Finding your way around the Ward:

An Orientation to your Inpatient Stay



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Finding Your Way Around the Ward: An Orientation to Your Inpatient Stay

Introduction

This information guide has been created to assist you during your stay at Metro North Mental Health – Caboolture Hospital.

We welcome you to the ward and we will endeavour to assist your recovery with the involvement of all 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.

The ward is a recovery focused care environment and your participation in therapeutic programmes is encouraged to enhance your recovery and promote a return to the community. 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 and their caring role and their support options.

We wish you well during your recovery.

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Quick Reference Guide

Name:	Ward:	
Ward Phone Number:	Patient Phone Number:	
My Treating Team - Staff in this ward responsible fo	r my care:	
Nurse:		
Doctor:		
Psychiatrist:		
Ward Round: Day:		
Others:		

Other Important Numbers:

Mental Health Call (24 Hours):		1300 MHCALL (1300 642 255)			
Acute Care Team: 24 hours per day:		5433 8430			
Consumer and Carer Services:		5433 8775			
Mental Health Reception:		5316 5600			
Community Teams:	Caboolture 5316 5810	Redcliffe 3897 6222	Child and Youth 5316 3111		
Mental Health Ward 1:	Public Phone 5499 1405	Nurses station 5433 8751			
Mental Health Ward 2:	Public Phone 5499 1623	Nurses station 5316 5644			
Secure Mental Health Rehab	ilitation Unit (SMHRU):	Public Phone 5498 3282	Nurses Station 5316 5616		
13 Health:		13 43 25 84			
Lifeline Counselling Service:		13 11 14			
Lifeline Just Ask Mental Heal	th Information:	1300 131 114			
State-wide Sexual Assault Li	ne:	1800 010 120			
Domestic Violence Line:		1800 811 811			
Men's Line:		1800 600 636			
Suicide Call Back Service:		1300 659 467			
Kids help Line:		1800 55 1800			
Salvo Care Line:		07 3831 9016			
Alcohol and Drug Informatio	n Service:	3837 5989 or toll-free 1800 177 833			
Queensland Transcultural M	ental Health:	3167 8333 or toll-free 1800 188 189			
SANE Australia:		1800 18 SANE (7263)			
Beyond Blue:		1300 22 46 36			

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Other Important Numbers:

Mental Health Association QLD:	1300 729 686
Mental Illness Fellowship of QLD:	07 3358 4424
Carers QLD – Carers Advisory Service Centre:	1800 242 636
Suncare for Carers:	1800 052 222
Carers Hotline (ARAFMI):	1800 351 881 or 3254 1881
Young Carers – Carers Australia:	1800 242 636
Association of relatives & Friends of the Mentally Ill:	07 3254 1881
Kids/Children of Parents with Mental Illness (The Koping Program):	3266 3100
Open Minds Caboolture:	5495 0111
Flourish Australia:	1300 779 270
Caboolture Neighbourhood Centre:	5495 3818
Connections Inc:	5495 3472
Aftercare Redcliffe:	07 3448 7120
Richmond fellowship Queensland (RFQ):	Redcliffe 07 3363 2511
Richmond fellowship Queensland (RFQ):	Caboolture 07 3363 2615

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Your recovery journey begins here

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 may occur when there is a stressful event or circumstance, or it may extend to seriously affecting a person's ability to relate to others, and to work, or to 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 ward stay, where can I go for help in a crisis?

In a crisis, contact the Caboolture Mental Health Service at the Caboolture Hospital by phoning 1300 MHCALL (1300 624 255). This service is available 24 hours per day, 365 days per year.

Alternatively, you can visit the Emergency Department in person Caboolture and Redcliffe Hospitals. Caboolture Hospital is located on McKean Street Caboolture, 4510. Redcliffe Hospital is located on Anzac Avenue Redcliffe 4020.

Upon discharge you will be supported by our Transition Care Coordinator or an allocated mental health clinician. The Transition Care Coordinator can be contacted by phoning 5433 8854. If you have been allocated a mental health clinician you will provided with their contact details. You will be requested to attend a face to face appointment within 7 days of your discharge.



Introduction to your ward area

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			
\checkmark	Toiletries including roll-on deodorant, shampoo, conditioner		
\checkmark	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. To ensure your safety and the safety of other patients while you are in the inpatient area, any medication you bring with you will be safely held and dispensed by the nursing staff.

