



Canberra  
Health  
Services



**ACT**  
Government

# Model of Care – Adult Community Mental Health Services

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## Approvals

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# 1. Introduction

The Model of Care (MoC) for Canberra Health Services (CHS) Adult Community Mental Health Services (ACMHS) sets out an evidence-based framework for practice. The ACMHS comprises Access Mental Health, Police, Ambulance and Clinician Emergency Response (PACER), Home Assessment and Acute Response team (HAART), Intensive Home Treatment (IHT), Community Recovery Service (CRS), Assertive Community Outreach Service (ACOS) and the Mental Health Link team.

The MoC guides the delivery of the right care, at the right time, by the right person / team and in the right location across the continuum of care. A clearly defined and articulated MoC helps ensure that all stakeholders are 'viewing the same picture', working towards common goals and evaluating performance on an agreed basis. This section provides the relevant context and understanding of the MoC.

The MoC:

- Outlines CHS ACMHS vision and principles, and the elements of care
- Provides the basis for how to deliver evidence-based care to consumers every day through integrated clinical practice, education and research
- Contains information on consumer journeys (the areas from where consumers enter and exit the service) and service coordination
- Details the approaches to risk assessment and management
- Sets out the approach for governance, supporting safety and continuous improvement.

A MoC is a dynamic document that is updated over time to support new evidence and improved ways of working. Any updates will occur through consultation and will be supported by relevant change management principles and processes to ensure clear engagement and communication.

This MoC will be reviewed and updated every 5 years. The following subsections describe the context in which this MoC has been drafted and the overarching purpose of the updated MoC for CHS ACMHS.

Detailed information on specific processes of how care is provided is outlined in the ACMHS Operational Procedures, and relevant CHS policies, procedures and guidelines.

## 1.1 Background

ACMHS provide specialist community based mental health assessment and treatment services for adults in the ACT experiencing moderate to severe functional impairment due to serious mental illness/disorder with associated complex needs and risk.

ACMHS is an integral part of Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) within CHS further integrates with community agencies, primary health and other government agencies within the broader Mental Health sector.

## 1.2 Purpose of this document



This MoC describes and guides delivery of recovery-oriented community mental health care services within ACMHS. It provides an overview of the vision and principles underpinning the service, what, when and where services are delivered and linkages with other services.

## 1.3 The legislative foundations

The MoC ensures that the approach to care, recovery, treatment, security and a person's requirements for privacy and dignity are considered within the guiding principles of the *Human Rights Act 2004* and the *Mental Health Act 2015*. ACT mental health legislation outlines the circumstances in which a person with a mental illness or disorder can be assessed, treated, cared for and supported. Appropriate treatment and care should be provided in the least restrictive environment possible. CHS staff, as public authorities under the Human Rights Act 2004, are required to consider, and act consistently with, human rights in the exercise of related powers or decisions.

## 2. Principles

To ensure consistency across services provided by CHS, the MoC aligns with the CHS Vision and values. This section provides an overview of the CHS Vision, role and values, and a clear vision and principles for the Centre which underpin the MoC.

### 2.1 Canberra Health Services vision, role and values

Our vision and role reflect what we want our health service to stand for, to be known for and to deliver every day. The vision and role are more than just words, they are our promise to each other, to our participants and their families and to the community. We all have a role to play in delivering on this promise:

- CHS Vision: Creating exceptional health care together
- CHS Role: To be a health service that is trusted by our community

Our values together with our vision and role, tell the world what we stand for as an organisation. They reflect who we are now, and what we want to be known for. They capture our commitment to delivering exceptional health care to our community. Our values:

- We are reliable - we always do what we say
- We are progressive - we embrace innovation
- We are respectful - we value everyone
- We are kind - we make everyone feel welcome and safe.

Our Strategic Plan sets out our path forward as an organisation for the next three years. It is values driven—it outlines how we will deliver against our vision of 'creating exceptional health care together' for our consumers, their families, and carers. Our Partnering with Consumers Framework provides clear principles for a shared understanding of our approach and what is required from all team members for effective partnerships with consumers and carers in line with our organisational values. The principles have been developed in collaboration with our consumer and carer organisations and underpin this Framework.



## 2.2 ACMHS vision

A dedicated vision for ACMHS has been developed with stakeholders which gives a shared picture of the future we want to create. The overarching vision statement for the ACMHS MoC is:

**'Optimising recovery through excellence in community mental health care.'**

These words represent key elements that the ACMHS strive to achieve:

**Optimising recovery** – Making the most of every opportunity to collaboratively engage a person in strengths-based quality of life goals that engender hope, maximise self-determination, and improve functioning and social inclusion.

**Excellence** – providing specialist mental health assessment and treatment which is supported by evidence and best practice, that is well-governed and delivered by highly-trained staff who constantly strive for integrity and quality outcomes in their daily practice.

**Community mental health care** – offering multidisciplinary intervention and support to a person in their own home or community, including as an alternative to hospital admission.

## 2.3 ACMHS principles

The ACMHS principles establish a standard against which actions can be assessed, and guide and direct decision making to achieve the shared vision. The Vision and Principles of Care are underpinned by national and territory expectations, frameworks and strategies including:

- National Safety and Quality Health Service Standards (NSQHSS)
- National Standards for Mental Health Services (NSMHS) 2010
- National Framework for Recovery-Oriented Services 2013
- ACT Charter of Rights for People who Experience Mental Health Issues

ACMHS service provision is:

### Recovery-oriented and person-centred

Service provision is hope-inspiring, strengths-driven, and collaborative. It assumes people with severe mental illness/disorder can lead fulfilling lives and contribute meaningfully to their communities and society more broadly. There is a culture of hope, empowerment and inclusion and a holistic approach to treatment, care and support. The role of social networks, family support and community are recognised as an important part of the recovery process.

### Integrated, multidisciplinary and evidence-based

ACMHS are central coordinators in the care continuum of MHJHADS services for adults with a mental illness/disorder. They are pivotal in facilitating effective access, engagement and care within a recovery-oriented service, and seamless transitions between other services through collaboration, quality clinical handover and a person-centred focus.



Treatment and care are supported by best practice evidence, ensuring professional development opportunities, specialist training and other supports are available to all ACMHS staff.

### Embracing of diversity and complexity

ACMHS values a workforce that is strong on diversity and multi-disciplinary principles, ensuring a range of training, skills, knowledge and experience for the provision of comprehensive services and interventions.

The diversity and complexity of people accessing ACMHS is acknowledged through the promotion of informed, flexible and adaptive practices. On both an individual and broader community level, ACMHS seeks to reduce the stigma and marginalisation of people with mental illness/disorder who have diverse and complex needs.

### Timely, accessible and responsive

The ACMHS are committed to being accessible to individuals and to meeting the needs of the community in a timely manner. Services are responsive and available in the person's home or community wherever possible, and timely appropriate information is shared with other health care providers involved with the consumer.

