

Northern Adelaide Local Health Network

Glenside Campus Forensic Beds

Operational Service Plan

May 2019



Government
of South Australia

SA Health

Version	Release Date	Comments
V1	13/2/19	New Document
V2	18/2/19	Updated with AH Changes
V3	01/03/19	Updated
V4	20/03/19	Updated by Expert working group

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Definitions and Acronyms

Least restrictive means:	The concept of allowing the patient to be cared for in an environment which places the least amount of restriction on freedom of movement while maintaining their safety and the safety of others.
Seclusion:	<p>Defined as the confinement of a person, alone in a room or area from which free exit is prevented. (<i>National Documentation, MHSRP, 2009</i>)</p> <p>Key elements:</p> <ol style="list-style-type: none">1. The consumer is alone.2. The seclusion applies at any time of the day or night.3. Duration is not relevant in determining what is or is not seclusion.4. The consumer cannot leave on their own accord.
Forensic Patient:	A person who has been found Not Guilty by Reason of Mental Impairment or Unfit to Stand Trial and declared Liable to Supervision under Part 8A of the <i>Criminal Law Consolidation Act</i> .
DCS Prisoner:	A person who has committed a criminal offence and suffers from a mental disorder or impairment. This includes persons in custody or subject to community-based orders.
269 X:	A person whom the courts have made an order for investigation of competence or fitness and place them in a MH facility pending the outcome of the investigation

Purpose

This paper has been developed to support consultation with staff, industrial bodies and key stakeholders to develop a service delivery model that will ensure the Forensic beds on the Glenside Campus meet the Restraint and Seclusion in Mental Health Services Policy Guideline 2015, changes to the Mental Health Act (2009) and to accommodate 10 patients from the Forensic Mental Health Service in an outlier ward at the Glenside Campus, Fullarton SA.

Executive Summary/Background

The objective of the Tarnanthi working Party was to develop an inpatient model of care that will enable patients (both DCS-Department of Correctional Services and Forensic patients) to have access to staff 24 hours per day, 7 days per week to ensure that the Model of Care allows for a safe therapeutic environment for both staff and patients alike.

The Tarnanthi and sub-acute ward will function as an outlier ward to the Forensic Mental Health Service and be located at the Glenside Campus in the former Eastern PICU (EPICU) site. This ward will remain under the jurisdiction of Northern Adelaide Local Health Network (NALHN). The previous Tarnanthi ward patients (a specialist disability ward for people with an Intellectual disability or Acquired Brain Injury) were co-located in Birdwood Ward at the James Nash House Forensic inpatient hospital; relocation to the Glenside Campus will see a better living environment and access to Rehabilitation services for this consumer group. It will also provide an additional three beds for other forensic consumers who would benefit from the specialised rehabilitation program.

In S.A. there are two main target populations that Forensic Mental Health Services provide care to; these include i) the 'mentally disordered offender' who is incarcerated or who resides in the community under the supervision of the Department for Community Corrections and ii) the Forensic Patient who has been declared Liable to Supervision under Part 8A of the CLCA due to mental incompetence to commit an offence, or having been found unfit to stand trial and is under the supervision of the Minister for Mental Health and Substance Abuse.

Forensic Patients are either given custodial orders to remain in a Forensic Hospital (James Nash House) 'in detention' or are released on non-custodial orders 'licence conditions' for ongoing supervision. Although there are not large numbers of people (approximately 70 in total), this forensic disability cohort make up approximately 30% of people under a forensic order. Combined with oversight of the day to day issues resulting from their cognitive disability, criminogenic needs and community risks, it is essential that forensic disability consumers have access to behaviour intervention and rehabilitation that is tailored to their cognitive requirements. Consideration needs to be given to service reform that enables comprehensive service provision for this cohort. In the start-up phase of developing this plan the Working Party identified a number of objectives required to support optimum outcomes. This included but was not limited to:

- > It is important to establish a specialist accommodation hub for ID/ABI patients in developing a stepped system along the continuum of care from inpatient to community
- > Long term accommodation due to length of Limiting Term, therapeutic input, rehabilitation focus, and the need for any rehabilitation programs to be slow stream to be effective.
- > Staffing profile to include specific intellectual disability expertise.
- > Ongoing supervision due to unchanging issues of risk.

