

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

Progress Report

March 2003

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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, each State and Territory has provided support to mental health services to implement the NSMHS and be accredited against them.

As part of the current Australian Healthcare Agreements (AHCA) for 1998-2003, mental health services are required to be scheduled for, or have completed, an external and in-depth review against the NSMHS by July 2003. This reflects a commitment to improving service quality as a key theme of the *Second National Mental Health Plan*, which is expected to continue in the *Third National Mental Health Plan* when it is finalised later this year.

The Victorian Government has restated a commitment to improving the quality and effectiveness of services in *New Directions for Victoria's Mental Health Services: The Next Five Years* released in September 2002. The Victorian Department of Human Services will continue to develop quality improvement and assurance mechanisms. There will be an increasing emphasis on a partnership approach to quality improvement based on building stronger relationships with stakeholders. There will be commitment to open exchange of information, feedback on service performance and assisting services to develop as 'learning organisations.'

## **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, skill 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 people and their communication and participation in service planning, delivery and review.

The NSMHS should be used to guide further improvement in service quality beyond the minimum benchmarks identified for service delivery. A rating of 'attained' or 'fully achieved' should not preclude opportunities for best practice and innovation in mental health services.

### **1.3 Implementation of the National Standards for Mental Health Services**

Each State and Territory is 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 their progress and outcomes on a regular basis. A copy of the national reporting format is located at Appendix A.

As of January 2003, all Victorian mental health services 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 were required to commence the six monthly cycle of reporting in March 2003. The first reports of progress with implementation of the NSMHS were for the period 1<sup>st</sup> September 2002 to 1<sup>st</sup> March 2003. This document provides a statewide summary of some current initiatives and possible future initiatives for each of the standards based on the first progress reports received from Victorian mental health services. This summary aims 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](mailto: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:**

- Development 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.
- Development of information posters, videos, brochures and/or kits for consumers and carers in the primary languages of the catchment area.
- Rollout of touch screen units in local community centres that provide information and seek feedback from mental health service. This is an initiative of Barwon Health Mental Health Program.
- Development of information for children of parents with a mental illness (e.g. Royal Children's Hospital, Peninsula Health Psychiatric Services).
- Documented clinical pathways to assist staff with effective, appropriate and timely communication of information (e.g. Goulburn Valley Mental Health Service).
- Checklists included in clinical records to prompt staff about what, how and when information should be provided.
- Documentation and site audits undertaken to determine if information is communicated and resources are readily available.
- Development of a consumer charter that is posted in all service sites and distributed in information kits (e.g. Grampians Psychiatric Services).
- Designated complaints/liason officer for the service who maintains registers/databases/reports of complaints/feedback and their follow up by the service.
- Staff job descriptions and orientation/training programs include recognition of the rights and responsibilities of consumers, carers and service providers.
- Use of staff surveys to assess awareness of the rights and responsibilities of consumers and carers (e.g. Alfred Psychiatry).

### **2.1.2 Possible future initiatives:**

- Service strategic and quality plans address the provision of information to consumers and carers.
- Development, monitoring and review of policies, procedures and guidelines in consultation with consumers and carers.
- Development, monitoring and review of communication processes and resources in consultation with consumers and carers.
- Information provided to consumers and carers in a range of modalities, levels of comprehension and languages as required.
- Relevant information provided more than once in a timely manner to consumers and carers during their period of involvement with the service.
- Staff awareness of rights and responsibilities of consumers, carers and service providers.

## **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:**

- Local service coordinators identified for Infection Control, Emergency Procedures and Occupational Health and Safety.
- Establishment of committees and audit processes to monitor compliance with safety standards, including Occupational Health and Safety Standards and Drug Treatment Standards.
- Development of Critical Incident Debriefing Service/Program (eg. North East Mental Health Service).
- Collation and review of critical incident/sentinel event reports, with summary reports developed for distribution and follow up within the service.
- Development of risk assessment and management policies, procedures, guidelines, documentation and related staff training (e.g. North West Mental Health Program, Barwon Health Mental Health Program, Goulburn Valley Mental Health Service, South West Healthcare Psychiatric Services Division).
- Installation/upgrade of Duress and Security systems in inpatient, community and residential services (e.g. Northern Mental Health Service, Mildura Mental Health Service).
- Refurbishment of inpatient facilities to improve staff access and monitoring of the environment (e.g. Southern Health Mental Health Program, Barwon Health Mental Health Program).