### Trauma informed

Trauma-informed approaches are an integral part of recovery-oriented services, and as such are embedded within the ACMHS MoC. Trauma is a broad term and includes personal lived experiences as well as cultural, inherited (intergenerational) history and collective trauma. All clinical practices and interventions within the ACMHS are trauma informed.

### Committed to Supported Decision Making

ACMHS facilitates and encourages people with a mental illness/disorder to participate in and make informed decisions about their assessment, treatment, care or support. Time is taken to provide support for decision making, preferences and choices including facilitation of creation of Advance Agreements, Advance Consent Directions and the appointment of Nominated Persons.

### Committed to safety, quality and harm reduction

The management of safety, quality and harm reduction is a core function and responsibility of all CHS services and employees. ACMHS promote a culture of governance and leadership, continuous quality improvement, including engaging in research activities, and incorporating the feedback, views and opinions of consumers, their families and carers to improve services and ensure quality care.

ACMHS also have a responsibility to manage and reduce the harmful risks associated with mental illness/disorder wherever possible, for the protection of the individual, staff and the broader community. These risks include but are not limited to: self-harm and suicide; threats of verbal or physical aggression to others; as well as risks to a person's emotional wellbeing,



financial, occupational, social or reputational status and potential impacts on their interpersonal relationships

### 3. Benefits

This MoC will deliver the following benefits:

- Clarity on the role and functions of the ACMHS
- Improved consumer experience through clear pathways to ensure the right response for the right people at the right time
- Defined clinical management functions and target population to ensure increased safety and quality of care for people with serious mental illness/disorders
- Effective and appropriate community-based treatment and care to reduce need for hospitalisation
- Improved workplace culture that reflects clarity of vision, role expectations, and improved staff wellbeing.

### 4. Description of Service

#### 4.1 Stepped care

Whilst all people who experience mental health concerns require timely access to high quality treatment and support, not all will require specialist mental health services, particularly at the acute end of the care continuum. Stepped care promotes person centred care. A person is offered interventions and supports at an intensity that best meets their needs and can step up or down to higher or lower intensity services as needed. ACMHS provides specialised care within the continuum according to the access criteria and works with other agencies to support an individual's needs at any one time.

#### 4.2 Types of interventions and services

ACMHS provides a range of interventions including triage, assessment, crisis intervention, ongoing treatment, care coordination, case review, therapies and planned exit from the service. Services are provided across a range of locations, including by phone or telehealth, community health centres, outreach into people's homes and other community settings, and in reach into hospital settings. ACMHS has a close partnership with mental health services based at Canberra Hospital, University of Canberra Hospital (UCH) and North Canberra Hospital (NCH) to ensure integrated person-centred care pathways across inpatient and community treatment settings.

Recovery-based interventions and treatment options offered by the ACMHS teams are tailored to the individual's needs.

#### 4.3 Service components

The ACMHS MoC service delivery is organised into core functional components that provide integrated healthcare pathways, as shown in Table 1. Structuring service components in this way aims to increase capacity of ACMHS to uphold the focus and principles of care, respond



effectively to community demand, and to effectively support and retain a satisfied specialist workforce.

**Table 1 ACMHS service components**

<p>Access Mental Health (AMH)</p> <ul style="list-style-type: none"> <li>- Access Mental Health Triage (24/7)</li> <li>- Access Mental Health Comprehensive</li> </ul>
<p>Home Assessment &amp; Acute Response (HAART)</p> <ul style="list-style-type: none"> <li>- Rapid response</li> <li>- Police Ambulance and Clinician Early Response (PACER)</li> <li>- Intensive Home Treatment (IHT)</li> </ul>
<p>Community Recovery Service (CRS)</p> <ul style="list-style-type: none"> <li>- Community Extended Care (CEC)</li> </ul>
<p>Assertive Community Outreach Service (ACOS)</p>
<p>Mental Health Link (MH Link)</p>
<p>Individual Therapies (Therapies)</p>
<p>Neuropsychology</p>

### 4.3.1 Access Mental Health Team (AMHT)

#### Access Mental Health Triage (24/7)

Access Mental Health (AMH) provides a centralised entry point for mental health services. AMH clinicians provide 24hr triage, mental health screening of presenting issues, needs, risks and initial planning with the person to link them with the most appropriate service to meet their needs. The Access function is critical to identify and mitigate potentially life-threatening risks for people who call the service.

The AMHT operates 24 hours a day, 7 days a week, 365 days per year.

#### Access Mental Health Comprehensive (Comprehensive)

Comprehensive provides standardised assessment processes and a more consistent and comprehensive service response ensuring equity of access.

### 4.3.2 Home Assessment and Acute Response Team (HAART)

HAART is a highly mobile and intensive service focused on providing a rapid mental health response (Rapid Response) to referrals provided by the AMHT. HAART provides brief interventions for people experiencing an acute exacerbation of a mental illness/disorder and/or



severe psychological or emotional distress. They can provide intensive home treatment to manage consumers with higher acuity within the community setting to potentially avoid hospitalisation.

Acute treatment responses are provided where there is a marked deterioration in a person's mental health resulting in significant functional impairment and/or concerns of increased risk of harm to the person or others to the point that they are risk of needing inpatient care. Increased service contact and more intensive community-based management is required to reduce further deterioration.

HAART operates extended hours, 7 days a week, 365 days a year and offers a range of treatment, care and support options in a person's home or other community environment.

#### Rapid response

Responds to acute crisis and supports consumers experiencing an acute exacerbation of a mental illness, disorder and or severe psychological or emotional distress in the community.

#### Intensive Home Treatment

The Intensive Home Treatment (IHT) team provides continued acute response for up to 2 weeks and is focused on supporting home-based care wherever safe and appropriate to do so, and if not coordinates acute mental health admissions.

IHT support people to transition from acute inpatient services back to the community where complex multidisciplinary intervention can continue in a person's home as an alternative to ongoing hospitalisation. IHT interventions are recovery-based and tailored to the individual to address the needs identified in the initial assessment or discharge plan.

IHT operates on an extended roster, 7 days a week, 365 days per year.

#### Police, Ambulance, Clinician Early Response (PACER)

PACER is a tri-service mental health co-response program operating in partnership with ACT Policing and ACT Ambulance Services (ACTAS). PACER supports inter-agency cooperation and collaboration to deliver a more streamlined and timely early intervention response for people experiencing mental health crisis in the community. PACER consists of a police officer, ambulance paramedic and mental health clinician working together to respond to, assess and help people experiencing a mental health crisis in the community.

PACER operates extended hours, 7 days a week, 365 days per year.

### 4.3.3 Community Recovery Service (CRS)

The CRS provide a recovery-focused, strengths-based approach to clinical case management to improve wellbeing and enhance functioning in the community. CRS interventions are tailored to the individual to address the needs identified in the initial assessment or discharge plan. The person will be allocated an individual clinical manager and a treating medical officer. Regular follow up and engagement is determined by the assessment outcomes, formulation of treatment needs and personalised recovery goals. CRS may involve the specialities of other ACMHS and



MHJAHDS teams, plus external support providers, to assist the person towards recovery beyond what can be achieved solely through CRS contacts.

