



Forensicare

QUALITY ACCOUNT
2015-2016



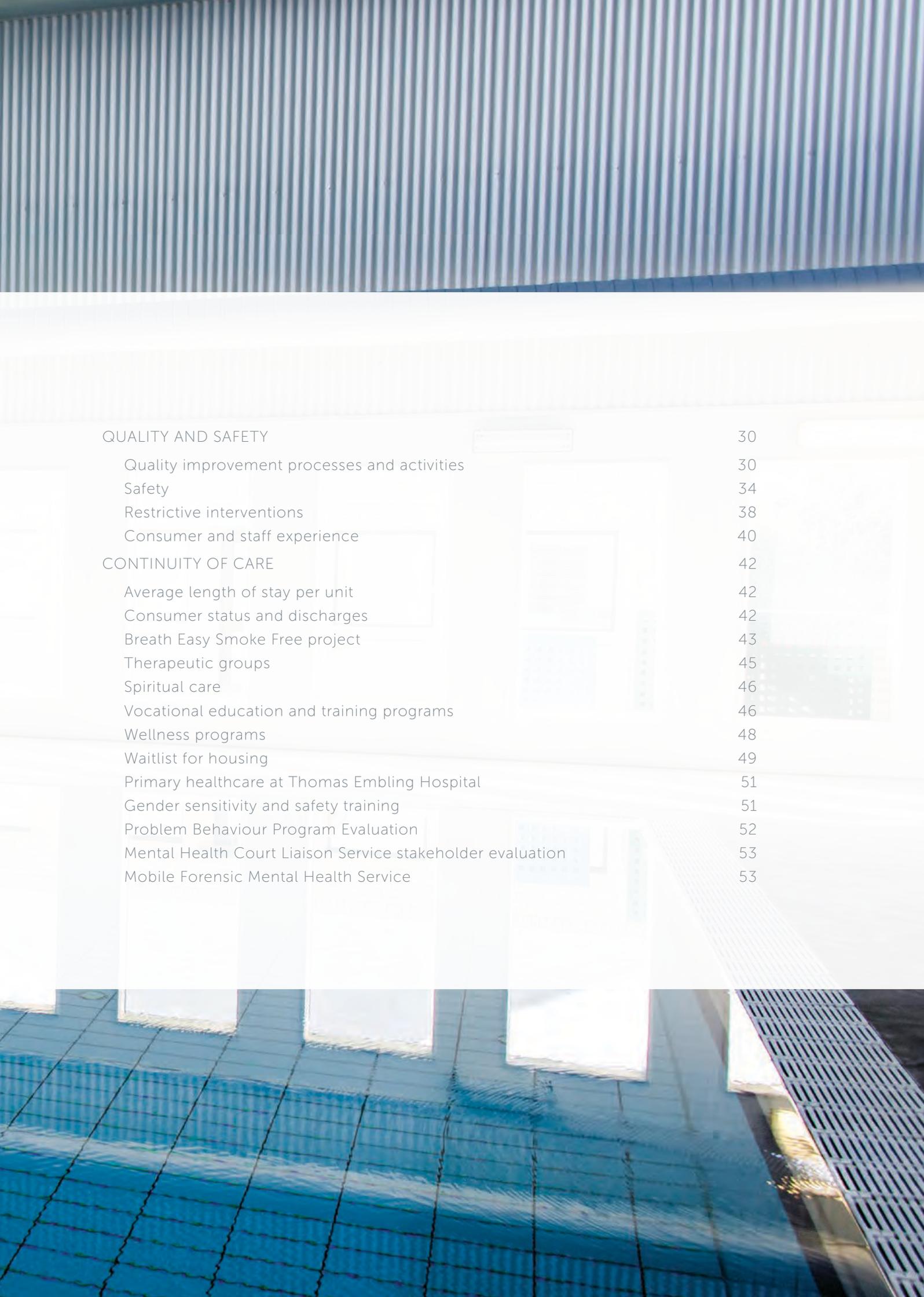
The cover is a photograph of a *Bunjil Waa Wein Fire Pit Marker Post* at Thomas Embling Hospital which was developed under an Aboriginal Art Project in conjunction with consumers, carers and staff.

OUR VISION

CLINICAL EXCELLENCE AND
TRANSLATIONAL RESEARCH
ENABLE OUR CONSUMERS
TO LEAD FULFILLING AND
MEANINGFUL LIVES IN A
SAFER COMMUNITY.

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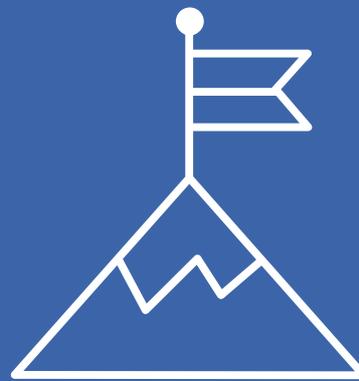
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OUR MISSION

We will provide high quality specialist clinical services that:

- focus on the recovery of our consumers
- support our workforce
- build our translational research capacity; and
- work collaboratively with our stakeholders to achieve better and safer outcomes for our consumers and the community.

OUR STRATEGIC GOALS



- greater accessibility to services
- meet new challenges and drive change
- innovation in everything we do
- outstanding organisational performance.

ABOUT US

The Victorian Institute of Forensic Mental Health, known as Forensicare, is the state-wide specialist provider of forensic mental health services in Victoria.

Forensicare is the only agency in Victoria that provides clinical forensic mental health services which span all components of the mental health and criminal justice sectors – giving Forensicare a unique perspective on mental health and public safety issues. It is able to provide specialist forensic mental health services tailored to meet the specific needs of both sectors.

We provide forensic mental health services for people:

- with a serious mental illness in the criminal justice system
- at risk of offending who pose a risk to themselves or others
- referred from the general mental health system for specialist advice, support and/or treatment.

Forensicare's primary focus is the provision of clinical services within a recovery framework. These services include the effective assessment, treatment and management of forensic patients, prisoners and clients. A comprehensive research program operates through Swinburne University of Technology's independent Centre for Forensic Behavioural Science, to support the ongoing development of clinical services. Specialist training and ongoing professional education is also provided to our staff and the broader mental health and justice fields.

Forensicare operates under the *Mental Health Act 2014*, and is governed by a board of nine directors who are accountable to the Minister for Mental Health.

We provide services in the Community, Courts, Prisons and at Thomas Embling Hospital. You can find out more about our services by visiting our website at www.forensicare.vic.gov.au.

A MESSAGE FROM THE CHAIRMAN AND THE CHIEF EXECUTIVE OFFICER



Adjunct Professor Bill Healy
Chairman
Forensicare Board



Tom Dalton
Chief Executive Officer

The Quality Account is a document with a different purpose than our Annual Report. In the Annual Report we are required to account to the public and government for how we have used our public funding and make sure that our financial and governance obligations are met. That Report is submitted to Parliament as a way of making sure we are accountable to the public. The Quality Account has a different focus. It is intended to look at how we have delivered our mental health services to consumers. Its intended audience is much more the people who use our services and its purpose is to enable them to understand the quality of those services. With this in mind, before we prepare this Report, we spend time consulting with the Consumer Advisory Groups which operate at the Thomas Embling Hospital and our Community Service to identify what it is they want reported and what aspects we could improve on from our past report.

Forensicare is rightly proud of how we engage with consumers and carers in our service settings to make sure they have input into program design, that their feedback is used to improve existing services and that they are an integral part of how we undertake our work. For this reason, the opening presentation to surveyors at our accreditation survey in September 2015 had consumers and carers front and centre, not just in photos or powerpoints, but presenting their experience. This Quality Account has many examples of where we work with consumers and carers to improve our services. It also tries to provide a picture of the outcomes of our services and how we go about our work. It sets out the impacts and experience of going “smoke free” at Thomas Embling Hospital, where much preparation was done from the start of 2014 prior to becoming smoke free on 1 July 2015. There are many achievements by consumers as part of their recovery, from higher levels of physical activity and participation in our health programs, engagement with vocational education and training and more uptake in our therapeutic programs.

Many of the services we provide are delivered where people do not get a choice of which health provider they use. In prisons, the community or the hospital, they are often directed to use our services by courts, prisons or community corrections. In some settings, such as the Hospital, the law says they can be treated against their will. This means we have a special obligation to make sure that in all these settings we can be accountable for the quality of what we do. Even though people aren't given a choice, they should get a say, and we have conducted surveys of consumers to understand their satisfaction levels and what works or could be improved.

In the last year we have struggled to meet the demand for hospital treatment for prisoners who require compulsory treatment for their mental illness. There have been significant waiting times before people can be transferred to Thomas Embling Hospital and fewer people admitted. Rising prison numbers, the significant increase in the number of prisoners on remand and the static number of beds available at Thomas Embling Hospital have all contributed to this situation. We have undertaken a detailed review to identify ways we can provide more access to treatment and are actively working with government to address these issues. There are many aspects to the treatment we provide at the hospital, not just medication, and we have tried to address many of the specific questions raised by consumers in the Consumer Advisory Groups in this Report. We have also undertaken a range of evaluations of our programs in prisons and the community to see whether they meet the needs of service users.

Forensicare has much to be proud of in the last year in terms of the quality of our services. We can keep improving in many respects. We can only do this if we work with consumers and carers and listen to their feedback in all aspects of what we do. We hope that this Quality Account gives its readers a clear, simple understanding of what our organisation has delivered and the views of the people who use our services.



Adjunct Professor Bill Healy
Chairman
Forensicare Board



Tom Dalton
Chief Executive Officer

FEEDBACK ON OUR 2014–2015 QUALITY OF CARE REPORT

After the launch of our 2014–2015 Quality of Care Report, we met with our consumer advisory groups to obtain feedback. The consumer advisory groups told us they wanted the data contained in the report to be accessible, engaging photos and pictures, to include more stories, and that the range of consumer participation across the organisation be represented in a refreshed format. In this 2015–2016 Quality Account, we have attempted to incorporate all of these areas of consumer feedback.

The consumer advisory groups also emphasised the importance of reporting on areas such as restrictive interventions, patient weight gain, length of stay, aggression and incidents, discharges, records of consumer participation, and leave cancellation.

For future quality account reports, the consumer advisory groups requested information on the benefits of Thomas Embling Hospital going smoke-free, on waitlists for patients to find housing or permanent accommodation, on records of discussions with patients concerning medication side effects, and on the number of successful leave requests granted by the Forensic Leave Panel. We are pleased to provide information on some of these areas in this report and will explore steps to report on the other areas in future reports.

Our 2014–2015 Quality of Care Report was published online and was available at reception at both the Thomas Embling Hospital and the Community Forensic Mental Health Service. For future quality account reports, we will endeavour to make the report more accessible, as has been requested by our consumer advisory groups.

COMPLIMENTS AND COMPLAINTS

Forensicare is committed to providing safe and high-quality services and welcomes feedback from consumers, carers and external stakeholders about our services as a means of improving the care and services we provide.

Feedback received from across the organisation from July 2015 to June 2016 included seven compliments and 34 complaints.