- Review of safety procedures during home visits.
- Regular staff training in suicide prevention and intervention, First Aid/CPR, emergency procedures and aggression management.
- Regular staff training in manual handling including back care to reduce staff injuries (e.g. Back Attack implemented at North Western Aged Persons Mental Health Program).

### **2.2.2 Possible future initiatives:**

- Systematic and comprehensive risk assessment, management and documentation practices.
- Enhanced staff awareness of potential safety issues and prevention in day-to-day clinical practice.
- Involvement of consumers and carers in promoting safety.
- 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:**

- Development of a consumer and carer participation policy and plan (e.g. Peninsula Health Psychiatric Services).
- 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).
- Establishment of consumer and carer advisory groups, reference groups and/or committees for service planning, implementation and evaluation.
- Consumer and carer representatives on service-wide quality committees.
- Consumer and carer participation in staff selection processes, orientation and training programs.
- Consumer and/or carer consultants employed by services; specific job descriptions, orientation and training programs to support their participation in the service (e.g. Goulburn Valley Mental Health Service).
- Conduct of consumer/carers/community forums for input to service planning and development (e.g. St Vincent's Health Mental Health Program).
- Surveys of consumers and carers, including questionnaires, focus groups, suggestion boxes, interactive media (e.g. Royal Children's Hospital, Alfred Psychiatry, Forensicare, North East (Wangaratta) Mental Health Service).

### **2.3.2 Possible future initiatives:**

- Organisational culture that values and supports consumer and carer participation at all levels of service delivery.
- Provision of appropriate education, training and support to consumers and carers to facilitate their genuine participation in planning, implementation and evaluation of services.
- 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:**

- Hospital or Health Service website includes a link to the mental health service.
- Involvement of consumers and carers in promotion, education and training activities for service providers and the wider community.
- Regular presentations at career nights and to Year 11 and 12 students at local schools to promote the service and career opportunities in a range of disciplines (e.g. Mid West Mental Health Service).
- Conduct of various activities for Mental Health Week, Schizophrenia Awareness Week and Oaks Day.
- Involvement in community groups, radio, newspaper, events and festivals.
- Involvement of consumers and carers in GP liaison activities.
- Establishment of placements/rotations for police officers within CATT services to improve understanding of mental health issues and respective service roles. This is an initiative of North West Mental Health Program.
- Gender specific health forums/programs held by mental health services in collaboration with generic health service providers, local government and community groups (e.g. St Vincent's Health Mental Health Program).
- Partnerships with academic and training institutions.
- Conference presentations.

#### **2.4.2 Possible future initiatives:**

- Involvement of consumers and carers in planning, implementation and review of activities aimed at promoting community acceptance of people with mental health problems.

## **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:**

- 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).
- Appointment of Privacy Officer (e.g. Grampians Psychiatric Services).
- All new staff appointment/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 and secure storage of clinical records.

#### **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:

- Recruitment of *Mental Health Promotions Officer* or *Community Development Worker*.
- Linkage agreements with various community services to provide sessions/consultations at the mental health service.
- *Primary Mental Health and Early Intervention Workers or Teams* established as a Statewide initiative.
- Development of local *Early Psychosis Programs* including clinical guidelines and pathways, individual and group programs, education and training, research, and service partnerships (e.g. Alfred Psychiatry).
- Development of a *Community Mental Health Plan* to identify needs and priorities for promoting community mental health.
- Establishment of *Children of Parents with a Mental Illness* portfolio to facilitate appropriate consultation, clinical and support services to this group. Checklists developed to identify and review needs for this group.
- Establishment of new positions to provide additional support to vulnerable groups including a *Youth Peer Support Worker* and *Court Liaison Worker* (e.g. Goulburn Valley Mental Health Service).
- Community newsletters and articles in local press to increase awareness of mental health issues and available services.

