

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

Progress Report

September 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.

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. This commitment to improving service quality as a key theme of the *Second National Mental Health Plan* has continued 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 assurance 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, 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 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, innovation and leadership in the field.

## **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 One.

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 commenced 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. A statewide summary report was published by the Department of Human Services to provide feedback to services on their progress with implementation of the NSMHS.

The current report represents the second statewide summary report published by the Department and is based on the progress reports submitted by services for the period 1<sup>st</sup> March to 1<sup>st</sup> September 2003.

Both statewide summary reports include some current initiatives and possible future initiatives for each of the NSMHS. 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](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:**

- Implementation 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.
- Establishment of a register of 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 Health).
- 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).
- Development of orientation folders or information packs for consumers of acute inpatient services (i.e. North East (Austin) Area Mental Health Service, Caulfield General Medical Centre).
- Video for consumers of acute inpatients services that includes information about rights and aspects of the ward routine and environment (i.e. Southern Health).
- Video that describes services provided and vignettes of patient management (i.e. Alfred Psychiatry).
- Large print orientation booklets developed for aged consumers (i.e. North West Aged Persons Mental Health Service).
- Checklists or stickers used in clinical records to prompt staff about what, how and when information should be provided.
- Development of a consumer charter that is posted in all service sites and distributed in information kits (e.g. Grampians Psychiatric Services, Barwon Health Mental Health Program).
- Designated complaints/liaison officer for the service who receives and monitors 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.

- Consumers are made aware of and have access to a free legal service provided by Legal Aid on a weekly basis, primarily for MHRB hearings but also for other issues (e.g. Alfred Psychiatry, ORYGEN Youth Health).

### **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 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:**

- Fortnightly schedule of risk management refresher sessions (e.g. Northern Area Mental Health Service).
- A 'systems' consultant contracted to discuss system issues with staff and ways to improve staff functioning and safety (i.e. Forensicare).
- Establishment of 'expert panels' or committees to undertake root cause analyses of sentinel and adverse events (e.g. Southern Health, Peninsula Psychiatric Services, Bendigo Psychiatric Services).
- Benchmarking of clinical indicators for self-harm and assault with peer organisations (e.g. Peninsula Psychiatric Services).
- Limited adverse events screening for unplanned readmissions to acute inpatient services (e.g. Grampians Psychiatric Services).
- Falls Prevention Project where patients are assessed and managed to reduce the risk of falls on acute inpatient units (i.e. Alfred Psychiatry).
- Monitoring of risk assessment and management practices and documentation (e.g. North West Mental Health Program, Barwon Health Mental Health Program, Goulburn Valley Mental Health Service, South West Healthcare).
- Installation/upgrade of Duress and Security systems in inpatient, community and residential services (e.g. Northern Mental Health Services, Mildura Mental Health Services, South West (Werribee) Mental Health Services).

- Improvements for infant and child safety at service sites (i.e. South West (Werribee) Mental Health Service).
- Review of safety procedures during outreach visits (e.g. Southern Health).
- Regular staff training in suicide prevention and intervention, First Aid/CPR, emergency procedures and aggression management.

### **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.
- 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.
- 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 consumer and carer participation policies, plans and programs (e.g. Forensicare's Consumer Participation Program was a finalist at the recent TheMHS awards).
- Supervision arrangements for consumer consultants with the Victorian Mental Illness Awareness Council (e.g. Southern Health).
- Consumer consultants involved in reviewing information regarding relapse profiles with clinicians (e.g. Peninsula 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, carer and community advisory groups, reference groups and/or committees for service development (e.g. Mildura Mental Health Service, Forensicare).
- Consumer and carer representatives on service-wide quality committees.
- Consumer and carer participation in staff selection processes, orientation and training programs.

- Consumer involvement in research projects (e.g. North West Mental Health Program).
- 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).
- Consumer and Carer newsletters (e.g. ORYGEN Youth Health, Caulfield General Medical Centre).
- Promotion of role and availability of consumer and carer consultants through posters, brochures and media (e.g. South West Healthcare, Goulburn Valley Health).
- Conduct of consumer/carer/community forums for input to service planning and development (e.g. North West Mental Health Program, St Vincent's Health Mental Health Program).
- Surveys of consumers, carers and visitors 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.
- 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:**

- 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).
- Education programs for staff at general hospitals and community health services (e.g. North East (Austin) Area Mental Health Service, Caulfield General Medical Centre).
- Involvement of consumers and carers in promotion, education and training activities for service providers and the wider community.

