

# Victoria's implementation of the National Standards for Mental Health Services

Progress report  
September 2005

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## 1. Introduction

### 1.1 Background

The *National Standards for Mental Health Services* were endorsed by the Australian Health Ministers' Advisory Council's National Mental Health Working Group in December 1996. Since that time, states and territories have provided support to mental health services to implement the standards 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 *National Standards for Mental Health Services* 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 service and workforce development in partnership 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 focused 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 towards 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 assurance. The strategy sets out to improve progress reporting against the *National Standards for Mental Health Services* by all area-based and statewide specialist mental health services to (1) ensure local quality improvement is driven by the standards and (2) ensure statewide feedback provides opportunities for benchmarking and identifying best practice developments.

The Department will continue to work collaboratively with services and other key stakeholders to communicate and manage information about the *National Standards for Mental Health Services* 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 *National Standards for Mental Health Services* 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 *National Standards for Mental Health Services* 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 *National Standards for Mental Health Services* 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 *National Standards for Mental Health Services*. 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. The EQuIP standards and the *National Standards for Mental Health Services* 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 *National Standards for Mental Health Services* 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 at Appendix 1.

Victorian mental health services commenced six-monthly progress reporting on 1 March 2003. The Department of Human Services published statewide summary reports for the March 2003, September 2003, March 2004 and September 2004 reporting periods to provide feedback to services on their progress with implementing the *National Standards for Mental Health Services*.

In May 2004, the Department held a workshop that brought together representatives from services and the Australian Council on Healthcare Standards. Service and statewide levels of monitoring and reporting against the *National Standards for Mental Health Services* were explored. As a result, progress reporting now occurs annually to provide greater scope for practice change and to better integrate with organisational quality planning cycles.

The current report is the fifth statewide summary report published by the Department and is based on the progress reports submitted by services for the period 1 September 2004 to 1 September 2005.

Statewide summary reports include some current initiatives and possible future initiatives for standards 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 *National Standards for Mental Health Services* implementation and reporting requirements, metropolitan mental health services should contact Maria Bubnic at the Mental Health Branch on telephone 03 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 Norma Day/Ms Candy Green

Tel: 03 5333 6029/03 5333 6080

### Gippsland Region

Mr Keith Sutton

Tel: 03 5177 2576

### Loddon Mallee Region

Mr Fred Wachtel/Ms Wendy Price

Tel: 03 5434 5634/03 5434 5601

### Hume Region

Ms Mary Stapleton

Tel: 03 5722 0907

### Barwon and South West Region

Ms Alison White/Ms Kerrie Mansell

Tel: 03 5226 4586/03 5226 4838

## 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.

**Average rating<sup>1</sup>: moderate achievement (MA)**

**Ninety-one per cent of externally assessed services were rated MA against this standard.**

#### 2.1.1 Some current initiatives

- Consumer and carer information about rights and responsibilities is provided in an understandable and timely way and documented by the service. For example:
  - Werribee Mercy Mental Health Program conducted a file audit that demonstrated an increase from 80 per cent (July 2004) to 88 per cent (July 2005) of consumers had received information about their rights and responsibilities on the inpatient unit.
  - Peninsula Psychiatric Service updated admission checklists across the service to include provision of rights and responsibilities information and provided education for staff in using a tracking tool.
  - Goulburn Valley Mental Health Service developed an information brochure for use in the inpatient unit, and updated information provision guidelines to include a process for auditing checklists and reporting to the quality committee.
  - Caulfield Aged Psychiatry annual inpatient satisfaction survey found that 88 per cent of consumers understood rights and responsibilities information provided in 2005 compared with 38 per cent in 2003.
  - Some services (for example, Royal Children's Mental Health Service, Austin Health, and Goulburn Valley Mental Health Service) have further developed processes to ensure routine use of consumer and carer charters.
- St Vincent's Mental Health Program made improvements to the display of consumer rights information and the physical environment in the Extra Care Unit, which was shortlisted for an award at TheMHS in August 2005.
- Education sessions regarding the provision of mental health rights and responsibilities information were held for emergency department staff at Latrobe Regional Mental Health Service.
- Complaints management processes are being improved with regular monitoring and action to address issues. For example, Peninsula Psychiatric Service had a 50 per cent reduction in the number of written complaints from 2004 to 2005, and an improvement in response times in the same period from 47 per cent processed within four weeks in 2004 to 62 per cent in 2005.
- Barwon Health and North East Health established processes to provide access to a duty lawyer for Mental Health Review Board hearings.
- Alfred Psychiatry developed a video in collaboration with the Mental Health Review Board to provide information about the procedures involved in hearings for consumers, carers and staff.
- North West Area Mental Health Service revised its electroconvulsive therapy information brochure in consultation with consumers. An evaluation demonstrated 80 per cent satisfaction with the information in 2005 compared with 25 per cent in 2002.
- Monitoring compliance with the *Mental Health Act 1986*; for example:
  - Caulfield Aged Psychiatry conducts monthly *Mental Health Act* documentation audits on the inpatient unit, with feedback to staff and quality forums and provision of staff training as required.
  - Northern Area Mental Health Service's audit of compliance with new requirements for *Mental Health Act* treatment plans was at 71 per cent in

<sup>1</sup> All average ratings in this report are based on 13 self-assessed and 11 externally assessed ratings.

July 2005; follow up includes further training and process development.

- Southern Health's audit of compliance with the *Mental Health Act* led to the development of protocols to support staff compliance with legislative requirements.

### 2.1.2 Possible future initiatives

- Continuously monitoring and reviewing the provision of *both* verbal and written information to consumers and carers about their rights and responsibilities
- Providing information in a range of modalities, levels of comprehension and in other languages to match the communication and information needs of consumers and carers
- Providing relevant information more than once in a timely manner to consumers and carers during their period of involvement with the service
- Routinely providing and evaluating information and support to access other available services and supports appropriate to the needs of consumers and carers
- Monitoring compliance with relevant legislation and standards to protect the rights of consumers and carers
- Continuously monitoring and reviewing feedback including 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.

**Average rating: moderate achievement (MA)**

**One hundred per cent of externally assessed services were rated MA against this standard.**

### 2.2.1 Some current initiatives

- Barwon Health introduced a web-enabled version of Riskman for reporting service user and staff incidents, which is integrated with the complaints system and broader safety and risk management processes across the organisation. Riskman is also used at North West Mental Health Program, Alfred Psychiatry and Forensicare.
- A review of high dependency/seclusion facilities, practice and clinical outcomes was undertaken:
  - Peninsula Psychiatric Service revised access arrangements and nursing visual observations within these facilities.
  - Mid West Area Mental Health Service conducted a seclusion documentation audit which led to staff training and the introduction of a process flowchart.
  - Barwon Health is reviewing the relationship between seclusion and the use of medication and alternative strategies.
  - Austin Health introduced papier-mâché urinals and bedpans for use in seclusion rooms, with subsequently no incidents involving waste disposal.
  - North West Area Mental Health Service conducted a review with consumers and carers on the team, which resulted in improvements to the physical environment and the development of guidelines for post-seclusion debriefing.
  - Alfred Psychiatry revised its high dependency/seclusion policies, developed a consumer information brochure, and commenced a pilot of acute sedation management protocols.

- The *Industry Occupational Health and Safety Interim Standards for Preventing and Managing Occupational Violence and Aggression in Victoria's Mental Health Services* (2004) and recent amendments to the *Occupational Health and Safety Act* (2005) are being incorporated into local policies, training programs and monitoring systems.
- Ongoing mandatory training in emergency procedures, first aid/cardiopulmonary resuscitation and risk management is tracked for all staff. For example, at North West Area Mental Health Service, 90 per cent of staff had completed all mandatory training over the past 12 months.
- Ongoing mandatory training in aggression management such as TRAMS (Therapeutic Response to Aggression Management) at St Vincent's Health, PART (Professional Assault Response Training) at South West Health Care, MOCA (Management of Clinical Aggression) at North West Mental Health Program, and MOVAIT (Management of Violence and Aggressive Incidents Training) at Barwon Health.
  - Barwon Health MOVAIT training outcomes included 86 per cent of level one participants and 91 per cent of level two and three participants were more confident with managing violence and aggression.
  - Caulfield Aged Psychiatry provided education workshops for inpatient and community teams in 'Person centred care and approaches to aggression management'. More than 100 staff attended and the evaluation demonstrated 73 per cent strongly agreed it was relevant to their role and 93 per cent strongly agreed it had improved their knowledge in this area.
- Focused improvements and monitoring of medication safety include:
  - reorganising medication charts, introducing patient identification bracelets, and developing draft guidelines for administering medication during a psychiatric emergency at Goulburn Valley Mental Health Service
  - improving storage of medication, introducing a new medication chart and piloting changes to dispensing practices at Alfred Psychiatry
  - introducing regular inpatient unit medication audits which have been associated with a decrease in medication errors at Southern Health and St Vincent's Health mental health programs
  - reducing medication errors to five incidents per 1,000 bed days in the acute adult psychiatric inpatient unit at Bendigo Psychiatric Services
  - developing a new policy and audit tools at North West Area Mental Health Service as a result of reviewing the administration of benzodiazepines
  - achieving more than 90 per cent compliance with Therapeutic Goods Australia Clozapine requirements and evaluating a Clozapine educational kit with local general practitioners at Barwon Health.
- Both Mid West and North West Area Mental Health Services improved the display of information posters to increase staff awareness of how to respond to needle stick injuries.
- The falls prevention program continues at Caulfield Aged Psychiatry's residential care facility. Results include a 23 per cent decrease in the average number of falls in 2004 compared with the previous three years, and this downward trend continuing in 2005. A falls prevention program recently commenced at Peninsula Psychiatric Service.
- Barwon Health developed a site drill process (incorporating duress and evacuation systems), together with monthly (intra-service) and annual (inter-service) environmental audits.
- Environmental audits of inpatient units were undertaken with consumer input at Austin Health, Southern Health and Mildura Psychiatric Service, which led to improvements in safety, aesthetics and access to information.

