

# 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**

May 2018



NSW Ministry of Health  
73 Miller Street  
NORTH SYDNEY NSW 2060  
Tel. (02) 9391 9000  
Fax. (02) 9391 9101  
TTY. (02) 9391 9900  
[www.health.nsw.gov.au](http://www.health.nsw.gov.au)

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## SUMMARY

The NSW Government has made a major commitment to preventing the use of seclusion and restraint in NSW Health acute mental health units and emergency departments.

Planning and implementation of seclusion and restraint prevention initiatives is already underway, with an immediate NSW Government commitment of \$20 million to improve the therapeutic environment in NSW Health acute mental health facilities.

The tragic death of Ms Miriam Merten in Lismore was the catalyst for an independent review into the use of seclusion and restraint in NSW Health facilities. The Review team reached out to health professionals, consumers and their support networks to determine what changes should occur in our health system.

The Review reported in December 2017 and the NSW Government has accepted all 19 recommendations. These recommendations are based on findings that were evident across the mental health system.

Improvement is required in all mental health units and declared emergency departments in NSW, but the scope of recommendations will require system-level change in a range of areas beyond the operations of mental health units and emergency departments, including workforce, culture and leadership, and governance.

Working with health professionals including professional bodies such as the NSW Nurses and Midwives' Association, consumers, carers, peak mental health organisations, Official Visitors and the Mental Health Commission of NSW is crucial to successful implementation.



## **WHY IS NSW HEALTH FOCUSING ON SECLUSION AND RESTRAINT?**

The reduction and, where possible, elimination, of restrictive practices in mental health services is an important issue for NSW Health and a priority at both national and state levels. NSW Health has taken significant action to address restrictive practices and the rate of seclusion in NSW acute mental health units has reduced by over 30 per cent since 2010-2011.

The 2017 Review raised the primary question of whether our system has the right vision and goals, properly supported by effective strategies, policies and resources, to enable the sustained prevention of seclusion and restraint.

During the Review, consumers, carers and families shared stories about their distressing experiences of restrictive practices. Their experiences were consistent with international literature about the risks of seclusion and restraint in health settings. Many consumers have negative experiences of seclusion. One international study reported that consumers who experienced seclusion felt angry, upset, lonely, abandoned, scared, vulnerable, humiliated, worthless, depressed, punished, trapped and bored.

Having asked so many people to visit and revisit their own experiences of restrictive practices, it is imperative that this information underpins sustainable changes to improve our systems of care. NSW Health is committed to working with consumers and carers to provide high quality mental health care that is trauma-informed, recovery focused, and truly aligned to our CORE values of Collaboration, Openness, Respect and Empowerment.

The 19 recommendations will guide planning and the development of safe, contemporary and compassionate services with the capacity to evolve and improve. This is an opportunity for services to review their models of care and to realign them to strengthen efforts to prevent seclusion and restraint.

## **WHAT WILL BE THE OUTCOMES OF IMPLEMENTING THE RECOMMENDATIONS?**

NSW Health will provide safe, respectful, trauma-informed and recovery-oriented care to consumers.

Four outcomes of seclusion and restraint prevention action have been identified:

1. Seclusion will be less frequent, duration of seclusion will be shorter, and the likelihood of seclusion is reduced
2. Patient experience of mental health care will be improved
3. Carer experience of mental health care will be improved
4. NSW Health clinical staff will be more engaged in consumer-focused mental health care

## **WHAT ACTION WILL BE TAKEN TO PREVENT SECLUSION AND RESTRAINT?**

Action is being taken across seven key domains:

1. Culture and leadership
2. Patient safety
3. Accountability and governance
4. Workforce
5. Consumer and carer participation
6. Data
7. The built and therapeutic environment

This state-wide implementation plan will be supported by local health district (LHD) and specialty health network (SHN) seclusion and restraint prevention action plans to ensure a cohesive and comprehensive approach to change.