It was also noted by the Working Party that a thorough understanding of how the developmental and clinical needs of offenders with Intellectual Disability relate to the risk of reoffending will determine the most appropriate management and rehabilitation, and their support needs in the community to prevent re-offending.

Proposed Operational Service Plan-Tarnanthi Ward

Proposed Nurse Staffing Model

The Tarnanthi Ward will require this staffing model to meet the requirements of the Mental Health Act 2009 and the Mental Health Review Amendment Act of 2016.

Nursing numbers to be at a level that will allow the Tarnanthi Ward to work at all times in the least restrictive environment. Mental Health qualified Registered Nurses and Enrolled Nurse/Enrolled Nurse Diploma can be utilised on each shift. An Expression of Interest for existing staff will be distributed and external recruitment process is underway. The Nurse Unit Manager and Nurse Consultant for James Nash House will provide Senior leadership and support.

Proposed	Skill Mix Proposal	Proposed NHPPD
Day shift 5 x 11.69 Hrs (07:00 – 19:41)	Day shift 5 x 11.69 Hrs (07:00 – 19:41) ANUM RN 2A x1 RN 1/2 x2 END x2	
Night duty 3 x 11.69 Hrs (19:28 – 07:10)	Night duty 3 x 11.69 Hrs (19:28 – 07:10) RN1/2 x2 END x1	
Total 8 staff / 24 hours Establishment 22.69 FTE		

*Note any clinical specials and chaperoning of patients are in addition to the revised numbers.

Proposed Medical & Allied Health Staffing Model

Proposed	Skill Mix Proposal
Monday to Friday	Psychiatry Consultant x1.0 FTE Psychiatry Registrar x1.0 FTE Senior Psychologist AHP4 x 1.0 FTE Senior OT AHP3 x 1.0 FTE Senior SW AHP3 x 1.0 FTE Allied Health Assistant AHA 2/3 2.0 x FTE Co-Morbidity worker AHP2/RN2 x 0.2 FTE Peer Specialist AHA 2 x 0.5 FTE Carer Consultant AHA 2 x 0.5 FTE
After Hours/Weekends	24 hr Medical cover will be onsite for the Glenside Campus

Minor works infrastructure program across the Tarnanthi/sub-acute ward

The former Eastern PICU (EPICU) site was built in 2012 and offers a modern and contemporary accommodation setting for the care of Mental Health patients.

Features of the ward include:

- > Individual room accommodation with ability for patients to freely egress 24 hours per day on a least restrictive practice model
- > Sensory Modulation Room
- > Contemporary Anti-Ligature fittings throughout the ward
- > Contemporary Seclusion suite is located within the ward.
- > Swipe access is currently throughout the ward

A full review of the ward was undertaken by Dept of Correctional Services (DCS) in February 2019 in partnership with FMHS and any other key stakeholders. In addition there are some minor works required to the walls and floors to ensure the environment is safe and therapeutic as well as some additional kitchen equipment required in the group therapy room, to ensure that patients relocating to this service are not disadvantaged from the current program of activities on offer.

Introduction of sensory modulation equipment and program

The Tarnanthi/sub-acute service will have a contemporary Sensory Modulation room within the ward's location.

Sensory Modalities will be stored on the ward and available to access 24 hrs /day. The Occupational Therapists work with the multi-disciplinary team to develop and utilise an individual's sensory plan, and provide modalities and interventions on the ward. Training will be provided by Senior Occupational Therapists with all staff in the use, provision and access to appropriate equipment to assist with the care needs of patients in the Ward. Access to a sensory environment and tools will assist staff to deliver contemporary Rehabilitation and Recovery models for care of mental health patients within this environment.

