



Improving access to Forensic Mental Health Services

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Regional Forensic Service Role

- Mental health assessment and treatment for individuals with a suspected or confirmed serious mental illness who can at times present a risk of physical violence
- Forensic Pathways:
Corrections, Justice including courts, Forensic Community & local and regional mental health services.



Forensic Structure

- Medium Acute Inpatient



- Medium Inpatient Rehabilitation



- Open Inpatient Rehabilitation



- Forensic Court Liaison Nurse

- Forensic Community

- Te Whare Paki Mai NGO community support with Pathways

- Consult Reports

- Risk Assessment

- Regional

Challenges

80% increase in Local Prison population in the last 20 years, but no change in resources.

Limited Capacity to respond to increased demand due to constrained funding and recruitment challenges.

Staff resiliency/morale (earthquakes, the Christchurch fire, and Mosque attacks).

What were the issues?



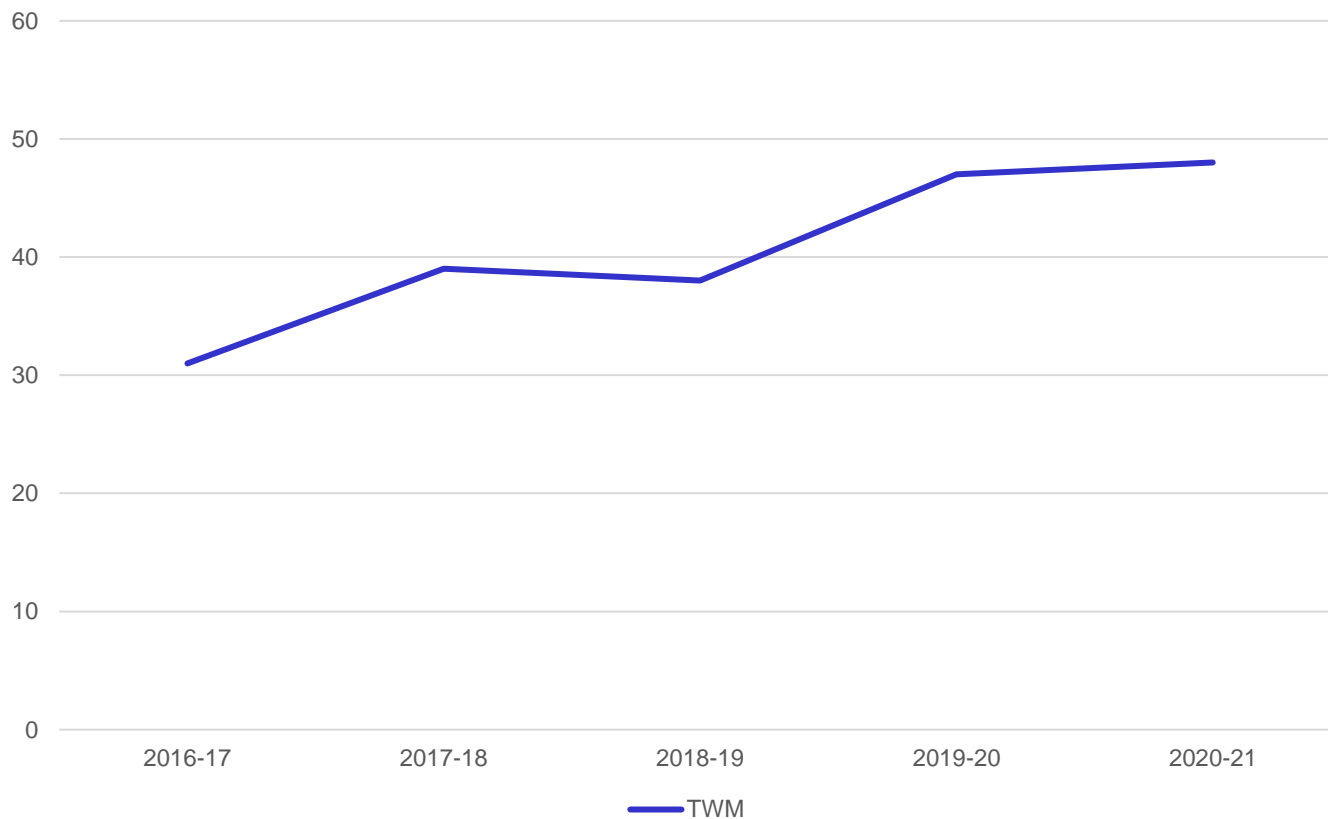
*Team reports of increasing unmet need,
long wait times & increased workload*

