



# Riverland Mallee Coorong Local Health Network Mental Health Service Plan

## 2023-2028

October 2023

Our people caring for our communities.



**Health**  
Riverland Mallee Coorong  
Local Health Network





## Acknowledgement of Country

We respect and honour Aboriginal and Torres Strait Islander Elders past, present and future. We acknowledge the stories, traditions and living cultures of Aboriginal and Torres Strait Islander peoples on this land and commit to building a brighter future together.

We acknowledge that 'Aboriginal business is everyone's business' and we will work in partnership with Aboriginal and Torres Strait Islander peoples to improve their health and wellbeing. We will work collectively with consumers and the community to ensure Aboriginal people get to enjoy the same, or better, health outcomes as the broader population.



## Foreword



### From the Governing Board Chair - Dr Peter Joyner OAM

On behalf of the Riverland Mallee Coorong Local Health Network (RMCLHN) Governing Board, I am pleased to present the RMCLHN Mental Health Service Plan 2023-2028.

The Plan outlines our strategic intent to enhance our mental health services over the next five years to provide compassionate, human-centered care in an integrated way to those most in need in our communities. It sets the direction for us to build our services, strengthen our workforce, work more closely with our partners and address service tensions.

The Plan has been developed through a co-design approach involving a broad range of clinicians, staff, key partners, consumers and community members.

We look forward to achieving the outcomes intended in this Plan which supports our vision to support people in our communities to have the best possible quality of life.



### From the Chief Executive Officer, Wayne Champion

On behalf of the RMCLHN Executive Committee, I am pleased to present the RMCLHN Mental Health Service Plan.

The Plan captures what we have heard as being important to the community, now and into the future and describes priorities for mental health services across RMCLHN over the next five years.

RMCLHN is committed to working together to care for local communities and develop our region as a centre for excellence in rural health care, research, and teaching. The service planning process shows that by being responsive to our local communities and working together we can progress our vision to support people in our communities to have the best possible quality of life by providing high quality specialist mental health services that promote dignity, respect, choice independence and social connection.

I would very much like to thank the mental health leadership team for their effort in leading the development of this plan and the Advisory Group for their commitment and energy in guiding this process. I also want to acknowledge the many consumers, community members, clinicians and partners for their valued input.



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## 1. Executive summary

This Mental Health Service Plan (the Plan) reflects the priorities for mental health services in the Riverland Mallee Coorong Local Health Network (RMCLHN) for the next five years.

RMCLHN offers mental health services at the highest scope of rural practice. Our six-bed Integrated Mental Health Inpatient Unit (IMHIU) and Community Mental Health Teams (CMHT) provide localised, recovery-focused services for our consumers along with support to our Emergency Department (ED) services and acute hospital care.

This Plan relates specifically to the acute mental health care services we are funded to provide to our communities. We recognise that this care is only one element of mental health support services offered by the wider health system and we aim to work in genuine collaboration with our partners (who are described herein), to provide care and supports that improve the quality of life for our community members. This includes supporting choice of service provider, service type and service environment for low level mental health concerns. Ongoing consultation through collaboration with our consumers, community and partners will be needed to meet the evolving needs of our catchment's population.

This Plan identifies a range of service initiatives which will support the provision of safe, quality services closer to home in RMCLHN and is underpinned by a number of key strategic drivers, including the: Clinical Services Capability Framework, SA Health and Wellbeing Strategy 2020-2025, SA Mental Health Plan 2020-25, National Aboriginal Cultural Respect Framework 2016-2026, RMCLHN Strategic Plan 2021-2026, RMCLHN Consumer and Community Engagement Strategy 2021-2024, RMCLHN Clinician and Staff Engagement Strategy 2022-2024, RMCLHN Reflect Reconciliation Action Plan (RAP) 2022-2023, and other relevant RMCLHN plans available from [www.sahealth.sa.gov.au/RMCTYourVoiceMatters](http://www.sahealth.sa.gov.au/RMCTYourVoiceMatters).

A local Advisory Group was convened to lead this service planning process with support from the Rural Support Service (RSS) Planning and Population Health Team. A wide range of consumers, community members, clinicians and other key stakeholders were engaged throughout the process.

The Plan outlines our four key focus areas to enable delivery of quality mental health services in RMCLHN. These focus areas have been shaped in response to the feedback from our consumers and communities, evidence of need, existing patterns of care and input from our clinicians and partners. We acknowledge the critical role of services delivered by our partners, other government and non-government organisations in the region.

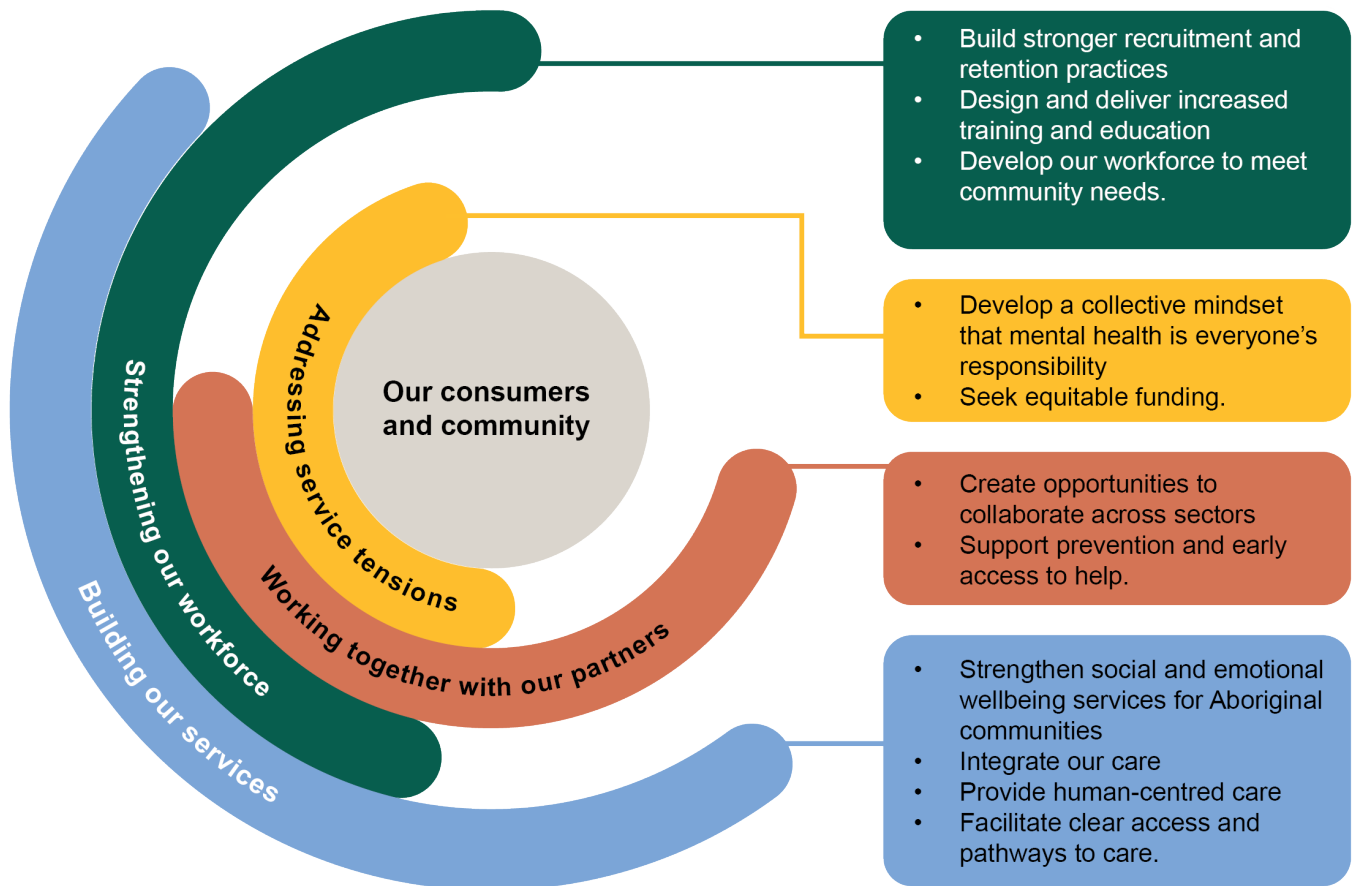
The service initiatives included in the Plan are aligned with RMCLHN's Strategic Plan values and themes (refer page 8). Through our consultation processes our community and consumers voiced their desire for our services to be delivered in harmony with these values. This Plan therefore provides us with a blueprint to keep us **motivated** and **accountable** to providing care that is **consumer focused**, culturally competent, **compassionate** and **respectful**. We believe if we continue to be **resourceful** in meeting these fundamental values it will result in **service excellence**. We are here to serve our community; to support people in our community to have the best possible quality of life and acknowledge our responsibility to collaborate with the wider health system service providers to streamline the treatment and support provided to shared patients and consumers.

The Plan aims to:

- Clearly outline mental health service improvement priorities across Riverland Mallee Coorong communities over the next five years
- Enable our consumers and community to access compassionate human-centred care that is integrated across the wider health system and considers those who are in most need
- Develop and grow our committed, competent and passionate mental health staff and clinicians as a means to strengthen and expand our workforce capacity
- Enhance mutually beneficial collaboration across the wider health system to support prevention and early access to help
- Understand and address the service tensions that impact on our ability to provide excellence in mental health care.

The RMCLHN Executive Committee has oversight of this Plan and will report progress on the Plan's outcomes to the RMCLHN Governing Board in alignment with existing rolling operational and strategic plan reporting processes.

## Our Mental Health Service Plan in summary:



## 2. Introduction

### 2.1 Why we developed this Service Plan

Service planning is the process of developing a strategic approach to improve local health service delivery within the broader health system. The intent is to meet the current and emerging health needs of populations, catchments and specific clinical streams.

While developing the RMCLHN Strategic Plan 2021-2026, community raised their views on the need for improved mental health care in our region. This earlier feedback instilled in us the motivation to make mental health services a strategic priority with oversight by the RMCLHN Executive Committee, and we have now invested in the development of this plan for the next five years.