#### Community extended care

Community Extended Care (CEC) are sub teams within the CRS teams. They support people who are well progressed into their recovery journey, e.g., those transitioning out of the CRS into GP/primary care and those continuing with CRS but requiring minimal supports. Clients may remain with their regular clinical manager or transfer to the CEC. CRS teams operate weekdays from community health centres.

#### 4.3.4 Assertive Community Outreach Service (ACOS)

The ACOS is a highly specialised and intensive a multidisciplinary team-based service providing treatment and care for people with chronic and highly complex needs including barriers to treatment and care engagement. ACOS provides care beyond the more routine pharmacological, psychological and other psychosocial interventions typically delivered in CRS.

ACOS delivers treatment over a sustained period to enable the person to improve in social and other areas of functioning, require fewer hospital admissions and engage more actively in treatment. The complexity of presentations requires a more flexible and adaptive approach to supporting a person's recovery. This includes significant collaboration and negotiation with a number of external agencies due to the multiple social determinants of health factors present for people accessing ACOS. A structured holistic, flexible and intensive treatment plan is developed in collaboration with the key worker, the person, family, carer and Nominated Person addressing both short-term and longer-term goals

The service is provided over extended hours in a range of locations.

#### 4.3.5 Mental Health Link Team

Mental Health (MH) Link provides highly specialised treatment and care through a range of multidisciplinary services primarily for individuals with severe mental health needs experiencing challenges in accessing treatment and care. MH Link supports transition to community living from MHJHADS acute and rehabilitation inpatient care areas through in-reach consultation liaison services. MH Link also supports community adult consumers to step up to sub-acute therapeutic residential accommodation.

MH Link streamline existing supports for MHJHADS adults in the areas of custodial, transitional, residential, and clinical sub-acute accommodation through partnering with consumers and carers, government and community services.

MH Link deliver care and treatment to enable the person to improve in social and other areas of functioning, require fewer hospital admissions and engage more actively in treatment.

MH Link provides the following programs:

Clinical Sub Acute Supported Accommodation (Step up, Step Down residential programs)



Provide consultation liaison and work with both inpatient and community stakeholders to facilitate intake into Step-Up Step-down houses and associated recovery programs.

#### Clozapine coordinator

Supports the safe prescribing and monitoring of Clozapine including coordination, education and consultation.

#### Homeless Outreach Team (HOT) Service

Provide transitional care for adult consumers who have moderate to severe mental health care needs and who are experiencing primary homelessness. MH Link arrange transitional care following discharge from inpatient care areas, including helping the person to secure accommodation, access community social and medical services, link with services and step up to CRS or step down to GP care.

#### In-Reach Consultation and Liaison

Support adults with barriers to discharge to transition from MHJHADS acute and rehabilitation inpatient care areas to community living through consultation and liaison with treating teams and stakeholders.

#### MH Supported Accommodation

Facilitate short and longer-term supported accommodation housing through consultation liaison and partnering with consumers, carers and NGO's.

#### Brief Intervention Program

Coordinate the provision of up to four brief psychological sessions, drawing on a roster of clinicians from across the MHJHADS division.

#### Partnership

MH Link partners with Wellways, Woden Community Services, STRIDE and the ACT Corrective Services community housing initiative to support consumers to connect with the community and to enable psychosocial recovery. MH Link also partners with the Way Back Support Service who provide community support post suicide attempt.

### 4.3.6 Neuropsychology

Provide neuropsychological support and assessments for individuals being treated under MHJHADS for a range of thinking skills such as attention, memory, language, planning and reasoning. The service supports people with mental illnesses, genetic conditions, brain injury or disease to improve cognitive skills and assist with the planning and organisation of day-to-day activities.

### 4.3.7 Therapies Team



All ACMHS teams utilise the diversity and expertise of a multidisciplinary team (MDT) for evidence-based approaches to assessment, treatment and care. The Therapies Team provide discipline specific, evidence-based therapies and assessments delivered in a more concentrated and structured manner than is typically possible within other ACMHS services. This includes access to individual psychological, psychosocial and other specialist interventions that are a core component of a multimodal approach to the treatment of major mental illness/disorder.

The interventions draw upon the individual expertise of clinicians who are assessed as suitably experienced or qualified to deliver specific therapies and specific assessments. The duration of therapy is based on the specific therapeutic approach adopted in accordance with best practice evidence and considers the client's progress and response to treatment. An MDT review of progress is conducted after the initial 12 sessions of therapy (or earlier/adhoc as required) to inform ongoing service provision for the client.

The team provides psychosocial and other interventions that include:

- specific assessments (such as occupational therapy or functional assessments; family assessments),
- specific therapies such as Cognitive Behaviour Therapy, Family Therapy, Dialectical Behaviour Therapy and occupational therapy interventions based on the consumer's needs and preferences.

Clinicians have quarantined time away from crisis or case management functions to enable structured approaches to therapy. Clinical Practice Guidelines and research demonstrating therapy efficacy are used to inform the interventions planned by the team. The clinical plan is discussed with the person as part of developing the Recovery Plan.

The Team also provides consultation and liaison services to support clinicians in other ACHS teams deliver effective assessment or clinical management. This may include information, education or support to a clinician involved in the care of a person who, for a variety of reasons, is not able to engage in more intensive therapy. Multidisciplinary Team (MDT) reviews between the Therapies Team clinicians and other service and program areas provide an integrated approach to person centred treatment and shared clinical decision making.

## 5. Consumer population and eligibility

### 5.1 Eligibility Criteria

ACMHS teams and programs provide screening, assessment and a range of clinical and psychosocial interventions for adults living within the community. Access and ongoing care within the ACMHS are prioritised for people who are:

- Adults aged 18 – 64 years, and
- experiencing mental illness or mental disorder, with
- significant psychosocial functional impairment, and/or
- high risk of harm to self or others or of misadventure, and have



- complex needs and intervention requirements.

There is some flexibility in terms of age eligibility for most ACMHS service components:

- Some adults younger than 18 may be developmentally more suitable for adult services
- Adults aged over 64 years with no issues of aging that impact on their physical or mental functioning may continue care with ACMHS
- Adults younger than 64 years may have issues of ageing that require older persons services as opposed to ACMHS
- ACMHS work in close collaboration and partnership with Child and Adolescent Mental Health Service (CAMHS) and the Older Persons Mental Health Community Team (OPMCT) to identify the appropriate age-related mental health services based on the needs of the individual.

Careful consideration is given to the individual needs of consumers within the ACMHS to ensure a safe and therapeutic environment for all. Decisions about suitability are made collaboratively by the referring and receiving MDT. Wherever possible this is discussed with the consumer and carer. There are consumers who present with diverse backgrounds and needs that may require additional consideration. These include:

- Aboriginal and Torres Strait Islander people
- People with disability including physical, intellectual and cognitive disability
- People with neurodiversity
- LGBTIQ+ communities
- People from culturally and linguistically diverse backgrounds
- People with addiction and substance use disorders

The following subsections describe the specific eligibility and exclusion criteria for the ACMHS sub teams.

