

Section 2:

Improving safety in mental health services

This Plan identifies four priority areas where there is national agreement for progressing safety improvement activity. States and Territories and local mental health services (whether public or private) are also encouraged to determine their own priorities for improving the safety of consumers, carers, staff and others and for creating an environment where people are free to speak without fear or threat. Other sectors are also strongly encouraged to consider safety issues related to mental health care when determining their own risk management and safety improvement activities. This recognises that different jurisdictions, services and sectors will have differing priorities and capacity when implementing safety improvement initiatives.

There can be tension between the realisation of safety initiatives and the realisation of initiatives related to other dimensions of quality. It is hoped that when implementing safety initiatives, mental health services will carefully consider the balance between protection from harm and providing comprehensive high-quality care for mental health consumers. Recovery orientated mental health services that are focused on the individual needs, choices and desires of consumers come with a higher tolerance of risk from a consumer perspective, especially with interventions such as seclusion and restraint. To assist in guiding safety improvement activities and ensuring the safety of mental health services a set of principles have been agreed.

Principles³

The following principles have been identified for planning, developing and implementing safety activities and safety improvement processes in mental health services. They are to be used in conjunction with, and do not replace, other agreed National Mental Health Strategy quality improvement directions, State and Territory mental health legislation, legislation and guidelines governing the provision of private hospital mental health services, and other existing protocols, procedures, **standards** and clinical guidelines.

1. Consumer and carer rights to dignity, respect, and privacy irrespective of cultural background, gender, religion, sexual identity, or age are upheld in accordance with the United Nations *Principles on the Protection of People with Mental Illness* and the Australian Health Ministers *Mental Health Statement of Rights and Responsibilities* that protect human rights.
2. Consumers and carers have the right to access accurate and complete information on their rights, access advocacy services, and access appropriate mechanisms for complaints and redress. Information provided is user-friendly and in a language the person understands.
3. Consumers are actively involved in individual treatment planning and review, and service planning, implementation, evaluation and quality improvement processes. Carers are actively involved in service planning, implementation, evaluation and quality improvement processes, and with consent, also individual treatment planning and review.

³ These Principles are based on *National Standards for Mental Health Services*, *National Practice Standards for the Mental Health Workforce*, United Nations Principles and *Mental Health Statement of Rights and Responsibilities*.

4. Mental health consumers have the right to receive care in the least restrictive environment, and with the least restrictive or intrusive treatment, that is appropriate to their health needs and their immediate circumstances.
5. The activities and environment of mental health services are safe for consumers, carers, families, staff and the community. The environment is used in ways that make it conducive to building quality therapeutic relationships.
6. Mental health professionals uphold the rights of people affected by mental health problems and mental disorders and those of their family members and/or carers, by maintaining their privacy, dignity and confidentiality and actively promoting their safety.
7. Treatment, support and safety interventions are non-discriminatory and provided in a manner that is sensitive to, and understanding of, the social and cultural values of consumers, the consumer's family and community.
8. The onus is upon mental health services to foster a transparent culture that encourages incident reporting and facilitates processes for staff feedback and involvement in improvement processes.
9. Mental health services and mental health professionals provide treatment interventions that are evidence based and informed by existing clinical practice guidelines and professional standards.
10. Mental health services meet their legal and moral occupational health and safety obligations to provide a safe workplace and this is respected by all stakeholders.

Quality infrastructure

There are a range of processes, systems and activities that affect the capacity of mental health service providers to implement the identified safety improvement principles.

Legislation

Legislation provides an important framework in which mental health services are delivered. Critically, it delineates between the voluntary or involuntary status of individuals, which is an important factor in how consumers and their carers experience the mental health system.

Between 1990 and 2000, each State and Territory developed and enacted mental health legislation consistent with the *Model Mental Health Legislation* and the United Nations' *Principles for the protection of people with mental illness and the improvement of mental health care*. Along with the *Mental Health Statement of Rights and Responsibilities*, is legislation that provides for minimum requirements for specific aspects of mental health care. While the precise nature of the safety measures and legislation varies between jurisdictions, the Acts regulate specific requirements in relation to treatment and interventions, such as electric convulsive therapy, seclusion, restraint and psychosurgery. They also include provisions for involuntary inpatient treatment and provisions requiring community-based treatment, such as provisions that can be used to require consumers to take specific medication whilst living in the community.

The *National Mental Health Plan 2003-2008* acknowledges the need to review mental health and related legislation to ensure protection of the rights of consumers and the community.

