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| Community Care (CCU) and Secure Extended Care (SECU) Units  **Last date revised: November 2024** |
| Program Management Circular |
| OFFICIAL |

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# Key Messages

This Program Management Circular will support Client Management Interface Coordinators and Health Information Managers in managing the reporting requirements for Community Care Units (CCUs) and Secure Extended Care Units (SECUs) operated by Victorian government public mental health and wellbeing services using Client Management Interface & Operational Data Storage (CMI/ODS).

CCUs and SECUs form part of the continuum of specialist clinical mental health and wellbeing services. CCUs provide 24-hour clinical care and residential rehabilitation to people living with chronic and significant symptoms of mental illness and associated disability who are unable to be supported in less intensive community options.

SECUs provide secure inpatient multidisciplinary treatment and care for people with significant, complex, and enduring symptomatology and associated behavioural disturbance who require medium- to long-term inpatient treatment and extended rehabilitation in a stable and secure environment. The high-intensity and complex support needs of consumers using this service type may not be adequately supported in less restrictive settings.

The Victorian Government has committed to implementing all recommendations of the Royal Commission into Victoria’s Mental Health System including developing new bed-based rehabilitation services (Recommendation 12). Rebuilding Victoria’s mental health and wellbeing system is a 10-year reform plan with implementation being progressed in a staged and sequential way. The development of a new intensive rehabilitation model of care delivered within SECUs will ensure Victorians get the mental health treatment, care, and support they deserve. Further information is at: [www.health.vic.gov.au/mental-health-reform/recommendation-12](https://www.health.vic.gov.au/mental-health-reform/recommendation-12).

# Purpose

The purpose of this program management circular is to clarify the role and function of CCUs and SECUs. Area Mental Health and Wellbeing Services (AMHWS) should review their local service models, policies, and procedures for consistency with the service requirements defined in this program management circular.

# Background

CCUs and SECUs have been operating across Victoria since 1996. Service specifications, and the role and function of these units within the broader mental health service system were defined in a series of policy documents including *Victoria’s mental health service: the framework for service delivery* (1998).

Over time, the mental health and wellbeing service system has developed and expanded to improve the options available to consumers requiring treatment and support within a rehabilitation and recovery framework. A wider range of supported residential services have been introduced in partnership with non-government organisations (NGOs). In this context, AMHWS have developed local models and rehabilitation programs for CCUs and SECUs to meet the needs of consumers.

While the work to develop new bed-based rehabilitation services progresses, it is important that the focus and function of CCUs and SECUs remains aligned with their intended role within the broader mental health and wellbeing service system so that consumers have access to the full continuum of available services according to their needs.

This program management circular restates the key functions of CCUs and SECUs, the target groups, admission and discharge requirements and links with other service components and sectors.

# Community Care Units (CCUs)

### Key Functions

CCUs provide medium to long-term residential clinical care and rehabilitation services for people with significant mental illness and associated psychosocial disability. Located in residential areas, CCUs provide a ‘home like’ environment where people can learn or re-learn everyday skills necessary for successful community living.

CCUs provide:

* Access to 24-hour multidisciplinary clinical support and treatment, including regular psychiatric review.
* Residential rehabilitation programs which aim to increase psychosocial independence and develop daily living skills.
* Individualised assessment care planning and review of suitability for less restrictive treatment and care.
* Monitoring, engagement, and support of people receiving compulsory treatment under the *Mental Health and Wellbeing Act 2022*.
* Psychoeducation and support to carers and promotion of continued links between consumer and their carers.
* Promotion of community links and partnerships to support consumers to integrate into the broader community.

### Target group

CCUs are appropriate for people with significant and complex mental illness or disorder and associated psychosocial disability who require 24-hour clinical support in a community environment. Typically, residents will have significant refractory symptomatology that require longitudinal treatment or may be exhibiting complex behaviours that make living in alternative community settings difficult.

CCUs provide a range of programs aimed at the consumer’s clinical treatment and recovery-oriented rehabilitation needs. The model of care within a CCU must be able to accommodate both voluntary and compulsory consumers and consider the preferences and goals of consumers and their families, carers and supporters. People should not be excluded from a CCU based on a lack of willingness to participate in the program or perceived lack of rehabilitation potential.

While it is envisaged that people, after a period of intensive rehabilitation resulting in functional gains, will move from a CCU to independent living or another community setting, some consumers may require this level of support and supervision for an extended period to manage complex behaviours.

### Admission to CCU

AMHWS should maintain appropriate processes for assessing CCU referrals, monitoring waiting lists, considering available community options, and facilitating seamless transition between services. Clear admission criteria for the CCU should be developed to ensure:

* People with the greatest need for CCU care are prioritised for admission.
* The preferences of consumers and their families, carers and supporters are considered as part of the admission process.
* The level of care provided is safe and appropriate to the consumer's needs.

People are not excluded from care due to a perception that their ability to achieve functional gain is limited.

### Discharge from CCU

Discharge from a CCU will usually be based on a comprehensive multidisciplinary assessment of the consumer’s capacity to live safely in an alternative community environment. AMHWS will develop discharge processes that ensure people leaving the CCU have appropriate accommodation and access to ongoing mental health treatment, care and support. Policies will facilitate early discharge as appropriate and facilitate links and partnerships with other community, housing, and support providers. Transitional arrangements may be necessary to ensure successful discharge to new accommodation and support the individual in settling into their new environment. Admissions to an acute inpatient unit for short-term treatment should not automatically result in discharge from a CCU.