### 2.2.2 Possible future initiatives

- Routinely reporting sentinel and adverse events and near misses to management and quality committees, using root cause analyses to inform quality improvement plans, and undertaking benchmarking over time and with peers
- Taking 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
- Having managers and senior staff provide leadership in enhancing staff awareness of potential safety issues and prevention in day-to-day clinical practice
- Involving consumers and carers in promoting safety awareness and practice. A useful resource is the Australian Council for Safety and Quality in Health Care's Ten tips for safer health care available at [www.safetyandquality.org.au](http://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.

**Average rating: moderate achievement (MA)**

**Eighty-two per cent of externally assessed services were rated MA against this standard.**

### 2.3.1 Some current initiatives

- Information from the statewide survey of consumer and carer experience of public area mental health services 2003–04 is being used with other performance information to identify priorities for improvement. Further information is available at [www.health.vic.gov.au/mentalhealth/quality/consumer.htm](http://www.health.vic.gov.au/mentalhealth/quality/consumer.htm). Examples are:
  - Goulburn Valley Mental Health Service is focusing on strengthening consumer and carer involvement in treatment planning.
  - Caulfield Aged Psychiatry is focusing on improving information provision and discharge planning.
  - ORYGEN Youth Health is focusing on improving service access and promotion of the carer support program.
  - Grampians Psychiatric Service is focusing on improving consumer and carer information about rights and responsibilities.
- Targeted consumer and carer surveys are being conducted by services. For example:
  - Caulfield Aged Psychiatry conducted surveys of electroconvulsive therapy, consumer and carer information needs and discharge planning
  - Forensicare developed medical, nursing and allied health modules for quarterly consumer satisfaction surveys at Thomas Embling Hospital

- the discharge survey at Wodonga Mental Health Service indicated consumers and carers were overall satisfied with the service provided and the areas for improvement included rights information, carer support and timely access to services
- a discharge planning project at Southern Health found 60 per cent of consumers felt confident about coping at home, 68 per cent felt reasonably prepared to return home, and 80 per cent reported that the period of notice of discharge was adequate.
- Alfred Psychiatry's consumer participation program has led to various service changes, including the introduction of a formal activity program in the wards, an 'after wards' support group, links with external agencies to improve access to community activities, improved scheduling of medical appointments, and provision for consumer participation and peer support in all funded projects.
- Barwon Health revised its consumer and carer information booklets to include information about medication safety, the therapy program and outcome measures. The consumer booklet includes spaces for diarising information, including outcome measures, early warning signs, medication safety and discharge planning.
- Consumers and carers are participating in the Victorian Quality through Outcomes (QUATRO) initiative. Lead agencies are Barwon Health, St Vincent's Health and Alfred Psychiatry. Further information is available at [www.health.vic.gov.au/mentalhealth/outcomes/index.htm](http://www.health.vic.gov.au/mentalhealth/outcomes/index.htm).
- Further development by services (for example, Alfred Psychiatry, Peninsula Psychiatric Service, Barwon Health, North West Mental Health Program, ORYGEN Youth Health, and Bendigo Psychiatric Services) of consumer and carer participation in training for staff and other service users, management and quality committees, projects and research.
- New positions or increased hours for consumer and carer consultancy in inpatient and community-based facilities were established at some services (for example, Alfred Psychiatry, Austin Health, Mid West Area Mental Health Service, Werribee Mercy Mental Health Program, Barwon Health, Caulfield Aged Psychiatry, and Forensicare).
- Caulfield Aged Psychiatry conducted an inpatient unit practice audit, which identified that all consumers receive a copy of their treatment plan on discharge and that family conferences occur 100 per cent of the time when a next of kin or carer is identified.
- Some services are improving routine collection of carer details to promote participation in service delivery. For example, at North West Mental Health Program this has involved staff education and a redeveloped registration form. At Caulfield Aged Psychiatry this has been followed up by quarterly documentation audits to monitor compliance and assess training needs.
- Peer-based models of service delivery are being developed at some services:
  - The consumer consultant at Werribee Mercy Mental Health Program provides a 'STEPS' peer program on the inpatient unit.
  - Consumer consultants at Mildura Psychiatric Service provide a recovery-based group session for consumers at the local psychiatric disability rehabilitation and support service.
  - Peer support workers provide support to inpatient and outpatient consumers twice weekly at ORYGEN Youth Health.
- Training to support consumer and carer participation is being offered at some services:
  - A funded training program initiated by and for consumers and carers to develop their capacity to participate in service planning, evaluation and improvement is being conducted at Goulburn Valley Mental Health Service.
  - Wodonga Mental Health Service engaged an education facilitator to provide sessions based

on the *Guide to the advocacy we choose to do* for consumer and carer advisory group members. The adult mental health service and the Victorian Mental Illness Awareness Council held an education and training day to explore mental illness and recovery.

- Consumer and carer consultants are undertaking a certificate IV in workplace training and evaluation at Latrobe Regional Mental Health Service.
- There is increased availability of trained consumers and carers to participate in staff selection processes at Northern Area Mental Health Service. The Consumer Participation in Staff Selection Strategy received a Gold Award in the Australian and New Zealand Mental Health Services Award Program.
- Carer participation training (that is, 'Working Together') was provided by Bouverie Centre and facilitated in practice by carer consultants at North West Area Mental Health Service.
- Some mental health services are distributing consumer and carer bulletins and newsletters (for example, ORYGEN Youth Health, Caulfield General Medical Centre, Alfred Psychiatry, St Vincent's Mental Health, Forensicare).

### 2.3.2 Possible future initiatives

- Using the 2003–04 statewide consumer and carer survey results and other performance information to guide continuous quality improvement activities
- Pursuing initiatives consistent with the statewide *Carer participation action plan 2003–2008* (available at [www.health.vic.gov.au/mentalhealth](http://www.health.vic.gov.au/mentalhealth))
- Providing education, training, supervision and support for consumers and carers to facilitate their genuine participation in service planning, evaluation and improvement
- Evaluating and benchmarking consumer and carer participation models and outcomes
- Involving consumer and carer representatives in key decision making processes of the service

## 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 or mental health problems.

**Average rating: moderate achievement (MA)**

**Ninety-one per cent of externally assessed services were rated MA against this standard.**

### 2.4.1 Some current initiatives

- Primary mental health teams are providing onsite services or being co-located with general practitioner clinics and community health services.
- Services are participating in local Primary Care Partnership projects to promote community acceptance of people with mental illness and their families. For example, the Booroondara Primary Care Partnership social connectedness project involves St Vincent's Mental Health Program to support consumer participation in mainstream community agencies.
- Public seminars, forums and launches have been held. For example:
  - Mid West Area Mental Health Service hosted a breakfast forum in March 2005 for local councillors and parliamentarians, with keynote addresses by mental health service leaders and consumer advocates.
  - Peninsula Psychiatric Services' aged persons assessment and treatment service was involved in a general practitioner residential aged care seminar in June 2005.
  - Alfred Psychiatry and Caulfield Aged Psychiatry conducted a Mental Health Expo for the community to showcase the range of available responses to mental health issues.

- Northern Area Mental Health Service, in partnership with a local secondary school, developed youth-friendly groups and brochures addressing mental health issues.
- ORYGEN Youth Health and Grampians Psychiatric Service have developed a set of youth-specific fact sheets for consumers, families and community workers to improve awareness of mental health issues and referral processes.
- St Vincent's Mental Health Program contributed to the development of a training manual about working with people with mental health issues for the adult education sector.
- Latrobe Regional Mental Health Service is trialling a mental health assessment tool in local drug and alcohol services.
- Some services (for example, Caulfield Aged Psychiatry, Peninsula Psychiatric Services, and South West Healthcare) are improving consultation-liaison services, training, and support for staff in aged care facilities.
- Wodonga Mental Health Service runs a fortnightly program of local police attendance at the mental health service to provide information about mental illness, including Koori issues, and an opportunity for positive interaction between staff, police and consumers.
- Some services (for example, Peninsula Psychiatric Service and North West Mental Health Program) are undertaking joint work and rotations for emergency department staff and police officers with Crisis Assessment and Treatment Team services to improve understanding of mental health issues and respective service roles.
- Various community activities were held for Mental Health Week. For example:
  - Barwon Health chaired the Wellbeing Awards, which involved government and non-government organisations, consumers, carers and the wider community.
  - Latrobe Regional Mental Health Service organised a Koori dance troupe, golf day and aromatherapy workshops.
  - Forensicare had a stall at the Mental Illness Fellowship Wellbeing Fiesta.
- Grampians Psychiatric Service conducted its 5th Annual Mental Health Conference in 2005, with delegates from health, welfare and education sectors across Victoria.
- Some services are involved in community groups, radio and newspaper coverage, events and festivals. For example, a headline article in the local newspaper about dual diagnosis was based on interviews with clinical staff and the consumer consultant at Alfred Psychiatry.

