





Partnering with Consumers This booklet was developed in collaboration with consumers and carers.



#### Introduction

This information guide has been created to assist you during your stay at Metro North Mental Health, Royal Brisbane and Women's Hospital.

We welcome you to the ward and we will endeavour to assist your recovery with the involvement of medical, nursing and allied health staff where appropriate. Our service aims to improve the quality of life of people with mental health challenges through high quality consumer and carer focussed services, teaching and research, and by providing leadership and excellence in mental health care.

Our aim is for every ward to provide a therapeutic care environment. We strongly encourage your active participation in the various therapeutic programs to enhance your recovery so you can return to your community as soon as possible.

The involvement of families, carers and Nominated Support Persons will at times be necessary for planning of treatment and discharge. They may need to have information to understand the issues that surround mental illness and its treatment, their caring role and their support options.

We wish you well during your recovery.

Published January 2021 Approved by Professor Brett Emmerson, Executive Director, Metro North Mental Health

Review date January 2023 Version: 4

### **Quick Reference Guide**

Name:	
Ward:	
Ward Phone Number:	
Patient Phone Number:	
My Treating Team - Staff in this ward responsible for my care:	
Nurse:	
Doctor:	
Psychiatrist:	
Othors	

#### **Other Important Numbers:**

Mental Health Call: (24 hours)	1300 MHCALL (642255)
E-Floor Outpatients Reception:	36461189 or 3646 1150
Inner North Brisbane Mental Health Service Fortitude Valley Clinic:	3834 1605
Acute Care Team:	3834 1605
13 Health:	13 43 25 84
Lifeline:	13 11 14
State-wide Sexual Assault Line:	1800 010 120
Domestic Violence Line:	1800 811 811
Alcohol and Drug Information Service:	3837 5989 or toll-free 1800 177 833
Queensland Transcultural Mental Health:	3317 1234 or toll-free 1800 188 189
SANE Australia:	1800 18 SANE (7263)
Beyond Blue:	1300 22 46 36
Carers Hotline (ARAFMI):	3254 1881 or toll-free 1300 554 660
Kids Helpline:	1800 551 800
Communify:	3510 2700
Footprints:	3252 3488
North Brisbane Partners in Recovery:	1800 752 235
Richmond Fellowship Queensland:	3358 4424



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#### What is Mental Health?

Mental health means having a sense of wellbeing, enjoying positive relationships with others and being able to cope with the inevitable ups and downs of life. Mental health problems are disturbances in a person's mental state or wellbeing. A mental health problem may be short-term and occur when there is a stressful event or circumstance, or it may extend to seriously affecting a persons ability to relate to others, or work, or enjoy leisure time and cope with everyday living.

#### What is Mental Illness?

Mental Illness is a significant disturbance of thought, mood, perception or memory. The term 'mental illness' refers to a group of illnesses (sometimes called mental health disorders) with various symptoms and behaviours. Examples of these include Depression, Schizophrenia, Bipolar Affective Disorder, Anxiety Disorders, Personality Disorders and Eating Disorders.

A person may experience periods of wellness followed by periods of illness and disability. Mental illness affects one in five people during their lifetime.

#### What is recovery?

"Recovery is a process, a way of life, and attitude, and a way of approaching the day's challenges. It is not a perfectly linear process. At times our course is erratic and we falter, slide back, regroup and start again...The need is to meet the challenge of the disability and to re-establish a new and valued sense of integrity and purpose within and beyond the limits of the disability; the aspiration is to live, work and love in the community in which one makes a significant contribution." (Deegan, 1988)

"Living, loving, working and playing in one's community despite the presence or absence of Mental Illness or distress." (Glover, 2010)

"Recovery is happening when people can live well in the presence or absence of mental health problems." (Scottish Recovery Network)

#### After My Stay, Where Can I go for Help in a Crisis?

In a crisis, contact the RBWH Mental Health Services Extended Hours Team by phoning 1300 642 255. This service is available 24 hours per day, 365 days per year. Alternatively, you can visit the Acute Care Team in person, from 8:30 am to 5:00 pm, Monday to Friday, at 162 Alfred Street Fortitude Valley, 4006.





Your nurse will show you around the inpatient area when you are admitted to the ward. If you have not been shown around your inpatient area or if something is unfamiliar to you, please ask a staff member to explain or show you what you need to know.

#### What to bring to the Inpatient Ward

Storage for your personal items is limited so please bring only your essential items to the ward and leave excess items with family or friends. We cannot take responsibility for any lost property.

#### **Examples of what to bring to the Inpatient Ward**

- ✓ Toiletries including roll-on deodorant, shampoo, conditioner
- ✓ sun block
- ✓ Clothing comfortable and suitable for the current climate

Note: The Mental Health Centre is air-conditioned.

There are limited amounts of spare clothes and toiletries available on the wards, so it is best to ask friends or family to bring some along for you if you arrive with little or no personal belongings.

#### **Important**

Current medications: It is always preferable to bring your medications from home. Please give any medications you bring with you to the nursing staff, who will keep them safely and dispense them to you as required.

#### What not to bring to the Inpatient Ward

To ensure the inpatient areas are a safe place for consumers and staff: all property that you or visitors bring into the ward must be given to the staff for a safety check. Many items are not permitted, some examples are listed below. Items thought to be hazardous or potentially dangerous will be removed and locked up for safety. These will be returned to you on your discharge if appropriate. Please ensure that your visitors are also aware of what not to bring.

Exam	ples of what NOT to bring		
×	prescription and over the counter drugs	*	plastic bags, glass or ceramic containers/objects
×	illicit drugs, alcohol	×	aerosol cans
×	lighter, matches	*	tin or aluminium products
×	sharp instruments	×	open food products
×	metal objects	*	sports equipment
×	Cameras, mobile phones	*	flammable liquids



#### **Visiting Hours**

Visiting hours are from 10:00 am to 8:00 pm.

Friends and family are encouraged to consider the consumer's need for rest and recovery, and keep visits to a reasonable time frame. Children in the company of an adult are welcome to visit you on the ward. Family or friends wishing to bring children onto the ward should check with the nurse in charge of the ward upon entering the unit.

#### **Meal Times**

A meal service is provided for all main meals in the main dining room on **H Floor.** For clinical reasons you may be required to have your meals in the ward area for all or part of your stay.

Breakfast: 7:30 am to 8:30 am Lunch: 12:00 pm to 12:45 pm Dinner: 5:00 pm to 5:45 pm



Morning tea, afternoon tea and supper are served in individual ward areas. Vending machines are also available in the foyer area opposite the lifts and on E floor. You will need coins as the wards do not keep money, so you may have to ask friends or family to bring you some change.

Staff may restrict a consumer's intake of caffeine drinks in some circumstances because they can adversely interact with your medication. If you have any specific dietary requirements or preferences, for example vegetarian or low sodium diet, please discuss this with staff. If you are interested in cooking you may speak to the Occupational Therapy Assistants who conduct cooking activities.

#### **Accommodation**

#### **Bedroom**

Accommodation is in double rooms or four bed dormitories. Bedrooms are a private space, so we ask you to please not socialise in these areas. Relatives and friends are not allowed in these areas. Please use the common lounge area or the veranda for socialising. Please try to keep your room clean and tidy at all times.

If you need help to do this, please ask your assigned nurse. If your bed is in the high dependency area (HDU), we will store your excess belongings in the store room.



#### Laundry

Laundry facilities include a washer and dryer on each ward. The laundry is open from 8:00 am to 8:00 pm daily. Please put dirty linen and towels in the linen bags provided. If you are unsure about how to use the machines, please ask your nurse.

