging new financial year.

STEPHEN MILLS
Manager Grampians Psychiatric Services

Dr. John Little
Director of Clinical Services



Mission Statement & Philosophy

BALLARAT HEALTH SERVICES

VISION

To be the best regional health service in Australia.

MISSION

To deliver fully integrated regional health services which maximise care, compassion, individual choice and quality outcomes.

GRAMPIANS PSYCHIATRIC SERVICES

VISION

To be the leading regional psychiatric service that continually seeks innovative solutions in the provision of contemporary psychiatric practice.

MISSION

Grampians Psychiatric Services as part of Ballarat Health Services will ensure the provision of specialist psychiatric care to the community of the Grampians Region.

Key Achievements

- The redevelopment of the Carers' Advisory Group
- The Carer Consumer Education Program
- Intensive Outreach Program for Aged Persons.
- The Court Liaison position
- University of Ballarat post graduate course in clinical practice has been developed
- 'Shape Up' - a 10-week healthy lifestyle program
- ECT training for nurses is now entering its fifth year.
- Recruitment of a Service Manager
- Child and Adolescent regional program
- Aged Persons Assessment and Treatment team regional focus
- Mental Health Graduate Nursing program developed
- Asia Pacific ECT conference
- Successful implementation of Mental Health Promotion Activities
- Participation in regional Rotary Mental Health Forums
- File Audits
- IT connection between Ballarat, Ararat, Stawell and Horsham via microwave links
- Staff education needs analysis undertaken with a 12 month education program developed based on results
- Tai Chi program for residents and staff of EasternView
- Consumer surveys on exit from Adult Acute Unit
- Recruitment of Psychiatric Nurse Consultant Education and Clinical Nurse Educator
- NESB workshop
- Cave Hill Consumer Discovery Day
- Appointment of Team Leaders to Ararat/Stawell and Horsham
- ECT information video produced
- Primary Mental Health Team and Early Intervention Initiative consultations conducted
- Primary Care Partnerships
- Mental Health Industry Forum with a focus on high prevalence disorders

Organisational Activities

'Shape Up' Healthy Lifestyle Program

'Shape Up' Healthy Lifestyle Program is a ten-week program designed by Julie Rowse (Occupational Therapist) and Meagan Walker (Dietitian) to address weight gain issues for people experiencing a serious mental illness. The program provides basic dietary education, regular low impact exercise, and provides intensive support to encourage motivation and commitment to change shopping, exercise and eating habits. The results of the pilot program were presented at the annual TheMHS Conference in Adelaide in August 2000. Julie Rowse was also a guest speaker in November 2001 at Eli Lilly Pharmaceuticals' MindBodyLife Forum in Melbourne where she spoke about the 'Shape Up' Healthy Lifestyle Program. The 'Shape Up' Healthy Lifestyle Program was run at Eastern View Community Care Unit during the early part of 2002 and five out of the six participants, plus one staff member, lost weight, increased their amount of exercise, and changed their dietary input. The first 'Shape Up' Train the Trainer One-Day Workshop was run on 18th July 2002 with participants from all over Victoria. All participants were motivated, participated well in the interactive workshop and gave very positive feedback. Participants have agreed to provide the outcome data they gather when they facilitate 'Shape Up' in their own organisation so GPS can co-ordinate statewide data on the effectiveness of the 'Shape Up' program

Consumer Consultants Steering Committee:

2001/2002 has been another busy one for our consumer consultants and for the development of this service across GPS.

The steering committee made up of consumers, carers, DHS, NGO's and clinical services has watched and guided the development of this exciting initiative.

Mark Lacey and Barry Ladlow continue to make significant contributions to GPS and are valued members of the service.

Achievements/ Developments this year:

- Consumer consultants and clinical staff were involved in a major review of the consumer consultant project, now in its fourth year. The department of human services undertook the review to establish how the initiative has been implemented across the state, determine consistent approaches in areas like roles, rates of pay and determine future directions. We are awaiting the final report and recommendations from DHS.
- TheMHS Conference in Wellington: Both consultants attended TheMHS and enjoyed the experience. The conference was well attended and provided some valuable ideas for our future direction.
- Consumer/Carer map of the Grampians Region was produced and finalised.
- A Consumer Forum was held on 16th April 2002 at Cave Hill Camp just outside Beaufort. The day was a resounding success with around 100 participants involved in activities including, canoeing, archery, rope courses, fishing, bush walking or just relaxing. The day was only possible through the continued cooperation of service providers across the region and the tireless work and commitment from Barry and Mark. A write up of the day has been submitted to the Eli-Lilly Well-Being Awards with assistance from Julie Rowse.
- The consumer advisory group meets on a regular basis and continues to provide positive feedback which assists in the development of the service.
- Involvement on the National Mental Health Strategy community development project. This included initial consultation and follow-up launch of Curriculum Development Education Packages and a resource kit for consumers of mental health services and family carers. The aim is to assist people develop the skills to advocate for themselves and others.



Safe City Program

The Ballarat Safe City Program, established in 1998, is a project of the City of Ballarat's Ballarat Healthy Community Program and is funded by the Department of Justice, Crime Prevention Unit. The program has engaged a wide range of agencies within the community resulting in creative approaches to community safety.

Management of the Program is by a Senior Management Team, and a Work Group co-ordinates the implementation of crime prevention initiatives and community safety actions. In 2000 the local Police Safety Committee was integrated within the Ballarat Safe City Program. GPS has been part of the Work Group since the inception.

The first task undertaken by the Ballarat Safe City program was finding out the safety, crime and health issues of most concern to the people of Ballarat. The information collected from this extensive community consultation gave a comprehensive picture of the major community concerns.

They were:

1. Road Safety
2. Safety in public
3. Safety in the home
4. Young peoples issues
5. Drug and alcohol issues
6. Self harm
7. Older persons issues

A three-year Community Safety Plan was then developed to address some of the above concerns.

Major initiatives have included:

1. Ballarat Safe City Taxi Rank
2. Theft of and from motor vehicles
3. Urban dog management
4. Local Drug Action Plan
5. Road Safety Strategy

Mental Health Legal Centre

Ballarat was chosen to run a pilot program which aims to improve legal access for people with mental illnesses. A campaign was run to promote it's services in Ballarat. The centre provides free and confidential legal service to anyone who has experienced mental illness or had contact with mental health services. All centre activities aim to promote the rights of people who have a psychiatric disability.

The centre undertakes a variety of legal advocacy work for individuals with mental illness. The Mental Health Legal Centre community legal education worker said Ballarat had the lowest representation at the Mental Health Review Board hearings, which proved that consumers did not know how to access legal advice.

Ballarat is one of the few regional centres which does not have a legal aid centre. It is hoped to bridge this gap by regularly visiting Central Highlands Community Legal Centre and conduct consultations from the Ballarat office on a weekly basis.

Rural people can seek legal advice, referrals and organise advocacy. The service is also training Ballarat solicitors on how to represent clients with mental health issues. It can offer assistance on complaints about the mental health system, involuntary detention, community treatment orders, criminal law, child welfare law, family law disputes, unfair discrimination, complaints about administrators or guardians and assessment of medical files.

The pilot program was funded to run until June 2002. After the completion of the trial, it was decided to continue this valuable initiative.

Carer Crisis Fund

The Carer Crisis Fund is an initiative designed to support carers in continuing to care for a person with a mental health problem.

The fund is accessed through GPS Case Managers. Each request is reviewed by carers, managers and other staff. In the past financial year the fund has been accessed to support 159 applications.

Sample of Responses to Carer Crisis Fund assistance:

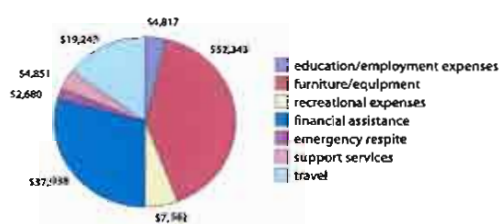
"We would like to take this opportunity to say how grateful we are. We think the carers fund is an extremely good idea, and hope that others in our position can also benefit from this wonderful and well thought out scheme." *ML*

"Thank you very much for accepting my application for holiday expenses. I feel refreshed now, and hopefully can go on coping, thank you once again for making the holiday possible. It is nice to know there is people who care enough to help us in a difficult situation, that seems never ending." *TG*

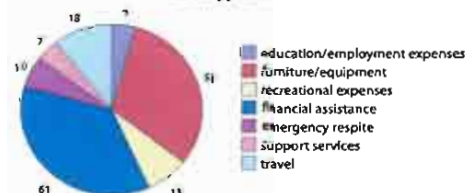
"The Carer Crisis Support Program does a wonderful thing by acknowledging the role of the carer, which often is overlooked in our day-to-day lives – we do what we have to do, as best we can." *SH*

"Thank you very much for helping us. I can't express my feelings very well other than to say you and the hospital have given us a much happier life than you can imagine." *EC*

Expenditure by Area of Assistance - 2001 to 2002



Carer Crisis Program - Area of Assistance
No. of Applications



Quality Report 2002

The past 12 months have proven to be active in the development of quality activities with this year a team based approach to the selection of activities needing to be undertaken. These activities fed the GPS quality plan which in turn becomes the basis of the business plan. Over 120 activities have been recorded with varying degrees of completion and outcome reporting.

The range of activities again were quite diverse with a strong emphasis on the review of ward/service based procedures, education and the provision of information. This years quality incentive strategy run by the Department of Human Services is the "Provision of Information to Consumers and Carers" GPS has been working towards a long term sustainable program for the supply of information across the continuum of care. This is to be evaluated by DHS contracted independent auditors in August 2002.

Many enhancements have been made to patient environments with shade sails, tables, benches and water proofing in a number of areas. Repainting has commenced on some buildings. A waiting room has been established in the Queen Victoria building which has assisted in the comfort and the protection of privacy of consumers.

GPS has continued to collect the full set of clinical indicators for psychiatry. Data has now been collected for five successive periods. This information has been presented to staff and managers of GPS as well as the Quality Committee of Ballarat Health Services. From these reports which compare GPS results to other organisation who submit indicator information to the ACHS. GPS have undertaken some further quality investigation into existing practice with results supporting our existing procedures.

