Quality and Safety Bulletin

Office of the Chief Psychiatrist

November 2025

OFFICIAL

In this issue

Table of Contents

Message from Sophie

Dear Colleagues,

Welcome to our quarterly Quality and Safety Bulletin, which brings you useful information from across the mental health and wellbeing sector.

There is much to say and no time to read – so we will strive to provide the most important things succinctly. Please reach out to the Office of the Chief Psychiatrist team for any queries, feedback or bright ideas for how we could do this better.

I have been in this role a bit over a year now and want to highlight a recent event that really struck me as a good representation on how far we have come as a sector in recent years.

Many of you are aware that there was a serious incident at the Royal Melbourne Hospital a few weeks ago, with significant impact on consumers and staff who witnessed it and had to respond. From the nursing staff on site that day, to those who took action, to those who protected others, and to those who helped defuse afterwards, thank you from the Office of the Chief Psychiatrist team – you are what makes this sector great, resilient and able to provide care when the chips are down.

I also want to flag the collegial and responsive support the Royal Melbourne received from across the sector. While not many could do tangible things, the reach out to Royal Melbourne demonstrated how we think of ourselves as a sector, a group of people committed to the common good and to each other. Many years ago, the role of the Authorised Psychiatrist was to protect their own services. Now we reach out to see if we can help another's. I personally am super proud of us and this wonderful shift towards a shared community.

Thank you to you all. You make this job meaningful.

Best wishes,

Sophie

News – Key updates

This section has information on news and recent developments in the mental health and wellbeing sector.

Upcoming OCP events

Quality and Safety Forums

- Eating Disorders – 2 Dec 2025
- Complex Needs – 18 Feb 2026
- Cultural Competency and Social and Emotional Wellbeing – May 2026

Other OCP events

- Authorised Psychiatrist meetings (3 Dec 2025, 2026 TBC)
- Portfolio meetings:
    - Infant Child and Youth Mental Health Services

Quality and safety forums

Morbidity and mortality – 7 September

The most recent OCP Quality and Safety forum was the Morbidity and Mortality forum. The event brought together 124 attendees from across the sector to understand the factors that lead to the death of people receiving mental health care, and to prevent future fatalities.

Attendees took part with enthusiasm and openness, welcoming the opportunity to expand the benchmarking of data and share knowledge about professional practice. Central to the discussions was the challenge of identifying the most appropriate numerator for benchmarking services so that comparisons across organisations can be accurate and meaningful. This focus on data integrity highlighted the sector's commitment to continuous improvement and the advancement of quality and safety.

Lived experience staff working in mental health and wellbeing services who have been involved in incident reviews represented valuable consumer, carer and family perspectives, enriching the dialogue with insights from those directly impacted.

A highlight of the day was an interactive case study titled 'Working through an incident'. This was designed to align approaches to incident reviews across the sector. Participants explored why and how incident reviews are conducted. They also considered how these processes can be made more meaningful, engaging, and practical for implementation so tangible improvements in future work can be made. In the collaborative atmosphere that emerged, peers learned from each other through sharing knowledge and experience about best practice. We hope we have inspired attendees to apply what they learned by running similar events on a local level at workplaces. The slides are available from the OCP should they be required for such use.

Feedback from attendees emphasised the important role of the forum in enhancing quality and safety standards by providing opportunities for open dialogue between government, workforce and lived experience representatives and nurturing a collective purpose throughout the sector.

Eating disorders – 2 December 2025

This forum is designed to encourage open discussion, collaboration, and shared learning. It will provide an opportunity to talk honestly about the challenges in providing care to people with eating disorders, explore how to make meaningful improvements, and discuss what a statewide guideline may look like.

The event will bring together people from across disciplines, including dietitians, physicians, paediatricians, psychiatrists and nurses.

The program will include:

- interactive case study sessions
- insights and discussion with lived experience consumer and carer representatives
- a debate – 'We should abolish involuntary treatment in eating disorders'.

For more information about the forum, email ocp@health.vic.gov.au

Complex mental health – 18 February 2026

The first quality and safety clinical forum for 2026 will focus on complex mental health.

The program will include:

- a discussion on risk led by A/Prof Andrew Carroll, Deputy Chief Psychiatrist
- OCP Complex Needs Team on the State-wide Complex Needs Advisory Panel
- round table speed discussions with statewide specialist services, including clinical, forensic, disability, dual-diagnosis, family and cultural
- Lived and living experience representatives
- discussions on Secure Extended Care Units.

