

Victoria's Implementation of the National Standards for Mental Health Services

Progress Report

September 2004

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1. Introduction

1.1 Background

The *National Standards for Mental Health Services* (NSMHS) were endorsed by the Australian Health Ministers' Advisory Council's (AHMAC) National Mental Health Working Group in December 1996. Since that time, States and Territories have provided support to mental health services to implement the NSMHS and be accredited against them.

Under the *Second National Mental Health Plan 1998-2003* all mental health services were required to be scheduled for, or have completed, an external and in-depth review against the NSMHS by July 2003. The commitment to improving service quality as a key theme of the *Second National Mental Health Plan* is maintained in the *National Mental Health Plan 2003-2008*.

The *National Mental Health Plan 2003-2008*, to which Victoria is a signatory, outlines four priority themes:

1. Promoting mental health and preventing mental health problems and mental illness.
2. Increasing service responsiveness.
3. Strengthening service quality.
4. Fostering research, innovation and sustainability

Victoria's overall directions and strategic priorities for the development of mental health services are consistent with the key themes of the *National Mental Health Plan 2003-2008*. The Victorian Government's commitments are described in *New Directions for Victoria's Mental Health Services: The Next Five Years*, which was released in September 2002. The six key directions are:

1. Expanding service capacity.
2. Creating new service options.
3. Extending prevention and early intervention.
4. Building a strong and skilled workforce.
5. Strengthening consumer participation.
6. Improving carer participation and support.

The six key directions are guided by several principles including priority to those in greatest need, care in the community wherever possible, consumer and carer participation at all levels of service delivery, service quality and responsiveness, and continuity of care. The Victorian Department of Human Services is committed to a partnership approach for developing service quality and accountability mechanisms based on stronger relationships with stakeholders.

1.2 Victorian Strategy for Safety and Quality in Public Mental Health Services

In July 2004, the Victorian Department of Human Services released a statewide strategy for safety and quality in public mental health services. The strategy aims to strengthen and focus system wide efforts to make measurable improvements in the safety and quality of services for consumers and carers.

The *Victorian strategy for safety and quality in public mental health services 2004-2008* provides a strategic framework and plan for achieving key outcomes, including consumer and carer focussed care, improved safety and quality of practice, and system improvement and accountability.

The strategy recognises that a large number of safety and quality initiatives have already been introduced into Victoria's public mental health system. These initiatives provide a foundation for further work toward evidence-based best practice development and service innovation.

Therefore, the vision of a safe, high quality, specialist public mental health system in Victoria will be progressed by building on existing activities and implementing new activities. This includes a combination of the following:

- Service monitoring and evaluation
- Networking, education and training
- Quality enhancement
- Service initiatives

Implementation of standards and participation in accreditation cycles are key activities within service monitoring and evaluation.

The *Victorian strategy for safety and quality in public mental health services* highlights the need to use information obtained through regular monitoring and accreditation against service standards for continuous quality improvement and accountability. The strategy sets out to improve 6 monthly progress reporting against the NSMHS by all area-based and statewide specialist mental health services to (i) ensure that local quality improvement is driven by the NSMHS, and (ii) statewide feedback provides opportunities for benchmarking and identifying best practice developments.

The Department will continue to work collaboratively with services and the Commonwealth to communicate and manage information about NSMHS implementation in a way that supports these goals.

1.3 Service Quality and the National Standards for Mental Health Services

A quality service achieves desired outcomes in an effective, safe, appropriate, equitable, responsive, efficient, sustainable and timely manner.

The quality of services is determined by many factors. It depends partly on the knowledge, skills and responsiveness of clinical staff and management. It is guided by documented service standards and practice guidelines. It is encouraged by processes to monitor, evaluate and continuously improve service performance. Service quality is driven by the needs of individuals and the community.

The NSMHS emphasise desired outcomes for the mental health of consumers, carers and the wider community. The standards also reflect the rights, dignity and empowerment of individuals.

The NSMHS inform consumers, carers, other service providers and the wider community of expected standards of mental health services. This facilitates informed feedback from individuals and their communication and participation in service planning, delivery and review.

The NSMHS should be used to guide continuous improvement in service quality beyond the minimum benchmarks identified for service delivery. Even at ratings of "extensive achievement" or "outstanding achievement" services need to consider further opportunities for developing best practice and innovation in the field.

1.4 Implementation of the National Standards for Mental Health Services

As of January 2003, all Victorian mental health services under the auspice of a health service were either scheduled for or had completed an external and in-depth review against the NSMHS. The in-depth reviews are being undertaken as part of the organisation-wide Evaluation and Quality Improvement Program (EQuIP) through the Australian Council of Healthcare Standards (ACHS). The EQuIP standards and the NSMHS are complementary, however the latter are specific to mental health services.

All States and Territories agreed to a national reporting format that encourages services to use the NSMHS as a framework for service delivery. The format assists in systematic planning for quality improvement against each of the standards, and review of progress and outcomes on a regular basis. A copy of the national reporting format is located at Appendix One.

Victorian mental health services commenced a six monthly cycle of reporting on 1st March 2003. The Department of Human Services published statewide summary reports for the March 2003, September 2003 and March 2004 reporting periods to provide feedback to services on their progress with implementation of the NSMHS.

The current report represents the fourth statewide summary report published by the Department and is based on the progress reports submitted by services for the period 1st March 2004 to 1st September 2004.

Statewide summary reports include some current initiatives and possible future initiatives for NSMHS implementation and best practice development. The summary reports aim to facilitate sharing of information, benchmarking and collaboration between services, and to provide guidance on priorities for service quality improvement.

1.5 Further Advice

For further advice on the NSMHS implementation and reporting requirements, metropolitan mental health services should contact Maria Bubnic at the Mental Health Branch on ph: 9616 8489 or email: Maria.Bubnic@dhs.vic.gov.au and rural and regional mental health services should contact their respective Regional Contact Officer as indicated below:

Grampians Region	Ms Deanna Davis / Ms Candy Green Ph: 5333 6029 / 5333 6080
Gippsland Region	Mr Keith Sutton Ph: 5177 2576
Loddon Mallee Region	Mr Fred Wachtel / Ms Wendy Price Ph: 5434 5634 / 5434 5601
Hume Region	Ms Tamara Mulherin Ph: 5722 0555
Barwon & South West Region	Ms Alison White / Mr David Fraser Ph: 5226 4586 / 5226 4575

2. Progress of Victorian Public Mental Health Services with Implementation of the National Standards for Mental Health Services

2.1 Standard 1: Rights

The rights of people affected by mental disorders and/or mental health problems are upheld by the mental health service.

2.1.1 Some current initiatives:

- Information about rights and responsibilities of consumers, carers and service providers is available in various languages and media (e.g. North West Mental Health Program).
- Improvements to the quality of mental health service information and availability in response to consultations and feedback. For example, ORYGEN Youth Health developed information panels to be displayed in prominent areas. South West Healthcare redeveloped its service brochure to adopt a “Frequently asked Questions” format.
- Information about other available services appropriate to the needs of consumers and carers is routinely provided. For example, Barwon Health Mental Health Program developed a community services reference guide booklet that is provided at assessment.
- Developing processes to ensure routine use of consumer and carer charters by the service (e.g. Royal Children’s Mental Health Service).
- Monitoring what proportion of consumers and carers receive appropriate and timely information about their rights and responsibilities (e.g. Werribee Mercy Mental Health Service, Bendigo Psychiatric Service, Peninsula Psychiatric Service).
- Updating of protocols, documentation and staff education programs to comply with recent *Mental Health Act* amendments.
- Monitoring compliance with the *Mental Health Act* (e.g. Forensicare, Peninsula Psychiatric Service, Inner West Area Mental Health Service).
- Further staff education regarding the role of the Mental Health Review Board, process of hearings and documentation requirements (e.g. Caulfield General Medical Centre).
- North East Health is participating in a Legal Aid initiative to provide rural representation at Mental Health Review Board hearings.
- Review of research/ethics policy (e.g. Wodonga Regional Mental Health Service).
- Improvements to mental health complaints/feedback processes and integration with organisation-wide systems (e.g. Wodonga Regional Mental Health Service, Royal Children’s Mental Health Service, Southern Health, North East Health, Grampians Psychiatric Service).

- Forensicare established a Family Advocate position to promote the rights of families in supporting a person with mental illness.
- Staff job descriptions and orientation/training programs include recognition of the rights and responsibilities of consumers, carers and service providers.

2.1.2 Possible future initiatives:

- Continuous monitoring and review of the provision of *both* verbal and written information to consumers and carers about their rights and responsibilities.
- Provision of information in a range of modalities, levels of comprehension and languages that matches the communication and information needs of consumers and carers.
- Relevant information is provided more than once in a timely manner to consumers and carers during their period of involvement with the service.
- Information and support to access other available services and supports appropriate to the needs of consumers and carers is routinely provided and evaluated.
- Monitoring compliance with relevant legislation and regulations to protect the rights of consumers and carers.
- Continuous monitoring and review of feedback and complaints management processes at all levels of the organisation.