GPS is a lead organisation in the implementation of clinical outcome measures and has introduced a suite of measures which are now incorporated into every day practice. Some refinement is required in IT to enable readily accessible feedback to be available to clinicians, this is currently being developed by DHS with GPS involvement.

The development of ECT coordinator workshops and the running of international conferences has provided a GPS with worldwide recognition for the excellent work done in this area.

Site visits from other mental health services are a regular occurrence due to the established work practices at GPS, these practices have included the database development for "EQuIP" and the "NSMHS"; the treatment of people with borderline personality disorders, the implementation of outcome measurements and other educational initiatives.

Safety

There has been much activity in this area with improved lighting and signage around building which has assisted in the security of staff and consumers. The adult acute unit has purchased and implemented a new ASCOM personal alarm system. This new system allows staff to be more confident with their personal security as it has open channels and voice activation. This has increased the number of activities that staff can safely undertake in and around the ward.

Both Eastern View 'CCU' and Steel Haughton Unit have upgraded their sprinkler systems to meet legislative requirements. An ongoing program of repair and maintenance to equipment and furniture is implemented, eg new ECT equipment and training, new furniture with fire and tear resistant coverings and innovative seclusion door designs.

GPS has been instrumental in the development of statewide protocols for the prevention of occupational assault. GPS also has developed a one day training package that all staff receive in the area of dealing with difficult and challenging behaviours. This package is offered to BHS and external organisation with an increasing interest. Further training that all inpatient staff have received is the no lift program.

GPS participates in BHS occupational health and safety committee meetings and conducts its own local committee meetings.

Clinical Indicators

Indicator data for 2001 and 2002 have been submitted to the Performance and Outcomes department of the Australian Council on Health Care Standards. The reports supplied by the ACHS have provided significant information that has prompted further investigation and quality activity from the medical staff at GPS. Indicator data in GPS are collected by the Medical Officers at the point of client discharge from Acute Inpatient Units. Feed back is provided to medical staff via established meeting processes and reports are also tabled at the senior policy and planning committee.



Child & Adolescent Mental Health Service (CAMHS)

CAMHS within Grampians Psychiatric Services

In July 2001, changes to the management structure resulted in CAMHS having its own Co-ordinator, answering directly to the Service Manager. The Co-ordinator now attends the Senior Manager's meetings, Senior Policy and Planning, and has direct input into a range of organisational activities and other forums. This has had a very positive impact.

Therapeutic Approaches

CAMHS has again offered a variety of therapies and services across the entire Grampians region. Along with regular case management, CAMHS offers its own crisis assessment service for the entire region during business hours. It responded to all assessments deemed crisis within 24 hours, 100% during 2001-2002. CAMHS has continued to offer family therapy, a variety of contemporary individual therapies, group work, parent therapy, assessment for Autism Spectrum Disorders as well as consultation and its own Intake service.

Triple C

The "Consistent Clinical Care" panel was initiated by CAMHS and involves Protective Services, Lisa Lodge and other DHS and regional services as appropriate. Its aim is to promote the highest standard of clinical care for young people with complex and high needs, and to acknowledge and work toward addressing systems issues identified via the process.

Movement toward Evidence Based Practice

CAMHS commitment toward the use of outcome measures in care planning and evaluation was extended further this year. Care planning is oriented toward achievable goals, and involves consumers and carers wherever possible. Outcome measures are reviewed regularly. Groups and initiatives like the SSAT (Solution focussed and Strength Based Assessment and Therapy) are evaluated to ensure that services provided are the most effective and the best use of available resources.

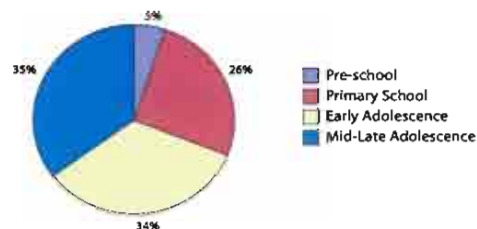
Mental Health Quality Information Strategy

A number of CAMHS clinicians have worked jointly with Anne Watson (Mental Health Promotion Officer) in the development of fact sheets for consumers. The fact sheets provide "family friendly" information on the most common Child and Adolescent Psychiatric diagnoses.

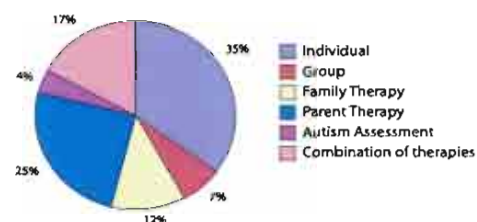
CAMHS Consumer Participation

A working party to plan for CAMHS consumer participation has been established. The working party has liaised with metropolitan services to gain ideas, and has participated in the Statewide working party developing a "Child Consumer Rights Charter". This work is ongoing.

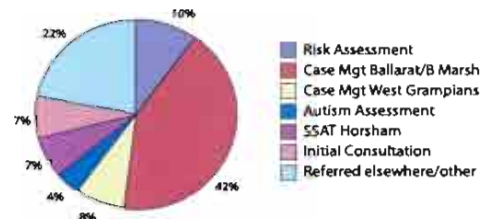
Age range of CAMHS Consumers:



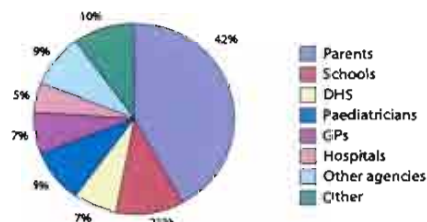
Therapies utilised:



Referral Outcome:



Source of Referrals:



Adult Community Mental Health Service

Central Highlands

Triage

Triage is the first point of clinical contact with the service. The triage worker has the role of listening to people who contact the service and assist them in meeting their needs. This includes both phone contact and people who 'walk in'. People contact the service with a variety of needs they may want to make a referral, consult about someone or want information.

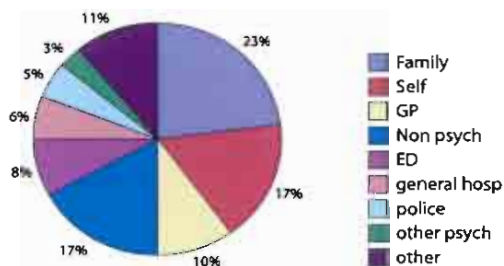
The following is a summary of the contacts that triage has had with people and the responses undertaken:

- Counselling – 2121 contacts
- Consultation – 2762 contacts
- Referrals – 1635 contacts
- Total – 6518 contacts

Sources of referral:

The highest source of referral was from family/ carer with self-referral and referrals from non-psychiatric service sources equal second highest. A breakdown of referral sources is demonstrated in the following graph:

Triage - Sources of Referral



Of the referrals received 87% were accepted for assessment and treatment .
 4% referred to other health welfare providers
 4% were referred to General practitioners
 3% were referred to private psychiatrists
 2% were referred to drug and alcohol services.

Crisis Assessment and Treatment Team (CATT)

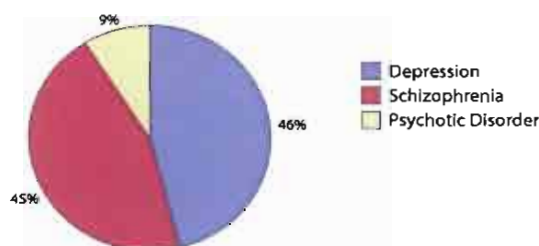
The CATT offer assessment and community based treatment (as an alternative to hospitalisation) 24 hours a day, 7 days a week for clients who are experiencing mental illness for the first time or may have an existing illness and are relapsing. CATT support is utilised during the period of crisis once stabilised they are referred on to another component of the service or another agency.

CATT received 892 referrals last year, 97 of these clients were currently receiving case management but required extra support.

The remaining 795 were assessed with the following responses:
 Assessed & taken on for treatment - 231
 Assessed & referred to another service - 400
 Assessed & admitted to the AAU - 164.

Diagnostic profile of clients being treated by CATT for the month of June 2002:

CATT Diagnostic Profile



Enhanced C.A.T Service

Review undertaken of night shift position, with the outcome being that one position has been filled by a dedicated clinician to promote a consistent, co-ordinated response over night; to consumers, family/ carers and other service providers.

Continued liaison with the emergency department to ensure open communication between the departments, provide timely assessments as requested, available for secondary consultation and ongoing education to emergency department clinicians (including medical registrars).

Linkage with other service providers through participation in activities such as community development, education, service forums, secondary consultation and case conferences are offered to a number of service providers including Juvenile Justice, Drug & Alcohol agencies, Community Health Centres and Protective Services.



Continuing Care Team (CCT)

The Continuing Care team provides service to the majority of people who access Public Mental Health Services. The CCT provide assessment treatment and support via the case management system. The team is community based and provides services within a client's home. Teams offer a multi disciplinary approach to care planning and service delivery.

The continuing care teams assessed 78 clients who were new to the service and accepted 33 clients from CATT. 164 clients were referred for case management following admission to the Adult Acute Unit and 31 clients were referred from other community teams for case management.

The following statistics are the averages for the team:

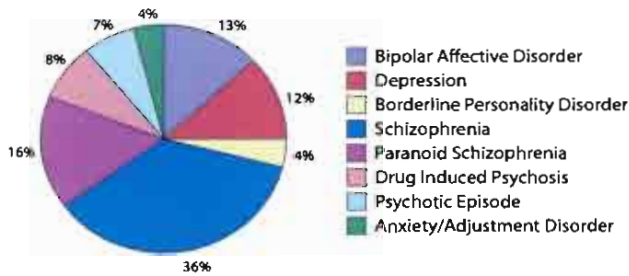
Case load per case manager - 20 clients

Clients accepted for case mgt per month - 24

Clients discharged from case mgt per month - 22.

Diagnostic profile of clients being case managed at June 2002:

Continuing Care Diagnostic Profile



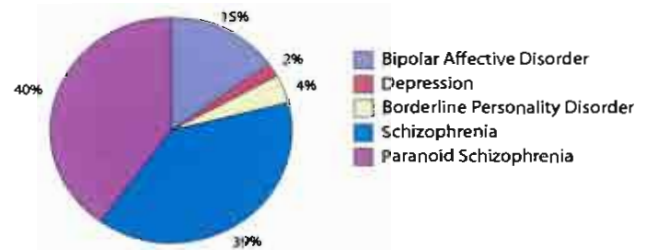
Mobile Support & Treatment Team (MSTT)

The MSTT provide intensive, ongoing support to clients who have a significant level of disability associated with mental illness and who live in the community. MSTT provide service to clients in their own home and treatment is focussed on psychosocial rehabilitation, the reduction of hospital admissions and the development of independence.