#### **Smoking**

People with mental health issues are more likely to smoke and suffer from physical health problems associated with smoking (than people without mental health issues). Smoking makes some mental health conditions worse, so addressing smoking is a really important part of mental health treatment. If you are a smoker, quitting smoking is the best thing you can do to improve your health. You will also save lots of money. For non-smokers, this will reduce the risk of a person taking up (or re-commencing) smoking while in hospital.

In line with Queensland government policy, all Metro North Mental Health inpatient units at Royal Brisbane and Women's Hospital (RBWH), The Prince Charles Hospital (TPCH) and Caboolture Hospital are **tobacco free**. To assist with this change support will be provided.

If you are a smoker, please do not bring tobacco and related products to the hospital. Friends and / or relativities are not able to supply any tobacco or related products. This includes cigarettes, e cigarettes, lighters and associated items. If you do bring smoking/tobacco related products into the mental health unit, you will be required to hand them in to staff for the duration of your admission. These items will be placed in secure storage, if requested they will be returned to you on discharge. Alternatively, you can send these items home with a friend or relative.

#### What help is available?

- Nicotine replacement therapy (NRT) patches and gum are available free while you are an inpatient;
- Free Quitline phones will be available on every mental health ward so you can talk to someone over the phone about any questions you have regarding quitting smoking;
- You are encouraged to talk to your treating team;
- If you have decided to quit smoking, ask to be referred to the Dual Diagnosis Coordinators for individual support, as an inpatient and/or an outpatient.

#### How can I get more information?

• Speak to your Mental Health Clinician, or allocated health professional.

#### **Safety and Security**

#### **Hazardous or Sharp Implements**

For your safety and the safety of others, any potentially hazardous items or sharp implements such as razors, knives, scissors etc. are removed and stored in a locked cupboard on the ward. We will return these items to you on discharge.



#### The Ward is Locked

In accordance with Queensland Health policy, the doors to the wards are locked. However, you will never be locked in and abandoned on the ward. There will always be staff on duty to assist you. If you are allowed escorted or unescorted leave, please ask your nurse to unlock the door for you. If you feel stressed or anxious about being locked in please share your concerns with a member of staff.

Voluntary patients are informed that they can exit at any time but are requested to remain on the ward overnight and negotiate leave to ensure that they are available for assessment, treatment and review.

If you are currently on a Treatment Authority and leave the facility without approved leave the staff are obliged to have you return. Actions may include reporting this absence to the Queensland Police Service or the Queensland Ambulance Service who will be asked to support returning you to the facility. We recognise that this can be a distressing experience and would like to avoid this occurring by asking you to work with us to ensure leave can be approved before you leave the facility.

#### **Violence and Aggression**

Frustration and anger are normal emotions and you may feel distressed or upset during your stay on the ward. If you are feeling angry or frustrated, it's best to talk to someone before it gets out of hand. You may ask your nurse for help and to get assistance to use your Personal Safety Plan (a copy is at the back of this booklet) to manage these feelings. The Personal Safety Plan is a document that helps you to think about the triggers that make you unwell, and about strategies to stay calm and reduce stress.

We are committed to maintaining a healthy and safe environment for employees, consumers, visitors and others within our facilities. Violence, threats of violence, abusive language, aggression and intimidation are not accepted behaviours and not tolerated by Queensland Health. Any form of violence may incur criminal charges / legal action with the support of the organisation. Please note this also encompasses property damage and acts of aggression towards co-patients or staff. Protective Services Officers are on mobile patrol 24 hours daily within the hospital to ensure the safety of patients, visitors and staff. We request your cooperation with these officers.

Similarly, you have the right to feel safe and to be in a safe place to help with your recovery. Please report any incidence of violence or any intimidation you feel **immediately** to the staff. We are trained to safely manage all issues and incidents. If you have any suggestions or wish to lodge a formal complaint, see the *Complaints and Compliments* section of this booklet.

#### **CCTV**

Closed circuit television is used within the Mental Health Unit. The CCTV is used to enhance the safety and security of the unit and environment.



#### **Visual Observations**

When you are admitted, your treating team will prescribe a level of visual observation for your safety. This means that staff will frequently walk around to check that you are OK. The treating team will regularly review this level of observation according to your wellness. If your observation level is such that you may leave the ward, please read the section headed 'Approved Leave / Time Away From the Ward' for more information.

Visual observations will be carried out by the nursing staff (24 hours a day). The intervals of these observations will vary. They will also be conducted over night. The staff will observe you with minimal disruptions. On some occasions a torch may be used to allow enough light to perform the observation.

#### **Medications**

Medications are generally given at meal times with the exception of evening medications, which are given before you go to bed. Medications may be given at other times in line with your treatment plan or according to your preference. When you are admitted, you will be asked to have your photo taken for the medication records. This will help us give the medication to the correct person. When you are discharged, we will return your photo or dispose of it. If you prefer not to have your photo taken, you may wear a hospital identification bracelet instead.

The types of medication used for treating mental illness usually fall into five (5) main groups:

- 1. Anti-psychotics
- 2. Anti-depressants
- 3. Tranquilisers
- 4. Mood stabilisers
- 5. Movement disorder treatments
- 6. Medication for medical conditions that you were prescribed prior to your admission

Should you require further information on your prescribed medications, please don't hesitate to ask your doctor, nursing staff, or allocated community Mental Health Clinician. We can provide you with a package of information to read at your leisure. You can get these information packages from the wards.

#### Ask for the **Psycho-Education Packages on Medications.**

For more details on medications, look up advice from doctors, pharmacists, or health workers by accessing the SANE website on: <a href="www.sane.org">www.sane.org</a>. You can also consult the MIMS ANNUAL (which details all medications) in your local library, or on their website:

www.mims.com.au, or choice and medication website www.choiceandmedication.org.



Your treatment in the inpatient area will help you recover from acute illness and having leave away from the ward is an important part of the recovery process. Having some time at home before being discharged provides an opportunity for you to gradually adjust to returning home and to the responsibilities that you have. Your leave program will include guidelines and it is your responsibility to:

- Discuss your plans for leave with your nurse before leaving the ward.
- Write on the white board when you will be returning.
- Phone the ward if you are going to return late.
- Ensure you return within the allocated time.
- Follow to your leave conditions.
- Tell your nurse when you return to the ward.

Requirements that you must meet while on leave include:

- No alcohol or drug use
- Return to the ward at the time required
- Take your medications as prescribed

If you will need medications while on leave please let your treating team know as far in advance as possible so they can be ordered and ready for you.

#### **Leave taken Without Approval (Absconding)**

Leave programs are part of your treatment and you will be given leave as soon as possible. We recognise that not being allowed to leave the ward is frustrating and difficult and we assure you that we take this matter very seriously and will do our best to help you work towards your recovery. Taking leave without approval is not allowed under the mental health act. If you are absent without leave, staff will try to find you first if it is safe to do so. However, the treating team may have to ask the police or the ambulance service to help return people to the inpatient ward. This is something we want to avoid as it may have a negative impact on your recovery.

#### Planning your leave

For more information, and to help you plan your leave, please refer to the *Going on Leave* brochure at the back of this booklet.

## Ward Rounds or Review Meetings, and Involving Family, Carers or Nominated Support Persons

Your progress will be monitored, assessed and discussed by your treating team, usually twice a week. Since this is where important decisions are made, it is important for you to attend these meetings to participate in developing your treatment and discharge plan.

Family, carers or Nominated Support Persons are also encouraged to attend these meetings, so that they can find out how to best help you on your journey of recovery. Family, carers or Nominated Support Persons are only given general information regarding your treatment and care, unless you give permission for more information to be shared. Involving the important people in your life can be very beneficial to your recovery. If you wish for them to have further information and participate in developing your discharge plan, and if this hasn't been raised by your treating team, please let your nurse know as soon as possible.

