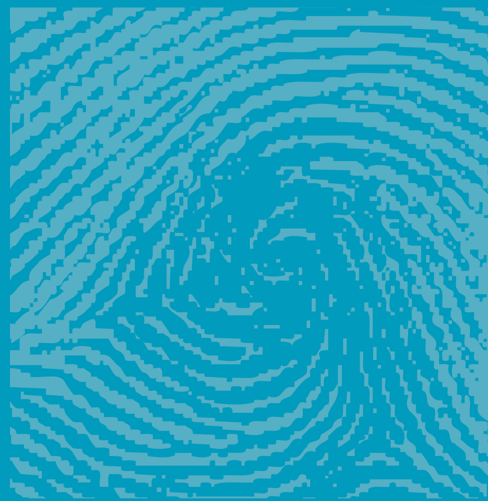
Victorian strategy for safety and quality in public mental health services

2004–2008



Victoria
The Place To Be

Victorian strategy for safety and quality in public mental health services 2004–2008

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Foreword

The *Victorian strategy for safety and quality in public mental health services* outlines the strategic framework and plan (2004-2008) for ensuring safety and continuous improvements to service quality in mental health services in order to achieve optimal outcomes for people with a mental illness and their carers.

After a decade of reform, it is well recognised within Australia and internationally, that Victoria leads the way in the provision of a comprehensive, community oriented, specialist public mental health system. Area-based clinical mental health services include child and adolescent, adult and aged persons mental health services integrated with the wider health system. The Victorian Government funds a range of statewide and specialist mental health services to address the complexity of need amongst those with mental health problems, as well as the needs of families and carers of people with a mental illness. In addition, psychiatric disability rehabilitation and support services are available across Victoria to provide a range of community-based services including residential and non-residential rehabilitation, planned respite, and mutual support and self-help programs.

The *Victorian strategy for safety and quality in public mental health services* 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. It uses evidence-based information and requires sustained commitment to quality as integral to practice in Victoria's public mental health services. 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 will provide a foundation for further work toward evidence-based best practice and service innovation.

This strategy has been informed through a series of consultations with consumers, carers, service providers and other stakeholders.

I am pleased to present this strategy and I look forward to working with consumers, carers, service providers and other stakeholders to continue improving Victoria's specialist public mental health system.

Shane Solomon
Executive Director
Metropolitan Health & Aged Care Services

1. Executive summary

The *Victorian strategy for safety and quality in public mental health services* provides a strategic framework that links the dimensions of quality, provides management building blocks and underscores the importance of developing an infrastructure to support quality outcomes. The strategy includes a plan for 2004-2008 for achieving its vision of a safe, high quality, specialist public mental health system.

The strategy draws on a range of existing quality frameworks and has been developed in the context of Victorian and Commonwealth Government policies.

In September 2002 the Department of Human Services released its key priorities for developing an effective, sustainable and integrated system of care that is responsive to the needs of consumers and carers as described in New directions for Victoria's mental health services. The *Victorian strategy for safety and quality in public mental health services* aims to strengthen and focus system wide efforts to make measurable improvements in the safety and quality of services for consumers and carers. It will ensure that the new directions are underpinned by evidence-based best practice that is informed by monitoring, research and evaluation activities. The department will foster partnerships with service providers, consumers, carers and other relevant stakeholders to achieve policy goals.

The policy goals are related to the following key outcomes for safety and quality in Victoria's specialist public mental health system:

- Consumer and carer focused mental health care
- Improved safety and quality of practice in clinical and non-clinical settings
- System improvement and accountability.

The goals will be progressed by building on existing activities and implementing new activities through a combination of the following:

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

Governance will provide a systematic and integrated approach to ensuring responsibility and accountability for high standards of care and continuous improvement in service quality.

The department will establish processes that support bottom-up as well as top-down approaches based on sharing information, lessons learned and evidence-based practice developments both within services and system-wide.

Consumers and carers will be actively consulted and involved in service delivery, as well as in service planning, development, monitoring and evaluation. Services will increasingly become learning organisations that encourage and support the development of leadership, knowledge and practice.

The department and services will effectively communicate and manage information and knowledge with all relevant stakeholders to support partnerships in continuous quality improvement and service innovation.

2. Introduction

In 1996, the Quality Incentive Strategy (QIS) was introduced as part of the monitoring and review framework of the Mental Health Branch, Department of Human Services.

The QIS provided financial incentives to assist in the provision of high quality public area mental health services in Victoria. Incentive funding targeted consumer and carer satisfaction, service responsiveness to people with specific needs, and timeliness of data reporting.

In its first year, 1996-1997, the QIS targeted consumer and carer satisfaction with adult mental health services as well as service responsiveness to women and people from non-English speaking backgrounds.

The QIS expanded considerably, as follows:

- In 1997 and 1998, there was a second evaluation of responsiveness to the needs of people from non-English speaking backgrounds, which included child and adolescent mental health services (CAMHS), adult mental health services (AMHS) and aged persons mental health services (APMHS).
- From 1997 to 1999, there were annual measures of timeliness of data reporting in CAMHS, AMHS and APMHS.
- From 1997 to 2000, annual consumer and carer satisfaction surveys were conducted in CAMHS, AMHS and APMHS.
- In 1998–1999 and again in 1999–2000, the responsiveness of CAMHS and AMHS to the needs of statutory clients, children who may be at risk and their parents and carers was evaluated.
- In 1998–1999 and again in 1999–2000, the responsiveness of APMHS to the needs of consumers of residential and community-based aged care services was evaluated.
- Between 2000 and 2002, there was an evaluation and enhancement of service responsiveness to the information needs of consumers and carers in CAMHS, AMHS and APMHS

The QIS has been a significant initiative since its introduction in 1996. It led the way nationally, with considerable interest being expressed by other states and territories.

The consumer and carer survey gathered consumer and carer feedback in an independent, structured and proactive way for input to service quality improvement. The service responsiveness component provided an opportunity to target statewide priorities for service improvement to better meet the needs of specific groups. Data timeliness provided an opportunity to improve service compliance with regular collections of information on the Psychiatric Records Information System Manager (PRISM) system.

Overall, the QIS strengthened commitment to genuine and meaningful involvement of consumers, carers and service providers in service planning, improvement, delivery and evaluation.

