ADULT MENTAL HEALTH
REHABILITATION UNIT

MODEL OF CARE

February 2015
### Abbreviations

<table>
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<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ACT</td>
<td>Australian Capital Territory</td>
</tr>
<tr>
<td>ACTPAS</td>
<td>ACT Patient Administration System</td>
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<tr>
<td>AMHRU</td>
<td>Adult Mental Health Rehabilitation Unit</td>
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<tr>
<td>ARC</td>
<td>At Risk Category</td>
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<tr>
<td>CALD</td>
<td>Culturally and Linguistically Diverse</td>
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<tr>
<td>CNC</td>
<td>Clinical Nurse Consultant</td>
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<td>CRA</td>
<td>Clinical Risk Assessment</td>
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<td>CRIS</td>
<td>Clinical Record Information System</td>
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<td>COPMI</td>
<td>Children of Parents with Mental Illness</td>
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<td>NDIS</td>
<td>National Disability Insurance Scheme</td>
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<tr>
<td>MDT</td>
<td>Multidisciplinary Team</td>
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<td>MHAGIC</td>
<td>Mental Health Assessment Generation Information Collection</td>
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<td>MHJHADS</td>
<td>Mental Health, Justice Health, Alcohol and Drug Services</td>
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<td>MoC</td>
<td>Model of Care</td>
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<tr>
<td>NGO</td>
<td>Non Government Organisation</td>
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<tr>
<td>UCPH</td>
<td>University of Canberra Public Hospital</td>
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Appendix I: Changes to Practice

AMHRU Layout

Specific AMHRU

Community

Physical Therapies

Vocational Rehabilitation

Meal Planning/Preparation

Supporting Individual Needs

Maintaining Culturally Sensitive Practice

Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ) People

Meals

Meal Planning/Preparation

Vocational Rehabilitation

Group Programs

Medication and Other medical Interventions

Physical Therapies

Sensory Modulation

Physical Activity

Access to Shared Gymnasium Space

Community-Based Activities, Services and Programs

Care Delivery Team

Specific AMHRU Operations

Hours of Operation

Access

ACT Civil and Administrative Tribunal

Carers, Friends and Family Members

Rooms and Living Clusters

Community Participation - Leave from the Unit

Linen Service

Clinical Records

Multi-Faith Service

Smoke Free Environment

AMHRU Layout

Changes to Practice

Appendix I: Recovery Oriented Rehabilitation Program Matrix
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<th><strong>GLOSSARY</strong></th>
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<tr>
<td><strong>Access</strong></td>
<td>Ability of consumers or potential consumers to obtain required or available services when needed within an appropriate time.</td>
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<tr>
<td><strong>Assessment</strong></td>
<td>Process of gathering information about a person with the purpose of making a diagnosis. The assessment is usually the first stage of a treatment process.</td>
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<tr>
<td><strong>Clinical Case Review</strong></td>
<td>Clinical case reviews are meant to comply with National Standards for Mental Health Services where the current progress of the consumer is being discussed. The review is undertaken in consultation with the consumer, carer/parent, community agency, treating doctor and General Practitioner. These reviews are conducted at a minimum every three months.</td>
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<tr>
<td><strong>Clinical Handover</strong></td>
<td>Handovers are key events in transitions between shifts and treating teams, including General Practitioners and the community teams or inpatient services, as well as within teams as part of how they divide their tasks.</td>
</tr>
<tr>
<td><strong>Clinical Management</strong></td>
<td>The provision of case coordination that includes the bio-psychosocial model with the inclusion of discipline specific therapeutic interventions.</td>
</tr>
<tr>
<td><strong>Collaboration</strong></td>
<td>A way of working together/co-operating to ensure consumers receive the services they most need.</td>
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<tr>
<td><strong>Continuity of Care</strong></td>
<td>Linkage of components of individualised treatment and care across health service agencies according to individual needs.</td>
</tr>
<tr>
<td><strong>Documentation</strong></td>
<td>Process of recording information in the health record and other documents that are a source of information; a written tangible record of care and services provided.</td>
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<tr>
<td><strong>Integration</strong></td>
<td>The process whereby inpatient and community components of a mental health service become coordinated as a single, specialist network and include mechanisms which link intake, assessment, crisis intervention, and acute, extended and ongoing treatment using a case management approach to ensure continuity of care.</td>
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<tr>
<td><strong>Multidisciplinary Team</strong></td>
<td>A team that is made up of a number of different disciplines such as psychiatry, psychology, social work, nursing and occupational therapy from both within and outside of the Division. They may include Consumer Consultants, Carer</td>
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<tr>
<td>Consultants and Peer Workers</td>
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<tr>
<td><strong>Person Centred</strong></td>
<td>Approaches to service that embrace a philosophy of respect for partnership with people receiving the services. They involve a collaborative effort from consumers, their family and carer, friends and mental health professionals.</td>
</tr>
<tr>
<td><strong>Recovery</strong></td>
<td>Gaining and retaining hope, understanding one’s abilities and limitations, engaging in an active life that has value and meaning, sense of personal autonomy, positive sense of self.</td>
</tr>
<tr>
<td><strong>Referral Process</strong></td>
<td>Systems and protocols that ensure linkages between services to support continuity of care and ensure that consumers of services are able to negotiate the system in a seamless and timely manner.</td>
</tr>
<tr>
<td><strong>Rights</strong></td>
<td>Something that can be claimed as justly, fairly, legally or morally one’s own. A formal description of the services that consumers can expect and demand from an organization.</td>
</tr>
<tr>
<td><strong>Safety and Quality</strong></td>
<td>The safety of a health care system is defined by the National Health Performance Committee as relating to the avoidance or reduction to acceptable limits of actual or potential harm from health care management or the environment in which health care is delivered. Quality is a guiding principle in assessing how well the health system is performing in its mission to improve the health of Australians.</td>
</tr>
<tr>
<td><strong>Treatment</strong></td>
<td>Specific physical, psychological and social interventions provided by health professionals aimed at the reduction of impairment and disability and / or the maintenance of current level of functioning</td>
</tr>
<tr>
<td><strong>Voluntary Admission</strong></td>
<td>Admission to a mental health unit for treatment that results from the client making the decision for admission and signing the necessary agreement for inpatient treatment.</td>
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*All glossary terms have been taken from the National Standards for Mental Health Services (2010)*
EXECUTIVE SUMMARY

The Adult Mental Health Rehabilitation Unit (AMHRU) will be a purpose built rehabilitation unit based on the University of Canberra Public Hospital (UCPH) campus. The AMHRU will contribute to the continuum of mental health services provided across the Division of Mental Health Justice Health Alcohol and Drug Services (MHJHADS) through ACT Health.