#### 2.4.2 Possible future initiatives

- Further developing opportunities for consumer and carer participation in communication, education and training activities
- Enhancing opportunities for meaningful consumer and carer participation in the community
- Continuously monitoring and reviewing 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.

**Average rating: moderate achievement (MA)**

**One hundred per cent of externally assessed services were rated MA against this standard.**

### 2.5.1 Some current initiatives

- Privacy and confidentiality policies, guidelines and forms are readily available on some services' intranet and internet sites (for example, North West Mental Health Program, Barwon Health)
- Mental health services are using the Primary Care Partnership service coordination toolkit consent form and patient information sheet.
- There is mandatory staff training in privacy and confidentiality legislation and regulations, including communication with service users about their rights and providing assistance with freedom of information applications.
- Forensicare held a staff and patient education forum to debate issues of privacy and confidentiality, which was facilitated by the Health Services Commissioner. The session was videotaped and is used as a training resource.
- Some services (for example, Werribee Mercy Mental Health Program) have developed training in section 120A of the *Mental Health Act* across local clinical and psychiatric disability rehabilitation and support services.
- Northern Area Mental Health Service's post-training documentation audit indicated poor compliance, and as a result the service introduced a privacy form in medical records to prompt tracking of release of consumer information.

- Compliance audits are regular and linked to incident reporting systems and complaints processes at some services (for example, Peninsula Psychiatric Service, Grampians Psychiatric Service).
- Some services (for example, ORYGEN Youth Health, Wodonga Mental Health Service, and Alfred Psychiatry) have established private interview rooms and waiting areas.
- Peninsula Psychiatric Service has added frosting to bedroom windows to improve privacy in the aged acute inpatient unit.
- Some services have pursued secure storage and tracking system developments for clinical records.

### 2.5.2 Possible future initiatives

- Providing information about privacy and confidentiality legislation and regulations to consumers and carers in an understandable and timely way
- Developing, implementing and reviewing services' education, training and resources relating to privacy and confidentiality
- Monitoring electronic and paper-based documentation and communication processes 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.

**Average rating: moderate achievement (MA)**

**Ninety-one per cent of externally assessed services were rated MA against this standard.**

### 2.6.1 Some current initiatives

#### Promotion

- Mental health promotion officers in child and adolescent mental health services continue to promote mental health in schools and the wider community. For example, by:
  - implementing the Mind Matters mental health promotion resource in secondary schools, which is currently being rolled out nationally
  - participating in community events, such as Mental Health Week and the Festival for Healthy Living
  - being involved in local community development activities of Primary Care Partnerships.
- Bendigo Psychiatric Services and its Centre for Rural Mental Health held a rural carers conference in October 2004. The centre is currently working on projects concerning male carers and the mental wellbeing of farmers.
- Caulfield Aged Psychiatry provided information sessions at the Better Care of Older People Forum, the Glen Eira Volunteers Program and the Inner South Community Health Service.
- Peninsula Psychiatric Services established the 'Men's Shed' health promotion project to provide opportunities for mentoring young men. Men's health community forums were also held in October 2004 and May 2005 and were attended by more than 400 people.

- South West Healthcare's primary mental health team provides a stress management course through the local TAFE, and is now offering additional courses for professional groups. An evaluation is planned for late 2005.
- ORYGEN Youth Health reviewed five years of referral data to evaluate promotion activities. Families were identified as the most common referral source, with an increase in self-referral over the rate recorded in 2004-05.
- Barwon Health information flipper cards for years nine to 12 school students received several quality awards, including a TheMHS Silver Medal award in health promotion. Following a positive evaluation by teachers and students, the flipper cards were expanded across the Barwon and South West region.

#### Prevention

- Eastern Health Mental Health Program and Grampians Psychiatric Service ran conduct disorder pilot projects involving child and adolescent mental health services and schools. 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 one and two.
- Peninsula Psychiatric Service and Anglicare established a peer support and psychoeducation group program for children of parents with a mental illness.
- Services are providing mental health first aid training and applied suicide intervention training (ASIST) to health, welfare and education professionals. Latrobe Mental Health Service is also targeting this training to young farmers as a vulnerable group in the region.
- Services continue to develop and expand early psychosis intervention services, including best practice guidelines and pathways, individual and group programs, education and training, research, and service partnerships.

- Barwon Health's primary mental health team's group program, known as SHADES (Self Help Depression and Anxiety Education Sessions), is now run with community health counselling and provides psychoeducation and cognitive behavioural self-management strategies for people experiencing moderate anxiety and depression. Participants reported moderate to marked reduction in symptom scores on the Kessler-10 Scale and Depression and Anxiety Scale over the course of the group.
- Southern Health provided a dialectical behaviour therapy program. The 12 participants experienced a significant reduction in the need for inpatient care, from 310 bed days to 54 bed days over a 12-month period. Improvements were sustained at 71 bed days 12 months after their involvement.
- Forensicare completed research into dual diagnosis and offending issues, and subsequently developed and implemented an early intervention program and staff training. By July 2005, 197 staff had been trained in the new program.
- Some services are improving service responsiveness to the physical health needs of consumers. For example:
  - Barwon Health is providing QUIT resources and free nicotine replacement therapy for inpatients to support a smokefree policy
  - Peninsula Psychiatric Service introduced a heart health program for its Community Care Unit residents.
  - Weight management programs are being run at North West Mental Health Program, Austin Health and South West Healthcare Psychiatric Services.

### 2.6.2 Possible future initiatives

- Ensuring all consumers have a documented plan which identifies their early warning signs of relapse and effective management strategies
- Having targeted prevention and promotion efforts that are acceptable and responsive to the needs of the community
- Making available screening and early intervention services for vulnerable groups in collaboration with other health, education, employment, welfare, housing and legal services
- Monitoring and reviewing 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.

**Average rating: moderate achievement (MA)**

**Ninety-one per cent of externally assessed services were rated MA against this standard.**

### 2.7.1 Some current initiatives

- Service responsiveness is being targeted to particular groups; for example:
  - A collaborative project between Austin Health and the Victorian Foundation for Survivors of Torture aims to develop student wellbeing in various cultural groups.
  - Goulburn Valley Mental Health Service presented on mental health issues for refugee children at the local hospital's grand round.
  - Some services (for example, Peninsula Psychiatric Service, Goulburn Valley Mental Health Service, and South West Healthcare) have formal partnerships with local Koori cooperatives, schools and health services for mental health promotion and early intervention.
  - Mildura Psychiatric Service established a traineeship in community mental health (Certificate III level – non clinical) through the local Indigenous Employment Program. The original trainee has since gained employment in the health sector and the mental health service is about to appoint another trainee.
- To aid service planning and improvement, some services (for example, Werribee Mercy Mental Health Program, and Mid West Area Mental Health Service) are developing profiles of cultural and linguistic diversity in the community and in the group accessing the service.
- Services are monitoring culturally aware and responsive practice:
  - The Caulfield Aged Psychiatry inpatient and community file audit indicated that language and country of origin are reliably collected for all consumers, but often interpreter use and the communication needs of families and carers are not identified. Subsequent improvements include increasing the availability of translated written information, using speaker phones for telephone interpreter services, running staff refresher training in use of interpreter services, and having communication plans for all consumers and their families and carers.
  - St Vincent's Mental Health Program's annual key performance indicator reporting includes analyses of interpreter use, birthplace and preferred language of consumers.
- There are bilingual case managers (for example, Caulfield Aged Psychiatry, North West Mental Health Program, Wodonga Regional Health Service, and Southern Health), ethnic mental health consultants (for example, St Vincent's Mental Health Service and Barwon Health), and Koori mental health workers/liaison officers (for example, Goulburn Valley Area Mental Health Service, Barwon Health, and Grampians Psychiatric Service). These staff members develop links with cultural communities and are involved in service and workforce development.
- The Victorian Transcultural Psychiatry Unit, the Victorian Foundation for Survivors of Torture and the Victorian Aboriginal Health Service are being used for consultation, staff education and training.
- Some services (for example, Austin Health, Mildura Psychiatric Service, Peninsula Psychiatric Service, ORYGEN Youth Health, and North West Mental Health Program) continue to develop intranet and internet resources to support culturally aware and responsive practice.