The mental health system in South Australia is complex and diverse. It is essential that regional service planning is performed with adequate consideration of, and integration with, the wider health system as a whole. Service planning creates the opportunity to build on the broad strategic directions of the wider health system, to explore consumer need and population trends, to investigate local health service data, examine integration with the system at-large, and to articulate a future plan for meaningful needed local service provision priorities.

It is widely acknowledged that the mental health system in South Australia is a “complex patchwork of success and areas of failure” (SA Mental Health Services Plan 2020-2025). While RMCLHN works diligently to provide compassionate care to our consumers, the system itself, in its current design, is not resulting in the outcomes our region is striving for.

Our RMCLHN services are funded to provide the most acute mental health care to our communities, from emergency services, inpatient care and community-based support. This care is only one element of the services offered by the larger system. We are part of a wider health system that supports the social and emotional wellbeing of our communities – we must work in genuine collaboration with our partners to provide care that is human-centred and improves the quality of life for our community members.

The aim of this Plan is to provide a blueprint for potential future service within RMCLHN to meet the current and emerging needs of the catchment’s growing and diverse population over the next five years.

### 3. Broader context

#### 3.1 Directions from national, state and RMCLHN plans

Service planning does not occur in isolation but within an integrated planning environment. Several strategies, frameworks and plans have informed and provided overarching strategic direction for this Mental Health Service Plan. Integrated planning means planning with awareness of, and alignment with, the broader strategic landscape including workforce, digital, financial, and capital infrastructure planning. Planning with this awareness results in better efficiency and connectedness across the wider health system.

#### Riverland Mallee Coorong Local Health Network Strategic Plan 2021-2026

The RMCLHN Strategic Plan defines the focus of our organisation for the immediate future, by identifying our goals and priorities across four strategic themes

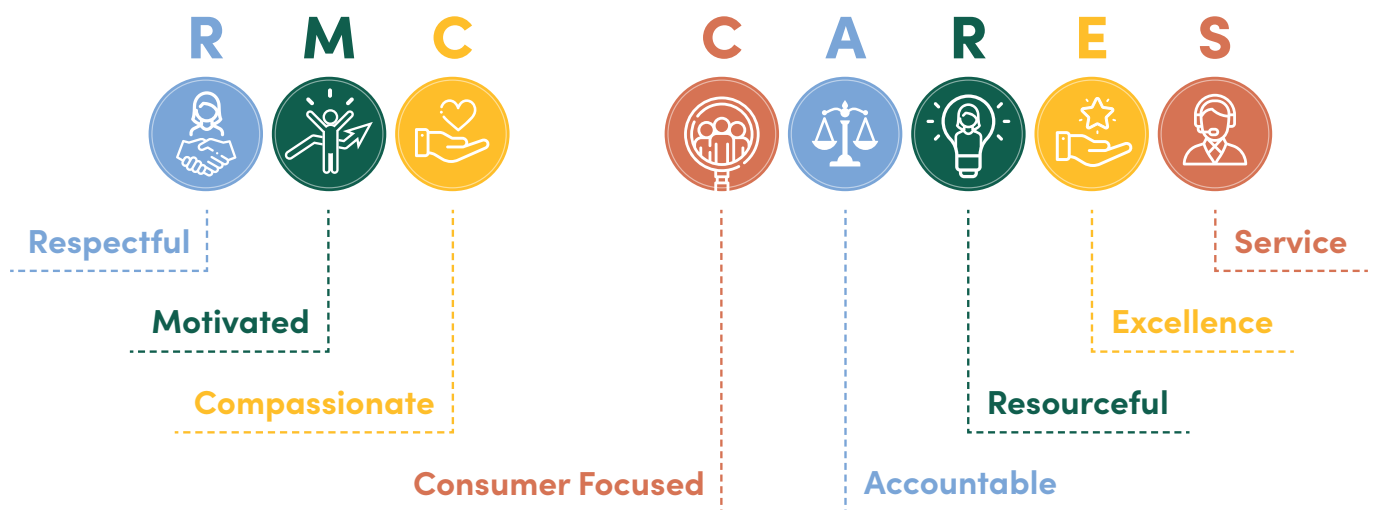
Purpose: Our people caring for our communities.

Vision: We will support people in our communities to have the best possible quality of life by providing high quality specialist mental health services that promote dignity, respect, choice, independence and social connection.

The four strategic themes:

- Caring for our Communities
- Excellence in Clinical Care
- Local Accountability
- Investing in our People.

Our values:



Other RMCLHN plans that have been considered in this Plan include the Reflect Reconciliation Action Plan (RAP) 2022-2023, Community and Consumer Engagement Strategy 2021-2024, Disability Access and Inclusion Plan 2022-2025, Organisational Development Strategy 2021-2024, and the Clinician and Workforce Engagement Strategy 2021-2024.



## SA Health and Wellbeing Strategy 2020-2025

The SA Health and Wellbeing Strategy 2020-2025 sets the scene for statewide health system planning, providing the overarching vision for the next level of more localised and connected LHN service planning. The aim and goals of this strategy provide focus for the improvement efforts across the wider health system.

*Aim: to improve the health and wellbeing of all South Australians*

The goals of the SA Health and Wellbeing Strategy are to:

- Improve community trust and experience of the health system
- Reduce the incidence of preventable illness, injury and disability
- Improve the management of acute and chronic conditions and injuries
- Improve the management of recovery, rehabilitation and end of life care
- Improve individual and community capability to enhance health and wellbeing
- Improve the health workforce to embrace a participatory approach to health care
- Improve patient experience with the health system by positioning ourselves to be able to adopt cost effective emerging technologies and contemporary practice
- Improve the value and equity of health outcomes of the population by reducing inefficiencies and commissioning for health needs.

## SA Mental Health Services Plan 2020-2025

The SA Mental Health Services Plan provides a renewed five-year vision for the delivery of Department for Health and Wellbeing operated and commissioned mental health services in our state.

*Vision: The SA Department for Health and Wellbeing will commission mental health services of the highest quality, that are effective and safe, uphold human rights, enhance wellbeing and support people to fully participate and thrive in their chosen community.*

The goals and priorities of the SA Mental Health Services Plan are:

### Priorities

- Community alternatives
- Human rights
- Lived experience peer workforce
- Effective suicide prevention
- Access to therapies
- Equity of services
- Supporting people who are most at risk.
- Integrated Care
- Safe and high-quality care.

### Goals

- Personalised care
- Integrated Care
- Safe and high-quality care.

## National Mental Health and Suicide Prevention Plan 2021

The National Mental Health and Suicide Prevention Plan outlines a reform agenda that recognises Australians need a system that acts early to help people before mental health conditions and suicidal distress worsen. It acknowledges that whole-of-government and whole-of-community changes are needed to deliver preventative, compassionate, and effective care.

*Mission: We are transforming Australia's mental health and suicide prevention system.*

The five pillars:

- Prevention and early intervention
- Suicide prevention
- Treatment
- Supporting the vulnerable
- Workforce and governance.

## SA Health Planning Framework 2021

The SA Health Planning Framework was developed as a resource to strengthen health system and health service planning, align the process of planning across the system and to define governance, roles and responsibilities in planning. This Framework supports the SA Health and Wellbeing Strategy 2020–2025 and is intended to align closely with the SA Health Commissioning Framework March 2020 and the SA Health Performance Framework 2020–2021.

The purpose of the Planning Framework is to:

- support planning concepts to align with identified key focus areas of population health need
- provide the SA Health system with a high-level understanding of our approach to planning
- provide the SA Health system with an understanding of how planning activities are prioritised
- support the increase of efficiencies through improved decision-making and appropriate planning
- provide a high-level explanation of the connection between planning, commissioning and infrastructure planning
- support a collaborative and integrated approach to planning, to aid in the provision of safe, high-quality services.

## 4. Background

### 4.1 What we know about our community needs

#### 4.1.1 Data insights that build our understanding of community need

RMCLHN covers

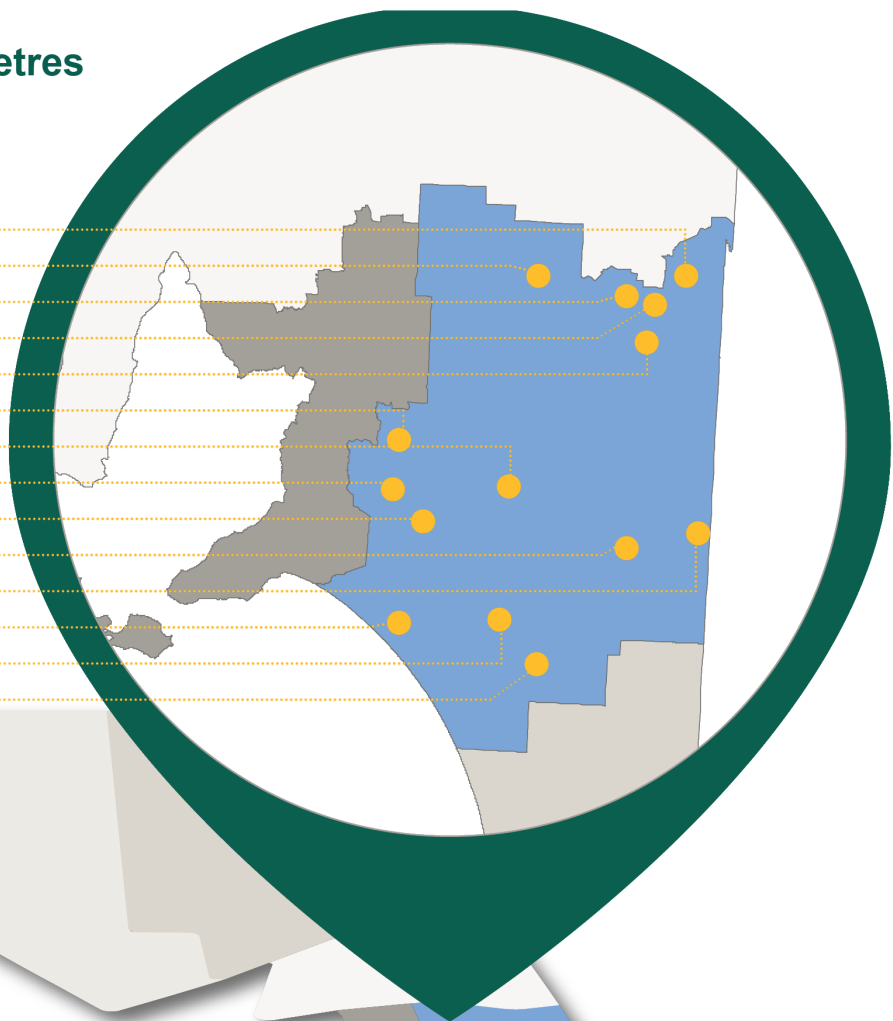
**42,775 square kilometres**

The LHN includes the town  
and surrounds of:

- Renmark
- Waikerie
- Barmera
- Berri
- Loxton
- Mannum
- Karoonda
- Murray Bridge
- Tailem Bend
- Lameroo
- Pinnaroo
- Meningie
- Coonalpyn
- Tintinara

The regional population  
for RMCLHN (2021) is

**70,661 people.**





## Our population's mental health needs

According to the Social Health Atlas 2017-18 the **RMCLHN catchment** has a high comparative incidence of **psychological distress and mental and behavioural conditions**

**15,571**  
people in the Murray and Mallee SA3\*\* are estimated to have **mental and behavioural conditions**



**23.9**  
people per 100 in Renmark\*, and Mannum/Murray Bridge Region\* are estimated to have **mental and behavioural conditions**. Higher than rates for all Australia (20.1/100)

*\*highest for RMCLHN*

**30.1%**  
of Aboriginal residents in inner regional areas e.g. Murray Bridge/Mannum are estimated to have **mental and behavioural conditions**



**8,419**  
people aged 18 and over in the Murray and Mallee SA3\*\* are estimated to have **high or very high psychological distress**



**19**  
people per 100 in Renmark\*, and Murray Bridge\* are estimated to have **high or very high psychological distress**. Higher than rates for all Australia (12.9/100)

*\*highest for RMCLHN*

**42.1%**  
increase in the estimated number of people with high or very high psychological distress from 2008-2018 in **Murray Bridge**



**53.2%**  
increase in the estimated number of people with high or very high psychological distress from 2007-08 to 2017-18 in **Renmark**



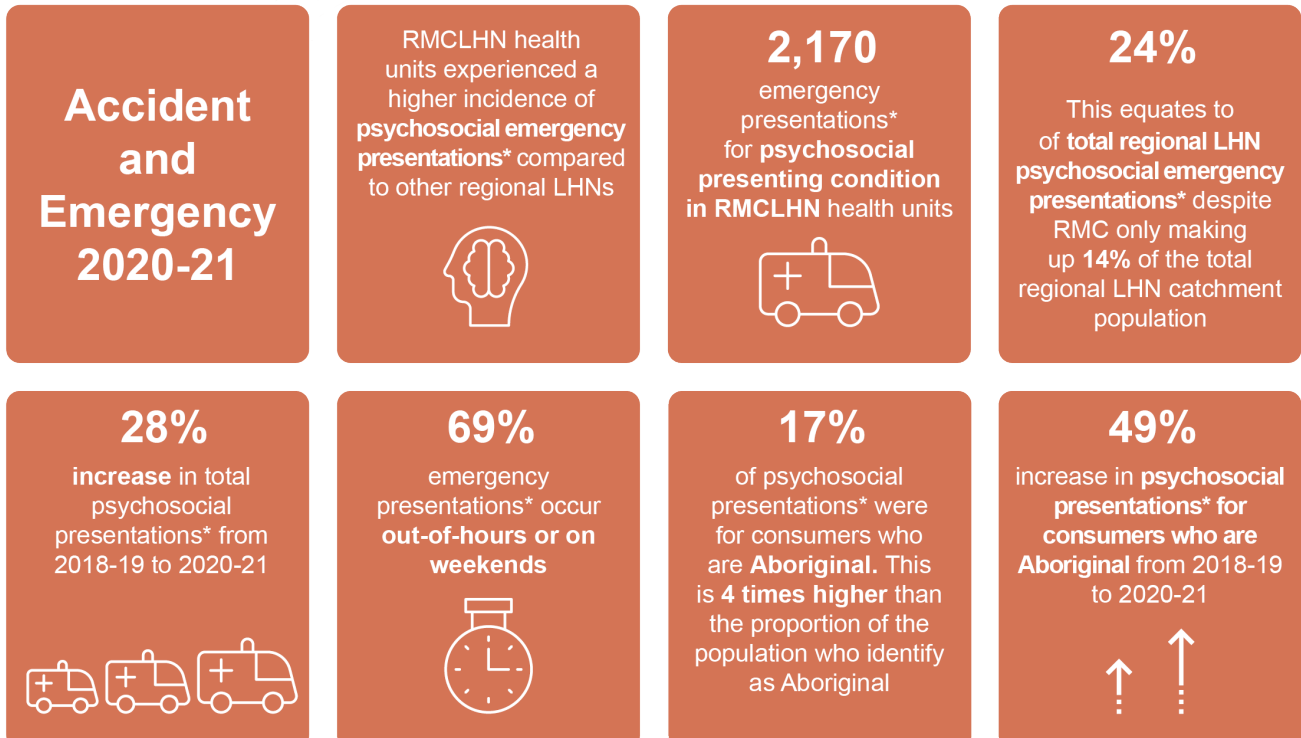
Reported deaths from **suicide and self-inflicted injuries** for persons aged 0-74 years was higher in the Murray and Mallee SA3\*\*, with a standardised death rate of 126 compared to a standardised death rate 100 for Australia

\* Highest geographical area within RMCLHN catchment

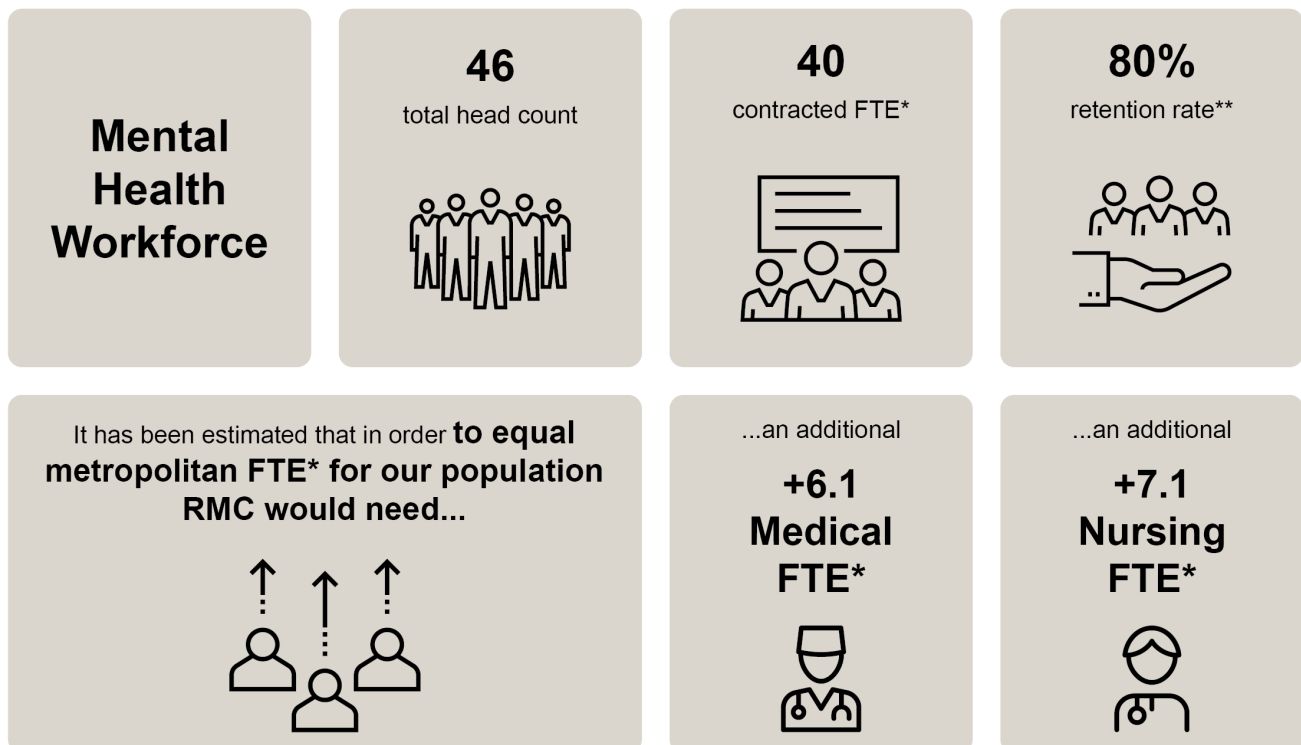
\*\* Murray and Mallee SA3 is the Statistical Area Level 3 and incorporates the Social Health Atlas of Australia

Population Health areas of:

- Barmera Berrri
- Karoonda -Lameroo/The Coorong
- Loxton/Loxton Region, Renmark Region
- Mannum/Murray Bridge Region
- Murray Bridge
- Renmark
- Waikerie



\* Psychosocial emergency presentations are those presentations where the Presenting Problem = psychosocial.



\* FTE = Full Time Equivalent

\*\* Retention Rate equals the number of employees in CHRIS21 under Mental Health who stayed in the health unit for the whole previous 12 months, divided by the number of employees in the health unit at the start of that period. Multiply the result by 100 to get the retention rate.

