CHIEF PSYCHIATRIST
of Western Australia

OFFICE of the CHIEF PSYCHIATRIST
Community of Practice

Care Planning –
What "good" looks like.

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Treatment Support and Discharge Plans

What prompted this change?

- The State-wide Standardised Clinical Documentation (SSCD) form moved to webPSOLIS in September 2023 with noted changes and improvements – a clean slate

Key Goals from MHU Midland

- To ensure that we had a smooth transition from Java PSOLIS to the new webPSOLIS platform so that staff felt confident in navigating, inputting information and saving the TSDPs.
- To improve the **quality** of the TSDPs to be recovery focused, patient centred and have a multidisciplinary approach.

Treatment Support and Discharge Plans

How can we achieve quality care plans?

- Determine clear goals and expectations in collaboration with Nursing Director, Head of Department, Nurse managers & Clinical Educators
- Set a minimum standard for what the TSDPs should look like
    - **Mental Health, Safety and Physical Health**

How do we gather this information?

- Lack of computers noted in department
- On admission – simplified blank paper based form created for patient to write their input
- MDT meeting– form updated to reflect similar headings as the TSDP

How do we know they're improving?

- Continued evaluations of TSDPs to monitor quality

Treatment Support and Discharge Plans

Education and support is key!

- Education provided face to face & online to Nurses, Doctors and Allied Health members on;
  - webPSOLIS (IT side for navigation and input)
  - Clinical input (what should be included)
    - Create cheat sheets, examples and prompting documents to support this
  - Nurse managers & clinical educators supporting new staff and registrars in the ward & at MDT meetings
  - Clinical capability education
    - Engaging with allied health, specialities such as Drug and Alcohol, Mental Health Advocacy, NDIS coordinator
    - Providing education online and face to face opportunities for trauma informed care and suicide prevention
  - Continued ongoing support on a daily basis

PRE-ADMISSION

Trauma Informed Care Planning

NAT ROBERTS

MENTAL HEALTH CNC

CONSULTATION LIAISON PSYCHIATRY

WHY?

75% of adult Australians have experienced a traumatic event at some point in their lives.

62–68% of young people will have been exposed to at least one traumatic event by the age of 17.

Australian Institute of Health and Welfare

WHAT IS THE IMPACT?

- Anxiety/Distress
- FFFF
- Lack of engagement/ refusal of care
- Avoidance of healthcare settings
- Mistrusting of services
- MH Stigma
- Deterioration of health having greater burden on the individual as well as economic impact

BENEFITS

- Pt feels safe and empowered
- Trust and transparency
- Considerations of risks vs benefits of treatments
- Reduce risk of re-traumatising
- CALD/LGBTQIA+ preferences identified
- Consistency of care delivery
- Pt not having to repeat themselves
- A plan the pt can keep for future hospitalisations

RISKS

- Only effective if plan is followed
- Potential to cause distress whilst working on the plan

