Policy

Policy Directive: compliance is mandatory

Mental Health Services Pathways to Care Policy Directive

Policy developed by: Mental Health and Substance Abuse
Approved at Portfolio Executive on: 13 May 2014
Next review due: 30 April 2019

Summary The Mental Health Services Pathways to Care Policy Directive articulates an integrated way of working and service delivery. The Policy Directive describes equitable and respectful care and treatment to people with a mental illness within the resources available. Pathways to care and treatment are described within an environment that provides people with flexibility and choice. The Policy Directive supports a strong partnership with the diverse network of care and treatment offered in the non-government sector and with other government agencies. The Policy Directive is to be read / administered in conjunction with the Mental Health Services Pathways to Care Policy Guideline.

Keywords Mental Health, Pathways to Care, Participation, Access, Care, Partnerships, Transfer of Care, Re-entry, Mental Health Services Pathways to Care Policy Directive, Policy Directive

Policy history Is this a new policy? **Y**
Does this policy amend or update an existing policy? **N**
Does this policy replace an existing policy? **N**

Applies to All SA Health Portfolio

Staff impact All Staff, Management, Admin,
All Clinical, Medical, Nursing, Allied Health, Emergency, Mental Health

PDS reference D0340

Version control and change history

Version	Date from	Date to	Amendment
1.0	01/06/2014	Current	Original version

Government of South Australia
SA Health

SA Health

Mental Health Services Pathways to Care Policy Directive

Care which promotes individual healing and growth

Government of South Australia
SA Health

Document control information

Document owner	The Office of the Chief Psychiatrist and Policy
Contributors	The Pathways to Care Policy Directive has been developed through broad consultation with the Local Health Networks, Not for Profit Organisations, Consumer and Carer Groups, Drug and Alcohol Services South Australia, SA Ambulance Service, Royal Flying Doctor Service, Veteran's Community and the Veterans Health Advisory Council, Health and Community Services Complaints Commissioner, Multicultural Communities Council of SA, The Royal Australian & New Zealand College of Psychiatrists, and professional bodies.
Document location	SA Health internet – 'policies page' SA Health intranet only – 'policies page' (only if publishing exemption requested and approved by Portfolio Executive)
Reference	
Valid from	May 2014
Review date	April 2019

Document history

Date	Author	Version	Change reference
13/05/2014	Project Officer, Office of the Chief Psychiatrist and Mental Health Policy, Mental Health and Substance Abuse	V2	PE Approved version
1/09/13	Project Officer, Office of the Chief Psychiatrist and Mental Health Policy, Mental Health and Substance Abuse	V1	Draft for consultation

Endorsements

Date	Endorsed by
13/05/2014	Deputy Chief Executive, System Performance

Approvals

Date	Endorsed by
13/05/2014	Portfolio Executive

1. Objective

The Pathways to Care Policy Directive developed in consultation with people who experience a mental illness, their support people and service providers, articulates an integrated way of working and delivering care.

South Australia has a stepped model of care, delivering a range of service types and settings to accommodate the varying needs of individuals requesting assistance with their mental health. All settings are part of an integrated whole, providing flexible care and treatment options to adjust to the changing needs of the person, their health and stage of life.

The Pathways to Care Policy Directive describes equitable and respectful care and treatment to people with a mental illness within the resources available. Pathways to care and treatment within an environment that provides people with flexibility and choice are described.

This Directive supports a strong partnership with the diverse network of care and treatment offered in the non-government organisation (NGO) and private sector and with other government agencies.

This Policy Directive is to be read / administered in conjunction with the Pathways to Care Policy Guideline.

2. Scope

The Pathways to Care Policy Directive applies to all mental health services (MHS) in South Australia that provide care to adults and older persons inclusive of specific Veteran Services, Forensic Services and youth services that are being established in 2014.

The Policy extends to the working relationship that these services have with partners such as emergency services, NGOs, Disability, Drug and Alcohol Services South Australia (DASSA) and primary health care.

The Pathways to Care Policy Directive covers the following areas:

PTC 01 Participation

PTC 02 Access to Mental Health Services

PTC 03 Care and treatment in Mental Health Services

PTC 04 Transfer of care within Mental Health Services

PTC 05 Working with other service providers

PTC 06 Exiting Mental Health Services

PTC 07 Re-entry to Mental Health Services

PTC 08 Transport

Policy related to children and adolescents under 16 years is provided by the Child and Adolescent Mental Health Services (CAMHS) and will be supported by policy guidelines where required.

