

# Mental Health Safety and Quality in NSW:

**A plan to implement recommendations of the Review of  
seclusion, restraint and observation of consumers with a  
mental illness in NSW Health facilities**

Implementation Update  
August 2018



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October 2018



## August Highlights

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### **NSW first to require Certificate IV Peer Work qualification**

NSW is the first state to require peer workers in public mental health services to complete the Certificate IV Peer Work qualification. This requirement applies to all new peer work positions funded under Tranche 2 mental health reform.

### **Accountabilities for new peer worker positions in line with existing disciplines**

To support the professionalisation of the peer workforce, districts and networks are expected to have the following arrangements for new peer workers:

- employees are to be fully integrated into existing community teams, including providing access to resources, documentation and electronic medical records
- employees are expected to record 65 per cent of their time providing direct care to consumers, the same requirement as clinical staff
- all positions will be guided by a locally developed model of care and scope of practice, developed in partnership with the NSW Statewide Peer Workforce Steering Committee.

### **Intentional Peer Support training for new peer work positions**

All peer worker employees will have the opportunity to complete the five-day Intentional Peer Support training. This provides a significant peer work practice skill set that complements the nationally recognised Certificate IV Peer Work qualification.

NSW Health has committed \$50,000 in 2018-19 to deliver the training.

### **NSW Health Advisory Committee established in 2018**

NSW Health established a statewide advisory committee to provide governance and support the roll out of the mental health peer workforce initiative. The committee has developed consistent peer worker position descriptions and local models of care.

### **226 Scholarships to study the Certificate IV Peer Work will be delivered by 2020**

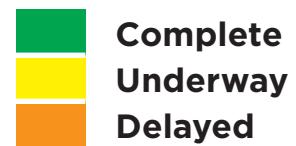
A partnership with the Mental Health Coordinating Council will deliver 226 scholarships to complete the Certificate IV Peer Work qualification by 2020 at a cost of \$730,000.

The Ministry has worked with the Council to develop three unique study pathways to meet the needs of this emerging workforce. This includes opening the qualification to students who are not currently employed, an accelerated pathway for those with more than two years paid experience, and a recognition of prior learning pathways for very experienced peer workers.

### **Consumer Worker Forum funding increased by 50 per cent in 2018**

The annual Consumer Workers Forum provides significant professional development and opportunities to share best practice for the public mental health peer workforce. In recognition of the growing peer workforce, the forum funding was increased by 50 per cent in 2018.

## ACTIONS NSW HEALTH IS TAKING



RECOMMENDATION	ACTION	MILESTONE	TRACKING	WHAT WE ARE DOING
<b>Culture and leadership</b>				
NSW Health must establish and adopt an integrated leadership development framework applicable to all staff at all stages of their career	1.1 Embed the NSW Health Leadership Framework for all NSW Health mental health staff at all stages of their career (with mental health staff as the initial priority)	Oct-18		The Health Education and Training Institute has audited NSW mental health staff participation in leadership programs to establish a baseline for building participation.
<b>Patient safety</b>				
NSW Health must adopt a mental health patient safety program, informed by contemporary improvement science	2.1 Implement a statewide mental health patient safety program	Jun-19		The Clinical Excellence Commission is finalising a project plan to guide the mental health patient safety program.
<b>Accountability and governance</b>				
The Director of Mental Health should be a member of the district or network senior executive and report to the Chief Executive	3.1 Review senior executive structures and include Directors of Mental Health as members of the senior executive and report to Chief Executive	Jul-18		All districts and networks are reviewing structures to meet both parts of this action. This will ensure strong, visible and engaged mental health leadership at the highest levels of health services.  Ten districts and networks have implemented this action. Eight are still to implement. The Ministry of Health is working closely with the remaining districts and networks to ensure completion.
District and network clinical governance processes should include emergency department and mental health seclusion and restraint performance together	4.1 Review existing seclusion and restraint clinical governance processes and include accountability for both emergency departments and mental health units	Jan-19		Existing district and network clinical governance processes are being reviewed to improve integration of emergency departments and mental health unit seclusion and restraint performance.
All mental health inpatient services must have 24-hour, everyday on-site supervision from accountable management representatives. This supervision must include in-person rounding on every shift	5.1 Review afterhours management practices and ensure all mental health inpatient services have 24/7 on-site supervision from accountable managerial staff, including in-person supervision visits to units on every shift	Jun-18		All districts and networks are reviewing structures to meet both parts of this action. Proactive in-person rounding with frontline staff will safeguard good practice, assist in complex decision-making and ensure all staff are both supported and accountable.  Thirteen districts and networks have implemented this action. Five are still to implement. The Ministry of Health is working closely with the remaining districts and networks to ensure completion.
NSW Health should have a single, simplified, principles-based policy that works towards the elimination of seclusion and restraint	6.1 Develop a single, culturally appropriate NSW Health policy towards the elimination of seclusion and restraint that recognises human rights and trauma-informed care principles	Apr-19		The Mental Health Branch, Ministry of Health is leading the review of existing seclusion and restraint policy and guidelines to inform a single new policy. An expert consultant has been engaged to support this work.