2.2 Standard 2: Safety

The activities and environment of the mental health service are safe for consumers, carers, families, staff and the community.

2.2.1 Some current initiatives:

- Sentinel and adverse events are routinely reported to management and quality committees for review, feedback is provided to staff and benchmarking is undertaken over time and with peers (e.g. St Vincent's Mental Health, Peninsula Psychiatric Service, South West Healthcare, Bendigo Psychiatric Service).
- Root cause analyses of sentinel and adverse events. Alfred Psychiatry developed a tracking tool to monitor root-cause analyses undertaken across the service.
- Barwon Health Mental Health Program is participating in the National Medication Breakthrough Collaborative on the bed-based to community services interface.
- Implementation of an electronic incident reporting system known as Riskman at North West Mental Health Program, with measured improvements in reporting.
- Following a successful trial, use of a Risk/Allergies Alert Form on the front of each medical record to improve consumer and staff safety at North West Mental Health Program.

- Regular mandatory staff training in suicide prevention and intervention, First Aid/CPR, emergency procedures, and aggression management.
- All policies and procedures, incidents and complaints are “risk ranked” at South West Healthcare.
- Caulfield General Medical Centre targeted reporting, monitoring and evaluation all Code Grey/Psychiatric Emergency incidents. Protocols and staff training were updated as a result.
- Continued implementation of Falls Prevention programs involving assessment and management of consumers and the environment to reduce the risk of falls (e.g. Caulfield General Medical Centre, Bendigo Psychiatric Service, Peninsula Psychiatric Service).
- Safety audits of, for example, infection control (e.g. Southern Health, Forensicare), medication management (e.g. St Vincent’s Health, Alfred Psychiatry, Caulfield General Medical Centre, Forensicare), Occupational Health and Safety (e.g. Goulburn Valley Mental Health Service, ORYGEN Youth Health, Latrobe Mental Health Service, Forensicare, Wodonga Regional Mental Health Service) and the inpatient physical environment (e.g. Mildura Psychiatric Service, Bendigo Psychiatric Service, Forensicare, Goulburn Valley Mental Health Service).
- Development of protocols for staff safety during outreach visits (e.g. Werribee Mercy Mental Health Service, Bendigo Psychiatric Service, Alfred Psychiatry, Latrobe Mental Health Service, Wodonga Regional Mental Health Service, North West Mental Health Program).
- Structural improvements to inpatient and community facilities (e.g. Caulfield General Medical Centre, South West Healthcare, Forensicare, Goulburn Valley Mental Health Service).
- Further developments in clinical risk assessment and management policies, guidelines, documentation and staff training (e.g. St Vincent’s Health, Forensicare, Caulfield General Medical Centre, North West Mental Health Program).
- Further upgrades to duress systems and regular testing at inpatient and community-based services (e.g. Bendigo Psychiatric Service, North East Health, Goulburn Valley Mental Health Service).

2.2.2 Possible future initiatives:

- Use of the *Industry occupational health and safety interim standards for preventing and managing occupational violence and aggression in Victoria’s mental health services (2004)* to undertake audits in a consultative and collaborative manner with staff, in particular Occupational Health and Safety representatives, consumers and carers. Available at: www.health.vic.gov.au/mentalhealth/atoz.htm.
- A systematic and comprehensive approach to risk assessment, management and documentation, which is supported by policies and procedures, evidence-based best practice developments, and staff learning and development programs.

- Managers and senior staff provide leadership in enhancing staff awareness of potential safety issues and prevention in day-to-day clinical practice.
- Root cause analyses are undertaken for all sentinel and adverse events and near misses, and used to inform quality improvement plans.
- Involvement of consumers and carers in promoting safety awareness and practice. A useful resource is the Australian Council for Safety and Quality in Health Care's *10 Tips for Safer Healthcare* available at: www.safetyandquality.org.au.

2.3 Standard 3: Consumer and Carer Participation

Consumers and carers are involved in the planning, implementation and evaluation of the mental health service.

2.3.1 Some current initiatives:

- Further development of consumer and carer participation policies, plans and programs (e.g. Southern Health, Mildura Psychiatric Service, Alfred Psychiatry, Caulfield General Medical Centre, St Vincent's Health).
- Participation in the Statewide Survey of Consumer and Carer Experience of Public Area Mental Health Services 2003/04. Reports distributed in August 2004.
- Improving routine collection of carer details to promote participation in service and treatment planning. At North West Mental Health Program this has involved staff education and a redeveloped registration form. At Caulfield General Medical Centre this has been followed up by quarterly documentation audits to monitor compliance and assess training needs.
- Targeted consumer and carer surveys that relate to specific areas of practice, such as Electroconvulsive Therapy (e.g. Caulfield General Medical Centre, North West Mental Health Program, Forensicare).
- Development and implementation of a "Client Developed Care Plan" in the adult inpatient unit at Latrobe Mental Health Service.
- Use of exit interviews or surveys at discharge from inpatient and community services (e.g. South West Healthcare, Werribee Mercy Mental Health Service, Latrobe Mental Health Service). Royal Children's piloted the use of a telephone survey with discharged clients and will follow-up with focus groups.
- Peer support groups and activities for consumers and carers, with training and resources provided to enhance participation and support options. For example, at ORYGEN Youth Health, carers received training in how to provide telephone and face-to-face support to other carers. Consumers completed a TAFE food-handling course to support planned peer activities.
- Involvement of consumers and carers in research (e.g. North West Mental Health Program, Alfred Psychiatry).

- Further recruitment of consumer and carer consultants and development of specific job descriptions, payment/reimbursement policies, orientation, training and supervision to support participation in the service (e.g. Bendigo Psychiatric Service, South West Healthcare, Barwon Health Mental Health Program, Goulburn Valley Mental Health Service).
- Evaluation of consumer and carer consultant programs. For example, St Vincent's Mental Health completed an evaluation of the consumer and carer consultant roles with subsequent amendments to job descriptions.
- Working with the Mental Illness Fellowship to provide "Well Ways" – that is, eight sessions to carers and families on how to look after themselves (e.g. Alfred Psychiatry, Inner West Area Mental Health Service).
- Consumer and carer bulletins and newsletters (e.g. ORYGEN Youth Health, Caulfield General Medical Centre, Alfred Psychiatry, St Vincent's Mental Health).
- Consumer and carer participation in staff selection processes, orientation and training programs. The *Consumer Participation in Staff Selection Strategy* at Northern Area Mental Health Service received a Gold Award in the Australian and New Zealand Mental Health Services Award Program.
- Improvements to Individual Service Plan (ISP) documentation to enable staff to routinely record consumer and carer involvement (e.g. Werribee Mercy Mental Health Service, Wodonga Regional Mental Health Service).
- Consumer involvement in writing progress notes in medical records (e.g. Peninsula Psychiatric Service, Forensicare).

2.3.2 Possible future initiatives:

- Initiatives consistent with the statewide *Carer Participation Action Plan 2003-2008*. Available at www.health.vic.gov.au/mentalhealth.
- Use of the 2003/2004 statewide consumer and carer survey results to inform continuous quality improvement activities.
- Appropriate education, training, supervision and support for consumers and carers to facilitate their genuine participation in planning, implementation and evaluation of services.
- Evaluation of consumer and carer participation outcomes.
- Establishing and monitoring targets for consumer and carer involvement.
- Benchmarking consumer and carer participation models and programs.
- Representative consumer and carer involvement in key decision-making processes of the service.
- Information obtained through various monitoring and evaluation activities is reviewed regularly, followed up and reported with input from all relevant stakeholders.

2.4 Standard 4: Promoting Community Acceptance

The mental health service promotes community acceptance and the reduction of stigma for people affected by mental disorders and/or mental health problems.

2.4.1 Some current initiatives:

- Development of service partnership models with schools (e.g. Royal Children's Mental Health Service, Mildura Psychiatric Service).
- Launch of a website for the Neuropsychiatry Unit at Melbourne Health, which includes information relevant to consumers, carers, service providers and the wider community. Available at: www.neuropsychiatry.org.au
- A set of youth specific fact sheets developed for consumers, families and community workers to improve awareness of mental health issues (i.e. ORYGEN Youth Health, Grampians Psychiatric Service).
- Newsletters for consumers, carers, other service providers and the wider community (e.g. South West Healthcare).
- Improving consultation-liaison services, training, and support for staff in emergency departments and aged care facilities (e.g. Caulfield General Medical Centre, Bendigo Psychiatric Service, South West Healthcare, Alfred Psychiatry, Barwon Health Mental Health Program).
- Joint work and rotations for emergency department staff and police officers with CATT services to improve understanding of mental health issues and respective service roles (e.g. Peninsula Psychiatric Service, North West Mental Health Program).
- Involvement of consumers and carers in promotion, education and training activities for health, welfare, education, employment and housing sectors and the wider community.
- Public seminars and launches. For example, the official opening by the Minister for Health of the PARC pilot service at Goulburn Valley Mental Health Service.
- Conduct of various activities for Mental Health Week, Schizophrenia Awareness Week and Oaks Day. For example, a Mental Health Week awards program chaired by Barwon Health and involving government and non-government organisations, consumers, carers and the wider community.
- Presentations, attendance and conduct of conferences. For example, Grampians Psychiatric Service conducted its *4th Annual Mental Health Conference* in March 2004 with 160 delegates from health, welfare and education sectors across Victoria.
- Service providers from health and other service sectors attend a monthly journal club and seminar program within the mental health service (i.e. Caulfield General Medical Centre).
- Continuing participation in local Primary Care Partnership (PCP) projects to promote community acceptance of people with mental illness and their families.
- Involvement in community groups, radio, newspaper, events and festivals.

