

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

Progress Report

March 2004

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1. Introduction

1.1 Background

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

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

The *Third National Mental Health Plan*, 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 *Third National Mental Health Plan*. The Victorian Government's commitments are described in *New Directions for Victoria's Mental Health Services: The Next Five Years*, which was released in September 2002. The six key directions are:

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

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

1.2 Service Quality and the National Standards for Mental Health Services

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

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

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

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

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

1.3 Implementation of the National Standards for Mental Health Services

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

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

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

The current report represents the third statewide summary report published by the Department and is based on the progress reports submitted by services for the period 1st September 2003 to 1st March 2004.

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

1.4 Further Advice

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

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

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

2.1 Standard 1: Rights

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

2.1.1 Some current initiatives:

- Further development, implementation and review of policies and procedures for the effective, appropriate and timely provision of verbal and written information to consumers and carers about their rights and responsibilities.
- Improvements to the quality of service information and availability. For example, North West Mental Health Program developed Primary Mental Health Team brochures that are widely distributed.
- Further development of mechanisms for ethical review and approval of research (e.g. Barwon Health Mental Health Program).
- Cataloguing information resources with all approved publications numbered and allocated a review date to ensure that all information is relevant and up to date (e.g. Goulburn Valley Mental Health Service, Alfred Psychiatry).
- Development and use of evaluation tools to determine consumer and carer access to and understanding of information resources (e.g. Northern Area Mental Health Service, Peninsula Psychiatric Services).
- Updating of orientation folders or information packs for consumers of acute inpatient services in response to feedback from consumers and staff (e.g. Caulfield General Medical Centre).
- Improvements to mental health complaints/feedback processes and integration with organisation-wide systems (e.g. Wodonga Regional Mental Health Service).
- Development of key performance indicators and targets for complaints/feedback processes (e.g. Eastern Health Mental Health Program, Peninsula Psychiatric Services, Inner West Area Mental Health Service).
- Complaints/feedback reports regularly tabled at management and quality committees.
- Further staff education regarding the role of the Mental Health Review Board and the process of hearings to protect consumer rights.
- Review of how informed consent for treatment is obtained and measured (i.e. St Vincent's Mental Health, Forensicare).

- Development of consumer and carer charters (e.g. Grampians Psychiatric Services, Barwon Health Mental Health Program, Royal Children's Mental Health Service).
- Process being developed to interview consumers and carers regarding their understanding of how and why decisions were made about their service eligibility after communication by the service (i.e. South West Healthcare).
- Key performance indicators developed and implemented to identify trends and gaps in provision of information to consumers and carers (e.g. Bendigo Psychiatric Services).
- Staff job descriptions and orientation/training programs include recognition of the rights and responsibilities of consumers, carers and service providers.

2.1.2 Possible future initiatives:

- Further development, monitoring and review of policies, procedures and guidelines in consultation with consumers and carers.
- Further development, monitoring and review of communication processes and resources in consultation with consumers and carers.
- Providing information in a range of modalities, levels of comprehension and languages to match the communication and information needs of consumers and carers.
- Relevant information is provided more than once in a timely manner to consumers and carers during their period of involvement with the service.
- Staff awareness of the role of the Mental Health Review Board and process of hearings to promote the rights and responsibilities of consumers and carers.
- Development of mechanisms for ethical review and approval of research that involve consumers and carers where appropriate.

2.2 Standard 2: Safety

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

2.2.1 Some current initiatives:

- 'Expert panels' or committees undertake root cause analyses of sentinel and adverse events and review results of Coronial investigations (e.g. Southern Health, Peninsula Psychiatric Services, Bendigo Psychiatric Services, Alfred Psychiatry, St Vincent's Mental Health, South West Healthcare).
- Development and implementation of electronic incident reporting systems (e.g. North West Mental Health Program) and electronic medication prescribing systems (e.g. North East Health).
- Trial of a Risk/Allergies Alert Form on the front of medical records to improve consumer and staff safety at North West Mental Health Program.

- Regular mandatory staff training in suicide prevention and intervention, First Aid/CPR, emergency procedures, and aggression management.
- Falls Prevention projects involving assessment and management of consumers to reduce the risk of falls on acute inpatient units (e.g. Alfred Psychiatry, Caulfield General Medical Centre, Peninsula Psychiatric Services).
- Safety First initiative at Bayside Health to enhance staff and patient awareness of their safety through communication activities, education, safety forums and research.
- Critical incidents/adverse events are routinely reported to management and quality committees for review and feedback is provided to staff (e.g. St Vincent's Mental Health, South West Healthcare).
- Staff training in quality management and clinical risk management with mandatory updates at South West Healthcare.
- Staff training in infection control policies and procedures (e.g. Wodonga Regional Mental Health Service).
- Further upgrades to duress systems and regular testing at inpatient and community-based services (e.g. Goulburn Valley Mental Health Service, Barwon Health Mental Health Program, Wodonga Regional Mental Health Service).

2.2.2 Possible future initiatives:

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

2.3 Standard 3: Consumer and Carer Participation

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

2.3.1 Some current initiatives:

- Further development of consumer and carer participation policies, plans and programs (e.g. Southern Health, North West Mental Health Program, South West Healthcare, Wodonga Regional Mental Health Service).