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. Alcohol or illicit drugs brought onto the wards will be discarded. Please ensure that your visitors are also aware of what not to bring.

Exa	nples of what NOT to bring		
×	sharp instruments	×	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	×	flammable liquids

Guide to your stay

In your room you will find a poster entitled "a guide to your stay" This contains information on steps that should happen during your stay. Please familiarise yourself with this document and ask your treating team any questions.

Valuables

We encourage you to leave valuables and excess money with family or friends. If you wish to keep a small number of valuables in the ward, please ask the staff to lock them in your bedside locker. Any valuables or money kept on your person is at your own risk. Excess money and valuables can also be stored in the Main Hospital Trust Office. Hours are: Monday to Friday, **8:00 am to 4:00 pm**.

Electrical equipment

If you wish to bring an electrical item into the ward please discuss this with your treating team.

Mobile phones

Mobile phones are allowed on the wards. However phone calls can be made from a pay phone in the main reception area located just outside the ward entrance, and received on the phone in the communal area on the ward. We request that you respect the privacy of others by refraining from using your phone to film or photograph staff or other service users. For more information, see the section on phone calls in this booklet.

Important times on the ward

Visiting hours

Visiting hours are from 11:00 am to 8:00 pm weekdays and 9.00am - 8.00pm on weekends

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.

Visiting in the Psychiatric Intensive Care Unit (PICU) is allowed but at the discretion of nursing and medical team taking into consideration the consumers' condition. Visiting during meal times in PICU is discouraged.

Leaving the ward

All inpatients are encouraged to remain on the ward between the times **9.00am – 11.30am** and **1.00pm – 4.00pm** weekdays, it is also encouraged that inpatients participate in ward programs as a part of your inpatient stay.

Meal times

A meal service is provided for all main meals on the different wards. 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 (self Service) Lunch: 12:30 pm Dinner: 5:30 pm

These are start times for meals only. Please speak with your nurse if you are unable to eat at these times.

Morning tea, afternoon tea and supper are served in individual ward areas.

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.



Accommodation

Bedroom

Accommodation is in double rooms or a single room. Allocation to a room is based on the patient's needs and bed availability; there may be times that you will be required to move or relocate to another area to accommodate another patient. 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 areas or the courtyard for socialising.

If your bed is in PICU, we will store your excess belongings in the store room. Please try to keep your room clean and tidy at all times. If you need help to do this, please ask your assigned nurse.

Laundry

Laundry facilities include a washer and dryer on each ward. The laundry is open from **8:30 am to 8:00 pm** daily. Please put dirty linen and towels in the linen bags provided. If you are located in PICU staff can assist you to launder your clothing.

Alcohol and drugs

Hospital policy prohibits alcohol and all non-prescribed drugs. Alcohol and/or other non-prescribed drugs can be extremely harmful if mixed with the medications prescribed for your treatment. We discourage such use while you are here or on leave. It is a condition of your leave that you abstain from using drugs and alcohol. Anyone found in possession of, or supplying illicit drugs to our patients will be reported to the police and may be prosecuted. Random drug testing may be undertaken whilst you are an inpatient.

Dual diagnosis coordinator

Because drug and alcohol use has such a significant effect on people with mental health concerns, a Dual Diagnosis Coordinator (DDC) is employed by the mental health service. The DDC is a health professional available to staff and consumers to help with managing drug and alcohol use within the mental health Service.

If you are referred to the DDC, they will provide an assessment of your drug and alcohol use, including tobacco. They will work with you and your treating team to help achieve your goals; whether that is to stop using drugs, reduce your use or just to reduce the risks associated with your drug use. The DDC can also have a chat with you about your drug use with no obligation to take it any further. They may also refer you to other services which are more suited to your needs.

The DDC facilitates an info group on the ward every week, where you can come to learn more about tobacco, alcohol and other drugs and the way they interact with your mental illness.

Smoke free healthcare

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, the inpatient mental health units at the Caboolture Hospital are tobacco free, and support will be provided to help you (and our staff) to maintain this.

If you are a smoker please do not bring tobacco and related products to the hospital. Friends and/ or relatives are not able to supply tobacco or related products. This includes cigarette, 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, Psychiatrist or Team Leader.

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.

It may be necessary to store certain items with Safety and Security and, if necessary, the Queensland Police Service (QPS) may be contacted to remove specific items.

These items may or may not be returned to you, depending on the decision of the treating team, Safety and Security and/or the QPS.