There were also lessons learned from the QIS. Firstly, the consumer and carer surveys provided subjective measures of satisfaction with limited guidance for service improvement. The survey was redeveloped in 2001–2002 to reflect the needs, priorities and expectations for service of consumers and carers, and linked to the National standards for mental health services (1996) to provide a meaningful benchmark for consumers, carers and services providers and specific guidance for further quality improvement. Recommendations for the new consumer and carer surveys included separation of funding from any future survey results to avoid 'perverse' incentives and allow the focus or 'reward' for services to be derived from valuable consumer and carer feedback.

The service responsiveness projects contributed to improvements in service standards and practices in meeting the needs of particular groups. However, there was a focus on services demonstrating achievements within a short timeframe and limited mechanisms in place to sustain changes in the long term. In addition, statewide priorities for service improvement did not necessarily reflect local priorities for service improvement.

The results of the data timeliness component were mixed, with data collections highly variable between services and over time. Most notably, there were significant reductions in data timeliness from 1998–1999 and 1999–2000 in CAMHS and APMHS, although performance was maintained by AMHS. This was partly attributed to the shift from planned to random data audits.

In 2000, a preliminary review of the QIS identified further issues for consideration including the burden placed on those involved, delays and lack of openness in reporting results, complex administrative and funding arrangements and lack of flexibility in determining priorities for service improvement. In addition, statewide specialist mental health services and psychiatric disability rehabilitation and support services (PDRSS) were not included in the QIS even though they form a significant part of the specialist public mental health system in Victoria.

In 2001, the then Minister for Health approved an evaluation of the QIS. During 2002 and 2003, a comprehensive review of local and international developments in health service quality and research informed the development and widespread public consultation on a discussion paper, the *Evaluation of the future directions for the Victorian mental health quality incentive strategy (2003c)*.

The outcomes of the QIS review led to the development of a Draft *Victorian strategy for safety and quality in public mental health services*, which was the focus of a series of public consultations with stakeholders between January and March 2004. This document represents the outcomes of the QIS review and public consultations on a new quality monitoring and improvement strategy.

3. Policy framework

3.1 National Mental Health Policy

The *National mental health policy (1992)* identified improvement in the treatment, care and quality of life of people with mental health problems and disorders as key drivers for reform in the mental health sector. To progress the policy, the *First national mental health plan* was established for the five years from 1993 to 1998. The first plan focused on integrating mental health care within the wider health system and developing community-based services. Other key themes included consumer rights, support for carers of people with a mental illness, and measurement of performance and service outcomes.

A *Second national mental health plan* was developed for the 1998–2003. This plan maintained the commitment to the principles set out in the first plan and set three further priorities: promotion and prevention; partnerships in service delivery and reform; and quality and effectiveness. The second plan had a broader population focus and specific strategies to address high prevalence disorders.

Several important initiatives for safety and quality proceeded under the national information development priorities and strategies of the *Second national mental health plan*. These included developments in consumer and carer satisfaction surveys; the national outcome and casemix classification; the national standards for mental health services; the national practice standards for the mental health workforce; key performance indicators; routine consumer outcome measurement; information technology and database management.

The need for a continued focus on quality and safety was recognised in the *Evaluation of the second national mental health plan* and has been addressed through the *Third national mental health plan* for 2003–2008. The third plan identifies four priority themes:

- promoting mental health and preventing mental health problems and mental illness
- increasing service responsiveness to consumers and carers, including access to care, continuity of care, and support for families and carers
- strengthening quality, including consumer rights, consumer and carer participation, safety, standards and monitoring, funding and workforce
- fostering research, innovation and sustainability.

More specifically, quality improvement based on the national standards for mental health services and the national practice standards for the mental health workforce is being progressed to strengthen service quality under the *Third national mental health plan*. Further developmental work will determine how quality measurement and improvement in mental health can incorporate the wider safety and quality agenda in health and beyond.

3.2 Victorian Mental Health Policy

In 1994, *Victoria's mental health services: the framework for service delivery* provided a detailed framework for service redevelopment in Victoria. The main priorities included decommissioning stand-alone institutions and replacing them with inpatient and community-based clinical services that are integrated with the general health system. PDRSS were also recognised as a core component of this comprehensive and integrated network of services. The 1990s reforms laid the foundations of a mental health system that needed to effectively treat and support people with a mental illness.

The Victorian Government recognises that a new stage of service development and integration is needed to enable Victoria's specialist public mental health system to:

- manage the growing demand for mental health services
- respond to increasingly complex consumer needs – particularly the needs associated with increasing substance use amongst young people with mental illness
- develop improved responses to consumer and carer needs, including developing new models of care – particularly for people with high needs
- achieve and maintain an appropriate balance between inpatient and community-based services
- address workforce priorities, including education, training, recruitment and retention
- ensure the future sustainability of services.

The key priorities for developing an effective, sustainable and integrated system of care that is responsive to the needs of consumers and carers are described in *New directions for Victoria's mental health services: The next five years* released in September 2002. The new directions are:

- expanding service capacity – achieving the right balance between inpatient and community services and better response to growing demand
- creating new service options – increasing the range of mental health services in the community to meet consumer needs
- extending prevention and early intervention – reducing the incidence and impact of mental health problems by assisting consumers to get the right service response at the right time
- building a strong and skilled workforce – laying the foundations for a sustainable skilled mental health workforce across Victoria
- strengthening consumer participation – reaffirming and strengthening the government's commitment to consumer participation and the protection of consumer rights
- improving carer participation and support – strengthening support to carers and improving carer involvement

The action areas and immediate responses are described in *New directions*, which is available at www.health.vic.gov.au/mentalhealth.

4. Quality framework

4.1 Dimensions of quality

The *Victorian strategy for safety and quality in public mental health services* is based on the *Department of Human Services' Service quality framework (2002)*. The framework defines the dimensions of quality as the following:

Effectiveness and capability – the outcomes desired by consumers and carers are achieved with the requisite standard of skill, knowledge and tangible facilities.

Safety – risks are accurately assessed, avoided or minimised.

Appropriateness – justifiable interventions, relevant to the needs of consumers and carers, provided in ways that respect age, gender and cultural and linguistic diversity, in the least restrictive manner and based on established standards.

Fairness – services are provided according to the rules and to those for whom they are intended, without partiality or favouritism.

Acceptability and responsiveness – a respectful and caring approach, compliance with consumer and carer rights, the offer of useful information and relevant choices, and the encouragement and genuine consideration of feedback.

Accessibility and timeliness – services are provided according to need at the right time and place for service users.

Continuity – continuity of care is assured within and between services and programs and over time.

Sustainability – stable, reliable provision and consistent improvement of services, responsive to emerging needs.

Good management and efficiency – services are planned and well organised, perceived to be cost-effective and administratively lean.