- Participation in the Statewide Survey of Consumer and Carer Experience of Public Area Mental Health Services 2003/04. Reports expected in June 2004.
- Targeted consumer and carer surveys that relate to specific areas of practice. For example, Caulfield General Medical Centre conducts surveys for Electroconvulsive Therapy (ECT), referral and feedback procedures.
- Use of exit interviews at discharge from inpatient and community services (e.g. Eastern Health Mental Health Program, Mid West Area Mental Health Service).
- Further recruitment of consumer and carer consultants and development of specific job descriptions, orientation, training and supervision to support participation in the service (e.g. Werribee Mercy Mental Health Service, Southern Health, Alfred Psychiatry, Peninsula Psychiatric Services, Barwon Health Mental Health Program, Bendigo Psychiatric Services).
- Evaluation of consumer and carer consultant programs. For example, St Vincent's Mental Health completed an evaluation of the consumer consultant role with an evaluation of the carer consultant role now underway. Mid West Area Mental Health Service distributes an evaluation form in the admission pack on the ward for consumers to provide feedback about the Consumer Consultant role.
- Development and launch of a carer website by the Community Care Unit carer group and staff and Carers Links West at Inner West Area Mental Health Service. Available at: www.respitewest@infoxchange.net.au
- Involvement of consumers and carers in research (e.g. North West Mental Health Program).
- Partnership with the Mental Illness Fellowship and Alfred Psychiatry for the provision of "Well Ways" – that is, eight sessions to carers and families on how to look after themselves
- Development of a Code of Conduct for consumer consultants and representatives (e.g. Alfred Psychiatry).
- Consumer and Carer newsletters (e.g. ORYGEN Youth Health, Caulfield General Medical Centre, Alfred Psychiatry, St Vincent's Mental Health).
- Consumer and carer participation in staff selection processes, orientation and training programs (e.g. Inner West Area Mental Health Service, Northern Area Mental Health Service).
- Ongoing development of staff awareness and skills in facilitating consumer and carer participation (e.g. *Walk a Mile in My Shoes* training at North West Mental Health Program).
- Improvements to Individual Service Plan (ISP) documentation to enable staff to routinely record consumer and carer involvement (e.g. St Vincent's Mental Health, Latrobe Regional Mental Health Service).
- Consumer involvement in writing notes for their service record is being trialled at Forensicare.

2.3.2 Possible future initiatives:

- Organisational culture that values and supports consumer and carer participation at all levels of service delivery.
- Appropriate education, training, supervision and support for consumers and carers to facilitate their genuine participation in planning, implementation and evaluation of services.
- Evaluation of consumer and carer participation and consultant outcomes.
- Setting and monitoring targets for consumer and carer involvement.
- Representative consumer and carer involvement in key decision-making processes of the service.
- Consumer and carer advisory groups and/or committees have a direct relationship to other key personnel/groups/committees within the organisation.
- Information obtained through various feedback mechanisms is reviewed regularly, followed up and reported to relevant stakeholders.

2.4 Standard 4: Promoting Community Acceptance

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

2.4.1 Some current initiatives:

- Improving liaison, protocols, training, and support for staff at general hospitals, particularly within Emergency Departments (e.g. Peninsula Psychiatric Services).
- Official opening of the Dandenong Hospital High Dependency Unit attended by community representatives.
- Development of community education policies, programs and calendars that are linked to databases for monitoring and evaluating these activities (e.g. Mildura Mental Health Service, Bendigo Psychiatric Service).
- Involvement of consumers and carers in promotion, education and training activities for health, welfare, education, employment and housing sectors and the wider community.
- Conduct of various activities for Mental Health Week, Schizophrenia Awareness Week and Oaks Day. For example, a Mental Health Week awards program chaired by Barwon Health and involving government and non-government organisations, consumers, carers and the wider community.
- Involvement in community groups, radio, newspaper, events and festivals.
- Establishment of placements for police officers within CATT services to improve understanding of mental health issues and respective service roles.
- Conference presentations.

2.4.2 Possible future initiatives:

- Involvement of consumers and carers in planning, implementing and evaluating activities to promote community acceptance of people with mental health problems.
- Development of opportunities for consumer and carer community participation and integration.

2.5 Standard 5: Privacy and Confidentiality

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

2.5.1 Some current initiatives:

- Use of an electronic diary system for all appointments to reduce traffic in reception and increase privacy and confidentiality (e.g. Mid West Area Mental Health Service).
- Development of privacy and confidentiality audit tools (e.g. South West Healthcare).
- Linked to incident reporting systems (e.g. Peninsula Psychiatric Services).
- Development of privacy and confidentiality policy and information brochures that are available on the service intranet/internet site (e.g. Barwon Health Mental Health Program, North West Mental Health Program).
- All new staff appointment and student placement contracts include a specific clause for privacy and confidentiality that must be signed (e.g. Alfred Psychiatry, Goulburn Valley Mental Health Service).
- Staff training in privacy and confidentiality legislation and regulations.
- Structural improvements to provide sight and sound privacy.
- Secure storage system developments for clinical records (e.g. Wodonga Regional Mental Health Service).

2.5.2 Possible future initiatives:

- Provision of education, training and resources regarding privacy and confidentiality legislation and regulations to mental health services staff, consumers, carers and other relevant service providers.
- Monitoring of level of understanding and compliance with privacy and confidentiality regulations.

2.6 Standard 6: Prevention and Mental Health Promotion

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

2.6.1 Some current initiatives:

- South West Healthcare's Primary Mental Health Team developed a course on identifying and managing stress to be delivered in collaboration with the local Tafe College over a six-week period.
- Continuing participation in local Primary Care Partnership (PCP) projects for health promotion.
- Royal Children's Hospital Psychiatric Services is participating in a statewide research project investigating the needs of siblings of children with a mental illness.
- Group programs for children of parents with a mental illness (e.g. Northern AMHS, ORYGEN Youth Health).
- Further development and/or implementation of Community Mental Health Plans (CMHP) to identify service needs and priorities for prevention and mental health promotion in local communities.
- St Vincent's Mental Health projects targeting the physical health needs of consumers including access to dental services (which was short-listed for a TheMHS award), diabetes education, breast screening and annual physical examinations.
- Primary Mental Health Teams are continuing to build relationships with primary care providers for shared care, education and consultation services.
- Development of early intervention services including best practice guidelines and pathways, individual and group programs, education and training, research, and service partnerships.
- Statewide police education regarding mental health issues and services (i.e. Mid West Area Mental Health Service).
- Consolidation of a project on dual diagnosis and criminogenic factors with a view to prevention and treatment at Forensicare.
- Regional 1800 Helpline Card printed and distributed to emergency and community services by Barwon Health Mental Health Program, which was followed up by training for services in appropriate use.
- Participation in local community groups, forums and media to increase awareness of mental health issues and available services (e.g. Wodonga Regional Mental Health Service).

