



Health
Flinders and Upper North
Local Health Network

Flinders and Upper North LHN Inc.
Mental Health Services



SALTBUSH Rehabilitation Service

Service Model

Update August 1, 2022



**Government
of South Australia**

SA Health

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1. Introduction

Saltbush is a residential community mental health rehabilitation service based in Whyalla, South Australia. This statewide service offers evidenced based rehabilitation intervention to adult consumers in a homelike setting, consumers will reside in one of three homes in the Whyalla community with staff providing a service to those homes. Consumers will have an individualised goal orientated rehabilitation plan and receive an intensive service to achieve those goals.

2. Executive Summary

This Service Model was reviewed as a recommendation from the Office of the Chief Psychiatrist following an unannounced visit in December 2019. It is informed by an independent evaluation conducted by the University of South Australia in 2016 and a research project demonstrating the impact of the service in 2019. This Service Model supports an understanding of the relationship between recovery and rehabilitation.

Saltbush rehabilitation service; is a recovery orientated rehabilitation service, whose purpose is to work collaboratively with consumers to maximise their wellbeing and independence in the context of their mental health.

Saltbush is a 10 bedded residential rehabilitation service located in Whyalla, for individuals with moderate to severe and enduring complex mental health conditions. It is operationally governed by Flinders and Upper North LHN and clinically governed by Barossa Hills Fleurieu LHN. Saltbush is a state-wide service and accepts consumers across all adult mental health services within SA Health.

The Saltbush service delivery is underpinned by rehabilitation principles and evidenced based practice. Saltbush delivers goal orientated rehabilitative assessment, intervention and care planning. It supports individuals' unique strengths, resilience and capacity to grow and change.

3. Purpose of Document

This document outlines the service model that guides delivery of specialist community mental health rehabilitation at Saltbush Rehabilitation Service. It is intended to be read in conjunction with the Saltbush Service Plan document under which the service operates.

This Service Model is intended to:

- > Support the implementation of evidence based rehabilitation and recovery best practice.
- > Guide consistency of practice, while allowing for flexibility to expressed needs.
- > Describe the interface between Saltbush and the service partnerships involved in the delivery of the service.

4. Service Philosophy

4.1 Vision

To provide residential mental health rehabilitation services where Consumer personal growth is supported to maximise quality of life and social inclusion and prevent further disability.

The World Health Organisation (WHO) defines 'rehabilitation' as: a process aimed at enabling [people who experience disabilities] to reach and maintain their optimal physical, [spiritual, occupational,] sensory, intellectual, psychological and social functional levels. Rehabilitation provides [people who experience disabilities] with the tools they need to attain independence and self-determination.'

Rehabilitation is much more than re-learning to do something. It also encompasses the acquisition of new knowledge, productive routines whilst building on current skills, motivation and community connectedness.

Saltbush is built upon the provision and coordination of four components:

- > Clinical Care
- > Psychosocial Support
- > Residential Accommodation
- > Tenancy Management

5. Service Principles

Saltbush rehabilitation service is underpinned by principles that are congruent with rehabilitation and recovery orientated care. Key principles include.

5.1 Rehabilitation

Rehabilitation programs encompass a recovery-oriented, strengths-based focus on developing potential and maintaining existing skills while learning additional strategies.

Rehabilitation requires effort and engagement from all parties. It is goal orientated, person focused and provides an environment that encourages the repetitive use of tools and strategies building on a person's resilience, self-determination and achievement.

Rehabilitation should be delivered to allow a just right challenge, which acknowledges dignity of risk and the therapeutic benefits that come from this.

5.2 Recovery

This approach to recovery emphasises that everyone who experiences mental illness, including those seriously affected by mental illness, can achieve an improved level of wellbeing and a renewed sense of identity, purpose and meaning in life in the presence or absence of symptoms of illness.'

- > Connectedness
- > Hope and optimism about the future
- > Identity
- > Meaning
- > Purpose
- > Empowerment

(Chime recovery college UK) link:

<https://www.therecoveryplace.co.uk/chime-framework/>

5.3 Goal Oriented Service Provision

Collaborative goal development will guide rehabilitative care and will be the focus of the individual rehabilitation plan. As the consumer progresses on their recovery journey, the Rehabilitation Plan is designed to encompass evolving personal and service level goals.

5.4 Trauma Informed Care

Trauma can have a profound affect on an individual's physical, mental, social and spiritual health and wellbeing and on their approach to potentially healthy relationships. Consumers are supported through a concept of least restrictive practice allowing the least amount of restriction on freedom, whilst still maintaining personal safety and the safety of others. Saltbush rehabilitation service acknowledges the pervasiveness of trauma and aligns its practice to the principles of Trauma Informed Care and least restrictive practice by building

emotional and physical safety, trust, compassion, collaboration and opportunity for choice, and as such, rebuilding the individual's sense of control and empowerment.

5.5 Consumer and Carer Participation

Consumers and their families (where appropriate) are equal partners and their views, wishes and knowledge for their care and rehabilitation are considered.

Families, friends, community members, mental health and other community services all play an important role in encouraging and supporting a person's Consumer recovery journey.

5.6 Social Inclusion

Community integration and participation will be an essential component of rehabilitation planning, which will include (but not limited to), graded exposure, skills development, supported access, connection and thoughtful transition planning.

5.7 Culturally Safe Practice

Saltbush rehabilitation service will consider the cultural and social diversity of its consumers and meets their needs and those of their carers throughout their rehabilitation and recovery journey.