#### Falls and pressure injury prevention

When people are admitted to hospital, they may not be eating or drinking enough or may have been commenced on medications. As a result, people sometimes feel unwell, dizzy or unsteady on their feet which may lead to falls, they may also find they are spending lots of time sitting or lying in bed. Anytime you lie or sit down in the same position for a period of time, pressure is applied to different parts of your body. Any object that comes in to contact with your skin has the potential to cause a pressure injury. Nurses will conduct an assessment on admission and regularly during your stay.

Please tell your nurse or doctor if you have any concerns and they can conduct a review and adjust your treatment and care if required.

#### Things that can help prevent falls are:

- · Getting out of bed or chairs slowly sit on the edge of the bed before standing
- Drinking enough fluids
- Wearing well fitting, low heeled non-slip shoes
- If you wear distance glasses or use a walking aid continue to do so
- Look out for hazards that may cause a fall, such as spills or clutter and tell staff promptly.
- Ensure your belongings are stored in your cupboard or in the patient store room.
- If staff recommend that you need assistance or supervision when moving, please ask them for this assistance and wait until they come to help you.

#### Things that can help prevent pressure injuries are:

- Changing position frequently when in bed or chairs
- Advise staff if you have any tenderness or soreness over a bony area or if you notice any reddened, blistered or broken skin
- Avoid massaging your skin over bony parts of the body
- Use a mild soap
- · Eat a healthy diet and drink enough fluids
- Keep your skin and bedding dry

#### Ward rules, routine and respecting each other

All wards have a routine which aims to assist you to re-establish positive sleep habits, promote healing and establish boundaries within the ward whilst respecting the rights of other patients and staff.

You will be assigned an allocated nurse for each shift. The whiteboard near the work station has your name and the names of your assigned nurse and treating doctor. Please find your nurse and talk to him or her about any concerns you may have.



Curtains in each room are drawn back by 8.30 am. Unless you are physically unwell, you are encouraged to be out of bed and using the communal areas from 9:00 am. You are welcome to rest on your bed for a short period following lunch. Please let staff know if medications are affecting you or if you need some 'time-out' or some quiet time for reading.

#### 2. Participation

Please join us in the community meetings, activity programs and ward rounds. These opportunities are for you to be involved in your treatment planning and program, and are an important step towards your recovery.

#### 3. Be Clean and Tidy

As we are all sharing the ward, please keep your bed-space clean and tidy, and attend to your personal hygiene. Shampoo, soaps, shavers, toothbrushes, and combs are available on request. Fresh towels, gowns & bed linen are available on trolleys near the bedrooms.

Please see your nurse if you require assistance with personal hygiene, making beds, tidying possessions or changing linen. When using the ward kitchenette area, remember to clean up after yourself. The laundry is available between 8.00 am and 8.00 pm.

#### 4. Mealtimes and Storing Food

Please store any food stuffs in the locked cupboards/fridge in the communal area - rather than by your bed. Staff can assist in accessing these. Meals are served in the Dining Room (on H Floor), or the day room or ward verandah if you are too unwell to go to the dining room

#### 5. Healthy Sleep Habits

Sleep plays an important part in promoting good health. To encourage healthy sleep habits, the television and the music/radio is not available from 9.30 pm. Access to tea and coffee is restricted to certain times of the day and is unavailable from 9.00 pm. The lights in the communal area are turned off, and this area is locked at 10.00 pm. You have a bedside light for reading or quiet activities. If you have any difficulties sleeping please speak to your nurse and try not to disturb other patients.

#### 6. Alcohol and Illegal Drugs

Alcohol and/or other non-prescribed drugs can be extremely harmful if mixed with the medications prescribed for your treatment. We can help you if you have a problem with illicit drugs or alcohol. Where there is suspicion of drugs or alcohol being used, staff may conduct random searches. In order to protect everyone on the ward anyone found in possession of or supplying illicit drugs may be reported to the police and may be prosecuted.

#### 7. Storing Valuables

Individual lockers are provided next to each bed, but valuable items should be stored in the hospital Trust Office. Please leave your valuables at home as we are not able to guarantee safe storage of money and valuables.



#### 8. Safety on the Ward

A number of items are not permitted on the ward for safety reasons. These include plastic bags, sharp instruments, aerosol cans, glass, cigarettes, lighters and matches. All medications must be handed in to staff for safe keeping.

#### 9. No Smoking Policy

Queensland Health has a No Smoking policy in place. Nicotine replacement is important and therapies are available at no cost to you. If you are finding you are still craving cigarettes please discuss this with your nurse or doctor. Quit services are available.

#### 10. Electronic Devices and Mobile Phones

We respect each other's space and privacy. No video recording, photography or electronic recording is permitted. For this reason electronic devices such as mobile phones will be secured by staff and may be used under the supervision of staff if approved by the treating team. Public phones are available in wards and on E Floor, and access to staff phones can be negotiated with your nurse. For safety all electrical items must be checked by an electrician before they can be used in the ward, due to the limited hospital resources this checking must be arranged by you from a private electrician. Each ward has hairdryers which are available from the staff.

#### 11. No Violence

We are committed to maintaining a healthy and safe environment for employees, consumers, visitors and others within our facilities. If you are feeling frustrated, angry, distressed or unsafe please seek assistance from any member of staff so that we can help you. Violence, threats of violence, abusive language, aggression and intimidation are not accepted behaviors and are not tolerated by Queensland Health. Any form of violence may incur criminal charges/legal action with the support of the organization. Please note this also encompasses property damage and acts of aggression towards co-patients or staff.

#### 12. Sensible Attire

Please be respectful of others and wear appropriate clothing suitable to a hospital ward. Conservative style of dress, adequately covering yourself, and the wearing of appropriate footwear is requested to ensure the comfort and safety of all consumers within the clinical environment.





#### **Activities**

#### **Community Meetings**

Each ward has a timetable for ward meetings when we discuss what programs are available through the day. You may ask questions and raise any concerns that you may have. While these meetings are not compulsory, we value your attendance and participation.

#### **Community Visitor**

The Community Visitor Program provides an opportunity for patients to discuss issues with an independent person. Issues can be raised by telephoning the Community Visitor Program Team or by speaking directly to the Community Visitor on one of their visits. You can contact the Community Visitor on: **(07) 3406 7711**.

#### **Occupational Therapy Assistant Activities**

Occupational Therapy Assistants are on the ward **Monday to Saturday** for most of the day, offering a wide range of things to do while you are here. Some available activities are: beading, leatherwork, clay work, fabric painting and cooking. There are many other things to do – just ask. You can look for our daily activities program on the ward whiteboard.

#### **Peer Workers and Peer Assistants**

The Peer Workers and Peer Assistants have a personal lived experience of mental illness. They offer peer support and facilitate groups and activities on the wards to support consumer recovery. They can offer valuable support from the perspective of someone who has walked in your shoes and who is on their own recovery journey.

#### **Television**

The inpatient wards have a television and DVD player available for use. Please ask your nurse for permission to use them.

#### Parents with children

If you are a parent, there will be additional challenges related to admission to hospital. Parents often have questions related to maintaining contact with their children during admission. They also wonder how best to talk to their children and other family members about their mental health and hospital stay. It is important that your children have contact with you while you are in hospital.

Your Mental Health Clinician or nurse can assist you in making appropriate arrangements. There are also a number of resources available and services you can access to help you support your children. For more information, please ask someone on your treating team.