COMPLIMENTS

- All compliments related to clinical care including ongoing care/management and support provided by treating teams.
- A carer stated that his son ‘really opened up and is responding very well to treatment. He has insight and has finally accepted legal help’.
- Other compliments from patients included: ‘The staff at all levels have been highly professional’ and ‘I would not have been able to cope without your help’.

COMPLAINTS

- Ninety-one per cent of complaints (n = 31) were investigated and resolved within the 20-business-day timeframe as detailed in Forensicare’s Healthcare Service Complaints and Feedback Policy. This is an improvement on 62 complaints in 2014–2015 (see Table 1) and on the resolution rate of 79 per cent (n = 49).
- Complaints not finalised within the 20-day timeframe typically required further clarification from external parties such as legal services, the Mental Health Complaints Commissioner or the Victorian Ombudsman due to the nature and complexity of these complaints.

Table 1: Complaints, 2014–2015 to 2015–2016

Complaint – service location	Unit/program	2015 – 2016	2014 – 2015
Thomas Embling Hospital	Argyle	5	11
	Atherton	7	11
	Barossa	3	6
	Bass	2	2
	Canning	0	5
	Daintree	1	5
	Jardine	2	6
	Corporate	0	1
	Prison services	Melbourne Assessment Prison	6
Dame Phyllis Frost Centre		4	6
Marrngoneet Correctional Centre		0	2
Metropolitan Remand Centre		0	2
Regional Prisons		2	0
Community Forensic Mental Health Service		2	1
Total complaints received		34	62

NATURE OF COMPLAINTS

Forensicare follows the categories of the Victorian Health Incident Management System (VHIMS), a statewide incident reporting system adopted by health services for reporting purposes. Under this system, complaints received in 2015–2016 cover the feedback items listed in Table 2.

Table 2: Nature of complaints, 2015–2016

Feedback item type: Complaints (VHIMS classes 1 and 2)	Number of complaints received	% breakdown of complaints received
Clinical care		
Ongoing care/management	5	
Assessment	3	
Dispensing/receipt/medicines	1	
Exiting healthcare	3	
Transfer/within campus	2	
Access/admission	1	
Administration/treatment	4	
Prescription/order/decision	2	
Total	21	61.7%
Non-clinical		
Information access/provision	5	
Administration	1	
Total	6	17.6%
Behaviour/conduct/abuse		
Within clinical scenario	2	
Towards others	1	
Total	3	8.82%
Facilities/environment		
Food/nutrition/diet	1	
Appropriate environment/facilities	1	
Security	1	
Equipment/device/consumable	1	
Total	4	11.7%
Total	34	

If you would like to provide Forensicare with feedback, please go to Forensicare's website at www.forensicare.vic.gov.au and click 'Provide your Feedback'.



STATEWIDE PLANS

ABORIGINAL HEALTH

Forensicare is committed to improving the health outcomes of Aboriginal and Torres Strait Islander people in our care. In 2015-2016 we employed an Aboriginal project officer with Koolin Balit funding who has begun developing a social and emotional wellbeing assessment and framework for use across Forensicare sites and in other forensic and general mental health settings.

This year we were pleased to recruit Victoria's first Aboriginal clinical consultant, funded by the Department of Justice & Regulation. This role will provide cultural support and capacity building for the whole health and mental health workforce in the Victorian prisons through the provision of expert cultural advice and secondary consultations. It will assist in the provision of holistic care for Aboriginal and/or Torres Strait Islander prisoners with a mental illness, and ensure that these prisoners receive culturally appropriate health and mental health services.

ABORIGINAL PUBLIC SECTOR EMPLOYMENT

Forensicare is committed to increasing Aboriginal employment rates across the organisation over coming years. In 2015-2016 we recruited to positions aimed at improving health outcomes for Aboriginal and Torres Strait Islanders.

DISABILITY RESPONSIVENESS

Forensicare has been closely monitoring developments in the rollout of the National Disability Insurance Scheme (NDIS), which in Victoria will replace many services currently provided to our consumers through mental health community support services (MHCSS).

The NDIS is being progressively rolled out over a three-year period. Transition will commence from 1 July 2016 in the north-east Melbourne area. Victoria will transition to the full scheme by 30 June 2019.

Consumers who live in the community and those who have leave from Thomas Embling Hospital use these services. For courts, it is important when considering release from the hospital onto extended leave that a consumer has adequate community supports in place, including access to the sorts of programs and services provided by MHCSS agencies. The practice of staged transition into the community with appropriate supports is best practice that is associated both with effective risk management and principles of least restrictive intervention.

Throughout the reporting period, Forensicare has been in contact with both the Commonwealth agency administering the NDIS and the Victorian Department of Health and Human Services to ensure that forensic mental health consumers are not disadvantaged in the transition to the NDIS.

FAMILY VIOLENCE

During 2015 Forensicare and the Centre for Forensic Behavioural Science prepared a joint submission to the Royal Commission on Family Violence entitled *Understanding and Responding to Complex Criminal Behaviour Resulting in Family Violence*. Professor James Ogloff and Dr Melisa Wood were invited to appear before the Royal Commission. Forensicare has since expanded its activity in this important area of public policy. Through the Problem Behaviour Program, we have reached an agreement with the Child Protection division of the Department of Health and Human Services to provide the division with risk assessments of family violence offenders in the context of decisions regarding access to children. These assessments are expected to commence in July 2016.

The Centre for Forensic Behavioural Science evaluated the pilot which saw the placement of a Forensicare Senior Psychologist in a Family Violence Team at Footscray Police for six months providing expert family violence risk assessments. The evaluation indicated its success in increasing the number and nature of risk management strategies that were implemented by police to support individuals affected by family violence. Stemming from this, a further grant has been obtained by the consortium to extend and modify the initiative. This commenced in May 2016 and will run until June 2017, and provides for two Forensicare clinicians to be embedded in Victoria Police Family Violence Teams as expert consultants. The results of the project will inform future Victoria Police responses to family violence. Forensicare is represented on the steering committee chaired by Victoria Police for the project.

Forensicare's inpatient Social Work team has also embarked on a family violence project. A partnership with the RMIT University Social Work department, this project includes specialised family violence training for all Forensicare social workers and the development of a whole-of-hospital model for responding to family violence. This will include support guidelines (and referral and support service information) for patients (as part of the discharge process) who may be at risk of experiencing family violence.

The support guidelines and referral and support information will also be made available to staff and families/carers.

VICTORIA'S 10-YEAR MENTAL HEALTH PLAN

Forensicare's submission to the consultation process for the development of the Victorian Government's 10-year mental health plan featured significant contributions pertaining to the Community Forensic Mental Health Service. This included proposals in relation to:

- family violence
- problem behaviour in young people
- arson
- diversion from the criminal justice system for those with mental illness through an expanded Mental Health Court Liaison Service
- development of a standardised approach to high-risk assessment panels in area mental health services
- more intensive involvement with clients by the Community Integration Program using an assertive community treatment model, along with a more active partnership with MHCSS to assist these individuals.

Subsequent to the release of the plan, through the Criminal Justice and Mental Health Systems' Planning and Strategic Coordination Board, Forensicare has provided further input into the forensic mental health work stream of the plan, which is currently being developed by the Department of Health and Human Services.

CONSUMER, CARER AND COMMUNITY PARTICIPATION

DOING IT WITH US NOT FOR US

Forensicare believes that consumer input is fundamental to informing and improving our services. Therefore, a consumer consultant and our family and carer advocate are present at staff orientation sessions to discuss matters relating to consumers and carers. In 2015–2016, 100 per cent of orientations involved both consumer and carer input, through presentations to new staff.

INTERPRETER SERVICES

Forensicare uses accredited interpreters to ensure patients and clients have access to information in their preferred language to facilitate communication and treatment.

In 2015–2016, 278 hours of interpreting were made available to 54 patients. Two of those hours were conducted by phone and the remaining 276 hours were conducted face to face with patients (see Tables 3 and 4).

Table 3: Location of interpreter services

Interpreting by location	Hours
Thomas Embling Hospital	166
Prisons	65
Community Forensic Mental Health Service	47
Total	278

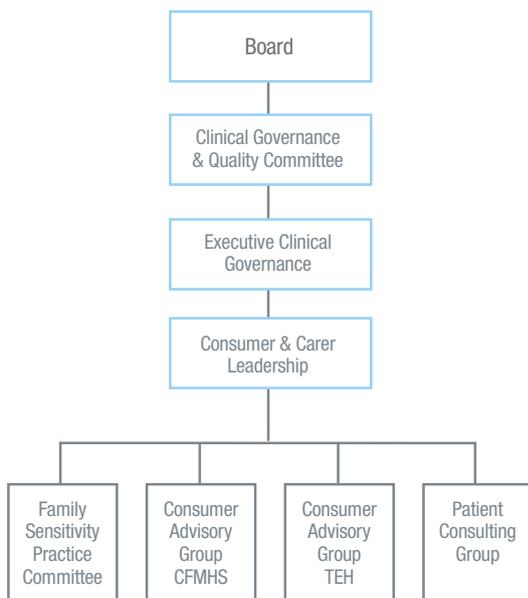
Table 4: Languages spoken among interpreter services

Languages spoken	Number of Hours	Number of patients requiring interpreters	Episodes
Albanian	3	1	2
Arabic	9	3	5
Bengali	1.5	1	1
Burmese	2	1	1
Cambodian	4	1	2
Cantonese	35	6	29
Croatian	1.5	1	2
Dinka	4	1	3
Farsi	8	3	6
Greek	7	3	6
Hakha Chin	1	1	1
Hazaragi	2	1	1
Italian	6.5	2	5
Macedonian	0.25	1	1
Maltese	2	1	2
Mandarin	19	2	15
Polish	1.5	1	1
Punjabi	4.5	1	3
Samoan	1	1	1
Serbian	3	2	3
Somali	26.75	2	26
Tamil	1.5	1	1
Thai	2	1	1
Turkish	79	4	50
Vietnamese	53	12	40
Total	278	54	208

CONSUMERS AND CARERS

We have structures in place to facilitate consumer and carer partnership to improve our services across the organisation. Figure 1 shows how the consumer and carer groups are represented at Forensicare.

Figure 1: Consumer and Carer Groups at Forensicare



CARER PARTICIPATION

Forensicare acknowledges that relationships between families, friends and carers play an important role in patient recovery and that well formulated and timely interventions can provide improved outcomes for all.

Staff at Forensicare privilege the lived experiences of families, carers and friends, who are an important aspect of an individual's social environment, by hearing their stories, providing education helping problem solve and assisting them to access resources and services.

Forensicare has structures in place to facilitate consumer and carer partnership. Carers are represented through the following groups:

FAMILY SENSITIVE PRACTICE COMMITTEE

Just like the Consumer Advisory Committee, the Family Sensitive Practice Committee gives a voice to families, carers and friends, and where possible, influences the quality and direction of services across the various sites of the organisation. The Family Sensitive Practice Committee identifies service gaps and areas that need improvement and also works to highlight the unique experience of families, carers and friends through input into policies and procedures.

Achievements for 2015-2016 include:

- Lobbying government to continue the provision of social security entitlements
- Contributing to the development and implementation of culturally safe and responsive service delivery

FAMILY & FRIENDS SUPPORT GROUP

This group gives families, carers and friends the opportunity to meet together for friendship and support in a safe and caring environment. The Family & Friends Support Group meets monthly at Thomas Embling Hospital.