#### Access Mental Health (AMH)

Access Mental Health (AMH) provides a centralised service entry point for public mental health services in the ACT. Calls are received from all ages. Calls regarding people outside the 18 – 65 age group are referred to the appropriate team. Referrals may be self-referral, referred by others including emergency services, internal referrals from other MHJHADS program areas. Presentations may be by phone, fax referral, email, 'walk in' (e.g. presenting to a community health centre without appointment).

#### HAART

Suitability for HAART

Clinical assessment or triage response establishes that the referred person is:

- Experiencing an acute exacerbation of their mental illness/disorder
- Able to safely receive care within a community setting
- Assessed as likely to require inpatient admission but where earlier and intensive support could possibly avert admission and/or escalation of circumstances necessitating an admission



- Appropriate for discharge from an inpatient setting but requires intensive support to provide for a safe transition back to the community.

HAART interventions are recovery-based and tailored to the individual to address the needs identified in the initial assessment or discharge plan.

## CRS

For new referrals, AMH undertake a comprehensive needs assessment to determine whether the CRS is the most appropriate service to meet the person's needs.

For internal MHJHADS transition of care to CRS, AMH will be the first point of contact then a comprehensive clinical handover discussion will occur to seamlessly transfer care.

CRS is suitable for people who:

- Are experiencing complex mental illness/disorder or psychological distress with associated significant functional impairment and/or significant risks
- May be subject to a Psychiatric Treatment Order under the *Mental Health Act 2015*
- Have multidisciplinary treatment needs that cannot be met elsewhere in the community or less intensive service
- Require regular service contact over a medium to longer-term episode of care.

Clinical management may be required for an extended period with the goal to transition to lower levels of care when suitable.

## ACOS

It is anticipated that most referrals to ACOS will come from inpatient or community mental health settings. External referrals will come through AMH as the centralised access point.

ACOS will provide care for adults who:

- Are experiencing complex mental illness/disorder or psychological distress which is associated with significant functional impairment and/or significant risks
- Have a history of multiple mental health inpatient admissions and/or long periods of admission and/or frequent presentations to emergency departments
- May be subject to a Psychiatric Treatment Order under the *Mental Health Act 2015*
- Are either unable or unwilling to engage with services and
- Are vulnerable and with multiple complex needs including:
  - frequent relapses
  - history of poor alliance with treatment including medication
  - poor response to previous treatment
  - significant ongoing risks requiring more assertive management
  - requiring high frequency contact (e.g. more than 3 'routine' home visits most weeks) with a mental health service over an extended period (e.g. 2 years)
  - a chaotic, disorganised, unstable lifestyle, complicated by issues such as homelessness, legal or financial difficulties



- comorbidities including substance abuse, physical health problems, intellectual disability or personality vulnerabilities

## MH Link

People are assessed on individual clinical need for suitability for the MH Link services. This may include clinical management for primary homeless mental health patients, accommodation, inpatient in reach support, post suicide support and brief intervention therapy.

## Therapies

### Priority for Therapies

Therapies are mostly an adjunct of treatment and care provided to a person who is clinically managed. The Therapies Team may provide one-on-one therapy sessions and phone coaching to people participating in the DBT programme run by the Adult Mental Health Day Service. People may access both the Therapies Team for individual treatment and the Adult Mental Health Day Service for group programmes as clinically indicated. Priority to access the Therapies Team is given to people who:

- are high service users, e.g., have frequent presentations to emergency departments or hospital admissions.
- require higher intensity and more specialised interventions to help manage psychological distress and associated harmful behaviours, e.g., people with trauma backgrounds or Borderline Personality Disorder
- have needs that can't be provided by any other service or means (e.g., unable to access these types of services through the private health sector or NDIS)

Involvement of the Therapies Team would be expected to make a significant difference to their clinical care and lead to a reduction in their emergency presentations or hospital admissions.

## 5.2 Exclusion criteria

Interstate residents are not eligible for ACMHS except for crisis response while physically in the ACT.

This MoC aims to link the consumer with the team that meets their individual needs as per the stepped care approach, and each person is assessed individually on their clinical needs.

# 6. Consumer journey

## 6.1 Referral pathways

Referral to all ACMHS program areas is through AMH. Referrals come from self-referral, friends, carers or other supports, other public and private service providers such as GPs and primary health providers, non-Government Organisations (NGOs) and emergency services. Referrals are received by phone, fax, email, 'walk in' (e.g. presenting to a community health centre without appointment) or through contact with emergency services. Referrals from other



MHJHADS program areas also come through AMH as a single point of entry for consistent response.

People with mental illness/disorder, significant functional impairment and/or high risk may often have complex care requirements and needs that are refractory to more commonly available interventions and/or cannot be adequately addressed or safely met by other services. This often involves increased experiences of suffering and distress. Assessment and treatment may be complicated due to severity of symptoms, treatment resistance, comorbid substance abuse, homelessness, disability, lack of insight or engagement and other obstacles to recovery

AMH complete a mental health screening and triage rating on all referrals. Dependent on the screening and triage scale the person may require further assessment:

- by HAART if triaged as urgent
- by the AMH which informs a Recovery Plan for treatment goals and multidisciplinary interventions for people who require ongoing specialist mental health services.

AMH can coordinate resources to respond to the person's needs in the community and support possible hospital diversion, refer to service options within CHS or alternative service options within the broader community.

Referrals from other MHJHADS program areas come through AMH, including from inpatient facilities, specialist mental health services (such as Forensic Mental Health Services) and young people transitioning to adult services from the CAMHS. This ensures a consistent response and effective monitoring of trends, needs and ACMHS service demands.

## CRS

For internal MHJHADS transition of care to CRS, AMH will be the first point of contact then a comprehensive clinical handover discussion will occur to seamlessly transfer care.

The person will be allocated an individual clinical manager and a treating medical officer. Regular follow up and engagement is determined by the assessment outcomes, formulation of treatment needs and personalised recovery goals.

## ACOS

It is anticipated that most referrals will come from inpatient or community mental health settings. The AMH provides a centralised access point for any external referrals.

The person is allocated a key worker within the team, supported by the entire team to ensure continuity of care given the extended hours component of the team and the team-based approach to biopsychosocial interventions.