**Admitted activity  
2020-21**


**1,125**  
mental health separations\* at all public SA hospitals for RMCLHN residents




**746**  
mental health separations\* at RMCLHN health units




**154**  
separations\* at the RMCLHN Integrated Mental Health Inpatient Unit (IMHIU)



Separations\* for consumers who are Aboriginal account for **12%** of all mental health separations\* at RMCLHN hospitals (2018-19 to 2020-21). This is **3 times higher** than the proportion of the RMC population identifying as Aboriginal (3.8%)



**130**  
Psychiatry inpatient up-transfers\*\* from Murray Mallee Hospitals



**54**  
Psychiatry inpatient up-transfers\*\* from Riverland Hospitals




**45%**  
Psychiatry self-sufficiency for all Murray Mallee residents




**79%**  
Psychiatry self-sufficiency for all Riverland residents



**161**  
ITOs~ for residents from the Murray Mallee catchment  
~Involuntary Treatment Orders



**58**  
ITOs~ for residents from the Riverland catchment



\* Mental Health separations are admissions to inpatient services where the Service Related Group (SRG) is Psychiatry.  
\*\* Up-transfers are transfer to another hospital for more acute care where Nature of Separation = 'other hospital - up transfer' or 'retrieval'

**Self-sufficiency** measures the proportion of hospital services provided at LHN hospitals for residents who live in LHN catchment areas. It indicates where people from the LHN catchments are accessing public hospital services





**Data Sources:**

*Population source:* ABS, 2016 Census, SA2 and SA1 Geographical Classifications.

*Social Health Atlas Source:* Public Health Information Development Unit (PHIDU). Social Health Atlas of Australia: Population Health Areas (online) 2020. Accessed 24 June 2021 <http://phidu.torrens.edu.au/social-health-atlases/data#social-health-atlas-of-australia-population-health-areas>

*Community Mental Health Source:* Country Data Mart; CCCME. Accessed 11/10/2021

*Accident and Emergency source:* extracted from HIP Emergency Dept Universe 1/11/2021, standard public hospital sub-setting rules applied.

*Admitted Activity source:* extracted from HIP, Admitted Activity Universe 25/03/2022, standard public hospital sub-setting rules applied.

*Workforce source:* CHRIS21 as at 30 September 2021. Workforce estimation analysis provided by Mental Health Chief Analyst, Central Adelaide Local Health Network (CALHN), MH Information Management & Performance Monitoring Unit, SA Health. FTE data from Mental Health Establishments National Minimum Data Set 2018-19 and population data from ABS Census 2016. Note: SA regional LHNs includes BHF RRMHS

#### 4.1.2 Community and consumer insights that build our understanding of community need

In listening to a wide range of people with lived experience, we learnt what was important. This is what they said:

##### Emergency and urgent care

- Access to local 24/7 Emergency Department (ED) care is valued, however, extended hours of service from mental health liaison officers would improve interactions with health staff and improve the care provided.
- There is a sense that the health care system does not treat traumatic psychological injury or illness in the same way as traumatic physical injury or illness.
- A process is required to recognise undiagnosed mental health conditions and escalate care quickly for people presenting to ED recurrently, could assist consumers to receive the most appropriate care.

*"If consumers present to the ED a number of times within a short period of time there should be a red flag raised to alert staff that an assessment is needed to gauge if the consumer is at risk."*

*"I dream of a health care system that would treat my mentally traumatic injury and illness with the same urgency, thoroughness and 'realness' as if it were a physically traumatic injury or illness."*

##### Creating user-friendly services

- Access to the right services can require a lot of determination and hard work for both consumers and clinicians, and when this is achieved consumers feel valued.
- Consumers would appreciate additional support and guidance to manage their condition better.
- Consumers experience a lack of access to psychologist services, in addition the cost and inability to access one.

*"I did need to fight very hard to access the care I needed. I get the very distinct feeling my practitioner also must fight constantly against the system they operate in, to continue to deliver me the service that I continue to need, that has saved my life and enabled me to remain a contributing member of my community and society."*

##### Workforce systems and access

- Consumers do not like feeling like they are being brushed off and when staff do not listen. They feel that more empathy and understanding is needed.
- There is a desire for increased collaboration with all those involved in care to ensure smooth transition between services to provide comprehensive care.
- There is a wish expressed that service providers gain improved understanding and skill in trauma informed communication and consumer-focused care.

*"Not all staff that provide on-the-ground services have had training or understand consumer driven/consumer-focused care."*

*"I really believe that we need to utilise people with Lived Experience in the mental health sector more."*

## Environmental design

- Waiting rooms can impact on the health care experience.
- There is an appreciation of the beautiful garden adjacent to the IMHIU that offers consumers and their family a less clinical space to aid recovery.

*“While many other areas of health care have become more informed and tailored to personal needs, the waiting area concept has remained cold, hard, intimidating [and] poorly designed.”*

*“When I was unwell and spiraling, I went to ED and was put in a room, they turned [the] lights off, I saw no-one ... it was awful.”*

## Care that works for me

- Consumers expressed a desire for access to complementary therapies like meditation, yoga and calming techniques in the IMHIU.
- Consumers feel like it is hard for staff to understand and balance the treatment of both their mental health and physical health needs.
- When in the midst of a mental health crisis, the path to care feels muddled and unclear.

*“Ongoing communication to consumers, carers and community will help minimise any misunderstandings.”*

*“They (health workers) don’t seem to ask questions and listen.”*

## Culturally responsive care

- Consumers feel judged and have the sense that when you are branded with something – “you are branded.”
- There continues to be systemic misunderstanding, judgement and stereotyping of consumers who identify as Aboriginal and/or Torres Strait Islander.
- It’s vital to include each consumer’s key support people along the path of treatment and care.

*“I am 11 years clean – but it is still in my doctor’s file and I am still judged for this. It makes me angry.”*

*“Intensive in-person training by trainers who are Aboriginal on what cultural safety means and the expectations of how to work is needed.”*



## 4.2 What we did to develop this Plan

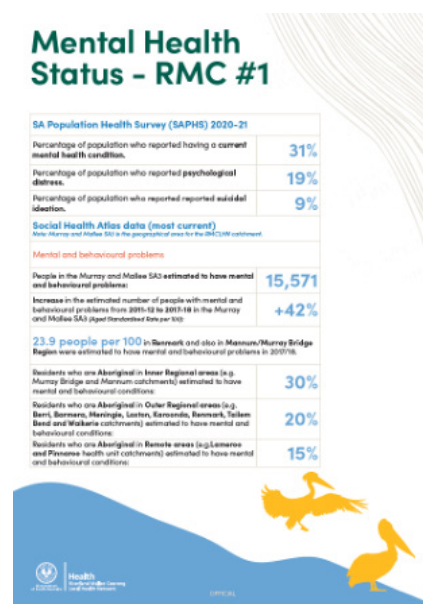
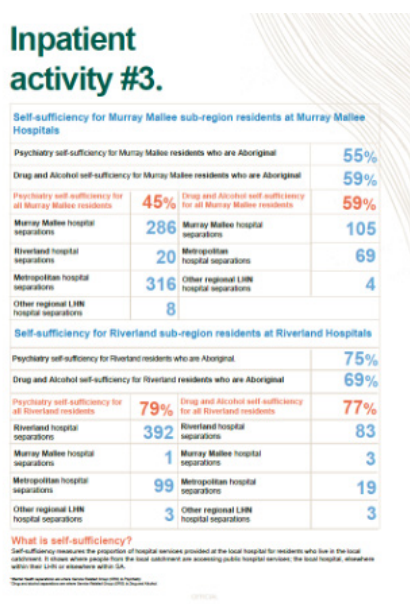
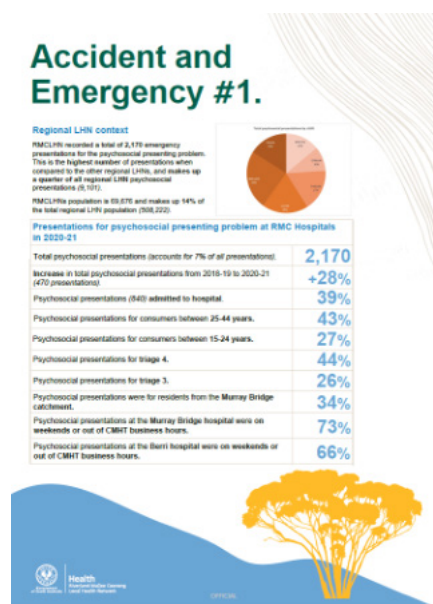
### The Advisory Group

The service planning process was led by a RMCLHN Mental Health Service Planning Advisory Group. The Advisory Group met regularly and were supported by the RSS Planning and Population Health Team in the co-design of mental health service planning. Clinicians, community members, consumers and other key stakeholders contributed to the development of the service plan via participation in a workshop, yarning circles and interviews.

The primary role of the Advisory Group was to:

- Review existing and projected health utilisation data to determine the future implications for RMCLHN mental health services
- Provide advice on the future scope of services and capacity required based on the data, local knowledge and best practice clinical standards
- Consider existing RMCLHN plans, the Department for Health and Wellbeing Mental Health Services Plan 2020–2025 and National Safety and Quality Mental Health Standards for Community Managed Organisations 2022
- Provide advice on future self-sufficiency for local mental health services
- Identify and engage other stakeholders as required to contribute to the service planning process
- Seek ideas, advice and recommendations from other relevant consultation processes and ensure consideration in the development of the Plan
- Provide feedback on recommendations and priorities as they are developed.

The Advisory Group endorsed a ‘service profile’ containing population and service utilisation data, which provided the foundation for a data gallery that was used to inform discussions at the clinician and partner engagement workshop. Examples of the posters containing this information are below.



The key learnings from this profile that have informed community need and service trends are outlined in the infographics provided on pages 12-14.

## Community and consumer engagement

The community and consumer engagement approach included a range of methods to learn from consumers and the community about their lived experiences with mental health services, with a particular focus on capturing barriers and problems, as well as areas of strength to fortify.

