

Health in Mind



Delivering a Healthy WA

NORTH METROPOLITAN AREA HEALTH SERVICE MENTAL HEALTH WINTER 2008

Peer Support Workers at Graylands Campus

May this year saw nine consumers undertake special training to become the first paid Peer Support Workers at Graylands Hospital's new Discharge Lounge, which opened on 3rd June.

Peer Support Workers serve to develop relationships with consumers who are about to return to their communities from inpatient settings. They will also maintain contact via friendly phone calls to ensure consumers are connecting with community mental health services. Working under the supervision of Peer Co-ordinators, Peer Support Workers offer hope to consumers and are living proof of life after diagnosis.

"The value of having Peer Support Workers is that consumers who are about to leave hospital can talk with someone who has been there, done it and survived," said Ms Carol Scherret, Coordinator, State-wide Consumer Participation Project.

The three week training program incorporated aspects of organisational procedures, occupational health and safety principles and a 100 hour work placement.

"I have learnt a great deal from the training and believe I will be able to share valuable insight, perspectives and suggestions with consumers who are about to be discharged," said Peer Support Worker Rachelle.

"Both nationally and internationally, mental health services have recognised that people in recovery from mental illness can contribute to the recovery of their peers.

"For many consumers, this is another step towards the collaborative provision of mental health care in Western Australia," said Ms Scherret.



Peer Support Workers from left - right
Back Row: Sean Harrold, Karen Richardson, Donelle Toussaint, Robyn Vogel, Edward Kaciuba; Front Row: Rachelle Fentiman, Carol Scherret and Hermanna Ganz

From the Area Exec. Director

We are amidst busy and challenging times at North Metropolitan Area Health Service (NMAHS) Mental Health.

Our commitment to a series of projects that involve streamlining processes and effective use of resources to improve patient, staff, family and carer outcomes is where our attention is focused.

Such initiatives include the Clinical Service Redesign Project (CSRP), Assertive Patient Flow System and NMAHS Mental Health's involvement as a Beacon Demonstration Site as part of the National Seclusion and Restraint Reduction Project.

The CSRP is an outcome-driven project aiming to understand patient needs and their journey through the mental health system in order to improve the patient journey through mental health inpatient services. The current CSRP has particular focus on the Sir Charles Gairdner Hospital (SCGH) Emergency Department and the movement of patients through the inpatient unit at SCGH or referral to other hospitals. Improving these processes will assist us in managing current and future demands for mental health services; freeing up latent capacity and developing change management skills.

Assertive patient flow adopts an area-wide approach to bed management. The model forecasts demand to proactively create capacity and provide quality outcomes for patients. More information about this initiative can be found in the Breaking the Bed Barriers article in this edition.

NMAHS Mental Health has been identified as a Beacon Demonstration Site as part of the National Seclusion and Restraint Reduction Project which aims to reduce and, where possible, eliminate the use of seclusion and restraint in public mental health services. The Seclusion and Restraint Reduction Project Profile article in this edition provides more information.

We also have some liberating events to celebrate; the recent opening of the Kelmscott Community Options home provides the opportunity for eight people - previously living in ward and hostel environments - to embrace supported community living; and Graylands first cohort of Assistants in Nursing are in the process of completing their training and will soon assist nursing staff with patient care in the Casson and Murchison wards.

Our continuing work, collaboration and cohesive approach puts us in a good position to enhance our capacity to provide quality services and programs for the people we endeavour to serve.

Dr. Ann Hodge
Area Executive Director
NMAHS Mental Health

Breaking the Bed Barriers

Mr Kieran Byrne, North Metropolitan Area Health Service (NMAHS) Mental Health's Patient Flow Nurse Director, is making progress towards combating the access barriers to mental health beds.

His pivotal role is responsible for maintaining active communication with Sir Charles Gairdner Hospital (SCGH) Emergency Department (ED) personnel and inpatient mental health units to establish daily state-wide bed availability and monitoring current bed status through the use of Bedview, a software program that manages bed capacity, planning and bookings.

Mr Byrne has also developed Mental Health Status Viewer, an information system that shows the demand for beds across mental health services. This enables him to monitor and prioritize bed availability and provide effective supply solutions.