OTHER GROUPS WITH FAMILY & CARER REPRESENTATION

- The Recovery Committee
- Consumer and Carer Leadership Committee

CONSUMER PARTICIPATION

CONSUMER ADVISORY GROUP – THOMAS EMBLING HOSPITAL

The Thomas Embling Hospital Consumer Advisory Group gives a voice to patients and, where possible, influences the quality and direction of services within the hospital. It identifies service gaps or areas that need improvement in the hospital. The Consumer Advisory Group consists of 11 patient representatives. Each of the seven units of the hospital are represented and there are four specialist members:

- Aboriginal representative
- culturally and linguistically diverse (CALD) representative
- women's rehabilitation representative
- transitional representative (for patients moving to the community).

Achievements for 2015–2016 include:

- supporting the Breathe Easy Smoke Free Project, as Thomas Embling Hospital became a smoke-free environment
- contributing to the development and implementation of culturally safe and responsive service delivery.

CONSUMER ADVISORY GROUP – COMMUNITY FORENSIC MENTAL HEALTH SERVICE

The Consumer Advisory Group provides a forum to engage consumers in improving service quality through obtaining consumer input and feedback. This includes identifying service gaps and facilitating consumer collaboration with management and staff focused on the Community Forensic Mental Health Service.

Achievements for 2015–2016 include a community noticeboard located in the Community Forensic Mental Health Service foyer to display peer job and training advertisements and other relevant material for Forensicare consumers.

PATIENT CONSULTING GROUP

The Patient Consulting Group develops ideas to improve the service and promote recovery for patients and staff at the Thomas Embling Hospital. Achievements for 2015–2016 include:

- the development of a sample advance statement document, with details from the 'Don't Come Back Jack' patient character, to illustrate the best way to make an effective advance statement
- the development of the Thomas Embling Hospital recovery plan, to be used in conjunction with the care and treatment plan. The purpose of the recovery plan is to give patients a voice in their personal recovery, and to drive conversations between the patient and the clinical team about recovery goals and the steps to achieving these goals.

OTHER GROUPS WITH CONSUMER REPRESENTATION

- The Recovery Committee
- Local Clinical Governance Committees (each individual unit)
- Safewards Project Working Group
- Trauma Informed Care Committee
- Consumer and Carer Leadership Committee

CONSUMER AND CARER CONSULTATION IN NEW DEVELOPMENTS

Consumers' and carers' input has been included in the following developments:

- Thomas Embling Hospital Masterplan
- Secure Psychiatric Intensive Care Unit (SPICU)
- Ravenhall Correctional Centre

Consumer involvement in the Ravenhall Correctional Centre development

Forensicare's Ravenhall Prison Project is committed to working with consumers and their families to ensure the program design of forensic mental health services for the new prison is informed by service users and that their identified needs, priorities and ideas for improvement are incorporated.

Between October 2015 and April 2016, Forensicare partnered with the Australian Community Service Organisation (ACSO) to form a combined consumer advisory panel. The 12 members (three Forensicare Community Advisory Group members and nine ACSO service users) were invited to participate in a series of four workshops exploring their experiences of incarceration, mental illness and mental healthcare in prison. This panel provided invaluable input to developing clinical programs. The nine men and three women on the panel all identified as having experience of prison and lived experience of mental ill health.

Themes emerging from these workshops included: barriers to accessing appropriate care; stigma and prison culture; medications; impacts of punitive management on suicidal behaviour; prisoner orientation; and considerations for discharge planning. Issues raised by the panel are informing program development, prisoner orientation, operating protocols and staff training.

Reference groups for the six different programs have included a consumer consultant and, where possible, family and carer advocates on the membership.

CONSUMER STORY

I attended five ACSO workshops on the model of care for the Ravenhall project and two meetings about the therapeutic programs for Ravenhall. The opportunity came up at the Consumer Advisory Group (CAG) meeting that I regularly attend. I wanted to be involved due to the realisation that the system helped me a lot, even though I didn't want to believe it at the start. I really just wanted to give back. Forensicare has ways to voice your opinion, such as CAG, the Quality Account, talking to your caseworker and the peer support system that they are working on.

In the meetings we discussed our experiences in the system and our opinions. There was a broad range of people with different experiences. It felt good to discuss stories with likeminded people. They listened and they took it seriously. I also found it easier to talk to people who have gone through what I have gone through, rather than an 'us' and 'them' mentality. It really inspired me to want to help others on a similar journey. The process was educational for me. Being involved gave me a broader perspective on the judicial system, and it was interesting to find out more about the prison system and the difference between jail and hospital. I now feel a bit more privileged to have been in hospital than in prison. In prison help never gets to the person that needs it most, whereas in hospital you do get everything you need.

The main thing I learned is mental illness doesn't discriminate, regardless of your cultural background, whatever. One in four people have a mental illness. Some people do horrific things thinking that they're doing the right thing. If someone commits a crime, we have a reactive society rather than proactive, but you have to have a balance between freedom and rights.

COMMUNITY INVOLVEMENT – MAKING A CD

Music has always been a very meaningful and enjoyable leisure activity at Thomas Embling Hospital. So much so, that we currently have two local bands who meet to jam, practice and write their own songs each week. This is a program that has been led by the patients, with the support of one of our occupational therapists. In the past year, both our bands have had considerable success with their music goals. One band had the opportunity to professionally record their first EP. Over five hours, they were able to record four of their original songs last year at Jett's Music Studio in Preston. Following closely from the success of becoming recording artists, they then had their first live performance – being the musical act at the Austin Community Residential Program as part of Mental Health Week celebrations.

This year, our second band (which in addition to current patients, also includes a community member) have also had the opportunity to record their songs. We are hoping to have the final recording available in the coming months to showcase across the hospital.

COMMUNITY INVOLVEMENT – BUILDING A CHICKEN COOP

In 2015 the Kangan Institute Program developed a proposal to involve all students and certificate candidates to support the Certificate 1 and 2 Horticulture students with their enrolment in the 'Participate in Environmentally Sustainable Work Practices' module. This project was designed to investigate the benefits and challenges to housing chickens on campus at Thomas Embling Hospital. Students were required to research what chickens ate, how they could be housed, what requirements have to be considered when safely housing chickens, to calculate the predictions on how many eggs five to 10 chickens would produce, and what scraps from unit kitchens could be used as feed for the chickens.

It was identified that the Building and Construction students would design, plan and build a secure, all-weather chicken house, with a three-metre-long enclosed chicken run. The house would include perching shelves and a solid roof.

The Visual Arts students started to discuss how the chicken house could be painted and came up with a colourful idea, which involved the whole community painting the house in a collage of leaves – all different shapes and sizes – at the Kangan Institute end-of-year garden party.

In the end, it was decided that instead of housing the chickens on site, the chicken coop would be donated to a community-based charity service so that another program could benefit from our commitment to sustainable environments. The lucky recipients were the Department of Health and Human Services Cultivating Community's Public Housing garden at Ascot Vale. And so after a farewell lunch prepared by the Hospitality students (egg and chicken sandwiches), we delivered the chicken house to the community garden. While it was sad to see it go, we know that the Cultivating Community's participants will enjoy it and look after it well.

The students' next project is building enclosed sandpits made from recyclable materials and these too will be donated to a local organisation.



Arriving on the truck.



The dedication plaque.



The final product with a staff member testing it out.

CONSUMER EMPLOYMENT AND VOLUNTEER WORK

Across the rehabilitation stream of the hospital (Daintree, Jardine and Community Integration Program), we currently have a high number of patients actively engaged in work and education opportunities in the community.

We currently have:

- four patients completing regular volunteer work for community organisations
- 14 patients engaged in paid employment in the community, at least four hours a week
- seven patients studying courses at various TAFE providers (at both a certificate and diploma level).

Meaningful work has an important impact on recovery. The Occupational Therapy team are developing resources to support job seekers.

In 2016–2017 Forensicare and Kangan Institute will facilitate a Certificate 1 in Vocational Readiness to support patients with skills and strategies to return to the workforce.

PEER SUPPORT PROGRAM DEVELOPMENT

In 2016 two University of Melbourne social work students, in conjunction with the Forensicare Consumer Consultant team, completed a small research project entitled 'Peer Support in Forensic Mental Health Settings'. This outlined the benefits of an integrated form of peer support/buddy program (as it best applies to an established forensic mental health environment), being implemented at Thomas Embling Hospital (and possibly other Forensicare sites.)

Arising from this project, proposals for implementation at Thomas Embling Hospital are being developed with a view to peer support becoming part of the landscape at Forensicare.

SATISFACTION SURVEYS

FAMILY/CARER SURVEY

The Family/Carer Survey 2016 was developed in conjunction with the Family Sensitive Practice Committee. The survey was sent out to 62 families and carers; 14 were returned, which represented a 22.5 per cent response rate.

We gathered information about carers' mental health and wellbeing. The comments by the respondents were honest and direct: they spoke about the need to support their family member at the hospital, regardless of the community's opinions and ideas about mental health. For example: 'Not knowing how my son will progress in his recovery and what the future holds for him is one of my main worries. But meeting carers with the same problems and their friendly attitude certainly makes me feel better and not alone.'

Section 3 concentrated on family/carer recognition: the role of staff, the interaction between the family/carer and staff, and the respondent's knowledge about the *Carers Recognition Act* 2012. Seventy-three per cent of respondents had not heard of the Act until completing the survey. They said that the best format for more information was either written (50 per cent) or in the form of a workshop at the hospital (28 per cent). In response, Forensicare will work with our family and carer advocate and the Family Sensitive Practice Committee, to take action on these ideas.

81%

of respondents felt staff respected and acknowledged their relationships with the person in hospital

“Caring for a person with a mental illness can be very solitary. Part of the problem is the lack of understanding by the public of mental illness.”

70%

of respondents felt the hospital recognised their efforts and dedication as a family/carer

“Most people are understanding when you tell them that you are a carer. But their attitude often changes when you mention that the person you care for has mental illness.”

74%

of respondents felt staff recognised their knowledge and experience as a family/carer

“Being a carer is exhausting, expensive and stressful but like every carer, family is family and will always be priority. We love our family members and won't give up their cause.”

66%

of respondents agreed that the hospital recognises their social wellbeing and health in matters relating to the care relationship

THOMAS EMBLING HOSPITAL CONSUMER SATISFACTION SURVEY

In July 2016 the Consumer Satisfaction Survey was carried out in Thomas Embling, with a response rate of 19 per cent across all units. This was lower than the previous year (31 per cent); however, there have been a number of consumer surveys carried out over 2016, which impacts on patients' willingness to take part in another survey.