The OCP will email services in November 2025 seeking attendee nominations.

OCP site visits to statewide designated mental health services

The Chief Psychiatrist and members of her team will start the next round of site visits in March 2026. They will take place monthly, equating to a site visit every 2 years at each service. These visits are an opportunity for services to highlight quality and safety improvements, raise clinical and operational challenges, and discuss other key matters.

In this next round of visits, the OCP will ask services to involve the following team members where possible:

- health service executives
- Aboriginal health staff including Koori Mental Health Liaison Officers, Aboriginal mental health graduate clinicians and Aboriginal mental health trainees (for services that have these roles)
- team members interested in discussing de-escalation and occupational violence and aggression.

The OCP will shortly send out a request for services to nominate preferred site visits dates in 2026.

OCP guidelines review

Under the *Mental Health and Wellbeing Act 2022*, the Chief Psychiatrist is responsible for developing, publishing and promoting clinical guidelines – these can be found on the department's website Chief psychiatrist guidelines <https://www.health.vic.gov.au/chief-psychiatrist/chief-psychiatrist-guidelines>.

Early this year, the OCP set up a program to review and update current guidelines and develop new ones. The program aims to:

- provide a framework for designated mental health services to develop local policies and procedures
- be principles based rather than process driven so that principles can be used locally to create fit for purpose local processes
- promote high-quality care that is safe and therapeutic
- ensure that published guidelines reflect current standards and support improved mental health outcomes across the sector.

As part of the review process, the OCP has formed an expert advisory group (EAG) of representatives from diverse areas across the mental health sector. Paul Robertson is the Chair of the EAG, which provides advice and endorses guidelines prior to final approval by the Chief Psychiatrist. Input from the advisory group, and broader stakeholder feedback, will help ensure guidelines are informed by clinical evidence and practice.

WorkSafe – Victoria health team

The OCP recently met with members of WorkSafe to explore alignment of our efforts and to work on a shared understanding of health improvement approaches. We were pleased to discover WorkSafe have been shifting approaches to the healthcare industry. They provided the following information for the website.

In February 2025, WorkSafe Victoria released their new strategy <https://www.worksafe.vic.gov.au/resources/worksafe-victoria-strategy>. The delivery of the strategy is supported by the Statement of Regulatory Intent <https: <https://www.health.vic.gov.au/chief-psychiatrist/chief-psychiatrist-guidelines>, which aims to keep workers safe by using all available regulatory tools and tailoring approaches to overcome safety challenges. The strategy also includes ambitious 5-year targets for reducing workplace fatalities by 30 percent and workplace injuries by 20 percent for 2025-26, which outlines guiding regulatory principles, five priority industries and key hazards causing the most harm (see Statement of Regulatory Intent 2025-26 <https://www.worksafe.vic.gov.au/statement-regulatory-intent-2025-26>).

Healthcare accounts for 10 percent of all standard claims and is a priority industry with a dedicated Healthcare Strategic Approach <https://content-v2.api.worksafe.vic.gov.au/sites/default/files/2025-09/Healthcare-health-safety-strategic-approach-d09-2025-08.pdf>.

To increase its focus on where the greatest workplace harm is present, WorkSafe has established a dedicated operational area to test new models of industry specialisation. Two integrated industry pilots commenced in March, one of which focusses on health and aged care. This multi-disciplinary pilot team is led by a senior manager and includes inspectors, specialist ergonomics, human factors and psychological health inspectors and strategic program staff with experience in developing, delivering and evaluating strategic initiatives aimed at preventing injury and harm. The pilots will continue through 2026 and will be evaluated to ensure they remain agile and aligned to the intended outcomes.

The integrated industry pilot health team works closely with the public hospital sector and regularly engages with our external partners through a consultative committee that includes representatives from the Department of Health, Safer Care Victoria, Victorian Health Insurance Agency, Victorian Managed Insurance Authority, Australian Nursing and Midwifery Foundation, Australian Medical Association, Health and Community Services Union and Victorian Allied Health Professional Association.

The health and aged care pilot team has proactively been visiting sites key hazard areas, including hazardous manual handling, work related violence, slips, trips and falls and safe design of hospitals with an emphasis on identifying industry-wide system factors that can support a wide scale reduction in harm.

The pilot will continue to focus on these areas and promote awareness of the new Psychological Health Regulations <https://www.worksafe.vic.gov.au/psychological-health>, which commence on the 1 December.

The OCP has established regular engagement with the integrated industry pilot health team. If you would like further information, please contact WorkSafe or the OCP.

