



**MINISTRY OF HEALTH
INPATIENT REFERRAL INFORMATION
ASHBURN CLINIC**



Ashburn Clinic

Ashburn Clinic is an independent psychiatric hospital and therapeutic community which has been a part of New Zealand mental health services since it was founded in 1882. It is the only psychiatric hospital within New Zealand that provides inpatient assessment and treatment for people with major mental health disorders and addictions outside the DHBs, and offers an alternative to the public mental health services for some people.

The majority of inpatients are funded through contracts with the Ministry of Health and the Accident Compensation Corporation. These are predominantly people with more severe, complex and long-standing mental health problems (including major depression, anxiety disorders, eating disorders, significant personality disturbances, complex responses to trauma, alcohol and drug disorders).

Ashburn Clinic also provides inpatient treatment for people throughout the country, (mainly but not exclusively health professionals), who require an inpatient treatment facility but whose privacy and confidentiality would be compromised if they were admitted to their local mental health services.

Treatment Options

Ashburn provides psychiatric assessment and treatment including in-depth psychotherapeutic input within the context of a democratic therapeutic community. Most referrals via MoH funding are for ongoing residential assessment and treatment, and such patients usually remain at Ashburn Clinic for several months and rarely beyond two years.

Ashburn Clinic also provides:

- 6 - 8 week comprehensive assessment (incorporating psychiatric, psychotherapeutic, psychosocial nursing, occupational therapy, general medical and dietitian) and treatment recommendations for people for whom there is uncertainty regarding diagnosis and/or ongoing management.
- 10 week addiction programme, consisting of a two-week assessment and eight-week recovery-based programme (following medically-supported detoxification if required).

Ministry of Health Funding

The Ministry of Health funds a number of places ('beds') for inpatient admission and treatment at Ashburn Clinic. This funding is via a national contract and separate from Ministry funding of District Health Boards. The service and funding objective is to provide inpatient care for people with complex mental health problems within the therapeutic community model of care.

These 'beds' can be accessed via two referral pathways:

1. DHB Patients: Referral by a DHB senior medical officer to the Regional Coordinator (Northland, Midlands, Central and Southern).
2. "Impaired Professionals": Referral by a DHB senior medical officer to the Medical Director of Ashburn Clinic, who then consults with the Director of Mental Health and Addiction. Such patients are admitted to Ashburn as promptly as possible.

Referral Criteria

Ashburn Clinic works particularly well for patients who have:

- Personality disorders
- Eating disorders
- Addictions
- Depression and anxiety disorders
- Severe and complex responses to trauma.

The following general criteria apply:

Aged 17 years or over (no upper age limit), and,

- a. The DHB cannot provide the particular services that the person requires, or,
- b. The person is a high user of DHB mental health and/or addictions services, or,
- c. The person would likely benefit from treatment within a therapeutic community context, (i.e. have some degree of motivation to change and the potential to utilise psychotherapy).

Require Particular Consideration of Suitability:

Due to the psychodynamic and relational nature of the treatment model, Ashburn Clinic would be cautious in accepting referrals of people with:

- Acute psychosis or mania
- Unstable Bipolar Affective Disorder
- Significant anti-social behaviour
- Significant Intellectual disabilities
- Severe Autism Spectrum Disorder
- Major hearing impairment.

You are welcome to discuss potential referrals and their suitability with us. If you wish to do so, please contact the Medical Director in the first instance and we will arrange a senior clinician to contact you.

Referral Process

Ministry of Health referrals can be made for people from throughout New Zealand via the Regional Coordinators.

A. Regional Allocations - DHB Patients

Each of the four regions (Northern, Midland, Central, and Southern) has a designated Regional Coordinator who oversees and manages the access of MoH-funded patients to Ashburn Clinic inpatient 'beds'. The four regions are allocated/offered admission opportunities sequentially; the Northern region gets twice the number of opportunities due to its larger population. If the region is not able to take up the admission opportunity, it is offered to the next region in the sequence.

There are two parts to the referral process to access the regional allocation of inpatient 'beds' at Ashburn Clinic.

Referral onto the Regional Waiting List

1. A DHB Senior Medical Officer makes the referral to the Regional Coordinator according to the regional procedure.
2. The Regional Coordinator:
 - Determines the patient's eligibility for a regional 'bed' (preferably in discussion with Ashburn Clinic staff)
 - Maintains the referral waiting list and communicates with clinicians and Ashburn Clinic regarding the regional waiting list.
3. When the inpatient 'bed' becomes available, the Regional Coordinator advises Ashburn Clinic and the referring clinician which patient will be put forward for admission.