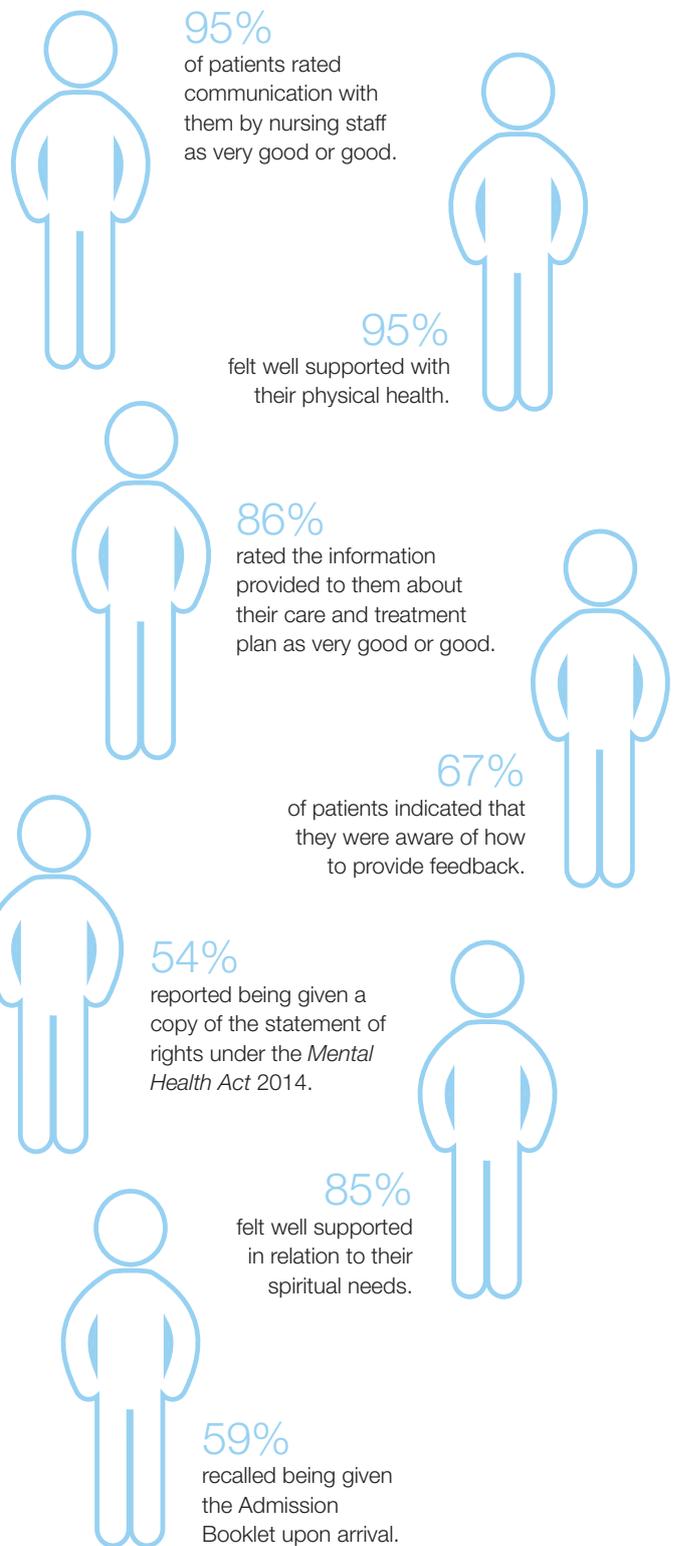
As well as the basic information about the consumer being gathered, the survey sought information regarding:

- the admission process
- provision of an interpreter
- feedback and communication with staff
- care and treatment planning
- catering and hospital facilities
- physical and spiritual health.

General comments included patients requesting more involvement in their care and treatment and having care plans tailored to their individual needs.

We are now reviewing the best time to give information packages to new patients.

The Consumer Advisory Group has recommended that information should be provided in a succinct format on one simple A4 sheet with a brief overview of all the relevant information and given out again every 12 months. The survey will be readministered next year which will give an opportunity to gauge improvement in these areas.

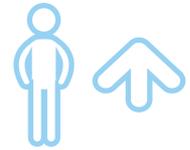


YES SURVEY – THOMAS EMBLING HOSPITAL AND COMMUNITY FORENSIC MENTAL HEALTH SERVICE

For the first time, in March and April 2016, Forensicare participated in the Department of Health and Human Services 'Your Experience of Service' (YES) survey process. This survey is conducted to better understand the service provided by state-funded mental health services in Victoria. The same survey was used across the whole mental health sector and did not specifically accommodate the needs and context of forensic mental health consumers.

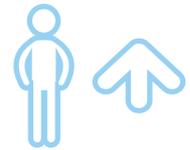
Across Thomas Embling Hospital and the Community Forensic Mental Health Service, 47 responses were obtained during the survey period. Unfortunately, there were not enough responses in either service location for clear analysis to be done and robust conclusions to be drawn. The aggregated data therefore needs to be treated with caution. However, Forensicare was pleased that in relation to rating their overall experience of service, 86 per cent of consumers who responded said it was good, very good or excellent, which is above the statewide average. Areas in which Forensicare did not perform so well as a whole included explaining rights and responsibilities to consumers, and having consumers feel that they were listened to in all aspects of their care and treatment. The results will be used in consultation with our consumer advisory groups to guide service improvement activities, with a view to improving consumer experience in these critical areas.

89%



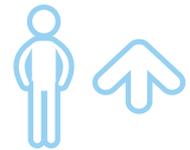
of respondents answered positively when asked to rate "The effect the service had on your overall wellbeing"

86%



of respondents answered positively when asked to rate "Overall, how would you rate your experience of care with this service in the last 3 months?"

77%



of respondents answered positively when asked to rate "The effect the service had on your ability to manage your day to day life"

ABORIGINAL CULTURAL INITIATIVES

All Aboriginal and Torres Strait Islander patients at Thomas Embling Hospital have a nominated Aboriginal services officer (ASO). The ASOs are members from the Social Work team who liaise with and provide cultural support to patients, their families and carers. ASOs also help to develop specialised culturally responsive practice initiatives.

Since 2015, Forensicare has employed an Aboriginal project officer who has begun developing a social and emotional wellbeing assessment and framework for use across Forensicare sites and in other forensic and general mental health settings.

Social and emotional wellbeing for Aboriginal and Torres Strait Islander people is a broad concept that reflects a holistic understanding of health, mental health and wellbeing and recognises that a whole-of-life view of health includes the social, emotional, spiritual and cultural wellbeing of the individual and their community.

In addition, an Aboriginal project officer position at Forensicare has been funded by the Department of Health and Human Services' Koolin Balit initiative. Koolin Balit means 'healthy people' in Boonwurrung language and is a Victorian Government strategy that commits the health system to improve the length and quality of life of Aboriginal people in Victoria by 2022.

Forensicare has also been very fortunate to have recruited Victoria's first Aboriginal clinical consultant. The Aboriginal clinical consultant position, which commenced in February 2016, builds capacity and develops best practice in health and mental health staff operating within public prison environments in Victoria. The service provides expert advice, conducts secondary consultations, and facilitates reflective practice that encompasses all aspects of health as viewed by both the Aboriginal and Torres Strait Islander communities. The Aboriginal clinical consultant guides our health and mental health clinical staff to better support and

enhance service responses to Aboriginal and Torres Strait Islander prisoners presenting with multiple and complex problems including mental illness, substance use and high-risk behaviours. We applaud the Department of Justice & Regulation for this outstanding initiative, and are excited about our partnership with the Department of Justice & Regulation and other health service providers in making an impact in this important area.

NAIDOC

The theme for this year's NAIDOC festivities nationally was 'Songlines: The living narrative of our nation'. Thomas Embling Hospital celebrated with a Welcome to Country and smoking ceremony performed by Wurrundjeri Elder Aunty Joy Murphy, as well as a performance by Rock and Roots soloist, Rylan Sadler. Leaders from the Sikh, Muslim, Christian and Buddhist faiths also attended, and everyone was impressed by the unveiling of the Bunjil Waa Wein Fire Pit Marker Posts, which were a collaborative creation from carers, patients and Aboriginal wellbeing officer Chris Dunk. More than 100 people attended, including guests from the Aboriginal community of Melbourne, as well as staff in both designated and identified positions from a number of Aboriginal specific and mainstream organisations.





CONSUMER STORY

I am the Aboriginal Consumer Advisory Group (CAG) Representative for Thomas Embling Hospital. I really enjoy my role and feel honoured to have the opportunity to represent our Aboriginal patients and their needs.

In my role I help with planning NAIDOC Celebrations, and this year I assisted Aunty Joy Murphy, a Wurundjeri Traditional Owner and Respected Elder when she visited for NAIDOC. During NAIDOC we launched our Aboriginal Marker Posts for the Bunjil Waa Wein Fire Pit, which myself and other Aboriginal patients helped design and paint.

My role is important because it gives Aboriginal patients someone to talk to about what their cultural needs are, and represent them at the CAG.

I have learnt a lot about my culture, and had the opportunity to connect to the Aboriginal community through involvement with programs like the Victorian Aboriginal Health Service Yarning Circle.

In my role I have identified that the other Aboriginal patients and myself would like to organise a cultural BBQ. We would also like to invite Elders to join us in our cultural celebrations, and have some Indigenous food and activities.



The Bunjil Waa Wein Fire Pit Marker Posts

QUALITY AND SAFETY

QUALITY IMPROVEMENTS PROCESSES AND ACTIVITIES

TRAUMA-INFORMED CARE TRAINING

The Trauma Informed Care Committee at Thomas Embling Hospital consists of patients and staff from different multidisciplinary areas. The committee has met regularly over the past 12 months to develop and implement an action plan to focus on specific trauma-related domains.

An emphasis has been on upskilling staff and informing patients about trauma and what our organisation is doing to be a trauma-informed service. The committee has developed two modules for staff to complete. To date we have had 99 clinical staff complete the first module, and are starting the second module shortly. The working party is also currently developing a Trauma Informed Therapeutic Program for patients to attend.

The past 12 months have also been about creating a safe and supportive environment for everyone, and involving patients in processes. The admission process was reviewed with a trauma-informed care lens, the de-escalation areas on the acute units were enhanced with visual aids, and the post restrictive intervention debrief policy was reviewed to invite and allow patients to discuss their restrictive intervention experiences in a safe space and with a staff member of their choice. The committee recognise the importance of supporting individuals' spiritual and cultural beliefs, and a cultural resource was developed by the spiritual care coordinator so staff and patients can be informed of all relevant spiritual days and practices.

The committee has just finished auditing the three acute units; recommendations from these audits will help shape our action plan for the next 12 months.

MODEL OF CARE UNIT 13 MELBOURNE ASSESSMENT PRISON

As part of Forensicare's membership of the Corrections Victoria Suicide and Self Harm Prevention Framework Working Group, and in close collaboration with Corrections Victoria, the development of a comprehensive and integrated model of care for providing services at Unit 13 at the Melbourne Assessment Prison was undertaken this year. Unit 13 is adjacent to the Acute Assessment Unit and is the location of the 'Muirhead Cells' where prisoners who are actively suicidal and at risk of self-harm are placed for their own safety. The implementation of this model as part of a very constructive engagement with Corrections Victoria will result in more effective and humane treatment of these most vulnerable prisoners.

To date, Corrections Victoria has approved a revised local operating procedure for correctional staff that is intended to support and complement the clinical model of care. Among other things it endorses the implantation of a series of changes in three phases over the next few months in accordance with the intentions of the steering committee. It also provides a robust framework for officers in supporting clinical staff in managing patients in Unit 13 about whom we have concerns regarding deterioration in physical health requiring clinical intervention.

