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Welcome to the Mental Health Program at Monash Health!

ORIENTATION TIMETABLE

0900- 1200hrs
- Meet Clinical Nurse Educator at designated location.
- Orientation and Introduction to Monash Health Mental Health Program

1300 – 1700hrs
- Clinical area specific orientation.
- Introduced to Preceptor.
- Given rosters for placement.
- Parking clarified.

Working with Children Check/Police Check/Immunisation Record: to be presented to educators for signing off, prior to orientation commencing.

INFORMATION ABOUT MONASH HEALTH

Monash Health is the largest metropolitan health service in Victoria and provides comprehensive primary, secondary and tertiary health care services to people in Melbourne’s south-east.

Monash Health is proud to provide integrated health care to one quarter of Melbourne’s population. We uniquely provide health care across the entire life-span – from newborns and children, to adults, the elderly, their families and carers.

Our primary catchment area is greater than 2800 square kilometers with a population of more than 750,000. Its primary catchment area includes the cities of Bayside, Cardinia, Casey, Greater Dandenong, Kingston and Monash. Monash Health also provides specialist services to a rural catchment with a population of more than 300,000 that includes Gippsland.

In 2011 – 2012 there were 9,471 staff employed at Monash Health.

Monash Health 2011 – 2012 at a glance....
- Total episodes of care
  More than 2.06 million episodes of care provided across our services to the community.
- Hospital admissions
  More than 201,000 people admitted to our hospitals.
- Emergency presentations
  More than 179,000 people came to our three Emergency Departments for treatment.
- Ambulance arrivals
More than 45,000 ambulance arrivals handled by our Emergency Departments.

- **Surgical operations**
  More than 39,000 operations performed.

- **Outpatient services**
  More than 641,000 occasions of service provided by our outpatient clinics.

- **Births**
  More than 8,600 babies delivered.

- **Children**
  More than 30,000 admissions of children under age 19 to our children’s wards and neonatal units.

- **Mental health**
  More than 173,000 client contacts.

- **Community health services**
  More than 194,000 hours of direct primary care and home and community care services provided in our community.

**Six public hospitals**

- Monash Medical Centre Clayton (640 beds)
- Monash Medical Centre Moorabbin (135 beds)
- Dandenong Hospital (520 beds)
- Casey Hospital (243 beds)
- Kingston Centre (192 beds)
- Cranbourne Integrated Care Centre (provides a range of same-day acute and sub-acute services including surgery, renal dialysis, specialist consulting services, regional ophthalmology services and mental health services. It also provides the local community with access to community health services and a community rehabilitation centre).

**One private hospital**

Jessie McPherson Private Hospital (107 beds)

**Eight community health service centres**

Greater Dandenong Community Health Service (Dandenong x 2, Springvale)
Cardinia-Casey Community Health Service (Berwick, Cockatoo, Cranbourne, Emerald, Pakenham)

**Five aged residential care facilities (165 beds)**

Chestnut Gardens, Yarraman, Mooraleigh, Eastwood, Allambee

**Community rehabilitation centres**

Clayton, Dandenong, Parkdale, Springvale, Cranbourne, Pakenham

**Mental Health services**

Mental Health services are provided through hospital and community based facilities. Our comprehensive range of services for children, youth and adults experiencing mental health concerns include the South East Alcohol and Drug Service; a telephone psychiatric triage service; community and inpatient perinatal, child and youth services; crisis assessment and treatment teams and enhanced crisis assessment and treatment teams (Monash Medical
Centre Clayton, Dandenong Hospital, Casey Hospital); consultation liaison psychiatry; primary mental health teams; community care teams; mobile support and treatment services; acute inpatient care; secure extended care services; perinatal infant service including an inpatient unit; eating disorders services; prevention and recovery care services; community residential and rehabilitation services. Aged Persons Mental Health services are provided via acute inpatient Units, Community Assessment and Case Management teams and Residential Facilities. Aged Persons Mental Health Services are under the RACS Programme but work closely with the Mental Health Programme as required. All mental health services work under the Victorian Mental Health Act, National Mental Health Standards and other policy via Monash Health Mental Health Programme and DHS.

Our community

- is experiencing rapid population growth in the South East of our catchment – increasing by more than 450 new residents a week *
- has older established communities in Kingston and Monash
- has population groups who are disadvantaged in their ability to access services (cultural, linguistic, socio-economic)

People using our services are born in more than 180 different countries, speaking 100 different languages.

We celebrate our multicultural community as the source of both our consumers and our staff. Consultation with our consumers, carers and the community plays a significant role in the improvement of our health service.

OUR VALUES

Our Values say “ICARE” because caring is the foundation of our service. At Monash Health, we work together with:

- **Integrity**
  - by acting fairly, honestly and openly;
- **Compassion**
  - as we interact with dignity and empathy;
- **Accountability**
  - to take ownership and responsibility for performance;
- **Respect**
  - as we value difference and individual worth; and
- **Excellence**
  - as we aim for and recognise innovation, quality and professionalism
STUDENT AND SERVICE ROLES

Expectations and Responsibilities

PRECEPT (Mental Health Nurse Practice Development and Learning Team) and EQIIP (Education, Quality Improvement and Innovative Practice), Aged Persons Mental Health, are responsible for the provision of orientation, debriefing / education sessions and the overall co-ordination of your clinical placements.

<table>
<thead>
<tr>
<th>NAME</th>
<th>PHONE</th>
<th>MOBILE</th>
<th>E-MAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ivana Vargovic</td>
<td>9792 7586</td>
<td>0409 207 244</td>
<td><a href="mailto:Ivana.vargovic@monashhealth.org">Ivana.vargovic@monashhealth.org</a></td>
</tr>
<tr>
<td>Shelley Black</td>
<td>9792 7581</td>
<td>0405 494 159</td>
<td><a href="mailto:Shelley.black@monashhealth.org">Shelley.black@monashhealth.org</a></td>
</tr>
<tr>
<td>Nicky Slocombe</td>
<td>9265 1358</td>
<td>0404 025 945</td>
<td><a href="mailto:Nicky.slocombe@monashhealth.org">Nicky.slocombe@monashhealth.org</a></td>
</tr>
</tbody>
</table>

Shelley and Ivana co-ordinate both RN and EN students completing their mental health placement in the adult service and can be contacted Mon – Fri 8.00am – 4.30pm. In case of emergencies Ivana or Shelley can be contacted after hours.

Nicky co-ordinates both RN and EN students completing their mental health placement in Aged care, she can be contacted Mon – Fri 8.00am – 4.30pm. In the event of any difficulties, it is important to discuss any imminent concerns or issues with your preceptor or buddy.

IT IS YOUR RESPONSIBILITY TO DISCUSS THE USE OF ACCESS SWIPE CARDS WITH THE NURSE IN CHARGE AS EACH SITES PROCESS DIFFERS.

Orientation

Orientation is from 9am – 12pm, student will then proceed to their allocated placement area from 1pm – 5pm for a local orientation and to obtain rosters.

