**

**Freshwater Unit**

**Mental Health Intensive Care Unit Model of Care**

The Forensic Hospital

**

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Acknowledgement

Justice Health and Forensic Mental Health Network (the Network) respectfully acknowledge the Bidjigal and Gadigal people of the Eora Nation, as the traditional custodians of the land on which the Forensic Hospital is located in Malabar, NSW. The Network pays its respects to the elders, past, present and emerging as the holders of traditional knowledge and wisdom of this area. The Network extends its respects and gratitude to Aboriginal communities and partner services that work with us to improve health outcomes for our patients. The Network also acknowledges the cultural diversity among our patients and our teams at the Hospital, as well as all staff who have a lived experience of mental health concerns.



# Executive Summary

In 2018-19 the NSW Government committed to investing $700 million in a State Wide Mental Health Infrastructure Program (SWMHIP) to support infrastructure, mental health reform and increase capacity in the NSW mental health system.

The Freshwater Unit (FWU) was established as part of the developments under the SWMHIP. It addresses the needs of a small but challenging cohort of NSW patients whose acute behavioural needs cannot be safely managed in the State’s Mental Health Intensive Care Units (MHICUs). The FWU is a tertiary level state-wide resource that is part of the broader MHICU system and is referred herein as a tier two MHICU.

The FWU is located on the grounds of the Forensic Hospital in Malabar, NSW offers a specialist environment, which flexibly and safely meets the dynamic needs of its high risk, mentally ill patients. The FWU provides intensive, short-term recovery orientated care that is evidence based and trauma informed. Patients admitted to the FWU are referred from: a) the state-wide MHICUs; and b) acute mental health areas within the correctional system, when involuntary treatment is required

# Policy and Directions

The FWU will comply with the following overarching legislation, NSW Health policies, the policies of the Mental Health Service and local operational policies of the Hospital:

* [Mental Health Commission of New South Wales - Key directions 2018- 2023](https://nswmentalhealthcommission.com.au/sites/default/files/documents/key_directions_2018-2023_final.pdf)
* [Charter for Mental Health Care in NSW](https://www.health.nsw.gov.au/mentalhealth/Pages/charter.aspx)
* [MOH PD2020\_004 Seclusion and Restraint in NSW Health Settings](https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2020_004)
* MOH PD2012\_050 [Forensic](https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2012_050.pdf) Mental Health Services
* PD2019\_024 Adult Mental Health Intensive Care Networks
* [MOH PD2017\_033 Physical Health Care within Mental Health Services](https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2017_033.pdf)
* [National Standards for Mental Health Services 2010](https://www1.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-servst10)
* [Living Well - Strategic Plan for Mental Health in NSW 2014-2024](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwik9JOPutHtAhWjoekKHRhNBAgQFjABegQIAhAC&url=https%3A%2F%2Fnswmentalhealthcommission.com.au%2Fresources%2Fliving-well-strategic-plan-for-mental-health-in-nsw-2014-2024&usg=AOvVaw0aV96qx6TIydNgH-sZ8Ze1)
* [Network Consumer Engagement Framework](http://intranetjh/Inside/DirectorateAssets/Clinical%20and%20Corporate%20Governance%20-%20Consumer%20Resources/Patient%20information%20Portal/Network%20Consumer%20Engagement%20Framework.pdf)
* [Network Patient Charter](http://intranetjh/Inside/DirectorateAssets/Clinical%20and%20Corporate%20Governance%20-%20Consumer%20Resources/Patient%20information%20Portal/Network%20Patient%20Charter%202020.pdf)
* [Network Strategic Plan 2018-2022](https://www.justicehealth.nsw.gov.au/publications/BookletStrategicPlan20182022.pdf)
* [Network Policy 1.078 Care Coordination, Risk Assessment, Planning and Review](https://www.justicehealth.nsw.gov.au/about-us/right-to-information/1-078_policy_0317.pdf)
* [Network Policy 1.180 Enforced Medication – The Hospital and Long Bay Hospital Mental Health Unit](http://intranetjh/pol/policylib/1.180_Policy_0820.pdf)
* [Network Policy 1.193 Sexual Safety - The Hospital](http://intranetjh/pol/policylib/1.193_Policy_0919.pdf)
* [Network Policy 1.338 Transfer of Care (Adults and Adolescents) The Hospital](http://intranetjh/pol/policylib/1.338_Policy_1118.pdf)
* [Network Policy 1.441 Acute Sedation – The Hospital and Long Bay Mental Health Unit](http://intranetjh/pol/policylib/1.441_Policy_1020.pdf)
* Network Policy 1.434 [Working](http://intranetjh/pol/policylib/1.434_Policy_0220.pdf) with Families and Carers
* [Network Policy 5.017 Management of Emergencies - The Hospital](http://intranetjh/pol/policylib/5.017_Policy_0519.pdf)
* [FH Procedure External Medical Appointments - Booking and Cancellation](http://intranetjh/Procedures_Manuals/External%20Medical%20Appointments%20-%20Booking%20and%20Cancellation.pdf)
* [FH Procedure Physical Health Assessment and Care](http://intranetjh/Procedures_Manuals/Physical%20Health%20Assessment%20and%20Care.pdf)