RECOMMENDATION	ACTION	MILESTONE	TRACKING	WHAT WE ARE DOING
There should be an immediate reinvigoration of the implementation of the NSW Health Smoke-free Health Care Policy (PD2015_003), which includes increasing the knowledge and use of nicotine replacement therapy	7.1 Use the new Smoking Cessation Framework for NSW Health Services to overcome barriers to the delivery of effective smoking cessation interventions for mental health consumers in declared emergency departments and mental health facilities	Oct-18		<p>The Cancer Institute NSW presented the Smoking Cessation Framework to mental health clinical directors in May 2018 to support local implementation.</p> <p>Districts and networks are responsible for implementing a range of nicotine replacement therapies (NRT). They will report on a monthly basis that they make available a range of NRT products and intervention to manage nicotine dependence in declared emergency departments and mental health facilities.</p>

**Workforce**

NSW Health should develop and implement minimum standards and skill requirements for all staff working in mental health	8.1 Finalise and implement the NSW Strategic Framework for Mental Health and Workforce Plan 2018-2022	Jul-18		<p>Extensive consultation during the development of the Framework has prepared the way for implementation. The Framework is in final stages of approval.</p> <p>Work has already commenced on the Psychiatry Workforce Plan and the Mental Health Training Needs Analysis.</p> <p>Several districts and networks have reported on preparation for local implementation.</p> <ul style="list-style-type: none"> <li>Justice and Forensic Mental Health Network has identified the Director of Nursing and Services as responsible for implementation.</li> <li>Mid North Coast Local Health District reported that their district committee to oversee implementation will be chaired by the District Director of Clinical Governance.</li> <li>Nepean Blue Mountains Local Health District reported that their implementation team has also been identified.</li> <li>Northern NSW Local Health District reported that a draft local workforce plan has been developed and progress will be monitored by their Clinical Governance Committee.</li> <li>St Vincent's Health Network is developing a Mental Health Services Plan which will support implementation of the statewide workforce plan.</li> <li>Informed by the draft framework, Sydney Local Health District is working on related strategies and workforce issues.</li> <li>Western Sydney Local Health District reported that their mental health program has commenced implementation of the draft framework.</li> </ul>
	8.2 Include culturally appropriate, recovery-oriented, trauma-informed care principles training for all mental health staff	Feb-19		<p>Extensive consultation in the development of the Framework has prepared the way for implementation. Work has already commenced on the Mental Health Training Needs Analysis. The Framework has been finalised and is being prepared for distribution.</p>
	8.3 Provide ongoing clinical supervision to all mental health staff to ensure learning is transferred to practice	Mar-19		<p>Extensive consultation during the development of the Framework has prepared the way for implementation. It will support local health districts and specialty networks to provide clinical supervision and mentoring according to professional guidelines and registration requirements. The Framework has been finalised and is being prepared for distribution.</p>

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NSW Health should ensure that recruitment and performance review processes include appraisal of values and attitudes of all staff working with people with a mental illness	9.1 Ensure statewide systems and training in recruitment and performance development support the appraisal of NSW Health CORE values of Collaboration, Openness, Respect and Empowerment	Mar-19		NSW Health will align statewide recruitment and performance development systems to better support appraisal of NSW Health CORE values in all districts and networks by March 2019.
	9.2 Performance appraisals for all staff working with people with a mental illness include culturally sensitive, recovery-oriented and trauma-informed care principles	Apr-19		The <i>NSW Strategic Framework and Workforce Plan for Mental Health 2018-2022</i> is in the final stages of approval. Culturally sensitive trauma-informed practice and recovery oriented care will be embedded into workforce capabilities.
The peer workforce should be developed and professionalised, with the same supports and accountabilities as other disciplines. The number of positions should be increased, however only after the supports and accountabilities are in place	10.1 Develop a NSW Peer Workforce Framework to guide development and support the professionalisation of the peer workforce	Jul-19		The <i>NSW Strategic Framework and Workforce Plan for Mental Health 2018-2022</i> is in the final stages of approval. It will provide support to develop a NSW Peer Workforce Framework to guide development of and support for the emerging peer workforce in NSW.
	10.2 Recruit and train new peer worker roles under the Mental Health Reform	Jul-18		Under the NSW Mental Health Reform, NSW Health is investing in the Mental Health Peer Workforce Initiative to create new Peer Worker roles. There are now more than 70 FTE peer workers employed in NSW Health. It is anticipated that a total of 30 new peer worker FTE will be delivered under tranche 2 of the Mental Health Reform by December 2018. Recruitment is currently underway.
<b>Consumer and carer participation</b>				
Meaningful engagement with consumers and their families should occur in assessment and care planning, particularly in developing personal plans to prevent the use of restrictive practices	11.1 Strengthen consumer and family engagement in assessment and care planning, informed by the Mental Health Commission of NSW's Lived Experience Framework (in development)	Apr-19		<p>The Commission is progressing the development of a Lived Experience Framework to further understand the range of activities where consumer and carer influence, leadership and participation would be beneficial to mental health reform. To guide work in this area, the Commission has established separate Consumer and Carer Lived Experience Advisory Groups to identify and progress priority projects in the area of consumer and carer participation, influence and leadership.</p> <p>The Agency for Clinical Innovation has planned a forum about communication, collaboration and cooperation for 10 October 2018 to support this action.</p>