"In centralizing bed assignment, the Assertive Patient Flow Unit strives to reduce mental health bed block and prolonged lengths of stay in ED's due to increased demand for services. Ideally, this means that patients receive timely access to appropriate care and move safely and efficiently through the system without delay," said Mr Byrne.

Effective communication and networking with key stakeholders - including bed managers in other area health services, an area wide health service view, accountability, integration of care with community mental health services, improved co-ordination, improved patient flow and self sufficiency are the prerequisites required to facilitate superior bed management. Other key factors include community integration, assertive care

progression, predictive bed modeling, transfers, repatriation plans and escalation plans.

Resources will be allocated to further develop and expand the Assertive Patient Flow Unit to provide an integrated approach to patient flow within and across mental health units.

To meet demands for mental health beds the Assertive Patient Flow Unit has implemented a series of key initiatives:

- Escalation Plans are now in place where the Patient Flow Nurse Director is available during office hours and a Mental Health Medical Director is available on call during weekends and after hours.
- A Bed Management Policy and an Inter-Hospital Transfer Policy, (which assists in determining transport risks and escort options), have been drafted.
- Planning the recruitment of a team of local Patient Flow Coordinators across sites to develop, maintain and report on data in relation to the utilization of inpatient mental health beds.
- A Journey Board working group is in the process of installing the boards to identify patient progress visible to the whole team, who will be better placed to identify barriers to discharge.
- Collecting and collating statistical information, which will support sites in developing methods of predicting demand for beds and discharges based on historical trends.

The activities of the Assertive Patient Flow Unit will ensure that mental health beds are utilized most effectively with priority given to the management of mental health clients in ED settings.

The Seclusion and Restraint Reduction Project Profile



North Metropolitan Area Health Service (NMAHS) Mental Health was successful in its application to become a 'Beacon Demonstration Site' within the National Mental Health Seclusion and Restraint Project.

The project is a collaborative initiative between the Australian Government and State and Territory Governments. Its primary aim is to reduce and, where possible, eliminate the use of seclusion and

restraint in public mental health services to align with the National Safety Priorities in Mental Health: a National Plan for Reducing Harm.

"The National Seclusion and Restraint Project and funding for NMAHS Mental Health as a Beacon Demonstration site will enable us to help develop strategies to reduce the rates of seclusion and restraint in our inpatient services with a view to providing a safer, more therapeutic environment for consumers and staff," said Dr. Victor Cheng, Head of Department Psychiatry, Sir Charles Gairdner Hospital and Clinical Lead of the Seclusion and Restraint Project Beacon Demonstration Site at NMAHS Mental Health.

In addition to developing seclusion and restraint alternatives in clinical practice, the Beacon project aims to protect the dignity and freedom of consumers, enhance a safe work environment for staff and develop safe working practices to boost therapeutic relationships between patients and staff.

The project comprises of three parts:

- The National Documentation Project - The collection of data for the development of standards, performance indicators and as a resource for mental health units.
- Beacon Demonstration Sites - Eleven National sites collaborate to develop and implement best practice.
- Scholarship tours to the USA who have had federally mandated seclusion and restraint reduction practices in place in recent years. Many of their mental health inpatient units have demonstrated significant reductions in rates of seclusion and restraint.

A Reference Group has been established to review policy regarding seclusion and restraint and also explore, develop and implement seclusion and restraint reduction initiatives across NMAHS Mental Health inpatient settings.

As part of the project, representatives from Swan Valley Centre, The Frankland Centre and Graylands Hospital attended a National Forum on Seclusion and Restraint in May and also participated in a site visit of Peninsula Mental Health unit in Victoria. These delegates had the opportunity to gain valuable insight into the progress and difficulties other National Beacon sites have encountered. Open forum discussions with key clinicians from Peninsula Mental Health unit allowed the delegates to question and explore how seclusion and restraint reduction initiatives made a positive impact on reducing episodes of seclusion and restraint in their acute inpatient setting.

For further information please contact Breda Ryan, Senior Project Officer on 0406 402 829 or email Breda.Ryan@health.wa.gov.au. Project updates will be provided in future Health in Mind publications.