## Complexity and risk

ACMHS partners with community agencies, primary health, acute inpatient mental health services, AFP and ACTAS to provide an integrated service response for people who pose high risk to themselves and to others. A person presenting with a risk of harm to self or others and/or

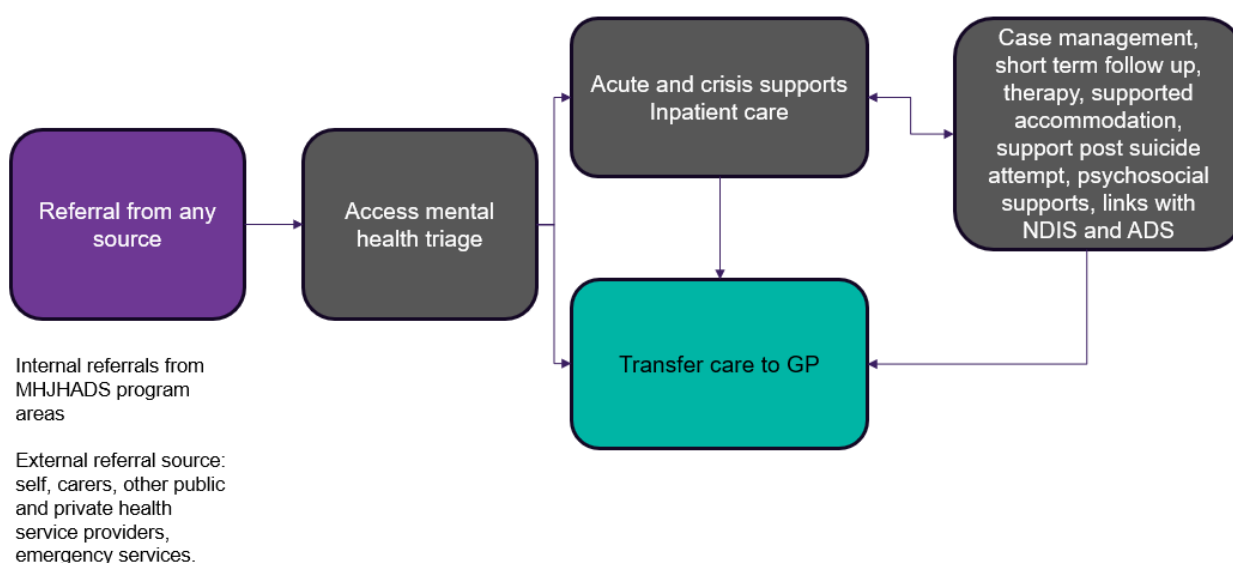


high risk of misadventure who can't be safely managed in the community may require hospital or inpatient treatment.

People with mental illness/disorder who are at risk may be subject to involuntary detention and treatment under the *Mental Health Act 2015*. When the Act does not require the person to be in a hospital or inpatient setting, the person's treatment, care and support remains the responsibility of ACMHS.

People with needs that cannot be met within the ACMHS may progress to inpatient care. Conversely, those people whose needs can be met by services lower on the Stepped Care Approach (e.g. care provided by General Practitioner (GP), private practitioner or community agency) will be transitioned to those services.

**Diagram 1 ACMHS referral flow chart**



## 6.2 Discharge planning

ACMHS aim to support a person's recovery such that they are able to experience a better quality of life in the community. A person is supported to transition to the appropriate level of care if a service or program is no longer suitable. This is assessed based on their individual recovery needs, consolidation of treatment targets and transition of care needs. Wherever possible, discharge planning is done collaboratively with the person, family or carer supports, Nominated Person, GP or other primary care providers, NGOs and other health service providers. A clinical handover is provided to the health professional (usually a GP) providing ongoing care. This includes sharing information to support the person's recovery into the future, such as relapse prevention strategies and information on how to re- access the ACMHS if needed.

Inpatient admission of an ACMHS client does not mean discharge from ACMHS. The ACMHS episode of care will continue as in-reach into the hospital setting to maintain continuity of care and to assist the person in a seamless integrated care pathway on discharge from hospital back into the community.



Transition planning commences at the time of acceptance into the service through careful consideration, structured goal-setting and problem-solving any barriers to their needs being met by lower levels of the stepped care model. Early engagement with other community-based services is part of discharge planning.

Suitability for transition out of ACMHS is indicated by

- The person is not subject to a mental health order under the *Mental Health Act 2015*; and
- The person has recovered to the extent that frequent ACMHS contact is no longer required; and
- The person has treatment and/or support structures external to ACMHS able to meet the person's ongoing needs, and where relevant a clinical handover has been provided; and
- A Recovery Plan inclusive of early warning sign recognition, relapse prevention strategies and a Discharge Plan inclusive of information on how to re-access ACMHS in the future, have been developed and communicated with the person, carer, guardian and Nominated Person; or
- A person has moved outside of the ACT permanently or is doing so for a substantial period of time. Every effort should be made to ensure people leaving the ACT have appropriate follow up care organised; or
- Is voluntary and expresses a preference (including by way of an Advanced Care Directive) to receive care in another setting or receive no care at all. Every practical effort should be made to ensure the person receives appropriate care including providing a comprehensive clinical handover to the preferred health practitioner (and other services) where these exist; or
- A person continues to have significant symptoms and functional impairment and/or require more frequent contact but whose needs can be adequately met by other services. In these cases, it must be demonstrated that no further significant benefit is expected to be gained from specialist care over and above what can be expected in the primary care sector.

## Co-occurring mental illness and substance misuse

A significant proportion of ACMHS clients have co-occurring mental illness and substance use disorders or issues. Regardless of which program area is the consumer's primary engagement, their needs will be identified, and appropriate care and treatment offered through evidence-based and integrated pathways.

ACMHS teams aim to provide:

- A timely and evidence-based assessment and response to all consumers identified as having an alcohol or drug issue
- Appropriate referrals, care pathways and coordination between services to facilitate earlier detection and treatment of people with or at risk of developing comorbidities
- Focus on what services and interventions are needed at any point in time to best support individuals rather than identifying which diagnosis takes precedence



- Promote the use of screening tools, and staff development to ensure best practice assessment, treatment and care to appropriately respond to people with co-occurring needs.

**Table 2 Mental health and Alcohol and other drugs services interface**

	<b>Severe Mental Illness</b>	<b>Moderate Mental Illness</b>	<b>Mild Mental Illness</b>
<b>Severe AOD problem</b>	Integrated treating team involving specialist MH and specialist ADS	Integrated treating team involving specialist MH and specialist ADS OR Primarily ADS treating team inclusive of basic MH care from ADS with specialist MH input and consult liaison	Primarily ADS treating team inclusive of basic MH care from ADS
<b>Moderate AOD problem</b>	Integrated treating team involving specialist MH and specialist ADS OR Primarily MH treating team inclusive of basic AOD care from MH with specialist ADS input and consult liaison	Integrated treating team involving specialist MH and specialist ADS OR Primarily MH treating team inclusive of basic AOD care from MH with specialist ADS input and consult liaison OR Primarily ADS treating team inclusive of basic MH care from ADS with Specialist MH input and consult liaison	Primarily ADS treating team inclusive of basic MH care from ADS
<b>Mild AOD problem</b>	Primarily MH treating team inclusive of basic AOD care from MH	Primarily MH treating team inclusive of basic AOD care from MH	Basic MH and AOD support services and self-help

## 7. Therapeutic support

Therapeutic supports encompass interventions and services that promote consumers’ recovery and wellbeing. These supports are provided through an MDT approach. MDT members collaborate to deliver comprehensive and individualised recovery-led interventions aligned to a co-designed consumer care plan. These supports are delivered across the functions of assessment and stabilisation, crisis response, short and long term therapies and case management.