### 2.7.2 Possible future initiatives

- Improving access to appropriate and responsive mental health services for people from culturally and linguistically diverse backgrounds, including refugees and survivors of torture
- Involving people from culturally and linguistically diverse backgrounds in service planning, development and review
- Forging 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
- Ensuring staff sensitivity to and understanding of the beliefs, values and practices of social and cultural groups within the local community and the organisation and among those accessing the service
- Monitoring and reviewing service access, responsiveness and outcomes for people from culturally and linguistically diverse backgrounds.

## 2.8 Standard 8: Integration

**Average rating: moderate achievement (MA)**

**Ninety-one per cent of externally assessed services were rated MA against this standard.**

**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

- Services are progressively establishing a single point of entry/contact for triage as part of a statewide initiative.
- Latrobe Health Mental Health Service has restructured its acute and continuing care teams into an integrated team with a duty worker.
- Communication between inpatient and community staff at ORYGEN Youth Health is being enhanced by weekly meetings, use of shared electronic drives and integration of forms and medical records.
- Continuity between the Mobile Support and Treatment and Continuing Care teams has improved at North West Mental Health Program following the development of continuum of care process maps and practice manuals for both teams, which are supported by monthly meetings and monitored via key performance indicators.
- Co-location of the child and adolescent and adult mental health services at Casey Hospital (Southern Health) promotes service integration within an improved environment for staff, young people, adults and their families.
- Some services, such as Werribee Mercy Mental Health Service and ORYGEN Youth Health, have developed an after hours protocol to respond to young people in psychiatric crisis.
- Caulfield Aged Psychiatry and Alfred Psychiatry are among services that have implemented protocols for transferring consumers from adult to aged persons programs.

- Out of Area Bed Management Strategies are used between services, such as North West Mental Health Program and Werribee Mercy Mental Health Service.
- Southern Health's communication strategy includes fortnightly published briefings about planned and current activities across programs. In addition, clinical practice improvement meetings have been established in adult teams to provide a regular forum for learning, information sharing and management of tasks.
- Services have established systems of staff and student rotation/secondment across programs.
- Victorian Clinical Innovation Funding Program projects at St Vincent's Health, Western Health and Grampians Health. The projects aimed to improve responses to mental health presentations within the emergency department and to provide appropriate service alternatives. A toolkit to share learning and developments was launched in September 2005.
- An Enhanced Crisis Assessment and Treatment Team has been established at Casey Hospital emergency department (Southern Health) and Western Hospital emergency department (Werribee Mercy Mental Health Service).
- Victorian Hospital Admission Risk Program funded initiatives include:

### 2.8.2 Possible future initiatives

- Managing and reviewing internal and external referrals
- Having flexible models of treatment and support between inpatient, residential and community-based programs
- Providing continuity of care for consumers and their carers between programs and throughout the lifespan
- Improving communication structures, processes and practices of staff, teams and programs.
- the 'Out of Area Bed Management' project between St Vincent's Mental Health, Eastern Health and Austin Health to improve access to beds
- the 'ConnectED' project at Alfred Psychiatry to reduce recurrent presentations to the emergency department of consumers registered by the mental health service
- the '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
- a project at Goulburn Valley Mental Health Service to better coordinate psychosocial care for consumers presenting to the emergency department
- a project at Peninsula Health to improve access to crisis assessment and treatment services within the emergency department.

**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

- St Vincent's Health, Southern Health and Mid West Area Mental Health Service are participating in the National Institute of Clinical Studies Mental Health Emergency Care Interface Project.
- Barwon Health established formal links between its emergency department programs and community-based mental health services. An audit demonstrated 100 per cent compliance with the mental health triage scale response times over the past year.
- Regular review meetings occur at some services (for example, Eastern Health and Werribee Mercy Mental Health Program) between the crisis assessment and treatment team, emergency department, and clinical directors to discuss interface issues, including key performance indicators and targets.

- Some services (for example, North West Mental Health Program and Mildura Psychiatric Service) are providing training for emergency department staff in mental health triage and management, including rotations through the mental health service.
- Plans to co-locate the child and adolescent mental health service with the local community health service are underway at Wodonga Mental Health Service.
- There is a joint project between Caulfield Aged Psychiatry and Caulfield Community Health Service to provide socialisation and recreational programs for consumers.
- Onsite general practitioner sessions are being piloted at Clarendon Clinic (St Vincent's Mental Health Program) to promote the physical health of mental health consumers
- Discharge planning protocols are being developed between area mental health services and general practitioners in line with recent departmental guidelines.
- Goulburn Valley Mental Health Service appointed a general practitioner through the Aged Care GP Panels Initiative to improve access to primary medical care for residents of aged care facilities.
- Mid West Area Mental Health Service is establishing a Western region dual diagnosis network with funding from local council.
- Goulburn Valley Mental Health Service has a linkage agreement with the local psychiatric disability rehabilitation and support service to outline collaborative service provision for young people with parents with a mental illness.
- There are service partnerships for education and training and service development across health, clinical mental health and psychiatric disability rehabilitation and support services (for example, PsychNET at Barwon Health).

#### 2.8.4 Possible future initiatives

- Strengthening integration of health and mental health service governance arrangements at board and management levels through to quality committees and service delivery
- Improving care and strengthening alternatives for mental health presentations in emergency departments
- Having coordinated and well-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

##### Housing

- Barwon Health Mental Health Program developed information booklets to facilitate access to accommodation, particularly during crisis situations, and distributed them to all supported accommodation agencies and mental health services in the region.
- There are referral protocols and shared care arrangements between Caulfield Aged Psychiatry and Supported Residential Services. Increased access to medical review has reduced the number of medications prescribed and improved the social functioning of residents.
- A memorandum of understanding was developed between housing services and Mid West Area Mental Health Service to maintain tenancies when consumers are at risk of eviction.

- Alfred Psychiatry is undertaking a project with local supported residential services which involves the use of reciprocal learning groups to develop coordinated crisis care plans.

### Legal

- The Department has funded a project to develop a collaborative model of practice between Child Protection, Juvenile Justice and Bendigo Psychiatric Services.
- Goulburn Valley Mental Health Service's court liaison officer facilitated the development of a court process specifically designed for people with a mental illness. The process is less adversarial and focuses on achieving a therapeutic outcome for offenders.
- Mid West Area Mental Health Service is conducting ongoing statewide police education on mental health issues and services.
- St Vincent's Mental Health Program is working with Victoria Police to develop a statewide system for classifying Absent Without Leave (AWOL) patients in order to improve responses.

### Education and employment

- Wodonga Mental Health Service child and adolescent mental health service clinicians established a group with school counsellors and welfare workers to support their work with students who self-harm.
- Peninsula Psychiatric Service developed and implemented a prevocational skill development program with the Commonwealth Rehabilitation Service and Skills Plus.

### 2.8.6 Possible future initiatives

- Securing collaboration and partnerships with relevant services to design or redesign models of care to meet the complexity and levels of demand and to improve consumer and carer outcomes
- Having staff provide up-to-date information and assistance to consumers and carers to access appropriate services within the community
- Monitoring and reviewing interagency activities, referrals and outcomes.
- Developing, implementing and evaluating 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.

**Average rating: moderate achievement (MA)**

**Eighty-two per cent of externally assessed services were rated MA against this standard.**

### 2.9.1 Some current initiatives

#### Organisational structure and resource allocation

- The Victorian Psychological Trauma Treatment Service was established at Austin Health in conjunction with Victoria Police and other emergency services, and has had positive outcomes (four of the five participants to date were able to return to work after the program).
- A youth (16–25 years) service model, which integrates primary care, mental health and community health services, was established at Barwon Health. There has been high uptake by youth, with ongoing evaluation and community education underway.
- Some services (for example, Barwon Health Mental Health Program and Latrobe Health Mental Health Program) have established intensive community treatment services for aged people.
- Use of case complexity/caseload measures to actively manage case management resources (for example, North West Area Mental Health Service, Peninsula Psychiatric Service, and Caulfield Aged Psychiatry).

#### Service evaluation, outcome measurement, research and quality improvement

- Services are undertaking comparative data analysis and benchmarking to identify best practice. Services are benchmarking with other like services in the state, interstate and overseas, which includes participating in the Australian Council on Healthcare Standards' mental health clinical indicators program and the Mental Health Roundtable.
- Southern Health has established a mental health patient flow program. Developments include introducing a new web-based bed management tool, daily conference calls between all sites, and discharge planning checklists and guidelines. There have been significant improvements in length of stay and bed management.
- The Alfred Psychiatry Research Centre received a commendation for its 'world class research' in Alfred Psychiatry's recent Australian Council on Healthcare Standards accreditation. Caulfield Aged Psychiatry is participating in some joint research projects, including a project related to memory and electroconvulsive therapy in older people.
- St Vincent's Mental Health Program and the Mental Health Research Institute are working on a research project on group-based intervention for consumers with dual diagnosis.
- Routine consumer outcome measurement, including improvements to reporting, has been implemented. Statewide compliance is steadily increasing, although it is below 50 per cent for eligible episodes.
- Evaluation of feedback provided to referrers when consumers were not accepted for service at Wodonga Mental Health Service indicated more than 90 per cent were informed; however, a survey of community agencies indicated the quality of feedback remains an issue.

