



Government of **Western Australia**
Mental Health Commission



Mental Health Inpatient Snapshot Survey 2019

Western Australia
Summary Report



FOREWORD

I am pleased to present the summary report for the Mental Health Inpatient Snapshot Survey 2019.

The Mental Health Inpatient Snapshot Survey 2019 will provide a critical source of evidence for decision-making in relation to the provision of community-based accommodation and mental health support services for people living with mental health and alcohol and/or other drug issues.

The survey is particularly timely given the planned divestment of services at Graylands Hospital and Selby Older Adult Unit.

Getting the balance of inpatient and community-based accommodation and mental health support services right is critical to providing an effective and efficient mental health support system in Western Australia.

To progress this work, the Mental Health Commission has developed the *Draft Western Australian Mental Health, Alcohol and Other Drug Accommodation and Support Strategy 2018-2025*.

We remain committed to helping Western Australians with mental health and alcohol and/or other drug issues by providing the most appropriate support services possible.

The Mental Health Commission will continue to work closely with Health Service Providers, other government agencies at a federal, state and local level, and non-government agencies to deliver the best possible support services for individuals and families affected by mental health and alcohol and/or other drug issues.

Jennifer McGrath
A/COMMISSIONER

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^a Acting Chief Executive

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DEFINITIONS

Behavioural management: any action taken to manage behaviour that puts the patient or others at risk of harm. It may include threatening or aggressive behaviour, extreme distress, and self-harm that could cause serious injury or death.

Clinical support and rehabilitation: services that provide clinical interventions and rehabilitation to treat, improve, maintain or assess the health of people with a serious, persistent and acute mental illness; and/or provide rehabilitation that addresses the long-term management of mental illness.

Community mental health residential services with 24-hour staff: residential services delivered in a partnership between clinical and community support services. These services provide accommodation. Staffing is available on-site 24 hours per day, seven days per week to deliver recovery-oriented psychosocial rehabilitation programs.

Community mental health residential services without 24-hour staff: residential services delivered in a partnership between community support and clinical services in a shared or group home environment. These services provide accommodation, and staffing support for a set number of hours per day, and may not be required seven days per week to deliver recovery-oriented psychosocial rehabilitation programs.

Dual diagnosis (alcohol and/or other drug): concurrent diagnosis of a mental health disorder and any diagnosed alcohol and/or other drug issue.

Dual diagnosis (intellectual disability): concurrent diagnosis of a mental health disorder and any condition that is attributable to an intellectual, cognitive or neurological impairment (or a combination of); is permanent; and may or may not be episodic in nature.

Home-based rehabilitation, support and maintenance: services that aim to provide rehabilitation, support and maintenance within the patient's home (e.g. 'Hospital in the Home' services).

Independent living with support: supports to meet a person's individual needs and recovery goals, such as tenancy support, budget management and developing social connections. Supports are provided to the individual within their local community and own home, which may include a private rental, privately owned property or social/state housing.

Long-term treatment/rehabilitation and skills development: services that aim to provide long-term clinical and non-clinical rehabilitation and support services in the community for clients who have been discharged from hospital, with the aim of assisting in the transition from hospital to home.

Mental health care/treatment/rehabilitation: also known as step down care; these services comprise a number of different mental health interventions that act as alternatives to inpatient care in acute hospitals (excludes disability).

Non-clinical support and rehabilitation: Community-based non-clinical, recovery and rehabilitation support services that work in partnership with clinical services to support

people with a serious and persistent mental illness. The focus is to minimise the impact of the impairment that is the chronic legacy of the mental illness.

Occupied beds: the total number of hospital beds allocated for use by mental health inpatients that were occupied on the day of the survey, including planned discharges.

Older adult community mental health residential services with 24-hour staff: services specifically designed for older adults who have severe and persistent symptoms of mental illness, and who have risk profiles that preclude them from living in mainstream aged care settings. The service provides assessment, ongoing treatment, rehabilitation and residential support for older individuals.

Short to medium-term treatment/rehabilitation and support: services where people stay in a facility on a short to medium-term basis, receiving clinical rehabilitation treatment and non-clinical rehabilitation services, with the aim of facilitating the transition back to everyday life.

