

SA Forensic Mental Health Service

NALHN

Forensic Mental Health beds –Glenside Campus

Model of Care 2019



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1. Background and Context that informs the Model of Care

Forensic Mental Health provides services to the mental health and justice sectors of the community. The service delivery framework is complex because of the need to simultaneously address the provision of therapeutic clinical care and the security requirements of the criminal justice system.

James Nash House (JNH) was built in 1987 using architecture that reflected the purpose at that time (to treat Prisoners). As a result, patient accommodation and staffing profile was designed using the custodial institution as a reference point.

Over the last 20 years, there has been a significant shift of the patient profile and currently the FMHS is unique in that it is a facility that treats both Prisoners and Forensic Patients.

Since 2013 the forensic hospital has been going through significant reform which includes a new 20 bed facility at JNH and the recent inclusion of a new 10 bed step down unit on the Forensic campus.

In 2016 a separate accommodation hub for 7 patients within an existing ward was commissioned for forensic patients with a primary diagnosis of Intellectual Disability or Acquired Brain Injury

With the inclusion of the new infrastructure the service is now in a position to provide a fully integrated model of care that will include a greater range of service options which will provide further opportunities to assess, admit, treat, manage and discharge patients using a rehabilitation/recovery approach and integrated pathways.

The opening of a further 10 beds at the Glenside campus will provide an environment to better suit the needs of those with specialist disability needs or decreased cognitive functioning. The TSA service will accommodate 10 patients including 7 beds as described above and the remaining 3 beds will be occupied by Sub acute FMH or DCS patients suitable to cohort with the Tarnanthi group. It will create ten acute beds within the existing JNH structure for forensic and DCS patients requiring short term acute assessment and therapy to enable movement back to prison or report to the courts for release.

The Mental Health (Review) Amendment Bill 2015 was introduced in 2016 and amends various provisions of the Mental Health Act 2009. The Forensic Mental Health Service (FMHS) has been given the challenge of implementing the guiding principle of “Least Restrictive alternative” in its model of care.

2. What is a Model of Care (MoC)

A “Model of Care” broadly defines the way health services are delivered. It outlines best practice care and services for a person, population group or patient cohort as they progress through the stages of a condition, injury or event. It aims to ensure people get the right care, at the right time, by the right team and in the right place (ACI Framework 2013)

The scope of this model of care applies to the Tarnanthi and Sub-acute Ward and should be read in conjunction with the Forensic Mental Health Service Model of Care-V8-2017.pdf

Please note a separate Operational Service Plan has also been developed for the Glenside campus beds which provides detail on how to operationalise the objectives of the MoC.

3. Introduction

3.1 Tarnanthi and sub-Acute Forensic Mental Health patients

The Forensic Hospital is located at Oakden and the infrastructure is made up of James Nash House, Kenneth O'Brien Rehabilitation Centre and Ashton House. The environmental and structural restrictions of James Nash House (built in 1987) impact on the treatment decisions and rehabilitation options for consumers. The Tarnanthi and Sub-Acute (TSA) ward is an outlier ward located at Glenside Campus at Fullarton.

3.2 Aims of TSA Ward & Programmes

- > 1. Care and rehabilitation that reflects the differing, complex needs of patients.
- > 2. Risk management that minimises offending behaviour and creates long term behaviour change.
- > 3. Ongoing support and role modelling through strategies such as cognitive coaching.
- > 4. An underlying philosophy of the least restrictive option that details individuals' specific rights.
- > 5. Community involvement and integration in the provision of care and rehabilitation.
- > 6. Providing holistic interventions that address offence related behaviours, rather than offence specific behaviours.
- > 7. Therapeutic alliances with patients that take into consideration the non-criminogenic needs of the patient such as personal distress and self- esteem.
- > 8. Collaboration with patients in developing treatment goals.

3.3 Service User Characteristics

Forensic mental health consumers in the TSA Ward are persons aged from 18 years of age, who have a diagnosis of a mental illness and/or intellectual disability or Acquired Brain Injury, and are subject to a court order. They will continue to be cared for within a high secure environment and under the jurisdiction of the Office of the Director of Public Prosecutions (DPP) or the Department of Correctional Services (DCS). The restrictions that are inherent within the justice system will remain in place.

The TSA Ward provides treatment and rehabilitative inpatient services for the care and treatment of complex forensic patients and prisoners referred from correctional institutions, who require ongoing mental health care. It has a specialized focus on delivery of care for consumers with major cognitive impairment (e.g., in the context of intellectual disability or acquired brain injury) or autism spectrum disorder. TSA Ward recognises the importance of delivering mental health care that caters to the specific needs of different groups within this population, including:

- > Aboriginal and Torres Strait Islander people
- > People from culturally and linguistically diverse (CALD) backgrounds
- > People with a dual diagnosis (co-occurring mental health problem and alcohol and other drug problems)
- > People with a disability including: people with a dual disability (co-occurring mental health problem and intellectual disability), and people with intellectual disability unable to be managed within main stream services due to conduct and not a mental illness.