Standards

The *National Standards for Mental Health Services* were endorsed by AHMAC National Mental Health Working Group in 1996. Implementation of the *National Standards for Mental Health Services* involves formal in-depth review of mental health services against the *Standards* by an external accreditation body.

The *Standards* are a guide to high-quality service delivery and a key tool for continuous improvement, including safety improvement in mental health services (see Appendix 5). Standard 2 specifically relates to the activities and environment of mental health services being safe for consumers, carers, families, staff and the community.

The National Mental Health Working Group also endorsed the *National Practice Standards for the Mental Health Workforce* in 2002. The *Practice Standards* were designed to complement the *National Standards for Mental Health Services*. They outline and address the shared knowledge and skills required when working in a multi-disciplinary mental health environment and supplement each of the professional groups' discipline-specific practice standards or competencies. The *Standards* apply to the mental health professions of psychiatry, nursing, psychology, social work, and occupational therapy (see Appendix 6).

Other national standards, such as evidence-based clinical practice guidelines⁴, are also important for quality and safety improvement and systems need to be in place to use, review and update existing guidelines.

Governance and leadership

Governance, including **clinical governance**, is essential to improving quality and safety. Good clinical governance implies that there are well articulated processes for clinical performance and evaluation, clinical risk management, **clinical audit**, ongoing professional development, and full consumer and carer participation in quality improvement processes. Failure of a system to react appropriately to adverse events often points to inadequacies of leadership and accountability, and in particular to a lack of clarity about reporting processes.

Governance arrangements related to the provision of mental health care are complex. There are a variety of funding arrangements and responsibilities across a range of services and programs provided by State and Territory governments, the Australian Government and private sector organisations. Governing bodies are responsible for improving governance arrangements where these can further improve the safety and quality of mental health care.

Both clinical and managerial leadership is required to bring about change in organisations and to create a culture of quality improvement, including safety improvement. This includes actively supporting a range of quality and safety initiatives. Organisational safety initiatives encompass a range of strategies such as supporting risk management, adverse events and incident management and monitoring systems, workforce development and innovation, complaints mechanisms, information collection and performance monitoring, implementation of national standards, and external evaluation through accreditation and related in-depth reviews.

Culture of continuous quality improvement

Integral to continual quality improvement is the development of a respectful, transparent and just culture within which health care providers and others can report safety incidents without fear of inappropriate blame. The organisational culture needs to encourage and support reflective practice, learning from experience, use and dissemination of knowledge, partnerships with stakeholders and effective leadership in order to enable systematic improvement in service quality. However this can only be implemented once systems for adequately acknowledging and acting promptly on identified problems are instituted in mental health services within a governance framework, where responsibility, commitment and involvement in safe practice and improvement is identified at all levels.

4 For example, RANZCP Clinical Practice Guidelines.

Consumer focus and value

To improve health outcomes, mental health services need to be responsive to consumers. This includes being sensitive to a range of individual needs, including needs related to age, gender, cultural and linguistic diversity, disability, and other health and dietary needs. Providing consumers with relevant information and opportunities to provide feedback, as well as access to advocacy and complaints mechanisms without fear of any form of retribution are necessary. Systems also must be in place for seeking consumer consent for sharing information with carers and/or family members to enable their participation in care planning.

Positive consumer participation in mental health services can also be assisted through implementing processes that ensure participation in planning, implementation, evaluation and quality improvement. These include individual care planning, and the routine implementation of consumer self-report outcome measures and consumer perceptions of service quality measures⁵. Consumers must be provided with appropriate support as needed.

The participation of mental health consumers, as full partners, in their health care is expected in all treatment settings. This is an evidence-based practice and one of critical importance. Identifying and addressing stigmatising attitudes and cultures of control within mental health services that undermine this valuing of consumers is essential to a recovery oriented mental health service.

Carer focus and value

Mental health services need to be responsive to carers and families of mental health consumers, unless there are clear, specific and documented reasons for not involving them in a consumers care such as the consumer does not consent to their involvement. This includes being sensitive to a range of individual needs, including needs related to age, gender, cultural and linguistic diversity, disability, and other needs. Providing carers with relevant information, opportunities for feedback on progress and enabling their participation in care planning when **informed consent** is provided by consumers. Systems also must be in place for seeking consumer consent for sharing information with carers and/or family members to enable their participation in care planning.

