Resource six

MHPoC consumer journey maps



Sara

Was intensely anxious, withdrawn and had been thinking about suicide.

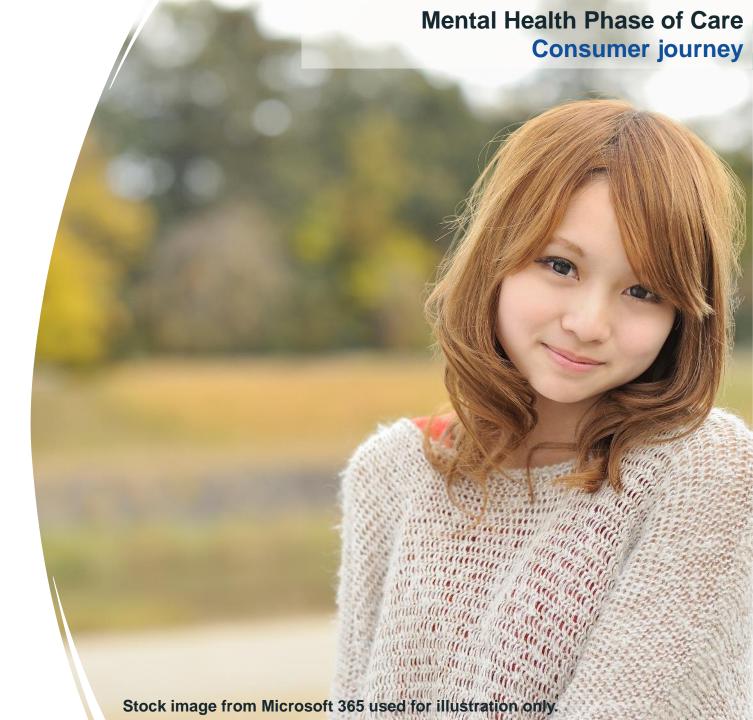
She was admitted to an acute adolescent inpatient setting for a short stay, before being discharged to family and local service support.

Consumers, families, carers and peer workers

Use this journey to help ask your clinicians questions about the current Mental Health Phase of Care (MHPoC) and how it relates to your goals.

Clinicians





Adolescent consumer in an inpatient and community setting

Mental Health Care is complex, and everyone's journey is different. Here is one journey.

The MHPoC is a consumer-focused variable that clinical teams use to describe changes to the primary goal of care. Use this journey as a prompt to talk about MHPoC in your setting with your team.

Question one: How would you reach agreement on the correct MHPoC at each point? Question two: Why did the MHPoC change across Sara's journey?

Question three: What does the care journey look like for Sara, for their family, carers,

peer workers and the care team?



Sara

Was feeling intensely anxious, had withdrawn from her friends, and had been thinking about suicide.

She was admitted to an acute adolescent inpatient setting for a short stay, before being discharged to family and local service support.

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Days one - ten

MHPoC

Acute

Admission

Multidisciplinary team meet to develop Care Plan



Family meeting to discuss Goals

Discharge from hospital



Week three

Functional Gain

Community Service Support

Multidisciplinary team meet to develop Care Plan



Family meeting to discuss Goals



Week thirteen

Multidisciplinary team meet to develop Care Plan

Reduce Sara's symptoms.

Frequent intense clinical contact to support Sara.

Sara is showing improvement.

Frequent clinical contact to support Sara's improvement & prevent relapse.

Supporting therapy added.

Sara's symptoms are stable. Recovery focus.

Regular, infrequent contact as required.

Consolidating Gain

"She wants to be discharged now but I can see she needs more help." Sara's Mum on Day four

"It has been a shock, but Sara is starting to settle down. We've had great support."
Sara's quardian

"I know I can contact help if I'm having a bad day."
Sara

IHACPA

Tegan

Has a history of complex trauma, she often feels overwhelmed by intense mood swings and finds that self-harming helps her feel more in control. She often thinks of suicide.