Developing a profile of the people who use services, together with an understanding of their social context and circumstances and the way they interact with the system, is the basis for realistic planning, service design and effective delivery.

Consumers with non-psychiatric mental impairment may have a range of functional and behavioural issues that require an intensive behaviour modification and developmental approach. The cognitive disability and associated behaviours experienced by these consumers can also make them vulnerable due to:

- > Abuse
- > Discrimination
- > Social marginalisation
- > Stigmatisation
- > Inadequate and poorly co-ordinated services
- > Substance abuse frequent problems with disinhibition
- > Poor physical health
- > Homelessness
- > Limited education
- > Unemployment
- > Comorbidity with Mental Illness.

They are identified as having high risk and high support needs and traditionally have been poorly prepared for society on leaving institutions. They may also display behaviours that may not be tolerated in institutions that are 'unacceptable' in the mainstream community especially related to issues with impulsivity and severe aggressive outbursts

Particularly vulnerable populations include a high number of Aboriginal consumers, many presenting with acquired brain injury through trauma or substance abuse.

3.4 Service Principle Description

Access

Timely access, appropriate environment that aims to manage risk whilst fostering recovery orientated rehabilitation, constructive day timetable, provision of a transitional and discharge plan that begins as early in the admission as possible.

Person & family centred

Recovery focused, recognition of family systems and person's needs, takes into account cultural diversity

Collaboration and continuity of care

Services work together, collaboration with person and family, partnership between services, integrated care, community linkages, and continuity of care

Multidisciplinary

Service will have a range of expertise to enable it to deliver evidence based interventions and holistic care

Recovery focused

A culture of hope and empowerment is fostered, valuing respectful and therapeutic relationships and building on the strengths and resources of the person, their family and their community.

The service promotes autonomy, self-determination and an awareness of rights and responsibilities. Service provision is guided by the aspirations, priorities, needs and preferences of the person and their family.

There is a focus on physical, social and emotional wellbeing. Support to maintain or develop connection to, and participation in, the communities and activities that are valued, is also essential to the program.

Safety and quality

Evidence based, ongoing development of services including staff development, a safe environment for staff and consumers, a service which achieves outcomes, and has a commitment to ongoing learning, research, new work practices and accountability.

4. Care Model

Integrated care pathways will be treatment and recovery-focused, person-centered, based on the person's hopes, goals, their assessed needs, alongside criminogenic issues and risks. The care pathways will be developed with the input of the person and the multidisciplinary team to form an integrated plan. The literature identifies key areas of care which can be termed the 5 Pillars of Care (*Secure Mental Health Unit, Model of Care, 2014*):

- > Physical Health
- > Mental Health
- > Tobacco, Alcohol and other Drug Recovery
- > Complex Trauma Histories
- > Psychosocial and Occupational Rehabilitation

Although the Model of Care for the TSA ward will be underpinned by the 5 Pillars of Care this will need to be considered within the context of the average length of admission to the TSA service, which is generally greater than 6 months.

4.1 Pillar 1 – Physical Health

The FMHS is committed to ensuring forensic patients have equitable and timely access to a range of health services, provided in the least restrictive setting, while maintaining the right of the public to protection against risk of harm.

Patients in the TSA ward will have access to a part time GP medical officer whom will be based at the Forensic Hospital one day per week. Forensic patients will be provided with a full medical assessment to determine any physical health issues and to plan and implement if any services are required.

Nursing staff will provide ongoing assessment, monitoring and intervention to treat and improve individual patient's physical health as required

Patients can be referred to the following services as required:

- > Dietetics
- > Physiotherapy
- > Podiatry

Other services will be negotiated based on the needs of the individual

Patients will be reviewed in the TSA ward clinic room which is located in the main corridor between the TSA ward and the Eastern Acute Ward at the Glenside Campus.

Dental services will be provided off-site through the Adelaide Dental Clinic

Site Specific Procedures for Code Blue – Medical Emergency [SSI01257.pdf](#) and

Escorting a Forensic Patient to a General Hospital [SSI103154.pdf](#) is located on the NALHN PPG and will be updated to reflect the remote campus.

4.2 Pillar 2 – Mental Health

The TSA ward program reflects contemporary practice in the delivery of intensive mental health treatment, based upon the assessment of the multi-disciplinary team and the individual recovery goals of the patient. This is traditionally biological in focus and includes clinical assessment, stabilisation of mental state and initiating treatment. Assessment and early treatment, may last from weeks to months depending on the care needs of the individual patient.