The focus of sensory modulation is in the use of modalities, the environment, and activities to assist with regulation of emotions and sensory experiences and optimise physiological and emotional wellbeing. The Occupational Therapist will work with patients to assess their sensory preferences and needs, facilitate 1:1 sensory modulation intervention, and potentially to develop a sensory plan. A sensory plan may detail – calming strategies, grounding techniques, alerting strategies, therapeutic use of self, sensory diet preferences, and lead to the development of a personalised sensory kit.

Rehabilitation, Risk Reduction and Behavioural support

The ward will operate utilising a Recovery/Rehabilitation model with evidenced based specialist disability components. This will include the provision of Positive Behaviour Support (PBS) plans for consumers who require support to develop strategies and methods to assist in reducing challenging behaviour and increasing the person's quality of life. This is facilitated through teaching new skills and adjusting a persons' environment to promote positive behaviour changes. It will also focus on the reduction of risk, ensuring that treatment provided is evidenced based and focused on reducing the risk of future offending.

The rehabilitation component will focus on a balance of meaningful activities, providing people with structure and routine in all aspects of their life. It will aim to ensure that consumers are independent in as many of their life skills as possible, using the principle of "doing with, not for".

Security

The Tarnanthi/sub-acute ward is required to balance 'security' with 'therapy'. It functions primarily as a therapeutic environment, with levels of security that match the assessed level of risk.

Patients within the ward will present considerable risks, complex management problems and have extensive rehabilitation needs due to their special needs related to Acquired Brain Injury (ABI) or Intellectual Disability (ID).

Provision of security in forensic mental health consists of:

- > Physical security
- > Relational security
- > Procedural security
- > Management arrangements

Relational security (how well do you know your patient, e.g. their stressors and subtle early warning signs) is both qualitative and quantitative in nature; the latter being the staff to patient ratio and amount of time spent in face to face contact. Patients will need to be seen frequently by all disciplines including regular medical assessments of mental state.

Management arrangements should include easy access to senior clinical leadership.

Procedural security occurs at the patient level but also at a systems level. The latter requires contemporary clinical governance.

The following mechanisms will be central to ensuring good physical and procedural security:

- > All staff will wear portable duress pendants, at all times and will comply with duress testing as per [SSI01283 FMHS - Black Alert System Test](#)
- > A full Code Black response team is available 24/7 onsite and the forensic service will supply x1 staff member to assist the formation of the team
- > All staff are responsible for the safety and security of patients and each other
- > Staff should be in the line of sight of each other at all times while in the ward environment & will never enter a patient's bedroom alone
- > High levels of accountability and supervision are required when issuing tools and equipment to all patients as there is potential to cause harm and be used to assist escape. Regular inventory checks will minimise this risk.
- > High levels of vigilance are required when checking patient areas and in particular courtyards
- > The courtyard should be checked both prior and after use to ensure it is clear of any potentially dangerous items. Assigned staff to ensure all cutleries are accounted for before patients enter and prior to patients leaving the dining areas/ group room.

Security – Proposed Model for Forensic Inpatient

- > Within the Glenside Campus there will ordinarily be 4 security officers to support the wards for increased need around safety. The role of the security officers includes responding to critical incidents, escorting of patients from one location to another, providing support to clinical team members with interventions, and for other requirements indicated by the nurse in charge of the ward.
- > In the event of a code black (between 0600hrs and 1800hrs) the response team is made up of 7 people comprising 3 nursing staff and 4 security officers (*based on numbers provided by MSS Security service currently used on the Glenside Campus*) [SSI01472 LMH - Code Black - Personal Threat](#)

Security – Responders

Current Glenside provision	Comments
0600hrs to 1800hrs Four responders available for Code Black and/or other critical incidents.	Current arrangement to continue
1800hrs to 0600hrs Two responders available Total 3 (1 manning switchboard)	

