



QUALITY ACCOUNT 2016-2017





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

OUR VISION

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ABOUT US

The Victorian Institute of Forensic Mental Health, known as Forensicare, is the statewide specialist provider of forensic mental health services in Victoria. Forensicare is the only agency in Victoria that provides clinical forensic mental health services that span all components of the mental health and criminal justice sectors, giving Forensicare a unique perspective on mental health and public safety issues. We are 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 or treatment.

Forensicare's primary focus is to provide 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. We deliver specialist training and ongoing professional education 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.

You can find out more about our services by visiting our website at www.forensicare.vic.gov.au.



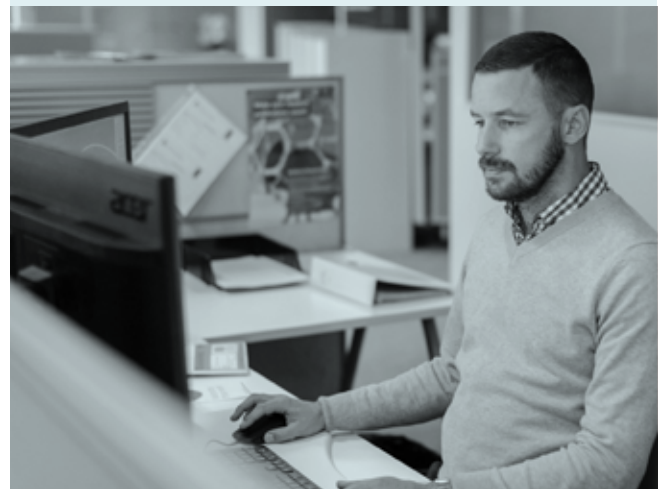
OUR STRATEGIC GOALS

- Greater accessibility to services
- Meet new challenges and drive change
- Innovation in everything we do
- Outstanding organisational performance

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
- work collaboratively with our stakeholders to achieve better and safer outcomes for our consumers and the community.



This Quality Account aims to provide information on how Forensicare delivered and improved our services over the last 12 months. We have worked hard in many areas to improve our performance, listening to the feedback from consumers and carers, staff and stakeholders.

As we note in the text box on the opposite page, this year's Quality Account has been developed bearing in mind the feedback we received from consumers and carers on our Quality Account last year. In an area which is usually the subject of negative media reporting, it is important to highlight the many successes and advances made by consumers, supported by their families and those that care for them. This year the board and executive have heard directly from consumers and carers in our first open forum in Mental Health Week 2016 and also through presentations made by consumers on progress on the Safewards initiative. It is important to recognise that at a local level, consumers provide input through a range of structures, including the local clinical governance meetings on Units.

As we noted last year, many of our services are delivered where people do not get a choice of health provider and sometimes are *directed* to use our services by courts, prisons or community corrections. In the Thomas Embling Hospital the law says they can be treated without their consent. This makes it all the more important that we are accountable for the quality of what we do. While consumers might not be given a choice, it is important they get a say and can provide feedback and we have continued to conduct satisfaction surveys to identify what is working and what can be improved.

It is also important that Forensicare describe to the community how we have measured our services. This year the issue of quality and safety in health and mental health services has been the subject of much government attention and public discussion. We have reviewed our clinical governance processes internally and with the assistance of an external expert to identify ways we can improve in this important area. Work on implementing these changes will come in the next year. Access to compulsory treatment in the hospital for men in prison has been a major focus of all staff and the board in the past year.

While our performance in this regard has improved, we need to continue to focus on our prison services to enable appropriate treatment. The opening of Ravenhall Correctional Centre in coming months will significantly improve the mental health treatment options for men in prison.

Violence and aggression has also been a major focus of initiatives this year and they rightly receive attention in this Quality Account. There is a direct link between such behaviour and the "restrictive interventions" we report on and we acknowledge that much work remains to be done in this area. This work is important to ensure that staff and consumers are safe in all our environments. We are working collaboratively with staff and unions and with consumers through initiatives like Safewards to address these difficult issues.



WELCOME FROM
THE CHAIRMAN
AND THE CHIEF
EXECUTIVE OFFICER

Much of Forensicare's work is undertaken with people who are on supervision orders under the *Crimes (Mental Impairment and Unfitness to be Tried) Act 1997*, either in hospital or in the community. Consumers have asked us to clearly show the progress of people who are treated under this legislation in this Quality Account. After 16 years of operation, we have undertaken further research and analysis on how people have progressed under this legislation. This will help Forensicare, consumers, and stakeholders such as lawyers and the courts, understand how this system works.

With the expansion of Thomas Embling Hospital well under way we have commenced a review of our model of care across all our settings. This work has involved detailed consultation with consumers, carers, staff and stakeholders and an analysis of international literature on effective treatment in forensic mental health services.



This will inform more work in the coming year so we can ensure that our approaches best meet the needs of consumers and the community. In the Continuity of Care section of the Quality Account you can find information on the different activities and programmes we deliver for consumers in prison, the hospital and in the community to enable consumers to live meaningful lives in a safer community.

We hope that this Quality Account gives readers a clear picture of what we have done and a better understanding of how we deliver on Our Vision and Mission. We will keep listening to the feedback from consumers, carers, staff and stakeholders to ensure that we continue the work that is valued and improve on our performance in coming years.