Source: Department of Human Services (2002). Service quality framework, p.5

The dimensions of quality provide the basis for ongoing development and maturation of policies, standards, guidelines and measures that relate to service quality outcomes. Management for service quality requires attention to each of the dimensions of quality.

4.2 Quality building blocks

The *Department of Human Services' Service quality framework* also defines a set of building blocks to assist with conceptualising the range of activities needed to promote a high and improving level of performance in each of the dimensions of quality.

Building block 1: Service user responsiveness

Includes actions to secure consumer and carer opinions or involvement, measure their experience and safeguard their interests. Service responses need to be sensitive to individual needs including age, gender and cultural and linguistic diversity.

For example, consumer and carer surveys, complaint and compliment mechanisms, consumer and carer rights charters, systematic advocacy structures, consumer and carer participation in service planning and decision making.

Building block 2: Staffing and physical resources quality

Includes actions to ensure the quality of staff with the requisite knowledge, skills and attitudes, as well as the design, maintenance and refurbishment of facilities, to achieve desired quality outcomes.

For example, staff education, training, credentialing and supervision programs; employment of bilingual and bicultural staff who reflect the population profile of the catchment area; and policies and procedures to ensure physical standards of safety and functionality in premises and equipment.

Building block 3: Quality measurement for improvement

The quality of services provided is monitored and evaluated systematically with a focus on minimising inappropriate practice variation and achieving optimal outcomes.

For example, use of legislated or endorsed standards and evidence-based practice guidelines, ongoing monitoring of performance through self-assessment, peer review and external accreditation; evaluation of service and consumer and carer outcomes.

Building block 4: Safety and adverse event management

Involves promotion of safety and prevention, management, reporting and review of incidents or adverse events, including potential or actual harm to staff and service users.

For example, risk management, incident management, fire safety, emergency policies and procedures, and consultative or expert review committees.

Building block 5: Quality improvement processes

Involves the development and appropriate use of evidence-based practice to underpin continuous service improvement and innovation.

For example, sharing information about best practice; service partnerships to pilot innovative practice; a systematic approach to measurement, comparison, action and review; benchmarking programs; further research and appropriate application to practice.

The Service quality framework in Figure 1 demonstrates the links between the dimensions of quality, building blocks and infrastructure required to support service quality and quality outcomes.

Figure 1: Service quality framework

Source: Adapted from the Department of Human Services (2002) *Service quality framework, p. 4*

4.3 Quality infrastructure

The *Service quality framework* underscores the importance of developing an infrastructure to support quality in services. The infrastructure elements are leadership to drive and promote quality, a consumer and carer focus in mental health care, effective management and communication of information, and an organisation culture that supports continuous quality improvement and innovation.

4.3.1 Leadership in quality

Senior managers need to lead a culture of improvement by being involved in developing, supporting and rewarding staff involvement. It is well recognised that staff involvement in safety and quality activities depends on the level of support from management, their belief that the activities will lead to positive outcomes for the organisation, and their capacity to apply the tools for change and improvement (Victorian Quality Council, 2003).

Senior managers need to recognise, support and reward middle managers and staff acting as champions or leaders for improvement and develop their capacity to effectively engage others in change efforts. Leaders need to be adequately skilled and resourced to involve others in setting priorities for safety and quality, and designing and implementing improved processes of care. However, the responsibility for continuous quality improvement does not rest solely with leaders; it requires the commitment and involvement of managers and staff at all levels.

Change is more likely to occur in organisations where managers and staff are committed and involved in the process. Frontline staff have a clear understanding of the realities of practice and a significant influence over decision making on a day-to-day basis. Thus, in organisations where managers and staff at all levels are empowered and resourced to improve the safety and quality of care, it is more likely that sustainable changes will be made to everyday practice.

4.3.2 Consumer and carer focus

An effective process for continuous quality improvement must be inclusive of the priorities, expectations and needs of those people for whom services are provided. This input needs to be representative of the various groups of consumers and carers, including those of different age and gender and from culturally and linguistically diverse backgrounds. Services need to acknowledge the potential for conflicts of interest to arise and train staff in policies and procedures to effectively manage the diverse interests and needs of consumers and carers.

To fully understand how quality can be improved and the desired outcomes of care, consumers and carers need to be involved in service delivery at all levels as well as workforce development. This includes consumer and carer involvement as active partners in individual treatment planning, service delivery and review. It also includes consumer and carer involvement in staff education and training and in training and support to enable their involvement in service delivery and improvement. Consumers and carers need to be encouraged and supported to participate in decisions about how services are provided and how they can be improved, with their concerns being addressed and their feedback used to enhance service delivery.

There is also an ethical dimension to consumer and carer participation in service delivery that upholds individual rights, community responsibility, social justice and accountability, as reflected in the *Mental health statement of rights and responsibilities (1991)*.

4.3.3 Information management

The collection, analysis and reporting of valid, reliable and timely information is central to any quality management process. An information infrastructure at service level needs to inform practice and service quality improvement, and also guide higher-level planning, policy review and accountability systems.

The process of communication is also important. Information needs to flow upward to boards, senior management and committees via regular monitoring and evaluation reports on relevant issues for consideration and action. Feedback needs to flow downward to those providing the information and those affected by and involved in responding to emerging issues via progress and outcome reports.

Information gathered and communicated with consumers and carers needs to be clearly and accurately recorded and regularly reviewed. In this way, documentation assists in the process of service delivery and encourages reflective practice and discourse with those involved to achieve desired outcomes of care. Clear, accurate and timely documentation of practice needs to be encouraged and rewarded.

Staff need access to technology and information to provide and improve services. The development, accessibility and application of evidence-based information enables appropriate, safe and effective practice. The evidence base is built from various sources of information, including consumer and carer feedback, performance and outcomes data, research and evaluation activities, endorsed standards and guidelines. The current evidence base is primarily relevant to mainstream population groups with the need for future developments to be inclusive of minority representatives or groups.

The availability and use of comparable data on service activities, inputs and outputs enables monitoring and evaluation of service performance and outcomes over time and between services. This information is critical to identifying and prioritising needs and actions for improvement. Comparable data also enables benchmarking and identification of best practice.

4.3.4 Organisational culture

An organisational culture that encourages respect for others, open disclosure, reflective practice, learning from experience, use and dissemination of knowledge, partnerships with stakeholders, and excellence in leadership, will enable systematic and system-wide improvement and innovation. A learning organisation values critical thinking, measurement, knowledge transfer, and the development and use of an evidence base for practice.