Other changes already implemented in accordance with these stages are as follows:

- The work of the occupational therapist and other members of the multidisciplinary team in working with men in Unit 13 has been facilitated.
- The physical environment of Unit 13 has also been updated recently with complete repainting.

Developments planned but still to come include:

- patients to be allowed to wear their own clothes when out of a cell working with the occupational therapist
- patients to be considered for group work with the occupational therapist
- architectural modifications to the unit to provide increased separate spaces for therapeutic work.

SAFEWARDS

Safewards is an evidence-based model that was developed in the UK by Professor Len Bowers and colleagues. The model aims to explore the relationship between conflict and containment, identify opportunities when staff can intervene to prevent/reduce conflict and containment, and generate ideas for change in the therapeutic milieu that have the potential to reduce conflict and containment.

The model was introduced into Canning Unit at Thomas Embling Hospital at the beginning of 2016. The implementation of the Safewards model and identified interventions empower patients and staff on Canning to create a culture of safety whereby rates of conflict and containment will be reduced by using the framework.

The project working group has two patient representatives, both from Canning, who provide invaluable input into the project.

The interventions are being rolled out in two phases. Phase one includes training on the Safewards model and the introduction of the following five interventions:

- **Clear mutual expectations** – our expectations of each other while on the inpatient unit (patients and staff).
- **Know each other** – each staff member provides non-controversial information about themselves that they are happy to be communicated to the patients. Patients are also encouraged to share similar information about themselves.
- **Positive words** – during each handover, staff make an effort to say something positive about each patient and/or identify factors contributing to difficult behaviours.
- **Bad news mitigation** – we are raising staff awareness during handovers and ward rounds of potential 'bad news' events that patients may experience. Staff then follow up by conveying the 'bad news' sympathetically to the patient and offering support.
- **Mutual help meetings** – starting the day in partnership, facilitated by staff, patients are encouraged to identify ways of helping and supporting each other during the day.

From August 2016 the following five interventions will be introduced:

- **Reassurance** – following an anxiety-provoking incident on the unit, patients are followed up either in small groups or alone to give reassurance and understanding of what happened. Staff maintain a higher visibility following the incident so patients feel more safe and secure.
- **Talk down (de-escalation)** – a drawing together of the range of de-escalation techniques on a poster that is displayed in staff areas. Staff are given training on these techniques on a regular basis.
- **Soft words** – statements that are one to two sentences long are provided to staff on how to speak to patients in any of the three primary flashpoints: saying no; asking to stop behaviour; and asking patients to do something they don't want to do.
- **Discharge messages** – prior to discharge, patients are encouraged to write a positive and helpful message that is then placed on a message board/discharge tree. These messages can be viewed by visitors for reassurance and to increase feelings of hope.
- **Calm-down methods** – creating an environment and the opportunity for low stimulus and serene time out. A box of equipment is offered before considering PRN medication.

The project is being formally evaluated and three different types of data will be collected. These will be related to:

- incidents of conflict and containment
- the ward atmosphere
- implementation of the Safewards interventions.

Feedback so far has been very positive both from patients and staff.



Staff feedback
on Safewards

“The culture has changed for the better since the implementation of Safewards; some patients and staff are aligned with common expectations.”

“Some people have been here a long time so they get frustrated and angry at times and often take it out on staff. Safewards is meant to prevent some of that stuff from happening and this helps everyone feel more comfortable on the unit.”



“There has been times now where patients will stand up to help keep harmony on the unit; a sense of looking after each other.”

“Using the patient supports are a positive, and going through them there is more chance of something happening as they are proactive within their role, and less intimidating to talk to.”

SAFETY

ADVERSE EVENTS

Forensicare investigates all adverse events/incidents according to the severity and/or harm resulting from the incident. Serious incident reviews include an action plan to address the recommendations arising from the investigation. We publish all recommendations on incident reviews and the progress on their implementation so that this information is accessible to all staff.

In 2015-2016 we commenced 12 serious incident reviews for incidents that occurred during that period. Out of the 7 completed investigations to date, 33 recommendations were made.

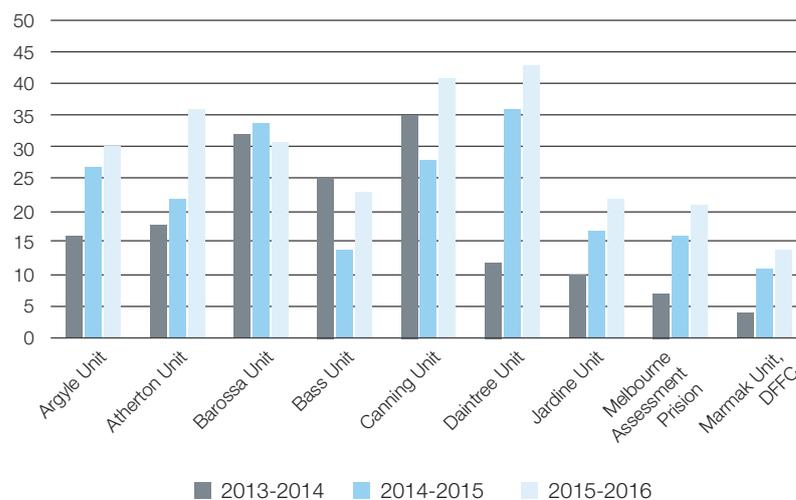
MEDICATION SAFETY

The Medication Safety Committee oversees medication management across Forensicare. The committee, which reports to the Clinical Effectiveness and Risk Management Committee and Consultant Psychiatrist Advisory Committee, has membership that is drawn from across the organisation. The committee's terms of reference include:

- monitoring the safety and quality of medicines use across the whole service
- ensuring staff with the competence and authority to do so can prescribe, dispense and administer medicines and communicating with the clinical workforce departments to ensure information is up-to-date
- conducting interventions to improve the safety and quality of medication practice
- encouraging reporting of incidents, managing adverse drug reactions and auditing/responding to medication incidents thereby ensuring feedback and oversight at the point of care
- establishing medication safety reviews quarterly
- informing staff about medicines use issues, policies for dissemination to clinical staff.

A report from Riskman on all medication errors is discussed and analysed by the Medication Safety Committee. Figure 2 shows the number of reported medication errors for each unit over the last 3 financial years.

Figure 2: Reported medication errors



PREVENTING FALLS AND HARM FROM FALLS

Forensicare has a responsibility to provide a safe environment and workspace, and minimising the potential for falls, trips or slips is an important component of our overall safety strategy. Our assessments routinely indicate that a significant number of our patients (approximately 88 per cent) are identified as being at a low risk of falls or harm from falls. However, occasionally falls do occur, and we continue to implement initiatives across the organisation to ensure that any harm from falls is minimised wherever possible.

Some of the initiatives adopted to reduce the number of falls in 2015–2016 include:

- continued falls risk assessment for all patients on admission to a bed-based service (in the most recent audit it was identified that 86.8 per cent of all patients had a falls risk assessment completed)
- routine assessments and interventions by staff to ensure clear environment for patients
- enhanced referral to and assessment opportunities from a physiotherapist (we have seen a significant increase in the uptake of physiotherapy interventions to promote balance and reduce falls risk factors at Thomas Embling Hospital, including the introduction of hydrotherapy sessions)
- enhanced referral, assessment and documentation of care by our dietician to reduce the potential of falls related to poor dietary intake
- development of personalised care plans by an occupational therapist or physiotherapist as required
- Heathstream continuing to promote programs to support falls management, including core exercises, yoga, balance and boot camp exercises
- development of service-specific information sheets on common falls risk factors and strategies to minimise these while in hospital or prison
- auditing of assessment completion and documentation of equipment prescription to ensure these are completed in line with policy and best practice.

HAND HYGIENE COMPLIANCE

Forensicare has an established hand hygiene program that is consistent with the National Hand Hygiene Initiative. All staff are required to comply with directives to support the reduction of healthcare-associated infections through hand hygiene.

The focus of Forensicare's hand hygiene program is to improve compliance with best practice hand hygiene processes so that healthcare-associated infections are reduced.

Compliance is monitored internally, and all clinical staff are required to complete the Hand Hygiene Australia online training program and submit a copy of their *Certificate of Completion* for entry into the internal training database. The compliance rate in 2015–2016 was 82 per cent.

On 5 May 2016 promotional activities were held across the organisation to acknowledge the World Health Organization World Hand Hygiene Day. This activity has become established practice at Forensicare and includes patient involvement.

RATE OF HEALTHCARE WORKER INFLUENZA VACCINATION

Forensicare has an immunisation program that meets the requirements of the Australian Immunisation Handbook (NHMRC, current edition), Department of Health and Human Services guidelines and the National Safety and Quality Health Services Standards, Standard 3.6.

The immunisation program is coordinated by the infection prevention and control nurse and, in line with requirements of the Drugs, Poisons and Controlled Substances Regulations 2006, immunisations are administered by accredited nurse immunisers.

Each year Forensicare runs a comprehensive seasonal influenza program and offers all staff the opportunity to be immunised against the virus. Over the past five years there has been a steady increase in uptake of the vaccine from 38 per cent of total staff numbers in 2012 to 67 per cent in 2016.

In 2016 the Department of Health and Human Services' target rate of healthcare worker immunisation for influenza was 75 per cent. With the encouraging increase in numbers as shown at Forensicare over the past five years, it is anticipated that this target will be met in 2017.

Patients at Thomas Embling Hospital are also actively encouraged to be vaccinated against the seasonal influenza virus. The vaccination program for patients is coordinated through the infection prevention and control nurse in consultation with the unit registrar, general practitioner and practice nurse.

FOOD HYGIENE

During 2015 a group of three La Trobe University occupational therapy students developed a training resource for patients who are likely to use the program kitchens on any of the hospital's units.

This resource aims to ensure that all patients who are preparing their own meals, or participating in group cooking programs, are able to do so in a safe and hygienic way.

The students developed a number of visual aids with a plain English presentation that used photographs, videos of good food hygiene practices and a toolbox of appropriate cleaning resources.

We also relaunched our Food Hygiene education module for staff on our internal training system in order to promote that food hygiene and handling requires everyone's commitment.

AGGRESSION AND OTHER BEHAVIOR-RELATED INCIDENTS

Aggression in health and mental health settings continues to be a major issue of concern. Forensicare continues to acknowledge the importance of providing a safe environment for all patients, clients and staff and continues to focus on improvements to support people involved in incidents of aggression.

Forensicare has established the Occupational Violence and Aggression Prevention Working Group to examine and analyse incident data, staff feedback, evaluate existing resources, and develop and implement strategies to reduce the incidence and impact of occupational violence and aggression. The Working Group consists of staff, OHS officers, and external stakeholders, including representatives from WorkSafe and unions.

This group has been looking at our policies and procedures for responding to violence and developing new policies and processes which will shortly be implemented. It has considered:

- Staff survey results on occupational violence and aggression prevention
- Processes for supporting staff to report incidence to police
- Reporting of incidents in clinical and Occupational Health and Safety systems
- Training needs for all staff

We track incidents of aggression both through our Occupation Health and Safety reporting system and our clinical incident reporting system. There are differences in the data reported between the two reporting systems, which we will continue to work to address.