Mobilizing Parkinson's Disease

Much discourse surrounds the (in)ability of doing two things at once.

The reality for people living with Parkinson's Disease (PD) is that they struggle every day with doing more than one thing at a time.

PD is a degenerative disease of the nervous system that causes disturbances in coordination of body movement. It therefore affects the ability to perform automatic movements such as walking, eating, talking and writing. The condition is characterised by tremor, stiffness and slowness of movement mainly due to a deficiency of dopamine, a neurotransmitter that permits smooth, controlled movements, in the brain.

"When I was first diagnosed with PD I was told that with medication I could 'mask' the condition for many years. I lived in denial for three years - when I should have been learning about the condition," said Ms Karen Rowland, who has had PD for over seven years.

PD has many symptoms associated with it. These include slowed ability to think, reason, remember and process information.

"I'm slow at getting things out and often get my words mixed up. One of my friends had a baby once and I asked what flavour it was," said Ms Rowland.

Things took a turn for the better when Ms Rowland was referred to the

Neurosciences Unit (within North Metropolitan Area Health Service Mental Health) which provides services for individuals affected by neurodegenerative disorders such as PD, Huntington's disease, early onset Alzheimer's disease and Fronto-Temporal Dementia.

"I came across Dr. Carmela Connor (Clinical Neuropsychologist) and she changed my life. Dr. Connor helped me to understand PD and provided strategies I could use to manage its impact," Ms Rowland said.

"The thinking changes that can occur in PD are often overlooked. Conducting a neuropsychological assessment which involved administering a range of cognitive tests (e.g. looking at memory, learning and problem-solving) helped Karen identify her unique profile of strengths and weaknesses. Karen found it reassuring to know that what she was experiencing was not uncommon, and we were able to develop compensatory strategies to assist with her everyday life," said Dr. Connor, Manager - Neurosciences Unit.

"One day Dr. Connor asked me to accompany her to talk to university students about PD - and since then I have found a new sense of purpose," said Ms Rowland.


As a PD advocate, Ms Rowland now delivers regular talks to medical,

occupational therapy, physiotherapy, psychology and speech therapy students at Curtin University of Technology, Edith Cowan University, University of Notre Dame and the University of Western Australia.

"I wanted to explain the things I have to deal with on a daily basis; therefore I often talked to groups prior to taking my medication. This way people could see the limitations in my body movements, speech and facial expressions," Ms Rowland said.

Kate Fischer, lecturer at the School of Occupational Therapy at Curtin University of Technology said students gained a sound understanding about PD when Karen attended a tutorial. "Karen provides an opportunity for students to really understand the condition as it relates to someone living with it on a daily basis. You can't get that so easily from a lecture or a text book," she said.

Ms Rowland's dedication and commitment as a PD champion was acknowledged recently when she was nominated for a National Community Contribution Award for being such a wonderful role model for other people affected by neurological conditions.



Ms Karen Rowland, Parkinson's Disease advocate

The Wii Factor for Graylands Physiotherapy Department

Graylands Hospital's Physiotherapy Department is the first WA Department of Health facility to pioneer the use of Nintendo Wii technologies to therapeutically enhance patient health and fitness outcomes.

The department has incorporated the Wii console and Wii Fit technologies in its innovative eight week Well-being (weight loss) Program for Graylands Hospital patients. Patients participate in games/activities such as tennis, boxing, golf and dancing that target specific muscle(s) under physiotherapy staff supervision and instruction to achieve therapeutic aims.

Mr Kevin Lau, Head of Physiotherapy at Graylands Hospital, said that a pulsed oximeter is used to assess patients who are exercising. "We have seen increases in heart rates and oxygen saturation levels which prove that therapeutic benefits are realised when using Wii technologies.

"The Wii Fit Game enhances balance and coordination whilst participating in fun

aerobic challenges. The Wii console detects body movement whilst patients interact with their onscreen opponents and receive visual feedback on the TV screen," said Mr Lau.

Since participating in the Physiotherapy Department's programs, Sam (not his real name) has successfully reduced his central obesity risk to within normal values.

"The Wii console is a lot of fun. The best thing about it is that I build up a sweat - and I don't know it," said Sam.

