

## **QNU KEEPING PATIENTS SAFE SYMPOSIUM**

A mental health perspective

**WEDNESDAY 3 DECEMBER 2014**

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### **15 minutes, no power point**

- **Acknowledgements**

- I acknowledge the traditional owners of this land where we are meeting today, and pay respects to their Elders, past and present. I acknowledge the other Aboriginal and Torres Strait Islander people among us here today.
- I also acknowledge the people living with mental health and drug and alcohol problems, their families and carers. We can all contribute to a society that is inclusive and respectful, where everyone is treated with dignity and able to focus on wellness, recovery and have fulfilling lives.
- Thank you for the invitation to be here today. I am sorry I can only stay for part of the day.

- **Facts about nurses**

- In June 2014 there were 362,450 nurses registered with Nursing and Midwifery Board of Australia - 69,129 were from Queensland. The 48,000 in the 50-54 year old age groups outdid the 55-59 year olds by a small margin but was well ahead of the 25-29 year olds with only 39,000. Just over 10% are male with Queensland just under the national average. Without scanning any more statistical documents however, my understanding is that in mental health, male nurses are more common. So I don't need to tell you, nurses are by and large middle aged women. So I feel very comfortable in this audience!
- My further research for today highlighted a few other things that ring true for me:
- Recruitment material says that:
  - When you make the decision to become a nurse or a midwife, you are choosing to make a positive and lasting contribution, not only to the individuals you will support and care for, but to your whole community. Nurses and midwives have always performed a vital role in our community. Today, they are highly valued for the range and extent of skills and knowledge they possess and use in fulfilling their duties.

- The impact that these dedicated people have on our society stretches far beyond the bedside into many specialities and disciplines. Nurses and midwives enhance the lives of patients or clients in their varied duties as carers, advocates and educators. They work within teams of skilled health professionals, supporting one another and adapting their abilities and expertise to reflect continuing advances in health service provision, nursing and midwifery.
- **Safety in the mental health context – practice on wards**
- A recent report<sup>1</sup> by the National Mental Health Commission and the Australian Commission on Quality and Safety identified concerns about patient safety for people with mental illness and recommended that the NSQHS Standards be revised to consider specific safety issues raised in concerns about:
  - Feeling they were not listened to by staff
  - Being left unsupervised around other patients acting aggressively
  - Being in mixed gender inpatient units
- These concerns have not been raised in analysis of general patient safety standards and it is easy to see why they would be more relevant in a mental health environment.
- The report recommends that these issues be considered in a revision of national standards
- At a system level, I am aware that the recent Mental Health legislation that passed through the Western Australian Parliament has provisions that state:
  - A staff member must not ill-treat or wilfully neglect a person who is being provided with treatment and care (Fine \$15,000 or 2 years in prison) AND
  - If they reasonably suspect unlawful sexual contact or unreasonable use of force by a staff member, it must be reported. (Fine \$6,000)
- This reflects concerns that ill-treatment is sometimes not reported, that police do not take action because there is unlikely to be a conviction. Let me assure you, I am sure that ill-treatment of patients by nurses or any other staff member is not common practice on our wards. But there are incidents that cause concern, and simply the fear for one's safety is a concern.
- This same issue has been raised in the report issued by the Commission today<sup>2</sup> in respect to least restrictive practices, including the use of locked wards.

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<sup>1</sup> <http://www.safetyandquality.gov.au/publications/scoping-study-on-the-implementation-of-national-standards-in-mental-health-services/>

<sup>2</sup> Options for Reform: Moving towards a more recovery-oriented, least restrictive approach.  
[www.qmhc.qld.gov.au](http://www.qmhc.qld.gov.au)