The principles and practices of continuous quality improvement need to underpin the structures, processes and culture of an organisation. This involves incorporating quality planning and reporting at senior management level to drive, support and monitor quality improvement; facilitating and developing formal and informal leadership at various levels of the organisation; communicating relevant information within hierarchies and across professional boundaries; and sharing commitment, responsibility and involvement with all staff for creating and maintaining structures and processes for high quality care.

Care systems are complex and human error is inevitable. Therefore, there need to be systems in place that support safe practice and organisational and professional accountability, responsibility and competence. The organisational culture needs to value 'no-blame' approaches to quality improvement. A culture of blame detracts from identifying and reporting adverse events to enable productive analysis of systems to minimise error. The organisation needs to adopt a problem-solving, analytical approach to measurement and reporting to learn from practice and continuously improve the safety of consumers, carers and staff.

5. Governance

5.1 Definition

This strategy adopts a governance approach to ensuring that evidence-based best practice is the driving force for continuous improvement of mental health services in Victoria and achievement of optimal outcomes for people with a mental illness and their carers.

Governance can be defined as*:

** The definition of governance is based on definitions from the United Kingdom's National Health Service (2001), the Western Australian Health Department's Office of Safety and Quality in Health Care (2003), and the Victorian Public Hospital Governance Reform Panel convened by the Department of Human Services (2003f).*

> A systematic and integrated approach to ensuring responsibility and accountability for high standards of care and continuous improvement in service quality by creating an environment in which excellence in care can flourish in a consumer and carer centred environment.

Therefore, governance relates to structures, processes and outcomes of service delivery and frames the culture and leadership within the organisation.

Governance needs to focus on both corporate and clinical or care accountability and performance. Corporate governance involves providing leadership in the strategic direction for the organisation as a whole, as well as ensuring operational, financial and risk management systems are in place to meet statutory and industry criteria, and are regularly monitored and audited (Australian Stock Exchange, 2003). Clinical or care governance involves providing organisational leadership in the safety and quality of services; ensuring rigorous systems are in place to support and monitor the safety and quality of services and respond early to risks and adverse events; and sharing lessons learned on safety and quality across the industry (Victorian Quality Council, 2003).

5.2 Key elements

Governance depends on a comprehensive and systematic program of quality planning, monitoring, improvement and reporting that has the ongoing commitment and involvement of management and effectively engages staff at all levels throughout the organisation. It requires leadership and effective management, clear lines of responsibility and accountability for safety and quality, and a strong and skilled workforce.

Governance is centred on optimal outcomes for service users and is characterised by inclusiveness, communication and relationships with all relevant internal and external stakeholders. Internal stakeholders include consumers, carers and staff. External stakeholders include other services, the community and governing bodies.

A governance approach requires the development of a learning organisation where inappropriate variation in practice and outcomes is reduced and decisions are based on the appropriate use of evidence available for high quality treatment and care.

Governance enables the organisation to account for progress and outcomes by always knowing what has been achieved and what it is currently doing to safeguard and improve the quality of care. It aims to maintain public confidence in the quality of services while moving towards more open disclosure and public accountability.

5.3 Roles and responsibilities

Governance may be the responsibility of boards in health services and large organisations or of executive or senior management groups or committees in other organisations. However named or structured, it is important that responsibilities and accountabilities for governance are established and clear within any organisation.

The Victorian Quality Council (2003) emphasises that governance is required at all levels of the health care system and is, therefore, the responsibility of:

- **government and the department** - lay the foundation for governance in legislative, policy and funding frameworks
- **boards** - have ultimate responsibility for governance of a health service or organisation
- **quality committees** - are the peak committees in the organisation, however named, that take an active safety and quality planning, monitoring and evaluation role
- **executives, managers and senior clinicians** - are central to governance and ensuring that systems and resources for effective governance are provided
- **staff** - implement and monitor the systems for governance on a day-to-day basis
- **consumers, carers and the wider community** – need safe, high quality care, are becoming increasingly knowledgeable about service delivery and want to be involved as active participants in the process.

Governance is a requirement of all public mental health services. Public mental health services that are auspiced by health services or other organisations are required to establish appropriate governance monitoring, reporting and response systems that are integrated with the broader organisational governance arrangements. For stand-alone mental health services, governance arrangements are also required but are likely to involve fewer levels.

6. Strategy for safety and quality in Victoria's public mental health services

6.1 Vision

A safe, high quality specialist public mental health system for Victorians.

6.2 Goals

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.

Commonwealth and state policy objectives have been translated into key outcomes within the strategy to ensure that safety and quality are integral to service development. Activities undertaken under *New directions for Victoria's mental health services* will contribute to consumer and carer focused mental health care, improved safety and quality of practice, and system improvement and accountability.

The key outcomes will be measured by the achievement of the following goals. Progress against the goals is set at 50 per cent by 2006 and 90 per cent by 2008.

Outcome 1: Consumer and carer focused mental health care

Goals:

- Promote and protect consumer and carer rights in ways that respect individual, age, gender, cultural and linguistic needs.
- Improve service responsiveness to consumers and carers.
- Strengthen consumer and carer participation at all levels of service delivery and in staff education and training.
- Increase consumer and carer awareness and capacity for involvement in service delivery and workforce development.

Outcome 2: Improved safety and quality of practice

Goals:

- Foster a continuous learning environment that supports and contributes to the development and use of evidence-based best practice.
- Increase access to and use of population, performance and outcomes information to promote reflective practice and foster service innovation.
- Improve identification, management and reporting of risk to minimise or prevent avoidable adverse events and near misses, and disseminate lessons learned with services.
- Enhance workforce education and training, professional development and support.
- Encourage, develop and support leadership and research in practice.

Outcome 3: System improvement and accountability

Goals:

- Use information obtained through regular monitoring and accreditation against endorsed service standards (the National standards for mental health services and those adapted for PDRSS) to guide further quality improvement and provide accountability.
- Further develop the workforce by implementing the National practice standards for the mental health workforce.
- Use information obtained through monitoring of clinical practice standards and licensed facilities under the *Mental Health Act 1986* to guide further quality improvement and provide accountability.
- Develop monitoring, reporting and benchmarking of key quality and financial performance indicators for all public mental health services.
- Improve feedback and complaints processes to provide a valued opportunity for improving safety and quality in all public mental health services.
- Improve communication and transparency in reporting to support a partnership approach to system improvement and public accountability.