"The biggest loss for one patient who participated in our Well-being Program was 6kgs in weight and a massive 13cm reduction in waist circumference," said Mr Lau.

A recent study at Graylands found that 65% of patients are either overweight or obese. "The obesity levels in people with mental health issues are alarming when compared to the general population. Wii technology is the

newest and most innovative way to engage people in physical activity," said Mr Lau.

The physiotherapy department has launched a host of initiatives including the Graylands Campus walking trails, the Ellis Ward daily exercise group and the recent introduction of the Well-being Program at the State Forensic Mental Health Service.



Mr Kevin Lau, Head of Department Physiotherapy at Graylands Hospital with a patient using the Wii console.

Graylands Welfare Officer Stands Out from the Rest

Mrs Jana Preuss, Welfare Officer at North Metropolitan Area Health Service Mental Health, has been named 'West Coast TAFE Student of the Year' for her commitment and passion towards helping people with mental illness.

Ms Ann Brown, Graylands Hospital Social Work Supervisor, said that Jana has an astonishing commitment to providing high-quality patient care.

"Jana helps patients with a whole range of issues including finance, accommodation and travel home from hospital. She does her absolute best for every patient in every situation and it doesn't surprise me at all that she is being recognised for her hard work. She truly is an ambassador for those working in the field," she said.



Mrs Jana Preuss with her West Coast TAFE Student of the Year Award

Jana's journey has been a challenging one. Born in Korea, adopted as a young child and raised in Germany, Jana arrived in WA at the age of 16. "I have had to manage cultural differences; financial constraints; family, and study and work commitments - but the personal satisfaction I get from helping others is well worth it," said Jana.

Jana hopes to one day establish her own support service for adults who were adopted as children. "As someone who was adopted, I want to draw upon my own experiences to make a difference to the lives of other people who are going through the same thing," she said.

Smoke Free Evaluation Summary

The three-month evaluation of the WA Smoke Free Health System Policy implementation within North Metropolitan Area Health Service (NMAHS) Mental Health has been concluded.

A survey targeted responses from staff, consumers and carers. The results indicated that the policy has strong staff, consumer and carer support with requests for additional education and training.

Two Brief Intervention Training seminars held at Graylands Campus were embraced by staff.

Although the policy is widely supported, challenges remain concerning breaches of the WA Smoke Free Health System Policy and inconsistencies in its implementation by staff. This is regularly monitored by designated staff at specific sites.

Staff survey results indicated that staff require documentation outlining strategies for managing non-compliance for those that breach the policy. The Management of Non-Compliance with the Smoke Free WA Health System Policy found at www.nmahsmh.health.wa.gov.au provides strategies that can be used to develop specific site procedures if required.

Mental health clinicians are working hard across our service to address consumer requests for supportive activities, education and nicotine replacement therapy. Their efforts are greatly appreciated.

Our commitment in enforcing the WA Smoke Free Health System Policy permits a clean air environment for all employees, patients, visitors and contractors whilst on NMAHS Mental Health sites.



Mr Michael White

A Tribute to Michael White

On 4th April 2008 gifted Australian family therapist and key narrative therapy pioneer Michael White passed away, at 60 years of age, in the company of his family.

Mr White's significant contribution to narrative therapy includes the introduction of 'Sneaky Poo', as well as other narrative approaches used to help children and adolescents with mental health issues.

The Sneaky Poo label was developed whilst treating a child with recurring soiling problems where Poo sneaks up unawares. Sneaky Poo serves to externalise problems so the problem is the problem - not the person. This approach permits the opening of a conceptual space where issues can be addressed and provides a

playful way to assist people to identify their own abilities that may be used to diminish difficulties. When people realise that the problem - instead of them - is under scrutiny, they willingly join in the conversation as if to say "Yeah, that's it - it's not my fault."

Clinicians working in child, adolescent and youth mental health services have been applying and developing Mr White's teachings since the late 1970's. Clinicians from our service are invited to contribute anecdotes about the influence Michael White has had on their work by emailing Daphne Middleton at daphnemid@iprimus.com.au. Daphne will collate and distribute the information to contributing parties to facilitate the sharing of experiences. Please feel free to also circulate this invitation amongst your own networks.