Her care is managed in the community with intense Child and Adolescent Mental Health Services (CAMHS) intervention and family support.

Consumers, families, carers and peer workers

Use this journey to help ask your clinicians questions about the current MHPoC and how it relates to your goals.

Clinicians





Adolescent consumer in a community setting

Mental Health Care is complex, and everyone's journey is different. Here is one journey.

The MHPoC is a consumer-focused variable that clinical teams use to describe changes to the primary goal of care. Use this journey as a prompt to talk about MHPoC in your setting with your team.

Question one: How would you reach agreement on the correct MHPoC at each point? Question two: Why did the MHPoC change across Tegan's journey? Question three: What does the care journey look like for Tegan, her family and carers, and for the care team?



Tegan

Has a history of complex trauma, she often feels overwhelmed by intense mood swings and finds that self-harming helps her feel more in control. She often thinks of suicide. Her care is managed in the community with intense Child and Adolescent Mental Health Services (CAMHS) intervention and family support.

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One - ten days

Eleven days - six months

Current

MHPoC

Acute

Intensive extended

Functional Gain



Multidisciplinary team meet to develop Care Plan



Family meeting to discuss Goals

Multidisciplinary (MDT) team 13 week review



Weekly MDT meetings, reducing in duration as intensity of condition reduces



Ongoing regular family meetings to discuss goals



Reduce Tegan's symptoms. Frequent intense clinical contact to support Tegan. High acuity.

There is a reduced frequency of emergency presentations and DSH.

Tegan develops the capacity to sustain regular scheduled clinical appointments. Her care is focused on dialectical behaviour therapy (DBT) strategies to assist with emotional regulation and distress tolerance (developing skills to stay safe) this takes a number of months due to a need to mitigate risk and manage relapse. Her parents attend skill sessions to support her.

Tegan's risk was managed and constructive therapy has commenced. She has joined a formal DBT group. Tegan is stable but remains active with CAMHS.

"No one can help me, what's the point?"

"I'm still struggling with my thoughts but there might be a way out." Tegan

"I thought she should be in hospital but now I can really see this is making sense. We might be able to manage this." Tegan's Dad

Tegan

IHACPA

Ade

Has been under care in a community setting for older persons for long periods over the last six years for a delusionary disorder that causes severe auditory and tactile hallucinations.

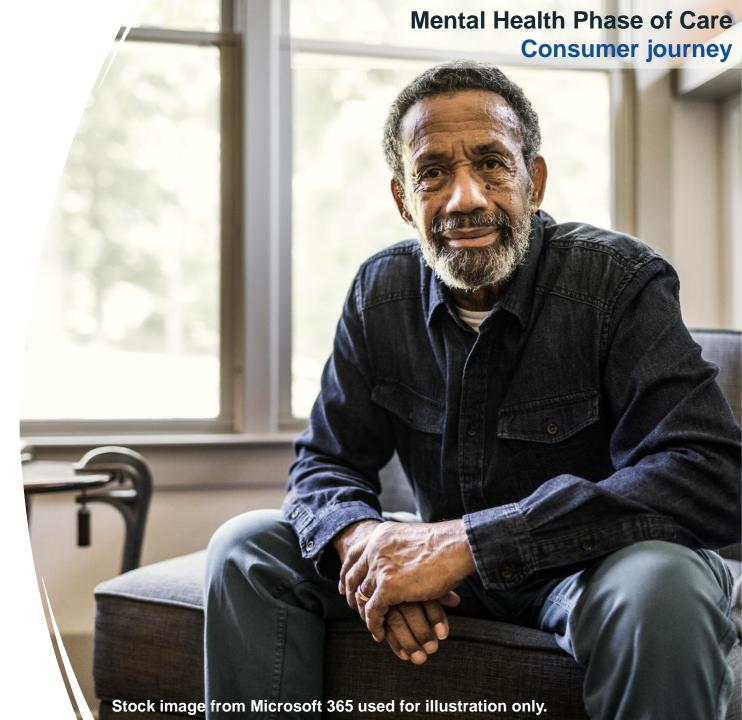
He is usually referred to a specialist community mental health team. These experiences usually subside quickly with more support and medication, without needing admission to hospital.

