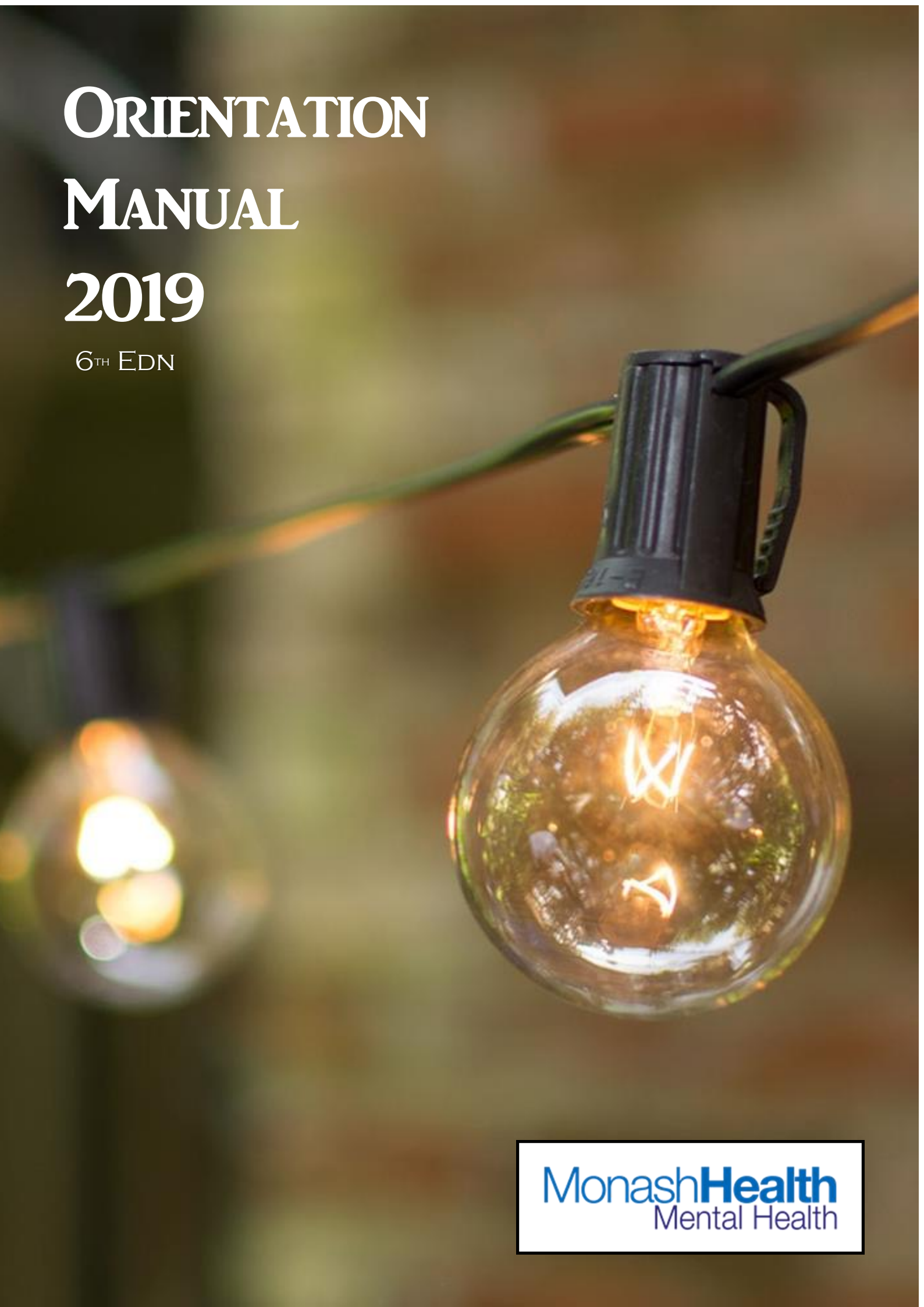
Orientation Manual 2019

6th Edn



MonashHealth Mental Health

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Acknowledgments

Many staff have contributed to this document over the years. The first edition was compiled by psychiatry staff in 2013 and focused heavily on the robust services at Clayton and Dandenong. However, it was also an attempt to create a valuable resource for all new and existing doctors across the Monash Health Mental Health program. Contributors to the 2013 edition included Dr Gregory Sam, Professor David Clarke, Dr Kym Jenkins, Dr Aparna Chawla, Dr David Harms and Dr Sharjeel Ansari.

With the expansion of our program, subsequent editions have become more inclusive of other sites and services. Major contributors to the manual in its current format include Denise Lyons, Dr Reece Lancaster, Dr Muhammad Usman Riaz, Dr Dan Mihaesi, Dr Cathryn Alexander, Dr Shekhar Srinivasan, Dr Theekshna Desilva and Dr Olga Morozova.

This perennially evolving manual has aimed to engender a collegiate ethos, develop guiding principles and serve as a general go-to document when starting a new rotation. Each edition has been updated by the Psychiatry Junior Medical Staff (JMS) Leadership Team. Thank you to everyone who worked so hard in getting each edition to print.

Dr May Loh, Director of Training, has provided ongoing input and support throughout.

Disclaimer: please note that all Form Numbers quoted are from Adult Mental Health Services unless specified otherwise. You will need to source the relevant forms for your stream.

Welcome to the Monash Health Mental Health Program

A training experience with a focus on clinical excellence.

The orientation manual is divided into eleven chapters:

- Introduction
- General Orientation and Principles of Care
- Casey/Cardinia Mental Health Services
- Clayton Mental Health Services
- Dandenong Mental Health Services
- Kingston Mental Health Services
- Other Mental Health Services
- Referral to Other Services
- Critical Incident Management
- A Guide to Psychiatry Afterhours at Monash Health
- Appendices

If you have any further questions about the service, do not hesitate to speak to your Supervisor or Unit Head. If there are any enquiries about training, please contact me.

Whether you are with us for a rotation or a whole training journey, I hope your time in the program will be enjoyable and a wonderful learning experience.

Dr May Loh
Director of Training
Mental Health Program Monash Health
May.Loh@monashhealth.org

Introduction

Welcome to your experience in Mental Health. Whether this is the beginning of your vocation or one of your first terms after Medical School, Psychiatry has a great deal to offer in clinical work. While it can be very demanding and will often seem very different to other disciplines of Medicine, Psychiatry can be very rewarding.

The Program Director and Unit Heads together with the Director of Training and Junior Medical Staff (JMS) Workforce Co-ordinator all wish you a rich and positive experience in Psychiatry.

Introducing your Medical Colleagues

Professor David Clarke

Program Director, Mental Health
David.Clarke@monashhealth.org

Dr Martin Preston
Junior Medical Staff Workforce Co-ordinator

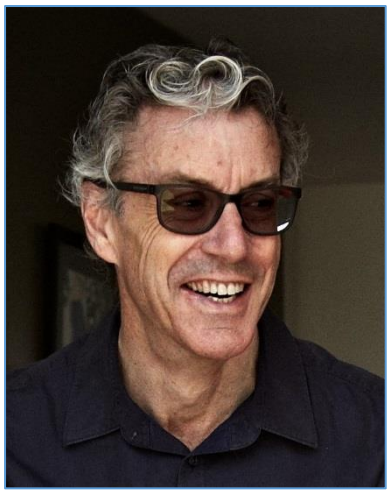
Dr Neeraj Sareen
Unit Head –
Casey Adult Mental Health Services

Dr Umesh Babu
Unit Head –
Dandenong Adult Mental Health Services

Prof Suresh Sundram
Unit Head –
Clayton Adult Mental Health Services

Prof Michael Gordon
Unit Head – Early in Life
Mental Health Service (ELMHS)

Dr Chris Plakiotis
Unit Head – Aged Persons
Mental Health Service (APMHS)



Dr David Jacka
Unit Head – Addiction Medicine Unit (AMU)

Dr Bharat Saluja
Unit Head – Young Persons MHS

Dr Reece Lancaster
Chief Registrar, Mental Health Program

Administrative support to the Training Program is provided by:

Denise Lyons
Executive Assistant to Professor David Clarke &
Administrative Support to the Psychiatry Education & Training Program
Located at Mental Health Service Building
Dandenong Hospital
126-128 Cleeland Street, Dandenong 3175

Email: mhp_execsupport@monashhealth.org

Phone: 9792 7505
Fax: 9792 7723

General Orientation and Principles of Care

First Steps

The first steps in your new role will involve meeting your Consultant and Site Principal Registrar, attending any orientation sessions and obtaining site specific access. The Security Office at each site is where you will be able to have your staff identification configured. Please request activation of swipe access to the locked wards, Emergency Department and other salient areas.

Client Management Interface (CMI)

This is the statewide (i.e. Victorian) database for registering all mental health patients. The icon is on some desktops but not all computers have access. You will need login access, which is requested by your team manager.

Scanned Medical Records (SMR)

SMR is the current Monash Health software for storing all clinical information and will soon be accompanied by an electronic medical records (EMR). The icon is on the desktop but can also be found via the intranet's *clinical portal*. The login and password are the same as your Monash Health login and password.

Requests for Psychiatric (Medical) Reports

All requests for psychiatric reports must be directed to Program Director, Program Office, Mental Health Program, 126 - 128 Cleeland Street, Dandenong in the first instance.

As this is not a core function of the Mental Health Program a process is in place for the collection of fees associated with writing the report. This ensures that written consent has been obtained by the client and allocating of requests to the Consultant from the Program Director's office. Draft reports are submitted to the Program Director for review and once approved are then signed and sent to the relevant requestor. Reports are generally issued within one month of the fee being received. Reports will not be released prior to the payment of the fee.

SafeScript

SafeScript is the Victorian Department of Health's real-time prescription monitoring program. It is currently being piloted in Western Victoria and will be rolled out as a mandatory program to the rest of Victoria in 2019. Its web-based software allows for the prescription records for some high-risk medicines to be transmitted in real-time to a centralised database which can then be accessed by doctors and pharmacists during a consultation. https://www.safescript.vic.gov.au/

SafeScript will provide prescribers and pharmacists with a clinical tool to make safer decisions about whether to prescribe or dispense a high-risk medicine. It will facilitate the early identification, treatment and support for patients who are developing signs of dependence.

Prescription medicines causing greatest harm to the community will be monitored through SafeScript. This includes all Schedule 8 medicines and other high risk medicines such as benzodiazepines, zolpidem or zopiclone, quetiapine and codeine.

While taking prescription medicines can be beneficial for managing medical conditions, some medicines are harmful if taken in high doses or in combination with other medicines. It is easy to develop a dependence on a high-risk medicine even when the medicine is only being taken for a short period of time to address issues such as pain or anxiety.

The number of overdose deaths in Victoria involving pharmaceutical medicines is higher than the number of overdose deaths involving illicit drugs and, since 2012, has exceeded the road toll. The latest available data, from 2016, shows that 372 Victorians died from overdoses involving prescription medicines, 257 died from overdose deaths involving illicit drugs and 291 died in road accidents.

Medical Roles & Responsibilities

General Working Hours

- Intern and HMO: Monday to Friday 0830 to 1700hrs.
- Registrars: Monday to Friday 0830 to 1706hrs. The current Enterprise Bargaining Agreement (EBA) states that Registrars are entitled to five hours of training time each week. Registrars may use their training time to attend their formal education course, attend tutorials, write up the Psychotherapy case history or work on their Scholarly project.

Leave

All JMS must adhere to the *Monash Doctors Junior Medical Staff Leave* procedure on PROMPT.

Your personal leave (sick and carer's leave) entitlements are defined by the *Victorian Public Health Sector - Doctors in Training Enterprise Agreement 2018-2021*. If you become unwell, inform Monash Doctors Workforce (MDW), your Consultant, Site Principal Registrar and Manager as early as possible. If it can be anticipated, let them know the duration of your absence.

It is advised that you plan your annual, conference and examination leave as early in your rotation as possible. Planned leave cannot clash with either the Consultant or other Junior Medical Staff (JMS) on your clinical unit. Any afterhours responsibilities falling within your planned leave must be taken into account when seeking approval by your Supervising Consultant and site Unit Head. A signed *leave form* must be forwarded to Monash Doctors Workforce for entering into KRONOS. All planned leave must be authorised before it commences.

Interns do not have annual leave entitlements during their Mental Health rotation. Leave has been allocated by MDW prior to the commencement of your rotation. For Accredited Trainees, please be mindful of the RANZCP requirements for each term. According to RANZCP, Trainees cannot miss more than 4 weeks (20 working days) of a 6 month rotation in order to successfully complete that rotation. This includes all types of leave (annual, sick, conference and exam).

To prepare for your leave, please provide a handover to the covering doctor including a summary of all your patients, their current progress and especially any outstanding issues. Within reason, complete all foreseeable paperwork (e.g. discharge summaries, Mental Health Tribunal reports, etc.).

Psychiatry Meeting / Teaching Sessions

Your attendance is expected at your site's journal club and case presentation sessions.

The Professorial Grand Round is broadcast from Monash Medical Centre via Outlook BlueJeans videoconferencing at 1230 to 1330hrs every 1st and 3rd Monday of the month. Please refer to the site-specific educational schedule which can be found at: Mental Health - Medical Program

There is some flexibility in tutorial scheduling to accommodate a variety of Consultant availability. However, the mainstay of tutorial programs occur as follows:

Stage 1 Registrar tutorials
Wednesday afternoons at various locations.

Written Exam & OSCE tutorials
Various days/locations (schedule can be found at Mental Health-Medical Program-Education Timetables).

Intern tutorials
Thursdays (fortnightly) 0830 to 0930hrs. Meeting Room 6, Level 1, ART Building, Dandenong Hospital.

Afterhours (Registrars and HMOs only)

All JMS will be involved in the after hours roster unless you have supportive medical evidence. Each site's roster is compiled by the respective Site Principal and Deputy Registrars and uploaded to the

hospital intranet via MDW. The roster structure and further relevant information is discussed in the after hours section.

In order to plan cover for your day duties by your peers, please highlight upcoming after hours shifts with your Senior Registrar and Consultant. This may include a detailed handover for your peers and senior colleagues. Please ensure that discharges planned during your absence have discharge summaries prepared. Importantly, Mental Health Tribunal reports may need to be completed in advance of after hours duties.

JMS Day-to-Day Duties

Role of inpatient unit Intern

Where possible, the role of the Intern is to assist the HMO or Registrar you are working with. This may include tasks such as discharge summaries, documentation, medication charts, scripts and seclusion reviews. Occasionally the Intern will not have an HMO counterpart and will be working directly with the Senior Registrar or directly with the Consultant. The Intern should be aware of the overall plans for their patients although construction of management plans are the responsibility of more senior medical staff. The Intern will also assist with ward duties such as admissions, which should be discussed with the Registrar/HMO of that team.

Role of inpatient unit HMO

The role of the ward HMO is to manage up to 7 to 10 patients in collaboration with the team's corresponding Consultant. This will involve seeing patients with the Consultant, and on their own. The HMO will be expected to present cases at clinical review on a weekly basis, admit patients to the ward and should discuss any complex patients with the Senior Registrar on the ward. The HMO will also provide ward duty cover for the Registrars.

Role of inpatient unit Junior Registrar

The role of ward Registrar is to manage up to 10 patients in collaboration with the team's corresponding Consultant. The Registrar will be involved in RANZCP Training, which includes teaching medical students and other JMS. Registrars also present at weekly service training meetings e.g. journal clubs and case conferences. The presentations of patients at clinical review will require consideration of assessment, formulation and management of patients. Registrars will need to work closely with their supervisor to ensure RANZCP requirements are met; planning of Workplace Based Assessments (WBA) and Entrustable Professional Activities (EPA) will need close attention.

Role of inpatient unit Senior Registrar

The role of the ward Senior Registrar is to provide support and teaching to the JMS and medical students, and to step-up when Consultant is not available. The Senior Registrar will be involved in complex patients, long stay patients and liaison with other aspects of the service to ensure appropriate service delivery. The ward Senior Registrar will liaise closely with the ANM (nurse shift leader) to plan discharges and admissions to the ward and be available to provide direction, guidance and advice to the JMS.

Role of community Registrar

The role of the Registrar in community will vary according to the specific function of your unit. Your supervisor will be able to provide a clear picture of the role's requirements and the work plan constructed at the beginning of your term will assist in synthesising your schedule. It is crucial that you factor in your RANZCP requirements to your working week especially when summative assessments are due.

Advanced Trainee

The Advanced Trainee will function as a subspecialty Registrar and may at times be seen as a resource for the team to utilise before escalating matters to the Consultant. This will promote preparation for fellowship as well as becoming integrated into the team. At times, you may have an Advanced Trainee

as well as a Senior Registrar within your team. In these unique circumstances, discuss with your team for allocation of responsibilities.

Site Principal and Deputy Registrars

Each site has a respective JMS Leadership team. These Registrars have responsibilities in addition to their clinical workload. They write the after hours roster and they are the support persons if you are having difficulties during your clinical rotation. They liaise with the Chief Registrar and the Unit Head and their main function is advocacy for the JMS. The Site Principal Registrars are essential to ensuring that systemic issues are appropriately considered and advocated for with an overall aim to improve service experience for both patients and staff. Each Site Principal is supported by a Deputy whose role is to assist the Site Principal and provide cover during their absence. This year's JMS Leadership Team is as follows:

Chief Registrar: Dr Reece Lancaster

Clayton :
Site Principal Registrar : Dr Georgina Tuck
Deputy : Dr Kathyrn Johnson

Dandenong :
Site Principal Registrar : Dr Laura Pejnovic
Deputy : Dr Florence Morley

Casey :
Site Principal Registrar : Dr Emily Hayes
Deputy : Dr Ben Bernard

Mental Health Act at work

Mental Health Tribunal (MHT) hearings

Every patient subject to the Mental Health Act 2014 will have a hearing to examine the ongoing need to keep them under the Mental Health Act. The process exists to uphold natural justice and is not designed to be punitive to doctors. Most importantly, this is not a personal challenge of your clinical ability.

The Mental Health Tribunal Contact Officers will contact you via your Monash Health email with a *Notice of Hearing* approximately 2 weeks in advance. MHT Contact Officers can also be contacted on the following numbers or email for enquiries/advice:

- Casey: 0409 941 744, MHRBcasey@monashhealth.org
- Clayton: 0409 927 989, MHRBclayton@monashhealth.org
- Dandenong: 0409 921 457, MHRBdandenong@monashhealth.org
- Kingston: 0409 991 034, MHRBkingston@monashhealth.org

It is important that only the above nominated email addresses are used. Please do not use individual names to send your MHT paperwork. Personal email addresses are not monitored during times of absence and could result in lengthy delays in receipt of legal paperwork. More information about the Mental Health Tribunal can be found at: Mental Health Tribunal and Mental Health Act 2014

MHT hearings are on a different day at each service. There is a specific room allocated for hearings at each service. While the hearings average 20 minutes per patient, a complex case may take more than an hour. A lawyer may attend to represent the patient. As a treating doctor, you must prepare a *Report on Compulsory Treatment* (MHT3) for the MHT hearing. The template is available from the **G:/MH_Tribunal_Reports**. To gain access to this folder please contact Eleanor Donaghy, Legal Compliance Co-ordinator, Mental Health Program, Eleanor.Donaghy@monashhealth.org

All MHT reports should be saved in word and/or pdf version in site specific folder at **G:/MH_Tribunal_Reports**. Standardised file names should be used to facilitate easy identification and retrieval. The Naming protocol is, Local UR _Patients Initials (in capital letters) _date of hearing. e.g. **123456_AB_261015**

To comply with legal requirements, it is very important to give the completed report to the patient at least 48 hours before the hearing. Three copies of the final report are required: one for the Tribunal Contact Officer (who will further disseminate as required), one for the patient and one for yourself.

Notice of Hearing form

This form is to be placed in the file after you have notified the patient and is an indication to the MHT that you have told the patient of their hearing. All compulsory patients have the right to appeal against their compulsory order by filling out an *Application to Mental Health Tribunal* (MHA114) form. They have the right to a second opinion and also to see a lawyer, either privately engaged or from Legal Aid.

Patients must be presented to the Mental Health Tribunal by the team doctor. Ideally this will be performed by the Registrar, but due to the work demands this may fall to more junior staff. Interns will always be accompanied by a senior colleague when required to present to the MHT. All JMS new to this duty will be walked through the process and be allowed to observe tribunal procedure before they undertake this themselves.

Tasks for Junior Medical Staff on an Inpatient Unit

Documentation

Documentation is extremely important. It provides communication between shifts, for members of invested teams and also provides a medico-legal record of care.

Each time you review a patient, have contact with a patient's family or do anything for a patient, documentation in the patient file is important. This includes actions taken and especially, a plan at the end of it. Please document the patient's mental state and risk assessment when relevant. Since the patient and/or their family are able to access the notes under the Freedom of Information Act, information which could be detrimental to the patient if they read it can be marked as 'FOI exempt' (Freedom of Information exempt). If you find yourself documenting conversations and issues under FOI, please discuss with your Consultant. This may be circumvented by writing notes in a way that the information would be communicated to the patient or expressed in front of them, although does not address the tricky issue of being told information by families in confidence. Please discuss this type of issue with your Consultant or Senior Registrar.

Information Gathering

Collateral, past psychiatric and medical histories are essential to the formulation and management of your patient. Almost all patients will have a variety of mental health and medical services involved in their care e.g. Case Managers, GPs and Psychiatrists etc. Consent should always be considered when contacting other health professionals and the need to act according to consent will be guided by the specific clinical picture. Liaise with your Senior Registrar or Consultant regarding consent.

PROMPT Policy and Procedures

Please familiarise yourself with the various Monash Health policies and procedures via PROMPT which can be accessed via the Clinical Portal or the desktop icon. Particularly useful protocols for Mental Health are:

- Acute behavioural disturbance clinical guidelines (management of acutely agitated patients)
- Restrictive interventions (physical restraint)
- Seclusion of patients
- Mental Health leave from inpatient units
- Abscond and Absent Without Leave (AWOL)

- Falls prevention and post fall procedures
- Clozapine procedure and titration chart
- Diabetes screening and management.

Clozapine (Clopine™) Registration

The antipsychotic clozapine requires the doctor to be a registered prescriber. It is vitally important that patients do not miss doses of their clozapine. Therefore, you are encouraged to undertake the registration process at the commencement of your rotation.

Online Clopine™ training can be accessed via the intranet's Learning Management System (LMS).

Monash Health Clopine™ Co-ordinator
Phone: 9767 8222

- Ms Leanne Rouda (PT, 3 days per week)

Clinical Review

These are multidisciplinary meetings that constitute weekly paper ward rounds. The duration will vary according to which unit you work in. Most JMS find it helpful to prepare and collect in the meeting room prior to the start of the clinical review:

- Patient files and medication charts
- Clinical Review forms. This covers the most pertinent information i.e. diagnosis, current mental state, plans for management
- Treatment plan for each patient.