It is mandatory for all students to attend the Monash Health Orientation on the first day – the venue, time and car parking information will be sent to your University approximately 2 weeks prior to the commencement of your Clinical Placement.

Students are expected to complete some pre reading prior to attending placement. The relevant paperwork will be sent to your University 2 weeks prior to the commencement of your placement.

- Students are to read and sign the provided confidentiality form - this is to be filled out, signed and handed back to Shelley, Ivana or Nicky at the completion of Orientation.
- Students will be provided with two Monash Health Orientation supervisor and signature forms – most of the information can be ticked off during the orientation session. Students are to ensure that preceptors who orientate them to the local area sign the bottom of the signature form.
IT IS MANDATORY FOR ALL STUDENTS TO RETURN THE SIGNED FORMS TO IVANA, NICKY OR SHELLEY ON THE FIRST DEBRIEF, FAILURE TO DO THIS COULD RESULT IN YOUR PLACEMENT BEING CANCELLED.

Wrap up week/Evaluations
You will have the opportunity (and are encouraged) to informally debrief with the nursing staff throughout each shift. In addition, Shelley or Ivana & Nicky conduct a wrap up / education session on the first & last Friday of your placement. Times and location will be given to you on orientation day. At the completion of your clinical placement you will be asked to participate in an Evaluation session. This also provides feedback from the placement to be received. Please note that attendance at the debriefing/education AND evaluation sessions are mandatory and count towards your hours in your mental health placement.

Assessment
The nursing staff that have been working with and supervising you will be completing your assessments. It is often easier to get the assessment completed as you achieve your objectives (especially if you work with a few different staff). Your preceptor can then complete and sign off the assessment. It is important for those of you doing a 4-week placement to recognize that although you may do well in your first placement assessment, you must achieve a pass in your second one also.

Personal safety
Although staff will be very aware of your safety, you must ensure your own safety at all times. If at any stage you have any concerns, feel unsafe or are in any danger while you are working, please remove yourself from the area and communicate with a member of staff immediately. Mental illness can present in ways where patients may become aggressive and unpredictable in their behavior. This behavior will be managed by the trained and experienced nursing staffs, who all work consistently hard to be proactive in identifying potential incidences to ensure that a safe working environment is shared by all. Do not become actively involved in these interventions and remove yourself to a safe area. Your safety is of paramount consideration to us (and probably to you too). There is a significant false perception that underlies some of the most dangerous stereotypes that all people with a mental illness are dangerous. When receiving the appropriate treatment, those experiencing the most severe mental illnesses are rarely dangerous and it is important to challenge these attitudes and stereotypes prior to commencing your placement.

Administering of Medication
Whilst on placement at Monash Health undergraduates may observe and assist a registered nurse with the administration of medication. Undergraduates are NOT
able to administer medication without the direct and constant supervision of a registered nurse, either Division One or Three. The registered nurse takes direct responsibility for the correct and safe administration of medication. The registered nurse is required to sign for the medication.

Work Hours/Rosters
All students will work 8-hour shifts. Your roster will be arranged on your first day in the clinical area. If you will be working shift work, please try to work a balance of mornings and evenings. Usually, we require half the students in an area to work one shift, whilst the other half works the other shift. The clinical areas will work with you to arrange the shifts as they differ depending on where you are allocated. In addition your preceptor will assist in your rostering for the duration of your placement. Ensure you are aware of shift times as they do vary at each site.

Sick leave or absence
In the case of sickness and/or absence from the clinical placement, it is your responsibility to inform the clinical area, Ivana, Shelley or Nicky and the Clinical Co-coordinator of your University/Education provider prior to the commencement of the shift. Ivana, Shelley or Nicky also need to be informed of any ongoing sickness or absence.

Meal availability
There are Zouki Cafes located at Dandenong, Monash and Casey sites, and ample take away food shops located near most of the community teams (staff will be able to advise you of local fare). All clinical areas have access to microwaves and fridges if food requires heating or refrigeration for those who opt to bring their own food.

Parking
Parking is varied depending on which campus and clinical area you are allocated. At your specific clinical area orientation on the first day your Preceptor will notify you of where to park and if there is incurred cost.

MMC – Browns Road South car park (approx 7 min walk). Shuttle bus service is available. You need to pay a $20 deposit at the cashiers to get proxy card access to the car park this $20 will be refunded at the end of your placement. You will still be charged $5.00 a day for parking.

Dandenong – does not have staff parking available. Public car park is available but expensive. Parking is available in sided streets, but be mindful some spaces close to hospital are 2 hour parking, and council does give out parking tickets. You can also park at Dandenong Oasis swimming pool, corner of Heatherton Rd and Cleeland St. Leaving your car here is at your own risk.

Casey – You can park across the road from the hospital if there is space. If you park in the staff carpark you need to show your student ID, you will be given an access card for parking from the cashier who is located next to reception. No deposit needs to be left, but on leaving the parking when you insert it into the
parking machine it will reduce the cost to $5.00 a day at the end of your shift.
The hours of the cashier are as follows:
Monday/Thursday: Closed  Tuesday/Wednesday/Friday: 8.30 – 4pm

Kingston Centre – Parking available on site for $5.00 a day and a $20 deposit for
the swipe card that will be returned to you when you return the card to the
cashier. Cashier’s office is located at Main Reception. There is off street parking
available also off Kingston Road, there is 2 hour parking and all day parking
available.

**OCCUPATIONAL HEALTH & SAFETY**

**Manual Handling**
The Smart Move Risk Management Manual Handling program is an initiative
introduced by Monash Health to meet its vision and legislative obligations under
the OHS Act 2004 and OHS Regulations 2007. The program is part of Monash
Health’s safe work management system which establishes a safety system as the
foundation for continuously improving safety performance across the
organisation. The aim is to improve safety, reduce illness and injuries thereby
leading to improved workforce capability and the ability to “deliver better health
for our community”.

Manual handling is the biggest source of injury in Monash Health workplaces. Between
1999- 2008 manual handling injuries accounted for about 56% of all Work Cover claims for
Monash Health.

- Monash Health has a no lift policy
- Slide sheets or lifting machine
- Report any injuries to ward and Clinical Nurse Educator.

**Hazardous manual handling activities** include:
- repetitive or sustained application of force
- repetitive or sustained awkward posture
- repetitive or sustained movement
- application of high force
- exposure to sustained vibration
- manual handling of live people or animals
- manual handling of loads that are unstable, unbalanced or difficult to hold.

**Risk factors**
- Consideration must be given to risk factors:
  - postures
  - movements
  - forces
  - duration and frequency and
  - environmental factors

**Control**
- Employers must eliminate or reduce the risk by:
  - altering the workplace or environmental conditions,
- altering the system of work
- changing the objects used
- using mechanical aids,
- providing information, training, and instruction (if the above are not practicable)

Smoke Free

Monash Health is a smoke-free environment. We are committed to protecting the health of employees, patients and visitors. World No Tobacco Day, 31 May 2009 marks the start of Totally Smoke Free at Monash Health. The Policy and Protocols came into effect on this day and are ongoing.