2.4.2 Possible future initiatives:

- Further development of opportunities for consumer and carer participation and integration within the community.
- Continuous monitoring and review of the number, type and outcomes of activities for promoting community acceptance.

2.5 Standard 5: Privacy and Confidentiality

The mental health service ensures the privacy and confidentiality of consumers and carers.

2.5.1 Some current initiatives:

- Compliance audits are regular and linked to incident reporting systems and complaints processes (e.g. Peninsula Psychiatric Service, Grampians Psychiatric Service).
- Adoption of the Primary Care Partnership Service Coordination Toolkit consent form and patient information sheet across the mental health service (e.g. Barwon Health Mental Health Program).
- Development of “packages” of privacy and confidentiality policies, guidelines, information brochures and forms that are also available on the service intranet/internet site (e.g. Barwon Health Mental Health Program, North West Mental Health Program).
- Policy developed for electronic transmission of consumer and carer information (i.e. ORYGEN Youth Health).
- Updated consumer and carer information brochures regarding on-site security measures (i.e. Forensicare).
- All staff appointment and student placement contracts include a specific clause for privacy and confidentiality that must be signed.
- Mandatory staff training in privacy and confidentiality legislation and regulations.
- Structural improvements to provide sight and sound privacy (e.g. Wodonga Regional Mental Health Service, Grampians Psychiatric Service).
- Secure storage and tracking system developments for clinical records.

2.5.2 Possible future initiatives:

- Information about privacy and confidentiality legislation and regulations is provided to consumers and carers in an understandable language and format and in a timely manner.
- Development, implementation and review of education, training and resources of the service regarding privacy and confidentiality legislation and regulations.
- Electronic and paper-based documentation and communication processes are monitored for compliance with privacy and confidentiality legislation and regulations.

2.6 Standard 6: Prevention and Mental Health Promotion

The mental health service works with the defined community in prevention, early detection, early intervention and mental health promotion.

2.6.1 Some current initiatives:

- Improvement projects in early warning signs management involving the development of policies and procedures, assessment and documentation tools, staff education and training (e.g. Peninsula Psychiatric Service, North West Mental Health Program, South West Healthcare).
- Northern Area Mental Health Service evaluated its group program for children of parents with a mental illness, with subsequent expansion to participants in other areas of the catchment.
- Mental health promotion newsletters, brochures, posters, videos and websites (e.g. ORYGEN Youth Health).
- Barwon Health Mental Health Program developed information flipper cards for years 9 to 12 school students. Awarded the Leslie Downer Award for Nursing Excellence 2004, Silver Award for Mental Health Promotions at TheMHS 2004, and Winner Barwon Health Annual Quality Award 2004.
- Within local Primary Care Partnerships (PCPs), the continued development and/or implementation of Community Mental Health Plans (CMHP) targeted at local community needs and priorities for prevention and mental health promotion.
- Primary Mental Health Teams (PMHT) continue to build relationships and establish service arrangements with primary care providers for shared care, education and consultation services. There has been progress in identifying mental health interested GPs, needs analysis, providing education for primary care providers and the wider community, and prioritisation of services for high prevalence disorders.
- Bendigo Psychiatric Service developed a Family Support Plan that forms part of the Comprehensive Assessment and Service Plan, to assist with identification and support of children living in families affected by mental illness. Similarly, Peninsula Psychiatric Service incorporated a Parent and Child Checklist within its documentation suite.
- Providing Mental Health First Aid Training and Applied Suicide Intervention Training (ASIST) for mental health, health, welfare and education professionals (e.g. North East Health, Latrobe Mental Health Service, Grampians Psychiatric Service).
- Implementation of the *Mind Matters* mental health promotion resource for secondary schools currently being rolled out nationally (e.g. Latrobe Mental Health Service, Wodonga Regional Health Service, Goulburn Valley Mental Health Service, Grampians Psychiatric Service).
- Improving service responsiveness to the physical health needs of consumers. For example, St Vincent's Health provided staff training with Breastscreen, developed a GP communication sheet, and audited physical assessments completed on the inpatient unit.

- Continued development of early psychosis intervention services including best practice guidelines and pathways, individual and group programs, education and training, research, and service partnerships.
- Conduct disorder pilot projects involving CAMHS and schools at Eastern Health Mental Health Program and Grampians Psychiatric Service. The projects aim to improve prevention, early detection and treatment of emerging or present conduct disorders in primary school aged children in prep and years 1 and 2.
- A Forensicare project focussing on dual diagnosis and criminogenic factors with a view to prevention and treatment. A program for consolidating and strengthening practice has been developed and a training coordinator appointed to progress implementation.
- Research project on HIV and depression at Alfred Psychiatry.

2.6.2 Possible future initiatives:

- That all consumers have a documented plan that identifies their early warning signs of relapse and effective management strategies.
- Targeted prevention and promotion efforts that are acceptable and responsive to the needs of the community.
- Screening and early intervention services for vulnerable groups in collaboration with other health, education, employment, welfare, housing and legal services.
- Monitoring and review of promotion and prevention activities.

2.7 Standard 7: Cultural Awareness

The mental health service delivers non-discriminatory treatment and support that are sensitive to the social and cultural values of the consumer and the consumer's family/carers and community.

2.7.1 Some current initiatives:

- Collaborative project between Royal Children's and Austin CAMHS to improve access to services for refugees.
- Collaborative project between Southern Health and Alfred CAMHS to improve identification of cultural and linguistic needs of consumers and carers.
- Improvements to intake procedures and databases to routinely gather and record information about CALD consumers and their family/carers (e.g. Royal Children's Mental Health Service).
- Introduction of a traineeship in community mental health through the local Indigenous Employment Program (i.e. Mildura Psychiatric Services).
- Further development of intranet and internet resources on cultural diversity and language services in mental health (e.g. Peninsula Psychiatric Service, ORYGEN Youth Health, North West Mental Health Program).

- Development and review of policies and procedures for cultural awareness and responsiveness of the service.
- Development of formal partnerships with local Koori cooperatives, schools and health services for mental health promotion and early intervention (e.g. Peninsula Psychiatric Service, Goulburn Valley Mental Health Service, South West Healthcare).
- Planning commenced for a 2nd *Symposium on Culturally Specific Mental Health Practice* to be held 29th November 2004 (i.e. Werribee Mercy Mental Health Service).
- Developing profiles of cultural and linguistic diversity in the target group and those accessing the service for service planning and improvement (e.g. Mid West Area Mental Health Service).
- Provision of culturally specific consumer and carer information and support groups (e.g. Northern Area Mental Health Service, Mid West Area Mental Health Service).
- Audits of interpreter usage (e.g. Southern Health, Inner West Area Mental Health Service, St Vincent's Mental Health).
- Use of the *Victorian Transcultural Psychiatry Unit*, *Victorian Foundation for Survivors of Torture* and *Victorian Aboriginal Health Service* for consultation, staff education and training.
- Recruitment of bilingual case managers (e.g. Caulfield General Medical Centre, North West Mental Health Program, Wodonga Regional Health Service, Southern Health), *Ethnic Mental Health Consultants* (e.g. St Vincent's Mental Health Service), and *Koori Mental Health Workers/Liaison Officers* (e.g. Goulburn Valley Area Mental Health Service, Barwon Health, Grampians Psychiatric Service), who develop links within their respective cultural communities.
- Staff database of expertise and interests in cultural diversity developed to maximise use of resources (e.g. Barwon Health Mental Health Program, Forensicare).

2.7.2 Possible future initiatives:

- Improving access to appropriate and responsive mental health services for people from culturally and linguistically diverse backgrounds.
- Involvement of people from culturally and linguistically diverse backgrounds in service planning, development and review.
- Partnerships with other service providers and organisations with relevant knowledge and expertise in the provision of treatment and support to people from culturally and linguistically diverse backgrounds.
- Staff sensitivity to and understanding of the beliefs, values and practices of social and cultural groups within the local community, the organisation and amongst those accessing the service.
- Monitoring and review of service access, responsiveness and outcomes for people from culturally and linguistically diverse backgrounds.

2.8 Standard 8: Integration

Service Integration - The mental health service is integrated and coordinated to provide a balanced mix of services that ensure continuity of care for the consumer.