The MSTT accepted 10 new clients for the year and discharged 8 clients. The case managers had an average caseload of 8 clients. These statistics reflect the higher level of disability in comparison to the CCT figures.

Diagnostic profile of clients being case managed at June 2002:

MST Diagnostic Profile



Horsham

Official Opening of New Offices:

Having taken up residence in our new offices in May 2001, the FEDERATION Building was officially opened in November 2001 by the Minister for Health, John Thwaites.

Staff Development:

We have been most fortunate in that two of our newer staff members were accepted into and are currently undergoing the Graduate Certificate of Nursing (Mental Health). Inservice Training such as Basic Life Support and Fire Training are being provided by the Wimmera Health Care Group.

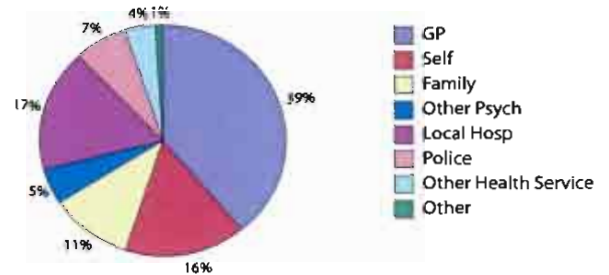
Staff Vacancies:

The Reliever position which has been vacant for some time was filled during the year, and a further two staff members were appointed. For the first time in a number of years the Horsham Office is now operating with a full staff compliment.

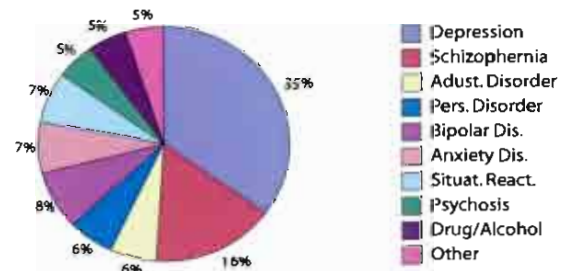
All Wheel Drive Vehicle:

The service has purchased an All-wheel Drive Vehicle, which allows Clinicians access to most areas of our Region, much of which is gravel roads and rough bush tracks

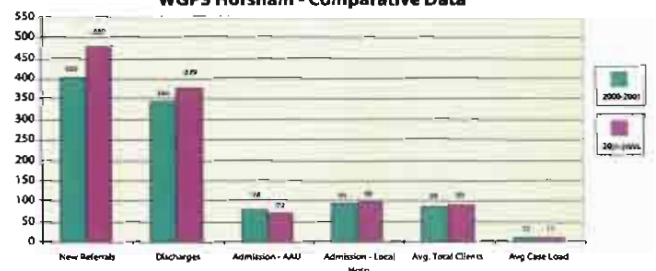
Referral by Source



Referral by Diagnosis



WGPS Horsham - Comparative Data





Ararat / Stawell

Respite / Crisis Accommodation:

A successful joint submission to the Department of Human Services with Grampians Community Health Balgarnie Centre has seen the acquisition of a respite/ crisis accommodation flat in Ararat. The flat will be jointly managed by Grampians Psychiatric Services and Balgarnie and provide much needed respite and crisis accommodation, for clients within the Ararat/ Stawell area. The availability of local accommodation for clients who live remotely in the region will provide significant access opportunities to local programs and the facilitation of improved client outcomes.

East Grampians Health Service – New Building Works:

Grampians Psychiatric Services in Ararat will form part of a new building development of the Ararat Hospital including a substantial redevelopment of new offices which are due for completion at the end of 2003. The new premises will provide improved client access and a substantial improvement in office accommodation.

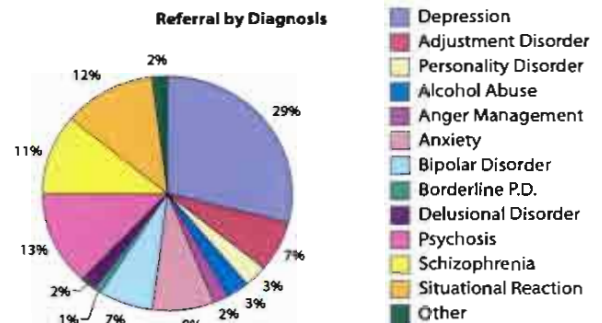
Carer Support Program Pilot:

A joint carer support program has been piloted in the Ararat/ Stawell area between Grampians Psychiatric Services and the Balgarnie Centre. The program involves new referrals having access to a specific carer support worker one day a week to provide education, information and support to families experiencing mental illness for the first time. The large number of referrals and success of the pilot project to date indicates a need to plan for an expansion of the program in the future.

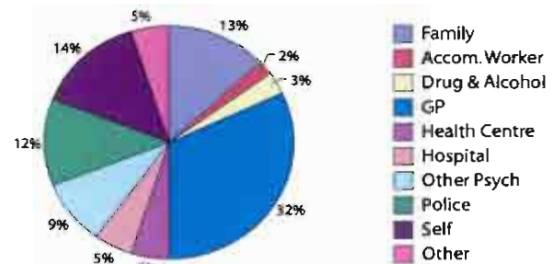
Emergency Service Organisations and Psychiatric Services Liaison Meetings:

As an important component of collaborative service provision Ararat and Stawell Police, Ambulance, Emergency departments and Psychiatric Services convened a committee to meet quarterly. The forum provides for time efficient sharing of information and planning of joint service provision in the Ararat/Stawell region and the opportunity to formally review specific cares involving multiple services to facilitate improved outcomes for service users. Meetings to date have been well attended and have improved participating services knowledge of each other's mandates and operating procedures.

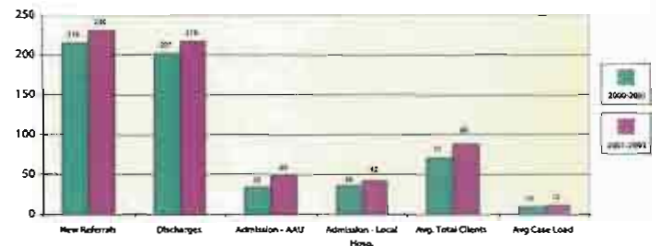
Referral by Diagnosis



Referrals by Source



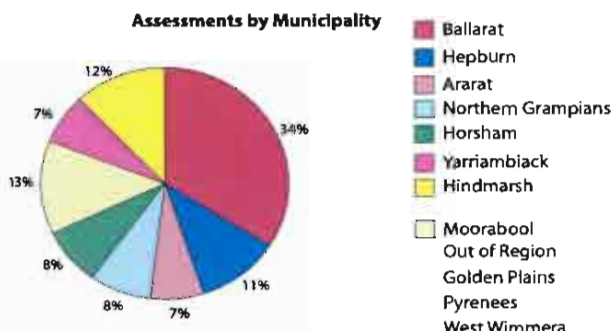
WGPS Ararat/ Stawell - Comparative Data



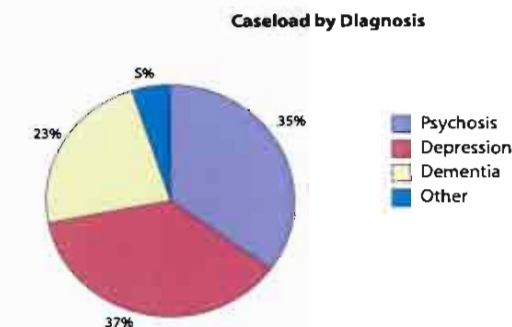
Geriatric Psychiatry Assessment & Treatment Team (GPATT)

The Geriatric Psychiatry Assessment & Treatment Team (GPATT) assists residents of the Grampians Region who are 65+ years and experiencing a serious mental illness.

Assessments 2001 - 2002:



Caseload by diagnosis 2001 - 2002:



Regional Boundaries:

A review of boundaries has been undertaken resulting in Ballarat based GPATT looking after the municipalities of Pyrenees and Ararat. This allowed the Stawell based GPATT members to services areas further west. Triage of Aged referrals was also centralised to Ballarat with the Duty worker accepting all aged referrals across the Grampians Region. These steps were necessary to lessen the ballooning workload of the Stawell based GPATT members. Ongoing review of resources in the west of the region will continue to occur.

Quality Improvement:

The team continued to incorporate quality improvement into its every day work practice.

Activities included;

- Carer booklet on dementia
- SMMSE update
- GP medication proforma letter.

A total of 436 new assessments for the year of which 129 assessed and not accepted. Discharges totalled 315.

Average age of persons on caseload was 76.41 years with males accounting for 41% of the caseload and females 59%.

Psychogeriatric Care Unit Initiative

The primary target group for this initiative, is people with dementia currently living in Nursing Homes, Hostel and Supported Residential Services whose care needs are not easily met due to challenging and difficult behaviours and severe cognitive defects.

The secondary target group is people with dementia who have not yet been able to access appropriate residential care due to their challenging and difficult behaviours and severe cognitive defects.

The service also offers education regarding managing difficult behaviours to staff in residential care facilities.

Referrals to the service are via; the Aged Care Assessment Service; the Cognitive, Dementia and Memory Service; General Practitioners; Hostels; Nursing Homes; and Supported Residential Services. Referrals are directed to the Psychogeriatric Assessment & Treatment Team.

Provision of Services:

Services are provided by the Geriatric Psychiatry Assessment & Treatment Team, which has a regional focus and includes a Psychiatrist, Medical Officer, Psychiatric Nurses, Psychologist, Social Worker, Occupational Therapist and Allied Health Assistant.

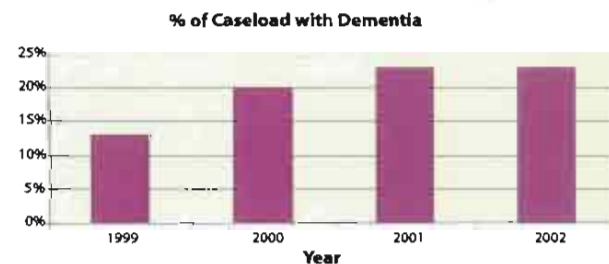
Particular Services Provided:

Services provided include behaviour strategies, diversional activities, medication reviews, inpatient admission, residential care placement, security equipment and education to care givers.