But

*limited evidence supporting these concerns
in the data.*

Demand measures

Te Whare Manaaki (Medium Secure Acute) Referrals



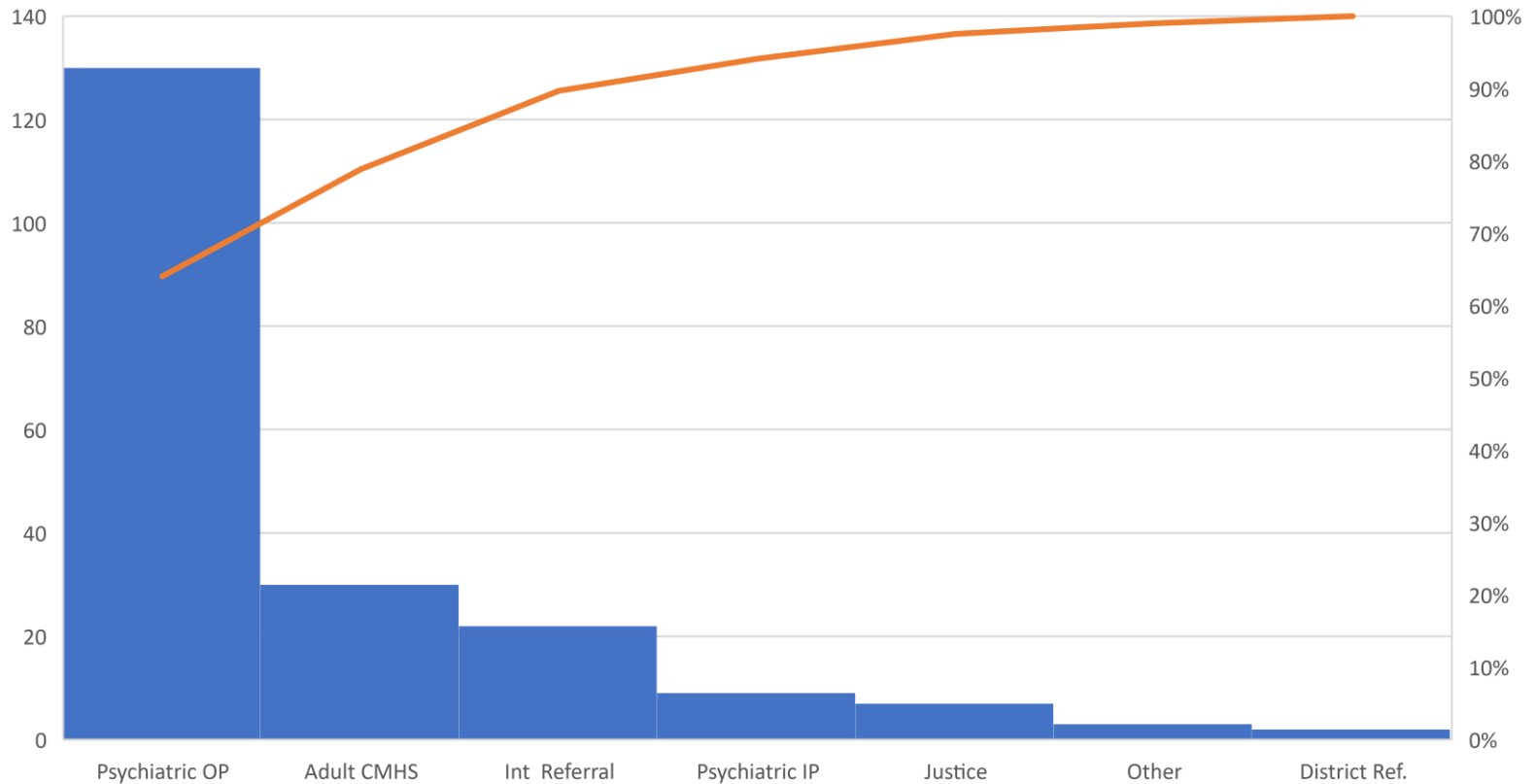
Medium Secure Acute Inpatient Referrals

Canterbury

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Te Poari Hauora o Waitaha

Te Whare Manaaki Referral Type



CDHB Referral Coding

Te Whare Manaaki

FY	Adult CMHS	District Ref.	Int Referral	Justice	Psychiatric OP	Other	Psychiatric IP	Grand Total
2016-17			2	4	25			31
2017-18			2	1	35		1	39
2018-19			6		31		1	38
2019-20	1		4		39		3	47
2020-21	29	2	8	2		3	4	48
TWM Total	30	2	22	7	130	3	9	203