Publication of Seclusion and Restraint Report 2020–24

The OCP recently published the Seclusion and Restraint Report 2020–24.

The report is a comprehensive account of restrictive intervention use in Victoria. It contains data on rates of seclusion and restraint at the health service, state and national levels, documenting the age groups of impacted people and other relevant demographic characteristics such as sex and cultural background. This quantitative information is accompanied by an explanatory narrative that contextualises trends and variations documented at different locations and during different periods.

The report was developed through the clinical expertise of staff in the OCP and their system-wide view of clinical services while undertaking statutory oversight functions in Victoria's mental health and wellbeing system. It draws on input from designated mental health services, who provided context around the circumstances influencing restrictive intervention rates, as well as the insights of lived and living experience representatives.

The Seclusion and Restraint Report 2020–2024 is an important step towards clinical transparency on restrictive intervention use and responds to a recommendation from the Royal Commission into Victoria's Mental Health System to publish more details on the practice. This transparency increases public confidence in mental health services by informing the public about restrictive interventions through evidence and analysis based on clinical and sector knowledge. It is also the basis for clinical accountability, with health services and the Department of Health highlighting variations in rates of restrictive interventions across Victoria, describing the reasons for the variations, and outlining what is being done to reduce reliance on restrictive interventions and drive systemic improvement.

View the Seclusion and Restraint Report at the health.vic website.

Clinical focus

This section has specialised information and analysis on themes relevant to clinical mental health services.

Use of the Mental Health and Wellbeing Act – Compulsory treatment and assessment and current challenges

The *Mental Health and Wellbeing Act 2022* provides the legal framework for people to be assessed and treated for a mental illness without their consent.

Compulsory assessment and treatment orders are subject to various safeguards under the Act.

Safeguards include: statements of rights, advance statements, nominated persons, second psychiatric opinions, the Mental Health Tribunal, the Mental Health and Wellbeing Commission, Community Visitors and the Chief Psychiatrist.

Additional safeguards that were introduced with the commencement of the Mental Health and Wellbeing Act in September 2023 include requirements that:

- people who make decisions or exercising powers in relation to assessment orders give proper consideration decision-making principles for treatment and interventions
- the Authorised Psychiatrist who makes, varies or revokes a temporary treatment order notifies the opt-out non-legal mental health advocacy service
- assessment orders identify the responsible designated mental health service

The Mental Health Tribunal which oversees the use of compulsory treatment is currently experiencing unprecedented demand for hearings, impacting on its ability to conduct hearings. It has informed the sector of the following impacts arising from this:

- There may be times when the Tribunal will be unable to schedule or conduct all hearings.
- Some hearings, including variation hearings and patient applications to revoke, may be delayed.
- To avoid some hearings being missed, the Tribunal may need to list some matters with reduced notice.

The Royal Commission recommended reducing the use of compulsory orders. Safer Care Victoria currently have a Mental Health Improvement Program underway that is responding to this recommendation <https://www.safercare.vic.gov.au/best-practice-improvement/mental-health-improvement-program/initiatives/reducing-compulsory-treatment> and which some services are participating in.

Below we outline some of the data on compulsory assessment and treatment for your understanding of the challenges with this recommendation at the current time.

Compulsory consumers have been increasing in Victoria. Figure 1 and Table 1 show the number of compulsory and voluntary consumers from 2021–22 to 2024–25. Figure 2 and Table 2 show the number of compulsory orders made during the same period.

These increases likely reflect population growth and increased funding to services allowing greater access to care. The concomitant increase in voluntary consumers supports this.

A breakdown of the compulsory orders made during 2024–25 reveals that the majority were Assessment Orders – these accounted for 42% of all orders (Figure 3 and Table 3). Temporary Treatment Orders and Treatment orders made up 29% and 28% of all orders respectively, with the remaining 1% being Secure Treatment Orders. This balance reflects the lesser threshold for use of Assessment Orders as we know and demonstrates that we are using least restrictive approaches once assessments have been undertaken.

As there is an expectation that compulsory orders will reduce, with a greater emphasis being placed on the mental health and wellbeing principles, especially the principle of autonomy, we will need to track this data going forwards and incorporate it into the Performance and Commissioning Meetings by the department.

It is worth designated mental health services monitoring the use of compulsory orders at a service level and thinking about approaches to ensure use is thoughtful and necessary. We would be very keen to hear about any new local initiatives that work and can be applied more broadly to achieve a reduction across Victoria.

