

Welcome to the **EQUALLYWELL** 2020 webinar series

Topic 1: Qld MHCC: Real Time – Real Services – State-wide Practice Change

Presented by:

John Allan, Queensland Health

Joanne Isbel, Queensland Health

Sally Plever & Irene McCarthy, Queensland Health



25 August 2020



Qld Mental Health Clinical Collaborative Real Time, Real Services – Statewide practice change



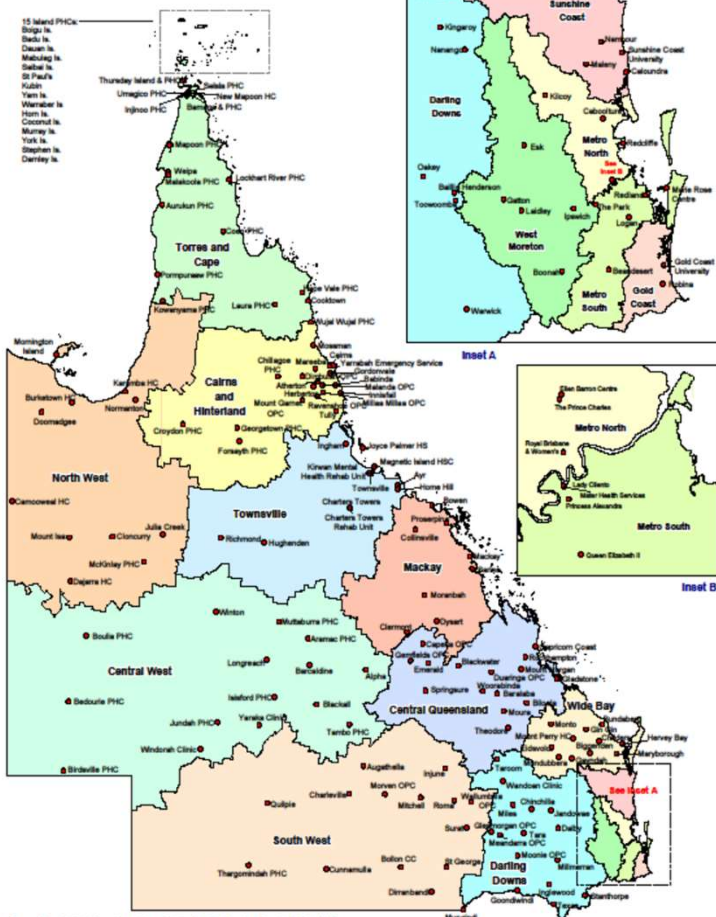


John Allan

Executive Director of Mental Health Alcohol and
other Drugs Branch, Queensland Health



Hospital and Health Services, Queensland Health
by Recognised Public Hospitals
and Primary Health Centres



Prepared by: Statistical Reporting and Coordination, Statistical Services Branch, 11 May 2018
Hospital and Health Services by recognised public hospitals and primary health centres as at October 2017

Queensland
Population 4.84 Million in 2018
5.73 Million by 2026

Queensland Health Mental Health Services

- In all 17 Hospital and Health Services
- Supported by Mental Health Alcohol and Other Drugs Branch in Queensland Health

Policy to practice:
How do we get
meaningful outcomes
on a large scale?



Queensland Mental Health Services

- Each week there are:
 - **>16,000** community mental health consumers seen in **>31,000** provisions of service
 - **3000** new referrals
 - **>600** consumers admitted to acute inpatient units into 830 beds
- There are **6925** FTE MHS staff in Queensland*:
 - **1998** working in acute inpatient services
 - **3098** working in community services

*2018 ROGS



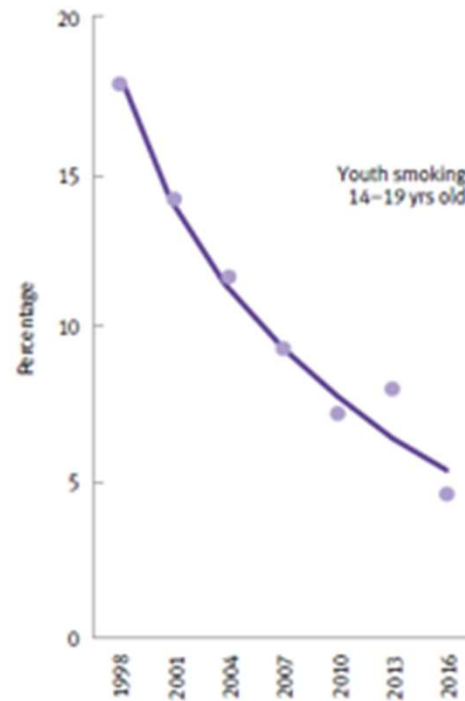
What is our opportunity and why does all this matter?

- Smoking is the largest single cause of death for people with schizophrenia
- Smoking in psychiatric inpatient units often reported as high 70-90% (Wye 2010) but in reality smoking status has not been systematically recorded until recently
- Evidence shows that people with mental illness would like to quit and are able to quit successfully with the right supports in place.
- There is a history of ambivalence within mental health surrounding smoking cessation for people with a mental illness which still plays out today.
- Properly motivated and trained clinicians can make a difference in helping a person to quit.

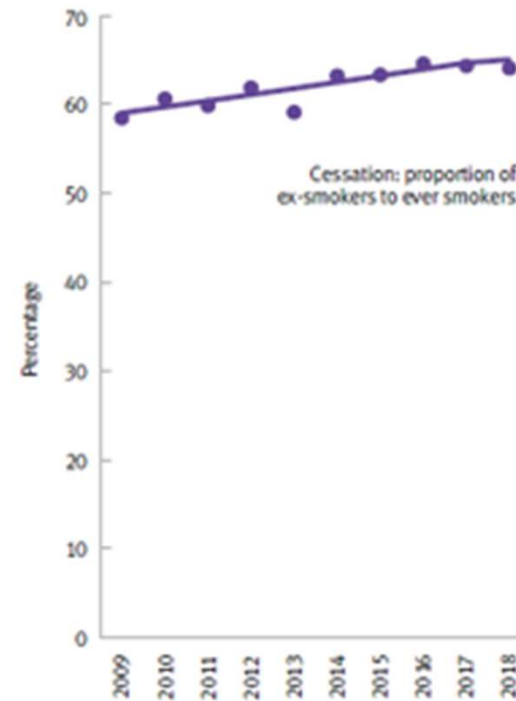


Trends in smoking initiation and cessation Queensland (CHO Report 2018)

a) Smoking initiation



b) Smoking cessation



Session



Queensland
Perspective
A/Prof John Allan

What is the Qld
MHCC?



Physical health -
smoking cessation
journey

Queensland
partnership
Joanne Isbel



What have we
learned?



Cairns
Central Qld
Darling Downs
Gold Coast
Torres and Cape
North West
South West
Central West

West Moreton
Townsville
Wide Bay
Sunshine Coast
Metro North
Metro South
Mackay
Fraser Coast

Acknowledgements

Qld Mental Health Alcohol & Other Drugs Branch
Qld Preventive Health Branch
Quitline



Queensland Mental Health Clinical Collaborative (Qld MHCC)



- Statewide MH clinicians/managers working together to improve service delivery
- Based on IHI Breakthrough series methodology
- Adult mental health focus
- Chaired by lead clinician
- Statewide steering committee
- Sponsored via Mental Health Alcohol & Other Drugs Branch

MHCC Team

- 0.1 FTE Lead Clinician
- 0.95 FTE Manager (Jobshare)
- 0.5 FTE Data Analyst

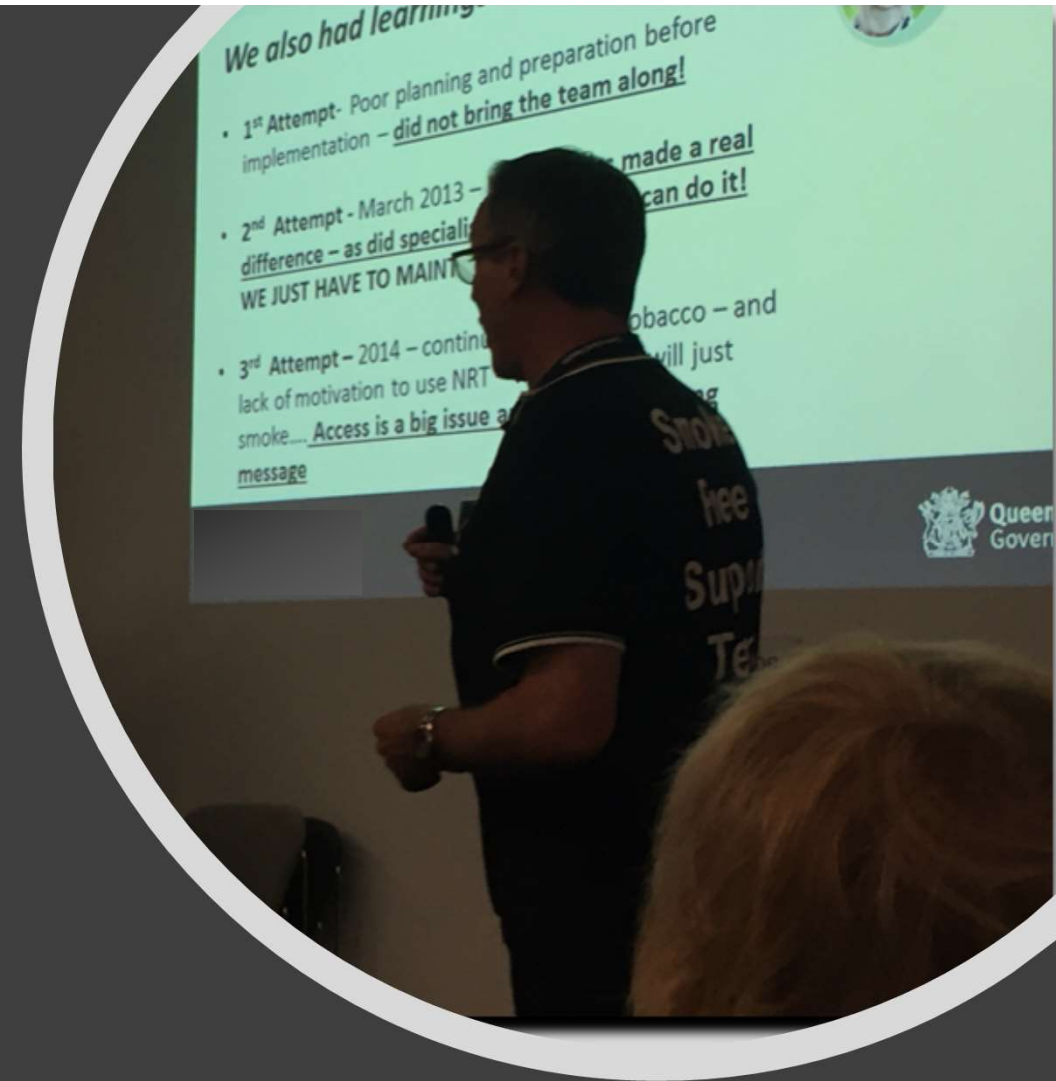
Sponsored by Qld Mental Health Alcohol & Other Drugs Branch.