Consumers, families, carers and peer workers

Use this journey to help ask your clinicians questions about the current MHPoC and how it relates to your goals.

Clinicians





Older person specialist team in a community setting

Mental Health Care is complex, and everyone's journey is different. Here is one journey.

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Question one: How would you reach agreement on the correct MHPoC at each point? Question two: Why did the MHPoC change across Ade's journey? Question three: What does the care journey look like for Ade, his family and carers, and for the care team?



Ade

Has been under care in a community setting for older persons for long periods over the last six years for a delusionary disorder that causes severe auditory and tactile hallucinations. He is usually referred to a specialist community mental health team. These experiences usually subside quickly with more support and medication, without needing admission to hospital.

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Year one Year two Year three Year four - Current

MHPoC



Intensive extended



Intensive extended



Initial hospitalisation
Acute, Functional Gain



Ongoing regular family meetings to discuss goals

Hospitalisation and Community Care Unit
Acute. Functional Gain





Multidisciplinary (MDT) team regular meetings to review Care Plan and MHPoC

Reduce Ade's symptoms. Stabilise and improve functionality. Ongoing symptoms (positive and negative). Significant changes that affect MHPoC, include falls, acute deterioration, and extended hospitalisation (medical).

Regular contact and communication with all service providers/stakeholders and weekly visits with Ade, wherever he is (home or hospital).

"When can I go home?"
Ade in 2016

"The community team has helped us set up a routine that helps us and Dad."

Ade's son in 2018

"Ade looks forward to our sessions!"
Ade's Peer worker



Connor

Connor is 26 and has been receiving care for long periods from community mental health teams since early adulthood.

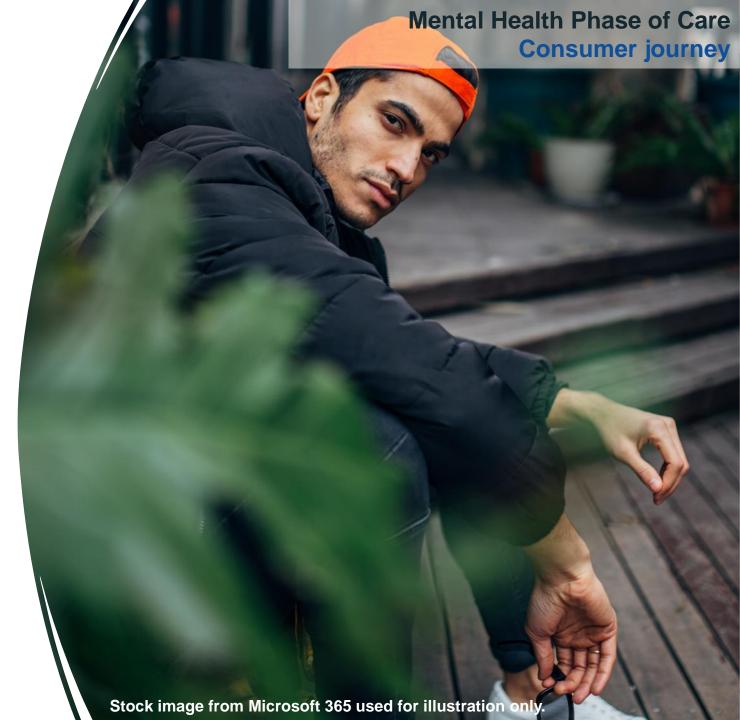
He continues to experience symptoms consistent with a diagnosis of paranoid schizophrenia, resulting in inappropriate behaviour when very distressed or unwell. This culminated in a forensic treatment order and he usually receives regular care from a continuing care team.

Consumers, families, carers and peer workers

Use this journey to help ask your clinicians questions about the current MHPoC and how it relates to your goals.

