

# Improving the mental health of Victorians

through the Mental Health Improvement Program



VICTORIA

# Acknowledgement of Country

I acknowledge the Traditional Custodians who have lived and loved this country through the vastness of time.

I honour the Wurundjeri people of the Kulin Nation, whose country I stand today. I pay my respects to the old people, to the Elders and Ancestors who are the safekeepers and caretakers of the oldest living culture on the planet.

For this is the very bedrock of this place, our shared home and our special identity in the world and the source of shared pride as Australians.

**For this land always was, and always will be, Aboriginal Land.**



Kevyn  
Morris

Lake Hume

# Recognition of Lived Experience

I recognise people with a lived experience of trauma, neurodiversity, mental ill health and substance use or addiction, their families, carers and supporters.

Our appreciation extends to the clinical and non-clinical workforces that support people with lived experience.



# Royal Commission into Victoria's Mental Health System's final report

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Released on 2 March 2021, the final report set out **65 recommendations**, grouped across **four** key features of a transformed mental health and wellbeing system

1. **A responsive and integrated system with community at its heart**
2. **A system attuned to promoting inclusion and addressing inequities**
3. **Re-established confidence through prioritisation and collaboration**
4. **Contemporary and adaptable services**

The Royal Commission's recommendations are informed by major themes that emerged throughout the inquiry relating to the **system** itself, people's **experiences**, **support outside** the system, and the importance **of community and places**.

## Mental health improvement Unit Safer Care Victoria

Quality improvement leadership and support for services

- Promote continuous improvement
- Provide system leadership on quality and safety
- Provide professional, clinical and practice leadership for mental health and wellbeing services
- Promote awareness and understanding of high-quality service delivery across the mental health and wellbeing system
- Codesign quality and safety improvement programs with people with lived experience
- Issue practice guidelines and frameworks

**The Chief Mental Health Nurse moved to Safer Care Victoria to lead and support the Mental Health reform recommendations**

Relationship focused on quality improvement and support

## Department of Health

### Mental Health and Wellbeing Division

Mental health and wellbeing strategy, policy and service performance accountability

- Set vision and strategy
- Use policy and funding arrangements to enable high-quality and safe services
- Use performance monitoring and accountability arrangements and Regional Mental Health and Wellbeing Boards to oversee quality and safety
- Use regulatory mechanisms to address service failures
- Collect and publish meaningful data

### Chief Psychiatrist , Mental Health and Wellbeing Division

Clinical leadership and oversight of specific mental health practices

- Continued existing functions (including clinical leadership, oversee use of specific practices and investigate quality and safety issues)
- Two key changes to the role:
  - Jurisdiction to include correctional facilities
  - Responsibility for continuous improvement functions transferred to Safer Care Victoria

Relationship focused on performance monitoring and accountability, compliance

Mental health and wellbeing service providers

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## Mental Health and Wellbeing Commission

- Monitor and report on system-wide quality and safety
- Inquire into challenges to the provision of safe and good quality mental health and wellbeing service delivery
- Advise Victorian Government on issues of concern, areas for improvement
- Receive and respond to complaints about service delivery from consumers, families, carers and supporters

Relationship focused on system oversight, complaints handling

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# Priority areas to address the Royal Commission Recommendations for Safer Care Victoria

The Royal Commission recommended that:

- Safer Care Victoria (SCV) create a mental health improvement unit by 1 January 2022.
- The new unit focuses on:
  - reducing restrictive interventions towards the goal of elimination in 10 years
  - reducing compulsory treatment
  - preventing gender-based violence
  - preventing suicides in mental healthcare settings.

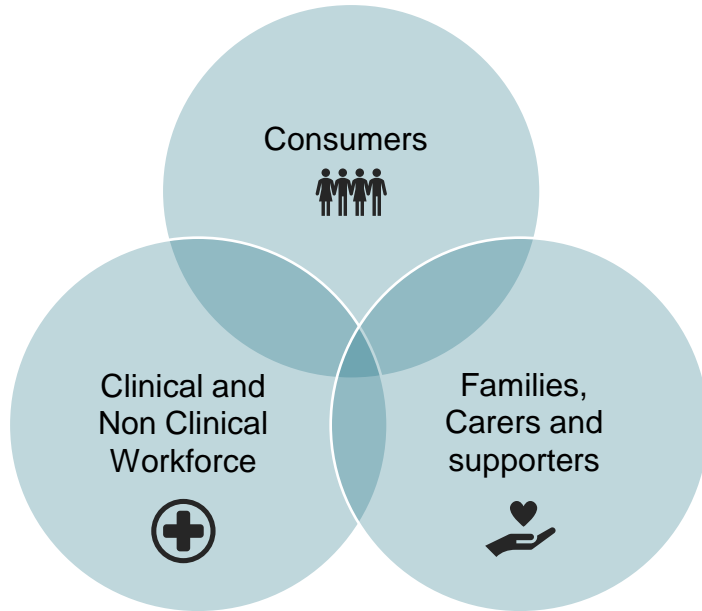
# Safer Care Victoria's Mental Health Improvement Program



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## Tripartite partnership: Safety for all is achieved through a model of partnership with consumers, workforce, carers, supporters and families



A foundational principle in this body of work is embedding a tripartite partnership in every aspect of the design and testing of all change ideas. A tripartite partnership consists of lived or living experience consumers, carers/families/supporters and clinicians.