Hosted by Metro North HHS



Steering Committee

- Statewide representation
- Lived experience, multi-disciplinary, clinical expertise
- Provides:
 - Feedback
 - Communication to services
 - Ideas for direction



Qld MHCC Timeline

Collaboratives
Reign & MHCC
Begins

Topic
Selection

Topic
Selection

Topic
Selection

Topic
Addition

2005/2006

2008

2009

2010

2012

2015

2020-

Topics

Inpatient Schizophrenia

1-7day Follow-Up & GP recording

Inpatient Seclusion

Physical Health – Routine Assessment

Smoking Care

Measures

ALOS & 28 Day Readmission

1-7 day F/up & GP recorded in CIMHA

Seclusion Event/s & Duration

Routine Physical Health Assessment

Physical Health Intervention

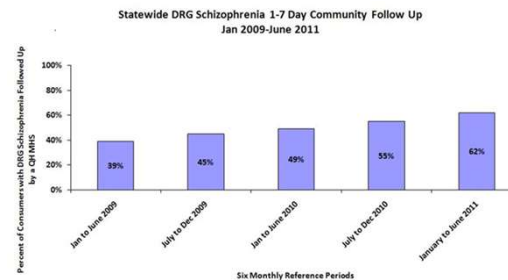
Smoking Status & Brief
intervention

SCHIZOPHRENIA

The Queensland Mental Health Clinical Collaborative and the management of schizophrenia

Sally Plever, Brett Emmerson, Benjamin Chapple, Craig Kennedy and Aaron Groves

Australasian Psychiatry • Vol 18, No 2 • April 2010

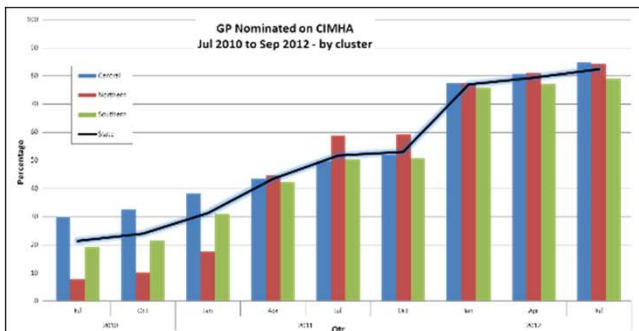


Psychiatric services

Clinical Practice Improvement Payments: incentives for delivery of quality care

Sally Plever Manager, The Mental Health Clinical Collaborative, Queensland Health, Brisbane, QLD, Australia
Irene McCarthy Manager, The Mental Health Clinical Collaborative, Queensland Health, Brisbane, QLD, Australia
Brett Emmerson Chair, The Mental Health Clinical Collaborative, Queensland Health, and Metro North Mental Health and University of Queensland, Brisbane, QLD, Australia
Aaron Groves Executive Director, Mental Health Alcohol and Other Drugs Directorate, Queensland Health, Brisbane, QLD, Australia

Abstract
 Objective: In 2006, Queensland Health mental health services participated in a quality incentive payment scheme referred to as the Clinical Practice Improvement Payment. Services across the state engaged in local improvement projects with the collective aim of improving the number of consumers, diagnosed with schizophrenia, followed up within seven days post discharge. This paper describes the application of this approach over two and a half years.



Qld MHCC Previous Topic Outcomes

Qld MHCC Philosophy

Voluntary

Clinicians chose
topic areas

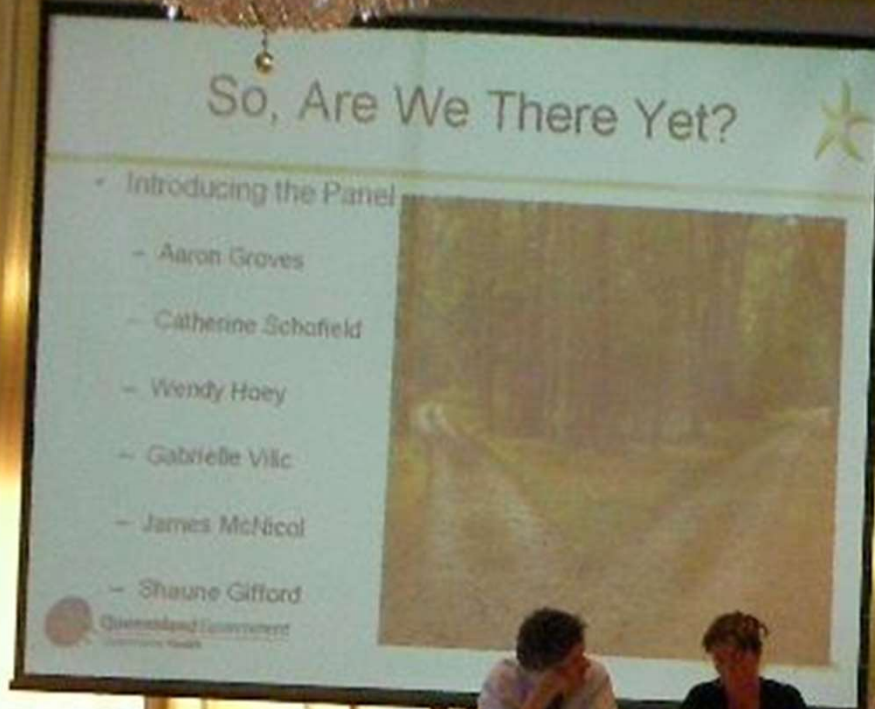
Share everything
Good/Bad/Ugly

Informal
Benchmarking

Prioritise clinician time –
use existing data sources

Positive
Supportive
Responsive

How Do We Operate?



Clinical topic areas
VOTED
by members

Clinically relevant
MEASURES
developed

Mental Health Services – local
improvement initiatives

Statewide **FORUMS &
REPORTING**

Service & Expert
presentations

State/Service/Team
reports



Indicator Development – what do we measure?

- What do we want to know?
- What already exists?
- Identify potential data sources
 - statewide
- What are the limitations?
- Develop reports