Note: The term Aboriginal is inclusive of Aboriginal and Torres Strait Islander people throughout this document.

3. Principles

The guiding principles include: participation, inclusion, customer service, resource management and collaboration with partners.

3.1 Participation

MHS commitment to a participation principle is achieved through:

> people actively participating as early as possible in their individual care
> people participating at all levels of the MHS
> MHS involving participation from the beginning of planning and implementation of the service
> inclusion of a diverse range of people, their families and support persons
> election of participants through a transparent process, developing and drawing upon the expertise and resources of people with lived experience of mental illness
> embracing and enabling people with mental health issues, their families and their communities to interact and draw benefit from one another.

3.2 Inclusion

MHS commitment to an inclusion principle is achieved through:

> providing care in respectful and welcoming environments that embrace diversity
> removing barriers to people receiving the care they need when they need it
> providing people (and their support person/s) with information about their health and treatment options to assist them in making informed decisions
> supporting people to take personal responsibility for their life, mental health and wellbeing
> supporting people to embrace their strengths to live a meaningful and fulfilling life of their choosing
> protecting the rights of every person and their support person/s
> recognising the differences in language and experiences of people and providing interpreters and translators where required
> recognising the uniqueness of the person, respecting differences in culture, religion, spirituality and philosophy
> ensuring care and treatment is delivered in a manner that respects the person's uniqueness
> recognising the possibility that anyone accessing the service may have unresolved trauma underlying their mental distress
> taking into account the wishes of the person and support person/s in decisions relating to care
> providing a holistic approach to care for people with physical health issues, drug and alcohol issues and disability
> providing a holistic approach to care for those people who have experienced combat and trauma.

3.2.1 Inclusion specific to Aboriginal people

MHS commitment to an inclusion principle specific for Aboriginal people is achieved through:

> ensuring that the cultural diversity, rights, views, values and expectations of Aboriginal people are respected through the delivery of culturally appropriate services
> providing a positive environment which promotes engagement with Aboriginal people with a focus on equity of access to services
> assisting Aboriginal people to overcome barriers to living life to the full, paying attention to physical, spiritual, cultural, emotional and social well-being
> strengthening MHS partnerships with Aboriginal communities and other providers serving them.

3.3 Customer service

MHS work to provide quality customer service through:

> MHS work with people at the most vulnerable times in their lives. This is an extremely privileged area in which to work that requires commitment to authentic engagement and respect for the other person
> working collaboratively and respectfully with the partner services providing treatment, care and support to people in MHS
> commitment to:
  - being kind and showing interest in the person
  - listening with intent and checking you have understood the person's concerns
  - respecting differences in people
  - being helpful, courteous and knowledgeable
  - ensuring that the interests of the person are a priority
  - providing prompt, helpful and friendly responses to all enquiries
  - providing clear explanations to everyone
  - thoroughly and quickly investigating complaints
  - providing connection to the correct service if MHS is not the right service for the person
  - at all times, acting in a professional manner.
  - always maintaining hope, being persistent and finding new ways to engage with people.

Who are MHS customers?

> People with an experience of mental illness
> The person's support, family, friends and neighbours
> Emergency services - SA Ambulance Service (SAAS) and SA Police (SAPol)
> General hospital staff
> Primary health care providers
> General Practitioners (GPs)
> NGOs
> Private practitioners
> Private hospital staff
> Other government agencies
  - CAMHS
  - DASSA
> General public.

3.4 Resource management

MHS commitment to resource management is achieved through:

> ensuring that resources are geared for prevention and early intervention
> ensuring that people are responded to as early as possible managing resources to ensure that all people have equitable access to quality care
> ensuring there is a continual flow within and between MHS to step up and step down options
> ensuring that transition processes are simple, respectful and demonstrate integrated care
> using resources in the most efficient and effective manner
> providing flexible options for people experiencing a mental illness
> utilising hospital avoidance programs, where appropriate to maintain a least restrictive environment for the person.

3.5 Collaboration with partners

MHS commitment to collaboration with partners is achieved in the following ways:

> the person is fully involved in all aspects of their care and treatment and information is presented in a way that the person understands
> all partners are fully involved, ensuring respectful and equitable working relationships.