Ideally the Registrar will present a brief summary, patient progress and the relevant issues for each of the patients. This is a good way to practice verbal presentation and formulation skills.

Day-to-Day Ward

Regular reviews of your patients are essential. This includes discussion with the patient's contact nurse to see if there is anything that needs to be escalated to the Consultant/other services. Review leave plans daily to make sure they are up to date. If the patient is not allowed leave for the next 24-48 hours, clearly document this on the plan.

If MET CALL criteria need to be adjusted for any reason, consult with the relevant medical/surgical team and clearly document this on the notes. If nursing staff are concerned about the patient's medical status please make sure you see the patient or handover appropriately.

There is a handover book that needs to be checked upon commencement of each afterhours shift by the duty/on call JMS. Direct doctor-to-doctor handover is required for urgent and important issues, either by phone or face-to-face. Most Mental Health inpatient units have a no intravenous (IV) treatment policy. If a patient needs intensive medical treatment, they should be transferred to a medical ward or in exceptional circumstances to ED, until they are medically stable and may be transferred back to their mental health unit.

If your Consultant is away during office hours, contact the covering Consultant if needed. Otherwise there is a duty Consultant oncall who can be reached via switch. Afterhours, there is a Consultant Psychiatrist oncall; also contactable via switch.

All Mental Health inpatient wards are locked wards. To gain entry or to exit, swipe card access is required. It is very important to be aware that patients may attempt to abscond from the ward when you are leaving, so be careful. If you are asked by a patient to let them out, DO NOT open the door for them and politely refer them back to their contact nurse.

Admissions

Admissions to the ward will be mainly via ED where the patient will be seen by an ECATT clinician and/or Registrar. In some instances, there may be some patients who will be transfers from other wards or directly from community teams.

All recipients of service, including admissions to the ward, need to have a Mental Health Assessment ('orange') form completed for each episode of care (MRAF01 - Adult, MH3 (i) - ELMHS, MH3 (ii) - Aged). If the patient has been in ED, the orange form should have already been done.

All admissions will need to be seen by a doctor when they arrive on to the ward. Please see patients (whether new or not) with the contact nurse/staff member present to ensure safety. It will also ensure that you, the patient and the nursing staff know what has been discussed on admission and what aspects of the management plan needs to be carried out by everyone involved. On admission, all patients should have their mental state, risk assessment and initial plan documented with relevant pathology, radiology and ECG ordered where appropriate.

All patients need to be seen by a Consultant Psychiatrist within 24 hours of admission regardless of their Mental Health Act status. It is standard practice that patients, both voluntary and compulsory, are not granted leave within the first 24 hours of admission. This may change depending on your Consultant's opinion. Always make sure that the plan is clearly documented and clearly communicated to the contact nurse who is looking after the patient.

1. Complete a medication chart:

Medication charts on admission are to be completed like any other ward. It is mandatory to complete the allergy section. If not already done, please stick patient identifying labels on both sides of the medication chart and write the patient's name in space provided (on both sides). A medication chart needs to be done for each admission, even if the patient is not on any usual medications.

Charts should include all regular medication(s) and well as appropriate sedation/tranquilisation and nicotine replacement therapy if indicated. For common PRN medications, the following is a guide for adults and as always, medications and doses must be tailored to each patient:

- Olanzapine 5-10mg ō/IM TDS (max 20mg)
- Quetiapine 50-100mg ō TDS (max 300mg)
- Temazepam 10-20mg ō nocte (max 20mg)
- Diazepam 5-10mg ō QID (max 40mg)
- Benzatropine 1-2mg ō/IM BD (max 4mg) → NOT for akathisia
- Nicotine patch 21mg topical daily (max 3 patches)
- Nicotine inhaler 15mg INH 1/24 (max 12)
- Nicotine spray 1-2 sprays sublingual Q30 mins (max 64 sprays)

You may commence or restart usual medications, but please seek advice if unsure. Aim to avoid commencing/recommencing psychotropic medication at high doses. The premise of "start low and go slow" is important. Beware of QTc abnormalities on ECG when prescribing certain antipsychotics. If relevant, be sure the post overdose drug-free interval recommended by the Toxicology team has been observed.

Please discuss with ward Junior/Senior Registrars or Consultant if unsure about management of a patient. PROMPT can be a useful source of information, especially when faced with acute behavioural disturbance (please refer to the Acute Behavioural Disturbance protocol on PROMPT).

2. Pathology for admissions to acute psychiatric wards, if appropriate for the patient:

People with mental illness have much poorer physical health compared with the general population, and often don't see GPs regularly. Obtaining investigations when they are in hospital is important, as

it is a good opportunity to screen for physical health issues, and also look into any organic illnesses that may be contributing to their mental health presentation.

For people with first episode psychosis, first episode mania or depressive episode, a broad screen can often be appropriate:

- FBE, UEC, TFTs, LFTs, CMP, Vit D/B12/folate, CRP, iron studies
- Prolactin (if psychosis, or possibility of treating with antipsychotics)
- Fasting lipid profile and blood glucose
- Beta-HCG for any female of child-bearing age (eg 14-50yo)
- Also consider/discuss with consultant (as per RANZCP guidelines on first episode psychosis), AntiNMDAR, Anti-VGKC and Anti GAD antibodies.
- Hepatitis/HIV screening may also be appropriate, although in order to properly counsel the patient around HIV screening, this may need to be delayed until the patient can engage with this.

In the instance your patient has had a recent admission, or if the patient you are admitting has an established diagnosis and has previously been with Monash Health, please review their most recent investigations and consider what should be repeated. If they have bloods done at an external pathology service please make an effort to obtain their most recent bloods as it may save the cost and effort of re-testing unnecessarily.

As per the RANZCP guidelines for patients receiving antipsychotics, prolactin should be checked every 6 months and more frequently if clinically indicated. Fasting lipids and BSL should be rechecked 12 weeks after commencement of medication, and then every six months. Always do a beta-HCG on women of child-bearing age.

In terms of other investigations (vitamins, iron studies, TSH, etc) this should be considered with clinical judgment. If the patient has not had these done in the past 6 to 12 months then they should be reviewed, or more frequently if they are at high risk of malnutrition. For people who are frequently admitted to the service, it may only be necessary to check UEC/LFT/FBE, depending on the patient's physical status, medications and past medical history.

Specific drug monitoring (as per RANZCP guidelines):

- Lithium is monitored via blood levels, and patients on lithium also require monitoring of renal function and endocrine parameters (Ca, PTH, TSH) at initiation, and then at 6/12/24 months. (And more frequently is established renal failure, elderly). Lithium level should be done on admission as can indicate appropriateness of dosage and compliance. Lithium levels should also be repeated 5 days after dose adjustment, to allow time to reach steady state. Please note lithium level should be taken as a 12 hour trough level, so 12 hours post the last dose, before the next dose.
- Sodium valproate and carbamazepine. Patients on sodium valproate and carbamazepine should have FBE and LFTs at initiation, then at 6, 12 and 24 months, with drug levels at these points also.
- Clozapine. Please refer to the online training and clozapine section of this manual for details. Clozapine levels depend on whether they are taken in continuation or initiation phase, or have recently had interruption of therapy. At a minimum patients require a monthly FBE, with other bloods (fasting lipids/BSL/UEC/LFT/troponin) every 6 months. Please also note Monash Health pathology run clozapine levels on Monday and Thursday afternoons, with results available Tuesdays and Fridays
- Sexual Health. Please consider screening for sexually transmitted infections, including blood-borne viruses if concerned about risky behaviour. Please bear in mind though that patients need to be appropriately counselled around this, so it may be more appropriate later in the admission.

3. Other relevant tests, if necessary:

Consider if imaging is appropriate based on the clinical scenario and evidence base. It is often helpful to discuss with the Radiologist to get approval for any neuroimaging.

An EEG can be requested using the Neurophysiology request form and is faxed to Neurophysiology Department. It is usually fairly prompt for inpatients, but a few weeks for outpatients. Please note not all Monash Health sites have access to on-site EEG testing.

4. Check Mental Health Act forms for compulsory patients are completed:
Refer to *Appendix 11 - Mental Health Act.*

5. Conduct a physical examination (with patient consent):

Patients who are admitted to the ward will need a physical exam. This includes full set of physical observations (vital signs). This can be documented either on the admission form or via a progress note entry.

Psychiatric Reviews

- Take notes while in a patient interview with your Consultant.
- Write a basic MSE i.e. appearance, behaviour, mood, affect, speech, thought, perception, cognition, insight, judgement.
- Document risk assessment.
- Ideally the contact nurse would join the interview if possible.
- At least one staff member in the interview room to wear a duress alarm.

Medical Reviews

The mental health medical staff are the first port of call to manage any medical problems which may arise. Please use the appropriate form if requesting consultation of another specialty team.

Seclusion Reviews (as per MHA)

- Discuss entry & exit plans with nursing shift leader prior to seclusion review
- Conduct a medical review at least every three hours; more frequent as needed
- Take vital signs and if safe to do so, briefly examine cardiovascular and respiratory systems
- Act on SpO_2 below 95% or bradycardia/tachycardia
- Write a quick note in their file with the physical observations and your assessment of their mental state
- Document your plan for returning the patient to the open ward or HDU (what needs to happen for this patient to be out of seclusion?).

Medication Chart Reviews

Medication charts are kept in a binder that can usually be found in either the medication room or staff pod. Try not to interrupt nursing staff during medication dispensing times to minimise errors. When prescribing a long-acting 'depot' medication, please include when the next depot is due (clearly document this on the med chart).

Review of medication charts:

- Write the time medication(s) is to be dispensed on the chart e.g. 0800, 1200, 1800, 2200 together with specific instructions (i.e. with food, etc.)
- Update med charts before the weekend (don't leave chart rewrites for afterhours Registrars)
- Re-write PRNs if they are expected to 'run out' during an afterhours period.

Leave of Absence form (MRAF04) for a Voluntary Patient

Voluntary patients still require consideration of risk in leaving the ward. Their leave plan will need to be negotiated with your Consultant. Even though they are voluntary, both medical staff and nursing staff have the ability to stop a patient from leaving if it is felt they are going to participate in risky behaviour while off the ward. If there is significant risk attached to leave, the Mental Health Act 2014 may be considered.

Please refer to the relevant procedure on PROMPT for more information on leave:
http://prompt/Search/download.aspx?filename=1824321\1824323\25468439.pdf

Leave of Absence form (MHA120) for a Compulsory Patient

All patients should have leave at some point in their stay, but this will be tailored to each individual. The key consideration is risk. All team members may be involved in this decision. However, only the Consultant can write the leave form for compulsory patients. It is important to liaise with nursing staff when leave decisions are being made. Usually both voluntary and compulsory patients don't get any leave for the first 24 hours. This may change depending on your Consultant's decision.

Electroconvulsive Therapy (ECT)

ECT occurs on Mon, Wed and Fri across all 4 sites (Kingston, Clayton, Dandenong and Casey). You are expected to be in the ECT suite/theatre and ready to start at 0730hrs. The Consultant and the ECT Co-ordinator will give you a run down on the day what your role is.

Pre ECT work-up includes:

- An *ECT Consent* form (MHA131) must be signed by the patient for voluntary ECT.
- For all compulsory patients, *Application for ECT* (MHA132) and C*ompulsory Notifications Persons* (MHT32) forms must be completed and sent to Mental Health Tribunal. Consent from the MHT must be granted for ECT to proceed. A copy of the Treatment Order must be attached to documentation for the ECT Co-ordinator at each site.
- *ECT Prescription* form (MRG36) completed by the Psychiatrist. ECT will not proceed in the absence of a correct prescription for each treatment.
- Physical examination documented in the *ECT Prescription* form (MRG36).
- Perform basic pathology (FBE, UEC, LFT, TFT) and imaging if clinically indicated.

For specific patients, it is necessary to also perform an ECG and CXR. This generally includes all patients over 65 years of age, those with recent ICU admissions and those who are particularly vulnerable to physical illness. If unsure, speak with your Registrar or Consultant about an Anaesthetic consultation. Patients with medical comorbidities that increase their anaesthetic risk or have had previous problems with an anaesthetic should also have an Anaesthetics review.

Ensure the patient receives the Information/Patient Rights Booklet. As of 2014, all applications for compulsory ECT need to be heard before a Mental Health Tribunal. Please speak to the ECT Co-ordinator at your service for the relevant procedure.

Consider noting in the medication chart: no benzodiazepines – patient having ECT. Cease or withhold all benzodiazepines, including PRNs. Discuss with your Consultant about other medications such as antiepileptic's/mood stabilisers as they can compromise ECT treatment. Lithium can increase post ECT confusion. Ensure nursing staff are aware the patient needs to be fasted at least 6 hours prior to procedure. Please refer to PROMPT for ECT procedure.

Intra-service Referrals (ISR)

Complete an ISR whenever the patient requires referral to another service within the Monash Health local network (e.g. Prevention and Recovery Care Services (PARCS), Continuing Care Team (CCT) for case management, Crisis Assessment Treatment Team (CATT) for EDM). This will require completion of the I*ntra-Service Referral* form (MRAD02(i)/MRAD02(ii). It can be found in electronic copy on each of the computers on the ward and is a generic form which you can fill in on the computer and print out.

Discharge Script

Merlin is the e-prescribing program used in Monash Health. Hand written scripts can be used in the event that Merlin is unavailable. Of note, the quantity and dose of benzodiazepine and opioid medications must be written in words (i.e. 5mg as five mg). Another important principle is to avoid

providing an excessive supply of dangerous medications (e.g. benzodiazepines, TCAs, opioids, etc). You may liaise with Pharmacy regarding discharge medications and how they will be dispensed.

- A maximum of 2 weeks of medication can be prescribed.
- It can take up to 4 to 5 hours for medications to be ready.
- Authority or streamlined codes are required for most antipsychotic agents.
- Patient may be eligible for an exemption from payment of medication.

Discharge Summary

A discharge summary will need to be completed for all patients exiting your service. Currently, each site uses a different discharge summary form/program. This may change with the introduction of EMR. If unsure, ask your senior colleagues for assistance. Please be mindful of confidentiality and privacy laws when completing and disseminating a discharge summary.

Policy dictates that discharge summaries must be completed no later than 48 hours post discharge. Please endeavour to complete this promptly. Summaries can be faxed to relevant clinicians by the Ward Clerk - please identify clearly where they need to go. If a patient was admitted and discharged over the weekend, the Senior Registrar will either allocate or do the discharge summary depending on the unit's practice you work in.

Follow Up

The majority of our patients will require psychiatric follow up. This may be by CATT, HITH, CCT, PARCS, private Psychiatrist or by their local GP. It is important that a copy of the discharge summary be sent to whoever is providing follow up. Social Work will conduct a 7 day post-discharge patient contact if they have not been referred to a Monash Health Mental Health service.

Follow up needs to be organised by the inpatient team prior to discharge. If the patient is to be case managed, an appointment needs to be made with the Case Manager (you can organise this by calling the relevant community clinic). If the patient is to be case managed and on a long-acting injectable antipsychotic, you need to make sure that due date for the next depot is clearly communicated to the case management team. Otherwise, make an appointment with the patient's private Psychiatrist or GP within 2 weeks of discharge.

Team/Service Descriptions

The following is an attempt to provide a brief oversight of teams that can be found across all Monash Health sites. For description of teams that are site-specific or a more in-depth orientation of your team, please refer to the site-specific sections of this manual.

Emergency Crisis Assessment and Treatment Team (ECATT)

ECATT provides a 24 hour, 7 day a week service for people who present to the Emergency Department (ED) in a state of psychiatric crisis. Patients may attend ED on their own, they may be accompanied by family members or may have been brought in by ambulance/police/PACER.

During business hours, ECATT Consultant cover is often shared by multiple Psychiatrists including the Consultant of the day. There should be a Consultant available at all times, either in-person during business hours or by phone during afterhours. ECATT is staffed by Mental Health Clinicians that provide cover for the 24 hour period.

All Monash Health EDs utilise Symphony, which is an electronic clinical data system. It requires the user to have an account to log real-time electronic notes. The ED Nurse Unit Manager (NUM) or ECATT / CATT manager in association with IT, can help facilitate the set-up of your account. Every patient that is reviewed by ECATT must have a Mental Health Assessment form and a risk assessment form completed. They can be completed electronically on SMR. A brief entry is also required on Symphony. It is crucial to also communicate verbally to the contact Nurse, Nurse Shift-Leader and/or ED Doctor

about your plan regarding a patient that you have seen. Of note, all patients in the main ED should be seen prior to those in SSOU. This is due to the Victorian Dept. of Health's time critical KPIs.

We all know that mental health services are under pressure and constrained by limited inpatient beds. As a consequence, we need to work as efficiently and effectively as possible, particularly in regard to clinical decision-making and patient flow in ED and in the wards.

The key goal that we are trying to achieve is to improve patient access to care – the right care, in the right place, in the best possible time. This requires diagnosing and formulating the problem thoughtfully, commencing treatment as early as possible, and making good decisions about admitting or discharging. This is best achieved by sharing the decision-making responsibility. We want Emergency Psychiatry Teams (EPT) to increasingly see themselves as a multidisciplinary team. Phoning a Registrar or a Psychiatrist should not be seen as consulting a 'consultant' but rather consulting a colleague and 'team' member.

Rules are difficult to apply in complex situations because there are always exceptions. Rules should be kept to a minimum and used more like 'rules of thumb'; not applied too rigidly. The goal and purpose is what should be kept in mind. Nevertheless, a few rules (perhaps better called principles) might be helpful here to clarify how we see the multidisciplinary EPTs working. Here are some principles:

1. EPT clinicians do have discretion if and when to call the psychiatry Registrar. Simple low risk cases can be discharged without immediate escalation in the manner described below. Patients of moderate risk, with a management plan that involves discharge from ED, should be discussed with the Registrar (and in some cases Psychiatrist) to confirm the management plan. All cases should be discussed at the multidisciplinary team clinical review or handover the next day.

2. Every patient who has been assessed by the EPT clinician in the Emergency Department as requiring admission should be discussed with the psychiatry Registrar (and in some cases Psychiatrist) before being bed-listed. This is for the purpose of clarifying the management plan and commencing treatment as soon as practicable. The psychiatry Registrar may seek further advice from the EPT Psychiatrist or oncall Psychiatrist, at any time, if needed.

3. Once the need for inpatient admission is established, treatment should be commenced in the ED as soon as possible. The Registrar will be involved in this. Whilst in the ED, acutely disturbed patients will be actively managed using the Acute Behavioural Disturbance Clinical Guideline.

4. The decision whether a patient needs a High Dependency Area bed or not is essentially the responsibility of the senior Nurse. This is usually the Nurse Manager (NM) or Associate Nurse Manager (ANM). The decision should be made in consultation with those who have seen and assessed the patient and/or who know the patient – the EPT clinicians, Registrar and/or Psychiatrist. Such decisions need to be reviewed and not locked-in. In principle, however, unavailability of an HDA bed is not a reason for refusing or delaying transfer to the ward. The Emergency Department is not a safe place to keep disturbed patients. HDU requirement is not a deciding consideration of the Bed Access Unit in allocating beds.

5. Upon receipt of a patient the ward NM, ANM or senior Nurse will determine the appropriate level of care and staffing required, and the patient will be reviewed by the ward medical staff to confirm or revise the management plan.

6. Escalation is not a tick-box activity. It needs to be genuine, aimed at improving decision-making through the use of the whole multidisciplinary team and to add value. In the middle of the night the

balance between value gained and disrupted sleep needs to be weighed. If holding off ringing will significantly delay commencement of treatment, delay admission to the ward, or delay discharge, the phone call should be made. If it can be delayed without negative effect, it can be delayed.

Working together in well-functioning teams is the best response we can make to deliver good and safe care to our patients and their families when they seek our help. In some areas, staff vacancies make strict application of these principles difficult to apply. The important message is that we must all work together as a team, using every person's contribution to advantage, in order to improve treatment responsiveness and patient flow. If in doubt about anything, ask a colleague. If asked for assistance by a colleague, offer it.

Your safety, wellbeing, training needs and the needs of both the patient and the health service will often compete for your attention. Please refer to relevant sections of this manual or seek help early from your peers, supervisor or manager when needed. Clear and timely communication to all relevant stakeholders is a must.

Crisis Assessment and Treatment Team (CATT)

CATT provides urgent care for adults in psychiatric crisis via short term treatment in the patient's own home as an alternative to inpatient care.

Mental Health Hospital in the Home (HITH)

Australia's first Mental Health HITH team was launched at Casey during Easter, 2015. Its initial aim was to combat the increasing patient flow demand on the acute services. In its current format, HITH provides short-term case management for highly acute patients. This is an attempt to circumvent an admission or to facilitate a supported return home from the inpatient unit. All HITH patients require a Consultant Psychiatrist review within 48 hours of intake (prior or post).

Continuing Care Team (CCT)

CCT provides assessment and treatment services to adults aged between 16 to 65 years who have been diagnosed with a severe mental illness.

Criteria for Case Management:

- Aged 25-64 with serious mental illness
- High risk to self or others
- Management needs are fulfilled with fortnightly monitoring
- Ongoing crisis that impact on mental state, prominent symptomatology, poor adherence/housing/finance/physical health, comorbid drug & alcohol, limited family/lack of support, loss of functioning associated with mental illness, high frequency presentations over past 12 months, poor coping skills.
- Service cannot be provided by other agencies.

Reasons for Case Management:

- Monitoring mental state
- Administration of depot injections
- Linking and keeping people in contact with appropriate services that will provide ongoing involvement for their mental health related issues (e.g. GP, family support agencies, counselling, housing, and employment)
- Reducing frequency and length of inpatient admissions through early intervention education and support.
- Clozapine (although there is a move to discharge stable Clozapine clients to their GPs under a shared-care arrangement).

Mobile Support and Treatment Team (MSTT)

MSTT manages patients with severe mental illness who require an increased intensity of care for many reasons. These may include treatment resistant illness, illicit substance use, dual diagnosis, complex co-morbid illnesses, poor social supports in the face of high needs, high service utilisation and/or risk. It is a rewarding position which allows development of strong therapeutic relationships and experience in community management, including NGO involvement.

Consultation-Liaison (CL)

CL Psychiatry provides a service to all the bed based services at each of the Monash Health sites, excluding the Emergency Department and the Psychiatric Inpatient Units. It aims to provide a psychiatric consultation and/or assessment of inpatients in situations where it may assist the treating team in diagnostic clarification, treatment recommendations, management strategies and referrals for community service follow up. The CL team performs many different tasks including primary and secondary consultations. Team members may also be attached to specific units such as Adolescent and General Paediatrics, Oncology, Renal and Obstetrics.