### 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:

- Establishment of portfolio coordinators and advisory committees on cultural issues.
- Visiting clergy service; access to hospital chapel; conduct of *Mental Health and Religion* seminars (e.g. Southern Health Mental Health Program).
- Resources on cultural issues in mental health (e.g. booklet on religion and mental illness developed by North East Mental Health Service; fact sheets developed by North Western Aged Persons Mental Health Program).
- Routine assessment and identification of specific dietary requirements of consumers admitted to bed-based services (e.g. Eastern Health Mental Health Program).
- Recruitment of bilingual case managers who develop links within their cultural community (e.g. North West Mental Health Program).
- Establishment of *Ethnic Mental Health Consultant* (e.g. North East Mental Health Service, North West Mental Health Program) and *Koori Mental Health Worker/Liaison Officer* (e.g. Goulburn Valley Area Mental Health Service) positions.
- Development and review of policies and procedures for cultural awareness and responsiveness of the service.
- Availability of internet/video/hardcopy information about the service and mental health issues in various languages.
- Staff education, training and consultations with the *Victorian Transcultural Psychiatry Unit* and *Victorian Foundation for Survivors of Torture*.
- Development of links with the *Victorian Aboriginal Community Health Organisation* and local cooperatives for indigenous people.
- Establishment of KPIs or a register to monitor use of accredited interpreters.
- Regular "talks" and publication in cultural communities to increase awareness of mental health issues and available services.

### 2.7.2 Possible future initiatives:

- Improved understanding of social and cultural groups represented in the local community.
- Improved access to services for people of culturally and linguistically diverse backgrounds.
- Staff training in 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:

- Service integration needs are reviewed and incorporated into service quality and strategic plans.
- Development and review of policies and procedures that support integration of the various components of the service.
- Enhancement of staff orientation programs and manuals.
- System of staff and student rotation/secondment across programs.
- Involvement of community staff at inpatient meetings/ward rounds to support continuity of care.
- Involvement of CATT staff in inpatient admission and discharge management.
- Intranet and electronic shared files for staff with authorised access.

### 2.8.2 Possible future initiatives:

- 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:

- Staff of the mental health service are represented on hospital/health service committees.
- Service protocols and *Linkage Agreements* to support integration and coordinated care between health services.
- Joint programs provided by mental health service and hospital/health service. For example, the HIV Liaison Nurse and Psychology Clinic at Alfred Hospital. The Neuropsychiatry and Eating Disorder Specialist Services, Consultation-Liaison and ECATT Services at Melbourne Health. The Consultation-Liaison Services at St Vincent's Health.
- Recruitment of *Dual Diagnosis Workers/Teams* and establishment of formal links with Drug and Alcohol Services. Services have primarily undertaken these activities as part of the Statewide Dual Diagnosis Initiative.

- Development of GP liaison role/coordinator at inpatient unit to facilitate discharge and community management (e.g. Alfred Psychiatry).
- GP Shared Care Committees/guidelines/documentation to promote partnerships in service delivery (e.g. Southern Health Mental Health Program, St Vincent's Health Mental Health Program).
- *A.L.E.R.T (Assessment, Liaison, Education, Referral and Treatment) Project* involving collaboration between the area mental health service, local Division of General Practice, hospitals, ambulance services, police and community health services to ensure effective follow-up of people at risk of suicide. Services undertaking this project include North West Mental Health Program and Goulburn Valley Mental Health Service.

#### **2.8.4 Possible future initiatives:**

- 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:**

- Development of joint protocols with psychiatric disability support services (e.g. Peninsula Health Psychiatric Services, St Vincent's Health Mental Health Program, Barwon Health Mental Health Program, South West Healthcare Psychiatric Services Division).
- Development of service networks with other sectors (e.g. Barwon Health Mental Health Program, North West Mental Health Program).
- Joint service development initiatives including the establishment of supported residential rehabilitation programs and piloting of sub-acute services (e.g. Goulburn Valley Mental Health Service).
- Mental health service staff are involved in community networks or projects.
- Resource manuals for staff, consumers and carers to support their involvement with other agencies where appropriate.
- Local initiatives with the education sector to develop prevention and early intervention strategies.