4. Detail of Pathways to Care Policy Directive

4.1 PTC 01 Participation

PTC 01-1 MHS undertake to know and understand the population of the catchment area it provides services for.

PTC 01-2 MHS values the unique knowledge of people with an experience of mental illness.

PTC 01-3 MHS provide people with information about MHS, care and treatment available, rights and responsibilities that is understandable to the person in their spoken language.

PTC 01-4 MHS provide welcome packs for people entering the service, their family and support persons.

PTC 01-5 MHS actively assist people to navigate the mental health system.

PTC 01-6 MHS value the voice and involvement of families and support person/s and respects their rights and safety concerns.

PTC 01-7 MHS ensure that families and support persons receive the ongoing information they require to fulfil their role as a partner in care.

PTC 01-8 MHS offer respectful, person centred relationships, practices and service environments that support hope and optimism.

PTC 01-9 MHS utilise cultural competency tools to achieve culturally competent services.

PTC 01-10 MHS provide open, transparent and accountable processes in the selection of people wanting to participate.

PTC 01-11 MHS have procedures that support participation throughout strategic and service planning.

PTC 01-12 MHS have a communication process that accesses a range of advice from people who wish to participate.

PTC 01-13 MHS have a communication process that enables feedback from those directly affected by the implementation of a new or different service.

PTC 01-14 MHS evaluate the processes for meaningful lived experience participation at all levels.

PTC 01-15 MHS have processes in place that supports equity of representation that is characteristic of the diversity within the population.

PTC 01-16 Mental health clinicians are trained and supported to involve people in all aspects of the MHS.

PTC 01-17 The MHS is inclusive of a structured peer workforce.

PTC 01-18 MHS provide training and support of the peer workforce.

PTC 01-19 MHS have procedures that minimise the risk of role conflict for the peer workforce and maintains personal confidentiality.

4.2 PTC 02 Access to Mental Health Services

PTC 02-1 MHS provide equitable access to all services.

PTC 02-2 MHS respond to all referrals in a timely manner.

PTC 02-3 MHS effectively manage the demand for their services.

PTC 02-4 The assessing mental health team determines the service that provides the person with the most appropriate care, treatment and support.

PTC 02-5 MHS work with peoples strengths to achieve the least restrictive environment for them.

PTC 02-6 The assessing clinician will provide an admission plan to accompany the person, outlining the desired outcomes of the admission.

PTC 02-7 The community mental health clinician accompanies the person (when possible) during the admission process, where a bedded service is required.

PTC 02-8 MHS have procedures in place for direct admission of the person from the community.

PTC 02-9 The Local Health Networks are accountable for the timely access to beds for all people from their catchment regardless of the place of presentation.

4.3 PTC 03 Care and treatment in Mental Health Services

PTC 03-1 MHS engage in a meaningful way, with people experiencing a mental illness, their family, support people/s and all relevant agencies.

PTC 03-2 MHS provide a diversity of choice within the design of care and treatment options for people.

PTC 03-3 MHS ensure the assessment of the person is inclusive of monitoring distress and risk to self and others.

PTC 03-4 MHS ensure a senior clinician assesses people who have made a suicide attempt or engaged in serious self-harm and this assessment results in a care plan inclusive of ongoing support.

PTC 03-5 MHS support the family and support person/s in accessing assistance following a suicide attempt or suicide of a family member.

PTC 03-6 MHS seek collateral information from family, friends and other service/s.

PTC 03-7 MHS have procedures for sharing information with the person, family, support person/s and other agencies.

PTC 3-8 MHS have procedures that support clinicians to enact section 106 of the *Mental Health Act 2009* when a person expressly restricts sharing of information that are respectful of the person's wishes and addresses their concerns.

PTC 03-9 MHS deliver care and treatment in the least restrictive environment possible.

PTC 03-10 MHS have procedures that ensure the person's children are cared for adequately by responsible adults or services whilst the person is admitted to a bedded service under the *Mental Health Act 2009*.

PTC 03-11 MHS have procedures that ensure the person's pets are cared for and their property is secured once the person is admitted to a bedded service under the *Mental Health Act 2009*.

PTC 03-12 MHS develop a current mental health plan with each person receiving a mental health service.

PTC 03-13 MHS have procedures to ensure the physical health of people with a mental illness is considered in the planning and provision of any mental health interventions.

PTC 03-14 MHS empower people to improve their self-management in mental and physical health.