2.6.2 Possible future initiatives:

- That all consumers have a documented plan that identifies their early warning signs of deterioration and effective management strategies.
- Targeted prevention and promotion efforts that are acceptable and responsive to the community.
- Involvement of each area mental health service in its local Primary Care Partnership (PCP) and associated activities.

2.7 Standard 7: Cultural Awareness

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

2.7.1 Some current initiatives:

- Development and review of policies and procedures for cultural awareness and responsiveness of the service.
- Development of formal partnerships with local Koori cooperatives, schools and health services for mental health promotion and education (e.g. Eastern Health Mental Health Program, Goulburn Valley Mental Health Service, South West Healthcare, Barwon Health Mental Health Program).
- Transcultural mental health training provided to mental health and acute health services staff (e.g. Werribee Mercy Mental Health Service).
- Development of population profiles to determine cultural and linguistic diversity in the target group for service planning and development (e.g. Mid West Area Mental Health Service).
- Provision of culturally specific carer information and support groups (e.g. Northern Area Mental Health Service).
- Use of key performance indicators, audits and surveys to monitor use of interpreters and staff training needs (e.g. Southern Health, Inner West Area Mental Health Service, St Vincent's Mental Health, Goulburn Valley Mental Health Service).
- Launch of a research paper "Cultural Competence in CAMHS" written by Alfred Psychiatry and the Victorian Transcultural Psychiatry Unit.
- Language service intranet site established at Peninsula Psychiatric Services.
- Use of *Victorian Transcultural Psychiatry Unit* and *Victorian Foundation for Survivors of Torture* for consultation, staff education and training.
- Recruitment of bilingual case managers (e.g. Caulfield General Medical Centre, North West Mental Health Program, Wodonga Regional Health Service), *Ethnic Mental Health Consultants* (e.g. St Vincent's Mental Health Service), and *Koori Mental Health Workers/Liaison Officers* (e.g. Goulburn Valley Area Mental Health Service, Barwon Health, Grampians Psychiatric Service), who develop links within their respective cultural communities.
- Visiting overseas specialists at St Vincent's Mental Health provide staff training about mental health services in other countries.
- Staff database of expertise and interests in cultural diversity developed to maximise use of resources (i.e. Forensicare).

2.7.2 Possible future initiatives:

- Improved understanding of social and cultural groups represented in the local community and their needs for service.
- Improved access to appropriate and responsive services for people of culturally and linguistically diverse backgrounds.
- Staff training in and use of interpreters.

2.8 Standard 8: Integration

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

2.8.1 Some current initiatives:

- Relevant community team staff participate in all inpatient clinical review meetings (e.g. Mid West Area Mental Health Service).
- Partnership between Southern Health and Peninsula Psychiatric Services to develop an Early Psychosis Service.
- Out of Area Bed Management Strategy developed between North West Mental Health Program and Werribee Mercy Mental Health Service.
- Further development of clinical pathways that support continuity of care between child and adolescent, adult and aged persons mental health services (e.g. St Vincent's Mental Health, Wodonga Regional Mental Health Service).
- Metro and rural child and adolescent mental health service links across the state with planned evaluation in 2004
- Barwon Health Mental Health Program and local Psychiatric Disability Rehabilitation and Support Services (PDRSS) are developing a psychosocial program specific to the needs of people 65 years plus.
- The case management coordinator position at Northern Area Mental Health Service will be evaluated to determine its impact on coordination of treatment across the continuum of care.
- System of staff and student rotation/secondment across programs.
- Intranet and electronic shared files for staff with authorised access.

2.8.2 Possible future initiatives:

- Access and continuity of care for consumers and their carers between programs, sites, other services and the lifespan.

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:

- Integration of the mental health quality program with the organisation wide/health service quality program (e.g. Wodonga Regional Mental Health Service, St Vincent's Mental Health).
- Enhanced consultation-liaison psychiatry services and CAT services in hospitals, particularly emergency departments (e.g. Eastern Health Mental Health Program, Peninsula Psychiatric Services, North West Mental Health Program, Bendigo Psychiatric Services).
- HARP funded 'Out of Area Bed Management' project between St Vincent's Health, Eastern Health and Austin Health to improve access to beds.
- HARP funded 'ConnectED' project at Alfred Psychiatry to reduce recurrent presentations to the emergency department of consumers registered by the mental health service.
- HARP funded project for a 'step down' unit at Inner West Area Mental Health Service.
- HARP funded 'Holding it Together' project at St Vincent's Health involving mental health and drug and alcohol services, which aims to reduce preventable use of emergency departments and inpatient services.
- Ongoing placement of emergency department staff on CATT shifts to improve sensitivity and responses to people with a mental illness (i.e. Peninsula Psychiatric Services).
- Regular review meetings with CATT, emergency department staff and clinical directors to discuss interface issues including number of mental health presentations and waiting times in emergency (e.g. Inner West Area Mental Health Service, Barwon Health Mental Health Program).
- Key liaison worker role established at Caulfield General Medical Centre to liaise with CATT to enhance mental health service responses to aged persons presenting to the emergency department
- Staff of the mental health service are represented on hospital/health service committees.
- Participation of mental health services staff on boards for local PDRSS (e.g. Alfred Psychiatry).
- Primary Mental Health Teams are linked to local general practitioners and community health services to improve primary, secondary and tertiary consultation services.
- Early discharge planning and management (e.g. Peninsula Psychiatric Services, Inner West Area Mental Health Service).
- Service protocols and agreements to support integration and coordinated care between health services.

