



# Providing Acute Mental Health Care in the Community – Intensive Mental Health Community Care coronavirus COVID-19 response

Updated: 22 April 2020

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# Coronavirus (Covid-19) response – providing acute mental health care in the community

## 1. Purpose of this Document

This document is a companion to the **Framework and guidance for mental health care during COVID-19** and other documents released by the Mental Health Branch in response to the COVID19 pandemic.

The coronavirus (COVID-19) pandemic is unprecedented and having a significant effect on consumers, their families/carers and our workforce. The response of Victoria's Mental Health System (VMHS) needs to be agile and flexible, meet the needs of consumers and families, protect them and the mental health workforce from infection, and slow the transmission of coronavirus (COVID-19). Victoria is at Stage 2 of the COVID-19 Pandemic plan for the Victorian Health Sector. For an explanation of Stages, refer to: <https://www2.health.vic.gov.au/about/publications/ResearchAndReports/covid-19-pandemic-plan-for-vic>

In this current context, community and bed-based mental health services will need to make substantial changes to the way services are provided in order to safely provide care for consumers and their families, reduce the spread of coronavirus (COVID-19) and support the safety of their workforce. This will include transitioning wherever possible from acute inpatient care to community settings. This will require a reconfiguration of care and an increase or of existing workforce and resources including the possibility of staff redeployment and bed closures.

**Intensive Mental Health Community Care** presents service options whereby acute mental health care is delivered in the community. The information is designed to:

1. identify available tools to enable services to adapt service delivery in response to demand surges and coronavirus (COVID-19) safety requirements
2. articulate the requirements to enable safe and holistic Intensive Mental Health Community Care, as an alternative to inpatient mental health care
3. promote working in partnerships between consumers and their families/carers, clinicians, peer workers, GPs, private specialists and relevant NGOs and NDIS providers to create a recovery plan for Intensive Mental Health Community Care.

## 2. Intensive mental health community care

**Intensive Mental Health Community Care** aims to provide in-home acute mental health care to consumers and is aligned with **Stage 2** and planning for **Stage 3** of the coronavirus (COVID-19) Pandemic plan for the Victorian Health Sector. Each service is expected to operationalise the approach to their local context.

### Alternative models of service delivery

The aim of these changes is to:

- Contribute to the reduction of coronavirus (COVID-19) infection and transmission rates for consumers and their families, workers and the community by reducing face-to-face contact wherever possible.
- Ensure continued delivery of essential services in the community in the context of likely reduced inpatient capacity or workforce shortages
- Prioritise access to different types/intensity of mental healthcare based on vulnerability and need

- Ensure that Personal Protective Equipment (PPE) is used in accordance with current DHHS advice at <https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>
- Ensure that testing is used in accordance with current DHHS advice at <https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>
- Establish clinical risk assessment for COVID-19 and mental health needs, consumer needs (therapeutic, medical and physical)
- Ensure the needs of the family (capacity, home environment and dependents) are met
- Recognise escalation points
- Recognise potential specialist needs (medical, medication)
- Establish workforce considerations – mobile vs work from home models (PPE, connectivity, transportation, supervision)
- Develop appropriate therapeutic interventions
- Consider operation procedures such as handover, frequency of contact with clinical staff