6.3 Key activities

The *Victorian strategy for safety and quality in public mental health services* relies on the department, consumers, carers and service providers sharing ownership and commitment to the vision and goals for continuous quality improvement and service innovation. Respectful, consultative, collaborative relationships between stakeholders are required to ensure that the goals of the strategy are progressed and key outcomes are achieved through a combination of:

(i) service monitoring and evaluation

(ii) networking, education and training

(iii) quality enhancement

(iv) service initiatives.

In many ways, the strategy will build on and strengthen existing efforts to improve the safety and quality of public mental health services.

6.3.1 Service monitoring and evaluation

Australian health care agreements, Victorian health service agreements and service agreements

Funding and services will continue to be provided under Australian health care agreements, Victorian health service agreements and service agreements. This strategy will form part of the department's agreements with mental health services to clarify expectations for safety and quality and provide guidance for continuous quality improvement and accountability. Key activities to be undertaken as part of such agreements will include routine outcome measurement, monitoring and implementation of standards and accreditation; statewide consumer and carer experience surveys; collection, analysis and reporting of minimum datasets; and monitoring of key performance and financial indicators. Activities will be undertaken in ways that respect the age, gender and cultural and linguistic diversity of the target population. The department will facilitate and monitor the activities and opportunities for benchmarking, and undertake evaluations of new and existing services to guide future policy and service planning and development.

Services will continue to submit monitoring and evaluation information monthly, quarterly, six-monthly and annually. This includes data entered on the Agency Information Management System (AIMS), Redevelopment of Acute and Psychiatric Information Directions (RAPID) system, and Quarterly Data Collection (QDC) system. There will be greater emphasis on ensuring that this information is accurate, complete, up-to-date and submitted when required to enable the department to provide services with regular and timely reports about performance and outcomes, and meet Commonwealth and State Government reporting requirements. The information will be used to assist services and the department with service planning and to identify and respond to emerging issues, service strengths and areas for improvement. There will be a greater shift toward more transparent and regular reporting of descriptive and comparative information with services. Published information will be appropriately targeted to various stakeholder groups to develop understanding of mental health services, provide additional opportunities for consultation and involvement in service planning and development, and demonstrate accountability.

Services will strengthen and improve opportunities for consumer and carer participation in service monitoring and evaluation activities through, for example, local representatives, consultants, groups, committees, initiatives, feedback and complaints mechanisms. At minimum, there needs to be a systematic approach to gathering and responding to consumer and carer perspectives of service quality to identify and act on areas for improvement. Complaints need to be viewed as an opportunity for improvement. Compliments need to be viewed as an opportunity to strengthen good practice.

Services monitor the safety and quality of care, staff, equipment and the physical environment and act on trends identified through incident reports to prevent or minimise avoidable adverse events or near misses. In addition, there is prescribed reporting to the department for some incidents. PDRSS are required to comply with Department of Human Services' incident reporting processes under their service agreement. PDRSS must report category one and two incidents as described in the *Incident reporting departmental instruction* (2002) to their local department regional office. Under the *Mental Health Act 1986*, Victorian mental health services are required to report reportable deaths within the meaning of the *Coroner's Act 1985* to the Chief Psychiatrist.

The department's statewide Sentinel Event Reporting system captures information about any suicides in hospital amongst other prescribed sentinel events, which must include a root cause analysis of the incident and risk reduction action plan using the templates provided on the department's website: www.clinicalrisk.health.vic.gov.au/sentin.htm. Compliance with protocols for management, reporting and prevention of incidents involving service users or staff needs to be improved at service level and for prescribed reporting to the department.

Statutory monitoring and evaluation

The Chief Psychiatrist and authorised officers of the Office of the Chief Psychiatrist and Quality Assurance Committee (QAC), the Mental Health Review Board, the Office of the Public Advocate, the Ombudsman and the Health Services Commissioner, will all continue to play an important role in statutory monitoring and evaluation of services. Their respective roles are described below and will be strengthened through greater consultation and collaboration between them.

Office of the Chief Psychiatrist

The Chief Psychiatrist is responsible for the medical care and welfare of persons receiving treatment or care for a mental illness under the *Mental Health Act 1986*. In discharging this responsibility, the Chief Psychiatrist undertakes a range of statutory and quality monitoring functions. These include statutory monitoring of reportable deaths, electroconvulsive therapy, seclusion and mechanical restraint, which are regulated under the Act. The Chief Psychiatrist and officers authorised by the Chief Psychiatrist have statutory powers to inspect services to monitor the quality of services provided. The Office of the Chief Psychiatrist also addresses complaints received, and records and analyses the data to identify trends or systems issues and respond as required.

A Quality Assurance Committee (QAC) is established under the *Mental Health Act 1986* through the Chief Psychiatrist to oversee and monitor standards of mental health services. The QAC, which consists of the Chief Psychiatrist and all authorised officers appointed by the Chief Psychiatrist, evaluates standards of practice in mental health services against the require-ments of the Mental Health Act and accepted standards of practice. The QAC has been declared a consultative council by the Minister for Health pursuant to the *Health Act 1958*.

Mental Health Review Board

The Mental Health Review Board (MHRB) is an independent board established under the *Mental Health Act 1986* to review the legal status of individuals receiving involuntary treatment. Amendments to the legislation in 2003 give the MHRB a new role of reviewing treatment plans made for those receiving involuntary treatment. The decisions of the MHRB and its annual report contribute to monitoring the compliance of services with the Act.

Individuals may arrange for legal advice or representation at MHRB hearings through the Mental Health Legal Centre or Victoria Legal Aid. MHRB decisions may be appealed through the Victorian Civil and Administrative Tribunal, which is an independent tribunal with the power to confirm or overturn decisions of the MHRB.

Office of the Public Advocate

The Office of the Public Advocate is an independent statutory office that provides advocacy, guardianship and advice services, and contributes to policy and research on law reform and systemic issues, in order to protect the rights and dignity of people with a disability. The Office of the Public Advocate incorporates the Community Visitors Program, Independent Third Person Program and the Community Guardian Program.

The Community Visitors Program provides an independent mechanism for monitoring the quality of treatment and care for people with a mental illness under the provisions of the *Mental Health Act 1986*. It also has a role in addressing complaints received from consumers and carers and making recommendations for service improvement. Services are required to respect the lawful duties and functions of community visitors, assist community visitors in performing their role effectively, resolve issues, maintain a record in the prescribed form of visits made by community visitors, and provide accessible information to consumers and carers about the Community Visitors Program and how they can be contacted. The Community Visitors Program provides an annual report of its activities, findings and recommendations that is tabled in Parliament by the Minister for Health.

