Health
Mid North Coast
Local Health District

Introduction	ISBAR communication for all staff regarding the proposal of a new service Authors: Dan Morrison and Kim Edwards, April 2022
Situation	Integrated Mental Health, Alcohol and Other Drugs (IMHAOD) are implementing a centralised Emergency Mental Health & Addictive Response Team (currently referred to as EMHAART), to address existing identified risks and improve client experiences and outcomes.
Background	IMHAOD services are operated from three key sites and there are inconsistencies associated with workflows starting at access and entry to services at each site. Reviews have identified an opportunity to improve services for people requiring mental health or alcohol and other drugs support and treatment. Additionally, IMHAOD have a legacy of a long-standing arrangement where outsourced partial intake and triage is provided via the Mental Health Access Line (MHAL) while the local Acute Care Services (ACS) retain intake and triage functions for referrals from local service partners directly. This structure has resulted in: 1. Several points of access and entry to IMHAOD services each with differing hours of operation and resources creating inconsistences in operations 2. Inconsistent inclusion criteria and gatekeeping functions 3. Duplication with MHAL and ACS providing an intake and triage function 4. Alcohol and Other Drugs (AOD) services providing an intake and assessment function in each Network as part of the broader AOD services 5. Emergency Departments often 'holding' people presenting with MH issues after hours until the next business day resulting in delayed care 6. Inconsistent mechanisms for prioritisation of referrals for consultation-liaison from the non-MH inpatient wards 7. Aboriginal people who cannot access support by our specialist Aboriginal clinicians at point of access and entry 8. MNCLHD has a wide distribution of consumers that have challenges accessing services apart from those offered within the public sector. 9. The current structure is not consistently conducive to providing cultural and diversity safety
Assessment	Failure to change the current inconsistent triage, intake and assessment processes could result in: • Risk of serious harm or death to clients (as identified in RCA and HS2 investigations across IMHAOD) • Inadequate cultural and diversity safety for staff and clients • Non-compliance to NSW Health and MNC LHD policies, procedures and guidelines • Inconsistent coordination and collaboration between other services such as IMHAOD, ED, and other MNCLHD services resulting in communication error • Potential for handover errors from inconsistent coordination and communication with service partners including NGOs and primary providers • Numerous entry points with associated uncoordinated procedures resulting in increased risk of harm to clients, families and carers, and staff • Negative patient experience • Increased expenditure due to re-presentations and unnecessary length of stay • Missed opportunities to engage with new clients who find the current processes cumbersome when in need of our services
Recommendation	Design and implement a 'front-end' District service that's primary function will be the provision of a centralised intake, triage and assessment, resulting in one point of entry for all IMHAOD services across the LHD that is staffed by a specialty trained and skilled workforce to respond to the MNCLHD community

Feedback to: MNCLHD-EMHAART@health.nsw.gov.au