CL Psychiatry has areas of overlap with other disciplines including psychology and neuropsychiatry and sees a range of presentations from young to old. Some CL teams have a greater capacity to offer a true Liaison service than others. Regardless, you will work alongside many other services including the treating medical/surgical team, other mental health services, social services and community services.

CL is very different to other rotations in Psychiatry as we are working in a consultation and liaison role with Medical and Surgical teams. The approach is to provide comprehensive assessments of specific psychiatric issues but also to provide advice and support to the home teams. It is essential to have a holistic, humanistic and practical perspective of the situation. It is a busy job, workload fluctuates rapidly from day to day, however it provides an opportunity to learn time management skills and ability to prioritise tasks.

Typical issues may include:

- Behavioural disturbance (delirium or BPSD)
- Assisting with the assessment/management of acute/chronic cognitive impairment
- Patients who have been admitted for the treatment of medical problems but also have mental health problem (shared care)
- Assessment of the capacity to consent to treatment
- Patients who may report physical symptoms as a result of a mental disorder
- Patients with medically unexplained physical symptoms
- Patients who may not have a psychiatric disorder but are experiencing distress related to their medical problems
- Patients who have attempted suicide or self-harm
- Assisting with the diagnosis, treatment and functional assessment of people with dementia, including advice on discharge planning or the need for long-term care.

Prevention and Recovery Care Service (PARCS)

PARCS are a supported residential recovery service for people experiencing a significant mental health problem but who do not need or no longer require a hospital admission. In the continuum of care, they sit between adult acute psychiatric inpatient units and a patient's usual place of residence.

PARCS units are designed with a rehabilitation and recovery model with a focus on sub-acute care. Patients need to be of low risk to themselves and willing to participate in a structured program aimed at recovery. Patients are able to stay at PARCS for up to 28 days depending on their progress in their recovery program. PARC services are a partnership between ERMHA/MIND and Monash Health.

Community Care Unit (CCU)

CCU provides residential psychosocial rehabilitation, 24 hour clinical support, psychiatric health care, disability support, assessment and treatment, psychosocial rehabilitation and continuing care for people who have an enduring significant psychiatric illness and associated disability. The CCU is usually made up of a number of units in a cluster-style setting located in a residential area within the community.

Agile Psychological Medicine (aPM)

The aPM outpatient clinic was developed to enable clinicians from the adult mental health team to work collaboratively with consumers and deliver timely, brief psychological and medical treatment to people in distress and experiencing situational crisis. aPM was designed to keep consumers safe in the short term through crisis services, but at the same time provide consumers with timely psychological treatment to assist them to reduce feelings of being out of control and to learn skills, gain confidence and remain safe in the longer term.

aPM utilises a community based model of care to deliver brief psychological treatment, particularly for patients who present in crisis, with the eventual aim of linking in with longer term services. The main referral sources are often through PTS and ED, but can also be through CATT and CL.

Casey Mental Health Services

Casey Hospital 62-70 Kangan Drive, Berwick VIC 3806

General Points

Educational Meetings

The Mental Health specific educational program aims to deliver informative material for all medical staff that work within the Casey sector. These meetings occur on a weekly basis and include either the Professorial Lecture, which is teleconferenced from Monash Medical Centre (MMC), Journal Club, Case Conference and Professional Development sessions.

Meetings are held in the Casey Mental Health conference room. For an up-to-date timetable, please contact your Site Principal Registrar. All Junior Medical Staff are encouraged to attend. Please ensure you utilise the sign-in sheet to record your attendance.

Parking

Swipe card access is required to gain entry to the staff car park via Gate 3 on Kangan Drive. As with all Monash Health sites, access is a paid privilege. It can be organised through MDW & Payroll. Casey Security can be of assistance with swipe card difficulties. You may also choose to park in the public car park via Gate 1, but this option attracts a higher daily rate.

Do not park in hospital permit bays. These are patrolled by Wilson Parking Inspectors and you will be fined for parking without a permit.

Staff Library

The library is located on Level 2 in the Educational Resource Centre. It is a non-staffed library and requires swipe card access to gain entry.

HMO Lounge

Located on Level 2 behind the bank of elevators. Please contact Casey Security if you require access. This is where the oncall doctors' rooms are which can be used during your afterhours shift. To gain access to the sleeping quarters, please contact the Casey Nursing Co-ordinator (NCO) via switch.

Adult Inpatient Services

Wards E & D (Adult Psychiatric Inpatient Unit)

Phone: 8768 1638
Fax: 8768 1979

Ward E is a 25 bed acute psychiatric inpatient unit for adults (18 to 64 years) with an additional 5 bed capacity located in Ward D (annexed General Medical ward). On admission to the ward, patients are allocated to 1 of 5 different teams (Green, Purple, Red, Blue and Orange). Each Junior Doctor is paired with a Consultant Psychiatrist.

Team Staff

Dr Martin Preston	Consultant Psychiatrist
Dr Usman Riaz	Consultant Psychiatrist
Dr Sharjeel Ansari	Consultant Psychiatrist
Renata Linklater	Nurse Manager
Karambir Kaur	ECT Co-ordinator
Julie Burgess	Ward Clerk
Helen Turley	Mental Health Tribunal Officer
Mitze Wiseman	Social Work
Noam Dishon	Clinical Psychologist
Yogeeta Kiran	Clinical Psychologist
Lisa Pain	Occupational Therapist
Bianca Phillips	Occupational Therapist
Rajesh Limbachiya	Allied Health Assistant (OT & SW)

Senior Registrar / Advanced Trainee
Junior Registrar x 2
HMO x 1
Intern x 2

Morning Handover Meeting

This occurs Monday to Thursday in the CCT conference room. It commences at 0830hrs so please arrive to work on time. Print own list from 'Patient Flow Manager'. The handover meeting serves to discuss new admissions, identify potential discharges for the day as well as highlight any areas of clinical concern i.e. episodes of seclusion, AWOL, medication refusal, etc. This daily meeting is attended by HITH clinician and sometimes PARCS clinicians. Please utilise this to discuss potential patients for PARCS and HITH follow up.

MDT Patient Flow / Business Meeting

This meeting occurs on a Friday in place of the usual morning handover meeting. It is held in the conference room and is expected to run from 0830 to 0930hrs. This meeting is used to enhance patient flow by identifying potential discharges over the impending weekend.

Clinical Reviews

Each Consultant is allocated a 1 hour slot with their paired JMS expected to attend. JMS role is to present and annotate discussion and plan. Prior to clinical review, please open and pre-fill the 'Mental Health Clinical Review' form in the patient's current episode of care on SMR, and then add to this on the computer in the meeting. The Senior Registrar will attend all clinical reviews and can be a good source of information.

- Dr Preston: Tuesday 1000 to 1100hrs
- Dr Ansari: Wednesday 1000 to 1100hrs
- Dr Riaz: Wednesday 1100 to 1200hrs.

General Points

Ward E consists of 25 beds. All but 2 are single rooms with an en suite; 1 x male and 1 x female shared rooms exist. There are 20 Low Dependency Area (LDA) beds, 4 High Dependency Area (HDA) beds and 1 flex-bed that can be used as either LDA or HDA. One nurse looks after 5 patients per shift. If HDA is in use, there will be 1 Nurse in the HDA area at all times with all doors to the area to remain locked.

It is important to familiarise yourself with the fire exits, interview rooms, family room, HDA and seclusion areas. You will also be guided about the correct procedure to enter and exit the ward, HDA and seclusion during an OH&S orientation.

Ward E is a locked ward. To gain entry and exit from the ward you will need swipe card or key access. You will be provided with a key by the NM on your first day. Please be mindful that not all patients want to be in hospital i.e. compulsory treatment. Infrequently, patients may attempt to abscond from the ward during opportune times of pedestrian traffic through the locked doors. When you are opening locked doors that have access to the ward, please be careful and take note of your surroundings to minimise the risk of patients absconding. If you are asked by a patient to let them out, do not open the door. Please refer them back to their contact nurse who can facilitate leave if appropriate/available.

There are duress alarms in all of the interview rooms and all nursing staff carry an alarm for safety reasons. There are also portable personal duress alarms available in the medication room. To avail yourself of this option, please approach the ANM/shift leader.

The Senior Registrar's role is to provide assistance and oversight to all JMS. This may entail assisting with the management of complex patients, management of acute behavioural disturbance, challenging families and guidance and support through the MHT process.

The ward boasts a sizeable Allied Health Team and they are valuable members of the multidisciplinary approach of mental health treatment. They are integral to the patient flow process and you will meet them during your time on the ward.

Psychiatry is a unique specialty. During your time on Ward E, you will be encouraged to read textbooks, journal articles, RANZCP guidelines, etc. in hopes of enhancing your understanding of Psychiatry practices which may result in improve outcomes for your patients.

Intern Education

Interns have scheduled educational sessions that are protected teaching time. It is imperative that the Interns attend these sessions. Teaching occurs on Thursday from 1230 to 1330hrs at Casey Hospital. For an up to date schedule of presentation topic, time and venue please refer to the weekly Monash Doctors Newsletter email.

There is also Mental Health specific Intern teaching. It occurs on a fortnightly basis at Dandenong Hospital at 0830 to 0930hrs. Interns are expected to travel to Casey post teaching to resume their clinical workload. Your senior colleagues will assist with any clinical emergencies in your absence.

Electroconvulsive Treatment (ECT)

All Ward E Junior Medical Staff are incorporated into the ECT roster. The ward's Senior Registrar co-ordinates the ECT roster for JMS. At Casey, ECT commences at 0730hrs and occurs on Monday, Wednesday and Friday mornings. You will be allocated to one of these sessions. As you started your clinical day early, you are expected to leave at 1600hrs.

The Consultant Psychiatrist and the ECT Co-ordinator will assist you with performing ECT; they will be present. Casey does not have a designated ECT suite, hence it's performed in theatre as it requires a general anaesthetic and airway support. Prior reading about electrode placement is advisable.

You are expected to be in theatre ready to start at 0730hrs so it is advised that you arrive earlier than this to ensure adequate time to change into scrubs.

Day to Day Ward Duties

After the Ward E morning handover meeting, you are expected to assist with reviewing patients with your allocated Consultant. Patient files are kept in the Nursing station on the ward and medication charts are found in the medication room. You are expected to document a progress note entry in the patient's file that would reflect the clinical interview. This includes a brief mental state exam (salient positive and negatives) as well as a treatment plan.

You will also be expected to admit patients who arrive to the ward during business hours, the senior registrar will usually liaise with the team and work out who should admit the patient.

If staff are concerned about a patient's medical status please make sure you see the patient or handover, using the ISBAR format, to the afterhours Registrar appropriately. If you feel anything needs following up on the evening or weekend with regard to one of your patients, please discuss with the Senior Registrar and they will assist with communicating this.

If your Consultant is away during business hours, and you have questions or concerns, please first approach your Senior Registrar with any clinical matters. You may also wish to contact the allocated covering Consultant for your patient. If these options are not available, there is an onsite Duty Consultant ('Consultant of the day') that you can contact via switchboard (dial 92 on any Casey landline phone). During afterhours, there is an oncall Consultant Psychiatrist that can also be contacted via switch.

WebQI is used to complete the discharge summary. Policy dictates that discharge summaries must be completed **no later than 48 hours** post discharge. Please endeavour to complete this promptly. The Senior Registrar will complete the discharge summaries for those patients that have been admitted and discharged during the weekend period.

Usually, patients are supplied **14 days of medication** on their discharge prescription. Merlin is the e-prescribing program used in Monash Health. Hand written scripts can be used in the event that Merlin is unavailable. Of note, the quantity and dose of benzodiazepine and opioid medications need to be written in words (i.e. 5mg as five mg).

Casey Hospital Pharmacy does not compile Webster packs. If discharge medication has been dispensed by the Hospital Pharmacy, patients will be required to take the medication to their own community pharmacy to get a Webster pack made. The patient may also wish to take the script straight to their own community pharmacy. Each of the PARCS (Clayton, Springvale and Narre Warren) have their own pharmacies that they use, so liaise with the relevant PARCS the day before patient

goes to PARCS and ensure the script is faxed to PARCS the day before the patient goes. The patient also needs to go to PARCS with a new completed drug chart.

It can sometimes be possible to predict when a patient will be discharged. If this occurs, please complete the prescription as early as possible. The Pharmacist (pager 2491) is frequently on Ward E throughout the morning period and you can give the script to them in person. If unavailable, you may choose to fax a copy of the script and the inpatient medication chart to Casey Pharmacy. The completed discharge script can then be clipped on the white board next to the ANM's computer in Ward E Nursing station.

If your patient is being treated under the MHA, on the day of discharge please make sure that your Team's Consultant Psychiatrist has completed the relevant legal paperwork alterations and give them to the Ward Clerks for priority CMI entry and scanning.

Admissions: General Points / Tips

For assistance with the admission process, please refer to *Admitting Officer Tasks – General Orientation and Principals of Care* section above.

When admitting a patient to Ward E, please utilise WebQI for the admission process. This will make the discharge summary process more efficient for you. Once completed, please print the admission paperwork out, sign it and place in the appropriate section of the patient's file. This can be a useful document to refer to when undertaking the admission process. The basic tasks of admitting a patient are reviewing them which includes a basic history of presenting complaint, physical exam, mental state examination and risk assessment. This can all be documented via a WebQI admission. You should also consider completing a pathology slip for the next day, giving the Nurse a UDS slip and asking the Nurse to obtain an ECG (if one not completed in ED) and ensuring they have a medication chart with PRNs charted.

Consultation-Liaison Psychiatry Service (CL)

Pager: 2484
Email: clpsychcasey@monashhealth.org
Phone: 8768 1297
Fax: 8768 1498

Team Staff

Dr Romi Goldschlager	Consultant Psychiatrist
Hanna Wall	Team Manager (Acting)
Registrar	

The referring team will page or call you to refer a patient. When discussing the referral over the phone, ask the referrer send a *Consultation and Medical Referral* (MRI01) form, which is in ISBAR format, to the CL referral inbox (see above). You should also ask the referrer to include the patient's location in Casey Hospital. WebQI (http://webqi/forum/) can also be used to find a patient's location and provide access to admission notes.

The Casey CL Psych G drive folder is where the self-generated patient list should be saved. It is expected that you update this list on a daily basis. To get access to the CL Psychiatry referral inbox (Outlook) and the G drive folder (CLPsych_Casey) please contact either Dr Martin Preston or Dr Reece Lancaster who can request access for you from IT. The turn-around time by IT can sometimes take days. Where possible, please flag your access request before you start your CL rotation.

All original copies of MHA paperwork are to be given to Ms Sabrina Marcelline Sabrina, HITH Admin Clerk who will assist with entry into CMI. Photocopies of original MHA paperwork should be kept in the patient's medical file. Patients who are under the MHA and being transferred to an external service need to be reviewed by a Consultant and handover for transfer of Temporary Treatment Order/ Treatment Order is mandated.

Addiction Medicine Unit (AMU)

Pager: 2758
Email: Casey.AMU@monashhealth.org
Phone: via switch

Team Staff

Dr David Jacka	Addiction Specialist
Advanced Trainee / Registrar	

For referral to the Addiction Medicine Unit at Casey Hospital please page/call and send a scanned referral to the Casey AMU inbox. You can also call 0410 307 426 (DDH, AMU CL Nurse) to discuss your referral should Casey AMU be unavailable. Please see *Addiction Medicine Unit – Dandenong Hospital* for further details.

Acute Community Intervention Services

Team Manager
Hanna Wall (Acting)
Phone: 8768 1296
Email: Hannah.Wall@monashhealth.org

ECATT

Mobile: 0409 355 720
Phone: 8768 1297
Fax: 8768 1498

Team Staff

Dr Maura Spotorno	Consultant Psychiatrist
Dr Ashwin Varghese	Consultant Psychiatrist
Registrar	
HMO reliever (if available)	

The Casey ED consists of 2 resuscitation bays, 20 cubicles, a small Fast Track area and a Short Stay Observation Unit (SSOU). The SSOU is usually where the four Psychiatric Assessment and Planning Unit (PAPU) beds are located. However, this may change to due to hospital expansion project.

During business hours, ECATT Consultant cover is shared by the above Psychiatrists and the Casey Consultant of the day according. There is a Consultant available at all times, in-person during business and by phone after-hours. ECATT is staffed by Mental Health Clinicians that provide cover for the 24 hour period.

You are required to attend a brief handover meeting with the ECATT and ED Consultants, ED NUM and ECATT Clinician at 0815hrs in the ED staff pod. This is anticipated to take no longer than a few minutes

When on leave, including your training half-day, cover will be provided by the HMO reliever, CL, HITH and/or CATT Registrars according to availability.

Please also refer to the *Team/Service Descriptions – ECATT* section of this manual for further details.

CATT

Phone: 8768 1297
Fax: 8768 1498

Team Staff

TBA	Consultant Psychiatrist
Dr Sue Subasinghe	Consultant Psychiatrist (Tuesday and Thursday)
Registrar/HMO	

Appointments are organised via the Casey CATT Outlook calendar. Please contact the ACIS Manager prior to the commencement of your rotation to gain access. You may invite yourself to the appointments in order to sync it across to your Monash Health calendar and receive up-to-date appointment changes or cancellations made by CATT clinicians.

Please block out your training requirements in advance (e.g. MPsych/academic afternoon off, journal club, supervision, etc.). Also include expected absences due to afterhours duties (e.g. morning off following a General Oncall shift), or Mental Health Tribunals (with adequate time in advance for file review and preparation of the reports). This will help guide CATT clinicians as to your availability to see patients.

Handover

0830 to 0930hrs Mon to Fri.
1430 to 1530hrs Mon, Wed and Fri.

Clinical Review

Tuesday and Thursday 1430 to 1630hrs typically with the Consultant Psychiatrist. This entails an in-depth discussion of all patients actively managed by CATT.

It is the responsibility of whomever reviewed the patient (clinician or doctor) to have the *clinical review* form complete and ready to be signed during clinical review time. During clinical review we discuss patient progress and expected length of treatment. It's also a useful opportunity to discuss difficult patients for the upcoming day if there is no designated Consultant.

Supervision

Please negotiate with your allocated Consultant Psychiatrist regarding the best time for individual supervision to take place.

Patient Reviews

Patients are seen in the Adult Community Mental Health offices (previously known as Casey CCT) as the Casey CATT office has no interview rooms. It is useful to take some paperwork with you e.g. pathology and radiology request slips. Occasional home visits with CATT clinicians may also occur if the clinical need permits.

You will be asked to review patients to assess their mental state, review medications/investigations, determine suitability for community services, and/or determine suitability for discharge. Plans may be discussed with a CATT Consultant, or the Consultant of the Day, if the former is not available.

HITH

Mobile: 0409 151 172
Phone: 8768 1731
Fax: 8768 1955

Team Staff

Dr Maura Spotorno (Mon, Wed, Thurs) - Consultant Psychiatrist
HMO

Discuss with the Consultant of the Day for any clinical issues on Tuesday and Friday.

Meetings

Meet at HITH office at 0830hrs for a brief outline for the day schedule. Main HITH clinician attends the Ward E morning handover meeting in the Mental Health conference room at 0830hrs. Handover occurs daily at 1400hrs, whereby clinical review of patients also occur during this time. Supervision time is negotiated with the Psychiatrist.

HITH discharge summaries need to be faxed to the relevant GP/service. Discharge summaries are not required if the patient is admitted to the inpatient unit from HITH.

Appointments are booked via a designated HITH calendar in Outlook. Please contact the ACIS Manager prior to the commencement of your rotation to gain access. Most patient reviews by the Psychiatrist and HMO occur in the ACMH offices but occasional home visits with HITH clinicians may occur if the clinical need permits.

Please also see the *Team/Service Descriptions – HITH* of this manual for additional information.

Continuing Care Teams

Team Manager

Kelly Isle
Mobile: 0405 494 156
Phone: 5941 0583
Email: Kelly.Isle@monashhealth.org

Cranbourne CCT

140 - 154 Sladen Street, Cranbourne (Cranbourne Integrated Care Centre)
Phone: 5590 6004
Fax: 5990 6120

Team Staff

Dr Sabina Tatucu	Consultant Psychiatrist (0.7 EFT)
Dr Aparna Chawla	Consultant Psychiatrist (0.3 EFT)
Senior Registrar	
Junior Registrar	
HMO	

There are currently three Consultant Psychiatrists working at Cranbourne, Dr Tatucu, Dr Chawla and Dr Graff (locum). There is a plan for a permanent third psychiatrist to join the team in 2019, however this is yet to be confirmed. In the event of three Psychiatrists, the team and case-load will be split three ways with one Consultant and one JMS allocated to a corresponding group of case managers and their patients. In the event there is only two Psychiatrists, Dr Tatucu will be responsible for two

of the JMS and their corresponding case managers and patients, whilst Dr Chawla will be responsible for the third JMS and group of case managers.

Please note that Cranbourne CCT also has an MST component for the most complex and challenging patients in the Casey catchment area. This includes Pakenham at present. However, unlike Dandenong MST this is not a separate team but rather is incorporated into the overall CCT structure with each case manager being allocated one or two MST clients in addition to their CCT case-load. These patients will often need more intensive support than the standard CCT patient contact.

Handover

The morning handover meeting occurs Mon to Fri and commences at 0845hrs. All staff must attend. Incoming referrals for case management are discussed and allocated to a case manager for initial assessment. JMS may be required to participate in these initial assessments on a case-by-case basis, especially if there appears to be a greater degree of complexity involved. Any current clients identified as 'hot spots' or having been admitted to hospital will also be discussed.

Clinical Review

Clinical Review meetings occur weekly every Friday morning from 0930 to 1130hrs. The current arrangement is that Dr Chawla's clinical review occurs at 0930 to 1030hrs, followed by Dr Tatucu's. Allied health members of the MDT, such as the team psychologist and dietician, also participate in both reviews.

During clinical review:

- Each case-manager will present a small selection of cases to the team for review. This is not only a Department of Health KPI, but also an important means of facilitating multidisciplinary discussion and treatment planning for often complex patients. Patients may be presented as a *91-day review* or because they have been identified as a 'hot spot' and require Consultant input.
- Partners in Recovery (PIR), Drug and Alcohol and other services occasionally attend these meetings to provide for relevant referral pathways.
- A staff member brings breakfast/morning tea for the meeting. There is a food roster for this meeting.