INTRODUCTION

Context

To support the implementation of the *Draft Western Australian Mental Health, Alcohol and Other Drug Accommodation and Support Strategy 2018-2025 (Accommodation and Support Strategy)*¹, and achieve the right balance of community-based accommodation and mental health support services², the Mental Health Inpatient Snapshot Survey (MHISS) 2019 was conducted to collect robust data to support decision-making around required accommodation and support services.

Mental Health Inpatient Snapshot Survey 2019

The MHISS 2019 was conducted across three days (2nd – 4th) in April 2019 and included publicly-funded mental health inpatient activity in Western Australia (WA).

The 2019 survey was coordinated by the MHC with support from Health Service Providers (HSPs) and was designed to capture:

- the proportion of mental health inpatients who could be discharged, if suitable community-based accommodation and mental health support services were available; and
- the types of community-based accommodation and mental health support services required to support hospital discharge for mental health inpatients.

This report provides a summary of the key state-wide and HSP results from the MHISS 2019.

Scope

The MHISS 2019 included inpatients staying in a publicly-funded mental health facility on the day of the survey as well as any mental health inpatients staying in a non-mental health facility due to capacity issues.

While all mental health inpatients in these settings were within scope, the survey was only required to be completed for inpatients who could have been discharged on the day of the survey, if suitable community-based accommodation and/or mental health support services were available.

Inpatients being discharged on the day of the survey were out of scope. Inpatients in forensic beds, Mental Health Observation Areas, Hospital in the Home beds and beds located in privately-funded mental health inpatient facilities were out of scope. The Ursula Frayne Unit at St John of God Mount Lawley was also excluded from the MHISS 2019 as the snapshot focused on activity purchased through the Commission Service Agreements.

Note: results are based on self-reported survey responses.

