



# Acquired brain injury and mental illness:

## Protocol between mental health and other services

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## The acquired brain injury strategic plan

The Victorian Government released the Acquired Brain Injury (ABI) Strategic Plan in March 2001. The plan articulates the Government's policies and proposed service development directions for people who have an ABI.

The ABI Strategic Plan recognises that people with an ABI often have complex needs, and require service responses addressing the full range of their needs. The plan, therefore, has a strong emphasis on integrated and coordinated services for people with an ABI, their families and carers. It aims to enhance the wellbeing and community participation of this client group by providing more coordinated and improved service responses.

These aims are to be achieved by:

- improving the community's understanding of ABI and awareness of ABI services
- providing information and secondary consultation
- enhancing specialist ABI service provision in the areas of accommodation and community access
- ensuring equity in ABI service development activities
- improving accountability mechanisms for service provision
- ensuring coordination of programs for the ABI target group.

The ABI Strategic Plan has five main elements:

- strategy 1: coordinate and integrate policy and program development
- strategy 2: improve service responses
- strategy 3: strengthen partnerships
- strategy 4: promote quality improvement
- strategy 5: improve monitoring and evaluation.

## About this protocol

In line with the ABI Strategic Plan, the Mental Health Branch of the Department of Human Services (DHS) has developed a protocol for specialist mental health services and other DHS-funded service providers working with people with an ABI. The protocol outlines:

- the characteristics and service needs of people with ABIs and mental health problems
- factors that would indicate the need for referral to specialist mental health services, and appropriate ways of requesting assistance from these services
- current roles and responsibilities of specialist mental health services and other relevant DHS services in relation to people with comorbid ABI and mental illness
- service descriptions and contact details for specialist mental health, specialist ABI and other services that may be of assistance to people with comorbid ABI and mental illness.

The purpose of the protocol is to enhance service delivery and coordination for people with an ABI and a mental illness. The protocol is one of the key initiatives identified in the Acquired Brain Injury Strategic Plan. The Department of Human Services has also developed a document, *'Acquired Brain Injury and Mental Illness: Issues Paper'* (2004), which provides a more detailed account of issues for people with this comorbidity. The issues paper describes current ABI and mental health services in Victoria, and compares service provision in the state to that of other national and international jurisdictions. The paper also looks at options for improving the responsiveness of the service system to the needs of this target group and their carers.

## Definition of key terms

'Acquired brain injury' is defined as an:

*... injury to the brain which results in deterioration of cognitive, physical, emotional or independent functions. It can occur as a result of trauma, substance abuse, stroke, hypoxia, infection or degenerative neurological disease. Impairments to cognitive abilities, sensory or physical functioning can be either temporary or permanent and can cause partial or total disability or psychosocial maladjustment.  
(Commonwealth Department of Health and Aged Care cited in DHS, 2001)*

The term 'mental health problem' is used to describe a broad range of emotional and behavioural difficulties. Mental health problems encompass less severe emotional and behavioural problems, as well as 'mental disorders' or 'mental illness', which generally refer to severe and/or persistent states, and describe a clinically recognisable set of symptoms. These symptoms are characterised by alterations in thinking, mood, or behaviour (or a combination of these) associated with distress and/or impaired functioning.

'Serious mental illnesses or disorders' are conditions in which:

*... a person's ability to think, communicate and behave appropriately is so impaired that it significantly interferes with his or her ability to deal with ordinary demands of life. Without effective treatment and support, the outcome for the person may be significant disability and/or disadvantage.  
(Mental Health Branch website, [www.health.vic.gov.au/mentalhealth](http://www.health.vic.gov.au/mentalhealth))*

Specialist mental health services in Victoria are targeted to people with serious mental illnesses and/or disorders. In this document, the term 'serious mental illness or disorder' is used to distinguish conditions likely to require specialist mental health treatment from more common mental health problems, such as mild to moderate anxiety or depression, which can be treated effectively in primary care settings.

The primary care sector includes a range of community-based health and support services, such as general practitioners (GPs), district nurses, community and women's health centres, ethno-specific health services, private psychologists and counsellors, HACC services and family support services provided by local government and non-government organisations.

There is also a range of services targeted to people with disabilities, including a small number of services specifically for people with an ABI. In this document, the latter services are referred to as specialist ABI services.

## Acquired brain injury and mental health

Compared with the general population, people with an ABI are more likely to suffer from mental health problems. Mental health problems might precede the brain injury or might occur as a consequence of having experienced an ABI. Adjustment disorders, depression, anxiety and drug and alcohol addiction are common reactions to having experienced an ABI. In addition, the brain injury itself can cause symptoms similar to syndromes such as psychosis and dementia. Most problematically, an ABI can lead to significant problems with impulse control, social skills and self-awareness. These problems may manifest as agitated, difficult, disruptive, inappropriate and/or aggressive behaviour. Such behaviour may or may not be associated with a serious mental illness or disorder.

It is these challenging behaviours and loss of insight that often cause the greatest concern to carers and workers assisting people with an ABI (Fleminger, Greenwood and Olver, 2002). Aggressive behaviour encompasses both verbal aggression and physical aggression against the self, objects and other people; it may range from sporadic explosive outbursts through to constant irritability and anger (Fleminger, Greenwood and Olver, 2002). Other behaviour changes that can emerge as a result of an ABI include inactivity and a lack of motivation.

The changes in mental function caused by an ABI are complex and produce various clusters of symptoms, including changes in executive functions, thought, and emotional regulation. Emotional and behavioural changes may also reflect the grief caused by the trauma and the associated losses.

There are often major social sequelae to an ABI, including loss of employment (with subsequent financial hardship), changes in social participation, marital strain or separation, and loss of friends and family support. These issues can lead to social isolation (Hemingway and McAndrew, 1997; National Institute of Health, 1999). The impact of an ABI on family members can be profound. Forced role changes among other family members are common.

While varying degrees of recovery can occur, there is typically some degree of permanent psychosocial impairment, ranging from mild to severe. Treatment often aims to minimise disability and handicap—allowing people to participate in family and community life to the fullest extent possible—rather than to achieve a full return of function.

Treatment often requires a combination of medical, behavioural and environmental interventions. Common interventions include cognitive/behavioural remediation (including the use of compensatory devices), psychotherapy—particularly with family and carers—and pharmacotherapy. Interventions for an ABI are most successful when they are structured, systematic, goal-directed, and individualised, and when they involve learning, practice and social contact in a relevant context (National Institute of Health, 1999).

## **Service needs of people with ABI and mental health problems**

Like all clients with significant impairment, people with ABI and mental health problems need support, advice and assistance in accessing relevant services. In many cases, family members or other carers will also require assistance.

The support needs—including ongoing mental health needs—of people with an ABI can be addressed by a range of services, such as primary care services, disability services and specialist ABI services. Primary care providers, including general practitioners and community health services, are also well placed to provide a range of services for the families and/or carers of people with an ABI. These services include treatment for the carer's own health and mental health needs, support, resource information and service networking.

While primary care and other support services can address the needs of most people with an ABI who also have mental health problems, a small number of the people with an ABI will have a comorbid serious mental illness or disorder requiring a response from specialist mental health services. Appendix A describes the specialist mental health service system, which includes two statewide services specifically targeted at people with an ABI and serious mental illness.