Referral to Ashburn Clinic

1. The referring clinician or clinical team provides general appropriate referral information and completes the Ashburn Clinic Inpatient Referral Form which particularly focuses on current issues relevant to admission to Ashburn. The clinician emails the referral form and other written documentation containing the patient's detailed history to Ashburn Clinic for consideration of the appropriateness of admission.
2. A clinical discussion by telephone/Skype between the Ashburn senior clinician and referring clinical team and the proposed patient themselves is usually sufficient to determine the appropriateness of the referral. In rare cases, it may be necessary for an Ashburn Clinic clinician to travel to assess the patient in their home region, or for the patient to come to Ashburn for an initial outpatient assessment and visit (funded by the DHB).
3. The Ashburn Clinic clinician will offer an admission date appropriate to the patient and their circumstances.

On infrequent occasions, the Ashburn clinical team may consider the proposed patient is not appropriate for admission at that particular time, and may suggest some preparatory work is indicated pre-admission to enable the patient to more successfully engage with the Ashburn programme.

B. Impaired Professionals

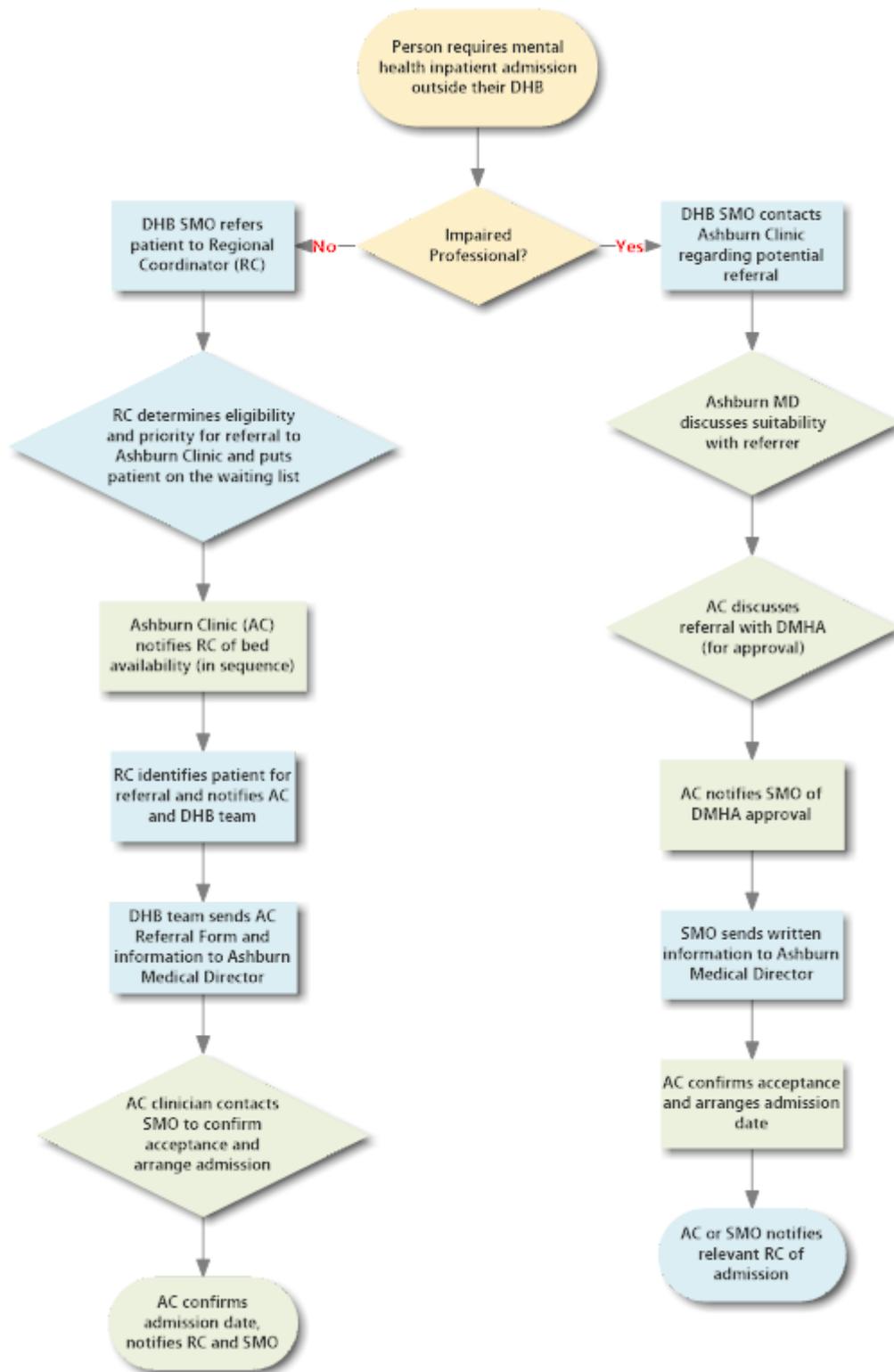
The main criteria for admission to Ashburn Clinic via the 'Impaired Professionals' referral pathway is a mental illness that requires inpatient admission and treatment, which cannot be provided in the person's region, due to privacy concerns. This may include health professionals (particularly those working in the mental health sector) or 'high profile' people.