PTC 03-15 MHS provide comprehensive information to the person, their family and support person/s on the medication prescribed and the practitioner checks the person's understanding.

4.4 PTC 04 Transfer of care within Mental Health Services

PTC 04-1 MHS ensure people experience no break in care/or delays when moving between services.

PTC 04-2 MHS provide flexible options for people to move between services as their needs change.

PTC 04-3 The assessing MHS decides the most appropriate service type in consultation with the person and their support person/s

PTC 04-4 MHS decision to transfer between services is based upon therapeutic need, the person's personal safety, the safety of others, broader psychosocial needs and service need

PTC 04-5 MHS documentation or communication processes do not delay the person's transfer to the next service.

PTC 04-6 MHS involve the person, their family and support person/s in the decision to transfer and provide updated information on the proposed date and destination.

PTC 04-7 MHS transferring and receiving teams work together to achieve seamless, delivery of services

PTC 04-8 MHS inform the referral source, service providers, family and support person/s when a transfer occurs.

PTC 04-9 MHS use the Identify, Situation, Background, Assessment and Recommendation (ISBAR) tool for all clinical handovers, with any additional information to meet the specific needs of the units.

PTC 04-10 The receiving MHS ensures the person, their family and supports are well orientated to the service.

PTC 04-11 The receiving MHS provides a face-to-face clinical and risk assessment to further develop options for care and treatment.

PTC 04-12 The transferring service follows up the person within 7 days and addresses any issues arising from the transfer.

4.5 PTC 05 Working with other service providers

PTC 05-1 MHS develop partnerships that benefit people experiencing a mental illness, their family and support people.

PTC 05-2 MHS support partnership development, valuing all members of the partnership.

PTC 05-3 MHS inform, consult, involve, collaborate and empower others in the partnership.

PTC 05-4 MHS place the person experiencing a mental illness at the centre of care.

PTC 05-5 MHS ensure that services are appropriate for the needs of the person.

PTC 05-6 MHS work in partnership with the person's family and support person/s.

PTC 05-7 MHS recognise and utilise the strengths and expertise of all partner agencies involved.

PTC 05-8 MHS have guidelines for sharing clinical information.

PTC 05-9 MHS work with the local community to achieve long term priorities to sustain and improve care provision.

PTC 05-10 MHS enter into formal working partnerships with others were there is a common need to improve service provision.

PTC 05-11 MHS work to overcome barriers to working in a partnership.

4.6 PTC 06 Exiting Mental Health Services

PTC 06-1	Planning to exit MHS begins early and continues throughout the episode of care within MHS.
PTC 06-2	MHS harness the person's capacity to be independent In preparation for exit.
PTC 06-3	MHS exit no person to homelessness.
PTC 06-4	MHS utilise hospital substitution programs to achieve the least restrictive environment for people seeking assistance including assistance with transition while exiting the service.
PTC 06-5	MHS utilise the expertise of the multi-disciplinary team in the decision to 'exit' a person from the MHS.
PTC 06-6	MHS involve the person and acknowledge their choice/s in the decision to exit MHS.
PTC 06-7	MHS collect the National Consumer Experience of Care Tool at exit.
PTC 06-8	MHS involve the family and support person/s in the decision to exit.
PTC 06-9	MHS check that the family and support person/s are able to cope with the level of care they are required to provide.
PTC 06-10	MHS ensure the person, their family and support person/s leave the service better informed.
PTC 06-11	MHS involve the GP and other service providers who continue care upon the person's exit.
PTC 06-12	MHS provide an exit plan to the person and their GP.
PTC 06-13	MHS ensure that all people exiting MHS receive details of Mental Health Triage Services.
PTC 06-14	MHS have procedures to ensure that exiting a mental health inpatient unit occurs as early as possible in the day.
PTC 06-15	MHS follow-up with the person to ensure the exit plan is occurring and is adequate for the person's needs.

4.7 PTC 07 Re-entry to Mental Health Services

PTC 07-1 MHS welcome back people who have received previous care.

PTC 07-2 MHS informs the referral source of the care plan.

PTC 07-3 MHS use the previous exit plan and assessments to inform the re-entry.

PTC 07-4 MHS ensure re-entry to the service is timely utilising the step-up system of care.

PTC 07-5 MHS have procedures that allow people who have been absent without leave to return to the treating team for assessment to determine the appropriate treatment level.