# Mental Health Improvement Program & Chief Mental Health Nurse



# Towards Elimination of Restrictive Practices



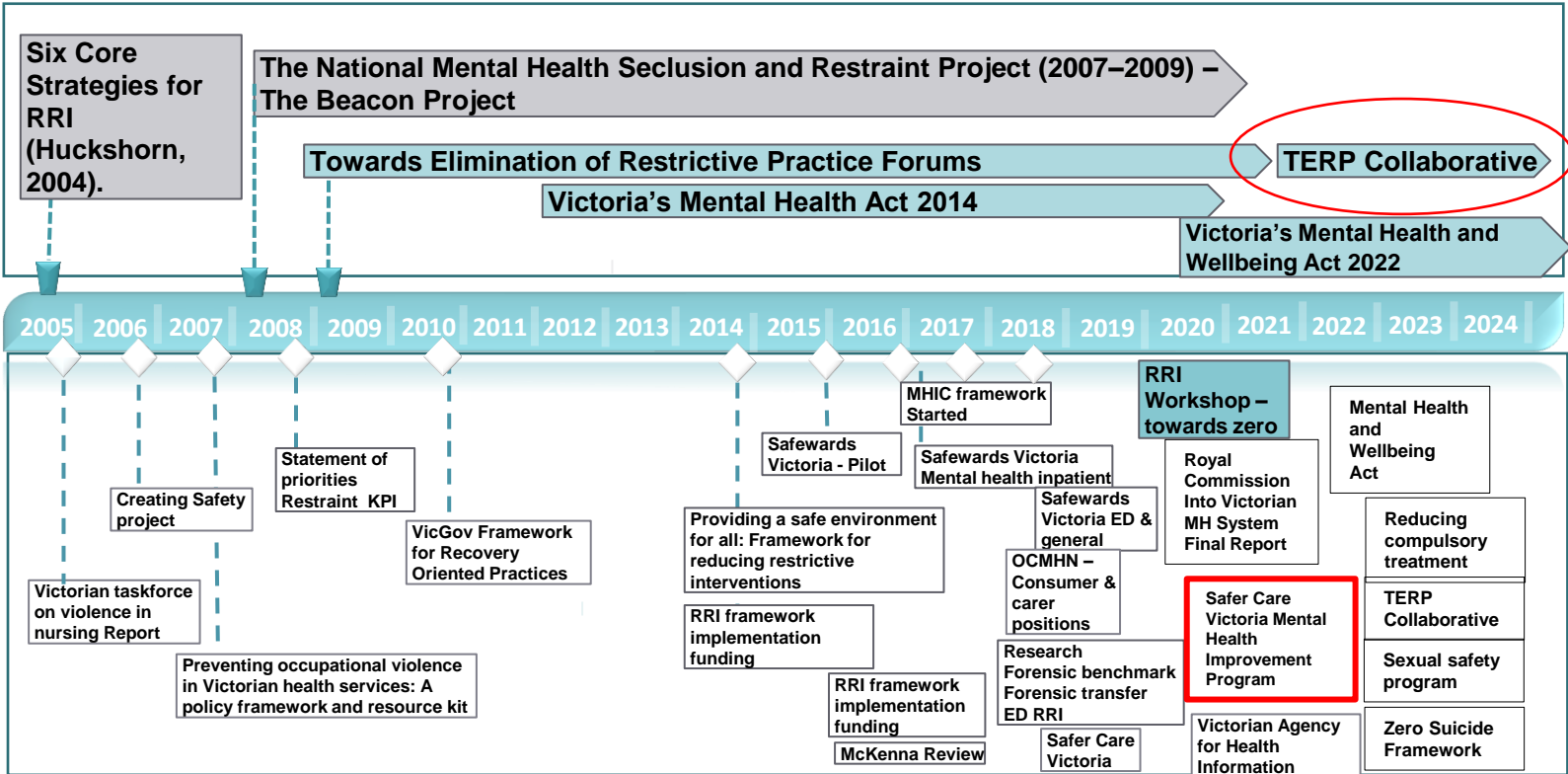
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# Towards Elimination of Restrictive Practices

Aim statement: To reduce restrictive practices in mental health inpatient unit settings by 20% by April 2024.

*Safety for all* is achieved through a model of partnership with consumers, workforce, carers, supporters and families

# Towards eliminating restrictive interventions



- CMHN** Culture and practice, policy reform and service leadership
- Workforce** Workforce strengthening, increased funding, new positions
- DHHS** Collaborative approaches across sectors,

- Royal Commission Into Victorian MH System
- Victorian Auditor General – CYMHS Review
- CYMHS Nursing Leadership Visits

# Services participating in the Safety for all BTS Collaborative



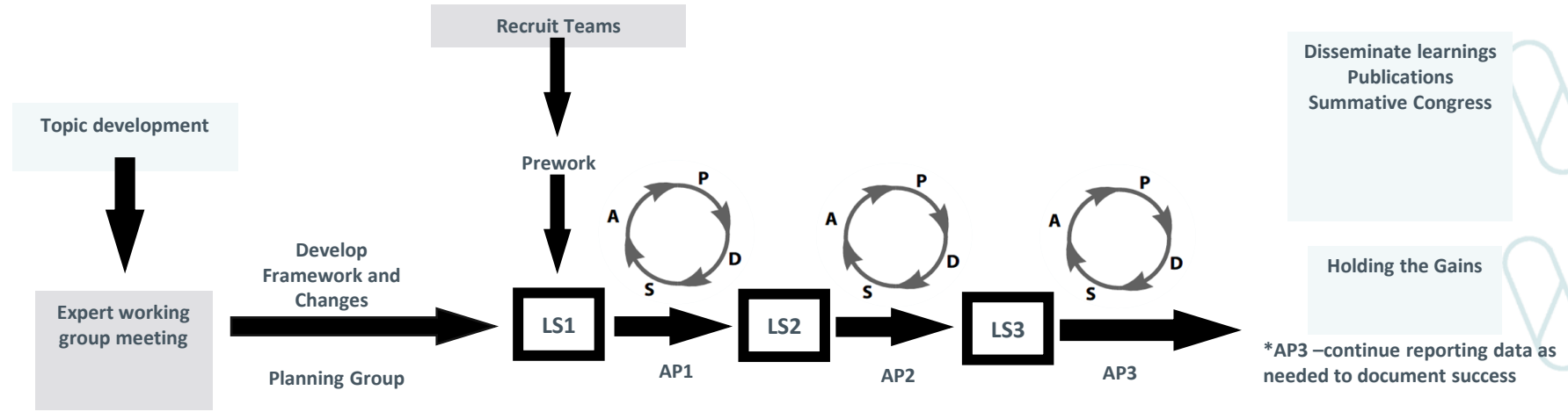
Northern  
Health



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# Breakthrough Series Collaborative Model

