

Specialist Women's Mental Health Centre (SWMHC) - Shepparton

Hospital in the Home (HITH) service

Acknowledgement of Country

I would like to acknowledge the Traditional Owners – the people of the Boonwurrung and the Yorta Yorta clans who are the custodians of the land and waters which the Statewide Women's Mental Health Centre are on, and pay our respects to Elders past and present.



Overview of SWMHC - HITH

- What is SWMHC?
- Background
- What is SWMHC Shepparton Spoke
- ► Key objectives
- SWMHC Shepparton team
- Service Utilization
- Referral process
- Care Provision
- Escalation of care & Discharge
- Take home message
- Questions

What is Specialist Women's Mental Health Centre (SWMHC) ?

- Statewide specialist comprehensive trauma informed and wellness focused service
- A unique public-private partnership
- For women or those who identify as women, over 18 years, presenting with complex mental health illness and trauma.
- Assessment, treatment and support
- Consultation and support across the state to build capacity of local services to provide care to women who suffer from mental health illness and trauma.

What is Specialist Women's Mental Health Centre (SWMHC) ?

- The Centre will use a Hub and Spoke model of care
- This service will be delivered through a network of partnerships, involving Ramsay Health, Alfred Health and Goulburn Valley Area Mental Health.
- ▶ The central hub will be based in Melbourne at Albert Road Clinic (ARC).
- 30 beds: 24 inpatient beds (including 5 perinatal, 5 eating disorders and 14 general mental health beds) and 6 bed substitutions Hospital in the Home.

Background

- Women with mental illnesses have specific needs that differ from their male counterparts in prevalence, symptoms, onset and course, and treatment response to mental illness.
- Women are uniquely affected by a number of challenges, including high rates of sexual and physical abuse, poverty and single parenthood.
- These factors intersect with other social and economic inequities that influences women's experience and access to mental healthcare.
- The Royal Commission into Victoria's Mental Health System (RCVMHS) and "The Right to Be Safe" report highlighted the sexual safety breaches, sexual assault and harassment in the mental health systems.

What is Specialist Women's Mental Health Centre (SWMHC) – Shepparton Spoke

- The Shepparton spoke in this model will be delivered by a partnership between Goulburn Valley Area Mental Health Service (GVAMHS) and Ramsay Clinic Shepparton.
- There will be 5 beds in the Shepparton spoke (2 fixed inpatient beds at Ramsay Clinic Shepparton and 3 HITH bed substitutions).
- The Shepparton spoke will be rolled out in 3 phases:
- Phase 1 referrals will be taken from the GVAMHS for the HITH within the Greater Shepparton area. The service will be provided on weekdays only.

Key Objectives

- ▶ To provide choice and flexibility in the delivery of mental health care
- To provide an environment which promotes gender and sexual safety
- Consumers will be treated in the least restrictive environment
- Consumers will have an improved experience of an inpatient unit
- Consumers will receive individual and tailored treatment suitable to their needs.
- Consumers past and current sexual trauma issues are considered and addressed wherever possible or referred onto appropriate services

SWMHC Shepparton Team

HITH team : Consultant Psychiatrist (0.5 FTE)

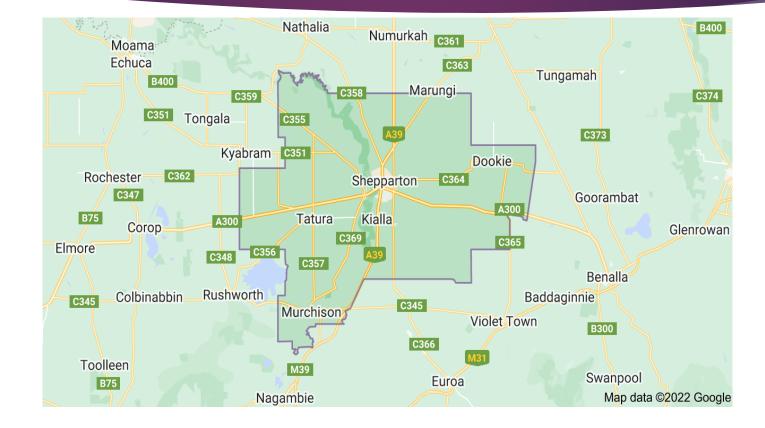
Nurse Practitioner (1FTE)

Lived Experience Worker (1FTE)

Inpatient Team: Ramsay Clinic Shepparton staff (NUM + nursing staff + allied health staff)

and HITH team

HITH Catchment Area



HITH Inclusion Criteria

- Bed substitution , alternative to hospitalization
- Target Groups: 18 and above women/identifying as woman
- Greater Shepparton Area
- Willing and give informed consent to have care, support and treatment at home rather than in hospital.
- Have stable accommodation.
- The home environment must be safe for both the woman and visiting staff (subject to a home visit risk assessment).
- Not require continuous 24-hour observation for physical or mental health monitoring
- Be able to engage in therapeutic interventions.

Exclusion Criteria

- Women who are behaviorally disturbed or at a significant risk of deterioration of their mental health that cannot be managed in private setting.
- Women being treated under the Victorian Mental Health Act (2014) cannot be accepted for inpatient care. However, they can be accepted to HITH service if they are compulsory and can be treated in the community.
- Women who are at high risk of physical or mental health deterioration that cannot be managed in private setting.

What would we do?

- Comprehensive assessment (including investigations specific to reproductive and sexual health)
- Diagnostic clarification
- Shared Formulation
- Brief Psychological Interventions
- Psychosocial Interventions
- Medications including ECT

Referral Process

- Only GVAMHS teams can refer to SWMHC HITH.
- The consumer has to be with Acute response or Case Management (Adult, Early Psychosis Team, APATT)
- The referral form is to be completed and emailed as mentioned in the referral form along with necessary documents.
- The consumer will be the responsibility of the referring team until accepted with SWMHC Shepparton team for further care.
- If there is a disagreement about the non-acceptance of referral then this will be discussed between referring Consultant Psychiatrist and SWMHC Consultant Psychiatrist.

Discharge

The discharge will be back to the care of the parent team.

The consumer will not be discharged to the care of GP.

Important points to remember

- Specialist state-wide service
- Time limited service (case by case)
- Not a crisis or case management service
- Small team managing the service with limited intake number
- ▶ Until accepted by SWMHC, the consumer will be under referring team.
- ▶ There are two points of non-acceptance of consumer to this service.
- ► WAITLIST

Case scenario

Sandy is a 28 y/old woman, recently separated from her partner. She has 3 children under the age of 12 and has minimal social supports (her family live away).

She is presenting with Depression and anxiety and has a history of D&V.

Gertrude is a 69 y/old widowed woman who has recently retired. She is having GAD coupled with loneliness. Joanne is a 35 y/old married woman who is trying to conceive has endometriosis and has had failed IVF. Presenting with emotional dysregulation.

Taylah is a 19 y/old woman, currently living with supportive parents . Taylah is suffering low self esteem and has developed disordered eating and extreme anxiety.



THANK YOU

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