Nursing Staff – ERT Responders

Associate Nurse Unit Manager (or Team Leader in charge) will appoint members of the Emergency Response Team (ERT) allocation daily as part of morning handover

All members of the Code Black Emergency Response Team will be required to evidence currency in the following training and are responsible to ensure they have their mandatory training requirements up to date and completed to ensure they can operate as an ERT responder:

- > Managing Actual and Potential Aggression (Mandatory Training) Biannually
- > Code Black Response Team Training, annually with NALHN
- > Emergency Response Team (ERT) Training, with Glenside Campus

Seclusion Rooms

The purpose of de-escalation and seclusion is to manage a highly agitated and emotionally disturbed or high-risk person away from the main ward area in a room that may be locked.

Currently in the Glenside Campus there is one (1) room that meets contemporary practice specifications for a seclusion room and this is located in the Tarnanthi/sub-acute ward corridor between the Tarnanthi/sub-acute ward and the Eastern Acute ward. This is a shared facility with the other wards.

Seclusion Reviews

The Forensic Seclusion review panel meets to review each seclusion that has occurred. All incidence of restraint or seclusion of Forensic Patients are recorded and reported to the Chief Psychiatrist and the Forensic Clinical Governance Committee

- > The aim of the seclusion panel is to review the use of the clinical restrictive intervention in relationship to the factors that precipitated its use and ensure compliance with the *Mental Health Act 2009*.

- > All patients who require clinical restraint or seclusion receive post incident debriefing and support.
- > Staff are provided with support and debriefing following an incident of clinical restraint or seclusion.

Operational Detail

Assessment for Tarnanthi/sub-acute ward:

Ongoing clinical review includes but is not limited to:

- > Weekly clinical ward round
- > 6 monthly Multi-Disciplinary Care Planning
- > HCR20 Violence Risk Assessment /START (Short Term Assessment of Risk and Treatability)
- > Weekly Community Based Information System (CBIS) Risk Assessment
- > Daily Mental State Examination
- > Dynamic Assessment of Situational Aggression Tool

Clinical Handover

At each point of change of staff an ISBAR handover should occur to highlight the current situation, risks, significant events, mental state, medication and management plan of each patient.

Further information is available in the Site Specific Procedure [SSI02423 - FMHS- Clinical Handover Guidelines](#)

Patient Flow

Principles of Flow

1. The right consumers receive care in the right part of the service
2. The consumer is central to care
3. Know the demand and manage the capacity
4. Support effective resource allocation
5. All parts of the service are intrinsically important – problems are not dealt with in isolation
6. Teams work toward a single clear purpose
7. Pathways are clear.

The average length of admission for the current cohort within the Forensic Hospital is approximately three (3) years (range from 18 days to 14 years and 65 days).

Forensic patients are stepped down from high security to medium and low security environments and then transitioned into community settings via an appropriate pathway that reflects their clinical and license requirements and works toward the goal of a least restrictive status in their local community. Services operate under the principle of patient flow, whereby demand for service type is actively monitored and patient flow matches demand.

Discharge Planning

Forensic Mental Health Services are provided within a continuum from High, Medium and Low Secure inpatient settings to re-integration back into the community under the direction of the courts.

Discharge planning commences on admission and is reflected in comprehensive, multidisciplinary mental health care plans that are regularly reviewed and updated.