### Staff training and development

- Services are participating in Victorian Mental Health Education and Training partnerships. St Vincent's Health, North West Mental Health Program and Barwon Health are lead agencies.
- Latrobe Health Mental Health Program has several workforce initiatives, including a project to develop scope of practice for Division 2 nurses, a training and development program for psychiatrists, and a postgraduate allied health program.
- A Forensicare evaluation of occupational therapy services led to several initiatives, including the funding of a group program, establishment of a graduate occupational therapy program (including scholarships), appointment of a sessional occupational therapy academic, and restructuring of career paths within the organisation.
- Caulfield Aged Psychiatry restructured service models to enable occupational therapists and social workers to work across teams for discipline-specific services and to enable dual case management where appropriate.
- The chief social worker at Northern Area Mental Health Service provides monthly family-sensitive practice supervision for staff.
- St Vincent's Mental Health Program ran two-day SPECTRUM workshops for staff, and developed best practice guidelines and a research tool for auditing case notes of people with personality disorders.
- Wodonga Mental Health Service ran two-day SPECTRUM workshops for staff and monthly consultation visits to support effective management of adult consumers with borderline personality disorder.
- Latrobe Health held a pathways for dementia conference and courses, and established a framework for dementia program champions.
- Some services (for example, St Vincent's Mental Health Program, Peninsula Psychiatric Service, Werribee Mercy Mental Health Service, and Inner West Area Mental Health) further developed mental health-specific orientation programs and manuals.
- National practice standards are incorporated into staff job descriptions and professional development activities (for example, Peninsula Psychiatric Service, Latrobe Mental Health Service, and Grampians Psychiatric Service).
- Caulfield Aged Psychiatry developed an orientation sheet for bank, pool and agency staff and use it for all casual staff working on the inpatient unit. Nursing executive conduct quarterly audits.
- Services (for example, Austin Health, Mildura Psychiatric Service, Alfred Psychiatry, Forensicare, Goulburn Valley Mental Health Service, Mildura Psychiatric Service, Inner West Area Mental Health Service, North East Health, and Southwest Healthcare Psychiatric Services) are further developing supervision structures, guidelines and programs for staff and students of all disciplines.
- Goulburn Valley Mental Health Service organised management training for 20 staff (six-day accredited course) and more than 50 per cent of participants went on to complete a Diploma of Business.
- Forensicare, with the Australian Nursing Council, worked with national and international counterparts to develop and publish Forensic Mental Health Nursing Standards. A staff education and training program is being developed to support implementation of the standards in practice.

### 2.9.2 Possible future initiatives

- Development, monitoring and evaluation of strategic, operational and quality plans occur 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 evaluating new service models and practice developments
- Improving staff participation and value in supervision, professional development and performance review programs
- Implementing 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.

**Average rating: moderate achievement (MA)**

**One hundred per cent of externally assessed services were rated MA against this standard.**

### 2.10.1 Some current initiatives

- Some services, such as Latrobe Health Mental Health Program and St Vincent's Mental Health Program, have revised documentation to provide more comprehensive assessment of risk and drug and alcohol use, and evidence of consumer and carer input to care plans.
- South West Healthcare Psychiatric Service has introduced duplicate discharge summaries from the inpatient unit which indicate appointments with the general practitioner, psychiatrist and clinical therapist for families and consumers.
- Barwon Health revised its Assessment, Care and Evaluation (ACE) documentation system to include consumer and carer perception of risk at triage, flagging of urgent tasks on admission, and consumer and carer rights and responsibilities information.
- Services are developing treatment plans for all consumers treated under the *Mental Health Act* that comply with recent legislative amendments and departmental guidelines.
- Alfred Psychiatry, Caulfield Aged Psychiatry and Southern Health have developed recovery care plans/forms and training to support implementation.
- Peninsula Psychiatric Service piloted and revised its relapse profile. It is currently considering use of the United Kingdom's traffic light system, which has had a positive response from consumers.

- Conducting regular documentation audits and providing feedback on key performance indicators and targets at management, quality and staff forums:
  - At Peninsula Psychiatric Service, more than 90 per cent of clinical assessment summaries in a two month period were forwarded to treating general practitioners and private psychiatrists within seven days of discharge.
  - At North West Area Mental Health Service, completion of six-monthly individual service plan reviews was at 80 per cent in 2004 compared with 13 per cent in 2002.
  - At Caulfield Aged Psychiatry, general practitioner details are documented for 100 per cent of consumers (increased from 68 per cent). This follows changes to documentation and the process for team reviews.
  - At Northern Area Mental Health Service, completion of alert forms is at 100 per cent for all Clozapine patients.
- Some services (for example, Barwon Health Mental Health Program and North West Mental Health Program) are using electronic forms to improve consistency and timeliness of communication within and outside the service as appropriate.
- Database software was upgraded to enable incorporation of the Primary Care Partnerships service coordination toolkit.
- Further development of standardised documentation and reporting systems throughout the sector.

### 2.10.2 Possible future initiatives

- Improving compliance with documentation policies, procedures and guidelines
- Further developing the process, frequency and follow-up of documentation audits
- Collecting, analysing and using outcome measurement data

- Developing web-based monitoring and reporting systems to provide timely access to 'real time' information
- Developing information technology infrastructure and support.

## 2.11 Standard 11: Delivery of care

**Average rating: moderate achievement (MA)**

**One hundred per cent of externally assessed services were rated MA against this standard.**

### 2.11.1 Some current initiatives

- Progressive statewide mental health triage redevelopment, including implementation of guidelines and single 1300 number for access to triage, has been underway:
  - At St Vincent's Mental Health Program, CAT teams have been consolidated into a single CAT/triage service for the catchment.
  - North West Area Mental Health Service introduced a single 1300 number, Crisis Assessment and Treatment Team responsibility for triage, and having duty/intake managed by the Continuing Care Team. The triage project received a commendation in recent Australian Council on Healthcare Standards accreditation.
  - A streamlined access/entry process at Southern Health achieved a 17 per cent improvement from 2003–04 to 2004–05, with the majority of assessments undertaken on the day of referral.
  - A triage project between Austin Health and Metropolitan Ambulance Service aims to reduce inappropriate presentations to the emergency department.
  - Werribee Mercy Hospital's emergency department was redeveloped to increase capacity to 20 beds, and funding was made available for an Enhanced Crisis Assessment and Treatment Team (ECATT) at Western Hospital Footscray.
  - Barwon Health is establishing a brief intervention model for people presenting to the emergency department with self-harm behaviour. A part-time clinician has been appointed and the development of pathways is underway.
- At Bendigo Psychiatric Service, capacity for general practitioners to manage minor emergencies onsite at the aged persons mental health residential facility was increased in order to reduce inappropriate presentations to emergency departments.
- St Vincent's Mental Health Program developed an acute inpatient model of care, and has plans for training to support implementation.
- The continuum of care process maps at North West Area Mental Health Service received a commendation in recent Australian Council on Healthcare Standards accreditation.
- Peninsula Psychiatric Service has implemented new operational guidelines for medication management on the Community Care Unit. This includes development of a self-management medication program for consumers.
- An annual respite weekend for carers was introduced at Northern Area Mental Health Service as part of a carer support strategy. Twenty-one carers participated over three days.
- Prevention and Recovery Care pilot services are fully operational at Goulburn Valley Mental Health Service and being established at Eastern Health and Southern Health.
- The Clozzie Kids program at Mildura Psychiatric Service won a State Nursing Excellence and Commitment Award and Australian Council for Healthcare Standards commendation. A booklet will be developed.

### 2.11.2 Possible future initiatives

- Improving access to services and continuity of care
- Consistently providing and improving services that are responsive to emerging needs and achieve desired outcomes
- Involving consumers, carers and other relevant service providers in treatment planning, delivery and review
- Involving consumers, carers and other relevant service providers in discharge/exit planning and management
- Providing information to consumers and carers about the potential benefits and adverse effects regarding the use of tests and procedures, medication and specific treatment approaches
- Having follow-up procedures and documentation for people who decline an assessment or intervention
- Routinely monitoring 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.
- Developing, transferring and appropriately using 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 *National Standards for Mental Health Services*.

#### 3.1 Austin Health – Mental Health Service

- Community mental health staff and the hospital dietician facilitated a 12-month weight management program. For the 15 women taking antipsychotic medication, there was an average weight loss of 3.3 kilograms and increased self-esteem.
- The service participated in the Women's Health in the North steering committee, which brings together various service providers involved in women's mental health.
- The service received funding to provide a mother and baby outreach program which links Banksia House inpatient service with the infant clinic.
- The risk profile and observation form were reviewed and revised to include ratings for sexual behaviour and vulnerability to abuse.
- The service reviewed its sexual assault policy in conjunction with Northern CASA, which also provides in-service sessions for mental health staff.
- The rostering system in the acute inpatient unit enables consumers to access staff members of their own gender.
- The women's portfolio holder on the acute inpatient unit promotes and monitors gender-sensitive practice.