An improvement method that relies on the **spread** and adaptation of **existing knowledge** to **multiple settings** to accomplish a **common aim**



LS: Learning Session  
AP: Action Period  
P-D-S-A: Plan-Do-Study-Act

Supports:  
Email | Site visits | Webinars | Video calls | Collaboration platform | Monthly team reports | Assessments

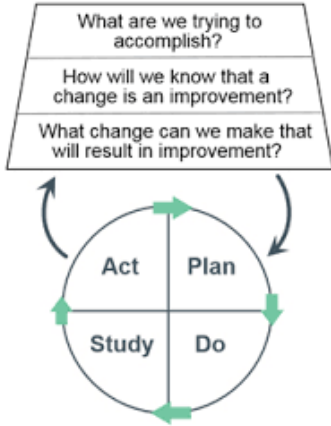
For more information:  
<http://www.ihi.org/resources/Pages/HowtoImprove/default.aspx>  
<http://www.ihi.org/resources/Pages/IHIWhitePapers/TheBreakthroughSeriesIHI'sCollaborativeModelforAchievingBreakthroughImprovement.aspx>

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# Breakthrough Series Collaborative Model

## Model for Improvement



## The typical approach...



## The quality improvement approach...



All share, all learn



# What we expect of participating teams....

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Identify sponsorship and establish a core team (3-5 people)



Team includes consumer representation and other staff



Core team participates in all Learning Sessions and Action Period activities



Actively work on testing changes and measuring impact



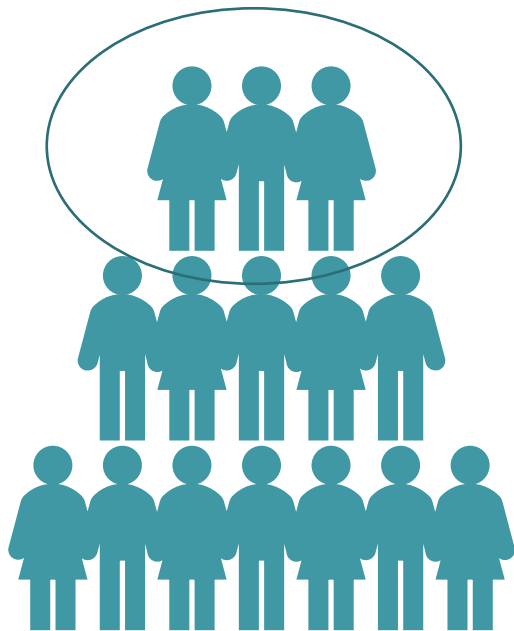
Share learning and results with all



Successful teams typically meet weekly to review actions



# Leadership



## **Executive sponsor:**

The Executive Sponsor is not an active member of the collaborative team but instead authorises and supports the collaborative work to occur.