Adjunct Professor Bill Healy
Chairman
Forensicare Board

Tom Dalton
Chief Executive Officer

FEEDBACK ON OUR QUALITY ACCOUNT 2015–2016

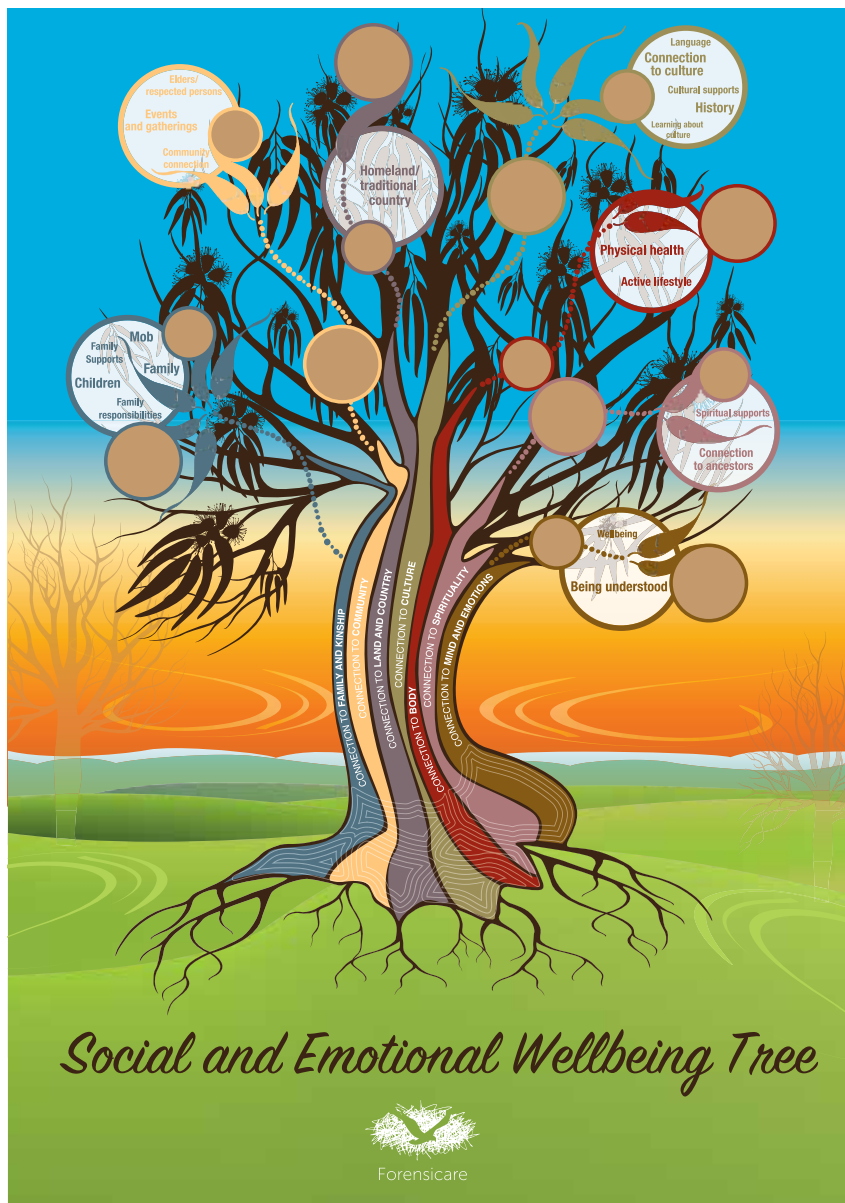
The launch of the *Quality Account 2015–2016* occurred at a Consumer and Carer Forum at Thomas Embling Hospital on 13 October 2016 as part of Mental Health Week celebrations. Following the launch, we met with consumer advisory groups to obtain feedback on the report. The consumer advisory groups provided us with positive feedback, especially in relation to the new style, the photos and consumer stories. Those changes had been made as a result of consumer feedback on the 2014–2015 report.

During these consultations we also asked the consumer groups what they would like to see in the *Quality Account 2016–2017*. They told us they would like to see more photos and the data in the report presented in more accessible formats. The consumer advisory groups emphasised the importance of reporting on areas such as the benefits of Thomas Embling Hospital going smoke-free, waitlists for patients to find housing or permanent accommodation, the use of restrictive interventions, patient leave, the impact of the implementation of the National Disability Insurance Scheme on patients, and explanations around medication side effects. We are pleased to provide some of this information in this report and will continue to work on ways to incorporate these matters into future reports.

The consumer advisory groups were responsible for choosing which patients stories are highlighted in the *Quality Account 2016–2017*. We thank these consumers for sharing their stories with us and the community.

Our *Quality Account 2015–2016* was published online and was available in hard copy to staff and consumers at all of our service locations.

STATEWIDE PLANS AND STATUTORY REQUIREMENTS



ABORIGINAL HEALTH

Forensicare is committed to improving the health outcomes of Aboriginal and Torres Strait Islander people in our care. Thanks to Koolin Balit funding, the development of the Boon-Gim Ngaga (Deep Understanding) Aboriginal Social and Emotional Wellbeing Assessment Package was completed this year.

Named in the Woi Wurrung language of the Wurundjeri people, Boon-Gim Ngaga reflects the central focus of the assessment to build and embed a holistic and culturally responsive understanding of the Aboriginal person's social and emotional wellbeing across all service domains.

Cultural capability is crucial for clinicians working with Aboriginal and Torres Strait Islander peoples, who will often present to mental health services with a complex and interrelated mix of social stressors as well as symptoms of mental illness. For staff, the challenges of assessing, diagnosing and treating mental illness in this context can be compounded by issues of cultural competency and lack of access to appropriate tools, training and resource materials.

Forensicare is proud to have developed the Boon-Gim Ngaga Assessment Package, which complements existing clinical and therapeutic tools to ensure a culturally safe and responsive level of service delivery is maintained throughout the engagement with Aboriginal peoples.

FAMILY VIOLENCE

The Victorian Government has committed to the prevention of family violence as a policy area of the highest priority. It has developed a 10-year plan, Ending Family Violence: Victoria's Plan for Change, and is implementing all the recommendations of the Royal Commission into Family Violence.

In support of this vital area, Forensicare has expanded its activity in relation to family violence. In 2016–2017 we began providing Child Protection with risk assessments of known and alleged family violence offenders. These assessments include consideration of risk to family members and are used by Child Protection to inform decisions about access to families and children.

In addition, we partnered with Victoria Police and Swinburne University in a fully evaluated pilot that has seen Forensicare clinicians embedded in several Victoria Police Family Violence Teams as expert risk consultants advising on the use of risk assessment tools and in the management of high-risk cases. This is intended to lead to safer outcomes for families through enhancing police responses.

Our staff also provided training for workers from multiple external agencies on working with victims and perpetrators of family violence.

Finally, Forensicare is represented on the Family Violence and Mental Health Project Advisory Group, which is assisting the Chief Psychiatrist to implement recommendations arising from the Royal Commission into Family Violence to promote effective responses in the broader mental health system to victims of family violence.

We are proud of our involvement in relation to family violence and in contributing to responses in this vital public policy domain.

CULTURAL DIVERSITY AND LANGUAGE SERVICES

Forensicare is committed to providing appropriate services that respond to the cultural needs and preferences of people in our care. The ways in which we have respond to consumers' cultural needs and language services in 2016–2017 are highlighted in the Consumer, Carer and Community Participation and Continuity of Care sections of this report.