## Principles for specialist mental health service provision to ABI clients

The DHS publication, 'Acquired Brain Injury and Mental Illness: Issues Paper' (2004), proposes the following principles to govern area mental health services (AMHS) provision to people with an ABI who have, or who are thought to have, a serious mental illness:

- AMHS are responsible for providing clear, relevant information and advice to clients, carers and/or services requesting assistance with respect to ABI/mental illness issues.
- People with an ABI who are assessed as having a co-existing serious mental illness (such as psychosis or a severe mood disorder) have the same right to access AMHS services as others with serious mental illness.
- Crisis Assessment and Treatment (CAT) services are responsible for assessing and providing preliminary treatment to people with an ABI who are at serious risk to themselves or others, and providing short-term intensive treatment to people with an ABI and serious mental illness who can be managed safely in the community.
- The Brain Disorder and Injury Service at the Royal Talbot Rehabilitation Centre and the Royal Melbourne Hospital Neuropsychiatry Unit<sup>1</sup> are available to provide specialist advice and support to AMHS with respect to ABI clients.
- Where other services are involved in a person's care at the same time as he or she is receiving specialist mental health treatment, mental health clinicians will work in collaboration with the other providers, and will adopt shared care approaches to service provision where appropriate.
- Where specialist mental health services provide direct care for clients with an ABI and serious mental illness, this will often be time-limited and focused on alleviating symptoms of mental illness. Specialist mental health services will establish or maintain a client's links with other support services, so that these are available once the client's condition has stabilised or maximum recovery has occurred.
- Where specialist mental health services are not appropriate, or no longer appropriate, primary care providers, general disability services and specialist ABI services are responsible for ongoing care coordination and the provision of support to people with an ABI and their carers.
- While ABI clients and carers may approach AMHS directly, in general it is preferable for referrals to be made by the client's GP or a worker from another primary care, disability or specialist ABI service. This ensures that links with other services involved in the client's care are established from the outset of their involvement with specialist mental health services.

*1 See appendix A for description of these services.*

## Indicators for referral to specialist mental health services

Specialist mental health services assess and provide treatment for people with a serious mental illness or disorder. As a consequence, these services—in particular adult mental health services—focus on people with psychotic disorders (characterised by thought disorder, delusions and hallucinations) and severe mood disorders, anxiety disorders and personality disorders.

The following indicators are intended to assist service providers in determining whether a person appears to have a mental illness or disorder, and whether specialist mental health assessment is warranted. Note that these are general indicators of possible serious mental illness, and are not specific to people who have an ABI. The indicators should be seen as a guide rather than as factors confirming the presence of a serious mental illness or disorder. Mental state assessment is the responsibility of mental health professionals.

In general, people who have a serious mental illness or disorder will exhibit a significant disturbance in thought, mood or behaviour. They may also experience disturbances in perception or memory. Specific symptoms and signs will vary depending on the mental disorder and the person's age. Given the significant cognitive, emotional and behavioural disturbances that can result from an ABI, it can be difficult to distinguish changes that are due to the ABI from those of a comorbid mental illness or disorder. Specialist neuropsychiatric assessment may be required to confirm the diagnosis of mental illness/disorder and determine the level of impairment and treatment needs.

A person may have a mental illness or disorder if they are exhibiting:

- bizarre or unusual thinking
- hallucinations
- significant changes of mood, such as pronounced depression, pronounced anxiety or pronounced elevation in mood
- restless, agitated and disorganised behaviour or marked decrease in activity
- significant impairment of social and/or occupational functioning
- significant impairment in self-care
- suicidal thoughts or acts of self-harm
- destructive or high risk behavior
- significant memory impairment
- confusion and disorientation.

## Making contact with specialist mental health services

While the specialist mental health service system is only one part of a broader service system available to people with an ABI, there may be times when the level and nature of a client's mental health presentation is of sufficient concern that support from specialist mental health services is indicated.

In situations where service providers believe that a person is suffering from a mental illness or disorder that requires treatment, but are uncertain regarding the best course of action, they should consult with their local specialist mental health services. Appendix A describes the specialist mental health service system, and Appendix B provides contact details for specialist mental health services in Victoria.

Referring agencies can help the mental health practitioner make the most informed decision about the referral request by providing as much information as possible from the client, carers, family members and other service providers involved with the client. The following information should be presented with the referral wherever possible:

- **Demographic information**—name of client, current address, date of birth, current living situation, family relationships, significant others, employment status, leisure interests.
- **Presenting problems**—a clear description of the nature of the presenting concerns, their severity and impact, the length of time that they have been present, and whether they are consistent or sporadic. It may be appropriate for the referrer to give his or her assessment of the risk to the client and/or others as a consequence of these problems.
- **Consent**—has the client been informed about the referral and has consent been given?
- **Reason for referral**—if the person's difficulties have been present for some time, it is useful to know why the referral is occurring at this point of time; has something changed for the individual and/or within his or her environment?
- **Mental health history**—has there been previous contact with specialist mental health services? Is the person currently in contact with any other mental health professionals? Has the person presented previously with similar problems? If so, what was the management plan, who was involved, how was it resolved? Has the person previously been diagnosed with a mental illness?
- **Relevant medical history**—what were the circumstances of the person's ABI? How did the injury occur? When did it occur? What treatment is he or she receiving? What services are currently involved? Does the person have any other medical conditions?
- **Medication**—has the person been prescribed medication and, if so, what type and what dosage? Is he or she complying with the prescription? Have there been any recent changes to the person's medication?
- **Drug and alcohol use**—is the person using alcohol or drugs in a problematic way? Have they recently changed their alcohol or drug use patterns?
- **Involvement of other services**—what other services are currently involved with the client and/or their family (names of specific workers and contact details are always very useful)? What intervention has already occurred and what was the outcome? Do these services plan to stay involved with the person?

Appendix C provides these questions in the form of a checklist that can be photocopied and used when making a referral to mental health services.

In many cases, the most appropriate first step towards obtaining assistance from specialist mental health services is to request a one-off or series of consultations between specialist mental health clinicians and other service providers involved with the person's care. As well as providing a mechanism for understanding and managing the concerns relating to the client's current presentation, this type of consultation provides the basis for future contact between service providers.

Collaboration between specialist mental health and other service providers may result in one or more of the following outcomes:

- specialist mental health advice on the nature and management of the client's condition
- further assessment by specialist mental health services
- establishment of ongoing collaborative care between the general service providers and specialist mental health staff
- planning for future contact between services if the situation escalates. For example, an early warning signs or crisis prevention/management plan might be developed, which clearly sets out the roles and responsibilities of all professionals involved with the person's care and establishes the actions that will be taken if one of a number of scenarios occurs.

## Urgent referrals to mental health services

Where possible, it is preferable for contact between specialist mental health services and other service providers to occur in a planned collaborative way and not at a time when the person is experiencing an acute crisis. A benefit of collaboration occurring in 'non-crisis' times is that, should further contact be required during a more critical episode, specialist mental health clinicians—including the CAT team—will be able to access the information obtained in previous contacts.

There may be situations, however, in which an urgent referral to specialist mental health services is required. An urgent referral should be made where a service provider believes that a person suffers from a mental illness or disorder, and one or more of the following factors apply:

- risk of harm to others
- immediate or imminent risk of self-harm
- evidence of serious self-neglect
- serious threat to property
- gross mismanagement of personal affairs.

The responsibility for providing urgent assessment and treatment rests with the area's CAT service or clinician performing the CAT function. CAT services are responsible for assessing people at risk of self-harm or suicide, and people in psychiatric crisis. It is important to note that CAT services are not an emergency service and, unlike ambulances, may not always be able to provide an immediate response.

Appendix B provides contact details for specialist mental health services in Victoria. Most services have dedicated triage/duty clinicians who arrange access to the CAT clinicians where required.

CAT clinicians can organise medical assessment if needed. For urgent referrals, the referring service provider should provide as much information as possible to CAT clinicians regarding the situation. The information should include:

- the person's current location
- the presenting problem
- behavior of the person
- evidence of use of any drugs or alcohol
- evidence of risk to self and/or others
- other services and people involved
- presence or availability of family members.

Where it is decided that the CAT clinician will conduct an urgent assessment, specific arrangements will need to be negotiated with the service provider making the referral. These will include:

- the location where the assessment will be undertaken
- the workers who will be involved
- the anticipated time of the assessment.

CAT assessments can be conducted at a range of locations, including:

- the person's residence or family home–this is the preferred option for assessments **unless** this will lead to safety risks for workers or other people.
- a community mental health service
- a medical clinic
- a hospital accident and emergency department
- a police station.

## What to expect from specialist mental health services

The first contact with the specialist mental health system is often with the service's triage or duty worker. Telephone advice alone may be given where, on the basis of the information provided to them, the clinician makes an assessment that the person does not suffer from a mental illness or disorder requiring a response from specialist mental health services.