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Consumer and carer co-design and systematic engagement should occur at all levels of the health service	12.1 Develop resources to support successful mental health co-design processes, informed by the Mental Health Commission of NSW's Lived Experience Framework (in development)	Apr-19		The Agency for Clinical Innovation is developing a strategy to support the use of co-design methods with consumers, families and staff in all NSW mental health services.
	12.2 Routinely include consumers and families in key committees, projects and workgroups	Jun-19		All districts and networks will use the expertise of consumers and families in local quality improvement. Services will report back on their local protocols by June 2019. The electronic version of the Your Experience of Service (YES) consumer survey is being rolled out across mental health services. This will make it easier for consumers to provide feedback. The new Carer Experience Survey will follow.
<b>Data</b>				
NSW Health should improve the transparency, detail, and frequency of publication of seclusion and restraint data at the state and local level	13.1 Use local data to inform quality improvement to reduce seclusion and restraint	Apr-19		NSW Health is reviewing existing processes and formats for collection and reporting of local data. Information will be more user-friendly for staff, consumers and families to share and understand in quality improvement activities.
	13.2 Further develop state level reporting of seclusion and restraint data	May-19		Approaches to improve public reporting of seclusion and restraint will be covered in the Bureau of Health Information Data Matters 2018 Report.
The NSW seclusion and restraint data collection and reporting should include declared emergency departments	14.1 Collect and report seclusion and restraint data from declared emergency departments	Jun-19		NSW Health partner organisations are being engaged to develop data collection and reporting in emergency departments.
<b>The built and therapeutic environment</b>				
All emergency departments should have clinical pathways for people presenting with mental health issues that are reflective of their needs. There needs to be a pathway that does not include the use of safe assessment rooms	15.1 Ensure clinical pathways in emergency departments reflect the needs of people with mental illness, including alternatives to the use of safe assessment rooms	Jul-19		All districts and networks are expected to involve consumers, carers and families in reviewing local clinical pathways for people with mental health problems in emergency departments. All services will have options that reflect people's needs by July 2019.
There should be an immediate review of the design and use of safe assessment rooms using a co-design methodology	16.1 Review the use and design of safe assessment rooms in emergency departments using a co-design and redesign methodology	Feb-19		Local guidance about the use of safe assessment rooms has been collected to inform the development of statewide safe assessment room guidelines, using co-design with consumers, carers, families and staff.
All future capital planning of mental health facilities should include consumer co-design and be informed by evidence on preventing seclusion and restraint	17.1 All capital planning of mental health facilities is informed by evidence based principles and clearly demonstrates consumer co-design	Aug-18		Health Infrastructure has confirmed that all current and future capital planning projects for mental health facilities will include consumer representatives. Representatives from Health Infrastructure participated in a training workshop in June 2018 on using co-design to improve mental health units.

RECOMMENDATION	ACTION	MILESTONE	TRACKING	WHAT WE ARE DOING
All acute mental health units and declared emergency departments should conduct a review of their facilities and implement minor capital works and equipment purchases to improve the therapeutic potential	18.1 Using a codesign approach, coordinate the implementation of minor capital works and equipment purchases to improve the therapeutic environment in LHD/ SHN mental health facilities	Dec-18		Being, Mental Health Carers NSW, the Mental Health Commission of NSW and the Official Visitors Program partnered with the Ministry of Health and Health Infrastructure in developing criteria and the selection process.  A briefing and workshop on co-design in June 2018 supported districts and networks to prepare proposals. The selection panel has made recommendations and approvals are being finalised..
All mental health units should have a multidisciplinary team with the skills to deliver a therapeutic program and environment on an extended-hours basis	19.1 Ensure multidisciplinary teams deliver therapeutic programs on extended hours basis	Apr-19		All NSW Health organisations are expected to review their existing mental health therapeutic programs and take action to provide programs on an extended hours basis by April 2019.
ADDITIONAL SUPPORTING ACTIONS				
Local leadership				
LHD and SHN seclusion and restraint prevention action plans	Each LHD and SHN will co-design a culturally appropriate seclusion and restraint prevention action plan for their service	Sep-18		All NSW Health organisations have been asked to develop a local seclusion and restraint prevention action plan for their service.
Supporting positive cultures of care				
Community of practice to prevent seclusion and restraint	NSW Health will establish a state-wide seclusion and restraint prevention community of practice to share knowledge and refine improvements. Communities of practice are groups of people who interact together to address a common concern or area of shared interest.	Jul-18		Community of practice established. All health districts and networks have nominated a minimum of three representatives to support implementation and participate in a network to support improvement. This includes a senior manager, peer worker and consumer representative. The community of practice members have been actively sharing ideas and resources to improve services.