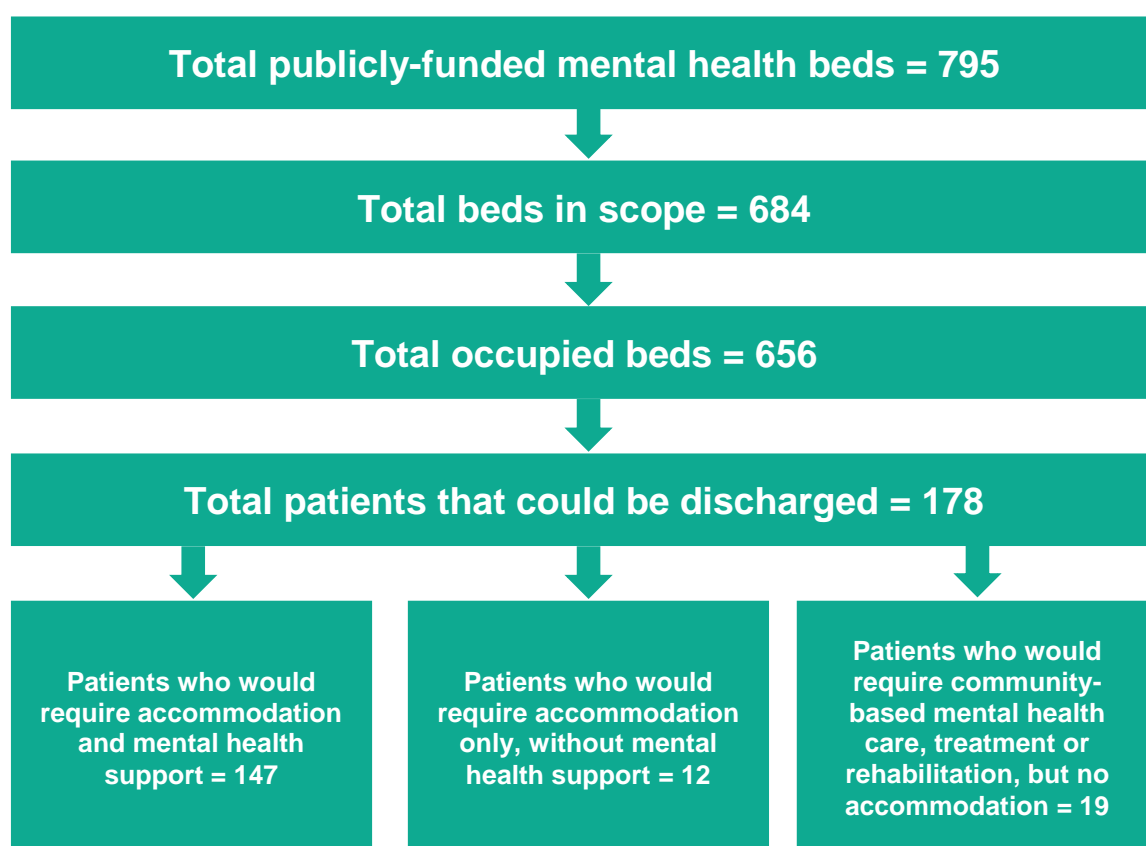
RESULTS

Of the 656 mental health inpatients occupying a bed at the time of the survey, 178 (27.1%) were deemed unable to be discharged because of a lack of suitable community-based accommodation and/or mental health support services.

This included:

- 147 (22.4%) inpatients reported as requiring community-based accommodation with mental health support services.
- 12 (1.8%) inpatients reported as requiring accommodation only, without mental health support services.
- 19 (2.9%) inpatients reported as requiring community-based mental health care, treatment or rehabilitation, but no accommodation.

Figure 1. Beds and inpatients in the Mental Health Inpatient Snapshot Survey 2019.



This report focuses on inpatients reported as requiring community-based accommodation with mental health support (n=147).

Accommodation and Mental Health Services Required

The types of accommodation and support services required by inpatients who could have been discharged, if suitable community-based accommodation with mental health support services was available, are summarised in Table 1. The accommodation services required by care needs are further broken down in Table 2.

Table 1. Types of accommodation and support services required by inpatients who could have been discharged.

	All hospitals		All hospitals (excl. Graylands Hospital)	
	n	%	n	%
Type of accommodation required				
Community residential (24-hour staff)	77	52.4%	34	41.5%
Community residential (without 24-hour staff)	23	15.6%	11	13.4%
Older adult community residential (24-hour staff)	21	14.3%	14	17.1%
Independent living with support	26	17.7%	23	28.0%
Type of treatment / care / rehabilitation required¹				
Short to medium-term treatment, rehab and support	19	14.0%	15	20.3%
Long-term community rehab and skills development	100	73.5%	47	63.5%
Home-based rehab, support and maintenance	7	5.1%	3	4.1%
Other	10	7.4%	9	12.2%
Ongoing clinical support required				
Daily	80	54.4%	41	50.0%
Weekly	46	31.3%	26	31.7%
Less than weekly	16	10.9%	11	13.4%
None	5	3.4%	4	4.9%
Ongoing non-clinical support required				
24-hour	83	56.5%	38	46.3%
Daily	25	17.0%	14	17.1%
Weekly	22	15.0%	16	19.5%
Less than weekly	3	2.0%	2	2.4%
None	14	9.5%	12	14.6%
Ongoing support for mental health and AOD required				
Yes	76	51.7%	48	58.5%
No	71	48.3%	34	41.5%
Ongoing behavioural management required²				
Yes	121	82.3%	61	74.4%
No	26	17.7%	21	25.6%
Common specific services required^{1,3}				
Dual diagnosis (AOD)	53	48.2%	32	47.8%
Dual diagnosis (intellectual disability)	15	13.6%	10	14.9%
Dementia	12	8.2%	10	14.9%

AOD = Alcohol and/or other drug.

¹Question was not required to be completed for all inpatients.

²Behavioural management was defined as 'any action taken to manage behaviour that puts the patient or others at risk of harm, including threatening or aggressive behaviour, extreme distress, and self-harm that could cause serious injury or death'.

³More than one option could be selected. Percentages reflect the proportion of those who provided a response to the question.