The ward is locked

In accordance with Queensland Health policy, the doors to the wards are locked. 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. There will always be staff on duty to assist you.

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 you are available for assessment, treatment and review.

If you are currently on treatment authority and leave the facility without approved leave the staff are obliged to have you return. Actions may include reporting this absence to 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 utilise your *Personal Safety Plan* (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, patients, clients, visitors and others within our facilities.

Violence, threats of violence, abusive language, aggression and intimidation are not accepted behaviours and will not be tolerated by Queensland Health. 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. To lodge a formal complaint, see the *Feedback, Compliments and Complaints* section of this booklet.

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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.

Patient care

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 below titled 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 medication records. This ensures we give the medication to the correct person. When you are discharged, we will return your photo or dispose of it. Alternatively, if you do not wish 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 also provide you

with a psycho-education package of information to read at your leisure, and you are encouraged to become involved in groups to talk about medications and their effects. You can get these information packages from the wards. Ask for the psycho-education packages on medications.



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. 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.

http://www.choiceandmedication.org/queenslandhealth/pages/queensland_leaflets/

Approved leave / Time away from the ward

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.
- Phone if you are going to return late.
- Ensure you return within the allocated time.
- Follow 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 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.

Ward rounds or review meetings

Your progress will be monitored, assessed and discussed by your treating team, which includes a Consultant Psychiatrist, a Psychiatric Registrar, Nursing and Community staff as well as other health practitioners involved in your care usually once 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 and Nominated Support Persons are also encouraged to attend these meetings, so that they can find out how they can best help you on your journey of recovery. It is important to be aware that family, carers and 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 beneficial to your recovery. If you wish 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. Please ask staff when the ward round for your team will occur.

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 our wards have a routine which aims to assist you to re-establish positive sleep habits, promote healing and establish boundaries within the ward while respecting the rights of all patients. You will be assigned an allocated nurse for each shift. All the names of our consumers and their assigned nurse and treating doctor are updated daily and are clearly marked on the whiteboard near the Nurse's Station for you to see.

Please talk to your nurse about any concerns you may have.

- 1. All consumers, unless physically unwell, are encouraged to be out of bed and utilising the communal areas from **9:00 am**. Consumers may rest on their bedspace for a short period following lunch, if the impact of medication indicates a period of rest time. We make allowances for people needing 'time out' or quiet time.
- 2. We encourage all consumers to tidy their bed space. Staff will assist consumers requiring help in making their beds tidying their possessions and changing bed linen. Consumers are expected to maintain their personal hygiene every day.
- 3. Storage of foodstuffs in bedspace is discouraged. Consumers wishing to store foodstuffs may do so in a communal area. Consumers are expected to eat their meals in the Dining Room (unless they are physically unwell).
- 4. Consumers are encouraged to respect the needs of communal living and to share these facilities with other people. Limited supplies of refreshments are available and we encourage all consumers to clean up after themselves in the ward kitchenette area.
- 5. Where treatment or activity programs are provided, we expect consumers to participate as part of their treatment program.
- 6. Sleep plays an important part in promoting good health. To encourage positive sleep habits, the television and music/radio is turned off at **9:30 pm**. Lights in communal areas are switched off and communal areas are locked at **10:00 pm**. We do understand that falling asleep may be difficult at times, especially in a new environment. If you have any troubles sleeping, please see the nursing staff and try not to disturb other patients. We ask you to respect other people's needs.
- 7. Consumers are not permitted to use staff telephones, but incoming calls can be arranged. If you have no money to make a call on the public telephone, talk to your assigned nurse.
- Staff cannot be responsible for the safe storage of money and valuables. Locked bedside drawers are provided next to each bed, but we encourage you to leave valuable items at home. If you need to bring them with you, they will need to be stored in the hospital trust office.



Activities

Community meetings

Each ward has community meetings on a regular basis please ask your recovery nurse about days and times. 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 Organisations

Community Organisations regularly visit the inpatient wards. Please see the inpatient recovery and recreation time table for information times or see one of the Recovery Nurses.

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 a community visitor on one of their visits. You can contact the *Community Visitor Program* on: **(07) 3406 7711**.

Consumer companions

The companions have a personal lived experience of mental illness. They offer peer support and cofacilitate groups with the Recreational Officer or may simply have a chat with you over coffee. The companions 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 televisions available for use. Please ask your nurse for instructions about how to use them.