4.3 Pillar 3 – Tobacco, Alcohol and other Drug Recovery

A Co-Morbidity Worker is available during business hours to undertake Drug & Alcohol Assessments for all new patients admitted to the TSA ward on an email referral basis. They will provide support and implement rehabilitation plans to address individual patient requirements based on risk assessment.

4.4 Pillar 4 – Complex Trauma Histories

Trauma Informed Care and Managing Actual and Potential Aggression are mandatory training requirements for all clinicians working within the FMHS.

Many forensic patients have histories of social and personal neglect; drug and alcohol abuse, with many having been physically and/or sexually abused. There is a high incidence of co-morbid diagnosis including personality disorder, problematic personality traits and psychotic disorders. As a consequence a trauma informed approach is required to prevent any re-traumatising (SAMHSA; 2014). Often forensic patients have great difficulty in forming meaningful relationships with others and display behaviours such as aggression and violence as a pattern of maladaptive behaviours to cope (SAMHSA; 2014). The role of the forensic clinician is to make connections with this vulnerable group to facilitate their recovery journey.

The Forensic Mental Health Service also specialises in a number of areas within mental health, including risk assessment and risk management and the assessment and management of “Problem Behaviours”.

One specialist provision to support people with complex trauma histories is the use of Sensory modulation, which is defined as: “the capacity to regulate and organise the degree, intensity and nature of responses to sensory input in a graded and adaptive manner” (Miller, Reisman, McIntosh & Simon 2001). It is a clinical intervention, led by Occupational Therapists, which involves utilising sensory modalities, the environment, therapeutic use of self and sensory interventions to guide people to be calm or to shift an emotional state.

Sensory modulation is beneficial when a person experiences difficulty in coping or regulating themselves because of other problems such as illness, disability, trauma experiences, stress, anxiety or general every day demands (May-Benson & Champagne, 2011).

Interventions will help to reduce distress, minimise pharmaceutical interventions and promote therapeutic engagement. It will also proactively diminish the use of restraint and seclusion for individuals and promote least restrictive practices. Through the use of sensory modulation, a person can develop:

- > Increased self-awareness, resilience and self-esteem
- > Increased ability to engage in therapeutic activities, social activities, self-care activities, and meaningful life roles
- > Increased ability to cope with triggers

The TSA ward sensory modulation / comfort room is adjacent to the main day area, and is able to be utilised 24 hours per day.

4.5 Pillar 5 – Psychosocial and Occupational Rehabilitation

The TSA ward program provides a starting point for slow stream rehabilitation services. Its primary focus will be working preparing patients for reintegration into the community by reducing the risk of recidivism on release. This is based on analysis of the unique set of circumstances and chain of events which culminate in offending by the individual patient (their “offending pathway”). Offending pathways can involve a large set risk factors, including poor social skills, lack of positive relationships, lack of meaningful occupation or recreation, poor self-care, poor mental health, poor impulse control, difficult emotions, substance abuse, vulnerability to external triggers, lack of social support, stigmatization, not taking medication, not following rules, negative conduct, poor insight, poor coping strategies, a lack of goals and difficulties with planning.

Risk Factors that are part of the individual patient’s offending pathway are addressed by targeted interventions from the treating team.

Some interventions are adapted and simplified forms of interventions with a strong evidence base for use with patients who do not have major cognitive impairment, e.g., individual counselling, psycho-education groups, and recreation. A key component of the specialized disability program is Positive Behaviour Support.

Positive Behaviour Support (PBS) is an evidenced-based, holistic approach that aims to provide the strategies and methods to assist a person to reduce challenging behaviour and improve quality of life. The needs the person is attempting to satisfy through the challenging behaviour are identified so the person can be taught new, respectful and non-disruptive ways of meeting those needs.

Another key component is more focus on learning concrete and practical skills in the categories of self-care, domestic and community independence, socialisation, employment and recreation. Often these are not well established prior to detention and these impact on the person’s quality of life. These skills are best learnt through practical sessions, where staff can provide side-by side support if required. Practising these skills on a daily basis can lead to improved satisfaction, better social engagement and a higher quality of life.

5. Care Delivery Team

The staffing profile will be comprised of a mix of multidisciplinary clinical and nonclinical staff providing treatment and care to consumers including:

- > Consultant Psychiatrists
- > Psychiatry Registrars
- > Mental Health Nurses
- > Co-Morbidity Clinician
- > Social Work
- > Psychology
- > Occupational Therapy
- > Activities Supervisor
- > Allied Health Assistant
- > Peer Specialist
- > Carer Consultant
- > Administration – Ward Clerk
- > Clinical Pharmacy input

6. Security

A three layered approach to physical, procedural and relational security has been implemented across FMHS and will include the Glenside Forensic beds. Physical security alone will not provide safety and cannot operate without appropriate relational and procedural security. Increases in relational and procedural security cannot be used to counterbalance weaknesses in physical security.