### 7.1 Pharmacological, psychological and psychosocial interventions



Interventions offered to address multiple complex clinical needs:

- Early intervention rapid response and ongoing assessment and review
- Brief intervention therapies (e.g. solution-focused therapy)
- Specific therapeutic interventions (e.g., CBTp) where clinically indicated and endorsed by the MDT
- Intensive treatments provided through high frequency contact
- Ongoing review of mental state, recognition of early warning signs of relapse, relapse prevention and crisis management planning
- Ongoing risk assessment (e.g. self-harm, suicide, violence or aggression) and mitigation
- Assessing for and actively assisting the person to address comorbidities, including drug and alcohol issues and physical health problems
- Support to develop skills in crisis/stress management and de-escalation techniques, and the opportunity to practice these with clinicians in situ
- Symptom management, including medication review and administration, management of side-effects and monitoring of efficacy

Support to improve broader functioning, including self-management, daily living skills, physical health, housing, improved relationships and community participation, education and employment:

- Assistance to maintain community supports, particularly where their absence may significantly destabilise a person's recovery (e.g. loss of accommodation)
- Care coordination with the primary healthcare and community sectors, as well as assisting access supports through the NDIS where eligible
- Facilitating timely access to mental health inpatient units, residential step-up step down (SUSD), crisis accommodation, and psychosocial support services as required
- Early preparation and planning to step-down from acute services once an acute episode has resolved. This will include regular communication with a person's GP, case manager or other health professionals
- Attention to the wellbeing of carers and families by providing support and psychoeducation and linking with appropriate support agencies

Provision of information about treatment options to promote choice and informed decision-making:

- Supporting the person to be the driver of their own mental health care through mechanisms such as Advance Agreements, Advance Consent Directions and the appointment of Nominated Persons, as specified in the Mental Health Act 2015
- Coordinating a recovery plan based on the person's goals in collaboration with the person and others (e.g. family, carers, Nominated Persons, community agencies, GPs etc) with ongoing review of progress
- Fulfilling functions as required under the Mental Health Act 2015 in relation to involuntary assessment, treatment, care or support provisions.

ACMHS acknowledges the important role it has in identifying and responding to family and domestic violence, as well as monitoring the safety of people engaged with services. disclosure of family and domestic violence to health professionals is more likely to occur if open enquiries



are made around this issue. Hence, screening for domestic violence has been incorporated into the ACMHS assessment and recovery-planning processes.

## 7.2 Support for physical health

People with lived experience of mental health issues face poorer physical health outcomes, including lower life expectancy, a greater burden of physical disease, more frequent experiences of stigma and discrimination and greater challenges in accessing appropriate health care.

ACMHS recognise the importance of treating a person holistically, particularly in relation to improving their physical health and to help minimise the gap between their health outcomes and life expectancy compared with those of the rest of the population. This means that ACMHS (and MHJHADS more broadly) have a role in providing health education, promoting a healthy lifestyle and access to health care, encouraging linkages with primary care providers and possible referrals to other specialist health providers based on individualised needs.

## 7.3 Carer, family and supporter inclusion

ACMHS recognise the important role that carers, family and supporters play in the management and recovery of their loved ones. Where possible, ACMHS include carers, families and supporters in assessment, care and discharge planning.

# 8. Interdependencies

## 8.1 Legislation

ACMHS staff are required to comply with the following overarching legislation, which collectively aims to ensure that individuals with mental health needs receive appropriate and compassionate care while protecting the rights and safety of patients and the broader community. Appropriate training is provided to ensure staff can meet this obligation. This legislation provides a legal framework that governs the operation of mental health services, setting standards for assessment and treatment while adhering to human rights principles and best practices in the mental health field. Staff must understand their responsibilities and apply service interventions in line with the following ACT legislation.

### *Human Rights Act 2004*

The *Human Rights Act 2004* is the foundational human rights framework for the ACT. It protects and promotes the human rights of all individuals within the jurisdiction. In the context of mental health services, this legislation ensures that the rights of mental health consumers are respected and upheld. It sets the standard for the ethical and dignified treatment of individuals with mental health conditions, safeguarding their fundamental human rights. This includes rights related to privacy, dignity, freedom from discrimination, and access to adequate healthcare.

### *Mental Health Act 2015*

The *Mental Health Act 2015* provides the legal framework for the assessment, treatment, and care of individuals with mental health disorders in the ACT. Its central function is to balance



patients' rights and needs with the community's protection. It aims to ensure that mental health services are delivered with a focus on the least restrictive interventions and respect for patient rights.

## 8.2 Services

ACMHS have close linkages and collaborate with a range of community-based public, private and non-government services to ensure consumers receive comprehensive and holistic care through care coordination, optimal referral pathways, joint recovery planning, case review and transfer of care.

The relationships with key service partners are described in Table 3.

**Table 3 Relationships with key service partners**

Agency	Role	Function
ACT Ambulance Service	Emergency response and transport	Provide crisis and emergency response, transport consumers. Part of Tri service PACER team.
ADS	Support for individuals with co-occurring mental health and substance misuse needs.	The CHS and external alcohol and other drugs services deliver a range of interventions, counselling, and rehabilitation services to assist individuals in addressing and overcoming substance use disorders, ultimately promoting recovery and wellbeing. CHS ADS Consultation Liaison may be the first point of connection.
ACT policing	Emergency response and transport	Emergency and crisis response, part of Tri service PACER team. Transport from hospital to Courts following s309 assessments, backup for community-based visits where there is an identified risk requiring police support.
CHS Aboriginal Liaison Officers	Support for Aboriginal and Torres Strait Islander participants.	Aboriginal Liaison Officers (ALO) across the whole of MHJHADS are available to provide emotional, social, and cultural support to Aboriginal and Torres Strait Islander people and their families when they are admitted to the Centre, according to the participant's wishes.

Agency	Role	Function
CHS – Acute hospital services (includes Canberra Hospital and North Canberra Hospital)	Mental health assessment and inpatient care.	ACMHS teams collaborate with hospital inpatient services when consumers need to step up to more acute services, or to transition from acute services into the community.
Other MHJHADS program areas	Specialised mental health care	May include Mental Health Intellectual Disability (MHID) team, Forensic Mental Health, Eating Disorders, Child and Adolescent mental health services (CAMHS), Older persons mental health services (OPMHS).
Disability services coordinators and support workers	Facilitating access to National Disability Insurance Scheme (NDIS) and other disability supports and services, including direct care and assistance to individuals with disabilities.	Stakeholders involved in a consumer's NDIS or other disability support plan are welcomed and encouraged to be involved and support consumer recovery.
Housing providers	Managing and offering accommodation options	To provide safe and suitable housing solutions.
General Practitioners	Physical and mental health care	GPs play a key role in holistic care, early identification, response to and ongoing management of mental illness and disorders as well as management of physical health.
Other government and non-government Community based organisations	Community based occupational, educational, and psychosocial services.	Clients may be engaged with or referred to a range of organisations in the ACT and surrounds that provide support for recovery, discharge planning and support in the community including opportunities for community engagement in meaningful activities and social connection. Carers ACT provide support for families, kin and loved ones.
SUSD and Supported Accommodation providers	Supported accommodation and sub-acute residential mental health care.	ACMHS teams provide mental health care to consumers in SUSD accommodation.