# Background

Forensic mental health is a specialist area of mental health care that provides assessment and treatment to people with a mental illness or disorder, whose behaviour has led, or could lead, to offending.

Forensic mental health services in NSW includes custody based mental health services, the Forensic Hospital, three forensic medium secure units, court diversion programs and a community forensic mental health service.

The Forensic Hospital (the Hospital) is the only high secure mental health in-patient facility in NSW. All clinical services at the hospital are delivered by Justice Health and Forensic Mental Health Network (the Network) multidisciplinary teams. The Hospital cares for patients who are classed as forensic, correctional, or high risk civil. Regardless of the patients’ legal classification, the Hospital provides recovery oriented care and treatment in a secure environment, which is in line with national and international best practice.

The FWU is a second tier MHICU facility. After a patient has been trialed in a tier one local health district (LHD) MHICU continues to require a higher level of security than is available in that facility, a referral to the FWU is appropriate.

Our Vision and Values

Key Objectives

The key objectives of the FWU are to provide *safe* care:

* in an appropriate health setting;
* that is consistent with the principles of recovery; and
* that enables patients to return to lesser restrictive treatment conditions.

The FWU provides intensive treatment and care to civil and correctional patients with an acute mental illness and associated high-risk or challenging behaviours. Evidence informed therapeutic and risk mitigation strategies are applied in the FWU, similarly to the broader Forensic Hospital.

# Statement of Purpose

The FWU is a purpose built, tier two, secure MHICU within the Hospital grounds. The FWU has five beds and establishes a specialist environment, which flexibly and safely meets the diverse and dynamic needs of high risk, mentally ill patients.

The FWU provides intensive, short-term recovery orientated care for patients who are transferred from the state-wide MHICUs and Long Bay Hospital Mental Health Unit, or similar acute mental health areas.

The FWU will provide a safe therapeutic environment for high risk patients whilst providing a safe and supportive workplace for staff and visitors. The Hospital is committed to the prevention, reduction and, where safe and possible, the elimination of the use of restrictive practices. The FWU is designed to realise this commitment. This model of care is therefore informed by the principles of recovery and the hospital’s procedures around therapeutic security. In line with the increased levels of patient need in the FWU, the Hospital ensures the unit has a high staff to patient ratio and that staff utilise the unit’s secure design; which enables intensive treatment, appropriate observation, and timely de-escalation and risk mitigation.

# Facility Design

The FWU is a purpose designed building that lends itself to the principles of therapeutic security, which are already established in the Hospital. The specifications of the building are informed by the environmental safety and security needs of the unit’s patient population.

The FWU design allows for flexibility. Different areas can be cordoned off to manage and maintain safety, dignity and privacy. The environment minimizes therapeutic risks, improves observation, and enhances patient engagement.