Clozapine Clinic

- First clinic: Tuesday morning
- Second clinic: Tuesday afternoon
- Third clinic: Wednesday morning

There is a designated Clozapine Clinic that is run over half a day for each JMS. You will typically see between one and four patients for their monthly Clozapine reviews in your clinic each week. Clozapine co-ordinator Nurse, Fran Gaffney, is extremely organised and will advise you when each patient is due for their 6 monthly bloods, Consultant reviews and cardiac investigations, etc. However, it is important to remain on top of this for yourself as occasionally Fran may not be present during your clinic and you will have to proceed by yourself. Please ensure you are registered to prescribe Clozapine and with Clopine Central before commencing work at Cranbourne, and also please be mindful of the importance of maintaining good clinical documentation of your Clozapine reviews of each patient, especially regarding their physical health. Please also see the *Appendix 7: Special Medications,* Clozapine of this manual for additional information.

Mental Health Tribunal

Cranbourne patients have their MHT hearings at Casey Hospital on Thursday and Friday. You and the patient's case-manager will be expected to prioritise and attend all MHTs for your patients. It is your

responsibility to be aware of which of your patients are coming up for hearings. You must liaise with their case manager accordingly to ensure they are reviewed by yourself and/or the Consultant in advance of their hearing to ensure timely and accurate RoCT preparation. If you need to request a specific time of day for your patients hearing, please communicate this to the Casey MHT Officer at your earliest convenience.

Patient Reviews

All appointments are booked through the electronic calendar (Outlook). Case managers generally book appointments with doctors via an e-invitation. Sharing your calendar with the rest of the CCT team will allow for more appropriate appointment requests. It is strongly suggested blocking out time in your calendar in advance for things such as lunch break, paperwork/note-writing, afternoons and mornings off, teaching/training requirements, MHTs, etc. This will avoid the case managers over-booking your diary. Most case managers will book in routine JMS reviews for their patients a week or two in advance. However, emergencies do often arise and it is important to have a degree of flexibility with your diary as much as you can for this reason.

Prescriptions are completed via Merlin MAP e-prescribing. All clinical documentation is expected to be completed directly into SMR via the designated Mental Health e-notes. There are specific purpose-designed e-notes for: Initial Mental Health Clinical Assessment (the electronic version of our 'orange MHAx form'), Mental Health Risk Assessment ('red form'), Mental Health Clinical Review, Mental Health Intra-Service Referral ('yellow form') and Monthly & Six-Monthly Clozapine Reviews. Clinical notes for JMS or Consultant reviews of patients should be entered into a 'Mental Health Community Medical Progress E-note', which will easily identify the entry as a doctor's review for anyone later reviewing the patient's file. Pathology and Radiology are ordered using the same hard copy forms as used throughout all Monash Health inpatient and outpatient units.

Site Information

The Cranbourne site:

- Is a Community Health Centre with many other outpatient services located in the same building.
- Staff car-parking can be problematic and it is recommend arriving around 0830hrs or earlier to avoid issues.
- There is a small Zouki café and the Cranbourne shops are also only a short walk away.
- There is no security on-site. Please refer to the relevant procedural guidelines on how to deal with emergencies appropriately. You are not supposed to remain on-site alone after 1700hrs for OH&S reasons.
- Pharmacy and Pathology is available onsite.
- Pharmacy trading hours are 0900 to 1700hrs.
- Pathology operates from 0830 to 1700hrs weekdays and is also open on Saturdays. However, there is no laboratory onsite so blood results take some time to come back.

Pakenham CCT

2 Henty Way, Pakenham
Phone: 5941 0510
Fax: 5941 0444 (CCT) / 5941 0542 (main)

Team Staff

Dr Atanas Yonchev	Consultant Psychiatrist (Mon, Thu, Fri)
Dr Mirjana (Mira) Vuckovic	Locum Consultant Psychiatrist (Mon, Tue, Wed)
Registrar/HMO x 2	

There are 2 teams within Pakenham CCT. They each comprise of a Psychiatrist who provide clinical leadership with an allocated Registrar / HMO and a number of Case Managers.

Handover

Meetings are held Mon to Fri and commence at 0845hrs. During these meetings:

- "Hot spots" are discussed – patients who have missed appointments/depots and need follow-up, or acutely unwell. Re-allocation for appointments if staff are unexpectedly off is also done.
- Intake and discharges from Pakenham CCT
- Current case managed patients that are in hospital
- Review Treatment Order expiries on Mondays and Fridays to ensure timely consultant reviews.

Clinical Review

- Dr Vuckovic: Tuesday 0900 to 1100hrs
- Dr Yonchev: Thursday 0900 to 1100hrs

Case managers will prepare and present patients for discussion in multidisciplinary team. There is usually a food roster.

Clozapine Clinic

Clozapine Clinic is every Wednesday and is in the Adult Community Mental Health offices at Casey Hospital (formerly Casey CCT). There are also some clozapine reviews throughout the week at Pakenham. One Tuesday afternoon every four weeks is dedicated to home visiting Berwick House in Hallam to complete clozapine reviews for residents there. Magdolna (Maggie) Gall is the Clozapine co-ordinator for Pakenham. Maggie will inform you which Tuesday afternoons are allocated and what paperwork preparation is required. Please note you will not have computer access on these home visits.

Patient Reviews

Appointments are booked via Outlook calendar and you will be asked to share your calendar with the rest of the team at the start of the rotation for ease of access. Most reviews will happen at Pakenham, though if time allows and there is clinical need, home visits with clinicians can occur. Ensure you block out non-negotiable times such as teaching, half days, Mental Health Tribunal hearings (allow driving time) and mornings following on call shifts.

Site Information

There is no security onsite. As such, all high-risk patients are seen in the ACMH offices at Casey Hospital. Other services on site include the Perinatal and Infant Mental Health Team, Pathology, various Allied health and pregnancy clinics are also present. There is no pharmacy.

Specialty Community Mental Health Teams

Narre Warren PARCS

1-3 Memorial Drive, Narre Warren
Phone: 03 9792 7408 (A-PARCS) 03 9792 7413 (E-PARCS)

Team Staff

Dr Millicent Chikoore	Consultant Psychiatrist, A-PARCS
Dr Sabina Tatucu	Consultant Psychiatrist, E-PARCS
Kunal Kant	Manager, A-PARCS
Sue Thornton	Manager, E-PARCS
HMO	

Narre Warren PARCS (Prevention and Recovery Care Services) is a partnership between Mind Australia (https://www.mindaustralia.org.au/) and Monash Health. PARCS units are designed within the framework of recovery and rehabilitation, with a focus on sub-acute care. There are two PARCS located on the same site at Narre Warren; A-PARCS (Adult PARCS) and E-PARCS (Extended PARCS). Each PARCS has capacity for 10 patients.

During working hours, there is one HMO that covers both A-PARCS and E-PARCS. Respective Consultants on-site some mornings. Patients who reside at PARCS are expected to participate in daily group activities, which are focused at fostering empowerment and independence of skill in each person. Examples of groups include mindfulness, psychoeducation, cooking skills, yoga and exercise groups. Afterhours, there are no clinical staff onsite. Two Mind staff (who have no nursing or medical training) are present and cover both A-PARCS and E-PARCS. Patients are expected to administer their own medications. They are also encouraged to take leave to visit their homes and families on weekends. Therefore, patients that are appropriate for PARCS are those who are low risk, with some insight, who are able to manage their own medications and who have the ability to engage in daily structured programs.

Patients are able to stay at A-PARCS for up to 28 days depending on their progress in their recovery program. E-PARCS however, have the capacity to allow patients to stay for longer periods of time (up to 6 months).

Agile Psychological Medicine (aPM)

76 Clyde Road, Berwick (Berwick Healthcare Clinic)
Phone: 9796 1500

Team Staff

TBC	Consultant Psychiatrist
Betina Gardner	Manager
Meredith Brown	Psychologist
Maree Reser	Psychologist
Registrar/HMO (0.5 FTE)	

Clinical Review

Clinical review time is currently being rescheduled depending on Consultant availability. You are expected to present patients at clinic review for initial assessments, 90 day reviews, discharge and complex patients.

Role / Orientation

Sessions are dependent on room availability at the GP clinic as rooms are leased. Please liaise with the aPM manager prior to starting. The manager will email you a welcome email and discuss your times of work. You will be invited to shadow a psychologist for an initial assessment session on your first day. This will help to familiarise yourself with the paperwork and the process. The manager will add appointment slots for you into the joint calendar. Add calendar named 'apm' for access. When booking your patients into the calendar, include the full name, UR and contact number. If you are away on unforeseen leave, the patients can be contacted n your absence.

You will have approximately one initial assessment per week (sometimes two). The remaining appointments are a mixture of your own patients for follow-up and other patients booked by the psychologists, usually for review of medication treatment or diagnostic clarification. You will receive a handover prior to seeing any new patients.

Please also see the *Team/Service Descriptions – aPM* of this manual for additional information.

Mental Health Intellectual Disability Initiative (MHIDI/Stronger Together)

314-326 Thomas St, Dandenong
Phone: 8572 5070

Team Staff

Dr Jenny Torr	Consultant Psychiatrist
Registrar/HMO (0.5 FTE)	
Registered Psychiatric Nurse	
Psychologist	
Social Worker	
Speech Therapist	

MHIDI is a community-orientated dual disability service within Monash Health that services Monash's adult mental health catchment area. The goal of the service is to provide assessment, consultation and support for Community Care Teams looking after patients with a dual disability; Intellectual Disability and a Major Psychiatric Disorder. While it does not have capacity for case management or ongoing primary care, it offers a platform for representation, support and advocacy not only for clients, but also their carers, their support staff and any affiliated organisations or residences.

Transitional Support Unit (TSU)

385-399 Pound Road, Narre Warren South

Team Staff

Consultant Psychiatrist	
Jessica O'Sughrue	Service Manager
Fred Gorah	Nurse Manager
Registrar/HMO (0.5 FTE)	

The TSU has a model of care to provide support for patients that have a dual disability of an Intellectual Disability and a Major Psychiatric Disorder in a dedicated unit in the Hampton Park area.

The aim is to provide care and rehabilitation to allow individuals to transition into a more independent level of care in the community. There is a rehabilitation time frame of 6-18 months with the selection of suitable patients to be made by a dedicated panel of a Consultant Psychiatrist and Nurse Manager with other specialty disciplines yet to be selected.

There are two specialty dual diagnosis units in the state of Victoria, Hampton Park with 10 beds (Monash Health) and Austin Health (13 beds) in Heidelberg. The Austin Unit is generally set up for individuals with more challenging behaviours and may transition patients over a slightly longer period (2 years).

ELMHS Core

28 Parkhill Drive, Berwick

Team Staff

Dr James Meyer-Grieve	Consultant Psychiatrist
Dr Soumya Basu	Consultant Psychiatrist
Dr Natalie Stowe	Consultant Psychiatrist
Dr Ben Samuel	Consultant Psychiatrist
Melinda Hewitson	Senior Clinician Coordinator
Kristina Leonard	Senior Clinician (Frankston)
Lauren Stapleton	Senior Clinician (Casey)

Child and Adolescent Advanced Trainee x 2
Registrar (Monash Health)
Registrar (Peninsula Health)

Core is a community based, short to medium term case management service for young people under the age of 18. As a Tier 3 service, all referrals to Core will come via PTS, iACT, Stepping Stones or Paeds CL. The Core program has a strong focus on the Recovery model and psychotherapy based treatment is an engrained practice. Core operates across a large catchment area with offices in Casey, Dandenong and Frankston.

Clinical Review

Combined clinical review occurs every Tuesday from 0930 to 1200hrs at the Casey Core site. Casey only clinical review occurs Friday 0930 to 1030 at Casey. After clinical review there are reflective spaces and group meetings that supplement your supervision as part of teaching.

Role

The Registrars hold their own case load, averaging up to 20 patients for a full-time clinician. Managing your case load may be part of your ongoing supervision discussion with the Consultant. You may need to perform school visits or attend meetings at other sites such as iACT or Stepping Stones to facilitate handover, or DHHS for a care-team meeting. You are encouraged to attend DSAC/Endeavour assessments and will likely be required to attend feedback sessions.

Clayton Mental Health Services

Monash Medical Centre (MMC), 246 Clayton Road, Clayton VIC 3168

P Block

Is located on level 2, Monash Medical Centre (MMC). It is a 31 bed acute psychiatric unit that provides acute psychiatric care for adults aged 25-64.

There are currently 3 teams with Drs Camilleri, Hughes and Anthony as Consultants. There is 1 Senior Registrar, 2 Junior Registrars, HMO and Intern present.

There is a nursing allocation sheet filled in at each shift by the nurse in charge. Amanda Haslam is the Nurse Unit Manager (NUM) at P Block. This sheet has a list of each nurse for the shift, their ASCOM number and the list of patients who they will be looking after for that shift. You can refer to this sheet to easily find out which nurse to see a particular patient with.

You must always have a nurse with you for all patient interviews for safety and for information sharing. Most family meetings will require a nurse to be present too, particularly when you don't know the family members and always when the patient is present.

Each nursing staff member carries an alarm and are trained in management of agitated patients. You should also always carry an alarm, especially when you are interviewing a patient and doing new admissions. The alarms are connected to a central system within P Block, which alerts all the other staff and nursing station as to your location.

Morning Handover

The morning handover paper rounds begin daily at 0830hrs in the meeting room, lasting 15 minutes for each of the 34 teams.

Timetable

Below is provisional. Please update when you arrive.

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Dr Hughes Dr Camilleri	Dr Hughes	Dr Camilleri	Dr Hughes Dr Camilleri	Dr Hughes Dr Camilleri
PM	Dr Hughes	Dr Hughes	Dr Anthony	Dr Hughes	

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Ward Handover: 0830 - 0930	Ward Handover: 0830 - 0930	Ward Handover: 0830 - 0930	Ward Handover: 0830 - 0930	Ward Handover: 0830 - 0930
PM			Education: First Year Registrar Tutorial	Education: MPsych Year 1	

Morning handover is held by the nurse in charge in the nursing handover room (first door on your right as you enter P Block). Each team is given their handover consecutively.

- Mondays: each team will do a ward round and review all of their team's patients on Monday mornings after the four teams have received their handover.
- Fridays: after all handovers are complete, all the Allied Health staff, junior doctors and Consultants attend the weekly Multidisciplinary Team (MDT) meeting. Long stay patients (>14 days), readmissions (<28 days since last Monash Health service psych discharge), seclusions, handover incidents, MET calls and Code Blues are all reported and discussed. Following the MDT meeting, there is a doctors meeting, then a Consultant's meeting.

Clinical Reviews

All commence at 0930hrs

- Tuesday: Yellow team
- Wednesday: Red team
- Thursday: Blue team

Post-ECT Reviews

- Mondays : Red team junior doctor
- Wednesdays: Yellow team junior doctor
- Fridays: Blue team doctor

Admitting New Patients

On P Block, new admissions will be allocated to a team by the nurse in charge. The junior doctor of that team will be responsible for completing the admission. However, if there is more than one admission on a team or if the doctor is too busy then other doctors should help with the admission.

Annual Leave

When a doctor is on leave the junior doctor (intern) on Yellow team will cover for the other team. Other doctor should help the single doctor on Yellow team especially with new admissions. For annual leave there should not be more than one doctor off at a time unless extra-ordinary circumstances.

Time Off the Ward

Time off the Ward for training and HMO afternoons off should be negotiated with colleagues to avoid more than one doctor off on one day. Generally we avoid half days on Fridays due to Friday being busy with meetings.

Orientation

Orientation to the ward of junior medical staff and medical student will be done by the senior registrar- they should be shown how to use duress alarm (press twice for duress or hold down for assistance), fire hydrants on ward (in nurses station and 2 in cupboard on either side of ward), need to see patients with the nurse and ask permission first.

CATT & ECATT

Level 3, P Block, MMC

Team Staff

TBC	Consultant Psychiatrist (CATT) Full day Monday, and PM of Tue, Wed and Friday
Dr Winsome Hum	Consultant Psychiatrist (ECATT - Mon, Tue and Friday morning)
Dr Vaidy Swaminathan	Consultant Psychiatrist (ECATT - Wed and Thurs morning)
Natasha Byl	Acting Team Manager CATT/ECATT/PARCS

Registrar/HMO CATT

Registrar/HMO x 2 ECATT (two separate shifts yet to be clarified – possibly 0800-1630 + 1500-2300)

Note: in the absence of the regular CATT/ECATT Consultant there is a roster on the carpet pin-board in the CATT office to reflect the appropriate Consultant to contact should there be a need to do so.

Both CATT/ECATT work hours: 0800 – 1630hrs.

Morning & Afternoon Handover

Handover takes place every morning and afternoon at 0800 and 1400hrs in the meeting room and lasts about 30 minutes. ECATT Reg/HMO expected at the CL meeting at 0845hrs and ECATT to support if CL has high work load and vice versa.

Reasons for Referral

- Supervision of medication
- Monitoring of mental state
- Brief monitoring until patient engages with community services.

How to Refer

Contact the CATT duty worker at the times below:

- 0800 to 1400hrs 0439392181 (E1 CATT mobile)
- 1400 to 2000hrs 0407310255 (L1 CATT mobile)

ECATT clinician via pager #3007 or ECATT mobile 0410476015.

Complete an Intra-Service Referral Form (MRAD02i) and fax it to 95941436. Referral can be made at any time prior to discharge however CATT will review patients on the day of discharge subject to potential change in circumstance and mental state (EDM). Please note if you require CATT at a different site you must still use your local CATT office that will co-ordinate the referral.

Consultation-Liaison Psychiatry Service (CL)

Team Staff

Rotating roster of Consultants with individual availability (see below)

Registrar x 2

Alan Moore	CL Nurse (Mon-Tues)
Brigid Bosley	CL Nurse (Wed- Fri)

Raelee Chan	Senior Psychologist (Tues, Wed, Fri) who also sees patients in the Psycho-Oncology clinic (Tues am) and Renal outpatients clinic (Wed am)
Wendy De Souza	PA to Prof Suresh Sundram.

Consultant Availability

- Dr Winsome Hum (CL Clinical Head, sees mostly Obstetrics patients): Mon pm, Tues am, Thurs am
- Dr Akshay Ilango: Mon all day, Wed until 1430hrs, Fri am
- Dr Vaidy Swaminanthan : Tues am

Handover

Daily morning handover from 0845hrs to approximately 0930hrs, in Room 14, Level 2 P Block. New referrals are discussed and allocated. The existing list of patients are discussed and Consultant advice obtained. Tasks are allocated for the day.

Meetings

- Weekly CL team meeting: Tuesday 1200 to 1300hrs in the tutorial room on Level 3, P Block. BYO Lunch.
- Presentations according to a roster: Registrars will need to present a couple of times during the rotation.

Allocations

Team allocation occurs during handover. One Registrar (usually the Senior Registrar) tends to cover Gen Med, Obstetrics and Oncology/Haematology/Palliative Care. The other Registrar tends to cover Specialty Med and Surgery. However, lots of overlap can occur depending on workload for the day. Patient numbers for each Registrar may vary but it is expected that the Senior Registrar would be allocated the more complex patients. There can be 30 patients for the whole team in busy periods and conversely, less than 10 in quiet periods. There is a strong emphasis on team approach and to share the workload evenly.

Referrals

Referrals need to be faxed as an ISBAR form to ext 46266. The nurse generally checks the fax machine several times a day for new referrals. Ideally, home teams should page either the nurse or one of the Registrars (contacts provided below) to discuss the referral verbally as well. Referrals should outline a key psychiatric issue or question. It is useful to ask the home team to collect collateral information prior to your review, e.g. MMSE, GP information, speak to NOK etc.

Contact Numbers

Dr Winsome Hum will send out orientation material prior to you starting the rotation with all team members' availability and contact details.

- Consultants can generally be contacted through switchboard
- Registrars are on pagers #4271 and #4272
- CL nurse is on pager #520
- Psychologist is on pager #4273

Addiction Medicine Unit - Clayton

Please see Addiction Medicine Unit – Dandenong Hospital for details. For referral to the Addiction Medicine Unit at Monash Medical Centre, Clayton please page 7743. You can also call on 9594 2760 to discuss your referral.

PARCS Clayton

26 Bettina Street, Clayton

Team Staff

Dr Sylvia Anthony	Consultant Psychiatrist
Steven Wright	Team Manager CATT/ECATT/PARCS

Community Care Unit (CCU) East Bentleigh

1a Cardiff Street, East Bentleigh.

Team Staff

Dr Mitali Das	Consultant Psychiatrist
Brad Morton	Nurse Manager

Clayton Community Mental Health Services (CCMHS)

CCMHS, along with a number of services, is located at 270 Clayton Road, Clayton. It includes CCT, Mobile Support Treatment Team (MSTT), Agile Psychological Medicine (aPM) Clinic and Partners in Recovery (PIR).

Team Staff

Dr Sylvia Anthony	Consultant Psychiatrist
Dr Sam Morley	Consultant Psychiatrist
Dr Ganesan Duraiswamy	Consultant Psychiatrist
Patrick Mercer	Team Manager
Agi Benet	GP Liaison
Trang Nguyen	Physical Health and Clozapine Co-ordinator
2 Registrars and HMO	

Consultant Timetable

- Dr Sylvia Anthony: Monday all day, Tuesday + Wednesday PM
- Dr Sam Morley: TBA
- Dr Ganesan Duraiswamy: all day Tuesday and Friday

Morning Handover

Handover takes place every morning at 0900hrs and lasts about 30 minutes.

Clinical Review

Clinical reviews are held on a fortnightly basis and generally last for 1 hour. Clinical reviews for Dr Morley are every Thursday morning and for Dr Anthony every Tuesday afternoon, although this may be subject to change. Reviews are weekly when necessary.

Allocation of Patients

New admissions will be allocated during morning handover. Allocation numbers will depend on the ETA of the consultant.

JMS Duties

- Admit patients: initial assessment, orange form, med chart, investigations
- Reviewing patients (up to weekly depending on their acuity)
- Progress notes are to be entered electronically on SMR
- Managing medications: updating the med charts, monitoring side-effects, prescribing
- Medical issues that require attention should be referred to the GP: speak to Agi
- Metabolic monitoring: especially lipids and glucose; please involve Trang our health care nurse

- Clozapine: monitoring (there's a cheat sheet on your notice board), filling out the green form in the file, entering bloods on ClopineConnect, prescribing, liaising with Trang; this will include "Clozapine Runs" to supported residential accommodations (SRS)
- ECT physicals and filling out the purple form
- Preparing reports and attending the Mental Health Tribunal hearings.

MSTT

Team Staff

Dr Norman Zimmerman	Consultant Psychiatrist
Patrick Mercer	Team Manager
HMO/Psychiatry Registrar	

Morning handover takes place every morning at 0830hrs next to photocopier at level 1, 270 Clayton Road Clayton and lasts about 30 minutes.

Clinical Review is held every Tuesday morning at 0900hrs with Dr Zimmerman and Registrar/HMO and generally lasts for 2 hours. New referrals are discussed at this meeting and allocated if accepted or a response given to referral about the outcome. Dr Zimmerman works on Tuesday and Wednesday mornings however some Wednesdays morning he has ECT and HMO teaching.

