

# **SPECIALIST MENTAL HEALTH SERVICES FOR OLDER PEOPLE (SMHSOP) ACUTE INPATIENT UNITS IN NSW:**

INFORMATION FOR  
CONSUMERS, FAMILIES  
AND CARERS



Health

**NSW MINISTRY OF HEALTH**

73 Miller Street

NORTH SYDNEY NSW 2060

Tel. (02) 9391 9000

Fax. (02) 9391 9101

TTY. (02) 9391 9900

**[www.health.nsw.gov.au](http://www.health.nsw.gov.au)**

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# Foreword

This guide provides important information for consumers, their families and carers about the care that is available in Acute Inpatient Units for older people experiencing mental illness in New South Wales. Fortunately, only a small proportion of older people with mental illness will require admission to an inpatient unit. Even then, the care provided in hospital will usually play a relatively small role in their overall recovery. However, this can be a time where people feel scared, alone, and vulnerable, and don't feel in control. This booklet aims to reduce these concerns by explaining in simple terms what you can expect to happen, as a consumer (or patient).

A few years ago I had the opportunity to develop a specialist mental health service for older people in an area where there had been no existing service. There were plans to build an inpatient unit for older people. It was exciting, but daunting, as there were really no guidelines at that time. I had many questions, and for many there were no clear answers. The reality was that services had developed in very different ways across NSW and there was no single model of what care should be provided and how it should be provided. In 2014 things are very different.

It is pleasing to see the efforts in recent years to establish guidelines for best practice and to improve current practice in our Acute Inpatient Units for older people in NSW. We now have a detailed Model of Care for Acute Inpatient Units in NSW that we can be proud of. This booklet came about as part of a project to further promote effective care and good practice by translating the rather technical jargon of the detailed Model of Care into a version that was much shorter, written in language that most people could understand, and that tried to answer the most important questions consumers and families might have. It summarises key aspects of the Model of Care that will be particularly important to consumers, carers and families, and speaks to consumers directly. It also provides guidance about where to get further information and support.

This document is about more than simply providing information. Whether you are a consumer, or carer, you are at the centre of care. I hope that the information in this booklet will help you to be an active and equal partner in your care and recovery.

There are good signs that inpatient units in NSW are already changing as a result of the Model of Care project and I believe this will continue into the future. Further improvement will come from engaging consumers and carers in true partnerships and I sense a genuine commitment by our services to move forward in this direction.

I thank the NSW Ministry of Health Mental Health and Drug and Alcohol Office (MHDAO) for this important initiative and especially the consumers, carers and clinicians who have provided feedback on earlier drafts of the booklet and the two units that pilot tested it with consumers and carers. Finally, I wish you well as you continue on your own path to recovery.

**Dr John Dobrohotoff**

Old Age Psychiatrist

Clinical Advisor, Older People's Mental Health

Mental Health and Drug and Alcohol Office (MHDAO)

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ONE

## Introduction

In 2013, NSW Health released a report called Specialist Mental Health Services for Older People (SMHSOP) Acute Inpatient Model of Care Project Report. The report aims to help guide effective care and good practice in SMHSOP Acute Inpatient Units across NSW.

This information guide summarises the key aims and features of Acute Inpatient Units for older people with mental health issues. The guide aims to support you as a consumer, and also your carers or family members, in understanding what you might expect and how we want to keep improving our services. You will find information relating to:

- The values that guide the way your care is provided in our units
- How you can be admitted to our SMHSOP Acute Inpatient Units
- How your family and carers can be involved in your care
- How our units can support you to recover and get well (assessment, treatment and discharge planning) and
- Other important information

The terms ‘you’ and ‘consumer’ (rather than ‘patient’) are used in this guide to refer to a person with a lived experience of mental illness. ‘You’ does not generally refer to your carers and family members in this guide.



This guide describes how our units are aiming to improve your care. Where you find differences between information in this guide and care in your local unit, please discuss this with local staff.

## **What are Specialist Mental Health Services for Older People?**

Specialist Mental Health Services for Older People or 'SMHSOP' provide care both in hospital (inpatient care) and out of hospital (community mental health care) to older people with a mental illness, and support to those who are carers and family members. SMHSOP also provide specialist mental health support to other services that may provide care for you, such as medical wards in the general hospital, and residential aged care services. Our services are generally provided to people aged 65 years and over, and 50 years and over for Aboriginal people.



