May 2017

Implementing recovery-oriented, least restrictive practices

Queensland Mental Health Commission

Implementation progress of the 2014 report *Options for Reform: Moving towards a more recovery-oriented, least restrictive approach in acute mental health wards including locked wards*.

Purpose

In December 2014, the Queensland Mental Health Commission released *Options for Reform: Moving towards a more recovery-oriented, least restrictive approach in acute mental health wards including locked wards* (Options for Reform). This report provides an update on implementation of the Options for Reform by Queensland Health and Queensland's Hospital and Health Services (HHSs).

About the Commission

The Commission was established by the *Queensland Mental Health Commission Act 2013* to drive reform towards a more integrated, evidence-based, recovery-oriented mental health and substance misuse system.

One of its functions is to undertake and commission research in relation to mental health and substance misuse issues (section 11(1)(f)); and to review, evaluate, report and advise on the mental health and substance misuse system (section 11(1)(d)).

Background

In December 2013, the Director of Mental Health issued a directive to lock all publicly operated acute mental health inpatient units in Queensland following concern regarding the number of people who were absent without permission[1].

[1] A patient is considered to be absent without permission in certain circumstances, for example if they are on: an in-patient involuntary order and they leave an acute mental health ward without approval; or is on leave in the community but does not return to the ward when required.

Following this decision the Commission received several submissions and heard the views of a range of people including people with a lived experience of mental illness, their families, carers and supporters, professionals and others. Views shared with the Commission were diverse. Some indicated locking wards was inconsistent with a recovery-oriented, least restrictive treatment and others indicated that locking wards would better ensure the safety of people receiving mental health treatment.

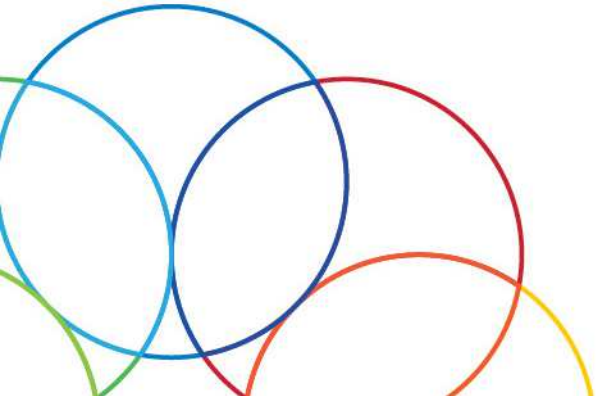
The Commission engaged the University of Melbourne to conduct research into least restrictive practices in acute mental health facilities and convened a series of five forums with mental health staff (Rockhampton and Gold Coast), people with a lived experience of mental illness (Rockhampton and Logan) and carers (Gold Coast), in consultation with the Queensland Mental Health and Drug Advisory Council.

Recovery-oriented, least restrictive practices and environment

While there is no single definition of recovery, all descriptions focus on consumer empowerment, self-determination, hope and inclusion. The *National Framework for recovery-oriented mental health services: Guide for practitioners and providers* defines personal recovery as 'being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issues'.

Each person's recovery journey will be different based on their personal circumstances and aspirations. A person's recovery needs will evolve over time and may include treatment in an acute mental health ward.

Recovery-oriented mental health service delivery is defined by the National Framework as the 'application of sets of capabilities that support people to recognise and take responsibility for their own recovery and wellbeing and to define their goals, wishes and aspirations.'



Queensland Government

Least restrictive practices form an essential foundation to a recovery-oriented approach and have been accepted internationally and nationally as best practice. For example, the World Health Organisation's *Mental Health Care Law: Ten Basic Principles* include the provision of least restrictive practices and indicate that institution-based treatments should be provided in the least restrictive environment.

The options for reform

The research and consultation informed the Commission's Options for Reform report. The Options for Reform report examined and outlined options for reform to support the implementation of recovery-oriented and least restrictive practices in acute mental health wards in Queensland, with a particular focus on locked wards.

While many policies and practices regarding recovery-oriented and least restrictive practices focus on an individual's treatment and support, the Options for Reform report focused on the need to adopt a whole-of-ward approach with issues such as the environment and culture of wards playing a significant role. The report was intended to enhance understanding of a complex situation in a way that balances the rights of individuals with concern for their safety, and in some circumstances, the safety of others.

Consistent with feedback provided by those consulted and the research, the Options for Reform report acknowledges that from time to time, and in certain circumstances, wards may need to be locked. However, when these decisions are made there is a need to continue to adopt a recovery-oriented, least restrictive approach within the ward. The report also outlined options for ensuring safety in acute mental health wards and approaches to reducing absences without permission.

The report outlined 15 options for Queensland Health and HHSs to consider implementing to promote recovery-oriented, least restrictive practices adopting a whole-of-ward approach across three key areas:

1. ***Supportive relationships*** – supporting the development and maintenance of positive connections and relationships through increasing contact with family, carers and friends; and the involvement of appropriately trained and supported peer support workers.
2. ***Organisational culture which encompasses policies and procedures, ward routine and environment and staffing*** – shifting the culture and practices of the ward towards those that support recovery by increasing choice, self-determination and inclusion; appropriate and ongoing risk assessment and mitigation; and well trained and supported staff who practise from a recovery-oriented perspective.
3. ***Monitoring and reviewing elements of a recovery-oriented approach*** – identifying and reporting against clearly identified indicators to assess the implementation of recovery-oriented approaches and ensure continual improvement.