STATEWIDE FORUMS

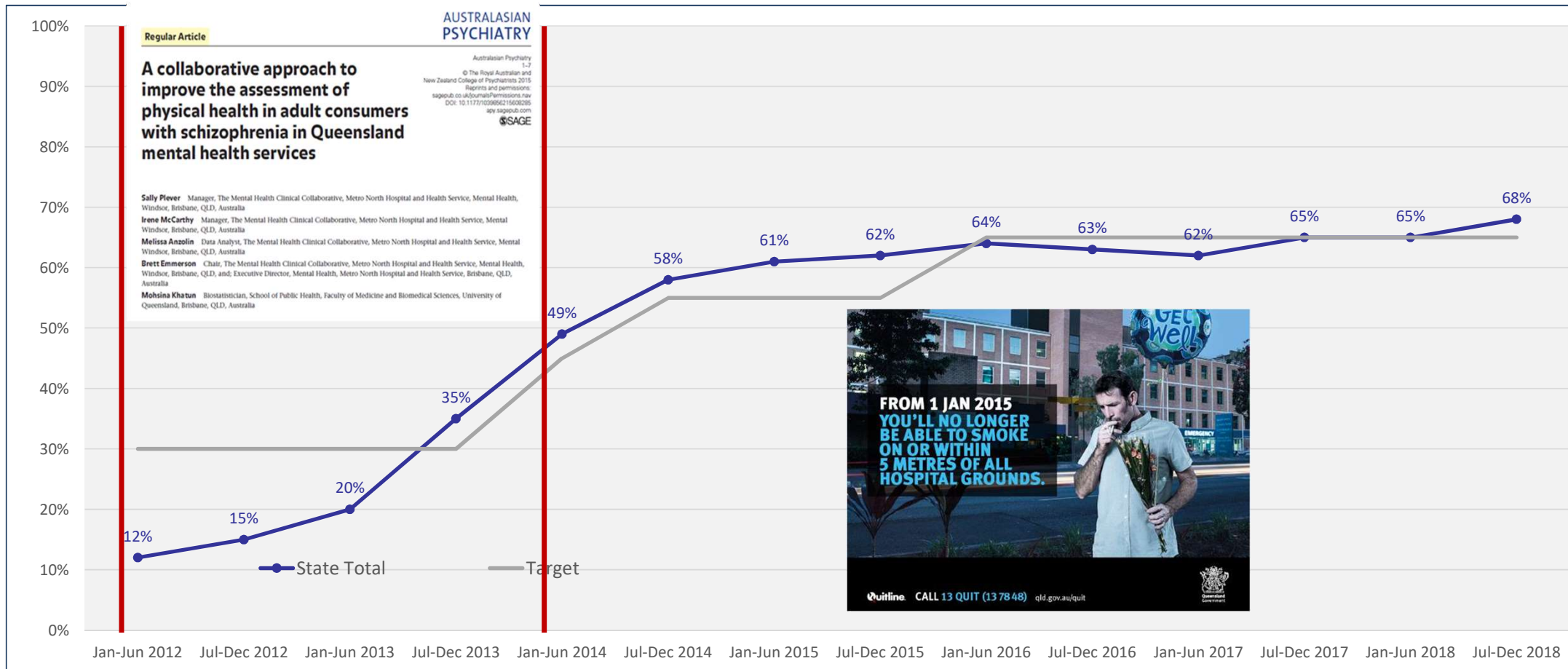
Network
Share
Learn

Mental Health Clinical Collaborative Forums

Forum	Date Held	Main Topic
1.	February 15, 2006 RBWH Education Centre	Schizophrenia
2.	August 31, 2006 RBWH Education Centre	Schizophrenia
3.	February 21, 2007, RBWH Education Centre	Schizophrenia
4.	August 1, 2007, RBWH Education Centre	Topic Selection
5.	March, 6 & 7, 2008 Qld State Library	Seclusion
6.	November, 6 & 7, 2008 Victoria Park Golf Complex	Seclusion
7.	March 18, 2009, The Pavilion Function Centre	Indicators Unplugged
8.	November 4, 2009, Victoria Park Golf Club	Seclusion
9.	April 28, 2010, The Pavilion Function Centre	Community Indicators
10.	November 3, 2010, Victoria Park Golf Club	Seclusion
11.	12 May, 2011, Moda, Portside	Community Indicators
12.	10 November, 2011, Victoria Park Golf Club	Seclusion & Restraint
13.	3 May, 2012, Bronco's Leagues Club	Topic Selection & MH PMF
14.	12 June, 2013, RBWH Education Centre	Physical Health
15.	26 November, 2013, Butterfield St	Physical Health
16.	27 May, 2014 Gold Coast	Physical Health
17.	6 November, 2014, Education Centre RBWH	Physical Health
18.	26 March, 2015, LCCH (Tanya Ahmed/Helen Boocock)	Physical Health
19.	27 October 2015, CSDS, RBWH (Colin Mendelsohn)	Smoking Cessation
20.	17 May 2016, Russell Strong Auditorium, PAH (Stan Steindl)	Smoking Cessation
21.	10 November 2016, UQCCR Auditorium, RBWH (Barwon OTs)	Smoking Cessation – Inpatient
22.	31 May 2017, RBWH Education Centre (Henry Marshall)	Smoking Cessation – Community
23.	9 November 2017, Sunshine Coast SCHI	Smoking Cessation – Community
24.	23 May 2018, Education Centre RBWH	Smoking cessation - Indigenous
25.	31 October 2018 Victoria Park Golf Club (Billie Bonevski/Andrew Watkins)	Smoking cessation/ Physical Health
26.	23 May 2019, Butterfield St Training Rooms (Emma Dean/Ben Harris)	Smoking cessation/ Physical Health
27.	30 October 2019, Wests Rugby Club (Dr Henry Marshall, Dr D'Emden, QMHC)	Physical Health & Smoking

MHCC Physical Health Assessment Indicator Statewide Results

2012-2018



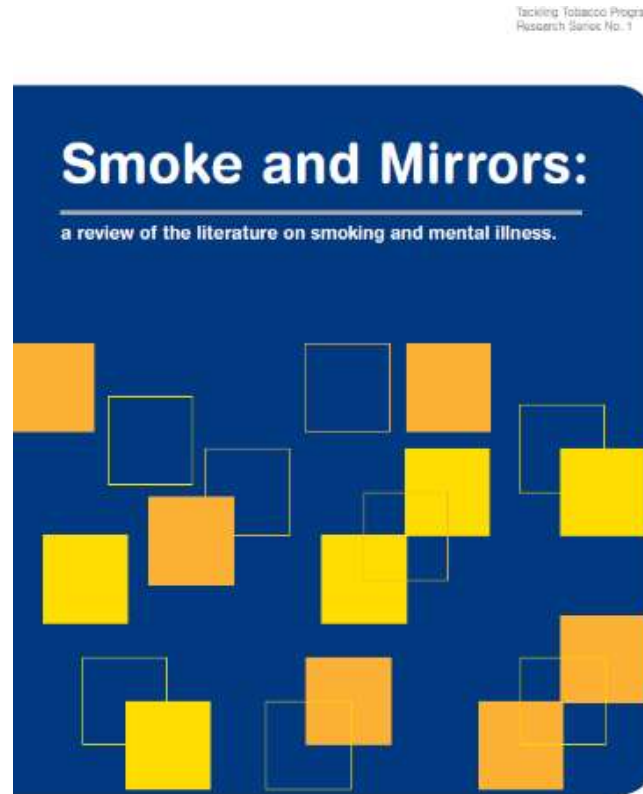
Smoking Culture and Mental Health

General perception that smoking is benign (or even beneficial)

Historically mental health has been an exception

Smoking considered a lifestyle choice not an addiction

Perception of violation of patients rights



Staff uncomfortable addressing smoking & training in has been ad hoc

Fear that symptoms will get worse & violence/aggression will increase

Perception that people with mental illness can't quit

Challenge of smoking workforce



Smoking Care
PRIORITISED
by members

Clinically relevant
MEASURES
Developed
(Steering Committee)

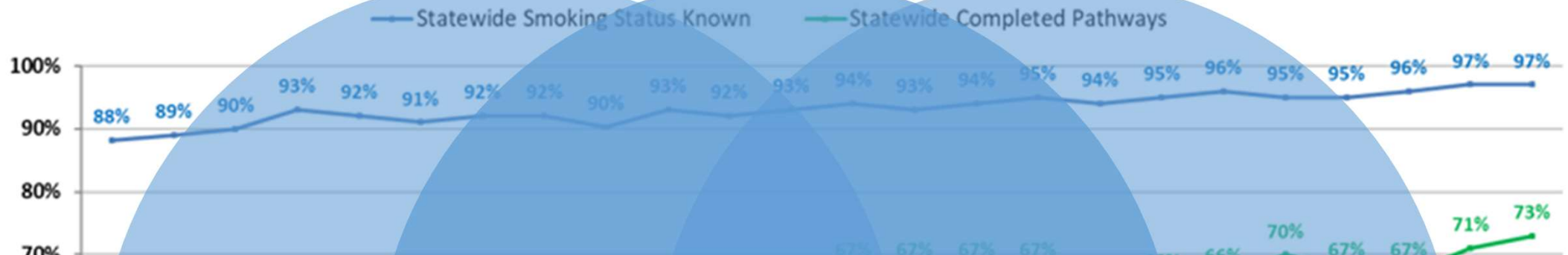
Mental Health Services **local**
practice improvement
initiatives

Statewide **FORUMS**
& REPORTING

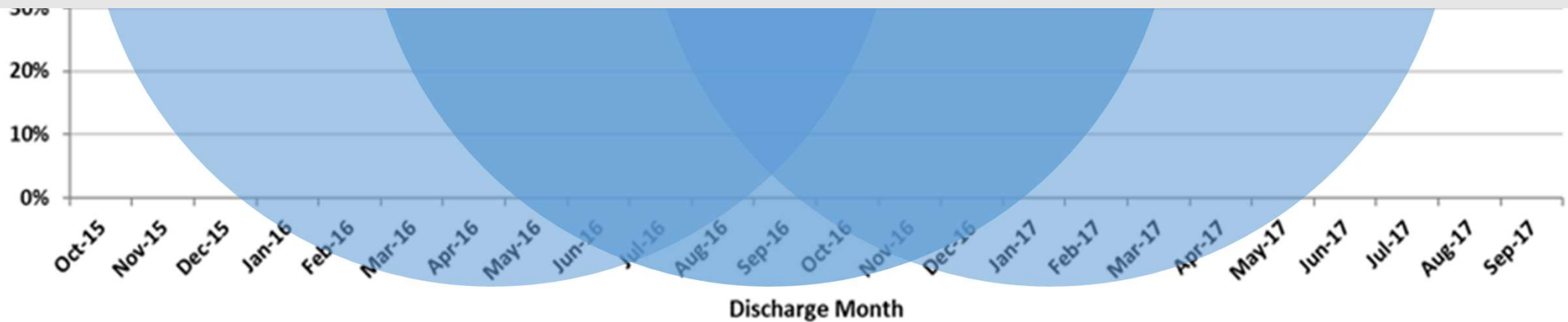
Service & Expert
presentations

State/Service/Team
Reports

Smoking Cessation Inpatient Indicators



Indicator development
&
Steering Committee



Adult Mental Health Clinical Collaborative Indicator Specifications:
SmokeFree Indicators – Community

Last Updated 20 May 2020

Clinical Issue
National Targets and Indicators for Mental Health Reform – The COAG Expert Reference Group (ERG): More people with poor mental health will have better physical health and live longer.
Queensland Mental Health Drug and Alcohol Strategic Plan 2014-2019 - Outcome Area 5: People living with mental illness and substance use disorders have better physical and oral health and live longer.