## Who is the service for?

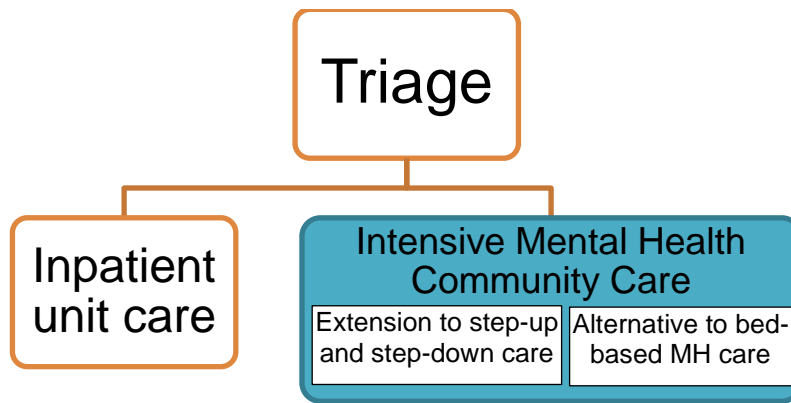
Some consumers cannot be cared for outside an acute care environment due to risk, vulnerability or acute mental ill health. However, there are individuals and family/carers that may choose not to access mental health care in an inpatient setting for a range of reasons during the coronavirus (COVID-19) pandemic, including concerns about the increased risk of contracting coronavirus (COVID-19) or not wishing to infect others if someone is currently coronavirus (COVID-19) positive. These individuals can be considered for Intensive Mental Health Community Care.

In addition, should Stage 3 of the coronavirus (COVID-19) Pandemic plan for the Victorian Health Sector be activated, it may result in changes to bed availability.

Intensive Mental Health Community Care can be used for:

- An alternative to bed-based mental health care for people who have coronavirus (COVID-19) and present a risk to others on the ward
- people who do not have coronavirus (COVID-19) and have appropriate accommodation, family support and where there are not risks that preclude safe home-based treatment
- Step-up and step-down care to reduce the length of admissions

The flowchart below highlights how this service may look.



## Principles guiding the suitability of this model of care for consumers

Assessment of suitability for acute treatment at home will adopt a strengths-based approach. This considers the inherent strengths of individuals, and /or families/carers to aid recovery, and will consider the following:

1. **Consumer Centred Decision Making** - Understanding the person's needs and preferences is a collaborative process that engages the consumer, carers and clinicians. The principles of the Mental Health Act 2014 (MHA) include a number related to decision making that are relevant, including:
  - Persons receiving mental health services should be involved in all decisions about their assessment, treatment and recovery and be supported to make, or participate in, those decisions, and their views and preferences should be respected.
  - Persons receiving mental health services should be allowed to make decisions about their assessment, treatment and recovery that involve a degree of risk.
  - Persons receiving mental health services should have their rights, dignity and autonomy respected and promoted
2. **Ethical Decision Making** - In the environment of coronavirus (COVID-19) staff may need to make difficult decisions in the context of reduced workforce capacity and increased demand. These decisions will need to balance the clinical needs, safety and risk of each individual consumer. In this environment of rapid decision-making, it is recommended that clinical services establish a mental health ethics committee, inclusive of lived experience perspective in order to: reflect upon the efficacy of challenging issues/areas; balance respective risks; consider the safety of all parties; create an opportunity for collaborative decision making and finally recommend actions.
3. **Supporting safety for everyone** - Promoting safety and wellbeing for all is an iterative and continuous process that considers the consumer's needs and safety issues, their family and/or carer's safety issues, the communal/environmental risks and the safety and support requirements of staff.

Coronavirus (COVID-19) screening should occur as per government guidelines. This should be facilitated for all eligible mental health consumers as soon as possible. See the following link for up to date guidelines <https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-novel-coronavirus>

## Referral to Intensive Mental Health Community Care

Referral should be guided by comprehensive and collaborative assessment, with consideration of the following:

- People whose acute treatment for their mental illness can be delivered safely in their home, or elsewhere in the community, as an alternative to being admitted to an acute inpatient bed

- People who have family or other carer supports available for the period of treatment\*
- Mental Health Act status should not be considered an impediment to at-home care, compulsory or voluntary
- Capacity to adhere to guidelines regarding infection control measures for coronavirus (COVID-19). See the following link for up to date guidelines

<https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-novel-coronavirus>

- Medication administration and prescribing requirements in the community  
<https://www2.health.vic.gov.au/public-health/drugs-and-poisons/safescript>
- Capacity to express a preference for treatment setting
- Risk assessment including risk of harming self or others, and presence of suicidal ideation

\*Lack of support person/carer living with a consumer should not inhibit referral to intensive mental health community care, but the risks involved need to be carefully considered.