Parents with children

If you are a parent then 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 about their mental health and hospital stay. It is important that your children have contact with you while you are in hospital. Your allocated community 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 of the hospital. It is open to the public from **9:00 am to 7:00 pm** Weekdays and **9:00 am to 3:00** on the Weekends. It is closed on public holidays.

Banking

There is a multi-card automatic teller machine (ATM) in the Main Foyer of the Hospital.

Centrelink

A Centrelink agent visits the hospital to help patients with Centrelink queries as needed. Please ask the Recovery Nurse or Transitional Care Facilitator for more information.

Telephones

Each ward of Caboolture Mental Health Service has a coin operated public telephone. A coin operated public phone is also available at the main foyer. Local calls cost 50 cents. You will need coins as the wards do not keep money, so you will have to ask friends or family to bring you some change. 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:

Ward 1:	Patient phone: (07) 5499 1405	Nurses Station: (07) 5433 8751	
Ward 2:	Patient phone: (07) 5499 1623	Nurses Station: (07) 5316 5644	
SMHRU:	Patient phone: (07) 5498 3282	Nurses Station: (07)) 5316 5616	.6

Mail

Patient mail is delivered Monday to Friday. Mail should be addressed to:

Your Name (Ms Jane Citizen) Mental Health Centre Locked bag 3 Caboolture QLD 4510

Mail can be posted in the post box located across the road at the Central Lakes Shopping Centre or can be given to ward staff (*with correct postage*).







Pastoral care and chaplaincy

Caboolture Hospital 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.

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.

Transport

Taxi Service

There is a Taxi Phone in the front foyer of the Caboolture Hospital that calls Black and White cabs directly, with no costs involved. When the operator asks for your 'pick-up' address, say Caboolture Hospital.

Bus and Train Transport

The nearest railway station is Caboolture which is a 15 minute walk from the hospital. Regular buses run to and from the Bus Stop outside the hospital grounds on McKean St.



For transport information call **Trans Info on 13 12 30**. If you require an interpreter they can arrange a three-way conference call with the Department of Immigration and Multicultural Affairs for you.

Parking

Your vehicle should not be left on the hospital grounds during your admission to the mental health unit. If vehicles are left on the premises this is entirely at your own risk. The Caboolture Hospital Car Park is open **24 hours per day, seven days per week**. The car park is situated off McKean St in front of the Hospital.

Staff

In the inpatient wards, a multi-disciplinary treatment team will work with you during your recovery process in hospital. The team consists of your allocated nurse (who will change each shift), Nurse Unit Manager (NUM), as well as your medical staff, (Consultant Psychiatrist, Registrar and Resident Medical Officer); recreational staff and other staff who work with you during your stay in hospital.

Your case will be reviewed by the treating team weekly. Depending on your needs, you may be assigned a mental health clinician for your on-going support and health management following discharge.

Nurse Unit Manager (NUM)

The NUM is responsible for day to day running of the ward. On a daily basis they manage patient flow and bed management, staff allocation, rostering, recruitment and retention, human resources management and the monitoring of training and education development of all nurses. They are also involved in the business and management planning for the ward. The NUM at times directly participates in the delivery of client care, and is available to discuss any questions you may have during your admission.

Nursing Staff

The nurses on the ward are there 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 they 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 able to contact other health professionals (e.g. doctors, social workers or occupational therapists) on your behalf if needed. Staff are also able to assist you complete your Recovery Plan (Refer pages 26 and 27).

Recovery Nurses

Both wards have a Recovery Nurse. This is a specialised nurse who is available to support you during your personal recovery journey. A Recovery Nurse coordinates the Inpatient Recovery and Recreation Group Program which aims to provide a supportive, shared learning environment for you to discuss a range of recovery topics and meet supportive community organisations. They can also support you to develop your individual Recovery Plan (an individualised tool that helps you identify your goals for the future). Once you have completed your plan, they can then work with you to access information and supports that will assist you in achieving your personal recovery goals. Recovery Nurses can support you in your recovery by working closely with your mental health clinicians, transitional care workers and other professionals both in the hospital and the community.

Mental Health Clinician

A mental health clinician is a member of your treating team who will provide mental health care service to you in hospital and the community. If you are going to receive ongoing mental health care from 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 mental health clinician should be in contact with you within 1 - 7 days.