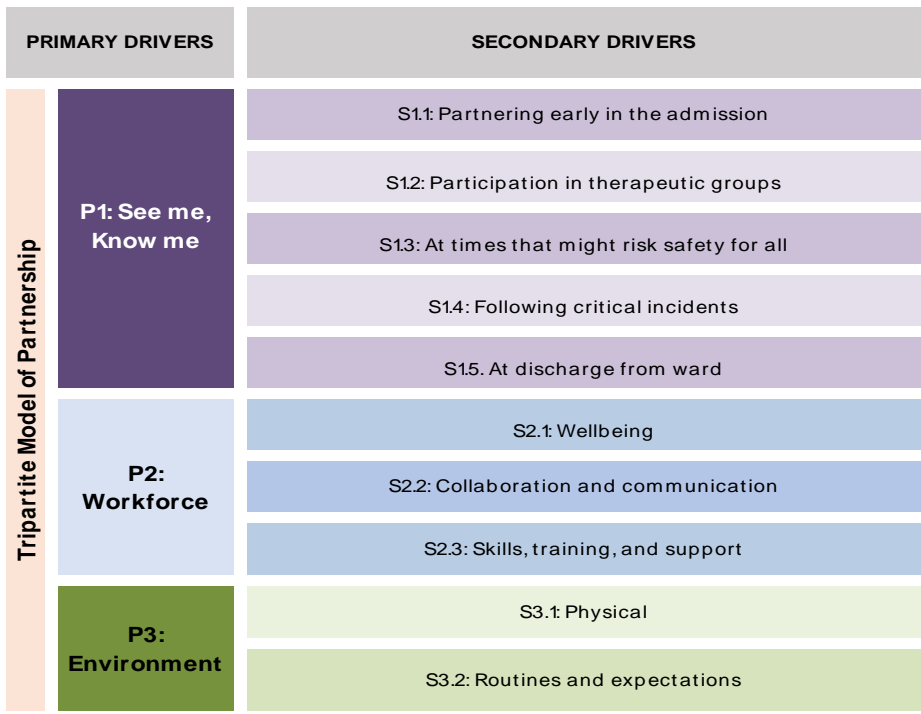
## **Team leader:**

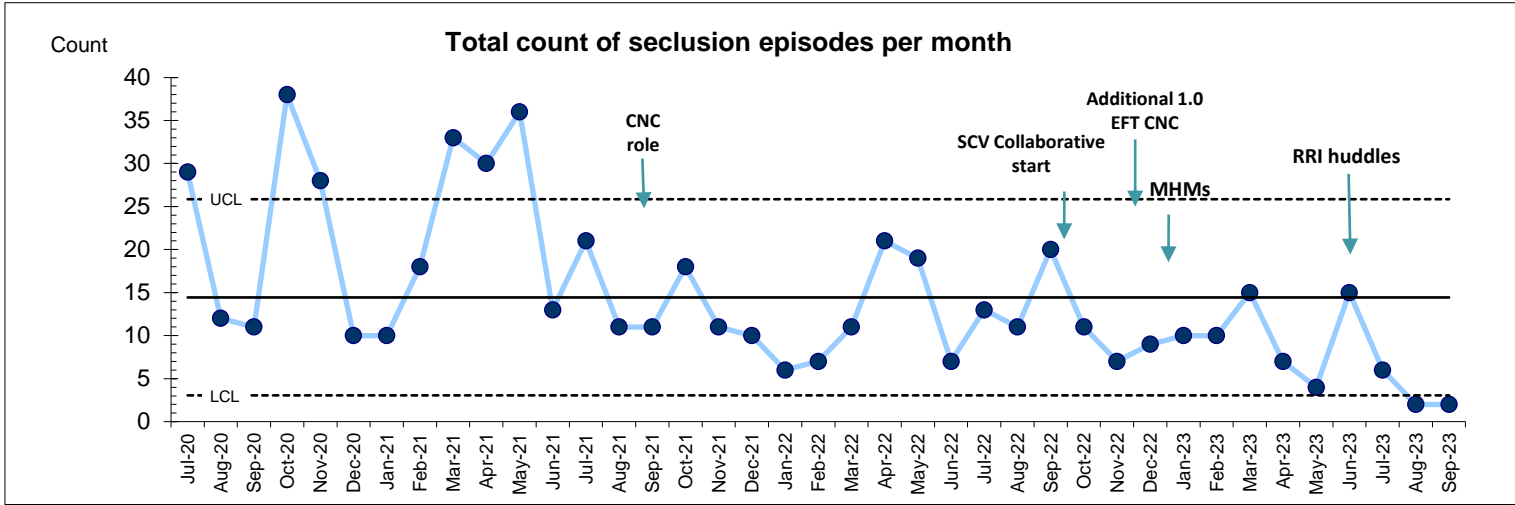
The Team Leader drives their collaborative team by providing leadership, optimising the use of allocated resources, overseeing the testing and implementation of change ideas, and ensuring data is collected accurately and regularly. It is important that the Team Leader understands the details of the system and the effects of making changes in the system. This person also needs to be able to work effectively with clinical champions, other technical experts, and leaders. The Team Leader devotes a significant amount of their time to the collaborative work.



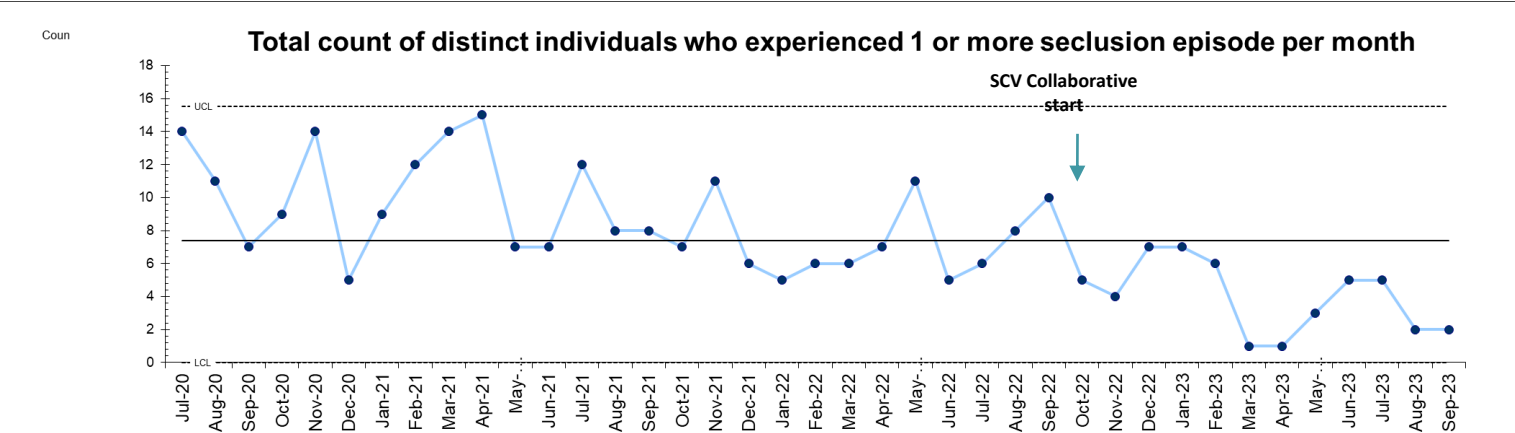
## Aim statement: To reduce restrictive practices in mental health inpatient unit settings by 20% by April 2024

*Safety for all* is achieved through a model of partnership with consumers, workforce, carers, supporters, and families