In situations in which the specialist mental health clinician decides that specialist mental health service provision is not required, he or she will provide advice to the referring service provider on the most appropriate course of action, or directly link the client with a more appropriate service.

Where the specialist mental health practitioner determines that the client does require specialist mental health treatment, a range of responses may be provided by the mental health service, including:

- assessment, either urgent or non-urgent
- short-term treatment
- continuing care.

Once the client has been accepted into the specialist mental health service system, he or she will be assigned a case manager. The case manager will coordinate the client's mental health treatment and care, and will be the contact point for any enquires about the client. Wherever possible, specialist mental health clinicians will work collaboratively with other services involved with the client.

If concerns arise in relation to any aspects of assessment or treatment by mental health services, the preferred action in the first instance is to speak directly to the staff involved, the case manager and/or the service manager. If concerns still exist, all services have formal mechanisms to address any complaints or concerns. These most commonly involve contacting the area manager or director of clinical services. Other options include contacting the:

Office of Chief Psychiatrist within the Department of Human Services

Telephone: (03) 9616 7571 or the

Victorian Health Commissioner

Telephone: (03) 8601 5222.

Appendix A describes the range of specialist mental health service types and functions.

## Making a referral to specialist acquired brain injury or disability services

Supports and services are available for people with an ABI, their families and carers through many organisations including local government, community health services, neighbourhood houses, recreation and leisure services. In order to be of maximum assistance to clients, people working with clients who have an ABI should obtain information about the eligibility and priority criteria of other services before making a referral.

Appendix D provides a list of specialist ABI and other services that may be of assistance to people with an ABI. Other sources of information about community supports and services for people with an ABI include:

- Department of Human Services Disability Intake and Response Service, which operates between 9am and 5pm, Monday to Friday. For direct connection to a regional Disability Intake and Response Service call 1800 783 783.
- The 'Disability Online' website has an ABI information page, and can be found at [www.disability.vic.gov.au](http://www.disability.vic.gov.au). The site includes information about ABI specialist providers, eligibility for and access to Victorian services, a comprehensive directory of local services that provide assistance to people with an acquired brain injury, a large range of ABI-related articles and other resources.
- Specialist ABI service providers such as ARBIAS (Acquired Brain Injury Service) and the Melbourne City Mission (MCM) ABI team. These services have some capacity to provide secondary consultation and advice.
- Local government offices (ask to speak with the Disability and Aged Care Coordinator).

To help other service providers respond to enquiries or referrals, it is helpful for them to know the following information about the client:

- **Demographic information**—name of client, current address, date of birth, current living situation, family relationships, significant others, employment status, leisure interests.
- **Presenting problems**—a clear description of the nature of the presenting concerns, their severity and impact, and the length of time that they have been present. It may be appropriate for the referrer to give his or her assessment of the risk to the client and/or others as a consequence of these problems.
- **ABI history**—what were the circumstances of the person's ABI? Was the person's ABI caused by an accident? Did they receive any other injuries from that accident? Are they a compensable or non-compensable client? Are they under TAC or Workcover? Have they received payment? Have they had a neuropsychiatry and/or psychiatric assessment?
- **Other relevant medical or psychiatric history, including current medications**—what treatment is the person receiving? Does he or she have any diagnosed psychiatric conditions, or medical conditions apart from the ABI?
- **Drug and alcohol use**—is the person using alcohol or drugs in a problematic way? Have they recently changed their alcohol or drug use patterns?
- **Involvement of other services**—what other services are currently involved with the client and/or their family? What intervention has already occurred, and what was the outcome?

Appendix C provides these questions in the form of a checklist that can be photocopied and used when referring ABI clients to specialist ABI or disability services.

## References

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## Appendix A: The specialist mental health system

### Overview

The specialist mental health system consists of clinical services and psychiatric rehabilitation and disability support services. Clinical mental health services are managed by public hospitals and provide assessment, diagnosis, and treatment to people with a serious mental illness. Psychiatric rehabilitation and disability support services are provided by non-government community organisations.

Specialist public mental health services in Victoria are provided on an area basis and include adult mental health services, child and adolescent mental health services and aged persons mental health services.<sup>2</sup> Each service category provides a range of specific services to people who live in the catchment area.

There are also several statewide services, including specialised mother and baby units, eating disorders units and neuropsychiatry units. Statewide services for people with an acquired brain injury are described below. Figure 1 on page 16 gives an overview of specialist mental health service types.

### ABI services funded by the Mental Health Branch of DHS

The Mental Health Branch funds three statewide programs that provide specific services for people with an ABI and mental illness. Direct referrals can be made to these services; however, it is preferable for the initial contact to be made with the relevant local specialist mental health service (see Appendix B), which will then make the referral to the specialist statewide ABI service if this is indicated.

ABI services funded by the Mental Health Branch include the Brain Disorder and Injury Service facility at Royal Talbot Rehabilitation Centre in Kew. This provides an integrated approach for people with a serious mental illness who require specialised assessment, treatment, rehabilitation and extended care for traumatic brain injury and/or organic brain disorders.

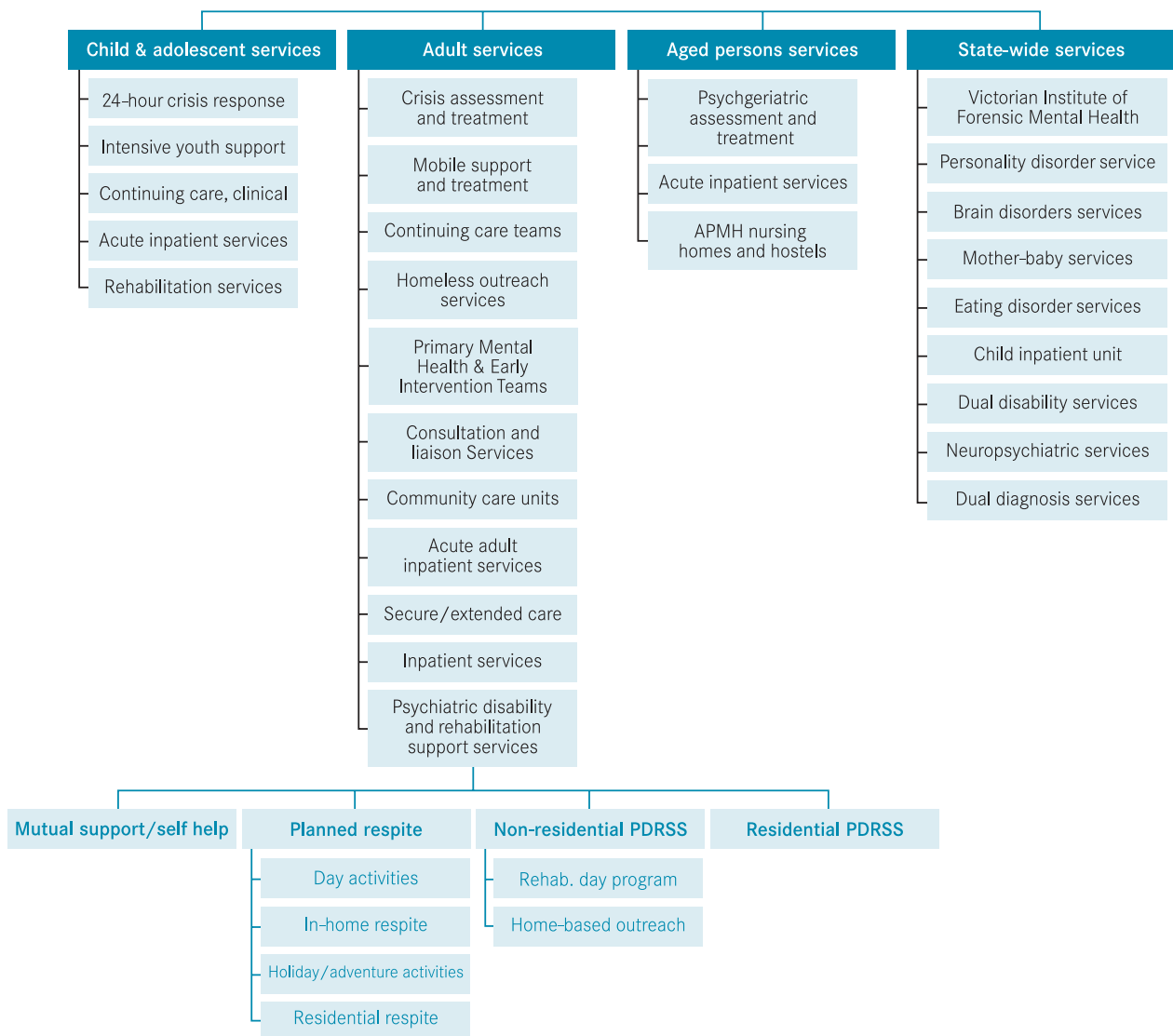
The target group for this service is adults aged 16–64 who have an ABI or an organic brain disorder, and a serious mental illness, and whose condition is such that they cannot receive rehabilitation or effective care in other settings. Mental Health funds three programs in the Brain Disorder and Injury Service, all of which have a statewide function:

- The Acquired Brain Injury Rehabilitation/Psychiatry Program comprises ten beds for rehabilitation and management of behaviour disorders and a three-person community integration program (based in a house currently located on the grounds of Royal Talbot) that supports individuals in the transition to community living.
- The Extended Care Program is 20-bed unit providing slow-stream rehabilitation. It receives Commonwealth nursing home funding and some additional State funding.
- The Community Brain Disorders Assessment and Treatment Service provides a specialised mobile intervention service with assessment and consultancy functions to support the residential components of the program. It uses teleconferencing facilities to assist with delivery of a statewide consultancy service.

*2 There are 13 areas for Child and Adolescent Mental Health Services, 21 for Adult Mental Health Services and 17 for Aged Persons Mental Health Services.*

In addition, the Royal Melbourne Hospital Neuropsychiatry Service provides assessment on both an outpatient and inpatient basis and has a limited treatment capacity for clients with an ABI. The Bouverie Centre (Victorian Family Institute) ABI team provides statewide specialist services to families and professionals. Core functions include a limited amount of direct counselling services to families, consultation and training services to professionals and research on family adjustment to ABI. The Mental Health Branch provides core funding to the centre, while funding for the ABI team is provided by Disability Services.

**Figure 1: The specialist mental health service system in Victoria, 2004**



## Adult mental health services

### Triage or duty

Triage is provided at the first point of contact with mental health services by a potential consumer or a person seeking assistance on behalf of a person thought to have a mental illness or disorder. Many specialist mental health services have dedicated triage clinicians—or this function may be combined with other service functions, such as those described below.

The role of the triage clinician is to conduct a preliminary assessment of whether a person has a mental illness or disorder, and the nature and urgency of the response required. Where it is considered that specialist mental services are not the most appropriate option for the person, he or she may be referred to another organisation or given other information or advice.

Where triage indicates that specialist mental health services are required—or possibly required—a more detailed assessment is provided through the intake assessment. The intake assessment may result in referral to another organisation and/or in the person being treated within the specialist mental health system. Although triage and intake assessment are conceptually two different functions, they can occur concurrently—particularly where the person presents in crisis and an immediate service response is needed.

### Crisis assessment and treatment services

This is a 24-hour service with a clinician on duty overnight. CAT services provide mobile assessment and treatment for people experiencing psychiatric crisis. They aim to prevent unnecessary hospitalisation by providing effective treatment in the least restrictive environment, such as in the person's home.

CAT services have the responsibility to screen all inpatient admissions, to provide urgent assessment where hospitalisation is considered an option, and to provide crisis resolution, assessment and treatment of acutely mentally ill clients referred to the service. CAT services are provided by all adult area mental health services across the state and are staffed by psychiatric nurses, psychologists, social workers, occupational therapists, medical officers and psychiatrists. CAT services operate 24 hours a day, seven days a week, but are not an emergency service. Generally, there are two to three clinicians on duty during the morning and afternoon shifts and one staff member on call during the overnight period.

Some CAT services, particularly in rural regions, are delivered as part of an integrated community mental health service. Staff work a combination of rostered shifts and standard business hours, and carry a caseload comprising intensive crisis work and ongoing case management.

## **Community mental health services– continuing care, clinical and consultancy**

Mental health professionals employed by the community mental health services provide assessment and consultancy for people requesting public mental health services and guide the person to an appropriate service. They provide case management, assessment, treatment, continuing care and support for clients with serious mental illness.

It is important for referring services to have a clear understanding that case management, as practised by mental health services, is not necessarily long-term. Clients' involvement with these services is often episodic, depending on the nature of the program and the client's condition. Mental health service practitioners frequently liaise with, and refer to, generalist services for ongoing support and provision of services to people with a mental illness.

## **Mobile support and treatment services**

Mobile support and treatment services provide case management and ongoing intensive treatment and support to people with serious mental illness who are clients of the specialist mental health system. Mobile support and treatment services operate on an extended hours basis, seven days a week. They work intensively with a small group of clients at risk of admission to acute inpatient psychiatric facilities due to recurrent serious mental illness and continuing disability. Mobile support and treatment services also provide social and vocational rehabilitation services in the client's own home.

## **Primary mental health and early intervention services**

Primary mental health and early intervention teams provide short-term treatment, crisis prevention and assessment services to people with high prevalence disorders, especially depression and anxiety. They also provide early intervention to young people with emerging psychosis and significant psychological disorders. In addition, primary mental health and early intervention teams provide consultation, education and training to primary care providers.

## **Acute inpatient services**

These services provide voluntary and involuntary short-term inpatient management of the acute phase of a serious mental illness until sufficient recovery allows the treatment to be effectively provided in the community. Inpatient units are located with acute general hospitals. People admitted to an inpatient unit directly from the community are usually assessed by a CAT service.

## **Community care units and secure extended care units**

All areas have access to community care units, which provide a community based, clinically supported residential service. Secure extended care facilities provide long-term care in a clinical setting for those whose illness is of such severity that they cannot function safely in a community setting.

## Psychiatric rehabilitation and disability support services

The psychiatric rehabilitation and disability support services sector complements the clinical services in the mental health system. These services provide non-clinical support services and programs for people with serious mental illness and related psychiatric disability. They aim to create opportunities for both recovery and empowerment.

In Victoria, psychiatric rehabilitation and disability support services provide the following:

- **Psychosocial rehabilitation day programs**—a mix of structured and semi-structured psychosocial rehabilitation or informal drop-in services. Programs include pre-vocational and employment preparation, stress management, recreation, art, cooking, education, computers, health and fitness.
- **Home-based outreach support services**—psychosocial rehabilitation and disability support to people in their own homes, focusing on structured social and living skills programs.
- **Residential rehabilitation services**—a transitional home environment where participants can learn daily living skills in a group setting among their peers. They are appropriate where more intensive rehabilitation is required prior to the client living independently. Clients may enter residential rehabilitation services following an acute in-patient admission.
- **Supported accommodation services**—long-term accommodation and support.
- **Carer support**—assists carers, families and friends of people with a mental illness through the provision of information, financial assistance and general support. Carer respite centres provide information about services available for carers of people with a mental illness. They can assist in arranging respite and provide links to mutual support and self help groups.
- **Planned respite services**—these may be provided in a range of service settings, for differing periods of time and to achieve different goals. Planned respite can be delivered in a number of ways: regular planned respite, occasional planned respite and short notice respite care.
- **Mutual support and self-help services**—support, education, information and advocacy services that assist people affected by mental illness to develop knowledge, skills and support networks that contribute to recovery and reduce the negative impacts of mental illness.

## Child and adolescent mental health services

These are services for children and adolescents up to the age of 18 years who have serious emotional disturbance. In addition to assessment and treatment, CAMHS provide education, consultancy and collaboration with services working with children and adolescents and their parents.