PTC 07-6 When returning to MHS in a state of homelessness the person's care is provided by the region where their predominant treatment history occurred.

4.8 PTC 08 Transport

PTC 08-1 MHS choose the most appropriate transport option for the person's safety and the safety of those transporting them. (Where other agencies provide transport MHS will consult and advise to contribute to the safest possible transport being provided).

PTC 08-2 MHS only use physical, mechanical and/or chemical restraint for safety or risk management reasons where there is no other least restrictive option.

PTC 08-3 MHS involve the person's family and support person/s whenever practicable and keeps them informed of the whereabouts and status of the person.

PTC 08-4 MHS consider the age, cultural and experiential needs of the person wherever possible in transportation.

PTC 08-5 MHS and other agencies work together to meet a person's health and safety needs.

PTC 08-6 MHS utilise the agreed forms for the safe transport of people where appropriate.

PTC 08-7 MHS seek wherever possible to ensure transport is conducted in ways that reduce trauma and stigma.

PTC 08-8 The Office of the Chief Psychiatrist and Policy provides oversight of all transfers interstate or overseas.

5. Roles and Responsibilities

The Pathways to Care Policy Directive applies to all mental health services in South Australia providing care to adults (between 18 years and 65 years) and older persons (over 65 years) inclusive of specific Veteran Services and Forensic Services.

Youth Mental Health Services (YMHS) are being introduced for 16 – 24 year and will be supported by this policy directive.

5.1 Executives

The Chief Executive of the Department for Health and Ageing, Chief Executive Officers of the Local Health Networks, Chief Psychiatrist, General Managers of Mental Health Services, and Clinical Directors of Forensic Mental Health Services, Area Mental Health Services and Emergency Departments will promote, monitor and evaluate the use of this Directive, and ensure managers and clinicians are trained and supported in their implementation.

5.1.1 Executives support services by:

> providing strategic direction for MHS
> providing policy that guides and instructs safe and effective care to people with a mental illness
> fostering an environment of learning and personal growth
> maintaining standards of best practice
> fostering an environment of no blame and reporting of incidents
> providing a safety system that monitors and reviews incidents and complaints from MHS.

5.2 Managers and clinicians

Managers and clinicians will implement this Directive, adhering to the principles of this directive and ensure they operate in accordance with the associated Pathways to Care Policy Guideline.

5.2.1 Managers are required to:

> provide a clear organisational reporting structure
> provide policy and procedures which support clinicians in their work
> provide opportunities for clinicians to be involved in service design, planning and policy development
> ensure clinicians are supported to maintain clinical skills and participate in professional development, mentoring and clinical supervision
> ensure structures are in place that support participation of people with a personal experience of mental illness
> ensure mechanisms are in place that support the transfer of care between services
> ensure all incidents are reviewed and recommendations guide service improvement.

5.2.2 Clinicians are required to

> respect the rights of the person and maintain professional standards when working with people with a mental illness, their family and support person/s
> be respectful and value the contribution of other clinicians and the lived experience workforce
> participate in professional development programs
> participate in the Mental Health Professional Online Development (MHPOD) modules e-learning tool
> seek out mentoring and participate in clinical supervision
> be responsive to service demand and unmet need, ensuring access to services is always maintained
> be knowledgeable in the recognition and treatment of comorbid disorders,
> ensure their practice does not deviate from the standards and protocols set by MHS
> record information in the electronic record
> report incidents according to MHS protocols and standards set
> actively participate in state-wide planning and policy development.

6. Reporting

All incidents related to the Pathways to Care Policy Guidelines and Policy Directive will be reported via the Safety Learning System.

1. A refusal of a service to accept an allocated assessed person into their service.
2. Returning a person to the emergency department following refusal to accept the person.
3. The handover from the transferring service lacking information which is critical for ongoing care.
4. A person waiting for a bedded service longer than 24 hours in an emergency department or longer than 72 hours in the community.
5. All deaths that occur, whilst a person is receiving care in MHS.
6. Exit to homelessness.
7. Acute medical deterioration in a Mental Health Unit requiring emergency response and/or transfer to a medical facility.
8. Admission of a child under 18 years to a facility not specifically set aside for the treatment and care of individuals of that age group.

7. EPAS Considerations

The Pathways to Care Policy Directive is in alignment with the EPAS work already occurring in South Australia for MHS.