#### **Facilities**

#### Cafeteria

The hospital cafeteria is in the Main Foyer on the First Floor, Ned Hanlon Building. It is open to the public from 6:30 am to 7:00 pm daily

#### **Banking**

There are multi-card automatic tellers (ATMs) in the Main Foyer, Ground Level, Ned Hanlon Building.

#### Centrelink

A Centrelink agent visits the hospital to help patients with Centrelink queries as needed. Please ask the ward social worker to assist you.

#### Hairdresser

The hairdresser is situated on the ground level of the Ned Hanlon building. They are open 9:00am - 5:00pm Monday to Friday

#### **Telephones**

Each ward or area of the RBWH Mental Health Service has a coin operated public telephone. A coin operated public phone is also available on the ground floor (E Floor) outside reception. Local calls cost 50 cents. You will need coins as the wards do not keep money, so you may have to ask friends or family to bring you some change. **The use of mobile phones is not permitted in ward areas** as they interfere with medical equipment, and may be used for video recording or photography which would invade the privacy of others. For this reason mobile phones will be secured by staff and may be used under the supervision of staff if approved by the treating team. A telephone for incoming calls is available on each ward.

If you are a patient in any of the following wards, please advise your relatives and visitors to ring the correct number:

F Floor: (07) 3646 1179 G Floor: (07) 3646 1140 H Floor: (07) 3646 1133 I Floor: (07) 3646 7768

#### Mail

Your mail is delivered Monday to Friday.

#### Please address to:

**Your Name** (Ms Jane Citizen) Mental Health Centre Royal Brisbane and Women's Hospital Herston QLD 4029



#### **Newsagency**

The Newsagency is located on Level 1 of the Ned Hanlon Building. Newspapers, magazines, phone cards and a selection of food and drinks can be purchased. Hours: 7:00 am to 6:00 pm Monday to Friday; 7:00 am to 3:00 pm Saturdays, Sundays and public holidays.

Phone: 3646 4342

#### **Pharmacy**

The Mental Health Centre Pharmacy is open **8:00 am to 5:00 pm Monday to Friday.** The main hospital pharmacy can be utilised at all other times as required. When you are discharged from the ward, you will be given a supply of the medication you were prescribed while here for your ongoing health management. You may need to pay for your medication if you are a voluntary patient. You may be eligible for a PBS card for discounted medications. A member of staff can advise you on whom to talk to for this information.

#### **Pastoral and Religious Support**

RBWH has pastoral and religious ministry for patients and their families according to their beliefs and needs. You can ask a member of the ward staff to arrange a visit for you if you wish.

#### **Post Office**

The Post Office is open on level 1 of the Ned Hanlon building from 9:00am to 5:00pm Monday to Friday.

#### **Interpreting Services**

This service is free of charge if English is not your main language, or if you use sign language. It is best to use an accredited Interpreter as they have experience in interpreting accurately. Ask the Nursing Staff to organise an interpreter for you if you are experiencing any difficulties with understanding any part of your stay or treatment here.

#### Taxi Service

There is a **Taxi Phone** in the foyer of E Floor that calls yellow cabs directly, with no costs involved. When the operator asks for your 'pick-up' address, say "Mental Health Centre, Royal Brisbane and Women's Hospital." For further help, ask ward staff.

#### **Transport**

#### **Bus and Train Transport**

The nearest railway stations are Brunswick Street (Fortitude Valley) and Bowen Hills. Both involve a 15 minute walk to the hospital. Regular buses run from Brunswick Street Station. Bowen Bridge Road is a major bus route with frequent bus transport during the



day. All inbound and outbound buses stop at the Hospital Bus Station. For transport information, call **Trans Info Hotline on 13 12 30.** They can also arrange a three-way conference call with the Department of Immigration and Multicultural Affairs if you need an Interpreter Service for transport information.



#### **Parking**

The **Metro Car Park** is open from **6:00 am to 12 midnight, 7 days a week.** (24 hour access can be obtained on request). The car park is situated in Butterfield Street next to the Ned Hanlon Building (Centre Block) and is the closest car park to the main hospital buildings. An undercover walkway links the car park to level 1 of the Ned Hanlon Building. There is ground floor access to the Main Foyer of the Ned Hanlon Building.

The **Corner Stone Car Park** is opened **24 hours per day, seven days per week.** The car park is situated on Herston Road. It is attended from Monday to Friday, 7 am to 6 pm. At other times tickets can be accessed and paid for through the automatic machines.

#### **Staff**

In the inpatient wards, a treatment team will work with you during your recovery process in hospital. The team consists of your allocated nurse (who will change each shift) as well as your medical staff, (consultant psychiatrist, registrar and resident medical officer); occupational therapy staff and other staff who work with you during your stay in hospital. There are also peer assistants and peer workers to talk to who also have a lived experience of mental illness, and who have walked in your shoes. Your case will be reviewed by the treating team twice per week. Depending on your needs, you may be assigned a mental health clinician for your on-going support and health management following your discharge.

#### **Nursing Staff**

Nurses are on the ward 24 hours a day and 7 days a week. They are your first port of call with any questions, issues or problems. They will ensure that you receive all the treatment that is necessary. They give out medications when needed, and coordinate all the day to day activities that everyone needs to maintain their wellness. Nurses continually assess people's mental health to make sure they are getting the best treatment that is necessary for their speedy recovery. They will help with any day to day needs like hygiene, sleep or dietary needs. Your nurse is also able to contact other health professionals (e.g. doctors, social workers or occupational therapists) on your behalf if needed.

#### **Peer Assistants**

The peer assistants have a personal lived experience of mental illness, and they visit the wards to support patients who are recovering. They can offer valuable support from the perspective of someone who has walked in your shoes and who is on their own recovery journey.

#### **Peer Workers**

Peer Workers thoroughly understand the Mental Health System, and they use their lived experience to support consumers, their families and carers to access appropriate services. They also run groups and activities on the wards. They visit the wards from Mondays to Fridays. Please feel free to approach them if you need support with your recovery journey.



Your mental health clinician is a health professional. They may be a nurse, a social worker, a psychologist or an occupational therapist. A mental health clinician is a member of your treating team who will provide mental health care to you in the hospital and the community. If you are going to receive ongoing mental health care from RBWH Mental Health after you leave hospital, you may, if required, be allocated a mental health clinician before or soon after discharge. While you are an inpatient, they will help you successfully leave the hospital to begin community care. Upon discharge, your case manager should be in contact with you within 1 – 7 days.

The mental health clinician will:

- Carry out ongoing assessment, assist your mental health and general wellbeing, and arrange referrals and accommodation as you need them.
- Support you to make links with other services that reintegrate you back into your community.
- Work with you to help you achieve your goals.

#### **Social Worker**

The inpatient Social Workers are skilled professionals who can provide support and assistance with a range of practical and emotional issues, including information and referral to other services within the community. Social Workers are available to work with patients, their families and carers/support people.

#### **Discharge Facilitator**

The Discharge Facilitator provides brief and intensive support for mental health consumers who may be unlikely to meet the criteria for receiving extended case management after discharge. The Discharge Facilitator aims to reduce possible relapse and readmission of voluntary patients by providing intensive support while they are in hospital and for a short period after discharge. They improve client's access to relevant community supports and agencies, and establish and maintain linkages with community services. Discharge Facilitators assist clients to independently utilise self management and coping strategies to better manage their mental health in the community.

#### **Multicultural and Indigenous workers**

We can arrange access to an indigenous or multicultural service to assist with your care, please speak to your allocated nurse if you would like to make contact with them.