### Community child and adolescent mental health services

Community outpatient services provide assessment and treatment of children, adolescents and their families experiencing social, emotional, psychological and psychiatric problems. Treatment may include family therapy, parent counselling, individual therapy, group therapy and, when necessary, medication. Referrals for child and adolescent mental health services are made to the community outpatient services.

### Intensive mobile youth outreach services

Intensive mobile youth outreach services provide a mobile assertive outreach capacity within child and adolescent mental health services. In the metropolitan regions, intensive mobile youth outreach services consist of a dedicated staff group and a team leader.

### Inpatient services

Usually collocated with hospitals, these services are for children and adolescents who have a severe emotional disturbance that cannot be treated in a less restrictive setting. Some of the inpatient services also provide day program activities.

### Crisis services

In many areas, the adult mental health service conducts 'triage' of after-hours referrals involving children and young people. When required, out of hours service provision for children and adolescents is usually provided through CAT and/ or emergency departments.

## Aged persons mental health services

These services are primarily for people aged 65 years and over. Clients include people who have:

- grown older with a longstanding mental illness
- developed a mental illness later in life
- developed psychiatric or severe behavioural difficulties associated with organic disorders such as dementia.

People 65 years and over will generally have their treatment and support needs met by specialist aged persons mental health services. Some people who have a long history of contact with mental health services, however, may continue to be linked with general adult mental health services beyond their sixty-fifth year.

### **Psychogeriatric assessment and treatment services**

These services are community based and provide assessment, treatment, rehabilitation and case management for older people. All referrals to Aged Persons Mental Health Services are managed through psychogeriatric assessment and treatment services.

### **Acute inpatient services**

These services provide voluntary and involuntary short-term inpatient management during an acute phase of mental illness. Clients remain in the inpatient unit until sufficient recovery allows them to be treated effectively in a community-based setting.

### **Psychogeriatric residential services**

These services provide residential care to clients who cannot live in a general aged residential aged facility due to their level of persistent cognitive, emotional or behavioural disturbance. These purpose-built units are designed to have a familiar, home-like atmosphere.

## Appendix B: Contact details for specialist mental health services

Updated service descriptions, catchment areas and contact details for specialist mental health services are maintained at [www.health.vic.gov.au/mentalhealth](http://www.health.vic.gov.au/mentalhealth). Please refer to the website if you need to find out which mental health service is applicable for a specific location. Basic contact details for specialist mental health services in Victoria are shown below. The details were correct at the end of June 2004.

### Metropolitan area, northern suburbs

#### Child and adolescent mental health services

Austin Child and Adolescent Mental Health Service  
145–163 Studley Rd  
Heidelberg 3084  
Telephone: (03) 9496 3620  
After hours: (03) 9496 5000 (emergency only)

#### Adult mental health services

Darebin Community Mental Health Centre  
83 Hotham Street  
Preston 3072  
PO Box 1531  
Preston South 3072  
Telephone: (03) 9416 9111  
After hours: 1300 650 295 (Northern CAT)

Whittlesea Community Mental Health Service  
185 Cooper Street  
Epping 3076  
Telephone: (03) 9408 9510  
After hours: (03) 1300 650 295 (Northern CAT)

North East Community Mental Health Service  
77 Hawdon Street  
Heidelberg 3084  
PO Box 464  
Heidelberg 3084  
Telephone: (03) 9450 9000  
After hours: (03) 9496 5000

Broadmeadows Health Service - Adult Mental Health  
35 Johnstone Street  
Broadmeadows 3047  
PO Box 197  
Glenroy 3046  
Telephone: (03) 8345 5611  
After hours: (03) 8345 5000

North West Community Mental Health Service  
130 Bell St  
Coburg 3058  
Telephone: (03) 9355 9700  
After 4.30 pm: (03) 8345 5000 (Psychiatric Triage)

### **Aged persons mental health services**

Northern Aged Psychiatry Assessment and Treatment Team  
1231 Plenty Road  
Bundoora 3083  
Telephone (duty worker): 9495 3274  
After hours: 9495 3234

## **Metropolitan area, southern suburbs**

### **Child and adolescent mental health services**

Alfred Child and Adolescent Mental Health Service  
Level 2, 999 Nepean Hwy  
Moorabbin 3189  
Telephone: (03) 8552 0555  
After hours: (03) 1300 363 746  
(Port Philip, Stonnington and Glen Eira–north of North Road)  
After hours (03) 1300 369 019  
(Glen Eira–south of North Road)

Clayton Child and Adolescent Mental Health Service  
246 Clayton Road  
Clayton 3168  
Telephone: (03) 9594 1300  
After hours: (03) 1300 369 012

Frankston Child and Adolescent Mental Health Service  
Level 4, 454 Nepean Highway  
Frankston 3199  
Telephone: (03) 9784 9800  
After hours: (03) 1300 369 012

Dandenong Child and Adolescent Mental Health Service  
145 Cleeland Street  
Dandenong 3175  
Telephone: (03) 9594 1274  
After hours: (03) 1300 369 012

Cranbourne Child and Adolescent Mental Health Service  
140–154 Sladen Street  
Cranbourne 3977  
Telephone: (03) 5990 6198  
After hours: (03) 1300 369 012

## Adult mental health services

Dandenong Hospital–Department of Psychiatry  
145–151 Cleeland Street  
Dandenong 3175  
PO Box 478  
Dandenong 3175  
Telephone: (03) 9767 8222  
After hours: (03) 9767 8222 or (03) 9554 1800

Clayton Community Mental Health Service  
270 Clayton Road  
Clayton 3168  
Telephone: (03) 9556 5200  
After hours: 1300 369 012

Southern Community Mental Health Service  
352 South Road  
Moorabbin 3189  
Telephone: (03) 9556 5200  
After hours: 1300 369 012

The Alfred Triage–Consultation/Liaison Psychiatric Service  
Commercial Road  
Prahran 3181  
Telephone: 1300 363 746  
After hours: 1300 363 746

The Junction Community Mental Health Service  
2–12 St Kilda Road  
St Kilda 3182  
Telephone: (03) 9529 2366  
After hours: 1300 363 746

Waiora Community Mental Health Service  
600 Orrong Road  
Armadale 3143  
Telephone: (03) 9508 4700  
After hours: 1300 363 746

Peninsula Community Mental Health Service  
15–17 Davey Street  
Frankston 3199  
Telephone: (03) 9784 6999  
After hours: (03) 9784 6999 or (03) 9784 7161

## **Aged persons mental health services**

Dandenong Aged Persons Mental Health Team  
1 Raymond McMahon Boulevard  
Endeavour Hills 3802  
Telephone: (03) 9709 7100  
After hours: (03) 9554 1800

Peninsula Health Aged Persons Mental Health Team  
Department of Psychiatry  
Hastings Road  
Frankston 3199  
Telephone: (03) 9784 7105  
After hours: (03) 9784 6999

Kingston Aged Persons Mental Health Team  
Warrigal Rd  
Cheltenham 3192  
Telephone: (03) 9265 1750  
After hours (emergency only): 1300 369 012  
Mobile Aged Psychiatry Service

Caulfield General Medical Centre  
260–294 Kooyong Road  
Caulfield 3162  
Telephone: (03) 9276 6012  
After hours: 1300 363 746

## **Metropolitan area, eastern suburbs**

### **Child and adolescent mental health services**

Maroondah Hospital–Child and Adolescent Mental Health Service  
Wundeela Centre  
21 Ware Crescent  
East Ringwood 3135  
PO Box 135  
East Ringwood 3135  
Telephone: (03) 9870 9788  
After hours: (03) 9871 3333

## Adult mental health services

Koonung Community Mental Health Service  
Level 1, 43 Carrington Road  
Box Hill 3128  
Telephone: (03) 9843 5800  
After hours: (03) 9843 5823

Waverley Community Mental Health Service  
265–267 Blackburn Road  
Glen Waverley 3150  
Telephone: (03) 9886 8366  
After hours: (03) 9843 5823

Hawthorn Community Mental Health Centre  
642 Burwood Road  
Hawthorn East 3123  
Telephone: (03) 9882 9299  
After hours (psychiatric triage): 1300 558 862