Ombudsman

The Office of the Ombudsman is established under the *Ombudsman Act 1973* to enquire into or investigate complaints against Victorian government departments, public statutory authorities and officers of local councils. The Ombudsman may make a recommendation to the principal officer of the particular authority being investigated as part of resolving the complaint. Under the Act, the Ombudsman is required to report to Parliament on an annual basis and may make special reports to Parliament of results from particular investigations.

Health Services Commissioner

The Office of the Health Services Commissioner is established under the *Health Services (Conciliation and Review) Act 1987*. The Health Services Commissioner's role is to receive, investigate and resolve complaints from health service users, to support health care services to provide quality health care and to assist them in resolving complaints (Health Services Commissioner, 2003). This includes complaints received about mental health services from consumers and carers. The legislation also requires that information from complaints be used to improve the standards of health care, including mental health care.

Accordingly, the Office of the Health Services Commissioner discusses relevant issues with the Office of the Chief Psychiatrist, Office of the Public Advocate, Mental Health Review Board, the Privacy Commissioner, the Ombudsman, the Coroner and other relevant authorities. The Health Services Commissioner reports annually on the types of complaints received from service users, problems identified in the standards of care and improvements made by health services.

The Health Services Commissioner is also responsible for the administration of the *Health Records Act 2001*, which deals with the privacy of an individual's health information.

6.3.2 Networking, education and training

The department will promote the development of partnerships and supporting structures across Victoria's specialist public mental health system that facilitate sharing of knowledge, experience and research outcomes for continuous quality improvement. Activities will include forums to showcase service quality enhancement projects and evidence-based best practice approaches, and will reflect the diversity of work and expertise across the sector. The existing department newsletter and website will also be used to disseminate information about quality initiatives and commendable practice in the sector.

Services are required to ensure that professional development is an active part of quality service delivery and local workforce development. Services currently provide and participate in in-service education and training, and support staff to participate in external professional development opportunities including courses, conferences and training. However, variable levels of education and training are available to staff across services. Similarly, education and training opportunities for consumer and carer representatives to support their role in service planning, development and review, as well as their involvement in staff education and training, require further development.

The department is developing a statewide education and training strategy for implementation across the sector to address concerns regarding access to quality education and training and to build a stronger culture of reflective practice. The strategy will require activities to be delivered in accord with national service and practice standards and will build upon and strengthen local service and workforce development activities. Consultation with consumers, carers, service managers and staff, unions, education and training provider representatives and other relevant stakeholders, will be central to strategy development and implementation.

6.3.3 Quality enhancement

Services currently undertake various quality enhancement projects with or without additional funding from the department or other sources. Services involve consumer and carer representatives or consultants through various local advisory groups, committees, reference groups, networks and forums to plan, implement and review projects.

Through the statewide quality strategy, the department will, at times, make available limited funding grants for projects that develop and implement evidence-based best practice in the context of priorities for mental health research and evaluation. Approved funding grants will be available over a period determined by the department to be commensurate with project objectives, level of complexity and strategies for long-term practice change. The additional funding will be provided through a variation to the department's standard service agreement.

Services will need to demonstrate consumer and carer involvement in all phases of proposed projects to be eligible for funding grants. The department will prioritise project partnerships between two or more services to develop strategies of greater significance and impact to the service system. To facilitate project partnerships between services, the department will consider the feasibility of using a Breakthrough Collaborative* approach in mental health.

A Breakthrough Collaborative is a US developed approach to rapid process improvement that relies on the dissemination and application of existing knowledge to multiple settings that have a common aim.

Evidence-based practice information and developments from projects will be shared with the sector to support the delivery of safe, high quality services system-wide. A plan for wide dissemination of project outcomes, lessons learned and developments will be an essential part of any project submission made by services. This will include, but not be restricted to, the department's communication of evidence-based practice information to stakeholders through reporting, publications and forums.

The department will develop a submission process and guidelines to support funding, monitoring and reporting of quality enhancement projects.

6.3.4 Service initiatives

Consumer and carer participation is recognised as an important driver and mechanism for service development and improvement initiatives. The department will continue to encourage and support the involvement of consumers and carers at all levels of service delivery through policy, guidelines and funding. The department itself will continue to involve consumer and carer representatives and peak bodies in statewide policy and service planning, development and review. Examples of peak bodies and advisory groups that the department regularly consults with include the Victorian Mental Illness Awareness Council (VMIAC), the Carer's Network, Psychiatric Disability Services Victoria (VICSERV), and the Victorian Consumer and Carer Advisory Group (VICCAG).

The department will fund service development and improvement initiatives as detailed in *New directions for Victoria's mental health services*. Initiatives include the pilot of new service options such as prevention and recovery care services, extension of dual diagnosis services to youth, and evaluation of the Primary Mental Health and Early Intervention Initiative, which are all currently underway. The department has also established a Victorian Centre of Excellence in Eating Disorders and, under the aegis of *Beyond Blue*, a Centre of Excellence in Depression and Related Disorders.

The department will develop a mental health research and evaluation framework to contribute to strategic planning and evaluation of service initiatives. The proposed framework will outline future research and evaluation priorities that support key policy directions and a broad implementation plan for progressively aligning and advancing research and evaluation activities that strengthen the evidence base for mental health care.

7. Strategic plan for 2004–2008

The planned activities for achieving the key outcomes for Victoria's specialist public mental health system over the next four years are detailed in this section. Where activities relate only to specific sectors of the specialist public mental health system, this is clearly identified. The activities are intended to respond to identified priorities for safety and quality improvement in services and system-wide.

Outcome 1	Goals	Activities
Consumer and carer focused mental health care	Promote and protect consumer and carer rights in ways that respect individual, age, gender, cultural and linguistic needs. Improve service responsiveness to consumers and carers. Strengthen consumer and carer participation and support at all levels of service delivery. Improve consumer and carer knowledge and capacity to be involved at all levels of service delivery.	Develop statewide consumer and carer participation policies and targets that promote and protect consumer and carer rights and diversity. Evaluate consumer and carer participation and consultant outcomes in public mental health services. Improve access to service information in key languages and referral in the telephone directory and on the Internet. Improve access to public area mental health services by improving bed availability and management, triage and intake assessment, case management and discharge planning. Expand community-based service options, including step up and step down facilities and supported accommodation services. Work with tertiary education providers to support consumer and carer involvement in training courses. Provide opportunities for consumer and carer input to staff training programs at service and statewide levels in mental health and other sectors. Evaluate and report on consumer and carer expectations and experience of mental health services, and develop change management strategies as required. Include consumer self-rating measures as part of routine outcome measurement within area-based and statewide specialist mental health services and relevant PDRSS. Implement a carer self-rating measure in CAMHS and identify or develop a suitable carer outcome measure for implementation in AMHS, APMHS and relevant PDRSS. Develop or identify appropriate translated outcome measures for use by those from culturally and linguistically diverse backgrounds.