Agency	Role	Function
SafeHaven	Emergency Department alternative.	Provides a peer led service for people in distress as an alternative to the emergency department.
Pharmacy and pathology services	CHS and community and private services	Safe supply of medications, collection of pathology.
Private clinicians		Consumers may be referred to or from the ACMHS to private clinicians (e.g. psychologists, psychiatrist). Private clinicians identified as part of the outpatient treating team may be involved in MDTs, discharge planning and ongoing post discharge support.

## 9. Risk assessment

In the context of mental health services, the concept of risk refers to the harm individuals with a mental illness or disorder (including neurodevelopmental disorders) pose, or have posed, to themselves or others, where that risk is usually related to their mental illness or disorder.

This section details the relevant risk assessment and management approaches, tools and supporting processes used by the ACMHS teams.

**Risk assessment** aims to assess the level of risk a person poses by considering fixed and dynamic risk factors, harm and the likelihood that this behaviour will occur. Risk assessments undertaken by ACMHS are conducted through a range of different methods, including:

- Structured professional judgement tools
- Unstructured clinical judgement (i.e., clinical opinion based on training and experience).

All methods of risk assessment require the application of clinical judgement viewed through a trauma informed, therapeutic lens, recognising the need to balance safety with the consumers' recovery journey.

**Risk management** includes individualised strategies and practices to mitigate risks, respond to needs, and support the safety and wellbeing of consumers and others. The management of clinical risk is part of the broader management framework, which also includes organisational, financial, workplace safety and consumer safety systems.

Risk assessment, risk management and relational security work together to adapt and respond to the needs and circumstances of consumers throughout their recovery journey.

### Consumer participation in risk assessment and management

Involving consumers in risk assessment and management is an essential component of collaborative care. Consumers should be treated individually and subject to individual risk assessments to inform all aspects of their treatment plan and access to therapies. Effective



individual risk assessment can assist in the early identification and management of re-emergence of concerning behaviours. Engaging carers to provide collateral information can enrich the understanding of the consumer's background and effectively mitigate risk.

## Processes to support effective risk management

The approaches to risk assessment and management outlined in this MoC align with CHS policies, procedures and guidelines. This ensures all incidents are reported and investigated. Incident review assists in improving ACMHS processes for care and safety for consumers and carers, families and supporters, and staff.

# 10. Safety and Security

Therapeutic security supports the safety of consumers, carers, families, supporters, and staff. The security approach is delivered in alignment with the security level protocols of the therapeutic environment ensuring a proportionate level of security is maintained.

## 10.1 Relational security

Relational security describes the relationships between staff and participants, including aspects relating to the quality of care and resourcing, such as consideration of staff ratios. Relational security involves knowing and understanding the consumer group and the circumstances in which there is a security risk. It requires staff to have a therapeutic relationship with the participants and know their history, risk potential, current mental state, behaviour, stressors, strengths and protective factors. Carers and families can play a role in helping to understand the history, risk potential, stressors and protective factors for each participant.

## 10.2 Environmental security

The physical environment supports the safety and security of participants, staff and visitors and is dependent on where care is being provided. Security at community health centres is supported by CHS security personnel, building design, maintenance and access control. Staff working outside the health centres may be supported with personal duress alarms, cameras and offsite visiting procedures.

## 10.3 Procedural security

Procedural security refers to methods used by staff to maintain security, guided by relevant CHS policies, procedures and guidelines and is the responsibility of all staff, with clinical staff taking the lead role. It includes legislation, policies and procedures regarding the management of incidents, quality and governance, information management, legal obligations, audit, research and human resources.

# 11. Workforce

The ACMHS workforce is diverse and multidisciplinary. Staff have a range of skills, knowledge, and experience to deliver comprehensive services and interventions. This section details the workforce model for ACMHS and includes three subsections providing an overview of the MDT approach, the staffing profile and the workforce training requirements.



## 11.1 The Multidisciplinary Team (MDT)

Care is delivered by experienced professionals who are appropriately trained and passionate about providing care and interventions. This includes staff from different health professional backgrounds, as well as people who hold lived experience roles and clinical support roles. Together, the ACMHS staff provide comprehensive, discipline-specific and evidence-based interventions. An MDT approach involves collaborative efforts and combined expertise to offer access to therapeutic interventions, holistic treatment formulation and comprehensive clinical review. The peer workforce will support the MDT in delivering active collaboration and partnership with participants and carers, families, kin and supporters.

## 11.2 Staffing Profile

ACMHS requires a skilled workforce adept at assessing and treating people with a range of mental health needs, and range of acuity of illness or distress. ACMHS includes the following:

- Medical officers
- Nurses
- Allied Health Professionals
- Allied Health Assistants
- Administrative staff
- Peer workforce

ACMHS Medical staff provide direct patient care and ensure clinical decision making and treatment are evidence based and aligned with the principles of care in the MoC. The Chief Psychiatrist has a statutory function under the *Mental Health Act 2015* to oversee the provision of assessment, treatment, care and support for people subject to the Act, and to make recommendations about mental health service delivery. Allied health staff includes registered psychologists, social workers, occupational therapists, and others.

# 11. Accreditation, training and research

AHPRA and other professional bodies overseeing the various disciplines have specific requirements for continuing professional development and supervision. The ACMHS MoC promotes ongoing training and development for all staff, including access to professional development opportunities, Clinical Supervision, clinical reviews and multidisciplinary and interprofessional learning in the workplace.

### Training and education

All ACMHS staff have an individual performance plan discussion and documentation which supports their learning and professional development requirements to ensure a skilled and competent workforce. Continuing professional development and supervision requirements take time but provide benefits for MHJHADS in the maintenance of a motivated and effective workforce. The ACMHS recognises the importance of these and will allocate adequate time and resources to ensure clinicians' needs in these areas are met.



## Clinical Supervision

Clinical supervision facilitates the professional and practice development of clinicians and peer workers through a process that includes reflection, education and discussion. Clinical supervision enables ACMHS clinicians and peer workers to assume responsibility for the development of their knowledge, skills, competency, practice and professionalism. It supports professional standards of practice and quality of care within a clinical governance framework. The effective use of clinical supervision is critical for providing efficient, effective and timely support to people with mental illness/disorder and their carers and is a key part of staff professional development. Individual supervision and peer supervision will provide avenues for staff to access the specialist knowledge and guidance from supervisors and colleagues.