Clinicians





Young man in a community care unit

Mental Health Care is complex, and everyone's journey is different. Here is one journey.

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Question one: How would you reach agreement on the correct MHPoC at each point? Question two: Why did the MHPoC change across Connor's journey? Question three: What does the care journey look like for Connor, his family and carers, and for the care team?



Connor

Connor is 26 and has been receiving care for long periods from community mental health teams since early adulthood. He continues to experience symptoms consistent with a diagnosis of paranoid schizophrenia, resulting in inappropriate behaviour when very distressed or unwell. This culminated in a forensic treatment order and he usually receives regular care from a continuing care team.

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Year one

Year three – Year six

Year eight - Current

MHPoC

Acute

Intensive extended

Consolidating gain

Multiple periods of Acute care, with the Acute Care Team, as an inpatient and with the Mobile Intervention Rehab Team (MIRT)

Short Acute admissions to multiple services



Move to the Continuing Care Team



The continuing care team continue to meet regularly with Connor and his family to review the care goals and MHPoC together

Reduce Connor's symptoms. Stabilise and improve functionality.

Reduce Connor's symptoms, prevent further harm to the community and himself. Stabilise functioning, build routine of medication. Ceasing of cannabis noted improvement in mental state. Completed cognitive remediation therapy. Role of NDIS in graded approach of medication supervision and prompting.

Connor has stable accommodation and income. He manages own finances, working fulltime, and is collecting medication on time. He has supportive parents and a small support network of friends.

"It has been hard. Conner has been in and out of hospital and support services." Connor's family in 2016 "We are working with Conner's family to support achievable goals and routines."

Conner's Occupational Therapist

"Things are ok at the moment." Connor, 2022



Llubica

Has been expelled from school for disruptive, aggressive behaviour.

She sees her service provider at the Children and Adolescent Mental Health Service (CAMHS) regularly and her parents have agreed to attend psycho-social education sessions.

Consumers, families, carers and peer workers

Use this journey to help ask your clinicians questions about the current MHPoC and how it relates to your goals.

Clinicians





Adolescent consumer in an community setting

Mental health care is complex, and everyone's journey is different. Here is one journey.

The MHPoC is a consumer-focused variable that clinical teams use to describe changes to the primary goal of care. Use this journey as a prompt to talk about MHPoC in your setting with your team.

Question one: How would you reach agreement on the correct MHPoC at each point?

Question two: Why did the MHPoC change across Llubica's journey? Question three: What does the care journey look like for Llubica, her family and carers, and for the care team?



Llubica

Has been expelled from school for disruptive, aggressive behaviour.

She sees her service provider at the Children and Adolescent Mental Health Service (CAMHS) regularly and her parents agree to attend psycho-social education sessions. Her School Counsellor works with her service provider and the family on a transition plan for her new school.

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Start of Year eight at Secondary School

Start of Year 10

MHPoC

Intensive Extended

Consolidating Gain



The service provider and school counsellor meet regularly with Llubica and her parents to discuss goals and review the care plan and MHPoC



Ongoing regular family meetings to discuss goals





Reduce Llubica's symptoms. Stabilise and improve functionality. Regular contact & communication with School, Counsellor and fortnightly visits with Service Provider at CAMHS. Llubica is showing improvement. Supporting therapy added.

"We'll go along to the sessions if they will help her" Llubica's parents "I'm trying to turn up more regularly, but sometimes I cannot be bothered" Llubica

"I'm looking forward to year 10" Llubica



Paul

Is participating in a community Cognitive Behavioural Therapy (CBT) program following a referral for anxiety, reactive depression and trichotillomania.

He is going through a period of avoiding social interactions and is finding it difficult to stay on top of work commitments.

Consumers, families, carers and peer workers

Use this journey to help ask your clinicians questions about the current MHPoC and how it relates to your goals.

Clinicians





Young adult consumer in a community setting

Mental health care is complex, and everyone's journey is different. Here is one journey.