The AMHRU will include 20 beds configured in four groups of five beds and offer inpatient rehabilitation as well as placements for assessment. It is anticipated that people will stay at the AMHRU for a period of 3 - 12 months. This broad length of stay reflects the range of needs of people, which may be difficult to predict and may require longer periods of intervention to facilitate lasting benefits.

The purpose of a specialist AMHRU is to deliver effective recovery based treatment and rehabilitation to people whose needs cannot be met by less intensive community based adult mental health services. The focus is on people with moderate to severe and enduring complex mental health conditions who face challenges living in the community. These people are likely to experience difficulties with living safely and successfully in the community.

The primary goal of treatment will be the enhancement of the person’s quality of life and/or improvement in their functional status through the engagement in a variety of rehabilitation services to assist them to develop their capacity to live successfully in the community and provide foundations for continued recovery.

*Psychiatric rehabilitation promotes recovery, full community integration, and improved quality of life for persons who have been diagnosed with any mental health condition that seriously impairs their ability to lead meaningful lives. Psychiatric rehabilitation services are collaborative, person directed and individualised. These services are an essential element of the health care and human services spectrum, and should be evidence-based. They focus on helping individuals develop skills and access resources needed to increase their capacity to be successful and satisfied in the living, working, learning and social environments of their choice (USPRA, 2007).*

The AMHRU will assist people in their journey of recovery by offering opportunities in a safe and supportive environment to address challenges and develop the skill and resources that will promote successful community living and an enhanced quality of life.

Rehabilitation services are provided as an integral component of the care continuum for adults with a mental illness as their journey may require acute care, sub-acute care, rehabilitation, day services and community based services. Clinical psychosocial rehabilitation services within the AMHRU can be accessed by people referred from acute care or from a community setting. Rehabilitation is a transitory phase in the continuum of care and not considered as an end point.
**KEY VISION**

The key vision for the rehabilitation unit is to promote the treatment and recovery of people with moderate to severe mental illness by offering clinical psychosocial rehabilitation services:

- In a structured, supportive, safe and pleasant environment
- That are effective and based on best available evidence
- That work together with the person, their key supports and relevant stakeholders to establish a dynamic, person-centred approach informed by principles of recovery.

**KEY FUNCTIONS**

The key functions of the AMHRU are:

- To support a person’s recovery journey within an environment which is responsive and flexible enough to meet the individual needs of the person
- To offer a range of contemporary, multidisciplinary mental health rehabilitation interventions, programs and services that will assist people to develop their capacity to live successfully in the community and treatments to provide the foundations for continued recovery.

**AMHRU SERVICES**

The services that the AMHRU will provide for people include:

- Provision of inpatient rehabilitation for people with a current mental illness who do not require ongoing acute care and whose symptoms are relatively stable, acknowledging that they may be experiencing ongoing active or residual symptoms. i.e. for those people who have been assessed as being able to strengthen their independent living and self care skills
- Comprehensive individual and group interventions for all aspects of peoples’ well being including medication review and monitoring, physical, psychological, vocational and social interventions (e.g. symptom management, psychoeducation, social skills training, cooking, medication self management, vocational skills)
- Linking rehabilitation care with community-based care including community based health services and other psychosocial supports as well as clinical management and community treatment teams
- Support for people to engage in individual activities targeted at community engagement
- Development and maintenance of living skills as part of the daily routine of the unit
- Daily exercise and healthy lifestyle programs (to promote health and wellbeing)
• Regular review of progress through individual recovery plans
• Discharge planning and support for people (and their family, carers and supports) on extended leave as part of a graded discharge process

**PRINCIPLES OF CARE**

The following main principles for contemporary mental health services will be adopted to achieve the AMHRU service aims:

**ACCESS**

Treatment and services will be provided in a timely manner that meets the needs of people, their family and carers and staff in an environment that is safe and comfortable. Linkages will be made between people and services across the Adult Mental Health Service and Community Sector. Discharge planning will include discharge meetings with the person, carer and/or family and relevant agencies. AMHRU will follow the MHJHADS no wrong door philosophy.

**RECOVERY FOCUSED**

The AMHRU will foster a culture of hope and empowerment that values respectful and therapeutic relationships, building on the strengths and resources of the person, their family and their community.

Services will promote autonomy, self-determination and awareness of rights and responsibilities. Service provision will be guided by the aspirations, priorities, needs and preferences of the person and their family.

An emphasis will be made on promoting people’s physical, social and emotional wellbeing. Support will be provided to maintain or develop connection to, and participation in, the communities and activities that people value.

**PERSON AND FAMILY CENTRED**

The AMHRU will be based on recovery principles. Care will be person-centred, holistic, and respond to the needs of the individual. Consideration will be given to the uniqueness of the person for example cultural and gender diversity. Clinicians will work in collaboration with the person and involve their carer and family consistent with person centred care.

**COLLABORATION AND CONTINUITY OF CARE**

The AMHRU will work in collaboration the person and their family and carers, and in partnership between Adult Mental Health services and Community-based services. Services and supports will be integrated to enable community linkages and continuity of care.

**MULTIDISCIPLINARY**
The AMHRU will have a range of expertise to provide evidence-based intervention within a multidisciplinary framework. Holistic care will be provided and supported by a multidisciplinary team (MDT) including peer workers.

SAFETY AND QUALITY

The AMHRU will provide a safe environment for people, staff and visitors. A trauma informed system of care will guide all clinical practices and interventions within the AMHRU. Services provided will be evidence-informed and founded on contemporary and innovative research and practices. Staff will be accountable and work within their scope of practice. Ongoing quality improvement activities will be undertaken to ensure the service continues to develop and improve. An evaluation process will occur which incorporates the feedback and views of the person and their family or carer. Provision will be made for the ongoing development of services and staff.

Privileged visitors including Official Visitors, the Public Advocate and the Health Services Commissioner may visit the AMHRU and AMHDS at UCPH at a time of their choosing to discharge their legislative functions.

CLINICAL GOVERNANCE FRAMEWORK

Clinical governance provides a framework which ensures that organisations are accountable and have systems in place for continuous quality improvement to safeguard high standards of clinical care.

The AMHRU will operate as a unit within the University of Canberra Public Hospital and as such will operate within the overarching clinical governance framework of UCPH. In addition, the Governance Framework for Mental Health, Justice Health and Alcohol & Drug Services (2012) describes the way in which the Division of Mental Health, Justice Health and Alcohol and Drug services work together to ensure high quality services to our community. The document provides a description of clinical, professional and corporate governance for our Division.