8. Associated Policy Directives / Policy Guidelines

The following Policy Directives and Policy Guidelines are associated with the Mental Health Pathways to Care Policy Directive.

8.1 Policy Directives

Forensic Mental Health Patient Admission to SA Health Facilities Policy Directive

Aboriginal Cultural Respect Framework Policy Directive 2007

8.2 Policy Guidelines

Mental Health Services Pathways to Care Policy Guideline

8.3 Standards

Chief Psychiatrist Standard: Cross Border Arrangements – Transferring the care of Mental Health Patients between South Australia and Other States and Territories

South Australian Aboriginal Languages Interpreters and Translators Guide

9. Strategic Context

The Pathways to Care Policy Directive supports national and state strategic documents and standards.

9.1 National context

- The National Health Reform Agenda
- Fourth National Mental Health Plan 2009 -2014 and Roadmap 2012
- COAG National Action Plan on Mental Health 2006-11
- Mental Health Statement of Rights and Responsibilities 2013
- National Recovery Orientation Framework 2013
- The National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003 – 2013
- The National Compact: working together 2011- which articulates the shared values and principles of the Government and the not-for-profit sector
- National Standards for Mental Health Services, 2010
- The National Safety and Quality Health Service Standards (NSQHSS) June 2011
- National Safe Transport Principles 2011
- Framework for Veterans Health Care 2012-2016
- Consumer Focus Collaboration, *Improving health services through consumer participation: A resource guide for organisations*. Commonwealth Department of Health and Aged Care: Canberra, 2000.

9.2 South Australian context

- South Australia's Strategic Plan 2011
- SA Health Care Plan 2007-16
- Stepping Up: A Social Inclusion Action Plan for Mental Health Reform 2007 – 2012, South Australian Social Inclusion Board
- Aboriginal Health Impact Statement Policy Directive
- SA Health Reconciliation Action Plan 2008-2010
- South Australia's Mental Health and Wellbeing policy 2010-2015
- *Mental Health Act 2009*
- Memorandum of Understanding (MoU) between SA Health, SA Police (SAPOL), SA Ambulance Service (SAAS) and Royal Flying Doctor Service (RFDS) 2010
- *The South Australian Carers Recognition Act 2005*
- SA Health Mental Health Unit Summary Report: State-wide Aboriginal Mental Health Consultation February 2009
- Recovery-orientated Rehabilitation Framework 2010
- State-wide Mental Health Lived Experience Register 2012.

10. Education and Training

10.1 Education and Training

The Pathways to Care Policy Directive is supported by the MHPOD 1 and MHPOD 2 topics on the eLearning portal. All clinicians are encouraged to participate in this on-line training by visiting the MHPOD website http://www.mhpod.gov.au. The training topics support all aspects of the Policy by providing greater detail and understanding.

10.1.1 PTC 01 Participation

> Ethics (two topics)
> Rights and responsibilities (four topics)
> Consumers and Carers: Rights Roles and advocacy (four topics)
> Cultural Diversity and Awareness (three topics)
> Mental Health Across the Lifespan (eight topics)
> Health Promotion, prevention and early detection (three topics)
> Carer Participation.

10.1.2 PTC 02 Access to Mental Health Services

> Health Promotion, prevention and early detection (three topics)
> Rights and responsibilities (four topics)
> Recovery based practice (three topics)
> Consumers and Carers: Rights Roles and advocacy (four topics)
> Clinical Mental Health (three topics)
> Cultural Diversity and Awareness (three topics)
> Evidenced Based Practice and Quality Care (six topics).

10.1.3 PTC 03 Care and treatment in Mental Health Services

> Generic skills for practice; engagement, assessment and treatment (eight topics)
> Rights and responsibilities (four topics)
> Recovery based practice (three topics)
> Evidenced Based Practice and Quality Care (six topics)
> Clinical Mental Health (three topics)
> Interventions (three topics)
> Cultural Diversity and Awareness (three topics)
> Managing co-occurring conditions (six topics)
> Mental Health Across the Lifespan (eight topics)
> Impact of medical conditions.

10.1.4 PTC 04 Transfer of care within Mental Health Services

> Service integration and partnership (six topics)
> Recovery based practice (three topics)
> Rights and responsibilities (four topics)
> Consumers and Carers: Rights Roles and advocacy (four topics)
> Generic skills for practice; engagement, assessment and treatment (eight topics).

