

IN-MEETING SURVEY RESULTS 20.08.2020

Current capacity to manage the surge

With Stage 4 restrictions in place across the EMHSCA catchment, and the subsequent surge in service demand being reported by many, today's discussion aims are:

- To support sharing amongst our members, in particular focusing on what leaders have found useful in managing the increasing demands on service provision.
- Sharing strategies that are supportive of staff groups at this time.

The Survey

A live [Slido poll #5065](#) was conducted during our meeting today and included the following questions:



2. Have you seen an increase in complexity of presentations?

Yes



No



I am not sure



3. How have you created capacity to meet the surge demand in the last month?

- We haven't created capacity; however, capacity has been created through the impacts of COVID 19 adjustments to how we deliver services in some programs. This has enabled us to maintain appropriate levels of support to new and existing consumers.
- Taking a more hands on role with NDIS participants to move them out of hospital. Putting aside other work to focus on patient flow.
- Redeploying staff from areas that have reduced work due to COVID-19 restrictions. Supporting staff well-being to reduce burnout and ensure staff can remain productive
- Increasing brief intervention and triaging clients into different levels of support
- Staff secondment, additional training, and additional wellbeing activities for staff, up skilling in solution-focused and single session type approach.
- Recent recruitment to manage increase of client referrals, lowering of KPI to reduce pressure on staff and ensure they are able to best support their clients, better support for staff and 3 additional days of leave.
- Resilience training. Weekly resilience team activities.
- Some with staff flexibility to work across programs/teams but also have had staff resignations which had reduced capacity.
- We have a range of virtual group and individual support options available. F2f is provided where possible and where it is essential especially for clients without suitable access to IT.
- Introducing briefer Models of Care to enable more access. Focus on gathering collateral information as a priority to provide more holistic care. Trying to do things a bit differently, taking on tele-health as a medium.
- Staff shift of priorities and tasks over the last 5 months.
- Not been running information sessions or SDM sessions, advocacy over phone.

4. What examples do you have of how you have worked across sectors to meet increased service demand?

- Working closely with NDIA and NDIS providers to expedite access and planning
- Strengthened care collaboration partnership meetings
- Collaborative work, including additional intake huddles and meetings to discuss presentations and demand
- Ensuring consent to communicate with health and allied services where clients require, to ensure a well rounded support model to clients as best as possible.
- HEART - EMHSCA linkages and collaboration.
- Homelessness and AOD funded service, engaged in HEART, accom projects, part of city Emergency Hotel Response, AOD response to homelessness
- We are reaching out to other organisations to explore partnership work to support demand and need. We are keen to discuss opportunities if others are interested.
- Working more closely with Acute Health - Hospital in the Home Eastern Health - joined up meetings for earlier assessment and allocation. Expanded intake criteria for the EIPSR program with EACH.

5. What strategies have you employed to support the mental health and well-being of your workforce?

- Encouraging EAP access Flexibility with work days and hours, and use of carer's leave for staff balancing caring and remote learning responsibilities. Encouraging staff to take 30 mins per day to go for a walk Managers and Team Leaders have been provided an externally facilitated reflective group More regular supervision lunchtime zoom catch ups with activities such as a quiz.
- Encourage leave (including leave at half pay). Provide externally facilitated supervision/debrief sessions Wellbeing initiatives such as mindfulness and Pilates for staff. Offering additional supervision to staff Providing recognition and reward to staff (e.g. food/treats/hampers, recognition letters, etc.)
- Establishing on line team meetings provide for time to addressing issues of concern and promote fun team building conversations. Also increased supervision arrangements.
- Wellbeing sessions, supporting blocked out time, thankyou cards/gifts to recognise work
- Increased digital supports- Zoom supervision check in and team building Training for staff- Specifically in using digital platforms to deliver face to face support and therapeutic groups on digital platforms
- 3 additional days of pandemic leave, no questions asked, flexible working arrangements, weekly Australia wide zooms to ensure staff are informed and can ask any questions to the CEO which will be addressed, ensuring staff see the transparency and feel supported.
- Resilience training. Weekly resilience team activities
- EAP, increase team contact and regular team meetings, WFH capacity, chaplaincy support, team COVID debriefing
- We have had to understand workforce that is working across multiple sites and to support staff to reduce working across sites. We have ensured and distributed PPE to all staff in community Staff are working from home if possible We have had a wellness week (occurring virtually this week) for staff to engage in wellbeing strategies. We have had a process of checking in with all staff completed by

Wellways executive Regular team check ins We have one off COVID related payments if staff are unable to work and are casual workforce or don't have adequate leave

- Daily Huddles to 'check in' with staff. WFH initiatives to give staff some time away from the 'front line' while still completing clinical care. Focus on communication mechanisms to ensure staff have up-to-date information on COVID - but not overload of information.
- EAP, mindfulness and other workshops to support resilience & self care
- Daily phone contact, very flexible working hours, whole team response back-up in needed, increased supervision if requested, responsive to external circumstances.