Compared to the general population, consumers with a mental illness have higher smoking rates, higher levels of nicotine dependence and lower cessation rates. Smoking-related illnesses contribute to higher rates of morbidity and mortality and smoking contributes to ongoing economic disadvantage. Despite smokers with a mental illness being as motivated to quit as the general population, and cessation being linked to improved physical and mental health, they are less likely to be offered support to quit.

Indicator Description – Smoking Status Identified

- Proportion of open community service episodes where consumers have a smoking status documented within the reference period.

Numerator: Number of open community service episodes where consumers have a smoking status (smoker or non-smoker) documented on CIMHA within the reference period.

Denominator: Total number of open community service episodes in the reference period.

Indicator Description – Smoking Cessation Brief Intervention Completed

- Proportion of open community service episodes where identified smokers have a Smoking Cessation Clinical Pathway completed within the reference period.

Numerator: Number of open community service episodes where a clinician has completed a Smoking Cessation Clinical Pathway in CIMHA.

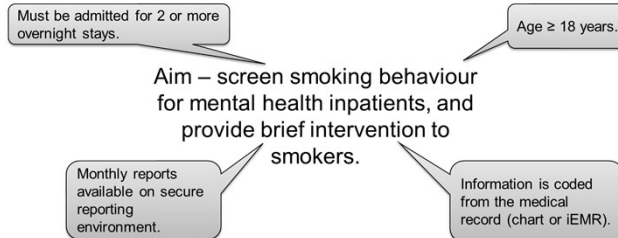
Denominator: Total number of open community service episodes where a consumer has been documented as a smoker on CIMHA.

Definitions

- A Smoker is a consumer self-identified as having smoked in the past 30 days or has asked for support to quit.
- Smoking Cessation Clinical Pathway (SCCP) is a tool for screening smoking behaviour and guides support for those who temporarily cannot smoke or wish to reduce/quit smoking.

Scope

- All public adult community mental health treating units in Queensland mental health services.
- Consumers aged ≥ 18 at start of the reference period or start of the service episode, whichever is later.
- Service episodes that are open to community mental health services during the 6 month reference period and have at least one face-to-face Provision of Service (POS) recorded during the same reference period.



Indicator 1 – Known Smoking Status

Indicator 2: Completed Smoking Cessation Clinical Pathway for Smokers

Adult Mental Health Clinical Collaborative Indicator Specifications:
Physical Health Intervention Indicator

Last Updated May 2020

Clinical Issue
People living with a mental illness endure poorer physical health and receive less physical health care than the general population. People who experience psychosis die up to 20 years earlier than the general population. Many of the factors underlying poor physical health in this population are modifiable with appropriate assessment, monitoring and treatment.

The Fifth National Mental Health and Suicide Prevention Plan. Priority Area 5: Improving the physical health of people living with mental illness and reducing early mortality.
Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2019-2023. Focus Area 1: Better Lives.
Measurement Strategy for Connecting Care to Recovery 2016-2021. Consumer and client outcomes. Improved physical wellbeing and longer life.

Description – Physical Health Interventions

- Proportion of specialised community mental health service episode segments with a physical health intervention Provision of Service (POS).

Numerator: Number of community mental health service episode segments ended within the reference period where there is at least one physical health intervention POS within the six-month period.

Denominator: Total number of community mental health service episode segments ended within the reference period or within a six-month period.

Definitions

- Physical Health Intervention equals a POS Intervention of Physical Health Intervention (Parent), Physical Health Activity/exercise, Support accessing health services, Diet and Nutrition or Physical health education.
- Segment is defined as a period of 182 days (or less) commencing from the start date of each service episode.

Scope

- All public adult community mental health services.

Data source(s)

Numerator: Consumer Integrated Mental Health Application (CIMHA)

Denominator: Consumer Integrated Mental Health Application (CIMHA)

Methodology

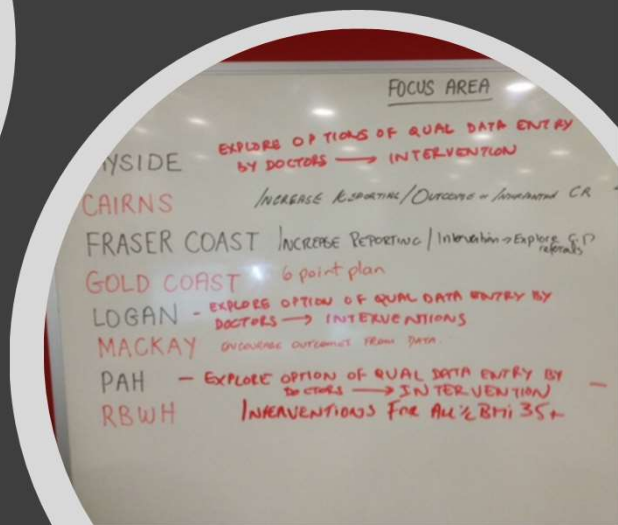
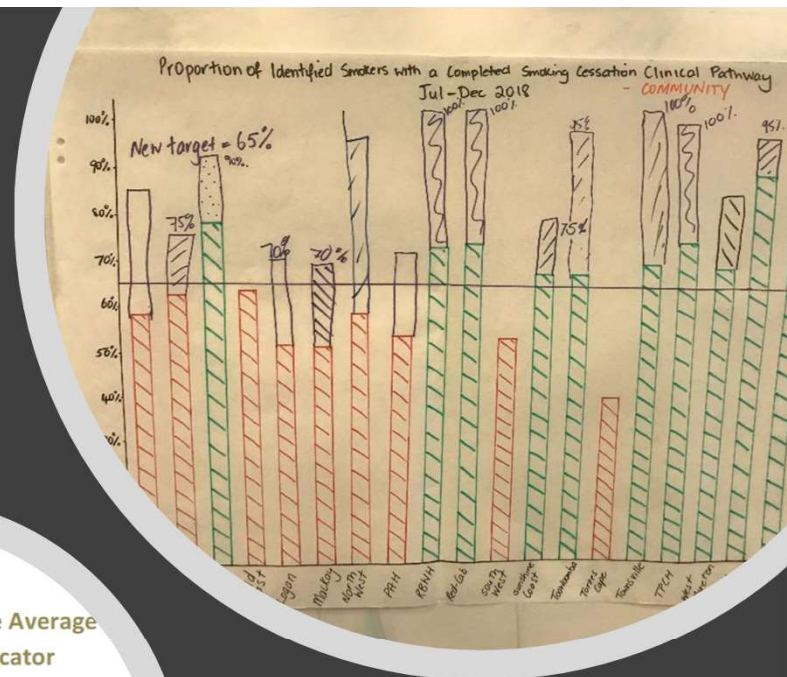
Technical Notes

- The Physical Health intervention is considered valid for (or covers) a period of 6 months from the date of the physical health intervention. It is not valid prior to the physical health intervention date.
- In instances where there is more than one type of physical health intervention only one physical health intervention will count towards the indicator.
- In instances where there is more than one open segment within the reference period, a valid physical health intervention will be allocated to each segment that is open on or after the physical health intervention.
- Consumer age is calculated at start of the reference period or start of service episode segment, whichever is later.
- Consumers may have more than one open service episode segment within a reference period.
- Short segments (that is, segments that are 14 days or less) that follow a 182 day segment, will be subsumed into the previous segment.

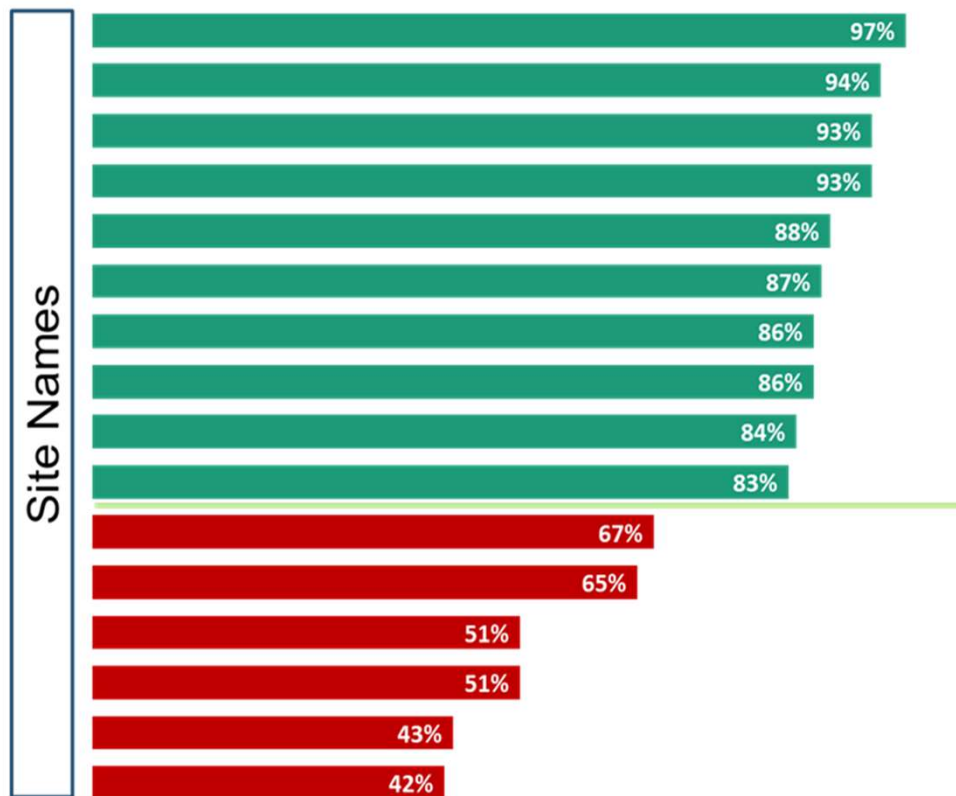
Indicator Development

Data Drives - change

- Target setting
(statewide & service)
- Informal Benchmarking
- Motivates services & clinicians
- Timely feedback important