TWO

## **What is an acute inpatient unit and what sort of care needs will people be experiencing there?**

Our units provide assessment, diagnosis and treatment of acute mental health symptoms where these cannot be managed safely at home. The most common problems are severe depression and psychosis. We also assess and manage older people with severe behavioural and other problems due to dementia. Most of our consumers also have significant physical health problems.

Our units are declared mental health facilities under the NSW Mental Health Act, which means we are legally able to and may admit patients on a voluntary or involuntary basis (see pages 22 to 24 for further explanation).

### **Our care teams**

Our staff have training to help you with mental health problems and also if you have problems with thinking and memory, mobility, physical illness and sensory impairment (eg. hearing and vision loss). We have nursing, medical and allied health staff including social workers, occupational therapists, diversional therapists, psychologists and physiotherapists. We also have access to other staff and health services to advise and assist with your needs.



THREE

## What values and ideas guide the way my care is provided?

Our units provide care that is ‘focussed on your recovery’ and ‘person centred’.

We know that each person is unique and has a different view on what mental health recovery means to them. We recognise that your needs and recovery goals will arise from your own particular experiences and situation. Our staff will work together with you to develop goals of care. These goals will be based on your relationships, values, interests, the environment and culture in which you live, as well as your abilities and disabilities.

We understand that your personal recovery will usually involve the goal of ‘continuing to be me’ or ‘getting back to being me’.

Important elements in your personal recovery might include:

- regaining hope and feeling positive about the future
- improving important relationships
- being well connected with your family and community
- learning new ways to cope with physical and mental illness and
- Feeling supported to build on your unique strengths to live your life the way that you want.

Whatever your recovery goals might be, we aim to support you as much as we can in achieving them. We know that your care and recovery goals might change and develop over time and we will adapt to your goals as best we can through your recovery process.

Our routines and atmosphere will take into account your personal treatment and care needs and circumstances. For example, normal ageing processes may require a slower paced approach to care. So, if you have problems with arthritis we will give you extra time and assistance for showering or meals.

You are a partner with the care team in planning how to best meet your goals. Where appropriate, and in accordance with the Mental Health Act 2007 and the Health Records and Information Privacy Act 2002, we may also discuss your care needs with your carer/s.

It is important that your beliefs and preferences, and treatment goals are upheld in all aspects of care. Contact details for consumer support organisations are provided on page 28-29.

## FOUR

# How am I admitted to these units? How do we get the support my carers, family and I need to start to recover?

We understand that you may feel anxious about being in hospital, and therefore we encourage you to keep in contact with your family and carers. We may ask them about your interests or hobbies, or to bring in personal items from home, to help orientate you and make you feel less anxious about being in hospital.

Carers are encouraged to talk with staff about their own need for support, as well as their views on how best to help and support you. Your carers might need help themselves, and we can advise them where to get it.

## **Partners in care: all services working together to meet your needs**

We work together with other services to make sure you get the care you need. These may include adult mental health inpatient units, SMHSOP community services, Aboriginal Mental Health and Aboriginal Medical Services, GPs, aged care services including Aged Care Assessment Teams (ACATs) and dementia support services, home and community care services, residential aged care facilities and aged health medical services. We will involve any of these services as necessary.

If you are medically unwell during your stay in hospital we will work in partnership with geriatric/aged health specialists and other medical and surgical care staff as required. We will speak with your GP to make sure we know about your physical health and treatment.

### **Can I get support from Aboriginal health workers while I am in hospital?**

Aboriginal mental health workers and relevant Aboriginal service providers can be involved in your care if you want this. Please speak to our staff to arrange for the support you need.

### **What if I prefer to speak a language other than English?**

If you are not fluent in English or deaf, you will need a health care interpreter. This is especially important at critical points such as admission, assessment and when working together with you on your care plan. Health care interpreters can also be used in the unit if you prefer to speak a language other than English. Multicultural health workers or other bilingual health care professionals can help us better understand your needs and ensure that you understand as much as possible about your care. Some of our staff who speak both your language and English may also be able to assist us to better understand each other. Your family may also be able to assist in communication but they cannot be used as interpreters.

## **What else is available to make sure that my cultural needs are understood?**

Besides health care interpreters, multicultural health liaison officers or diversity coordinators are available to assist you if there is a cultural need. The Transcultural Mental Health Centre is also available to assist you with your cultural needs (see page 29 for contact details).