6. As a leader, what cross-sector topics of discussion would be most useful to you at this challenging time?

- Partnership Examples - hearing about projects where partners from different sectors are partnering to deliver joined-up interventions for consumers. We can all learn from examples where this is being done well and may inspire new projects / programs cross-sector.
- Regional Planning (once COVID is over) - learning about our region, what we know, where the gaps are, and what the data is telling us, where are the pressure points in the system, workshoping creative solutions.
- As there has been funding coming out for housing and builds, with more to follow, is there opportunities for a discussion about MH and Housing Associations.
- Suicide prevention

Questions and Comments

A series of questions were posted in Slido as each aspect of the survey was discussed.

Questions

- Eastern health: Are there any hidden staff in our region? Skilled to work with people with serious mental illness. If we get funding we need a workforce.....
- Are those services for carers to support carers generally or do they have to be caring for someone with mental health issues?
- Dual Diagnosis: Are we using our lived experience workforce effectively during this time? This is potentially an untapped resource.
- Could we provide an avenue for families to communicate with and a central place for them to go to with ideas – Kathy Collet (Eastern Health Carer Consultant).

Comments

- I have completed my Masters research in SRS environments and occupational needs of residents and recovery and would be happy to discuss and share findings of this. Very passionate about this issue – Kate Andrews (Wellways)
- The partners in wellbeing service could also be a real option for carers. In answer to that question re support for carers, the partners in wellbeing service is for anyone impacted by Covid-19 in terms of emotional distress and mental health, so any carer or individual - Rhianna Perkin (EACH)
- @Gavin will be interesting to see how the recovery coach line items will impact on the peer workforce! We are seeing significant demand for peer workers in our services in AOD and Steps at the moment - Tamsin Short (Access H&C)
- Villa Maria are funded to provide a suite of support services via the Support for Carers program- Michelle Clark (DHHS Outer East).



Discussion/ Conclusion

With the COVID-19 Stage 4 restrictions in place, EMHSCA reports both an increase in referrals for most agencies and an increase in complexity of presentations since the June EMHSCA meeting. In June, just 21% of EMHSCA agencies reported that they had seen an increase in referrals. By August, that figure had more than doubled, with 46% of agencies reporting a 10-20% increase. Also in August there are 30% of member agencies reporting a more than 40% increase in referrals. No agencies reported that they experienced a decrease in referrals at this time. The reported level of complexity of people presenting to services has increased, with 56% in June and now 62% in August.

The June EMHSCA Surge survey revealed that at least half of our members were experiencing improved cross-sector collaboration. Our August survey sought to understand how this was occurring. Members mentioned strengthened care team meetings, regular intake huddles, ensuring consent to collaborate, and aiming to provide earlier assessment and allocation of people to workers. Partnerships are being sought to support a cross-sector response to the surge in referrals. Specific initiatives such as HEART aim to provide wrap around services for the hard to reach. Relationships are developing where they had previously been unable, such as with the National Disability Insurance Agency and government health providers.

Preparations for a potential surge in referrals in June appear to have paved the way for the current increase in service demand during stage 4 restrictions. Some current strategies include redeployment of staff to critical areas, recruitment to increase staff numbers, reduced focus on KPIs, briefer models of care, continuing telehealth and online interventions. Ensuring staff resilience was also mentioned as a key element of managing the surge.

EMHSCA members are conscious of the need to support their staff at this time and have employed a range of strategies additional to the standard Employee Assistance Programs. These include resilience training, flexible working arrangements, use of leave entitlements, regular supervision, team catch-ups online, site group walks, wellbeing leave, Mindfulness, Pilates, staff recognition, and regular debriefing for those on the front line. Many staff are working from home, and team meetings are of increased importance. Parents are managing home schooling, and staff are provided with flexible hours to accommodate this.

Future discussion topics for EMHSCA meetings this year may include mental health and housing, suicide prevention, regional planning data and gaps analysis with a solutions focus, and sharing examples of working partnerships.