MHCC Smoke-free Indicator – **INPATIENT March** % of Smokers with Completed Pathway



Regular



Simple

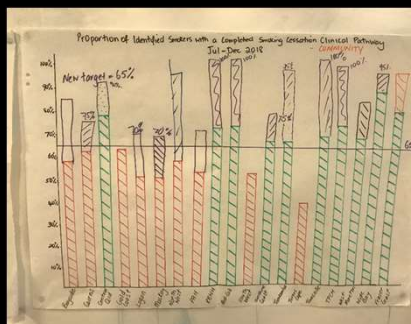


state, service
and team level
information



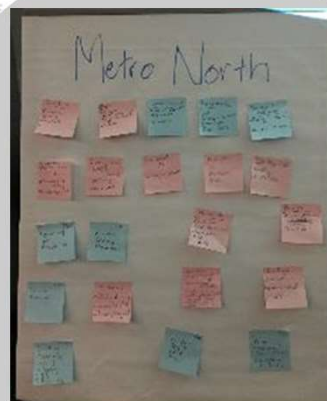
Statewide Forums

Network Share Learn



Implementing Smoking Cessation in Mental Health - Checklist

Has a procedure/or guideline on smoke free environment.
Leadership as demonstrated by... support, and compliance with smoke free environment.
...reviewed by... will include the "MHC... procedures/guideline
Supportive communication (e.g. Admission documentation)
Effective and clear signage
Process in place to ensure all... as appropriate. (e.g. Are prompts/reminders present in documentation and for three-monthly
Smoking Cessation Clinical Pathway use
HHS or MH specific procedure/or guideline for nicotine dependence (NRT use).
All identified smoking consumers have nicotine dependency management included in discharge documentation and/or as part of three monthly clinical review in community.
Process for staff education (orientation, ongoing training, refresher training and specific training for specialised areas) in place: <ul style="list-style-type: none"> - importance of smoking cessation in mental health and addiction model - supporting consumers with nicotine dependence (brief interventions, NRT use, withdrawal scales)
QUITline accessible for consumers.
Resources (such as pamphlets and posters) available in all units and easily located.
Consumer consultants/peer support/recovery workers involved in the smoke-free environment implementation.
Process in place for supporting staff who smoke.
Forum/working party exists to support local team/units.
Monitoring and enforcement process for smoke free environment in place.
No exemptions in place for units and/or individual consumers (e.g. Escorted leave)



Forum Activities



Education Problem Solving Shared Understanding



FORUM ACTIVITIES:

Expert Speakers

Service Presentations

Workshops

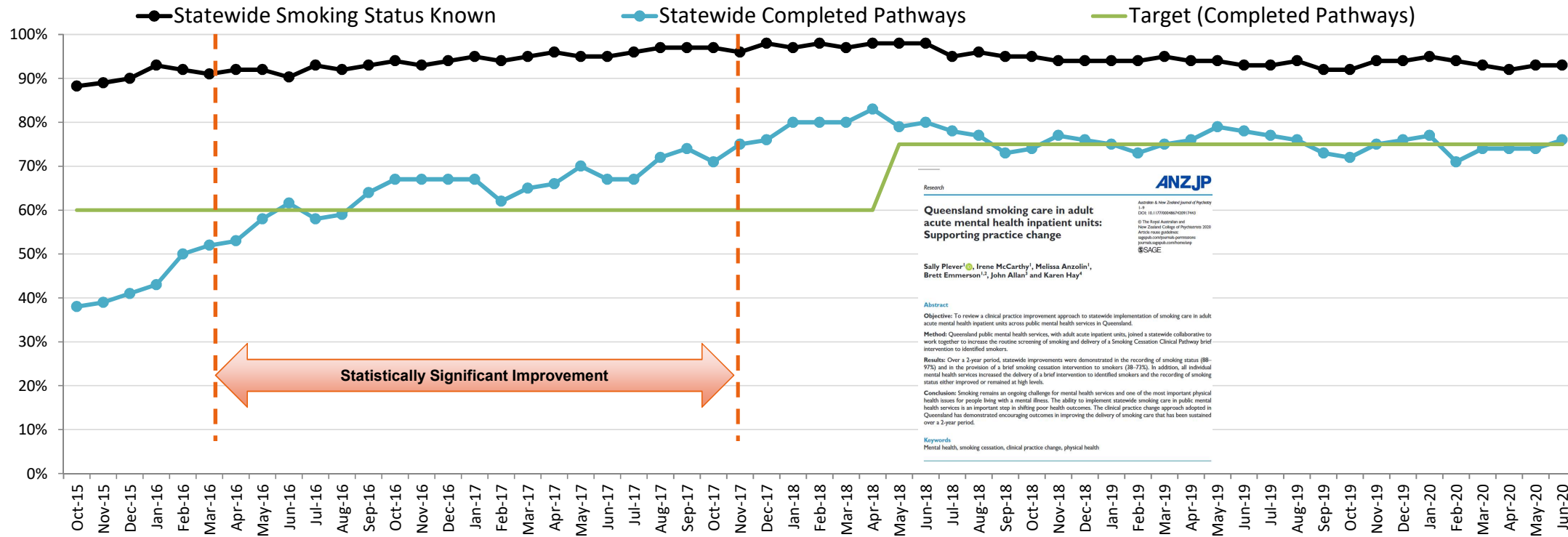
OUTSIDE OF FORUMS:

Ongoing engagement with services

Targeted executive meetings



MHCC Smoke-free Indicators - INPATIENT



30,000+

Smoking Cessation Clinical Pathways completed
in Qld adult acute inpatient mental health services since October 15

Inpatient to Community Mental Health Services

Queensland Health

“Smoking cessation is not a mental health problem - it's not my job.”

You are best placed to offer choices to consumers

Empower consumers to make informed decisions

Clinical Excellence Division
Creating solutions for better healthcare

Mental Health Clinical Collaborative

Queensland Government

Queensland Health

CIMHA

Consumer Integrated Mental Health Application

Smoking Status module

Search

Help your patients become **SMOKE free**

1 July 2017

New Smoking Status module in **CIMHA**

Find out more, search CIMHA on QHEPS.

Queensland Government

Challenges

- Limited data
- Significant practice change

Queensland Government

Smoking Cessation Clinical Pathway

Form 1000 (1/17)

Page 1 of 2

Solutions

- Smoking Cessation Clinical Pathway approved & added to MH statewide info system
- New smoking status TAB introduced & added to MH statewide info system



Quality Improvement Payment



- Queensland Health Incentive Payment: Community Mental Health Smoking Cessation (QIP C)
- \$1million annually for mental health services statewide
- Increasing targets

Local Activities

Westo South Addiction and Mental Health Services

"Butt it Out"

Background

Butt it Out is a community-based program that aims to reduce the harm caused by smoking and drinking. It is a free, confidential, and non-judgmental service that provides support and resources to people who are struggling with these issues.

Improvement Goals

- Increase the number of people who attend the program
- Increase the number of people who quit smoking and drinking
- Increase the number of people who are referred to the program

What's Next?

- Continue to provide support and resources to people who are struggling with smoking and drinking
- Expand the program to other areas of the community
- Increase the number of people who are referred to the program

Progress

Achievements

- Increased the number of people who attend the program
- Increased the number of people who quit smoking and drinking
- Increased the number of people who are referred to the program

Challenges

- Limited resources
- Limited awareness
- Limited support

Table with 10 columns and 10 rows. The columns are labeled: Name, Age, Gender, Ethnicity, Religion, Marital Status, Education, Employment, Income, and Health Status. The rows contain various demographic and health data for a group of individuals.

Westo South Addiction and Mental Health Services

Working on Wellness



Take steps towards a healthier lifestyle



Smoking Cessation in Mental Health

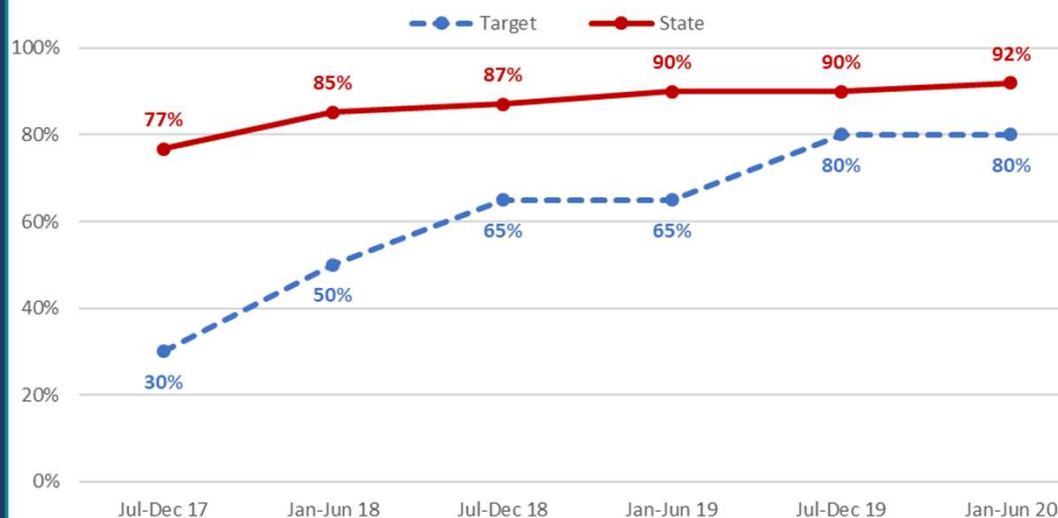
A new video with three consumers who have quit smoking is now available. The consumers answer several questions about their journey including attending smoking cessation groups. These consumers are well placed to give tips to other consumers about quitting smoking.