# Secure Extended Care Units (SECU)

### Key functions

SECUs provide medium to long-term inpatient clinical care and rehabilitation for people who have significant, complex, and enduring symptoms of mental illness or disorder with associated complex behaviours that preclude their living in a less restrictive environment. SECUs represent the highest level of care on the continuum of mental health services and provide extended clinical treatment, supervision, and support for those whose needs cannot be met adequately by other available programs and services. Most SECU consumers will be under a compulsory treatment order made under the *Mental Health and Wellbeing Act 2022*.

SECUs provide:

* Contemporary, high-quality, multidisciplinary secure extended inpatient treatment services, including regular psychiatric review.
* Person centred assessment, treatment, care and support planning.
* Regular review of suitability for less restrictive treatment and care.
* Targeted treatment and intensive rehabilitation programs that maximise individual functioning, minimise the ill effects of long-term care, and promote return to community living where possible.
* Evidence based, behaviour support programs to modify complex disruptive behaviours and maximise social and personal functioning.
* Education and support to carers and encouragement of continued links between consumers their carers, and the community.
* Links with other service providers, especially referring services, and elements of the service system to promote continuity of care and ensure effective admission and timely discharge.

### Target group

SECUs are intended to support people with the most significant and serious mental health conditions who are unable to be safely or adequately treated in less restrictive settings. SECU residents are often highly vulnerable, at higher risk of harm to themselves or others, and have comorbid conditions including substance use, acquired brain injury or intellectual disability.

### Admission to SECU

AMHWS will maintain appropriate processes for assessing SECU referrals, monitoring waiting lists, considering available community options and facilitating seamless transition between services. Clear admission criteria for the SECU will be developed that reflect the intended role and function and ensure:

* People with the greatest need for SECU receive the highest priority for admission.
* The preferences of consumers and their families, carers and supporters are considered as part of the admission process.
* The level of care provided is safe and appropriate to the consumer’s needs.
* The presence of a comorbid condition or perceived rehabilitation potential does not restrict access to SECU.

People are not excluded from care due to the perception that their ability to achieve functional gain is limited.

### Discharge from SECU

Area mental health and wellbeing services will undertake regular clinical reviews with the SECU treating team and the referral team to discuss progress and discharge planning. AMH&WS will develop transition and discharge policies that ensure timely and appropriate discharge to appropriate accommodation and facilitate access to ongoing mental health treatment and support. Policies will ensure the establishment and maintenance of links and partnerships with other community, housing and support providers. Transitional arrangements may be necessary to ensure successful discharge, or a trial in a less restrictive setting.

### Secure Extended Care Unit (SECU) Diversion Program

The SECU Diversion program provides intensive psychosocial recovery-focused support on an assertive outreach basis to consumers assessed as high risk due to the impact of their mental illness. The program aims to maintain consumers mental health, which would otherwise be managed in a hospital setting, and supports relapse prevention. It also provides the opportunity for people to improve their self- management skills and their level of independent functioning and social connectedness.

The program focuses on working in collaboration with consumers, carers and service providers to promote self-determination and provides a mix of:

* active outreach and intensive support for consumers
* case management
* brokerage of external resources and/or specialist services to meet identified goals and needs
* multi-disciplinary assessment
* advocacy, education, and employment support
* coordinated service provision.

The SECU Diversion Program is underpinned by the principles of respect and dignity and the expectation that clinicians will foster hope and optimism while supporting individual recovery journeys.

# System interfaces

CCUs and SECUs are core components of AMHWS. SECUs are delivered on a regional catchment basis and active links, along with appropriate administrative and clinical governance protocols, between the AMHWS responsible for operating the unit and AMHWS referral partners are required. The authorised psychiatrist of the auspicing health service has overall responsibility for the quality of care delivered within the units.

CCUs and SECUs form part of the broader specialist mental health service sector that includes NGOs and strong working relationships should be maintained with relevant NGOs. Collaborative relationships will be developed with a wide range of local providers including general practitioners, community health services and housing providers to meet the multiple needs of the client group and facilitate community re-integration.

# Workforce implications

The effectiveness of CCUs and SECUs is dependent upon an adequate number of appropriately trained and highly skilled multi-disciplinary staff. The complexity of consumer needs and the challenges associated with working in environments where client progress may be incremental and over extended periods of time provides unique challenges for staff, including disengagement or the risk of burnout. To maintain engagement, full participation of staff in multi-disciplinary case conferencing (MDC) is recommended alongside access to continuing education programs, clinical supervision and staff health and wellbeing and support mechanisms.

CCUs and SECUs are also encouraged to implement evidence-based recruitment and retention strategies such as providing clinical placements for undergraduate students, ensuring the establishment and maintenance of an employment pipeline into entry-level positions, development of clinical rotations through the unit from staff from other areas and supporting access to education, clinical supervision, and research opportunities.

# About Program Management Circulars

The information provided in this program management circular is intended as general information and not as legal advice. AMHWS should ensure that policies and procedures are developed and implemented to enable staff to collect and use health information in accordance with relevant legislation.

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