Emergency information

You are to make yourselves aware of the emergency procedures for your clinical area on the first day of your arrival. It is mandatory to be familiar with the duress alarm system (where existing), the number for security and the emergency procedures for the area in which you are working.

Whilst emergencies differ, the R.A.C.E. concept offers a set of immediate, generic responses which are easily memorised and appropriate in most circumstances.

**R EMOVE ANY PERSON IN IMMEDIATE DANGER IF SAFE TO DO SO**

**A LERT CALL EMERGENCY NUMBER “999” OPERATE NEAREST BREAK GLASS ALARM**

**C ONTAIN & CONTROL BY CLOSING DOORS**

**E XTINGUISH FIRE IF SAFE TO DO SO & EVACUATE TO ASSEMBLY AREA**

<table>
<thead>
<tr>
<th>Emergency</th>
<th>Colour Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire or Smoke</td>
<td>Red</td>
</tr>
<tr>
<td>Evacuation</td>
<td>Orange</td>
</tr>
<tr>
<td>Bomb Threat</td>
<td>Purple</td>
</tr>
<tr>
<td>Personal Threat (e.g. armed or unarmed persons threatening injury to others or themselves)</td>
<td>Black</td>
</tr>
</tbody>
</table>

| EMERGENCIES DIAL 999       | COMMUNITY EMERGENCIES DIAL 000 |
**INCIDENT REPORTING**

**Riskman/student procedure**
Monash Health has a no blame culture meaning that the Incident report isn't filled out as a means to blame someone but to look at ways to prevent an incident occurring again or in the case of near misses ever occurring. By reporting incidents, you are protecting patients, staff, visitors and the organisation. It means that Monash Health can implement strategies to improve care and safety. If an incident occurs:

- Notify preceptor/buddy nurse
- Notify nurse in charge of shift
- Notify Ivana, Shelley or Nicky ASAP
- Preceptor, Ivana, Shelley or Nicky will need to complete the Riskman report, however you will need to be there to assist and provide information regarding the incident.

**INFECTION CONTROL**

**Hand Hygiene/Personal protective equipment**

- Hand washing > Avagard is located at various locations throughout the ward > USE IT!!!!
- Standard precautions > gloves can be found in every room, ask ward for location of goggles, masks etc. Be vigilant; don’t put yourself or your patients at risk.
- The WHO have identified 5 moments when hand hygiene should be performed:
  - Before touching a patient
  - Before a procedure
  - After a procedure or body fluid exposure risk
  - After touching a patient
  - After touching a patient’s surroundings

**Immunizations**
All students need to have current cleared police checks, health immunization checks and a working with children card. This is coordinated by the University. You will not be allowed to complete clinical placements if you do not have the above requirements.
PROFESSIONAL CONDUCT

Appropriate workplace behavior
At Monash Health, employees and students are expected to conduct themselves in a manner which is in accordance with Monash Health ICARE values by respecting the rights and welfare of patients, visitors and all other employees. Monash Health does not condone or tolerate any behavior that may constitute workplace bullying, harassment, discrimination or victimization. As an Employer, Monash Health aims to promote an environment where all employees enjoy good working relationships. This means that all staff should be able to work in an environment that is free from inappropriate workplace behavior.

Professional boundaries
The maintenance of professional boundaries is paramount to the integrity of the therapeutic relationship.

“It is the staff members professional duty to establish and adhere to appropriate professional boundaries during all interactions with consumers, their families and/or significant others. Staff has a duty of care towards all consumers; therefore the behavior of the staff member must be beyond reproach”

It is important to be aware of professional boundaries in relation to self-disclosure and ensure your relationship remains therapeutic at all times. Some self-disclosure is appropriate, but should be kept to general topics, such as hobbies, study, etc. Please remember that although the patient may be communicating intimate details of his/her life, it is not appropriate for you to do the same. Bear in mind that when you’re talking, the patient is learning about you, rather than the other way around.

Staff members & students must not:

- Engage in sexual conduct with patients/consumers, whether such contact is forced or with consent.
- Engage in emotional relationships with patients/consumers outside of their therapeutic role.
- Give gifts or money to patients/consumers.
- Borrow from, or receive money or personal possessions from patients/consumers, their relations/carers or significant others.
- Staff members should not engage in sexual conduct with patients/consumers who are not currently receiving treatment.
- Self-disclosure utilised in an appropriate manner may be useful in therapy or essential to the particular theoretical framework a therapist uses. However the staff member must be able to justify their level of disclosure and prove that it has not been harmful to the patient/consumers.
- Staff members must not engage in providing direct service to patients/consumers, their relatives, significant others, carers or other individuals with whom the staff member has a personal relationship.
• Staff members who engage in physical contact with patients/consumers in the course of their professional role are responsible for setting clear, professional, respectful and cultural/gender sensitive boundaries that govern physical contact. Talk to the patient/consumer or their family/carer if required.

• The staff member’s relationship with the patients/consumers must be guided by the needs of the patient/consumer, not the needs of the staff member, and must be within the boundaries of professional behaviour.

• Staff members must not provide a clinical service to individuals with whom they have a current or prior sexual relationship. Staff must disclose any involvement to their supervisor, as soon as they are aware of the patients/consumers entry into the service so they can be excluded from direct service provision.

COMMUNICATION

ISBAR for Clear Communication

<table>
<thead>
<tr>
<th>Identify</th>
<th>Yourself, name, position location &amp; patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Situation</td>
<td>Why are you calling? If urgent say so</td>
</tr>
<tr>
<td>Background</td>
<td>Tell the story</td>
</tr>
<tr>
<td>Assessment</td>
<td>What you think is going on</td>
</tr>
<tr>
<td>Request</td>
<td>What is it you want them to do?</td>
</tr>
</tbody>
</table>

ISBAR is the clinical communication tool. 35% of Monash Health's complaints and adverse events are communication related.

UNIFORM POLICY/DRESS CODE

**Uniforms are to be worn in all clinical areas.** Shoes are to have a maximum 3 cm heel and are to cover the whole of the foot. Studs and plain metal earrings may be worn in ears. **No** other facial jewelry or observable body piercing is to be worn. Please note that tattoos must be covered by clothing.

POLICIES AND PROCEDURES

This package contains some quotes of Mental Health Protocols. Your preceptor will make you aware of any additional Policies or Protocols that you may need to know for your allocated clinical area.

CLINICAL SUPERVISION
Clinical supervision is a term used to describe the process of overseeing students on clinical placement. All students require a level of supervision regardless of the skill they are performing. There are two levels of supervision that can occur;

- **Direct** supervision – “when the supervisor is actually present and personally observes, works with, guides and directs the person who is being supervised” (ANMC, 2007, p. 2).
- **Indirect** supervision – “when the supervisor works in the same facility or organisation as the supervised person, but does not constantly observe their activities. The supervisor must be available for reasonable access. What is reasonable will depend on the context, the needs of the consumer and the needs of the person who is being supervised” (ANMC, 2007, p. 2).

