CHIEF PSYCHIATRIST
of Western Australia

21 April 2022

Chief Psychiatrist's Community of Practice
Coping with Staff Shortages in Community Mental Health Services

Welcome

This summary of second session is also available on the website of the Office of the Chief Psychiatrist (OCP).

Please share the summary with colleagues who are interested in this topic.

Juliette Stevens, Principal Officer Reviews,
Office of the Chief Psychiatrist

Introduction to Community of Practice

It is impressive how staff continue to adapt to working with COVID-19 and the huge planning effort by health services is recognised.

Time to share ideas between clinicians and services can be limited and these sessions aim to share learning and best practice with colleagues facing similar challenges. The OCP wants to support services any way we can.

Dr Emma Crampin, Deputy Chief Psychiatrist

Presentation – Key Messages

- An overview of Armadale Clinical Treatment Team demonstrated high demand for services: 462 active clients, depot medication administrations (>300/month), clozapine (n128). Existing nursing, AMHP and medical staff shortages in addition to managing furlough of 3-4 staff/week.
- A massive staff cultural shift has been invested in over the past 12-18 months. This has been an essential catalyst to achieving new strategies to manage demand though COVID-19 and staff shortages.
- Changing staff culture towards a 'can do' attitude involved engaging an external facilitator to conduct off-site team building sessions and implementing morale boosting activities driven by the staff group. This included development of above/below line behaviours alongside EMHS values and of a Your Voice in Health (YViH) action plan, alongside AHS parent plan. The service chose to repeat YViH survey to evaluate change in staff culture. The systematic approach was effective.
- Prioritising patients was key. Firstly, identifying essential contacts: Clozapine, depots, CTOs, crises.
- Daily huddles via MS Teams, funding the necessary headsets and webcams, using telehealth and recruiting dedicated staff to cover furlough enabled prioritisation of day-to-day tasks across the team.
- Flexibility of staff to pivot to new tasks helped. Allied health assisted with daily First Response On-Call to cover caseloads of furloughed staff. Medical staff conducted home visits to cover AMHP deficit.
- Depot home visit runs were introduced resulting in a significant reduction of overdue administrations.
- Recruiting casual L1 nursing and more junior staff to provide depots, as well as providing regular supervision, allowed experienced staff to focus on care coordination.
- We negotiated a temporary arrangement with ATT. ATT extended their 10 week timeframe and direct ATT referrals were postponed. (NB: Out-of-area transfers & community treatment orders were still accepted.)
- ATT also had daily huddles and permanent FTE without a caseload to provide cover. Unplanned leave which exceeds this capacity defaults to triage
- Regular forums to share ideas and strategies in community mental health would be useful in future.
- Communicative and appreciative leadership from both team leaders and the Executive, through supportive emails, wellbeing packs for staff and funded team building days.

Alison Strickland, Acting Team Leader, Armadale Mental Health Service

Questions about the team-building sessions, support and education for staff

We employed an external facilitator: we used Rapid Teams and we did the Champion Teams Program.

- The team building sessions were tailored to activities to which staff had an affinity.
- From the evaluation of the sessions overwhelmingly the take home message was "I choose to contribute to a healthy working environment"
- Maintaining morale is important.
- Involving the team in decision-making has been useful because a lot of the ideas have come from the team (e.g. Fun Friday wearing silly hats as can't share food, wellbeing sessions.)
- Staff education is currently online - staff might be missing face-to-face education.

Question: What are the first steps to shifting staff culture?

- Our first step was responding to the Your Voice in Health survey which had identified some concerns.
- Suggest that teams run their own questionnaire to find out where improvements can be made and to ask teams to develop their own action plan about how they can improve.
- Changing the monthly business meeting format improved engagement. Now 'new business' comes first, so that important and current issues get discussed. Good news is part of the standing agenda and is celebrated. People laugh now; they contribute.
- Sometimes you don't have to change the world sometimes you just have to tweak it a little bit.

Question: What has the impact on patients been?

- As a team, we've made an effort to prioritise our patients
- Balancing needs across the caseload through daily stand-up meetings to plan who needs to be seen that day, and those in crisis. And keeping a list of people who need to be seen weekly, monthly to make sure they are seen, as per their clinical needs.
- Working with families and with support staff assisting people who are unwell with COVID-19.
- Screening the whole caseload and checking their immunisation status enabled us to help with access to GPs and vaccination – participants commended this positive practice.
- Telehealth has been taken on board by patients – they understood we need to adapt.

Fiona Shepherd, Armadale Mental Health Service

Questions: How did staff come to embrace Telehealth?

- We have increased our telehealth significantly. Some team members are working from home now.
- Medical staff have increased using telehealth, unless the patient requests face-to-face.
- Clinicians on the ground use telehealth less, partially due to the need to give depot injections.

Thank you to everyone who attended this session.

For more info about these sessions visit
https://www.chiefpsychiatrist.wa.gov.au/chief-psychiatrists-mental-health-community-of-practice/

I want to acknowledge the staff, it is the staff who change the culture.

It's important to be acknowledged by the leadership, but it makes a difference when you are surrounded by a team.