10.1.5 PTC 05 Working with other service providers

> Service integration and partnership (six topics)
> Recovery based practice (three topics)
> Rights and responsibilities (four topics)
> Consumers and Carers: Rights Roles and advocacy (four topics)
> Generic skills for practice; engagement, assessment and treatment (eight topics)
> Clinical Mental Health (three topics)
> Interventions (three topics)
> Cultural Diversity and Awareness (three topics)
> Managing co-occurring conditions (six topics).

10.1.6 PTC 06 Exiting Mental Health Services

> Service integration and partnership (six topics)
> Recovery based practice (three topics)
> Rights and responsibilities (four topics)
> Consumers and Carers: Rights Roles and advocacy (four topics)
> Cultural Diversity and Awareness (three topics)
> Managing co-occurring conditions (six topics).

10.1.7 PTC 07 Re-entry to Mental Health Services

> Health Promotion, prevention and early detection (three topics)
> Rights and responsibilities (four topics)
> Recovery based practice (three topics)
> Consumers and Carers: Rights Roles and advocacy (four topics)
> Clinical Mental Health (three topics)
> Cultural Diversity and Awareness (three topics)
> Managing co-occurring conditions (six topics)
> Generic skills for practice; engagement, assessment and treatment (eight topics).

10.1.8 PTC 08 Transport

> Rights and responsibilities (four topics)
> Recovery based practice (three topics)
> Consumers and Carers: Rights Roles and advocacy (four topics)
> Evidenced Based Practice and Quality of Care (six topics)
> Culturally diversity and awareness (three topics)
> Carer participation
> Impact of medical conditions
> Generic skills for practice; engagement, assessment and treatment (eight Topics).

11. National Safety and Quality Health Service Standards

The Mental Health Pathways to Care Policy Directive aligns with *The Australian Commission on Safety and Quality in Health Care 10 National Safety and Quality Health Service Standards* (the Standards) in the following ways.

									
National Standard 1	National Standard 2	National Standard 3	National Standard 4	National Standard 5	National Standard 6	National Standard 7	National Standard 8	National Standard 9	National Standard 10
Governance for Safety and Quality in Health Care	Partnering with Consumers	Preventing & Controlling Healthcare associated infections	Medication Safety	Patient Identification & Procedure Matching	Clinical Handover	Blood and Blood Products	Preventing & Managing Pressure Injuries	Recognising & Responding to Clinical Deterioration	Preventing Falls & Harm from Falls
✓	✓		✓		✓			✓	

12. Evaluation of Performance and Compliance

A comprehensive approach will be taken in the monitoring and evaluation of services against the Pathways to Care Policy Directive.

This will be achieved through:

> The measurement of Key Performance Indicators collected by MHS.

> Rolling audits of practice in Mental Health Services by the Office of the Chief Psychiatrist and Policy within the powers in the *Mental Health Act 2009*.

> Data provided by the Community Visitors Scheme.

> Data collected from the Safety Learning System.

> The evidence of procedures written by MHS against the Pathways to Care Policy Guideline and Directive.

> The monitoring of targets set against the Policy Directive which will change over time as the focus areas change.

> Utilisation by staff of the MHPOD e-learning programs.

13. Attachments

14. Definitions

In the context of this document:

Acute care means:	Specialist psychiatric care for people who present with acute episodes of mental illness.
Community means:	MHS and teams that provide mental health care services in the community, outside of hospital settings.
Culturally appropriate means:	Services are culturally appropriate if they respect and take into account the cultural background, spiritual beliefs and values of a person and incorporate this into the way healthcare is delivered to that person.
Least restrictive means:	The concept of allowing the person to be cared for in an environment which places the least amount of restriction on freedom of movement while maintaining the safety of the person and others.
Support person/s means:	A person who provides ongoing care or assistance to a person with a mental illness, usually a family member and including young support person/s. This does not include a person who provides care or assistance pursuant to a contract for services.

For more information

For further information please contact the Office of the Chief Psychiatrist and Policy: ocp@health.sa.gov.au

If you require this information in an alternative language or format please contact SA Health on the details provided above and they will make every effort to assist you.

www.ausgoal.gov.au/creative-commons

 ISBN: 978-1-74243-654-8
FIS: 14054.1. Printed May 2014.

Government of South Australia

SA Health