Of the 147 inpatients who could have been discharged, if suitable community-based accommodation with mental health support services was available, 98 were reported as requiring community mental health residential services (including older adult) with 24-hour staff, most (n=76) needing long-term care. A further 23 inpatients were reported as requiring community residential services without 24-hour staff, most (n=16) needing long-term care. The remaining 26 were reported as being able to live independently with support, most needing long-term care (n=8) or short-term care, treatment or rehabilitation (n=6). Most inpatients were deemed as requiring at least weekly ongoing clinical (n=126) and non-clinical (n=130) support.

Table 2. Care/treatment/rehabilitation services required by inpatients who could be discharged, by required accommodation services.

Accommodation Required	Care / Treatment / Rehabilitation Services Required							
	Short to medium-term		Long-term		Home-based		Other	
	n	%	n	%	n	%	n	%
Community residential (24-hour staff)	6	4.4%	65	47.4%	2	1.5%	2	1.5%
Community residential (without 24-hour staff)	3	2.2%	16	11.7%	2	1.5%	0	0.0%
Older adult community residential (24-hour staff)	4	2.9%	11	8.0%	0	0.0%	5	3.6%
Independent living with support	6	4.4%	8	5.8%	3	2.2%	4	2.9%

Percentages in the table reflect the proportion of all accommodation by care/treatment/rehabilitation services possibilities.

Data on the type of care/treatment/rehabilitation services required was not collected for all inpatients given some respondents indicated the inpatient could not be discharged with appropriate mental health care/treatment/rehabilitation services, yet could be discharged with suitable accommodation with mental health support services. As a result, totals may differ slightly from those presented in Table 1.

KEY FINDINGS AND RECOMMENDATIONS FOR WA

A considerable proportion of inpatients in publicly-funded mental health inpatient facilities are unable to be discharged because of a lack of community-based accommodation and mental health support services.

There is potential to free up a sizable number of hospital beds across publicly-funded mental health inpatient facilities in WA by providing additional community-based accommodation and mental health support services for people experiencing mental health and/or alcohol/other drug issues.

The need for additional community-based accommodation and mental health support services is urgent given high occupancy rates across most mental health inpatient facilities included in the survey.

The majority of inpatients who could have been discharged were reported as requiring regular and ongoing clinical and non-clinical support and ongoing behavioural management. To meet this need a range of community-based accommodation and mental health support services are required with just over half of the inpatients reported as requiring community mental health residential services with 24-hour staffing and the remaining requiring alternative accommodation/support arrangements to meet their needs.

Consideration should be given to conducting mental health snapshot surveys at regular intervals in WA. The surveys are a cost-effective method for providing robust and critically-important data that can be used to inform planning around mental health service provision in WA.

REFERENCES

1. Mental Health Commission 2018. *Draft Western Australian Mental Health, Alcohol and Other Drug Accommodation and Support Strategy 2018-2025*. Mental Health Commission, Government of Western Australia.
2. Mental Health Commission 2019. *Draft Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015 2025 (Plan) Update 2018*, Mental Health Commission, Government of Western Australia.

APPENDIX 1 – SURVEY INSTRUMENT

WESTERN AUSTRALIA SURVEY OF PATIENTS CURRENTLY IN MENTAL HEALTH INPATIENT FACILITIES

This inpatient survey is relevant to patients of public mental health services who **could be** discharged from public mental health inpatient services if suitable services and supports were available. This survey is not applicable to people who **are** being discharged on the day of the survey. **Please refer to the Survey Guide for detailed information on the survey questions prior to completing this survey.**

In order for the survey to provide meaningful and useful information, it is important that you answer each question, unless otherwise instructed. Please note the questionnaire is to be completed by inpatient Nurse Managers (or another appropriate person) for each patient staying in the inpatient facility.

For each question, please select one option only unless otherwise instructed.

Section A: Patient Details

1. Gender:

- Male Female Non-binary
 Not stated / inadequately described

2. Date of birth:

D	D	M	M	Y	Y	Y	Y
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3. Principal diagnosis (ICD-10-AM, 10th edition):

F

#	#
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 or _____

4. Bed type currently required (may differ from ward):

- Secure/closed/locked
 Non-secure/open

5a. Program / service type currently required by patient:

- Acute care
 Non-acute care/extended care/rehabilitation
 Other (please specify): _____

5b. Specific services currently required by patient:

Select all relevant boxes.