- Newsletters on mental health issues distributed to a range of service sectors (e.g. ORYGEN Youth Health).
- Carer Advisory Link that provides phone information and support to carers established by the mental health service in collaboration with other agencies/sectors. This is an initiative of Southern Health Mental Health Program.

#### **2.8.6 Possible future initiatives:**

- Links with other service that promote community integration of people with mental health problems including disability support, housing, welfare, child and family, legal/forensic, education and employment services.
- Staff knowledge and provision of up to date information to consumers and carers to support their involvement with the range of services available.
- Monitoring and review of interagency activities/referrals.
- Development, implementation and review 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:**

- Annual service strategic, business and quality planning.
- Recruitment of *Quality Managers/Coordinators* to provide leadership and coordinate continuous quality improvement activities.
- Staff education and training programs are linked to staff surveys and performance reviews (e.g. South West Healthcare Psychiatric Services Division).
- Use of the *National Practice Standards for the Mental Health Workforce* when planning staff education and training programs.
- Core competency development and certification programs for all clinical staff (e.g. South West Healthcare Psychiatric Services Division).
- Development of supervision structures, guidelines and programs. For example, Latrobe Regional Hospital Mental Health Services are conducting a research project into the perceived benefits of clinical supervision for nursing staff.
- Staff satisfaction surveys (e.g. Melbourne Health).
- Local workforce planning audits and recruitment and retention strategies.
- IT development, training and review (e.g. Grampians 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 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:**

- Documentation policies, procedures and guidelines.
- Standardised documentation systems (hardcopy/electronic) throughout the service.
- Development of KPIs to monitor compliance with documentation standards/benchmarks.
- Regular, random documentation audits (e.g. North East (Wangaratta) Mental Health Service and South West Healthcare Psychiatric Services Division).
- Transition to RAPID system.

### **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.

## **2.11 Standard 11: Delivery of Care**

### **2.11.1 Some current initiatives:**

- Development, implementation and review of clinical guidelines, pathways, checklists and indicators.
- Statewide implementation of routine consumer outcome measurement.
- Provision of consumer and carer information brochures/manuals/kits on admission to the service.
- Consumer "discharge packs" with information including a copy of their care plan, details for follow-up and service feedback forms.
- Development of "carer service plans."
- Established priority assessment process for children of parents with a mental illness (e.g. ORYGEN Youth Health).
- Internet queries received and responded to.
- Establishment and use of "family rooms" for visitors and increased flexibility of visiting hours on inpatient units.
- Evidence-based practice development through participation in research, use of research findings and links with research groups/centres. For example, projects undertaken by the Alfred Psychiatry Research Centre. The South West Healthcare Psychiatric Services Division Integrated Mental Health Care Model and International Research Project. The North West Mental Health Program TRIP (Translating Research Into Practice) Initiative.
- External benchmarking activities and sharing of insights/developments in practice (e.g. Barwon Health Mental Health Program).

### **2.11.2 Possible future initiatives:**

- Accessibility and availability of services.
- Continuity of services.
- Consistent provision and improvement of services that are responsive to emerging needs and achieve desired outcomes.
- Involvement of consumers and carers in treatment planning, delivery and review.
- 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 for people who decline an assessment and/or intervention.
- Routine monitoring of individual, service and community outcomes.
- Development of evidence-based and best practice and innovation.

### **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 & Repatriation Medical Centre – North East Mental Health Service**

- Pap Test Project – This project is 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 – This group is facilitated collaboratively between the mental health service and relevant non-government organisations. It has psycho-education and therapeutic components.
- Women's Mental Health Network – This is an inter-agency network coordinated by the Women's Mental Health Consultant.
- Sexual Assault Policy.

#### **3.2 Ballarat Health – Grampians Psychiatric Services**

- 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**

- Access to breast-feeding and baby change rooms.
- The Community Residential Facility has a dedicated female gender specific unit with fitted duress alarm system.

### **3.4 Eastern Health - Mental Health Program**

- Same Sex Attracted Service.
- Women's Reference Group.
- Women's Consultant.
- Gender Sensitive Practice Policy and Procedure.