## **Will I be able to do the same sorts of things I do at home? Will I be safe and comfortable in the unit?**

Our unit has been designed with your care needs and safety in mind. It is sometimes difficult to achieve both maximal comfort and safe care, and at the same time allow you as much independence and freedom as possible. We try to achieve the best balance considering the range of needs of everyone in our units. For example, some people will have restrictions on their ability to leave the unit or use some of our facilities where these pose significant dangers. Our units have both indoor and outdoor areas, can accommodate walking aids and are designed to reduce the risk of falls. We try to minimise noise as much as possible. Our units have been designed to allow as much visibility by staff as necessary for safe care while retaining appropriate levels of privacy.

Some consumers in our units experience moderate or severe agitation. This can be frightening to those around them. If you feel frightened of being hurt your recovery can be slower or less complete. We will ensure that you are kept safe while you

are here. We also want you to feel that you are safe and protected from harm. Please let us know if you feel that you might be at any sort of risk. Your concerns will be dealt with urgently and without putting you at risk.

We have some facilities like you have at home, such as laundry and kitchen areas. We encourage and welcome you to do everyday activities such as washing and basic food preparation.

## **How long will I need to stay in hospital?**

It can be hard to predict how long you will need to stay in hospital. In general, older people tend to have more complex mental health and medical needs, and so they tend to have a longer hospital stays than younger people with similar mental health disorders. We will work with you to plan a discharge date early on in your stay. This is a goal that we will try to meet. If your care needs respond more quickly or more slowly than we first thought we can simply set a new date with you at any stage.





FIVE

## **How can my family and carers be involved in my recovery?**

### **Will your staff be talking to my carers or family about me?**

Sometimes family or carers have important information about you that can help in the assessment and management of your problems. Sometimes you may not be aware of problems you may be experiencing (eg memory problems or some psychotic symptoms). We may ask to meet with your family or hear from your carers, to ensure we have all the important information to provide good care. A family meeting in the first 10 days following admission is ideal in order to assist with assessment and to provide information about the care provided.

We would also like to share some information with your family and carers if we feel this will help with your recovery. Your carers and family members are often able to help ensure that your beliefs and preferences are included in your treatment goals. This is especially important if you are too unwell to make sure that your preferences are taken into account in your care plan.

### **What if my family or carers need some help too?**

We understand that the pressure of some care situations can lead to stress, mental exhaustion, depression, frustration and anger. Your family and carers can receive support and

education from our staff if you or they want it, or if we feel that it will help you. We find that this is a helpful thing for most families. They are also encouraged to seek support from organisations dedicated to the needs of families and carers such as Mental Health Carers ARAFMI NSW, Carer Assist, Carers NSW, Alzheimer's Australia and other family and carer support services.

Contact details for carer support organisations are provided on page 30.

## **How much will my family be allowed to visit? Are there any restrictions?**

Although you may see information about specific visiting hours, our aim is to make visiting hours flexible. This is so we can fit in with the varying needs of older consumers, enable better access for families and carers, and encourage appropriate involvement of families in care. Sometimes your visitors may need to fit around your therapy program. Please let our staff know if you have particular needs concerning the visiting hours.

Arrangements can also be made to enable families and carers to contact you by phone in the unit.

SIX

## What help will I receive to get well and recover?

### How do you get a complete picture of me as a person and make sure everyone is working together on the same goals?

When you are admitted to one of our units, your psychological, functional, physical, social and cultural needs will be assessed by our staff members. We will also consider the environment in which you live, including any risks to your family and/or carers. Your care plan is based on this assessment, and your own treatment goals.

**We will work to ensure that you and your carer/s and family are active participants in the assessment, and in the development of your care plan.** This assessment occurs over a period of time as we come to know you more fully. Assessments will include discussion with your GP and private psychiatrist if you have one.

Your care plan is developed together with members of our team, along with you, your carers and family. Your care plan will support your recovery because it will come from your own individual strengths and the ways that want to live your life.

## What treatments do you offer in hospital?

Treatment may include:

- Psychotherapy such as cognitive behavioural therapy, and education (including behaviour management techniques, reflective listening, and simple relaxation techniques)
- Use of medication
- Electroconvulsive therapy (ECT)
- Other treatments appropriate for the range of common conditions managed in our units including exercise and organised activities (eg massage, music therapy and craft)

### What is electroconvulsive therapy?

Electroconvulsive therapy or 'ECT' is one of the most effective treatments for several psychiatric conditions, and the way it is delivered has improved markedly over the years. It is a very safe treatment, even in very elderly people. It can be life-saving. There are Standards of Practice that must be adhered to when we provide ECT treatments, and staff are always happy to provide more information and discuss any queries or concerns.