Mental health clinician's role

Your mental health clinician is a health professional. They may be a Nurse, Social Worker, Psychologist or Occupational Therapist. Mental health clinicians are here to support you achieve your recovery goals:

- To carry out ongoing assessment, assist your mental health and general wellbeing, and arrange referrals and accommodation as you need them.
- To support you to make links with other services that reintegrate you back into your community.
- To work with you to help you achieve your goals, including recovery planning.

If you already have an allocated mental health clinician, they will remain involved in your care while you are in hospital and can be contacted by your allocated nurse.

Transitional Care Facilitator

The Transitional Care Facilitator provides brief and intensive support for mental health clients who may be unlikely to meet the criteria for receiving extended case management after discharge. The Transitional Care 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 may improve your access to relevant community supports and agencies, and establish and maintain linkages with community services for you. Transitional Care Facilitators aim to assist you to live independently, utilise self-management and coping strategies to help you better manage your mental health in the community.

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 (e.g. carers, family, friends, GPs, psychiatrists, etc.), mental health clinicians, 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.

Registrar

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. 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 (RMO)

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 multiple different areas in the hospital to give them a broad knowledge of different medical specialties. They usually spend five 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 people working in consumer and carer services have personally experienced mental health issues, or have cared 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 carer. For more information on how consumer services can assist or support you, please refer to the *Consumer and Carer Services* brochure available on the ward.

Consumer companions

Consumer companions have a lived experience of mental illness. They visit the wards to support people who are recovering from an episode of mental distress. Companions willingly to their experiences of recovery and they may also help run groups or activities on the wards. Companions can offer a valuable support to consumers from the perspective of someone who has walked in your shoes and who is most likely still on their own recovery journey.

Your privacy

Confidentiality

If you are a patient 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 mental health service 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.

We recognise that the people who matter most in your life (your family, partner or carer) play an important role in your recovery and we actively encourage their involvement in planning your care and recovery. However, if you have concerns about anyone in your family or involved in your care being given information, please talk with staff about your concerns. If you do not specify a Nominated Support Person, your immediate family will be contacted to offer you support.

At times, for example where issues impact the safety of consumers or others, staff may be obliged under legislation to disclose information to other persons or government organisations.

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 Caboolture Hospital 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.

Your rights

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. (Please see page 30)

Rights of people treated under the Mental Health Act

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 an **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 people treated under the Mental Health Act are outlined in *The Queensland Government's Mental Health Act 2016 Statement of Rights*. For more information, **please refer to brochures available on the ward**.

The Mental Health Review Tribunal (MHRT)

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 you 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 or phone the IPRA help line on 1300 477 243

Rights and responsibilities of families, carers and advocates or Nominated Support Persons

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, carers and/or advocates 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
- Use the mechanisms of complaint and redress
- 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 and advocates also have responsibility to:

- Respect the human worth and dignity of the consumer; 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

Feedback, compliments and complaints

This facility is committed to providing the best care we can for you and we would like to hear from you about how we are performing.

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

For more information relating to compliments and complaints please refer to the *Compliments and Complaints* brochure, or ask staff to provide a brochure to you. If you wish to lodge a compliment or complaint please ask staff for the appropriate form or speak with the NUM.

Consumers may also provide feedback by putting a comment into the suggestion box. The suggestion boxes are emptied each week and feedback is reviewed by the *Consumer and Carer Engagement Group*. Serious issues which arise in the suggestion boxes are acted upon within 7 days.

If you would like to take a complaint further, you can contact the *Office of the Health Ombudsman*. They offer a free impartial and independent service to Queenslanders who have a complaint about a health service provided to them, a family member or someone in their care. For more information, call **133 646** or visit <u>www.oho.qld.gov.au</u>.

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*, and the *Recovery Plan*. Remember staff are here to assist and help you completed these.

The Personal Safety Plan (see pages 24 and 25)

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, please ask your nurse to help you fill in this form.

The Recovery Plan (see page 26 and 27)

This document will help you to take control on your recovery, now and into 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 to help you to identify areas in your life that you want to work on. There are many ways that you can live a meaningful life in your community and the *Recovery Plan* will help you identify these. Every person who has contact with the mental health service will be 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 28 and 29)

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 mental health clinician will be able to help you to complete this if you require.