Reason for Referral

- Patient requires intensive follow-up due to severity of illness with multiple relapse/admissions
- Supervision of medication.

How to Refer

1. Contact Clayton MSTT on 8541 6333 and discuss referral with manager or duty worker. The referral will then be discussed at weekly clinical review on Tuesday mornings (if possible refer should attend this meeting).
2. Complete an Intra-Service Referral Form MRAD02(i) and fax to Clayton MSTT 8541 6311 and if relevant, include involuntary status and expiry date of Treatment Order.
3. Referral may be accepted, deemed inappropriate, require further information or further assessment by MSTT clinicians.
4. Consider patient's mental state at time of transfer of care. An acutely unwell patient cannot be transferred to MSTT. Their acute episode needs to be addressed and resolved prior to the transfer.
5. Current medication chart and prescription needs to be provided to the MSTT team for immediate use.
6. Scheduling of medication needs to be adjusted in line with once daily medication supervision to be provided by MSTT.
7. Consider voluntary/involuntary status as MSTT team cannot attend to Tribunal Hearing in an unreasonable time frame before accepting and getting to know a patient.
8. Current treatment plans and relevant management plans to be provided to the team at the time of transfer.

Southern Community Mental Health Services (SCMHS)

352 South Road, Hampton East

A number of services are located at the 352 South Road site, including CCT and Gender Dysphoria.

CCT

Team Staff

Dr Vaidy Swaminathan	Consultant Psychiatrist (Monday mornings, Wednesday afternoons, Friday mornings and afternoons)
Dr Saroja Krishnaswamy	Consultant Psychiatrist (Mondays, Tuesdays and Fridays)
Gus Cruz	Manager
Joel Hanafin	GP Liaison Officer
David Nguyen	Senior Psychologist
Lynne Stone	Reception
Diane Childs	Reception
Registrar/ HMO x 2	

Allocation of Patients

New admissions will be allocated to during morning handover starting at 09:00 in the downstairs conference room. Attendance is mandatory for all staff. All patients are assigned to one of two clinical teams, each of which have a dedicated consultant and junior doctor. Each patient also has an individual primary and secondary case manager, although some patients have not been assigned secondary case managers. The clinic has approximately 250 clients at any given time, and receives an average of two new referrals per team per week, so prompt discharge planning is a high priority.

Wellness and Recovery Centre

Team Staff

Dr Chia Huang	Consultant Psychiatrist
Astrid Shurey	Administration Manager
Registrar/HMO x 2	

The Wellness and Recovery Centre is one of three public eating disorder services in Melbourne. WRC covers Monash Health, Alfred Health and Peninsula Health catchments, as well as Gippsland. The service has 4 adult inpatient beds at Dandenong, just next to West 4, and provides outpatient adult psychological therapy (CBT-E) out of Monash Medical Centre. There is also the Butterfly Day Program which is in Chadstone, and has a capacity of 10 patient, is a 4 day/week day program for 12-25yo, which runs for about 12 weeks.

The inpatient ward is staffed by mental health clinicians from 0700-2200, as well as medical nurses from West 4. The mental health clinicians have meals with the patients, run therapeutic groups and (as well as the junior doctor) provide psychological support. The junior doctor is responsible for ensuring patients are adequately medically monitored, with patients having daily bloods usually for the first 1-2 weeks according to risk of refeeding. Other responsibilities include regularly reviewing mental state and risks and liaising with GPs/other specialists involved, as eating disorder patients are typically managed by multiple health professionals in the community. Depending on their history patients may also require referrals for dexa scans and other investigations. Dr Huang attends the ward on Monday and Thursday afternoons for clinical review, and this is usually when the team will make decisions regarding alterations to meal plans, leave and discharge dates.

Role

The Registrar and HMO cover the ward and the intake coordinator roles respectively, as well as allied health in both inpatient and outpatient areas. The intake role has previously been a nurse practitioner role, however has recently been changed to a Registrar role.

This role involves assessing referrals as they come in, and contacting GPs/referrers for further information if needed. GPs should get bloods done prior to referring, as this will help assess urgency of assessment. If feel referral may be inappropriate or eating disorder concerns are unclear, discuss with Dr Huang. If patients are under 18 years of age, first line therapy is generally Family Based Treatment (FBT) which is done within ELMHS. As these referrals are made via iACT, GPs sometimes need to be advised of this and directed to contact PTS to refer.

The intake role involves triaging the referrals in terms of urgency. The intake Registrar will generally do 2-3 intake assessments per week and then discuss them at the Thursday morning outpatient clinical review in terms of suitability and indication for either inpatient or outpatient treatment, or other management outside WRC that may be deemed the most appropriate plan.

The team also receives referrals from medical and psychiatric wards within Monash Health and also at the Alfred and Peninsula. It can be useful to arrange to see these patients in the hospital before accepting for direct transfer for inpatient treatment.

In terms of stability required to be managed on the WRC inpatient unit, this will vary patient to patient. However, patients should be maintaining normal electrolytes and BSLs with oral therapy and not be requiring IV fluids/electrolytes. In considering appropriateness for inpatient treatment this will often be discussed with Dr Huang. It is important to consider whether the patient is currently motivated and open to recovery. If patients are medically unstable but do not currently want eating disorder treatment, they may be better suited being stabilised in a medical ward and discharged home once acute risks have subsided, as WRC aims to offer patients treatment on a voluntary rather than involuntary basis.

Gender Dysphoria Clinic

The Gender Dysphoria Clinic is a multidisciplinary team comprising Psychiatrists, a Social Worker, Clinical Psychologist and administrative support along with external private consultants in Speech Pathology, Endocrinology and Plastic Surgery. It provides an intake service for people who are seeking advice, opinion and assessment for gender dysphoria. Referrals must be made in writing by a GP, Psychiatrist or other Mental Health Professional. A personal statement and two photographs of the patient are preferred but optional. Referrals should be addressed to the Clinical Director, Gender Dysphoria Clinic. The Gender Dysphoria clinic operates Tuesdays and Wednesdays.

Team Staff

Dr Jaco Erasmus	Consultant Psychiatrist
Augusto (Gus) Cruz	Team Manager SCMHS
Ms Harjit Bagga	Clinical Psychologist
Mary Storey	Social Worker
Dr Riki Lane	Project Worker

Perinatal and Infant Mental Health Team (PIMHT)

The Perinatal and Infant Inpatient Unit (PIIU) is part of ELMHS and is based at MMC Clayton. It is a 6 bed acute psychiatric unit that provides mental health interventions to mothers and infants who present with acute and severe mental health problems, associated high risk factors and have difficulties maintaining their own safety/safety of others.

The community component provides specialist perinatal and parent-infant mental health care, using a combination of clinic based and limited outreach appointments. The PIMHT multidisciplinary team provides parent-infant relationship/attachment focused psychotherapy for expectant families and families with children under the age of four years. They also provide specialist education, consultant and supervision to other health professionals.

Team staff

Dr Natalie Fraser	Consultant Psychiatrist (Inpatient)
Dr Ruvanya Illesinghe	Consultant Psychiatrist (Community Team)
Dr Charlotte Burgell	Consultant Psychiatrist (Community Team)
Dr Lucinda Smith	maternity leave cover until June 2019 for Celeste Hoopmann (Community Team)
Melissa Thompson	Nurse Manger (Inpatient Unit) and Senior Clinician Co-coordinator (Community)
Kathy Sougis	Perinatal and Infant Mental Health Clinician (Inpatient & Community)
Sharmaine Kwon-Gousmett	Perinatal and Infant Mental Health Clinician (Inpatient)
Heather Mason	Perinatal and Infant Mental Health Clinician (Inpatient)
Felicia Groves	Perinatal and Infant Mental Health Clinician (Community)
Rosie Bourne	Perinatal and Infant Mental Health Clinician (Community)
Nichola Miller	Perinatal and Infant Mental Health Clinician (Community)
Rebecca Seward	Perinatal and Infant Mental Health Clinician (Community)
Registrar	Split Role (0.5 Inpatient PIIU & 0.5 Community Team)
Registrar/HMO	PIIU 1.0

Timetable (WH-ward handover, CR-Clinical review)

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	WH: 0900 – 0930	CR: 0900 - 1030	WH: 0900 - 0930	WH: 0900 – 1000	WH: 900 - 1000
PM	Inpatient Education /Planning 2.00pm			Community Education 2.00pm (fortnightly)	

Stepping Stones

Stepping Stones is a part of the Early in Life Mental Health Service (ELMHS) at Monash Health. It is the adolescent psychiatric Inpatient Unit. It provides psychiatric care for young people aged 12 to 18 years. There are 15 inpatient beds and 5 day stay, or transition program beds.

Team Staff

Dr David Sholl	Consultant Psychiatrist
Dr Georgina Farrell	Consultant Psychiatrist
Chandra Hurst	Nurse Manager (acting)
Jeanette Wentzel	Intake
Registrars x 2	
Intern	

Consultant Timetable

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Dr Sholl	Dr Sholl	Dr Sholl	Dr Sholl	Dr Farrell
	Dr Farrell	Dr Farrell	Dr Farrell		
PM	Dr Sholl	Dr Sholl	Dr Sholl	Dr Sholl	Dr Farrell
	Dr Farrell	Dr Farrell	Dr Farrell		

Morning Handover

These are paper ward rounds, which take place every morning at 0900hrs in the meeting room and lasts about 30-45 minutes.

Electroconvulsive Therapy

It is rare for those under the age of 18 to be treated with ECT, though it still does occur. Please refer to Chapter 2 for work-up and process for ECT.

Oasis Inpatient Unit

The Oasis (Child Neuropsychiatry) inpatient unit has 8 beds and is a state of the art, purpose-built facility housed in the new Monash Children's Hospital. The unit provides emergency admissions and planned assessment admissions for children with neurodevelopmental and psychiatric disturbance. The model of care is designed to admit the child with a parent / carer to provide greater opportunity for dyadic and family interventions to achieve better outcomes. Crisis containment, multi-disciplinary and behavioural assessment and interventions and collaboration with community agencies ensure integrated inpatient and discharge care.

Team Staff

Dr James Myer Grieve	Consultant Psychiatrist
Nicky Young	Nurse Manager
Marianne Robinson	Senior Clinician/Intake
Martina Waring	Senior Clinician/Intake
Registrars x 2	
Intern	

Consultant Timetable

Week 1

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Oasis	Oasis	Oasis	Endeavour	Core
	Oasis	Core	Oasis	Endeavour	Oasis

Week 2

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Oasis	Core clin R/V	Oasis	Core	Core
	Oasis	Oasis	Oasis	Core	Oasis

ELMHS Clayton

Other ELMHS services at Clayton include: Paediatric CL, CASEA, Endeavour and Family Therapy Team. All these services fall under the Child & Adolescent Stream.

Team Staff

Dr Junko Yamaoka	Consultant Psychiatrist (Paediatric Consultation Liaison)
Dr Ben Samuel	Consultant Psychiatrist (CASEA)
Dr James Meyer-Grieve	Consultant Psychiatrist (Endeavour)
Dr Soumya Basu	Consultant Psychiatrist (Endeavour)
Dr Michelle Knuckey	Consultant Psychiatrist (Family Therapy Team)
Elaine O'Kelly	Community Mental Health Service Manager
Lidor Arbel	Director of Clinical Services

Dandenong Mental Health Services

Mental Health Service Building, 126-128 Cleeland Street, Dandenong, VIC 3175

(also known as the ART Building)

Electroconvulsive Treatment (ECT)

Team Staff

Shannon Howard - ECT co-ordinator

All of the onsite Junior Medical Staff at Dandenong are incorporated into the ECT roster. The ECT roster is coordinated by the Site Principal Registrar. At Dandenong, ECT commences at 0800hrs and occurs on Monday, Wednesday and Friday mornings. As you started your clinical day early, you are welcome to leave at 1630hrs.

The Consultant Psychiatrist and the ECT Co-ordinator will assist you with performing ECT; they will be present. ECT is performed in the Endoscopy Suite in Dandenong, which is located on Level 3 of the main hospital, next to Day Procedure Unit and within the Chemotherapy Day Unit. Prior reading about electrode placement is advisable.

You are expected to be in the Endoscopy Suite ready to start at 0800hrs so it is advised that you arrive earlier. If you arrange leave following posting of the ECT roster, it is your responsibility to arrange a swap with your colleagues. Please inform the Site Principal Registrar so the roster can be updated.

Unit 1

It is a 25-bed acute psychiatric unit for adults (25 to 64 years).

Team Staff

Dr Ranee Richards	Consultant Psychiatrist
Dr Praveen Ravindranath	Consultant Psychiatrist
Dr Tharanga Kularatne	Consultant Psychiatrist
Dr Mali de Silva	Consultant Psychiatrist
Iain Watson	Nurse Manager
Janice Turner	Ward Clerk

Senior Registrar, Junior Registrar, HMO and two interns

Timetable

- Interns/HMO: 0830 to 1700hrs with one afternoon off (afternoon negotiated with team).
- Registrars: 0830 to 1706hrs with a weekly academic afternoons away from work.

Consultant Availability and Clinical Reviews

Hours subject to change – please refer to timetable located in ward.

Handover

0830 to 0900hrs in Unit 1 seminar room / handover room.

Allocation of Patients

Usually team with vacancy takes any new patients. Patients allocated by Registrars and Consultants.

Patient numbers

- Interns and HMO: 6
- Junior Registrar: 7
- The Senior Registrar has a small patient load of complex presentations. Their main role is aimed at providing guidance and support to junior medical staff.

Unit 2

Unit 2 is a 25-bed acute psychiatric unit for young adults (18 to 25 years).

Team Staff

Dr Bharat Saluja	Consultant Psychiatrist (Unit Head, Young Persons Mental Health Service)
Dr Paik-Yee Ng	Consultant Psychiatrist
Dr Shekhar Srinivasan	Consultant Psychiatrist
Dr Farhang Radmanesh	Consultant Psychiatrist
Theresa Meiklem	Nurse Manager
Fabian Stinson	Patient Journey Co-ordinator
Thilani Hettiarchchy	Ward Clerk

Senior Registrar, Junior Registrar, ED Registrar, HMO and intern

Timetable

- Interns/HMO: 0830 to 1700hrs with one afternoon off from 1230hrs (regular afternoon negotiated with team).
- Registrars: 0830 to 1706hrs with a weekly academic afternoons away from work.

Consultant Availability

Dr Ng and Dr Srinivasan work full-time. Dr Radmanesh works 0.8FTE, but also works in YCTT. Senior Registrar usually has a very small case load or steps up to directly support the Consultants in managing complexities and supervising junior medical staff.

Handover Meeting

Commences daily at 0830hrs.

Allocation of Patients

The patient allocation to junior doctors usually follows an equitable distribution following everyone's availability.

Unit 3

It is a 20-bed acute psychiatric unit for persons over 65 years (with exceptions).

Team Staff

Dr Lorien Porter — Consultant Psychiatrist
Dr Omid Dashtegoli — Consultant Psychiatrist
Dr Victor Ojo — Consultant Psychiatrist
Vahitha Koshy — Nurse Unit Manager
Senior Registrar / Advanced Trainee
Registrar
Intern

	Unit 3 (inpatient)	Endeavour Hills (community)
Senior Medical Staff	2 consultants - Also covering the ICT and RSP teams in the community	1 consultant for APAT, 2 consultants from Unit 3 covering RSP and ICT
Junior Medical Staff	2 Psychiatry Trainees (also covering some sessions in the community) 1 Intern	2 X 0.5 Psychiatry trainees

Timetable

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Case Conference: (0930-1200) Dr Porter Dr Dashtegoli	Dr Dashtegoli	Dr Porter	Dr Dashtegoli	Dr Porter
PM	Dr Dashtegoli			Dr Dashtegoli	

Registrars are called to cover the clinic when community JMS are on leave. The Intern's half-days also need to be flexible and negotiated; usually Tuesday PM. The Intern shares both Consultants' patients. Registrars are allocated 10 patients to provide care under supervision of their respective Consultant Psychiatrists.

Role of Intern

- Attend to all patients' physical and psychiatric needs
- Attending ward round with Consultants
- Most importantly, you are the only medical staff on the ward all the time. Your task is to prioritise and when required escalate to other medical staff.

Role of Registrar

Same as the Intern except you also cover the Aged Persons Mental Health Service at Endeavour Hills Clinic. The Registrar also has a supervisory role for the Intern.

Admitting New Patients

It is the responsibility of all junior staff, whoever is available.

Morning Handover

These are paper ward rounds, which take place every morning at 0900hrs in the meeting room and lasts about 30 to 40 minutes. Attended by NUM, ANUM, both Registrars and Intern, Social Worker and Allied Health assistant.

Clinical Review

- Every Monday at 0930 to 1130hrs.

- Attended by Psychiatrist, Psychiatry Registrars, Intern, Dr Wagner (Geriatrician), Geriatric Registrar, NUM, ANUM, Social Worker, Allied Health assistant, Occupational Therapist and Physiotherapist.
- Geriatric ward round follows with Dr Wagner and attending Geriatric Registrar, which the Intern attends from 1130 to 1230hrs (at times until 1300hrs).

Unit 4 (Extended Care Unit - ECU)

ECU is a 50 bed subacute psychiatric unit for adults (18 to 64 years) mainly focused on psychosocial rehabilitation. There are three units 4A (moved to 4A closer to discharge), 4B (more settled patients) and 4C (acutely unwell or patient requiring more care). Allocated beds and the Area Mental Health teams' vacancies vary according to the discharges.

Sector	Bed Numbers
Monash	18 +1
Eastern	16
Alfred	6
Peninsula	5
OCP	5
TOTAL	50

Team Staff

Dr Marlies Lagerberg	Consultant Psychiatrist
Dr Melvin Pinto	Consultant Psychiatrist
Dr Ajith Weeraman	Consultant Psychiatrist
Dr Carolyn Marks	Consultant Psychiatrist
Elizabeth (Lizzie) Fulco	Services Manager (Acting)
John Devassy	Nurse Manager (Acting)

Senior Registrar/Advanced Trainee, Senior Registrar, Junior Registrar, HMO, Intern

Timetable

Monday	Tuesday	Wednesday	Thursday	Friday
Clinical meeting: 0830-0900 Dr Pinto Dr Weeraman Dr Marks Dr Lagerberg (from 1000)	Clinical meeting: 0830-0900 Dr Pinto Dr Marks Dr Lagerberg (from 1400)	Clinical meeting: 0830-0900 Dr Pinto Dr Lagerberg (from 1000)	Clinical meeting: 0830-0900 Dr Pinto Dr Weeraman Dr Marks Dr Lagerberg (from 1000)	Clinical meeting: 0830-0900 Dr Pinto Dr Marks

Allocation of Patients & Consultant FTE

Consultant	Patient Number	Sessions	Area
Dr Pinto	13	6	Peninsula / Alfred
Dr Lagerberg	15	7	Eastern / MMC
Dr Marks	13	6	MMC / Eastern
Dr Weeraman	9	4	MMC / Eastern
Total	50	23	2.2 pts per session

Allocation of Patients (among the JMS)

- 13 patients each for HMOs and 11 for the Senior Registrar / Advanced Trainee
- The Senior Registrar has a small patient load of complex presentations, and the main role is aimed at providing guidance and supervision to Junior Medical Staff.

ECU Meetings

	Monday	Tuesday	Wednesday	Thursday	Friday
0830	MDT Handover	MDT Handover	MDT Handover	MDT Handover	MDT Handover
0930	Community Meeting 4A, 4B & 4C	Community Meeting 4A & 4C	Community Meeting 4B	Community Meeting 4A & 4B	Community Meeting 4A, 4B & 4C
1030	Clinical Review: Peninsula - 3rd Monday Monash - 1st and 4th Monday	Clinical Review: Alfred - 1st Tuesday		Clinical Review: Eastern (Maroondah) - 1st Thursday	
1100	Consultant/ Management Meeting: 1100-1200 2nd Monday of the month		PSA meeting: 1100-1130 alternate weeks	ECU Waitlist meeting: 1100-1200 3rd Thursday	
1200			MDT Business Meeting: 1200-1300 1st Wednesday of the month	Unit 4 Journal Club: 1300-1400 1st Thursday of the month	
1300				Clinical Review: Eastern (Box Hill) - 2nd Thursday	
1330			Nursing Inservice: 1330-1430 alternate weeks	Nursing CS: 1330-1430 alternate Thursdays	
1400	Nurse led groups	Nurse led groups	Nurse led groups	Senior Discipline Meeting: 1400-1500 1st & 3rd Thursday of month	Nurses Meeting/ Forum: 1400-1500

CATT

Ground Floor, ART Building, 126 – 128 Cleeland Street, Dandenong

Team Staff

Dr Emma Gilbert	Consultant Psychiatrist (CATT)
Beverley Brussen	Team Manager (CATT/ECATT/PARCS)
Registrar / HMO	

Handover

Morning handover at 0800hrs.
Afternoon handover at 1400hrs.

How to refer

Contact the Dandenong CATT duty worker between the times below:

- 0800 to 1400hrs on 0438 517 472
- 1400 to 2000hrs on 0438 059 463

Complete an Intra Service Referral Form and fax it to the CATT office. Referrals can be made at any time prior to discharge (mental state examination must be current), however CATT will review patients on the day of discharge subject to potential change in circumstance and mental state.

NB: if you require CATT at a different site you must still use your local CATT office that will co-ordinate the referral.

HITH (Mental Health Hospital in the Home)

Ground Floor, ART Building, 126 – 128 Cleeland Street, Dandenong

Team Staff

Dr Ravi Talluri	Consultant Psychiatrist (0.4 FTE)
Registrar / HMO (0.5 FTE)	
Clinical Psychologist	

HITH provides 3 to 5 days of intense community support as an alternative to inpatient treatment. Our patients are often EDM from the ward as a step down, or a step up as a more intensive support from the community or ED.

We provide face-to-face reviews daily. Therefore, if the patient is unable to commit to daily reviews, they may not be appropriate for HITH and should go under CATT instead. Patients are seen in their own accommodation unless there are any risks to clinicians identified, in which case the ART building is utilised. There is also some capacity for twice-a-day reviews, but this is not the norm.

HITH requires a Consultant review on admission or day 1 (can be either ward or ECATT Consultant prior to referral to HITH or our Consultant). A Junior Doctor review is usually the day after the Consultant review and often once more prior to discharge. If a longer episode of care is required, the patient can be discharged to CATT.

Clinical days and hours are flexible, but please ensure not to overlap half days with the CATT Registrar / HMO.

ECATT

Emergency Department, 135 David St, Dandenong

Team Staff

Dr Tharanga Kularatne	Consultant Psychiatrist
Beverley Brussen	Team Manager (CATT/ECATT/PARCS)
Registrar	

Consultant Availability

When the ECATT Consultant Psychiatrist is not available, the Consultant of the Day can provide cover if required (via switchboard).

