Metro South Addiction and Mental Health Services

Clinical Service Plan

Mood Academic Clinical Unit
The Mood Academic Clinical Unit (ACU) provides specialist assessment and treatment for consumers between 18-65 years of age who experience severe disorders of mood. Disorders of mood include depression, bipolar disorders, anxiety and personality disorders. Community and inpatient services are available according to consumer and family assessment of needs.

Contemporary evidenced-based interventions are delivered either by structured programs or through care coordination. The aim of the Mood ACU is to provide a service that is efficient, effective and timely to individuals suffering from a mood disorder. The Mood ACU incorporates recovery principles into service delivery, culture and practice providing patients with access and referral to a range of programs that will support their ongoing recovery.

What is a mood disorder?

A mood disorder is a disorder which affects an individual’s ability to regulate their emotional state.

The dysregulation of emotions typically includes depressive disorders, anxiety disorders, bipolar disorders, personality disorders and depression and anxiety associated with medical illness or alcohol and substance abuse.

These different disorders may present with a mix of some/one or the other of the symptoms outlined below:

- Persistent negative feelings or prolonged sadness
- Significant changes in appetite and sleep patterns
- Irritability, anger, worry, agitation
- Recklessness
- Grandiose delusions, inflated sense of self-importance
- Heightened mood, exaggerated optimism and self-confidence
- Severe Anxiety
- Enduring feelings of abandonment and chronic ideas of self harm and emotional instability.

These symptoms may lead to social disruption and disturbed performance in academic or occupational pursuits. The person's behaviour may change significantly.

These changes may be difficult for others to understand and can negatively affect their relationships with loved ones and their ability to cope with day to day life.

Most people are able to recover from mood disorder and lead meaningful lives.¹

Our plan

This clinical service plan has been written for individuals, carers, families and the general community. The purpose of this plan is to outline the services provided by the Mood ACU in Metro South.

Our vision

To provide care for a healthy community where individuals are able to participate productively by reducing the burden of the common mood disorders.

Our mission

To build and sustain relationships with consumers and other stakeholders while facilitating access to evidence based practices around treatment of mood disorders.

Our strategic objectives for 2014-2017

The Mood ACU has identified the following key strategic objectives to achieve in the next three years. These support Metro South Addiction and Mental Health Services’ four strategic priorities.

1. Better outcomes for consumers, families, carers and the community
   • Ensure the provision of services are: timely, equitable, accessible and appropriate

2. A partnership approach - linking and engaging with our community
   • Services are delivered through collaboration, consultation and integration

3. Accountability and confidence in our health system
   • Ensuring clinical care is supported by an organisational framework that is based accountable corporate and clinical governance

4. Excellence in clinical care, education and research
   • Support an organisational culture that promotes integrated care through research and education for evidence best practice care
# Mood Academic Clinical Unit

## Strategic Objectives 2014-2017

<table>
<thead>
<tr>
<th>Strategic objectives</th>
<th>Key strategies</th>
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<tr>
<td>1. Greater accountability, consistency in service provision for consumers of the Mood ACU</td>
<td>▪ Define the evidenced based assessment tools according to diagnosis&lt;br&gt;▪ Define evidenced based interventions for the consumer cohort.&lt;br&gt;▪ Develop intervention documentation for the delivery of evidenced based treatment interventions for the common range of conditions according to severity, complexity and consumer needs.&lt;br&gt;▪ Establish key performance indicators for the Mood service delivery model.</td>
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<td>2. Improve workforce capabilities to ensure the efficiency, effectiveness and clinical decision making process of the service delivery</td>
<td>▪ Ensure consistency and clarity of roles within all service areas of the Mood ACU&lt;br&gt;▪ Utilise the clinician capability framework outcome to improve the effectiveness of therapies being delivered&lt;br&gt;▪ Development and implement a learning and development plan guided by the ACU therapeutic model</td>
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Current identified risk/ barriers in providing optimal care for our consumers with a mood disorder:

- Large population with a mood disorder
- Multiple diagnostic groups for a relatively small team of clinicians
- Limited financial capacity for growth given the expected population growth predictions
- Extensive training and supervision requirements for a high risk population group
- Limited availability of beds within Metro South Addiction and Mental Health Services for extended treatment programmes given population predictions
- Potential communication barriers between internal and external mental health providers across the continuum of care.
Our service delivery

The Mood ACU has a strong focus on providing a range of evidence based treatments and facilitates access to a range of psychological treatments and support programs which address the specific needs of consumers and promotes their recovery.

