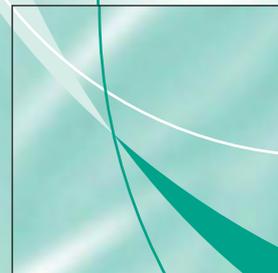


Appendix 4:

Consultation on priority safety issues in mental health



In March 2004 a survey was sent to a wide range of stakeholders to seek their views on national priority safety issues in mental health. The survey asked each organisation to indicate the most relevant identified issues, and to prioritise the issues for their area of service delivery/representation. The survey also provided an opportunity for additional safety issues of specific relevance to their organisation to be specified.

Stakeholders consulted

The survey was sent to 72 organisations, including:

- National consumer and carer organisations, including the Mental Health Council of Australia
- State and Territory mental health representatives of the Safety and Quality in Mental Health Partnership Group
- Royal Australian and New Zealand College of Psychiatrists
- Australian New Zealand College of Mental Health Nurses (all branches)
- Australian Psychological Society
- Australian Association of Social Workers
- Occupational Therapy Association
- Strategic Planning Group for Private Psychiatric Services
- Australian Council for Safety and Quality in Health Care
- The Australian Council on Healthcare Standards
- Australian Government Health Priorities and Suicide Prevention Branch
- Police services agencies at the State and Territory and Federal level
- Ambulance services in each State and Territory
- Royal Flying Doctor Service and air ambulance services in each State and Territory
- Australasian College for Emergency Medicine
- Divisions of General Practice in each State and Territory

Priorities identified

This consultation identified a number of consensus issues:

- Suicide assessment and management
- Clinical governance
- Personal safety
- Deliberate self-harm
- Restraint
- Transport of people in involuntary care
- Medication prescribing and administering errors
- Seclusion

The survey respondents also raised a number of other key safety issues of concern in mental health. Issues raised are listed below.

- **Aggression**
 - Inpatient and Emergency Department patient assaults.
 - Physical aggression towards staff and other patients.
 - Verbal abuse towards staff and other patients.
 - Home visiting clients – especially when there may be a past history of aggression in particular circumstances (from the client or other household member).
 - The identification of past/current history of violence at the point of assessment which is communicated to treating team.
 - Deliberate harm to others, in particular homicide.
 - Elimination of sexual harassment / assault.
- **Resource issues**
 - Access to involuntary beds-occasions when involuntary beds can not be accessed when required for an at risk person.
 - Emergency department overcrowding.
 - Lack of appropriate funding for specialising and close observation of at risk people.
 - The inappropriate use of police officers as guards of mental health patients in health facilities.
 - The lack of intensive case management and support for people with exceptional needs, specifically where mental illness is aligned with substance abuse.
- **Workforce issues**
 - Accreditation and training of overseas psychiatrists
 - Duty of care in relation to the management of voluntary patients who abscond from a health service.
 - Ensuring adequate education of mental health workers in both clinical and risk management/safety areas – undergraduate, postgraduate and ongoing workplace education.
 - Interface between private and public mental health services, ie difficulties related to responsibility for involuntary patients.
- **Discharge process and continuity of care**
 - Lack of adequate resources in the community upon discharge.
 - Premature discharge from a mental health unit because of bed shortages.
 - Appropriate discharge planning/risk assessment.
- **Medications and illicit drugs**
 - Illicit substance control whilst a consumer is in a mental health facility.
 - The development of strategies to educate culturally and linguistically diverse consumers, carers, and families in the safe and quality use of medicines.
 - The development of education materials for the mental health workforce on prescribing and dispensing of medications for people of culturally and linguistically diverse background
- **Electro convulsive therapy pathway/standards of practice**
- **Protection of vulnerable patients**