Community Smokefree Statewide Results



Indicator 1: Proportion of Episodes where Smoking Status is Known



The Truth About Smoking and Mental Health

Mental illness does not get worse when a person quits

Quitting lowers stress levels

Smoking is an addiction not a choice

Quitting leads to less depression and anxiety



Quitting can lead to a reduction in medication and side effects

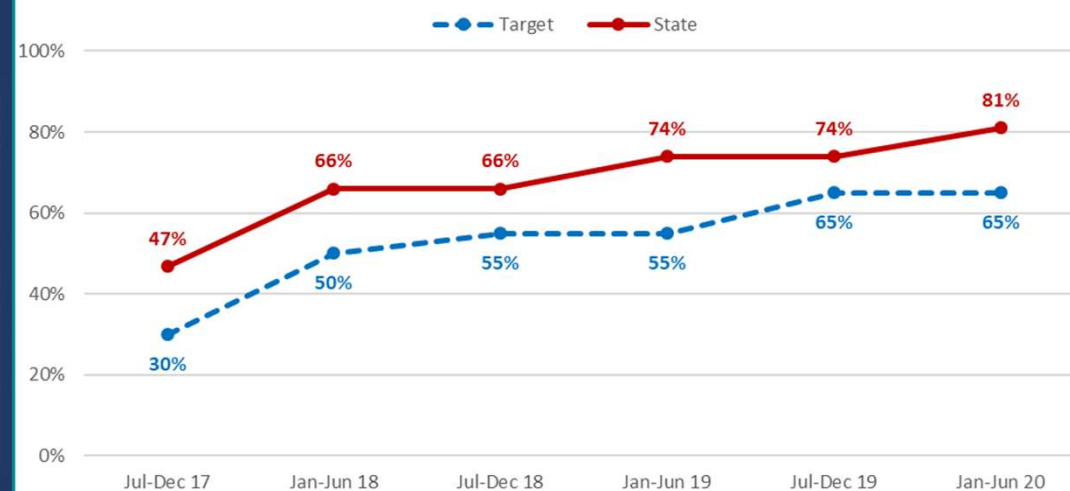
Quitting improves finances

Violence does not increase when mental health environments become Smokefree

Quitting improves confidence and wellbeing

Source: Position Statement - Mental health services and smoking cessation, Cancer Council Australia. http://www.cancer.org.au/policy/Position_statement_-_Mental_health_services_and_smoking_cessation

Indicator 2: Proportion of Identified Smokers with a Completed SCCP



Qld Mental Health Smoking Rate



- Qld public mental health community consumers
- Consumers aged 18 years and over
- Smoking status sourced from clinical record



2018

51.6%



2019

51.1%

Excludes consumers with unknown smoking status

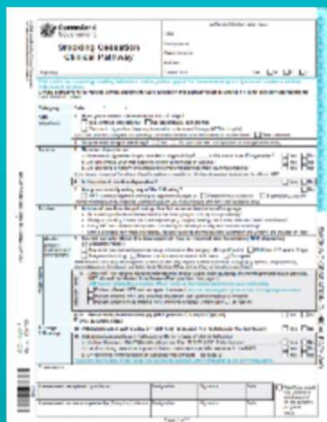
Smokefree Queensland Mental Health Services



Physical Health
2012

&

Smoking
Cessation
2015



Qld Health

Smoking
Cessation Clinical
Pathway



Smoking Status Tab
(Community)



QIP C
\$4million

COMMUNITY MHS
2017-2021



Quitline
disadvantaged
program
expanded to
Community MHS
Consumers
2017



Joanne Isabel

Manager of Preventive Health, Health Contact
Centre Queensland Health

Supporting clients with severe and complex mental
health conditions to quit smoking via telephone
counselling and nicotine replacement therapy



The Background

- People experiencing severe and complex mental health issues have one of the highest smoking rates of any priority population in Queensland
- Significant physical and mental health benefits associated with quitting smoking

Quitline Queensland

- Evidence based tailored telephone support
- 8am-9pm 7 days/week
- Inbound and outbound calls
- Staff trained in smoking cessation behavioural support and pharmacotherapy - focus on motivational interviewing
- Aboriginal and Torres Strait Islander counsellors available

Partnership

- In 2017 the Mental Health Clinical Collaborative made contact with the Prevention Division and Quitline to encourage a partnership to support clients of Community Mental Health services to quit smoking
- Stakeholder meetings occurred scoping the program and developing the necessary processes and communication for clinicians
- In November 2017, in collaboration with the Mental Health Clinical Collaborative and Preventive Health Branch, Quitline commenced an intensive quit support program for clients of Queensland Health Community Mental Health Services

Quitline – Intensive Quit Smoking Program

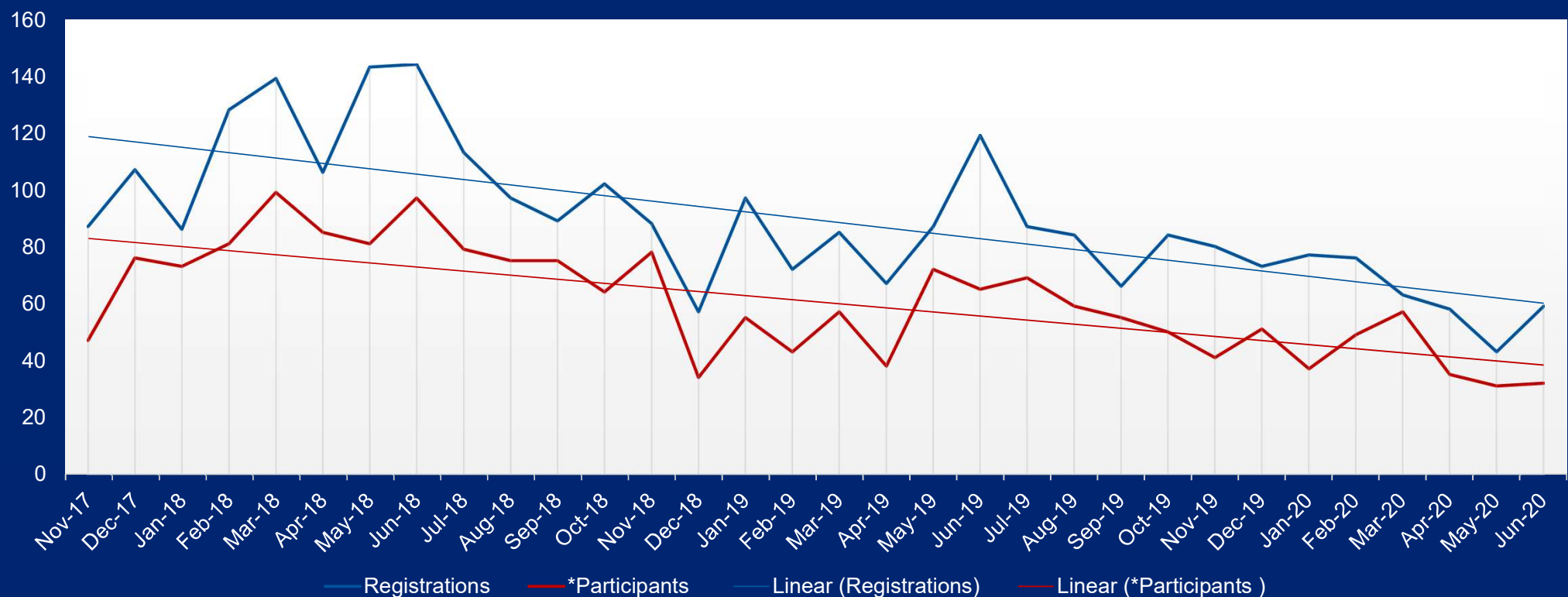
- Specific referral form was created for clinicians
- 4 tailored telephone support sessions with a Quitline telephone counsellor plus 3 evaluation calls
- 12 weeks of nicotine replacement therapy – including patches and oral NRT – sent to the client's home by Quitline

Outcomes – Referral/Participation

- 2862 referrals in total between Nov 2017 – June 2020
- 1940 referred clients commenced the program = 68%
- One of the largest specific priority populations supported by Quitline Queensland

