

CHANGE IMPACT STATEMENT

CAMPUS : (e.g. RMH, RP, NWMH)	City Campus
DEPARTMENT (if applicable)	Inner West Area Mental Health Service – RMH
PROGRAM: (if applicable)	Emergency Mental Health (EMH)

1. Brief description of Change proposal

The Department of Health and Human Services has funded the development of new emergency department crisis hubs at six health services in the state of Victoria. The Crisis Hub aims to assist consumers presenting to the Emergency Department with mental health, drug and alcohol related conditions. This hub will benefit consumers by providing timely and appropriate access to specialist care and clinical services when presenting to the Emergency Department. The Royal Melbourne Hospital is proposing to implement additional staffing to support the ambulatory component of the hub with increased staffing for the Emergency Mental Health (EMH) team and Emergency Department (ED).

2. Current situation

The EMH team consists of the following staffing:

Medical	0.9 EFT
Nursing	10.51 EFT
Allied Health	1.0 EFT

3. Proposed situation

To support the development of the Crisis Hub, we are proposing an increase to staffing as follows:

Medical EFT:

- Increased consultant psychiatrist (0.9 EFT - includes weekend am cover)

Nursing/Allied EFT:

- Additional roster line for night duty (2.4 EFT – 7 days (incl PH)

Allied Health EFT:

- Clinical psychologist (1 EFT)
- Social work (1.4 EFT - 6 days per week) (to be managed by RMH Allied Health)

Lived experience workforce:

- Peer support worker(1.7 EFT - 7 days coverage)

The proposed change is in relation to increase in staffing for EMH, ED and an additional roster line for EMH night duty. There is no proposed change to role descriptions for EMH clinicians.

4. Reason/s for the proposed Change, including benefits and cost saving (if appropriate)

Increased numbers of core multidisciplinary EMH staffing will enable more timely assessments with increased mental health clinicians and increased decision support through appointment of more senior medical staff. Expanded medical coverage including increased consultant psychiatrist input will be utilised to ensure timely clinical review, assistance with decision making and prioritising patient allocation to inpatient units. There are statutory responsibilities under the *Mental Health Act* which can only be discharged by an Authorised Psychiatrist and provision of additional consultant psychiatrist time will ensure that the requisite clinical reviews and decisions can be undertaken in a timely way.

New roles will enhance the relationships between ED acute nursing and social work and the mental health team. The social work role will work with the current ED social workers, and in close connection with EMH. This role will report to the Manager, Social Work and Cultural Diversity. Professional mental health support will be provided through mental health. It will also connect with the Homeless Pathways Initiative in the ED.

New expertise will increase the functionality and effectiveness of the EMH service. Within EMH, the psychologist will work within the Engage Program and assist with immediate support to reduce emotional distress, develop safety plans for use following discharge from the ED, and linkage with community practitioners for ongoing treatment.

Peer Support Workers are now employed extensively in mental health services, and have been effectively employed in Emergency Departments. They provide positive role models and have a heightened capacity for empathy and developing relationships with other consumers because of their personal experience. The peer support model of care will be informed through consultation with other ED's currently employing PSW's and a co-design process at mental health branch level.

Additional mental health presentations have put significant and sustained pressure on the general functioning of the Emergency Department. Additional resources to support ED nursing leadership and after hours ED medical support are included in the hub staffing profile, and have been outlined in a separate CIS for ED staff.

5. Effects of Change proposal on employee workload and other OH&S impacts

The proposed change is anticipated to reduce workload stress across the ED. The addition of new staff roles will provide alternative avenues to support consumers, and increase the range of referral options available with the ED and EMH assessment team. There will be a period of adjustment while the new roles are introduced and work flows developed. The addition of a shift line to support EMH night duty will provide additional staffing support at night.

6. Measures to mitigate effects on employees

Position Descriptions have been developed to provide role clarity for new staff. Orientation will be provided to all new staff. Staff will be consulted during the development of procedures for internal referral and work flows.

7. Will employees have to be retrained to achieve Proposal?

Current employees will be orientated to the new roles prior to start dates. New recruits will undertake orientation to the EMH and ED, and all processes within the current functions.

- 8. Effects of Proposal on services/employees in other departments**
The Emergency Department, Allied Health and other units who will be affected by the change will be provided with this CIS as part of this consultation process. Allied Health Social Work have been consulted in the development of the social work role.
- 9. Details of staff/union Consultation conducted to date (if any) before CIS distributed**
Informal and exploratory discussions regarding the Crisis Hubs following public announcement.
- 10. Proposed Consultation with staff and union/s**

NB These timelines can be shortened if the parties present/correspond with information before the timelines. Some steps will not be needed depending on the consultation process.

Item [items provided below are examples only]	When
Commence formal change impact consultation (Step 1)	2nd October 2019
Meetings convened	2nd October 2019
Deadline for formal written feedback submissions (including union response) (Step 2)	16th October 2019
Further consultation meetings in relation to formal submissions - if required (Step 3)	Insert date range (if required)
Formal response from Melbourne Health to written submissions (Step 4)	Week commencing (if required)
Alternative response from employees or union to Melbourne Health's formal response (Step 5)	Within 14 days of Step 4.
Melbourne Health considers all feedback, alternative proposals and further meetings if required (Step 6)	Within 14 days of Step 5.
Depending on progress of consultation outlined above, expected date for confirmation of final Change Impact Statement.	No earlier than 18 October 2019
Depending on progress of consultation outlined above, expected date for implementation.	21 October 2019



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IWAMHS – Area Manager

Date: ___ / ___ / ___

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