Figure 1: Number of active consumers, compulsory and voluntary, 2021–22 to 2024–25

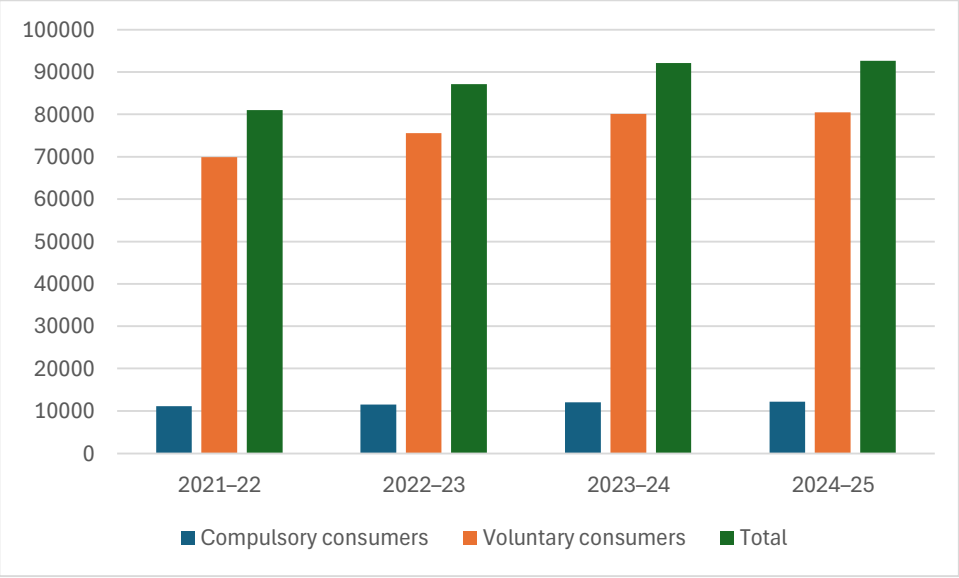

Table 1: Number of active consumers, compulsory and voluntary, 2021–22 to 2024–25

Type of consumer	2021–22	2022–23	2023–24	2024–25
Compulsory consumers	11,119	11,537	12,026	12,156
Voluntary consumers	69,913	75,601	80,088	80,509
Total	**81,032**	**87,138**	**92,114**	**92,665**