The following list identifies the range of conditions treated by the Mood ACU:

- Major Depressive Disorder
- Bipolar Affective Disorder
- Severe Personality Disorders
- Severe Anxiety Disorders
- Eating Disorders
- Other severe disorders of mood and behaviour.

The Mood ACU consists of a multidisciplinary team of skilled professionals comprising of:

- Consultant Psychiatrists
- Medical Staff
- Psychologists
- Occupational Therapist
- Social Workers
- Nursing
- Therapy Aides
- Administration Officers.

Inpatient services

The Mood ACU provides short to medium term specialised inpatient care to consumers presenting with severe or acute mood disorders. Consumers requiring inpatient services are admitted to open wards that have rooms for male and female consumers or an Acute Observation Area (AOA) for more acute and unwell consumers.

The duration of stay is determined by the severity of illness, response to the treatment and available supportive networks. There is a strong focus on carers’ and families’ involvement, partnerships with the relevant stake holders and sharing responsibility for recovery.

Inpatient services are provided in the following three hospitals:

- Princess Alexandra Hospital
- Logan Hospital
- Redland Hospital.

Community services

The Mood ACU works in close liaison with other ACUs and with inpatient services to maintain continuity of care to deliver an integrated and least restrictive service to the consumers suffering from mood disorders.

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An assessment of the consumers’ and families’ needs is completed on entry to the service and may inform the duration of the treatment provided and the consumers’ involvement within the community ACUs.

The service aims to initiate specialised therapies working within an assertive care coordination paradigm. The Mood ACU aims to provide services to the consumer within their own home and community with a strong focus on recovery and carer involvement.

The Mood ACU Community mental health services are provided in the following locations:
- Logan Central
- Browns Plains
- Beenleigh
- Woolloongabba
- Macgregor
- Inala
- Wynnum
- Cleveland.

Our service partners

Metro South Addiction and Mental Health Services acknowledge effective clinician engagement and successful partnerships are essential for high quality consumer care. A mental health clinician engagement strategy has been developed that explores models addressing how to improve integration and coordination across all health care settings and types between government agencies, non-government and private organisations.

The Mood Academic Clinical Unit has a commitment to ensuring that clinicians actively consider all our key partners, both internal and external who assist in ensuring better health outcomes for an individual experiencing mental illness.

The Mood ACU has collaborative partnerships with the following organisations:
- General Practitioners
- Other Health and Hospital Services (HHSs)
- Public mental health Services
- Other government services
- Medicare Locals
- Private sector organisations
- Emergency Services
- Diamantina Health Partners
- RANZCP (Royal Australian and New Zealand College of Psychiatrists)
- Non-government organisations.

Consumer journey - Navigating our service
The Mood ACU incorporates recovery principles into service delivery, culture and practice providing individuals, carers and families with access and referral to a range of programs that will support sustainable recovery.

Typically the patient care system would look like the following diagram:

**Triage**
- Initial triage via 1300 64 22 55
- Intake to public mental health services
- Referral to other service providers

**Assessment**
- Referral from other ACUs and Inpatient Services to Mood ACU

**Interventions**
- Brief psychological therapies/education
- Pharmacological interventions

**Transition of care**
- Recommendations for future care
- Referrals to others service providers

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**Access to the Mood ACU**

To access Metro South Addiction and Mental Health Services, please contact the relevant Acute Care Teams on the centralised triage number **1300 MH CALL (1300 64 22 55)** or alternatively contact the Acute Care Teams directly:

- Bayside Mental Health Service: **(07) 3825 6000**
- Logan–Beaudesert Mental Health Service: **(07) 3089 2176**
- Princess Alexandra Mental Health Service: **1300 858 998**.