There is separate provision in the Ministry of Health contract for these referrals, so there is no waiting list. Sometimes patients require admission in a crisis situation, and if necessary, can be admitted to Ashburn Clinic within 24 – 48 hours.

The referral process is as follows:

1. The referring clinician contacts Ashburn Clinic directly, either the Medical Director or other Ashburn senior clinician.
2. The Medical Director (or delegate) discusses the referral with the referrer, then with the Director of Mental Health and Addiction (or delegate) to determine suitability and funding eligibility. The general referral criteria (listed above) apply.
3. The Ashburn Clinic clinician advises the referrer that the admission can proceed and agrees on an appropriate admission date. The referring clinician completes the Ashburn Clinic Inpatient Referral Form, in addition to the general referral information and emails it to the Medical Director.
4. The referrer or Ashburn Clinic clinician will advise the Regional Coordinator of the admission.

Ashburn Clinic Ministry of Health Funding Referral Pathways



Admission

For people being admitted for inpatient treatment:

- It is preferable that admissions take place on a Monday or Tuesday
- Referring DHBs are responsible for organising and funding travel for the patient (and any necessary escort) at admission and discharge
- Ashburn has accommodation available within the hospital grounds for escorts and/or family if required (availability may change due to planned building works – please enquire via Reception)
- Further information about Ashburn Clinic is available on our website: www.ashburn.co.nz.

Ashburn senior clinical staff will be available to discuss admission details and questions with the referring clinical team, patient and/or family/whānau, (e.g. goals related to admission).

Inter-Agency Liaison during Treatment

On Admission

As soon as possible to the day of admission, Ashburn Clinic will notify the referring clinician, relevant Regional Coordinator and the patient's designated GP that the patient has been formally admitted.

Progress during Treatment

Patient progress reports are completed after the first month, then two-monthly until discharge. These reports summarise the patient's progress, their ongoing treatment goals and movement towards discharge.

The progress reports are signed by the Ashburn clinical team and patient, and are distributed to the:

1. Designated referring clinician
2. Appropriate Regional Coordinator (unless requested otherwise)
3. Director of Mental Health and Addiction (Ministry of Health)

The Ashburn clinical team are available to any of the above personnel at any time throughout treatment, for discussion about a specific patient's ongoing treatment.

Discharge Planning

As part of discharge planning, decisions will be made regarding where geographically the patient will discharge to, and what particular support and clinical follow-up services they are likely to require. It is expected that the referring clinical team or service is available to be actively involved in this discharge process as appropriate. In general, the Ashburn clinical team will encourage patients to discharge back to their referring region and DHB, unless there are good clinical reasons not to, or the patients themselves choose otherwise.

There are a number of possible scenarios regarding discharge:

Patient Discharge Plan	Referring Clinical Service Role
Patients who elect not to return to the same geographical location they were referred from prior to admission to Ashburn, and do require input from community-based public mental health services.	The referring clinical team/service may be requested by Ashburn to provide clinical information to facilitate this transfer of care process.
Patients who return to the same geographical location they were referred from, and don't require further involvement of the referring service.	This will be communicated to the referring service by Ashburn in the discharge letter.
Patients who return to the same geographical location they were referred from, and require further involvement from the referring service and/or other local clinical/support services	The Ashburn clinical team will contact the referring service as part of the discharge planning to discuss this.
Patients who require discharge from Ashburn and direct transfer to an inpatient setting.	The referring clinical team/service may be requested by Ashburn to provide clinical information to facilitate this transfer of care process.

A copy of the final discharge letter will be distributed to the above-mentioned list of clinicians who receive the regular progress reports, as well as to the patient's GP and any other clinicians that the patient is going to be receiving ongoing clinical input from.