## How often will I be able to see my doctor?

You will usually see a doctor every working day and a psychiatrist at least once each week during your hospital stay.

Your care team meets weekly to consider your progress towards the recovery goals identified in your care plan, update your treatment plan, and prepare for on-going care that will

happen after you leave our unit. This meeting will usually also include community staff who will be involved in your care after you leave. This is one of the ways that important information about your care is transferred to the community staff. When you leave our unit your care can then be continued. We often call this 'transfer of care' rather than 'discharge' as nearly everyone will require further care after leaving hospital.

You have the right to seek a second opinion if you or your carer have concerns regarding your treatment or procedures. Any concerns should be firstly discussed with your treating team or the nurse in charge. If they are not able to resolve your concerns they can let you know how to get a second opinion.

## **Planning for your discharge and 'transfer of care'**

We will contact any community services that will be providing care and support to you and/or your carer/s after you leave hospital. This is done before discharge, and you will be involved in discussing and planning your care needs. If you are an involuntary patient under the NSW Mental Health Act (2007), we will also involve your 'carer/s' in planning your transfer of care.

Sometimes we suggest that a staff member visits your home with you before the transfer to community care. Your home can be assessed and any changes (eg grab rails in bathrooms) organised so that you are able to be as independent and safe as possible when you return home.

Prior to discharge, we will provide information to you about your condition, your medication and dosages, details of your follow-up appointments and how to be admitted back into hospital if you need to.

A summary of your care is provided to your GP and also to your private psychiatrist if you have one. Your Care Plan will also be included. These will be sent at the time you leave the unit.

You will be contacted by phone or in person within 7 days of leaving the unit to see how you are going.



SEVEN

## Disclosure of information and privacy

NSW Health is committed to safeguarding the privacy of patient information in accordance with the Health Records and Information Privacy Act 2002 and the Mental Health Act.

All staff working in the NSW public health system, including doctors, nurses and other staff, are bound by the Health Records and Information Privacy Act and the the NSW Health Privacy Policy, and by a strict code of conduct to maintain confidentiality of patient information. The NSW Health Privacy Policy is available on the NSW Health website at [http://www.health.nsw.gov.au/policies/pd/2005/PD2005\\_593.html](http://www.health.nsw.gov.au/policies/pd/2005/PD2005_593.html).

Under the Mental Health Act, your carer/s may also be entitled to certain information about your care and discharge. You should tell us if you do not want your carer to receive any information.

EIGHT

## Other important information

### Can I be treated against my wishes?

Most consumers give informed consent for their assessment and treatment. Some consumers agree to treatment in our units but are unable to give informed consent. A substitute decision maker may be appointed to provide consent under the NSW Guardianship Act (1987).

#### ■ NSW Guardianship Act (1987)

If a voluntary consumer is incapable of consenting, or refusing to consent, to treatment, (for example, due to mental disability or dementia), the consumer's 'person responsible' can consent to most treatments provided the consumer does not object. If a consumer who is incapable of consenting has no 'person responsible', then an application to the NSW Civil and Administrative Tribunal (NCAT) to appoint a legal guardian is made by the treating team. A guardian may also be appointed if there is disagreement about the treatment plan or if the consumer objects to treatment.



## ■ NSW Mental Health Act (2007)

The Mental Health Act is a law that governs how care and treatment is provided to people in NSW who experience mental illness or mental disorder.

Some people in our units are detained and treated against their wishes as an 'involuntary patient' under the NSW Mental Health Act. This only occurs if the person is suffering from a mental illness or disorder and care, detention or treatment is necessary to protect the person or others from serious harm. There are various safeguards in the Mental Health Act to follow before a person can be involuntarily detained and treated. The Act aims to protect the rights of people with mental illness or mental disorder while ensuring that they have access to appropriate medical care, but means that consumers can be treated in hospital against their wishes. Provision of care is required to place as little restriction on the rights and liberties of the consumer as the circumstances permit.

The SMHSOP Acute Inpatient Unit, as a declared mental health facility under the NSW Mental Health Act, may admit patients on a voluntary or involuntary basis.