CONSUMER, CARER AND COMMUNITY PARTICIPATION

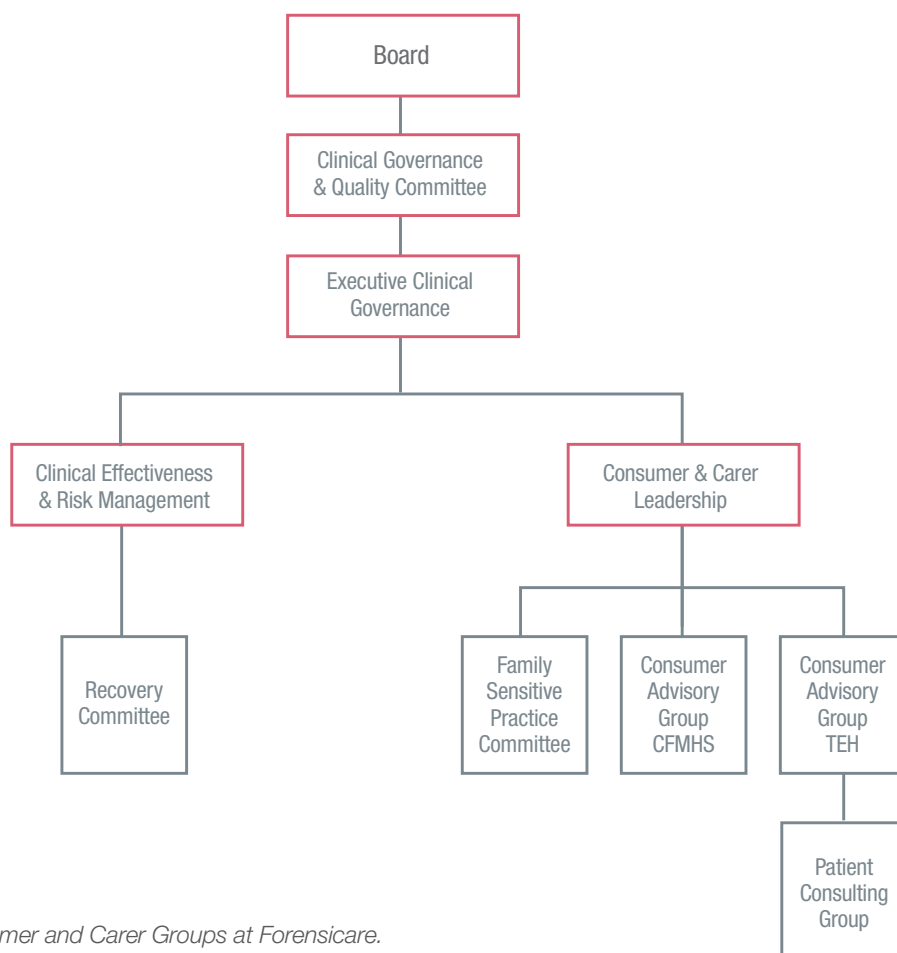


Figure 1: Consumer and Carer Groups at Forensicare.

CONSUMER PARTICIPATION

Forensicare acknowledges that consumer input is fundamental to informing and shaping the continual improvement of our services. Consumers are represented through the following groups.

CONSUMER ADVISORY GROUP – THOMAS EMBLING HOSPITAL

The Consumer Advisory Group (CAG) at Thomas Embling Hospital provides a voice for patients and, where possible, influences the quality and direction of services within the hospital. It identifies service gaps or areas that need improvement. This group consists of 11 patient representatives. Each of the seven units of the hospital are represented, and there are the following four specialist members from diverse groups:

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

Achievements for 2016–2017 include:

- **Advocacy** – The CAG continues to advocate strongly for patients' needs within the hospital. Examples include access to mobile phones for patients on Daintree Unit and increased leaves for patients on that unit. In addition, through CAG's advocacy the Bass Unit has secured a larger television for its living room area.
- **Consumer review group** – The CAG have developed and implemented a new approach to approving policies and procedures through the CAG structure. A consumer review group is currently being formed, which will provide feedback and indicate endorsement of hospital policies and procedures.

CONSUMER ADVISORY GROUP – COMMUNITY FORENSIC MENTAL HEALTH SERVICE

The CAG at the Community Forensic Mental Health Service 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 at the Community Forensic Mental Health Service.

Achievements for 2016–2017 include:

- **Inspirational stories** – The Inspirational Stories project is currently underway. Two community representatives have written up the story of their journey through the hospital and out into the community. These stories will be shared by the writers to patients in the hospital to provide lived experiences of strength, challenges and hope.
- **Planning day** – A planning day was held in April 2017. The meeting was a successful forum for generating ideas for the group's direction and consumer leadership at the community service. The outcomes of the day included focusing on recruitment, building relationships with other consumer groups, new opportunities for communication between consumer consultants and CAG representatives, peer worker training opportunities, and development of a consumer and carer leadership strategy.

PATIENT CONSULTING GROUP

The Patient Consulting Group develops ideas to improve the service and promote recovery for patients and staff at Thomas Embling Hospital.

Achievements for 2016–2017 include:

- **Safewards** – The Consumer Consultant team continued to support Canning Unit's Safewards project. The support for this project is in line with recovery-oriented practice and peer involvement.