### **3.5 Goulburn Valley Health - Mental Health Service**

- Gender Sensitive Practice Policy and Procedure.
- Staff education and training in gender sensitive practice.
- Flagging of incidents involving women by the Risk Assessment and Review Committee.
- Rostering guidelines and practices ensure availability of mixed gender staff on all shifts.
- Development of links with the Mid-Wifery Department of the health service.

### **3.6 Latrobe Regional Health - Mental Health Service**

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

### **3.7 Melbourne Health – Mid West Mental Health Service**

- Links with sexual assault services in the Emergency Department to facilitate referral where indicated.
- Consideration/high priority is given to the allocation of a case manager based on gender, ethnicity and history of abuse.
- Consumers receiving depot medication are given a choice in staff gender and the option of another person of the same gender being present.
- Staff peer support and training group for those working with people who have a history of sexual abuse.

### **3.8 Melbourne Health – Northern Mental Health Service**

- Concurrent groups for parents and children.
- Children's camp.
- KIDZ school holiday program and support group.
- Women's Mental Health Consultant
- Collaboration with local respite program to purchase respite services for women and their children
- Sexual Assault Interest Group and Policy.
- Launch of Women's Rights and Mental Health project.
- Women's Mental Health Network, with links to broader mental health promotion and community health networks.
- Staff education, training and resources for gender sensitive practice.
- Conference presentations on women's health and mental health issues.

### **3.9 Melbourne Health – North West Mental Health Service**

- Women's Healthy Lifestyle Group to provide support, motivation and resources for making healthy lifestyle changes.

### **3.10 Melbourne Health – North Western Aged Persons Mental Health Service**

- Residential units have single rooms for all residents to provide safety and privacy for female residents.
- Women only program activities.

### **3.11 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.

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

- Crossing the Chasm Project – The female consumer consultant oversees responsibility for ensuring appropriate personal items are available and that all staff are aware of the contact to reorder supplies. Links have also been established with local service clubs and charities to secure quality clothing items for the inpatient unit.
- Gender preferred case management available on request and supported by policy.

### **3.13 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. Also provides education and consultancy services. 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 other workers.

### **3.14 Peninsula Health –Psychiatric Services**

- Group programs for women in adult inpatient programs.
- Seclusion policy incorporates gender sensitive practice and regular monitoring.
- Gender sensitive policy linked to staff training.
- Aged program groups are gender specific (includes a health promotion group).
- 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.
- Ongoing assessment and secondary consultation for staff to support mothers with postnatal disorders.
- Quality project worker position description includes special needs program development with a focus on cultural awareness and gender sensitivity.

### **3.15 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.

### **3.16 Southern Health –Mental Health Program**

- Protocol developed for the management of sexual disinhibition in community, residential and inpatient settings with an emphasis on safety and prevention.
- Gender sensitivity and sexual safety considered in the allocation of bedrooms in the inpatient unit and residential services.
- CCT developed an education resource on "Safe Places for Women" with PDSS and provide secondary consultation to PDSS.
- Gender sensitivity incorporated into seclusion and medication protocols and practice.
- Access to same gender practitioner on request.
- Assessment documentation includes identification of dependents, vulnerability and abuse history.
- Visiting areas in inpatient units include play area for children

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

- Gender sensitivity policy.
- Incident reports reviewed for gender issues.
- Policy and practice is that all consumer bedroom doors may be locked.
- Women's Forum on depression conducted with the Community Health Centre.
- Parents at risk project with maternal and child health workers and a psychologist.

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

- Gender Sensitive Practice policy and procedure.
- Gender specific units and programs.
- Individualised and comprehensive assessment and treatment that recognises the biopsychosocial context of women's experience of mental illness.

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

- Any clients referred with identified or suspected history of sexual abuse are allocated a female worker for intake assessment and case management.
- All female clients have gender preferences identified and acknowledged with regard to intake assessment and case management.
- A designated portfolio worker for women's issues including contact with relevant agencies.
- Issues of consent, vulnerability, privacy and confidentiality are raised and documented at triage.