Murnong Community Mental Health Clinic  
Cnr Bona and Patterson streets  
East Ringwood 3135  
PO Box 135  
East Ringwood 3135  
Telephone: (03) 9871 3888  
After hours: (03) 9871 3333

## Aged person's mental health services

Eastern Health Aged Psychiatry Assessment and Treatment Team  
Peter James Centre  
Corner Mahoney's Road and Burwood Hwy  
East Burwood 3151  
Telephone: (03) 9881 1871  
After hours: (03) 9881 1765

Aged Psychiatry Assessment and Treatment Team  
St George's Hospital  
283 Cotham St  
Kew 3101  
Telephone: (03) 9272 0443  
After hours (St Vincent's Hospital): (03) 9288 2211

## **Metropolitan area, western suburbs**

### **Child and adolescent mental health services:**

Royal Children's Hospital Mental Health Service  
(For children 15 years and younger)  
50 Flemington St  
Flemington 3031  
Telephone: 1800 445 511

ORYGEN Youth Health  
(For people aged 15–24 years)  
Parkville Centre  
35 Poplar Road  
Parkville 3052  
Locked Bag No. 10  
Parkville 3052  
Telephone: 1800 888320 or (03) 9342 2800  
After hours: 1800 888320 or (03) 9342 2800

### **Adult mental health services**

Inner West Area Mental Health Service  
The Royal Melbourne Hospital–Continuing Care Clinical and Consultancy Services  
Level 2, 641 Mount Alexander Road  
Moonee Ponds 3039  
Telephone (duty worker): (03) 9377 3400  
After hours: (03) 9342 2333

Mid-West Psychiatric Service  
18 Withers Street  
Sunshine 3020  
Telephone: (03) 9300 8600  
After hours: (03) 8345 1260

South West Area Mental Health Service  
Level 1, Footscray Plaza Building  
Cnr Paisley and Albert streets  
Footscray 3011  
PO Box 2083  
Footscray 3011  
Telephone: (03) 9928 7444  
After hours: (03) 9216 8588

## **Aged persons mental health services**

Aged Psychiatric Assessment and Treatment Team  
Broadmeadows Health Service  
35 Johnstone Street  
Broadmeadows 3047  
Telephone: (03) 8345 5132  
After hours: (03) 8345 5000

Western Aged Psychiatry and Treatment Team  
Sunshine Hospital  
Furlong Road  
St Albans 3021  
Telephone: (03) 8345 1335  
After hours: (03) 8345 1335

## **Metropolitan area, inner urban**

### **Adult mental health services**

Clarendon Community Mental Health Centre  
52 Albert Street  
East Melbourne 3002  
Telephone: (03) 9417 5696  
After hours (psychiatric triage): 1300 558 862

St Vincent's Hospital–Mental Health Service  
46 Nicholson Street  
Fitzroy 3065  
41 Victoria Parade  
Fitzroy 3065  
Telephone: (03) 9288 2211  
After hours (psychiatric triage): 1300 558 862

## **Rural and regional areas: Barwon**

### **Child and adolescent mental health services**

Barwon Health Children's Mental Health Service  
(For primary school age children)  
1 Reynolds Road  
Belmont 3216  
Telephone: (03) 5226 7075  
After hours: (03) 5226 7410

Barwon Health Adolescent Mental Health Team  
(For secondary school age children and adolescents)  
40 Little Malop Street  
Geelong 3220  
Telephone: (03) 5273 4000  
After hours: (03) 5226 7410

South West Health Care Psychiatric Services–  
Child and Adolescent Mental Health Service  
174–178 Lava St  
PO Box 197  
Warrnambool 3280  
Telephone: (03) 5561 9100  
After hours: (03) 5563 1222 or 1800 808 284

### **Adult mental health services**

Geelong West Community Mental Health Team  
Belmont Health Centre  
Corner Colac and Reynolds roads  
Belmont 3216  
Telephone: (03) 52603700  
Fax: (03) 5220 3701  
After hours: (03) 5226 7410

Bellarine Community Mental Health Team  
104–108 Bellarine Highway  
Newcomb 3219  
Telephone: (03) 5226 7481  
Fax: (03) 5226 7086  
After hours: (03) 5226 7410

Colac Community Mental Health Service  
13 Dennis Street  
Colac 3250  
Telephone: (03) 5232 1550  
Fax: (03) 5232 1788  
After hours: (03) 5226 7410

Corio Community Mental Health Service  
2 Gellibrand Street  
Corio 3214  
Telephone: (03) 5273 2255  
Fax: (03) 52735 2280  
After hours: (03) 5226 7410

Surfcoast Community Mental Health Service  
100 Surfcoast Highway  
Torquay 3228  
Telephone: (03) 5261 1128  
Fax: (03) 5261 1124  
After hours: (03) 5226 7410

## **Aged persons mental health services**

South West Health Psychiatric Services Aged Care Psychiatry Service  
South West Health Care  
PO Box 197  
Warrnambool 3280  
Telephone: (03) 5561 9100  
After hours: (03) 5563 1222  
Free call: 1800 808284

Barwon Health Aged Psychiatry Service  
PO Box 281  
Geelong 3220  
Telephone: (03) 5226 7044  
After hours: (03) 5226 7410

## **Rural and regional areas: Grampians**

### **Child and adolescent mental health services**

Grampians Psychiatric Service  
Child and Adolescent Mental Health Service  
PO Box 577  
Ballarat 3353  
Telephone: (03) 5320 4100  
After hours: (03) 5320 4100/1300 661 323

### **Adult mental health services**

Ballarat Health Service–Grampians Psychiatric Services–Ballarat  
Sturt Street  
Ballarat 3350  
PO Box 577  
Ballarat 3353  
Telephone: (03) 5329 4444  
Fax: (03) 5320 4130  
24-hour number: 1300 661 323

Ballarat Health Service–Grampians Psychiatric Services–Ararat  
45 Vincent Street  
Ararat 3377  
PO Box 339  
Ararat 3377  
Telephone: (03) 5352 1105  
Fax: (03) 5352 3094  
24-hour number: 1300 661 323

Ballarat Health Service–Grampians Psychiatric Services–Horsham  
Federation House  
3 Robinson Street  
Horsham 3402  
PO Box 376  
Horsham 3402  
Telephone: (03) 5382 6744  
Fax: (03) 5382 6747  
24-hour number: 1300 661 323

Ballarat Health Service–Grampians Psychiatric Services–Stawell  
Perry Wing, Stawell Regional Health  
Sloane Street  
Stawell 3380  
PO Box 339  
Ararat 3377  
Telephone: (03) 5358 5153  
Fax: (03) 5358 5269  
24-hour number: 1300 661 323

### **Aged persons mental health services**

Ballarat Health Services Queen Elizabeth Centre  
Geriatric Psychiatry  
Dana Street  
Ballarat 3353  
Telephone: (03) 5320 3544  
After hours: (03) 5320 3544 or 1300 661 323

### **Rural and regional areas: Hume**

#### **Child and adolescent mental health services**

North East Child and Adolescent Mental Health Service  
69 Charles Street  
Wodonga 3690  
PO Box 1644  
Wodonga 3689  
Telephone: (02) 6024 7711  
After hours: 1300 881 104

Goulburn Valley Health  
Child and Adolescent Mental Health Service  
Graham Street  
Shepparton 3630  
Telephone: (03) 5832 2160  
After hours: (03) 58322111 / 1300 369 005

## Adult mental health services

Wangaratta Community Psychiatry  
Dixon Street  
Wangaratta 3677  
Wangaratta District Base Hospital  
Green Street  
Wangaratta 3677  
Telephone: (03) 5722 0347  
After hours: (03) 5722 0347

Wangaratta District Base Hospital Community Psychiatry  
Samaria Road Day Centre  
Benalla 3672  
Telephone: (03) 5762 5277  
After hours: (03) 5722 0347