• Bob's Story: Rights and Responsibilities

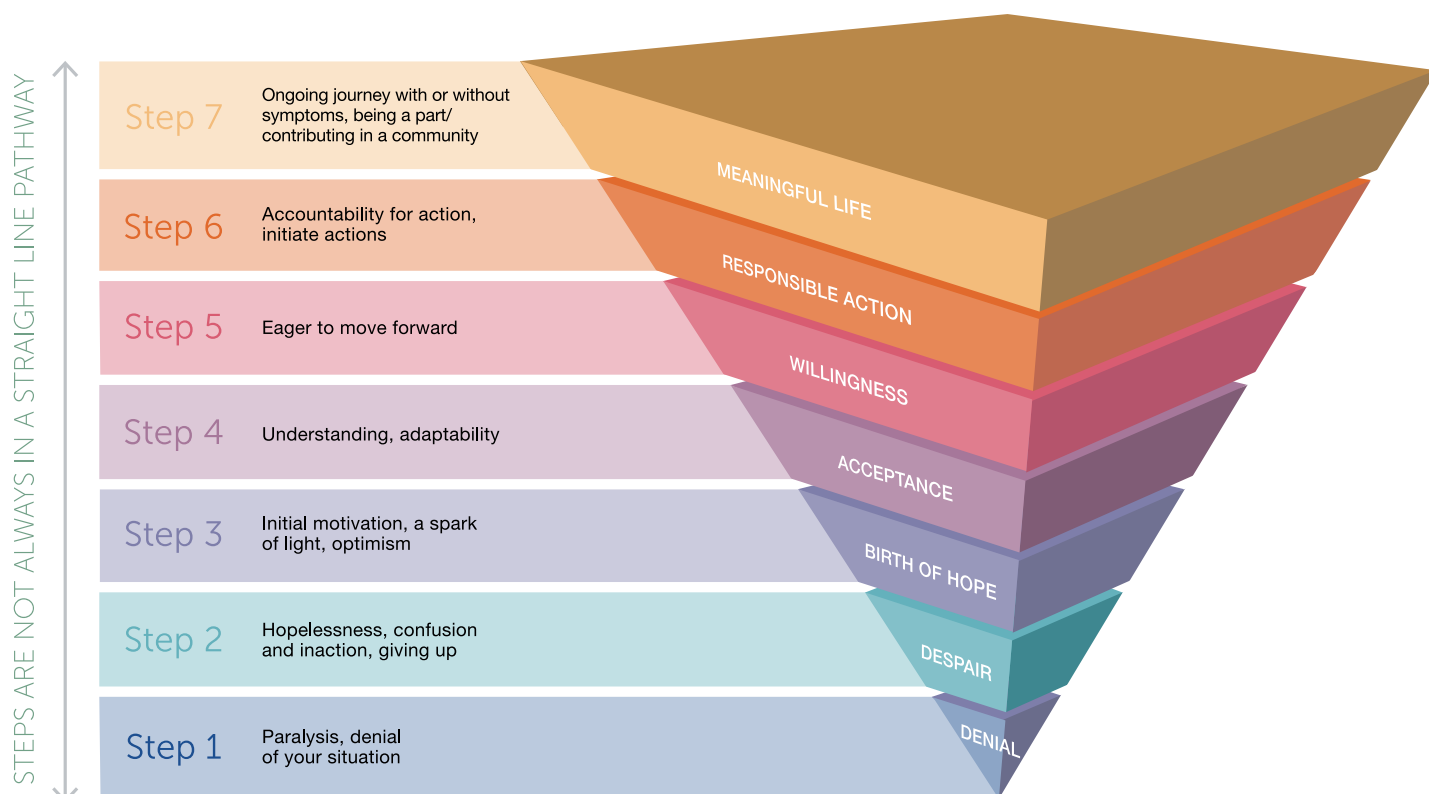
– The Patient Consulting Group has been developing Bob's Story, a DVD on the rights and responsibilities of a consumer at Thomas Embling Hospital. The focus of the DVD is to incorporate the principles of the *Mental Health Act 2014* into a consumer's journey at Forensicare. The consumer group involved has expressed anticipation and excitement about this project, which builds on Don't Come Back Jack a recovery story of a fictitious consumer's journey at Thomas Embling Hospital.

• Recovery Pyramid changes –

Forensicare's recovery model is presented in its recovery pyramid. The 'Recovery Pyramid' has been revamped with a new 3D appearance.

OTHER GROUPS WITH CONSUMER REPRESENTATION

- Consumer and Carer Leadership Committee
- Local Clinical Governance Committees
- Recovery Committee
- Safewards Project Working Group
- Trauma Informed Care Committee



CARER PARTICIPATION

Forensicare acknowledges that relationships between families, friends and carers play an important role in consumer recovery and that well-formulated and timely interventions can provide improved outcomes. This year carer participation has occurred in the following areas:

- incorporating a family and carer perspective in Ravenhall staff interviews
- delivering 'Working with families' training to nursing staff (23 in attendance)
- carer consultation on strategic planning for the lived experience workforce.

Carers are formally represented through the following groups.

FAMILY SENSITIVE PRACTICE 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 Forensicare's various sites. 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 2016–2017 include:

- feedback on the Family Recovery Assistance Plan for social workers to use in supporting family and carer wellbeing
- updating the Family Sensitive Practice Policy to include guidelines around family-sensitive practice

- development of wallet cards for families of community clients that include crisis and after-hours contact details
- input into our Recovery Policy
- input into the Death of a Patient policy to incorporate sensitivity to family and carer needs including notification processes and support offered.

OTHER GROUPS WITH CARER REPRESENTATION

- Consumer Carer Leadership Committee
- Recovery Committee



CONSUMER AND CARER FORUM

In Mental Health Week in October 2016, Forensicare's first Consumer and Carer Forum was held at Thomas Embling Hospital. More than 60 people attended including around 20 patients, carers, staff and members of the Forensicare board.

The forum included:

- the launch of the *Quality Account 2015–2016*
- highlights of Consumer and Carer Committee achievements over the preceding 12 months, with presentations by three consumers and a carer
- a question and answer session with the board and the executive where they answered questions from consumers and carers about matters impacting on consumers and carers across the organisation.

A barbecue lunch followed the forum, with attendees also enjoying the Thomas Embling Hospital Art Exhibition held to showcase the work of patients as part of Mental Health Week.

INTERPRETER SERVICES

Forensicare uses accredited interpreters to ensure consumers have access to information in their preferred language to facilitate communication and treatment. In early 2016 we adopted recommendations of an internal review into a serious incident in 2015 that recommended more frequent use of interpreters. In the past year we have worked hard to ensure we respond to consumers' cultural needs and increase our use of interpreters. Compared with last year, the number of episodes of use of interpreters across all of our sites increased by 224 per cent, and the number of hours of interpreter use increased by 210 per cent. The use of interpreters increased at Thomas Embling Hospital by 237 per cent.

In 2016–2017 we provided 80 patients/clients with 584 hours of interpreter services on 466 occasions (see Tables 1 and 2).