- Regular presentations to 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. For example, Barwon Health Mental Health Program researched and developed a "Life Can Be Sweet" flip card to convey information re: mental health for young people that will be launched during Mental Health Week in October 2003.
- Involvement in community groups, radio, newspaper, events and festivals.
- Involvement of consumers and carers in GP liaison activities.
- Establishment of placements 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.
- Community development and education forums 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, Grampians Psychiatric Service).
- Use of peer educators to identify community needs for awareness and acceptance of mental health issues (e.g. Royal Children's Mental Health Service).
- 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.
- Development of opportunities for 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:**

- Rooms made available and furnished to provide outpatients recovering from ECT with space and privacy within the inpatient unit (e.g. Goulburn Valley Health).
- 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.

### **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:**

- Linkage agreements with various community services to provide sessions/consultations at the mental health service.
- *Primary Mental Health and Early Intervention Services* are building relationships with primary care providers and providing direct care, education and consultation services.
- 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).
- Statewide police education regarding mental health issues and services (i.e. Mid West Area Mental Health Service).
- Development of *Community Mental Health Plans* to identify needs and priorities for promoting community mental health as part of the *Primary Mental Health and Early Intervention Initiative*.
- Establishment of *Children of Parents with a Mental Illness* portfolio or services to facilitate appropriate consultation, clinical and support services to this group. Checklists developed to identify and review needs for this group.
- Prevention and mental health promotion activities coordinated by *Mental Health Promotion Officers* or *Community Development Workers* (e.g. Southern Health, ORYGEN Youth Health, Royal Children's Mental Health Service).
- 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:

- Collaborating with the Migrant Resource Centre to provide workshops in the local area on understanding mental health issues in cultural groups (i.e. Peninsula Psychiatric Services).
- Recruitment of *Spiritual and Emotional Wellbeing Workers* to enhance cultural responsiveness (i.e. Bendigo Psychiatric Services).
- Recruitment of bilingual case managers (e.g. Caulfield General Medical Centre, North West Mental Health Program), *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), who develop links within their respective cultural communities.
- Development and review of policies and procedures for cultural awareness and responsiveness of the service.
- Development of information resources regarding mental health issues and services that are translated into the various languages of the target population.
- Staff education, training and consultations with the *Victorian Transcultural Psychiatry Unit* and *Victorian Foundation for Survivors of Torture*.
- Development of formal partnership agreements with local Aboriginal Health Services or Cooperatives based on collaborative practice (e.g. Mildura Mental Health Service).
- Service review and development to improve processes for culturally sensitive practice undertaken jointly with Victorian Transcultural Psychiatry Unit (e.g. Northern Area Mental Health Service).
- Inclusion of Koori specific culturally sensitive practice into the staff Core Competencies assessment program at South West Healthcare.
- Establishment of KPIs or a register to monitor use of accredited interpreters.

- Education on the Mental Health Act undertaken jointly with the Mental Health Legal Centre using interpreters (i.e. Caulfield General Medical Centre).
- Collaborative project between North East (Austin) Mental Health Service and Royal Children's Mental Health Service to improve access to services for refugees and people from culturally & linguistically diverse backgrounds.

### **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 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 (e.g. Wodonga Regional Mental Health Service).
- HARP 'Care in Context Project' with involvement of community and general practitioners (i.e. Southern Health).
- Links between metropolitan and rural mental health services to facilitate joint study days for the Graduate Nurse Program (e.g. Goulburn Valley Health).
- 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.
- Appointment of Case Management Coordinator to ensure a coordinated and consistent approach to treatment planning across the continuum of care (i.e. Northern Area Mental Health Service).

### **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.
- Placement of Emergency Department staff on CATT shifts to improve responses to people with a mental illness when they present at the Emergency Department (i.e. Peninsula Psychiatric Services).
- Autism Assessment Service managed and coordinated by CAMHS and delivered in partnership with allied health services (i.e. Goulburn Valley Health).
- *'Holding it Together Project'* (funded through the Victorian Hospital Admission Risk Program – HARP) involving a partnership with mental health services and drug and alcohol services to reduce preventable use of emergency departments and inpatient services (i.e. St Vincent's Mental Health Service).
- 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.
- Use of intranet to provide opportunity for staff to access minutes from mental health service and general hospital meetings (e.g. Mildura Mental Health Service).
- 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).

