



ST VINCENT'S  
HEALTH AUSTRALIA

# Peer Workforce Development in the Acute Inpatient Setting

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Thanks to Alex Smith - Nurse Unit Manager (NUM) Acute Inpatient Service (AIS) – for her input to the presentation

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Consistent with the objectives of the reform of Victoria's Mental Health Act 1986, the Victorian Government and Health Services shared a commitment to reducing and, where possible, eliminating restrictive interventions in public mental health services.

In the service system this is being achieved through recovery-oriented practices that minimize the use and duration of compulsory treatment, safeguard the rights and dignity of people with a mental illness, and enhance oversight while encouraging innovation and service improvement.

2 Victorian Government initiatives:

- Creating Safety: Addressing Restraint and Seclusion Practices, and
- Reducing Restrictive Interventions.

These initiatives have yielded valuable insight into practical and effective approaches, and have informed this framework.

# Clarifying the problems to address

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## What we knew (retrospective data 2013)

315 (48%) of admissions occurred via ED

53% of consumers who experienced seclusion were admitted via ED

184 seclusion episodes

5.1% admissions to AIS via ED included a seclusion episode within first 4 hours

Key times for admission:

Tuesday, Wednesday, Thursday & Friday 12:30pm to 4:30pm

# What could we improve?

## Focusing on the relationship between the ED and AIS

- Sensory Modulation and Trauma Informed Care approaches in the ED and the AIS
- Recovery-oriented leadership capabilities
- Reduction in the number of seclusion episodes in the AIS
- Reduction in the number of physical and mechanical restraints in the AIS and ED
- Consumer, carer and staff positive experience of recovery-oriented service
- Strengthened interdisciplinary practice
- Engagement, transparency and communication

# How would we do it?

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## Focusing on the relationship between the ED and AIS

- Reduce forms of restrictive interventions, which includes episodes of seclusion, physical and mechanical restraint in the AIS, by focusing on the transition of care from the ED to the AIS
  - Establish a Pre-Admission Liaison (PAL) Team to attend ED to engage individuals awaiting admission to the AIS utilising a collaborative, recovery based interpersonal and sensory modulation approach
  - A Peer Support Worker in The PAL Team to provide individual peer support, and an AIS clinician
  - Provide education and training so that all clinical staff are appropriately knowledgeable and skills in the areas of Trauma Informed Care and Sensory Modulation approaches and techniques
  - Reduce the number and duration of seclusion episodes in the AIS

# Sensory Modulation

**Poor Sensory modulation**



EDMH interview room before project

**Improved Sensory Modulation**



EDMH interview room after project

**Sensory Modulation at work!**



"You don't have to apologise anymore"

# Sensory Modulation

## Sensory modulation additions



Wireless headphones for ECU

## Sensory modulation additions



Wireless headphones for ECU

## Sensory Modulation room



Glider chairs

# Implementation of a Pre-Admission Liaison Team



## The role of the PAL team

- The purpose of the PAL team (admitting clinician and Peer Support Worker) is to establish an initial rapport and to develop a positive therapeutic relationship between the consumer, carer and/or Nominated Person.

**Collaboration** **Trust** **Honesty**  
*Engagement* **Transparency**  
**Communication**

- To provide consumers with information regarding the AIS and it's environment and to offer a familiar face upon arrival to the AIS.



# Implementation of a Pre-Admission Liaison Team



## The role of the PAL team

- The PAL team function in ED will have primarily focused on early engagement, support and provision of information to aid a smooth transition to the AIS. The PAL team does not offer a consultation service.