#### 3.2 Ballarat Health – Grampians Psychiatric Services

- The service conducted staff training to develop greater family involvement in treatment.
- The service introduced a Women's Anxiety Group, which 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

- There are portfolio roles specific to gender issues to provide advice and support to the organisation.
- A CASA counsellor works with mental health teams to increase awareness of available services, referral processes and resource options.
- A same-gender case manager is available on request.
- There is a breastfeeding policy in place.
- The community residential facility has a dedicated female gender-specific unit with a duress alarm system fitted.
- The acute admission unit has a family room.

#### 3.4 Bayside Health – Caulfield Aged Psychiatry

- The Out and About Group for Women commenced in partnership with Prahran Mission. An evaluation indicated participants preferred a combined gender program so the group has since been discontinued.
- Gender-specific case management is offered to all clients, although a recent consumer forum indicated this was not a priority.
- Rooms are allocated according to gender preference. In the residential care facilities, units are either predominantly male or female.

#### 3.5 Bayside Health – Alfred Psychiatry

- The sexual vulnerability policy and clinical guidelines were revised and incorporated into clinical risk assessment and management for all patients admitted to the inpatient unit.
- The Women's Issues Group is currently evaluating the causes and incidence of violence towards women residing in rooming houses. The research outcomes will include a resource package to be provided to female residents of rooming houses to assist them to receive support.

- Alfred Psychiatry Research Centre is undertaking strategic, groundbreaking research in women's mental health. Two research projects have been completed and six are in progress. The program of research has attracted grant funding in excess of \$1 million and has so far resulted in the publication of one paper (and another three in press) and six conference presentations. Research results to date support the value of adjunctive treatments of oestrogen in reducing psychopathology in women with schizophrenia, and anti-oestrogens in treating symptoms of mania and positive psychotic symptoms.
- Alfred Psychiatry Research Centre, as the lead agency for a Melbourne consortium, won the bid to host the 3rd International Women's Mental Health Conference in Melbourne in 2008.

### **3.6 Bendigo Health – Mental Health Program**

- The service ran a train-the-trainer program in postnatal depression for community health workers. An evaluation demonstrated increased staff and participant knowledge as a result of the program.
- The Centre for Rural Mental Health is involved in work to identify the needs of women with a severe mental illness (including but not limited to bipolar disorder and schizophrenia) and young children (aged zero to five years) in their care.
- The 'What do I do? What do I say?' training program was developed for maternal and child health nurses working with mothers who have a mental illness and their families. An information kit supports the program and an evaluation led to the development of brochures and a web site.
- The service developed an information handbook about pregnancy and mental illness.

### **3.7 Eastern Health – Mental Health Program**

- Box Hill Hospital has a Mother and Baby Program.
- A Women's Mental Health Reference Group facilitates ongoing sharing of information and discussion of issues related to women's sensitive practice, fostering of community participation and development of linkages.
- Eastern Health has a Women's Mental Health Consultant.
- The gender-sensitive practice policies and procedures are under review.

### **3.8 Goulburn Valley Health – Mental Health Service**

- The gender-sensitive practice guidelines are under review.
- The manager of the adult community mental health service attended the Women Leading Change leadership program auspiced by the Chief Commissioner Victoria Police. There are five groups tackling diverse issues, such as young women and mental health, mentorship and work opportunities.
- The service has a 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**

- The service has developed an inter-service agreement between the Primary Mental Health Team and CASA.
- The women's portfolio holder provides information and support to other staff.
- The service's documentation system was reviewed to identify information that enables staff to readily identify and respond to women who have a history of sexual assault.

### 3.10 Melbourne Health – Northern Mental Health Service

- The 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 to promote child safety.
- The Women’s Mental Health Network meets six-weekly and has links to broader mental health promotion and community health networks. A 0.3 equivalent full time mental health worker supports the network.
- The service is developing a training program for its sexual assault policy.
- A mental health service clinician and psychiatric disability rehabilitation and support services worker co-facilitated a women’s group between September and December in 2004. Issues addressed include positive parenting, mental illness and coping strategies.

### 3.11 Melbourne Health – Inner West Mental Health Service

- The service has a sexual assault policy implementation group which is focusing on improving staff awareness, responses and documentation.
- Weekly women’s and men’s groups are run on the ward.
- The service’s policy to protect the safety of vulnerable women on inpatient units is regularly monitored.

### 3.12 Melbourne Health – Mid West Mental Health Service

- Primary mental health team clinicians attended a two-day workshop to improve service responses to women with histories of abuse.
- Seclusion protocols were redeveloped to ensure appropriate attire is provided for consumers at risk of self-harm and clinically appropriate use of security/orderly staff.

### 3.13 Melbourne Health – North West Mental Health Service

- A gender-sensitive action plan is being developed and some actions are already completed, including:
  - providing gender-specific toilets on the inpatient unit
  - updating the local resource directory for women and distributing it to all staff
  - displaying relevant information posters and booklets (covering topics such as violence against women, Crisis Line, domestic violence and sexual abuse) in waiting areas.
  - making gender-sensitive practice a standing agenda item for the Quality Committee to ensure it is maintained as a key priority
  - reviewing reporting processes for consumers with a history of sexual abuse.
- Women’s Healthy Lifestyle Group continues, following a positive evaluation by participants. The group provide supports, motivation and resources for making healthy lifestyle changes.

### 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 are available.

### 3.15 Melbourne Health – ORYGEN Youth Health Service

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

### **3.16 Mildura Base Hospital – Mental Health Service**

- Professionals from both mental health and welfare services interchange and complete a total of five days working with a ‘buddy’ and attend group sessions over an eight-week period. A certificate of recognition is awarded for successful completion of set tasks.
- The SEA Change group program co-facilitated by the mental health service and Mallee Domestic Violence and Sexual Assault Services was recognised as a best practice model in the department’s Building Partnerships Awards Program 2004.

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

- Inpatient service rostering practice is to provide a gender mix of nursing staff on all shifts.
- The Early Motherhood Service provides specialist services for women who are at risk of or are experiencing perinatal mental health problems, including intensive home-based case management and consultation services.
- Guidelines were developed for mental health service screening of domestic violence in 2005, with staff training to follow in 2006.

### **3.18 Peninsula Health – Psychiatric Service**

- There is a family-friendly space and gender-specific group programs on the adult inpatient unit.
- The service is implementing recommendations from refresher FaST training and a family services forum on the inpatient unit.
- The service has revised its seclusion policy, which includes gender sensitivity.
- The service continues to provide assessment and secondary consultation for nursing staff to support mothers with postnatal disorders of moderate level.

- The service’s consumer consultant is actively involved as an advocate and conduit for feedback for residents of the community care unit.

### **3.19 Royal Children’s Hospital – Mental Health Service**

- The service has a gender-sensitive practice policy and procedures.
- Gender-preferred worker is available on request from individual or family.
- No physical examinations are undertaken without a nurse present.
- The service has gender-specific community group programs.

### **3.20 Southern Health – Mental Health Program**

- Providing family-sensitive practice training and introducing the family consultation model has maximised family participation in assessment and treatment plans and increased family satisfaction.
- The service includes sexual safety/vulnerability in risk assessment.

### **3.21 St Vincent’s Health – Mental Health Program**

- A gender sensitivity policy is in place.
- Consumers are able to request a specific gender of case manager, and this is supported by policy. All requests have been met to date.
- The Extra Care Unit has gender-specific toilets.
- Incident reports are reviewed for gender issues.
- The Breastscreen project involves work with the inpatient unit to provide assertive follow-up for female consumers due for screening.
- The 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.
- The primary mental health team is undertaking a postnatal depression project, which provides education and training, consultation and support for all birthing hospitals in the region to routinely conduct screening.

### **3.23 Victorian Institute of Forensic Mental Health (Forensicare)**

- The service has 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 are held weekly.
- The onsite YMCA program includes a gender-sensitive pool program.
- Both female and male chaplains provide chaplaincy services.
- Barossa Unit is a ten-bed women's unit. It links with SPECTRUM.
- Rosters are developed with consideration of staff gender.

### **3.24 Werribee Mercy Hospital – Mental Health Service**

- An outpatient service for women with a psychiatric illness in the antenatal or postnatal period commenced at Wyndham (half day per week) .
- The Mother and Baby Unit was commended on its gender-specific services, including lactation and health teaching, parenting skills development, and mothers' and fathers' groups.
- The Royal Women's Hospital health information service and Sexual Health Clinic are promoted and consumers are provided with assistance to access these services.
- The service is considering further developing the Mobile Support and Treatment Team's Women's Program.

### **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.
- The child and adolescent mental health service has a 'Girl Talk' group for consumers aged 15–17 years with depression.

## 4. Early intervention strategies

As part of the commitment of the Commonwealth, states and 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 *National Standards for Mental Health Services*.