Wodonga and District Mental Health Service  
107 Hume Street  
Wodonga 3690  
PO Box 1406  
Wodonga 3690  
Telephone: (02) 6049 1500  
After hours: (03) 5722 0347

## Aged persons mental health services

Aged Psychiatry Service North East Health Wangaratta  
82a Murdoch Road  
Wangaratta 3677  
Telephone: (03) 57722 1784  
After hours: (03) 57722 0430 or (03) 5722 0031

Goulburn Valley Health  
Goulburn Valley Aged Psychiatric Assessment & Treatment Team  
Centre for Older Persons Health  
80 Orr Street  
PO Box 591  
Shepparton 3630  
Telephone: (03) 5823 6000 or (03) 5832 2111  
After hours: 1300 369 005

## Rural and regional areas: Gippsland

### Child and adolescent mental health services

Latrobe Regional Hospital Mental Health Services  
Child and Adolescent Mental Health Services  
Hazelwood Road  
PO Box 424  
Traralgon 3844  
Telephone: (03) 5171 1255  
After hours: (03) 5171 1255 or 1300 363 322

### Adult mental health services

Latrobe Regional Hospital  
Latrobe Valley Community Mental Health Service  
Hazelwood Road  
PO Box 424  
Traralgon 3844  
Telephone: (03) 5171 1255  
After hours: (03) 5171 1255/1300 363 322

Latrobe Regional Hospital  
East Gippsland Community Mental Health Service  
Cnr Palmerston and Cunningham streets  
Sale 3850  
Telephone (9.00 am – 10.30 pm): (03) 5143 1212  
Fax: (03) 5143 0182  
After hours: (03) 5171 1255/1300 363 322

Latrobe Regional Hospital  
Yarram District Health Service  
Commercial Road  
PO Box 61  
Yarram 3971  
Telephone: (03) 5182 0245  
After hours: (03) 5171 1255 or 1300 363 322

Latrobe Regional Hospital  
Boundary Road  
Orbost 3888  
Telephone: (03) 5154 1807  
After hours: (03) 5171 1255 or 1300 363 322

Latrobe Regional Hospital  
South/West Community Mental Health Service  
4 Gordon Street  
Korumburra 3950  
Telephone: (03) 5658 1501  
24-hour number: (03) 5171 1255 or 1300 363 322

Latrobe Regional Hospital  
Cottage 3, Sergeant Street  
C/- West Gippsland Hospital  
Landsborough Street  
Warragul 3820  
Telephone: (03) 5622 2015  
24-hour number: (03) 5171 1255 or 1300 363 322

Latrobe Regional Hospital (South Gippsland Community Mental Health Service)  
C/- Wonthaggi District Hospital  
Graham Street  
PO Box 120  
Wonthaggi 3995  
Telephone: (03) 5672 3174  
24-hour number: (03) 5171 1255 or 1300 363 322

### **Aged persons mental health services**

Latrobe Regional Hospital Mental Health Services  
Gippsland Aged Mental Health Services  
PO Box 424  
Traralgon 3844  
Telephone: (03) 5171 1255 or (03) 5440 6500  
24-hour number: 1300 363 322

## **Rural and regional areas: Loddon Mallee**

### **Child and adolescent mental health services**

Bendigo Health Care Group–Psychiatric Services  
Child and Adolescent Mental Health Services  
Corner Condon and Crook St  
PO Box 78  
Strathdale 3550  
Telephone: 1300 363 788  
After hours: 1300 363 788

### **Adult mental health services**

Bendigo Health Care Group  
Condon Street  
Strathdale 3550  
PO Box 78  
Strathdale 3550  
24-hour number: 1300 363 788

Castlemaine Community Psychiatric Service  
13 Mostyn Street  
Castlemaine 3450  
PO Box 53  
Castlemaine 3450  
24-hour number: 1300 363 788

Echuca Community Psychiatric Service  
14 Francis Street  
Echuca 3564  
PO Box 25  
Echuca 3564  
24-hour number: 1300 363 788

Maryborough Community Health Service  
5 High Street  
Maryborough 3465  
PO Box 155  
Maryborough 3465  
24-hour number: 1300 363 788

Kyneton Community Mental Health Service–Oliver House  
2 Bodkin Street  
Kyneton 3444  
24-hour number: 1300 363 788

Swan Hill Community Mental Health Service  
60 McCrae Street  
Swan Hill 3585  
PO Box 528  
Swan Hill 3585  
24-hour number: 1300 363 788

### **Aged persons mental health services**

Bendigo Aged Persons Mental Health Service  
C/- Anne Caudle Centre  
PO Box 60  
Bendigo 3550  
Telephone: (03) 5454 7615  
After hours: (03) 5454 7615

Mildura Base Hospital  
Mental Health Services  
Aged Persons Mental Health Services  
PO Box 620  
Mildura 3502  
Telephone: (03) 5022 3500  
After hours: (03) 5022 3500

## **Rural and regional areas: Glenelg**

Camperdown Community Psychiatric Service  
64 Scott Street  
Camperdown 3260  
PO Box 109  
Camperdown 3260  
Telephone: (03) 5593 6000  
After hours: (03) 5563 1222 /1800 808 284

Hamilton Community Psychiatric Service  
12 Foster Street  
Hamilton 3300  
PO Box 863  
Hamilton 3300  
Telephone: (03) 5551 8418  
After hours: (03) 5563 1222 /1800 808 284

Portland Community Psychiatric Service  
63 Julia Street  
Portland 3305  
PO Box 945  
Portland 3305  
Telephone: (03) 5523 5481  
After hours: (03) 5563 1222 /1800 808 284

South West Healthcare Psychiatric Service  
Bohan Place, Lava Street  
Warrnambool 3280  
PO Box 197  
Warrnambool 3280  
Telephone: (03) 5561 9100  
After hours: (03) 5563 1222 /1800 808 284

## **Rural and regional areas: Goulburn**

### **Child and adolescent mental health services**

Goulburn Valley Health  
Child and Adolescent Mental Health Service  
Goulburn Valley Base Hospital  
Graham Street  
Shepparton 3630  
Telephone: (03) 5832 2160  
After hours: 1300 369 005 or (03) 5832 2111

Goulburn Valley Area Mental Health Service  
Child and Adolescent Area Mental Health Service  
Moyle Street  
Seymour 3660  
Telephone: (03) 5799 0943  
After hours: (03) 5832 9111

### **Adult mental health services**

Goulburn Valley Area Mental Health Service  
Monash Street  
Shepparton 3630  
PO Box 7005  
Shepparton 3630  
Telephone: (03) 5832 2111  
After hours: (03) 5832 2111

Seymour Community Mental Health Service  
22 Moyle Street  
Seymour 3660  
PO Box 800  
Seymour 3660  
Telephone: (03) 5792 3929  
After hours: (03) 5832 9111

### **Aged persons mental health service**

Goulburn Valley Health  
Goulburn Valley Aged Psychiatric Assessment & Treatment Team  
Centre for Older Persons Health  
80 Orr Street  
PO Box 591  
Shepparton 3630  
Telephone: (03) 5823 6000 or (03) 5832 2111  
After hours: 1300 369 005

## **Rural and regional areas: Northern Mallee**

### **Child and adolescent mental health service**

Northern Mallee Child and Adolescent Mental Health Service  
107 Pine Avenue  
Mildura 3500  
Telephone: (03) 5018 7900  
After hours: (03) 5022 3500

### **Adult mental health service**

Mildura Base Hospital–Mental Health Services  
Ontario Avenue  
Mildura 3502  
PO Box 602  
Mildura 3502  
Telephone: (03) 5022 3500/1300 366 375  
After hours: (03) 5022 3500/1300 366 375

### **Aged persons mental health service**

Mildura Base Hospital–Mental Health Services  
Aged Persons Mental Health Services  
13th Street  
Mildura 3500  
PO Box 306  
Mildura 3502  
Telephone: (03) 5022 3500  
After hours: (03) 5022 3500

## Appendix C: Checklist of information to be provided when referring an acquired brain injury client to another service

### 1. Information required by specialist mental health services

Referring agencies can help the mental health practitioner make the most informed decision about the referral request by providing as much information as possible about the client. The following information should be presented with the referral wherever possible:

#### Demographic information

- name and address
- date of birth
- current living situation
- family relationships and significant others
- employment status
- leisure activities and interests

#### Presenting problems

- nature of the presenting concerns
- severity and impact
- the length of time that concerns have been present
- whether symptoms are consistent or sporadic
- referrer's assessment of the risk to the client and/or others (if possible/appropriate)

#### Consent

- has the client been informed about the referral and has consent been given?