Some clinical activities require direct supervision regardless of the student’s experience. This requirement is usually supported by organisation policy and/or legislation. Health professionals supervising students need to ascertain for themselves what level of supervision each student requires for each activity they are going to perform. Health professionals supervising students need to consider that students have different educational preparation, prior experiences and confidence all of which affect the level of supervision required. During a clinical placement it is common practice for tasks to be delegated to students. Health professionals supervising students must consider the appropriateness of the delegation, ensure that the delegation is accepted and ensure that the appropriate level of supervision occurs. Delegation “exists when one member of the multidisciplinary healthcare team delegates aspects of consumer care, which they are competent to perform and which they would normally perform themselves, to another member of the healthcare team from a different discipline, or to a less experienced member of the same discipline” (ANMC, 2007, p. 1). When delegating to students the staff member involved must ensure that the student has the necessary knowledge/skills/experience to be able to perform the delegated task (4). The delegating staff member remains accountable for the decision to delegate, and the delegatee (in this instance the student) is also accountable once they accept a delegated task. If the delegatee feels they are not able to perform the activity they must not accept delegation (4). When a student declines delegation due to a lack of experience the supervisor should explore the option of providing education and supervision in order for the student to develop the skill.

**PRECEPTOR/BUDDY**

The Monash Health Mental Health Program works on a Preceptorship Model of teaching. During your clinical placement you will be allocated a preceptor.

**Role of preceptor:**
- To be responsible for your supervision and assessment.
- Enable you to achieve your competencies and objectives.
- To expand students’ knowledge.
- To assist in developing Clinical proficiency
- To assist in developing autonomy & self-esteem as a professional
• To help provide opportunities for personal & professional growth.

Role of undergraduate:
• To be receptive/interested in gaining knowledge & experience.
• To ask numerous questions.
• To have basic theoretical knowledge.
• The ability to identify their own learning objectives.
• To be responsible for discussing their assessment tool with their preceptor.
• To be responsible for your assessments to be completed at the end of placement.
• **Students are not to cover surnames. It is illegal to not provide the names of clinicians providing care & treatment to individuals. Under the law anyone can ask for your AHPRA registration number, they are entitled to go online & check your registration details.**

(There may be times when you are not able to work with your preceptor, you will be allocated a ‘buddy nurse’)

**CONSENT TO CARE**

• You must obtain verbal consent from a client prior to performing any care.
• The patient must be aware that you are a student.
• Patient has the right to refuse care from you.

**DOCUMENTATION**

You will be encouraged to document in clients file – Risk assessments and progress notes. They will need to be counter signed by a registered nurse.

**YOU ARE NOT PERMITTED TO WRITE ON LEGAL PAPERWORK**

**CONFIDENTIALITY**

As a requirement of the Mental Health Program, confidentiality forms must be signed at the commencement of your clinical placement. The confidentiality form states that whilst you are placed at this service, you will respect and uphold the confidentiality of clients, staff and Service information both during and at any time thereafter.

If you find yourself working with a patient that you know, please notify Shelley, Nicky and the nursing staff in case alternative arrangements need to be made. If you do not know the person well then you may decide, in consultation with the staff, to stay in that clinical area. In such an instance, you must respect the
confidentiality of that person and not seek information relating to their admission. Please sign and return the confidentiality form on the day of orientation.

NATIONAL PRACTICE STANDARDS FOR MENTAL HEALTH SERVICES 2010

Standard 1: Rights & responsibilities
Standard 2: Safety
Standard 3: Consumer & Carer participation
Standard 4: Diversity responsiveness
Standard 5: Promotion and prevention
Standard 6: Consumers
Standard 7: Carers
Standard 8: Governance, leadership & management
Standard 9: Integration
Standard 10: Delivery of care

These key principles are consistent with national policy and requirements for the delivery of mental health services in Australia and are embedded in the Standards. Key principles that have informed the development of the Standards include:

• Mental health services should promote an optimal quality of life for people with mental health problems and / or mental illness.
• Services are delivered with the aim of facilitating sustained recovery.
• Consumers should be involved in all decisions regarding their treatment and care, and as far as possible, the opportunity to choose their treatment and setting.
• Consumers have the right to have their nominated carer(s) involved in all aspects of their care.
• The role played by carers, as well as their capacity, needs and requirements as separate from those of consumers is recognised.
• Participation by consumers and carers is integral to the development, planning, delivery and evaluation of mental health services.
• Mental health treatment, care and support should be tailored to meet the specific needs of the individual consumer.
• Mental health treatment and support should impose the least personal restriction on the rights and choices of consumers taking account of their living situation, level of support within the community and the needs of their carer(s).

Finally the Standards describe care that will be delivered in accordance with each of the nine (9) domains from the Key Performance Indicators for Australian Public Mental Health Services (2005) as follows:

Effectiveness: care, intervention or action achieves desired outcome in an appropriate timeframe.

Appropriateness: care, intervention or action provided is relevant to the client’s needs and based on established standards.

Efficiency: achieving desired results with the most cost-effective use of resources.

Accessibility: ability of people to obtain health care at the right place and right time irrespective of income, physical location and cultural background.

Continuity: ability to provide uninterrupted, coordinated care or service across programs, practitioners, organisations and levels over time.
COMPLAINTS

Complaints are to be passed on to Nicky or Shelley. We can then escalate the issue as required.

PATIENT DISCLOSURE

It is important to be aware that as a duty of care any information that is told to you that directly affects the treatment or care of a patient **must** be handed over to the treating team.

At times patients may ask you to “keep a secret”. You are not to agree to this, but explain to the patient that confidentiality will be kept within the treating team. Patients may tell students things that they have not told other staff. You **must** communicate this information to the treating team as soon as possible.
MENTAL HEALTH PROGRAM

Mental Health Program
The Mental Health Program provides mental health services to persons aged up to 64-years with a mental illness and/or those with alcohol or other drugs issues. Services for people aged 65 years and over are provided through the Aged Persons Mental Health Service.

A range of inpatient and community-based services are provided covering a broad spectrum of mental disorders. The provision of services is organized by geographical catchment. Some specialist services are offered for the whole of the South East region and beyond.

Services are provided by a range of health professionals, frequently in multidisciplinary teams including Mental Health Nurses, Psychiatrists, Social Workers, Occupational Therapists, Psychologists, and Medical Officers/Registrars, Counsellors / Welfare Workers, and supported by Administrative and Ancillary Staff. The Mental Health Program works with a staff EFT of 750.