2.8.4 Possible future initiatives:

- Program of education, training and support for emergency department staff to enhance their confidence and capacity to manage mental health presentations.
- Coordinated and managed links between mental health services and other health service providers including hospital, community health, private psychiatrists and general practitioners.
- Staff knowledge and provision of information and support to consumers and carers to access the range of health services available.

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:

- Current evaluation of the Court Liaison Officer position at Latrobe Regional Mental Health Service.
- Commencement of a pilot sub-acute service as a service partnership between Goulburn Valley Mental Health Service and Mental Illness Fellowship Victoria.
- Liaison and joint protocols with police and ambulance services (e.g. Southern Health, North West Mental Health Program).
- HARP funded early intervention network between mental health services and welfare services to increase community-based support options for homeless youth aged 12-25 years (i.e. Eastern Health Mental Health Program).
- Education sessions provided to Office of Housing workers regarding mental illness and available services (i.e. Inner West Area Mental Health Service).
- Resource manuals for staff, consumers and carers to support their involvement with other agencies where appropriate.

2.8.6 Possible future initiatives:

- Collaboration and partnerships with relevant services to design/redesign models of care to meet the complexity and levels of demand and improve consumer and carer outcomes.
- Service partnerships with disability support, housing, welfare, child and family, legal/forensic, education and employment services.
- Staff provision of up to date information and assistance to consumers and carers to access appropriate services.
- Monitoring and review of interagency activities/referrals/outcomes.
- Development, implementation and evaluation of joint service policies, procedures and protocols.

2.9 Standard 9: Service Development

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

2.9.1 Some current initiatives:

- Staff training and implementation of routine consumer outcome measurement, including monitoring of completion.
- Education and training programs including leadership development, medico-legal issues, performance management (e.g. Eastern Health Mental Health Program, North West Mental Health Program, St Vincent's Mental Health).
- Further development of mental health specific orientation programs and manuals (e.g. Southern Health, Caulfield General Medical Centre, North West Area Mental Health Service, St Vincent's Mental Health).
- Multidisciplinary graduate year programs developed/expanded (e.g. Werribee Mercy Mental Health Service, Alfred Psychiatry).
- Development of core competencies and credentialing processes (e.g. Eastern Health Mental Health Program, Barwon Health Mental Health Program, South West Healthcare).
- Use of process mapping to identify areas for further monitoring and improvement (e.g. North West Mental Health Program).
- Comparative data analysis and benchmarking to identify best practice. Services are benchmarking with other like services in the state, interstate and internationally, including participation in the ACHS mental health clinical indicators program.
- Development and collection of Mental Health Review Board process key performance indicators for the service (e.g. Mid West Area Mental Health Service).
- Annual service strategic and quality planning with quarterly or six monthly performance reporting to management and teams.
- Development and implementation of a Caseload Measurement Model between the Continuing Care Team and Mobile Support and Treatment Team to actively manage case management resources (i.e. North West Area Mental Health Service).
- Directorate or strategic plan 'scorecards' to enable internal monitoring and benchmarking (i.e. St Vincent's Mental Health Service and Peninsula Psychiatric Services respectively).
- Development of preceptorship programs for undergraduate and postgraduate students (e.g. Mid West Area Mental Health Service, Peninsula Psychiatric Services, Forensicare).
- Appointment of a Professor of Child Psychiatry at Royal Children's Hospital Psychiatric Services to provide leadership in research and practice.

- Minutes of all standing committees are widely disseminated and accessible to teams, consumer and carer consultants and key stakeholder groups (e.g. South West Healthcare).
- Development of supervision structures, guidelines and programs. For example, Latrobe Regional Hospital Mental Health Service conducted a research project into the perceived benefits of clinical supervision for nursing staff in 2003 and are now conducting further research into supervision practices.
- An Autism Spectrum Assessment Team has been established at Goulburn Valley Mental Health Service.
- Structural redevelopments to emergency departments to improve management of mental health presentations (e.g. Southern Health, Eastern Health, Barwon Health).
- Implementation and evaluation of an activities program within the acute inpatient unit at North East Health, which is based on best practice 'non-medical' interventions.
- Local workforce planning audits and recruitment and retention strategies (e.g. North West Mental Health Program, Peninsula Psychiatric Services).

2.9.2 Possible future initiatives:

- Development and review of quality, business and strategic plans is undertaken in consultation with staff, consumers, carers, other relevant service providers and the local community.
- Improving staff participation and value in supervision, professional development and performance review programs.
- Implementation of the *National Practice Standards for the Mental Health Workforce*.

2.10 Standard 10: Documentation

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

2.10.1 Some current initiatives:

- Staff training and supervision programs incorporate documentation standards.
- Consumer outcome measures are incorporated into the standard documentation of the service.
- Standardised documentation systems (hardcopy/electronic) throughout the service.
- Development of key performance indicators and targets to monitor compliance with documentation standards.
- Regular documentation audits with feedback at management, quality and staff forums.
- Further development and upgrades to local information technology and databases.

2.10.2 Possible future initiatives:

- Level of compliance with policies, procedures and guidelines.
- Process, frequency and follow-up of documentation audits.
- Collection, analysis and reporting of data to promote continuous quality improvement.
- IT infrastructure and support.