## Teaching environment

MHJHADS has key partnerships with several teaching institutions including The University of Canberra, The Australian National University, Canberra Institute of Technology and the Australian Catholic University in providing clinical placements and teaching to medical students, nursing and allied health students. A number of these students will have placements within the ACMHS.

MHJHADS also has the responsibility for providing post graduate training to a number of disciplines including doctors, nurses and allied health professionals. ACMHS aim to provide a setting where junior clinicians can learn from and be mentored by experienced practitioners. In turn, they will become skilled practitioners of evidence-based care and be qualified to teach others.

Adequate time, training and resources are allocated to those who supervise students and junior clinicians to ensure they have a positive learning experience.

## Orientation

All staff commencing work in MHJAHDS are offered Divisional wide and area specific orientation and induction packages. This helps to familiarise staff with the service components and work duties, the principles of care and culture that embeds ACMHS MoC within daily business.

## Research

ACMHS are committed to building the knowledge and evidence base in mental health by contributing to and engaging in research and academic forums. Staff are encouraged to pursue post graduate qualifications in mental health and to participate in academic teaching and research opportunities. Quality improvement and research activities are actively sought and supported as are attendance and participation in local and national research forums and conferences.

ACMHS provides a rich setting to conduct mental health research in a real world setting and has a number of prominent mental health researchers on staff who are enthusiastic supporters



of research initiatives. Research adds to the prestige of the organisation and assists in the recruitment and retention of a skilled workforce essential to providing excellence in clinical care.

## 12. Leadership and governance

Clinical governance provides a framework that ensures organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care. ACMHS governance is embedded within existing MHJHADS and CHS corporate, clinical and operational governance systems.

The ACMHS Clinical Director and Operational Director are responsible for the governance of the ACMHS. Senior Managers oversee the operations of service streams under a mixed matrix management structure. All nursing staff align operationally to their program area and align professionally to the Director of Nursing. All allied health staff align operationally to their program area, and are align professionally to their professional leads, and the Office of the Director of Allied Health. MHJHADS Discipline Principals have an integral role within ACMHS to advise on and promote professional standards, competency and professional development of ACMHS staff.

## 13. Monitoring and Evaluation

Continuous improvement is the rigorous management of performance and progress to benchmark, manage risk and drive improvement. This iterative process is at the core of the ACMHS commitment to providing consumers with the best assessment, treatment and support within the available resources. Clinically relevant data capture guides performance assessment to identify areas for enhancement and make data-driven decisions. The ACMHS reports on the required MHJHADS Access, Quality, Finance and Human Resource KPIs. Additional measures may be added consistent with CHS policies, procedures and clinical guidelines and research.

**Table 4 Key reporting indicators**

Key Performance Indicator	Description
Occasion of service (OOS) frequency of teams	<ul style="list-style-type: none"> <li>• Total number</li> <li>• Consumer demographics</li> <li>• Number of referrals to sub teams</li> <li>• Wait time between initial assessment and treating team clinician allocation</li> </ul>
Discharges/closures	<ul style="list-style-type: none"> <li>• Total number</li> <li>• Reason for discharge</li> <li>• Discharge follow up within 7 days of discharge from an inpatient unit and outpatient appointment within 2 - 4 weeks.</li> </ul>



Length of engagement	<ul style="list-style-type: none"> <li>Calculated for consumers after discharge from ACMHS</li> </ul>
Outcome measures	<ul style="list-style-type: none"> <li>HoNOS, HoNOS/65+</li> <li>PoC, LSP 16</li> <li>SVAT and safety plan completion and compliance</li> </ul>
Care plan	<ul style="list-style-type: none"> <li>Percentage of participants with a care plan - completed</li> </ul>
Physical assessment	<ul style="list-style-type: none"> <li>Percentage of patients who are subject to a psychiatric treatment order, and or prescribed Clozapine have basic baseline health observations (weight, girth, blood pressure, heart rate).</li> </ul>
Consumer experience	<ul style="list-style-type: none"> <li>Your Experience of Service (YES) survey completion rate</li> </ul>
Consumer and carer feedback response	<ul style="list-style-type: none"> <li>Percentage of Feedback responded to within 35 days (National Standard response time)</li> </ul>

Qualitative assessment may be captured through:

- Evaluation of feedback from carers, families, kin and supporters
- Staff experience and satisfaction surveys
- Compliments or complaints received by the CHS Consumer Feedback and Engagement Team, Human Rights Commission (HRC), Official Visitor, Public Advocate, consumer advocacy services, participants, carers, families, kin and supporters.

## 14. Records Management

Records are managed as per the *Health Records (Privacy & Access) Act 1997 (ACT)* and CHS procedures. Following the relevant consultation, this finalised document and any further updates will be electronically stored on the Canberra Health Services intranet site – ‘Models of Care’, to ensure accessibility for all staff. The MoC will be publicly accessible through the CHS Website.

## 15. Abbreviations

AA	Advance Agreement
AMHT	Access Mental Health Team
ACD	Advance Consent Direction



ACMHS	Adult Community Mental Health Service
ACOS	Assertive Community Outreach Service
ACT	Australian Capital Territory
ADS	Alcohol and Drug Services
AHPRA	Australian Health Practitioner Regulation Agency
AOD	Alcohol and Other Drugs
CALD	Culturally and Linguistically Diverse
CHS	Canberra Health Services
CRS	Community Recovery Service
DHR	Digital Health Record
ED	Emergency Department
GP	General Practitioner
HAART	Home Assessment and Acute Response Team
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex
MDT	Multi-Disciplinary Team
MH	Mental Health
MHC	Mental Health Clinician
MHCCACT	Mental Health Community Coalition ACT
MHJHADS	Mental Health, Justice Health and Alcohol & Drug Services
MH Link	Mental Health Link
MoC	Model of Care
NDIS	National Disability Insurance Scheme
NOCC	National Outcomes and Casemix Collection
NSMHS	National Standards for Mental Health Services
NSQHSS	National Safety and Quality Health Service Standards
OOS	Occasions of Service
PACER	Police, Ambulance, Clinician Early Response
SUSD	Step Up Step Down



## 16. Appendix A – Staffing Profile

Position Title	Classification	FTE (year)	Comments
Medical Officers	Specialist/CMO	12.35	
	Advanced Trainees/Registrar		These positions are part of the whole of MHJHADS FTE
Nursing Staff	EN1	5	
	EN2	1	
	RN1	5	
	RN2	37	
	RN3.1	39.6	
	RN4.1	7	
	RN4.3	1	
Allied Health	HP1	11	
	HP2	23	
	HP3	28.5	
	HP4	10	
	HP5	2	
Administration	ASO3	17	
	ASO4	1	
	AHA3	9	



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Information about the directorate can be found on the website:

[www.canberrahealthservices.act.gov.au](http://www.canberrahealthservices.act.gov.au)



### Acknowledgement of Country

Canberra Health Services acknowledges the Ngunnawal people as traditional custodians of the ACT and recognises any other people or families with connection to the lands of the ACT and region. We acknowledge and respect their continuing culture and contribution to the life of this region.

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