Dementia Reference Group:

GPATT is a member of this group which is working towards better access to dementia care and the formalising of dementia care pathways for mild, moderate and severe groups. This group covers Ballarat and Districts.

Dementia Clients on Caseload:



Since the program has been initiated in June 1999 the caseloads have reflected a higher percentage of people with dementia. Levelling out in the current year.



Intensive Outreach Program

This program provides care and support to older people over the age of sixty-five, with a mental illness and complex needs who are at risk of homelessness and who reside in the Grampians Region.

It provides intensive support to prevent the breakdown of accommodation and delivers a flexible program, reflecting different responses to a range of consumer needs.

Assertive Outreach:

The program uses an assertive outreach model and is not dependent upon referral only.

The IOP clinician regularly visits Supported Residential Services, Boarding Houses, Caravan Parks, Hotels, Breezeways and maintains close contact with agencies such as the Salvation Army, Housing Network and Uniting Outreach. These contacts allow recognition of persons who are at risk of homelessness and enable provision of service.

Care Packages:

These packages provide for the development of specific care and support for clients for whom no appropriate service exists. These care packages enable individual responses to consumer needs.

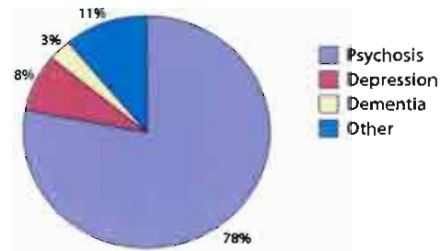
Examples of use of this funding include payment of day centre fees in order to enable socialisation, heaters, fans, shavers, clothing, bedding, purchase of food packages, medications, and funding for accommodation, to name a few.

Service Liaison:

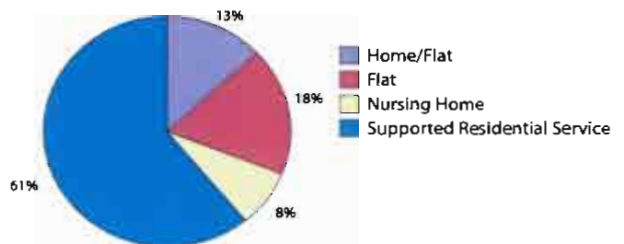
The IOP clinician makes multiple community service contacts across the region. Sits on meetings with groups such as the DASH advisory committee, Daylesford SRS working party, NEXUS and works closely with the Centacare Team region wide.

Facts:

Diagnostic Profile



Place of Residence



Gender;

Males	66.67%
Females	33.33%

Referrals from Supported Residential Services account for 51.28% of all cases. 80% of cases have no family contact.

Presentation:

The program clinician will be presenting a paper on the program at the TheMHS conference in Sydney.

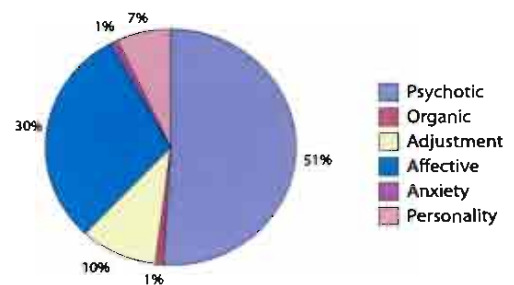
Adult Acute Unit (AAU)

The acute admission unit provides care, treatment and assessment to adults and adolescents who require intensive support that cannot be provided in the community. The unit has had a significant increase in admission during 2001/2002 with a noted increase in the acuity of patients that required admission. This multi purpose facility incorporates a general area, High Dependency Unit, Child and Adolescent Unit and a mother/baby area.

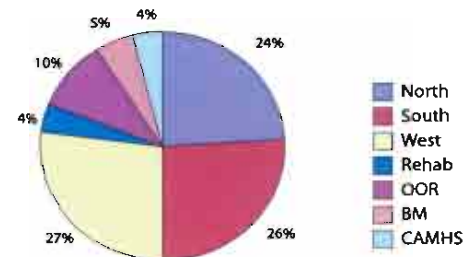
Achievements/new initiatives:

- Implementation of the quiet hour between 1300-1400 hrs. This initiative is aimed at relaxation and rest for patients and allows staff time to write reports, attend staff development and handover patients to the afternoon shift. All business except emergency admissions are conducted outside these times. With the support of patients, carers and clinicians this has been very successful.
- Installation of sails to the north courtyard to enhance to external environment and provide much needed protection from the elements.
- The purchase of a second state of the art seclusion room door that has improved the seclusion process and added to the safety of the area. No incidents have been recorded in the seclusion process since inception. Reduced incidents, injuries to staff and patients, reduced noise and reduced costs of repairs have guaranteed the success of the initiative.
- In response to increased prevalence of dual diagnosis in admissions, a new drug and alcohol policy and procedure has been formulated by GPS within the unit. This includes rapid urine screening, treatment pathways, withdrawal scales, safe practice and environment considerations and nursing/MO education on orientation to the AAU. All staff have been trained in D/A issues pertinent to inpatient treatment. Training included a one day workshop for staff, facilitated by the Unit Manager, clinical educator and dual diagnosis clinician.
- Increased links with external providers who visit the unit on a fortnightly basis. These include Centrelink and D&A services.
- Community staff have increased their presence in the unit and on a monthly basis they manage the ward whilst the inpatient staff conduct an informal supervision and debriefing process.
- Carer groups have been expanded to include day sessions on Fridays after the BBQ to allow carers of recent or current inpatients to speak with staff about concerns or receive information regarding the treatment processes.
- Employment for a trial period of an ECT clinician in the AAU to coordinate treatments and assist staff in the recovery of patients receiving ECT.
- Utilisation of teleconferencing facilities within the unit to improve communication and treatment options for clients from West Grampians.
- A computer was purchased with funds from the unit's coke machine and a generous donation from the mental health week committee to provide an extra resource for patients within the AAU. It will be used for recreation and psycho-education and has been well received.

AAU Diagnostic Profile



AAU Admissions by Sector



Sovereign House

Sovereign House is a 12 bed secure/extended care unit that provides a comprehensive rehabilitation program for those who have a serious recurrent psychiatric disorder. Typically patients have severe disabilities that require a structured nurturing environment to achieve positive outcomes.

Programs are tailored to individual needs with the aim of patients moving to a least restrictive environment such as Eastern View or other supported accommodation. The units design provides for a safe secure environment that enhances individual growth.

Key Achievements:

- Holiday program that allows patients to experience life in the community in a manner that challenges them while providing some structure and support. The commitment of the staff in the process is essential.
- Involved in the development and training of the new drug and alcohol policy.
- A focus this year was to encourage patients to increase the amount of time in community activities. These include social/leisure activities as well as overnight leave with families. This allows staff an opportunity to assess the progress of patients regarding discharge planning.
- A quiet hour after lunch 1300-1400 hrs. This was introduced with the aim of providing time for relaxation and rest for patients and time for staff to write reports and handover to the afternoon shift. Consumer involvement in the decision and an adjustment in visiting hours have ensured the success of the change.
- A sail was erected in the courtyard to provide protection from the elements.
- Family, patient, staff and community visitor Christmas party day in the marquee was a resounding success with catering provided that allowed staff to participate fully in the day.



Steele Haughton Unit (SHU)

Residential services to those people over 65 years of age are provided at the Steele Haughton Unit. Three levels of care are available depending on need and are Extended Nursing Home care, Aged Acute Admission Unit and Day Hospital.

The Extended Care unit offers treatment and ongoing support to patients requiring specialist attention unavailable in nursing homes and other generic aged care facilities. The Acute inpatient unit provides short term intensive support and treatment when such options are unattainable in the community. The day Hospital allows for intensive support and monitoring before and after admission.

Achievements/developments:

- The redevelopment of the occupational therapy program in the Extended Care Unit has been necessary to meet the requirements under the Residents Classification Scale and to enhance the activities offered in the unit. All residents have been assessed and participate in programs structured to meet their needs.
- Funding obtained from DHS was used to plan, purchase and construct a pergola, paving and landscaping in the Acute Unit courtyard. This certainly makes for a comfortable protected outside area which can be utilised all year round. Landscaping to the Extended Care courtyard has opened up more space for the residents and will provide much needed privacy.
- Due to the changing nature of residents in the acute unit some adjustments have been made to equipment and processes to care for them. Staff within the unit have shown an enormous capacity to adapt and still provide high levels of care to meet the changing needs of the units population.
- Staff training in aromatherapy for relaxation therapy.
- Questionnaire produced for all family, friends and carers of residents in extended care to assist formulate plans and occasions to meet during the year and in what format. The Acute unit trialled a carer exit survey which has provided some useful feedback and will be reintroduced as part of discharge practice in 2002/2003.
- Introduction of a system that allows residents have more choice in daily meals.
- Two staff have been trained as infection control officers. With this comes some responsibilities for the development and implementation of processes across GPS related to infection control.
- A fire sprinkler system has been fitted to the SHU to meet new building safety regulations. It was done with minimal fuss and disruption to residents and staff.

Eastern View

At Eastern View Community Care Units housing and support are provided to people with a serious mental illness. These people would not be able to live in the community without a significant level of support available through residential rehabilitation services.

Eastern View can accommodate up to 20 people in cluster style housing and is staffed 24 hours per day by a multi-disciplinary team of health professionals. The aim of the program at Eastern View is to empower residents to move to independent living and to reduce the need for repeated or lengthy inpatient treatment. Individual programs are tailored to assist residents understand their illness, develop coping strategies, daily living and social skills, and pursue vocational and recreational activities.

Families and significant others are heavily involved in the development of treatment strategies that support the client at Eastern View and into the future.