#### Reason for referral

- why is the referral occurring at this point of time—has something changed for client?

#### Mental health history

- has there been previous contact with specialist mental health services?
- is the person currently in contact with any other mental health professionals?
- has the person presented previously with similar problems? If so, what was the management plan, who was involved, how was it resolved?

- has the person been diagnosed previously with a mental illness?

#### Relevant medical history

- what were the circumstances of the person's ABI (how and when did the injury occur?)
- what treatment is he or she receiving? What services are currently involved?
- does the person have any other medical conditions?

#### Medication

- has the person been prescribed medication and, if so, what type and what dosage?
- is he or she complying with the prescription?
- have there been any recent changes to the person's medication?

#### Drug and alcohol use

- is the person using alcohol or drugs in a problematic way?
- have they recently changed their alcohol or drug use patterns?

#### Involvement of other services

- what other services are currently involved with the client and/or their family? (names of specific workers and contact details are always very useful)
- what intervention has already occurred, and what was the outcome?
- do these services plan to stay involved with the person?

## 2. Information required by specialist acquired brain injury and disability support services

To help acquired brain injury and general disability support service providers respond to inquiries or referrals, it is helpful for them to know the following information about the client:

### Demographic information

- name and address
- date of birth
- current living situation
- family relationships and significant others
- employment status
- leisure activities and interests

### Presenting problems

- nature of the presenting concerns
- severity and impact
- length of time that symptoms have been present
- referrer's assessment of the risk to the client and/or others (if possible/appropriate)

### ABI history

- what were the circumstances of the person's ABI?
- was the person's ABI caused by an accident?
- did they receive any other injuries from that accident?
- are they a compensable or non-compensable client?
- are they under TAC or Workcover?
- have they received payment?
- have they had a neuropsychiatry assessment and/or general psychiatric assessment?

### Other relevant medical or psychiatric history, including current medications

- what treatment is the person receiving?
- do they have any diagnosed psychiatric conditions, or medical conditions apart from the ABI?

### Drug and alcohol use

- is the person using alcohol or drugs in a problematic way?
- have they recently changed their alcohol or drug use patterns?

### Involvement of other services

- what other services are currently involved with the client and/or their family? (names of workers and contact details useful)
- what intervention has already occurred, and what was the outcome?

## Appendix D: Specialist ABI services and other services providing assistance to people with an ABI

The website [www.headwayvictoria.org.au](http://www.headwayvictoria.org.au) provides a full list of services that support people with an ABI and their carers.

DHS-funded services for people with an ABI and their carers are delivered by a range of specialist ABI services, disability services and other service providers. Most people with an ABI obtain support from non-specialist providers such as:

- HACC, which includes specialist 'linkages' packages for people with ABI
- The Supported Accommodation Assistance Program, which is appropriate where people with an ABI are at risk of homelessness.

Disability support services are provided within nine geographic areas around the State. The Disability Intake and Response Service (Telephone: 1800 783 783) can provide up-to-date information about services available at a regional level.

In many areas, generic and disability services have developed ABI expertise and, in some cases, small specialist ABI programs. Generic services can access support—in the form of secondary consultation or training—from specialist ABI services.

Although there is not an organised ABI service system in the same way that the mental health system is organised, there is an extensive network of services described as constituting 'the ABI industry' (Headway, 1999). ABI programs funded by DHS include:

- accommodation support
- neuropsychological assessment
- behavior consultancy
- counselling
- carer support
- case management
- community access
- information and referral
- rehabilitation
- training and secondary consulting.

While in most cases, models for service provision do exist to respond to the needs of people with an ABI, there may be heavy demand—and hence waiting lists—for particular service types. The ABI industry has been developed to respond to two subgroups of people with an ABI:

- compensable clients—those whose support services are purchased from public and private providers by their insurer (for example, TAC or Workcover)
- non-compensable clients—who must meet eligibility and priority of access criteria for public services such as those funded by DHS and Department of Education and Training.

The specialist ABI service system is characterised by a number of features:

- Compensable clients are usually able to access a wider range of services on a fee for service basis than non-compensable clients.
- Services vary in their geographic availability.
- Not all service types are equally available (for example, providers of counseling and behavior management programs are limited).
- Most specialist ABI programs are small in size and only able to support a limited number of clients. They may have long waiting lists.

Most specialist ABI service providers are contracted to provide short-term case management/support with the aim of transferring the client to a non-specialist service provider (for example, HACC).

Some community rehabilitation services are available for non-compensable clients with less severe ABI. Examples include the Community Rehabilitation Service and community health services that may have a physiotherapist or occupational therapist on staff. Most clients with an ABI who are non-compensable live in the community, either at home or in supported accommodation facilities, including supported residential services. Some ABI clients may be eligible for accommodation programs funded by Disability Services (such as Home First) or low-cost flexible packages or HACC-funded 'linkages' programs.

Often a case manager is required to assist the person with the ABI and their families to make a submission or referral for community-based support services. Flexible low-level support packages are limited and a case manager may package a range of supports around a client from different funding sources; for example, HACC home help, Disability Services–Assisted Community Living Package.

## Statewide specialist ABI services funded by Disability Services or Aged Care

### ABI behaviour consultancy

This agency, under the auspices of Epworth Hospital, provides short-term behaviour management support to people aged 18 to 65 with an ABI and who are not compensable. The team has approximately three equivalent full-time positions and provides a statewide service. Functions include:

- working with clients and families in their homes
- working with staff in accommodation settings
- providing phone advice
- training and education in ABI and behavioral issues to service providers.

### Melbourne City Mission–ABI programs

MCM provides services to both compensable and non-compensable clients. The agency has developed expertise in assisting people whose ABI is the result of traumatic injury, infection and adverse health outcomes, oxygen deprivation, strokes and tumors.

MCM is currently funded to provide:

- short-term case management for children and adults with an ABI who have complex support needs. Once the client's needs have been established, MCM often makes a referral to another service provider for ongoing case management.
- a community access program in the northern and eastern regions. This:
  - provides case coordination and outreach focused on independent living skills
  - links clients to neighbourhood houses and other mainstream services
  - refers to specialist mental health services for monitoring of medications specific to mental illness and case management where the client clearly has a mental illness.
- Assisted Community Living Packages–low-support packages of up to approximately \$5,000, which can be used flexibly to assist the person with an ABI to maintain their living arrangements.

### ARBIAS–Acquired brain injury service

ARBIAS has developed expertise in providing support to people whose ABI is the result of periodic and long-term drug and alcohol use. ARBIAS is funded to provide:

- short-term case management
- an information service that can be accessed by generic providers and carers of people with an ABI
- neuropsychological assessment service. Identifying the existence of an ABI and understanding the impact of the injury on the person's functioning is important in developing and implementing a treatment plan. There are waiting lists to access the assessment service. A commitment to provide support to the person with the ABI is required before a referral will be accepted.

- Assisted Community Living Packages—low support packages of up to approximately \$5,000, which can be used flexibly to assist the person with an ABI to maintain their living arrangements.
- A long-term accommodation support program for ten clients living in the northern metro region.

### **The Slow to Recover Program**

The Slow to Recover Program provides funds so that eligible non-compensable clients who have a severe ABI can obtain slow-stream rehabilitation and accommodation supports. It is targeted primarily at younger people, with priority given to those aged five to 45 years, then to the 46-50 year age group, then to the 50-55 year age group.

The Slow to Recover Program contracts case managers to develop and implement a care plan following approval of the requested services. Clients' needs are regularly reviewed and the services modified to meet changing needs.