## 4. Early Intervention Strategies

As part of the Commonwealth, States & Territories commitment 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) teams in all area mental health service (AMHS) catchments is a recent Statewide initiative. The key objectives of the PMH&EI teams 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.
- Direct clinical interventions, including shared care.
- Case conferences.
- Review of clinical files within the respective AMHS where early psychosis is the identified diagnosis.
- Establishment of Early Psychosis Advisory Committees/Working Party within the respective AMHS.
- Education and training for GPs and community health 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 & Repatriation Medical Centre – North East Mental Health Service**

- CAMHS – 2 multidisciplinary teams assist preschool nurses, kindergarten teachers and others working with preschool children with the early identification and remediation of developmental disorders.

## **4.2 Ballarat Health – Grampians Psychiatric Services**

- Collaboration with EPPIC to develop and implement education strategies for health, welfare and education sectors.

## **4.3 Barwon Health - Mental Health Program**

- Development of a Service for Children of Parents with a Mental Illness – This is a 12 month project. Progress to date includes the development of position descriptions and advertising to recruit to these positions.
- Training provided by the Mental Health Promotions Officer.
- Development of an information card for emergency services to distribute to people who have witnessed a distressing event to advise them of possible short and long term effects.
- Early Intervention Worker role includes targeting access and awareness.

## **4.4 Bayside Health – Mental Health Program**

- Early Psychosis Worker and Program.
- Education and training programs/forums and resources for clinical staff, consumers, carers, general practitioners and other service providers.
- Development of local database of GPs with an interest in mental health.
- Primary, secondary and tertiary consultation for 16-25 year olds.
- Development of Early Psychosis policy, service guidelines and treatment pathway.
- Staff Newsletter to keep them informed of initiatives.

## **4.5 Eastern Health - Mental Health Program**

- GP training in early intervention strategies.

## **4.6 Goulburn Valley Health - Mental Health Service**

- Early Psychosis Special Interest Group.
- Development of Early Psychosis Program underway.

## **4.7 Latrobe Regional Health - Mental Health Service**

- Provision of education and secondary consultation to GPs, private practitioners and other health providers in the community.
- Intensive Mobile Youth Outreach Service Program.

## **4.8 Melbourne Health – Mid West, Northern and North West Mental Health Services**

- Enhanced/Emergency CATT services.
- Consultation-Liaison services.
- ORYGEN Youth Health services
- Recovery After Psychosis initiative (RAP)
- Early Intervention Worker/Portfolio holders.
- Education and training provided to service providers, consumers, carers and the wider community.

## **4.9 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.
- 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.

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

- The PMH&EI team has established a joint project with the local Division of GPs for the early detection and treatment of mental health problems.
- Peri-Natal 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.

#### **4.11 North East Health – North East (Wangaratta) Mental Health Services**

- Early Motherhood Service – plans to incorporate with the PMH&EI service.
- Healthy & Wise – This is a group based education program targeting the general population of older people. The program aims to reduce the risk of depression for participants by improving awareness of mental health and wellbeing and by increasing resilience and teaching self-care strategies. Charles Sturt University evaluated the program and found that participants demonstrated statistically significant improvements in wellbeing from pre to post test and this improvement was maintained at 6-month follow-up.

#### **4.12 Peninsula Health – Psychiatric Services**

- First Presentation Psychosis Project based on national and international clinical guidelines and a locally documented clinical pathway for early intervention.
- Ongoing education and consultation program for generic service providers.

#### **4.13 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.
- Pilot project with local primary school to understand a child’s view of mental health and their help-seeking behaviours to improve mental health information and services provided to them.
- Peer Educators Community Project – This project aims to develop a support framework for peer educators (who represent their community) to facilitate mental health promotion and community acceptance.
- Mental Health Promotions Officer coordinates a Schools Health Promotion Network with both independent and government schools.

#### **4.14 Southern Health – Mental Health Program**

- Consultation and training with EPPIC.
- Parents & Infants Program to promote infant mental health.

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

- Education and training is provided to service providers, consumers, carers and the wider community.

#### **4.16 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.
- Infant Mental Health Conference planning with other agencies for June 2003.
- Staff presentations at 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) – provision of support to schools to implement the Mind Matters program across the school curriculum; 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

## 5. Appendix A

## 6. References

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