

Service Specifications – Mental Health Nurse Care

What is Mental Health Nurse Care

Primary mental health nurse care services for people with severe mental illness being managed in primary care, including clinical care coordination for people with severe and complex mental illness including through the phased implementation of primary mental health care packages and the use of mental health nurses.

DDWMPHN will continue to contract Mental Health Nurses to maintain services to clients with severe and complex mental illness. The scope of the position of the mental health nurses will be based across Local Government Areas, not just within general practice. The commissioning framework will include interface with community funded programs for this population (ie.PIR, PHaMS) and will be integrated into the stepped care model of service delivery.

Clinical services to people with severe mental illness to be commissioned by the PHN are which:

- provide evidence-based intervention (e.g. cognitive behavioural therapy) to people with severe mental illness who can be appropriately managed in the primary care setting as part of their overall treatment;
- complement and enhance existing GP, psychiatrist and allied mental health professional services available through the Medicare Benefits Schedule (MBS);
- offer the right frequency and volume of services to meet the needs of people with severe mental illness (e.g. the right number of occasions of service at the right time);
- are provided by a suitably skilled and qualified workforce, working within their scope of practice, matched to the needs of those accessing the services;
- are consistent with relevant standards and legislative/regulatory requirements, and align with the standards articulated in the National Standards for Mental Health Services 2010;
- promote recovery, and align with the National Framework for Recovery Oriented Mental Health Services 2013 where relevant;
- are coordinated with other health and support services already provided to people with severe mental illness and complex needs;
- provide links to other services within a stepped care approach to ensure people are matched to a service commensurate with their mental health need; and
- address the needs of young people with or at risk of severe mental illness.

Who is eligible for Services under this level of Service

The Services for severe mental illness are defined as people experiencing severe and complex mental illness who are currently being managed in the primary care setting via a General Practitioner (GP) and/or a Psychiatrist.

There are often three sub-categories of severe mental illness being:

- Severe episodic mental illness which refers to individuals who have discreet episode of illness together with periods of minimal symptoms and disability or even remission.
- Severe and persistent mental illness which refers to individuals with a severe mental illness where symptoms and/or disability continue at high levels without remission over long episodes (years rather than months) and;
- Severe and persistence mental illness with complex needs is the most disabling of the severe category and requires significant clinical care (including at times hospitalisation), along with extensive support from multiple agencies to assist in managing most of the day to day living roles.

A proportion of all three groups may have fall under this category and be supported through this funding.

What is not considered in scope for this activity

There would be diagnosis that may be supported under this and other programs but as noted above, it is dependent on the severity of need and level of disability. For those clients who are successful in obtaining NDIS funding packages may no longer be eligible for this funding but may be able to negotiate the same supports with the provider if they are NDIS registered.

Activities that are not able to be provided under this funding are those that:

- are not supported by an empirical evidence base;
- duplicate other existing services provided by other organisations, including state and territory government services, the NDIS, MBS, or other national initiatives;
- provide services that would be more appropriately delivered within an acute or hospital setting or by state specialised mental health services; and
- are solely focused on providing broader social support services that are the responsibility of the disability support/non-health sector.

Target groups that are not in scope for this activity include:

- Children aged 0-11
- People residing in Residential Aged Care Facilities.
- Consumers currently being managed by one of the Mental Health Teams in either the Darling Downs Hospital and Health Service or the West Moreton Hospital and Health Service.
- Consumers under the care of a private hospital or where services are claimable through other arrangements e.g. Private health insurance, DVA, WorkCover.

Workforce

The mental health nursing workforce needs to be flexible and responsive and able to work with people across the life span, and in a variety of work place settings including outreach to client's homes.

It is expected that the mental health nurses engaged demonstrate that they have the appropriate skills and experience required. This may be through individual assessment by relevant employers/contractors or through acceptance of the credentialing offered by the Australian College of Mental Health Nurses (ACMHN).

Mental health nurses funded should be, at a minimum, Registered Nurses with specialist mental health nursing qualifications and experience, and eligible for membership of the Australian College of Mental Health Nurses (i.e. Registered Nurses working in the field of mental health).