1300 MH CALL (1300 64 22 55) is a 24 hour, seven day centralised phone number for mental health referrals, crisis and support. The telephone triage service is staffed by a multi-disciplinary team of mental health professionals who will undertake timely triage and initial assessment of any individual needing mental health assistance from one of our qualified staff. All initial assessments conducted by the triage team will assess the risk and immediate mental health needs of the individual.

**Bulk billing clinics**

Under the National Health Care Agreement, Queensland public hospitals and clinics can bulk bill Medicare for some services. This applies where we have a ‘named referral’ from your GP to an approved Consultant Psychiatrist.

It is **your choice** to be seen as a bulk billed patient or a public patient. If you are seen as a bulk billed patient, you may have access to one of our Consultant Psychiatrists (if available) with right of private practice, rather than being treated by a publicly appointed doctor. Our clinics will continue to offer services free-of-charge and there will be no additional ‘out of pocket’ expenses for your consultations. Please contact your local Acute Care Team for any clarification around the referral process.

**Referral to the Mood ACU**

Appropriate referrals will be made to the Mood ACU for the ongoing treatment of individuals presenting with a mood disorder. Information provided at the time of referral, in consultation with the Mood ACU
will determine the service response time. This may include contact within 24 hours or notification of a scheduled appointment.

**Care provided by Mood community mental health teams**

Patients have the right to comprehensive and integrated mental health care that meets their individual needs and achieves the best possible outcome in terms of their recovery. During the initial phase of assessing an individual's mental health, a range of questions and assessment tools may be utilised by the clinical team within the Mood ACU. All patients will then be allocated a clinician and have planned medical appointments established with the treating team.

**Key assessment in a Mood framework**

Consumers will have a comprehensive biological, psychological and social assessment. The assessment aims to collect all relevant information on the consumer's history of mental illness, current mental health status, physical health issues and the consumer's capacity to participate and function within vocational and social roles. A formulation is then completed and informs the next stages of service provision provided.

The consumer assessment has a focus on the consumer's view of their needs as a priority and the level of distress experienced. Families and significant others will need to provide collateral information and where possible communicate which aspects are to be prioritised from their perspective.

To assist with the consumer assessment, a range of evidence-based clinical measures and assessment tools may be applied by the Clinical Team within the Mood ACU. On completion of the consumer assessment, the treating team will confirm the individual's diagnosis based on an international classification of Mental and Behavioural Disorders called ICD10. The diagnosis given is based on the way that an individual has described their experiences when speaking to a health professional.

**Key therapeutic treatments and interventions**

Treatment and interventions provided are determined by the outcome of the consumer assessment and are focused on the consumer's specific needs. The length of time that a consumer may receive care will be determined by the type and severity of illness, care needs identified and the consumer's responses to the interventions provided.

Interventions for the treatment of mental health presentations in adults can be:

- Pharmacological (medication) therapies
- Psychological therapies
- Psychosocial interventions, including carer and family engagement
- Electroconvulsive therapy (ECT) as an adjunct therapy.

The Mood ACU will reference established international clinical guidelines to ensure that care is based on contemporary scientific evidence.

Consumers will be supported to access a range of biological, psychological and social interventions

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and rehabilitation services which meet their individual needs such as:

- Cognitive Behaviour Therapy (CBT)
- Behaviour therapy
- Dialectical Behaviour Therapy (DBT)
- Relapse prevention
- Medication management
- Illness education for consumers and their families and carers
- Other interventions which are practice informed based on staff expertise and consumer needs.

**Ongoing support and review of care plans**

Ongoing support to the consumer and their family will involve the collaborative development of an individualised treatment plan between the consumer, carer and representative from the multidisciplinary team. This plan will be reviewed weekly if receiving treatment from the inpatient services and at a minimum every 91 days if receiving treatment from a specialised Mood community mental health team.