#### **Consultant Psychiatrist**

The treating psychiatrist is ultimately responsible for making or approving all treatment decisions for each consumer under their care. In doing this they rely on information obtained from a variety of sources including: consumers and their community supports (eg carers, family, friends, GPs, psychiatrists, etc), case managers, nursing staff, the team registrar and Resident Medical Officer (RMO). They also have a role in supervising and teaching their registrar and RMO. Psychiatrists usually see consumers under their care once or twice a week while in hospital. They also see consumers in the community and oversee the management of consumers seen by their registrar in the community.



The registrar is a qualified doctor who is training to become a psychiatrist. They are responsible for the day to day assessment and management of consumers under their care in hospital, and also see consumers in the community clinics and Psychiatric Emergency Centre (PEC). They are guided by advice from their supervising psychiatrist. They are also responsible for supervising and teaching the RMO attached to their team. Registrars usually change jobs every 6-12 months due to their training requirements.

#### **Resident Medical Officer**

RMOs are junior doctors, often in their first or second year of medical training. They are therefore given brief jobs of 5-10 weeks in different areas in the hospital to give them a broad knowledge of different medical specialties. They usually spend 5 weeks in mental health, so their knowledge in this area is often limited. Their primary responsibility is to manage any physical health problems experienced by consumers while they are in hospital, but they are also asked to contribute to mental health assessments of consumers as part of their training. They are supervised in this role by registrars and psychiatrists.

#### **Consumer and Carer Services**

All of the workers in Consumer & Carer Services have personally experienced mental health issues, or caring for someone with a mental health issue. Through their own journeys of recovery they are able to relate, in a unique way to your personal issues, needs and concerns. They offer empathy and support that complements the clinical support you receive from the hospital. They are employed by the Mental Health Service to provide information on the service, and to assist you in participating in your recovery. They will offer support wherever possible.

At some time in the future, you may wish to join the Consumer Workforce, which provides an important part of recovery for many people, and is continually growing. You may also have a family member or a friend who would like to join the service as a care

For more information on how Consumer Services can assist or support you, please refer to the "Consumer and Carer Services" brochure.

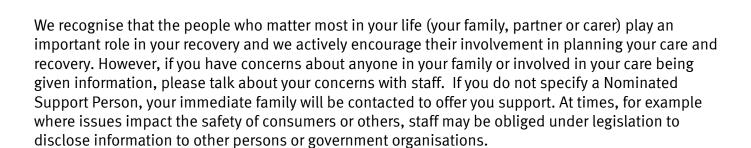
#### **Volunteers**

Volunteers provide companionship to consumers on the wards by listening, having a chat and a cuppa. They may or may not have a personal experience of mental illness.

#### **Your Privacy**

#### **Confidentiality**

If you are a consumer of our services, any personal information you share with staff to assist them in planning your care is considered **confidential**. That means that both government legislation and the RBWH have limits on the type of information that staff can give out about you, or your specific issues and concerns. We respect your right to privacy while encouraging you to tell us about yourself, your hopes, dreams and fears. This helps us to plan your care better.



#### Health records and personal information

Queensland Health respects the privacy of patients and their families. Your previous care history can help us identify which treatments are likely to be safe and effective for you, and can also help reduce the likelihood of repeating tests.

Queensland Health is subject to privacy and confidentiality legislation which set the standards for how we handle your personal information.

Your health record is confidential and subject to the confidentiality safeguards in the *Hospital and Health Boards Act 2011*. Health records are the property of the Health Service and you may apply for access to your own health records under the Administrative Access Scheme.

#### **Accessing your health records**

You have the right to apply for access to information held in your health records. When seeking access to your health information, you will need to provide evidence of your identity, such as:

- Passport
- Copy of a certificate or extract from a register of births
- Driver's licence

You will need to provide a certified copy of one of these documents. If you don't have any of the listed documents, talk to RBWH about other accepted evidence of identity documents. To access to your health record lodge an application in writing to the Information Access Unit together with evidence of identity.

It is important to understand that access to health records is not an automatic right and may be subject to limitations under legislation. Applications processed under the Administrative Access Schemes are processed within 15 days from receipt of a valid application. In some cases information cannot be released under the Administrative Access Scheme and may be referred for a decision under the *Information Privacy Act 2009*. Staff at the Information Access Unit will contact you. If you require any further information please contact the Clinical Information Access Unit on (07) 3139 4883.



#### The key rights of people using mental health services:

- the right to respect for individual human worth, dignity and privacy;
- the right to participate in decision making regarding treatment, care and rehabilitation;
- the same rights as other people to health care; income maintenance; education; employment; housing; transport; legal services; equitable health and other insurance; and leisure activities;
- the right to receive information in a way that you understand, eg education about the mental health problem, its treatment and the services available to meet your needs;
- the right to timely and high quality treatment;
- the right to complain;
- the right to refuse treatment (unless subject to mental health legislation);
- the right to have support people who will speak on your behalf;
- the right to have contact with relatives and friends;
- the right to have cultural background, religion and gender taken into consideration in the provision of mental health services;
- the right to contribute and participate as far as possible in the development of mental health policy, provision of mental health care and representation of mental health service user interests;
- the right to privacy and confidentiality;
- the right to live, work and participate in the community to the full extent of your capabilities without negative discrimination;
- the right to receive assistance to communicate effectively.

#### Mental health service users have a responsibility:

- to respect the human worth and dignity of other people;
- to participate as far as possible in reasonable treatment and rehabilitation processes.

#### **Australian Charter of Healthcare Rights**

This is a guide for consumers, carers and families, outlining the rights of access, safety, respect, communication, participation, privacy and comment. For more information, please refer to the brochure: The Australian Charter of Healthcare Rights or see page 34.

#### **Queensland Human Rights Act 2019**

This Act protects 23 human rights for every person in Queensland.



#### People treated under the Mental Health Act have the right to:

- information about:
  - What it means to be an involuntary service user;
  - Decisions made about your assessment, treatment and care;
  - What you can do if you have concerns about these decisions;
- be involved in planning and reviewing the services provided to you;
- have important people in your life involved in your treatment and care, if you wish;
- choose a **Nominated Support Person** someone who can help you have your say;
- receive visits from your own health practitioners and legal advisors at any reasonable time;
- regular reviews by the **Mental Health Review Tribunal** an independent body whose role is to protect the rights of involuntary patients;
- continue to make your own decisions about other health care, personal and financial matters;
- make a complaint or compliment about the mental health services you receive.

The rights of involuntary service users are outlined in the Mental Health Act 2016 Statement of Rights. For more information, please refer to the brochures available on the wards.

#### The Mental Health Review Tribunal

The Mental Health Review Tribunal is an independent body set up under the *Mental Health Act 2016* to protect the rights of people receiving involuntary treatment for mental illness.

Within 7 days after being put on an Treatment Authority(TxA), you will be given a letter explaining what this means for you, a copy of your verified TxA and a brochure outlining your rights.

If you remain on your TxA for 4 weeks you will be listed for a MHRT hearing. A clinical report done by your treating team outlining why you should remain treated under the MHA 2016 needs to be given and explained to you at least 7 days prior to this hearing. If you feel you have not been given adequate time to go through this report and ask your treating team any questions, contact your allocated nurse who will assist you. You may also discuss with the MHRT via phone on 1800 006 478 or discuss with the MHRT at your hearing.

#### **Nominated Support Person**

Any person may choose a family, carer or other support person to help them represent their views, wishes and interests relating to their assessment, detention, and treatment. Please ask the staff for the Nominated Support Persons guide and appointment form. You may also need some assistance in contacting your Nominated Support Person, so just ask staff.

#### **Independent Patient Rights Advisors (IPRA)**

The IPRA's role is to advise patients and their nominated support persons, family, carers and other support persons of their rights under the MHA. The positions play a very important role in liaising between clinical teams, patients and support persons.