The FWU is comprised of five single bedrooms. Each bedroom has an ensuite and individual courtyard access. The unit has secure communal living areas, dining areas and outdoor spaces. The FWU also has spaces identified for engaging patients in therapeutic activity.

Fixtures and fittings in the FWU are appropriately sourced for functionality, aesthetic and safety. Anti-ligature fixtures and fittings, strengthened glass and reinforced walls are also used throughout the building.

# Target Patient Population

Adult patients eligible for referral to the FWU are:

* High risk civil patients from tier one MHICUs;
* Correctional patients from Long Bay Hospital or other acute mental health areas within the correctional estate and Forensic Patients in custody who may require enforced treatment; and
* Other units within the Hospital..

A clear rationale must be provided by the referring service for an admission to the FWU. Admissions to the FWU will only be for short, intensive periods and focus on the assessment, treatment and risk management of acutely unwell patients.

Generally, referrals to the FWU will be considered via the Leave and Admissions Committee on a weekly basis. However, for patients requiring urgent admission, the referring treating team must liaise with the FWU NUM and Psychiatrist during office hours, and the FH On-call Consultant out of hours.

A Freshwater Unit Referral Guideline has been developed for use by Hospital staff and as a reference document for partner services.

The FWU beds cannot be used for MHICU ‘overflow patients’. It is a high-secure environment and should not accommodate patients who do not require this level of security and restriction.

The FWU does not function as an admission unit for the Forensic Hospital. All forensic patient admissions to the Hospital must follow the established admission pathway.

### Inclusion Criteria

* Patients over 18 years old
* Patients currently in an acute or deteriorating stage of a severe mental disorder, with challenging behavior, including a high risk of violence to others
* Patients who have been trialed in a tier one MHICU and continue to require a higher level of security than what is available in that facility;.and
* Patients in Long Bay Hospital or other acute mental health areas within the correctional system, who require involuntary treatment.

FWU patients can be detained under the *Mental Health Act 2007* or *Mental Health and Cognitive Impairment Forensic Provisions Act 2020*.

Patient transfers to the FWU is for a time-limited episode of care, up to approximately four weeks. On stabilisation of symptoms and/or reduction in the level of clinical risk, patients will be discharged to the referring LHD or home unit.

A clear discharge pathway back to the home unit must be established prior to the admission. The referring facility will arrange and facilitate the transfer to the FWU and facilitate repatriation on discharge from the FWU.

### Exclusion Criteria

* Patients under the age of 18 years
* Patients with medical conditions or physical frailty that cannot be safely managed in the FWU
* Patients that are acutely intoxicated
* Patients with behaviours driven primarily by a personality disorder
* Patients with a primary diagnosis of dementia, developmental disability of traumatic brain injury, unless there is an acute deterioration in a co-existing major mental illness
* Patients brought in by police
* Patients transferred after admission to hospital emergency departments
* Overflow patients from a LHD or tier one MHICU.

The FWU must not be used to assist with problems with patient flow either in the MHICU or the Forensic Mental Health System. Patients who do not meet the criteria for a tier two MHICU admission, will not be admitted.

### Discharge and Transfer of Care

Patients are assessed, treated and transferred back to their home unit, whether that be within the Hospital, Correctional Centre or LHD.

For more information please review Network *Policy 1.338 Transfer of Care (Adults and Adolescents) the Forensic Hospital*.

Should issues arise in coordinating the care and treatment of a patient within the Network, these should be escalated to the Clinical Director, as per local Hospital guidelines. Resolution of issues will occur at this level.

# Model of Care

The FWU provides ongoing assessment, treatment and risk management for its patients as part of a patient centered, recovery orientated, bio-psychosocial care approach.

This approach is consistent with the model of care applied by the broader Hospital, but focusses on care during an acute phase of a patients’ mental illness.