The 15 options for reform proposed by the Commission are in Appendix 1.

Progress

Since the Options for Reform report was released Queensland Health and HHSs have taken steps to implement recovery-oriented, least restrictive practices and enhanced assessment and management of risk in acute mental health facilities in a wide range of ways. Queensland Health continues to closely monitor these issues.

The Options for Reform report focused on supportive relationships as essential to recovery and was considered by all consulted as important to maintaining continuity of care after discharge and to reducing absences without leave. Options identified included increasing the ability of people receiving inpatient treatment to maintain their personal relationships including by enabling the use of electronic devices.

The new *Mental Health Act 2016* increases the way people receiving treatment can communicate with families, carers and friends by enabling communication using a mobile phone or other electronic device; however this may be restricted or prohibited if communicating in this way is likely to be detrimental to the health or wellbeing of the person or others.

New models of care, adopting a whole-of-ward approach, are also being implemented in Queensland. These include the trial of the Safewards model of care in Central Queensland, Metro North, Metro South, and West Moreton HHSs.

Safewards is an evidence-based approach that is designed to reduce conflict (aggression, rule breaking) and containment (coerced medications, restraint and seclusion) in acute adult mental health inpatient units. The Safewards model proposes that conflict within a ward can arise when a person is faced with situations that increase their emotional distress or 'flash points'. The Safewards approach focuses on what staff can do before the person reaches a flash point by being aware

of potential triggers and determining the best method to reduce the impact or best containment method for the situation. The model helps staff to work together with consumers on the wards to reduce conflict and containment as much as possible and make the inpatient unit a more therapeutic and peaceful place. Queensland Health is working with HHSs across the state to strengthen and sustain the implementation of the Safewards model.

Many inpatient units also use sensory approaches to reduce distress and agitation and restore a sense of safety and stability. Sensory approaches use activities and equipment, behavioural strategies and modifications of the physical and social environment to help regulate emotions and responses. They aim to increase awareness of sensory preferences and sensitivities and support management of arousal and are considered to be non-invasive, self-directed and empowering interventions that may support recovery-oriented practice. Sensory approaches are used in most acute mental health units across the State.

Mackay HHS has introduced a therapeutic leave agreement process to clarify limited community treatment provisions. This process is discussed with consumers when they are admitted to the inpatient unit and regularly throughout their admission. It has been found to reduce confusion and agitation and enhance feelings of self-determination and control.

The introduction of the *Mental Health Act 2016* in March 2017 will also include enhanced mechanisms to balance the rights of people receiving involuntary treatment for mental illness with appropriate risk assessment and management and a more person-centred approach to managing instances of absence without permission. Unlike the previous *Mental Health Act 2000*, the new Act will require hospital staff to attempt to contact people who are absent, if reasonable, before notifying police.

As part of the *Mental Health Act 2016*'s implementation, the Chief Psychiatrist has issued policies and guidelines which must be implemented by authorised mental health services. These policies include the Treatment and Care of Patients Policy which focuses on recovery-oriented practice which respects human rights and adopts a least restrictive approach to treatment and care. This is consistent with current policy and practice.

Since the release of the Options for Reform report the Mental Health, Alcohol and other Drugs Clinical Network has convened two roundtables bringing together senior clinicians to discuss approaches to promoting consumer and staff wellbeing in adult acute mental health inpatient settings through maximising the therapeutic environment. The Commission has been invited to attend these roundtables.

Conclusion

The issue of locking wards remains of concern to people with a lived experience of mental illness, their families, carers and supporters with many expressing divergent views.

The Commission upholds its position that all mental health services should be provided within a recovery-oriented and least restrictive framework which considers not only the individual consumer's journey but also the environment in which treatment and support is provided. Services should allow people choice and control over their recovery pathway as much as possible, having regard to issues of risk and safety for the person and others where necessary; be tailored to the unique needs of each individual; and delivered in a way that demonstrates respect and promotes dignity.

It is encouraging to see that Queensland Health has increased its focus on these issues and that evidence-based approaches are being implemented in many HHSs across the state.

However, efforts must continue to ensure that models of care that promote recovery-oriented and least restrictive practices are implemented in all services across the State and that there are clear processes in place to assess the implementation of these practices.

The Commission is of the view that a decision to lock doors should be discretionary and based on local decision making. Local decision making should be supported by a statewide policy framework that takes a whole-of-ward approach to recovery-oriented, least restrictive practices.

A statewide framework should set clear and objective criteria for making a decision to lock doors, including a timeframe and process for reviewing that decision.

As noted in the Options for Reform report, there is a need to clearly communicate to consumers receiving treatment in a ward about the basis for locking the ward, the timeframes for reviewing the decision and the basis upon which the ward will become unlocked. There should be a requirement for these decisions to be clearly and sensitively communicated to people receiving treatment, their families, carers and supporters.