2.11 Standard 11: Delivery of Care

2.11.1 Some current initiatives:

- Development of risk assessment and management policies, tools and training (e.g. Eastern Health Mental Health Program, Forensicare).
- Establishment of sub-acute services (i.e. Goulburn Valley Mental Health Service, Eastern Health Mental Health Program).
- Review of frequent admissions and CATT clients, to develop planned, appropriate and consistent responses to their needs across the service (e.g. Mid West Area Mental Health Service).
- Alfred Psychiatry introduced integrated community teams that have demonstrated benefit for consumers and continue to be monitored
- Seclusion research projects at Southern Health and North West Mental Health Program.
- Single point of entry through psychiatric triage with a 1300 number (e.g. St Vincent's Mental Health).
- Monitoring of response times for crisis assessment and routine referrals (e.g. Wodonga Regional Mental Health Service).
- System of encrypted email being introduced at South West Healthcare to facilitate medication management between the mental health service and general practitioners across the region.
- Recovery group programs for young people experiencing first episode psychosis (e.g. Alfred Psychiatry, Goulburn Valley Mental Health Service, Barwon Health Mental Health Program).
- Evidence-based practice development through participation in research, use of research findings and links with research groups/centres. For example, a joint research project between North East Health and La Trobe University to evaluate brief psychological interventions within the inpatient unit.

2.11.2 Possible future initiatives:

- Improving access to services and continuity of care.
- Consistent provision and improvement of services that are responsive to emerging needs and achieve desired outcomes.

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

3. Gender Considerations

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

3.1 Austin Health – Mental Health Service

- Pap Test Project – Aimed at improving staff awareness of and response to the health needs of women with a mental illness. It involves staff training and the development of a staff information card to guide discussion of pap tests with female consumers.
- Parents and Children Support Group –Facilitated collaboratively between the mental health service and relevant non-government organisations. It has psycho-education and therapeutic components.
- Sexual Assault Policy.
- Inter-agency Women's Mental Health Network coordinated by the Women's Mental Health Consultant.

3.2 Ballarat Health – Grampians Psychiatric Services

- Staff training in family involvement in service delivery.
- Women's Anxiety Group – This group is aimed at developing the independence of women.
- Positive Parenting Program – This program is aimed at developing the parenting skills of women with a mental illness who are parents caring for their children. The safety of the parent and child are addressed as a priority in all aspects of life.
- Rostering guidelines and practices ensure availability of mixed gender staff on all shifts.

3.3 Barwon Health - Mental Health Program

- Same gender case manager available on request.
- Breast Feeding Policy.
- Community Residential Facility has a dedicated female gender specific unit with fitted duress alarm system.
- Acute Admission Unit has a family room.

3.4 Bayside Health – Caulfield General Medical Centre

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

3.5 Bayside Health – Alfred Psychiatry

- Collaboration and liaison with Prahran Mission regarding mother and baby support and an education group for women with a mental illness.
- Director of the Alfred Psychiatry Research Centre provides education to internal and external departments and agencies, and presents at state, national and international conferences on research relating to women with a mental illness.

3.6 Bendigo Health - Mental Health Program

- Policies and procedures for Gender responsiveness, Sexual Assault and Cultural Safety.
- 'Moving forward' therapeutic group aims to develop the capacity of women with postnatal depression to manage their symptoms and prevent recurrences. The postnatal depression program is a collaboration between the Centre for Rural Mental Health, Primary Mental Health Team and Community Health Services.
- Agreement established with the Centre Against Sexual Assault for collaborative practice.

3.7 Eastern Health - Mental Health Program

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

3.8 Goulburn Valley Health - Mental Health Service

- Primary Mental Health Team involved in therapeutic group activities conducted with Maternal & Child Health Nurses.
- Established 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

- Gender specific accommodation (including rooms & corridors) in the inpatient unit.
- Development of linkage agreement with sexual assault services with negotiations underway to provide staff training.
- Access to same gender practitioner at request.

3.10 Melbourne Health – Northern Mental Health Service

- Women's Mental Health Consultant promotes ongoing improvement in gender sensitive practice.
- Service partnership group established with domestic violence, sexual assault, family support and mental health services to exchange information, develop collaborative practices, identify and address service gaps, and strengthen consultation and liaison between agencies.
- Women's Mental Health Network meets on a monthly basis and has links to broader mental health promotion and community health networks.

3.11 Melbourne Health – Inner West Mental Health Service

- Development of Women's Sensitive Practice Policy & Procedure to ensure that the rights and needs of female clients with mental health issues are addressed appropriately and staff are provided with detailed referral sources specifically for women.
- Referral to local non-government organisations and psychiatric disability rehabilitation and support services who provide a range of gender specific groups.

3.12 Melbourne Health – Mid West Mental Health Service

- Seclusion protocols redeveloped to ensure appropriate attire is provided for consumers at risk of self-harm and clinically appropriate use of security/orderly staff.
- Identified staff attend a support group for people who have experienced sexual abuse or trauma.

3.13 Melbourne Health – North West Mental Health Service

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

3.14 Melbourne Health – North Western Aged Persons Mental Health Service

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

3.15 Melbourne Health – ORYGEN Youth Health Service

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

3.16 Mildura Base Hospital –Mental Health Service

- Formal meetings with CASA and other relevant services to identify opportunities for education and involvement in policy development for early identification of victims of sexual abuse.
- Postnatal Women's Group over 8 weeks for women experiencing depression and/or anxiety following childbirth. Childcare is provided during the group sessions.
- Gender preferred case management available on request and supported by policy.

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

- Early Motherhood Service provides health promotion, prevention, early intervention and case management for women who are at risk of or experiencing perinatal mental health problems. Includes a regional service provider network and volunteer network.
- Training Module "Women's Mental Health" provided to staff of the mental health service, community support workers and primary care providers. Also included in TAFE course for youth workers, alcohol and drug workers and relevant others.

3.18 Peninsula Health –Psychiatric Services

- Gender specific programs in adult and aged services.
- Seclusion policy incorporates gender sensitive practice and regular monitoring.
- Gender sensitive policy linked to staff training.
- Family/children areas in inpatient and community facilities.
- Physical and sexual assault policy.
- Policy to assist with managing individuals with sexually disinhibited behaviour.
- Female consumer consultant.
- Groups regarding physical and sexual health.
- Consultation–liaison services provided to Rosebud Hospital Mother and Baby program.
- Process established for care of pregnant women with a mental illness in inpatient units.