The care provided to patients in the FWU aims to maximise individual functioning, minimise harm, improve health and enhance patients’ self-management and regulation, so that they can return to their home unit and continue with their recovery. This involves a shared understanding of a patient’s risks and recovery needs. Encouraging accountability in our patients is a critical step to patients beginning the process of relinquishing old behaviours and learning new, more adaptive ones.

# Care Principles

### Patient Centered, Collaborative Care

Our patients and their carers are experts in their own experience of mental illness. Our clinical teams who have expertise in mental health treatment therefore work collaboratively with patients and their carers to ensure patients receive the care they need and return safely and healthier to their communities.

As a state-wide service, engaging families and carers as partners in care is a priority. The care provided in the FWU meet the changing needs of an individual, taking into account their biological, psychological, and social needs. Patients’ preferences for sharing information with their family and carers will be identified, respected and reviewed throughout their care in the FWU. Patients will also have access to the Official Visitors and Legal Aid for advocacy.

### Multi-disciplinary approach

A multi-disciplinary (MDT) approach is utilised to address patients’ needs including, but not limited to, psychiatric, psychological, social, and cultural needs. Medical coverage is also available to the FWU 24/7, with duty and on-call registrars.

An MDT approach supports the provision of evidence-based interventions that benefit patients. This includes the use of sensory modulation and positive behavioural support and risk management strategies from a dedicated team of professionals.

All patients will be engaged in an MDT review at least once a week as well as face to face reviews with their treating psychiatrist as required. Discharge planning is initiated at the first MDT team meeting with initial goals and treatment intervention identified.

### Trauma informed Care

There is a high prevalence of trauma experienced by patients who have mental health needs. The Hospital also recognises that many indigenous people have experienced and continue to experience significant intergenerational and other trauma. A trauma informed method of care guides all clinical practices and interventions within the Hospital and the FWU.

Trauma affects all aspects of a person’s life and can have profound neurological, biological, psychological and social impacts. It is recognised that patients with trauma histories can exhibit challenging behaviours, or behavioural responses that are directly related to their traumatic experiences. Trauma informed care, in practice, is evidenced by the maintenance of safety, empowerment, choice, collaboration and trust. The FWU incorporates this in all aspects of the patient’s care and consider the implications of trauma and psychological safety to promote recovery and to prevent re-traumatisation.

### Culture and diversity

The Hospital respects the rights and dignity of all people. This includes, but is not limited to, Aboriginal people, people with culturally and linguistically diverse (CALD) backgrounds, including those who have sought asylum, people with disabilities, older people, lesbian, gay, bisexual, trans, intersex, queer, and asexual (LGBTIQA) people.

It is appreciated that cultural connectedness can support recovery. Culture is an important aspect of a patient’s personal identity, which is linked to family, ethnicity, history, values, beliefs and spirituality. The FWU ensures cultural sensitivity, respect and responsiveness to the diverse lifestyle needs and choices of its patients.

### Recovery and Rehabilitation

Recovery encompasses the unique personal journey that each patient has towards well-being. The recovery and rehabilitation model looks to impress hope, agency and opportunity for patients. Hope allows for motivation; agency refers to patients taking control of their own lives; and opportunity relates to patients’ social inclusion and participation in their family and community. The FWU provides a care context that supports the patients’ continued recovery using a unified approach that combines strengths based, holistic care with risk management and safety.

### Therapeutic Security

Recovery within a forensic setting utilises security as part of the recovery process by providing a safe and therapeutic environment. Establishment of a safe treatment milieu supports patients to feel safe and comfortable within the FWU. Care in the Hospital is provided with a clear focus on the three components of therapeutic security: 1) environmental, 2) relational, and 3) procedural security. This also applies to the FWU.

Environmental security relates to the facility design, which allows good lines of sight, purposely designed fixtures and fittings and security and safety equipment that includes duress alarms, CCTV and controlled access and egress.

Relational security relates to the process of ensuring good therapeutic engagement and understanding of the patient, which includes an appreciation of their vulnerabilities. Such relational understanding minimises episodes of aggression, promotes positive behavior and helps to meet patients’ clinical needs effectively.