Nursing Students have placements in the following areas:

Early in Life Mental Health Service (ELMHS)

Early In Life Mental Health Service
The core business of ELMHS is to provide specialist tertiary mental health care to expectant mothers and infants, children, adolescents, young people (up to their 25th birthday, from here on described as under 25) and their families, and other community agencies/providers which support them that:

- is in accordance with the current goals of the Victorian Government’s Because mental health matters — Mental health reform strategy 2009–19
- is in line with the overarching Monash Health vision of working in partnership with others towards providing better mental health in our community plans and delivers quality, person-centred health care services that are developmental and individual needs-based
- supports the provision of integrated mental health care for of our

New features of the clinical model that define ELMHS from other similar services in Victoria include:

- a community Intake, Assessment, Consultation and brief Treatment (iACT) Team
- enhanced bed-based services that span the full range of developmental stages from perinatal to youth
- community treatment services that offer several clinic-based treatment services for consumers, including individual, parent, family and group therapies
- enhanced intensive treatment options and a range of specialist services.
The ELMHS clinical model comprises three clinical streams of redeveloped and enhanced services for consumers:

- Access and Community Treatment Stream
- Bed-based Stream
- Intensive and Specialist Stream.

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- community treatment services that offer several clinic-based treatment services for consumers, including individual, parent, family and group therapies
- enhanced intensive treatment options and a range of specialist services.

ELMHS has a Bed-based Stream comprising several inpatient teams that span the full range of developmental stages in the perinatal to youth population including:

- Perinatal and Infant Inpatient Unit
- Stepping Stones Adolescent Inpatient Unit (Adolescent Unit)
- Unit 2 - Youth Inpatient Unit (Youth Unit)
- Youth Prevention and Recovery Care Service (Y-PARCS)
- Child Neurodevelopmental Assessment Inpatient Unit (a future planned service).

**Perinatal & Infant Unit**

The Perinatal and Infant Inpatient Unit offers mental health interventions to expectant mothers and mothers and their infants who present with acute and severe mental health problems, associated high risk factors and where mothers have difficulties maintaining their own safety and the safety of others. For the purposes of this chapter, the term ‘mother’ or will refer generally to those women who are either pregnant or who have infants and young children (except where the differences need to be explained).

The service objectives of the broader integrated perinatal and infant mental health service in the ELMHS are fivefold:

- promoting the wellbeing of the mother, infant, mother–infant relationship and family
- advocating for infant development and safety
- providing an integrated mental health service for infants, expectant mothers, families and support services that are evidence based and early intervention focused
- this service provision should span from conception through the developmental stage of infancy
- reducing mental health risk and promoting mental health in the mother, infant and mother–infant relationship, so that they can be supported in the community
- delivering education, training and research in the field of perinatal and parent–infant mental health.
Students will be involved in:

- Clinical Reviews/handovers/Family meetings
- Attend Doctor/Consultant Reviews
- Attend MHRBH
- Observe ECT
- Care for a patient with support from preceptor/buddy
- Documentation in progress notes
- Conduct Risk assessment
- Complete MSE
- Assist in admission/discharge process
- Dispense medication under supervision/administer depot
- Participate in group activities

Stepping Stones Adolescent Inpatient Unit: (AIPU)
The Stepping Stones Adolescent Inpatient Unit (the adolescent unit) is a 15-bed inpatient, five-transition (day) bed unit that offers care for adolescents from the broader ELMHS. The adolescent unit offers mental health interventions to adolescents who present with acute and severe mental health problems, associated high-risk factors and have difficulties maintaining their own safety and the safety of others.

Service objectives of the adolescent unit are threefold:

To provide acute Mental Health support for young people:
- where mental health risk cannot be managed in a less restrictive environment in the community
- in line with relevant legislation (for example, Mental Health Act, revoked CTO, involuntary admission).

To reduce acute mental health risk for young people so that they can be effectively supported in the community.

To support a young person’s supporting community system in:
- diagnostic clarification
- medication management
- therapeutic management/containment (planned, respite and so on).

Transition Program beds enable adolescents to attend the adolescent unit group program from 9.00 am to 3.00 pm, and then to go home overnight. This:
- supports discharge for young people with higher levels of risk
- supports transition back into the community after inpatient admission or as a planned admission to support a specific transition goal
• gives young person opportunities to work on treatment goals out of hospital (after admission), supporting continuity of care
• supports planned/therapeutic admission into the day program to underpin a young person’s broader community treatment plan, where there can be access to specific group programs.
• supports engagement of specific community groups, who may take longer to engage and trust, and who may prefer to have their loved one at home at night, where appropriate.

Young people can therefore use the Transition Program to shorten the length of their inpatient admission and use the benefits of a step-down treatment to support their transition back into the community. They can receive support to return back home, to school or to an alternative setting gradually. The Transition Program is specifically designed for young people who live in a stable situation, and/or remain at secondary school; however, these parameters are flexible and depend on developmental needs.

Young people experiencing mental health disorders of sufficient severity to warrant intensive management, but who do not require overnight care, can benefit from the Transition Program. It is particularly suited to young people who require a program of flexible length and starting date, which can be delivered at short notice. This is complementary to other ELMHS outpatient and day programs.

Monash Medical Centre
246 Clayton Road, Clayton, 3168
Melways Ref: 79 D1
Phone 9594 6137

Unit 2: Dandenong
Unit 2 comprises 25 beds for youth patients. The service objectives of Youth Inpatient Unit (the youth unit) are threefold:
• To deliver acute mental health support for the youth population (under 25):
  where mental health risk cannot be managed in a less restrictive environment in the community in line with relevant legislation (for example, the Mental Health Act, revoked CTO, involuntary admission)
• To reduce acute mental health risk for young people so that they can be effectively supported in the community

To support a young person’s supporting community system in:
• diagnostic clarification
• medication management
• therapeutic management/containment (planned, respite and so on).

No set chronological age describes the youth developmental stage, other than being aged under 25. For example, ‘youth’ typically describes young people who have commenced individuation from their family, which can be indicated through a range of psychosocial factors such as lifestyle profile (relationships, accommodation) or their educational/vocational engagement. The Adolescent and Youth Bed-based Intake Decision Making Guideline and Support Question Checklist was developed to support the
Collaborative Intake Worker in clinical decision-making relating to whether the youth unit is the most appropriate unit to deliver acute mental health intervention that meets the young person’s individual and developmental needs.

Dandenong Area Mental Health Services
Cnr. David and Cleeland Sts.
Dandenong 3175
Melways Ref: 90 E4
Phone 9554 1855

ELMHS has an Access and Community Treatment Stream comprising several teams, which are detailed below:

- a Group Program Community Treatment Team, which provides community-based day programs
- (adolescent and latency ages) and community group therapies that are responsive to service needs
- a Family Consultation and Treatment Team
- two Core Community Treatment Teams: Casey/Dandenong and Frankston
  - Providing individual, parent and care coordination/matrix treatment modalities.