Services related to:

- Acquired brain injury
 Dual diagnosis (intellectual disability)
 Dual diagnosis (alcohol and/or other drug)
 Other (please specify): _____

Section B: Care / Treatment / Rehabilitation Services

6. Could the patient be discharged today if there were appropriate mental health care / treatment / rehabilitation services available?

- Yes
 No → go to Question 8a
 Other (specify): _____

7. What type of care / treatment / rehabilitation services would best suit the person to assist them to return to living in the community?

- Short to medium-term treatment / rehabilitation and support (e.g. Step Up Step Down)
 Long-term community rehabilitation and skills development
 Home-based rehabilitation, support and maintenance (e.g. Hospital in the Home)
 Other (please specify): _____

Section C: Accommodation and Support Requirements

8a. Does the patient require accommodation and support to be discharged today?

- Yes, with mental health support services
 Yes, without mental health support services → go to Question 18
 No, accommodation and support services not required → go to Question 18

8b. For how long would the patient likely require accommodation, if they were discharged today?

- Up to 12 months
 12 months or more

9. What type of accommodation would best contribute to the patient achieving improved health and wellbeing, if this person was discharged today?

- Community mental health residential services with 24-hour staff (e.g. Community Supported Residential Units)
 Older adult community mental health residential services (aged care/nursing home) with 24-hour staff (e.g. High Dependency Units)
 Community mental health residential services without 24-hour staff
 Independent living with support (e.g. Individualised Community Living Strategy)

10. Does the patient require ongoing support for both mental health and alcohol / other drug issues?

- Yes
- No

11. Does the patient require ongoing behavioural management?

- Yes, daily (est. number of hours/day): _____
- Yes, weekly (est. number of days/week): _____
- Yes, less than weekly (est. frequency): _____

No → go to Question 13

12. What are the patient's behavioural management issues related to?

More than one box can be marked.

- Mental health (incl. risk of self-harm)
- Alcohol and/or other drug use
- Disability
- Violent behaviour
- Sexual assault-related behaviour
- Other (please specify): _____

13. Does the patient require ongoing clinical support and rehabilitation?

- Yes
- No → go to Question 15

14. What level of clinical support and rehabilitation is required?

- Daily (est. number of hours/day): _____
- Weekly (est. number of days/week): _____
- Less than weekly (est. frequency): _____

15. Does the patient require ongoing non-clinical support and rehabilitation?

- Yes
- No → go to Question 18

16. What level of non-clinical support and rehabilitation is required?

- 24-hour (support)
- 24-hour (supervision)
- Daily (est. number of hours/day): _____
- Weekly (est. number of days/week): _____
- Less than weekly (est. frequency): _____

17. What level of non-clinical support and rehabilitation is required (0 = none, 4 = high)?

Please circle a number for each activity below.

	None				High
Self-care	0	1	2	3	4
Household/domestic duties	0	1	2	3	4
Financial management	0	1	2	3	4
Recreational skills	0	1	2	3	4
Vocational	0	1	2	3	4
Educational	0	1	2	3	4
Medication support	0	1	2	3	4
Tenancy support	0	1	2	3	4
Parenting	0	1	2	3	4
Interpersonal relationships	0	1	2	3	4
Attending appointments	0	1	2	3	4
Other (please specify):	0	1	2	3	4

Section D: Continuity of Care

18. Does the patient have a suitable fixed address to return to?

- Yes
- No

19. Has a discharge plan, care plan or safety plan been completed for the patient? If so, are they available on a Mental Health Clinical Information System (such as PSOLIS)?

Discharge plan

- Completed Yes No Unknown
- On system Yes No Unknown

Care plan

- Completed Yes No Unknown
- On system Yes No Unknown

Safety plan

- Completed Yes No Unknown
- On system Yes No Unknown

20. Time survey completed: _____: _____ AM / PM

End of Survey



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