The data from a range of existing and new engagement processes with community and consumers was reviewed in the context of the planning for mental health services:

- Community and Consumer Engagement Strategy survey (June 2020)
- Strategic Plan survey (December 2020)
- Mental Health Expo engagement – Scarecrow feedback (November 2021 – Centacare)
- Aboriginal Health Community Forums – (Murraylands, Berri and Meningie – November 2021)
- Safety Learning System (SLS) data
- Your Experience of Service (YES) survey data for local consumers
- Health of the Nations Outcome Scales (HoNOS) data for local consumers
- Consumer interviews.

In addition, the Advisory Group recognised that specific engagement with local Aboriginal communities and consumers was vital. Consultation and planning on how best to achieve this engagement in culturally appropriate ways will be an ongoing commitment of services. Yarning Circles were held with key stakeholders on 24 March and 8 July 2022.

The insights from what we heard through these engagement processes provided the foundation for a range of posters that were used to inform discussions at the clinician and partner engagement workshop. Examples of the posters are below.



The key messages that we heard from our community and consumers during consultation has informed our understanding of the consumer experience and is outlined on pages 16–17.

## Clinician and partner engagement

The Advisory Group agreed to hold a clinician and partner engagement workshop following the extensive data analysis and community and consumer engagement processes. A face-to-face workshop was scheduled to be held in Berri on 27 April 2022, however due to COVID-19 impacts this was cancelled and a virtual workshop was scheduled instead for 11 May 2022. An invitation was sent to all members of the Advisory Group and a broad range of representatives including RMCLHN clinicians and leaders, Aboriginal Health, ED services, hospital inpatient - including IMHIU, Community Mental Health, Country Health Connect, RRMHS (RR, Emergency Triage Liaison Service (ETLS), GPs, SAAS, SAPOL, MIND Australia, Moorundi Aboriginal Community Controlled Health Organisation, Focus One, Headspace, AC Care, Country SA Primary Health Network (CSAPHN) and RSS planning staff. A total of 27 participants attended.

The session included a guest speaker presentation from John Manion, former South Australian Mental Health Commissioner who provided an opening address on emerging best practice in mental health services.

This was followed by facilitation of three smaller breakout sessions that covered:

- A review and discussions on insight posters and ‘How Might We’ questions from community and consumer feedback
- A review and discussion on data insight posters related to population and service trends
- An inquiry session – enabling participants to share their views on the strengths, challenges and opportunities for the future of mental health services in RMCLHN.

Examples of the posters used to guide discussions at the clinician and partner engagement workshop are below.



The views from this workshop were synthesised alongside the population data, service trends and community and consumer engagement findings. A mind map was created as a way of visualising the key themes. This was shared with the Advisory Group to seek confirmation on the important priorities to be included in the plan and to identify potential gaps in the emerging themes.

## 5. Our service capacity and capability

The SA Health Clinical Services Capability Framework (CSCF) 2016 has been designed to guide a coordinated and integrated approach to health service planning and delivery in South Australia. The CSCF is a set of 30 service modules for clinical service areas. The modules detail the minimum service and workforce requirements, risk considerations and support services to provide safe and quality care at South Australian hospitals. It is an important tool for statewide planning, defining the criteria and capabilities required for health services to achieve safe and supported clinical service delivery. It also provides planners and clinicians with a consistent approach to the way clinical services are described and identifies interdependencies that exist between clinical areas. For regional LHNs it helps to plan what services can safely and reasonably be provided close to home and what services will need to involve travel to, and partnership with, a metropolitan-based tertiary health service.

### **RMCLHN offers a range of different mental health service levels across our 12 hospital units.**

The RGH IMHIU located in Berri provides level 4 mental health – adult and youth acute inpatient services which offers:

- Short to medium-term and intermittent inpatient mental health care to low moderate and high risk/complexity voluntary and involuntary adult mental health consumers (including persons aged 16 years and over) mental health care 24/7
- A multidisciplinary team within the hospital's dedicated IMHIU
- Multidisciplinary assessment, targeted interventions by mental health professionals; consumer/carer education, information; weekly case review; group programs; extensive primary, secondary prevention programs; consultation-liaison with higher/lower level mental health services; and referrals to other services.

The RGH and Murray Bridge Soldiers' Memorial Hospital (MBSMH) general wards provide level 2 mental health – adult inpatient services:

- Limited short-term or intermittent inpatient mental health care to low-risk/complexity voluntary and, if authorised to do so, involuntary adult mental health consumers. Provides general healthcare and some limited mental health care 24/7
- Delivered predominantly by a team of general health clinicians within a facility without dedicated mental health staff. Medical services provided on-site or in close proximity to provide rapid response at all times
- Assessment, brief interventions and monitoring; consumer and carer education and information; documented case review; consultation-liaison with higher level mental health services; and referral, where appropriate.

There are two Community Mental Health Teams (ambulatory) in RMCLHN (Murray Bridge and Berri) which provide level 4 services based on the CSCF:

- Short to long-term or intermittent non admitted mental health care to low and moderate risk/complexity voluntary and, if authorised to do so, involuntary adult mental health consumers
- Youth consumers 16 years and older and persons aged 65 and older, may access this service where clinically and developmentally appropriate, in line with policy and procedures of the adult service
- A multidisciplinary team of mental health professionals who provide local mental health care service via hospital-based outpatient clinic or day program, community mental health clinic or home-based care
- Multidisciplinary assessment and targeted interventions by mental health professionals; care coordination/case management; consumer and carer education and information; documented weekly case review; some group programs; primary and secondary prevention programs; consultation-liaison with lower and higher-level mental health services; referral where appropriate.



### Current capacity:

The RGH IMHIU provides:

- Voluntary admissions to mental health consumers who are able to be appropriately managed in a hospital environment. Approved treatment centre for involuntary consumers requiring closed-bed Psychiatric Intensive Care Unit (PICU) management
- Initial mental health assessment (mental state examination and risk assessment)
- GP-led care planning and medication management and referral and consultation/liaison to higher level mental health services
- Facilitation of transfer of involuntary patients to tertiary centres
- Resident consultant psychiatrist, business hours, on call 24/7 ETLs.

RGH and MBSMH provide:

- Voluntary admissions to mental health consumers who are able to be appropriately managed in a hospital environment
- Initial mental health assessment (mental state examination and risk assessment)
- GP-led care planning and medication management and referral and consultation/liaison to higher level mental health services
- Facilitation of transfer of involuntary patients to centres.

The RMCLHN Community Mental Health Teams provide the following in-reach services to RGH and MMBSMH:

*Business hours (Monday to Friday 9am to 5pm)*

- Specialist mental health assessment, crisis intervention and care planning – Clinical Liaison Nurse at RGH and MBSMH
- Brief intervention and care coordination and support for discharge planning
- Facilitation of telepsychiatry assessments
- Consultation and liaison with ETLs and psychiatry services.

*Afterhours*

- Access (via phone 13 14 65) rural and remote ETLs (24/7) includes access to on-call psychiatrist and emergency telepsychiatry.

The RMCLHN Community Mental Health Team's ambulatory services:

*Specialist mental health assessment, crisis intervention and care coordination for voluntary and involuntary consumers 16 years and over presenting with serious and/or severe mental health conditions.*

- Operates Monday to Friday 9am to 5pm
- Duty work service and assertive community intervention
- Therapeutic intervention
- Multidisciplinary team
- Resident community psychiatrist
- Access to telepsychiatry assessment
- 24/7 urgent mental health assistance via rural and remote ETLs 13 14 65



## 6. Our Mental Health Service Plan

### 6.1 Summary

1. Strengthening our workforce.	2. Building our Service.	3. Working together with our partners.	4. Addressing service tensions.
<p>Building stronger recruitment and retention practices.</p> <p>Designing and delivering increased training and education.</p> <p>Developing our workforce to meet community needs.</p>	<p>Strengthening social and emotional wellbeing for Aboriginal communities.</p> <p>Integrating our care.</p> <p>Providing human centred care.</p> <p>Facilitating clear access and pathways to care.</p>	<p>Creating opportunities to collaborate across our wider health system.</p> <p>Supporting prevention and early access to help.</p>	<p>Developing a collective mindset that mental health is everyone's responsibility.</p> <p>Seeking equitable funding to meet our population needs.</p>
<p>Advance a RMCLHN mental health career pathway.</p> <p>Develop mental health specific recruitment and retention incentives.</p> <p>Design a mental health training program.</p> <p>Build the diversity of our workforce to meet the needs of our vulnerable populations.</p> <p>In partnership with Aboriginal Health monitor achievement of cultural responsiveness training.</p> <p>Expand our Lived Experience Peer Workforce.</p>	<p>Provide culturally safe and responsive care.</p> <p>Support a seamless patient journey.</p> <p>Improve collaboration and continuity of care.</p> <p>Develop a consumer informed quality improvement program.</p> <p>Offer safe healing environments.</p> <p>Improve the quality of the consumer experience when accessing emergency mental health care.</p> <p>Increase access to specialised mental health care.</p>	<p>Increase collaboration across our wider health system.</p> <p>Support programs that address the broader social issues that impact on mental health and wellbeing.</p> <p>In partnership, plan strategies and seek funding to work Towards Zero Suicide.</p>	<p>Foster shared responsibility for seamless mental health care.</p> <p>Encourage liaison between our RMCLHN service areas and our partners to enhance mental health care across all service areas.</p> <p>Compile a comprehensive evidence base of need in RMCLHN communities for mental health care.</p> <p>Advocate for equitable mental health funding.</p>

## 6.2 Our Mental Health Service Plan in detail

### 1. Strengthening our workforce

We want to showcase our committed, competent and passionate mental health staff and clinicians as a means to strengthen and expand our workforce capacity to provide excellence in mental health care. We will do this by advancing a mental health career pathway, offering recruitment and retention incentives, strengthening a training and education program, expanding our lived experience workforce and Aboriginal workforce.