Procedural security relates to the compliance and implementation of legislation, policy and practice standards. It allows all staff to have specific orientation, training and education to care for the patients in a safe, therapeutic and evidence informed way. It also ensures robust governance systems, safety-orientated processes and quality care.

### Safety Culture

The Hospital is committed to providing a strong safety culture. A positive safety culture is essential to providing safe, consistent and reliable care.​ A key framework for managing safety in the Hospital is the Clinical Risk Assessment and Management (CRAM) framework. CRAM is also operational in the FWU.

As per the CRAM framework, treatment and management strategies are determined based on identified clinical needs and static and dynamic risk factors that are empirically associated with aggression. The care plan therefore addresses not only a patient’s treatment needs, but also mitigates the risk of violence and aggression.

The FWU will promote a culture of learning with quality improvement activities being undertaken to ensure the service continues to develop, reduce errors and improve patient and staff outcomes. It is important that staff, families, carers and patients feel safe to speak up about safety and feel confident that their concerns are being heard and addressed.

The FWU will be a mixed-gender unit, with a high staff to patient ratio to mitigate any sexual safety or trauma vulnerabilities. Gender safe areas will be provided dependent on the patient’s needs. Gender sensitivity will be used as a way of supporting patients.

The FWU is supported by the Hospital Emergency Response Team, should any emergency arise.

Least restrictive practice

The FWU will work under the principles of least restrictive care within a secure environment. The environment will be safe, supportive and respectful of every patient’s dignity and privacy. Practices will maximize patients’ autonomy, rights, freedom and wellbeing as much as possible while balancing health care needs and safety.

The clinicians working in the FWU will intervene as early as possible and deliver care and treatment in order to ensure the best outcomes for our patients, explaining the reason for any restriction imposed.

Restrictive practices in their nature are intrusive, non-therapeutic and can be (re)traumatising. Restrictive practices are only considered in the event of imminent danger, as a last resort, after other preventative practices have been considered, attempted and deemed unsuccessful. Restrictive practices are only used until the assessed risk has passed.

### Medication and Monitoring

Pharmacological treatment includes the initiation, supervision, monitoring and education around medications that are provided. Evidence-based prescribing is utilised to identify the best treatment options in collaboration with the patients and their families and carers.

While every effort is made for collaborative choices regarding medication, there are times where enforced medication or acute sedation is required. These medications are only used where:

* it is reasonable and necessary to do so; or
* for the purpose of managing behavioural disturbance or distress that arises from a mental condition, which may pose a risk to the safety of the patient or others, in the immediate short term.

### Psychosocial Therapeutic Interventions

Patients in the FWU have access to a range of activities, assessments and interventions to support treatment engagement and emotional/behavioural regulation, self-care, and transfer to less restrictive treatment conditions.

Therapy is planned to meet individual patient needs and in collaboration with patients. A patient-centered rehabilitation program provides one to one intensive interventions to assist the patient to better regulate their emotions and behaviour and regain (and maintain) improved functioning.

The therapeutic interventions promote hope, health and provide opportunities for patients to develop skills to improve their chance at recovery. Meaningful activity plays a key role in a patients’ recovery pathway. It allows patients to reduce agitation and foster healthy outlets of self-expression. Modifiable and flexible timetabling of therapeutic interventions is offered in the FWU to adapt to patients’ needs.

### Physical Health Needs

Physical health care needs and monitoring is aligned with the Hospital’s provisions. The Hospital has some general health investigations and procedures that are delivered on site. For specialist care and treatment, patients use telehealth facilities on site, or are transferred to the local General Hospital.

The local General Hospital (Prince of Wales Hospital) will be used for any patient requiring emergency physical health care, ongoing physical health investigations, and any blood management and treatment.

An appropriate diet to manage patents’ health issues is supplied. FWU patients have the same choice of meals offered to the rest of the Hospital.