Positive carer participation in mental health services can also be assisted through implementing processes that ensure participation in planning, implementation, evaluation and quality improvement. These include the routine implementation of carer 'burden of care' measures, carer perceptions of service quality measures⁶, and individual care planning where the consumer consents to such participation. Carers must be provided with appropriate support as needed.

Continuity of care

Continuity of care is a cornerstone of the National Mental Health Strategy and the *National Standards for Mental Health Services* and a specific focus of the Australian Health Care Agreements 2003-2008. Safe and quality care for people with mental disorders and mental illness cannot be achieved without effective processes for continuity of care, especially given the episodic nature of mental illness. Continuity of care means continuity between different elements of mental health services (inpatient and community), between mental health services and other acute and primary health care services, including emergency departments, as well as with other service sectors such as drug and alcohol, disability and housing etc. It means not only continuity across the course of illness, but also in recovery and coordination of services across the consumer's lifespan and life circumstances. It requires an integrated specialist mental health system with appropriate inpatient-community and public-private links.

5 At a minimum – as based on the work of the Information Strategy Committee and its development and implementation of National Outcomes and Casemix Collection and key performance indicators.

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Clear protocols and processes that facilitate continuity of care are very important, including high-quality **discharge planning**. Improving systems and ensuring continuity of care, particularly within a sector that increasingly focuses on care within the community, is essential for improving the safety and quality of mental health care for consumers.

Workforce

The knowledge, skills and attitudes of the mental health workforce are crucial to providing safe mental health services. Mental health services need a mix of professions and skills, and to foster a team approach to service provision. The workforce needs to be skilled in quality improvement processes and be able to access appropriate clinical supervision, support and professional development. The workforce needs to be trained in safe work practices, adverse events identification and incident prevention, monitoring and management processes. Such training and work practices need to be supported by management.

The *National Practice Standards for the Mental Health Workforce* are being implemented to: promote best practice; guide and support clinical supervision and mentoring; structure continuing education and curricula development; assist in recruitment and staff retention; and complement other competency standards.

‘Investment in the workforce is essential’. This principle underpins the *National Mental Health Plan 2003-2008* and acknowledges that ‘the supply, distribution and composition of the mental health workforce are fundamental to quality services’.⁷

Information infrastructure for quality improvement

Information infrastructure that supports the collection, interpretation and use of relevant information is essential to quality improvement. Recent significant changes to the information infrastructure in public specialised mental health services and private hospital mental health services has led to standardised processes for data collection at assessment, review and discharge. This information is clinically useful as well as providing information on outcomes at the service level. The availability and use of comparable data enables monitoring and evaluation of service performance and outcomes, and provides opportunities for **benchmarking**.

Service level research and evaluation for quality improvement is also important, and can make effective use of routinely collected information for development and dissemination of evidence-based best practice. Participation in collaborative research and evaluation should be encouraged and should use available information sources for local quality improvement. Health service research and evaluation can support safety improvement, for example, through clinical audits that focus specifically on the priorities identified in this plan and other locally identified safety issues.

7 National Mental Health Plan 2003-2008, p 11.

Risk identification and management

Incident reporting and management play a vital role in an organisation's approach to collecting, analysing and learning from information about when things go wrong in health care. There are a variety of ways of identifying risks and the likely outcomes of adverse events, however, there is no nationally agreed approach for the use of this information in the health or mental health sector.

Risk matrices are commonly used tools. The Australian Council for Safety and Quality in Health Care, in its **Open Disclosure** Standard, provides the example of an incident grading matrix from AS/NZS 4360 *Risk management* – a standard that is relevant beyond the health sector. Similarly, the Safety Assessment Code (SAC) promoted by the US Department of Veterans Affairs' National Centre for Patient Safety and the Severity Assessment Code (SAC) are widely used. These matrices (see Appendix 7 for examples) provide a system for mapping the likely or expected frequency of an adverse outcome by the severity of the outcome/impact.

Mental health services are encouraged to use such tools when prioritising actions to prevent adverse outcomes or when determining appropriate responses to incidents. Risk management or incident classification tools can assist to determine what outcomes and incidents automatically prompt further inquiry or response, can assist in managing the response, and raise awareness of incidents and incident reporting requirements.

These risk matrices, and other documents and tools developed by the Australian Council for Safety and Quality in Health Care (see Appendix 2) are appropriate for use, or could be adapted for use, in mental health services.

Risk management and incident management relies on strong governance arrangements, a culture of quality improvement and associated processes, as well as support from information systems that provide good quality reliable data about adverse events for quality improvement.