**Intake, Assessment, Consultation and brief Treatment (IACT)**

The clinical teams in the Access and Community Treatment Stream are detailed here. The Intake, Assessment, Consultation and brief Treatment (IACT) Team is led by senior clinicians and was built from new and existing clinical resources, to provide the central coordination of:

- community intake in collaboration with the Psychiatric Triage Service (PTS)
- comprehensive community assessment and treatment planning (with a limit of six sessions)
- brief community treatment modalities (after assessment within the session limit)
- a formalised clinical pathway to existing Monash University research programs, which support
- consumer access to additional clinical assessment and evidence-based clinical treatment
- options offered through these research programs (often in a shared-care arrangement)
- a service-wide community consultation strategy that supports capacity building and partnerships
- with services supporting vulnerable individuals in our community
- a stakeholder engagement strategy that develops strong partnerships with and knowledge of community services.

The Intensive and Specialist Stream includes two smaller clusters of teams that classify the services detailed below.

The intensive cluster offers an enhanced service for children, adolescents and young people (under 25), offering:
• Recovery and Prevention of Psychosis (RAPP) Team this team works with young people (under 25) with psychosis as their primary diagnosis and provide clinic-based and outreach service modalities
• Intensive Mobile Outreach Support (IMOS) Team this team works with the young people (under 25) who have serious mental health difficulties, are at high risk of harm and who have difficulties engaging with mental health services.

Students will be involved in:
• Working with young people (up to age 25) who have experienced psychosis.
• Attending medical and consultant reviews.
• Attending Clinical reviews and staff meetings.
• Attending care team meetings for clients.
• Doing home visits, and other visits, such as ward visits (to our clients who are inpatients), and other visits as needed (Centrelink, court etc.)
• Offering psycho-education to clients and parents/carers. Looking at the client’s early warning signs, and ways to minimize the chance of relapse.
• Conduct MSE’s, RA’s and the impact of the MHA
• Medication discussions about effects side-effects, compliance, and some of our clients are OK with

The expansion of these teams is supported by transferring resources from the Adult Mental Health Service Directorate for service provision for the youth population (including continuing care style functions) and a portion of procured DoH youth-focused (youth early intervention teams) funding.

The specialist cluster includes several new teams, as well as the enhancement of others, including the:

**Integrated Perinatal and Infant Mental Health Team**
• provides specialist perinatal and parent–infant mental health care, using a combination of clinical-based and limited outreach service modalities

**Endeavour Neurodevelopmental Psychiatry Team**
• sees young people under 25 with the most complex mental health, developmental, and neurological issues to provide further assistance in determining the diagnosis and/or providing treatment recommendations

**CAMHS and Schools Early Action (CASEA) Team**
• Preventative initiative between ELMHS and state education services is implemented in schools and targets children in preparatory to Grade 3, and which helps reduce the prevalence of challenging behaviours and conduct disorders.

**Acute Inpatient Mental Health Service**

Acute mental health inpatient services are provided through four inpatient units.

• **P Block at Monash Medical Centre**
  Monash Medical Centre
  246 Clayton Road, Clayton 3168
  Melways Ref: 79 D1
  Phone 9594 1418
• **Unit 1 at Dandenong Hospital**
  Dandenong Area Mental Health Services
  Cnr. David and Cleeland Sts.
  Dandenong 3175
  Melways Ref: 90 E4
  Phone 9554 1850

• **Unit 2 at Dandenong Hospital**
  Dandenong Area Mental Health Services
  Cnr. David and Cleeland Sts.
  Dandenong 3175
  Melways Ref: 90 E4
  Phone 9554 1812

• **Ward Eat Casey Hospital**
  Casey Hospital
  52 Kangan Drive
  Berwick 3806
  Melways Ref: 111 D11
  Phone 8768 1636

Acute mental health inpatient services provide assessment, treatment and high quality care to people experiencing mental health problem.

**Consultant Liaison Psychiatry**

Monash Health Hospital CLP delivers mental health services to patients who are admitted to medical wards with medical condition/s that may be associated with or manifested by a mental disorder and patients who have a known mental disorder associated with or complicated by a medical problem.

CLP provides advice and support for medical (Doctors, Nurses, Allied heath etc.) clinicians who holds clinical responsibility for these patients. CLP also offers short-to-medium term treatment to patients with prolonged hospital stays. Facilitates care coordination, referrals to psychiatric services for follow up (Community or Inpatient).

**Extended Care Unit**
Unit 4 with 3 service delivery areas A, B & C.
This unit provides 24-hour intensive extended care to clients with complex needs, acute episodic/chronic enduring mental health illnesses/disabilities, dual diagnosis, which cannot be treated in the community. Unit 4 has 3 Service Delivery Areas depending on where the person is in their recovery journey.

Unit 4C
Primary Functions: Acute symptom management; containment; behavioural management; stabilisation; assessment, formulation, early goal-setting.
Primary Needs: Therapeutic milieu, information gathering, social skills, establishing routine, engagement, diversion activities, and physical activity.

Unit 4B
Primary Functions: Maintain stability, establish routines, and support increasing independence and confidence, drive recovery, goal reinforcement.
Primary Needs: Symptom management, medication and other treatment management, psycho-education, independence skills acquisition, relapse prevention, leisure skills, social connectedness, stress tolerance/strengths development, community collaboration, linking, accommodation needs, transfer of care planning.

Unit 4A
Primary Functions: Maintain stability, prepare for transfer, formulate after-care arrangements, promote independence, and engage community options, skill up for specific exit arrangements.
Primary Needs: Detailed planning, specific skills acquisition, psycho-education, person/family/community preparation for transfer

Students will be involved in:
- Assist in treatment plans, evaluate and update
- Assist in residents ADL’S (i.e.) meal planning, grocery shopping, meal preparation, banking, budgeting,
- cleaning
- Dispense medication/administer depot
- Attend Clinical review/handovers/in-service education sessions
- Participate in activities
- Assist/promote education

Community Care Units

Rehabilitation services are provided through residential and community facilities.

Residential rehabilitation
- Doveton Community Care Units
  20 Matipo Street, Doveton  3177
The CCUs provide community residential services for up to 20 clients in each 24-hour multidisciplinary staffed facility. Referrals are drawn from existing registered clients of the Mental Health Program. Services include a four weeks residential assessment that may be followed by a medium to long term psychosocial rehabilitation program based on individual needs.