Clinical governance activities are dynamic; changed as new evidence is reviewed. They are created in an environment and culture that:

- Encourages communication and feedback from all people affected by clinical practices
- Ensures best evidence-based practice is maintained and processes improved to ensure that services are “fit for purpose” in terms of accessibility, acceptability, effectiveness and equity
- Has strong leadership that supports team work, organisational values and positive culture change
- Gives opportunities for people to be involved in the decision-making related to their health care because they are the experts
- Incorporates strategies for individual and family/carer involvement in the planning of health care both at the clinical and organisational level.
Examples of current good clinical governance practices include undertaking clinical audits, maintaining staff training and education, critical incident reporting, risk assessment and management and responding to feedback.

DATA MANAGEMENT SYSTEM

MHJHADS is currently developing an Electronic Clinical Record (ECR), a new, single, clinical record system to replace the existing Mental Health Assessment Generation Information Collection (MHAGIC) database and paper records.

The technology will provide three key capabilities:

1. **Access** – *Provide healthcare professionals and people accessing services with timely access to trusted information*
   - Introduction of MHJHADS ECR will facilitate improved access to high quality, integrated, real time patient information within a secure electronic environment

2. **Efficiency** – *Integrate systems to improve communication, enable collaboration and automate services*
   - Integration of key clinical systems used across both ACT public hospital facilities will give clinicians greater accessibility to clinical record information without the need to login to multiple systems
   - Implementation of MHJHADS ECR across the MHJHADS Division will enable greater communication and collaboration across the division for person-centred care

3. **Reliability** – *Providing trusted systems supported by a robust technical infrastructure*
   - The existing MHAGIC will be upgraded to or replaced with a new MHJHADS ECR providing a secure, trusted technology that is consistently supported, up to date and intuitive to use.

The software program will support the effective communication of clinical information when people present to the public mental health system in Canberra including Emergency Departments at Canberra Hospital and Health Services (CH&HS) and Calvary Hospital.

Staff will receive training on the use of the ECR. Any reports concerning breach of privacy or confidentiality will monitored by the ECR support team and action will be taken by senior management consistent with ACT Government IT policy.

Registration of demographic data and clinic management will be done using the ACT Patient Administration System (ACTPAS).

Some paper clinical records to be stored securely adjacent to the staff station. Paper records will be scanned every 3 months and added to electronic record. Staff will be able to view the records via the Clinical Record Information System (CRIS).
SERVICE USER CHARACTERISTICS

People who will be admitted to the AMHRU will be:

- Aged between 18 and 65\(^1\), with a moderate to severe mental illness, who are willing to engage with the rehabilitation service to identify goals, address challenges and progress their recovery; and
- Have difficulties living in the community due to:
  - Functional difficulties associated with their mental illness
  - Challenges in diagnosis and treatment of their mental illness
  - Psychosocial issues that impact functioning
  - Complicating co-morbid conditions (for example: drug or alcohol issues and cognitive dysfunction)

ADMISSION CRITERIA

Eligibility criteria for a person to be admitted to the AMHRU include:

- A primary diagnosis of a moderate to severe mental illness
- Referral information that suggests the person would benefit from intensive rehabilitation in a subacute inpatient environment
- The person has access to an Adult Community Mental Health Team (ACMHT) clinical manager
- A Full Assessment and interim recovery/care plan including anticipated length of stay and discharge date.

LENGTH OF STAY

Admissions to the AMHRU will range from 3 to 12 months depending on the person’s recovery goals and their engagement and progress within their individual recovery program.

CARE DELIVERY SYSTEM\(^2\)

REFERRAL PROCESS

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\(^1\) Consideration may be given in exceptional circumstances for admission of people who are outside of the specified age range, but only where it is assessed as safe and appropriate to do so.

\(^2\) See Appendix II for AMHRU workflow diagram.
A person will access the AMHRU by clinician referral. Referrals to the AMHRU may be initiated at a number of points in the continuum including, but not limited to:

- An Adult Community Mental Health Team
- MHJHADS Adult Mental Health Unit and Calvary Public Hospital Mental Health Inpatient Unit 2 North (2N)
- Adult Mental Health Service Specialist Services
- Forensic Mental Health Services
- General practitioners

A comprehensive referral package will be made available for referring clinicians that describes the AMHRU functions, admission criteria and processes for referral and assessment. This will include an ‘information pack’ outlining the AMHRU’s services and expectations. It is a requirement that these documents be discussed with people prior to a referral being made.

The person’s current outcome measures, evidence of the efforts already made to provide rehabilitation and support for the person in the community, and a rationale for the need for a more intensive inpatient rehabilitation will be required as part of the referral to AMHRU.

A potential strategy for successful transition from AMHRU to the discharge location developed in collaboration with the person, family/carer, ACMHT clinical manager and the AMHRU service.

**AMHRU MULTIDISCIPLINARY TEAM REVIEW OF THE REFERRAL**

A multidisciplinary team will review the referral and consider:

- If the admission criteria have been met
- Whether adequate efforts have been made to provide rehabilitation and support services to the person whilst living in the community
- The level of collaboration with the person, family/carer and other community services reflected in the referral
- Any previously completed multidisciplinary assessments (including needs and strength assessments)
- If there is adequate information about the anticipated plan for the person following discharge from the AMHRU

**REFERRAL ASSESSMENT**
Following the MDT review, and if the referral is adequate and deemed appropriate, a Referral Assessment will be conducted by AMHRU in collaboration with the person and their family/carer where appropriate, including:

- Further discussions and screening assessments (Including risk assessments) to gain a better understanding of the person’s functioning and goals, with emphasis placed on harnessing the person’s strengths and a positive focus on recovery
- The person’s motivation for participation in the AMHRU programs
- Any barriers to their recovery

Following the Referral Assessment, a formulation and recommendations will be completed and presented to the AMHRU Multidisciplinary Team Review.

**MULTIDISCIPLINARY TEAM REVIEW**

All relevant assessments, formulations and recommendations from the Referral Assessment will be presented to a Multidisciplinary Team Review of no less than three disciplines. The panel will consider the information provided, likely implications for the person referred, those already admitted and the AMHRU culture and environment, if the admission proceeds.

Based on these and any other considerations, a decision will be made by the AMHRU Admission Panel on whether the person will be admitted to the AMHRU. The referrer will be informed of the outcome and arrangements will be made for the person to be advised of the assessment and decision.

**ADMISSION PROCESS**

All admissions to the AMHRU will be planned, and those admitted will have an interim recovery plan in place and an anticipated plan for transition back to the community.

