

Fact Sheet

Extreme heat guidance for Mental Health Services

Guidance for Mental Health Services to ensure a planned, managed, and effective response to an extreme heat or heatwave event.

- > Remind yourself and staff about the physical and mental health effects of extreme heat, including an increased risk of suicide, mental health-related hospital admissions and mental health-related emergency department presentations, and which person's might be at higher risk of heat related harm.
- > Consider the effect that heat may have on prescribed medications that may be taken by people. Some medications may have drug levels that are affected by dehydration (e.g. lithium) or may interfere with thermoregulation (e.g. selective serotonin reuptake inhibitors, antipsychotics). Furthermore, some medications may also be less effective or more toxic when stored at high temperatures.
- > Consider the risk of unplanned alcohol or drug withdrawal if people are unable to cope with the heat to be able to use public transport to access alcohol or drugs, including prescribed medication and opioid maintenance therapy.
- > Be aware of the potential side effects of medicines and consider optimal dosing during periods of hot weather. Advise people how to store and take medication during the heat.
- > Consider including heat advice and a pre-summer medical assessment into routine care and care plans for at-risk people.
- > Understand the mechanisms of heat illnesses, clinical manifestations, diagnosis, and treatment.
- > Recognise the early signs of heat-related illness, including heatstroke which is a medical emergency.
- > Be aware of the risk factors in heat-related illness
- > Be aware of how to initiate proper cooling and resuscitative measures.
- > Consider holding a team/staff meeting prior to summer to increase staff awareness and to conduct any training related to heat and the health of both staff and people registered to the mental health services.
- > Consider sharing information about heat health with people registered to the mental health services. through written information, videos, social media, and information sessions, this includes:
 - sharing SA Health extreme heat factsheets, translated resources and the Healthy in the Heat booklet available at www.sahealth.sa.gov.au/healthyintheheat
 - ordering printed copies of the Healthy in the Heat booklet by emailing: Health.DisasterManagementBranch@sa.gov.au
 - reviewing heatwave warnings and advice as well as sharing the [Easy English Heatwaves](http://www.ses.sa.gov.au) factsheet available at www.ses.sa.gov.au
 - registering for the free Telecross REDi service to ensure vulnerable people are well and coping during declared heatwaves by calling 1800 188 071.
- > Recognise the symptoms of and provide appropriate treatment for mild heat-related conditions, such as dehydration and heat cramps. In cases of suspected heat exhaustion or heat stroke, immediately refer for medical assessment at the nearest emergency department/via 000. Remind staff how to look after themselves during extreme heat and heatwaves (e.g. provide advice on staying hydrated, advice to stay cool while travelling to and from work and encourage regular breaks).
- > Plan for staff shortages during periods of extreme heat and heatwaves, and increased demand for services, including on the days that follow the heat.

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- > Prepare for changes to service delivery.
- > Consider rescheduling appointments to earlier times of the day when it is cooler, postponing appointments to another day, or cancelling activities completely (e.g. exercise classes) to prevent people and staff from travelling in the heat. You can also consider switching face-to-face appointments to a phone call where appropriate to limit travel for both people and staff.
- > Educate those at risk, and their carers, about how to look after themselves during hot weather.
- > Reinforce to carers the importance of also caring for themselves, especially during the heat.
- > Have phone numbers of key resources within easy access – emergency departments, SA Ambulance, SA Virtual Care Service or Royal District Nursing Service (RDNS).
- > Utilise the Community Based Information System (CBIS) and Country Consolidated Client Management Engine (CCCME) to develop the list of heat vulnerable people and ensure that this list is kept up to date utilising the alerts. Ensure the list is accessible to relevant staff during times of heat activation.
- > Check they have appropriate follow-up and supports in place, including that their care plan contains heat-specific advice, contact details for their doctor and their other care workers, and there are adequate arrangements for food shopping to reduce having to go outdoors during the heat.
- > Advise people on drinking recommendations appropriate to their health status, particularly those who have a decreased perception of thirst. Fluids are not just limited to water; they can be icy poles, fruit juice or cordial. Salt tablets, sports drinks or electrolyte-carbohydrate supplements offer no benefits and may be harmful because of high osmotic load. Excessive drinking of pure water can lead to severe hyponatraemia, potentially leading to complications like stroke and death.
- > Educate people to adjust their behaviour to stay cool by planning their day to avoid being outside during the hottest part of the day, reducing excessive clothing, using electric fans, applying damp towels containing ice to the skin, and taking cool showers. If they must leave the house, advise them to also wear a hat and sunscreen.
- > Ensure the facility is heat-friendly for people visiting and staff, with a cool waiting room, drinking water, blinds closed to block the sun, and regular staff breaks for hydration.
- > Consider putting up posters and having printed information in your clinic which are available from the SA Health website.
- > Develop and implement a communication policy to keep staff updated if extreme heat or a heatwave is forecast.
- > Have a prepared and practised heat plan and response to a heat or heatwave warning.
- > Plan to hold an evaluation meeting with staff after an extreme heat event or heatwave to discuss how they dealt with it, what went well, and what could be improved.

Mental Health Clinician Heatwave Checklist

Please use this checklist to assess your case load of people experiencing mental health distress's readiness to manage in a heatwave.

NB Child and Adolescent Mental Health Services as part of the Women's and Children's Health Network are encouraged to undertake this assessment. It is considered optional, as their clients are generally children and adolescents who either live with their family or are under the care of a responsible adult or other agency, but for those clients who have alternative guardianship and may have complex needs this assessment is similarly encouraged.

Ensuring that children and adolescents that may not have a mental health plan are part of the consideration for this plan and utilisation of the check list. High risk clients and those that are considered as vulnerable (absconding, transient) should consider using the checklist and plan as part of any management plans.

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Checklist	Y/N
I am aware of people who are most at risk during a heatwave.	
I have completed the Heat Vulnerability Assessment Tool (HVAT) on CBIS/CCCME for all people on my mental health case load.	
I have completed a CBIS/CCCME heat vulnerability alert for all people requiring one.	
All people I am working with have a heatwave safety plan in place and documented in their CBIS/CCCME care plan and in the medical record.	
I have the contact details of Carers or relatives who will be checking on identified vulnerable people during a heatwave.	
I am aware of the medications that the people I case manage are taking and have given them appropriate advice regarding medication management throughout the heatwave?	
I have educated people I am working with regarding keeping safe and cool in the heat and provided them with the 'Top Tips to Staying Cool' information sheet and the 'SA Health Healthy in the Heat booklet'.	

For more information

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