If you wish to speak to an IPRA, please ask your treating team to refer you on to the IPRA team.



These rights and responsibilities acknowledge the contribution that carers make to the support and care of people with mental health conditions. The caring and advocacy roles are complex and the relationship between carers, consumers and advocates or Nominated Support Persons can change frequently. This may also vary according to the consumer's age.

It is also recognised that there may be circumstances when the consumer is unable to give consent, or may refuse consent because of their mental state. In such cases, it may be appropriate for service providers to initiate contact with the consumer's carers, advocates or Nominated Support Persons.

#### Families, carers, advocates or Nominated Support Persons have the right to:

- Be respected for their individual human worth, dignity and privacy.
- Comprehensive information, education, training and support to facilitate the understanding, advocacy and care of those people for whom they care.
- Provide information concerning family relationships and any other matters relating to the mental state of the consumer to health service providers.
- Seek further opinions regarding the diagnosis and care of the consumer.
- Place limits on their availability to consumers.
- Make a complaint.
- Get help with their own difficulties which may be generated by the process of caring for or acting as an advocate for a person with a mental illness.

#### Families, carers, advocates or Nominated Support Persons also have a responsibility to:

- Respect the human worth and dignity of the consumer; to consider the opinions of professional staff and recognise their skills in providing care and treatment for the consumer;
- Co-operate, as far as possible, with reasonable programs of treatment and care aimed at returning the consumer to their optimal personal autonomy.
- To obtain appropriate professional assistance if they have reason to believe that the consumer may have a mental illness.

#### The Queensland Human Rights Act

The Human Rights Act 2019 is a law that protects your rights in Queensland. It protects your rights when you interact with or use the services of government or government funded organisations and courts and tribunals. These are known as public entities. Public entities include public health services, NDIS providers, public schools, the police and the Mental Health Review Tribunal.

There are 23 sections in the Act which protect rights including:

- Recognition and equality before the law (you have the same rights as everyone else)
- Protection from torture, cruel, inhuman or degrading treatment
- Freedom of movement
- Freedom of expression (this covers your right to receive information and well as express your opinion)



- Property rights
- Privacy and reputation (this includes the protection of medical records and other information about you as well as protection of your home and family)
- Protection of families and children
- Cultural rights generally
- Cultural rights Aboriginal and Torres Strait Islanders peoples
- Right to liberty and security of the person
- Humane treatment when deprived of liberty
- The right to a fair hearing
- Right to access health services
- · Right to life

#### **Balancing rights**

Sometimes it may be necessary for a public entity to restrict human rights. This might be to help keep people safe or ensure a person gets the medical care they need.

If a public entity restricts human rights, they have an obligation to make sure it is for a good reason and that it is done in the least restrictive way. They have to consider what the impact is on the person, but also the human rights of the people around them.

#### Making a complaint

If you think your human rights are being ignored or disrespected you can make a complaint. For human rights complaints you first need to complain to the public entity who are allowed 45 business days to respond to your complaint. If 45 business days pass and they have not answered your complaint or you do not believe the response properly addresses your complaint then you can complain to the Queensland Human Rights Commission. You need to complain in writing. If you can't, contact the Commission to talk about your options. You can call the Commission on 1300 130 670 to talk to someone about your issue.

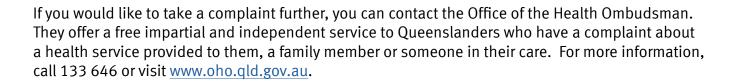
#### Feedback, compliments and complaints

We recognise that one of the ways that people judge an organisation is by the manner in which complaints are handled. We recognise the right of our patients and their carers to fair treatment and we acknowledge your right to be heard. All our staff are committed to the effective resolution of complaints and will support patients and carers in utilising our complaints procedure.

For more information relating to compliments and complaints please refer to the "Have Your Say" brochure, or ask staff to provide a brochure for you. If you wish to lodge a compliment or complaint, please ask staff for a yellow "Compliments and Complaints Form."

You may also give feedback by putting a comment into the suggestion box. Feedback from the suggestion boxes is reviewed weekly. Serious issues which arise in the suggestion boxes or the compliments and complaints forms are acted upon within 7 days.

Alternatively, you may give feedback on the service by completing the "Your Experience of Service (YES) Survey," or completing the "Patient Satisfaction Survey" when you are discharged from the ward.



#### Some forms for your wellbeing and recovery

Following are some forms that you may wish to consider to assist your recovery and prepare for discharge. These are the "Personal Safety Plan" the "Discharge Checklist", the "Recovery Plan" and the "Going on Leave" brochure.



#### The Personal Safety Plan (see page 26)

The Personal Safety Plan is a document that helps you to think about the triggers that make you unwell, and about strategies to stay calm and reduce stress. If you feel that you might get stressed or angry, ask your nurse to help you to fill in this form.

#### The Recovery Plan (see page 28)

This document will help you to take control of your recovery, now and in the future. This is a valuable form and we urge you to consider filling this out well before you are discharged. It will help you to focus on your strengths and goals for the future, and help you to identify areas in your life that you want to work on. There are many ways that we can live a meaningful life in your community and the Recovery Plan will help you to identify these. Every person who has contact with the mental health service will ber offered the opportunity to complete a recovery plan. Please don't hesitate to ask your nurse for support with this.



#### The Discharge Checklist (see page 30)

The discharge checklist is a document that will help you to put into place everything that you need when you are discharged. Your nurse or case manager will be able to help you with this if you require.

The Going on Leave Brochure (see page 32) This brochure will help you to plan your leave.

#### The Australian Charter of Healthcare Rights (see page 34)

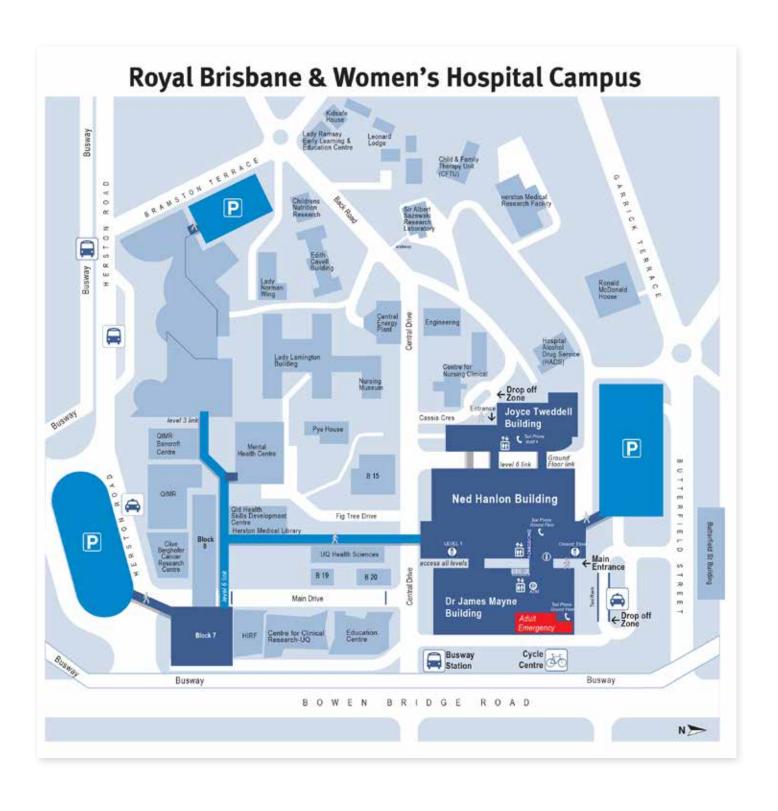
This poster outlines what you can expect from the Australian Health System

#### Ryan's Rule (see page 35)

#### For all patients, families and carers.

Use Ryan's Rule to get help when you are concerned about a patient in hospital who is getting worse, not doing as well as expected, or not improving.