### **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:**

- Professional development activities provided for school staff in the catchment area (i.e. Latrobe Regional Health).
- Liaison and joint protocols with police and ambulance services (e.g. Southern Health, North West 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).
- Development of formal networks with other service sectors (e.g. Barwon Health Mental Health Program, North West Mental Health Program).
- Establishment of a pilot sub-acute service as a service partnership between Goulburn Valley Mental Health Service and Mental Illness Fellowship Victoria.
- 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 service sectors to facilitate community integration of people with mental health problems. These include 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.
- 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:**

- Annual service strategic, business and quality planning with quarterly or six monthly performance reporting to all teams.
- Education for staff regarding quality management and strategies (e.g. Wodonga Regional Mental Health Service).
- Directorate 'scorecards' to enable internal benchmarking (e.g. St Vincent's Mental Health Service).

- Benchmarking with other Victorian and interstate mental health services on clinical indicators (e.g. Forensicare, Goulburn Valley Health).
- Mildura Mental Health Service in collaboration with Monash University provides a fully funded one year *Graduate Diploma in Mental Health Nursing*.
- Nursing Preceptorship Program at Peninsula Psychiatric Services.
- North East (Austin) Mental Health Service has established a *Psychiatric Nursing Development and Education Centre*.
- Southern Health has established a network of psychiatric nurse educators known as PsyNET, which conducts a range of education and supervision programs.
- Supervision contracting for nursing and allied health staff (e.g. North West Area Mental Health Service).
- Core competency development and certification programs for clinical staff (e.g. South West Healthcare, Barwon Health Mental Health Program).
- Mid-West Area Mental Health Service established a Metabolic Unit for the CCU and MST programs to monitor consumer body mass index and general physical health, and to develop healthy lifestyle programs.
- Development of supervision structures, guidelines and programs. For example, Latrobe Regional Hospital Mental Health Services conducted a research project into the perceived benefits of clinical supervision for nursing staff.
- Alfred Psychiatry held a *Nursing Leadership Forum*, which considered a literature review of supervision practices.
- Grampians Psychiatric Service sponsored a *Clinical Supervision Conference*.
- Local workforce planning audits and recruitment and retention strategies (e.g. North West Mental Health Program).

### **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:**

- Standardised documentation systems (hardcopy/electronic) throughout the service.
- Development of KPIs to monitor compliance with documentation standards and benchmarks.
- Regular documentation audits (e.g. South West Healthcare, Southern Health, Wodonga Regional Mental Health Service).
- Multidisciplinary assessment form introduced at St Vincent's Mental Health Service.
- Electronic prescribing mechanism (i.e. North East (Wangaratta) Mental Health Service).

### **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 a carer needs assessment tool in consultation with carers (i.e. Southern Health).
- Introduction of an electronic 'Community Referral Directory' (i.e. Forensicare) to improve treatment and discharge outcomes.
- North East (Austin) Mental Health Service established an award winning 'Group Activity Program' in the Secure Extended Care Unit. The program has led to a reduction in seclusion rates, incidents and mechanical restraint.
- Statewide implementation and training in routine consumer outcome measurement.
- Latrobe Regional Health reviewed available rehabilitation models, their evidence base and applicability for local implementation. The Wollongong Collaborative Recovery Model has subsequently been adopted and staff training requirements are being considered.
- Transport program provided to consumers and carers to facilitate access to services for semi-rural areas (i.e. Peninsula Psychiatric Service).
- Established priority assessment process for children of parents with a mental illness (e.g. ORYGEN Youth Health).
- Seclusion research project at Inner West Area Mental Health Service – debriefing program for consumers exiting seclusion.
- Establishment and use of "family rooms" for visitors and increased flexibility of visiting hours on inpatient units.

- Alternative therapies (such as Snoezelen, aromatherapy and massage) available to consumers in residential aged care facilities of North West Aged Persons Mental Health Service and Caulfield General Medical Centre.
- Occupational Therapy Clinic established – available to case managers to refer clients for assessment and management of occupational performance issues (i.e. North West Area Mental Health Service).
- Out of Area Bed Management Strategy – a collaborative project between North West Mental Health Program and South West (Werribee) Mental Health Service) to coordinate bed allocations.
- Discharge planning audit that included a survey of GP satisfaction with communication from the mental health service (i.e. Caulfield General Medical Centre).
- 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 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 and developments in practice (e.g. Barwon Health Mental Health Program).

