

# SATISFACTION

## *Success Story*

ACHIEVEMENTS WE ALL CAN LEARN FROM



### *Ramsay Health Care South Australia Mental Health Services*

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## Ramsay Health Care Mental Health Services, Gilberton, South Australia

Caring is a job that people are not really qualified for or in fact prepared for.

**Fact** – there are 10 medical conditions that cause most disabilities around the world. Of those, five (5) are related to mental illness. (Issue 7 . April 2007 [www.mifa.org.au](http://www.mifa.org.au)).

Research tells us that carers who have mental illness education and are well supported can reduce the incidence of relapse.

The Ramsay Health Care, Continuing Medical Education (CME) Program meetings of 2005 supported a guest speaker Associate Professor Krishna Vaddadi – co author of the article Abuse of Carer's by Relatives with Severe Mental Illness published in the International Journal of Social Psychiatry 2002. Dr Vaddadi's presentation at the CME in September 2005 related to the Stress of Care Giving.

It was the content of this presentation that began to stimulate thoughts about what the Clinical Team of Ramsay Health Care – at our dedicated Day Program Centre – Kahlyn Day Centre could initiate to support the carers of relatives and friends with mental illness within our service delivery plan.

We also, as Mental Health Care providers - began to hear increasingly of relapse prevention plans in place for patients with mental health issues.

The DARE to cope – SANE Mental Health Report (2004) also encouraged staff to review private sector contributions to this area. The recommendation for South Australia from this report was – recognition of the essential role played by non government organisations in day to day rehabilitation and support (including support and training for carers), with the development of a statewide plan.



The Mental Health Council of Australia report (2005) – Not for Service and Time for Service (2006) both had given indications of the need to include support for families and carers.

Relatives/carers/friends often felt unsupported when looking after those with mental illness issues. As a private mental health service in South Australia - a supportive carer's group was identified as being a useful forum for those who live with or support mental health patients.

The current trend of relapse prevention with the patient and family and carer continues to be a very dominant factor in Mental Health Service delivery.

## How we really rated?

It had been identified in Private Mental Health Services in SA at the two inpatient facilities – The Adelaide Clinic (62 beds) and Fullarton Private Hospital (40 beds) that these sections in our Press Ganey survey related to Relapse prevention and then in turn to carer support.

Press Ganey data from 2005 : (01/09/05 – 31/12/05) and 2006 : ( 01/06/06 – 30/09/06) indicated that –

**Instruction for help after discharge** sat us in the 30% and 10% percentile respectively at each inpatient unit in 2006.

**Involvement in plan to prevent relapse** gave each inpatient unit respectively a percentile ranking at 30% and 10% in 2006.

If we as an organisation wanted to improve on this we needed to meet this challenge for better outcomes for our patients.

Indirectly, our Senior Clinical Management team decided that development of a Carer's (Only) support program empowering carer's and assisting them in their role – was a high priority for Ramsay Health Care as a Service provider of mental illness care.

The aim of this program was to give the opportunity for the carer to “tell their story” and allow other carer's to listen and have a feeling of support and in their own right exploring emotional impact.

As a group of clinicians, we were very clear on the aims that would then guide the program content.

We wanted carers to have some knowledge regarding strategies that may assist the well being of their mental health consumers/friends and in turn themselves and create a positive expectation of recovery.

Our Clinical team knows from evidence of evaluation from the trial that this program was beneficial and well received.

As a service team we also are aware that often issues of Privacy and Confidentiality are raised when mental health clinicians begin to explore relapse prevention plans to family and friends and significant others.

Also noteworthy in Mental Health settings is the notion of sharing information as critical, as often the call is made by the patient under Privacy auspices in relation to the amount of ‘information’ that is shared.

We then looked at the development of a form to cover the notation regarding the ‘approved carer’ as decided by the patient and the level of communication that can occur between the approved carer and the staff. Strategies currently revolve around full disclosure and general information as the two areas for improving patient decision making.

Information was collected from:

- Clinical Management teams
- Carer Consumer Advisory Committee
- Focus Groups Forums
- Evaluation form the Carer Group trial (2006)
- Evaluation of the March 2007 carer group

Our evaluation indicated the 3 session Carer Program offered at Kahlyn Day Centre in the evening clearly demonstrated that the most positive response from the carers was – the acknowledgement by the ‘system’ of carers being an important part of the recovery team.

I personally believe the key ingredient in this process was the positive participation that the carers made indirectly with the ‘system’ that supports the private mental health patient.

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