Staffing Roles and Responsibilities

Consultant Psychiatrist

- > Provides clinical leadership to facilitate and support a team approach to the provision of clinical services.
- > Responsible for the overall assessment and medical management of inpatients within the Tarnanthi/sub-acute ward
- > Works collaboratively with health professionals in multidisciplinary setting to ensure delivery of effective and efficient quality mental health services.
- > Conducts reviews of Inpatient Treatment Orders as required by the *Mental Health Act 2009*.
- > Chairs weekly multidisciplinary clinical ward round to review individual patient management.
- > Reviews patient seclusions in line with [SSI01031- Restraint and Seclusion of Mental Health Consumers, Minimisation of Restrictive Practices](#)
- > Participates in transfer meetings to step down patients in the Tarnanthi/sub-acute ward to other wards within the FMHS.
- > Address consumer's complaints in a positive, constructive manner.
- > Ensures discharge summaries are completed by the registrar in a timely and accurate manner as per policy
- > Provides supervision to the registrar assigned to the Tarnanthi/sub-acute ward.
- > Contributes to the training of other health professionals.
- > Participates in after hours on call roster for assessment and management of patients.

Psychiatry Registrar

- > Responsible for day to day assessment and management of inpatients within the Tarnanthi/sub-acute ward.
- > Reviews patient seclusions in line with current policies and procedures. [SSI01031- Restraint and Seclusion of Mental Health Consumers, Minimisation of Restrictive Practices](#)
- > Investigates and addresses consumer's complaints in a positive, constructive manner.
- > Provides supervision to medical students during placement.
- > Participates in the weekly multidisciplinary ward round to discuss individual patient management.
- > Participates in transfer meetings to step-down patients in the Tarnanthi/sub-acute ward to other wards within the FMHS only when required and applicable.
- > Completes discharge summaries in a timely and accurate manner.

After Hours Medical Cover and Admissions

- > The Glenside campus provides a doctor on site 24 hours a day who will review any patient needing medical review or in case of a medical emergency.

Nursing

Nurses working in the Tarnanthi/sub-acute ward, work collaboratively with the multi-disciplinary team in the assessment of patients.

These assessments include:

- > Risk Assessment including HCR-20 and self-harm
- > Mental State Examination/Symptomatology – identify core system clusters, e.g. anxiety, psychosis, grief, depression, esteem and impulsivity.
- > Evaluation of positive and negative symptoms and strategies in which to overcome these from strength based approaches in collaboration with the patient and patient's family/Carer's

Nursing Observation

Nurses working in Forensic Mental Health undertake observation and assessments to inform clinical plan formulation and identify risks and strategy to address. Nurses contribute to the identification of risk through engaging with patients receiving care in the completion of above stated assessments, and making clinical judgements about their mental health, psychosocial functioning, physical health and safety (Maguire et al, 2018).

Nurses working in Forensic Mental Health ground their clinical practice within a recovery framework with the aim of forming supportive and productive relationships with the people who they care for. Mental health recovery can be defined as 'an overarching philosophy that encompasses notions of self-determination, self-management, personal growth, empowerment, choice and meaningful social engagement, growth and empowerment (Leamy et al, 2011).

Assessment of Risk

Risk assessment is a continuous part of the overall assessment process of all patients. A full risk history should be undertaken with regular reviews to form the foundation for subsequent dynamic assessment and management of risk. The management of identified risk factors requires a level of collaboration between the patient and primary nurse in order to identify situational factors that increase risk and the negotiation of strategies to minimise risk. Accurate risk assessment and risk management are a skill of mental health nurses that are developed through tertiary education, ongoing professional development, knowledge and clinical experience.

The patient may be at personal risk or may be a risk to others based on an assessment of their static, dynamic and protective factors. Forensic mental health nurses utilise strategy to identify risks at an individual, interpersonal, organisational and community level. The forensic nurse engages the patient in therapies that address offending behaviours with the aim of facilitating a smooth transition and successful integration back into the community. Good risk assessment and management can only occur if the patient's behaviour can be observed and then reflected on in relation to past knowledge of the patient and current behaviours (Maguire et al, 2018).

Social Work and Allied Health Assistants

Social Workers in the Tarnanthi/sub-acute ward work in a multidisciplinary team and provide a holistic specialised service to patients with an emphasis on recovery principles. The social work role aims to improve the functioning of patients in the various domains of their lives i.e. social, cultural, economic, emotional, legal, and environmental. Social work plays a key role in reducing social barriers, inequality and injustice and assists patients to access resources and opportunities that contribute to wellbeing.