## **When Intensive Mental Health Community Care may not be suitable**

- Consumer or family/carer is unwilling or unable to consent to community treatment or are unable to meet the infection control measures as a result of their mental health condition such as physical distancing and isolation requirements
- Clinical risk assessment indicates risks that cannot be managed in the community and require an inpatient admission due to safety concerns
- Other safety issues that impact on safe community treatment such as demonstrated evidence of existing family violence
- Medical comorbidities that may place the person at higher risk of harm than if they were to be admitted to an inpatient unit
- Environmental factors that may inhibit provision of care within the home environment that may place consumers, family/carers and staff at risk of delivering care. This may include:
  - Hygiene considerations
  - Environment where a safe entry and exit is difficult to access
  - Family/carer vulnerabilities
  - Any additional factors assessed at the discretion of the clinician or treating team.
  - Homelessness
  - Communication barriers (for example culturally and linguistically diverse population if unable to access interpreters) and individuals unable to access or use digital technology) resulting in barriers to safe care delivery

### 3. Care Planning and Therapeutic interventions

It is expected that a home treatment/care plan will be jointly developed between the consumer, family/carer and clinical staff to meet the identified needs. These may include, but are not limited to some of the following clinical activities and interventions which would be expected to be provided in home, video conference and/or phone:

- Assessment and monitoring of mental state and risk including emergency relief needs such as food, access to communication devices, etc
- Therapeutic support regarding medication
- Psychoeducation and advice regarding coronavirus (COVID-19) precautions
- Support for physical health needs and monitoring
- Support regarding managing social isolation and the home environment
- Family meetings and support as indicated
- A range of therapeutic interventions to support the specific needs and wishes of each person and their family
- Referral and linkages with community and primary healthcare providers/services.
- Ensure supply of medications to maintain physical and mental wellbeing

#### Options for Therapeutic programs

Where possible and safe to do so, it is recommended services continue to develop and offer therapeutic interventions remotely via video, phone link or visits. This may include:

- Video conference call – clinician with recommended frequency
- Home visits as required such as administration of depot medication
- Emergency Response and follow up to provide food, data packs, communication devices and support to use devices
- Daily support/social call to promote connectedness (keep callers consistent, to support establishment of relationship)
- Connection made with lived-experience peer workers who can proactively be in contact with consumers and families at a regular agreed frequency
- Identify broader workforce – nursing, allied health students – who could join roles to promote social connections
- Engaging with community partners (for example community partners such as primary health care providers and other mental health community services such as Neami National, star health)
- Consider range of wellbeing and isolation programs with range of activities/interventions – scheduling of social connection (group video connection), psychotherapy via Telehealth, solution focused care, volunteers running skill/hobby development groups, such as book clubs or crafting groups
- Beyond Blue has launched the **Coronavirus Mental Wellness Support Service** which includes an integrated digital platform, phone information and counselling services, as well as resources, information and referrals to a range of mental health and government services. Refer to <https://coronavirus.beyondblue.org.au/> or <https://headtohealth.gov.au/covid-19-support/covid-19>

## Consumer needs informing care planning

The following factors should be taken into consideration in developing the care plan:

- Physical health needs and any existing comorbidities
- Psychosocial requirements
  - Living environment and/or the requirement of alternative accommodation. Geographical location, hygiene and safety (including family violence assessments) should be taken into consideration
  - Consideration of Prevention and Recovery Care services (PARCs), hotels/motels or other accommodation opportunities should the home environment not be conducive to therapeutic care
  - Social isolation
  - Activities of daily living
- Medication requirements

## Family/carer needs informing care planning

If the family or carer of the consumer is involved in care, eligibility needs to be assessed, and the following considered:

- Capacity to provide care
  - Resilience of carer including consideration of their physical and mental health wellbeing
  - Availability of carer
  - Willingness and consent of carer/family to provide care
- Safety of family/carer to be assessed if supporting the consumer
- Safety of the consumer if in the care of family/carer
- Family violence risk assessments
- Environment in which the consumer is to be cared for
- Identification of dependent children and the requirement for appropriate support - this may require support with children's schooling/educational needs given move to online learning

## Service delivery setting

As outlined at the start of this document, each mental health service will need to develop their local response based on their context, resources and community need when planning and implementing Intensive Mental Health Community Care. This may require a rethink/redesign of care and increase or repositioning of existing workforce and resources to enable service delivery in the home. Some roles within the Mental Health System may allow for their work to be provided remotely. Considerations for a revised service delivery structure may include:

- **Consumer face-to-face interventions**, such as assessment, medication administration and supervision, physical examination or as deemed necessary to provide an assessment
- **Remote care/support roles** video/telehealth link - to minimise direct contact with people. Services and supports can be utilised via telehealth. A central pool of workers within inpatient service may be considered to support consumers, including:

- Social Work
- Occupational Therapy
- Psychology
- Lived Experience workforce

## Repurposing of subacute settings

Some services are developing innovative models of care by repurposing subacute settings such as PARCs, including combination of psychosocial and clinical supports. These models are currently in early development.

## Mental Health Act context

### Mental Health Act safeguards

*The Mental Health Act 2014* (MHA) is designed to protect the rights of people with mental illness. These rights continue to be applicable during the COVID-19 pandemic:

- assessment of and treatment for mental illness in the least restrictive way possible, consistent with the rights to autonomy and dignity (section 11(1)(a) and (e))
- the presumption of capacity to make decisions about treatment (section 70)
- make and be supported to make decisions about treatment where possible (section 11(1)(a) and (c))
- make decisions that involve a degree of risk (section 11(1)(d))
- be given a statement of rights and have it explained (section 13)
- make an advance statement that sets out the person's views and preferences about treatment that must be considered before compulsory treatment can be given (sections 19–22)
- communicate privately with people outside a mental health service, including lawyers specifically (sections 14–18)
- nominate a person, who can receive information and support the person to make decisions and who must be consulted at key points (sections 23–27)
- request second psychiatric opinions (section 79)
- only be subjected to restrictive interventions such as restraint and seclusion in limited circumstances and after all reasonable and less restrictive options have been tried or considered (section 105)
- be given information and have it explained in a way that the person is best able to understand (section 8).
- If there are questions related to the Mental Health Act, that cannot be resolved at a local service level, please contact the Office of the Chief Psychiatrist (OCP) for guidance. Contact details +61 3 9096 7571 or via email at [ocp@dhhs.vic.gov.au](mailto:ocp@dhhs.vic.gov.au)

### Temporary Treatment & Treatment Orders:

The Mental Health Tribunal will have reduced capacity to conduct face-to-face hearings, however they will endeavour to conduct hearings remotely.



If a hearing cannot be conducted before an order expires, and the Authorised Psychiatrist believes the person still meets the criteria for involuntary treatment, they will have to start the process over again.

This situation does reduce a consumer's access to an independent review of their compulsory status. Open disclosure to consumers, family, carers, and nominated persons must occur.

Breaches of the MHA must be reported to the OCP.

## **Mental Health Act review by teleconference**

Taking into consideration the impact COVID-19 on workforce, in the current environment a registered medical practitioner or mental health practitioner may be unable to conduct a face-to-face meeting and this may need to be done by telephone or via teleconference to determine if a person meets criteria for an Assessment Order. Similarly, a psychiatrist may be unable to conduct a face-to-face meeting to determine if a person meets criteria for a Temporary Treatment Order.

