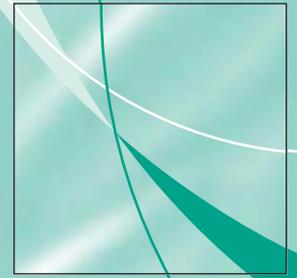


Section 1:

Introduction and context



Goal

The goal of this Plan is to:

Identify, avoid, or reduce, actual or potential harm from mental health care delivery in all environments in which it is delivered.

This goal is adapted from the *National Health Performance Framework* definition of a safe health care system. It encompasses the *National Mental Health Plan 2003-2008* definition of **safety** as minimising the potential **harm** from mental health care.

Purpose and rationale

The purpose of this Plan is to provide national direction in identifying, avoiding and reducing harm across all environments in which care of people with mental health disorders is provided. Primarily it aims to provide guidance for achieving safer **mental health services**. The Plan also identifies the importance of an underlying information infrastructure critical to safety and quality improvement.

This Plan aims to enhance the patient safety improvement initiatives led by the Australian Council for Safety and Quality in Health Care for the acute health care sector. Integral to this approach is improving the *systems* of delivering care and adopting a transparent culture in which health care providers can report safety **incidents** without fear of inappropriate blame. This Plan emphasises that information generated from **adverse events** can be used to enhance safety in mental health service delivery for all people involved. The focus of the Plan includes the safety of mental health **consumers**, **carers**, families, the community and the workforce. It recognises that understanding and addressing the safety concerns of all stakeholders is critical to improving safety in the **mental health sector**.

The Plan identifies priority areas agreed by the National Mental Health Working Group as key areas for galvanising safety improvement action nationally, while acknowledging that local priorities will also need to be developed. The roles and responsibilities for progressing activity under the Plan will be guided by those outlined in the *National Mental Health Plan 2003-2008*. While the primary focus will be public specialised mental health services, the Plan also aims to influence activities in the acute care sector outside mental health, **private sector mental health services** (especially private hospital services) and broadly influence other sectors such as primary care services and support services that deliver care to people experiencing mental disorders. It is acknowledged that the strategies identified will have differing applicability in different settings and sectors, and many strategies will need to be progressed in partnership with stakeholders outside public specialised mental health services.

It is important to acknowledge that mental health service delivery, while it shares much in common with health care delivery generally, can also present quite different challenges from most other areas of health care. This is primarily because of the responsibilities related to administering legislative powers for mandatory treatment. It is critical that a balance is achieved between individual rights to dignity, respect and privacy and the need to protect the personal safety of consumers, staff and others, including families, other consumers, visitors, and the public. A basic tenet underpinning this plan is

that mandatory treatment is to be used only when less restrictive options are not available, and should not be perceived or used by anyone as a punishment or coercion. The existence of powers of mandatory treatment behoves mental health services and professionals to actively identify, prevent and reduce iatrogenic harm.

Context

Over the last decade, under the direction of the Australian Health Ministers Advisory Council (AHMAC) National Mental Health Working Group, the National Mental Health Strategy has provided national direction and leadership for quality improvement in mental health services. Commitment to the implementation of the *National Standards for Mental Health Services* and national initiatives to implement routine consumer and carer outcomes measurement in mental health services continue to be supported nationally. This Plan is designed to complement and extend these and other quality improvement initiatives.

It is also important to acknowledge the changing nature of mental health care delivery that is increasingly, and appropriately, provided in the community. Acute inpatient psychiatric care is now being provided in general hospitals along with other health care, rather than just in stand alone psychiatric hospitals separate from the mainstream health system. Public specialised mental health services need to be integrated and include inpatient care and community care services. Private mental health facilities treat a wide range of mental health conditions, and provide more than two-thirds of all same-day mental health services. A significant and increasing proportion of mental health care is provided by the primary health care sector rather than specialist mental health services. These changes in the delivery of mental health care, combined with increasing awareness of mental disorders and the chronic, disabling and episodic nature of some mental disorders, present a variety of new demands on the health system.

National Mental Health Plan 2003-2008

Strengthening quality is a key theme of the *National Mental Health Plan 2003-2008*. Safety is a key component of quality and relates to minimising potential harm from mental health care. The *National Mental Health Plan 2003-2008* specifically focuses on increasing the safety of consumers, carers and families, staff and the community and reducing adverse incidents.

Australian Health Care Agreements

The Australian Health Care Agreements 2003-2008 have been signed by each State and Territory Government with the Australian Government. The Agreements include the objectives of improving the focus of public hospitals and mental health services on safety, quality and improved patient outcomes, as well as increasing the responsiveness of services for people in need of mental health services. The Agreements commit governments to the ongoing implementation of the National Mental Health Strategy, including consolidation of the reforms undertaken over the last decade, along with additional areas of focus as identified by stakeholders.¹ No such similar agreement exists between the Australian Government and private sector mental health facilities.