3.19 Royal Children’s Hospital –Mental Health Service

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

3.20 Southern Health –Mental Health Program

- Review of current program guidelines and protocols using the NSW Mental Health Services: Guidelines for the Promotion of Sexual Safety (July, 2004) to identify areas for improvement.

3.21 St Vincent’s Health –Mental Health Program

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

3.22 South West (Warrnambool) Healthcare –Psychiatric Services Division

- The core competencies and clinical pathways for risk assessment and management have been expanded to include assessment and management of risk that consumers may face as a result of their gender. A review of their trial use on the inpatient unit is currently underway.

3.23 Victorian Institute of Forensic Mental Health (Forensicare)

- Gender Sensitive Practice policy and procedure.
- Sexual Health policy and appointment of female GP to address sexual health issues with female consumers.
- Gender specific units and programs.
- Various gender specific groups including “Express Yourself”, “Helping Ourselves”, “Relationship Issues”, “Women and Children”, and craft project group.

3.24 Werribee Mercy Hospital – South West Mental Health Service

- Royal Women’s Hospital health information service and Sexual Health Clinic is promoted and consumers provided with assistance to access these services.

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.
- Evaluation of the strength-building program for women subsequently informed further improvements to content and structure.

4. Early Intervention Strategies

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

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

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

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

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

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

4.1 Austin Health – Mental Health Service

- Establishment of a website enabling primary care providers to download referral forms and other relevant information.
- Appointment of Eating Disorders Clinician on the Primary Mental Health Team. Supported by the establishment of a local committee and demonstration project in collaboration with the Centre for Excellence in Eating Disorders.
- Monthly education sessions for community health centre staff and general practitioners.
- Development of key performance indicators for the Primary Mental Health Team.

4.2 Ballarat Health – Grampians Psychiatric Services

- Planning to establish an early psychosis service is currently underway.
- Primary Mental Health Team steering committee monitors activities related to the Community Mental Health Plan and sets targets.

4.3 Barwon Health - Mental Health Program

- General and specialist early psychosis training depending on the target group
- Clinical and group program development for young people at risk of or experiencing first episode psychosis
- Development of best practice models and staff training in early intervention.
- Secondary consultation and shared care with primary care providers.
- Early Intervention Worker reviewed access to services by conducting clinical file audits and a demographic analysis. Also involved in developing mental health awareness through participation in community groups and forums.

4.4 Bayside Health – Caulfield General Medical Centre

- Consultation-Liaison psychiatry service, including a “Behaviours of Concern Program” that has promoted the role of portfolio holders in strategic areas.
- An audit of referrals for diagnostic groupings will now be followed up by research and development of delirium protocols
- A project with CATT and emergency department commenced to ensure appropriate triage of aged persons.
- To establish a database of GPs who have completed training in mental health to improve shared care practices
- A psychosocial rehabilitation service to be established with Prahran Mission to promote health and wellbeing of aged persons.

4.5 Bayside Health – Alfred Psychiatry

- Baseline audit prior to the introduction of the First Episode Psychosis Acute Care Pathway completed by the Quality Data Officer in October 2003. Audit to be repeated in six months after the introduction of the pathway.
- Acute Care Pathway completed in November 2003.
- Ongoing educational forums and sessions to community teams and inpatient staff about early intervention conducted by the early psychosis worker.
- Review of mechanisms and strategies for communication with families conducted by the early psychosis worker and the family and carer portfolio coordinator. Pamphlets and educational resource pack for families and carers being developed.
- Trial of *Me, Myself & Moving On* group conducted November, December and January 03/04. A group for young people who have experienced psychosis based on COPE (cognitively oriented psychotherapy for early psychosis). Coordinated and conducted by the Early Psychosis Worker and a clinical psychologist, the sessions are for 2 hours over a 9-week period.

4.6 Bendigo Health - Mental Health Program

- Database established to collect data on new referrals and early psychosis episodes.
- Early intervention coordinator negotiating staff training with ORYGEN Youth Health.
- Commenced Early Intervention Program Clinical Advisory Group meetings.
- Referral protocols and pathways for early psychosis clients being developed.

4.7 Eastern Health - Mental Health Program

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

4.8 Goulburn Valley Health - Mental Health Service

- Local early psychosis clinical guidelines developed, piloted and evaluated.
- Early Psychosis Special Interest Group to develop an action plan for extending early intervention education and services to the primary care sector.
- Primary Mental Health Team participating in a project with the Centre for Excellence in Eating Disorders to improve the provision of services at a local level.
- Protecting Children Report (2003) completed and circulated with information sessions planned for staff.
- CAMHS staff participate in the Innovations Project Service Network that aims to improve early intervention services for vulnerable and at risk families.

4.9 Latrobe Regional Health - Mental Health Service

- PMH&EI services now operating throughout the region with the establishment of four service centres in primary health care agencies.
- Development of education and training programs for primary care providers.
- Visits to GP clinics to provide direct care, consultation and education.
- Linkages with PCPs, PDRSS and EPPIC.
- Documentation audits to monitor pre and post initiative.

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

- Development of protocols to enable consumers who have exited the service to access a consultant review within 6 months to assist GPs to continue management outside the specialist public mental health system.
- Increased EFT for psychiatric consultation-liaison service to reduce waiting times
- Referral protocols between child and adolescent and adult mental health services being developed to improve transition between programs.
- PMHT provides education and training to service providers and the wider community for high prevalence disorders.
- Planned review of first episode psychosis clinical guidelines to ensure consistency with evidence-based practice.
- Recovery After Psychosis (RAP) group aims to assist young people with first episode psychosis to develop an understanding of their illness, strategies to prevent relapse, and to promote recovery and self-management of the illness.
- Development of a strategic plan in conjunction with EPPIC Statewide Services.
- Psychoeducation and support groups, e.g. Family and Friends, Children's Group, Recovery After Psychosis (RAP) initiative.
- Development of working relationships between Early Intervention Portfolio holders through monthly meetings and shared database.
- Development of information kits for young people experiencing first episode psychosis.
- Changes to rostering to enhance coordination of handovers and workload between ECAT/CAT and triage staff.