Table 1: Use of interpreter services, 2016–2017

Languages spoken	Number of Hours	Number of patients requiring interpreters	Episodes
Arabic	63.00	1	60
Auslan	27.50	4	13
Burmese	11.00	1	8
Cambodian	5.00	1	4
Cantonese	121.75	7	102
Hakha Chin	3.00	1	2
Greek	2.50	2	2
Italian	35.50	7	27
Karen	6.00	2	5
Kurdish	2.50	1	2
Kurdish (Feyli)	2.50	1	2
Macedonian	1.50	1	2
Maltese	1.00	1	1
Mandarin	36.25	8	29
Nepali	1.00	1	1
Persian	20.75	8	29
Russian	2.50	1	2
Serbian	1.50	2	1
Somali	35.25	1	24
Spanish	1.50	2	1
Sudanese	11.00	1	8
Swahili	9.50	4	8
Turkish	103.00	9	89
Vietnamese	79.00	14	58
Total	584.00	80	466

Table 2: Location of interpreter services, 2016–2017

Interpreting by location	Hours
Thomas Embling Hospital	392.75
Prisons	85.00
Community Forensic Mental Health Service	106.25
Total	584.00

DISABILITY ACTION PLAN

The *Disability Act* 2006 requires all Victorian public bodies to develop a disability action plan that addresses the following outcomes:

- Reducing barriers to people with a disability accessing goods, services and facilities
- Reducing barriers to people with a disability obtaining and maintaining employment
- Promoting inclusion and participation in the community of people with a disability
- Achieving tangible changes in attitudes and practices which discriminate against people with a disability.

In accordance with Forensicare's *Disability Action Plan* in 2016-2017 we have:

- supported Thomas Embling Hospital consumers transition to the National Disability Insurance Scheme (NDIS),
- celebrated patient achievements both internally and through the *Quality Account* 2015-2016
- considered the environmental needs of consumers when planning for the expansion of beds at Thomas Embling Hospital.

In the coming year we plan to review and update Forensicare's *Disability Action Plan*, following the launch of our new Strategic Plan.

SATISFACTION SURVEYS

THOMAS EMBLING HOSPITAL CONSUMER SATISFACTION SURVEY

Thomas Embling Hospital carried out its annual consumer survey in February 2017, yielding a 22 per cent response rate. The survey was designed in conjunction with the Consumer Advisory Group.

The hospital has maintained a strong response to the positive care and treatment plan findings from last year.

Staff have actively worked to improve patients' understanding the *Australian Charter of Healthcare Rights* in Victoria. Patients' knowledge of the Charter has increased by more than 20 per cent to 56 per cent over the past year. Information is provided in each unit, and patients are regularly asked at their care and treatment planning review if they understand and have knowledge of the Charter.

Opportunities for consumer involvement at the hospital are rated highly, with more than 80 per cent of respondents indicating a positive response and 83 per cent stating that they knew how to provide feedback. Only four patients endorsed concerns about fear of reprisal or fear of not being taken seriously.

Some 87 per cent of the respondents endorsed that receiving information and education about mental illness was important. Over 60 per cent requested that this information be provided in a one-to-one discussion to support their understanding, whereas 40 per cent preferred written information. This identifies opportunities to review how we provide information to patients.

Ideas were sought from the patients about how staff could improve their practice. A broad list of answers included suggestions on observing equality and fairness, having open conversations, and the importance of trust and being able to 'understand our point of view'. These suggestions have been taken on by staff at the unit level.

70%

of patients said their ideas and views were reflected in their care and treatment plan.

FAMILY AND CARER SURVEY

Thomas Embling Hospital carried out its annual family and carer survey in May 2017, yielding a 23 per cent response rate. The survey was designed through consultation with the Family Sensitive Practice Committee and a working group focusing on the questions to make the survey quick and easy to answer.

The bulk of the questions sought feedback about how families, carers and patients had been treated by staff.

The results of the survey provide the hospital with an important baseline. However, there is further work to be done on improving our liaison with families and carers. The respect for the role of carers was evident in the comments section at the end of the survey. Feedback identified that we need to improve how carers access information on the treatment of consumers and highlighted that this can be daunting and challenging for a family member or carer. These are barriers that the staff and managers are currently working to break down in partnership with families and carers.

87.5%

agreed with the statement 'I feel that staff in the Hospital have respected me and treated me with dignity'.

81.25%

agreed with 'I feel that I have been listened to by staff in the Hospital'.

68.75%

agreed with 'I have been consulted on the support that the person I care for, has been given'.

75%

agreed with 'The hospital has supported the person I care for, towards achieving their goals'.

50%

agreed with 'Hospital staff understand that my cultural and spiritual needs are important'.

COMMUNITY FORENSIC
MENTAL HEALTH
SERVICE CONSUMER
SATISFACTION SURVEY

100%

rated the service as good,
very good or excellent when asked
'Overall, how would you rate your
experience of care?'

The Community Forensic Mental Health Service undertook an annual 'snapshot' satisfaction survey of clients attending the clinic for individual service in November 2016.

The survey was originally developed in 2013 in consultation with the community Consumer Advisory Group. Six of the questions on the 2016 survey were carried over from previous years. An additional question, taken from the Your Experience of Service (YES) Survey, was added in 2016 in agreement with the Department of Health and Human Services.

Reception staff distributed the survey to clients. Forty-eight consumers of the approximately 180 clients who attended during this period completed the survey, a response rate of 27 per cent.

The survey results indicate that the services provided at the community service are maintaining a high level of satisfaction among consumers. Consumers from every program indicated that their experience of care was on average 'Very good'.

Qualitative comments reflected that consumers appreciate that the 'process is smooth' and that they are treated with warmth and respect by Forensicare staff.

Results of the consumer satisfaction survey are shown in Table 3.

Table 3: Results of the consumer satisfaction survey, 2016

Item	Score (0min-4max)
I was satisfied with the appointment process	3.6
The staff are welcoming	3.4
The waiting area is welcoming	3.2
The facilities are suitable	3.2
I felt heard during my appointment	3.3
I was treated with respect during my appointment	3.5
Overall, how would you rate your experience of care?	3.4

QUALITY AND SAFETY

CONSUMER AND STAFF EXPERIENCE

COMPLIMENTS AND COMPLAINTS

Forensicare welcomes and values feedback from consumers, carers and external stakeholders about our services as a means of monitoring and improving the care we provide. We work collaboratively with the Mental Health Complaints Commissioner to achieve outcomes for patients who complain about aspects of care.

During the year our Quality and Risk Manager assumed responsibility for managing complaints, compliments and suggestions to ensure feedback is more closely integrated with service improvement. We developed a consumer and carer feedback dashboard for our executive and board. This is compiled monthly to provide summary trending data and a more detailed examination of feedback.