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

- Improving accessibility and availability of services.
- Improving 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 of evidence-based and best practice, and service 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 – 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.
- Women's Mental Health Network – An inter-agency network coordinated by the Women's Mental Health Consultant.

#### **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**

- Same gender case manager available as requested.
- Facilitation of contact with female consumer consultants or consumer academics.
- 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 Bayside Health – Caulfield General Medical Centre**

- Intake and Referral system identifies at point of entry into the service gender preferences for case management and medical assessment that are subsequently accommodated.
- Supervision includes support to case managers to deliver gender sensitive support and treatment.
- “Out and About Group” that offers community social and recreational opportunities for women with a health promotion focus.
- A 2-year pilot project with local council to provide linkage and support to women to enable access to identified health services

### **3.5 Bendigo Health - Mental Health Program**

- Policies and procedures for Gender responsiveness, Sexual Assault and Cultural Safety.
- Inpatient women’s group – topics include sexual health, safety and privacy issues, journaling, talking to your doctor and available services.
- ‘Strength Building’ group program for women experiencing mild to moderate depression and/or anxiety.
- Postnatal depression program – ‘Moving Forward’ therapeutic group.

### **3.6 Eastern Health - Mental Health Program**

- Mother & Baby Program
- 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 Policy and Procedure.

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

- PMH&EIT involved in therapeutic group activities conducted with Maternal & Child Health Nurses.
- Raising awareness about the issues for women arising from rapid adoption and the stolen generation by presenting at public forums.

### **3.8 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.

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

- Continued employment of Women’s Mental Health Consultant.
- Women’s Mental Health Network meets on a monthly basis and has links to broader mental health promotion and community health networks.

### **3.10 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.

### **3.11 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.

### **3.12 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.

### **3.13 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 of female consumers.

### **3.14 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. Checklist to be developed and incorporated into the mental health service assessment process and documentation. Aims to promote gender sensitive practice and appropriate referral.
- Postnatal Women's Group is an 8-week program for women experiencing depression and/or anxiety following childbirth. The group offers women the opportunity to meet others experiencing similar emotional difficulties following childbirth and share these experiences and coping strategies. Childcare is provided during the group sessions.
- Gender preferred case management available on request and supported by policy.

### **3.15 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.
- Needs of Older Women with Depression – A strengths-based training program commenced in March 2003.
- Express Yourself – A pilot program targeted to at-risk females 12-25 years of age that was conducted over 8 weeks from March to June 2003. The program aimed to increase social connectedness and self-awareness. An evaluation is currently underway to determine outcomes and future plans.

### **3.16 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.
- Consultation – liaison services provided for the hospital Mother and Baby program.

### **3.17 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.

### **3.18 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. Same gender practitioner offered to consumers who require depot medication.
- Assessment documentation includes identification of dependents, vulnerability and abuse history.
- Visiting areas in inpatient units include play area for children.
- Mother and Baby Unit established a Breastfeeding Group.

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

- Gender sensitivity policy.
- Consumers able to request gender of case manager.
- 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.

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

- The Core Competencies and clinical pathways for Risk Assessment and Management have been expanded to include assessment and management of risk that consumers may face as a result of their gender.

### **3.21 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.

### **3.22 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.

### **3.23 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 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) 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 Parties 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**

- Establishment of website enabling primary care providers to download referral forms and other relevant information.
- Appointment of Eating Disorders Clinician on PMH&EI team. Supported by establishment of 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 KPIs for the PMH&EI team.

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

- Collaboration with EPPIC to develop and implement education strategies for health, welfare and education sectors.
- PMH&EIT is auditing files to identify early intervention issues and service gaps.
- Service Partnership established between the mental health service, general health service providers and the Centre of Excellence in Eating Disorders. The partnerships aim to provide primary providers and specialists with principles of best practice and pathways for referral and treatment.

## **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 in collaboration with Glastonbury Children's Services. Aims to provide education, secondary consultation and development of peer support processes.
- Training provided by the Mental Health Promotions Officer to schools, youth groups and sport clubs to increase mental health literacy re: early intervention and referral amongst non-professional groups.
- Early Intervention Worker role includes targeting access and awareness by conducting mental health service file audits, an interest group and journal club.