Following a decision to admit, a visit to the AMHRU will be arranged for the person and, with the person’s consent, any family/carer prior to admission. The person will be given an ‘information pack’ that contains the following:

- A clear description of the aims of the AMHRU
- The current programs and types of treatment/interventions available
- Written information on the person’s rights and responsibilities
- Visiting arrangements
- Personal safety on the unit
- Unit facilities
- The practical items that may be needed within the unit that should be brought with them
- The Recovery Planning process
The feedback process

ARRIVAL TO THE AMHRU – HANOVER, ORIENTATION AND ADMISSION ASSESSMENT

Following a person’s arrival to the AMHRU the following will be completed:

- Standardised handover from the referring team to the AMHRU treating team, involving the person as appropriate
- Admission Assessment
- Clinical Risk Assessment (CRA) to determine a person’s At Risk Category (ARC) and establishment of observation requirements and proposed leave arrangements
- Orientation of the person to living spaces and facilities

ADMISSION ASSESSMENT

An admission assessment, involving the person, will be completed by the AMHRU treating team in a timely manner following the person’s admission to the AMHRU including:

- An updated clinical risk assessment
- Update of outcome measures
- An At Risk Category
- Physical assessment including any investigations that need to be completed
- Personal safety plan/sensory plan

Assessment appointments will be arranged with members of the MDT for comprehensive multidisciplinary assessment and planning.

COMPREHENSIVE MULTIDISCIPLINARY ASSESSMENT

A comprehensive multidisciplinary assessment will include:

- Current treatment and medication regime
- Review of the person’s strengths, skills and area/s of need (including physical needs, functional capacity, activities of daily living, interpersonal supports, co morbidities and psychological assessment
- Planning for how a person’s goals might be addressed during the admission (e.g. develop skills in activities of daily living, establish social supports and networks, skills to manage any physical co morbidity, develop coping skills and resilience)
- Planning for a person’s accommodation arrangements on discharge
## TREATMENT, REHABILITATION AND RECOVERY PLANNING

Following the comprehensive Multidisciplinary Assessment when a person is admitted to AMHRU, an updated treatment, rehabilitation and recovery plan will be developed in collaboration with the person and any agreed family members/carer. This plan will incorporate any relevant information from the interim recovery plan. The plan will include:

- The person’s strengths and recovery goals
- Specific strategies to safely address the person’s goals and needs to facilitate their ability to participate in the activities, interests and communities of their choice
- Specific therapeutic interventions and programs that support the person’s recovery goals
- Support to facilitate accommodation arrangements on discharge
- Any interim or ongoing supervision and/or support needs that the person may have (e.g. Meal planning/preparation)
- Strategies to promote coping and safety, promote wellbeing, and help to prevent relapse
- Roles and responsibilities for the person and their supports, including AMHRU team members

## ENGAGEMENT AND CARE COORDINATION

It is recognised that people benefit from consistency and continuity of care and as such will be allocated a primary clinician when admitted to the AMHRU. The primary clinician will be allocated from the treating team and provide a focus for therapeutic engagement and rapport building and will maintain regular contact with the person, providing encouragement and support. The primary clinician will work with the person and others to develop the care plan, take on any appropriate roles within the plan, coordinate and communicate regarding services, referrals and programs where required and support the person to participate in and focus on the goals of his/her plan.

## REVIEW PROCESS

People admitted to the AMHRU will be reviewed fortnightly by the MDT (Ward or pod based reviews) with a formal clinical case review every 3 months\(^3\). People will be encouraged to actively participate in their reviews.

Areas to be covered in the fortnightly ward or pod based reviews will include a review of their rehabilitation progress, an indication of the person’s current mental state, their biopsychosocial progress, risk issues and personal safety planning, medication monitoring/review and any concerns or developments associated with their functioning. Relevant agencies can be invited to this review as required (e.g. Community sector organisations, carers/family) if the person’s consent is obtained.

\(^3\) See Diagram I for the AMRHU Review Process.
Formal clinical case reviews will occur within the unit in conjunction with the person, their family, carer and any relevant stakeholders. The process will review the person’s multidisciplinary assessment progress, outcomes of treatment and formulate a plan for the next 3 months or discharge.

Ad-hoc reviews will be undertaken as required e.g.: CRA review for purposes of assessing the person’s ARC.

Diagram I: AMHRU Review Process

**DISCHARGE PLANNING/TRANSFER OF CARE TO OTHER SERVICES**

Effective discharge planning aims to promote continuity of care and ease of transition for the person within the health system and across services and living environments. Discharge planning will start from the time the person is first admitted into the AMHRU and will be routinely discussed throughout the recovery planning and review process.

Discharge planning will require regular liaison with the person, their primary clinician, families and carer, GPs and medical specialists, community sector agencies, stakeholders and ACMHT clinical managers. As part of discharge planning, an expected discharge date will be negotiated with the person, their families and carers and any other support services or networks. It is noted that community supports, and housing options will need to be arranged.

Prior to discharge people will be involved in discharge meetings, held with all relevant stakeholders to facilitate transition into the community and other services. A clear plan will be formulated with people, outlining the role of each of the services engaged. A written plan for discharge with relevant supports and contacts will be documented and provided to the person, their family/carers and all supports.

Trial leave and supported transition arrangements will assist people to discharge safely and successfully from the AMHRU.

**THERAPEUTIC INTERVENTIONS**
A range of interventions will be provided by the AMHRU based on a recovery oriented treatment and rehabilitation program. The AMHRU will be staffed by a multidisciplinary team and provide a range of interventions including:

- Individual interventions
- Group programs
- Medication and other medical interventions
- Health education
- Psychological therapies
- Physical therapies - Sensory modulation and exercise programs
- Pre vocational and vocational training (e.g.: job readiness, budget skills etc)
- Community based activities, services and programs

**INDIVIDUAL INTERVENTIONS**

People admitted to the AMHRU will have access to a multidisciplinary team and their individual strengths, skills relevant to their specific expertise. Individual interventions will be coordinated by a primary clinician based on the person’s individual needs and recovery goals including:

- Supporting a person with roles and responsibilities, ranging from self care to education or employment
- Supportive counselling, motivational interviewing and coaching
- Functional assessment
- Psychological testing
- Psychological therapies
- Occupational therapies
- Skills training
- Developing strategies and supports to assist with ongoing difficulties

**SUPPORTING PEOPLE WITH ALCOHOL, TOBACCO AND OTHER DRUG COMORBIDITIES**

It is recognised that many people at the AMHRU will also be at risk of, or experience alcohol, tobacco and other drug (ATOD) problems. Identifying comorbidity, the appropriate services and or interventions for people at a particular point in time to best support those at risk of or experiencing

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4 Please see Appendix 1 for the Recovery Oriented Rehabilitation Program Matrix
problems is essential to providing suitable supports. As such, the AMHRU will provide screening and support services (either within the Unit or as a referral to community services) to meet the individual needs of people, as outlined in the ACT Comorbidity Strategy 2012-2014.