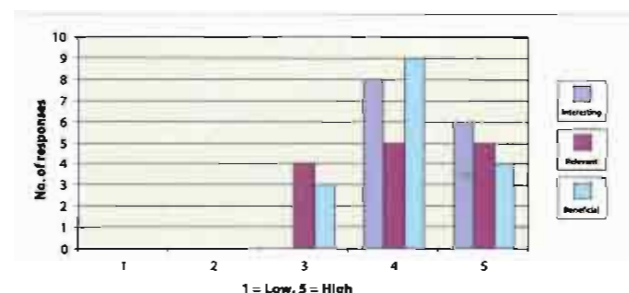
Achievements/Developments:

- The introduction of Tai Chi activities has proved a hit. Both residents and staff engage in regular classes and all have embraced the concept. The classes are held in the local hall or at the local park weather permitting.
- A drama group commenced at the residents request. The initial aim was to produce a small play but as the idea progressed it became evident that there was a small play each week that was very therapeutic for the residents without the associated pressures of preparing one big play. An outside consultant has been employed to assist in the process and the success of the activity will be written up and presented to other organisations/conferences etc.
- The importance of information to carers has long been acknowledged as vital in assisting residents progress and move on from Eastern View. With this in mind, information sessions for families and friends are run on a quarterly basis with set topics and agendas and it is planned they continue.
- As part of the activities/therapy program accessing community services occurs and this project run over several weeks includes invited guest speakers such as state trustee, community policing squad, Centrelink, and the local library. The aim is to allow residents to gain information and confidence when dealing with outside agencies.
- Development and distribution of information folders to all areas of GPS to assist in the referral process and understanding of what Eastern View can offer.
- Again achieved higher than expected turnover of residents due to increased referrals, younger clients and sound working relationships with NGO's and other accommodation options available.

Cultural Responsiveness Non-English Speaking Background Report

During 2001- 2002 the NESB reference group which had met regularly during the past 4 years had revised its activities to meet less frequently but utilise e-mail and other communication sources to keep in contact and promote educational opportunities. The year culminated in a one day workshop which was attended by all the reference group members and all of the managers from Grampians Psychiatric Services. Guest presenters from the Victorian Transcultural Psychiatry Unit and the Ballarat Multicultural Council presented interesting topics which led to a brainstorming session which generated a number of improvements for our service, these will be followed up in the 2002/03 financial year. Some changes were identified in the area of procedures and in concepts that organisationally we should not restrict ourselves to Non English Speaking Background but consider all people from culturally and linguistically diverse backgrounds.

Result of evaluation from workshop:



Verbatim Comments:

- Interesting and educational,
- Important discussion and start to planning,
- Quite good,
- Very well presented,
- Good session.

Primary Mental Health Team

Primary Mental Health Team (PMHT), and Early Intervention Initiative (EII) services across Victoria are being established to meet identified gaps in the Mental Health Service. The premise is that a comprehensive mental health system should address the needs of the numerous groups of people experiencing a variety of mental health problems and disorders, with different prevalence rates and which cause different degrees of impairment and disability.

A well-integrated system is required to allow for flexible movement of people between primary care and specialist services. This movement depends on their current level of need, is independent of diagnosis and should be determined by who is best equipped to provide the required treatment. It is envisaged that improved co-operation and communication between primary care and clinical services will enhance client outcomes.

The central aim of the team will be to work in partnership with primary care providers in managing clinical issues in the client group through consultation and education services, and assistance in navigating service pathways.

The Early Intervention component aims to reduce the duration and impact of significant psychological disturbance and serious mental disorder in adolescents and young adults (16-25 years). It will be achieved by enhancing early recognition and providing timely and appropriate treatment responses.

During 2001/2002 GPS has worked closely with primary providers to develop relationships that will support the PMHT & EII team once the clinicians are on the ground. Although the workers are employed by BHS/GPS they also report to a steering committee made up of lead agencies from within the region that will assist in the monitoring, evaluation and future direction of the initiative.

Team Leader Andrew Colliver has been appointed and commenced work with GPS on July 29, 2002. He brings with him a wealth of experience in clinical mental health services and a strong background in establishing new teams in rural areas. We look forward to the development of this exciting initiative during 2002/2003.



ECT Report

The program continues to grow and develop new projects. This incorporates the clinical model, education, training and research.

GPS continues to deliver quality training and support in the area of ECT. We have now become nationally and internationally recognised as leaders in the field. With Jo Munday, the GPS ECT Co-ordinator, representing the service at several national and international conferences and interest groups. Research in this area is important and GPS participates in several projects which are of national significance.

Education video:

'ECT - Information for Patients and Family'

This video was designed specifically for patients and families, and touches upon a number of up-to-date issues surrounding ECT. It addresses fears and concerns rather than technical details and is developed as a starting point for meaningful discussion. This video has proven to be a valuable aid for stimulating discussion between patients and the clinical staff when ECT has been recommended. This video was launched at the ASIA PACIFIC ECT conference in October 2001 and has since sold approximately 70 copies around Australia and New Zealand.

Asia Pacific ECT Conference, Hilton Hotel Melbourne 10th October 2001:

This conference was organised and hosted by GPS. It was well attended with 145 delegates coming from within Australia, Asia and the Pacific. Guest speaker was A/Professor Georgios Petrides from Hillside Hospital New York. It was agreed here that the Asia Pacific conferences would continue and be held biennially.

International Interest:

Over the past year GPS have taken steps to develop this national 2-day training program further. After expressions of interest were made from the overseas market a train the trainer package is being developed. This has occurred as a direct result from inquiries from both New Zealand and Hong Kong. It is expected that this will develop further in the coming year.

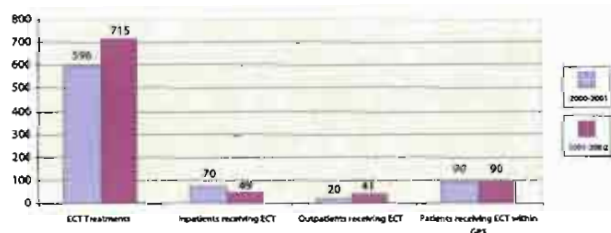
Improving Service Responsiveness to Aboriginal & Torres Strait Islanders

Grampians Psychiatric Services continues its commitment to the provision of Koori Sensitive Service during 2001/2002. With involvement in two reference groups and participation in a range of community activity.

The Grampians Region Department of Human Services initiated Koori Service Improvement Strategy is the only such reference group remaining in Victoria. Grampians Psychiatric Services also participated in the Ballarat Health Services Koori Reference Group. Six Grampians Psychiatric Services staff attended a two day Koori Cultural Training Workshop which provided valuable knowledge and experience regarding the meaning of health and illness for the Koori community. An insight into more sensitive way of providing health assessment and treatment was also a significant outcome of the workshop.

Grampians Psychiatric Services also participated in the wide range of NAIDOC Activities provided including attendance at the NAIDOC Awards evening and Annual Ball, displays at the Koori Service Expo and the Ballarat & District Aboriginal Cooperative Open Day.

ECT Treatments



Mental Health Promotion

The Mental Health Promotion Officer (MHPO) has worked on a wide variety of projects over the last financial year and these projects are premised on a collaborative framework. The following is a representative sample of MHPO activity:

Youth At Risk Networks (YARN):

Forums/consultations were held across the region to provide information about services, resources and training needs in relation to suicide prevention and early intervention for rural youth at risk of suicide. A report has been sent to strategic networks across the region to consider the recommendations.

- 5 Applied Suicide Intervention Skills Training (ASIST) 2 day workshops were organised and facilitated by the MHPO in Ballarat, Daylesford, Halls Gap, Horsham and Nhill.
- Follow-up ASIST sessions are planned for early next year and strategies are currently being implemented that connect and support those attending.
- A "Working with Adolescents" workshop is currently being planned that includes suicide awareness and the welfare, primary care, education, training and volunteer sectors will be targeted.

Supported by YARN reference group - funded by the Department of Human Services.

"Better Than This":

This play was commissioned by Grampians Psychiatric Service and is about 3 "At Risk" year 11 students in a rural secondary college.

It was written by Pauline Hoskings from Spanda Productions who won the VicHealth award for Innovation in Health Promotion for 2000 for the play "My Bed Is A Crocodile". This play toured the Grampians region in conjunction with a supportive program in schools and told the story of a young man with a psychotic illness.

This model was replicated in 2002 as part of MindMatters implementation (see below).

MindMatters:

MindMatters (MM) is a whole school approach to Mental Health Promotion Resource for Secondary Schools. Themes include resilience (communication, changes, challenges, stress and coping), grief and loss, bullying and harassment, understanding mental illnesses, and valuing diversity. Training and implementation sessions have occurred across the region in the last year.

"Better Than This" contains these themes and has been used as a vehicle to promote uptake of MM.

Information forums and individual meetings were held for 20 secondary schools from Bacchus Marsh to the South Australian border who took up the offer to view the play. This was followed up by provision of an information package on MindMatters materials and other resources to support any issues arising from the play.

- Over 2000 students and 150 health welfare and education professionals saw the play.
- All participants received a "YouthCard" containing information about local services.
- A panel drawn from local professionals followed each of the 9 performances.
- A video was made of the play for further education purposes.
- This project is supported by the Primary Prevention in Schools Committee and the MindMatters Co-ordinating Group and is currently in the evaluation phase.
- It was funded from many sources eg. DHS, MM, City of Ballarat, & School Focused Youth Services.
- Others in the State are currently replicating this model as a result of the work done in this region.

Anger Management Project:

A resource kit comprising a student workbook, facilitators guide and a compilation of support materials was developed. The program was piloted with 3 classes at Sebastopol Secondary College. The program was well received and a copy of the evaluation is available. The resource kit is available free of cost for schools and agency staff in the region and 20 copies have been sent out to date.

The project was funded by School Focused Youth Services in the Highlands and supported by a reference group.

"Brick Road Challenge":

Problem solving and help seeking skills are noted in the literature as important for suicide prevention.

The "Brick Road Challenge" is a problem solving skills program for primary school students and consists of an information session for the school, watching the "Wizard Of Oz" video, participation in a game that draws on themes in the video and demonstrates a problem solving skills model and help seeking strategies, follow-up discussion, activities in the classroom and creative activities for Mental Health Week.

To date most of the program elements have been trialled in 7 primary schools with good feedback.

This is a Primary Prevention in Schools Initiative.