### Engaging with Lived Experience

People with a lived experience of mental health issues and their families and carers, hold unique insights into how services can best respond to mental health needs and promote recovery. The Hospital employs Consumer Consultants, Peer Workers and a cultural peer workforce.

The role of a Forensic Peer Worker is to advocate and assist patients’ recovery alongside the MDT, whilst educating and increasing patients’ level of health literacy and willingness to seek support concerning their wellbeing.

Forensic Peer Workers utilise their lived experience with mental health in addition to their training and varying educational backgrounds to provide unique and valuable contributions to a patient’s recovery. Peer Workers may also utilise their lived experience as Aboriginal and Torres Strait islanders, culturally diverse, LGBTIQA people, people living with disability, religious and non-denominational people, Non-English speaking people, to provide meaningful and relatable support.

# Staff Profile

Care will be delivered by experienced multi-disciplinary clinicians who are appropriately trained and are enthusiastic about delivering care and interventions to the identified patient group.

The Freshwater MDT includes Nursing, Medical, Allied Health and Peer workforce members to provide a holistic approach to intensive, recovery orientated care.

|  |  |  |  |
| --- | --- | --- | --- |
| **FWU Staff Profile** | | | |
| 0.8 FTE Senior Staff Specialist | | | |
| 1.0 FTE Psychiatric Registrar | | | |
| 04 FTE Peer worker | | | |
| 0.6 FTE Senior Forensic Psychologist | | | |
| 0.6 FTE Social Work Level 3 | | | |
| 0.6 FTE Occupational Therapist Level 3 | | | |
| 1.0 FTE Nurse Unit Manager 2 | | | |
| 2.95 FTE Nurse Unit Manager 1 | | | |
| 26.08 FTE Registered Nurse | | | |
| 3.48 FTE Enrolled Nurse | | | |
| 2.17 FTE Assistant In Nursing | | | |
| 2.17 FTE Allied Health Assistant Level 3 | | | |
| 1.0 FTE Administrative Officer Level 3 | | | |
| **Shift Pattern** | | | |
|  | AM Shift (0700-1530hrs) | PM Shift (1330-2200hrs) | Night Shift (2130- 0730hrs) |
| **NUM 1** | 1 | 1 | 0 |
| **RN** | 5 | 5 | 4 |
| **EEN** | 1 | 1 | 0 |
| **AIN** | 1 (10 hours) | | 0 |
| **AHA** | 1 (10hrs) – Managed by Allied Health | | |

\* FTE Profile is inclusive of leave relief.