#### 1.1 Building stronger recruitment and retention practices.

Strategies	Strategic Plan alignment
<p><b>1.1.1 Advance our RMCLHN mental health career pathway.</b></p> <ul style="list-style-type: none"> <li>• Improve mechanisms to support entry or transition into mental health roles including:               <ul style="list-style-type: none"> <li>○ Promotion with school leavers to choose a mental health career, partnerships with TAFE and universities – develop direct entry options into mental health training.</li> <li>○ Develop and offer bonded scholarships for students to complete study and work in RMCLHN for a period of time.</li> <li>○ Incentives for Registered Nurses (RNs) and Allied Health Professionals (AHPs) to move into mental health specialities.</li> <li>○ Strengthen pathways to seek rural practice (learnings from the rural generalist pathway).</li> <li>○ Showcase our mental health services and dedicated staff.</li> <li>○ Maintain and consider expansion of our youth services workers in line with need.</li> <li>○ Support placements in the Transition to Professional Practice Program (TPPP).</li> </ul> </li> <li>• Review understanding and ability to progress RNs and AHPs through classification levels that considers:               <ul style="list-style-type: none"> <li>○ Relevant experience.</li> <li>○ Qualifications and training.</li> <li>○ Retention incentives.</li> <li>○ Workforce shortages that exist across the mental health discipline.</li> <li>○ Fast advancement if individuals possess the appropriate capability and aptitude.</li> <li>○ Connection with the RRMHS Nurse Practitioner workforce.</li> <li>○ Involvement in research and education.</li> <li>○ Link with the allied health rural generalist program.</li> </ul> </li> </ul>	<p>Investing in our people</p> <p>Excellence in clinical care</p>

<p><b>1.1.2 Develop mental health specific recruitment and retention incentives.</b></p> <ul style="list-style-type: none"> <li>• Maintain both resident psychiatrist roles (community and inpatient), monitoring for sustainability and future expansion considering: <ul style="list-style-type: none"> <li>○ Registrar positions and medical student rotations in collaboration with the Riverland Academy of Clinical Excellence (RACE).</li> <li>○ Ability to support research and education opportunities.</li> <li>○ The creation of a Rural Generalist Mental Health Practitioner role.</li> </ul> </li> <li>• Acknowledge the higher community need for mental health care in RMCLHN and dedicate retention incentives for staff including: <ul style="list-style-type: none"> <li>○ Rental accommodation and transport support.</li> <li>○ Partner with the RRMHS and the Department of Human Services (DHS) to explore effective rural remuneration incentives - considering bonus supplements.</li> <li>○ Additional investment in recruiting and retaining therapists that are comparative with National Disability Insurance Scheme (NDIS) conditions.</li> <li>○ Joint positions across local health sector agencies.</li> <li>○ Partner with CSAPHN to consider expansion of local therapy services to the region.</li> <li>○ Consider mechanisms to fund a therapist position within the RMCLHN CMHTs.</li> </ul> </li> <li>• Develop suitable support networks and systems for mental health staff living and working in community including extended trauma, grief and loss training.</li> </ul>	<p>Investing in our people</p> <p>Excellence in clinical care</p>
<p><b>1.2 Designing and delivering increased training and education.</b></p>	
<p><b>Strategies</b></p>	<p><b>Strategic Plan alignment</b></p>
<p><b>1.2.1 Design a mental health focused training program in collaboration with RACE.</b></p> <ul style="list-style-type: none"> <li>• Develop specific mental health training for clinicians that considers: <ul style="list-style-type: none"> <li>○ Trauma informed care.</li> <li>○ Patient-directed care practices.</li> <li>○ Multidisciplinary approaches to training.</li> </ul> </li> <li>• Monitor and consider expansion of the emerging program to teach/train mental health therapists in the region (through the rural generalist training program).</li> </ul>	<p>Investing in our people</p> <p>Excellence in clinical care</p>

<ul style="list-style-type: none"> <li>• Invest in ongoing learning and knowledge development through engagement in research opportunities:             <ul style="list-style-type: none"> <li>o Continue to develop collaboration with university rural clinical schools.</li> <li>o Expand staff involvement in the Flinders University Mental Health Journal Club.</li> <li>o Link with RRMHS to consider a central register of research projects for students and trainees.</li> </ul> </li> <li>• Develop and deliver an inhouse masterclass training program in collaboration with RACE that can be provided to RMCLHN health units on best practice:             <ul style="list-style-type: none"> <li>o Training pathway for core competencies and advanced competencies.</li> <li>o Skills and confidence in assessing and evaluating complex care needs that traverse both mental and physical health.</li> <li>o Shared learnings from our lived experience workforce focusing on the way care is provided.</li> </ul> </li> <li>• Strengthen mechanism to embed and promote staff training opportunities coordinated by RRMHS.</li> <li>• Consider feasibility of becoming a training provider in mental health</li> </ul>	
<p><b>1.2.2 In partnership with RMCLHN Aboriginal Health, monitor achievement of cultural responsiveness training for all staff including volunteers and contractors.</b></p>	<p>Caring for our communities</p>
<p><b>1.3 Developing our workforce to meet community needs.</b></p>	
<p><b>Strategies</b></p>	<p><b>Strategic Plan alignment</b></p>
<p><b>1.3.1 Build the diversity our workforce to meet the needs of our vulnerable populations.</b></p> <ul style="list-style-type: none"> <li>• Partner with Aboriginal Health to build our Aboriginal Health workforce and enable further integration with mental health services.</li> <li>• Develop a greater understand the mental health need and customs of our Culturally and Linguistically Diverse (CALD) communities and develop practices to support culturally appropriate, responsive and safe care.</li> <li>• Continue to work with our partners to support young people to have positive mental health and access to early intervention services:             <ul style="list-style-type: none"> <li>o Strengthen connectivity with the CSAPHN, Headspace, CAMHS and other partners to support positive transition between services.</li> <li>o Remain engaged of emerging changes in the Department for Health and Wellbeing’s direction for mental health services for young people as they evolve.</li> </ul> </li> </ul>	<p>Investing in our people</p> <p>Excellence in clinical care</p>

- Continue work with the community, ageing and primary health care to prevent or reduce the incidence and escalation of mental health issues for older persons considering:
  - Increased availability, promotion and uptake of mental health programs that support mental health and wellbeing in older people.
  - Advice on suitable in-reach mental health services and programs to support people experiencing significant distress in residential aged care facilities.
  - Encouraging increased access to support for older people with behavioral and psychological symptoms of dementia (BPSD).
  - Strengthening our mental health services to be underpinned by a trauma informed model and least-restrictive practices.

### **1.3.2 Expand our Lived Experience Peer Workers.**

- Explore the development of a pathway for a lived experience workforce:
  - Recruitment of volunteers with lived experience.
  - Development of roles for lived experience staff in the clinical setting including ongoing education, mentoring and supervision.
  - Develop mechanisms to lead/support consumer engagement programs.





## 2. Building our services

We want to ensure our consumers and community are able to access human-centred care that is trauma informed, integrated across the wider health system and considers those who are in most need. We will do this by providing culturally safe and responsive care, supporting a seamless patient journey, developing a consumer informed quality improvement program, offering safe healing environments and improving our consumer experiences of specialised mental health emergency care.

### 2.1 Strengthening social and emotional wellbeing for Aboriginal communities.

Strategies	Strategic Plan alignment
<p><b>2.1.1 Provide culturally safe, trauma informed responsive care.</b></p> <ul style="list-style-type: none"> <li>• Improve community awareness of culturally appropriate and responsive mental health services:               <ul style="list-style-type: none"> <li>○ Develop an approach to build connection and promote services at events during Reconciliation Week, NAIDOC Week, Mental Health Week and other events.</li> <li>○ Raise awareness of the IMHIU and its Aboriginal name and meaning: the Tumbi-walun Recovery Support Centre.</li> </ul> </li> <li>• Establish regular yarning circles in Berri and Murray Bridge initially (and then broaden out to our other sites) for staff to meet, learn from and build connection and trust with our Aboriginal communities.</li> <li>• Establish an accountability mechanism for sharing progress on the strategies in the Plan back to community.</li> <li>• Increase our holistic approach to trauma informed care that considers the whole person in the context of their life:               <ul style="list-style-type: none"> <li>○ Develop processes to increase involvement of each consumer’s key support people at all points of contact with our services.</li> <li>○ In conjunction with other services support referrals to and promote existing arts programs into our services (music, art, painting, creativity, narrative therapy/story telling).</li> <li>○ Strengthen our case management practices creating greater continuity of care and coordination with partner agencies.</li> <li>○ Develop and share a resource of alternative therapy options and how to access.</li> <li>○ Develop resources and strengthen our practices to support trauma, grief and loss.</li> </ul> </li> </ul>	<p>Caring for our communities</p> <p>Local accountability</p>

## 2.2 Integrating our care.

Strategies	Strategic Plan alignment
<p><b>2.2.1 Support a seamless patient journey.</b></p> <ul style="list-style-type: none"> <li>• Increase access to quality trauma informed mental health care close to home (particularly for Murray Mallee residents at MBSMH) thereby reducing the consumer's need to travel to Adelaide for care by:               <ul style="list-style-type: none"> <li>○ Monitoring and reviewing the outcomes of the Clinical Liaison nurse role in the Emergency Department at Murray Bridge.</li> <li>○ Consider implications of utilising the CSAPHN Initial Assessment Response (IAR) initiative to improve mental health assessment.</li> <li>○ Review out of hours delays and clinical outcomes when ETLs level of support is provided to identify potential improvement opportunities.</li> <li>○ Increased liaison with the Bridge Clinic medical practice at Murray Bridge to support seamless care across services.</li> <li>○ Investigate identified mental health beds and model of service as part of the proposed redevelopment for Murray Bridge.</li> </ul> </li> <li>• Review process of referrals and pathways to follow up post ED care to incorporate increased communication, continuity of care and care management responsibility.</li> <li>• Strengthen our trauma informed model of care knowledge and practices in collaboration with our partners (GPs, ED, Acute, Aboriginal Health, SAAS, SAPOL, private providers and NGOs).</li> </ul>	<p>Caring for our communities</p> <p>Excellence in clinical care</p> <p>Local accountability</p>
<p><b>2.2.2 Improve collaboration and continuity of care across all our service areas, health units and the wider health system.</b></p> <ul style="list-style-type: none"> <li>• In line with the SA Health Mental Health Plan contribute to improved access for children and families and young people through:               <ul style="list-style-type: none"> <li>○ Collaboration with our GPs and partner agencies to engage young people conversations about mental health to support early intervention by offering expert advice.</li> <li>○ Improving our ability to integrate with and have clear pathways for consumers to access CAMHS, Headspace, telephone and mobile services and other community mental health services.</li> </ul> </li> <li>• In line with the SA Health Mental Health Plan contribute to improved access for older persons through               <ul style="list-style-type: none"> <li>○ Collaboration with the PHN and community services to support social connections and active community participation</li> <li>○ Promotion of mental health programs that support older people.</li> <li>○ Offer in-reach services to aged care services where appropriate.</li> </ul> </li> </ul>	<p>Caring for our communities</p> <p>Excellence in clinical care</p> <p>Local accountability</p>