**Community Mental Health Teams**

**Crisis Assessment and Treatment Teams (EPS)**

Three Crisis Assessment and Treatment Teams (CATT) each integrated with emergency department-based Enhanced Crisis Assessment and Treatment Teams (ECATT) operate from:

- **Clayton**
  Monash Medical Centre
  P Block, Level 3
  246 Clayton Road, Clayton  3168
  Melways Ref: 79 D1
  Phone 9594 8095

- **Dandenong**
  Dandenong Hospital  (Level 1)
  Cnr David and Cleeland Streets, Dandenong  3175
  Melways Ref: 90 E4
  Phone 9554 1962

- **Berwick**
  Casey Hospital
  52 Kangan Drive
  Berwick  3806
  Melways Ref: 111 D11
  Phone 8768 1297

CATTs provide 24-hour community-based and emergency department-based assessment and treatment of mental illness, and organize access to acute mental health inpatient units.
Continuing Care Teams (CCT)

- Southern Community Team
  352 South Road, Hampton East 3189
  Melways Ref: 77 D5
  Phone 9556 5200

- Clayton Community Team
  270 Clayton Road, Clayton 3168
  Melways Ref: 79 C2
  Phone 9554 1633

- Dandenong Community Team
  145 – 151 Cleeland Street, Dandenong, 3175
  Melways Ref: 90 E4
  Phone 9767 8222

- Casey Community Team
  Casey Hospital
  52 Kangan Drive
  Berwick 3806
  Melways Ref: 111 D1
  Phone 8768 1731

- Cranbourne Community Care Team
  Cranbourne Community Care Team
  140 – 154 Sladen Street, Cranbourne 3977
  Melways Ref: 133 J6
  Phone 59905200

Mobile Support and Treatment Teams (MSTT)

- Middle South Mobile Support and Treatment Team
  270 Clayton Road, Clayton 3168
  Melways Ref: 79 C2
  Phone 9271 6333

- Dandenong Mobile Support and Treatment Team
  145 – 151 Cleeland Street, Dandenong, 3175
  Melways Ref: 90 E4
  Phone 9767 8222

The Mobile Support and Treatment Teams (MSTS) provide community-based rehabilitation.
Referrals are drawn from existing registered clients of the Mental Health Program. MSTS
provide intensive specialist mental health services to existing clients who have severe
mental illness, enduring psychosocial disabilities, multiple complex needs, and requiring ongoing intensive community-based support.

Community teams provide treatment and case management for clients with significant and complex needs; addressing areas of assessed need including mental health needs, physical health needs, supports needs and social needs. Clinical interventions include those that cannot be provided by mainstream services (e.g. monitoring of community treatment orders or medication), individual counselling, short term therapy, education, support, liaison with other services, and liaison with family, GP and carers.

**Students will be involved in:**

- Working with Adult Clients aged 25 – 65 years.
- Accompanying Case Managers on Home Visits and other Client Appointments
- Attending Reviews with Case Managers, and Medical Staff
- Attending Clinical Reviews and Staff Meetings
- Offering Psycho Education to Clients and Carers/Parents
- Reviewing Early Warning Signs with Clients, and Carers/Parents
- Practice with Mental State Examinations, Risk Assessments, and the impact of the mental Health Act upon our Practice.
- Medication – administration of depots to Clients, discussion re Effects, Side Effects, Compliance

**Prevention and Recovery Care Service (PARCS)**

The Prevention and Recovery Care Service is a model of Mental Health care that has been in the community and developed over the past 5-10 years. These facilities care for individuals discharged from the acute setting by providing an environment that aids assimilation back into the community setting and home environment. They also care for individuals who have become unwell while at home and who need some care, but do not require an acute hospital admission. The aim is to rehabilitate individuals back into the community and prevent an acute admission wherever possible.

- Springvale PARCS - 35 Royal Avenue Springvale, Ph. 95480377
- The Dandenong Youth PARCS - 10 beds
- Narre Warren Adult & Extended PACRS – Memorial Drive, Narre Warren
- Clayton PARCS - 26 – 28 Bettina Street, Clayton, Ph. 95549300

**South East Alcohol & Drug Service (SEADS)**

SEADS operates from Dandenong, Springvale, Cranbourne, Berwick, Youth Stop, Pakenham and Doveton sites of Monash Health. SEADS provides a comprehensive regional program for the management of issues relating to Alcohol and Drug use.
Service types include withdrawal; including community residential outpatient and home-based; adult and youth counselling, Needle Syringe Program, the Southern Dual Diagnosis Service and Acquired Brain Injury, Forensic Services, Addiction Medicine Unit (based at Monash Medical Centre Clayton and Dandenong Hospital), Primary Care Clinic, including a pharmacotherapy service, and drink drive licence restoration. SEADS runs a **Withdrawal / Detoxification Unit** in Dandenong which accommodates up to 12 residents at one time, usually 6 male, 6 female. Clients generally participate in this program for 7 - 10 days. The aim of this program is for Alcohol / Drug affected clients to be placed into a safe environment, away from their normal routine while participating in a supervised detoxification program.

**Students will be involved in:**
- Admission & Discharge process of clients
- Nursing support for clients withdrawing / stabilizing from substances
- Medication rounds including IM thiamine injections, physical obs
- Knowledge of pharmacotherapy to support withdrawals
- Work with clients throughout admission to develop a post-discharge Support Plan
- Work within a multidisciplinary team
- Progress Notes - recording withdrawals, PRN medications, MSE & aftercare plans
- Attend the Units group program: Community morning meeting, AA/NA meetings, Harm Minimization, Relapse Prevention etc.
- Learn about different substances - withdrawals, treatment & short/long term effects
- Support staff taking clients to swimming, park & walks
- Knowledge of post-withdrawal care - counselling, rehab, peer support, complementary therapies

**AGED MENTAL HEALTH SERVICES**

**Inpatient assessment units:**

**Biala** based at the Kingston Centre (20 bed unit)

**Unit 3** based at Dandenong Hospital (20 bed unit)

Our aged mental health inpatient units are committed to providing high quality inpatient service to people over the age of 65 who require intensive, specialist, mental health assessment, treatment and care. People are admitted for treatment of functional mental illness- such as depression and schizophrenia, or for assessment and management of Behaviours of Concern in relation to organic illness, such as the dementias. Consumers and carers/significant others are involved in treatment decisions wherever possible. Consumers have a right to be treated with dignity and respect at all times. Staff utilise specialist skills and programs, and incorporate a ‘person centred’ approach in the delivery of individualised care, ensuring that best practice is maintained and best outcomes achieved.
Aged Persons Community Mental Health Teams

These teams provide assessment, treatment, and Case Management to people over the age of 65, who have a mental illness and/or dementia with associated significant behaviour problems

Aged Persons Mental Health Teams:

Kingston Team (Middle South APMHS)

Warrigal Rd
Cheltenham 3192
9265 1750
9265 1751 (fax.)

The KINGSTON Team covers the Bayside, Kingston, Glen Eira (part), and Monash (part) local government areas.

Endeavour Hills Team (Dandenong APMHS)

1 Raymond McMahon Boulevard
Endeavour Hills 3802
9709 7100
97097107 (fax)

The ENDEAVOUR HILLS Team cover Greater Dandenong, Casey and Cardinia.

Residential Services

Allambee Psychogeriatric Nursing Home

Located in Cheltenham, Allambee Nursing Home provides high level (nursing home) care for 35 residents who need specialist mental health services.

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 coordination and planning of activities in a group setting.
Chestnut Gardens (The Avenue-Psychogeriatric Nursing Home)

Opened in December 2008, Chestnut Gardens in Doveton is comprised of two wings “The Boulevard” a generic, or mainstream nursing home is home to 60 residents and “The Avenue” being the psychogeriatric wing of the facility and is home to 40 residents.