FMHS aims to balance the degree of intrusiveness of any security system and the degree of containment that is required, while maintaining safety for staff and others visiting the facility, as well as the safety of consumers and the general community. The security system in place enables effective treatment, by providing the structure within which clinical care can be provided safely while maintain the privacy and dignity of patients.

The objectives of the security system are to:

- > Prevent unlawful departure from the facility and maintain community safety
- > Alert staff to incidents and emergency situations
- > Protect people who are at risk of causing harm to themselves or others
- > Prevent access to illegal and illicit substances and technologies
- > Prevent illegal entry of people and contraband
- > Provide safety for visitors and other consumers
- > Ensure staff safety
- > Enable staff to provide care, treatment and rehabilitation
- > Control access and egress
- > Provide gender and vulnerable person safety.

The TSA ward will work as part of the Glenside campus and contribute and link into existing security resource and procedures. With additional security to meet DCS requirements

7. Key Performance Indicators

The TSA service will continuously evaluate the outcomes; it will collect data related to identified KPIs and service improvement parameters including:

- > Continuous evaluation involving consumer, carer and staff feedback and file audits
- > Monitoring KPIs including data related to:
 - Level of engagement in Inpatient rehabilitation activity
 - Reduced SLS rates of seclusion and restrictive practices
 - Reduced SLS rates of aggression and violence
 - Analysis of ISBAR and Multi-Disciplinary Care Plans adherence
 - Monitoring of baseline functional ability on admission and discharge
 - Ongoing monitoring of the SA Health Safety Learning System in relation to consumer care, risks and feedback
 - Risk Management measures and protocol adherence, including review of dynamic risk factors as an outcome measure
 - Review of patients medical and psychosocial outcomes once community transition has been completed
 - Monitoring of readiness for TSA discharge, including length of stay
 - Rates of readmission and recidivism

8. Service Partners and Supports

Consumers will be informed of their rights and responsibilities and how they can access support or advice external to the forensic hospital. Consumers will be supported to collaborate in their own journey of recovery.

Staff work in close collaboration with the South Australian Prison Health Service (SAPHS), whose role is to provide a primary health care service to prisoners within their service. A key partnership also exists with Department for Correctional Services (DCS) which has responsibility for the care of prisoners. This especially includes admission/discharge and handover process between the TSA Ward, SAPHS and DCS.

Patients involved in active court processes are also served by partnerships between the Forensic Mental Health Service and components of the justice sector, such as the courts, legal practitioners (both prosecution and defence), the Parole Board and SA Police.

The FMHS is one component of the South Australian Mental Health system and therefore requires partnerships (formal and informal) with that system to ensure that services are integrated and that mentally disordered offenders and Forensic Patients (under Part 8A CLCA) are linked into other parts of the system as appropriate to their clinical, rehabilitation and security needs. This may include Community Mental Health Teams, SA Ambulance Service, National Disability Insurance Scheme (NDIS) and Non-Government Organisations (NGOs), as well as MSS Security.

9. Records Management

Record Management & any data collection should not create any unnecessary administrative burdens for staff. Once collected, every effort should be made to ensure that the knowledge gained is shared and used to inform best practice.

The ultimate aim is to use the information obtained for the benefit of consumers. Respect for confidentiality and privacy must be applied at all times. To achieve these goals, the information we collect must be accurate, useful, and collected in accordance with Sa Health policies

Clinical records will be kept in accordance with legislative requirements and local NALHN audit processes will monitor the quality of record keeping and documentation.

10. Safety and Quality

The TSA ward staff will adopt an approach to safety and quality systems that is fully integrated into the broader mental health service and NALHN system safety and quality framework. These processes provide reference standards for the provision of quality services across the continuum of care and support services such as risk management and incident reporting.

11. Mental Health Official Visitors

Official Visitors, Chief Psychiatrist, the Public Advocate, the Community Visitor Scheme and the Health Services Commissioner may visit the TSA Ward at a time of their choosing to discharge their legislative functions.

Legislation (hyperlinks)

[Criminal Law Consolidation Act 1935](#)

[Mental Health Act 2009](#)

[SA Correctional Services Act 1982](#)

Alignment with SA Strategic Plan / SA Health Priorities and Directions

[Minimising Restrictive Practices in Health Care Policy Directive - 2015.pdf](#)

[Review of SA FMHS - 2015.pdf](#)

[Forensic Mental Health Service Model of Care-V8-2017.pdf](#)

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This document has been reviewed and endorsed by NALHN CAC* for consumers and the community XX/XX/201X.



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