In Victoria, the establishment of primary mental health and early intervention services in all area mental health service catchments is a statewide initiative. The key objectives of the primary mental health and early intervention 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 lifespan
- support and enhance (by providing education, training and secondary consultation) 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
- 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 primary mental health and early intervention services 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

- From April 2005, the service held a ten-week evidence-based practice group program for young people with early psychosis. The group was based on skill development, psychoeducation and supportive group counselling. Participants completed the Beck Depression and Anxiety Inventory and Quality of Life Inventory before and after the group, which demonstrated positive outcomes.
- Information packages for consumers with first episode psychosis and their carers are provided on admission to the inpatient unit. The service has also developed a first episode psychosis checklist for use by inpatient staff to support best practice.
- The service has established a Youth Mood Group at the local community health centre. The group ran for six weeks for young people aged between 15 and 18 years. It focused on providing information about depression and anxiety, cognitive behaviour therapy strategies for the management of depression and anxiety, and information about sources of support.
- The primary mental health team is providing education and training within the Primary Care Partnership for direct care workers from a variety of agencies.

## 4.2 Ballarat Health – Grampians Psychiatric Services

- The Centre for Excellence in Eating Disorders provided staff training to promote early detection and management of eating disorders. Assessment tools were developed and a consultant has been employed part-time in the region to support practice.
- Professor McFarlane of Maine Oregon shared his work with families, communities and individuals in early prodromal phases and its impact on reducing the onset of psychosis and relapse.

## 4.3 Barwon Health – Mental Health Program

- In July 2004, an early psychosis service was established. Success factors include:
  - field recognition of the need for such a service
  - comprehensive planning and identification of issues
  - scope for flexibility within parameters
  - appointment of a project worker and establishment of a steering group
  - review of the existing service structure and models, which enabled strategic redevelopment and adequate allocation of resources
  - widespread and comprehensive communication with staff
  - development of clinical guidelines and a procedures manual, including referral pathways
  - a two-week orientation for all early intervention service staff
  - senior management commitment to the new model.

## 4.4 Bayside Health – Caulfield Aged Psychiatry

- The consultation–liaison psychiatry service, including its ‘Behaviours of Concern’ program, has promoted the role of portfolio holders in strategic areas.
- The service developed and implemented delirium protocols in consultation with staff.
- The service developed protocols with the emergency department to ensure appropriate triage of aged persons.
- The supported residential services project commenced to review residents with past psychiatric history and current prescribing of typical antipsychotics. The project involved general practitioners and the community health centre.

## 4.5 Bayside Health – Alfred Psychiatry

- The primary mental health and early intervention team activities related to early intervention include:
  - providing training to general practitioners and allied health professionals to help them recognise high prevalence disorders
  - developing and implementing a course based on *Better outcomes in mental health care – practical mental health: practical strategies for the psychological management of patients with depression and anxiety disorders*
  - providing a range of health promotion and prevention activities to local schools to build resilience, including a forum on deliberate self-harm for staff
  - developing relationships with more than 45 separate local community agencies.
- The service is continuing its trial of a general practitioner consultation clinic to provide one-off psychiatric assessments for clients of local general practitioners.

- The service is supporting the School Focused Youth Service in implementing a project known as RAMP, which aims to identify and appropriately respond to young people within the education system who are 'at risk' of poor psychosocial outcomes.

#### **4.6 Bendigo Health – Mental Health Program**

- Training for primary care providers was developed and rolled out over the past 12 months.
- The program's Early Intervention Program Clinical Advisory Group meets regularly.

#### **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.
- The 'CAMHS in Schools' project is reviewing and developing service partnerships.

#### **4.8 Goulburn Valley Health – Mental Health Service**

- The service is establishing a first episode psychosis program and expects it to be operational by June 2006.
- In May 2005, the service published and implemented guidelines for the treatment of early psychosis.
- The Rainbow Program, in partnership with Cobram Primary School, facilitates the integration of refugee children into the school environment and provides support to their parents.
- The service is undertaking a research project funded by the Primary Health Care Research Evaluation and Development Program of the School of Rural Health, University of Melbourne. The project will explore pathways to care for young people experiencing a first episode of psychosis.

- The primary mental health and early intervention services team re-established contact with the Woongi Team, Rumbalara Aboriginal Cooperative. A training workshop addressing the needs of young people, with a particular focus on anxiety, has been developed and will be delivered later this year.
- The service has developed a 'multi family group' for families of young people with psychotic illness.
- The service has developed a psychoeducational group for young people in Shepparton.
- A six-month pilot project is underway with general practitioners in Shepparton to assist in the identification of young people at risk of a serious psychological disturbance and to provide effective and timely intervention.
- The primary mental health and early intervention services team makes regular presentations about positive mental health to new mothers, with 16 conducted to date.

#### **4.9 Latrobe Regional Health – Mental Health Service**

- Primary mental health and early intervention services are now operating throughout the region, with the establishment of four service centres in primary health care agencies.
- The service visits general practitioner clinics to provide direct care, consultation and education. Information brochures have also been developed and distributed about the service.
- The service has links with Primary Care Partnerships, psychiatric disability rehabilitation and support services, and the Early Psychosis Prevention and Intervention Centre.
- The service conducts quarterly clinical reviews of case managed 'early intervention' clients to monitor against best practice guidelines and to identify further training and support needs of staff.

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

- Mid West Area Mental Health Service and Western Melbourne Division of General Practice established a program of group learning modules in 2005. General practitioners must complete at least eight sessions to gain Continuing Professional Education points.
- The primary mental health team provides consultation services to primary care providers and is involved in various community education and development activities in order to promote early detection and treatment of high prevalence disorders. For example, the team provides training to student house leaders at the local university to help them identify early signs of mental illness and make appropriate referrals.
- Primary mental health team clinicians participated in training provided by the Centre for Excellence in Eating Disorders regarding early identification and management of eating disorders.
- Protocols have been developed to enable consumers who have been discharged to access a consultant review within six months to support general practitioners in their management of some consumers outside the specialist public mental health system.
- A strategic plan has been developed in conjunction with the Early Psychosis Prevention and Intervention Centre Statewide Services.
- The 'Recovery After Psychosis' group aims to help young people with first episode psychosis develop an understanding of their illness and strategies to prevent relapse, and to promote recovery and self-management of the illness.
- Working relationships between early intervention portfolio holders are developed through monthly meetings and a shared database.
- Ongoing training program for general practitioners under the Better Outcomes in Mental Health initiative.

#### 4.11 Melbourne Health – ORYGEN Youth Health Service

- The PACE Clinic is a clinical research program that was established to identify, understand and treat individuals who are at risk of developing a psychotic illness.
- The Mental Health Promotion and Partnerships Program 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 and Intervention Centre 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 provides a prevention and early intervention program for young people with emerging borderline and other personality disorders.
- The service reviewed its statewide training calendar for the next 12 months and expanded it to include primary care and educational sectors.
- The service has updated its web site, distributed newsletters nationally and internationally, and held conferences and forums on early intervention.
- The service is providing consultation on service and staff development to facilitate establishment of two new early psychosis services in Victoria.
- For community sector workers, the service has a generic consultation program in the ongoing management of young people with mental health issues.

#### 4.12 Mildura Base Hospital – Mental Health Service

- The general practitioner clinic project involves a mental health clinician onsite to undertake assessments and treatment, including brief intervention with the general practitioner as appropriate. As of July 2005, data indicate a trend with higher numbers of men accessing mental health services at the general practitioner clinics compared with the primary mental health and early intervention team site.
- The service allocates portfolio holders to relevant community agencies for joint training and referral pathways.
- The service has established a peer support group for professionals working with young people in the community.
- The service has co-facilitated with teachers a 'coping with change' group for year seven students.
- The service conducts information sessions in mental health issues for kindergarten teachers.
- A general practitioner youth clinic is conducted after hours in the community setting. The roster was developed by the Division of General Practice in consultation with other service providers in the health and welfare sector. This is a free and confidential service for young people up to 18 years of age.

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

- Primary mental health team clinicians are co-located in all 31 general practices throughout the catchment area to provide shared care, secondary consultation, education and training. The service is fully staffed (12 clinicians). More than 900 new assessments have occurred in the past year.

- There are early motherhood and dual diagnosis programs targeting at-risk groups in the community to facilitate early intervention.
- A web-based service resource has been developed and is currently being piloted.

#### 4.14 Peninsula Health – Psychiatric Services

- The primary mental health service:
  - provides primary and secondary consultation to nine general practitioner groups, more than 60 general practitioners, and four community health centres across Frankston and the Mornington Peninsula
  - reviews support and consultation to frontline welfare agencies (mechanisms were established with two agencies in July 2004)
  - provides a support/education group for community practitioners regarding people with personality disorders established in consultation with general practice divisions.
- The early psychosis service project established across Southern and Peninsula Health:
  - is revising guidelines and pathways to reflect longer period of care and consensus across services
  - will link evaluation to clinical review points and include wellbeing measures, additional symptom and functioning measures and interventions. A baseline census will assist follow-up evaluation
  - has had clinicians recruited to the new service.
- Psychoeducation and support groups for carers and consumers have been revised and the schedule is ongoing. Evaluation has been very positive particularly in relation to mutual support, early warning sign recognition and help-seeking skills.
- The 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 or dementia.