# Glossary of Terms

|  |  |  |
| --- | --- | --- |
| **General** | | |
| **Carer (NSW Carers (Recognition) Act 2010)** | (1) For the purpose of this Act, a carer is an individual who provides personal care, support and  assistance to another individual who needs it because that other individual:  (a) has a disability; or  (b) has a medical condition (including a terminal or chronic illness); or  (c) has a mental illness; or  (d) is frail and aged.  (2) An individual is not a carer in respect of care, support and assistance he or she provides:  (a) under a contract of service or a contract for the provision of services; or  (b) in the course of doing voluntary work for a charitable, welfare or community  organisation; or  (c) as part of the requirements of a course of education or training.  (3) To avoid doubt, an individual is not a carer merely because he or she:  (a) is the spouse, de facto partner, parent, child or other relative of an individual, or is  the guardian of an individual; or  (b) lives with an individual who requires care | |
| **Mental illness** | A clinically diagnosed disorder which significantly interferes with an individual’s cognitive, emotional or social abilities. | |
| **Model of care** | A model of care broadly defines the way health services are delivered. It outlines best practice care and services for a person, population group or patient cohort as they progress through the stages of a condition, injury or event. Models of care may be developed at the project level, where required. | |
| **Recovery** | Being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issues. | |
| **Therapeutic environment** | One of the components of the inpatient environment that can support or hinder recovery from mental health problems. Positive interactions between staff and consumers are the foundations of a therapeutic environment and the built environment can complement this therapeutic environment. | |
| **Services** |  | |
| **Acute mental health** | The primary goal of care is reduction in severity of symptoms and/or distress associated with the recent onset or exacerbation of a mental illness. | |
| **Forensic services** | Forensic services aim to prevent people with severe mental health, alcohol and other drug problems becoming involved in the criminal justice system. Where people require services, forensic services provide treatment and support at all stages through the criminal justice system (equivalent services to that available to the general community). | |
| **Rehabilitation** | Rehabilitation care is care in which the primary clinical purpose or treatment goal is improvement in the functioning of a patient with an impairment, activity limitation or participation restriction due to a health condition. | |
| **Sub-acute care** | Specialised multidisciplinary care in which the primary need for care is optimisation of the patient’s functioning and quality of life. | |
| **Trauma informed care** | A practice which is a strengths-based framework grounded in an understanding of and responsiveness to the impact of trauma, that emphasises physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment. It requires staff to have a basic understanding of how trauma affects the life of a person and accommodate the particular sensitivities and vulnerabilities of trauma survivors. It also moves away from a sole focus on diagnosis and towards the provision of holistic care based on lived experience and individual need. | |
| **Types of Patients** | | |
| **Civil patient** | | An involuntary detained patient of a declared mental health facility who is not also a forensic patient and is detained in accordance with the [*MH*](http://www.legislation.nsw.gov.au/maintop/view/inforce/act%2B8%2B2007%2Bcd%2B0%2BN) Act.  High-risk civil patients are legally differentiated from forensic patients but require forensic mental health care. The designation of ‘high risk’ is clinically determined. Only in a very small number of patients is the high-risk status legally substantiated. In NSW, high-risk civil patients display similar, if not greater, clinical needs and risk for violence as forensic patients. This demonstrates that high-risk civil patients are at risk of becoming future forensic patients and require equivalent care. |
| **Correctional patient** | | A person, other than a forensic patient, who has been transferred from a correctional centre to a mental health facility while serving a sentence of imprisonment, or while on remand, and who has not been classified by the Tribunal as an involuntary patient. |
| **Forensic patient** | | A person who:   1. has been found unfit to be tried for an offence and ordered to be detained in a mental health facility, correctional centre, detention centre or other place. A person is not a forensic patient if the person has been found unfit to be tried and has been released on bail. 2. is subject to a limiting term and ordered to be detained in a mental health facility, correctional centre, detention centre or other place. 3. Is subject to a special verdict of act proven but not criminally responsible and ordered to be detained in a mental health facility, correctional centre, detention centre or other place. 4. Is subject to an extension order or an interim extension order and is detained in a mental health facility, correctional centre, detention centre or other place. . 5. is a person who is a member of a class of persons prescribed by the regulations (currently includes a person found not guilty of an offence by reason of mental illness or mental impairment under the law of Norfolk Island, and who is transferred to and held in the custody of in NSW). |
| **Mental health patient** | | A patient is a person with lived experience of a mental health condition who is accessing or has previously accessed a mental health service. Within a child and youth mental health context, both the parents and the child or young person may sometimes also be described as consumers. |
| **Other** | | |
| **Co-design** | | A collaborative approach that brings consumers, carers, families and staff together as critical partners in service design, planning, implementation and evaluation. |
| **Local Health Districts (LHDs)** | | The fifteen LHDs in NSW deliver healthcare on a local basis, with involvement from clinicians and the community. Mental health services are delivered by LHDs through hospital settings and through integrated healthcare services within the community. |
| **Speciality Health Networks (SHNs)** | | There are three speciality networks in NSW which provide targeted healthcare to specific segments of the population: The Sydney Children’s Hospital Network, St Vincent’s Health Network and Justice Health and Forensic Mental Health Network. Mental health services are delivered across these networks, depending on the needs of the networks’ consumers. |
| **State wide services** | | These specialist services are provided to consumers with specific needs, or who require a high level of specialised care, such as perinatal, infant, child and adolescent, older persons, and intensive care services. These services are delivered on a state wide basis given the specialised and complex nature of the care required. |