Table 5: The number of incidents of violence or aggression across the Organisation reported through the Occupational Health and Safety reporting system

	2015-2016	2014-2015
Physical Assault	91	38
Verbal Assault	50	39

Table 6: The number of incidents involving aggression at each Unit reported through the clinical incident reporting system. It is noted that this information does not distinguish at whom the aggression was directed (ie. staff or patient).



	2015-2016	2014-2015
Physical		
Argyle	65	90
Atherton	90	81
Barossa	101	63
Bass	6	1
Canning	15	35
Daintree	2	4
Jardine	0	0
AAU	4	6
Marmmak	31	34
Total	314	314



Verbal		
Argyle	70	54
Atherton	88	96
Barossa	74	69
Bass	34	11
Canning	108	70
Daintree	36	5
Jardine	3	1
AAU	7	9
Marmmak	25	20
Total	445	335



Towards Property		
Argyle	18	47
Atherton	26	35
Barossa	12	9
Bass	3	0
Canning	12	13
Daintree	4	3
Jardine	0	0
AAU	3	10
Marmmak	13	4
Total	91	121
Total	850	770

RESTRICTIVE INTERVENTIONS

The use of restrictive interventions is governed under the *Mental Health Act 2014* and is used at the Thomas Embling Hospital to prevent imminent and serious harm to people. As with previous years, there have been ongoing actions and initiatives, including prevention and early intervention strategies, undertaken in 2015-2016, aimed at reducing the use of restrictive interventions. Some of these initiatives include:

- Trauma Informed Care training package for staff was rolled out. In 2015-2016 year 94 staff completed the first module and 17 staff completed the second module. The first module is an introduction to Trauma Informed Care and its principles. It looks at how trauma can affect the brain and also looks at the social consequences of trauma. The second module goes further into depth in relation to the cognitive model of trauma, responding to stories of trauma, and also takes a look at trauma in the workforce.
- Sensory modulation trolleys that were introduced to four of the units in the previous year have continued to be used and are being incorporated into community meetings as a means of educating patients around sensory modulation. The trolleys are being used in therapeutic programs and are starting to be used on an individual basis.
- The Model of Inpatient Aggression is currently being reviewed and updated. This model is used to gain an understanding of aggression and the contributing factors.
- Every restrictive intervention event is reviewed. The restrictive intervention review (RIR) is held weekly and reviews the use of restrictive interventions for all patients at Thomas Embling Hospital. The membership is multidisciplinary and uses the Model of Inpatient Aggression as a framework and the RIR process also acts as an audit for restrictive intervention practice. The RIR examines the restrictive intervention event and involves reflection of the incident and a review of the patient's clinical care provided.
- The process of how the RIR meetings are conducted are being reviewed and updated by a working party.
- A new M4 intranet site has been implemented. The intranet site provides information and quick links to resources so staff can easily access relevant information relating to reducing restrictive interventions. Resources available on the site include: the M4 Manual: A guide for the prevention, early intervention and management of aggression; Chief Psychiatrist Guideline - Restrictive Interventions; and Model of Inpatient Aggression.
- The Dynamic Appraisal of Situational Aggression (DASA) refresher training has been revised and updated.
- As a component of creating a safe and supportive environment, the aesthetics of the environment have continued to be developed including the painting of a discharge messages tree on a unit wall and the completion of murals in the two male acute unit's de-escalation area courtyards.
- A Monash University occupational therapy honours student has been exploring the utility and effectiveness of the sensory trollies on the Argyle and Atherton Units. This has involved interviews with 13 staff, and a review of 8 patient's sensory profile assessments and use of the trolley. This study has just finished its data gathering stage and we hope to have the final outcomes by the end of 2016. This research project has been accepted for presentation at the upcoming Forensic Occupational Therapy Forum to be held in October in South Australia.
- There has been a prolonged restrictive intervention event of a patient remaining in an isolative environment (seclusion room) for an extended period. The patient's aggression is commonly triggered by actual events in the environment, and willingness to act violently and interact with triggers, prevents seclusion cessation. Through collaborative team efforts, seclusion hours have significantly reduced.

The unit safe space, originally intended to reduce restrictive interventions by providing a calming space for unsupervised patient use, more recently has become an area for intense therapeutic work and engagement for up to 6 hours a day with this individual patient. A minimum of 3 staff at any given time facilitate 1:1 patient activities which otherwise could not occur. The unit identify that engagement has been paramount in the goal of creating a culture of safety and ultimately ceasing seclusion for this patient.

SECLUSION

In 2015-2016 Forensicare's seclusion rates increased on the previous year. Despite this, the rate of seclusion, 13.13, remained under the Statewide target of less than 15 seclusions per 1000 bed days. The increase in seclusion in 2015-2016 is attributed to the continued increase in acutely unwell patients.

Table 7: Average duration of episodes of seclusion, by unit (days:hours:minutes)

Unit	2015-2016	2014-2015	2013-2014	2012-2013
Argyle	3:13:42	2:02:33	3:01:43	2:11:32
Atherton	3:06:22	2:05:16	2:15:28	1:22:40
Barossa	6:20:13	2:04:41	1:10:24	1:08:12
Bass	0:08:26	0:13:31	1:12:32	0
Canning	0:14:13	0:15:22	2:23:03	2:10:01
Average all units	4:04:36	2:03:19	2:13:17	1:23:28



CONSUMER AND STAFF EXPERIENCE

ACCREDITATION STATUS

In September 2015 Forensicare underwent an accreditation survey by the Australian Council for Healthcare Standards against the EQulPNational standards and National Standards for Mental Health Services. We were awarded full accreditation until 8 November 2019. Reflecting Forensicare's focus on consumer and carer involvement in all aspects of service delivery, our opening presentation to the Australian Council on Healthcare Standards (ACHS) Surveyors was predominately delivered by five past and current consumers and a carer representative.

During accreditation we received one 'not met' rating related to 'access' in both the EQulPNational standards and the National Standards for Mental Health Services. The surveyors recommended that 'Forensicare continue to work with their partners to progress the improvement of access to compulsory acute mental care at Thomas Embling Hospital under the Victorian *Mental Health Act 2014*'. The focus of this recommendation is the wait for access to a bed at Thomas Embling Hospital for compulsory treatment of prisoners who have been certified. In 2015-2016 the average number of prisoners per day waiting transfer to Thomas Embling Hospital was 10. In 2014-2015 the average number was 8.1 prisoners per day waiting transfer to Thomas Embling Hospital, which was an increase from 4.3 in 2013-2014.

Since accreditation we have been working with the Department of Health and Human Services and the Department of Justice & Regulation to progress the construction of a new eight-bed unit at the hospital and develop the masterplan to accommodate future growth.

We are also reviewing our own systems for patient flow and are in the process of working with the clinical teams at the hospital and in prisons to provide more timely access to compulsory treatment.

CONSUMER STORY

I got involved in the accreditation process after Lisa Wright, the chief social worker, gave me a phone call and Tom Dalton, the CEO, attended a Consumer Advisory Group (CAG) meeting. I freaked out a bit and the Consumer Consultant team offered to help. We organised a time and sat down together and wrote down what I was going to say. I am not a very good public speaker – I get very nervous. I did a rough draft, went over it and had two rehearsals before delivering it. The first two rehearsals we were sitting down, but then we decided to do it standing up and I couldn't be the only one to do it sitting down!

I had plenty of support from Forensicare staff. We were told that we were doing well throughout the process. We were also told that we could pull out at any point and we weren't pressured into doing anything. After all the rehearsals and after giving the talk, Lisa Wright and Julie Dempsey, the consumer consultant, talked to us to see that we were all okay.

Presenting to the accreditors was nerve-wracking. It was nerve-wracking doing my own speech. Listening to everyone else was inspiring and everyone had similar sorts of things to say. It was really good to hear at the end that it made a difference. The accreditors clapped at the end of it all and they thought that the consumer participation was really good.

Since being out, I have participated in CAG, the Consumer and Carer Leadership Committee (CCLC), consultations for Ravenhall and the new eight-bed unit, and focus groups. Forensicare definitely value patients' opinions on different things. They usually get back to you with the reasons that they have done things or, if they haven't done something, they usually get back to you with the reasons why.

I wanted to be involved because Thomas Embling Hospital really changed my life. When I came into the hospital I was really unwell. Coming into the system has given me a second chance, in a lot of different ways. When I was at Thomas Embling Hospital, I was on CAG through all the different units and I am still on the Community CAG. They have always listened to what I say and I think that needed to be voiced to the accreditors. It was an honour to contribute to the accreditation process.

PEOPLE MATTER SURVEY

In 2015 the percentage of staff who reported witnessing bullying at work in the preceding 12 months fell by six per cent, from 41 per cent in 2014 to 35 per cent as reported in Forensicare's 2015 People Matter Survey results.

Forensicare offers annual training on topics that address workplace bullying, and these are promoted widely to all staff. In 2015–2016, 111 staff members attended a session entitled 'Respect and Responsibility', which aims to raise awareness, provide information on tackling workplace bullying and improve participants' skills in working respectfully with others.

Dedicated sessions at the organisation-wide orientation program for new employees introduced new starters to our policies and procedures for addressing workplace bullying. Ninety per cent of all new employees attended orientation in 2015–2016.

Forensicare's New Managers Induction Program devotes significant time to exploring the values of the organisation and working with managers on how to model these values in practice. Developing the participants' skills in being able to deal effectively with bullying is one of the learning outcomes of this program.

CONTINUITY OF CARE

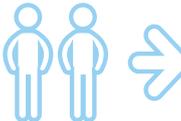
AVERAGE LENGTH OF STAY PER UNIT

The average length of stay continues to increase, due to the level of acuity of security patients on admission to Thomas Embling Hospital. The waiting time for admission from the prison system frequently extends beyond an acceptable level, and on admission patients are acutely unwell. The length of time then required to respond to treatment is reflected in the increase in the average length of stay over the past three years (see Table 8).

Table 8: Average length of stay, acute units, Thomas Embling Hospital

	2015 -2016	2014 -2015	2013 -2014	2012 -2013
Argyle	131.35	108.8	93.5	101.7
Atherton	185.35	128.3	109.5	76
Barossa	64.08	42.5	62.9	83
Total	134.09	92.3	90.6	87

CONSUMER STATUS AND DISCHARGES

78 

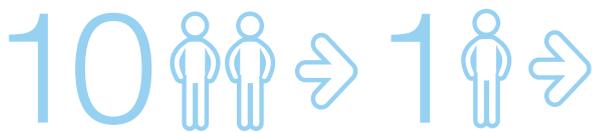
patients on custodial supervision orders at Thomas Embling Hospital at 30 June 2016 (67 at 30 June 2015)

13 

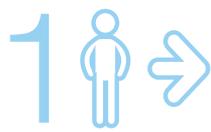
clients on extended leave at 30 June 2016 (19 at 30 June 2015)

68 

clients on non-custodial supervision orders at 30 June 2016 (77 at 30 June 2015)



new custodial supervision orders were made



person had their custodial supervision order varied to a non-custodial supervision order



no one was discharged from Thomas Embling Hospital on extended leave (11 in 2014–2015)



people on extended leave had their custodial supervision order varied to a non-custodial supervision order (four in 2014–2015)



people on non-custodial supervision orders were apprehended and admitted to Thomas Embling Hospital (two in 2014–2015)



people had their non-custodial supervision order revoked (12 in 2014–2015).



grants of extended leave were renewed



new non-custodial supervision orders were made

In 2015–2016 we saw the highest number of people placed on custodial supervision orders in one year since 2003–2004. Overall the number of people on any form of supervision order has decreased slightly from 163 at 30 June 2015 to 159 at 30 June 2016, due to the number of revocations of people on non-custodial supervision orders in 2015–2016.

