

Media statement

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Reforms target mental health wards

Initiatives that respond to local circumstances in Queensland's acute mental health wards would offer better outcomes for consumers, hospital staff and the community, Queensland Mental Health Commissioner Dr Lesley van Schoubroeck said today.

Dr van Schoubroeck released a report outlining options for reform that underpin recovery-oriented, least restrictive practices in acute mental health wards.

The report sets out fifteen options for reform based on independent research conducted for the Queensland Mental Health Commission by The University of Melbourne.

Dr van Schoubroeck said a cornerstone of recovery-oriented practice is that people needing hospital treatment for their mental illness are provided care in as least restrictive manner as possible.

"This report supports flexible, localised decision-making by ward managers and clinicians around the needs of individual consumers in their care, rather than a one-size-fits-all approach.

"The research found that while there is plenty of literature relevant to community mental health settings, there are in fact very few practical recommendations to guide health services in providing recovery-oriented least restrictive care in acute mental health units," Dr van Schoubroeck said.

"This report seeks to fill that gap, by analysing available literature alongside the issues and experiences of patients, families, carers and hospital staff and senior mental health managers in Queensland."

Dr van Schoubroeck said the report outlined three core areas for reform: supportive relationships, changing culture, and ongoing monitoring and review of recovery-oriented practice.

"The role of peer support workers, supportive relationships and increased contact with family, carers and friends are essential to recovery," Dr van Schoubroeck said.

"So too is the culture of the ward, including factors that can influence recovery, such as flexible and responsive organisational policy and procedures, the routine and environment of the ward, and specialist staff training.

"The report also addresses issues that cause patient absences without permission, such as more engaging and purposeful activities that reduce boredom, separate accommodation for women and children wherever possible, access to outdoor and recreational spaces, and ensuring a therapeutic, more appealing and liveable environment."

Dr van Schoubroeck said the report was prepared in the context of a directive in December 2013 to lock all acute mental health wards in public hospitals in Queensland.

"It is important to note that this report looks beyond specific practices such as locked wards.

"Rather it focuses on the broader reform agenda by taking a more comprehensive approach to whole-of-ward care that supports least restrictive, recovery-oriented practices, whether doors are locked or not," she said.

“The emphasis is on shifting to a discretionary approach to locking wards that carefully considers the local circumstances including consumer, staff and community safety, and where decisions are communicated to patients and reviewed after a reasonable period.

“This is a well-considered response to a complex situation with a diversity of views, where it is acknowledged that from time to time and in certain circumstances, wards may need to be locked.

Dr van Schoubroeck said it was important to acknowledge that there were many instances of good practice being implemented in Queensland’s acute mental health wards.

“We want to see good practice flourish across the State, and that will be the on-going focus of our work with Health and Hospital Services and senior clinicians over the next 12 months,” she said.

The full report *Options for Reform: Moving towards a more recovery-oriented, least restrictive approach in acute mental health wards including locked wards* is available at www.qmhc.qld.gov.au

15 OPTIONS FOR REFORM

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, friends and other supporters on the ward.
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 undertake their roles
 - involving peer support workers as part of the treatment team.
3. Policy and procedures to adopt a risk management approach which enable consumers to take measured risks as part of their recovery.
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.
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.
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.
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.
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.

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.
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.
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.

ENDS

About QMHC

The Queensland Mental Health Commission was established in July 2013 to improve the mental health and wellbeing of all Queenslanders and minimise the impact of substance abuse in our communities. We drive reform by monitoring and reviewing mental health or substance use issues and producing evidence-based policy and research, promoting best practice and stimulating community awareness, prevention and early intervention strategies.