SUPPORTING INDIVIDUAL NEEDS

It is acknowledged that people identify with a variety of cultural and/or ethnic backgrounds and may have diverse family and social networks, educational backgrounds, religious or other belief systems or socio-political views. It is important that these factors are considered and supported by cultural and gender sensitive practice.

MAINTAINING CULTURALLY SENSITIVE PRACTICE

The cultural sensitivities of Aboriginal and Torres Strait Islander People and Culturally and Linguistically Diverse (CALD) People will be acknowledged and addressed.

The AMHRU will ensure that it has capacity to meet cultural, gender and spiritual needs of people and their families by ensuring:

- Delivery of services that are sensitive to the social and cultural beliefs, values and practices of Aboriginal and Torres Strait Islander people and those from CALD backgrounds
- Communication with consumers and carers will be in a language that they can understand, free from medical jargon with use of interpreters where required
- Recognition of and privacy for cultural and spiritual practice. Including access to the UCPH multi faith space.
- Access to a ‘kinship’ room to accommodate the needs of Aboriginal and Torres Strait Islander people and Culturally and Linguistically Diverse (CALD) people. The ‘kinship’ room will provide a shared living arrangement by connecting a pair of bedrooms with an internal door
- Cultural diversity training is undertaken by all staff, including cultural awareness in regard to health service delivery to people from CALD and Aboriginal and Torres Strait Islander backgrounds
- With the person’s consent, referral of Aboriginal and Torres Strait Islander person to the Aboriginal Liaison Officer (ALO).

LESBIAN, GAY, BISEXUAL, TRANSGENDER, INTERSEX AND QUEER (LGBTIQ) PEOPLE

The AMHRU will provide safe and supportive care for LGBTIQ people. The clinical team will strive to be sensitive to issues of sexuality, sex and gender diversity. Individualised care plans and risk assessments will be developed with consideration of people’s sexuality, sex and gender diversity in order to address specific issues that have a high prevalence amongst LGBTIQ people. The AMHRU
will promote inclusive language and practices, cultural competency and staff education in order to support LGBTIQ people.

MEAL PLANNING/PREPARATION

Meal planning and preparation is a core life skill that enables people to live well in their own home. People who are admitted to the AMHRU will be encouraged to plan, purchase and prepare their own meals in order to develop or maintain skills in this area.

However, it is acknowledged that people will come to the AMHRU with varying abilities and functional capacity and therefore each person will access tailored rehabilitation, skills training and support that responds to their functional strengths and needs. On occasion, people may be unable to participate in meal preparation; in these cases alternative meal arrangements will be made which may include UCPH food services.

People will have choice as to where they consume their meals. Options will include people’s Pod or the unit’s dining spaces and outdoor seating. People will be encouraged to avoid using their bedrooms at meal times.

Barbeque facilities will also be provided within the courtyard space for use by people as agreed.

VOCATIONAL REHABILITATION

Participation in meaningful activities that give a sense of achievement, contribution and identity can be a significant factor in promoting recovery for many people.

There will be many opportunities for people to develop pre-vocational skills through individual and group programs offered through the AMHRU. People will also be encouraged to explore vocational activities such as education, training and employment opportunities. Educational activities aligned closely with personal interests or hobbies will also be strongly encouraged, in addition to those which may enhance employment capability and prospects.

Consistent with evidence-based approaches, the staff of the AMHRU will establish strong links with agencies in the vocational sector and will seek to work closely with the person and any education, training and/or employment specialists. This collaborative approach offers increased resources to help the person optimise their ability to function and minimise the impact of their mental health issues in the vocational setting.

GROUP PROGRAMS

A range of groups will be offered to people who are admitted to the AMHRU. The Group Program aims to provide a comprehensive and holistic approach to recovery-oriented rehabilitation and incorporates strategies and interventions identified as having a positive influence on peoples’ recovery including:

- Illness management (e.g. peer led groups and carer groups)
- Psychological interventions (e.g. Cognitive Behavioural Therapy, psychoeducation)
• Activities of daily living/Life skills – group programs that provide opportunity for skill development and confidence building including cooking, goal setting and social skills
• Healthy lifestyle (e.g. exercise or gym programs, nutrition, managing health issues, smoking reduction and cessation)
• Enrichment, personal development, exposure to variety of recreational, creative and other activities to develop interests, connections and sense of potential and belonging (e.g. Art and music therapy, outings)

MEDICATION AND OTHER MEDICAL INTERVENTIONS

The choice of medication will be made jointly with the person and the Psychiatrist based on an informed discussion of:

• The person’s history
• Full medical assessment
• Mental state examination
• Relative benefits of the medication and side effects
• Alternatives available
• The person’s physical, emotional and social needs
• Involving the person’s carer/family where appropriate

Upon commencement of any new medication, the person’s allocated primary clinician will, with support of other treating team members, monitor their tolerance of the medication/s and any side effects on a daily basis and liaise with the person’s allocated Psychiatrist. Medication response, side effects and other issues will be monitored and discussed as part of the regular review process.

Any consideration of medical interventions required outside of the AMHRU will be made in collaboration with the person’s GP, current specialists and coordinated by the Primary Clinician.

Medication will be secured and provided to people within the 5 bed units or unit examination/treatment room as appropriate. If appropriate, people may be supervised with self-medication. Medication for self-administration will be stored within lockable bedside cabinets to support this practice. The examination/assessment/treatment room will also be used for assessment and treatment of people within the unit.

PHYSICAL THERAPIES

SENSORY MODULATION

Sensory based intervention, commonly referred to in mental health settings as “sensory modulation”, is a person centred approach incorporating targeted and skilled use of multi sensory approaches. It has been shown to have positive effects on people experiencing mental health issues,
especially those struggling with agitation, emotional dysregulation and feeling out of control. The appropriate use of sensory modulation rooms and techniques can offer experiential and alternative opportunities for de-escalation, empowerment, choice, increasing awareness, and skill development and is a key strategy to reduce the need for seclusion and restraint of people in inpatient settings.

People admitted to the AMHRU will be encouraged to use sensory modulation techniques as a means of managing agitation and distress and promoting coping and safety. People can utilise sensory approaches within their personal living areas as well as having access to a dedicated sensory modulation room. Assessment, information and guidance on sensory modulation will be provided to enable people to develop skills in the use of sensory techniques to promote self-regulation, self-nurturing, resilience and recovery.