Australian Council for Safety and Quality in Health Care

The Australian Council for Safety and Quality in Health Care was established by Health Ministers in 2000 to lead the improvement of the safety and quality of health care, with a particular focus on minimising the likelihood and effects of error.

1 See Clauses 8(c), 8(f) and 14. The Australian Health Care Agreements 2003-2008 are available at www.health.gov.au.

The Council is funded by the Australian Government and all State and Territory governments and is answerable to all nine Health Ministers. Its task is to oversee a national approach to the improvement of the safety and quality of the health system to minimise the numbers of adverse events and to reduce harm from adverse events that do occur. It aims to develop and sustain a culture of safety and to build skill and capacity for change.

The development of a culture of safety requires strong and visible leadership with a commitment to learning and to improving systems rather than blaming individuals inappropriately. It is a long-term task and relies on building effective **incident reporting** systems which support the measurement and analysis of data and opportunities for system improvement.

To support this approach, Council has focused on five priority areas:

- Supporting those who work in the health system to deliver safer patient care;
- Improving data and information for safer health care;
- Involving consumers and the community in improving health care safety;
- Redesigning systems of health care to facilitate the culture of safety; and
- Building awareness and understanding of health care safety.

The Council has to date focused on safety in acute services and their activities are also relevant for acute mental health services. A compendium of Council publications is at Appendix 2.

Safety and Quality in Mental Health Partnership Group

The AHMAC National Mental Health Working Group established the Safety and Quality in Mental Health Partnership Group to facilitate a safety focus in mental health, as part of a broader role of providing advice on improving the quality of mental health services. The Partnership Group initially oversaw a consultancy that aimed to examine the quality and safety activities in mental health, the activities of the Australian Council for Safety and Quality in Health Care, and to identify gaps and opportunities for improving the safety and quality of mental health services (see Appendix 3 for a copy of the recommendations of this report). The Partnership Group continues to play a key role in the safety and quality agenda.

Identified priorities

In early 2004, the Safety and Quality in Mental Health Partnership Group undertook a consultation process with stakeholders to identify key priority safety issues. Of the identified priorities the Partnership Group strongly supported four priorities for immediate national attention. These priorities reflect areas where there is much scope for improvement and where the consequences of errors, omissions and complications are great. They are all areas where consumers, carers, service providers and policy makers agree safety can be improved for all concerned.

The priority areas agreed for first attention nationally are:

- Reducing suicide and deliberate self-harm in mental health and related health care settings;
- Reducing use of, and where possible eliminating, restraint and seclusion;
- Reducing adverse drug events in mental health services; and
- Safe transport of people experiencing mental disorders.

These nationally identified priorities do not preclude identification of additional priorities or strategies for action. It is recognised that jurisdictions, services and sectors will have differing priorities and capacity when implementing safety improvement initiatives. It is recognised that the priorities, objectives and strategies have particular relevance to public specialised mental health services.

The list of safety issues identified in the consultation has been included in Appendix 4 for consideration when mental health service organisations are undertaking quality improvement activities.

Target audience

The primary target audience for the Plan is:

- Public and private mental health services: mental health service managers; providers; professionals; and other staff ²;
- Mental health consumers and their carers and families;
- Mental health policy makers; and
- Mental health **advocates**.

The primary target audience reflects stakeholders that are primarily concerned with mental health **consumers**. It is recognised that there may be specific considerations for different mental health service settings, for example child and adolescent mental health services, older persons mental health services, forensic mental health services and for different groups of consumers, including Aboriginal and Torres Strait Islanders and people from culturally and linguistically diverse backgrounds. These considerations need to be addressed when planning and implementing safety improvement strategies and activities.

The secondary audience reflects sectors other than mental health services, where there is an opportunity to influence policies and protocols, processes or to improve working relationships. These secondary audiences include:

- Acute health care services more broadly than acute mental health care, particularly rural acute health care services;
- Emergency primary care services including emergency departments;
- Emergency services: ambulances, police, air services, and other transport providers;
- Primary health care services including general practitioners and allied health services;
- Health professionals and health policy makers working in the area of safety and quality;
- Non-government organisations providing support services to people experiencing mental illness and mental disorders; and
- Other service sectors, such as drug and alcohol, housing, disability and community services.

Each priority area may emphasise slightly different priority audiences while some priorities have broader relevance across a range of sectors. The extent to which each target audience is actively involved will also vary depending on the strategy being implemented.

2 This audience is intended to be inclusive of specialist public mental health services in all settings, (adult services, child and adolescent services, older persons services and other services) and private hospital mental health services, and where applicable private office-based psychiatry. Public specialised mental health services is inclusive of acute and community health services.