- Explore the ability to offer additional mental health outreach support to our smaller health units (Mannum, Tailem Bend, Meningie, Karoonda, Loxton, Barmera, Renmark, Waikerie) and more remote communities (Pinnaroo and Lameroo, Coonalpyn and Tintinara).
- Create greater community trust and confidence in our services through the development and dissemination of a communications campaign that will investigate internal and external opportunities to:
  - o Introduce our mental health staff and services to the community – meet and greet our psychiatrists and mental health professionals.
  - o Share positive stories of support and success from our consumers.
  - o Develop a digital newsletter to be shared with our workforce.
  - o Improve our written resources to offer advice that clearly outlines how to get help and what to expect in simple terms.
  - o Produce and display resources that showcase our commitment to provide compassionate care that demonstrates trust and empathy:
    - We will take the time to listen
    - We will communicate in a way that is understood
    - We will be attentive to individual circumstances
    - We will seek to understand.
- Offer increased consistency of staff for our consumers:
  - o Allocation of short and long-term care roles for the CMHT – case management staff for long term clients designated urgent care responsive staff.
- Strengthen our IMHIU at RGH and offer programs to support enhanced trauma informed mental health care across our other health units and CHC through:
  - o Consider how we can replicate the effective practices offered in our IMHIU to general ward care.
  - o Based on the learnings from the IMHIU, review and update guidelines for all RMCLHN health units to ensure best practice protocols are in place for admissions to the RRMHS.
  - o Increase collaboration between allied health, nursing and midwifery staff.
- Continue to work with SAPOL to maintain a shared commitment to trauma informed support that keeps consumers, staff and community members safe under the requirements of the reviewed Mental Health & Emergency Memorandum of Understanding 2010 and South Australian Mental Health Act 2009.

## 2.3 Providing Human Centred Care.

Strategies	Strategic Plan alignment
<p><b>2.3.1 Develop a consumer informed quality improvement program focusing on the way care is provided.</b></p> <ul style="list-style-type: none"> <li>• Increase our ability to understand consumers' needs better. <ul style="list-style-type: none"> <li>○ Explore the development of a mental health consumer voice showcase program (train and support consumers to craft and share their personal journey to support healing and recovery, reduce stigma and improve the quality of our care).</li> <li>○ Continue to work with the RRMHS Experts by Experience program to identify further opportunities to learn from the experiences of our consumers and carers.</li> <li>○ Work with our consumers and their key support people to improve self-management plans, incorporating actions for effective escalation of care when needed.</li> <li>○ Develop processes to increase involvement of each consumer's key support people at all points of contact with our services.</li> <li>○ Build the ability of our lived experience volunteers and staff to offer support to our clinicians in acute and community settings.</li> <li>○ Engage with our CALD communities to hear ways we can improve access and the appropriateness of our services.</li> </ul> </li> <li>• Demonstrate the commitment of our staff to treat mental health from a trauma informed model of care approach with the same urgency and realness as physical health: <ul style="list-style-type: none"> <li>○ Increase understanding and awareness of best practice.</li> <li>○ Raise staff awareness of how to seek advice from the RMCLHN Clinical Liaison Nurse roles and ETLS to enable effective psychiatric support and identify appropriate treatment pathways.</li> </ul> </li> </ul>	<p>Caring for our communities</p> <p>Excellence in clinical care</p> <p>Local accountability</p>
<p><b>2.3.2 Offer safe healing environments for consumers accessing care:</b></p> <ul style="list-style-type: none"> <li>• Consider how we can create an alternative safe and healing environment in our hub hospital (RGH and MBSMH) EDs: <ul style="list-style-type: none"> <li>○ Explore how we might offer an alternative 'meeting place' or 'listening environment' that is slower paced and calming.</li> <li>○ Review the process to offer mental health assessments outside of ED environments during the hours our Clinical Liaison Nurse is rostered.</li> <li>○ Review and upgrade the physical design and layout of the quiet rooms.</li> </ul> </li> <li>• Improve the range of alternative supports and therapy offered in our IMHIU: <ul style="list-style-type: none"> <li>○ Increase use of the healing gardens and family friendly spaces.</li> <li>○ Develop a suite of effective complementary therapies and activities (e.g. yoga and meditation).</li> </ul> </li> </ul>	<p>Caring for our communities</p> <p>Excellence in clinical care</p> <p>Local accountability</p>

- Review the existing consumer waiting areas for mental health care considering:
  - Effective communication on processes, wait times and what to expect.
  - Design of the areas and how this could be adapted or extended to offer a more relaxed and calming environment.
  - Consider privacy and the ability to receive text messages when clinicians are ready.

## 2.4 Facilitating clear access and pathways to care.

### Strategies

### Strategic Plan alignment

#### 2.4.1 Improve the quality of the consumer experience when accessing emergency mental health care.

- Improve access to timely mental health specialist advice through:
  - Enhanced understanding of the ETLS service.
  - Consideration of appropriate lived experience worker supports.
  - Maintain and explore extension of the Clinical Liaison Nurse roles.
  - Increase our ability to provide trauma informed care.
- Schedule regular additional comprehensive mental health training for all staff considering:
  - GPs who rotate on the RGH and MBSMH ED service rosters
  - Enabling a robust framework for ED staff to have increased skills and access to specialist advice from our salaried Psychiatrist and Clinical Liaison Nurse.

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Local accountability

#### 2.4.2 Increase access to specialised mental health care.

- Develop a business case to extend the hours of Community Mental Health Team services to accommodate a seven day a week service.
- Create robust systems to ensure access to psychiatrist care and assessment across community, IMHIU, acute and ED services provided from the Riverland General Hospital.
- Continue to review the effectiveness of flexible delivery modes (face-to-face, telephone, RMC CARES telehealth video) and expand access in line with learnings, emerging technology and best practice.
- In partnership with our consumers, GPs and partners review current referral processes/pathways and clinical outcomes of therapy services. Consider:
  - Recommended listing of local and metropolitan therapy services.
  - Develop of resources that offers advice and support on how to choose a therapist.

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Excellence in clinical care  
Local accountability



### 3. Working together with our partners

We want to enhance mutually beneficial collaboration across the wider health system to support prevention and early access to help. We will do this by increasing purposeful collaboration and supporting community programs that address the broader social issues impacting on mental health and wellbeing.

#### 3.1 Strengthening collaboration across sectors.

Strategies	Strategic Plan alignment
<p><b>3.1.1 Create purposeful opportunities to increase collaboration across the wider health system.</b></p> <ul style="list-style-type: none"> <li>• Facilitate an annual community mental health wellbeing conference as part of Mental Health Week aimed at:               <ul style="list-style-type: none"> <li>○ Fostering effective, positive and sustainable working relationships.</li> <li>○ Sharing knowledge.</li> <li>○ Showcasing best practice.</li> <li>○ Exploring suitable joint funding submissions.</li> </ul> </li> <li>• Maintain and review the functionality and outcomes of the Local Liaison Group (LLG):               <ul style="list-style-type: none"> <li>○ Review shared clients.</li> <li>○ Identify recent challenges and possible improvement mechanisms.</li> <li>○ Increase attendance by GPs from (Berri and Murray Bridge) and CSAPHN.</li> </ul> </li> <li>• Continue to strengthen excellent working relationships with SAPOL and SAAS:               <ul style="list-style-type: none"> <li>○ Consider access to annual training with the Office of the Chief Psychiatrist on awareness of the Mental Health &amp; Emergency Memorandum of Understanding 2010 and best practice regarding protocols and enacting the South Australian Mental Health Act 2009 to support the safety and wellbeing of our community.</li> <li>○ In collaboration DASSA review protocols for managing complex drug and alcohol and mental health situations.</li> </ul> </li> <li>• Increase our partnership with multicultural services to improve access and engagement for people from CALD backgrounds.</li> </ul>	<p>Caring for our communities</p> <p>Local accountability</p>

### 3.2 Supporting prevention and early access to help.

Strategies	Strategic Plan alignment
<p><b>3.2.1 In collaboration with our partners, support programs that address the broader social issues that impact on mental health and wellbeing.</b></p> <ul style="list-style-type: none"> <li>• Advocate for programs and education that support family connection and social cohesion.</li> <li>• Contribute to community education programs on the positive impacts of increased prevention and early intervention.</li> <li>• Consider methods to track prevention and early intervention strategies in a way that measures the longer term impact on service use, clinical outcomes and patient reported outcome measures.</li> <li>• Work with our partners supporting promotion of the services available locally and the staff who provide them so accessing care feels familiar and safe.</li> </ul> <p><b>3.2.2 Work with RRMHS, our partners the Department for Health and Wellbeing and Office of the Chief Psychiatrist to plan strategies and seek funding to work Towards Zero Suicide.</b></p> <ul style="list-style-type: none"> <li>• Support for individuals to feel safe talking to health professionals about how they are feeling.</li> <li>• Offering the right support and assist individuals to know how to take action to help them feel better.</li> <li>• Facilitating access to effective supports for people and their families.</li> <li>• Training our staff in up-to-date suicide care and screening to identify at-risk individuals.</li> <li>• Support suicide care management plans for at risk individuals.</li> </ul>	<p>Caring for our communities</p> <p>Local accountability</p>

## 4. Addressing service tensions

We want to understand and address the service tensions that limit our ability to provide excellence in mental health care. We will do this by building a collective commitment of our shared responsibility for mental health care, building a comprehensive evidence base of demand in our communities for mental health care, and advocating to ensure commissioning decisions are equitable for RMCLHN's community needs.