The sensory modulation room is intended to be a safe space where trained staff actively engage the person in their exploration of helpful sensory experiences. The room is adapted to the sensory preferences of the person and with effective use can improve the person’s ability to:

- regulate their emotions
- improve function
- Participate in social interactions

Key aims of the sensory modulation room are to:

- Explore different sensory modalities and identify helpful sensory techniques
- Develop skills in sensory modulation to promote relaxation; self regulate emotions, distress and agitation
- Provide a safe, neutral space where sensory modulation strategies can be explored and used effectively to manage distress and reduce emotional arousal
- Develop an understanding of the environmental factors that might help the person to self regulate, improve ability to function and build resilience

Every person admitted into the AMHRU will develop a personal safety plan that identifies triggers and early warning signs of distress, as well as a plan that outlines coping and sensory strategies and details the person’s sensory preferences. This information can also be translated into the person’s plan for keeping well, responding to early warning signs and preventing relapse.

**PHYSICAL ACTIVITY**

It is broadly acknowledged that physical activity improves the general health and wellbeing for everyone and there is growing evidence that physical activity has considerable benefit for people with mental health issues. Physical activity can help to alleviate specific symptoms (e.g. positive effect on symptoms of depression, helping in the management anxiety) as well as counteract some of the negative effects of medication use and help in the prevention of chronic health issues.

The AMHRU will promote and provide opportunities for regular physical activities in order to:
- enhance skills for maintaining a healthy lifestyle
- Encourage social interaction through group activity and purposeful use of time
- Promote physical activity as a healthy addition to people’s life and to encourage the continuation of these activities after discharge
- Provide opportunity for learning and consolidation of knowledge on the benefits of physical activity to wellbeing, including good mental health
- Provide alternative strategies for managing symptoms and promoting mental wellbeing such as: channelling excess energy, agitation and anxiety, managing depression, promoting cognitive functioning and safely expressing anger and/or frustration through physical activity
- Provide a variety of opportunities to assist in weight loss/maintenance and reduce the likelihood of associated physical illness such as heart disease, diabetes etc.

ACCESS TO SHARED GYMNASIUM SPACE

People will have access to a home-style gymnasium space within the Mental Health Rehabilitation Unit to utilise a range of exercise equipment. Prior to accessing the gymnasium, all people will be assessed to ensure that they are able to exercise safely. An exercise program will be provided by an exercise physiologist or other appropriately trained staff member as agreed. People may also access the treatment gymnasium space as part of their scheduled rehabilitation program.

COMMUNITY-BASED ACTIVITIES, SERVICES AND PROGRAMS

The maintenance and development of people’s connections to social networks and community activities is a powerful tool for recovery and therefore an important consideration for rehabilitation.

Access to community based, mainstream and targeted activities, programs and service providers (including GPs and other health professionals, accommodation services, education and employment) will be an integral consideration in planning individual and group rehabilitation activities.

Establishing effective communication and partnerships with community providers and programs increases opportunity, flexibility and promotes inclusion and connection. Wherever possible, the AMHRU will seek to support people to engage with and participate in community based activities, services and programs that are relevant to and supportive of the person’s recovery goals. It is also envisaged that these partnerships will extend to community agencies providing services within the AMHRU itself.

It is likely that some people admitted to the AMHRU will be eligible for the National Disability Insurance Scheme (NDIS). The AMHRU will support people to access the NDIS and assist with identifying needs, providing information on any functional difficulties and supporting people with goal setting, planning and implementation of their NDIS package where appropriate, requested and/or indicated.
The AMHRU will require a skilled workforce with good understanding of, and commitment to, person centred and recovery oriented principles and practices in order to achieve its vision and aims. This framework for clinical psychosocial rehabilitation will require a diverse group of staff that is multidisciplinary, has a range of expertise that allows for a comprehensive range of services and interventions that will contribute to achieving the best possible outcomes for people admitted to the AMHRU.

The MDT will include the following personnel:

- Team Leader of the AMHRU
- Medical staff consisting of a Consultant and a Specialist Registrar
- Clinical Nurse Consultant (CNC)
- Clinical Development Nurse (CDN)
- Nursing staff
- Allied health staff including:
  - Occupational Therapists
  - Psychologist
  - Social worker
  - Creative Art Therapist
  - Exercise Therapist/Personal Trainer
  - Peer workers
  - Vocational specialist
  - Allied Health Assistant (OT)
  - Recovery Support Officer

- Non clinical support staff including administrative staff and Health Services Officers
- Other specialist mental health services and health services may be employed or contracted on a sessional basis as required (E.g.: Neuropsychologist for psychometric/cognitive functioning testing, Physiotherapist, Dietician/Nutritionist).
- General Practitioner (GP) support will be coordinated by the person’s Primary Clinician, in conjunction with the AMHRU treating team. The fundamental principle will be to ensure that people maintain or establish strong connections with a GP in the community. This is aimed at ensuring consistent ongoing care particularly around the management of complex, physical health comorbidities.
- Students on placement at the AMHRU (including allied health, medicine and nursing) will participate in the MDT, under close supervision.
• Non Government Organisations will play an integral part in people’s recovery and as such the AMHRU MDT will work closely and in partnership with these organisations.

### SPECIFIC AMHRU OPERATIONS

#### HOURS OF OPERATION

The Adult Mental Health Rehabilitation Unit will be staffed to operate 24 hours per day, 7 days per week.

The multidisciplinary team will be required to provide services outside business hours in order to support people and facilitate the involvement of carers/ family members.

It is anticipated that visiting hours will be between 06:00 – 21:00 hours.

#### ACCESS

The rehabilitation unit will be open during visiting hours with free entry and egress. After-hours access to the unit will be via an intercom system to the staff station.

#### ACT CIVIL AND ADMINISTRATIVE TRIBUNAL

ACT Civil and Administrative Tribunal hearings will be undertaken at 1 Moore Street Canberra. Individuals and their care team (up to 25 people total) may attend hearings via videolink from a meeting room within the rehabilitation unit or other UCPH facility if they are not able to attend in person.

#### CARERS, FRIENDS AND FAMILY MEMBERS

Carers, friends and family members (e.g. Children of Parents with Mental Illness - COPMI) may access a family friendly interview room, the lounge areas in pods, the multi-functional area, courtyards, and the play area during their visits to the unit.

#### ROOMS AND LIVING CLUSTERS

All bedrooms within the unit will be single bedrooms with an ensuite. There will be two multipurpose 'special' bedrooms which are designed to accommodate people with special needs such as those requiring wheelchair access, obese people or a mother and baby. Rooms will be clustered together in 4 groups of 5 beds. Access to individual bedrooms will be controlled (e.g. via wrist band swipe system).