2.8.1 Some current initiatives:

- Development of clinical pathways that support continuity of care between child and adolescent, adult and aged persons mental health services (e.g. Goulburn Valley Mental Health Service).
- Improving access to the range of inpatient, residential and community-based programs. For example, St Vincent's Mental Health established an agreement for access to secure extended care beds.
- Relevant staff from community teams participate in inpatient clinical review meetings to ensure early discharge planning and continuity of care for new and ongoing clients.
- Establishment of a single point of entry/contact for triage (e.g. St Vincent's Mental Health, Bendigo Psychiatric Services, Peninsula Psychiatric Service, Mid West Area Mental Health Service).
- Development and implementation of continuum of care process maps within CCT and more recently MST that are supported by practice manuals and measured by a suite of key performance indicators (i.e. North West Mental Health Program).
- Evaluation of the transition program between inpatient and community settings at Southern Health CAMHS.
- Development of an after-hours linkage agreement responding to young people in psychiatric crisis (i.e. Southern Health).
- North West Mental Health Program and Werribee Mercy Mental Health Service continue to work on an Out of Area Bed Management Strategy.
- HARP funded project for a 'step down' unit from the acute inpatient unit at Inner West Area Mental Health Service, which opened in April 2004.
- System of staff and student rotation/secondment across programs.
- Intranet and electronic shared files for staff with authorised access.

2.8.2 Possible future initiatives:

- Management and review of internal and external referrals.
- Flexible models of treatment and support between inpatient, residential and community-based programs.
- Continuity of care for consumers and their carers between programs and over the lifespan.
- Communication structures, processes and practices of staff, teams and programs.

Integration with the Health System – The mental health service develops and maintains links with other health service providers at local, state and national levels to ensure specialised coordinated care and promote community integration for people with mental disorders and/or mental health problems.

2.8.3 Some current initiatives:

- The mental health service is integrated within the health service governance structures and processes, from Board and executive levels through to quality and clinical practice committees (e.g. Wodonga Regional Mental Health Service, St Vincent's Mental Health, Werribee Mercy Mental Health Service, Peninsula Psychiatric Service, Grampians Psychiatric Service).
- Enhanced consultation-liaison psychiatry services and CAT services in hospitals, particularly within emergency departments and during hospital ward rounds (e.g. Bendigo Psychiatric Service, Peninsula Psychiatric Service).
- Education and training for emergency department staff in areas of assessed need and priority, for example, early identification of self-harming clients (e.g. Mildura Psychiatric Services, Inner West Area Mental Health Service).
- Use of mental health service assessment and treatment documentation suite by emergency department staff to develop treatment plans for consumers attending the emergency department (i.e. Latrobe Mental Health Service).
- Development of procedures and a care plan between CAMHS and the hospital paediatric department to improve coordination of care at Goulburn Valley Mental Health Service. This includes attendance by paediatric unit staff at CAMHS clinical reviews and education sessions.
- At Bendigo Psychiatric Service, local GPs attend clinical meetings to discuss referrals and shared care clients. A similar process is being established with Drug & Alcohol Counsellors.
- HARP funded 'Out of Area Bed Management' project between St Vincent's Mental Health, Eastern Health and Austin Health to improve access to beds.
- HARP funded 'ConnectED' project at Alfred Psychiatry to reduce recurrent presentations to the emergency department of consumers registered by the mental health service.
- HARP funded 'Holding it Together' project at St Vincent's Mental Health involving mental health and drug and alcohol services, which aims to reduce preventable use of emergency departments and inpatient services.
- Regular review meetings between CAT team, emergency department staff, and clinical directors to discuss interface issues including number of mental health presentations and waiting times in emergency (e.g. Inner West Area Mental Health Service, Barwon Health Mental Health Program).
- Youth Services Initiative at Barwon Health Mental Health Program aims to establish an integrated GP, mental health, disability support, drug treatment and community health service in the area.

- Development of a joint ISP process between Northern Area Mental Health Service and local PDRSS.
- Participation of mental health service staff on boards of local PDRSS (e.g. Alfred Psychiatry).
- Primary Mental Health Teams (PMHT) are linked to local general practitioners and community health services.
- Development of effective working relationships and protocols for shared care with GPs and private psychiatrists (e.g. South West Healthcare, St Vincent's Mental Health, Peninsula Psychiatric Service).

2.8.4 Possible future initiatives:

- Program of education, training and support for emergency department staff to enhance their confidence and capacity to manage mental health presentations.
- Coordinated and managed links between mental health services and other health service providers including hospital, community health, private psychiatrists and general practitioners.

Integration with other sectors – The mental health service develops and maintains links with other sectors at local, state and national levels to ensure specialised coordinated care and promote community integration for people with mental disorders and/or mental health problems.

2.8.5 Some current initiatives:

- Development of evaluation surveys for referring schools to improve links (e.g. Royal Children's Mental Health Service).
- Statewide police education regarding mental health issues and services (i.e. Mid West Area Mental Health Service).
- Alfred Psychiatry established a working party with representatives from local Supported Residential Services (SRS), which meets monthly to oversee initiatives and provide support. Information brochures for responding to mental health emergencies were recently developed and distributed to local SRS.
- A 0.4EFT project position established at Bendigo Psychiatric Services to provide consultation from the adult mental health service to Child Protection and Juvenile Justice services.
- North East Health project involves the development of cooperative approaches between public and private agencies to improve housing access for consumers post-discharge from acute inpatient care.
- Forensicare developed a multi-agency assessment and care planning model as part of the Victorian Multiple and Complex Needs Initiative.
- Caulfield General Medical Centre together with Prahran Mission established a program of sustainable socialisation and recreation activities for aged persons.

- HARP funded early intervention network of mental health and welfare services to increase community-based support options for homeless youth aged 12-25 years (i.e. Eastern Health Mental Health Program).
- Liaison and joint protocols with police and ambulance services (e.g. North West Mental Health Program).
- Resource manuals for staff, consumers and carers to support their involvement with other agencies where appropriate.

2.8.6 Possible future initiatives:

- Collaboration and partnerships with relevant services to design/redesign models of care to meet the complexity and levels of demand and improve consumer and carer outcomes.
- Staff provision of up to date information and assistance to consumers and carers to access appropriate services within the community.
- Monitoring and review of interagency activities/referrals/outcomes.
- Development, implementation and evaluation of joint service policies, procedures and protocols.

2.9 Standard 9: Service Development

The mental health service is managed effectively and efficiently to facilitate the delivery of coordinated and integrated services.

2.9.1 Some current initiatives:

- Development of strategic, operational and quality plans, with regular performance reporting to management and staff.
- Wodonga Regional Mental Health Service uses “performance snapshots” and “performance summaries” to increase communication about quality targets and progress, and encourage staff involvement in data collection and analysis and quality improvement planning.
- Implementation of routine consumer outcome measurement, including staff training updates, improvements to reporting, and monitoring of completion.
- Comparative data analysis and benchmarking to identify best practice. Services are benchmarking with other like services in the state, interstate and internationally, including participation in the ACHS mental health clinical indicators program and the Mental Health Roundtable.
- Improving service identification and responsiveness to parental issues, through clinical reviews, consultation and professional development (e.g. ORYGEN Youth Health).
- Revised HDU and seclusion guidelines with subsequent reduction in seclusion rates (e.g. North East Health, Peninsula Psychiatric Service).

- Establishment of Intensive Community Treatment Services for aged persons (e.g. Barwon Health Mental Health Program).
- Development of information brochures and treatment guidelines for Borderline Personality Disorder at Alfred Psychiatry.
- New Autism Spectrum Assessment Team at Goulburn Valley Mental Health Service.
- Local workforce planning audits and recruitment and retention strategies (e.g. St Vincent's Mental Health, North West Mental Health Program, Peninsula Psychiatric Service).
- Further development of mental health specific orientation programs and manuals (e.g. Caulfield General Medical Centre, Peninsula Psychiatric Service, Werribee Mercy Mental Health Service, Inner West Area Mental Health Service).
- National Practice Standards are incorporated into staff job descriptions and professional development activities (e.g. Peninsula Psychiatric Service, Latrobe Mental Health Service).
- Development of supervision structures, guidelines and programs for staff and students of all disciplines (e.g. Alfred Psychiatry, Forensicare, Goulburn Valley Mental Health Service, Mildura Psychiatric Service, Inner West Area Mental Health Service, North East Health).
- Monthly reflective practice sessions are available for nursing and allied health staff at Caulfield General Medical Centre.
- Continued development of core competencies and credentialing processes (e.g. Eastern Health Mental Health Program, Barwon Health Mental Health Program, South West Healthcare).
- Use of case complexity/caseload measures to actively manage case management resources (e.g. North West Area Mental Health Service, Peninsula Psychiatric Service).
- Introduction of key performance indicators to measure the effectiveness and efficiency of committees (i.e. Bendigo Psychiatric Service).

2.9.2 Possible future initiatives:

- Development, monitoring and evaluation of strategic, operational and quality plans occurs in consultation with staff, consumers, carers, other relevant service providers and the local community.
- Improving compliance with routine consumer outcome measurement and use of data collected to inform practice.
- Monitoring and evaluation of new service models and practice developments.
- Improving staff participation and value in supervision, professional development and performance review programs.
- Implementation of the *National Practice Standards for the Mental Health Workforce*.

