

Caboolture Mental Health and Well-being Network Booklet



PIR Agency:	Open Minds
Date:	<i>January to October 2015</i>
Key issue(s)	<p>Caboolture Mental Health and Well-being Network comprises representatives from most of the community managed mental health services in the Caboolture region.</p> <p>It is common for these community managed services to receive inappropriate referrals from CAMHT and MH Ward staff upon discharge of a person. This creates delays in services being provided for those in need of support.</p>
Main Objective(s)	Ensure appropriate referrals from hospital staff to assist with persons with a lived experience of mental illness accessing support upon discharge.
Summary of Impact or Result	<p>The Service Integration Coordinator (SIC) at the Caboolture Hospital was invited to attend a Network meeting.</p> <p>As a result of this meeting, the SIC invited the CMH&WN to do presentations regarding the local community managed mental health services at staff orientation days, once each month.</p> <p>In preparation for the Orientation Day presentations, CMH&WN members contributed information on their services, their programs, eligibility and referral processes, to create a booklet to be given to hospital staff attending orientation. The booklets were designed so that when services had updates, the Network could email the new page to the SIC, who could distribute it to hospital staff to replace in their booklet.</p>
Context	<p>Caboolture Mental Health and Well Being Network member agencies identified Caboolture Adult Mental Health Team (CAMHT), Mental Health (MH) Ward staff and the Service Integration Coordinator (SIC) often made inappropriate referrals to Partners in Recovery (PIR) and other local mental health services due to not knowing the services offered or the referral pathways. This created additional assessments and meetings for staff and often for themselves, as there are some referrals which can only be made by hospital staff (i.e. for HASP funding and Richmond PRA Transitional Housing services). It also creates delays for persons needing support.</p>
Stakeholders/Partnerships	<p>Hospital staff involved in organising the orientation presentations including the SIC, MH Nurse Trainer, and CAMHS Coordinator. Using the staff orientation day calendar, CMH&WN have developed a roster of representatives from member organisations, to attend and deliver a presentation on services in the resource booklet. A presentation has also been given at a CAMHS team meeting, with booklets being distributed to attendees.</p>
Project Management	<p>Caboolture Mental Health and Well-being Network involves representatives from most of the community managed mental health services in the Caboolture region. Current members are the Caboolture Neighbourhood Centre, Open Minds Partners in Recovery, Open Minds Personal Helpers and Mentors Program, Richmond PRA, Connections Inc., Adina Respite Centre, Caboolture Neighbourhood Centre, RFQ Caboolture and Commonwealth Respite and Carelink Centre's Mental Health Respite Program.</p>
Description of Activities	<p>After development of the resource booklet, the network developed the following website: www.caboolturementalhealth.org where an updated copy of the resource booklet will be available, along with links to websites of all member organisations. CMH&WN intend to continue presentations at the hospital orientation days and will promote the website at these, the shopping centre stalls and any other</p>

events they are involved with. The CMH&WN are also on Facebook.	
Project Impact	
<p>Anecdotal evidence is that referrals from the HHS are more appropriate to the services and programs being offered by organisations than previously.</p> <p>A resource booklet has been developed to assist services to know what each other do.</p> <p>A website has also been develops and will continue to evolve.</p> <p>Community mental health agencies continue to visit the CMHW</p>	
Lessons Learned	
<p>In this situation, there was no data in regard to how many referrals across the agencies seemed to be inappropriate. Anecdotal reports indicated that referrals were often doubled up, not appropriate for that particular agency or more appropriate for a different agency. Any already existing data was gathered through other PIR system reform activities which were established to improve relationships with the Hospital and Health Service (HHS).</p>	
Appendices	