The Australian Charter of Healthcare Rights (see page 30)

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

Important questions to ask your GP (see page 31 and 32)

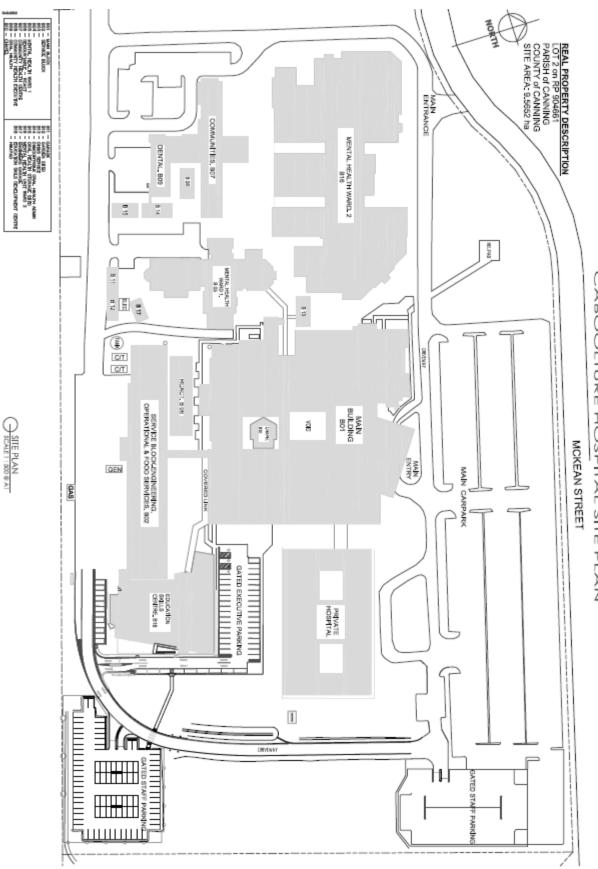
Go to your GP well prepared with these questions.

Ryan's Rule (see page 33)

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.

Caboolture Hospital map



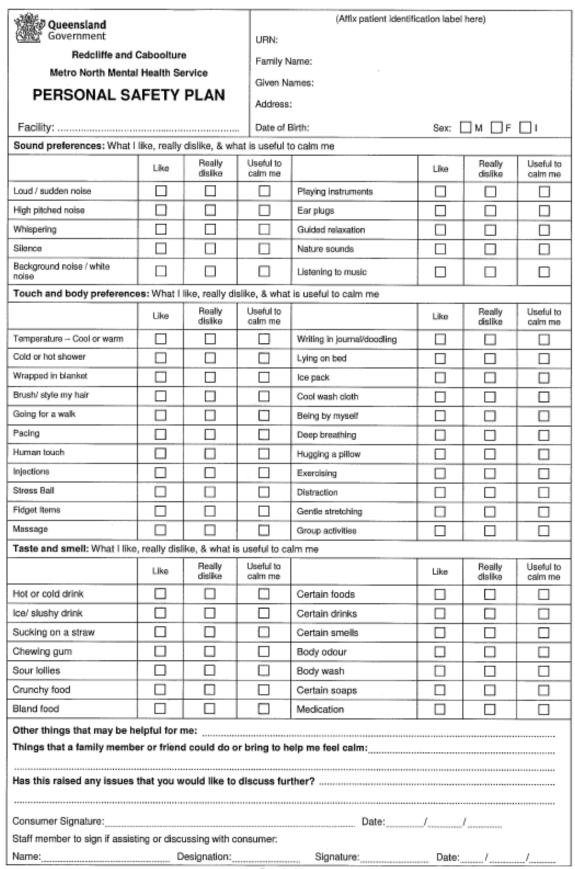




Queensland Government Redcliffe and Caboolture Metro North Mental Health Service PERSONAL SAFETY PLAN		URN:		nt identifica	tion label h	ere)		
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		Given	Names:					
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Facility:			. Date (of Birth:		Sex: [_м 🗋	F 🗌 I
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Warning Signs: What are	some of th	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	Racir	ng heart		
Isolating myself		Wring	ging hand	s	Boun	cing legs		
Pacing/ walking			lache or te r parts of			ng bad the		out
Butterflies or sick feeling stomach	in	Actin expl		haracter (please	,			
Triggers: What are some o	f the thing	s that can	trigger m	ne to feel upset?				
Cravings (What?)				Wearing hospit	al gowns	(Please e	xplain)	
Reminders/ memories of	f the past	(What?)		Not feeling safe (Please explain)				
People doing or saying o		ngs (Pleas olain)	e	Distressing thoughts or nightmares (Please explain)				
Particular times of the da	ay (When	?)		Ward routines (Please explain)				