Social work values the fundamental role of families and carers in a patient's recovery journey. Social workers provide support and education to maximize family and carer involvement throughout the patient's admission. The Social Worker does this by undertaking psychosocial assessments and implementing therapy on an individual or group basis. This may include advocacy with federal and commonwealth government agencies, and non-government organisations; individual and relational counselling; family assessment and intervention; protection of rights and interventions within the legal system, provide education to family and clients related to the illness/disability, referrals to Commonwealth, Federal agencies and Non-Government Organisations to progress discharge planning and secure accommodation that is appropriate to the support needs of the client. Liaise with Commonwealth agencies to ascertain funding that supports an individual to live independently within the community.

Liaise and work with the Multi-Disciplinary team to develop and implement therapeutic groups focusing on the needs of the client group. Regularly review the needs and purpose of therapeutic groups; participate in monthly Tarnanthi/sub-acute Review Meetings, weekly ward rounds, bi-yearly multi-disciplinary care plans for each client, and monthly Social Work meetings. The Tarnanthi/sub-acute Social Worker also provides monthly clinical supervision including bi-yearly Professional Development Review with individual Social Workers and the Carer Consultant.

Allied Health Assistants in the Tarnanthi/sub-acute ward, under the supervision of Allied Health clinicians, assist patients with finances, Centrelink payments, personal product buys, and property.

Co-Morbidity Clinician

The Co-Morbidity Clinician Role aims to increase client awareness of the negative effects of drug use and impacts on mental illness, encompassing principles of Recovery and Harm Minimisation.

The role includes undertaking client Drug & Alcohol Assessments, Counselling, Facilitating Groups, Education, Providing input into client treating teams, Transition Outings & Discharge Planning.

They are based at the Forensic Hospital-James Nash House and can provide in reach services via email referral.

Psychology

The Psychologist in the Tarnanthi/sub-acute ward is responsible for the following duties:

Assessment

- > Psychopathology and emotions
- > Cognitive Assessment
- > Capacity Assessment
- > Risk Assessments (Risk of re-offending, violence or sexual offending)
- > Intervention goals

Report writing

- > Multidisciplinary Care Plan Reports
- > Positive Behaviour Support Plans
- > Cognitive Assessment Reports
- > Capacity Assessment Reports
- > Risk Assessment Reports
- > Court Assessment Service S269T & Q Reports

Intervention

Individual Counselling of Patients

- > For depression, anxiety, self-management of mental difficulties (e.g., psychosis), issues related to offending pathways.
- > Lifestyle enhancement for reducing re-offending risk and improving mental health
- > Anger management
- > Sex Offender programs
- > Debriefing following critical incidents

Group Programs

- > Adapted Dialectical Behaviour Therapy (DBT)
- > Self-regulation of emotions
- > Social Skills

Team involvement

- > Driving the development of the Tarnanthi/sub-acute program, including leading design of an evaluation
- > Advising other team members (including nursing staff) about Behaviour Management

- > Contributing to Team discussions, team reviews of individual patients, e.g., transition and post discharge planning for the patients
- > Contributing knowledge of disability to design of skill learning activities, behaviour management and diagnoses
- > Assisting other team members with patients, as needed, in groups and individually. This can be for a variety of reasons (e.g., safety, supervision, and facilitation of individual participation).

Occupational Therapy/ Activities Supervisors

The Occupational Therapist uses a client centered approach to gain an understanding of the various factors relating to and influencing a person's occupations, patterns of behaviour, the environment and the subsequent functioning of the person. Within the Tarnanthi / sub-acute ward, Occupational Therapists work closely with Activity Supervisors, to facilitate a person's participation in meaningful life activities, rehabilitation, and sensory modulation. Through engaging people in rehabilitation, Occupational Therapists aim to reduce alienation, promote pro-social behaviours, values and activities, and improve self-esteem, wellbeing, and living skills.