The *Mental Health Act 2014* (sections 30 and 46) states that people must be 'examined' in making a determination. Examinations must be conducted as fairly, transparently and comprehensively as possible. This is best achieved in a face-to-face meeting but in exceptional circumstances (for example, when the clinical workforce is significantly reduced), an examination may be conducted by videoconference or telephone.

# **4. Operational requirements**

## **Workforce considerations**

If staff are transitioning from primarily bed-based service delivery to community outreach, the following should be arranged;

- Services are to recommend and provide digital platforms that allows for communication, as well as activities such as clinical supervision
- De-escalation and aggression management training, and all staff to complete training on PPE and hand hygiene <https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>
- Staff to be provided with local area procedures regarding working safely in the community- with a focus on home visit safety and home visit safety checklists
- Services to arrange 'In/Out' staff movement boards
- To assist with the transition, consider utilising Community Mental Health transition to Specialty Practice <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/community-mental-health-nurse-transition-speciality-practice-competency-framework>
- Arrange duress alarms, and staff to be provided with adequate training in their use
- Services to prioritise remote access for staff

## **Staff health and wellbeing**

Staff are currently balancing their commitment to ongoing provision of care to consumers and families with the understanding of the need to limit risk of infection. This creates a significant moral dilemma which it is important to acknowledge. Health services are encouraged to increase the frequency of supports offered to staff and to consider a range of options in the care available. Consider some of the following; Employee Assistance Program

- Peer supervision - within teams and services (via phone or video), across services (team check-ins and team Huddles) <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/mental-health-intensive-care-framework>
- Some staff may be more vulnerable and recommendations to services include that staff not caring for suspected or positive coronavirus (COVID-19) patients if:
  - Aboriginal and Torres Strait Islander people 50 years and older with one or more chronic medical conditions
  - People 65 years and older with chronic medical conditions
  - People 70 years and older
  - People with compromised immune systems
  - People who are pregnant

Refer to <https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>, specifically, the Factsheet for at-risk healthcare workers.

## Physical distancing

There are a number of actions that service providers can take to reduce the risk of infection and slow the spread of coronavirus (COVID-19). The situation is rapidly changing, and this advice will be updated regularly. Please check the department's [coronavirus section](#) on this site for updates.

Mental health service providers are required to implement physical distancing measures in all services they provide. The following should be adopted:

- ensure clients and staff stay away from other people as much as possible, all unnecessary face-to-face contact should be avoided
- ensure clients remain in their homes as much as possible, all unnecessary excursions and transport should be avoided, this means cessation of:
  - activities in the community
  - physical visits to friends and families
  - daytime activities (including day programs) and work that cannot be done in the home (without other people having to come to the home)
- reschedule all face-to-face interactions (meetings/assessments/case conferencing) to telephone contact or other digital messaging forums instead of face-to-face
- reconfigure seating arrangements in shared areas to be at least 1.5m between seating
- if face-to-face contact is unavoidable:
  - people must keep a minimum of 1.5 metres distance from each other (if this is difficult due to provision of personal care to clients, follow the advice below in relation to when PPE should be used)
  - telephone ahead to ensure that the client and their immediate contacts are well
  - require all attendees to wash their hands upon entering
  - make available hand sanitiser and tissues

- it should be limited to no more than 15 minutes.

Advice about transmission reduction in a number of settings can be found at:

<https://www.dhhs.vic.gov.au/coronavirus-covid-19-transmission-reduction-measures>

The Australian Government has also developed a fact sheet about social distancing:

[https://www.health.gov.au/sites/default/files/documents/2020/03/coronavirus-covid-19-information-on-social-distancing\\_0.pdf](https://www.health.gov.au/sites/default/files/documents/2020/03/coronavirus-covid-19-information-on-social-distancing_0.pdf)

## Transport considerations

Services will need to arrange fleet vehicles for staff

- Vehicles are stocked with PPE, hand sanitiser and disinfectant wipes
- Ensure cleanliness of fleet vehicles, and where possible consistent staffing (for example assign vehicle to a team) in an attempt to prevent cross contamination. Use of disinfectant wipes for car doors, and steering wheels
- Services should consider the necessity of transport and avoid where possible. If transport is required, the consumer should sit in the rear passenger seat as far from the driver as possible. The driver should be a clinician that has already had contact with the consumer (that is, not expose a new contact). If a consumer, staff member or carer requires emergency medical treatment, an ambulance should be called.