Particular times of the ye	ear (When	1?)		Not having control or input (Please explain)				
Contact/no contact with	particular	people (W	/ho?)	Other: (Please	describe)			
USING OUR SENSES TO O Visual preferences: What I lik				to caim me				
	Like	Really dislike	Useful to calm me			Like	Really dislike	Useful to calm me
Bright / intense light				Open curtain				
Natural light				Closed curtain				
Dim light / darker				Watch a movie				
Bare walls (no clutter)				Reading				
Familiar items				Art and craft				
Busy environment				Puzzles, card games				

04/2014 - v1 - ACTIVE



DO NOT WRITE Z SIHL BINDING MARGIN

Page 2 of 2



_		Idantification Ishal base'
Government		x Identification label here)
AND. AND INCOME	URN:	
My Recovery Plan	Family name:	
	Given name(s):	
	Address:	
Facility:	Date of birth:	Sex: M F I
If you do not have enough	room, please attach mo	re pages at the end.
This is who I am - my characteristics		
These are my strengths:		
Things I would like to strengthen:		
What I do to keep well?		
What have I done in the past?		
My early warning signs / triggers?		
What I have done to manage these in the past?		
What have I done in the past that hasn't worked?		
worked?		
What have I done in the past that hasn't worked?		

Page 1 of 2

Cuconstand		(Affix Identificatio	n label here	2)	
My Recovery Plan		URN:			
		ime:			
		me(s):			
	Date of b	irth:	Sex:	Пм	
These are my goals - what I want to do and	where I was	tta ha			
Social: • My housing needs • My social activities (e.g. hobbies, sports, shopping, eating out)					
My living skills My fina	ances and budg	geting			
Emotional:					
 My relationships (e.g. partner, children, siblings, pai If I am not home, who will take care of: my children. 	rents, carer, frie / family: my me	nds, boss / workmates, pets) dication: the mail: the newspa	ider: my de	ts: the	wheelie bins
 My support networks (e.g. NGO, GP, MHS, local gro 			P		
Display the basis has the structure of the					
Physical: My physical health and well-being (e.g dental, complementary / alternative th			My perso	nalcare	•
Intellectual: • My work • My study • My volu	unteering •	Reading • Other social o	utlets (e.g.	trivia ni	ght, chess club)
Spiritual: • What I do to keep myself well spiritual	ly (e.g. meditati	on / prayer, practices)			
People I would like involved in my care:					
Name: Relationship to me:	Contact	details:			
Name: Relationship to me:	Contact	details:			
	Contact	Jetana.			
People to contact in an emergency: Name: Relationship to me:	Contact	details:			
	Contaiot				
Name: Relationship to me:					
readonship to me:	Contact	details:			
How they can best help me:	Contact	details:			
	Contact	details:			
	Contact	details:			
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How they can best help me:	dge that I unde	stand my role and the role of	other pers	ions list	ed in the Plan. is with my
How they can best help me: I confirm that this is my Recovery Plan, and acknowled I am also aware that I can request a change to the go nominated support staff. I have received contact details and know h	dge that I under als set down if how to contact	stand my role and the role of they are not meeting my need	other pers	ions list ssing th	ed in the Plan. is with my
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How they can best help me: I confirm that this is my Recovery Plan, and acknowled I am also aware that I can request a change to the go nominated support staff. I have received contact details and know h I have been provided with mental health ca	dge that I under als set down if now to contact o risis numbers ived a copy.	stand my role and the role of they are not meeting my need my support staff igned by Person in Recovery	ls by discu	ons list ssing th	ed in the Plan. is with my

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	To b	e completed by all consu		Sex: M F I Tick when completed	
	1. Is the address above corr				
MARGIN gh Health Information Services	 2. Do you need assistance in finding / confirming accommodation? Yes No 3. Please provide current GP details: 			My accommodation has been confirmed: ☐ Yes ☐ No ☐ N/A	
DO NOT WRITE IN THIS BINDING MARGIN Do not reproduce by photocopying astion and amendments must be conducted through Health Information Services	 4. Before you are discharged Medications D 5. Do you require education Healthy lifestyle 6. Are you aware of how to a Yes No 	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 cr	Cr	mplete this section w	hen preparing for discharg		
DC All clinical form creation	7. Do you require a medical	certificate? _ b. WorkCover Qld	C. Centrelink	-	
0 /2014 ited	With	Where	Date	Time	
MR A 13150 V1.00 - 01/2 Locally Printe					
00201:13150 Local	 9. Do you know who your Mental Health Clinician (<i>if appropriate</i>) is and how to contact them? Yes No Name: Contact details: 				
0020	10. Do you have your discha ☐ Yes ☐ No ☐ N/				