Further information regarding the NSW Mental Health Act (2007) can be found at <http://www.health.nsw.gov.au/mhdao/Pages/legislation.aspx> or ask the staff to provide you with any further information such as the current information sheets on the NSW Mental Health Act (2007).

## ■ **Mental Health Review Tribunal**

The Mental Health Review Tribunal reviews involuntary and voluntary patients under the NSW Mental Health Act and:

- Conducts mental health inquiries for persons who have been detained in a mental health facility and reviews the detention of involuntary patents;
- Looks into the care of voluntary consumers who have been hospitalised for a year; and
- Authorises the administration of ECT treatment in involuntary consumers.

**Involuntary consumers may appeal to the Tribunal if the authorised medical officer of the mental health facility refuses their request to be discharged, or fails to make a decision about such a request within 3 days.**

## ■ **Legal representation under the NSW Mental Health Act (2007)**

**If you are admitted as an involuntary patient you are entitled to legal representation at Mental Health Review Tribunal hearings and this is arranged for you by our staff.** The Mental Health Advocacy Service (MHAS) provides free legal aid for this purpose. Lawyers arranged through the MHAS will visit you prior to the Tribunal hearings so that they can represent your wishes at the hearing.

Families and carers are also welcome to call the MHAS on (02) 9745 4277 for free legal advice and assistance. Further information is available on their website <http://www.legalaid.nsw.gov.au/what-we-do/civil-law/mental-health-advice>

## What are my rights?

Respecting your rights and your goals in accessing care is one of the core values of the SMHSOP Acute Inpatient Unit Model of Care.

The Australian Charter of Health Care Rights allows consumers, families, carers and service providers to share an understanding of the rights of people receiving healthcare. These rights include:

- A right to health care
- A right to safe and high quality care
- A right to be shown respect, dignity and consideration
- A right to be informed about services, treatment, options and costs in a clear and open way
- A right to be included in decisions about choices about care
- A right to privacy and confidentiality of provided information
- A right to comment on care and have concerns addressed

NSW Health is committed to safeguarding the privacy of patient information, and has implemented measures to comply with its obligations under the Health Records and Information Privacy Act 2002. Staff at your local facility will provide you with information outlining your rights and responsibilities during

your stay. More information on your rights can be found online at <http://www.health.nsw.gov.au/public/pages/for-patients.aspx> and details on your rights under the Mental Health Act (2007) is available via <http://www.health.nsw.gov.au/mhdao/Pages/legislation.aspx> or ask a staff member to provide you with the latest Mental Health Act (2007) schedule of rights information sheet.

### ■ **How can I provide information about my experience in your unit?**

You can provide feedback about your experience with SMHSOP Acute Inpatient Units. Please talk to the staff in our units, or you may prefer to go through Local Health District feedback and complaint processes. We are working on improving how we collect feedback relating to your care in our Acute Inpatient Units. Some of our units may ask you to answer a questionnaire about your stay in hospital and how satisfied you were with the service.

### ■ **What is the Official Visitors Program?**

Official Visitors are appointed by the NSW Minister for Health to help you with your rights while being treated under the Mental Health Act 2007. They visit mental health inpatient facilities and are available to listen to consumers' and carers' concerns and can help to resolve them, or act to resolve them on their behalf.

Official Visitors are independent from the health system and come from a range of cultural, professional and personal backgrounds. Just let the staff know if you would like to speak to an Official Visitor. You can also contact Official Visitors yourself by writing to them at Locked Bag 5016, Gladesville NSW 1675 or by phoning them on 1800 208 218.

### ■ **What is the Health Care Complaints Commission?**

The Commission is an independent body that responds to inquiries from people who are concerned about the quality of care provided to them or a family member or friend by NSW health service providers. The Commission's Inquiry Service provides advice on how to resolve the concerns. Inquiries are usually made by telephone: (02) 9219 7444; 1800 043 159 (Toll free in NSW), or email: [hccc@hccc.nsw.gov.au](mailto:hccc@hccc.nsw.gov.au). People who prefer a language other than English should contact the Commission through the Telephone Interpreter Service on 131 450.

### **What are my responsibilities?**

You can assist staff to provide a safe level of care by providing information about your medical history. This includes details of any medications you may be taking (including vitamins and herbal remedies), and the side effects of any treatment you are having and any other health concerns you may have.