Education, Training and Professional Development Program

Background:

The new positions of Psychiatric Nurse Consultant (PNC) and Clinical Nurse Educator (CNE) were created in August 2001 following the Enterprise Bargaining Agreement for psychiatric nurses in Victoria. The PNC is responsible for education, training and professional development across the region in all areas of service. The CNE works primarily within the acute units. The PNC and CNE attend Statewide forums each 6 weeks to assist in guiding the programs on a Statewide level.

Achievement to Date:

Undergraduate Program:

This has continued as a collaborative program with the University of Ballarat, with a similar arrangement with five other institutions, providing clinical placements and theory to students nurses at Division one and Two level.

Graduate Program:

Funding was provided by the Mental Health Branch for a specialist mental health graduate program. GPS developed a program which met the criteria for funding, and currently has two graduates completing the 12 month program. The program provides experience and theoretical education across all areas of psychiatric nursing, and on completion, the graduates will receive endorsement as a psychiatric nurse from the Nurses Board of Victoria.

Post Graduate:

Due to the lack of post graduate courses available in the rural areas, a Graduate Certificate of Nursing (Mental Health) was developed in conjunction with the University of Ballarat. Fifteen staff from GPS are attending this course. The Bachelor of Nursing (Post-registration) was renegotiated with the University of Ballarat to better meet the needs of psychiatric nurses, and seven GPS staff are currently attending the program.

Re-Entry:

A Re-Entry by Supervised Practice Program was developed by GPS to assist in meeting workforce demands. To date, 3 people have successfully completed the course and are now employed by GPS, and a fourth is due to commence in July.

Professional Development:

A Needs Analysis was completed to assist in the planning of appropriate professional development activities. A calendar to June 2003 has now been developed and is part of the overall education plan. Examples of activities to date are:

- CPR Training and assessment for all staff
- Drug and Alcohol Training for Nurses and Medical Staff
- Workshop on Culturally Sensitive Practice
- Equal Employment Opportunity Workshops for all staff
- Review of the Challenging Difficult Behaviour Workshop
- Education on Medication Management
- Documentation and File Management Education

Orientation:

The orientation program for all staff has been redeveloped and includes specific area orientation guidelines. There is a follow up process to identify any specific issues for new staff.

Supervision:

Two staff have been attending the Supervision course provided by the Centre for Psychiatric Nursing Practice and Research (CPNRP). The CNE is a member of the Statewide Committee who are developing guidelines for the introduction of clinical supervision across all psychiatric services in Victoria. A model for GPS will now be developed and education provided for all staff. GPS staff have participated in a Statewide research project examining the effect of clinical supervision.

Consumer & Carer Education Officer

The Consumer & Carer Education Officer position is responsible for providing educational support to consumers, their carers and families. The current Education Officer (0.5) commenced work in this position in February 2002, and aimed to continue the programs already developed, as well as assessing the need for further education, and further developing the position.

Education Strategies Implemented:

- **“Caring for Carers” – Guide Book and Help Card**

This booklet was first developed in 2001 and was deemed a very successful initiative. Following feedback from Carers, Consumers and Agencies, the booklet, along with the accompanying ‘Help Card’ has been updated and amended.

- **“Embracing Wellbeing” – One Day Workshop for Carers**

This workshop was run in Horsham in April, with very positive feedback given from the carers who attended. It is intended that this program is run from various venues across the region, and is a collaborative project between Grampians Psychiatric Services (GPS), other mental health care agencies, as well as carers.

- **“Survivor!” – Education Program**

The Survivor! program was developed by a Working Party in 2001, and involves an 8-week group program for young people who have experienced a first or second episode psychosis, as well as a 6-week program for their families, carers and friends. The Survivor! program is currently being run for the second time this year.

- **Information Evenings for Carers and Consumers**

As an opportunity for new consumers and their carers to have further access to verbal as well as written information, monthly information evenings are to be trialled in Ballarat, commencing in August. Separate evenings for consumers and carers will cover information about GPS, rights, illnesses, and treatments. From these information sessions, consumers and carers will also be provided with information about support groups and available resources in the community.

- **Carer Support Group**

The Education Officer has been involved in carer support groups as necessary, and has perceived a need for a new support group for new carers, as they often have different issues than those who have been carers for a number of years. A new support group will commence on August 28th, with the view to monthly meetings including guest speakers and information as required.

- **Triple P Parenting Group**

The Positive Parenting Program (Triple P) is an 8-week program offered to parents of children case-managed by CAMHS, as well as adult consumers who are also parents. It is a structured education program aimed at helping parents become more confident in dealing with their children, by the teaching of parenting strategies and skills. This group is currently being run for the second time this year.

- **“Learn to Live” – Consumer Monthly Education Sessions**

A calendar of education topics nominated by consumers was developed and posted to all consumers of GPS. The monthly sessions involve a variety of guest speakers and topics, with positive feedback from participants.

- **Acute Inpatient Education / Discussion Group**

A fortnightly education and discussion group is run in the Adult Acute Unit. Topics discussed include what is mental health / mental illness, community perceptions of the mentally ill, stress and coping strategies.

- **2003 Promotional Calendar**

The concept of a Consumer-involved promotional tool was developed last year, with the successful production of a calendar including quotes from consumers about their own road to recovery. A calendar for 2003 is currently being developed, with the theme “Mental Health – rise to the challenge.”

- **TheMHS Conference**

A paper titled “Knowledge as a Tool for Mental Health Recovery” has been accepted for presentation at the 2002 TheMHS conference in Sydney. This presentation will address the importance of knowledge and understanding to help people gain control over their illness and their lives. It will also discuss the initiatives and programs developed and implemented by the Education Officer position.

- **Education for West Grampians**

This one-day workshop for carers was run successfully in Horsham, with plans to run it in Ararat later in 2002. Specific education for consumers and carers in the West Grampians region needs further investigation, as initial letters to consumers regarding the Survivor! program had very little response. Questionnaires to gain information about consumer and carer needs in the West are planned for the near future, with educational programs/information to be developed from the results of these questionnaires.



Substance Abuse and Mental Illness Treatment Team (SUMITT)

Introduction:

The Grampians SUMITT team provides service to clients who have mental illness and issues with substance use. The service is provided by one clinician and covers the whole of the Grampians Region. This is achieved by visiting the Horsham area two days per fortnight, the Ararat/Stawell area two days per fortnight, and the remaining time in the Ballarat area. The SUMITT clinician is supported by clinical education and supervision in Melbourne one day per fortnight. The clinician is also supported by the Dual Diagnosis reference group which meets bi-monthly.

Activity Review:

During this financial year, 52 clients were referred to the service. These referrals were equally distributed between the Central Highlands area and the West Grampians.

Substance use associated with mental illness is a significant issue. Of clients admitted to the Adult Acute Unit this financial year, 37% were identified as having issues relating to substance use. Approximately 25% of clients' case managed by the Community Mental Health Service are identified by case managers as having significant issues with substance use. The psychiatric diagnosis of clients referred was predominantly affective disorders (50%), schizophrenia (27%) with a range of disorders in the remaining number.

Education and Community Development:

A total of 42 educational sessions were provided with over 520 people attending. The participants included university lecturers, carer and consumer groups and health professionals from drug and alcohol, psychiatric and non-government agencies.

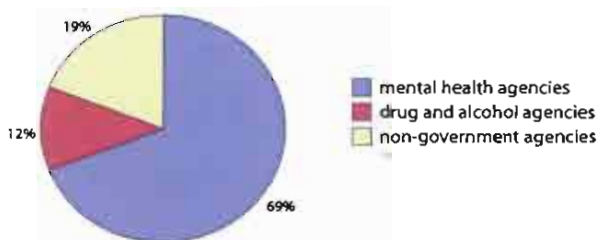
Drug Misuse Management Pathway:

A drug misuse management policy was developed for the Adult Acute Unit and will be launched when ratified. The policy outlines a management pathway for clients who are abusing alcohol and other drugs and who require admission to the psychiatric inpatient unit. Drug and alcohol services have participated in the development of this plan. The aim of the pathway is to decrease the length of a clients admission and provide appropriate treatment for the clients drug and alcohol issues whilst in hospital.

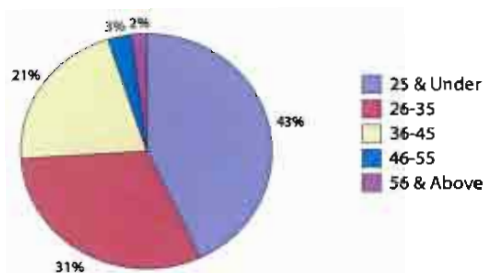
Future initiatives:

It is planned to expand the development of policies and pathways that address clients needs. A train the trainer program is being looked at to improve the skills and confidence of rural health professionals. This will be developed with the assistance of other Regional SUMITT workers

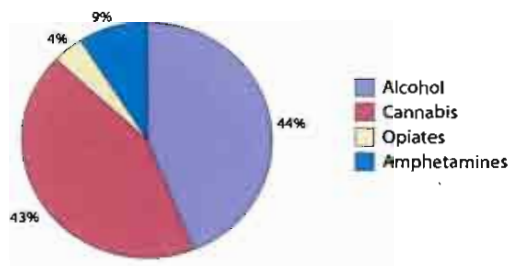
Referrals to Service



Age of Referrals



Drugs Used by Referrals



Court Liaison Service

Purpose of Program:

The Court Liaison service has been developed to ensure that persons with a mental illness are identified and that any considerations relating to their illness are appropriately represented for the Court prior to sentencing. This is achieved by:

- Assisting the Court to make well-informed decisions where mental illness or factors related to mental illness need to be taken into account during sentencing.
- Providing timely assessment to clients referred by the Court and advise of further assessment that may be required.
- Providing a summary of the outcome of the assessment to the Court and a plan of management including links to other services where appropriate.
- Ensuring that a client is linked into GPS when required for support and treatment.
- Ensuring that clients in custody on remand or sentence who have a mental illness are appropriately protected and have their mental health needs provided for.
- Establish and maintain links with other agencies to ensure that the broadest range of options can be presented to the Magistrate for consideration.