## Personal Protective Equipment (PPE)

PPE and Infection control- Services to ensure that staff having contact with consumers have been provided with proper PPE as per department recommendations

<https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>

## Required technology and connectivity:

- Enable remote access for staff through allocation of mobile phones, tablets, laptops with remote network access & connection
- Establish telehealth service where possible through available platforms
- Support online platform for team communication

## Record management – Documentation of progress notes remotely

Client Management Interface/Operational Data Store Interface (CMI/ODS) record management system applies to this service type. Document progress notes immediately after each contact. If staff are unable to log into the system, notes are to be completed on a Word document saved with only the date, time and UR number of the consumer to protect privacy.

VHIMS (Victoria Health Incident Management System) continues to be the platform to record incidents

Service specific record management platforms and tools remain active (refer to local service policies and guidelines)

## Escalation points

Usual clinical escalation processes apply such as changes in risk profile and clinical deterioration.

Consideration should consider both mental **and** physical health escalation points and be guided by the following:

Type	Descriptor	What triggers escalation: that is change in risk assessment re risk to family, risk of self-harm or physical health risks	What actions can be taken as an escalation?
Overall	<ul style="list-style-type: none"> <li>• Consider an online platform that can be utilised by all staff to bring together the multidisciplinary (team in a rapid course of action to discuss urgent needs of consumer or family/carer)</li> <li>• Re-evaluate frequency of visits/telehealth contacts as required</li> <li>• Any escalation to be recorded in individual files as per hospital guidelines</li> </ul>		
Mental Health	<ul style="list-style-type: none"> <li>• Awareness of early warning signs</li> <li>• Vigilance around potential triggers for the consumer and the family/carer</li> <li>• Assess mental state, risk and needs and escalate to senior staff and multidisciplinary team when required</li> <li>• Identify an immediate response plan should mental health deterioration or increased risk or vulnerability should occur</li> </ul>		
Physical Health	<ul style="list-style-type: none"> <li>• Awareness of physical health and requirements of care</li> <li>• Assess physical health regularly, include both:               <ul style="list-style-type: none"> <li>○ COVID-19 screening</li> <li>○ Any other physical co-morbidities</li> </ul> </li> <li>• Identify a team response should physical health deteriorate or individual shows signs or symptoms of COVID-19.</li> </ul>		
Family/ carer	<ul style="list-style-type: none"> <li>• Consider escalation should the needs or safety of the family/carer change.</li> </ul>		

## Outcome measures

1. Utilising clinical assessment as per inpatient unit protocol, such as:

- (i) Health of the Nation Outcome Scales HoNOS
- (ii) Health of the Nation Outcome Scales for Older People (HoNOS 65+)
- (iii) Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA)
- (iv) Life Skills Profile (LSP-16)

2. Utilising consumer self-rated tools such as:

- The Behaviour and Symptom Identification Scale (BASIS-32)
- Experience of care

3. Respond to families and carers' individual needs including referring to:

- The Chief Psychiatrist *Guideline: Working together with families and carers*  
<https://www2.health.vic.gov.au/about/key-staff/chief-psychiatrist/chief-psychiatrist-guidelines/working-together-with-families-and-carers>
- Mental health carer self-assessment tool: <http://www.ccarafmi.org.au/images/selfassess.pdf> and;
- Carers experience of care survey (local and/or Carer Experience Survey (due for circulation mid-late 2020)