The feedback process has also been modified to incorporate direct input from our senior consumer consultant to ensure the consumer perspective has been adequately addressed in the investigation and a response provided to each patient who has registered a complaint.

Table 4: Complaints, 2015–2016 to 2016–2017

Complaint – service location	Unit/program	2016–2017	2015–2016
Thomas Embling Hospital	Argyle	4	5
	Atherton	3	7
	Barossa	12	3
	Bass	1	2
	Canning	0	0
	Daintree	9	1
	Jardine	1	2
	Corporate	1	0
Prison services	Melbourne Assessment Prison	4	6
	Dame Phyllis Frost Centre	7	4
	Metropolitan Remand Centre	0	0
	Regional prisons	2	2
Community Forensic Mental Health Services		2	2
Total complaints received		46	34



Feedback received across the organisation from July 2016 to June 2017 included three formal compliments and 46 complaints, with 12 more of the latter than in 2015–2016 (see Tables 4 and 5 and Figure 2). We have erected colourful posters that encourage consumers, carers and stakeholders to make a contribution or comment about the care provided and welcome any increase in the feedback received.

Figure 2: Breakdown of complaints, 2016–2017

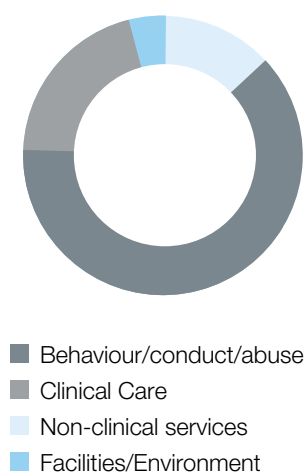


Table 5: Nature of complaints, 2016–2017

Feedback item type: Complaints	Number of complaints received	% breakdown of complaints received
Behaviour/conduct/abuse		
Within clinical scenario	4	
Towards others	2	
Total	6	13%
Clinical care		
Ongoing care/management	15	
Prescription/order/decision	3	
Access/admission	2	
Administration/treatment	3	
Assessment	3	
Exiting health care	2	
Preparation	1	
Total	29	63%
Facilities/environment		
Food/nutrition/diet	2	
Lost/missing/theft	3	
Equipment/device/consumable	3	
Facilities/plant/systems	1	
Total	9	19.6%
Non-clinical services		
Information access/provision	1	
Administration	1	
Total	2	4.4%
Total complaints	46	

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

PEOPLE MATTER SURVEY

Every year Forensicare participates in the People Matter Survey conducted by the Victorian Public Sector Commission. In 2016, 134 staff members took the opportunity to have their say, which represented a response rate of 28 per cent.

86%

of respondents agreed that their workgroup strives to achieve customer satisfaction.

69%

of respondents agreed that our culture and practices support patient safety.

63%

of respondents agreed that Forensicare does a good job of training new and existing staff.

89%

of respondents agreed that Forensicare provides high-quality services to the Victorian community.

96%

of respondents agreed that their work was important.

82%

of respondents agreed that they are encouraged by their colleagues to report any patient safety concerns.

72%

of respondents agreed they were satisfied with their job.

33%

of respondents agreed they were uncertain about recommending a friend or relative to be treated as a patient, with a further 15% disagreeing to recommending a friend or relative being treated. We believe this response speaks to the unique nature of the forensic services we provide in contrast to other public health services.

IMPROVING SAFETY FOR STAFF

During 2016 significant work was undertaken to address occupational violence and aggression. Forensicare wants to see a change in the reporting of occupational violence and aggression. Often in forensic mental health settings clinicians and support staff believe verbal abuse and aggression is part of what they have to put up with. We are trying to address this belief and change the reporting culture. A video using Forensicare staff emphasised the importance of reporting occupational violence and aggression. The video, which has been well received, is now used in staff orientation and is available across the organisation on our intranet. For data on occupational violence and aggression at Forensicare, see the 'Safety' section.

All Forensicare staff have been invited to attend training sessions to support the newly launched *Respectful Workplace Conduct* policy. These sessions are designed to brief staff members on the policy content and to skill them to identify and report behaviours that would constitute a breach of the policy. A major focus of this process is to eliminate workplace bullying. In addition, all new employees attend a full-day organisation-wide orientation program that includes detailed information on the policy and the procedures in place relating to workplace bullying and harassment.

All new managers take part in the Manager Induction program. This five-day program has been reviewed and now includes practical sessions on identifying and dealing with inappropriate conduct including workplace bullying.

ACCREDITATION

Forensicare is currently accredited until November 2019 against the EQulP National Standards and National Standards for Mental Health Services. In December 2016 the board and executive decided to move from the EQulP program to assessment against the National Safety and Quality Health Service Standards. The three-year cycle for these standards began in 2017, with a progress report due in November 2017 and an organisation-wide survey scheduled for November 2018.

The one recommendation received in the 2015 survey related to access to compulsory acute mental health care at Thomas Embling under the Victorian Mental Health Act. Since accreditation we have been working with the Department of Health and Human Services and the Department of Justice and Regulation to construct a new eight-bed secure psychiatric intensive care unit and 10 infill beds – both scheduled for completion in March 2018. The Department of Health and Human Services has also confirmed funding to purchase land to develop a new secure forensic mental health facility.

We have also been continuing to review our own systems for patient flow and have created an Access Flow Committee and two dedicated bed flow positions – one located at Thomas Embling Hospital and one at Melbourne Assessment Prison – with the aim of providing more timely access to compulsory treatment.

ADVERSE EVENTS

During the 2016–2017 financial year there was one category 1 event, which was a death by suicide in custody of a patient at the Melbourne Assessment Prison. The event occurred in June 2017, and an incident review team from Forensicare has completed an in-depth review, with recommendations focusing on increasing the robustness of risk assessment and documentation processes.

There were 14 category 2 incidents reported, seven of which related to clinical deterioration requiring transfer to an emergency general hospital setting. The remaining seven included incidents of patient-to-patient aggression, patient-to-staff assault, suspected intentional overdose and mental state deterioration of a patient on extended leave.

Each serious incident which occurs is subject to an in depth review. This review process has generated many recommendations to improve systems and processes to try to reduce future occurrence. Examples include review and renewal of clinical governance structures, review of the model of care for the organisation, and review of the style and content of policy and procedure documents.

The process for reviewing serious incidents has also recently been revised, with clearer guidelines detailing composition of review panels, timeframes for review and the adoption of a standardised template to focus review content. The updated process also highlights the importance of recommendations being fed back to staff at the point of care and to consumer and carer representatives, and incorporates mechanisms to ensure this occurs.