Chestnut Gardens is built as a series of houses, each with its own décor. Indoor areas include well-equipped activities rooms, spacious dining areas, including a private area for family celebrations and several comfortable lounge rooms, including two with large plasma screens and Foxtel.

We offer single and double bedrooms with ensuites. The double rooms are designed to accommodate couples or those who wish to share. Each bedroom is cabled for individual telephone, television and internet access.

Outside extensive gardens and terracing, allow residents to dine outdoors, develop their own gardens and pursue hobbies. There are BBQs, shaded seating areas, garden sheds, walking paths and comfortable seating.

Mooraleigh Hostel
Mooraleigh Hostel, is a 29 bed Low Level Care facility in Moorabbin which is accommodation for people over the age of 65 years with significant mental health concerns, who cannot be maintained in a generic hostel due to the significant impairment associated with their mental illness.

ACUTE INPATIENT UNIT PLACEMENT GUIDE
The following is presented as a guide for your acute inpatient placement. Some of the following may need to be discussed with your preceptor who will advise you what is achievable under reasonable circumstances.

These are guidelines only and are intended to assist you get the most from your placement and achieve your learning objectives wherever possible.

- Your preceptor (or buddy nurse) will provide you with an orientation to the ward, including ward layout, daily routine, emergency procedures etc.

- You will be given your rostered shifts during your orientation, you need to ensure you are on time to attend ward handover.

- Observe how the ward is managed as a therapeutic environment. Discuss this concept with nursing staff. How does the environment impact on the client? How does the client’s behaviour impact on the environment? Discuss these issues with the ward staff/preceptor.

- Observe and assist with collection of pathology samples e.g. bloods, MSU etc.
• Complete technical nursing procedures appropriate to your level of training under supervision e.g. BSL’s, ECG, dressings.

• Observe and/or assist with medication rounds, including administering medication under direct supervision of nursing staff if you have completed the medication module at your school. If the opportunity arises you may administer IMI/depot medication again under direct supervision if you have completed the medication module at your school.

• UNDER NO CIRCUMSTANCES WILL STUDENTS MAKE INDEPENDENT DECISIONS RELATED TO PATIENTS LEAVING THE UNIT!

• Observe and participate where possible in daily activity/group program. This is an excellent way to build rapport with clients as it is a non-threatening environment.

• Develop rapport and therapeutic relationship with clients where possible.

• Assess and evaluate potential risk factors and discuss with nursing staff. How is risk assessment done in a ward setting?

• How is Nursing Category Observation levels determined and implemented?

• Conduct mental state assessment, directly if opportunity presents, or observe. If possible, sit in on admission assessment interview/s.

• Familiarise yourself with tools used in mental state assessment of the aged, e.g. Folstein MMSE, Geriatric Depression Rating Scale.

• Participate in and observe the development of a multi-disciplinary care plan.

• Observe and assist with administration of ECT – pretreatment preparation (fasting etc), post treatment observation (recovery).

• Observe how the Mental Health Act is used in an inpatient setting e.g. involuntary patients, restraint and seclusion. How are client rights protected? What is the process of appeal? How does the Mental Health Review Board function?

• What is the Guardianship and Administration Act?

• Observe how families/carers are included in management of the client. If possible attend family meetings.

• Meet with different disciplines comprising the team e.g. social worker, occupational therapist, physiotherapist and discuss their role as part of a multidisciplinary team.

• Observe how the unit liaises with external agencies/services
How are different physical, cultural, emotional, spiritual and social needs met?

COMMUNITY PLACEMENT GUIDE

The following is presented as a guide for your community placement. Some of the following will need to be discussed with your preceptor, and is not presented in any specific chronological order. Some guidelines may not be achievable on this placement.

Attend daily intake meeting.

Identify, by observation, new referrals appropriate for the service.

Accompany case managers on initial assessment(s)/ follow-up home visits

Contribute to collation/corroboration of history where possible.

Familiarise yourself with assessment paperwork:
- Bio/psycho/social history
- Mental State Examination
- Risk Assessment
- Client/carer self-rating (Basis 32)
- Folstein MMSE (Mini Mental State Examination)
- Geriatric Depression Rating Scale
- Community Care Plans
- Other tools as appropriate.
- Outcome measures (HoNos/ HoNos 65+, LSP, Focus of Care).

Follow, through observation, an identified client/s through their involvement with the community team

- Triage, including risk assessment
- Intake meeting
- Allocation to case manager
- Initial assessment:
  - Observe assessment (which includes mental state assessment) and discuss with case manager. Contribute to Mental State Assessment as appropriate.
  - Observe and contribute to Risk Assessment. Identify and discuss common risk factors
  - How is the family/carer involved or consulted?
  - Where possible establish rapport and therapeutic relationship with selected clients (as agreed with case manager/ preceptor/ client)
  - Observe interaction with other care providers such as GP’s, external care agencies (e.g. ACAS, RDNS, local government services).
• Observe, and contribute where possible to presentation of client to the team by Case Manager.
• Medical Review – accompany and observe if possible.
• Observe and contribute to development of Community Care Plan
• admission
• community management
• long term case management
• short term case management
• secondary consultation only
• Observe collection of outcome measurement data, and entry to Client Management Interface (CMI) database.
• Contribute to development and/or review of Community Care Plan.
• Where possible (and length of placement permits) evaluate response to interventions.
• If the opportunity arises you may administer IMI/depot medication under direct supervision if you have completed the medication module at your school.
• Attend/Observe Electroconvulsive Therapy (ECT).
• Observe, where possible, significant events such as guardianship/administration hearings, family meetings, case conferences etc.
• Attend case conferences/presentations, lectures when possible.
• Meet with staff from other disciplines within the team e.g.,
  • Occupational Therapy
  • Social Work
  • Psychology

**SELF DIRECTED LEARNING**

Make the most of your opportunity.

Access resources within the team - individuals, textbooks, journal articles etc. Monash Health library can be accessed through the Monash Health Intranet page.

Familiarise yourself with The Mental Health Act, how it is used in clinical practice, paperwork used, criteria for involuntary treatment, community treatment orders etc.

Develop an understanding of the use of the Guardianship and Administration Act.

Inform yourself about medications being used or recommended, such as:
• antipsychotics,
• antidepressants,
• anxiolytics,
• cholinesterase inhibitors,
• mood stabilisers etc.
(Use, dosages, side effect profile etc.)

Use the opportunity to read up on specific diagnoses you may encounter, for example:

Schizophrenia,
Bipolar Affective Disorder,
Depression,
Dementia, sub types:
  - Alzheimer’s Type
  - Lewy Body Dementia
  - Vascular Dementia
  - Fronto-Temporal Dementia
  - Delirium
  - Parkinson’s Disease
  - Access to computers should be possible on the community placements, however is not readily available on inpatient units. If you require study time for specific assignments as set by your university, this should be negotiated with your preceptor.

We hope you enjoy your Mental Health placement at Monash Health 😊