4.11 Melbourne Health – ORYGEN Youth Health Service

- The Personal Assessment & Crisis Evaluation Clinic (PACE) is a clinical research program that has been established to identify, understand and treat individuals who are at risk of developing a psychotic illness.
- The Mental Health Promotion & Partnerships Program (MHP&P) focuses on promotion, prevention and early intervention.
- There are 44 studies underway to develop best practice in the treatment and management of young people with mental illness.
- The Early Psychosis Prevention & Intervention Centre (EPPIC) provides a specialist, comprehensive early intervention program for young people (aged 15-24 years) with psychosis living in the Western region of Melbourne. It also provides education, training, resources, research and consultancy services on a Statewide basis.
- The Helping Young People Early Clinic (HYPE) provides a prevention and early intervention program for young people with emerging Borderline and other personality disorders.
- Training calendar reviewed, website updated, newsletters distributed nationally and internationally, conferences and forums held on early intervention.

4.12 Mildura Base Hospital –Mental Health Service

- PMHT established a joint project with the local Division of GPs for early detection and treatment of mental health problems. Monthly GP education sessions based on small group learning using case studies - 6 sessions conducted and evaluated to date.
- Perinatal Mental Health Service – provides specialist promotion, education and secondary consultation to service providers; case management to limited complex cases; and facilitates support groups for women and their families.
- Managing young people with emerging personality disorders –training program provided in collaboration with Spectrum for local service providers including youth services, child protection services, schools, drug and alcohol workers, welfare officers, TAFE, and District Student Services. Follow up roundtable meeting in 3 months to discuss impact on service delivery and consumer outcomes.

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

- PMHT clinicians co-located in 26 general practices throughout the catchment area. Agreement reached with the remaining 6 practices (and other community health services) to provide shared care, secondary consultation, education and training.
- A web-based resource for local service providers developed and currently being piloted.

4.14 Peninsula Health – Psychiatric Services

- PMHT provides primary and secondary consultation to 7 General Practitioner Groups, 57 GP's and 4 community health centres across Frankston and the Mornington Peninsula.
- First presentation psychosis guidelines developed using the *Australian Clinical Guidelines for Early Psychosis* and *Texas Implementation of Medication Algorithms* and followed by staff education. The clinical pathway is now being implemented with a planned integrity evaluation in April-May 2004. A trial is underway for tracking via the Client Management Interface (CMI) activity and wellbeing reports for this cohort.
- Planning for a joint early psychosis service between Southern Health and Peninsula Health is underway.
- Psycho-education and support groups for carers and consumers have been revised and schedule is ongoing with a very positive response regarding mutual support, early warning sign recognition and how to seek support/action.
- Aged Psychiatry Assessment and Treatment Service provides regular education to aged care services to assist with early intervention for difficult behaviours and treatment and support for people with functional disorders and /or dementia.

4.15 Royal Children's Hospital – Mental Health Services

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

4.16 Southern Health – Mental Health Program

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

4.17 St Vincent's Health – Mental Health Program

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

4.18 Wodonga Regional Health Service – Mental Health Service

Child & Adolescent Mental Health Service:

- Participation in *Supporting Kids of Parents with a Mental Illness Program* including camps for this group, program evaluation and submissions for funding.
- Staff presentations at a new mother's group.
- Anxiety and Depression Support Group for young people – cross border initiative that includes the local adult support group.
- Projects through the School Focussed Youth Service (SFYS) include support to schools to implement the Mind Matters program across the school curriculum, and involvement in the Youth at Risk Network for early recognition of those at risk of suicide in the community.

Adult Mental Health Service:

- Staff training in early intervention strategies.
- Participation in *Supporting Kids of Parents with a Mental Illness Program*
- Establishment of a PMHT and programs with links in outreach areas.

4.19 South West (Warrnambool) Healthcare –Psychiatric Services Division

- CAMHS and Mental Health Promotion Officer are developing 'flip cards' with graphics identifying early warning signs of mental illness and appropriate sources of help and information.
- PMHT's Early Intervention worker will be co-located part time on a pilot basis within schools and a youth agency in the region to provide consultation services.
- PMHT's Postnatal Depression worker held postnatal depression FOCUS groups with Maternal and Child Health Services and general practitioners, and organised Pram Walks for young mothers at risk of ante or postnatal depression to help overcome social isolation.

4.20 Werribee Mercy Hospital – South West Mental Health Service

- Establishment of a reference group to develop a screening and education strategy for community health centre's to increase access to specialist mental health services for children less than 15 years whose parents have a mental illness.
- Youth Initiative to increase youth access to GPs and provide support to GPs to better identify and treat youth depression and anxiety.

5. Appendix One

National Standards for Mental Health Services: Progress Reporting Template.

Amended September 2003.

6. Appendix Two:

Progress Reporting Guidelines for the National Standards for Mental Health Services

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

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

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

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

Note that some minor amendments have been made to the National reporting format to improve clarity and correspond to the new rating scale introduced with the 3rd edition of EQuIP (refer to Appendix Three). Use of the EQuIP rating scale allows comparison between reporting periods for the service and with the assessments made by external accreditors. Although use of the EQuIP rating scale has been strongly recommended by the Department to date, this is now a requirement for future reporting.