Figure 2: Number of compulsory orders made, 2020–21 to 2024–25

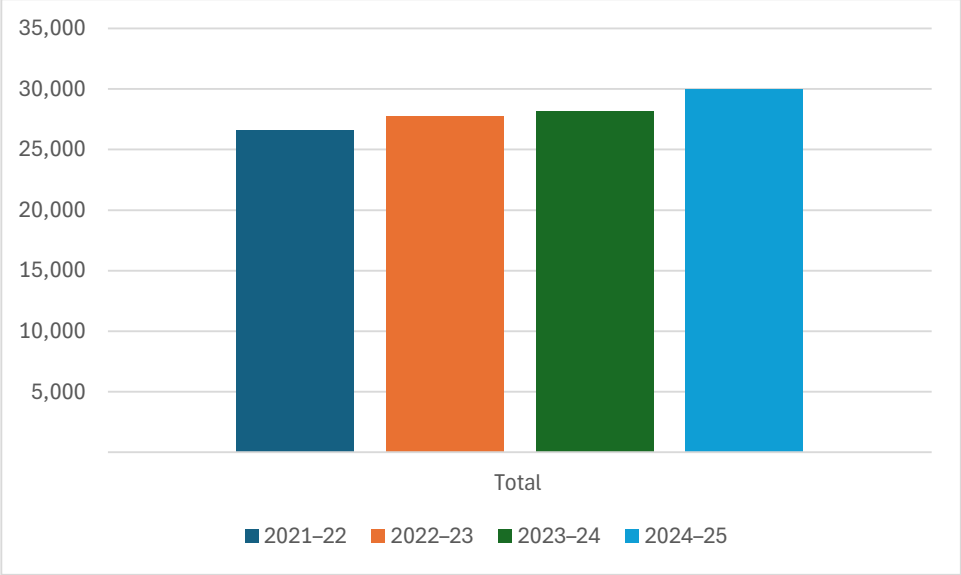

Table 2: Number of compulsory orders made, 2021–22 to 2024–25

2021–22	2022–23	2023–24	2024–25
26,629	27,728	28,185	29,937

Figure 3: Compulsory orders made by type, 2024–25

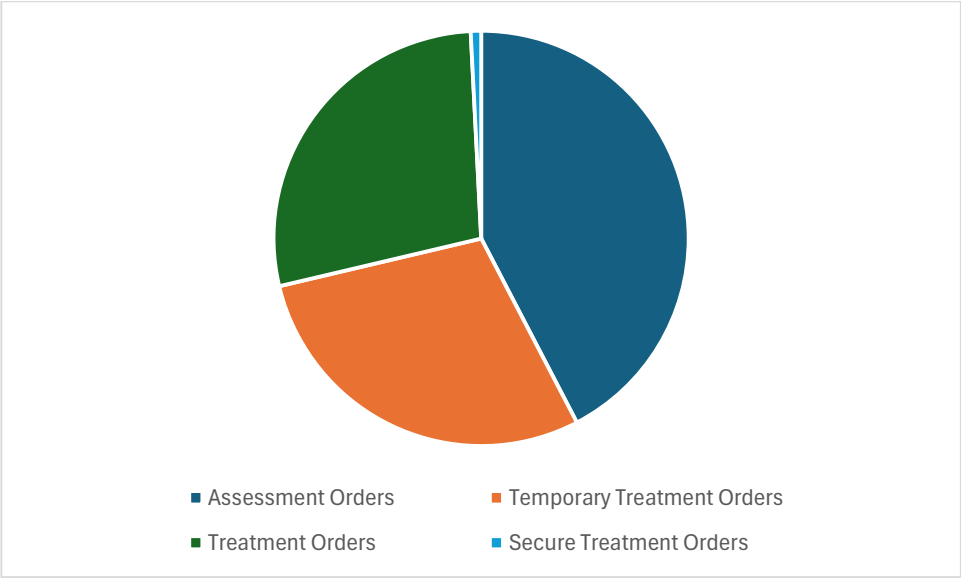

Table 3: Compulsory orders made by type, 2024–25

Type	Number	Proportion (%)
Assessment Orders	12,678	42
Temporary Treatment Orders	8,664	29
Treatment Orders	8,358	28
Secure Treatment Orders	237	1

Principles of the Mental Health and Wellbeing Act

The Act outlines fundamental principles related to mental health and wellbeing (ss 15-28). It requires mental health and wellbeing service providers take all reasonable steps to adhere to these principles and thoughtfully consider them when making decisions under the Act.

As part of raising sector awareness of the principles, the Chief Psychiatrist will reflect on 2 principles in each issue of the quality and safety bulletin, highlighting key considerations from the standpoint of clinical practice.

Dignity and autonomy principle

> *The rights, dignity and autonomy of a person living with mental illness or psychological distress are to be promoted and protected and the person is to be supported to exercise those rights.*

This principle is self-evident to clinicians. It is clear that dignity and autonomy are inherent goods for humans and necessary for agency and self-determination, both being indispensable for stable mental health and human flourishing.

Where this concept challenges us is when the objective best interests of the consumer and the consumer's own understanding best interests and choice do not align – for example, where a consumer may want to return home, but the clinician may be worried that this is unsafe.

Where principles compete, I tend to weigh the extent of risk to wellbeing compared to life and how much the current preference of the consumer aligns with their longstanding authentic life choices and principles. Where independence is a longstanding authentic key value of the consumer, then the risk would need to be very high to not honour that preference.

In practice, taking time with such decisions, supporting exploration of the reasons for the preference with the consumer and allowing ourselves to examine what underpins our clinical rules can be helpful. Are we worried that if we honour the consumer's preferences and there is a poor outcome that we will be blamed or blame ourselves? Are we valuing our preference to avoid personal risk with the consumer's right to make their own risk threshold if they are stable enough in mental state to do so?

Even where mental state is unstable, we presume capacity. People may have capacity to make their own decisions on risk appetite even where we take responsibility for ensuring treatment. If they can have agency over where the treatment takes place, we may find they have a greater inclination to commit to the treatment and to work with clinicians. It may be that in respecting autonomy and sharing decision making where we can, we promote relationships that keep people alive in ways we may not imagine when we feel totally responsible for the outcome.

Diversity of care principle

> *A person living with mental illness or psychological distress is to be given access to a diverse mix of care and support services. This is to be determined, as much as possible, by the needs and preferences of the person living with mental illness or psychological distress including their accessibility requirements, relationships, living situation, any experience of trauma, level of education, financial circumstances and employment status.*

We have a tendency to limit our thinking on care to the service system we understand and know. In order to honour the principle of diversity of care, we need to reflect dignity and autonomy by engaging with consumers on what care they would like beyond our presumptions and then supporting them towards those services alongside our own. This takes time and an openness to talk and listen. However, it can help us with trust and engaging in a deeper understanding of the human.