SAFETY

MEDICATION SAFETY

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

- monitoring the safety and quality of medicine use across the whole service
- ensuring that staff with the competence and authority to do so can prescribe, dispense and administer medicines
- implementing interventions to improve the safety and quality of medication practice
- encouraging reporting of incidents
- managing adverse drug reactions and responding to medication incidents, thereby ensuring feedback and oversight at the point of care
- establishing medication safety reviews quarterly
- informing staff about medicine use issues and disseminating policies to clinical staff.

There has been a revamp of the membership and terms of reference of the Medication Safety Committee in the year 2016-2017. This is in keeping with increased focus on quality and safety in Victorian health services as emphasised by *Targeting Zero* ('Duckett Review').

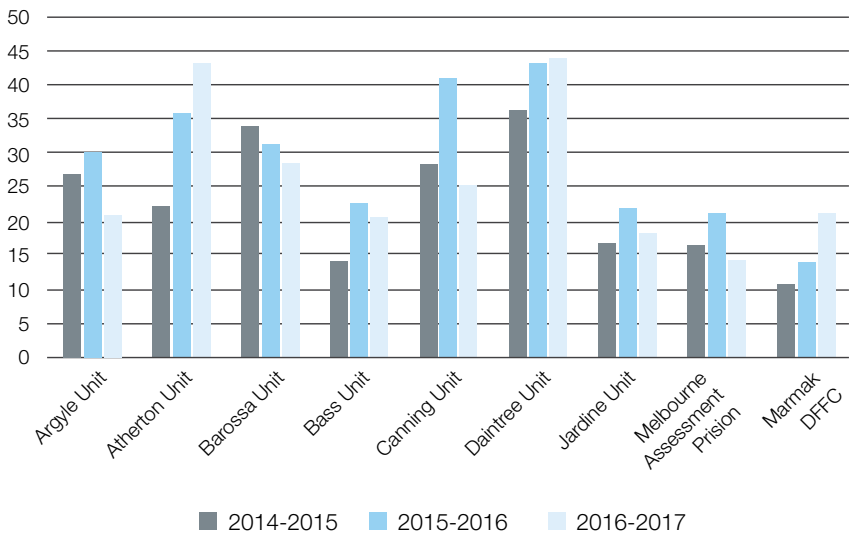
The membership of the committee is drawn across multiple disciplines of the organisation and includes members from the prison services. We are working to ensure that this committee draws from the experiences of the wider clinical governance structure of the organisation and the consultant psychiatrist body. This is to ensure that strategies identified have greater acceptability and accountability throughout the organisation.

The committee over the last year has focussed on staff training (especially for new staff) to help them familiarise with the processes and to reduce errors related to prescribing and dispensing. There is an increased focus on creating and updating guidelines based on new scientific research, especially for drugs that have potential for serious side effects like Clozapine and other antipsychotic medication.

The committee has also encouraged staff to conduct several new audits in areas such as education of patients in medication safety, monitoring of potential side effects and improving medication management by patients themselves, thus ensuring that practices are at internationally accepted standards. There has also been an increased focus on updating policies and procedures of the organisation based on recommendations from professional bodies such as Royal Australian and New Zealand College of Psychiatry (RANZCP).

The Medication Safety Committee reviews all reported medication errors. Figure 3 shows the number of reported medication errors for each unit over the past three financial years.

Figure 3: Reported medication errors, 2014–2015 to 2016–2017



CONSUMER STORY: MY PERSONAL EXPERIENCE WITH MEDICATIONS AND ITS IMPORTANCE TO ME

I've been put through a lot of different medications since I was diagnosed with schizophrenia. It hasn't been pleasant. At a certain stage I was locked in brainwashed mode that it was a 100 per cent negative. This was mostly rebelling against side effects, as a human with feelings would. But as I gradually learnt, lack of time as an inpatient meant lack of insight. The problem is I wanted a quick easy fix medication, but it doesn't exist. My stable mental state is a long-term treatment process but I wanted it rushed and quick, which is how accidents and mistakes come about.

As I look back at my hospitalisations history even before [Thomas Embling Hospital], I realise that there is a pattern. Each time I've been hospitalised is because I've decided, 'stuff the meds' or mixed it with drugs or alcohol, resulting in me making bad decisions. I learnt that under the influence of drugs or alcohol I'm vulnerable to making bad decisions. The same thing can happen to my decision making when I am unwell, off my meds and vulnerable under the influence of the symptoms of schizophrenia.

Coming up with excuses each time to justify my mistakes seems not so funny when I look back because I thought it was everyone else's fault but mine. What is relevant is seeking and accepting help and never being ashamed of it. I now think about medication, what is a few minor side effects that I can live with, compared to a stable mental state and making clear minded decisions not resulting with me in trouble? If you have put in your body something that causes you to be vulnerable in an unclear state of mind resulting in bad choices, seek help and accept help earlier rather than later like myself, regrettably.

Once is an accident, twice is a mistake, three or more times is more likely to be a repetitive cycle of in and out of the system like my history. An accident once is all it can take to make a mistake so harsh even remorse won't be enough. Take the chance you have if you don't want to experience or repeat the same cycle as myself. The right and suitable medication for me is risperidone. I am on it and it is more effective for me personally and my diagnosis of schizophrenia. It is best not mixed with drugs and alcohol. It has minor side effects on me personally that I can live with and adjust to, compared to others I've been on. In times of need my dose can be adjusted if my doctor agrees. It keeps my mental state stable and I make better judgements when making decisions.

Keeping well on meds for me means I can fully enjoy everyday things like TV, music and socialising, focusing on practical tasks and fully giving my attention to my family without any disturbances. The stress level I experienced in [Thomas Embling Hospital] is much lower than the stress in the real world, along with the drug and alcohol-free policy. This made the process of my rehabilitation clear to me and I was aware of what was happening to me and asking questions if I didn't understand, which is important to me.

Each time I've been hospitalised or arrested is because I had problems with alcohol or sniffing paint or weed or anger problems or unhealthy ways of dealing with stress or not taking my medication, all of which resulted in me making bad decisions. That is why I ended my cycle with the system and I accepted help with dealing and coping with all of them. The hospital rehabilitation opportunity for me meant I wasn't rushing anywhere with all the time on my hands. If you have any questions or issues with medication I suggest you bring it up at your next doctor catch up. I hope my personal experiences with medication helped you in some way. Remember: prescribed psych drugs a day keeps the problem away.