2.10 Standard 10: Documentation

Clinical activities and service development activities are documented to assist in the delivery of care and in the management of services.

2.10.1 Some current initiatives:

- Incorporating statewide consumer outcome measures within the standard documentation of the service.
- Improving consumer outcome measurement reporting processes to enable valuable and timely feedback.
- Further development of standardised documentation systems throughout the service (e.g. Southern Health, Peninsula Psychiatric Service, Werribee Mercy Mental Health Service, North West Mental Health Program).
- Alfred Psychiatry incorporated a recovery planning form within their community documentation suite.
- Peninsula Psychiatric Service is piloting a relapse profile form within its documentation suite.
- Use of electronic forms to improve consistency and timeliness of communication within and external to the service as appropriate (e.g. Barwon Health Mental Health Program).
- Changes to documentation to comply with recent *Mental Health Act* amendments.
- Development of key performance indicators and targets to monitor compliance with documentation standards.
- Regular documentation audits with feedback at management, quality and staff forums.
- Staff training and supervision programs incorporate documentation standards.
- Further development and upgrades of local information technology and databases (e.g. Barwon Health Mental Health Program, Forensicare, Wodonga Regional Mental Health Service).

2.10.2 Possible future initiatives:

- Level of compliance with policies, procedures and guidelines for documentation.
- Process, frequency and follow-up of documentation audits.
- Collection, analysis and use of outcome measurement data.
- Development of web-based monitoring and reporting systems to provide timely access to 'real time' information.
- IT infrastructure and support.

2.11 Standard 11: Delivery of Care

2.11.1 Some current initiatives:

- Tracking episodes of care for those who fail to attend or self-discharge from the service (e.g. Royal Children's Mental Health Service) and those who are referred onward at triage (e.g. Peninsula Psychiatric Service) to improve service responses.
- Assessment protocols for mental health, physical health, clinical risk and environmental risk developed and published at Southern Health.
- Two CCU beds at Werribee Mercy Mental Health Service allocated as community reintegration beds to allow for protracted recovery from inpatient admission or prevent relapse in the community.
- Two CCU beds at St Vincent's Mental Health allocated as assessment beds to provide for short-term, intensive assessment of rehabilitation needs.
- Practice audits of, for example, compliance with HDU guidelines (i.e. North West Mental Health Program) and CATT assessment (e.g. Peninsula Psychiatric Service).
- Evaluation and further development of therapeutic programs in acute inpatient and extended care units (e.g. North East Health, Alfred Psychiatry, St Vincent's Mental Health, Peninsula Psychiatric Service).
- Development of consumer medication information packs at Wodonga Regional Mental Health Service.
- Development of a Clozapine cardiac inventory form that is kept on file to track investigations and monitor risk factors (i.e. Alfred Psychiatry).
- Analyses of data on admissions/readmissions to identify risk factors and evaluate service responses (e.g. Alfred Psychiatry).
- Further development of risk assessment and management policies, tools and training (e.g. Forensicare, Caulfield General Medical Centre, Wodonga Regional Mental Health Service).
- Opening of an additional 7 beds in the transitional unit at Forensicare to improve transition from inpatient to community living for individuals.
- Prevention and Recovery Care (PARC) pilot services. Fully operational at Goulburn Valley Mental Health Service and under establishment at Eastern Health and Southern Health.
- A State Nursing Excellence and Commitment Award and ACHS commendation for the Clozzie Kids program at Mildura Psychiatric Service.
- Change of observation charts to ensure consistency throughout the health service including mental health, with follow-up audit of staff satisfaction, completion and training needs (e.g. Bendigo Psychiatric Service).
- New ECT machine purchased by South West Psychiatric Service that allows for electronic downloading, recording of data and patient monitoring.

- Caulfield General Medical Centre evaluated its range of alternative therapies including snoezelen, art, music and narrative therapies.
- St Vincent's Mental Health is working with Victoria Police to develop a system for classifying AWOL patients to enable better targeting of responses.
- A joint research project between ORYGEN Youth Health and drug & alcohol researchers to improve treatment for dual diagnosis clients.
- St Vincent's Mental Health is working with SPECTRUM to develop evidence-based practice guidelines for treatment of people with personality disorders.
- Translating Research into Practice (TRIP) is an initiative of North West Mental Health Program.

2.11.2 Possible future initiatives:

- Improving access to services and continuity of care.
- Consistent provision and improvement of services that are responsive to emerging needs and achieve desired outcomes.
- Involvement of consumers, carers and other relevant service providers in treatment planning, delivery and review.
- Involvement of consumers, carers and other relevant service providers in discharge / exit planning and management.
- Provision of information to consumers and carers about the potential benefits and adverse effects regarding the use of tests and procedures, medication and specific treatment approaches.
- Follow up procedures and documentation for people who decline an assessment and/or intervention.
- Routine monitoring of individual, service and community outcomes. At this stage, use of individual consumer level reports from the statewide outcome measurement initiative can be used for service plans and reviews, providing feedback to consumers where appropriate, and in clinical and team supervision or reviews.
- Development, transfer and appropriate use of evidence-based best practice.

3. Gender Considerations

As part of the Department's commitment to the *Victorian Women's Health and Wellbeing Strategy*, mental health services were asked to provide additional information specific to women against Standards 2 and 5 of the NSMHS.

3.1 Austin Health – Mental Health Service

- Establishment of a weight management program with community mental health service staff and the Austin Health dietician. It is targeted to consumers taking anti-psychotic medication.
- Establishment of a parenting group with local non-government organisations. It is targeted to parents with a mental illness with children aged over 5 years.
- Sexual assault policy.
- Inter-agency Women's Mental Health Network coordinated by the Women's Mental Health Consultant.

3.2 Ballarat Health – Grampians Psychiatric Services

- Staff training to develop greater family involvement in treatment.
- Women's Anxiety Group – This group is aimed at developing the independence of female consumers within inpatient and community based services.
- Rostering guidelines and practices ensure availability of mixed gender staff on all shifts.

3.3 Barwon Health - Mental Health Program

- Portfolio roles specific to gender issues to provide advice and support to the organisation.
- Same gender case manager available on request.
- Breast Feeding Policy.
- Community Residential Facility has a dedicated female gender specific unit with fitted duress alarm system.
- Acute Admission Unit has a family room.

3.4 Bayside Health – Caulfield General Medical Centre

- The Out and About Group for Women commenced in partnership with Prahran Mission.
- Seclusion policy reviewed and updated to ensure women's health and privacy issues were prioritised.
- Audits of consumer activity provided positive feedback on the residential care program, particularly the range and appropriateness of activities offered.
- Intake and referral audits to monitor responsiveness of case managers to gender issues.

3.5 Bayside Health – Alfred Psychiatry

- Alfred Psychiatry Research Centre is conducting an innovative program of research and treatment in women's mental health. Includes:
 - Studies using hormones to treat symptoms of schizophrenia and mania associated with bipolar disorder.
 - Collaborative work with other women's health organisations, such as the Jean Hailes Foundation, to conduct research in areas such as mental health and menopause.
 - A new research initiative is investigating possible links between depression and use of the contraceptive pill.
 - Establishment of a register of women with psychosis who are pregnant to study the effects of antipsychotics.
 - As an extension of the research program, a women's mental health clinic has been established by the Director of the APRC, to better treat and understand the specific needs of women with mental health issues.

3.6 Bendigo Health - Mental Health Program

- A train the trainer program for community health workers in Postnatal Depression. Evaluation demonstrated increased staff and participant knowledge from the program.
- "What do I do? What do I say?" training program developed for Maternal and Child Health Nurses working with mothers who have a mental illness and their families. Supported by an Information kit. An evaluation led to the development of brochures and a website.
- 8 of 11 priority strategies for improving service responsiveness to the needs of women with a mental illness have made measured progress.
- Funding secured to develop an information handbook about pregnancy and mental illness. Consultations with service providers, consumers and public relations manager underway.

3.7 Eastern Health - Mental Health Program

- Mother and Baby Program at Box Hill Hospital.
- Women's Mental Health Reference Group – ongoing sharing of information & discussion of issues related to women's sensitive practice; fostering of community participation & development of linkages.
- Women's Mental Health Consultant.
- Gender Sensitive Practice Policies and Procedures under review.

3.8 Goulburn Valley Health - Mental Health Service

- Seeking to establish a PND worker in the Primary Mental Health Team.
- Partnership with the Best Start Shepparton project to address identified service gaps for women with a mental illness.

3.9 Latrobe Regional Health - Mental Health Service

- Regular meetings with CASA and an inter-service agreement being developed.
- Women's portfolio holder provides information and support to other staff.
- CASP documentation reviewed to ensure information for staff is current and relevant in identifying and responding to women who have a history of sexual assault.

3.10 Melbourne Health – Northern Mental Health Service

- Women's Mental Health Consultant promotes ongoing improvements in gender sensitive practice.
- Darebin Integrated Family Services network brings together family services, protective services, juvenile justice and mental health services in the City of Darebin. It aims to assist vulnerable families and promote child safety.
- Women's Mental Health Network meets on a monthly basis and has links to broader mental health promotion and community health networks.