All share, all learn

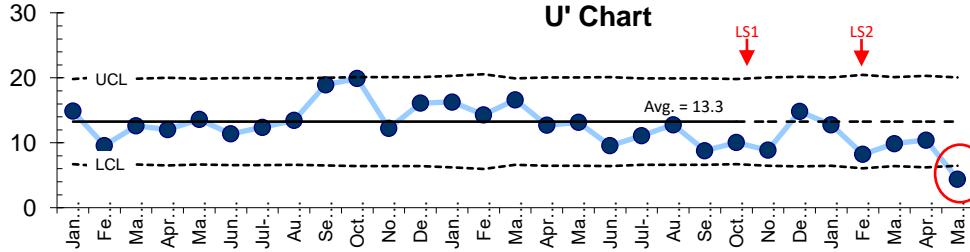


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Rate per 1000 OBDs

### Rate of seclusion episodes per 1000 OBDs

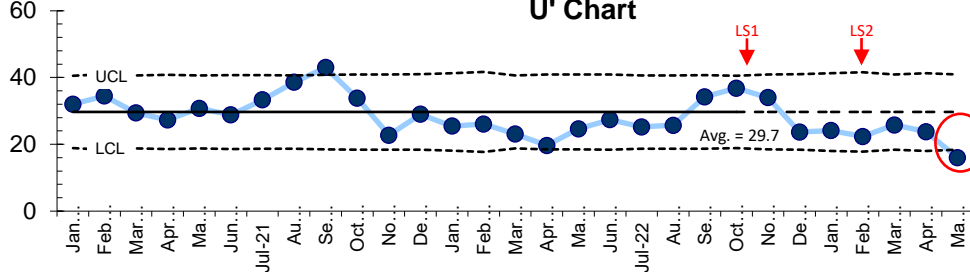
U' Chart



Rate per 1000 OBDs

### Rate of physical Restraint per 1000 OBDs

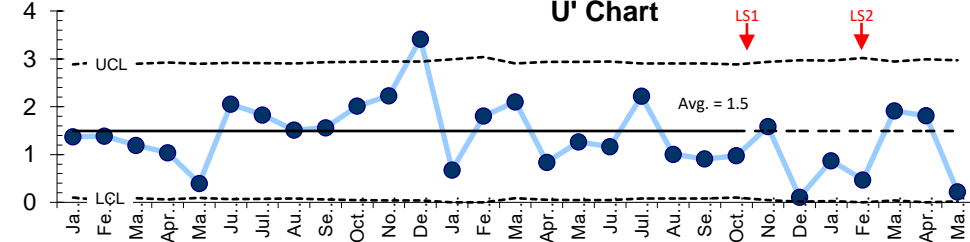
U' Chart



Rate per 1000 OBDs

### Rate of mechanical restraint episodes per 1000 OBDs

U' Chart



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# Shared areas of focus for improvement

1. Group programs
2. Person-centred arrival and orientation to the ward
3. Safety huddles
4. Lived experience/peer worker workforce utilisation
5. Workforce capability - Early recognition and response to deterioration



# How to Foster a Culture of Continuous Improvement

Learning from NHS - Virginia Mason Institute Partnership

Nicola Burgess

**1. BUILD CULTURAL READINESS** as foundation for better QI outcomes



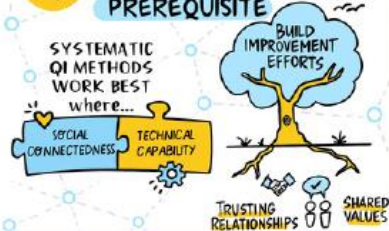
**2. EMBED QI ROUTINES AND PRACTICES** into everyday practice



**3. HAVE LEADERS SHOW THE WAY** and light the path for others



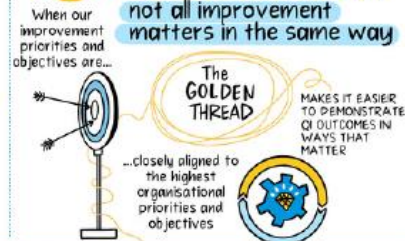
**4. RELATIONSHIPS** aren't a priority, THEY'RE A PREREQUISITE



**5. HOLD EACH OTHER TO ACCOUNT FOR BEHAVIOURS,** not just outcomes



**6. THE RULE OF THE GOLDEN THREAD:** not all improvement matters in the same way



LEADING CHANGE ACROSS HEALTHCARE SYSTEM: HOW TO BUILD IMPROVEMENT CAPABILITY AND FOSTER A CULTURE OF CONTINUOUS IMPROVEMENT

SKETCHNOTE BY: TANMAY VORA

#leadingQI


# Improving Sexual Safety in Mental Health Inpatient Units




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# Background


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**2009:** The Chief Psychiatrist's guideline: *Promoting sexual safety*



**2018** The Mental Health Complaints Commissioner: *The right to be safe* report




**2021** The Royal Commission into Victoria's Mental Health System



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## Project aim – What are we trying to accomplish?

To **improve sexual safety** in participating mental health inpatient units by **December 2024** through:



**Consumer,  
carer and staff  
experience of  
sexual safety**



**Sexual  
safety  
incidents**

# How?



## Partnerships

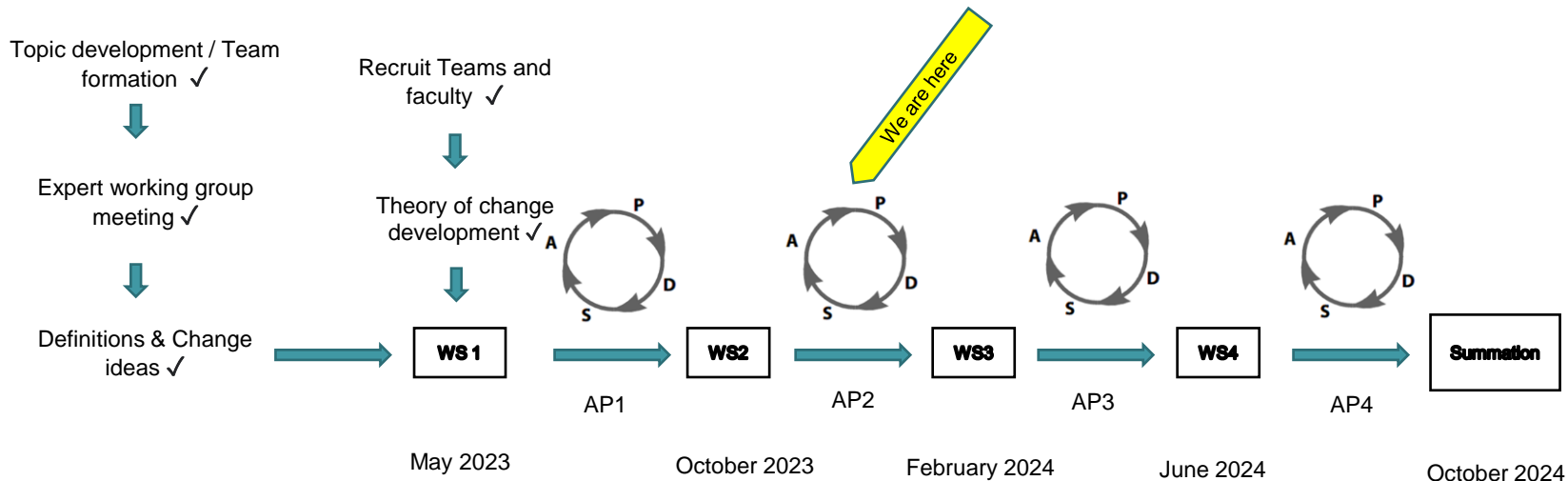
- Faculty – Lived experience consumers, carers, clinical and non-clinical workforce
- Health Services
- Institute for healthcare improvement (IHI)
- Senior sponsor



## Methodology

- Demonstrative design
- Theory of change
- Model for improvement

# Progress to Date



**WS:** Workshop

**AP:** Action Period

**P-D-S-A:** Plan-Do-Study-Act

### Supports:

Email | Site visits | Webinars | Coaching calls | Team Assurance Collaboration |

# Adopting the Zero Suicide Framework

Partnering with Victorian Healthcare Services



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# Zero Suicide Framework

*‘Supporting services to successfully adopt the Zero Suicide Framework’*

**Lead** system-wide culture change committed to reducing suicides

**Improve** policies and procedures through continuous quality improvement.

**Transition** individuals through care with warm hand-offs and supportive contacts



© 2020 Zero Suicide Institute at EDC.

**Train** a competent, confident and caring workforce

**Identify** Individuals with suicide risk via comprehensive screening and assessment

**Engage** all individuals at-risk of suicide using a suicide care management plan

**Treat** suicidal thoughts and behaviors using evidence-based treatments

# How?

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**Partnerships**



**Research**



**Methodology**

# Gap Analysis and Improvement Guide

**LEAD**

Domain	Required Outcomes	Maturity Scale	Suggested Actions
LEAD	Executive leadership continuously supports the principles of the framework within the organization	3	<ul style="list-style-type: none"> <li>On-going communication framework throughout adaptation of Zero Suicide Framework</li> <li>Internal announcement and memo to all</li> <li>Attendance at ZSF Learning Sessions</li> </ul>
	Organization, cheer and promote learning surrounding framework adaptation across sector	3	<ul style="list-style-type: none"> <li>Share learnings at conferences, forums, professional development</li> <li>Recruit/alllocate/invoke a caregiver with lived experience to be part of the improvement team</li> </ul>
	Lived experience caregivers are actively involved in Zero Suicide Framework reform	2	<ul style="list-style-type: none"> <li>Recruit/alllocate/invoke a caregiver with lived experience to be part of the improvement team</li> </ul>
	Lived experience families, carers, and supporters are actively involved in Zero Suicide Framework reform	4	<ul style="list-style-type: none"> <li>Recruit/alllocate/invoke a carer with lived experience to be part of the improvement team</li> </ul>
	Avenues for providing feedback are clear and accessible to all workforce, with processes in place for the organization to respond to feedback	5	<ul style="list-style-type: none"> <li>Set up avenues for feedback such as QR codes, feedback forms, paper feedback forms</li> </ul>
	ZSF meetings are conducted regularly with representation from all stakeholder groups	1	<ul style="list-style-type: none"> <li>Meetings should include representation from the executive team, lived experience, clinical and non-clinical workforce, improvement data teams</li> <li>Create an orientation video to include in onboarding training for all new starters</li> </ul>
	All new staff (clinical and non-clinical) are oriented to the zero suicide framework	2	<ul style="list-style-type: none"> <li>Allocate time for new starters to complete</li> <li>Review and update current process, or create new process if a consistent approach is not in place</li> </ul>
	Organization has clear and appropriate strategy for patient support that is consistently adhered to	2	<ul style="list-style-type: none"> <li>Allocate time for new starters to complete</li> <li>Review and update current process, or create new process if a consistent approach is not in place</li> </ul>
	Staff feel confident to work with carers (and their families, carers and supporters) who present with suicidality	3	<ul style="list-style-type: none"> <li>Include a discussion about working with suicidality in regular professional supervision</li> </ul>
	Teams have suicide prevention specialists allocated to champion best practice care aligned with the ZSF	3	<ul style="list-style-type: none"> <li>Fund and recruit a dedicated suicide specialist role</li> </ul>
	Incident review procedures align with principles of just, restorative culture	4	<ul style="list-style-type: none"> <li>Create a written description for a Review incident with a multi-disciplinary team (including lived experience)</li> </ul>
	Appropriate resources are in place to support staff wellbeing	4	<ul style="list-style-type: none"> <li>Provide staff with an action of having a</li> <li>Set up local wellbeing support (peer support program, employee assistance program, wellbeing team etc.)</li> </ul>
	Consistency in organizational governance regarding how to work with carers with suicidality, their families, carers and supporters	4	<ul style="list-style-type: none"> <li>Integration of ZSF or 'pathway' into policy, procedure, operational guide.</li> </ul>
	New staff receive all relevant suicide prevention and management training as part of their onboarding	5	<ul style="list-style-type: none"> <li>In-person training with simulation, role play etc.</li> <li>Identify specialized training relevant to</li> </ul>
	All staff receive suicide prevention refresh training within 3 years of completing their previous training	1	<ul style="list-style-type: none"> <li>Clinical supervision to follow up training</li> </ul>
	Staff receive training for working with carers with suicidality relevant to their role and responsibilities	1	<ul style="list-style-type: none"> <li>General training that highlights that their share of responsibility with specialized training for disciplines as required</li> </ul>
	Adherence to the principles of Just and Restorative Culture	1	<ul style="list-style-type: none"> <li>Review of incidents using JC principles</li> </ul>

