Model of Care
Community Summary

Models of care set the standard for care

Metro South Addiction and Mental Health Services
Resource and Access Service Academic Clinical Unit
1300 MH CALL a tele-triage service that delivers a single point-of-access to Metro South Addiction and Mental Health Services (MSAMHS).

The service provides:

- another entry point for patients (consumers) to access specialist mental health services in addition to face-to-face hospital emergency department assessments.
- access to mental health information and advice mental health patients, carers and families, the community, general practitioners (GPs), non-government organisations and private health professionals.
- a direct pathway of care for people seeking specialist support from within a primary care setting (for example, GPs).

The role of 1300 MH CALL is to:

- ensure caller requests are triaged as clinically indicated with consideration of the Mental Health Statement of Rights and Responsibilities and the Mental Health Act 2000
- formally document all caller enquiries using the standardised suite of forms on the Patient Integrated Mental Health Application (CIMHA eRecord)
- coordinate service requests that require immediate and/or delayed responses by service providers from emergency services and/or other identified services
- follow up with callers or service providers until either the enquiry is addressed or an onward transfer of care action is recorded
- monitor and review caller requests and outcomes.

The MH CALL team

The 1300 MH CALL team is a multidisciplinary team of nurses, psychologists, occupational therapists, social workers and psychiatrists. A consultant psychiatrist is accessible for urgent consultation 24 hours a day, 7 days a week. Permanent clinicians are appointed to MH CALL. The clinical team will be supported by administrative staff.
Who the service is for

The tele-triage program delivers triage services to people aged 18 to 65 years 24 hours a day, seven days a week. During business hours child, youth and older adult requests are transferred to the intake officer of the appropriate service. Community members who may call the service include:

- existing and potential patients of MSAMHS
- families, friends and carers of MSAMHS patients
- frontline MSAMHS staff (e.g. case managers seeking assistance)
- MSAMHS Central Referral Hub staff, GPs and Medicare Locals
- Non-government organisations that support patients and potential patients in Metro South

- Culturally and Linguistically Diverse (CALD) communities in Metro South
- Indigenous and Torres Strait Islander community members in Metro South
- lesbian, gay, bi-sexual and transgender (LGBT) community members in Metro South
- government departments.

During standard business hours (9am-5pm), calls related to children, youth and older adults are transferred to the intake officer of the appropriate service. However, all callers are delivered a service based upon their needs at the time, including younger and older caller requests.

Benefits for the community

The introduction of the MH CALL service offers benefits to the community including:

- providing a streamlined pathway for the community to access specialist mental health services and advice
- ensuring faster and accurate access to specialist mental health services for all members of the Metro South community
- introducing evidence-based mental health triage tools to determine the callers ‘need’ and ‘urgency for service’
- ensuring all enquiries/transfers-of-care are reviewed against a clinical framework to provide consistency and quality-of-service delivery
- strengthening relationships and collaboration between all providers of mental health services in the Metro South area
- improving continuity-of-care for patients and their families requiring access to services after hours
- reducing emergency department presentations and representations
- improving clinical, operational and statistical data collection regarding service access, entry and service impacts/outcomes - allowing the service to learn and grow.
What happens when you call the service

Initial telephone conversation
When a caller telephones 1300 MH CALL they will speak to an experienced clinician who will ask them a series of questions about why they are calling. The aim is to:

- determine whether the caller requires a specialist mental health service intervention
- identify symptoms of acute mental illness
- identify possible self harm and/or suicidal behaviour or thoughts
- determine the level of risk of harm to self or others
- determine the level of risk of harm to children including pregnancy
- initiate an emergency response where extreme and high urgency is identified

Where transfers-of-care are made by third parties (concerned friends, carers, health professionals, schools and others) every attempt is made to speak to the identified person in order to complete the assessment process.

Support needs established
Once the clinician has asked a series of question they will determine whether MSAMHS intervention is required the clinician will do one of the following:

Where MSAMHS intervention is required
Following the triage assessment, a recommendation and an interim plan is formulated including a response time frame for those accepted for care into the MSAMHS.

The caller will be transferred to the care of one MSAMHS’ specialist Academic Clinical Units (ACU). These comprise:

- Inpatient Services
- Psychosis
- Mood
- Older Adult
- Child and Youth
- Consultation Liaison
- Rehabilitation
- Addiction Services
- Transcultural Mental Health.

Where MSAMHS intervention is not required
The clinician will:

- identify the service most likely to meet the needs of the person (transition the caller to a more appropriate agency)
- identify local community health services and other relevant services
- provide the caller clear and concise information about the services available and options for further assessment or treatment including to call back should the situation escalate
- refer the person to the service likely to meet the identified need for further assessment or treatment
- ensure inclusion of explanatory services which may be culture bound, and
- ensure that the caller has a clear understanding of the triage process and subsequent follow-up actions.
Service quality

Routinely, all 1300 MH CALL and hospital emergency department contacts are reviewed by a clinical senior. Regular handover meetings ensure contact assessments are not lost between one shift and the next.