3.11 Melbourne Health – Inner West Mental Health Service

- Development of Women's Sensitive Practice Policy & Procedure.
- Referral to local non-government organisations and psychiatric disability rehabilitation and support services who provide a range of gender specific groups.
- Risk Assessment Form updated to include sexual vulnerability.
- Development of policy and procedure for managing vulnerable clients and predatory behaviour, following a review of practice in the inpatient unit and CCU.

3.12 Melbourne Health – Mid West Mental Health Service

- Staff attended a 2-day workshop to improve service responses to women with histories of abuse.
- Seclusion protocols redeveloped to ensure appropriate attire is provided for consumers at risk of self-harm and clinically appropriate use of security/orderly staff.
- Identified staff attend a support group for people who have experienced sexual abuse or trauma.

3.13 Melbourne Health – North West Mental Health Service

- Women's Healthy Lifestyle Group to provide support, motivation and resources for making healthy lifestyle changes.
- Safety of women in the inpatient unit to be reviewed in the next 12 months.
- Review of policy for responding to consumers with a history of sexual abuse.

3.14 Melbourne Health – North Western Aged Persons Mental Health Service

- Residential units have single rooms for all residents, which provides safety and privacy for female residents.
- Gender specific program activities available.

3.15 Melbourne Health – ORYGEN Youth Health Service

- Women's group is run as part of the Recovery Group Program
- Female staff involved in restraints where a history of sexual abuse has been identified.
- Gender preferred worker available on request.
- 'Mothers and Babies' project aims to develop parent and child interactions.
- Purpose-built inpatient unit provides for greater safety, privacy and confidentiality.

3.16 Mildura Base Hospital –Mental Health Service

- Education sessions provided by CASA and collaborative project to develop a tool for early identification of victims of sexual abuse.
- An 8-week individual and group program in self-esteem and assertiveness development (SEA-CHANGE) for women, which is facilitated jointly with Domestic Violence Service.

3.17 North East Health – North East (Wangaratta) Mental Health Service

- Inpatient service rostering practice is to provide gender mix of nursing staff on all shifts.
- Early Motherhood Service provides specialist services for women who are at risk of or experiencing perinatal mental health problems. This service is now integrated with the Primary Mental Health Service and provides intensive home-based case management and consultation services.

3.18 Peninsula Health –Psychiatric Service

- Gender specific groups in adult and aged programs (e.g. physical and sexual health groups at CCU, health promotion for older women).
- Seclusion policy incorporates gender sensitive practice and regular monitoring.
- Gender sensitive policy linked to staff training.
- Family/children ‘friendly’ areas in inpatient and community facilities.
- Policies for managing physical and sexual assault, and sexually disinhibited behaviour.
- Female consumer consultant provides advocacy, advice and feedback.
- Consultation–liaison services provided to Rosebud Hospital Mother and Baby program.
- Process established for care of pregnant women with a mental illness in inpatient units.

3.19 Royal Children’s Hospital –Mental Health Service

- Gender Sensitive Practice policy and procedures.
- Gender preferred worker available on request from individual/family.
- No physical examinations undertaken without a nurse present.
- Gender specific community group programs.

3.20 Southern Health –Mental Health Program

- Inclusion of sexual safety/vulnerability issues in the revised Clinical Risk Assessment Form.

3.21 St Vincent's Health –Mental Health Program

- Gender sensitivity policy.
- Consumers able to request gender of case manager, which is supported by policy. All requests met to date.
- Gender specific toilets on the Extra Care Unit.
- Incident reports reviewed for gender issues.
- Breastscreen project involves work with inpatient unit to provide assertive follow up for female consumers due for screening.
- Primary Mental Health Team presents gender specific information sessions to community groups such as maternal and child welfare services.

3.22 South West (Warrnambool) Healthcare –Psychiatric Services Division

- The core competencies and clinical pathways for risk assessment and management have been expanded to include assessment and management of risk that consumers may face as a result of their gender.

3.23 Victorian Institute of Forensic Mental Health (Forensicare)

- Gender Sensitive Practice policy and procedure in place.
- A sexual health specialist attends weekly to provide gender sensitive services. The specialist has provided staff training and organised appropriate equipment to improve service responsiveness to the sexual health needs of clients.
- Specific gym sessions for women on a weekly basis.
- On-site YMCA program includes a gender-sensitive pool program.
- Both female and male chaplains provide chaplaincy services.
- Barossa Unit is a 10 bed women's unit. Links with SPECTRUM.
- Rosters developed with consideration of staff gender.

3.24 Werribee Mercy Hospital – South West Mental Health Service

- Mother Baby Unit commended on its high quality gender-specific services: including lactation and health teaching, parenting skills development, mothers and fathers groups.
- Royal Women's Hospital health information service and Sexual Health Clinic are promoted and consumers provided with assistance to access these services.
- Further development of the MST Women's Program is under consideration.

3.25 Wodonga Regional Health Service – Mental Health Service

- Staff recruitment aims to promote a gender balance to meet gender preferences of consumers and carers.
- Improvements to content and structure of Strength-Building Program for women with depression following an evaluation.

4. Early Intervention Strategies

As part of the commitment of the Commonwealth, States & Territories to promotion, prevention and early intervention for mental health under the *National Mental Health Strategy*, mental health services were asked to provide additional information specific to early intervention strategies against Standard 6 of the NSMHS.

In Victoria, the establishment of *Primary Mental Health & Early Intervention* (PMH&EI) services in all area mental health service catchments is a recent Statewide initiative. The key objectives of the PMH&EI services are to:

- Improve access to, and the quality of, mental health services provided by specialist and primary health care providers to people throughout the life span.
- Support and enhance the capacity of a range of primary care providers, in the first instance community health services and general practitioners, to recognise and treat mental health problems and disorders more effectively, via the provision of education, training and secondary consultation.
- Promote shared care arrangements between specialist mental health services and primary care providers.
- Provide an improved service delivery approach including treatment to people with high prevalence disorders, in particular but not limited to, depression and anxiety disorders.
- Provide early intervention services to young people who are experiencing signs of or their first episode of psychosis, or are at risk of significant psychological disturbance.

Examples of the activities delivered and reported by the teams to date include:

- Primary and secondary consultation.
- Time-limited clinical interventions, including shared care.
- Case conferences.
- Review of clinical files within the respective area mental health service where early psychosis is the identified diagnosis.
- Establishment of Early Psychosis Advisory Committees/Working Parties within the respective area mental health service.
- Education and training for general practitioners, community health and other relevant service providers.

Other examples of early intervention strategies, which are not necessarily specific to the PMH&EI initiative, are reported against Standard 6 earlier in this report and more specifically in this section of the report.

4.1 Austin Health – Mental Health Service

- Working party established to facilitate implementation of national guidelines for early psychosis. Currently targeting transition from CAMHS to AMHS.
- A series of information evenings held for carers of young people with emerging psychosis. Evaluation positive with subsequent plans for a series of 3 sessions, 3 times a year on an ongoing basis, as well as a monthly carers support group to be facilitated by PMHT, CAT and MST staff.
- Early intervention education and training undertaken with acute inpatient unit staff to improve consistency in approach. Development of an early psychosis resource folder for consumers and carers now provided on the unit. Development of a first episode psychosis checklist for use by inpatient staff currently underway.

4.2 Ballarat Health – Grampians Psychiatric Services

- Primary Mental Health Team has made the following progress:
 - Flexible assessment and brief intervention service recently commenced for young people in conjunction with primary care provider/s and in accordance with Australian Clinical Guidelines for Early Psychosis.
 - Facilitation of training for mental health clinicians, primary care providers, youth workers and school personnel in early detection and treatment of psychosis. Secondary consultation and joint assessment also available.
 - Service improvement activities, including development and implementation of a checklist for consumers with first episode psychosis on the acute inpatient unit.
 - Participation in local health, education and welfare networks including local PCP
 - Provision of tertiary consultation and debriefing services.

4.3 Barwon Health - Mental Health Program

- Training – specialist psychosis training day, general mental health literacy training in secondary schools, ASIST retraining.
- Early Psychosis Special Interest Group – review of psycho-education material, development of a resource for the journal club, training for case managers in using the Early Signs Scale
- Recovery Group development following successful application for funding
- Clinical intervention – low threshold assessment and treatment for young people at risk of developing a psychotic illness; audit of currently case managed clients and benchmarking with EPPIC and St Vincent's Hospital.
- Establishment of an Early Psychosis Service

4.4 Bayside Health – Caulfield General Medical Centre

- Consultation-Liaison psychiatry service, including a “Behaviours of Concern Program” that has promoted the role of portfolio holders in strategic areas.
- An audit of referrals for diagnostic groupings completed and followed by a review of other available program approaches. Currently in process of developing delirium protocols in consultation with staff.
- Protocols developed with emergency department to ensure appropriate triage of aged persons.
- SRS project commenced to review residents with past psychiatric history and current prescribing of typical anti-psychotics. Involves GPs and community health centre.
- Plans to establish a database of GPs who have completed training in mental health to improve shared care practices.
- A psychosocial rehabilitation service established with Prahran Mission to promote health and wellbeing of aged persons.