The MHPoC is a consumer-focused variable that clinical teams use to describe changes to the primary goal of care. Use this journey as a prompt to talk about MHPoC in your setting with your team.

Question one: How would you reach agreement on the correct MHPoC at each point? Question two: Why did the MHPoC change across Paul's journey? Question three: What does the care journey look like for Paul, his family and carers, and for the care

Week four - eight

Paul

Is participating in a community Cognitive Behavioural Therapy (CBT) program following a referral for anxiety, reactive depréssion and trichotillomania. He is going through a period of avoiding social interactions and is finding it difficult to stay on top of work commitments.

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Week eight - sixteen

Week sixteen - thirty-two

Weeks thirty-two - fifty-two

MHPoC

team?

Acute

Week one - four

Functional Gain

Multidisciplinary (MDT) team meet to develop Care Plan



Multidisciplinary (MDT) team 13 week review





Ongoing regular family meetings with Paul and his peer support worker and family support person



Multidisciplinary (MDT) team review



Reduce Paul's symptoms. Frequent intense clinical contact to support Paul at the start of the program.

Paul is showing improvement. Check in to align Paul's goals with program plan. Frequent clinical contact to support Paul's improvement and prevent relapse.

Paul's symptoms are stable. Recovery focus. Regular, infrequent contact as required.

"I really want this to work" Paul during Week 1

"Paul still has a lot of challenges but he is starting to feel his progress" Peer worker

"I feel like I'm coping" Paul in the last week of the program

Consolidating Gain



Create a journey

Mental health care is complex, and everyone's journey is different.

What does a consumer journey through the MHPoC look like in your setting?

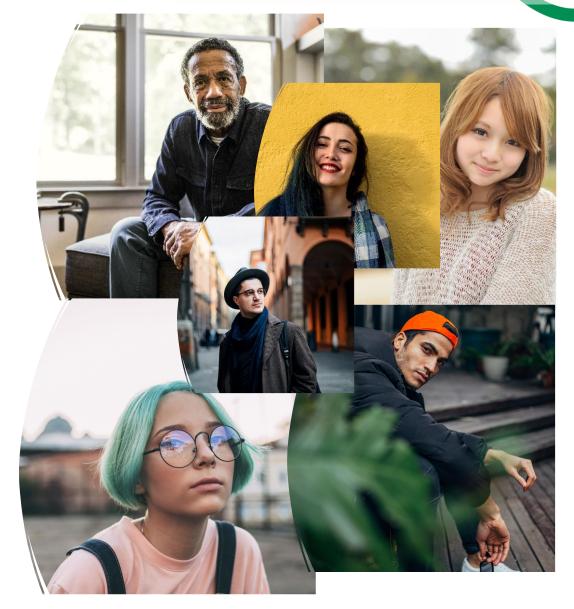
Clinicians

Clinicians are invited to use this activity as a prompt to discuss MHPoC in your own setting or as part of a clinical education session. Consider what the journey might look like for the consumers, families and carers you support and identify where the opportunities are to discuss the MHPoC to support care planning and align goals.

How to use this activity

Use the template to suit your circumstances and setting. For example:

- · work on a whiteboard for a team education session, or
- · use to guide a discussion during a huddle, or
- · complete as a reflection activity.





Mental Health Phase of Care journey map activity

Describe your setting or service

What is your setting and speciality? For example, admitted, community, adolescent etc.

Consumer

Briefly describe a consumer (and family or carer) who would be recognisable in your service setting *Use a de-identified consumer to discuss this example with your team*



Timeframe Broadly what would the timeframe of their care look like with your service? (Hours, Days, Weeks, Months, Years?)



Touch points When in the timeframe do you discuss or document MHPoC?



Opportunities What prompts or questions would be useful and when would you ask them?



Consumer, families, carers and peer workers? What is going on for the consumer, families, carers and peer workers? How are they feeling at key points?



Clinicians What is going on for the clinician? Reflect on how are you feeling about the MHPoC at key points?