	(Affive notion tidentification labor hours)					
	(Affix patient identification label here)					
Queensland Government Metro North Mental Health MENTAL HEALTH	URN:					
	Family Name:					
DISCHARGE CHECKLIST	Given Names:					
FOR CONSUMERS	Address:					
	Date of Birth: Sex: M F I					
11. If you brought any medications with you, have they been returned? □ Yes □ No □ N/A						
12. If you brought any X-rays/scans with you, have th	ney been returned?					
13. Have you got all personal belongings and items from Trust? ☐ Yes ☐ No ☐ N/A						
14. Have you arranged the necessary resources for your discharge (food / money)?						
15. Has your Next of Kin or support person been notified of your discharge? ☐ Yes ☐ No						
16. Has transportation on discharge been organised / booked?						
🗌 Private Transport: Family / Friend 🛛 Private	e Taxi 🗌 DVA					
Other (specify):	Other (specify):					
17. Do you have a letter / discharge summary for your Community Service Provider?						
Patient (print name):	Nurse (print name):					
Patient (<i>signature</i>):	Nurse (signature):					
Date:///						

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 questions 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

Metro North Hospital and Health Service Metro North Mental Health Resource Team

Your Health after Hospital – Visiting a GP

Having a General Practitioner (GP) who knows you well, and you feel comfortable with is very important.

There are a few things you can do to make sure you are getting the most out of your GP visit:

- Book a longer consultation for a first time visit, or if you need more time to talk through your health needs;
- Ask your receptionist about billing options, and whether bulk-bill is available, and/or whether Medicare rebate is available at time of appointment (or afterwards by going directly to Medicare)'
- Take a list of questions with you to ask;
- Take a pen and paper to write important information down;
- Invite a family member or carer to attend the appointment with you if you would feel more comfortable.

Benefits of building a relationship with a GP

- Regular assessment of your health needs and treatment of illness
- Referral to specialists and specialised services (e.g. private psychiatrist, psychologist, allied health professional such as podiatrist/ dietician /exercise physiologist).
- Arrangement of immunisation and other illness prevention measures
- Provision of medical certificates and reports if needed (e.g. Centrelink)
- o A GP who knows you and your medical history can provide you with the best possible care
- o To have another person to contact for professional help in times of health crisis
- Long term support outside the Mental Health Service
- Regular follow-up and prescription medication
- Management of the early signs of a relapse and prevention of the worsening of symptoms

If you would like more information or support – speak to your local Primary Care Liaison Officer, who can:

- Help you find a GP in your local area, and to suit your needs
- Support you to attend initial appointment, and ensure GP has relevant information from your Mental Health treating team (if open consumer to Metro North Mental Health Service).
- Help you find a private psychologist or psychiatrist in your area, for your GP to refer you to
- Provide information about other services and how to access and refer to services.

The Prince Charles Hospital – Ph. 3139 3201, Redcliffe/Caboolture – Ph. 3897 6329 The Royal Brisbane & Women's Hospital – Ph. 3834 1643



Page 1 of 2



Great state. Great opportunity.

Important Questions to ask your GP

Treatment

- How is my condition usually treated?
- o When should I start treatment?
- How long will I need the treatment for?
- What is the cost? Is it covered by Medicare?
- o What are the treatment risks or side effects?
- o Will I require referral to a specialist or another health professional?

General Health

- · How often do I need a physical health check-up?
- Do I need a flu injection or any other immunisations?
- Am I at risk of developing any health problems?
- Are there any lifestyle changes I can make to reduce the impact or prevent certain health problems?
- Are there any services you can recommend that I may be eligible for?

Symptoms

- What may be causing my symptoms?
- o What can I do to deal with this problem or reduce symptoms?

Medication

- o What is the name of the medication?
- What is it for, and how is it usually prescribed/ taken?
- Any side effects?
- · Will this medication interact with any other medications I am taking?
- How long do I need to take the medication for?
- Is there a generic brand available at a lower cost?

Tests

- o What does the test involve?
- When will I get the results?
- Any side effects?
- o What is the cost involved? Is it covered under Medicare?
- · Do I need to attend another service to have the test completed or for follow-up?











Great state. Great opportunity

NOTES