**Peer Support Worker & Admitting Clinician**

12:30pm to 4:30pm

**Tuesday to Friday**

**20 minutes**

# The role of the PAL team

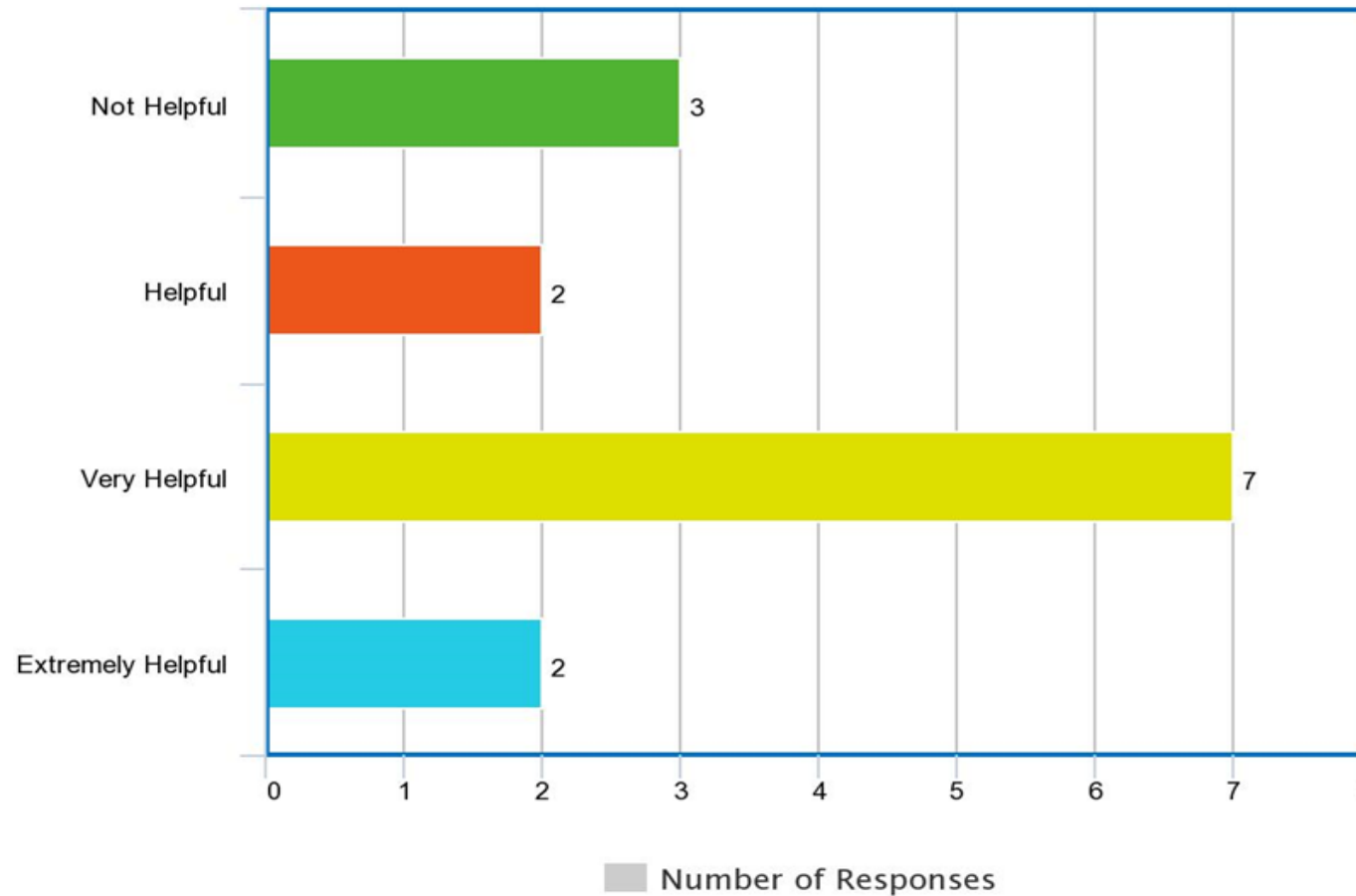
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During engagement with the consumer / carer / Nominated Person (NP) / family member present, the following may be considered:

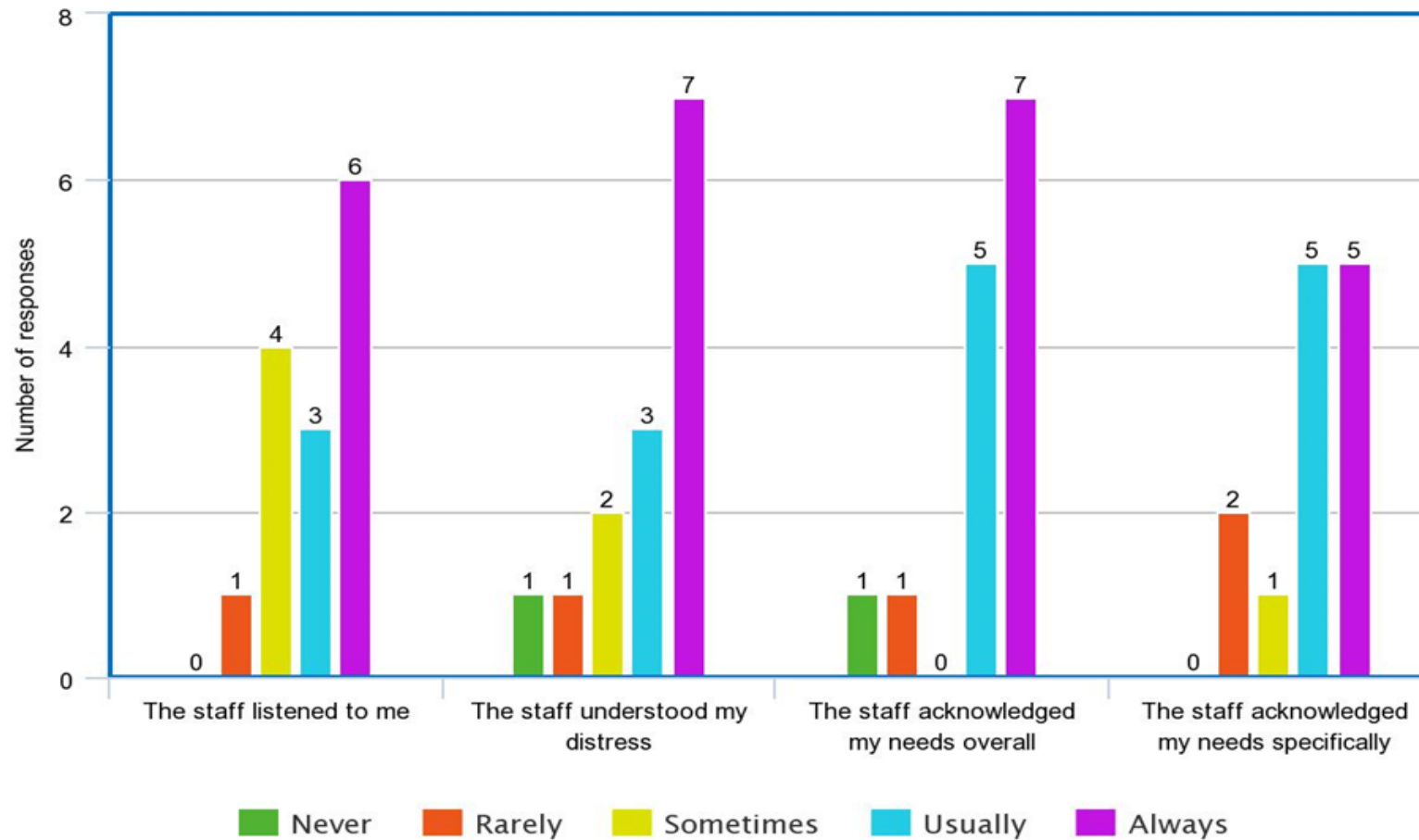
- Provide information about the AIS and the admission process
- Provide information about items not recommended to have in the ward environment Inform the consumer about any arrangements to prepare for transfer
- Be prepared to answer any question that the consumer / carer / NP / family may have
- Consider previous trauma and employ learned principles
- Consider issues of gender and be sensitive to them
- Assist consumer with self management using sensory modulation techniques
- Consider where the consumer would be best accommodated in the AIS
- Identify any individuals significant to the consumer who need to be contacted
- If the consumer is known to the AIS consider previous WRAP®



# Evaluation - Peer Worker rating



# Evaluation – Impacting staff approach



# Challenges

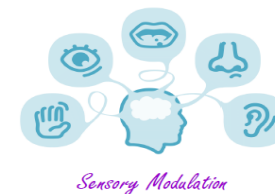
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- The Project spanned environments / disciplines & required contribution by many
- Understanding of the PAL team and its function – change of culture
- Training requirements across ED and AIS
- The Peer Support Worker role – clarifying and supporting a new role in AIS
- Consumer survey
- Keeping the momentum going

# Achievements

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- Education rolled out for Trauma Informed Care, Gender Sensitivity and Safety and Sensory Modulation
- Sensory modulation equipment has expanded throughout the AIS
- Practice change evident
- Strengthened relationship between the AIS and ED
- Evaluation supports that engagement in ED is positive for both consumers and staff
- Capacity to provide a safe environment on transfer to the AIS



## Warm thanks to:



## the broader team

Anna Love	Director of Nursing Mental Health (Project Sponsor)
Merv Love	Acute Inpatient Service (AIS) Manager (Project Lead)
C. Crimmings	Nurse Consultant (left the team in April 2015)
Terri Hunt	AIS Clinical Educator
Alex Smith	AIS NUM
Prue Shanahan	Practice Development Nurse (PDN) Koori Team
Michael Nolan	PDN First Episode Psychosis
Derek McCue	PDN Creating Safety & ECT
Lucy Browne	AIS Occupational Therapist
Jayne Lewis	Service Development Manager
Sue Cowling	Emergency Department NUM
Bryan Bowditch	CATS and ED Mental Health Manager
Liz George	Occupational Therapist
J. Switzerloot	Peer Support Worker (left the team in February 2015)
Mick Wilson	Nurse Consultant (joined the team in April 2015)

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