4.5 Bayside Health – Alfred Psychiatry

- An 8-week group therapy program to assist recovery from first episode psychosis and to reduce secondary morbidity. Preliminary data indicates that the recovery program reduces levels of engulfment, improves sense of control over the illness, and reduces levels of depression and anxiety.
- Continued trial of Early Psychosis Acute Care Pathway.
- Education sessions for CATT clinicians in developmental issues related to early psychosis in adolescence/early adulthood and appropriate service responses.
- Provision of education and resources for community staff in motivational interviewing techniques and management of prolonged recovery.
- Monthly supervision and consultation group for community staff around early psychosis.
- Audit of acute service provision to early psychosis patients, with measured improvement in family intervention and consistency of service response. Further improvements needed in the area of transfer of care and liaison with other service providers.

4.6 Bendigo Health - Mental Health Program

- Early psychosis training forum for mental health services staff in July 2004.
- Training for primary care providers developed and to be rolled out over the next 12 months.
- Early Intervention Program Clinical Advisory Group is now more representative of stakeholders and meeting on a regular basis.
- Continued development of service protocols for early psychosis clients.
- Resource materials in early psychosis distributed to staff with additional information and specialist input available from the Early Intervention Program coordinator.
- Clinicians attended training in EPPIC/ORYGEN model of intervention for early psychosis; application in MST a key development.

4.7 Eastern Health - Mental Health Program

- Child and adolescent and adult mental health services conduct a weekly First Episode Psychosis group for young people. Clinicians share progress and learnings from the group with the Staff Professional Development Program.
- 'CAMHS in Schools' project to review and develop service partnerships.

4.8 Goulburn Valley Health - Mental Health Service

- Participation in the *Building Partnerships between Mental Health, Family Violence and Sexual Assault Services* statewide reference group. Linkages between these sectors are now established at a local level.
- Participation in the *Mental Health Aptitudes into Practice Project* conducted by Monash University's Department of Psychological Medicine. It aims to provide mental health training to a wide range of agencies in the primary health care sector.
- Recovery group for young people experiencing a first episode psychosis conducted in partnership with the Mental Illness Fellowship Vic.
- Continued development of an Early Intervention Service.
- Primary Mental Health Team participating in a 12-month project of the Centre for Excellence in Eating Disorders aimed at improving the provision of local services.
- Staff participation in a 1-year developmental psychiatry course from "Mindful" at Melbourne University Centre for Training & Research in Developmental Health.

4.9 Latrobe Regional Health - Mental Health Service

- PMH&EI services now operating throughout the region with the establishment of four service centres in primary health care agencies.
- Information brochures developed and distributed to primary care providers. A summary report of program activities has been written and will be distributed.
- Provision of education and training sessions to internal and external service providers.
- Visits to GP clinics to provide direct care, consultation and education.
- Linkages with PCPs, PDRSS and EPPIC.
- Clinical reviews of AMHS case managed 'early intervention' clients on a quarterly basis to monitor against best practice guidelines and identify further training and support needs of staff.

4.10 Melbourne Health – Inner West, Mid West, Northern and North West Mental Health Services

- Access/referrals to ORYGEN Youth Health services, which is incorporated within the North West Mental Program.
- Development of protocols to enable consumers who have exited the service to access a consultant review within 6 months to assist GPs to continue management outside the specialist public mental health system.
- Primary Mental Health Team provides consultation services to primary care providers and is involved in various community education and development forums, to promote early detection and treatment of high prevalence disorders.
- Primary Mental Health Team is participating in a 12-month project of the Centre for Excellence in Eating Disorders aimed at improving early detection and treatment of eating disorders by primary care providers.
- Development of a strategic plan in conjunction with EPPIC Statewide Services.
- Psychoeducation and support groups. For example, the Recovery After Psychosis (RAP) group aims to assist young people with first episode psychosis to develop an understanding of their illness, strategies to prevent relapse, and to promote recovery and self-management of the illness.
- Early warning signs project to improve management with consumers and carers
- Development of working relationships between Early Intervention Portfolio holders through monthly meetings and shared database.
- Development of information kits for young people experiencing first episode psychosis.

4.11 Melbourne Health – ORYGEN Youth Health Service

- The Personal Assessment & Crisis Evaluation Clinic (PACE) is a clinical research program that has been established to identify, understand and treat individuals who are at risk of developing a psychotic illness.
- The Mental Health Promotion & Partnerships Program (MHP&P) focuses on promotion, prevention and early intervention.
- There are 44 studies underway to develop best practice in the treatment and management of young people with mental illness.
- The Early Psychosis Prevention & Intervention Centre (EPPIC) provides a specialist, comprehensive early intervention program for young people (aged 15-24 years) with psychosis living in the Western region of Melbourne. It also provides education, training, resources, research and consultancy services on a Statewide basis.
- The Helping Young People Early Clinic (HYPE) provides a prevention and early intervention program for young people with emerging Borderline and other personality disorders.
- Statewide training calendar reviewed for the next 12 months and expanded to include primary care and educational sectors.
- Website updated, newsletters distributed nationally and internationally, conferences and forums held on early intervention.
- Providing consultation on service and staff development to facilitate establishment of two new early psychosis service in Victoria.
- Generic consultation program for community sector workers in ongoing management of young people with mental health issues.

4.12 Mildura Base Hospital –Mental Health Service

- Allocation of portfolio holders for relevant community agencies for joint training and referral pathways
- Establishment of a peer support group for professionals working with young people in the community
- Co-facilitation with teachers of a “coping with change” group for Year 7 students
- Information sessions for kindergarten teachers in mental health issues
- GP Youth Clinic conducted after hours in community setting – roster developed by the Division of GPs in consultation with other service providers in health and welfare sector; free and confidential service to young people up to 18 years of age.

4.13 North East Health – North East (Wangaratta) Mental Health Services

- PMHT clinicians co-located in 28 of 31 general practices throughout the catchment area. Agreement reached with remaining practices (and other community health services) to provide shared care, secondary consultation, education and training.
- More than 90 community workers have completed mental health first aid course provided by the PMHT.
- “Bounce Back” 10 week program targeted at 16-25 year olds with identified mental health problems. The program aims to increase mental health awareness, self-esteem, coping skills and social connectedness. It is run in conjunction with the local community support association. 16 participants have completed the program in the last 6 months.

4.14 Peninsula Health – Psychiatric Services

- PMHT provides primary and secondary consultation to 9 General Practitioner Groups, more than 60 GPs and 4 community health centres across Frankston and the Mornington Peninsula.
- A joint early psychosis service is being established between Southern Health and Peninsula Health.
- Aged Psychiatry Assessment and Treatment Service provides regular education to aged care services to assist with early intervention for difficult behaviours and treatment and support for people with functional disorders and /or dementia.

4.15 Royal Children’s Hospital – Mental Health Services

- Festival of Healthy Living – promotes mental health and wellbeing in primary and secondary schools through performing and visual arts.
- Mental Health Promotions Officer - developing community awareness and access to mental health services, as well as opportunities for prevention and early intervention in mental health through collaboration with primary care and education sectors.

4.16 Southern Health – Mental Health Program

- Collaborative review and development of clinical guidelines for first presentation psychosis with the recent funding to establish an Early Psychosis Intervention Service with Peninsula Health.

4.17 St Vincent's Health – Mental Health Program

- PMH&EI service provides education, training and consultation to service providers, consumers, carers and the wider community.
- Early intervention best practice guidelines developed in adult program and staff trained for implementation.
- Early Psychosis project with clinical guidelines under development.

4.18 Wodonga Regional Health Service – Mental Health Service

Child & Adolescent Mental Health Service:

- Participation in *Supporting Kids of Parents with a Mental Illness Program* including camps for this group, program evaluation and submissions for funding.
- Regular participation in new mother's group providing information about emotional and social development.
- Participation in the mental health promotion subgroups of local PCPs
- MHPO provides support to schools to implement the Mind Matters program.
- Presentations at local service provider forums by MHPO and other staff.

Adult Mental Health Service:

- Implementation of an Early Warning Signs Program.
- Staff training in early psychosis and intervention strategies.
- Participation in *Supporting Kids of Parents with a Mental Illness Program*
- Liaison with PMHT in outreach areas.

4.19 South West (Warrnambool) Healthcare –Psychiatric Services Division

- An early intervention sub group of the Quality Council has been established to oversee:
 - Ongoing file audits pre and post treatment for first episode psychosis
 - Sourcing of national and international clinical guidelines
 - Staff education and training in early intervention

4.20 Werribee Mercy Hospital – South West Mental Health Service

- Protocol for relapse prevention planning being established.
- Staff contributed to seminars for GPs and maternal and child health nurses in early intervention for post-partum disorders.
- Referral to ORYGEN Youth Health.

5. Appendix One

National Standards for Mental Health Services: Progress Reporting Template.

Amended September 2003.