In addition, staff with a clear understanding of the evidence base and what approaches have been demonstrated to work can be reluctant to support access to alternative services. While this reluctance is understandable, it may not always be justifiable, as we know alternative interventions chosen by the consumer can augment those chosen by the clinician or improve the impact of other treatments, despite this being an under-researched area of service provision. The evidence base is only as good as the questions researchers have imagined.

Honouring the diversity of care principles can help with motivation and a sense of security for consumers which in turn can translate to wellbeing. In other words, if consumers want to start a wellbeing activity to augment clinical approaches and we can support it and they can potentially do it, we should assist. I hope they all ask to do yoga.

Reportable deaths

Reportable deaths portfolio update

Over the past year, significant progress has been made within the OCP's reportable deaths portfolio to further strengthen the foundations for quality and safety leadership and oversight.

A key development has been the comprehensive revision of the MHWA 125 form which should be with you all soon. The form has undergone significant changes with the removal of free-text sections and the addition of relevant tick boxes to streamline data collection, reduce ambiguity, and improve the accuracy of reported information. Importantly, the form will capture social determinants of health, allowing for a more comprehensive understanding of the factors influencing reportable deaths.

In the data space, the implementation of a Power BI dashboard has enhanced the OCP's analytical capabilities, enabling the collection and visualisation of benchmarking data. However, identifying a suitable numerator for equivalence in comparison remains a challenge, highlighting the complexity of achieving meaningful benchmarking across diverse populations and settings.

Collaboration between the Coroner's Court and the OCP is essential for ensuring data accuracy, facilitating timely information sharing, and strengthening the identification of risks within interconnected data systems. The two agencies hold quarterly meetings with each other a to undertake these activities and jointly solve shared problems with systemic significance. Further work will be required to strengthen data and information sharing practices to produce more robust datasets and promote transparency in decision-making, support system-wide learning, accountability and continuous improvement.

Contributions from the OCP Morbidity and Mortality Committee members has been vital in driving these improvements and ensuring that our processes remain responsive to emerging needs and best practice.

Custodial settings

Transfer of care guideline – Custodial settings addendum

The newly published Transfer of care – Custodial settings guideline <https://www.health.vic.gov.au/chief-psychiatrist/transfer-of-care-custodial-settings-guideline> provides specific guidance for the transfer of care of justice involved service users entering and leaving custodial settings in Victoria. It is an addendum to the broader Transfer of care and shared care guideline <https://www.health.vic.gov.au/chief-psychiatrist/transfer-of-care-and-shared-care>. The guideline is designed to ensure safe, effective, and culturally appropriate mental health care transitions for people involved in the justice system.

The OCP developed the addendum after consultation with the Chief Psychiatrist Forensic Advisory Group. The group identified transfers of care as a major area of risk for people leaving custody and an appropriate focus for quality improvement.

This guideline is relevant to a broad range of professionals and stakeholders involved in the care of people moving into or out of custodial settings in Victoria.

It is intended for:

- mental health and wellbeing consumers who have had contact with the justice system
- Area Mental Health and Wellbeing Service clinicians working with individuals who have been arrested or who are currently in prison
- forensic mental health service clinicians working in custodial, hospital or community settings
- primary mental health service clinicians who work with people involved in the justice system
- non-government organisations who are providing support for people involved in the justice system
- custodial providers and staff in various arms of Corrections Victoria in public and private prisons, who may be working with mental health service providers to support a mental health consumer.

Further information

Read about the statutory role of the Chief Psychiatrist to uphold quality and safety in Victoria's mental health and wellbeing system under the Mental Health and Wellbeing Act.

Important information is available for clinical mental health and wellbeing services to understand their core obligations around delivering safe and high-quality treatment and care, and information on reporting a failure to comply with the Mental Health and Wellbeing Act.

Further resources

Helpful resources have been developed by the department, and additional resources are available to assist clinical mental health and wellbeing service providers, consumers, carers and families with information about the Mental Health and Wellbeing Act.

Refer to the links below.

Chief Psychiatrist | health.vic.gov.au

Mental Health and Wellbeing Act 2022 Handbook | health.vic.gov.au

Statement of Rights | health.vic.gov.au

Mental Health and Wellbeing Act 2022 | legislation.vic.gov.au

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