Within the Tarnanthi / sub-acute ward the Occupational Therapist will focus on the development of daily living skills, as well as establishing a routine of structured activities that consumers can continue on discharge. There is an emphasis on developing independence and healthy interests by exploring meaningful activities. The development of coping strategies to support emotional regulation is explored primarily through sensory modulation. This will be offered through a combination of group and individual work in conjunction with the multi-disciplinary team. They are also responsible for the development of Transition programs, supporting consumers to use the skills that they have developed as they transition to the community.

Activity Supervisors in the Tarnanthi / sub-acute ward work under the supervision of Allied Health clinicians and have a strong focus on building rapport, identifying interests, helping consumers feel safe and comfortable in the new environment and beginning to introduce consumers to activity and therapeutic programs. The Activity Supervisors aim to promote engagement in pro-social activities and behaviors, empower clients to further develop their life skills, improve their self-esteem and wellbeing. The role of the Activity Supervisor primarily focusses on providing both individual and group activities - such as cooking, exercise, games, self-care, relaxation, education, art and other creative activities.

Peer Specialist

On the Tarnanthi/sub-acute Ward, the Peer Specialist collaborates with patients and clinicians:

- > Provision of information to patients
- > Participate in the Seclusion & Restraint Checklist for reviewing an incident involving seclusion
- > Support creating Comfort Plans for patients
- > Individual support by referral from ward round

Carer Consultant

On the Tarnanthi/sub-acute Ward, the Carer Consultant works on a referral basis and family/carers/significant others are involved in the mental health care as much as possible.

Identification of carers and their needs is part of the assessment process and is included in care planning for all patients.

Administration – Ward Clerk

Ensure required resources are available on the ward to assist staff to meet patient needs. The Ward clerk is supported by the FMHS Admin support officers as required Admission Pack prepared for patient. Registering of patient- dgPAS and CBIS (Reception)

- > Discharge of patient – dgPAS and CBIS (Reception)
- > Taking photo of patient - providing photo labels for medication charts

- > Ward Rounds - adding new patient data to Schedule for Ward Round purposes. At conclusion ward round notes are printed off, reviewed and signed by registrar, then filed in patient case notes
- > Court hearings – organising and attending to set up and shut down of AVLs
- > SACAT meetings/AVLs – organising and attending to AVLs and meetings
- > Liaising with nursing staff re Court/SACAT arrangements
- > Multi-Disciplinary Care Plan(MDCP) – admin preparation in CBIS (occasional requirement only)
- > Stationery requirements
- > Filing – Patient case notes
- > Archiving – documentation required to be retained for statutory purposes
- > Assist with IT issues and facility maintenance reporting

Alignment with SA Strategic Plan / SA Health Priorities and Directions

South Australian Mental Health Act 2009

Restraint and Seclusion in Mental Health Services Policy Guideline 2015

FMHS Review 2015 - Recommendation 3

Consultation

You are invited to provide feedback by COB 17 May, 2019 utilising one of the following mechanisms:

Contact: Kathryn Ayles

- > Email: Kathryn.ayles@sa.gov.au
- > Telephone: 8266 9600

Next Steps

Following consideration of feedback, further consultation will occur through schedule meeting(s) with staff and Unions as required.

Timeframes

Following consideration of any stakeholder feedback, and further review/refinement of the proposal if required, it is anticipated that implementation will commence on or around 1 July, 2019

References

[Criminal Law Consolidation Act 1935](#)

[Mental Health Act 2009](#)

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Maguire T, Daffern M, Bowe S, McKenna B (2018), Risk assessment and subsequent nursing interventions in a forensic mental health inpatient setting: Associations and impact on aggressive behaviour, *Journal of Clinical Nursing*, 27, 971-983

Review of SA Forensic Mental Health Service, 2015

SA Health Policy Directive – Minimising the use of Restrictive Practices SA Health Policy Directive.

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For more information

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