6. Target Group and Entry Criteria

6.1 Catchment

All consumers living in rural regions have equal access to Saltbush and Community Rehabilitation Centres (CRCs) in metropolitan Adelaide.

Consideration of the most appropriate rehabilitation service, whether it be Saltbush or a metropolitan rehabilitation service will be dependent on their chosen or community needs.

6.2 Target Group and Eligibility

Consumers with an enduring moderate to severe mental illness with identified rehabilitation needs that cannot be addressed through less restrictive service options.

Suitable consumers may present with the following:

- > 18+
- > Consumers who are able to engage in a personalised rehabilitation process
- > Have an identified discharge address
- > Must be a current consumer of a community mental health service
- > Consumers who would benefit from a structured environment and intensive therapeutic program

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- > Identified rehabilitation goals related to difficulties in their personal functioning
- > Mental illness is the primary diagnosis

6.3 Referral in Pathway

Access to Saltbush will generally be a referral from an SA government regional or metropolitan adult mental health service.

Private Psychiatrists, GPs, NGOs, Aboriginal Community Controlled Health Organisations or consumers wishing to self-refer can do so through their local Community Mental Health Team.

The Referral Flow Chart identifies the processes for referral into the rehabilitation services (see appendix 1)

A regional Mental Health Rehabilitation Allocation Committee will be responsible for assessing the applicants for suitability and make recommendations. The Saltbush Team Leader will chair the Rehabilitation Allocation Committee.

Completed referral and all relevant documents can be sent to Audrey.Mccall@sa.gov.au

7. Workforce Model

The staff at Saltbush are a multidisciplinary team with specific expertise in rehabilitation principles, assessment and intervention to assist consumers presenting with complex and diverse needs. This is inclusive of staff from the disciplines of: Occupational Therapy, Social Work, Nursing, Psychiatry, Psychology, Community Support Workers, Aboriginal Mental Health Cultural Worker and Peer Support worker.

8. Data Collection and Monitoring

Saltbush will maintain data management and record systems consistent with mental health rehabilitation service delivery, which will include personal measures of recovery as well as consumer and carer feedback. Data collection, monitoring and evaluation are an essential part of the service in order to ensure program effectiveness, efficiency and recovery orientation.

The main data collection tools are as follows:

- > National outcome and case mix collection (NOCC)
- > Recovery Assessment Scale – Domains and Stages (RAS-DS)
- > Safety Learning Systems (SLS)
- > Your Experience Survey (YES) surveys
- > Carer Experience Survey (CES)

9. Appendix 1

Referrals may come from:

- Community Mental Health Team (CMHT)
- SA Government Mental Health Services or
- Community referral (Note: GPs, NGOs, Aboriginal community controlled health service or clients wanting to self-refer can do so through their local CMHT)

Referral Documentation

CMHT Key Worker:

- Application for resources form completed with client
- Forward to Saltbush Allocation Committee

SA Government Mental Health Services or Community referral:

- Application for resources form completed with client
- Liaise directly with relevant CMHT if client is known
- If client not known, a referral to the relevant CMHT must also be completed to inform them of intention to refer

Information required with referral:

- Completed application for resources form
- Completed Community Health referral form
- An updated Risk assessment, Care Plan and NOCC measures
- Signed consent to referral
- Nominated GP

Consider:

- Expected outcomes
- Legal status
- Current functioning
- What the client wants to see happen
- Current supports
- Current strategies for managing any risk
- What else has been tried?

Where possible Saltbush team leader and or a senior clinician will conduct a potential resident interview with the client to provide information in addition to the written referral prior to an allocation meeting
This interview may provide additional information to assist with allocation

Allocation Committee

Chair of allocation committee (or proxy):

- Confirms outcome of referral with the referrer
- If a Saltbush bed not currently available: Client will go on priority waiting list and the referrer informed.
- If not suitable for rehabilitation service, feedback will be provided to the referrer. If other services more suitable, less restrictive options have not been tried.

Saltbush Team Leader:

- Allocate a Saltbush rehabilitation coordinator
- Update bed availability records
- Coordinate and allocate a worker

Target Group Eligibility

Saltbush is intended to support adults aged 18 to 65, People who are younger or older may be accepted if developmentally appropriate, and are assessed as suitable for the environment and service

Has a primary diagnosis of mental illness with high and complex needs

Some or all of the following features:

- Significant functional disabilities are indicated in the areas of life/social skills and self-care resulting in rehabilitation needs
- Would benefit from intensive rehabilitation management due to significant impact of the mental illness
- Would benefit from living in a supported residential environment to assist in returning to achievable & sustainable level of independent living
- A person's need cannot be met by a less restrictive option or trials of periods of less intensive community support have not been able to meet the client needs
- Risk assessment indicates the person does not pose a significant risk to themselves or others
- Be willing to live in a shared living environment (if single accommodation not available)
- Be willing to participate in planned rehabilitation support program

Homelessness, experience with the criminal justice system that may be associated with their mental or functional impairment and Legal orders under the Mental Health Act (2009) and/or the criminal law consolidation Act: mental impairment provisions do not impact on eligibility

10. Appendix 2

References:

10.1 Accreditation Standard

National safety and quality health service standards (NSQHS)

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Clinical governance	Partnering with consumers	Preventing & controlling Healthcare Associated Infections	Medication Safety	Comprehensive Care	Communicating for Safety	Blood management	Recognising & Responding to Acute Deterioration

10.2 Chime recovery college UK_

<https://www.therecoveryplace.co.uk/chime-framework/>