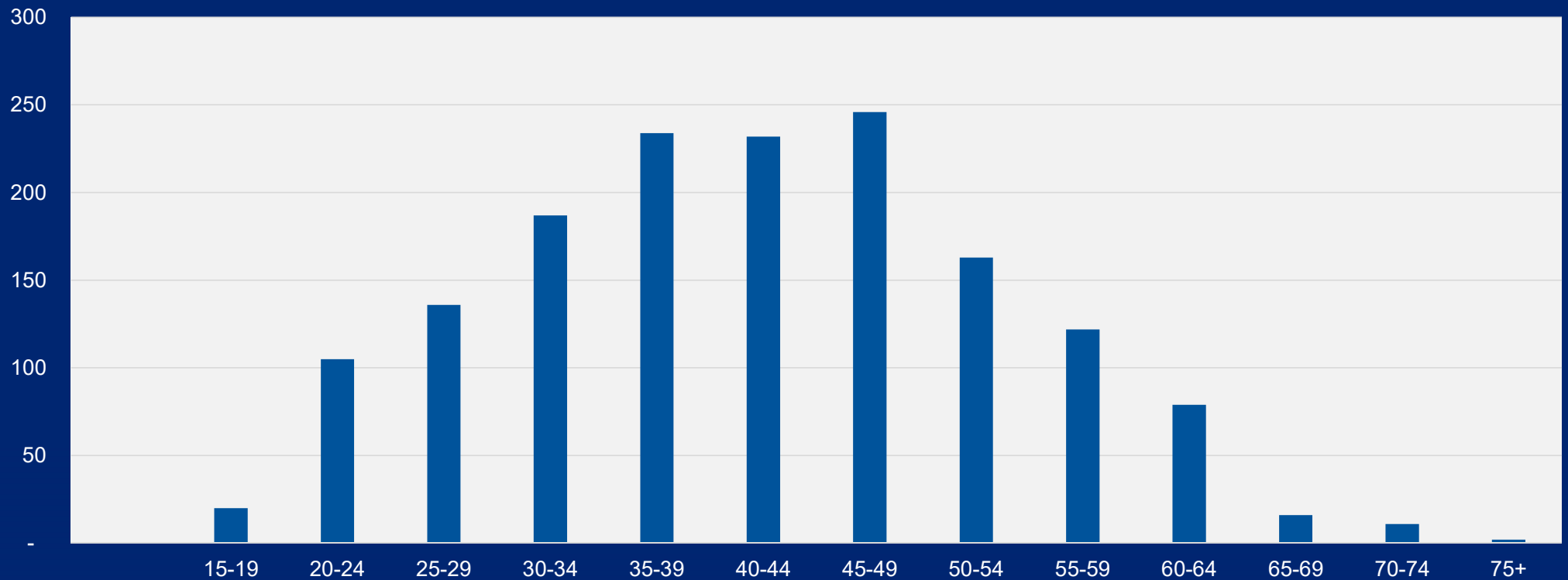
Outcomes – Referral/Participation

Community Mental Health - Referrals/Participation



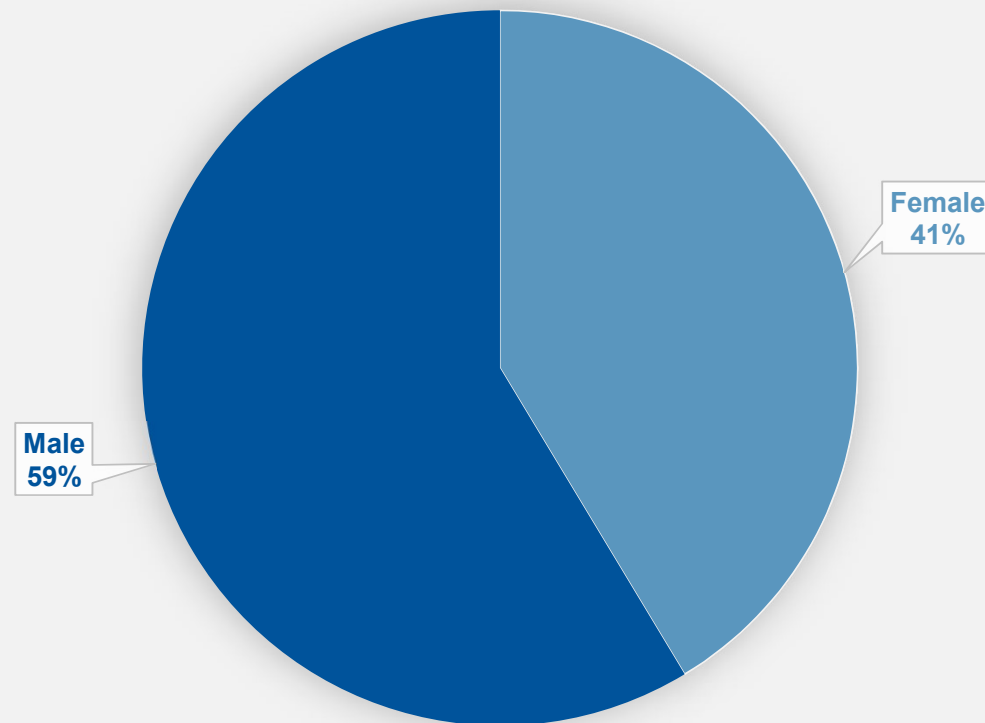
Outcomes - Demographics

Participants by Age Group



Outcomes - Demographics

Participants by Gender



Outcomes - Demographics

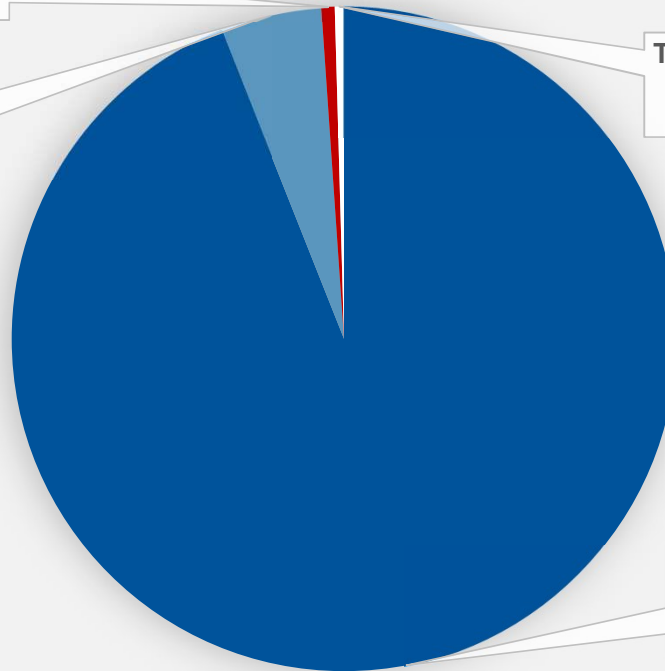
Aboriginal and Torres Strait Islander Status

**Both Aboriginal and Torres
Strait Islander**
1%

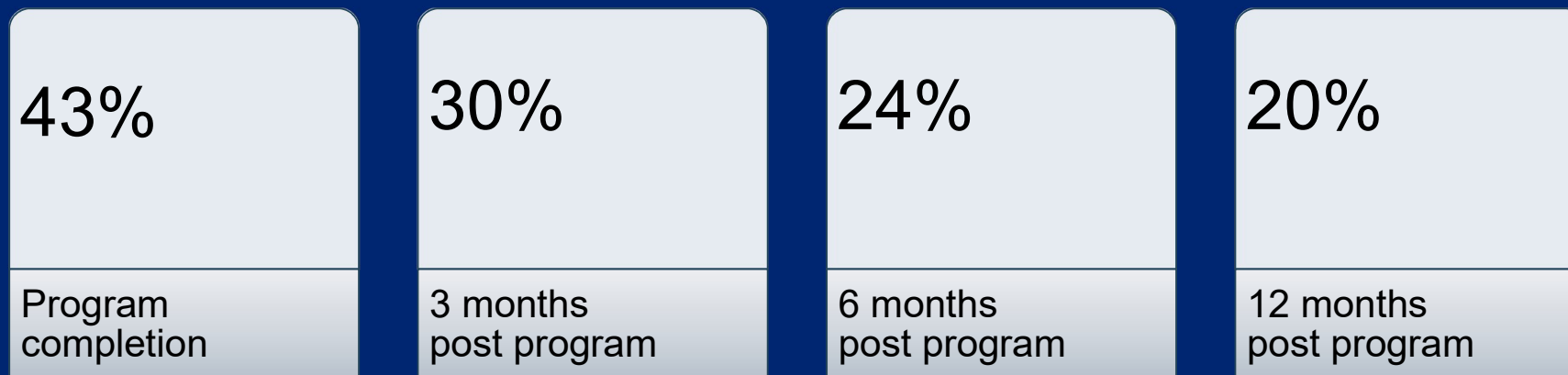
**Aboriginal but not Torres
Strait Islander**
5%

**Torres Strait Islander but not
Aboriginal origin**
0%

**Neither Aboriginal nor Torres
Strait Islander**
94%



Community Mental Health Quit Rates



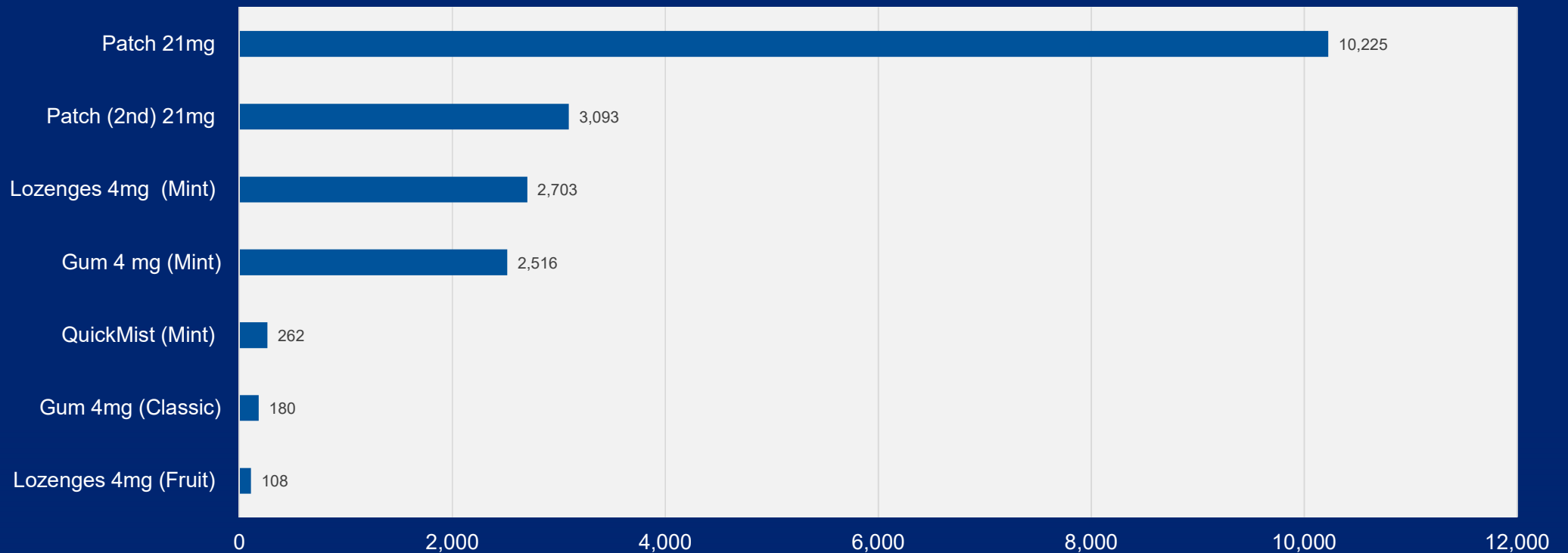
Quit rate data reviewed from 1/11/2017 – 30/06/2019