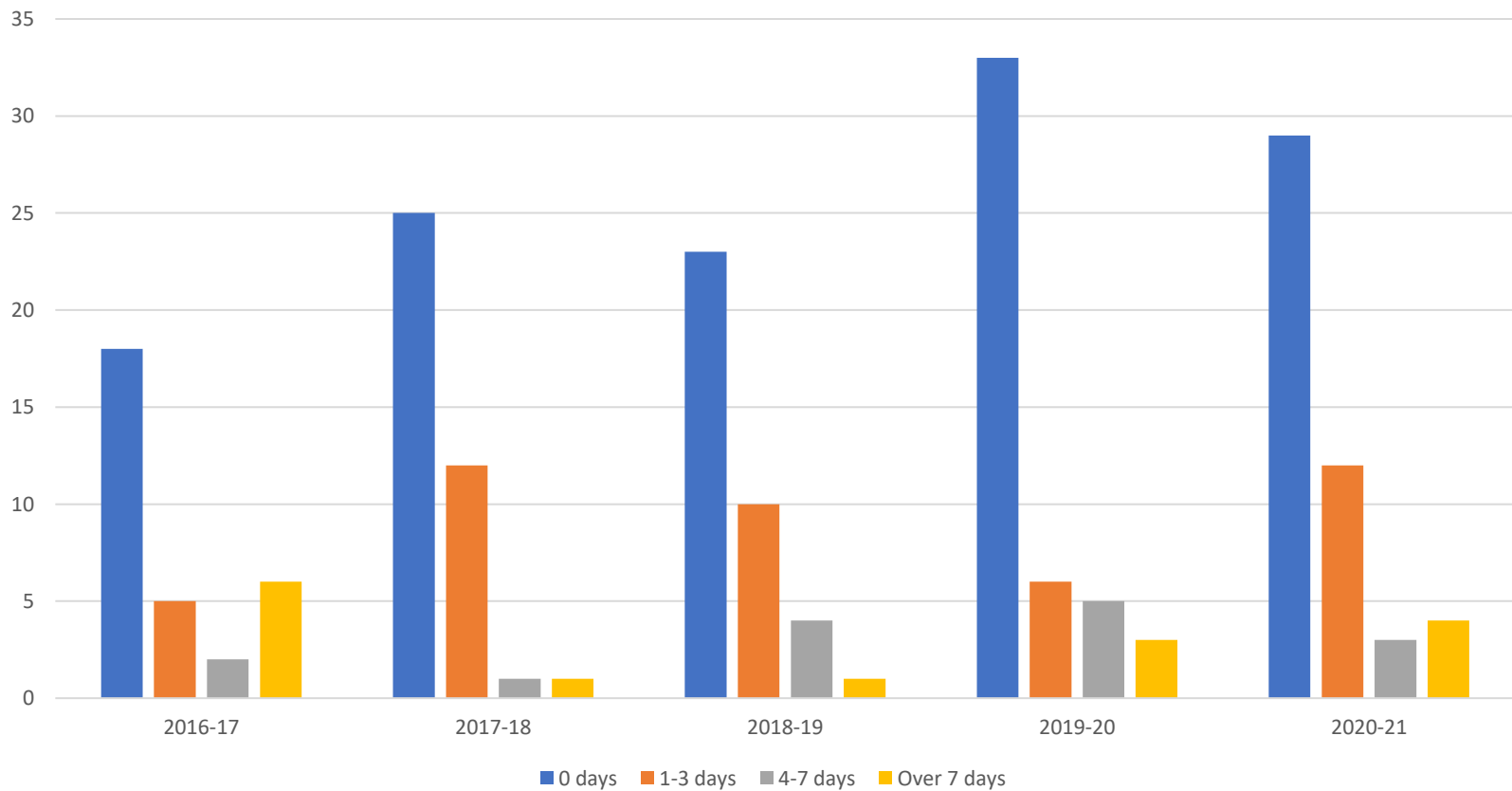
New Referral coding

- Referral Codes available from July 2021

Code	Description	Comment	
CR	Corrections	Corrections, Prison.	New
CO	Court Liaison	Court Liaison services i.e. referrals for court reports	New
FO	Forensic Community	Any community Forensic services	New
JU	Justice	Courts Prison, Corrections or Youth Justice.	Change

Te Whare Manaaki Wait Times

Wait Time by Band (Days)