BREATHE EASY SMOKE FREE PROJECT

Forensicare went smoke-free on 1 July 2015.

The Breathe Easy Smoke Free Project aimed to reduce the health risks of smoking and second-hand smoke on patients, staff and visitors within Forensicare facilities, addressing the significant life expectancy gap between mental health consumers (reduced by an estimated 10–20 years) and Australia's general population. It also promoted occupational health and safety by providing a smoke-free environment for all employees, contractors, students and visitors.

The project was implemented at Thomas Embling Hospital on 1 July 2015 and on the Jardine Unit a year later.

A multi-pronged, whole-of-health experiential approach was adopted to support each stage of the implementation program, as smokers were supported towards cessation.

A variety of interactive events aimed to foster participation, provide education about quitting smoking, and demonstrate options for managing withdrawal and developing healthy habits. This included events to celebrate World No Tobacco Day and a number of health promotion fairs to support staff and patients to identify the positive health and social changes smoking cessation can have. To support patients with distraction and with hand–mouth cravings during the smoke-free implementation, activity-based resource kits were distributed and structured sessions were facilitated to support meaningful time use during the transition to becoming smoke-free.

A whole-of-health approach addressed the function of smoking for individuals (the personal meaning of being a smoker and how it shapes roles, time use and habits), the benefits of quitting (physical, financial) and the related aspects of health and wellbeing (making healthy food choices in response to increased appetite).

We also ensured that the project recognised the success and hard work of the patients along the journey, with celebration events planned to enjoy the enhanced physical health and self-esteem from quitting.

In line with harm minimisation principles, in June 2016 lockers were installed to provide safe storage of smoking items for those patients choosing to continue smoking when accessing unescorted leave from Thomas Embling Hospital.

OUTCOMES ACHIEVED

The transition to becoming a smoke-free service was implemented smoothly, with:

- no significant increase in physical or verbal aggression related to smoking
- no significant increase in restrictive interventions
- significant increase in structured engagement and program participation by patients.

The Breathe Easy Smoke Free Project has been identified to have changed and sustained health behaviours by a significant proportion of patients, staff and families. The events that were held have supported smokers towards preparation for change, and activity-based resources and sessions provided support during the challenging withdrawal period. Fitness participation continues to increase, with a 30 per cent increase in attendance and engagement.

Recent calculations showed many patients have not smoked up to 9,000 cigarettes and have saved \$4,200 since implementation. A number of patients have identified that their health has never been better, and despite initially being concerned about giving up smoking, they are now grateful for the support and opportunity to change a lifelong habit/addiction.

Forensicare is now liaising with QUIT Victoria to look at how we can share our learnings and experiences with other mental health service providers looking to implement a smoke-free policy and practice.



CONSUMER STORY

Before the smoking ban was implemented, I was not happy. As I was in prison while this occurred, I did not understand why it was happening and was provided with very little information around the ban. Since cigarettes are not illegal, it did not make sense why they would ban them after so many years.

Now that the smoking ban has been in place for a while, I am now feeling good about the change. I have noticed that my health and my sense of smell and taste has improved. I understand that not smoking is good for my health, but it is still difficult for me to understand why the hospital would ban them all together as they are not illegal.

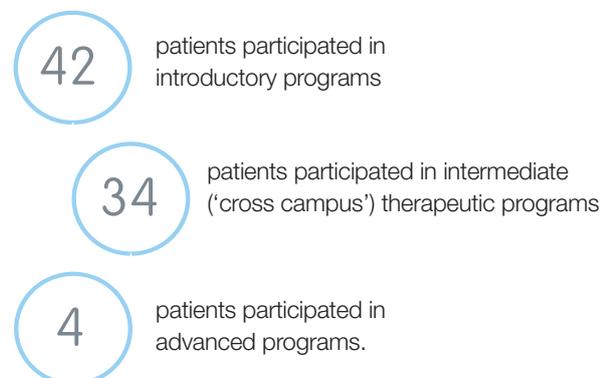
Quitting smoking has been a challenge for me; it is like I have lost a relationship. Whenever I have a coffee or a conversation with someone without a smoke, I felt lost and that I was missing something. I have had to re-learn these relationships and replace the smokes with things such as lollies.

I feel like this change will be long term. I would identify myself as an ex-smoker but would consider smoking a cigar on the odd occasion. All the long-term health benefits which I have seen from quitting smoking have helped me justify my choice. My family have been very proud of me for achieving this as they never thought that it would ever happen!

Reflecting on my experience within the Thomas Embling Hospital, I thought that the Fresh Air Fair was great and really helped us to celebrate our success and achievements! I think that there could be a better approach when staff catch people smoking on the unit. I think that it might be better if the staff have a conversation with the person rather than just taking away their leave.

THERAPEUTIC GROUPS

Since the inception of the new structure and suite of therapeutic programs at Thomas Embling Hospital in 2014, staff have been working hard to further refine the process of ensuring as many patients as possible receive appropriate group treatment in line with their identified treatment needs. This year there has been additional focus on developing a greater understanding of the programmatic needs and structure that best suits patients in the acute units of the hospital. This has resulted in the development of additional programs focusing on treatment readiness and medication compliance, which will be piloted on the acute units shortly. Emphasis has also been placed on evaluating the more intensive programs that currently occur among patients on the rehabilitation units, with clinicians from the hospital working jointly with research staff at the Centre for Forensic Behavioural Science to develop a methodology to formally assess the impact therapeutic programs are having on our patients. Data will be collected over the coming year in the hope that this will validate the significant gains that clinicians have observed among patients who are participating in therapeutic programs. In 2015–2016:



Other significant developments in 2015–2016 include:

- the design and implementation of a formal evaluation procedure for the intensive (intermediate) programs
- the development of a new model of acute programming (implementation imminent)
- consideration of and proposal for a new model for treating serious personality disordered individuals.

Patient Quotes on Therapeutic Groups

What did you think about the program?

‘It was wonderful in understanding yourself and others around you about my offence and how it happened.’ *(offence group)*

What did you think about the program?

‘A good snapshot of various methods for staying well.’ *(mental health recovery)*

What do you remember best?

‘Considering the victim’s point of view.’ *(offence group)*

Did you feel the ideas in the program were relevant to you?

‘Yes, I was able to look at the past and put together a puzzle that makes sense in my eyes.’ *(offence group)*

SPIRITUAL CARE

Spiritual Care at Thomas Embling Hospital has a specific role in attending to the relationship of spirituality to wellbeing.

The Spiritual Care Coordinators support patients from all cultural and faith traditions and also those who do not have a particular faith or religion, but who enjoy discussing what is meaningful for them.

The Spiritual Care Coordinators organise visiting Chaplains from the Jewish, Muslim, Buddhist, Sikh and Hindu faiths, as well as most Orthodox and Christian religions. Special days are also celebrated, such as Anzac Day, Christmas Day, Easter Sunday as well as special times of remembrance for patients, to remember their family and friends.

The Prayer Room, recently renamed, The In2faith Space, is a uniquely peaceful place for all patients who feel like sitting for a while, to be still, to reflect, to chat and to have a quiet cup of coffee. The In2faith Space is also used for regular relaxation sessions, facilitated by Buddhist teacher, Paul, Sunday morning interfaith service and Friday Muslim prayer time.



574

attendances at
Sunday prayer service



146

attendances at
Buddhist meditation



41

attendances with
Muslim spiritual leaders

VOCATIONAL EDUCATION AND TRAINING PROGRAMS

EDUCATION AND TRAINING

Kangan Institute provides a number of nationally recognised Certificate 1–3 courses at Thomas Embling Hospital. These programs vary from Certificate of General Education (including numeracy, literacy and English as another language), Hospitality, Furniture Making, Building and Construction, Information, Digital Media and Technology, Visual Arts, Cleaning Operations, Horticulture and Business.

As of July 2016, 102 individual study modules had been completed by students in the first semester of 2016. This includes 11 students who have in the past financial year achieved full certificates in the following areas:

- five students have successfully met the requirements of a Certificate 2 in Hospitality (Kitchen Operations)
- two students have successfully met the requirements of a Certificate 2 in Cleaning Operations (Industrial Cleaning)
- four students have successfully met the requirements of a Certificate 1 in Information Technology.

Anecdotally, the education staff have reported an increase in attendance, participation and concentration levels in class since the introduction of the Breathe Easy Smoke Free Project. As smoking was a very common reason for class disruptions, we anticipate that the increased results are from students having more time in the classroom and increased time to commit to their studies.

The Kangan staff have also worked to enhance the delivery of modules to better suit the needs of the patients by introducing four iPads to support the literacy and numeracy modules. These are used to promote and extend reading through audio books, to enhance literacy skills using apps and to improve pronunciation.

IN-REACH EDUCATION: CERTIFICATE 2 IN HORTICULTURE

Following a review of the Certificate 2 in Horticulture program in 2015, when only one student was enrolled, it was identified by Forensicare and Kangan Institute that this program delivery required a change in focus.

Since June 2015 the Horticulture class has therefore been delivered in the unit courtyards of Bass, Canning and Daintree. The Building and Construction students designed and built raised garden beds for each of the units, and the teacher then worked with unit staff and patients to study modules on propagating and cultivating crops to help units set up and cultivate sustainable vegetable gardens.

Over this time, 26 students have been enrolled in the Certificate 2 in Horticulture, and have been working towards the module of 'Plant Horticulture Crops'. In addition to this module, the classes have been structured to encourage eating the vegetables – this was celebrated by having a breakfast cooked on each of the units using only the products grown on the unit.

This program has recently extended to the acute units of Argyle and Atherton, and it is hoped to be introduced to Barossa in the near future. In addition to the in-reach programs, students who are studying 'propagating plants' are working in the greenhouse to grow plants for the campus community vegetable garden. This garden now includes signs and a map of what is growing, to encourage all who pass to eat and try the fresh produce, as well as providing a significant proportion of ingredients for the Certificate 2 in Hospitality students to use as part of their 'Appetisers and Salads' core subject.

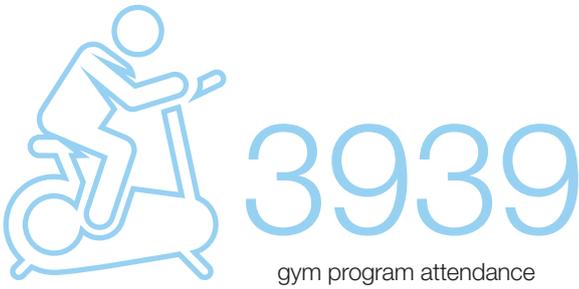


Community Garden



Bass Unit Vegetable Garden





WELLNESS PROGRAMS

HEALTHSTREAM FITNESS SERVICE: A CHANGE IN SERVICE DELIVERY SINCE SMOKE-FREE

The Heathstream team were a key service and support to the organisation over the past year, particularly as part of the Breathe Easy Smoke Free Project. With such a renewed focus on the physical health benefits, and promotion of new lifelong healthy habits, a review of the service delivery model was required. Healthstream staff now facilitate one in-reach program each week to each unit, and offer in-reach health and fitness assessments daily to all staff and patients when the staff visit the units. This has allowed patients to have a clearer understanding of their current physical fitness and develop some clear and attainable fitness goals.