Review of the collaborative care plan ensures all relevant clinical information, consumer progress, family situational changes, the outcome of relevant assessments/measures and review of the clinical outcomes data to monitor and evaluate the treatment interventions provided are meeting the consumer’s and family’s needs and supporting recovery.

**Transition of care to other providers**

On completion of the initial assessment, recommendation for ongoing care arrangements will be provided, this may include:

- General Practitioner care coordination
- Admission to Acute Mental Health Inpatient Services
- Referral to specialist non-government support services
- Referral to specialist community support services.

On completion of treatment goals the consumers care will be handed over to their primary care providers and/or other providers depending on patient’s needs and choice. Transition from the Mood Academic Clinical Unit is a process which ensures that key elements of illness and co-morbidity, support services and consumer capacity are addressed at time of discharge.

The General Practitioner, as the primary medical provider, will receive a comprehensive summary of the service provided. The Mood ACU will advise of the appropriate community supports and facilitate care transition and referrals to other support services.

**Re-entry**

It is recognised that mental health disorders can be episodic in nature and changes to the consumer’s or family’s circumstances may influence the individual’s ability to manage their mental health during
this time. Re-referral to our services may be necessary to reassess their current needs and establish what specialised treatment can be provided.

In times of mental health crisis it is important that close liaison between service providers is maintained to ensure ongoing care needs are met until re-assessment is complete and referral into the appropriate care has occurred.

At any stage, consumers, carers, and other service providers can call our local Acute Care Services for assistance:

- Bayside Mental Health Service: (07) 3825 6000
- Logan–Beaudesert Mental Health Service: (07) 3089 2176
- Princess Alexandra Mental Health Service: 1300 858 998.

**Measuring our performance**

**How do we measure our consumer outcomes?**

Metro South Addiction and Mental Health Services collects mental health information about an individual utilising a state wide application called Consumer Integrated Mental Health Application (CIMHA). This information is confidential and may only be shared with stakeholders if the patient has consented to the sharing of information or in extreme circumstances there is a clinical need to share information.

Regular assessments are conducted to demonstrate how the clinical application of therapies has positively influenced the consumer’s recovery through the CIMHA application. This may include specific tools to examine the effectiveness of therapies provided and will be completed by clinicians and consumers.

There are three main outcomes measures[^1] that are available through this application. The consumer outcomes measures are:

1. The Health of the Nation Outcome Scales (HoNOS)
2. The Mental Health Inventory (MHI)
3. The Life Skills Profile (LSP-16).

Evaluation and research of treatment interventions and consumer outcomes will enable the ACU to maintain focus on quality review and to advise on existing literature or suggest future research topics.

Expected outcomes for a consumer of the Mood ACU

The goal of the Mood ACU is to utilise evidence based treatment interventions and care planning so that we demonstrate positive outcomes for our consumers. It is expected that a consumer entering our service will benefit in the following ways:

1. Improve mental health literacy among primary care providers and other service providers
2. Reduce burden of illness and carer burden by effective management of consumer’s illness and other psychosocial interventions.
3. Increase resilience of consumers by fostering self-management skills to effectively manage symptoms they may experience extending their period of wellness.
4. Facilitate consumer engagement with their community
5. Facilitate mental health education and support to consumers, family and carers.

Model of Service - Guiding our service delivery

The Mood ACU is guided by the Community Care Team Model of Service and the Mental Health Inpatient Model of Service which are part of the Queensland statewide Models of Service. These models provide a framework for the delivery of services within the Mood ACU.

Mandatory key performance indicators

The Mood ACU's organisational performance is measured against the mental health key performance indicators which measures across select domains to ensure care delivery is effective, appropriate, efficient, accessible, timely, safe and sustainable. These are mandatory key performance indicators which it is the responsibility of Metro South to report against as a whole system.