These mental health nurses will require a broad range of skills to perform their role effectively. It is expected that they will have knowledge and experience in the following specific areas:

- establishing a therapeutic relationship
- mental health assessment and monitoring
- clinical care and treatment planning
- risk assessment and monitoring
- pharmacology
- psycho-education
- physical health care
- awareness of health care environment and other services
- treatment team coordination, supervision and case discussion
- health promotion and coaching
- contributing to the clarification of diagnosis
- pre- and post-outcome monitoring
- collaboration with clients, carers, stakeholders to develop partnerships.

Guidance on specific mental health nursing capabilities should be based on both the ACMHN Standards of Practice for Mental Health Nurses 2010 and the Department of Health's National practice standards for the mental health workforce 2013.

Key Criteria

Linkages and referrals options are also required to ensure that people with severe mental illness who cannot be appropriately managed in the primary care setting are supported in more suitable services such as specialist community and inpatient mental health services. Commissioned services should ensure they have entry, exit and referral protocols and process are designed and available for GP's, psychiatrists and other specialist services.

It is also recognised that commissioned services should promote the importance of management of the physical health of people with severe mental illness; explore the non-clinical services available in the region (network) including the NDIS, to support people with severe mental illness in line with the stepped care framework where appropriate to enable a more flexible and innovative service response to each individual.

Mental health nurses support clients and their families during life crises and transition periods. They liaise discretely and effectively with a range of health care providers, provide information and education on mental health maintenance and restoration, coordinate care and provide talking therapy. Mental health nurses work across the full range of clinical and service settings and across urban, regional, and rural areas – they play a significant role in the health care system and have the qualifications, skills and experience to provide high quality mental health nursing care in all contexts.

It is expected that mental health nurses will work with general practitioners and/or psychiatrists to provide coordinated clinical care for people with severe and complex mental illness. This care will be delivered in line with a GP Mental Health Treatment Plan or equivalent, developed by the GP or psychiatrist.

- It is expected that mental health nurses will provide a range of services including:
 - agreed clinical care within the scope of practice of the mental health nurse in accordance with the agreed collaborative treatment plan;
 - monitoring a client's mental state;
 - liaising closely with family and carers as appropriate;
 - administering and monitoring compliance with medication;
 - providing information on physical health care, as required and, where appropriate, assist in addressing the physical health inequities of people with mental illness; and
 - improving links to other health professionals/clinical service providers.
- These may be delivered face to face or via telephone depending on client needs.
- The focus of these services is on clinical support and is not designed to provide psychosocial support to clients.
- The ultimate aim of clinical care and coordination delivered by mental health nurses is to support clients to effectively manage their symptoms and avoid unnecessary hospitalisation.

It is expected that the person will have a Mental Health Treatment Plan development by their GP or be referred by a psychiatrist or paediatrician. It is noted that Mental Health Treatment Plans can be sent directly to Mental Health Practitioners and do not need to be attached directly into rediCASE. The PHN maintains no co-payment for clients as this service is directed at a population who require no additional barriers to accessing services.

The service provider will promote and support adoption and use of the My Health Record system to providers and consumers within West Moreton and Darling Downs region through their service delivery where appropriate. The DDWMPHN digital health team is available to support this service provider in registering, training and promotion of the My Health Record system.

The DDWMPHN has initiated an electronic referral system, RediCase, which will manage the referrals of clients and demand management of providers. The Care Coordination and Referral Agency (CCaRA) will also be able to provide coordination and referral management to the appropriate Service Provider. Allied mental health clinicians will be encouraged to work inclusively with GPs and other relevant professionals, participate in case conferences, and develop shared care plans.

In addition, DDWMPHN will support providers to access the referral system for a single, visible referral pathway that supports access to psychological services for prioritised target groups. People who are not a part of an identified priority target group will be assisted by care coordinators to access an alternative service (e.g. MBS). The aim of this activity is to ensure that psychological services are available and prioritised for people who experience disadvantage when accessing mental healthcare services.

It is important to note that there is an important interface between the DDHHS and WMHHS and the components of the mental health nurse care program as the consumer group are likely to utilise services across the stepped care approach.

For consumers who are currently being case managed by the either of the above-mentioned HHSs, at the time of discharge, their care would be transitioned to their GP or private psychiatrist. If the GP identifies that the consumers' symptoms are escalating, and the GP did not believe a referral back to the acute setting was required, a referral to the mental health nurse services would be appropriate.