Handover

Morning handover at 0800hrs.
Afternoon handover at 1400hrs.

Referrals and Tips

All referrals are made through the ED. ECATT will only assess patients within the ED. All new assessments are to be done on an MRAF01 form. If discharging patients from ED without any follow-up then photocopy notes for clinical review. For referral to CATT from ED, contact the respective team on each site and fax the complete assessment across to them. Notes to be documented on MRAF01/progress notes and also on symphony.

Consultation-Liaison (CL) Psychiatry Service

Ground Floor, ART Building, 126 – 128 Cleeland Street, Dandenong.

Team Staff

Dr Marcelo Rosenstein - Consultant Psychiatrist (0.7 FTE)
Dr Ashu Gandhi - Consultant Psychiatrist (0.5 FTE)
Arthur Mushandi - CL Nurse
Registrar x 2

The CL nurse carries the pager #171947 and the CL mobile phone (0404 490 854). The CL nurse liaises with community teams and bed access and also attends the meetings on behalf of the CL Psychiatry Team. The CL nurse is responsible for patient allocation after handover. The CL nurse is also involved with provision of education and support for the staff on the medical wards. The cases seen are recorded and managed on WebQi which can be easily accessed from the Monash Health Intranet site.

In addition to their roles in the CL Team, the JMS (Registrars / HMOs) are often asked to provide cover for the Wellness and Recovery Centre (Eating Disorders Unit) when their Registrar is on planned leave (this is to be discussed and agreed upon prior to leave and dependent on CL workload – consultants are to be involved in this discussion).

At the Dandenong site, CL also looks after the (Medical) Hospital in the Home (HITH) patients referred for psychiatric input.

Handover

The Team meets every morning for a handover meeting at 0900hrs in the Consultant office which is located in the ART building.

Consultant Availability

	Dr Rosenstein	Dr Gandhi
Monday	0830-1230	0830-1230
Tuesday	0830-1700	N/A
Wednesday	0830-1700	N/A
Thursday	0830-1230	0830-1530
Friday	0830-1230	0830-1530

PARC Dandenong

35 Royal Parade, Springvale

Team Staff

Dr Marcelo Rosenstein	Consultant Psychiatrist (0.2 FTE Monday and Thursday afternoons)
Bev Brussen	Team Manager (CATT/ECATT/PARCS)
Registrar / HMO (0.5 FTE)	

Springvale PARCS is a partnership between ERMHA and Monash Health. Springvale PARCS is a female only facility.

Youth PARC

6 – 8 David Street, Dandenong

Team Staff (Monash Health)

Dr Yogendra Agrawal	Consultant Psychiatrist (0.2 FTE)
Katie McKibbin	Senior Clinician
Registrar / HMO (0.5 FTE)	

Youth PARCs caters to patients aged 16 to 25. It is staffed during business hours with a psychiatric nurse, and 24-hour MIND staff support.

Admissions

Divided into 'step down', i.e. admissions into YPARC from inpatient units, or 'step up', i.e. admissions directly from the community. These admissions are determined by the senior clinician, in discussion with various ELMHS services.

JMS Role

The Registrar / HMO at YPARCs will participate in clinical review (occurring Monday afternoon and Friday morning), complete the admission paperwork and discharge summaries for each patient, write up medication charts and scripts and to address any urgent reviews required throughout the week.

Community Care Unit (CCU) Doveton

20 Matipo Street, Doveton

Team Staff

Dr Vin Thacore	Consultant Psychiatrist (Tues & Thurs)
Viol Bellizia	Nurse Unit Manager
Registrar / HMO (0.5 FTE)	
Psychologist	
Occupational Therapist x 3	
Social Worker	
24 hour on-site nursing staff	

The CCU is made up of 9 units encompassing 20 beds, which is located in a residential area within the community. There is one assessment 'bed' where one client has input from all allied health and medical staff to determine their suitability for CCU, needs in the community, goals, etc. Not all clients are admitted through the assessment bed. Each client is assigned two case managers during their stay in CCU.

As your job may also require you to staff MSTT, your days/hours can be negotiated. However, there is a preference to be present all Tuesday for clozapine reviews in AM and clinical review in PM.

Dandenong Community Services Building (CSB)

145 – 151 Cleeland Street, Dandenong

A number of services across Adult and Early in Life / Youth streams are co-located at CSB.

CCT and Clozapine Clinic

Team Staff

Dr Viren Kothari	Consultant Psychiatrist
Dr Annabel Wyburn	Consultant Psychiatrist
Dr Farazdek Wahab	Consultant Psychiatrist
Geoffrey King	Team Manager (CCMHS)
Dr Danny Thomas	HMO
Registrar x 3	

Morning Handover

Handover takes place every morning at 0830hrs in the meeting room and lasts about 30 minutes.

MSTT

21 Godfrey Street, Dandenong (behind Dandenong CSB)

Team Staff

Dr Ross Martin	Consultant Psychiatrist
Geoffrey King	Team Manager (CCMHS)
Registrar / HMO (0.5 FTE)	

Timetable

- Clinical review is on alternate Tuesdays
- Clozapine reviews are also on Tuesdays
- Consultant time on the ward is on Monday, Tuesday and Thursday.

Reasons for Referral

- Requires intensive follow up due to severity of illness with multiple relapse/admissions
- Patients requiring supervision of medication.

How to Refer

Contact Dandenong MSTT on 9767 8222 and discuss referral with manager or duty worker. Complete an Intra-Service Referral Form MRAD02(i) and fax to Dandenong MSTT on 9767 8233.

Early in Life Mental Health Service and Young Persons Mental Health Service, Dandenong

145 – 151 Cleeland Street, Dandenong
Phone: 9767 8274
Fax: 9767 8244

Team Staff

Prof. Michael Gordon	Consultant Psychiatrist (ELMHS Unit Head and iACT)
Dr Bharat Saluja	Consultant Psychiatrist (Young Persons Unit Head and RAPPT)
Dr Ben Samuel	Consultant Psychiatrist (iACT)
Dr Junko Yamaoka	Consultant Psychiatrist (iACT and Paediatric CL)
Dr Charlotte Burgell	Consultant Psychiatrist (iACT)
Dr Dorothy Kesarios	Consultant Psychiatrist (IMOS, KEYS and GROUP)
Dr Ayla Khan	Consultant Psychiatrist (IMOS and RAPPT)
Prof. Vaughan Carr	Consultant Psychiatrist (YCTT)
Dr Farhang Radmanesh	Consultant Psychiatrist (YCTT, RAPPT and Unit 2)
Dr Sujit Sharma	Consultant Psychiatrist (RAPPT)
Dr Yogendra Agrawal	Consultant Psychiatrist (RAPPT and YPARC)

The ELMHS and Youth programs located within the Dandenong CSB site include iACT, IMOS, RAPPT and YCTT. GROUP Program is located on Oswald Street Dandenong. IMOS is the Intensive Mobile Outreach Support Team for children and adolescents up to 18 years of age. The Child and Adolescent Advanced Trainee is the only rotating junior doctor in IMOS. Other ELMHS services are located at Casey and Monash Clayton and listed in the relevant sections of this manual.

Intake, Assessment, Consultation and Brief Treatment Team (iACT)

iACT is the intake assessment team for ELMHS and sees all patients aged up to 18 years referred to the Monash Health. There is one Registrar, who manages a case load of patients. Clinical reviews occur on a daily basis. The intake process can be urgent (daily appointments for assessment) or non-urgent (day clinic appointments). The aim is to determine what treatment is required longer term and this is a brief assessment model. The iACT calendar, with appointments and clinical reviews, is available on Outlook (named 'iACT'). The Senior Clinician Coordinator, Max Fraser, will assist with orientation.

Recovery and Prevention of Psychosis Team (RAPPT)

RAPPT is the youth psychosis case management team for the service, with patients aged 24 years and under. These are patients requiring intensive care coordination for their mental health with some degree of risk. Doctors working on this team will have access to a list of care coordinator mobiles and are able to contact consultants through switch or directly when necessary.

Team Structure

There are several Consultant Psychiatrists and two Registrars/HMOs (one 1.0 with RAPPT, the other 0.5 with RAPPT/YPARC). The Senior Clinician Coordinator is Amy Kate Sherman. Care coordinators case manage the patients and junior doctors are required to see patients monthly or as frequently as necessary.

Timetable

Morning meeting: Monday at 0845hrs
Clinical review: Tuesday 0900 to 1130hrs
Morning meeting: Thursday 0845hrs

Consultant Availability

Subject to change, please refer to RAPPT Senior Clinician Coordinator for this information.

Patient Allocation

- Senior clinician coordinator allocates Registrars to patients and care coordinators will approach you to arrange appointments.
- Approximate patient numbers for each Registrar and differences in load
- Full time junior doctor has around 100 patients, half time doctor has around 50 patients

Youth Consultation and Treatment Team (YCTT)

YCTT is a youth psychological treatment team, with patients aged 24 years and under. These are patients requiring either intensive care coordination or where community services have been ineffective in bringing about improvements in mental health. Doctors working on this team will have access to a list of care coordinator mobiles and are able to contact consultants through switch or directly when necessary.

Team Structure

There are two Consultant Psychiatrists and one Registrar (STP). The Senior Clinician Coordinator is Debbie Prout. The Registrar manages a small case load of patients with therapeutic requirements and can oversee some of the care coordinator's patients, with input from the Consultant Psychiatrist. Patients are allocated by the senior clinician coordinator.

Timetable

Clinical review: Tuesday 0900 to 1200hrs

Consultant Availability

Professor Vaughan Carr: Monday and Tuesday full day, Wednesday and Thursday morning
Dr Farhang Radmanesh: Monday afternoon, Tuesday full day, Wednesday morning, Friday afternoon

Addiction Medicine Unit (AMU)

Team Staff

Dr David Jacka	Addiction Medicine Specialist (Unit Head)
Dr Lynn Hawken	Addiction Medicine Specialist
Dr Zarrar Chowdary	Addiction Psychiatrist
Debra Alexander	Operations Manager
Zina Metaxas	Clinical Nurse Consultant, Dandenong
Esther Freeman	Clinical Nurse Consultant, Clayton

Lisa Hughes Community Nurse Consultant, Dandenong
Advance Trainee(s) in Addiction Psychiatry
Rotating Psychiatry Registrar (STP position)
HMO (rotating)
Toxicology Registrar (rotating)

The Addiction Medicine Unit has evolved from a 2002 initiative with Department of Health under the Hospital Admission Risk Program (HARP) to reduce presentations of patients to the Emergency Departments to a full specialist inpatient/outpatient consultation-liaison service.

The CNCs provide quality advanced assessment, care and discharge planning advice for people of all ages presenting in the Emergency Department or inpatient wards with conditions caused or exacerbated by problematic drug or alcohol use. Community support is subsequently provided to people discharged from hospital where the substance misuse has been identified as likely to contribute to further hospital presentations or for ongoing treatment support.

The two CNC positions, based in Clayton and Dandenong Hospitals, work to enhance expertise within the Emergency Departments and wards to complement the medical care for complex patients with AoD issues.

The AMU specialist medical team provides supervision and support to the CNCs as well as undertaking post-discharge outpatient reviews. In addition, specialist assessments are undertaken in Dandenong and Berwick for people referred by General Practitioners, medical specialists or other agencies for diagnosis or treatment advice. A limited Complex Pharmacotherapy service is also provided in Dandenong CBD.

Referrals

For referrals to the Addiction Medicine Unit at Dandenong Hospital, please page #7144. You can also call on 9554 8201 to discuss your referral and fax it to 9554 8693.

Timetable

Advance Trainees in Addiction Psychiatry

- Along with the CNCs, provides Addiction Medicine Unit Consultation-Liaison Service at Clayton and Casey Hospital.
- Works one session with Pain Clinic at Kingston, usually on Thursdays.
- Works at Complex Pharmacotherapy Clinic at 122 Thomas St, Dandenong or Berwick Health Care in Berwick.

STP Registrar

- Completes admissions to Community Residential Withdrawal Unit (CRWU) at 165 Cleeland St.
- Provides Addiction Medicine Unit Consultation-Liaison Service at Casey Hospital.
- Southern Dual Diagnosis Service (SDDS) located at Suit 1A, 314-16 Thomas Street, Dandenong. The Dual Diagnosis Team is in the process of capacity building, so there are opportunities for conducting studies/projects, delivering presentations etc. This is where the Consultant Psychiatrist sits and supervision/training forms are signed here for STP Registrar.

Toxicology Registrar

- On Thursdays provides Addiction Medicine Unit Consultation-Liaison Service at Casey Hospital.

HMO

- HMO completes the CRWU admissions on days that are not covered by the Registrars. There are self-explanatory admissions forms and detox guidelines which should be utilised. Discuss each admission with the Consultant early in your rotation.

- On non-CRWU days, the HMO works with CNC in providing Addiction Medicine Unit Consultation-Liaison Service at Dandenong Hospital.

Clinical Review

Tuesday 0800 to 1000hrs clinical review meeting at first floor in Vascular Building adjacent to Emergency Department, Dandenong Hospital. There are also opportunities across the week for exposure to other clinical experiences.

Community Residential Withdrawal Unit (CRWU)

165 – 167 Cleeland Street, Dandenong

Team Staff

Dr David Jacka	Addiction Medicine Specialist
Kelvin Hicks	Manager
Michelle Cody	Ward Clerk and go to person

CRWU is an "enhanced" Community Residential Withdrawal Unit which is affiliated with Monash Health's hospital based Addiction Medicine Service. It is under the clinical governance of the Monash Health Drugs and Alcohol Clinical Director.

The service is a voluntary 12 bed, short-stay alcohol, tobacco and other drug withdrawal unit that admits adult patients who are withdrawing from or stabilising on a variety of substances. The CRWU is smoke-free with patients provided nicotine replacement therapy (NRT) for the duration of their stay.

Referrals

All referrals to CRWU can be made through the SECADA Intake/Screening Service on 1800 14 25 36.

Clinical Review

A Consultant and the HMO attends clinical review every Thursday afternoon at 1300hrs.

Admission Roster

Currently, the HMO admits patients 3 days a week and Registrars on 2 days a week. This is subject to change based on the absence/presence of Addiction Psychiatry Advanced Trainees.

HMO/Registrar Duties:

Admissions:

- Admission form (5 page form which includes detailed drug and alcohol history, medical history, mental health, social history, medications and physical examination)
- Physical examination is very important because patients commonly present intoxicated and could harbor undiagnosed medical illnesses
- Document the physical observations in the admission form and the obs chart
- Review patient's skin and if normal, sign and enter date and time on the skin assessment form.

Medication chart:

- Regular medications
- PRN's as per CRWU detox guidelines (manual can be found in the doctor's room)
- Please make sure the medication chart is done because the unit does not have afterhours cover doctor.

Psychiatry reviews (for Psychiatry Registrar):

- You may be asked to do mental health assessments; as determined in clinical reviews. As most patients present with a substance related mood disorder at the time of admission, it is best for most patients to be reviewed by their GP or Psychiatrist (Medicare item 291) 4 to 6 weeks after discharge but use your clinical judgement.

Discharge summaries:

- Important to communicate with referring GP's and/or specialists about management plans
- Talk to the manager on day one and request access to SEADS folder on G Drive - G:\seads\Clinical\Wattle place Residential Withdrawal (M0703)\Daily\Discharge Summaries_NEW
- When you finish a summary, it is your responsibility to fax it to the referring GP
- After faxing, give it to the CRWU Clerk for processing
- Put the softcopy of the summary in Discharge summaries NEW folder.

Monash Health Drug and Alcohol Services (MHDAS)

122 Thomas Street, Dandenong

Team Staff

Dr David Jacka	Addiction Medicine Specialist
Debra Alexander	Operations Manager
Eleanor Kitson	Pharmacotherapy Nurse Practitioner
Addiction Psychiatry Registrar (sessional)	

Several services are co-located at our Alcohol and Drugs facilities in Thomas Street Dandenong. This includes the Complex Pharmacotherapy Clinic, Primary Health Clinic and Needle Syringe Programs. Unfortunately, South-Eastern Consortium of Alcohol and Drug Agencies (SECADA) is now located elsewhere in Dandenong.

Southern Dual Diagnosis Services (SDDS)

Team Staff

Dr Zarrar Chowdary	Consultant Addiction Psychiatrist
Wayne Wright	Team Leader (SDDS)
Psychiatry Registrar (STP)	

SDDS is a multidisciplinary team of experienced health professionals who support:

- Public Mental Health Services
- Alcohol and Other Drug sector agencies
- Mental Health Community Support Services (MHCSS).

The team aim to improve treatment outcomes for individuals who have a co-existing mental health and substance use issues.

Secondary Consultations

- Networks and partnerships to improve treatment pathways and options
- Education and training for mental health, drug and alcohol and MHCSS staff
- Opportunities to discuss and review individual cases / issues related to dual diagnosis consumers
- Support to organisations to develop dual diagnosis capabilities
- Primary consultations in collaboration with the primary case manager/worker, working within a harm reduction framework and providing comprehensive assessments of both disorders and treatment recommendations.

Refugee Clinic

122 Thomas Street, Dandenong

Team Staff

Dr Mina Tolat	Consultant Psychiatrist
Jacquie McBride	Team Manager
Registrar	

The psychiatry clinic is part of the Refugee Health and Wellbeing Clinic that provides care to asylum seekers and newly arrived refugees to Melbourne. The Refugee Clinic a service unique to Monash Health, aimed at serving the large refugee population in the South Eastern suburbs. The clinic comprises multiple specialty teams, including GPs, nurses, psychologists, paediatrics and infectious diseases.

Timetable

- Clinic operates from 0830 to 1700 hrs on Monday to Friday
- Clinical review is monthly on Fridays
- Consultant available on Monday and Friday mornings

Reasons for Referral

- Asylum seekers (those on Bridging Visas, including those without Medicare)
- Newly arrived refugees (those who have been in the country for less than 4 years)
- Mental health issues requiring assessment and management
- Aged between 25 – 65
- Able to be managed in the community as appointments are on average 3-4 weekly
- Patients are not required to live within a specific catchment to qualify

How to Refer

Referrals for the clinic come through various sources, largely from the GPs in the Refugee Health Clinic and also from GPs in the community. The referrals are first screened by the team leader and then passed on to Dr Tolat and the registrar for assessment of suitability. Referrals can be made from within Monash Health and a referral form sent to refugeehealthnurseontriage@monashhealth.org. All appointments with psychiatry are clinic-based and the clinic does not see walk-ins.

Kingston Mental Health Services

Biala

Kingston Centre, Corner of Kingston and Warrigal Roads, Cheltenham

Team Staff

Dr Chris Plakiotis	Consultant Psychiatrist (Unit Head)
Dr Samuel Ritz	Psychogeriatrician
Frederick (Rohan) Seneviratne	Nurse Unit Manager

Psychiatry Registrar (works with Dr Plakiotis)
Geriatric Medicine Registrar (works with Dr Ritz)
Intern

Biala (Aged Persons' Mental Health) is a 20 bed unit specialising in the intensive psychiatric assessment and treatment of older people with chronic psychiatric disorders. Biala staff utilise specialist skills and programs and incorporate a 'whole person' approach in the delivery of individualised care, whilst ensuring that best practice is maintained and best outcomes achieved. Team clinical reviews are scheduled on a Thursday morning.

Allambee Nursing Home

Kingston Centre, Corner of Kingston and Warrigal Roads, Cheltenham
Phone: 9265 1156

Referrals to Allambee come from the Community Aged Persons Mental Health teams and Aged Persons Mental Health acute care services. Residents may also be referred from other residential aged care homes if specialist care or behavioural needs arise.

Residents are encouraged to participate in a wide range of recreational, social, cultural or spiritual pursuits and families are able to participate actively in the life of the home. Diversional activities aim to develop activities and interventions that have positive health and wellness outcomes for each resident. Group activities support residents to make choices and decisions that maximise their participation in leisure and recreation through the co-ordination and planning of activities in a group setting.

Aged Persons Mental Health Services (APMHS)

1 Raymond McMahon Drive, Endeavour Hills

Aged Persons Assessment Team provide home-based psychiatric assessment, treatment and case management to patients over 65 years. Patients may have a psychiatric illness and/or dementia with associated behaviours (BPSD) and are living in the defined catchment areas. These services are delivered from the Kingston Centre and Endeavour Hills to the cities of Greater Dandenong, Casey and Cardinia, Bayside, Kingston, Glen Eira (part) and Monash (part) local government areas.

Mooraleigh Hostel

748 Centre Road, East Bentleigh
Phone: 9563 8288

Referrals to Mooraleigh come from the Community Aged Persons Mental Health teams and Aged Persons Mental Health acute care services. Residents may also be referred from other residential aged care homes if specialist care or behavioural needs arise.

Mooraleigh comprises of five houses allowing residents to be as independent as possible while benefiting from supportive care in a safe and secure environment. Residents are able to participate in a wide range of recreational, social, cultural or spiritual pursuits and families are encouraged to

participate actively in the life of the home. Diversional activities aim to develop activities and interventions that have positive health and wellness outcomes for each resident. Group activities support residents to make choices and decisions that maximise their participation in leisure and recreation through the co-ordination and planning of activities in a group setting.

Other Monash Health Mental Health Services

Psychiatric Triage Service (PTS)

1 Raymond McMahon Drive, Endeavour Hills
Ph: 1300 369 012

PTS is a telephone referral service for Monash Health that operates 24 hours a day seven days a week. The calls are answered by an experienced psychiatric clinician. PTS is the primary point of referral for all people up to the age of 64 years and is available outside of business hours for people 65 years and above.

The role of PTS is to undertake a preliminary clinical assessment of whether the person being referred has a mental illness or disorder, the nature and urgency of the response required. Recommendations will then be made as to an appropriate response with options available both within Monash Health and through other community health providers.

Team Staff

Dr Mina Tolat	Consultant Psychiatrist
Elaine O'Kelly	Manager (PTS/Narre Warren A & E PARC)

Agile Psychological Medicine (aPM) Clinics

Eastern Medical Centre, 102 Cleeland Street, Dandenong
Primary Mental Health, 270 Clayton Road, Clayton
Berwick HealthCare Clinic, 76 Clyde Road, Berwick

Team Staff

Dr James Le Bas	Consultant Psychiatrist (Dandenong)
Dr Sam Morley	Consultant Psychiatrist (Clayton)
TBC	Consultant Psychiatrist (Casey)

Team Structure and Orientation

- Clinical lead: Consultant Psychiatrist (Dr Sam Morley at Clayton and covering for Dandenong)
- Clinicians: Two senior Psychologists per team
- Psychiatry Registrar (0.5 EFT)
- Manager: Betina Gardener
- Administrative work: registrations need to be scanned and emailed to Monash Clayton (Sean, Reese, Astrid and Stana).