Case Study:

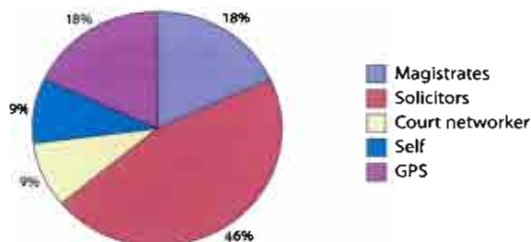
'John' was referred to the Court Liaison clinician by his solicitor. He was suffering from anxiety and felt depressed and lonely. He had committed a minor offence and had breached a community-based order. His main concern was an impending court appearance and he was extremely fearful that he would be sent to jail.

With John's consent the CL clinician contacted his mother, General Practitioner and psychiatric services who had supported John in the past. It was reported that John had schizophrenia and had not been receiving treatment. When he committed the offence, he was living in Melbourne and had significant social and financial stressors.

Since then he had moved back to Ballarat and was being supported by his mother and a local community agency. He also has recommenced treatment with Grampians Psychiatric Services. This information was made available to John's solicitor and a verbal report was given in Court by the Court Liaison Clinician (CLC) indicating that with this support John would be able to meet the conditions of a community based order. The CLC then met with a community corrections officer to develop a follow up plan and share information.

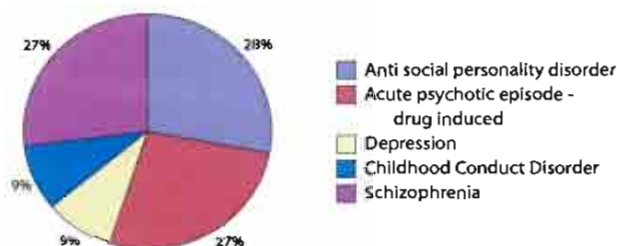
A relieved John was placed on a Community Based Order for six months.

Referral Sources



The service has received 11 referrals for assessment and advice.

Diagnosis of Clients Assessed



Of the clients assessed more than 85% of clients had issues relating to substance abuse.



Clinical Targets

As per the 2001/2002 Health Service Agreement (HSA)

Yearly Reports (submitted directly to DHS)
 STEP program
 Enhanced CATT Initiative
 Carer Crisis Support Fund (twice yearly)

Child and Adolescent Mental Health Service

	HSA Target	Achieved
--	------------	----------

Acute Care

Available Bed Days	286	286
Bed-Days	280	115
Separations	14	21

Community Service

Contacts	8100	7765
Registered Clients	156	121

IMYOS

Contacts	1600	1021
Registered Clients	12	7

Adult Mental Health Services – Bed Based

	HSA Target	Achieved
--	------------	----------

Acute Care – AAU

Available Bed-days	7813	7813
Bed-days	7813	6953
Separations	444	685
Re-admission Rate	<20%	*11.26%
Av. Length of Stay	17 days	14 days

**the above figure is a combination of Adult & Aged Acute Care Services based on unexpected readmissions.*

Community Care Unit – Eastern View

Available Bed-days	7305	7305
Bed-days	7159	5838
Separations	10	25

Secure Extended Care – Sovereign House

Available Bed-days	4383	4383
Bed-days	4295	4383
Separations	2	1

Adult Mental Health Services – Community Services

	HSA Target	Achieved
--	------------	----------

Integrated Community Services

Contacts	51000	53614
Registered Clients	472	444

Aged Care – Bed Based Services

	HSA Target	Achieved
--	------------	----------

Acute Care – Steele Haughton Unit

Available Bed-days	3653	3653
Bed-days	3580	3146
Separations	112	107
Re-admission Rate		
Av. Length of Stay	30 days	38 days

Nursing Home – Steele Haughton Unit

Available Bed-days	5114	5114
Bed-days	5063	5106
Separations	2	1
DVA patients	1	

Aged Mental Health Services – Community Services

	HSA Target	Achieved
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Community Service

Contacts	11430	12566
Registered Clients	95	94

Day Program & Short Term Rehabilitation

Contacts	220	515
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EDUCATION & DEVELOPMENT

Staff:

Key Performance Indicators (as listed in Health Service Agreement)

NB: total hours exclude management and medical

Child and Adolescent Mental Health Services

HSA target	40 days
Actual	242 day
Percentage of target reached	604.4%

Adult Services

HSA target	300 days
Actual	308 days
Percentage of target reached	102.6%

Aged Care Services

HSA target	75 days
Actual	94 days
Percentage of target reached	124.6%

Total staff development days = 644 (5152 hours)

A sample of courses undertaken by GPS staff include:

- Computer Training Courses
- Drug Company Presentations
- Aggression & Bullying In The Workplace
- ANZ Mental Health Nurses Conference
- Asia Pacific ECT Conference 2001
- Borderline Personality - Caring In A Different Way
- Challenging Difficult Behaviour
- Current Developments In Understanding Dementia & Treatments
- Alcohol - Treatment Responses In A Rural Context
- Bachelor Of Nursing
- Clinical Excellence In Wound Management
- Dual Diagnosis Forum
- Equal Opportunity Inservice
- Graduate Certificate Of Management
- Graduate Diploma In Child Psychotherapy
- Graduate Diploma In Family Therapy
- HIV/Aids & Mental Illness Workshop
- Inaugural Pan Pacific Family Therapy Congress Voices Across Culture Time & Sea
- TheMHS Conference 2001 - New Zealand
- Neuropsychiatry
- Privacy Act
- Stress, Humour And Health
- Graduate Certificate of Nursing (Mental Health)

Community:

GPS is committed to the provision of education and assisting in development within the region. During this year, like others, there is diversity in the type of sessions required and the type of organisation that requests such sessions. The following is an example:

Sessions have been held in:

- Emergency Departments
- Ararat Town Hall
- Secondary Colleges
- Rotary Clubs
- Hospitals (large and small)
- Ballarat University and TAFE's
- Court Networkers
- Residential Care Facilities
- Regional District Nurses
- Ballarat and District Service Providers
- Lifeline
- Dunmunkle Lodge
- Peplow House
- Community Health Centres
- Nexus Community Forum
- Aboriginal Co-operatives
- Hostels and Nursing Homes
- Centrelink
- Uniting Church Outreach
- Community Visitors
- Maternity Focus Group
- CWA's
- Carers Choice
- Department of Human Services
- PDS's
- Education Departments
- Welfare Agencies

Topics Covered:

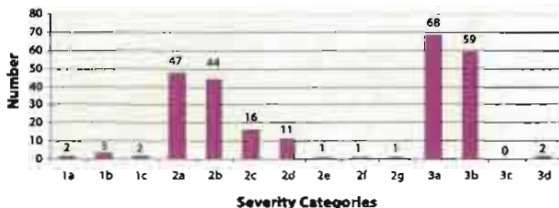
- Applied Suicide Intervention Skills Training
- Same Sex Attracted workshop
- Early Psychosis
- Body Image
- Play "Better than This"
- Youth at Risk
- What is Mental Health? /What is Mental Illness?
- Depression
- Bipolar Affective Disorder
- Overview of Psychiatric Services
- Personality Disorders
- Managing Difficult Behaviours



Incident Reports

To the right is a break down of incidents recorded in GPS in the 2001/2002 financial year. All incidents are investigated, actioned where appropriate, feedback provided to all stakeholders, and reported to insurers.

Incidents by Category Breakdown



Incident Severity Categories

Category 1

- a. Death
- b. Life threatening injury
- c. Sexual assault

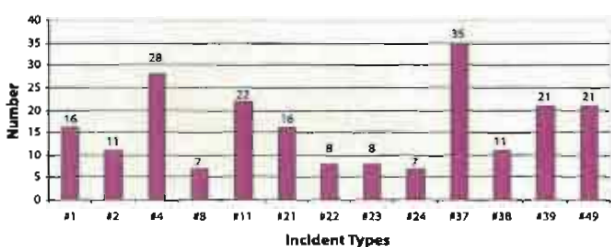
Category 2

- a. Injury requiring medical intervention
- b. Assault or physical contact with or without intent
- c. Patient leaving against advice
- d. Self inflicted injury
- e. Illicit drugs
- f. Illicit alcohol

Category 3

- a. No injury
- b. Injury Not requiring medical intervention
- c. Cancelled or partially filled out report
- d. Failure to follow policy/procedure

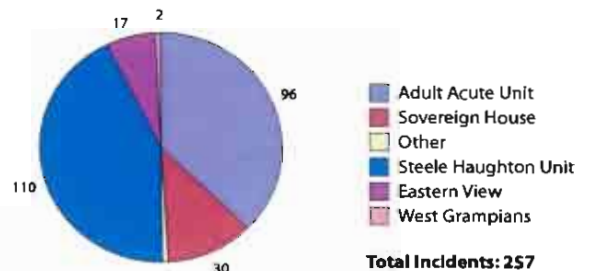
Incidents - Type most reported



Incident Types:

- | | |
|---|-----------------------|
| 1 Aggressive Behaviour | 22 Collapse |
| 2 Assault P/P | 23 Slip |
| 4 Assault P/S, S/P | 24 Trip |
| 8 Attempted Physical Injury | 37 Found on Floor |
| 11 Self Inflicted Injury
No Serious Harm | 38 Injury Found |
| 21 Patient Leaving Against
Advice | 39 Damage to Property |
| | 49 Other |

Number of Incidents by Service Site

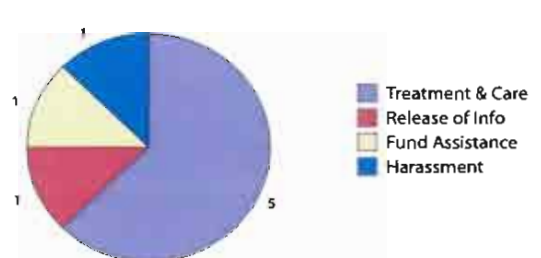


Complaints

There were 8 formal complaints lodged with Ballarat Health Services in the year ended 30 June 2002 concerning Grampians Psychiatric Services. These were dealt with by an independent Complaints Officer.

There were also numerous complaints from clients in residential care regarding access, food, temperature, restrictions placed on activities, and invasion of privacy. Investigations did not produce any evidence that the clients were suffering discrimination or deprivation. Almost all complaints were deemed to be a natural reaction related to the medical condition of the person at the time.