NSW Health will work with peak mental health consumer and carer organisations so that actions are considered in collaboration with those who are experts by experience. Consumers and carers who have a lived experience of mental illness are key partners for LHDs and SHNs. It is essential that the health system uses this knowledge to inform and enhance the actions taken to improve mental health services. NSW Health will also work closely with professional bodies such as the NSW Nurses and Midwives' Association.

While many actions will focus on acute mental health facilities and emergency departments, significant change needs to occur at a system level. Accountability at the highest levels of the health system, a focus on culture and leadership, new forms of data and reporting, workforce development, and more open engagement of consumers, carers and families will support system-level change for mental health care in NSW.

## HOW CAN CONSUMERS, CARERS AND FAMILIES BE INVOLVED?

A key principle in NSW Health's action to prevent seclusion and restraint of mental health consumers is to engage consumers, carers and their families in co-designing prevention initiatives.

NSW Health will collaborate with peak mental health organisations such as Being and Mental Health Carers NSW to ensure the expertise of consumers, carers and families with a lived experience of mental illness is captured and reflected throughout implementation.

Every LHD and SHN will incorporate consumer, carer and family co-design into their prevention action plans. To be involved at your local area, please contact your LHD or SHN [www.health.nsw.gov.au/lhd](http://www.health.nsw.gov.au/lhd)

## ACTIONS NSW HEALTH WILL TAKE

| RECOMMENDATION   | ACTION   | MILESTONE |
|--|--|-----------|
| Culture and leadership   |  |           |
| 1. 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 <i>NSW Health Leadership Framework</i> for all NSW Health mental health staff at all stages of their career (with mental health staff as the initial priority)   | Oct-18    |
| Patient safety   |  |           |
| 2. 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    |
| Accountability and governance  |  |           |
| 3. 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    |
| 4. 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    |
| 5. 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    |
| 6. 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    |

| RECOMMENDATION  | ACTION  | MILESTONE |
|---|---|-----------|
| 7. 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 <i>Smoking Cessation Framework for NSW Health Services</i> 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    |
| <b>Workforce</b>  |   |           |
| 8. NSW Health should develop and implement minimum standards and skill requirements for all staff working in mental health  | 8.1 Finalise and implement the <i>NSW Strategic Framework for Mental Health and Workforce Plan 2018-2022</i>  | Jul-18    |
|   | 8.2 Include culturally appropriate, recovery-oriented, trauma-informed care principles training for all mental health staff   | Feb-19    |
|   | 8.3 Provide ongoing clinical supervision to all mental health staff to ensure learning is transferred to practice   | Apr-19    |
| 9. 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    |
|   | 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    |
| 10. 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    |
|   | 10.2 Recruit and train new peer worker roles under the Mental Health Reform   | Jul-18    |
| <b>Consumer and carer participation</b>   |   |           |
| 11. 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    |
| 12. 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    |
|   | 12.2 Routinely include consumers and families in key committees, projects and workgroups  | Jun-19    |
| <b>Data</b>   |   |           |
| 13. 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    |
|   | 13.2 Further develop state level reporting of seclusion and restraint data  | May-19    |
| 14. 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    |

| RECOMMENDATION   | ACTION  | MILESTONE |
|--|---|-----------|
| The built and therapeutic environment  |   |           |
| 15. 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    |
| 16. 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    |
| 17. 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    |
| 18. 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    |
| 19. 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    |

## Additional supporting actions

In addition to the actions that will be undertaken against the Review recommendations, two additional have been identified to further support local implementation.

|   | ACTION   | MILESTONE |
|---|--|-----------|
| 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    |
| 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    |

## EXAMPLES OF KEY ACTIONS FROM THE IMPLEMENTATION PLAN

Recommendation 2 calls for NSW Health to adopt a mental health patient safety program, informed by contemporary improvement science.

To achieve this action, the Ministry of Health and Clinical Excellence Commission will collaborate with partners, including consumers and carers, to identify the components of a culturally appropriate mental health patient safety program. Work will then begin to recruit and develop a mental health patient safety team and program to support the NSW Health system. This will be aligned to other patient safety programs, such as the adult patient safety and paediatric patient safety programs that are led by the Clinical Excellence Commission.