Outcome 2	Goals	Activities
Improved safety and quality of practice	Foster a continuous learning environment that supports the development and use of evidence-based best practice. Develop population, performance and outcomes information to promote reflective practice and foster service innovation. Improve identification, management and reporting of risk to minimise or prevent avoidable adverse events and near misses, and disseminate lessons learned. Enhance workforce education and training, professional development and support. Encourage, develop and support leadership and research in practice.	Develop a statewide education and training strategy for the mental health workforce, including an orientation/induction program and structures that foster ongoing professional development and a continuous learning environment. Support and contribute to the collaborative development, use and dissemination of evidence-based best practice that is consistent with relevant standards and priorities for research and evaluation. Further develop RAPID and QDC database systems, including work towards resolving technical issues and improving data quality and reporting. Develop population and service profile information for use in service planning. Develop a framework for the analysis and benchmarking of aggregated outcome measurement data in collaboration with stakeholders. Develop safety indicators and targets around medication and statutory monitoring activities in mental health. Further develop the Specialist Graduate Year Mental Health Nurse Program and expand to allied health disciplines within area mental health services. Complete the mental health workforce study as part of the broader development of the department's workforce strategy. Further support workforce training in prevention and management of aggression, particularly in acute inpatient psychiatric units. Develop a statewide research and evaluation framework to enable a strategic approach to evidence-based practice and service development. Complete the review of clinical academic positions within area-based and statewide specialist mental health services, and implement strategies to support clinician-led improvements and research.

Outcome 3	Goals	Activities
System improvement and accountability	Use information obtained through regular monitoring and accreditation against service standards for quality improvement and accountability. Further develop the workforce through implementation of the National practice standards for the mental health workforce. Use information obtained through monitoring of clinical practice standards and licensed facilities under the Mental Health Act for quality improvement and accountability. Develop monitoring, reporting and benchmarking of key quality and financial performance indicators in all public mental health services. Improve feedback and complaints processes to provide a valued opportunity for improving safety and quality in all public mental health services. Improve communication and transparency in reporting to support partnerships in system improvement and public accountability.	Improve six-monthly progress reporting by all area-based and statewide specialist mental health services to (i) ensure local quality improvement is driven by the National standards for mental health services and (ii) statewide feedback provides opportunities for benchmarking and identifying best practice. Ensure area-based and statewide specialist mental health services achieve and maintain accreditation against the National standards for mental health services under service agreements. Finalise and implement a process for the monitoring and review of all PDRSS against the National standards for PDRSS. Implement the National practice standards for the mental health workforce. Support and contribute to the development of effective governance within public mental health services. Review the clinical review functions of the Office of the Chief Psychiatrist and link results to policy and program development. Work with statutory bodies to support their role in monitoring standards of care, managing complaints and providing recommendations for improving practice. Develop collection, analysis and reporting of key quality and financial performance indicators to enable benchmarking and system improvements. Develop and support best practice in feedback and complaints management at all levels throughout the health system. Develop processes to communicate and report relevant and understandable information between stakeholders to support partnerships in system improvement and public accountability.

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9. Glossary

The following terms are commonly used in this document.

Adverse event – any event or circumstance in the provision of care that is independent of the person's condition and leads to unintended or unexpected harm, loss or damage to the person.

Breakthrough Collaborative – a US developed approach to rapid process improvement that relies on the dissemination and application of existing knowledge to multiple settings that have a common aim. It accelerates improvement by developing leaders, sharing information and ideas, testing and measuring improvement and achieving outcomes.

Carer – a family member, friend or other person caring for someone with a mental illness. The role of the carer may not necessarily be a static or permanent one but may vary over time according to the needs of the consumer and carer. Paid carers, such as professional staff in services, attendant carers or residential workers, are not included in this definition.

Consumer – a person with mental health problems making use of mental health services.

Continuous quality improvement – an ongoing and cyclical process of planning, action, monitoring and evaluation of practice and outcomes, which informs future decisions and action.

Cultural and linguistic diversity – 'In the Australian context, individuals who identify as having particular cultural or linguistic affiliations by virtue of their place of birth, ancestry/ ethnic origin, religion, preferred language or language(s) spoken at home; or because of their parents' identification on a similar basis' (Department of Human Services, 2003a, p. 34).

Evidence-based best practice – optimal treatment and care that is based on the appropriate use of evidence-based information. There may be equally effective alternative approaches to treatment and care that are demonstrated by evidence. Evidence-based information includes feedback from consumers and carers, performance and outcomes data, results of research and evaluation activities, endorsed standards and guidelines.

Governance – a systematic and integrated approach to ensuring responsibility and accountability for high standards of care and continuous improvement in service quality by creating an environment in which excellence in care can flourish in a consumer and carer centred environment. It includes a focus on both corporate and practice or clinical accountability and performance.

Near miss – unexpected or unplanned events in the provision of care that could have, but did not lead to harm, loss or damage.

Root cause analysis – a method of identifying the underlying contributing causes of an incident. It includes review of relevant literature and expert opinion where available. It may lead to process and system changes to prevent or minimise the potential for similar incidents in future.

Risk management – an approach to improving safety and achieving optimal outcomes for consumers and carers. It focuses on identifying factors and circumstances that put people at risk of harm and then acting to prevent or minimise avoidable risks. This includes risk of harm to self or others, either intentionally or accidentally, and vulnerability. It also refers to risk to staff, risk related to the provision of care and risk within the service delivery environment.

Sentinel event – a type of adverse event that is relatively infrequent but with serious impact or consequences including death.

Specialist public mental health system – includes area mental health services, statewide specialist mental health services, and psychiatric disability rehabilitation and support services.

Triage – a system for managing new referrals to services by determining the nature and priority of need and the response required to meet that need.