Each cluster of 5 beds will have a small, domestic scale living area including, kitchen, dining and lounge space and access to a laundry. A central communal living and therapy spaces will also be provided. The staff station and other support spaces will also be central to the unit.
A ‘kinship’ room will accommodate the needs of Aboriginal and Torres Strait Islander people and Culturally and Linguistically Diverse (CALD) people. A door adjoining two rooms may be opened to accommodate a shared living arrangement.

**COMMUNITY PARTICIPATION - LEAVE FROM THE UNIT**

People will be encouraged to leave the Unit to develop and maintain participation in activities and events within the broader community. A person’s leave arrangements will be negotiated with people to support the goals of their treatment/rehabilitation program and with consideration of Clinical Risk Assessments and a person’s At Risk Category.

**LINEN SERVICE**

People will be encouraged to launder their personal laundry. Laundry spaces with separate washer and dryer will be provided for this purpose within the Unit. Assistance and instruction in the use of laundry facilities will be included as part of the activities of daily living rehabilitation program if required.

The UCPH central linen service will provide bed linen and towels for the unit.

**CLINICAL RECORDS**

A full electronic clinical record will be maintained using the electronic clinical records system.

**MULTI-FAITH SERVICE**

People will be able to access the UCPH Multi-faith space.

**SMOKE FREE ENVIRONMENT**

The ACT Government Health Directorate smoke free policy will apply to the AMHRU.

The goal of a smoke free environment is to provide a healthier environment and promote healthy lifestyles for consumers, carers and staff. The intention is not to enforce people to give up smoking but to lead a culture which is sensitive and supportive to consumers, visitors and staff in smoking reduction and cessation.

People referred to the AMHRU will be screened for tobacco smoking and assessed for level of nicotine dependence and offered NRT to manage cravings including a range of therapeutic and diversional group activities. Following discharge from the unit further supports will be provided if the person wishes to make a quit attempt including brief interventions, offer of NRT and referrals to community services.

**AMHRU LAYOUT**

The AMHRU has been designed to support individual recovery and skills development. The ambience of the unit will reflect a comfortable homelike environment that will be calm, light and welcoming.
The design will provide for flexible use of spaces and allow maximum flexibility and minimise restrictions to people. The unit layout will provide as many clear lines of sight as possible, minimising corners and corridors.

**CHANGES TO PRACTICE**

The development of new integrated facilities at UCPH with the collocation of the Adult Mental Health Rehabilitation Unit with Adult Mental Health Day Services and with Rehabilitation and Aged Care services will provide the opportunity to implement revised models of care and other operational practices.

Changes to current practices will need to be considered and will require the implementation of communication and change management strategies to ensure that all stakeholders are informed of any changes to the service model and of the move in a timely manner to facilitate a seamless transition to the new facilities.

Robust and flexible Information technology infrastructure will be essential to assist in adopting future technologies for the AMHRU.
1. Medication
   Psychological therapies
   Psychoeducation
   Coping Skills
   - stress management
   - communication
   - living with MI (e.g. Hearing Voices)
   - sensory modulation

2. Obesity
   Alcohol and Other Drugs
   Smoking Cessation
   Diabetes
   Asthma
   Healthy lifestyle (e.g. eating well keeping active)
   GP Access

3. Self Care
   Daily Routines
   Medication Management
   Cognitive Skills
   Social Skills
   Domestic Skills
   Work/Education

4. Manage your Risk
   Anger Management
   Alcohol and Other Drugs
   Help seeking
   Crisis management
   Legal issues
   Advocacy

**Individual Activities**
- Medication prescription, education, monitoring;
- Psychotherapies such as Cognitive Behavioural Therapy (CBT), Dialectical Behavioural Therapy (DBT), Acceptance Commitment Therapy (ACT);
- Sensory profiling and modulation techniques;
- Tailored psychoeducation including development of a Keeping Well Plan, Advance Agreement etc.;
- web-based therapies;
- targeted exercise;
- coping with persistent symptoms;
- self reflection

**Group Activities**
- Relaxation and stress management, exercise, yoga,
  drumming, assertiveness training, Living with MI (e.g. coping with Voices),
  General psychoeducation including relapse prevention, EWS, accessing assistance,
  Cognitive Behavioural Therapy (CBT), Dialectical Behavioural Therapy (DBT),
  Acceptance Commitment Therapy (ACT), Hearing Voices Groups, creative therapies, keeping calm

**Individual Activities**
- Tailored exercise;
- Motivational Interviewing;
- AOD counselling;
- self-help resources;
- smoking cessation programs;
- GP visits;
- education and follow up for co-morbid conditions such as Diabetes and Asthma, high blood pressure;
- information on suitable diet (combine with individual cooking program)

**Group Activities**
- General exercise - daily walks, swimming gym etc., external programs (e.g. Positive Steps), alcohol and other drug education and support groups;
- smoking education and support groups;
- health education (diabetes, asthma, heart health);
- Healthy Lifestyle – making positive lifestyle choices (eat well, be active)

**Individual Activities**
- Self care, self management of medication,
  cognitive remediation/cognitive skills, responsibility for room, laundry,
  individual shopping and cooking, transport, budgeting,
  prevocational and vocational skills planning of time and establishing useful routines,
  partnerships with employment support services, community access,
  Hobbies and creative pursuits and personal interests.

**Group Activities**
- Regular planning/communication meeting;
- social skills, work related social skills;
- social cognition;
- coping skills for work and study;
- budgeting;
- prevocational skills, self-care (e.g. foot care, personal presentation)

**Individual Activities**
- Coping and safety plan, Keeping well plan,
  addressing difficult behaviour, alcohol and other drug counselling,
  motivational interviewing, taking responsibility, strategies for managing risk,
  mindfulness, sensory approaches to calming and coping

**Group Activities**
- Coping Skills groups (include de-escalation, sensory techniques, relaxation, mindfulness), anger management, assertiveness training, education/information on community resources for assistance, advocacy and refuge
Walk and talk
Creativity
Out and About
Current Affairs
Gardening
Fishing
Spirituality
Literacy
Social and celebratory activities

Individual Activities –
Access community based recreational/educational/social activities, gardening, spiritual activities, exploration of interests, preferences, enliven and promote enjoyment, self-expression, inspiration and fun

Group Activities -
Walking groups; Exercise/sports groups; social cooking (different cuisines, contributing to social/celebratory occasions etc); discussion groups (current affairs, trivia); gardening; special events; fishing; creativity (art and music etc); drumming; mechanical repairs/bike maintenance; outings, access external community recreation programs.