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-43-								
Queensland			(Affix patient identification label here)					
Royal Brisbane & Women's Hospital			URN:					
Metro North Mental		•	Family	y Name:				
PERSONAL SA	FFTY	οι ΔΝ	Given	Names:				
I ENGONAL OA			Addre	ess:				
			Date o	of Birth:		Sex:	M	F 🔲 I
This PERSONAL SAFETY situations by increasing un  • Your early warning solution of the Your unique sensor	derstandin signs and	g of: triggers o	f stress aı	nd upset;		_		
Warning Signs: What are	some of the	ne things t	hat indica	te that I am becomi	ng angry o	or upset?		
Crying		☐ Spea	king loud	ly or rudely	Shor	tness of b	reath	
Racing thoughts		Rock	ing		Swea	aring		
Shaking		Swea	ating		☐ Point	ing finger	/ waving	arms
☐ Inability to sit still		Clend	ching fists	or teeth	☐ Racii	cing heart		
☐ Isolating myself		☐ Wring	☐ Wringing hands			cing legs		
☐ Pacing/ walking			Headache or tension in other parts of my body			Having bad thoughts about myself or others		
Butterflies or sick feelin stomach	g in	Actin		haracter <i>(please</i>	Othe	r <i>(please lis</i>	st):	
Triggers: What are some	of the thing	s that car	trigger m	ne to feel upset?				
☐ Cravings (What?)				☐ Wearing hospi	tal gowns	(Please exp	olain)	
Reminders/ memories of	of the past	(What?)		☐ Not feeling safe	e (Please e	xplain)		
People doing or saying certain things (Please explain			e explain)	☐ Distressing the	oughts or r	nightmare	s (Please e	xplain)
Particular times of the c	nes of the day (When?)			☐ Ward routines	(Please exp	lain)		
☐ Particular times of the y	ear (When?	·)		☐ Not having cor	ntrol or inp	ut (Please	explain)	
Contact with particular	people (Wh	o?)	Other: (Please describe)					
USING OUR SENSES TO CALM AND SOOTHE Visual preferences: What I like, really dislike, & what is useful to				to calm me				
	Like	Really dislike	Useful to calm me			Like	Really dislike	Useful to
Bright / intense light				Open curtain				
Natural light				Closed curtain				
Dim light / darker				Watch a movie / tv				
Bare walls (no clutter)				Reading				
Familiar items				Art and craft				
Busy environment / people				Puzzles, card games				

Page 1 of 2

Queensland				(Affix patient identification label here)					
Government			URN:						
Royal Brisbane & W	omen's H	ospital	Family N	lame:					
Metro North Menta	l Health R	BWH	Given Na	ames:					
PERSONAL SA	FETY	PLAN	Address						
0		1. 1.1 0 1	Date of I		Sex: L	M	Ш		
Sound preferences: What I	like, really	Really	Useful to	o caim me		Really	Useful to		
	Like	dislike	calm me		Like	dislike	calm me		
Loud / sudden noise				Playing instruments					
High pitched noise				Ear plugs					
Whispering				Guided relaxation					
Silence				Nature sounds					
Background noise / white noise				Listening to music					
Touch and body preferences: What I like, really dislike, & what is useful to calm me									
	Like	Really dislike	Useful to calm me		Like	Really dislike	Useful to calm me		
Temperature – Cool or warm				Fidget item or stress ball					
Cold or hot shower				Lying on bed					
Wrapped in blanket				Ice pack/ cool wash cloth					
Brush/ style my hair				Being by myself					
Going for a walk				Deep breathing					
Pacing				Hugging a pillow					
Human touch				Distraction					
Writing/ doodling				Injection					
Massage				Group activities					
Exercising				Gentle stretching					
Taste and smell: What I like, really dislike, & what is useful to calm me									
	Like	Really dislike	Useful to calm me		Like	Really dislike	Useful to calm me		
Hot or cold drink				Other foods					
Ice/ slushy drink				Certain drinks					
Sucking on a straw				Certain smells					
Chewing gum				Body odour					
Sour Iollies				Body wash					
Crunchy food				Certain soaps					
Bland food				Medication					

Page 2 of 2

Has this raised any issues that you would like to discuss further?

Staff member to sign if assisting or discussing with consumer:

Designation:

Consumer Signature:

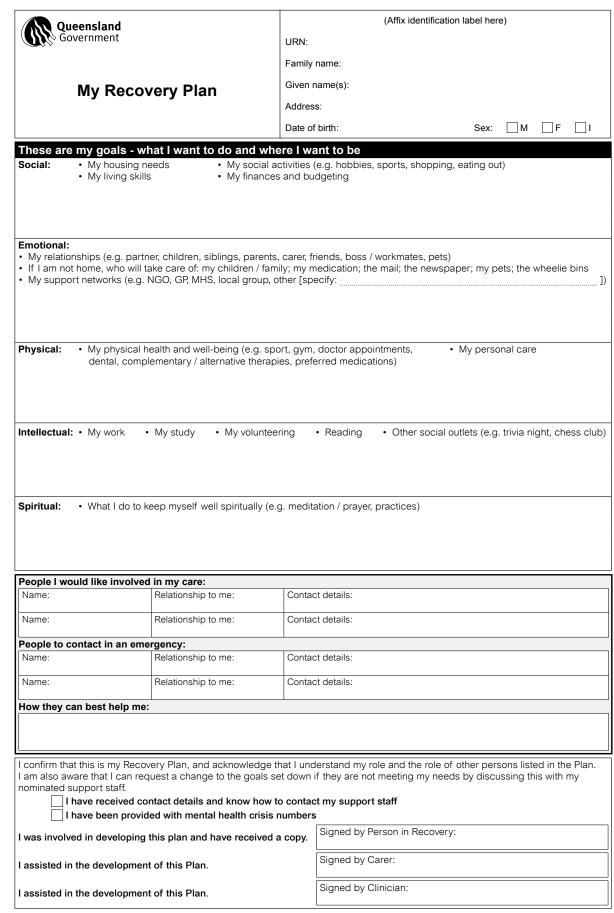
Name:

Signature:

Date: \_\_\_/



URN:		
Family name:		
Given name(s):		
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Date of birth:	Sex: M F I	
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	Family name:  Given name(s):  Address:  Date of birth:	Family name: Given name(s): Address:



Page 2 of 2

**TRIAL** 



**Metro North Mental Health** 

## MENTAL HEALTH DISCHARGE CHECKLIST FOR CONSUMERS

(Affix patient identification label here)	

Family Name:

URN:

Given Names:

	FOR CONSUMERS	Address:	
	FOR CONSONIERS	Date of Birth:	Sex: M F I
	To be completed by all con	sumers	Tick when completed
	1. Is the address above correct?  Yes No If no, please provide current address:		
AARGIN gh Health Information Services	2. Do you need assistance in finding / confirming according Yes No  3. Please provide current GP details:	commodation?	My accommodation has been confirmed: ☐ Yes ☐ No ☐ N/A
↑ DO NOT WRITE IN THIS BINDING MARGIN Do not reproduce by photocopying All clinical form creation and amendments must be conducted through Health Information Services	4. Before you are discharged do you require education	☐ Community services	I have been given education / information:  ☐ Yes ☐ No ☐ N/A  If so, what:  I have been given discharge support information:  ☐ Yes ☐ No ☐ N/A
form o	Complete this section	when preparing for discharg	e
All clinical	7. Do you require a medical certificate?  a. Ordinary  b. WorkCover Qld  8. Has your follow up appointment(s) been booked?	☐ c. Centrelink	
1 <b>150</b> 01/2014 Printed	With Where	Date	Time
13150 - 01. V Prin			
MR A 13150 V1.00 - 01/2 Locally Print			
00201:13150 L	10. Do you have your discharge medications / presci	Contact details:	
	☐ Yes ☐ No ☐ N/A		