6. Appendix Two:

Progress Reporting Guidelines for the National Standards for Mental Health Services

The national reporting format (Appendix One) for the six monthly progress reports on implementation of the National Standards for Mental Health Services (NSMHS) was endorsed by the Australian Health Ministers' Advisory Council's National Mental Health Working Group (NMHWG) in September 2002.

The progress reporting format aims to support continuous quality improvement where recommendations are made as a result of the external in-depth review of services against the NSMHS. In addition, the report aims to encourage services to reflect on their own performance, identify opportunities for exceeding basic requirements, implement strategies for developing evidence-based best practice, and monitor progress and outcomes against each of the Standards on a regular basis.

The progress report involves consideration of the range of processes for quality assurance and improvement at the local service level within the framework of the NSMHS. It is not intended to establish a separate or duplicative process. It is intended to contribute to the self-assessment undertaken for periodic (mid-term) or full reviews (every 2 to 4 years) within the accreditation cycle. The combination of regular service self-assessment and external in-depth review, maintains a focus and momentum for continuous quality improvement in day-to-day practice.

The following guidelines have been prepared to assist services when completing their progress reports and to achieve greater consistency and quality in reporting. This will in turn enable services to share valuable information and identify opportunities for benchmarking and collaboration with other services, through the statewide summary reports.

Note that some minor amendments have been made to the National reporting format to improve clarity and correspond to the new rating scale introduced with the 3rd edition of EQuIP (refer to Appendix Three). Use of the EQuIP rating scale allows comparison between reporting periods for the service and with the assessments made by external accreditors.

It is also important to note that all fields in the reporting template must be completed. If you require further information or assistance to complete any fields, please contact the Department.

Section 1

NSMHS	Reporting Period:	Next External In-Depth Review:
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Reporting Period:

Insert the dates of the 6-month period for which you are reporting. This will either be 1st March to 1st September or 1st September to 1st March. Insert the dates with the corresponding year (s) of the 6-month period *preceding* the date you are submitting the report.

It is important that the content of the report relates to the 6-month reporting period. Some activities will be new while others will be occurring over periods greater than 6 months. Some activities will be incorporated into organisational processes and remain ongoing after they are established. Reports of progress, outcomes and/or completion enable the reader to distinguish new, ongoing and completed activities. Overall, there should be continuity between reports.

Next External In-Depth Review:

Insert the date(s) of your next scheduled external in-depth review. These are confirmed dates for the in-depth review with the accrediting agency.

If you have submitted an application to schedule your next in-depth review however no dates have been confirmed at time of reporting, please indicate that an application has been made. Any other qualifying comments are acceptable but this field is not to be left blank.

Section 2

Name of Mental Health Service:	Name of Auspice Hospital/Health Service:	Self-Assessment / External In-Depth Review Outcomes	Quality Improvement Strategy	Progress / Outcomes for this 6 month period
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Name of Mental Health Service:

Insert the full name of the mental health service to which the report pertains.

Name of Auspice Hospital/Health Service:

Insert the full name of the Hospital or Health Service which auspices the mental health service to which the report pertains.

Self-Assessment/External In-Depth Review Outcomes:

Note that if you have not had an external in-depth review within the progress reporting period (and/or the accreditation report has not been available for consideration), you need to complete a service self-assessment.

For a service self-assessment -

Specify the level of achievement of each of the standards using the EQUIP 3rd edition rating scale (see Appendix Three).

Specify that the ratings have been made by the service.

You are encouraged, but not required, to insert your own recommendations for what needs to be improved.

For an External In-Depth Review -

Specify the level of achievement of each of the standards by inserting the ratings provided by the accrediting agency following your in-depth review.

Specify that the ratings were made by the accrediting agency.

If commendation(s) and/or recommendation(s) were made following the external in-depth review, please list them against the relevant standard(s).

Quality Improvement Strategy:

List the strategies that have been identified in your service quality improvement planning processes to further improve practice and address any recommendations. This must include timeframes for each of the strategies, or a statement that it is "ongoing" with a review date.

Although it is important for services to meet basic accountability requirements, this should not limit the capacity of services to identify and act on opportunities for evidence-based or best practice development and service innovation.

Progress/Outcomes for this 6-month period:

Specify major achievements against the standards and any recommendations as identified in the quality improvement planning process. This should reflect the progress and/or outcomes of each of your listed quality improvement strategies.

For example, if a quality improvement strategy was to provide staff training in the use of interpreters over 4 months, at the next reporting period the number of staff who participated in training would be listed and outcomes of any participant evaluation conducted.

If a quality improvement strategy has been completed between reporting periods, this should be stated and the outcomes listed.

Any perceived or actual implementation issues need to be listed where they have impacted on progress with planned strategies.

Section 3

Special Reporting Requirements	Program	Strategy
Related to Standard 2 and Standard 5	Specify programs and activities undertaken within the reporting period to maintain or improve the safety, privacy and confidentiality of women in your service.	Provide a brief description of the purpose, methodology, progress and outcomes of women sensitive programs and activities within your inpatient, community and/or residential settings. Specify the timeframes for these programs and activities, including how the benefits will be sustained.

As part of the Department's commitment to the Victorian Women's Health and Wellbeing Strategy, mental health services are required to provide additional information specific to women against Standards 2 and 5 of the NSMHS.

The special reporting requirement asks for **additional** information to that reported in Section 2 of the report. References to earlier sections of the report are acceptable but do not alone meet the special reporting requirements.

Section 4

Special Reporting Requirements	Program	Strategy
Related to Standard 6	Specify Early Intervention programs and activities undertaken within the reporting period.	<p>Provide a brief description of the purpose, methodology, progress and outcomes of the Early Intervention programs and activities within your inpatient, community and/or residential settings.</p> <p>Specify the timeframes for these programs and activities, including how the benefits will be sustained.</p>

Each State and Territory has made a commitment to the Commonwealth to enhance mental health promotion, prevention and early intervention as a key priority under the Second National Mental Health Plan (1998-2003) and now the Third National Mental Health Plan (2003-2008).

In Victoria, the establishment of Primary Mental Health and Early Intervention (PMH&EI) services in all area mental health service catchments is an important initiative for mental health promotion, prevention and early intervention. Each progress report should therefore include activities and programs being undertaken by PMH&EI services. This should be complemented by information about any local initiatives being undertaken in this area.

7. Appendix Three

**Australian Council on Healthcare Standards (ACHS):
Evaluation and Quality Improvement Program
(EQuIP) 3rd Edition – Rating Scale**

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Rating:

When self-assessing for the NSMHS implementation progress reports, services are to use the 3rd edition EQuIP rating scale. This will enable services to compare their self-assessed performance over time and with ratings provided by external surveyors following an in-depth-review.

Specify the level of achievement of each of the standards by considering the elements required for each rating as follows:

Achievements for rating	Rating	Content of element
LA elements	= LA	Awareness / knowledge of fundamental requirements. Systems for fundamental requirements, e.g. legislation, are in place.
All of LA elements plus SA elements	= SA	Systems have been developed and are implemented.
All of LA + SA elements plus MA elements	= MA	Data are collected. Evaluation of systems occurs. Improvements are made resulting in developed systems.
All of LA + SA + MA elements plus EA elements	= EA	Benchmarking occurs through comparison of systems and results. This is done internally and externally, resulting in superior systems.
All of LA + SA + MA + EA elements plus OA elements	= OA	Leading the way. The organisation is an industry leader in systems and outcomes.

8. Abbreviations

ACHS	- Australian Council on Healthcare Standards
AHMAC	- Australian Health Minister's Advisory Council
AMHS	- Adult Mental Health Service
APMHS	- Aged Persons Mental Health Service
ASIST	- Applied Suicide Intervention Training
CAMHS	- Child & Adolescent Mental Health Service
CATT	- Crisis Assessment & Treatment Team
CCU	- Community Care Unit
CCT	- Continuing Care, Clinical and Consultancy Team
CMHP	- Community Mental Health Plan
CMI	- Client Management Interface
CPR	- Cardio-Pulmonary Resuscitation
ECAT	- Enhanced Crisis Assessment & Treatment
ECT	- Electroconvulsive Therapy
ED	- Emergency Department
EPPIC	- Early Psychosis Prevention & Intervention Centre
EQuIP	- Evaluation & Quality Improvement Program
GP	- General Practitioner
HARP	- Hospital Admission Risk Program
HYPE	- Helping Young People Early Clinic
ISP	- Individual Service Plan

IT	- Information Technology
MHP&P	- Mental Health Promotion & Partnerships Program
MHPO	- Mental Health Promotion Officer
MST	- Mobile Support and Treatment
NMHWG	- National Mental Health Working Group
NSMHS	- National Standards for Mental Health Services
PACE	- Personal Assessment & Crisis Evaluation Clinic
PARC	- Prevention and Recovery Care
PCP	- Primary Care Partnership
PDRSS	- Psychiatric Disability Rehabilitation & Support Services
PMH&EI	- Primary Mental Health & Early Intervention
PMHT	- Primary Mental Health Team
RAP	- Recovery After Psychosis
SFYS	- School Focussed Youth Service
SRS	- Supported Residential Services

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