#### **4.15 Royal Children's Hospital – Mental Health Services**

- The Festival of Healthy Living promotes mental health and wellbeing in primary and secondary schools through performing and visual arts.
- The Student Wellbeing and Cultural Diversity project focuses on building connections with at-risk youth who are refugees or new arrivals in secondary schools.
- The service will commence a Conduct Disorder Program in December 2005.
- The service is establishing protocols with local adult mental health services to support working with children of parents with mental health issues.

#### **4.16 Southern Health – Mental Health Program**

- The program is establishing an early psychosis intervention service.

#### **4.17 St Vincent's Health – Mental Health Program**

- The primary mental health and early intervention service provides education, training and consultation to service providers, consumers, carers and the wider community.
- The service has developed early intervention best practice guidelines and provided staff training in the adult program.
- The service has a partnership with the Centre for Excellence in Eating Disorders to provide consultancy to primary care providers and intensive workshops for community agencies.

#### **4.18 South West (Warrnambool) Healthcare – Psychiatric Services Division**

- The division's dual diagnosis initiative:
  - developed core competency assessments for staff to allow for the early detection and treatment of co-existing disorders
  - developed an orientation program with drug and alcohol services
  - key staff to complete a Certificate IV in Community Services: Alcohol and Other Drug Work.
- The division is involved in various early intervention programs, including Mind Matters, the Health Promoting Schools Network, Flipper Card, Regional Advisory Group, School Focused Youth Services, the Short Film Festival Project, the CAMHS in Schools Protocol Group, the Regional Alliance for Mental Health Promotion, and mental health first aid training.
- 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 best practice guidelines.

#### **4.19 Victorian Institute of Forensic Mental Health (Forensicare)**

- The court liaison role and court reporting system aim to divert people before they enter the criminal justice system as inpatients.
- A new program for addressing substance use and offending issues includes early identification and intervention.
- In December 2004, reception screening of all prisoners commenced at Melbourne Assessment Prison. This enables early identification of prisoners who are at risk of developing a mental illness or who have early warning signs and symptoms of mental illness.

#### **4.20 Werribee Mercy Hospital – South West Mental Health Service**

- The service is establishing a protocol for relapse prevention planning.
- Staff contributed to seminars in early intervention for postpartum disorders for general practitioners and maternal and child health nurses.
- Links with ORYGEN Youth Health.

#### **4.21 Wodonga Regional Health Service – Mental Health Service**

- A Hume Region early psychosis service is being established by employing a team of workers. The manager was appointed in August 2005 and staff will be employed in coming months. The Executive Director Wodonga Regional Mental Health Service is a member of the implementation group.
- Early intervention strategies have been developed through the Mental Health Promotion Officer supporting the work of teachers in conducting mental health programs in schools. This has also given the service a face within the school environment which assists in demystifying the work of the service.

## Appendix 1

### National Standards for Mental Health Services: progress reporting template

National Standards for Mental Health Services (NSMHS) – Progress Reporting Template			
NSMHS Name of Service: Insert details	Reporting Period: Insert Dates for 12 month period	Next External Review: Insert Date	Progress/Outcomes for this reporting period
Self-Assessment / External In-Depth Review Outcomes	Quality Improvement Strategy		
Explanation of Column requirements when reporting against each standard →→→→→	Specify the level of achievement of each standard (using the EQUiP 3 <sup>rd</sup> edition rating scale). Indicate if the ratings are self-assessed or externally assessed. Insert any commendation(s) and/or recommendation(s) from your external review.	What strategies have been identified in your service quality improvement planning to address any recommendations and further improve practice?  Specify timeframes for each of the strategies.	Specify achievements against any recommendations and standards as identified in the quality improvement planning process. Include measures and indicators of change.  Specify any barriers to implementation of the standards.
<b>Standard 1</b>	Rights		
<b>Standard 2</b>	Safety		
<b>Standard 3</b> More Detailed Reporting Required on this Standard	Consumer and Carer Participation		
<b>Standard 4</b>	Promoting Community Acceptance		
<b>Standard 5</b>	Privacy and Confidentiality		
<b>Standard 6</b>	Prevention and Mental Health Promotion		
<b>Standard 7</b>	Cultural Awareness		
<b>Standard 8</b>	Integration		
<b>Standard 9</b>	Service Development		
<b>Standard 10</b>	Documentation		
<b>Standard 11</b>	Delivery of Care		

## Appendix 2:

### National Standards for Mental Health Services: progress reporting guidelines

The national reporting format (Appendix 1) for the 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 review (mid-term) and full review (at least every four 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 with 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 EQulP (refer to Appendix 3). Use of the EQulP rating scale allows comparison between reporting periods for the service and with the assessments made by external surveyors.

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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### 1.1 Reporting period:

Progress reports are annual from 1 September 2004. Insert the dates for the 12-month period in which you are reporting.

It is important that the content of the report relates to the annual reporting period. Some activities will be new while others will be occurring over periods greater than 12 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.

### 1.2 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 six-month period
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### 2.1 Name of mental health service:

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

### 2.2 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.

### **2.3 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 EQulP 3rd edition rating scale (see Appendix 3).

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).

### **2.4 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.

### **2.5 Progress/outcomes for this 12-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 four 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.	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.  Specify the timeframes for these programs and activities, including how the benefits will be sustained.

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.

## Appendix 3

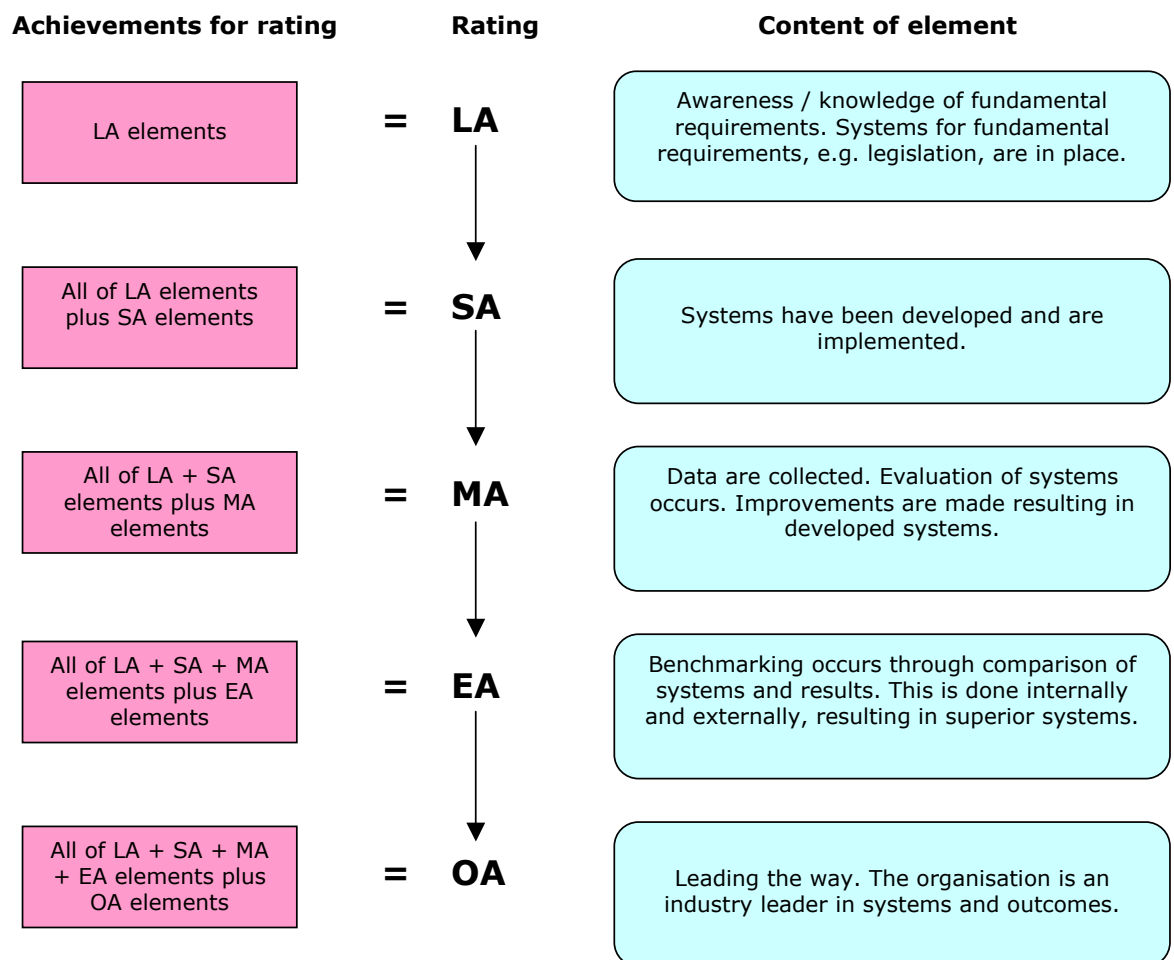
### Australian Council on Healthcare Standards (ACHS): Evaluation and Quality Improvement Program (EQuIP) 3rd Edition – Rating Scale

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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:



## References

Australian Council on Healthcare Standards 2003, *The EQulP guide: a framework to improve quality and safety of health care*, 3rd edn, ACHS, Sydney.

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