	(Affix patient identification label here)				
	URN:				
Queensland Government Metro North Mental Health	Family Name:				
MENTAL HEALTH	Given Names:				
DISCHARGE CHECKLIST FOR CONSUMERS	Address:				
1 OK CONSOMILINS	Date of Birth: Sex: M F I				
11. If you brought any medications with you, have the ☐ Yes ☐ No ☐ N/A	ey been returned?				
12. If you brought any X-rays/scans with you, have th ☐ Yes ☐ No ☐ N/A	ey been returned?				
13. Have you got all personal belongings and items fr ☐ Yes ☐ No ☐ N/A	rom Trust?				
14. Have you arranged the necessary resources for y ☐ Yes ☐ No	our discharge (food / money)?				
15. Has your Next of Kin or support person been notin ☐ Yes ☐ No	fied of your discharge?				
16. Has transportation on discharge been organised / booked?  ☐ Yes ☐ No					
☐ Private Transport: Family / Friend ☐ Private	e Taxi 🔲 DVA				
Other (specify):					
17. Do you have a letter / discharge summary for your Community Service Provider?  ☐ Yes ☐ No ☐ To be faxed					
Patient (print name):	Nurse (print name):				
Patient (signature):	Nurse (signature):				
Date://	Date://				

Dane 2 of 2

Metro North Hospital and Health Service

Putting propele first

Metro North Mental Health

you and/or y scuss with yo	for you and/or y discuss with yo team	Things for you and/or your carer to discuss with your treating team	our	our	
		ngs for er to dis	you and/or y	scuss with yo	me

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Consumers and/or carers provided feedback on this publication National standard 2.4.1

# Going on Leave

you to gradually adjust to returning home Having some time at home before being and to the responsibilities that you have. discharged provides an opportunity for

ensure that these are back to manageable Before you came into hospital there may your stress levels, and it is important to have been some things that increased evels before you are discharged. These stressors could include conflict with Leave can take place on week days or the alcohol or drugs, or not caring for yourself. weekend. The time of the week you have leave will depend on your leave goals. those you live with, increased use of



V02 Effective: 04/2017 Review: 04/2020

# Metro North Hospital and Health Service

Putting people first

Metro North Mental Health

What to do if your leave does not

go as planned

# **Leave Goals**

Having goals for your leave will assist you and your treating team to know whether you are ready for discharge.

- Examples of goals are:
- Eating well
- Sleeping well at night
- Being able to cope with symptoms of your illness at home.
- · No conflict with people you live with

You and your treating team will develop goals for your leave. You can use this form to list your individual goals

# People under the Mental Health Act

If you are under the Mental Health Act there will be requirements you must meet while on leave. Generally these include:

- No alcohol or drug use
- Return to the ward at the time required
- Taking medication as prescribed

Community Treatment Order (LCT) are to ensure that you are aware of your individual requirements and add them to your list Ask your doctor what the requirements of your Limited

# My leave goals

	Sometimes things don't go as well as hoped for and it is important prior to your leave to think about how you will manage if this happens and who you will contact is
	things don't go as planned.
	Who is your contact person and how will you contact them?
	Contacting the ward while you
	You can contact the ward at any time while you are on leave, or if you have a community mental health clinician who works with you you may prefer to contact them
	during business hours.
	Ward Numbers are: - I Floor - 3646 7768
Have you received a copy of your Multidisciplinary	- G Floor –3646 1140

Have you received a copy of your Multidisciplinary Team Review Form which includes your treatment plan? Yes □ No □

- H Floor - 3646 1133

- F Floor - 3646 1179

who will support you while on leave your Carers? Have you discussed your leave goals with those

If you believe that you need to come back early from leave please contact the ward to advise them of your early return.

V02 Effective: 04/2017 Review: 04/2020

## My healthcare rights

This is the second edition of the Australian Charter of Healthcare Rights.

These rights apply to all people in all places where health care is provided in Australia.

The Charter describes what you, or someone you care for, can expect when receiving health care.

#### I have a right to:

#### Access

Healthcare services and treatment that meets my needs

#### Safety

- Receive safe and high quality health care that meets national standards
- Be cared for in an environment that is safe and makes me feel safe.

#### Respect

- Be treated as an individual, and with dignity and respect
- Have my culture, identity, beliefs and choices recognised and respected

#### **Partnership**

- Ask guestions and be involved in open and honest communication
- Make decisions with my healthcare provider, to the extent that I choose and am able to
- Include the people that I want in planning and decision-making.

#### Information

- Clear information about my condition, the possible benefits and risks
  of different tests and treatments, so I can give my informed consent
- Receive information about services, waiting times and costs
- Be given assistance, when I need it, to help me to understand and use health information
- Access my health information
- Be told if something has gone wrong during my health care, how it happened, how it may affect me and what is being done to make care safe

#### Privacy

- Have my personal privacy respected
- Have information about me and my health kept secure and confidential

#### Give feedback

- Provide feedback or make a complaint without it affecting the way that I am treated
- Have my concerns addressed in a transparent and timely way.
- Share my experience and participate to improve the quality of care and health services



AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE For more information ask a member of staff or visit safetyandquality.gov.au/your-rights

We acknowledge ACT Government Health CARE resources. Photograph source: istockphoto.

# Ryan's Rule

#### for all patients, families and carers

Use Ryan's Rule to get help when you are concerned about a patient in hospital who is getting worse, not doing as well as expected, or not improving.

Who can call: patients, families or carers.

Follow these steps to raise your concerns.

#### Step 1

Talk to a nurse or doctor about your concerns.

If you are not satisfied with the response.

#### Step 2

Talk to the nurse in charge of the shift.

If you are not satisfied with the response.

#### Step 3

Phone 13 Health (13 43 25 84) or ask a nurse and they will call on your behalf.

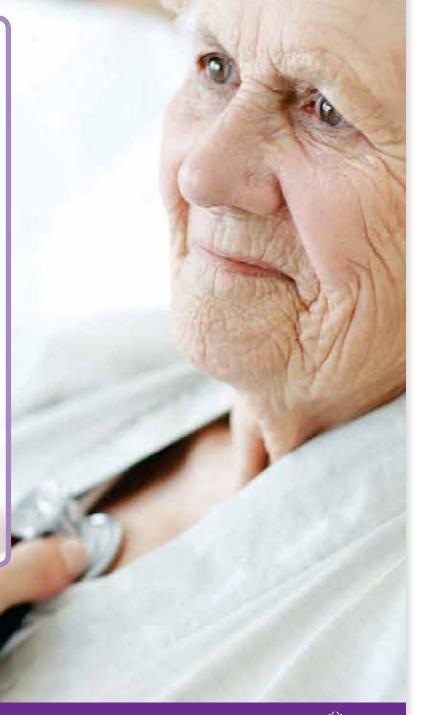
Request a Ryan's Rule Clinical Review and provide the following information:

- hospital name
- patient's name
- ward, bed number (if known)
- your contact number.

A Ryan's Rule nurse or doctor will review the patient and assist.

If you have feedback or a complaint, please speak with the nurse in charge or ask for a feedback form.

For more information, speak with your nurse.



Great state. Great opportunity





### **NOTES**