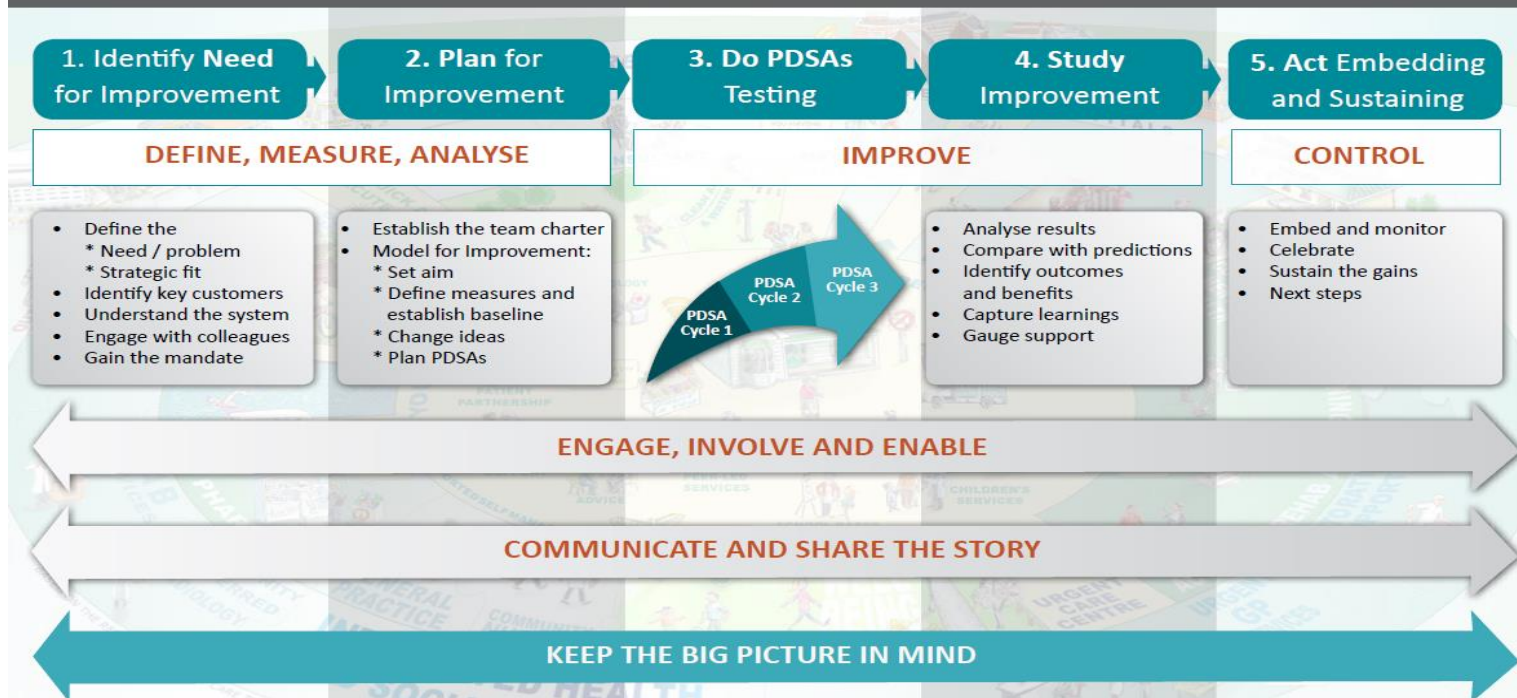
Rapid cycle review



Where to start?

PROCESS FOR IMPROVEMENT

HOW TO GO ABOUT IT



Plan

- **Understand the overall demand**
 - Where do our consumers come from
 - How long do they wait to access service
- **What is the impact on equity of access**
 - Who are missing out
 - Whose needs are we meeting
- **Remove Unconscious bias**
 - Move from Informal to formal processes
 - Create transparent equitable and measurable process
 - Align with nationally consistent process

What were we doing?

- Old method – meeting notes for referrals with team discussion. Inconsistent referral pathway
- But when we examined this, we found that verbal consults/referrals were inconsistently recorded with unclear triage process, limited data and poor communication
- Result:
 - Decentralised and variable/ random process
 - Limited clarity of who is waiting for services and how long they are waiting for services.

What did we do?

- We discussed the process issues with leadership team, managers and admin staff and identified ways we could improve process to improve clarity understanding of who is waiting and for how long.
- Focused on clear simple process which captured all scenarios

What did we do?

- Standardised the process by:-
- Centralising the intake point Single point of access
- Creating waitlists for all streams
 - Inpatient referrals for all three wards
 - Referrals to NGO partner Te Whare Paki Mai (residential)
 - Referrals for:
 - Community Team assessments
 - Forensic Risk Assessments
 - Prison assessments
 - Court reports
 - Regional support

What did we do?

- Standardised the process by:-
- Review waitlists weekly at MDT team meeting – resource availability and urgency
- Case presented by clinician(s) that did initial contact / assessment
- Three months triggers a detailed review of need acuity, need and appropriateness for the planned service

What did we do?

- We included a focus on internal demand for services, as tāngata whaiora progress through higher - lower security environments and to/ from community/ Corrections/ Justice.

Wider system – waitlist management report

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- Regional email inbox monitored each working days
- Spreadsheet tracking initially, but issues with corruption and low file security
- Require an electronic referral in the Patient Management System (PMS) be created for each referral on receipt
- PMS gave us trackable data real time to inform decision making

Aims/Expected Outcomes

- Enhanced team processes and systems have improved data entry and collection
- The data is more reliable and useful
- Greater understanding of wait times.
- Better management of internal transfers as result of greater understandings
- Better use of existing resources

End goal is to have more accurately targeted services and to improve equity of access

Discussion

- We did not focus on a wait time target, but rather on getting quality data to give us a baseline from which we could assess where we can improve the wait process.
- We focused on examining the data, whilst reflecting on our context especially important in services with small numbers and for consumers who highly variable needs.