The statewide policy framework should clearly articulate the requirements for practising within a recovery-oriented and least restrictive approach, at both the individual and whole-of-ward level, and how this will be measured and monitored.

It should also include consideration of various factors that impact on the ability to provide recovery-oriented service delivery such as infrastructure and be developed in partnership with people with a lived experience, their family, carers and supporters. Implementation of the statewide policy framework should be mandatory for all HHSs.

The Queensland Mental Health and Drug Advisory Council support the Commission's position.

Next steps

The Commission will continue to monitor this issue closely through ongoing discussions with Queensland Health and other stakeholders, including the Queensland Mental Health and Drug Advisory Council.

The Commission encourages the continued involvement of people with a lived experience in discussions about this issue and how acute mental health services can truly move towards a recovery-oriented and least restrictive approach.

References

1. Australian Health Ministers' Advisory Council. A national framework for recovery-oriented mental health services: guide for practitioners and providers. Canberra: Australian Government; 2013.
2. World Health Organisation. Mental health care law: ten basic principles. Geneva: World Health Organisation; 1996.
3. Bowers, L., Alexander, J., Bilgin, H., et al. Safewards: the empirical basis of the model and a critical appraisal. Journal of Psychiatric and Mental Health Nursing, 2014, 21: p. 354-364.
4. Scanlan, J.N. & Novak, T. Sensory approaches in mental health: A scoping review. Australian Occupational Therapy Journal, 2015, 62 (5): p. 277-285.

Appendix 1
Options for reform

Supportive relationships

Increasing contact with family, carers and friends

1. Investigate options to enable consumers to communicate with families and friends through greater access to phones and the internet, subject to treatment plans, and by encouraging the presence of families, carers, friends and other supporters on the ward.

Peer support workers

2. Enhance peer support worker programs in Hospital and Health Services by:
    - involving peer support workers in each stage of a consumer's treatment from admission to discharge
    - providing appropriate training to assist peer support workers to undertaken their roles
    - involving peer support workers as part of the treatment team.

Changing culture

Organisational policy and procedures

Enabling consumers to set and achieve their goals

3. Policy and procedures to adopt a risk management approach which enable consumers to take measured risks as part of their recovery.

Discretionary approach to locking wards

4. Hospital and Health Services and the Director of Mental Health to provide clear and timely advice to staff and consumers, families and carers regarding decisions to lock doors. Decisions are to be made on the basis of clear and stated factors and processes including a set time for review of a decision to lock ward doors.

An approach to absences without permission

5. To reduce absence without leave, an approach be implemented by Hospital and Health Services which includes developing a plan for individuals based on recovery-oriented practice and addressing the issues leading to their absence. This plan should be regularly reviewed and monitored and its development should involve peer support workers.

Routine and environment

Reducing the custodial features on of the ward

6. Decrease impersonal and custodial features (or non-caring environment) of the ward through creating more appealing and liveable spaces in the ward via decor, family friendly spaces, tea and/or coffee making facilities including a welcome or reception area.

7. Where access to outdoor or recreational spaces has been limited including as a result of locking the ward, appropriate action be taken in a timely manner to make the entire ward freely accessible to consumers.

Orientation

8. Provide face-to-face orientation for consumers, and involving families and carers where appropriate. The orientation process should include information about the ward rules and daily routines and emphasising consumer comfort, personal safety and how to access support and involve peer support workers.

Purposeful activities

9. Hospital and Health Services, in consultation with consumers, families and carers, provide opportunities for consumers in mental health wards to undertake activities to reduce boredom, including those that promote physical health.

Consumer safety

10. Wherever possible, women and children and young people should be accommodated separately in wards. Any future refurbishments or construction should take into account the need to have capacity to separate consumers on the basis of age and gender.

Staffing

11. Staff, including nursing staff and allied health workers as well as casual/agency staff working in the acute inpatient wards to be trained in mental health.

12. Provide on-going training and professional development opportunities focused on recovery-oriented practice to nursing staff.

Monitoring and review

13. An audit be undertaken in each ward to identify the extent to which options outlined in this report are being implemented and additional steps that should be taken to enhance recovery-oriented services adopting a least restrictive approach.

14. To understand the full extent of unintended consequences that have been highlighted in the literature, but as yet remain undocumented, conduct a comparative analysis of data from before and after the introduction, where possible, of the new policy regarding:

    - the rate of voluntary admissions
    - the rate of self-harm in inpatient settings
    - the rate of aggressive incidents in inpatient settings
    - the rate of illegal drug use
    - smoking related incidents (including fire setting)
    - the use of seclusion and restraint in inpatient settings
    - use of recreational areas
    - visits by family, friends, carers.

15. Audit and monitor data relating to Absences Without Permission including:

    - conducting a quality audit of AWOP data to ensure that the data are being captured accurately and within the expected parameters
    - conducting an analysis of AWOP data taking into account any issues identified with data integrity
    - monitoring the levels of AWOP including by comparing levels from locked and unlocked wards.