Developing tools that support mental health patient safety will be a key action. To achieve this the team will need to collaborate with consumers and carers, as well as health professionals, to identify what works.

While some individual services have made progress in reducing seclusion and restraint, there has not yet been a sustained statewide approach using improvement science methods. The mental health patient safety program will be informed by successful international examples that have included reduction of restrictive practices as one stream in a comprehensive program to improve care.

Recommendation 18 calls for acute mental health units and declared emergency departments to review their facilities and implement minor capital works and equipment purchases to improve the therapeutic potential.

Research indicates that changes to the physical characteristics of the environment have been associated with significant reductions in seclusion and restraint. Sensory interventions (such as weighted blankets, changing temperature, light or sound input) can also assist consumers with emotional regulation and result in a decrease in seclusion and restraint. The NSW Government has committed \$20 million to improve the therapeutic environment of NSW mental health facilities.

## WHEN WILL CHANGES IN SECLUSION AND RESTRAINT BE MADE?

Planning for implementation commenced as soon as the NSW Government adopted all 19 recommendations of the Review. This included consultation with every LHD and SHN, the NSW Mental Health Commission, the Agency for Clinical Innovation, the Health Education Training Institute, the Clinical Excellence Commission, Health Infrastructure, the Bureau of Health Information, NSW Ambulance, and other key stakeholders including peak mental health consumer and carer organisations.

The implementation plan commences in May 2018, with a timeframe of 12 months for delivery of most recommendations and the remainder in place by July 2019.

Progress towards the implementation plan will be monitored every month, with regular updates to stakeholders and the community about achievements and challenges. For ongoing updates, see [www.health.nsw.gov.au/patients/mentalhealth](http://www.health.nsw.gov.au/patients/mentalhealth)

## WHO WILL BE RESPONSIBLE FOR CHANGE?

Every person in NSW Health will have a role to play in seclusion and restraint prevention, especially those working in acute mental health units and emergency departments.

Accountability for change is embedded in the state-wide implementation plan. Chief Executives of LHDs and SHNs have responsibility for changes in their services. The Ministry of Health is responsible for driving and monitoring seclusion and restraint reform. Other agencies, including the Clinical Excellence Commission and the Agency for Clinical Innovation, also have responsibility for key actions in the implementation plan.

Seclusion and restraint prevention implementation will be reviewed every month at the NSW Health Senior Executive Forum, which includes all Chief Executives of LHDs and SHNs, the pillar agencies and the Ministry of Health.

Each quarter, organisations responsible for each action will report on progress through the Ministry of Health to the Minister for Mental Health.

## HOW WILL CHANGE BE MONITORED?

The implementation plan works towards the goal of elimination of seclusion and restraint.

A performance indicator range below 6.8 episodes per 1000 bed days was set in 2016. To build on progress, it is time to revise the NSW seclusion performance indicator to support further improvements.

The new indicator range of fewer than 5.1 episodes per 1000 occupied bed days will be implemented through the NSW Health Performance Framework from 2018/19. This change is an ambitious but reachable 25 per cent reduction from the current indicator range.

New and existing sources of data will be used to monitor progress towards the seclusion and restraint prevention outcomes.

Outcomes measures include:

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100% of LHDs and SHNs meet key performance indicators listed in Service Agreement:

- Seclusion rate of <5.1 episodes per 1,000 bed days
- Average duration <4 hours per episode
- Seclusion likelihood reduced as reported quarterly by InforMH

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Your Experience of Service (YES) Survey indicates:

- Annual increase of 10% or more in the completion rate of consumers who have received hospital care in the Your Experience of Service survey
- 80% or more of mental health consumers rate their care experience as very good or excellent in the YES survey

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Consistent improvement in NSW's results from the new Mental Health Carer Experience Survey (pending implementation), which will complement the existing YES survey for consumers

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Annual increase or no change in the proportion of NSW Health staff employed in mental health services that report being engaged in their work in annual Public Sector Commission Employee Engagement survey

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Progress will be monitored by process measures for each action in the implementation plan.

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