Transition Planning
- Accommodation
- Skills
- Adaptations
- Ongoing support services
- GP Access

Individual Activities –
Identify current and future support needs and implement strategies for support (e.g. coaching, reminders, adaptations, practical assistance)
Source accommodation as needed, gain specific skills relevant to proposed accommodation, make any adaptations to living environment, arrange ongoing supports, link to community services including GP

Group Activities -
Peer support groups (problem solving, coping, sharing of information and strategies for survival, getting help), discharge preparation discussion and troubleshooting groups, community information sessions, recovery planning/goal setting

Self Awareness
Personal Recovery
Access to peer sessions
Alcohol and Other Drugs
Ownership of recovery
- Induction
- Orientation
- Information
- Participation
- Graduation

Individual Activities –
Processes for induction and orientation aimed at engagement and setting expectations, individual mentoring/coaching (developing self-awareness, wellbeing and relapse prevention, addressing challenges), identify priorities for recovery, recovery planning, support to change unwanted habits/behaviours (Alcohol and other drugs, tobacco, etc), access to peer mentors, targeted information, motivational interviewing, acknowledgement of success and recognition of graduation/transition

Group Activities -
Group work (recovery, self-awareness, empowerment, responsibility, promote self-help/peer support), peer led groups, stages of change, recovery planning (including wellbeing and relapse prevention)
<table>
<thead>
<tr>
<th><strong>SUMMARY OF POTENTIAL GROUP ACTIVITIES</strong></th>
<th><strong>Groups to promote mental wellbeing</strong></th>
<th><strong>Groups to promote Self-Development, Empowerment and Recovery (Require specialist facilitator)</strong></th>
<th><strong>Programs to develop Pre-vocational and Vocational skills (Facilitator with appropriate skills)</strong></th>
</tr>
</thead>
</table>
| **Groups to promote mental wellbeing**  | Require specialist facilitator (i.e. facilitated by someone with the appropriate level of training/ experience relevant to the therapy/topic) | Peer support groups (problem solving, coping, sharing of information and strategies for survival, getting help) | Pre vocational  
Art groups  
Craft Groups  
Bike maintenance  
Furniture building and/or restoration  
Basic literacy and numeracy  
Cognitive Skills for work and study  
Study groups to support people doing distance education  
Vocational  
Establish partnerships with training and employment organisations. Facilitate individual and group programs through these organisations. |

| **Coping Skills** | De-escalation, sensory techniques, relaxation, stress management mindfulness, creative and expressive therapies | Other peer led groups  
Recovery Groups (recovery, self-awareness, empowerment, responsibility, promote self-help/peer support)  
Stages of change/Motivational Interviewing  
Recovery planning (including well being and relapse prevention, Advance Agreements)  
Hearing voices groups  
Psychoeducation on community resources for assistance, advocacy and refuge | |

| **Coping skills for work and study** | Anger management, coping with feelings  
Targeted exercise (managing symptoms)  
Coping with symptoms (e.g. coping with voices, anxiety, depression) | | |

| **Psychological therapies** | Cognitive Behavioural Therapy (CBT), Dialectical Behavioural Therapy (CBT), Acceptance Commitment Therapy (ACT) | | |

| **Psychoeducation** | Mental illness, treatments and recovery  
Keeping well and relapse prevention  
Creative/expressive therapies  
art, music, drumming, drama, singing | | |

| **Groups to improve occupational functioning** | | | |
| (Require specialist facilitator) | Groups to promote physical and general wellbeing,  
(Facilitator could be providing in reach to unit or staff members with the appropriate level of skills). | Programs to support general occupational engagement and wellbeing |

| **Communication –** | Alcohol and Other Drugs education and support groups  
QUIT smoking education and support groups  
Health Education (diabetes, asthma, heart health, foot care)  
Walking group  
Exercise/Fitness/Gym Group  
Sports (e.g. volley ball, table tennis, swimming, soccer)  
Healthy eating (e.g. social cooking, eating out)  
Health Lifestyle Education  
First Aid | Cooking for Fun  
Gardening  
Special events (cultural, celebratory remembrance)  
Leisure/ recreational activities (gaming, board games, puzzles, quizzes, movies, music appreciation, book club, crafts, orientation groups – current affairs etc., social  
Hobby club (collecting, models, etc.) | |
APPENDIX II: ADULT MENTAL HEALTH REHABILITATION UNIT WORKFLOW

DRAFT ADULT MENTAL HEALTH REHABILITATION UNIT WORKFLOW

REFERRAL

1. Referral discussed with person, their carer, family, relevant support network.
2. Referral completes referral package.
3. Referral sends referral information to AMHRU intake Clinician.
4. AMHRU intake clinician processes referral and ensures all relevant information completed on referral package.
5. Referral assessment with AMHRU? NO
   FACE TO FACE ASSESSMENT WITH AMHRU.
6. Referral assessment with AMHRU? YES
   Referral advised of reasons for unsuitability to the AMHRU.

AMHRU Assessment Process

1. Present outcome of referral assessment to AMHRU Admission Panel.
2. AMHRU Admission Panel prioritises the needs of people within unit and on wait list.
3. Verbal and written feedback decision to admit with individual rehabilitation goals to referrer and family, relevant support network.
4. Provide information pack of AMHRU and need for person to attend an area discussed including persons goals and rehabilitation plans.
5. Arranges for person to visit unit prior to admission.

AMHRU

1. Person admitted.
2. Person oriented to the unit.
3. Person is allocated a primary clinician.
4. Person is reviewed by the medical officer within 48 hours of being admitted.
5. Person is booked in with the MDT for a comprehensive 2 week assessment.
6. MDT formulates a rehabilitation plan for next 3 months.
7. Person participates in active rehabilitation within the unit.
8. Person receives review by primary clinician weekly.
9. Person receives daily review by primary clinician delegate.
10. Person participates in daily pool review.
11. 3 monthly clinical case review.
12. 13. Options include:
   - Daily support by primary clinician
   - Physical health group
   - Physical health support
   - Skills training group
   - ADU group
   - Pain support group
   - Grout
   - use of therapeutic gym and occupational therapies
   - ADAPT CM support
14. Ongoing rehabilitation required.
15. Discuss discharge plans with person, family and package team.
16. Discharge planning occurs from admission to AMHRU.
17. Organises trial discharge from unit.
18. Transition social care planning with ADAPT.
19. Discharge planning includes discharge plan.
20. Discharge planning occurs at every stage of the treatment phase within the AMHRU.
21. Discharge planning includes a trial discharge from unit.

Discharge Planning

- Discharge planning occurs from admission to the AMHRU organised at referral.
- Discharge planning occurs from AMHRU.
- Discharge planning occurs from AMHRU includes discharge plan.
- Discharge planning occurs from AMHRU occurs at every stage of the treatment phase within the AMHRU.
- Discharge planning includes a trial discharge from unit.
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