Metro South Addiction and Mental Health Services

Clinical Service Plan
Psychosis Academic Clinical Unit
Psychosis Academic Clinical Unit

The Psychosis Academic Clinical Unit (ACU) provides specialist assessment and treatment for consumers between 18-65 years of age who experience psychosis.

Community and inpatient services are available according to consumer and family assessment of needs. Contemporary evidenced-based interventions are delivered either by structured program or through care coordination.

What is psychosis?
A group of illnesses which disrupt the functioning of the brain can cause a condition called ‘psychosis’. Psychosis is a syndrome seen in a number of different illnesses including schizophrenia, schizoaffective disorder, delusional disorder, brief psychotic disorder or occurring as a result of the effects of illicit substances or some physical illnesses. Psychosis can also occur in illnesses like bipolar illness and in major depression.

It consists of such symptoms as:
- Delusions – false beliefs that are utterly true to the one who is experiencing the psychosis, but not understandable to others from the same cultural background.
- Hallucinations – sensory experiences which seem entirely real to the person experiencing them, but are unable to be shared by others (e.g. hearing "voices").
- Disorganised thought, speech or behaviour.

These symptoms may lead to social withdrawal and reduced performance in academic or occupational pursuits. The person's behaviour may change significantly. These changes may be difficult for others to understand because they occur in response to the delusions or hallucinations. Most people are able to recover from an episode of psychosis1.

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 Psychosis Academic Clinical Unit in Metro South.

Our vision
Better health for all consumers with psychosis by providing optimum and timely evidence based care that is person and family centred and recovery oriented.

Our mission
Promote integrated specialised care to consumers with psychosis in the least restrictive environment to support an individual's journey to recovery within their community.

Our strategic objectives for 2014-2017

The Psychosis 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

#### Psychosis Academic Clinical Unit

**Strategic Objectives 2014-2017**

<table>
<thead>
<tr>
<th>Strategic objectives</th>
<th>Key strategies</th>
</tr>
</thead>
</table>
| 1. Development and implementation of a Psychosis Model of Service (MOS) | ▪ Develop and implement the new Model of Service in consultation with key partners and leaders  
▪ Deliver training around new Model of Service to ensure long term sustainability |
| 2. Development and implementation of clinical pathways through the phases of acuity | ▪ Establish guidelines to assist with appropriate referrals into Psychosis service  
▪ Develop specific clinical interventions according to phases of acuity in tiered framework  
▪ Implement the clinician capability framework to improve the effectiveness of therapies being delivered across the three geographical locations |
| 3. Evaluate the clinical interventions delivered in the Psychosis ACU | ▪ Implement pre and post-consumer measures to measure the effectiveness of key therapeutic interventions being delivered to consumers presenting with a diagnosis of psychosis |
Opportunities to provide optimal care for consumers with a diagnosis of psychosis.

- Early intervention is essential for consumers that have a diagnosis of psychosis as relapse and re-hospitalisation rates remains a challenge for a considerable proportion of consumers experiencing psychosis.
- Comprehensive and appropriate assessment is essential so that phase-specific and individualized treatment is initiated in early in the course of illness so that the possible ongoing disability caused by psychosis can be limited.
- Addressing physical health needs. Individuals with severe mental illness are increasingly at risk of obesity, diabetes and cardiovascular disease and will benefit from addressing their physical needs early in the course of their illness.
- Co-morbidity. The use of alcohol and drugs may have a negative impact on psychosis and its treatment. Early identification and appropriate interventions will enhance an individual’s recovery.

Our service delivery

The Psychosis ACU will provide community and inpatient services for people who are affected by psychosis.

The following list identifies the range of conditions treated by the Psychosis ACU:
- Schizophrenia
- Schizotypal disorder
- Persistent delusional disorders
- Acute and transient psychotic disorders
- Induced delusional disorder
- Schizoaffective disorder
- Other non-organic psychotic disorders
- Unspecified non-organic psychosis.

The Psychosis team comprises of a multidisciplinary team of skilled professionals from the backgrounds of:
- Administration
- Allied Health
- Nursing (Mental Health and General)
- Medical (Consultant Psychiatrists, Psychiatry Registrar in-training, other junior medical staff).

Inpatient services

The Psychosis ACU provides short to medium term specialised inpatient care to the consumers presenting with severe or acute psychosis. The inpatient services broadly have an open general ward area that have rooms for male and female consumers and 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 will be 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 Psychosis Community ACU works in close liaison with other ACUs and with inpatient services to maintain continuity of care and endeavours to deliver an integrated and least restrictive service to the consumers with psychosis.

An assessment of the consumers' and families' needs is done upon entry and in turn will initially determine the duration of the treatment and consumers' involvement within the Community ACUs. The services aim to initiate specialised therapies at the earliest time frame working within an assertive case management paradigm.

The Psychosis ACU aims to provide services closer to the home of consumers and have a strong focus on family and carer involvement within recovery principles.

There are eight psychosis mental health service teams within Metro South in the following locations:

- Logan Central
- Browns Plains
- Beenleigh
- Woolloongabba
- MacGregor
- Inala
- Cleveland
- Wynnum.

**Our service partners**

Metro South Addiction and Mental Health Services acknowledge that 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 Psychosis ACU has a commitment to ensuring that clinicians actively consider liaising with all our key partners, both internal and external who assist in ensuring better health outcomes for an individual experiencing mental illness.