## **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.
- Joint assessments with PMH&EIT for aged persons.

## **4.5 Bayside Health – Alfred Psychiatry**

- Early Psychosis Worker and Program.
- Education and training activities and resources for clinical staff, consumers, carers, general practitioners and other service providers.
- Development of a local database of GPs with an interest in mental health.
- Primary, secondary and tertiary consultation for 16-25 year olds.
- Implementation of Early Psychosis policy, service guidelines and treatment pathway.
- Consumer and carer support groups.
- Regular newsletter to keep staff informed of initiatives.

## **4.6 Bendigo Health - Mental Health Program**

- Policies, procedures and guidelines for:
  - Management of first episode psychosis
  - Community acceptance
  - Mental health promotion
  - Shared care with general practitioners.
- Key performance indicators collected and reviewed on a monthly basis and reported to clinical team meetings and clinical risk management committee meeting.

## **4.7 Eastern Health - Mental Health Program**

- CAMHS & CEAMHS providing a weekly First Episode Psychosis group for young people.
- 'CAMHS in Schools' project with MHB involvement to review & develop service partnerships.

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

- Early Intervention Special Interest Group – draft guidelines for services to young people (16-25) experiencing or at risk of experiencing their first psychotic episode is under consultation with staff, consumers and carers.
- Children of Parents with a Mental Illness – Involvement in a 3 year funded Youth Peer Support Program being coordinated and evaluated by the Centre for Adolescent Health. It aims to provide education, support and coping strategies for children of parents with a mental illness and is facilitated by a mental health clinician and peer youth leader.
- Sub-acute care pilot project – Establishing a 'step up – step down' service option between inpatient and community services. A service delivery partnership with the Mental Illness Fellowship of Victoria.

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

- Researching development needs and devising education programs for primary care providers.
- Local PMH&EI service regional advisory group.
- Visits to GP clinics for PMH&EI services to provide direct care, consultation and education.
- Establishing links with schools, community health centres, DHS children's services, aboriginal cooperatives.
- Attending PCPs and various consumer and carer community forums.
- Documentation audits to monitor pre and post initiative.

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

- 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.
- Education and training provided to service providers, consumers, carers and the wider community.
- Changes to rostering to enhance coordination of handovers and workload between ECAT/CAT and triage staff.
- Referral protocols between CAMHS and AMHS being developed to improve transition between programs.

## **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.

#### **4.12 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. Monthly GP education sessions are conducted based on small group learning using case studies. Six sessions have been 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. There will be a follow up roundtable meeting in three months to discuss the impact on service delivery and consumer outcomes.

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

- PMH&EI service clinicians have been co-located in 27 general practices throughout the catchment area. They are providing education, training and secondary consultation to primary care providers.
- A web-based resource for local service providers is under development.

#### **4.14 Peninsula Health – Psychiatric Services**

- Primary Mental Health Services has established links with 25 general practices and 5 community health centres in the catchment.
- First Presentation Psychosis guidelines developing using the Australian Clinical Guidelines for Early Psychosis and the Texas Implementation of Medication Algorithms (TIMA 2000).
- Staff training and review of clinical pathway for early intervention.

#### **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.
- 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.

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

- Consulting with EPPIC to establish a local Early Psychosis Program.
- Parents & Infants Program to promote infant mental 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 Psychosis 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 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) –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

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

- Early Intervention worker has conducted an extensive file audit to determine current response to target group. Data collection will occur periodically to determine impact of Early Intervention program on this component of service delivery.
- Postnatal Depression staff member appointed to PMH&EI team. Post Natal Depression Steering Committee with extensive representation from the service sector has been established and a program developed.

#### **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 under 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 3<sup>rd</sup> 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 1<sup>st</sup> March to 1<sup>st</sup> September or 1<sup>st</sup> September to 1<sup>st</sup> March. Insert the dates with the corresponding year (s) of the 6-month period *preceding* the date you are submitting the report.

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

### Next External In-Depth Review:

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

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

## Section 2

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

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

### Name of Auspice Hospital/Health Service:

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

### **Self-Assessment/External In-Depth Review Outcomes:**

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

#### For a service self-assessment -

Specify the level of achievement of each of the standards using the EQUIP 3<sup>rd</sup> 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.	Provide a brief description of the purpose, methodology, progress and outcomes of the Early Intervention programs and activities within your inpatient, community and/or residential settings.  Specify the timeframes for these programs and activities, including how the benefits will be sustained.

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

In Victoria, the establishment of Primary Mental Health and Early Intervention (PMH&EI) teams 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 teams. 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) 3<sup>rd</sup> Edition – Rating Scale**

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Rating:

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

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

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

## 8. References

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