



Options for reforming Queensland's acute mental health wards

Information for consumers, families, carers and communities

This is a summary of the QMHC report *Options for Reform: Moving towards a more recovery-oriented, least restrictive approach in acute mental health wards including locked wards*, written for consumers, families and carers, and the general community.

What is a recovery-oriented, least restrictive approach?

A recovery-oriented approach is sensitive to the uniqueness and needs of each individual. It supports consumers to make their own choices and set their own goals, and gives opportunities for living a meaningful, satisfying and purposeful life as a contributing member of the community.

Least restrictive practices are essential to recovery. In terms of mental health wards, it's about creating an environment that supports a person's recovery and wellbeing, while preserving their dignity, rights and freedoms as much as possible.

Why are we talking about least restrictive practices?

The Commission heard a wide range of views from consumers, families and carers, clinicians and other stakeholders regarding the Department of Health decision to lock all publicly funded mental health wards in December 2013.

The decision was made in response to concerns about the number of consumers being absent without permission from mental health wards.

Many concerns were about the need to make sure **the focus is on recovery and least restrictive practices** in Queensland's mental health wards.

Being absent is not an indicator that a person is potentially a risk to themselves or to others. Most people with a mental health issue pose no danger to the community at all.

What's in the report?

Our report highlights that the recovery journey for some people involves treatment in a mental health ward. It is important to remember that many patients choose to go to hospital voluntarily so they can get themselves well again.

The report sets out **options for reform** that look at practices on the ward that will enhance recovery and return to the community.

Queensland, like other States and Territories, has been working towards putting in place recovery-oriented approaches and least restrictive practices. However few policies and very little research looks at how the ward environment and culture can impact on recovery and least restrictive practices.

The report aims to give a **balanced view of a very complex situation**, and to help mental health services to move towards a least restrictive environment. The report recognises that there are **some good practices in place**, but there is a need to make good policies and practices routine on all wards, all the time, right across the State.

What are the Options for Reform?

Our report outlines **15 options for reform** in a number of areas that may be put in place by Hospital and Health Services and the Department of Health to aid patient recovery in a least restrictive environment.

To help decide what changes we could make to have even better recovery-oriented and least restrictive practices in Queensland's mental health wards we:

- asked The University of Melbourne to do research for us
- met with consumers, families and carers, and other people such as doctors and nurses to find out their views
- asked the Queensland Mental Health and Drug Advisory Council for advice.

What can we do to change?

There are lots of things that we can do to make mental health wards more accessible and friendly, and create a least restrictive environment that focuses on getting people well again.

The three main things we can do are:

- ✓ make sure people have **supportive relationships** to help them get well
- ✓ **change the way wards are run**, by bringing in new policies and procedures, changing ward routines, improving the ward environment and staff training
- ✓ **keep track of the changes made**, so we can work out what works the best for patients, staff and hospitals.

“It was really good. I enjoyed it there for a short time, because you could go for a walk and then come back whenever you wanted to. Staff were, ‘just as long as you’re there for tea, you know’. That was the way it should be, with everybody feeling at home, more relaxed...”
Consumer comment

Supportive relationships for patients

These are some of the things that can be done to make sure people have supportive relationships to help get them well.

- **Increasing contact with families, friends and supporters** by encouraging them to visit people staying in mental health wards.
- Greater **access to phones and the internet**, including Skype, in line with treatment plans, so people can stay in touch with family and friends. This is particularly important for people who come from rural and remote regions.
- Giving peer support workers a bigger role on the ward by:
 - helping people from admission to discharge so they have more support on the ward

- being part of the treatment team
- getting more training so they can do an even better job.

“...If you’ve got support and intensive nursing with incredibly skilled persons, not just someone off the pool for the day, recovery is going to improve a lot quicker. Things like AWOP, suicide risk, self-harm, they’re going to drop off...”

Staff comment

Change the way wards are run

Every mental health ward is different, but there are some things that can be put in place to support recovery.

- Improvements to **policy and procedures** so we have better decisions and communication.
- Giving people the opportunity to set and **achieve their recovery goals** and take measured risks as part of their treatment plan.
- **Adopting a discretionary approach** to locking wards. It is understand that sometimes, wards may need to be locked, for example when someone is going through an acute stage of illness. Equally, **a decision to lock a ward needs to be carefully considered** and take into account local considerations like consumer, staff and community safety.
- When a decision is taken to lock wards **staff, consumers, families and carers are told** that doors are being locked and the

reasons why. They should also be told when the decision will be reviewed.

- Individuals to have plans that **address the reasons** that lead to absences without leave.

Improving the routine and environment of the ward is also important to recovery.

- **Make wards more liveable** with more pleasant decoration, creating family friendly spaces and welcome or reception areas, and offering tea and coffee making facilities.
- **Outdoor areas** should be accessible even if ward doors are locked.
- Giving an **introduction to the ward** so patients get information about what to expect during their stay on the ward, and help overcome any feelings of distress or loss of choice.
- Bring in activities to **reduce boredom**, including for example, creative and physical activities and new learning skills.
- Give **separate accommodation** to women, children and young people where possible.
- All staff working in acute inpatient wards should have **training in mental health** and be given ongoing training and professional development opportunities.

“I think there are occasions when we do need locked wards, and certainly in my experience I think that there are times when I needed to be in a locked ward, but I think that time is really short, and really specific.”

Consumer comment

Keep track of the changes made

It is important to keep track of what changes are made to improve practices on mental health wards.

- This includes being able to **monitor and review** what's happening on the wards, so we know if changes have been made, what those changes are, and find out if any other steps might be needed.
- There also has to be research before and after these changes are put in place, so we can **check if they are making a difference**.

This means looking at statistics for:

- voluntary admissions
 - self-harm
 - illegal drug use
 - aggressive incidents
 - use of recreational areas
 - illegal drug use
 - visits by family, friends and carers
 - smoking related incidents.
- It's also important to monitor statistics about absences without permission, to make sure the data is accurate and helps us see any changes in patient absences.

Who's making these changes and when will they happen?

The Queensland Mental Health Commission's full report has been provided to the Minister for Health, the Director-General of Queensland Health and the Director of Mental Health.

The Department of Health, together with individual Hospital and Health Services are responsible for the day to day operations of the public health system. Every mental health ward is different, and needs to put in place changes that respond to their local circumstances.

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.

“(Hospitals where)...the thought of leaving didn't cross my mind was the ones where, from the time you woke up in the morning, to the time you went to bed at night, there was non-stop things happening. They were not just 'oh yeah, here's a couple of pencils'...”

Consumer comment

“...little things can make a big difference... Having a rule around when you can access tea and coffee?! You can still have the feeling of a restricted environment inside...”

Consumer comment

More information

You can read the full report *Options for Reform: Moving towards a more recovery-oriented, least restrictive approach* on the QMHC website at www.qmhc.qld.gov.au.

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