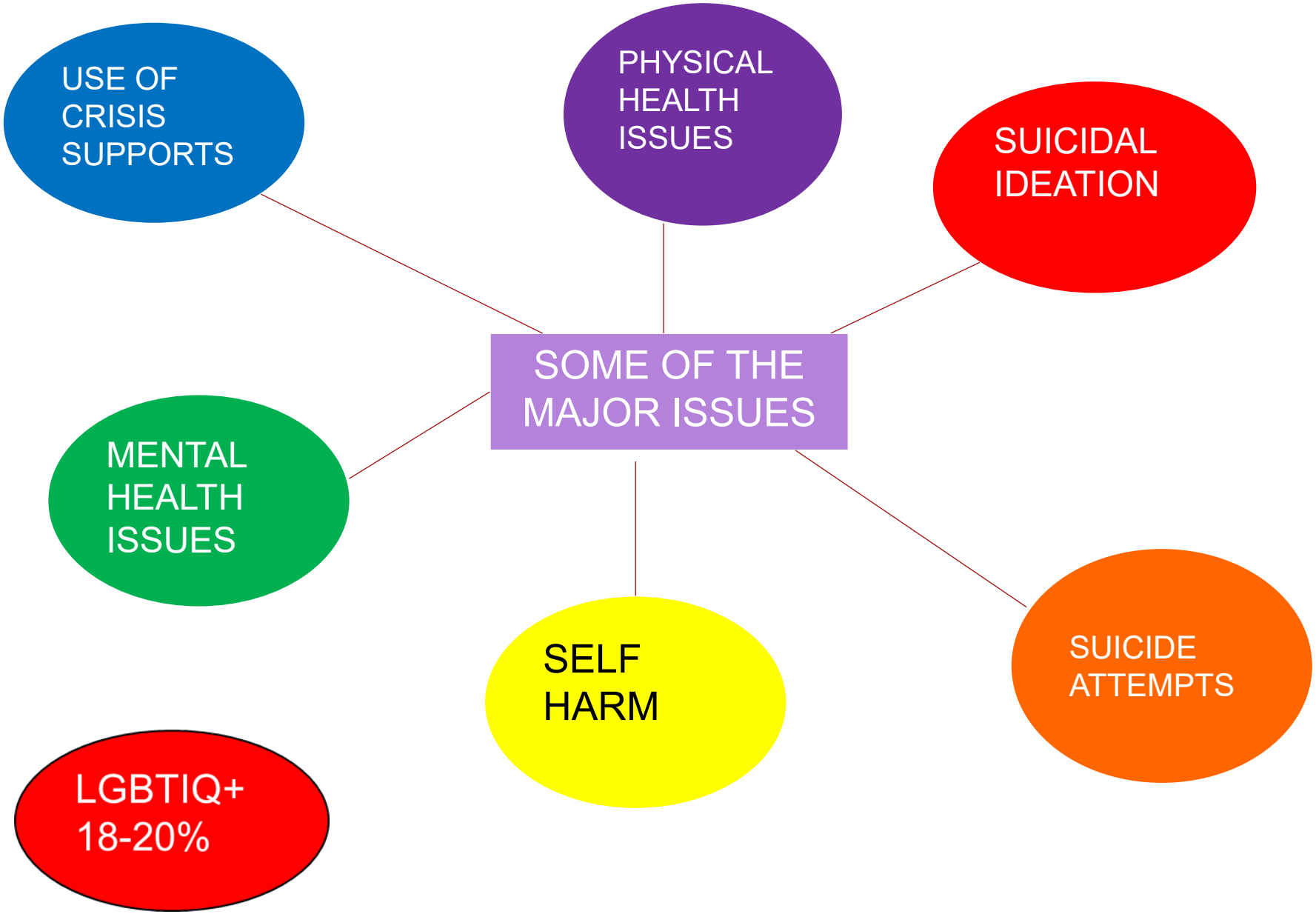
TIER 2 CLINIC

- Preadmission planning
- Liaison with:
  - GPS
  - Hospitals
  - CMHTs
  - Prisons
- Discharge F/U
- Inpatient 7-day service

BARRIERS

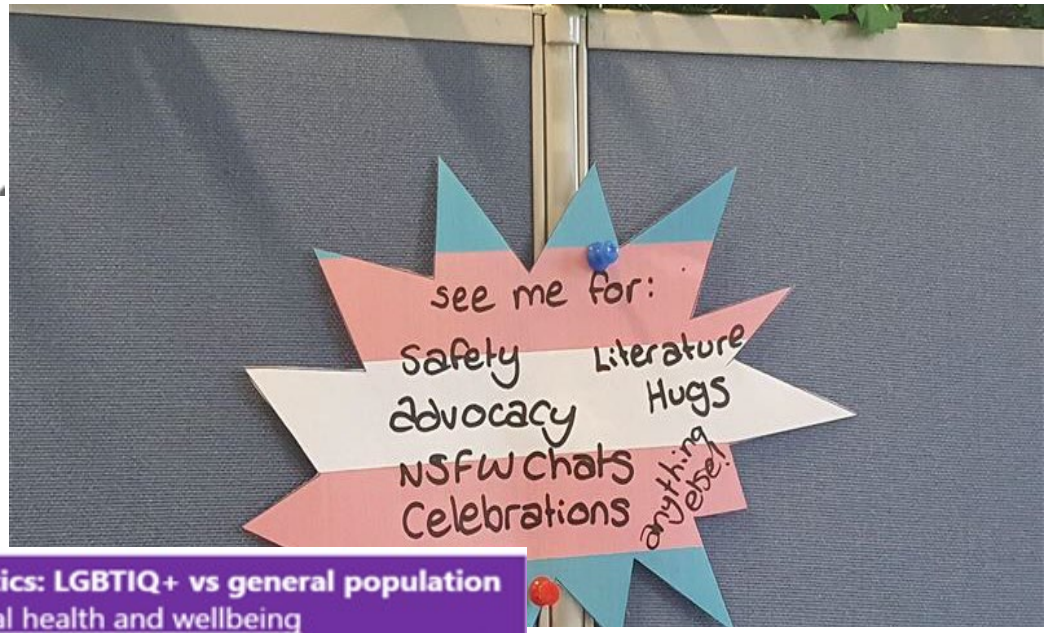
- Funding
- Active BC submitted

ALL THINGS LGBTQIA+SB


USE OF CRISIS SUPPORTS
PHYSICAL HEALTH ISSUES
SUICIDAL IDEATION
SOME OF THE MAJOR ISSUES
MENTAL HEALTH ISSUES
SELF HARM
SUICIDE ATTEMPTS
LGBTIQ+ 18-20%

Why is it Important?

Hill, A. O., Bourne, A., McNair, R., Carman, M. & Lyons, A. (2020). Private Lives 3: The health and wellbeing of LGBTIQ people in Australia. ARCSHS Monograph Series No. 122. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University



LANGUAGE – consistency and standardisation

-Avoid misgendering/deadnaming/use of title etc

- how would you like us to address you today

Translation to care planning – what is important for THAT person

Translation to everyday care – wear pronouns badge, language, ask

barriers – fear, not update knowledge

Avoid Gender based assumptions – "I see you"

Consider sexual safety in care planning - risk of being outed etc

Health services need to see the value – ie financial. For eg cancer – individuals not showing up for preventative screening leading to late diagnosis

High Majority of mental illness

Statistics: LGBTIQ+ vs general population

General health and wellbeing

31.2% reported their health was very good or excellent compared to 56.4% of the general population.

Mental Health and wellbeing

57.2% reported high or very high levels of psychological distress during the past four weeks.

60.5% reported having been diagnosed with depression and 47.2% with generalised anxiety disorder.

41.9% reported that they had considered attempting suicide in the past 12 months.

74.8% had considered attempting suicide at some point during their lives, 5.2% reported having attempted suicide in the past 12 months.

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PowerPoint slides and summary of the session are available at:
https://www.chiefpsychiatrist.wa.gov.au/chief-psychiatrists-mental-health-community-of-practice/