The Psychosis ACU has collaborative partnerships with the following organisations:

- General Practitioners
- Non-government organisations
- Private sector organisations
- Medicare Locals
- Emergency Services
- Other government services
- Diamantina Health Partners
- Public mental health services in other Health and Hospital Services (HHSs)
- Royal Australia and New Zealand College of Psychiatrists (RANZCP).
Consumer journey - Navigating our service

The Psychosis 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 consumer care system would look like the following diagram:

### Access to the Psychosis 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. Alternatively you have an option of 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 the local Acute Care Teams for any clarification around referral process.
Referrals to the Psychosis ACU

Appropriate referrals will be made to the Psychosis ACU for the ongoing support and treatment of individuals presenting with psychotic symptomology and their families. Information provided at the time of referral, in consultation with the Psychosis ACU will determine the service response time; this may include contact within 24 hours or notification of a scheduled appointment.

Care provided by Psychosis community mental health teams

Consumers 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 Psychosis ACU. All consumers will then be allocated a case manager and have regular medical appointments established with the treating team.

Key assessment in a Psychosis framework

Consumers will have a comprehensive biological, psychological, occupational 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 capacity to participate and function within occupational, vocational and social roles. A formulation is then completed and informs the next stages of service provision provided.

Assessment will take into consideration information about the aspects that the consumer considers to be priorities 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 Psychosis ACU.

Assessment will fall into four main domains and two sub domains.

Main domains:
1. Positive (hallucinations, delusions)
2. Negative (anhedonia, asociality, apathy, blunting of affect)
3. Disorganisation (disorganisation in thinking and behaviour)

Sub domains:
1. Functionality (general functional strengths & deficits in day to day activities)
2. Co-morbidity (e.g. associated physical illnesses-, intellectual impairment and drug use).

On completion of the consumer assessment, the treating team will confirm the individual’s diagnosis. This is based on an international classification of mental and behavioural disorders called ICD10\(^3\). 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

The Psychosis ACU provides access to a range of short to medium term evidence-based treatments. The case manager and/or treating team will facilitate access to psychological and support programs which will address the specific needs of consumers and families and support their recovery.

Interventions for the treatment of psychosis generally fall into the following main categories:

- Pharmacological (medication) therapies
- Psychological therapies
- Psychosocial interventions, including carer and family engagement.

Consumers will be supported to access interventions from a range of biological and psychosocial interventions and rehabilitation services, either individually or through group based programs which meet their individual needs such as:

- Cognitive Behaviour Therapy (CBT)
- Cognitive Remediation Therapy (CRT)
- Dialectical Behaviour Therapy (DBT)
- Motivational Interviewing
- Acceptance Commitment Therapy
- Solution Focused Therapy
- Relapse Prevention & Medication management
- Psycho-education
- Sleep management, activity scheduling
- Communication skills training, living skills training
- Anger management strategies
- Coping with unwanted thoughts and/or auditory hallucinations
- Dual Diagnosis brief interventions
- Family and Carer education and support
- Narrative Therapy
- Living with Voices group sessions.

Ongoing support and review of care plans

Ongoing support to the consumer and their family will involve the collaborative development of an individual treatment plan between the consumer, carer and representative from the multidisciplinary team. This plan will be reviewed weekly if receiving treatment from the inpatient ACU and at a minimum every 91 days if receiving treatment from a specialised Psychosis community 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 are supporting recovery.
Transition of care to other providers

Transition from the Psychosis ACU is a process that ensures that there is continuity of care or appropriate referral and transfer to other services. Key elements such as co-morbidity, support services, consumer capacity and cognitive impairment are addressed at time of transfer.

The General Practitioner, as the primary medical provider, will receive a comprehensive summary of the service provided.

Transition of care may also be to the following partners:
- Referral to another specialised community mental health service depending on diagnosis
- Referral to specialist non-government support services
- Admission to Psychiatric Inpatient Services
- Services that provide care for the co-morbid conditions.

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 further 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 retain mental health information about an individual utilising a state wide application, Consumer Integrated Mental Health Application (CIMHA). This information is confidential and may only be shared outside the treating team with stakeholders if the consumer 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 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.
Metro South Addiction and Mental Health Services participate in the Australian Mental Health Outcomes and Classification Network and collect the following outcomes measures on all consumers who access the mental health service:

- The Health of the Nation Outcome Scales (HoNOS) ⁴
- The Mental Health Inventory (MHI)
- The Life Skills Profile (LSP-16).

The Psychosis ACU will reference established international clinical guidelines to ensure that care is based on contemporary scientific evidence. Ongoing evaluation and research into best practice treatments and interventions will enable the Psychosis ACU to maximise outcomes for a consumer experiencing a psychotic disorder. All therapy programs within Psychosis ACU will be evaluated and reviewed to demonstrate how the clinical application of therapies has positively influenced the consumer’s recovery.

**Expected outcomes for a consumer of the Psychosis ACU**

The goal of the Psychosis ACU is to utilise interventions based on evidence based strategies and work in a recovery oriented paradigm so that we demonstrate positive outcomes for our community.

The consumer and their families will determine in conjunction with the treating team which outcomes would like to be achieved and their level of priority at that time. It is expected that a consumer and their families entering our service can benefit in the following ways:

1. Improved quality of life as defined by the individual
2. Improved social interaction
3. Improved education around their medication management
4. Improved understanding around their own illness and management
5. Strategies to cope with positive and negative symptoms of psychosis
6. Strategies to address the adverse medication effects.

**Model of Service - Guiding our service delivery**

The Psychosis ACU is guided by the statewide 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 Psychosis ACU.

**Mandatory key performance indicators**

The Psychosis ACU’s organisational performance is measured against the mental health key performance indicators which measure 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.

---

For more information
For more information about Psychosis, please visit the following websites:

- Sane Australia: www.sane.org
- Early Psychosis Prevention and Intervention Centre (EPPIC) http://eppic.org.au/psychosis
- Beyond Blue www.beyondblue.org.au/
- Psychosis - NHS Choices (UK site) www.nhs.uk/Conditions/Psychosis/Pages/Introduction.aspx