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

Section 1

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

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

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

Next External In-Depth Review:

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

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

Section 2

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

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

Name of Auspice Hospital/Health Service:

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

Self-Assessment/External In-Depth Review Outcomes:

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

For a service self-assessment -

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

Specify that the ratings have been made by the service.

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

For an External In-Depth Review -

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

Specify that the ratings were made by the accrediting agency.

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

Quality Improvement Strategy:

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

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

Progress/Outcomes for this 6-month period:

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

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

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

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

Section 3

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

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

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

Section 4

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

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

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

7. Appendix Three

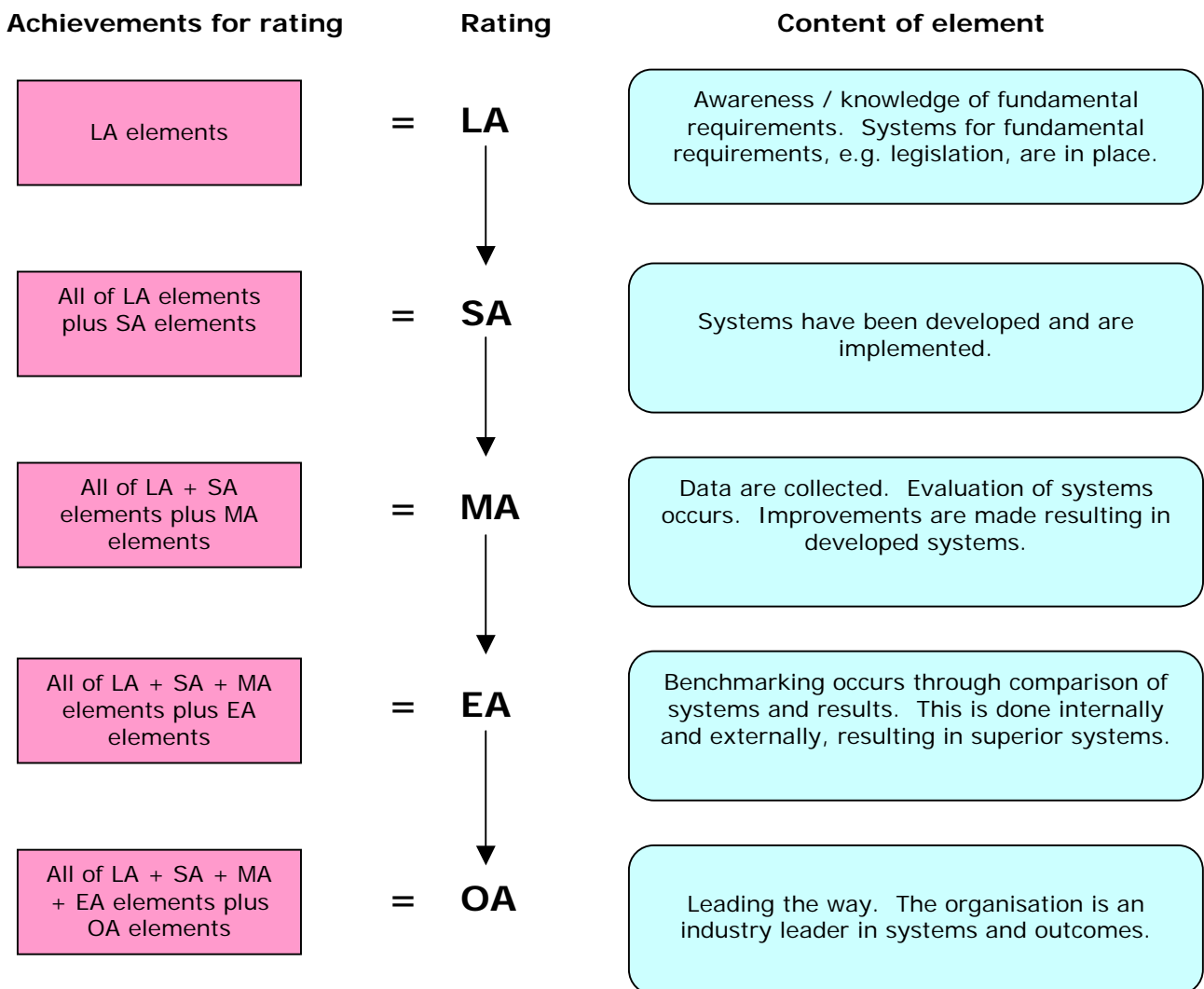
**Australian Council on Healthcare Standards (ACHS):
Evaluation and Quality Improvement Program
(EQuIP) 3rd Edition – Rating Scale**

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Rating:

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

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



8. Abbreviations

ACHS	- Australian Council on Healthcare Standards
AHMAC	- Australian Health Minister's Advisory Council
AMHS	- Adult Mental Health Service
APMHS	- Aged Persons Mental Health Service
CAMHS	- Child & Adolescent Mental Health Service
CATT	- Crisis Assessment & Treatment Team
CMHP	- Community Mental Health Plan
CMI	- Client Management Interface
ECAT	- Enhanced Crisis Assessment & Treatment
ECT	- Electroconvulsive Therapy
EPPIC	- Early Psychosis Prevention & Intervention Centre
EQuIP	- Evaluation & Quality Improvement Program
GP	- General Practitioner
HARP	- Hospital Admission Risk Program
HYPE	- Helping Young People Early Clinic
ISP	- Individual Service Plan
IT	- Information Technology
MHP&P	- Mental Health Promotion & Partnerships Program
NMHWG	- National Mental Health Working Group
NSMHS	- National Standards for Mental Health Services
PACE	- Personal Assessment & Crisis Evaluation Clinic
PCP	- Primary Care Partnership
PDRSS	- Psychiatric Disability Rehabilitation & Support Services
PMH&EI	- Primary Mental Health & Early Intervention
PMHT	- Primary Mental Health Team
RAP	- Recovery After Psychosis
SFYS	- School Focussed Youth Service

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