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# Reducing Compulsory Treatment Recommendation 55



# The project

Royal Commission recommendation (55(4)):

- Increase consumer leadership and participation in all activities to reduce compulsory treatment
- Support the design and implementation of local programs, informed by data, to reduce compulsory treatment, and
- Make available workforce training on non-coercive options for treatment that is underpinned by human rights and supported decision-making principles

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# Work to date



## Knowledge report

We commissioned La Trobe University to prepare a knowledge report outlining what is known to work to reduce rates and duration of compulsory treatment.



## Engaged mental health and wellbeing services

We have engaged six adult community mental health and wellbeing services: Alfred Health, Goulbourn Valley Health, Latrobe Regional Health, Monash Health, St Vincent's Hospital and Peninsula Health.

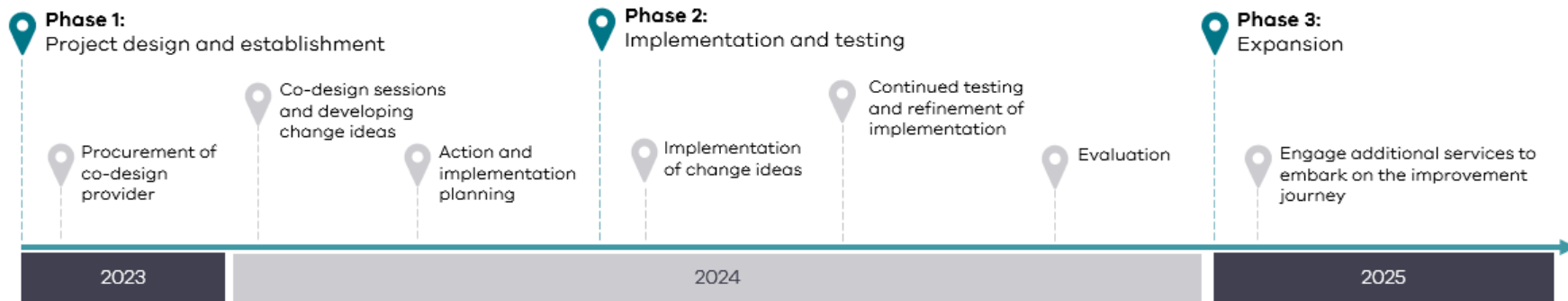


## Faculty

We have established a faculty which will provide strategic advice and expertise. The faculty will include clinical and non-clinical workforce, peak bodies, academics, and people with lived experience.

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# Three phased approach

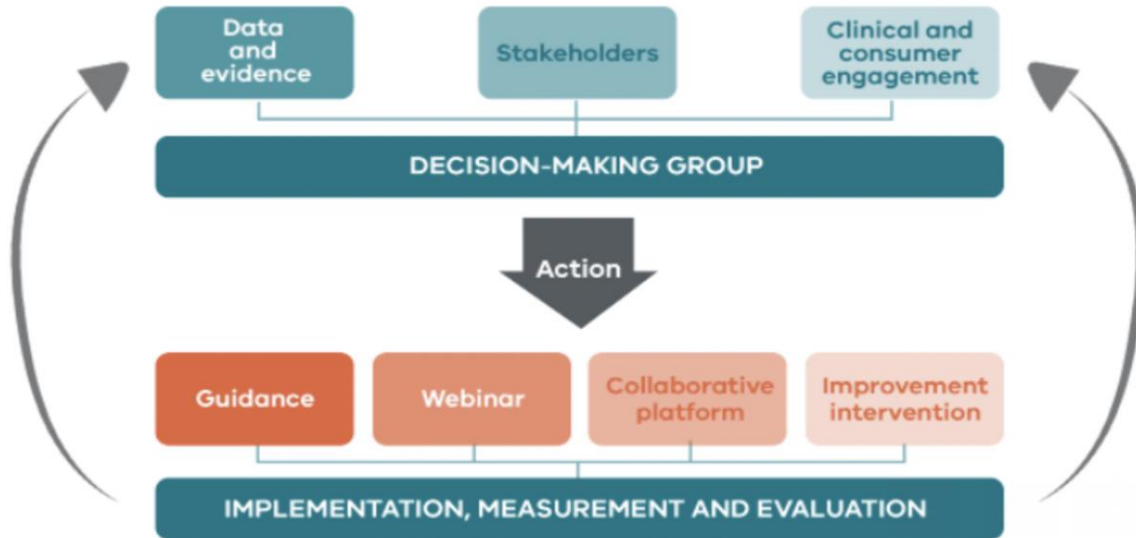


# Mental Health Learning Health Network



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# Safer Care Victoria's Learning Health Network Framework