Priorities for strengthening the safety building blocks in mental health services

Rationale

To ensure safe mental health service environments generally, strategies are needed that strengthen the information infrastructure and other building blocks underpinning the ability to provide safe mental health services that continuously improve quality.

Objectives

- Mental health services use safety Key Performance Indicators for detecting and monitoring adverse events and in quality improvement processes such as benchmarking.
- Mental health services use available adverse event data to develop local action plans to improve safety, as part of continuous quality improvement processes.
- Mental health services use **incident monitoring and management systems** to improve the safety of mental health services for consumers, staff and others.
- Mental health services actively engage in training and development opportunities that will increase their ability to analyse and respond to adverse events.
- Mental health services engage in ongoing quality improvement processes, including in-depth external review against *National Standards for Mental Health Services* by accreditation agencies, and implementation of *National Practice Standards for Mental Health Workforce*.

- Mental health services develop and maintain working relationships and protocols with relevant acute, emergency and primary care services, as well as other relevant services sectors.
- Mental health services have formal structured mechanisms for mental health consumers and carers to provide feedback including complaints, and actively participate in service planning, policy, implementation, evaluation and quality improvement processes.

Strategies

- Ensure mental health services have systems in place for risk management and risk analysis that are linked to organisational and clinical governance arrangements.
- Promote, encourage and facilitate a transparent and a just culture within which mental health service providers can report safety incidents without fear of inappropriate blame.
- Ensure mental health professionals are trained in risk management, including in the areas of suicide and violence, and also inpatient safety improvement methodologies.
- Include a specific focus on strengthening the safety standard in any national review of the *National Standards for Mental Health Services*.
- Promote, encourage, and facilitate recording of mental health related adverse events in incident management systems and the use of incident information in quality improvement processes.
- Improve existing **incident reporting and management systems** to ensure that mental health specific adverse events are recorded and fed-back into safety improvement processes at the service level, provide meaningful aggregation of incidents data and have some capacity for benchmarking.
- Identify what mental health information should be collected and reported nationally, in addition to the national sentinel event reporting of suicides that occur in an inpatient unit. This would require further work with jurisdictions and relevant expert groups in the existing health and mental health data environments to ensure national consistency in data definitions, classifications and reporting that can contribute to improvements in safety and quality of mental health care in hospital and community based services.
- Develop, in collaboration with the National Mental Health Working Group's Information Strategy Committee, nationally agreed key performance indicators for safety.
- Ensure that mental health services consider coronial findings and other relevant inquiries, and feed these into incident management and quality improvement processes.
- Ensure that local services use all available data on incidents and adverse events (complaints data, reports from external scrutiny bodies such as Australian Council on Healthcare Standards clinical data, **accreditation** reports or reports from official/community visitors) to analyse and determine local priorities for safety and quality improvement.
- Ensure that mental health services have in place arrangements for information sharing with criminal justice agencies, transport providers and primary health care professionals.
- Ensure that if a mental health consumer is involved in a safety incident that this automatically prompts the review of the mental health consumer's care within a reasonable time period that is specified in relevant procedural documentation.
- Ensure that mental health services have in place activities that reduce stigma experienced by people with mental health disorders, promote mental health and foster recovery oriented services.
- Promote mental health consumer participation in their health care through the use of *10 tips for safer healthcare*⁸, in addition to other mental health service specific consumer and carer participation strategies.

8 Australian Council for Safety and Quality in Health Care (2003), *10 tips for safer health care*, Commonwealth of Australia, 2003.

- Ensure all mental health consumers have in place an individual care plan on discharge from mental health inpatient care and that they receive a copy, and if agreed a copy is also provided to a carer.
- Identify good practice for the involvement of carers in treatment including following discharge from inpatient mental health care, with a focus on relapse management and discharge documentation when developing individual care plans.
- Promote a consistent and effective approach to complaints management through the use of the *Better Practice Guidelines for Complaints Management for Health Care Services*⁹ and the accompanying *Complaints Management Handbook for Health Care Services*.
- Promote use of national falls prevention guidelines¹⁰ within mental health services.

9 Australian Council for Safety and Quality in Health Care (2004), *Better Practice Guidelines on Complaints Management for Health Care Services*, Commonwealth of Australia, July 2004.

10 Australian Council for Safety and Quality in Health Care (2005), *Preventing falls and harm from falls in older people*. A resource suite for Australian hospitals and residential aged care facilities, Commonwealth of Australia.