Many patients cited smoking as a previous barrier to exercise and stated that they had a desire to become more active once they could no longer smoke, and over the course of the year these patients have started to regularly participate in sport and exercise programs as reflected in the increased average attendance.

SUMMARY OF HEALTH ASSESSMENTS

Health assessments measuring weight (kg) and body fat (percentage) were completed over a two-week period at the start of July during additional Breathe Easy Smoke Free Project programs, with subsequent re-assessments completed at three, six and 12-month intervals since going smoke-free.

At the 12-month interval, the health assessments indicated:

- 27 patients completed 12-month pre and post health assessments (24 males, three females)
- the average reassessment period was 12 months with variations in the number of total assessments completed due to several patients being discharged from the hospital
- 16 patients experienced weight gain over the 12-month period, with an average weight gain of +7.8 kg
- 11 patients experienced weight loss during this period, with an average weight loss of -2.9 kg
- the greatest weight gain was +24 kg, the greatest weight loss was -35.5 kg

- 16 patients recorded increases in body fat, with an average increase of +5.92 per cent
- 11 patients recorded decreases in body fat, with an average decrease of -4.7 per cent
- overall, 61 per cent of patients recorded weight gain and 39 per cent of patients recorded weight loss.

As a point of reference, the national statistics around this issue suggest that 80 per cent of adults who do successfully quit smoking do have some weight gain initially (see www.betterhealth.vic.gov.au/health/healthyliving/smoking-and-weight).

Of those 16 who experienced weight gain only four were regular exercisers (two times or more per week), and of the 11 who experienced weight loss, nine were regular exercisers. These results suggest that regular physical activity may have helped these patients lose weight while quitting, or mitigated the effects of significant weight gain as a result of giving up smoking.

In the 12 months following this initial assessment period, several patients became regular exercisers (two or more times per week), completing their own individual exercise programs or participating in our other team sports and fitness programs. There has also been a significant increase in incidental exercise since going smoke-free, with patients commenting to staff about how they feel fitter since quitting, and are now able to walk more during off-campus leaves instead of using taxis or public transport.

HEALTHSTREAM FITNESS SERVICE – CONSUMER SURVEY

Forty surveys were completed by patients in June 2016, with a further 25 approached for feedback who declined, leaving a total completion rate of 62 per cent of the patient population (n = 40). Gender division of completed surveys was males 77.5 per cent (n = 31) and females 22.5 per cent (n = 9).

Participants answered questions about their exercise habits, exercise frequency, favourite activities and barriers to participation, as well as about what new equipment and programs they would like to see offered in the future.

A large percentage of respondents preferred to work out independently and complete personalised fitness programs written for them by gym staff, while others had set workout partners with whom they would exercise. Personal training

and group training sessions with gym staff were the most popular activities, closely followed by team sports including volleyball, tennis, basketball and indoor soccer.

Almost half of those surveyed cited a lack of motivation as the main reason they did not participate in physical activity. One-third of respondents stated that not having unescorted leave made it difficult for them to attend the gym.

The most popular requests for new equipment and programs included free weights, water exercise programs, boxercise and a rowing machine.

As a result of this feedback the on-unit programs run daily by gym staff have become more structured to provide those without leave with an opportunity to participate in regular supervised exercise programs. Water exercise has been added to the current timetable. More research is required to determine what new equipment (such as a rowing machine) can be added to the gym.

Overall, respondents were extremely satisfied with the service and the programs offered. There will be another survey conducted in December 2016 to ensure programs stay up to date with our clients' needs.

WAITLIST FOR HOUSING

Lack of appropriate housing remains an ongoing issue across Thomas Embling Hospital and the prisons. A Housing Working Party was convened in August 2015 and includes social workers from across the Community Forensic Mental Health Service, prisons, acute and continuing care/rehabilitation units, as well as the Thomas Embling Hospital Salvation Army housing worker and the coordinator of the Forensic Clinical Specialist Program. This working party aims to improve Forensicare's understanding of the housing sector and associated reforms and to examine possible partnerships and initiatives.



PRIMARY HEALTHCARE AT THOMAS EMBLING HOSPITAL

We have continued to expand and improve our focus on physical healthcare at Thomas Embling Hospital. Developments in 2015–2016 include the following:

- Graduate nurses have begun rotation and placement into general practice
- A podiatrist has been employed to treat patients who aren't on a pension or have leave
- Allied health staff and the primary practice nurse work closely and cohesively to enhance patient outcomes.

In addition, 24 patients over the age of 50 were offered home bowel screening tests for the first time:

- Seven patients refused the test
- Thirteen patients accepted the test
- Four patients were excluded because they have a regular colonoscopy.

Patients who are suitable are seen in the Primary Practice Room to get them used to attending appointments. The aim of this clinic is to engage the patient and ensure better outcomes by utilising other resources not normally made available to them. Such examples are the use of tools where the patient documents their food intake, and can then see the effects of their dietary intake.

We have set up a metabolic clinic in the Primary Practice Room. Patients with abnormal lipids and diabetes are invited to attend. Some other patients are seen on the units. Patients who have abnormal lipids are initially shown their lipid results. The pathology results are explained to them. This is turned into a general conversation about how they can self-manage their conditions, and we offer help by incorporating other services such as the gym and the dietician.

GENDER SENSITIVITY AND SAFETY TRAINING

Victorian mental health services have a responsibility to provide a safe and supportive environment for people accessing these services. To this end, services must take all reasonable steps to support people's physical, sexual and emotional safety while effectively responding to their particular needs, experiences and preferences. Creating and ensuring safety within inpatient services presents particular challenges, such as mixed-sex environments, limited physical space, and the acuity of mental distress.

To support people's optimal safety and wellbeing, a gender-sensitive approach to service provision is required. Gender-sensitive practice acknowledges the different experiences, expectations, pressures, inequalities and needs of women, men and transgender and intersex people. A gender-sensitive approach to mental health service delivery takes a person's gender into consideration in all interactions, recognises how gender may have impacted on a person's experiences, and is mindful of and responsive to experiences of trauma.

Dr Chris Quinn, a clinical nurse consultant, and Rebecca Lofts, a clinical nurse educator, attended facilitator training in gender sensitivity and safety in April 2014. From this they developed an implementation plan to provide gender sensitivity and safety training to Forensicare staff. The training has three main components:

- the importance of gender – an introduction to gender-sensitive and safe practice
- safe practice – supporting gender-sensitive and safe care
- communication skills – effective communication to support gender-sensitive and safe practice.

Training commenced in February 2015. In the financial year from July 2015 to June 2016, 58 Forensicare staff attended training, making 281 of Forensicare's staff now trained in this area.

In addition to the gender-sensitive training rollout, the Social Work team at Thomas Embling Hospital has developed and implemented a Women's Specialist Care Pathway Social Work position. Staff work with female patients as they transition through the inpatient setting and help raise awareness of the needs of women within the forensic mental health system. Social Work staff have also established a new committee, Women for Change, which aims to review services provided to female patients as they undertake their recovery journey.

The Social Work team has also begun a project called 'How to Make Thomas Embling Hospital Rainbow Friendly'. This project will identify 'actions for inclusive practices' so as to be more responsive to the health and wellbeing of lesbian, gay, bisexual, transgender and intersex (LGBTI) patients and staff.

Patient Quotes from the Problem Behaviour Program

“I am grateful to have been referred to Forensicare; it has changed my life.”

“They helped me to understand”

“I always felt safe and supported”

“... [they're] helping me with a problem I don't want to have any more”

PROBLEM BEHAVIOUR PROGRAM EVALUATION

Forensicare and the Centre for Forensic Behavioural Science completed an evaluation of Forensicare's Problem Behaviour Program (PBP) operated by the Community Forensic Mental Health Service. The PBP is a unique service that provides assessment and treatment to individuals with high-risk problem behaviours (e.g. sexual offending, violence, threatening, stalking and fire-setting). The PBP expands the scope of the traditional community forensic mental health service model beyond a focus on psychopathology to other psychosocial needs and offence reduction.

The service evaluation investigated the effectiveness of the PBP in reducing offending and enhancing the mental health of clients. The study analysed offending patterns before and after contact with the PBP for 824 individuals who were assessed by the PBP between January 2006 and January 2011. Clients were mostly male (89 per cent) and were referred from justice services, mental health services, private practitioners and self-referrals.

The results were promising and showed that two-thirds of clients did not reoffend after PBP contact. On average, clients had committed 4.9 offences prior to PBP contact and 2.5 offences following contact. For individuals who reoffended (33 per cent), two-thirds had no change or a decrease in offence severity from their pre-referral offence. Clients completing treatment reoffended at significantly lower rates than other clients. Average time to reoffence for the treatment group (785 days) was significantly longer than for all other client groups. Contact with the PBP also resulted in more positive mental health outcomes for clients, with a significant reduction in the number of outpatient contacts following service provision.

A sample of clients were asked to rate their overall experience at the PBP. The vast majority indicated that they found the service to be 'very good' (73%), and almost all indicated that they felt 'very supported' by the service (80%). No clients felt the PBP provided a poor service or was unsupportive. Clients were also asked some specific questions about whether they perceived PBP treatment has assisted them. Eighty percent said that treatment helped them to understand the problem they were referred for; 86% reported that treatment helped them to manage the problem (others were neutral); 93% indicated that treatment helped them to understand their offending behaviour, and 80% believed it helped them to reduce their offending behaviour.)

MENTAL HEALTH COURT LIAISON SERVICE STAKEHOLDER EVALUATION

A detailed stakeholder evaluation of the Mental Health Court Liaison Service was completed in December 2015. Information obtained, including from magistrates, indicated that this service is highly valued for:

- supporting magistrates and court staff in managing clients presenting at court with mental health issues
- capitalising on valuable opportunities for diversion and intervention and breaking the cycle of poor mental health associated with regular offending
- supporting the court to understand and manage the risks an individual poses where a mental health problem is anticipated
- contributing to the smooth and effective running of the court
- supporting the court with managing unpredictable mental health-related crisis situations.

At the same time, the demand on this important and valued service has remained extremely high — especially at the Melbourne Magistrates' Court, and we continue to advocate for a significant boost to this service with the Department of Health and Human Services and the Department of Justice & Regulation.

MOBILE FORENSIC MENTAL HEALTH SERVICE

The Mobile Forensic Mental Health Service, based at the Metropolitan Remand Centre, began at the beginning of 2015 and continues its successful operation. An innovative service model, it is the first of its kind in Victoria. The Centre for Forensic Behavioural Science has produced a series of independent evaluation reports to support and inform service development, and the mobile model of care remains a compelling response to the mental health needs of prisoners. It is effective in addressing the gap between bed-based mental health services in prison and outpatient clinics available to mainstream prison populations.





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