

Creating Safety

Addressing Seclusion and Restraint Practices

Project overview

Background

The *National safety priorities in mental health: a national plan for reducing harm*, endorsed by the Australian Health Minister's Advisory Council (October 2005), has identified seclusion and restraint practices as one of the four national safety priorities in mental health.

The Victorian Quality Council (VQC) and Chief Psychiatrist's Quality Assurance Committee (QAC) have formed a partnership to support the development and implementation of the Creating Safety: Addressing Seclusion and Restraint Practices project to enable clinicians to apply best available evidence to clinical practice.

The VQC was established in 2001 as a Ministerial expert strategic advisory group to lead the safety and quality agenda for Victorian health care services. The council works closely with the Victorian Government, health services, clinicians, consumers and other related organisations to provide leadership and direction, assist with coordination and identify and close gaps in safety and improve quality.

One of the goals of the VQC strategic plan 2005-08, is to promote safe and appropriate care by supporting and enabling clinicians to apply best available evidence to clinical practice. In 2006, the Chair of the VQC, Associate Professor Christine Kilpatrick invited the Chief Psychiatrist's Quality Assurance Committee to identify mental health projects for consideration. The Creating Safety: Addressing Seclusion and Restraint Practices project was subsequently endorsed by the VQC in October 2006.

The Chief Psychiatrist's Quality Assurance Committee is appointed as a Consultative Council under the *Health Act* 1958 and established under section 106AC of the *Mental Health Act* 1986. QAC membership is drawn from senior psychiatrists and clinicians from Victoria's specialist public mental health services and is chaired by the Chief Psychiatrist.

Aim of the project

The aim of the Creating Safety: Addressing Seclusion and Restraint Practices project is to strengthen and support safety in adult acute mental health inpatient units and to minimise wherever possible, the frequency and duration of the use of seclusion and restraint.

Objectives of the project

- To identify contributing factors to seclusion and restraint use and to establish alternative strategies to minimise its use
- To address variable standards of practice by developing and implementing a statewide best-practice training and education curriculum
- To reduce wherever possible the frequency and duration of the use of seclusion and restraint.

Features of the project

- 1) The project has been designed along two concurrent streams.
 - The first stream is the development and implementation of a training and education curriculum to promote clinical best practice. The training and education component will be developed collaboratively with specialist public mental health services with the assistance of external expert facilitators. This component will be informed by a comprehensive review of literature on seclusion and restraint practices and a revised Chief Psychiatrist's clinical guideline on seclusion practice.
 - The second component of the project will be the selection of four to six adult acute mental health inpatient units through an expression of interest (EOI) process. The project will provide external expert facilitators and some direct and indirect financial assistance to the selected multidisciplinary inpatient teams to identify enablers and barriers to reducing

A partnership project of the Victorian Quality Council and Chief Psychiatrist's Quality Assurance Committee

seclusion and restraint use. These teams will develop, implement and evaluate strategies to minimise, wherever possible, the use of seclusion and restraint.

- 2) A communication and consultation plan has been developed to ensure all relevant stakeholders including consumers and carers have input into the development of a training and education curriculum that promotes best practice and to provide input to the project. A project reference group has been established to facilitate this.
- 3) An evaluation methodology will be established to evaluate the project. A project report will be published to enable mental health services to share learning from the project.

Current project status

The project is premised on establishing a framework for best practice that mental health services can continue to address within their own services.

- Training and education curriculum – development with external expert facilitation to commence in April/May 2007. Implementation from July 2007
- EOI and the selection of four to six inpatient units to participate – expected to commence in May 2007 and to be completed by June 2008
- An EOI information kit will be distributed by April 2007 to all specialist public mental health services
- A literature review has been completed
- A draft Chief Psychiatrist's clinical guideline has been developed for consultation
- Implementation of a consultation plan with identified key stakeholders has commenced
- Draft conceptual framework for evaluation developed for consultation
- A web page is currently under development at:
www.health.vic.gov.au/creatingsafety