Resolved Complaints by Type





Operating Costs

Revenue & Expenditure Statement

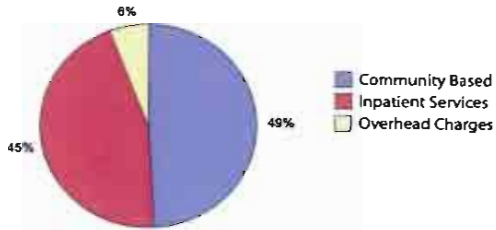
BALLARAT HEALTH SERVICES
OPERATING FUND -PSYCHIATRIC
REVENUE & EXPENDITURE STATEMENT

For the period ended 30th June, 2002*

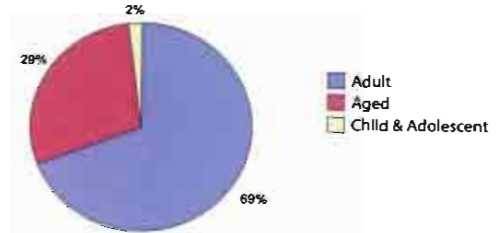
MONTH ACTUAL	MONTH BUDGET	MONTH VARIANCE (adverse)		YTD ACTUAL	YTD BUDGET	YTD VARIANCE (adverse)
1,449,657	1,351,846	97,811	Revenue			
10,494	0	10,494	Accrued Grant	16,928,062	16,405,889	522,173
123,045	64,900	58,145	Inpatient Fees	118,435	75,000	43,435
120	0	120	Nursing Home Fees	659,623	712,621	(52,998)
1,583,316	1,416,746	166,570	Other Revenue	3,245	0	3,245
			Total Revenue	17,709,365	17,193,510	515,855
1,107,578	1,140,305	32,727	Expenditure			
124,015	123,152	(863)	Salaries & Wages	13,213,711	13,873,995	660,284
			Employee Benefits	1,490,068	1,495,379	5,311
1,231,593	1,263,457	31,864	Total Salaries & Employee Benefits	14,703,779	15,369,374	665,595
30,295	28,451	(1,844)	Food Supplies	349,664	345,275	(4,389)
2,080	2,361	281	Medical & Surgical	27,276	28,650	1,374
5,335	4,167	(1,168)	Purchased Services	74,758	50,572	(24,186)
14,831	14,698	(133)	Pharmaceuticals	199,580	178,374	(21,206)
9,919	9,549	(370)	Property Charges	98,279	115,890	17,611
9,338	8,802	(536)	Domestic Services	112,006	106,823	(5,183)
7,452	7,908	456	Repairs & Maintenance	109,520	95,969	(13,551)
96,167	45,466	(50,701)	Administration	740,482	551,768	(188,714)
87,558	87,558	0	Overhead Charges	1,062,588	1,062,600	12
262,975	208,960	(54,015)	Total Non-Salary	2,774,153	2,535,921	(238,232)
1,494,568	1,472,417	(22,151)	Total Operating Expenditure	17,477,932	17,905,295	427,363
88,748	(55,671)	144,419	SURPLUS(DEFICIT) FOR PERIOD	231,433	(711,785)	943,218
	PHARMACEUTICALS		EMPLOYEE BENEFITS	PURCHASED SERVICES	PROPERTY CHARGES	
	- Pharmaceuticals		- Long Service Leave	- Radiology	- Heat, Light and Power	
	- High Cost Drugs		- Superannuation	- Pathology	- Rates and Insurances	
	- Workcover			- Ambulance & Taxis		
				- Council Services (Aged)		



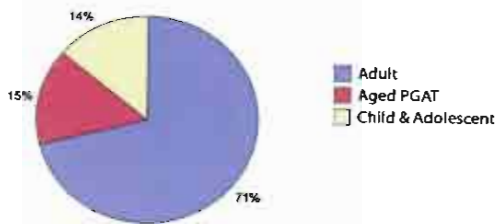
Total Operating Fund for GPS 2001-2002 - \$17,477,932



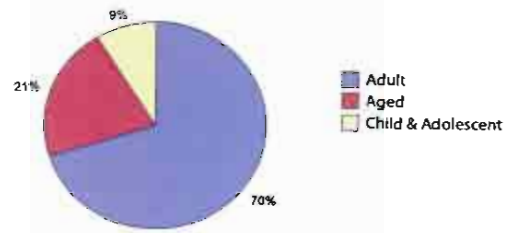
Inpatient - Total Operating Costs



Community - Total Operating Costs



Total Operating Costs by Program



Publications / Papers Presented

Publications

RYAN, R., MOSS, R., LITTLE, J. D. Clinical Pathways Resource Book – Protocol for the assessment of symptomatology and cognition of patients undergoing ECT at Grampians Psychiatric Services. Unpublished manuscript.

LITTLE, J. D., BLACKMAN, P., ROUHAN, J. Social policy and humanity: the use of language as a social defence against anxiety. *Australasian Psychiatry*, Vol. 9, No. 4, December 2001.

LITTLE, J. D. Current Issues in Convulsive Therapy. Unpublished manuscript for training of Consultant Psychiatrists in theory and practice of ECT.

WARNER, J. 2002. "Making Dreams a Reality: the Sovereign House Holiday Program" New Paradigm: The Australian Journal on Psychosocial Rehabilitation, February 2002.

Papers Presented

New Zealand ECT nurses Conference Wellington 31st July - 1st August 2001
'An overview of GPS ECT program'

Asia Pacific ECT conference Hilton Melbourne October 10th 2001
GPS Video launch: 'ECT - Information for patients and family'

UK Northwest ECT nurses 3rd conference Liverpool 9th - 10th April 2002
'GPS overview of ECT program and the effectiveness of an ECT training program'

Townsville 10th Education Nurses conference July 10th-13th 2002
'A new model of Psychiatric Nursing'

TheMHS conference – New Zealand
'STEP project (Statewide Training and Education in youth suicide Prevention)'

Achieving Together Conference –
'MindMatters'
'Interactive Problem Solving Game for Children and Young People.'

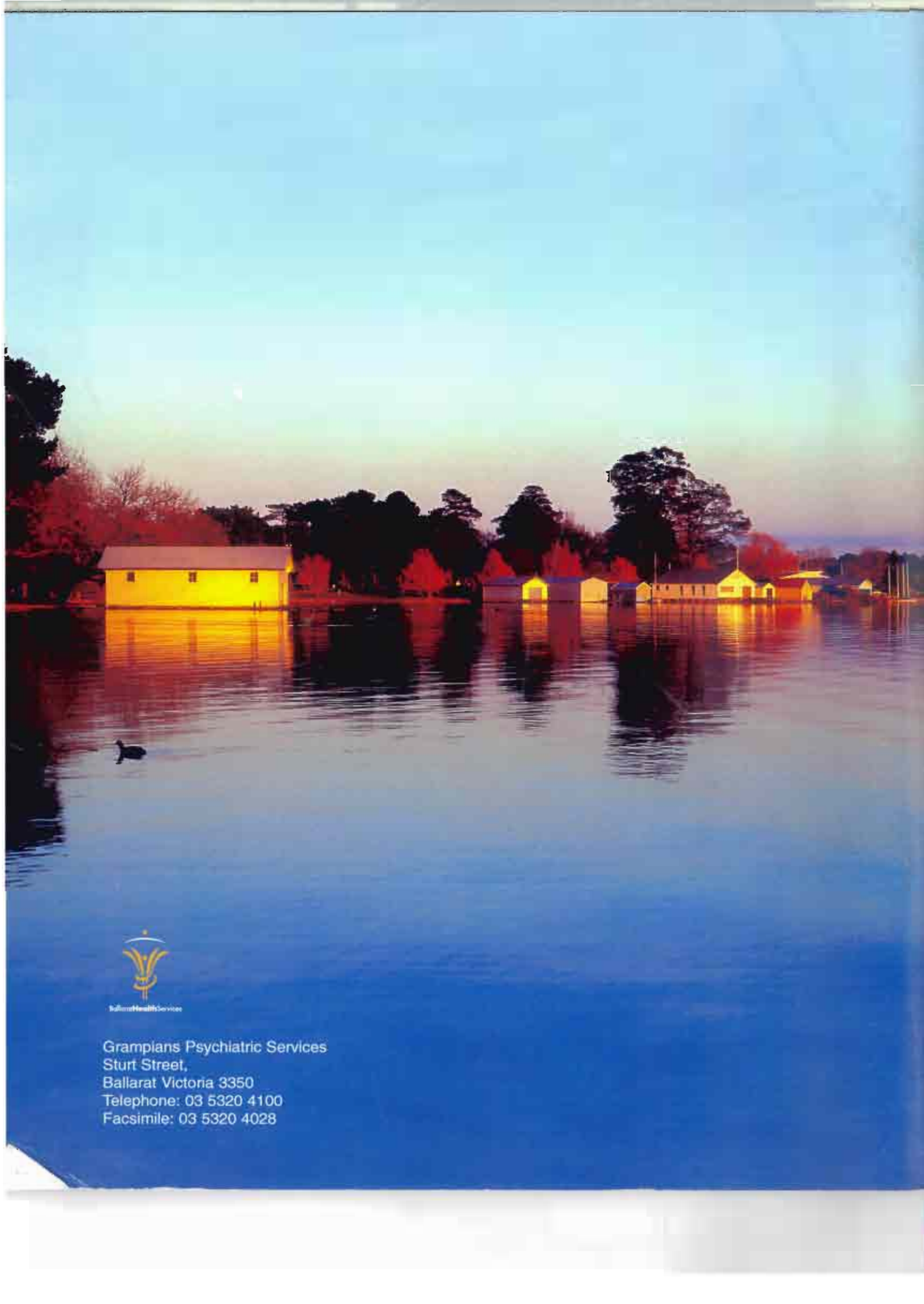
Rural Collaboration at Friday Forums by Melbourne Uni and the Austin Hospital.

Warner, J. 2002. "The Clinicians Perspective," Rotary Community Forum on Mental Illness, Key Note Speaker, Ballarat, May 2002

Warner, J. 2001. "The Ripple Effect of Drug Trials: seeking better outcomes for long stay patients." TheMHS Conference Wellington, August 2001.

Warner, J. & Mennen, M. 2001. "Least Restrictive Environment: the impact of a locked door on an acute inpatient unit." TheMHS Conference Wellington, August 2001.

Warner, J. & Deans, C. 2001. "New Perspectives on Psychiatric Nursing: A collaborative approach." 2nd Collaborative Psychiatric Nursing Conference, Melbourne, August 2001



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