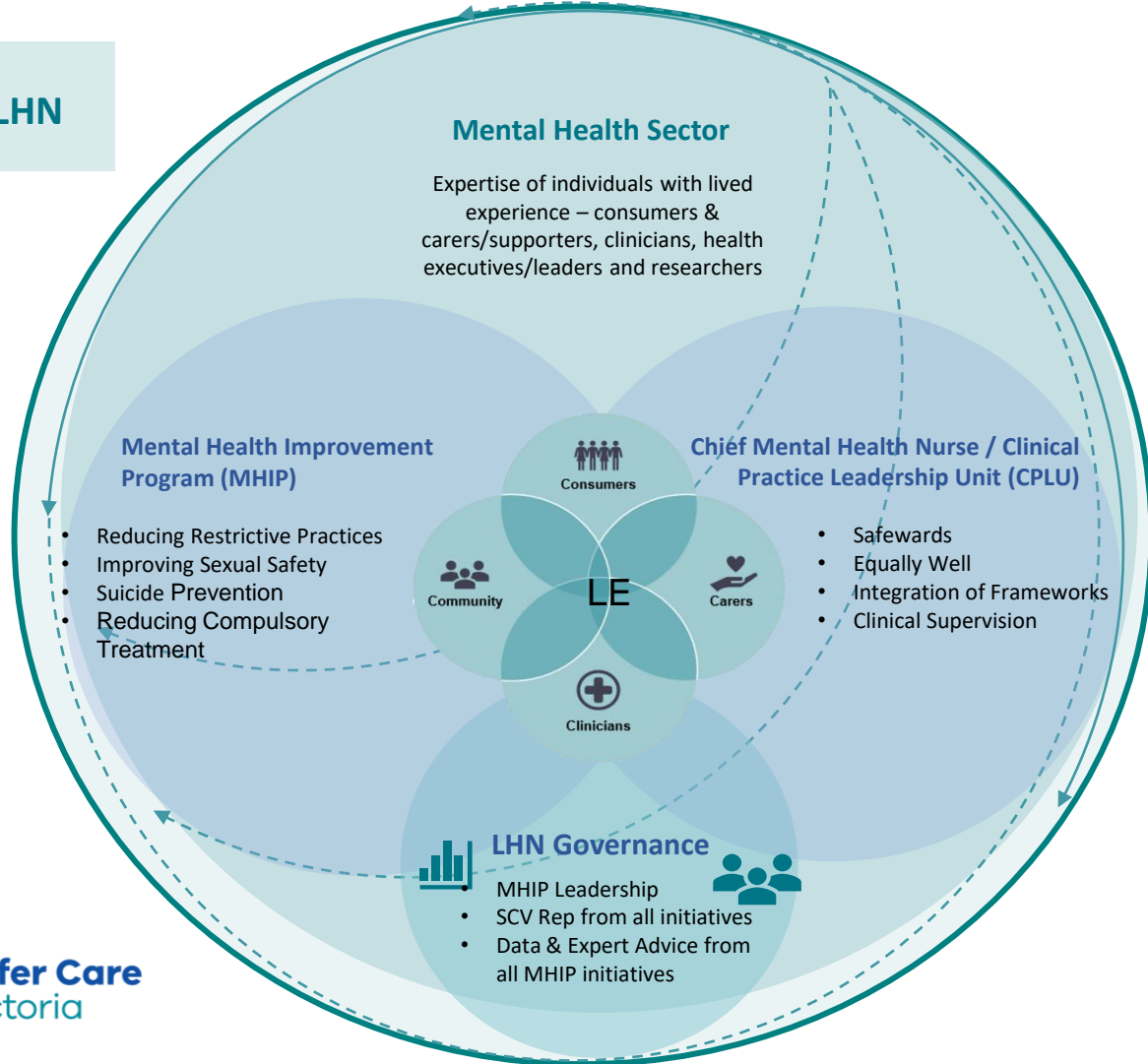
## Way of Working:

- Consumers, carers, clinicians, health executives and academics work together to address common goal
- Flattening power dynamics for all to bring expertise to the table
- Utilising and integrating data and best practice evidence for clinical care, improvement, and research.
- Initiatives implemented and evaluated in partnership with relevant stakeholders
- Inform further decisions/actions

## Key Functions

- Gather evidence (data, research, implementation, stakeholders)
- Analyse evidence
- Make decisions
- Implement decisions
- Monitor effectiveness

# Mental Health LHN



# Keep up to Date



Join our Mental Health Learning Health Network (LHN) 'Improvement Conversations' Webinar Series:

- To register for future webinars email us: [mentalhealthlhn@safercare.vic.gov.au](mailto:mentalhealthlhn@safercare.vic.gov.au)
- To access past webinar recordings visit <https://www.safercare.vic.gov.au/improvement/learning-health-networks/mental-health-learning-health-network>



To access key information and resources about the MHIP visit:

<https://www.safercare.vic.gov.au/improvement/mental-health-improvement-program>



Contact us in relation to the MHIP by emailing:  
[mentalhealthimprovement@safercare.vic.gov.au](mailto:mentalhealthimprovement@safercare.vic.gov.au)



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# Questions?



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A vertical strip of light blue pill icons runs along the right edge of the slide. Each pill is a simple outline with a diagonal line across the middle, representing a capsule or tablet.



# Evaluation

Improving the Mental Health of  
Victorians Presentation

