Chief Psychiatrist's Community of Practice Summary
Care Planning – What "good" looks like.

Good care planning is about the process that occurs with the consumer and their supports. It's the cornerstone of collaborative care. It's more than a form and a list of standard questions for everyone.

Documentation supports continuity of care and communication and can be in any format that suits the person. We know there can be a tension representing both the consumer's and carer, and the service's perspectives. Although due to safety reasons, sometimes not all information can be provided to the consumer, clinicians must always start from a place of transparency for better collaboration.

System governance and online medical record development has a responsibility to reduce duplication so that clinicians have more time for therapeutic care planning conversations.

How did Midland Inpatient Services improve the quality and the process of care planning?

Jennifer White, she/her (Clinical Educator) St John of God (SJOG)

- **Decided on a minimum of 3 core areas for inpatients -** mental health, safety and physical health.
- **Education is key -** It's not just training in form-filling on PSOLIS. Give training in trauma-informed approaches and other skills. IT interface training and coaching also helps.
- **Aligning the multidisciplinary team reviews format to follow the care plan** - The new registrars are educated early by managers to ensure consistency.
- **Invest in team performance, relationships and access to care plans across settings –** High performing teams workshops for inpatient and community teams and "myth-busting" talks between teams to better understand their shared role in a person's recovery. Having access to each other's care plans on PSOLIS helped and the executive approved reducing duplication of forms.
- **Develop resources for staff** – "Cheat sheets" with a few reframed questions matching areas of the care plan supported quality engagement. A simplified care plan form for the floor. More computers.
- **Get feedback from local carers and consumers -** Mental Health Advocacy Service, YES surveys, KPIs. Communicate outcomes back to teams to show improvement is working.
- **It starts with a conversation, not a form** - It's about walking with the consumer. Introduce them to new services in person with familiar staff (E.g., moving into residential care.)

Pre-admission care planning improves consumer and staff experience in surgery.

Natalie Roberts, she/her (Clinical Nurse Consultant, Consultation Liaison, Sir Charles Gairdner Hosp)

"It started a few years ago during COVID, when an anaesthetics registrar called me seeking advice regarding a patient booked for an elective procedure. The patient had multiple mental health comorbidities and hospital-based trauma associated with medical procedures which occurred during childhood. I met with the person and family in advance, planned strategies and needs with ward staff and the consumer and family and even sought permission from Executive to allow a parent to board in with the person. Afterwards the parent wrote a letter of thanks.

I have since gone onto to do more than 20 such plans with patients and their care givers. Not only for patients with significant trauma, but also with complex mental health issues, from inpatient mental health facilities and prisons.

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We've had really positive outcomes by:

- **Developing a process and documentation** to plan strategies for how to communicate, soothe, prevent re-traumatisation and retriggering, increase safety and comfort, and reduce stress.
- **Reducing anxiety** for the patients prior to their arrival builds trust with specific clinicians - knowing they will be there after the surgery. Use their own words where possible.
- **Upskilling of general ward staff** on how to care for them alleviates staff concerns.
- **Prevention** of another negative experience resulting in relapse or longer stays. Planning supports a positive experience, for mental health consumers, families and surgical staff.

Next Steps: So far, 2 business cases have not been successful. More than a single full time FTE is needed to meet demand. Ideally, funding to trial a fully staffed, 7day service is my goal.

Gender needs to be part of all person-centred care planning mental health.
Jane Armstrong, they/them (CNS Safety & Quality and LGBTIQA+SB Project Lead, EMHS)

- **Consistency of language from the start.** Use the right names and pronouns for better engagement, better access, and to show respect. Avoid using deadnames.
- **Being misgendered** makes peoples' experience of health services worse.
- **Digital medical records** now include pronouns, preferred name, sex at birth and gender.
- **Be inclusive towards gender diverse staff too**. Teamwork means respecting who we are, not just what we do - wear a pronouns badge, ask each other preferred names etc.
- **Think about sexual safety in care planning** and consider the risk of being outed to family. Get consent before sharing information/care plans with family.
- **Barriers include fear** from staff resulting in not updating their knowledge and language.
- **Health services need to see the value about being inclusive -** it's not an extra burden, it's providing all services in a better way, to everyone.
- **Very high prevalence of mental illness in LGBTIQA+ SB populations (around 80%)** and of trauma. It's a growing group (around 20%) so it should be part of all care.

People need to be asked: "How would you like me to address you?".
"What is your preferred name and what are your pronouns? Mine are ….".

Discussion:

Aboriginal Mental Health Workers and rural staff raised challenges in finding resources to explain mental health diagnoses to the diverse range of Aboriginal consumers and to care plan with people with little or no literacy. National care planning resources were shared and strengths vs "needs" based language stressed.

Digital Stay Strong Plan - Menzies / The AIMhi Stay Strong app / Strong Spirit Strong Mind Resources / Lifeline Safety Plan

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What does well look like for you? How do we get well? *Violet Evans Geraldton Aboriginal Mental Health Coordinator*

Is there an App for that? Participants raised an idea to have an app for care planning that consumers can share with family, supports and GP etc. OCP are aware of some apps outside Australia but there are multiple factors to consider before considering these. Discussed that the uptake of an app by groups with less technology access may be limited but there was general support, especially for youth cohorts.