Outcomes – Quit Rates

- Retention rate = 43.6% - slightly higher than the average program retention rate meaning clients are no less likely to complete the program despite complexity
- Over 58% of clients received at least one order of double patching during their program

Clients Preferred NRT

NRT Popularity



Challenges

- Clients more likely to have increased complexity
- Increase in call escalation during implementation
- Additional training provided to telephone counsellors –
scope and escalation

Compliments

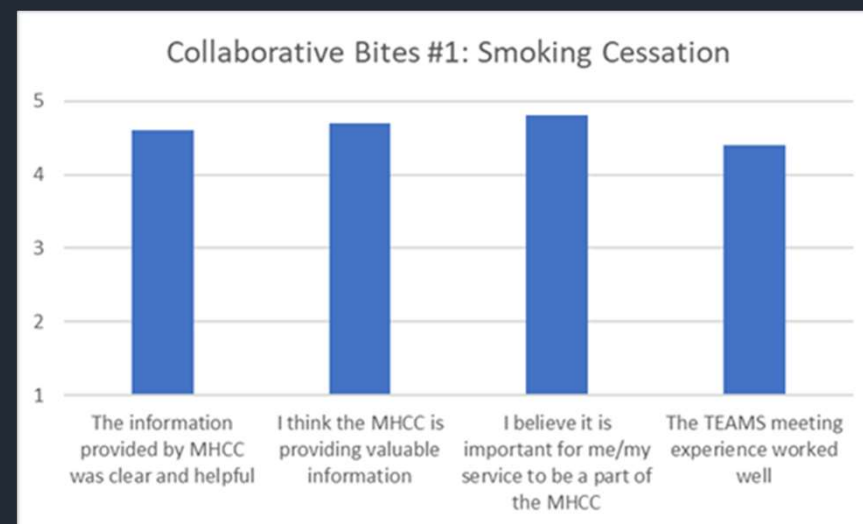
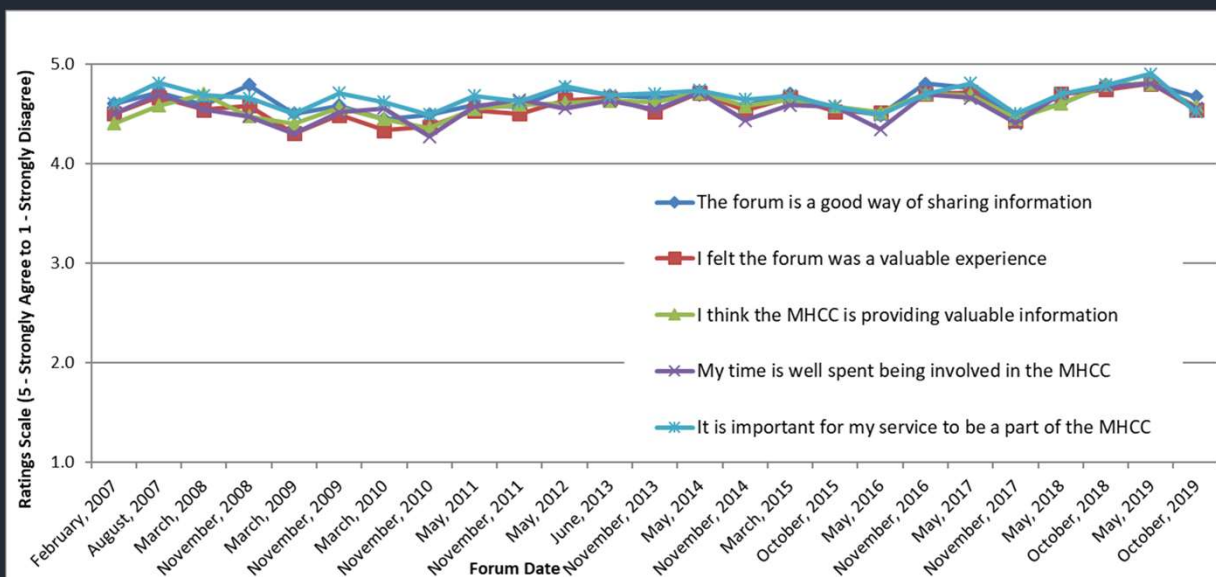
- *“Quitline helped me kickstart my quit providing me with NRT and talking through a quit plan. Currently 5 months quit and I know when a craving comes I have some strategies in place to get through those few minutes.”*
- *“Found it to be a fantastic service. Has the Quitline number handy in his house in case he ever needs to call. Thanked us for being there and for the products and support. Has told everyone about our service.”*

Ongoing Partnership & Development

- Quitline & MHCC have presented these outcomes at the Oceania Tobacco Control Conference 2019
- Quitline remain in regular contact with the Mental Health Clinical Collaborative (MHCC) and participate in bi-annual state-wide presentations to clinicians and share outcomes



What Do Our Members Think?



Choose your audio and video settings for
**Collaborative Bites #3: Oral Health & Mental Health (Wednesday
29 July) - please circulate**



Increased lived experience involvement

Communication

Imperfect measures

Competing priorities

Pandemics!





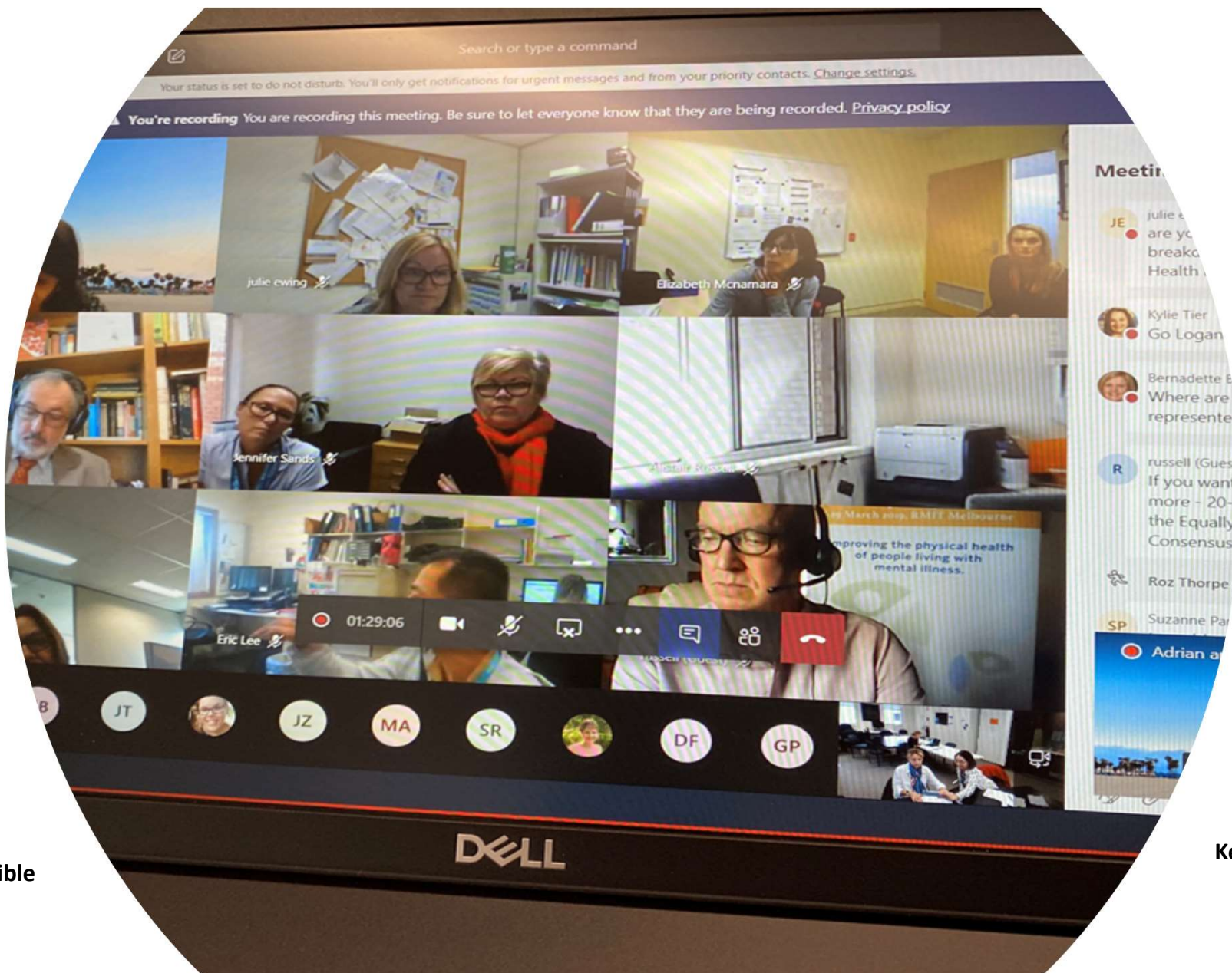
Voluntary



Leadership
Strategic
Stability



Responsive & Flexible



Member
focused



Statewide
Data Systems
& Support



Keep things interesting

Questions?



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