It is expected that consumers, carers, their families and visitors:

- Respect all policies and practices, such as infection control measures, smoke-free zones and limitations on the use of mobile phones around medical equipment;
- Do not damage or take without permission, any health service equipment, stores or property; and
- Do not harass, abuse, threaten or put any person at risk of physical or psychological harm.

## **Organisations/networks that support the needs of consumers**

Some of the organisations that are there to provide information and support to consumers are listed below

### **NSW Consumer Advisory Group – Mental Health Inc. (BEING)**

<http://being.org.au>

For general information or enquiries:

Phone: 9332 0200

Email: [info@nswcag.org.au](mailto:info@nswcag.org.au)

### **CAN (Mental Health) Inc.**

<http://canmentalhealth.org.au>

Telephone Peer Support line

Phone: 1300 135 846 (available 4 evenings)

6pm – 11pm (Friday)

7pm – midnight (Saturday)

7pm – 11pm Monday & Thursday

Email: [admin@canmentalhealth.org.au](mailto:admin@canmentalhealth.org.au)

### **People with Disability**

<http://www.pwd.org.au>

### **Mental Health Association NSW**

<http://www.mentalhealth.asn.au>

### **Mental Health Information Service**

phone: 1300 794 991

### **Aboriginal Medical Services (AMS)**

A map of AMS locations can be found at <http://www.healthinfonet.ecu.edu.au/health-infrastructure/health-workers/organisations/map-of-aboriginal-medical-services-in-australia> or you may wish to contact:

### **Aboriginal Health & Medical Research Council of NSW**

<http://www.ahmrc.org.au/>

Phone: 9212 4777

### **Transcultural Mental Health Centre**

<http://www.dhi.health.nsw.gov.au/tmhc>

Free call: 1800 648 911

Consumer workers are people with lived experience of mental illness who visit mental health inpatient facilities to provide support to consumers and carers. This service is not available in all areas so please to talk with staff to find out if your unit has access to a consumer worker.

## **Organisations that support the needs of families and carers**

There are a number of organisations that are there to provide information and support to carers of people with mental health problems. Some of the organisations are listed below.

### **Mental Health Carers ARAFMI NSW**

Information & support line

Phone: 1800 655 198

Email: [info@arafmi.org](mailto:info@arafmi.org)

### **Carers NSW**

Carer line

Phone: 1800 242 636

(9am – 5pm Monday to Friday)

After hours: call Lifeline: 13 11 14

### **Carer Assist**

For information and advice you may also call Carer Assist direct on 9816 5652 (9am – 5pm)

After hours: call Lifeline: 13 11 14

[www.sfnsw.org.au/Carer-Assist/Contact-Us](http://www.sfnsw.org.au/Carer-Assist/Contact-Us)

### **Alzheimer's Australia NSW**

National Dementia Helpline

Phone: 1800 100 500

Email: [nsw.helpline@alzheimers.org.au](mailto:nsw.helpline@alzheimers.org.au)



## **NSW Dementia Behaviour Management Advisory Service (DBMAS)**

Phone: 1800 699 799

Email: [nswdbmas@hammond.com.au](mailto:nswdbmas@hammond.com.au)

### **What is being done to maintain and further improve care in this unit?**

SMHSOP Acute Inpatient Units are required to monitor and report on their performance to ensure the delivery of health care is safe and effective. Across NSW, similar units are compared to monitor performance, guide service delivery and development, and to focus on improvement. This includes supporting the national work around monitoring and reducing seclusion and restraint.

### **Where to from here?**

SMHSOP Acute Inpatient Units in NSW are already delivering many aspects outlined in the SMHSOP Acute Inpatient Model of Care Project Report. However, there are significant differences between the units and there is no unit that cannot further improve in its design or the way in which care is delivered. Our services are reviewed on an on-going basis. The training and education needs of staff, as well as options for the design of the unit, are considered with a view to promoting effective care and a consistent standard of practice in SMHSOP Acute Inpatient Units across NSW.

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## Where can I get more information about this model of care?

**Please talk to the staff in your mental health facility**

**A full copy of the SMHSOP Acute Inpatient Model of Care Project Report is available at:**

[http://www.health.nsw.gov.au/mhdao/publications/publications/smhsop\\_aiu\\_moc.pdf](http://www.health.nsw.gov.au/mhdao/publications/publications/smhsop_aiu_moc.pdf)

or ask the staff to provide a copy for you.