10. Abbreviations

AIMS	Agency Information Management System
AMHS	Adult Mental Health Services
APMHS	Aged Persons Mental Health Services
CAMHS	Child and Adolescent Mental Health Services
MHRB	Mental Health Review Board
PDRSS	Psychiatric Disability Rehabilitation and Support Services
QAC	Quality Assurance Committee
QDC	Quarterly Data Collection
QIS	Quality Incentive Strategy
PRISM	Psychiatric Records Information System Manager
RAPID	Redevelopment of Acute and Psychiatric Information Directions
VICCAG	Victorian Consumer and Carer Advisory Group
VICSERV	Psychiatric Disability Services Victoria
VMIAC	Victorian Mental Illness Awareness Council

Appendix one: Acknowledgements

The Mental Health Branch of the Department of Human Services thanks all those who provided input and feedback to the review of the Victorian Mental Health Quality Incentive Strategy and the development of a Victorian strategy for safety and quality in Victorian public mental health services: 2004–2008.

Services:

- Ballarat Health Service
- Barwon Health
- Bayside Health
- Beechworth Health Service
- Geelong Mental Health Consumers Union Incorporated
- Golden City Support Services, Bendigo
- Southern Health
- South West Healthcare (Glenelg)
- St Vincent's Health
- Victorian Institute of Forensic Mental Health (Forensicare)
- Victorian Transcultural Psychiatry Unit

Peak and statutory bodies:

- Mental Health Review Board of Victoria
- Office of the Public Advocate
- Psychiatric Disability Services Victoria (VICSERV)
- The Network for Carers of People with a Mental Illness
- Victorian Mental Illness Awareness Council
- Victorian Quality Council

Department of Human Services:

- Victorian Consumer and Carer Advisory Group in Mental Health
- Former Quality Incentive Strategy Reference Group
- Metropolitan Health and Aged Care Services Division
- Rural Health and Aged Care Services Division
- Regional offices
- Operations Division
- Disability Services Division
- Policy and Strategic Projects Division

Appendix two: Australian Council for Safety and Quality in Health Care

The Australian Council for Safety and Quality in Health Care was established in January 2000 by Commonwealth, state and territory health ministers to lead national efforts to improve the safety and quality of health care in Australia.

The role of the council is to:

- **Lead the way,** by developing a national strategy for improving safety and quality, defining national standards and influencing others to act to improve safety and quality in health care.
- **Define a framework for action**, by identifying national priorities and recommending specific actions that address the priorities.
- **Form partnerships,** by working with health care professionals, the Commonwealth, states and territories, professional associations, private, non-government, and consumer organisations.
- **Coordinate** existing activity to better achieve action in priority areas.
- **Put consumers first**, by making sure that safety and quality measures are practical and will make a real difference.
- **Encourage public understanding** and increase the community's confidence in the steps being taken to improve the safety of health care.
- **Promote monitoring and research** to address the challenges with safety and quality.

The strategic priorities set by the council include:

- better use of data and information throughout the system to identify, learn from and prevent error and system failure
- promoting effective approaches to clinical governance that address the competence of organisations and individuals
- actively promoting opportunities for consumer feedback and participation
- redesigning systems and processes of care to create a strong culture of safety.

The strategic priorities of the council continue to be progressed in 2003, particularly developments in standards of care and accreditation, safer staff, medication safety, open disclosure, consumer participation in their own health care.

Source: Australian Council for Safety and Quality in Health Care
http://www.safetyandquality.org/
December, 2003

Appendix three: Victorian Quality Council

Launched by the then Minister for Health in October 2001, the Victorian Quality Council is responsible for fostering better quality health services in Victoria by working with stakeholders to identify and act on opportunities for improvement.

The terms of reference of the council are to:

- Advise the Minister for Health and the Department of Human Services on the actions that should be taken to improve the safety and quality of care in Victoria.
- Collaborate with stakeholders and other quality related bodies such as consultative councils, Department of Human Services advisory committees and health service quality committees, in fostering quality improvement in Victoria's health services.
- Advise on the most effective ways to involve consumers in health care provision and the improvement of health care safety and quality.
- Analyse information about systemic safety and quality issues presented to the council and provide advice on strategies for system improvement.
- Review the effectiveness of actions taken to respond to quality issues identified by expert bodies and health service quality committees and recommend best practice approaches for dissemination.
- Work with the Australian Council for Safety and Quality in Health Care to develop and implement a coherent national strategy for improved safety and quality in health care that meets the needs of Victorians.
- Provide advice on matters relevant to the quality of health services in Victoria as requested from time to time by the Minister for Health or by stakeholders.

The council's activities are driven by five key strategic areas:

- establish a generic safety and quality framework
- provide improved access to better data
- involve consumers in improving safety and quality
- educate on safety and quality
- respond to known problems and risks.

Source: Victorian Quality Council
http://www.qualitycouncil.health.vic.gov.au
December 2003

Appendix four:
Victoria's Specialist Public Mental Health System

The *Victorian strategy for quality in public mental health services* relates to all components of the specialist public mental health system. This includes area mental health services, statewide specialist mental health services, and psychiatric disability rehabilitation and support services.

All area mental health services have been mainstreamed with general health services. The area mental health services provide child and adolescent (0–18 years), adult (16–64 years) and aged persons (65 years and over) mental health services. There are 13 child and adolescent, 21 adult and 17 aged persons mental health services across the State.

Statewide specialist mental health services provide a range of direct care, training, consultancy and research services, to meet the specific needs of particular consumers and carers. The target age groups for statewide specialist mental health services vary and may or may not include all age groups.

Psychiatric disability rehabilitation and support services are available across Victoria and provide a range of community-based services, including residential and non-residential rehabilitation and support, planned respite and mutual support/self-help for adult consumers and their carers.

The components of Victoria's current specialist public mental health system are shown below:

- **Child and adolescent services**
  - 24 hour crisis response
  - Intensive youth support
  - Continuing care clinical and consultancy
  - Acute inpatient services
  - Rehabilitation services
- **Adult services**
  - Crisis assessment and treatment
  - Mobile support and treatment
  - Continuing care clinical and consultancy
  - Acute inpatient services
  - Community care units
  - Secure/extended care inpatient services
  - Psychiatric disability rehabilitation & support
    - Non-residential PDRSS
    - Residential PDRSS
    - Planned respite
    - Mutual support/self-help
- **Aged persons services**
  - Assessment and treatment services
  - Acute inpatient services
  - APMHS nursing homes and hostels
- **Specialist services**
  - Victorian Institute of Forensic Mental Health
  - Personality disorder services
  - Brain disorder services
  - Child inpatient unit
  - Mother/baby services
  - Eating disorder services
  - Victorian transcultural psychiatry unit
  - Dual disability services
  - Neuropsychiatric services
  - Dual diagnosis services