

# Clinical Applications Unit

Applying research to improve care coordination

Summer 2009

## *From the Director*



Much debate surrounds how to turn mental health research into everyday care solutions.

The Clinical Applications Unit (CAU) is charged with developing care coordination packages which will simultaneously improve quality of life and spend health dollars more effectively. CAU will use local research findings to develop care coordination packages which are designed to improve outcomes for mental health consumers with complex needs.

CAU's roots lie in the groundbreaking record-linkage research carried out by CCRN and UWA's Department of Public Health using the psychiatric case register (Mental Health Information System) and the WA hospital morbidity and mortality registers.

Translation of research findings into clinical care coordination packages will also feed back into the research sector to generate more evidence, which means that the work of CAU can and should have a significant impact on mental health care in Western Australia.

Simple and effective evidence-based care packages help consumers and clinicians, and save money. This results in best practice, and better outcomes for everyone.

### **Dr Daniel Rock**

## **Building and Bonding: The Attachment and Vulnerable Families Projects**

Mother-child interactions are important for the emotional development of the child: in particular, attachment security early in life is protective against poor developmental outcomes later.

Women with a serious mental illness such as schizophrenia or bipolar disorder have a higher risk for disordered attachment with their infants. The aim of the Attachment Program is to develop a comprehensive clinical pathway for the case-management of attachment problems in new mothers with serious mental illness.

Deb Faulkner will be carrying out this project for CAU. "The program will provide community mental health clinicians with the necessary tools to identify women and babies at risk for disordered attachment, and a clear pathway for the management of these relationships", she said.

A related program, the Vulnerable Families Program, aims to develop links between child health nurses, who support mothers in the postnatal period, and the community mental health clinicians caring for women with serious mental illness. The Attachment and Vulnerable Families Programs will be evaluated for their effectiveness in modifying maternal-infant attachment, maternal mental health status, and child health parameters.

Creating communication pathways and linkages between these two groups of clinicians will assist in the monitoring of at-risk mothers and babies, with the aim of improving outcomes for women with serious mental illness and their children.



**Deb Faulkner, Project Officer  
Vulnerable Families Project**



Gayle Corbould, Senior Project Officer, DSH Project

## Improving Post-Discharge Care

### Deliberate Self-Harm (DSH) Admissions to Sir Charles Gairdner Hospital Emergency Department

- From 1 January to 31 March 2008 there have been 76 apparent suicides and 56 road fatalities in Western Australia;
- Suicide accounted for 17% of deaths in the 15-24 year age group in WA in 2006;
- Suicide risk is highest in the 7 days after discharge from inpatient care. There is a higher suicide risk for individuals seen as day patients or briefly admitted to an inpatient unit following attempted self-harm and discharged without follow up.

This project has attempted to map the current pathways of care for people who self-harm. A new collaborative care programme, utilising the resources of the Perth Primary Care Network (PPCN), will ensure that people who deliberately self-harm and are discharged from the Emergency Department will be followed up and offered ongoing assistance. The PPCN is a GP-based network and the programme will also enhance the flow of communication and care between the hospital and the patient's GP.

The Emergency Department Mental Health Team will undergo a training session before the project is to commence in mid-February. The project has also addressed the need for reliable data collection. With the assistance of the Royal Perth Hospital Emergency Department Mental Health Team, a uniform data collection tool is being developed to allow the pooling of information on this group. "The information will contribute to the development of more responsive and effective discharge care for people who attend the Emergency Department with deliberate self-harm and suicide attempt" said Gayle Corbould, Senior Project Officer, Deliberate Self-Harm Project.

### Clinical Applications Unit

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### Healthy Mothers, Healthy Babies

#### *Healthy Babies for Mothers with a Serious Mental Illness*

is the first care coordination package produced by the Mental Health Early Life Program (**M-HELP**) developed by CAU. Mothers with a serious mental illness are at high risk for pregnancy and birth complications that increase neurological developmental risks for their children, combined with lifestyle factors such as smoking, use of illicit drugs, poor nutrition, and failure to access antenatal care.

To help address these concerns, the package promotes a holistic care approach, providing women at risk with a consistent and known team of health care support workers. The 'small known team' approach includes the woman's community mental health clinician, a named midwife at the antenatal clinic and a general practitioner if the client chooses a shared-care option of ante-natal care. This small team operates amongst a potentially larger team that includes the psychiatrist, obstetrician and hospital social worker.

<http://www.nmahsmh.health.wa.gov.au/projects/healthybabies.cfm>