- For instance, a staff member commented that one reason for absconding was that patients did not feel safe on the ward and a former patient commented that sometimes a locked ward was necessary to keep him safe.
- The significant change I see on the horizon for mental health nurses here in Queensland is the introduction of patient rights advisors outlined in the Mental Health Bill now before Parliament.
- It has been brought quite forcibly to my attention on a number of occasions that the nursing staff are the best advocates for patient rights. We need to be careful that we don't underestimate that capacity and keep avenues open so that it can be fully used. As I mentioned earlier, nurses are carers, advocates and educators.
- **QMHC contribution**
  - The Queensland Mental Health Commission is established under legislation. We have defined our Key Result Areas reflecting the legislation as:
    - Strategic planning – on behalf of the State
    - Reporting, reviewing and researching
    - Promotion and awareness
    - System governance
  - We don't fund or deliver services. We need to use our credibility and our networks to persuade. So we need to listen to credible people, academics, practitioners, consumers and families.
  - In early October, we launched Queensland's Mental Health, Drug and Alcohol Strategic Plan. This strategy provides the platform for a coordinated and concerted effort over the next five years.
  - This is a plan for all Queenslanders, because in one way or another we are all affected — individually and as a community — by problems with mental health and substance misuse.
  - It is a plan that is based on consultation across Queensland and endorsed by Cabinet. To be endorsed by Cabinet, means that heads of our public sector departments and our Ministers support it.
  - This strategic plan is not meant to be a 'set and forget' document that sits on a shelf gathering dust. It is a living, breathing document where we outline the priorities, directions and goals for change. It is a document that provides the setting for innovation and allows local responsiveness to bloom.
  - In the words of the Minister for Health Lawrence Springborg, it will be used to guide funding, policy setting, service development and delivery and will "function as a cornerstone of the shared reform agenda".
  - The Mental Health and Drug Advisory Council is a key element of that reform agenda. The Council helps set the agenda and priorities of the Commission itself, and brings the collective wisdom of its members to the table. Prof Brenda Happell from Central Queensland is currently

a member of that Council as is Prof Gracelyn Smallwood from North Queensland. I am sure most nurses in Queensland will know or have heard of both Brenda and Gracelyn.

- The Queensland mental health and drug and alcohol strategic plan has a vision for the future, an aspirational vision:
- *A healthy and inclusive community, ... where people experiencing mental health difficulties or issues related to substance use ... have a life with purpose ... and access to quality care and support ... focused on wellness and recovery, ... in an understanding, empathic and compassionate society.*
- It is worth noting that this is a much debated vision, almost every phrase has been contested and revised.
- Two elements of that vision are particularly relevant to the discussions here today:
  - access to quality care and support
  - focused on wellness and recovery
- The Plan has six long-term outcomes.
- Two of those are particularly relevant to the discussions here today
  - Better physical and oral health
  - Positive experiences of support, care and treatment
- Feedback from my fellow panellist here today, our Health Ombudsman, Mr Leon Atkinson-MacEwen, about complaints received from people with mental health problems will give us some insights to patient experiences as will local service level surveys.
- The Plan has 8 shared commitments to action. These are not detailed road maps for the next 5 years. They are areas we will work on, but they are not prescriptive and that is because we know that in rapidly changing times, a list of activities written today, may well be obsolete in 12 months' time.
- Change in the current environment requires us to be nimble, to be quick, to be agile. But still be focused. There is a difference between shifting focus on strategy and specific actions, to being in chaos, with no follow through and constantly stopping and starting in line with the prevailing headline of the day. You need a clear line of sight to the light on the hill, but navigating the territory can be challenging, and yes, sometimes we have to back track but with good scouts it is more diverting than backtracking.
- **Call to action**

Can I finish on a call to action? I recently came across a great paper from the NHS on change and transformation<sup>3</sup>. I would love the nurses of Queensland to help us implement change. What that

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<sup>3</sup> <http://www.nhs.uk/resource-search/publications/white-paper.aspx>

means is that you join with us as we focus on a long term visions, some clear outcomes and devise ways to get there and bring others on the journey. Advice from the NHS is that people who will enable this change need to be:

1. Disruptors, heretic, radicals and mavericks
2. Able to lead transformation from the edge
3. Ready to change the story, change the conversation to change the way people think
4. Curate rather than create knowledge
5. Builders of bridges to connect the disconnected

If there are disruptors, heretic, radicals and mavericks among you, I look forward to working with you

THANK YOU