Timetable

- Registrar sessions yet to be finalised for the new term
- Clayton: Wed and Thursday full day and every 2nd Friday morning (first half on year).
- Dandenong: Monday and Tuesday full day and Thursday morning sessions (second half of year).

Consultant Availability

- Tuesday full day and Thursday mornings at Dandenong
- Thurs and Friday afternoons at Clayton

Supervision

- Dandenong: Thursday morning at 0830hrs
- Clayton: Thursday 1500 to 1600hrs (after clinical review).

Clinical Review

A good forum for the Registrar to present new/clinically challenging patients and patients for discharge.

- Dandenong: Thursday from 1030 to 1200hrs
- Clayton: 1300 to 1500hrs.

Allocation of Patients to Registrars

- Team manager allocates the new assessment time slots and review times in the aPM calendar. Registrar would need access aPM calendar which will be organised at the start of the rotation (add account apm_clayton@monashhealth.org at Clayton)
- The new assessments are booked through referral sources (PTS, CATT, ECATT, IPUs & CL).

Approximate Patient Numbers

Varies according to new patient allocations. On average, 1-2 new patients per week for Registrars. This is in addition to the follow up of existing patients depending on the type of therapy initiated (follow up can be every 1-3 weeks on average depending on clinical need).

Orientation Information

- You will be sent a welcome email and have access to the orientation folder with further details and resources when you are given access to the G drive aPM folder. You should also get a rolling handover from the previous Registrar on the rotation.
- You should try to observe an initial consult first and familiarise yourself with the forms required to be filled by the patient and yourself in the first appointment and also the forms to be filled at discharge.

South East Consortium of Alcohol and Drug Agencies (SECADA)

SECADA will provide:

- Intake assessment
- Counselling (standard and complex)
- Care and recovery co-ordination
- Non-residential withdrawal services
- Referrals to residential withdrawal services and rehabilitation services.

SECADA provides a single point of contact for all patients and referring organisations. This can be achieved by calling 1800 14 25 36. Patients will then undergo a SECADA initial telephone intake and screening service.

SECADA face-to-face services are located in:

- Berwick
- Cockatoo
- Cranbourne
- Dandenong
- Koo Wee Rup
- Narre Warren
- Pakenham
- Springvale

The Primary Health Clinic

The Primary Health Clinic provides a broad range of health care including pharmacotherapies, acute drug overdose response, sexual health, vaccinations, general and specialised health care, nursing care, mental health, dietary advice, gender specific as well as practical supports for people who inject a variety of drugs.

Specific services include:

- Blood-borne virus testing
- HIV and hepatitis C diagnosis and treatment
- Vein care advice and wound care dressings
- Information and education to reduce harms associated with injecting, sexual health and antenatal care
- First aid and overdose response
- Vaccinations
- Outreach support
- Breakfast program
- Social support and referrals.

For complex clients the General Practitioner, Nurse Practitioner and the community health Nurse form the core of the complex case planning and management team. Less complex clients will be stabilised and referred to General Practitioners in their home suburb, with or without opiate replacement (ORT).

Needle Syringe Program (NSP)

The Needle Syringe Program provides an integrated service for people who inject drugs. The focus of the onsite NSP is to provide an extensive range of injecting and other paraphernalia under a Harm Minimisation Framework to:

- Reduce the impact on the public environment (public amenity, discarded injecting equipment, crime, costs to business, and displacement from public spaces)
- Reduce the risk to the injectors, including risk of blood-borne virus and other infections, drug overdose, and the harms associated with public drug use
- Reduce the social impact on individuals, families and communities.

An NSP Outreach service and 24hr syringe dispensing machines provide sterile injecting and other equipment across the Cities of Greater Dandenong, Casey, Monash, Frankston and the Shire of Cardinia.

- NSP Outreach seven days per week: 1830 - 2230hrs. Telephone: 1800 642 287
- NSP 122 Thomas Street, Dandenong: 0900 - 1700hrs Monday to Friday. Telephone: 9792 7630. (Not open weekends or Public Holidays)
- NSP dispensing machines at Monash Medical Centre Clayton, Dandenong Hospital, Casey Hospital and Pakenham Community Health Service.

External Psychiatric Services

Forensicare

Team Staff

Calvin Jutasi
Amanda Taggart

Reason for Referral

- Primary and secondary consultation of patients with significant forensic and risk issues regarding harm to others
- Provides advice about management of risk etc
- Recent concerns regarding risk of harm to others, including physical harm, arson, sexual offending, general offending and stalking
- Attend a case conference or clinical review to discuss or assist in developing management plans.

How to Refer

- Call the Forensic Clinical Specialist on 0448 815 402 to discuss the referral first
- The intake officer will ask you a series of questions about the patient's medical, psychiatric and forensic history (so have all your information ready)
- They will then ask you to send through a completed referral form to: forensic@monashhealth.org
- It can take up to 2 weeks for the patient to be reviewed.

There is an intake meeting every Tuesday morning, so if you make a referral to them before then, you should have a response by the Wednesday or Thursday. They will provide you the date and time of when the patient will be reviewed.

Spectrum

Spectrum is a statewide service in Victoria that supports and works with local Area Mental Health Services to provide treatment for people with a personality disorder. Spectrum focuses on those who are at risk from serious self-harm or suicide and who have particularly complex needs.

Reason for Referral

- Provides outpatient and inpatient services for people with Borderline Personality Disorder
- Clarifying diagnostic issues
- Assessment of a client
- Treatment planning in the client's locality
- Organising a wider treatment plan that may include statewide interventions
- To facilitate patients access to Spectrum's direct treatment programs (outpatient or residential)
- Collaborative treatment review when there has been considerable clinical input but little progress.

A referral can be made at any time, however it will assist Spectrum staff if the following has occurred prior to making contact:

- The client is actively working with a clinical mental health service (AMHS or CAMHS)
- An initial assessment of the client has been made
- An initial formulation has been completed (detailing your understanding of the client's presentation)
- You and/or your team have questions relating to the client's care and treatment.

How to Refer

Contact the Spectrum Intake Clinician on (03) 8833 3050.

For more information go to http://www.spectrumbpd.com.au/pages/making-a-referral.php

Second Opinion Psychiatric Service (SPOS)

Service provides independent second psychiatric opinions to people, who are 'entitled patients' under the Mental Health Act 2014, where an opinion via other means is not available or feasible. An 'entitled patient', has a right to seek a second psychiatric opinion at any time. If the patient is 16 years of age, or on a guardianship order, then their parent or guardian can apply on their behalf.

An 'entitled patient' is:

- Subject to a Temporary Treatment Order or a Treatment Order;
- A security patient; or
- A forensic patient.

For any queries about eligibility or to request a second psychiatric opinion, please contact via:
Phone: 1300 503 426
Website: www.secondopinion.org.au
Email: intake@secondopinion.org.au

Police, Ambulance and Clinical Early Response (PACER) Evaluation

PACER now known in the official government documents as MHaP (Mental Health and Police). It is a metropolitan wide service across Melbourne with each major Mental Health Service running at least one and in the case of Monash Health and Eastern Health two.

It is a dedicated unit comprising a mental health clinician and a Police officer working together between 3 and 11pm in a Police vehicle and responding to call from D24 for assessment of individuals with an apparent Mental Health problem who have come to Police attention.

The purpose is to see People in situ and wherever possible negate the need for Police to automatically transfer individuals to the nearest Emergency Department for assessment which often involves long waiting times and removes Police personnel from the community.

It was originally a Monash Health initiative which was first trialled in 2007, again between 2009-2011 and was then rolled out state-wide with recurrent funding in 2014.

Support Following a Critical Incident

Sometimes staff working in public psychiatry are exposed to occupational violence. We all cope differently but managing stress early and appropriately can prevent the development of posttraumatic stress disorder and dissatisfaction and unhappiness in the workplace.

All staff working at Monash Health are now expected to have mandatory training in Clinical Risk (ICARE2). Training sessions are available throughout the year and can be viewed via the Monash Learning System (icon on desktop) or alternatively you can contact the Precept Office for enquiries.

At the end of this section is a flow chart for the steps you should take if you are exposed to a critical event.

People Assist Including Employee Assistance Program (EAP)

A personal coaching and counselling service that offers confidential, short term support for a variety of work related and personal problems that may be affecting you at work or at home. EAP is voluntary and free of charge to all Monash Health employees, their immediate family members and volunteers. Meetings can be conducted over the phone or face-to-face at offsite locations across Melbourne facilitated by Resolutions RTK.

EAP Consultants will work with you to:

- Assess any issues of concern
- Provide coaching and education to help you deal with issues of concern
- Identify options and alternatives to resolve problems
- Employee Assist is easy to use. You can access Employee Assist 24-hours a day, seven days a week by calling 8681 2444 or 1300 687 327 (business hours).

For further details please see website
http://intranet.southernhealth.org.au/healthyopportunities/employee_assistance.htm

Victorian Doctor's Health Program (VDHP)

The Victorian Doctors Health Program (VDHP) is a confidential service for doctors and medical students who have health concerns such as stress, mental health problems, substance use problems or any other health issues. It is sensitive to the needs of doctors and medical students. It is a non-judgmental service dedicated to improving the health and wellbeing of those within the profession. If you need help you can call on (03) 9495 6011.

For further details see website http://www.vdhp.org.au/website/home.html

A Guide to Psychiatry Afterhours at Monash Health

General Principles

Please refer to the *General Orientation and Principles of Care* of this manual for further details on the roles and responsibilities of JMS, including the admission process. All afterhours work must adhere to the *Victorian Public Health Sector - Doctors in Training Enterprise Agreement 2018-2021*. Please ensure you are aware of your entitlements and responsibilities. The additional information below is intended as a guide to those on the after hours roster.

Please look after your health, pay attention to potentially dangerous situations and don't make risky decisions alone. The Consultant oncall will be available to you during your shift and is your first point of contact if you need clinical assistance or are unsure of what to do. You are not required, nor under any obligation, to make a decision alone for any patient. In particular, it is expected that you will call a Consultant if you are being asked to decide if someone can be discharged against medical advice or discharged earlier than planned. If you are unsure about using Mental Health Act you can call the Consultant oncall and discuss. Your site's Consultant oncall can be contacted via switchboard.

Afterhours duties are rostered shifts outside of usual business hours. It is an expectation of Junior Medical Staff (JMS) to participate in afterhours duties. This is in keeping with RANZCP requirements for Professional Development and is bound by the Workplace Agreement. Please note that if you are suffering from a medical condition that prevents you from performing after hours duties, you will need to submit a valid medical certificate to your Unit Head. Absence from the after hours roster will reduce your annual leave entitlement to 4 weeks per calendar year. Annual leave entitlement is 5 weeks when participating in afterhours work.

If you arrange any forms of planned leave (annual leave, conference, examination, etc) after the roster has been published, it is your responsibility to ensure you find adequate cover for any afterhours shifts you have been allocated.

At most sites, there is an after hours pager, which is usually located on the ward. Currently this is how the wards will contact you. It is recommended that the pager is picked up at the beginning of the shift. Speak to the nurse shift leader to find out the status of the ward (i.e. how many empty beds, any admissions coming, any patients in seclusion and any very unwell patients which are likely to require your attention). Another important first task is to check the after hours handover book to see if there are any issues from daytime staff that requires your attention (see *Appendix 2*). At all sites, there is a Registrar/HMO room which can be used to rest if there are no pressing duties. See below in the site specific sections for further detail.

Structure

During weekdays, two JMS will work onsite until 2100hrs (2nd onsite) and 2200hrs (1st onsite) respectively. Following that, one JMS will be general oncall until 0830hrs and the other will be standby oncall until 0830hrs. On the day following your evening shift, the JMS rostered for the 1st onsite and general oncall shift will have the morning off (unpaid) and work a 4 hour shift from 1300 to 1700hrs. Care needs to be given to make sure this afternoon is not a training afternoon. The JMS rostered for the 2nd onsite and standby oncall shift will commence work at 0830hrs as per usual.

If you are doing Sunday night general oncall, Monday would start at the normal work time unless clinical duties have occurred in keeping with the current DiT EBA. Starting late on the Monday after being oncall on Sunday may result in getting underpaid if no calls occurred. All work must occur with due consideration to work-safe principles while maintaining your professional responsibility.

Weekday Onsite (1700 to 2200hrs and 1700 to 2100hrs)

In general, you cover the acute adult inpatient ward, the general hospital (similar to Consultation-Liaison Psychiatry), the Emergency Department (in collaboration with the ECATT clinician who is working in the ED) and some subspecialties which will be outlined in the site specific sections of this document. It is expected that the two JMS will communicate and share the workload equally.

Weekend Onsite (0830 to 2200hrs)

The duty shifts are onsite, covering the ward from 0830 to 2200hrs. There is now a second JMS onsite during the daytime to assist with workload (either from 0830 to 1200hrs at Monash and Casey – also standby oncall, or 0830 to 1700hrs at Dandenong). In addition to the wards, you cover ED, the general hospital and any subspecialty units which are site specific. Clarify if there is a pager to be used for contact. Monash Health has a service-wide policy that LANpage is used to page doctors with messages, not just a phone number left on the pager. According to Monash Health policy, a doctor can refuse to answer if there is only a number and no message. Please note however, that external calls via switch will come up as only a switchboard number and these need to be answered.

General Oncall (2200 to 0830hrs)

This means you are not onsite (i.e. you go home), but you need to be available for phone contact during these times. You may be called by the ward, the general hospital, ECATT, subspecialty units or community teams (e.g. PARCS, CCU, etc). You may be recalled to the hospital for admissions or reviews in the ED.

Oncall means you are available for phone advice or recall to the hospital for the entirety of your oncall shift. This does not happen often, but situations can occur where medical/surgical teams call you to discuss a patient. You should treat the call as a referral and can expect information provided to you in an ISBAR format. It is reasonable that you expect whoever is calling you to present the mental state and risk assessment of the patient, along with the other aspects of the ISBAR format at minimum. This is in accordance with National Health Standards, as well as Monash Health requirements. After this, you need to decide if you need to come in to see and assess the patient and formulate a plan or whether you can offer advice over the phone.

Overnight seclusion reviews are performed by Medical/Surgical HMOs who are onsite at the hospital. If you are contacted for these, please direct the ward staff to call the Medical/Surgical HMO onsite via switch.

There is a room available at all three sites for oncall doctors. This is to facilitate safe work practices. This room is for doctors to use who are too fatigued to drive home or if you are aware that you will be required in a few hours to return and the patient has not yet arrived for admission. Security or the Nursing Co-ordinator (NCO) at your site will be able to provide you with a room key. They may want your license or car keys to ensure the room key is returned.

Taxi vouchers can also be procured for doctors who need to go home but are too fatigued to drive. These are requested from the NCO at night or from the Medical Doctors Workforce (MDW) if you are aware you will require these during business hours (e.g. unexpected cover of shift for unwell colleague).

Standby Oncall (2100 to 0830hrs weekday & 0830 to 0830hrs weekend)

The JMS rostered for standby oncall is expected to be onsite for a proportion of your shift (outlined above). If you are rostered as standby oncall, it means that you cover in case of sick leave. You may also be contacted and called in to work in the event that the onsite doctor is unable to perform the duties (e.g. off sick, extremely busy). If you are not required to come in, you are paid the standby oncall rate overnight. If you are called in (recalled) you are paid for work done, plus the general oncall rate. You are required to be available at short notice.

It is important to note that if the onsite doctor has called in sick, you will be informed by either MDW or the oncall Consultant at the earliest convenience. This means you will perform the duties expected of the 1st onsite in their absence. If the general oncall doctor has called in sick, again you will assume their responsibilities.

Additionally, if the 1st onsite or general oncall doctor determines that the clinical duties are too great to allow for safe and timely patient care, or there is a crisis and they cannot cover all duties (e.g. simultaneously having to admit patients, review patients, seclude patients etc.) they may contact you for onsite assistance. This request will come after they have discussed the need with the oncall Psychiatrist. Your role will be to come in, meet with the doctor and discuss a plan with regard to how the duties can be divided and successfully completed. Please remember that it is your colleague who is calling you for help and to that end, a supportive and collegial approach is expected. You may need to call in the cavalry at some point yourself. If you are the onsite or general oncall doctor, please ensure that the standby oncall person is informed as soon as possible that they will need to cover, so that they can make necessary arrangements.

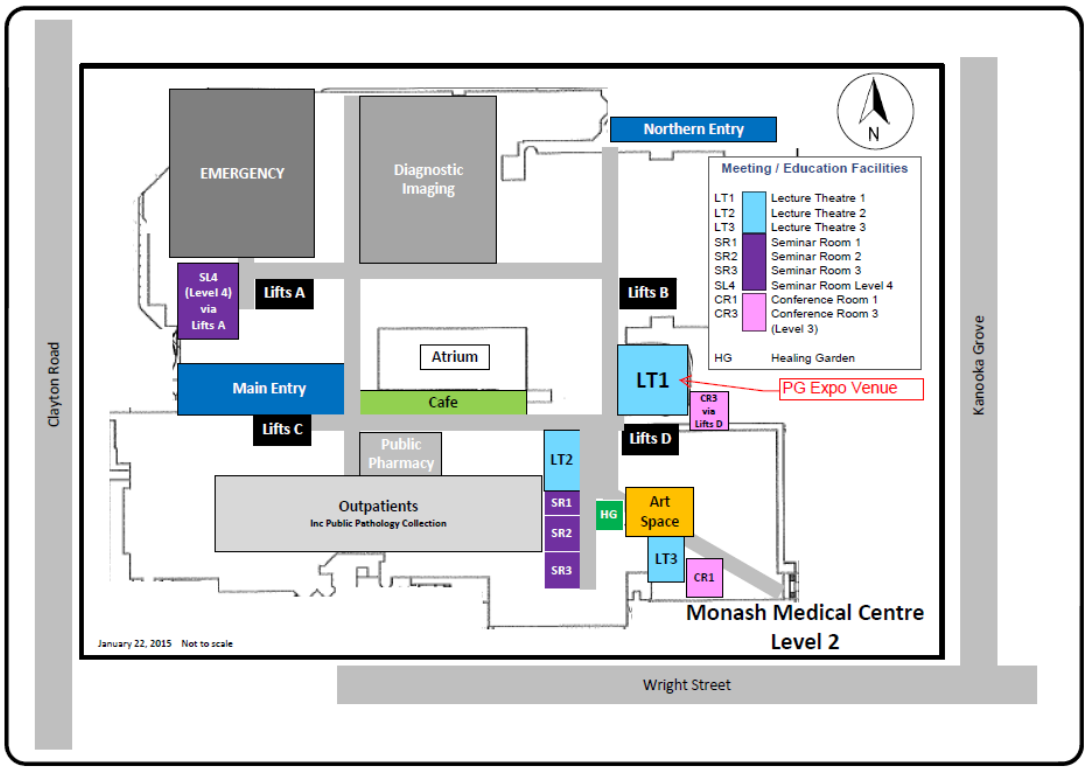
If you are unable to fulfil the duties of your allocated afterhours shift, it is common courtesy that you offer your colleague, who covered your shift, to take over a similar shift of theirs in return. This 'return favour' will help maintain a supportive and collegial work environment.

Payment

- Onsite: Your usual hourly rate, plus DiT EBA determined penalties.
- Oncall: A base rate for being general oncall. If you are recalled, you need to submit an afterhours recall claim form (please see A*ppendix 3*), which includes payment for travel expenses. Each time you get called in, the minimum recall is 3 hours. E.g. if you are called in at 2300hrs to admit a patient, and you leave the hospital by 0100hrs, you will still get paid 3 hours of overtime.
- Standby oncall: A base rate for being standby oncall. If you are called in to work, you are paid for that work done, plus the general oncall rate.
- Weekend: You are paid the EBA determined overtime rate.
- Public holiday rates are paid as per the DiT EBA.

Monash Medical Centre

246 Clayton Road, Clayton VIC 3168



At Monash Medical Centre, after hours JMS provides onsite and on phone advice to following facilities:

- The acute adult inpatient Psychiatry ward (P Block)
- The Emergency Department
- The general hospital
- The Child and Adolescent inpatient unit (Stepping Stones), located at the back of the hospital, near the J-carpark.
- The Mother and Baby Unit (MBU), located next to P Block.
- Community Units
- Clayton PARCS
- Bentleigh CCU

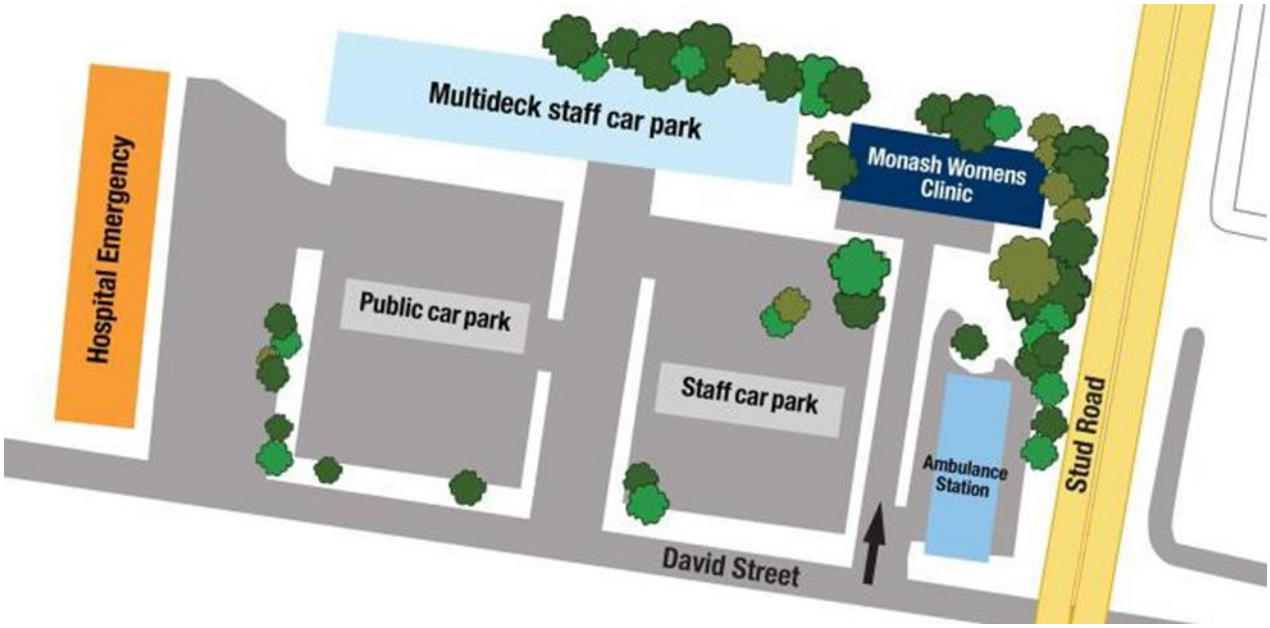
Parking: staff parking located either below P block or afterhours parking next to the ED via swipe card access. The after hours pager and afterhours handover book are located at the main nursing station of P block.

