2021 Mental Health Inpatient Snapshot Survey - At a glance

152 clients could have been discharged if accommodation and/or support services were available

- One in four in a mental health bed (in-scope) could have been discharged
- Gender: Equal number of males and females
- Age: Seven in ten were aged between 25 to 64 years, two in ten were aged between 65 years and over, and one in ten were aged 24 years and under
- Comorbidity: Half had a diagnosis of schizophrenia, schizotypal, delusional or other non-mood psychotic disorders
- Fixed address: Three in four did not have a fixed address to return to

6 clients could have been discharged if they received accommodation without mental health support

- Gender: Two in three were male, one in three were female
- Age: Two in three were aged between 25 and 64 years, the rest were aged 65 and above
- Comorbidity: None had co-occurring AOD issues
- Fixed address: Five in six did not have a fixed address to return to

134 clients could have been discharged if they received accommodation with mental health support

- Gender: Equal number of males and females
- Age: Seven in ten were aged between 25 and 64 years, two in ten were aged 65 years and above, the rest were aged 24 years and under
- Comorbidity: Half had co-occurring AOD issues
- Fixed address: Four in five did not have a fixed address to return to

12 clients could have been discharged without receiving accommodation or mental health support

- Gender: Five in six were female, one in six were male
- Age: Five in six were aged between 25 and 64 years, the rest were aged between 16 and 24 years
- Comorbidity: None had co-occurring AOD issues
- Fixed address: All had a fixed address to return to

Mental Health Inpatient Snapshot Survey

In April 2021, the Mental Health Inpatient Snapshot Survey (MHISS) 2021 was conducted across all publicly funded authorised and designated (specialised) mental health inpatient facilities in Western Australia.

The purpose was to provide a point in time Statewide snapshot of the number of mental health inpatients who could be discharged if appropriate accommodation, treatment and support services were available, and the types and intensity of services required.

The MHISS provides important evidence for decision-making in relation to the planning of hospital-based, community-based accommodation and mental health treatment and support services.

Of the 675 mental health beds that were in-scope, 647 (96%) were occupied on census date. Of the 647 clients, 152 could have been discharged if appropriate accommodation and/or treatment and support services were available. Approximately nine in ten (88%) of these clients required accommodation with mental health treatment and support to be discharged.

This is consistent with 2019's Snapshot, which found 178 clients could have been discharged if appropriate accommodation and/or treatment and support services were available, the majority (63%) of which required accommodation with mental health treatment and support to be discharged.

55 clients could have been discharged if they received community residential services with 24-hour staff

- Duration: Nine in ten required services for 12 months or more
- Clinical care: Nine in ten required clinical care - 47% daily care, 29% weekly care, 24% less than weekly care
- Behavioural issues: Four in five required support for behavioural issues related to mental health and/or risky behaviour to self-harm
- Fixed address: Nine in ten did not have a fixed address to return to

25 clients could have been discharged if they received community residential services without 24-hour staff

- Duration: Three in four required services for 12 months or more
- Clinical care: Four in five required clinical care - 45% daily care, 45% weekly care, 10% less than weekly care
- Behavioural issues: Seven in ten required support for behavioural issues related to mental health, AOD issues and/or risky behaviour to self-harm
- Fixed address: Three in four did not have a fixed address to return to

25 clients could have been discharged if they received older adult residential services

- Duration: All required services for 12 months or more
- Clinical care: Nine in ten required clinical care - 95% daily care, 5% weekly care
- Behavioural issues: Nine in ten required support for behavioural issues related to mental health and/or risky behaviour to self-harm
- Fixed address: Four in five did not have a fixed address to return to

29 clients could have been discharged if they received independent living services with support

- Duration: Three in five required services for 12 months or more
- Clinical care: Four in five required clinical care - 35% daily care, 39% weekly care, 26% less than weekly care
- Behavioural issues: Half required support for behavioural issues related to mental health
- Fixed address: Three in five did not have a fixed address to return to

1 Forensic beds, Mental Health Observation Areas, and Hospital in the Home beds were excluded
2 This number includes one mental health client in a non-mental health bed
INITIATIVES TO ASSIST IN REDUCING PRESSURES ON EMERGENCY DEPARTMENTS AND IN-PATIENT BEDS

The information contained in this infographic depicts what initiatives are currently underway to support relieving the immediate pressure on Emergency Departments and in-patient beds, as well as other medium to long term priority projects that will ultimately lead to system reform.

Initiatives that support relieving the immediate pressures

- **Long Stay Patient Project** - Long-term, system-wide solutions include a MHC Patient Flow Policy Officer to work closely with Health Service Providers, non-government organisations and the Longstay Working Group to identify barriers and possible solutions to discharge long-stay mental health patients from hospital when clinically fit. Patients are reviewed on a case-by-case basis to ensure the necessary supports are also provided. Since early 2021, the Patient Flow Policy Officer and the Longstay Working Group have assisted with discharging a number of long-stay patients from hospital. This in turn not only provides these patients with more suitable and appropriate accommodation and support, but also frees up beds for others who need clinical assistance.

  MHC is actively collaborating with Departments of Health and Communities via a Steering Committee and Working Group to collaborate on cross-agency solutions for all long stay patients in health services, including mental health patients and patients with disability. The Working Group has also assisted a number of successful discharges of long-stay patients from hospital to the community including where accommodation and NDIS related issues have been a barrier.

  Long-term, systematic solutions are also currently being investigated and proposed.

- **Active Recovery Team (ART)** is a pilot aimed at bridging the gap between clinical mental health services and community-based organisations who provide care outside of the hospital setting. The model has been developed to engage and support individuals who repeatedly present to Emergency Departments (ED) in crisis, to provide responsive and tailored treatment as they recover from an acute or crisis episode.

- **Independent Community Living Strategy (ICLS)** is a service provided to support individuals to live independently in the community, with drop in supports and to aid them working towards their recovery.

- **Step Up/Step Down Services** provide short term, residential support and individualised care for people following discharge from hospital, or those who are in the community experiencing a change in their mental health to avoid a possible hospitalisation.

Initiatives that support relieving the immediate pressures (continued)

- In April 2021, the Mental Health Inpatient Snapshot Survey (MHISS) 2021 was conducted across all publicly funded authorised and designated (specialised) mental health inpatient facilities in Western Australia. The primary purpose was to provide a one-day Statewide snapshot of the number of mental health inpatients who could be discharged if appropriate accommodation and/or support services were available, and the types and intensity of services required. The MHISS provides important evidence for decision-making in relation to the planning of hospital-based, community-based accommodation and mental health support services.

  The publication of the MHISS results will also contribute to meeting Sustainable Health Review Recommendation 68: Immediate transparent public reporting of patient outcomes and experience.

  In addition, work is currently underway to support the implementation of the below programs:

- **Youth Mental Health and AOD Homelessness Service** - when operational, the service will specifically target young people aged 16 to 24 years who have severe mental health issues (with or without alcohol and other drug issue(s)) and who are homeless or at risk of homelessness.

- **Community Care Unit (CCU)** will be a 20-bed facility providing community-based non-acute transitional residential mental health rehabilitation and recovery services for people with severe and persistent mental health issues and complex needs, who require a high level of support.

- **Other projects as detailed in the WA State Priorities Mental Health, Alcohol and Other Drugs 2020 – 2024**

Longer term initiatives that will ultimately lead to system reform

- **Roadmap for Community Mental Health Treatment Services**, including Emergency Response Services.

- **Taskforce into WA Public Mental Health Services for Infants, Children and Adolescents**

- **Graylands Reconfiguration and Forensic Taskforce**