### 4.1 Developing a collective mindset that mental health is everyone's responsibility.

Strategies	Strategic Plan alignment
<p><b>4.1.1 Foster shared responsibility for seamless mental health care.</b></p> <ul style="list-style-type: none"> <li>• Consider expansion of the Clinical Liaison Nurse role in both the RGH and MBSMH EDs to:               <ul style="list-style-type: none"> <li>o Enable access to specialised mental health advice and support when needed in the ED.</li> <li>o Maintain a strong focus on community mental health services.</li> <li>o Enhance the capacity and confidence of our staff to treat mental health.</li> <li>o Support our staff on the general hospital wards to manage mental health admissions effectively.</li> </ul> </li> <li>• Continue to support RMCLHN's Mental Health First Aid initiative.</li> <li>• Develop methods to build understanding of work demands across departments and health units to enable more collaborative practices and continuity of care including:               <ul style="list-style-type: none"> <li>o Designing multidisciplinary mental health training for staff to learn together across our service areas and health units.</li> <li>o Purposefully facilitate greater staff interaction across our service areas and health units.</li> <li>o Maintain Clinical Liaison Nurse roles and consider expansion.</li> </ul> </li> </ul>	<p>Caring for our communities</p> <p>Local Accountability</p> <p>Excellence in Clinical Care</p>
<p><b>4.1.2 Encourage liaison between our RMCLHN health units and our partners to enhance mental health care across all service areas.</b></p> <p><b>In partnership with RMCLHN Aboriginal Health:</b></p> <ul style="list-style-type: none"> <li>• Encourage enhancements in our ability to offer culturally safe, appropriate and responsive care considering:               <ul style="list-style-type: none"> <li>o Specific and ongoing cultural responsiveness staff training.</li> <li>o Aboriginal Health Liaison Officer (AHLO) roles.</li> <li>o A visualisation that represents our employee's pledge to provide culturally responsive care.</li> <li>o Display and promote 13YARN mental health helpline resources.</li> </ul> </li> </ul>	

- Collaborate with our community partners to explore the creation of a social and emotional wellbeing service and/or centre in the Riverland and Murray Bridge communities with a team of workers that considers:
  - Support for over young adults when no longer eligible for youth services.
  - Increased collaboration with community and partner agencies (Moorundi, AC Care, Aboriginal Sobriety Group, Focus One, GPs, CSAPHN).
  - Advocacy to move to a community-led model.
  - Suitable location and ability for use as a drop-in centre that promotes social connectivity.
  - Ability to hold Yarning Circles, information and education sessions and alternative therapy programs.
  - Investigate funding opportunities.
  - Increased access to Ngangkari Healers.
  - Access to cultural cleansing processes.
  - Suitable support networks and systems for Aboriginal staff living and working in community including trauma, grief and loss training.
  - Development of lived experience and peer worker roles.

**In partnership with RMCLHN ED services:**

- Examine the consumer's experience when having to access care in Adelaide (particularly for residents from Murray Bridge):
  - Increase communication and coordination between all parties involved.
  - Develop processes for increased connection with consumers family and key support people.
  - Utilise metropolitan Rural Liaison Officer roles.
  - Review consumer experiences of transfers to better understand delays and sedation practices to identify improvement opportunities.
- Collaborate with ED services to review the current emergency mental health care pathway guidelines in the context of:
  - Processes that support consumers to stay until appropriate advice and care can be determined and accessed.
  - Improving communication and shared understanding with consumers on what to expect and how they will be supported.
  - Handover of care processes and pathways following an ED service episode.
  - Investigating mechanisms for ED services to access electronic CMHT notes/summaries to support effective care for known mental health consumer presentations.
  - Reviewing best practice guidelines in collaboration with SAPOL and SAAS related to the management and safety of consumers who present with mental health and drug and alcohol complexities.
  - Exploring the value of detox services or a sobering-up unit being accessible at RGH and MBSMH.

- Investigating consistency of ETLs processes and access to psychiatrist advice:
  - o to identify blockages that occur and strategies to improve timely access
  - o that is able to provide a service direct to the consumer (i.e. the consumer is able to speak directly to the ETLs provider).

## 4.2 Seeking equitable funding

### Strategies

### Strategic Plan alignment

#### 4.2.1 Compile a comprehensive evidence base of demand in RMCLHN communities for mental health care.

- Develop a resource that outlines the high demand for mental health care, that can be used for training, community awareness, funding submissions and advocacy for expansion of community service programs that considers:
  - o Social determinants of health.
  - o RMLHCN's mental health service trends (presentation times, representations, consumers who identify as Aboriginal).
  - o Incidence of psychological distress.
- Review separations (the process by which an episode of care for an admitted patient ceases) at the IMHIU to understand:
  - o Community demand, referral patterns and accessibility.
  - o Equity of access across all RMCLHN communities.

Caring for our communities  
  
Local accountability

#### 4.2.2 Advocate for equitable allocation of mental health funding.

- Explore the value of, and funding mechanisms to offer, a seven day a week CMHT service and suitable outreach supports to smaller sites including the expansion of the Clinical Liaison Nurse role over a seven-day roster and after hours.
- Purposefully engage with the development of the Activity Based Funding (ABF) model to ensure it provides adequate remuneration for group work and therapy.
- Intentionally engage with the Department for Health and Wellbeing to ensure that commissioning decisions reflect RMCLHN's community needs and priorities.



## Acknowledgements




We, the Riverland Mallee Coorong Local Health Network, acknowledge the local Aboriginal people who have advised us during the service planning process and who have provided valued cultural consultancy in the development of this Plan.

The RMCLHN Mental Health Service, Service Planning Advisory Group would also like to thank the many clinicians, colleagues, specialists, partner organisations, community members and consumers who gave their time, expertise and views to work with us to develop this Service Plan and provided valuable information.

The insights gained from our consumers and community members, along with data relating to our population and services, was instrumental in shaping the conversations held with our clinicians.

The Advisory Group recognises that the clinician engagement workshop for this plan was held during challenging times when the pressures on our staff and systems were increased due to COVID-19 pandemic. We thank our clinicians for sharing their views and appreciate your ongoing commitment to the improvement of mental health services offered by RMCLHN.

## Endorsement

Committee/ Responsible Person	Signature
<p><b>Dr Peter Joyner OAM</b> Governing Board Chair Riverland Mallee Coorong Local Health Network</p>	
<p><b>Wayne Champion</b> Chief Executive Officer Riverland Mallee Coorong Local Health Network</p>	
<p><b>Simon Moody</b> Director of Mental Health Riverland Mallee Coorong Local Health Network</p>	

## Glossary

- ABF** – Activity Based Funding
- ASG** – Aboriginal Sobriety Group
- BPSD** – Behavioral and psychological symptoms of dementia
- CALD** – Culturally and Linguistically Diverse
- CAMHS** – Child and Adolescent Mental Health Service
- CCCME** – Consolidated Country Client Management Engine
- CEO** – Chief Executive Officer
- CHC** – Country Health Connect
- CLO** – Cultural Liaison Officer
- CMHT** – Community Mental Health Teams
- CSCF** – SA Health Clinical Services Capability Framework
- DASSA** – Drug and Alcohol Services South Australia
- DHS** – Department of Human Services
- EECU** – Extended Emergency Care Unit
- ED** – Emergency Department
- ETLS** – Emergency Triage and Liaison Service
- FTE** – Fulltime Equivalent
- GP** – General Practitioner
- HoNOS** – Health of the Nations Outcome Scales
- IAR** – Initial Assessment Response
- IMHIU** – Integrated Mental Health Inpatient Unit
- ITO** – Involuntary Treatment Order
- LHN** – Local Health Network
- LLG** – Local Liaison Group
- MIND** – Mind Australia mental health service
- MH** – Mental health
- MOU** – Memorandum of Understanding
- NDIS** – National Disability Insurance Scheme
- NGO** – Non-Government Organisation
- OT** – Occupational Therapy
- PICU** – Psychiatric Intensive Care Unit
- CSAPHN** – Country SA Primary Health Network
- RACE** – Riverland Academy of Clinical Excellence
- RHWS** – Rural Health Workforce Strategy
- RMCLHN** – Riverland Mallee Coorong Local Health Network
- RMC CARES** – RMC Country Access to Remote Emergency Support) telehealth system RMCLHN
- RN** – Registered Nurse
- RRMHS** – Rural and Remote Mental Health Service
- RSS** – Rural Support Service
- SA** – South Australia
- SA2** – Statistical Area 2 – is the third smallest geographical area defined in the Australian Statistical Geography Standard (ASGS), and consists of one or more whole Statistical Areas Level 1 (SATs)
- SA3** – Statistical Area 3 – is the fourth smallest geographical area defined in the Australian Statistical Geography Standard (ASGS),
- SAAS** – SA Ambulance Service
- SAPOL** – South Australian Police
- Self-sufficiency** – inpatient activity undertaken within hospitals and health service sites within the geographical catchment area
- Separations (SEPS)** – the process by which an episode of care for an admitted patient ceases
- TPPP** – Transition to Professional Practice Program
- TAFE SA** – South Australia’s largest vocational education and training provider
- YES** – Your Experience Survey.

## For more information

Riverland Mallee Coorong Local Health Network  
Mental Health Services

[sahealth.sa.gov.au/RMCYourVoiceMatters](http://sahealth.sa.gov.au/RMCYourVoiceMatters)

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 This document has been reviewed and endorsed by Riverland Mallee Coorong Local Health Network consumers and community.



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