- Pager number: #402
- Phone numbers:
  - Switchboard: Dial 92 if Internal, 9594 6666 if external.
  - P block nursing station: 9594 1420
  - Stepping Stones: via switch
  - ECATT Pager: #3007

The Registrar room is located on level 3 above P block. Please note you need a key to this room and access to level 3 requires swipe card access via Security. The Resident lounge is located near the library (can ask hospital reception or refer to site map). There is also a Psychiatry Registrar room for oncall recall doctors who require it.

Dandenong Hospital

135 David Street, Dandenong VIC 3175



Parking: Staff parking shown as above can be accessed via swipe card.

Afterhours JMS at Dandenong Hospital provide onsite and phone advice to following facilities:

- Unit 1
- Unit 2
- Unit 3
- Unit 4
- Wellness & Recovery Unit (Eating Disorder Unit), situated in ward West 4 Dandenong Hospital
- Emergency Department (ECATT)
- CATT and HITH
- Consultation Liaison services at Dandenong Hospital
- Community Care Units Springvale & Doveton (via phone)
- Springvale PARC & Youth PARC (via phone)

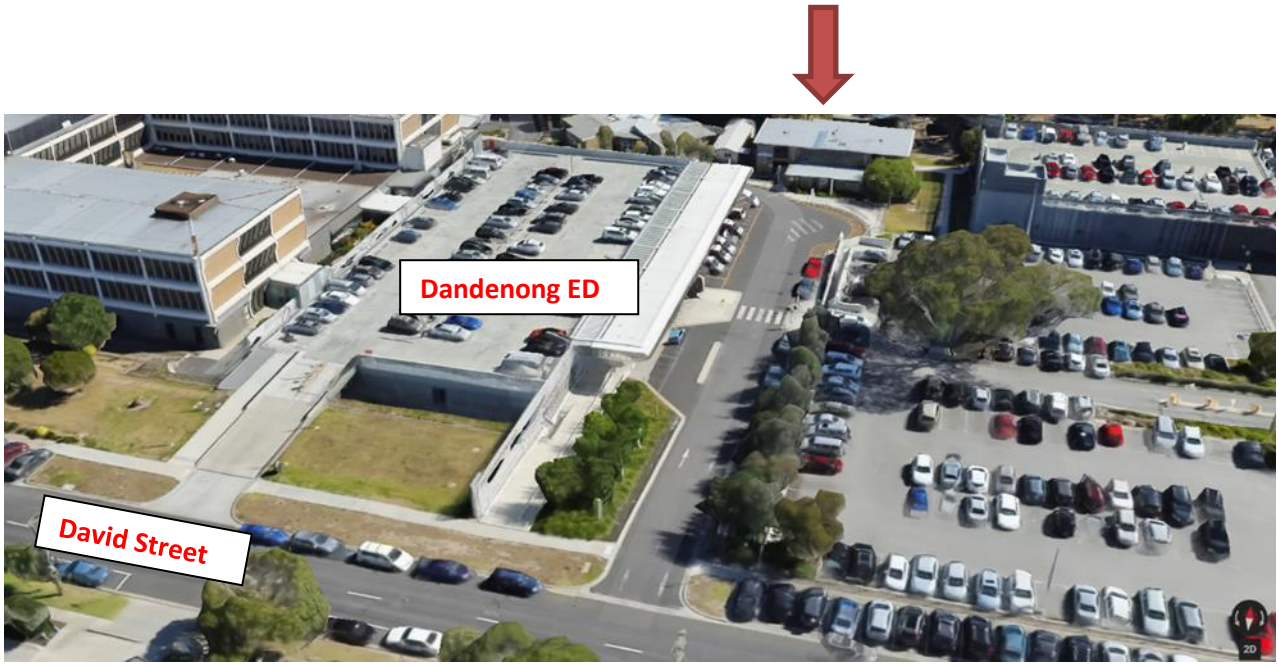
There is no after-hours pager at Dandenong. Communication is via your mobile, through switchboard. Handover is generally via email or (on weekdays) direct call / verbal handover, except printed out copies are kept in the handover book located in the registrar's room which is office 4 (located in the corridor outside Unit 1 and 2). A formal handover meeting on weekends occurs at 0830hrs in Unit 1. On weekdays, please ensure workload is distributed equally between both onsite JMS until 2100hrs. On weekends, workload is distributed by the following means:

- 0830 to 1700hrs: covers ED, CATT/HITH, CL psychiatry and WRC
- 0830 to 2200hrs: covers the Psychiatry Units (1,2,3,4) until 1700hrs and all aforementioned areas of the hospital from 1700 to 2200hrs

Phone calls from external sites (CCU and PARC) may be directed to either doctor. In the event that one doctor has a higher workload, it is expected that the two onsite JMS will communicate and assist each other in a supportive and collegiate manner.

- Switchboard: dial 91 if internal, 9554 1000 if calling external.
- Unit 1 main nursing station: 9554 1890
- Unit 2 main nursing station: 9554 1816
- ECATT pager number: #650736 / 9554 8448

There is also an oncall/recall registrar's room within the Vascular Medicine building next to the carpark. On the next page, the Vascular building is highlighted in the picture with a red arrow. If you need access to this room please contact security office and ask for keys for medical officer's room.



Entrance to vascular building via swipe card.

Casey Hospital

52-62 Kangan Drive, Berwick 3806

Afterhours JMS at Casey Hospital provide onsite and on phone advice to following facilities:

- Acute adult inpatient ward (Ward E)
- Emergency Department
- General hospital
- Community Units
- Casey PARCS
- Extended PARCS
- Youth PARCS

Parking: staff parking via swipe card access located at Entrance #3 off Kangan Drive. There is no after hours pager at Casey Hospital. You are contacted via switch on your mobile phone. Handover book is located at the main nursing station on Ward E.

Switchboard: dial 96 if Internal, 8768 1200 if external.

The JMS room is located at the back of Ward E. The oncall medical staff quarters are located on level 2, near Ward F, and will require swipe card access via security.

Appendices

Appendix 1: Mental Health Act requirements

The Mental Health Act 2014 S5 provides health professionals with the ability to detain a person against their will in order to undertake assessment or receive treatment. The 4 key criteria of the Mental Health Act are:

1. That the person appears to be suffering a mental illness
2. The person requires immediate treatment
3. If the person is made subject to AO, have to be assessed(by psychiatrist) within 24 hours
4. The treatment cannot be provided in a less restrictive manner.

Other key aspects (previously criteria for the Victoria MHA, 1986): the person presents a risk to themselves or others, person refuses treatment, or cannot provide informed consent to treatment

Section 351 of the Mental Health Act 2014 gives police powers to apprehend a person if the police officer is satisfied that: The person appears to have a mental illness; and because of the person's apparent mental health illness, the person needs to be apprehended to prevent serious and imminent harm to the person or to another person.

Assessment Order (AO): A person is examined by a Registered Medical Practitioner or Mental Health Practitioner, to determine whether they should be placed on an Assessment Order (Community or Inpatient).

A Temporary Treatment Order (TO) can only be filled out by the Authorised Psychiatrist or delegate. This must be completed within 24 hours of the AO being commenced at a mental health facility (i.e., within 24 hours of the person being received at a mental health facility).

Treatment Order (TO): This is a compulsory order after review by the Mental Health Tribunal. The TO can have differing settings (Community or Inpatient), according to the requirements of the patient.

The Mental Health Tribunal conducts a hearing to determine if the treatment still apply and either revokes the Order or makes a Treatment Order (Community or Inpatient), for which maximum periods apply. Please take a note of the TIME of completion of the AO (or time patient received by the Mental Health Service), as the Consultant will need to perform a review within 24 hours and decide whether a Temporary Treatment Order is necessary. If the paperwork is not completed in time, the patient defaults back to a Voluntary Patient ("a person").

Refer to link for further information:

Mental Health Tribunal

MHT Procedure

Appendix 2: After hours handover book

This is the document which registrars and HMO's use as a communication tool between each other, and for handing over patients from shift to shift. It is usually located in the main nursing station of each ward. It is important that at the start of every afterhours shift you check this book, in case there are important outstanding tasks or unwell patients you need to be aware of. There is also room for feedback and to close the loop by documenting what you have completed or not completed.

The after hours handover book should be completed in ISBAR format, see below.

Unit		Shift Handover Type • Day/evening • Evening/night • Night/morning • Other-specify	Name of the person Giving handover	Name of the person receiving handover
Date				
Location of Handover			Role Intern / HMO / Registrar Other (specify)	Role Intern / HMO / Registrar Other (specify)

IDENTITY	SITUATION	BACKGROUND & ASSESSMENT	REQUEST	RESPONSE Please tick
Name UR DOB Ward				•Task completed •Further review required •Escalation of patient required •Handover to day team required Document details in patient notes
Name UR DOB Ward				•Task completed •Further review required •Escalation of patient required •Handover to day team required Document details in patient notes
Name UR DOB Ward				•Task completed •Further review required •Escalation of patient required •Handover to day team required Document details in patient notes
Name UR DOB Ward				•Task completed •Further review required •Escalation of patient required •Handover to day team required Document details in patient notes
Name UR DOB Ward				•Task completed •Further review required •Escalation of patient required •Handover to day team required Document details in patient notes

Related procedure Shift to Shift Handover
Acknowledgements Monash Health wish to acknowledge the use of South Australia Health, Clinical Handover Resources and NSW Health Clinical Handover Guidelines in the preparation of this procedure.

Document Management
Policy supported: Clinical Communication (Operational)
Background: Clinical Communication

Appendix 3: Overtime and Recall Forms

If you do any overtime, or are recalled, the claim form is required for processing payment (see below).

Each time you are called in to admit or see a patient overnight, please ensure you obtain sufficient information to complete the required details on the form below.

To obtain payment EACH SECTION must be signed by the Consultant or Unit Head. Travel should be recorded with your claim.

MONASHDOCTORS
MonashHealth

TRAVEL, TELEPHONE RECALL & HOSPITAL RECALL
CLAIM FORM

Name: Employee No: Unit:

EACH CLAIM must be authorised by your Consultant or Unit Head.

Date	Validation for telephone recall or hospital recall	Patient's UR number	Telephone recall time	Hospital recall start time	Hospital recall finish time	Total time of Recall	Senior Medical Staff Consultant or Unit Head Name and Authorisation	Distance travelled (kms)		
								From	To	Total
							Surname Sign	kms	kms	kms
							Surname Sign	kms	kms	kms
							Surname Sign	kms	kms	kms
							Surname Sign	kms	kms	kms
							Surname Sign	kms	kms	kms
							Surname Sign	kms	kms	kms
							Surname Sign	kms	kms	kms

Appendix 4: Frequently Asked Questions

Where do I park?

There is staff parking at all sites, but this needs to be arranged during business hours with Security. The cost is deducted from your normal salary before tax. If you don't have staff parking, then generally there will be side street parking nearby; watch the parking restrictions.

When do I call the standby oncall?

If there is too much urgent work piling up when you're oncall, (e.g. several admissions, medical wards calling, reviews in ED) then it is expected that you contact the Consultant to discuss mobilising the standby oncall. We encourage Registrars to demonstrate collegial courtesy and call the standby oncall doctor themselves to make the request once approved by the Consultant. Standby oncall is always contactable via switchboard.

I was on call last night, and was up most of the night working. What do I do about my routine work tomorrow?

On the day of evening shift, the 1st onsite JMS will work a 13.5hr day & evening shift, finishing at 2200hrs. Following that, they will be general oncall until 0830hrs. On the day following the evening shift, the 1st onsite/general oncall doctors will have the morning off and work a 4 hour shift 1300 to 1700hrs. Care needs to be given to make sure this afternoon is not an MPsych afternoon.

If you are doing Sunday afterhours Monday would start at the normal work time. Starting late on the Monday after being oncall on Sunday may result in getting underpaid if no call-back occurred (as Sunday shift is different from oncall following 1700 to 2200hrs shift Monday to Friday) If you are called to work overnight (Sunday night going into Monday early morning) let's say you left work at 0500hrs you may take Monday half day off. The decision about your approach to whether you take the Monday morning off or the Monday afternoon needs to be based in work-safe principles while maintaining professional responsibility. Whichever you choose, please inform your workplace early so that arrangements can be made.

In any night on call if you are called to work and for example you left the hospital at 0800hrs after working all day and night you may be unsafe to work. In that case negotiate with your supervisor and you may take eight hours of rest before coming back to work or you may be allowed to take the day off. Working all night is rare but it can happen.

When do I contact the Consultant oncall?

The Consultant should be contacted if you are discharging or sending anyone home, if someone is secluded or mechanically restrained, or in any critical incidence (e.g. staff assaulted, patient AWOL etc). The Consultant can also be contacted whenever you are unsure of anything. Often the nursing staff on the ward will know when contact with the Consultant is required, but a good rule of thumb is "if you think of calling the Consultant you probably should".

What do I do if I can't get in contact with the Consultant oncall?

In the rare event you are not able to get in contact with the Consultant oncall, you may contact the Mental Health Executive oncall. This is a senior management person (although not necessarily a Psychiatrist) who is also available. If you are still struggling to get in contact with anyone, there will be a Consultant at another site oncall, or in exceptional circumstances where everything else has been tried, the Program Director.

Am I expected to sit in on Consultant reviews on a weekend?

Yes. However, this must take into consideration your other clinical duties. You are encouraged to discuss this with the Psychiatrist to ensure they are aware of your other tasks you are needed to attend to. They may assist you with time management. If you are unable to join, the Consultant will contact

you if there are specific tasks that you need to follow up. Please bear in mind that observing Consultants provide an opportunity for learning.

What is expected of me if I get a call from the medical/surgical wards?

In the event of being called from the medical or surgical wards, you may expect to be contacted about patients using the ISBAR format. You are welcome to respectfully request this. You should expect from the referrer some background, a mental state examination, a risk assessment, and a clear request (i.e. what they want you to do).

Often it will be necessary to go to the ward and perform an assessment, in particular if there are risk issues initiating their referral. It is similar to a Consultation-Liaison role (although some Registrars may not have done this type of rotation before your afterhours CL referral).

Upon receiving the referral, it is helpful to review SMR or CMI to see whether the patient is known to mental health services, is case managed, subject to compulsory treatment, etc. Gathering collateral information prior to going to the ward can be very helpful when the situation at hand is chaotic or the person is in crisis. Your assessment will of course include MSE and risk assessment.

Take enough time to document everything clearly, including other collateral information obtained from NOK/carer, GP, staff, etc. Also be sure to speak to the nursing staff on the ward, as well as the team who referred the patient back to you to get as much information as you can.

It is often wise to call the oncall Consultant after you have done all this plus your assessment and thought about a management plan. Remember the four Ss of immediate management: Safety, Setting, Section, Sedation. After discussing with the oncall Consultant, ensure your documentation is complete and feed back to the treating team and other staff. If the patient can stay on the medical/surgical ward and your assessment has identified an increased level of risk, a 1:1 psych-special nurse / Continuous Patient Observer (CPO) may be required. You can make this recommendation as part of your plan - please document this clearly. Be sure to inform the nurse in charge on the ward.

Also, the patient may need to be referred to the CL psychiatry team. The method of referring to the CL team varies from site to site, but you should also leave a handover in the afterhours handover book with a patient label and the ISBAR format. To ensure good communication it may also be helpful to ask the treating team to refer the patient to the CL psychiatry team the next day, again including this in your documentation of your management plan.

Appendix 5: Discharge Checklist

1. Discharge script
2. Discharge summary
3. Contact carer/family member to inform them of the discharge
4. ISR if required and not already completed
5. For voluntary patients:
   - Discharge from AO/TTO/TO - Inpatient form (if applicable)
   - For non case managed patients: an appointment with GP/private psychiatrist
   - For case managed patients: an appointment with their allocated case manager, with consideration of due date of next depot, if applicable
6. For compulsory patients:
   - TO Community form
   - Treatment and Recovery Plan
   - Monash Health Medication Co-payment Exemption Voucher
   - Transfer of a Compulsory Patient to another approved Mental Health Service (if applicable).

Appendix 6: Special Medications

Clozapine

An atypical antipsychotic used for treatment resistant schizophrenia highly regulated medication and you will need to be registered with ClopineConnect™ to prescribe it on the ward or in the community setting. You can register after successfully completing Monash Health Online Training – Medical Staff.

Online Training Session

Access Monash Health Intranet site "LMS" Scroll down left of page to 'mental health' Click on "Clozapine on-line training'. If any difficulties Tel: 9767 8264 or 0416 084 918. Regional Clozapine Coordinator, Mobile: 0404 899 110, Office: 9767 8264, and Fax: 9767 8280 / 97678233

Prior to commencing Clozapine, the following tests need to be done:

- FBE, UEC, LFT, Troponin, CRP, fasting glucose/HbA1C and lipid profile, blood group, βHCG (if applicable)
- TTE, ECG.

When commencing Clozapine, you need to fill out the following forms:

- Patient consent / Clopine Monitoring System Privacy Statement. This is not a consent to start Clozapine but allows for patient information to be put on Clopine Central database.
- Highly Specialised Drugs Program form
- Patient Registration form
- Clopine (Clozapine) Blood Count Record Form - To be filled in online.

When dosing Clozapine, there is a How to Initiate Clozapine sheet in the booklet. Every week, the patient needs an FBE done and a blood count record. Form filled out and signed by the prescribing doctor and the pharmacist. Clozapine (Patient Management) Procedure on Monash Health may be found on Prompt.

Clopine Connect Website: https://www2.clopine.com.au/ClopineCentral/

Lithium, Sodium Valproate and Lamotrigine

Above medications are commonly used in Psychiatry. For up to date information on these medications, resources such as, MICROMEDEX, MIMS Online, Australian Medicines Handbook may be found via Monash Health Intranet in Pharmacy section as a source of comprehensive medication profiles. They are particularly good for adverse effects and "unusual" indications. It is of high quality and easy enough to navigate.

Alternatively, you can call the Medicines Information Service for a chat/consult. The team is headed by Rodney Whyte; Therapeutic Medicines Specialist (Medicines Information), Monash Health and Monash University 03 95942361.

Appendix 7: Practitioner Guide to Recovery Principles

Practitioners' Guide to Recovery Principles

that support recovery-oriented mental health practice

These reflective questions emphasise the fundamental importance of a recovery focus for clinicians and mental health service providers in the delivery of quality care.

1. Uniqueness of the individual

- Do I support the consumer and carer to build on their unique strengths and encourage them to take responsibility as they are able?
- Do I routinely assess and discuss with the consumer and carer the importance of physical health and overall wellbeing?
- Do I consider the possible effects of trauma in the lived experience of the consumer and carer?

2. Real choices

- Do I provide sufficient information to support the consumer and carer to make informed choices?
- Do I, as much as possible, facilitate the consumer being able to discuss very difficult choices?
- Do I try to understand these difficult choices from the consumer and carer's perspective?
- Do I welcome the carers and family members and provide as much information and support as possible to make them feel included and assist them to make informed choices?

3. Attitudes and rights

- Do I respect and promote the consumer's legal and human rights?
- Do I, at all times, behave so as to convey an attitude of respect for the person and a desire for an equal partnership?
- Do I encourage the consumer to maintain social, family and friend connections?

4. Dignity and respect

- Do I welcome the consumer and carer/support person to the service, and continue to do so?
- Do I make the environment physically and emotionally safe for the consumer and carer/ support person?
- Do I listen to, and support, the consumer and carer/support person to define their recovery goals?

5. Partnership and communication

- Do I proactively involve the consumer, carer/ support person in their individual care planning, treatment or reviews?
- Do I proactively link other services and supports to facilitate the consumer's recovery goals?
- Do I proactively link other services and supports for carers and family members to assist them in their caring role?

6. Evaluating recovery

- Do we, as individuals and as a team, utilise consumer and carer/support person feedback fully to improve service delivery?
- Do we, as a team, assess and evaluate recovery outcomes within our work?
- Do we regularly assess, with the consumer and carer, recovery outcomes and use these measures to improve treatment, care and support goals?
- Do we include carers and family members in regular assessments and measures on recovery outcomes for the consumer?
- Do we provide training in recovery-oriented practice to clinical practice professionals?
- Does the service act to implement recovery across multiple levels of service delivery?
- Do we, as a service, support adequate tools, resources and training to embed recovery-oriented practice across the whole service system?
- Do our day to day monitoring and evaluation systems reflect recovery capabilities?
- Do we, as a service, evaluate recovery outcomes to drive quality improvement?

A National framework for recovery-oriented mental health services can be accessed online at ***www.health.gov.au/mentalhealth***

Australian Health Ministers' Advisory Council

Appendix 8: Resources available if you need help

Monash Health is committed to providing you with a safe, caring and inclusive workplace that is free from sexual harassment, discrimination and bullying and other forms of harassment. However, from time to time there may be conflict in the workplace and you may have concerns that you wish to raise.

There are a number of ways you can do this. The first and often most effective way is to raise your concern with your supervisor as they are available to help you and assist in resolving issues as quickly as possible.

If you don't feel comfortable in raising your concern with your supervisor/manager, there are a number of other avenues that you can take.

These include:

- You can contact your site principal Registrar, chief Registrar or Dr May Loh to discuss and obtain help
- Share your concern with Unit Head
- Rosemary McKemmish (Monash Doctors Wellbeing Officer) on 0427 409 310
- Monash Doctors Peer Supporters http://monashdoctors.org/peer-support-program/
- Monash Doctors Education staff on 95943743 or http://monashdoctors.org/staffing/
- People and Culture via:
    - the intranet link at All Staff > Complaints - Employees,
    - Contact your People and Culture Business Partner hradvice@monashhealth.org
    - Call the People and Culture hotline on 9265 2724
- Submit your concern to Riskman and the Occupational Health and Safety team will ensure that your concern is logged and shared with a person who can help you
- Raise your concern with Karen Lowe (Executive Director - People & Culture) on 9594 2733 or karen.lowe@monashhealth.org
- Stop Line - The Monash Health Integrity Hotline (Stop Line) is available to enable employees within Monash Health to report instances of improper conduct within the workplace. The Integrity Hotline is an independent, third party organisation to which matters of improper conduct can be reported, anonymously if preferred. The purpose of the Integrity Hotline is to enable you to report suspected or actual improper conduct in the workplace in a safe, confidential and protected manner. Stop Line can be contacted on 1300 304 550
- Victorian Doctors' Health Program (VDVP) http://www.vdhp.org.au/website/home.html