PREVENTING FALLS AND HARM FROM FALLS

Minimising the potential for falls, trips or slips remains an important component of our overall health and safety strategy. Assessments continue to indicate that the significant majority of our patient group (86 per cent) are at a low risk of falling. We have strengthened referral and assessment pathways for patients to access physiotherapy, dietetics and occupational therapy, reducing the likelihood of repeated falls.

Fifty-one falls were reported across all clinical sites between July 2016 and June 2017, of which 56 per cent were concentrated on Canning Unit. This is reflective of the concentration of older patients on that unit, although the rate of falls was approximately 0.003/1000 bed days – significantly lower than the national inpatient average.

Six-monthly audits of falls and falls risk assessment compliance across all clinical sites indicate that there is between 10 and 12 per cent of consumers at medium or high risk of falls. Equipment prescribed in the last 12 months includes walking sticks, a wheelchair and walking frames, which have contributed to keeping frequency and severity of falls low.

As a result of the most recent falls audit, a number of initiatives have been added to the evolving practice of falls prevention and reporting:

- In the coming year we will identify 'falls champions' on each unit to provide support and training to specific staff and assist in overall accountability.
- Falls risk assessment will be incorporated into all clinical review meetings and include reporting prompts in the electronic medical record.
- We are delivering unit-based education sessions focusing on the falls policy and specifically on the frequency of reviews that are required according to the classification of falls risk.
- Patients at low risk of falls are being encouraged to practice falls prevention measures such as wearing closed-toed shoes and keeping floors free from hazards.

HAND HYGIENE COMPLIANCE

Forensicare has an established hand hygiene program that is consistent with the National Hand Hygiene Initiative and the National Safety and Quality Health Services Standards.

Currently Hand Hygiene Australia does not recommend routine hand hygiene compliance auditing as an outcome measure in mental health settings but recommends using other program evaluation tools. In line with this recommendation, Forensicare measures hand hygiene compliance against rates of online training completion by clinical staff and conducts environmental audits that include product placement and availability. All staff are required to comply with directives to support the reduction of healthcare-associated infections through hand hygiene.

Forty-three per cent of clinical staff completed hand hygiene training in 2016–2017 compared with 82 per cent of all staff completing hand hygiene training in 2015–2016.

On 5 May 2017 promotional activities were held across the organisation to acknowledge the World Health Organization Hand Hygiene Day. This activity has become established practice at Forensicare and includes active patient involvement.

RATE OF HEALTHCARE WORKER IMMUNISATION – INFLUENZA.

Forensicare actively promotes seasonal influenza vaccination and encourages all staff to take advantage of this important measure to prevent flu and its complications. Each year Forensicare runs a comprehensive program to provide staff with the opportunity to be vaccinated against the virus. In the delivery of the Flu Vax Program, standards are maintained according to directives of the Chief Health Officer of Victoria, and accredited nurse immunisers coordinate and administer the vaccinations.

Over the past five years there has been a steady increase in uptake of the vaccine from 44 per cent of total staff numbers in 2013 to 62 per cent in 2017.

Forensicare also recognises the importance of protecting patients from the flu virus and its complications, promoting the benefits of the flu vaccine to patients every year.

Responsibility for ensuring patients are offered and receive the vaccine rests with the general practitioner and practice nurse in consultation with the psychiatric registrars assigned to each unit.



AGGRESSION AND OTHER BEHAVIOR-RELATED INCIDENTS

Details of incidents of aggression are extracted from the statewide electronic incident report system – the Victorian Health Incident Management System. The information can only be considered indicative given the many variables that impact on the full and accurate reporting of data.

A comparison of data between 2015–2016 and 2016–2017 indicates an overall increase of approximately 17 per cent in the incidence of aggression across Forensicare. Acts of physical aggression have risen by 72 per cent, with a 167 per cent increase for the Barossa Unit (10-bed women's unit comprising both acute and subacute patients). The increase on the Barossa Unit is largely attributable to one patient who was responsible for 86 per cent of the incidents. This patient has frequently spent long periods of time in seclusion, and staff on the unit have worked hard to provide care in the least restrictive environment for this patient reflecting a trauma-informed care and a recovery-oriented approach. The Barossa Unit has a robust reporting culture where staff diligently report all incidents. Forensicare acknowledges the efforts of our staff on this unit to work with this patient on her recovery and note the impact this work has on the patient and staff.

Overall incidents of verbal aggression across Forensicare have fallen by 17 per cent, while the incidence of property damage has increased by seven per cent (see Table 6).

Table 6: Clinical aggression incidents

	2016–2017	2015–2016
Physical		
Argyle	93	65
Atherton	92	90
Barossa	270	101
Bass	11	6
Canning	39	15
Daintree	3	2
Jardine	0	0
Acute Assessment Unit	4	4
Marrmak	29	31
Total	541	314
Verbal		
Argyle	89	70
Atherton	112	88
Barossa	34	74
Bass	23	34
Canning	77	108
Daintree	8	36
Jardine	1	3
Acute Assessment Unit	2	7
Marrmak	21	25
Total	367	445
Towards property		
Argyle	27	18
Atherton	21	26
Barossa	6	12
Bass	2	3
Canning	11	12
Daintree	1	4
Jardine	0	0
Acute Assessment Unit	2	3
Marrmak	15	13
Total	85	91
Total incidents	993	850

Forensicare has been actively encouraging staff to report incidents, especially focusing on the importance of reporting any incident of aggression towards staff – both physical and verbal. The reported number of incidents involving either verbal or physical acts of aggression towards staff has increased by 50 per cent. The increase in reported incidents may be partly attributed to staff being more prepared to report incidents, rather than simply the result of an increase in aggressive behavior. The distinction between the two types of aggression is also arbitrary, as often aggression may involve both physical and verbal aggression, as well as property damage. Nevertheless, the results indicate that aggression continues to be a major issue of concern.

OCCUPATIONAL HEALTH AND SAFETY AGGRESSION INCIDENTS

Incidents that involve aggression directed towards staff are a sub-set of the incidents above and are also reported in our Occupational Health and Safety (OHS) Incident System. This year we have made changes to our incident reporting system to make it easier for staff to lodge OHS incidents when there are clinical incidents.

All incidents are reviewed to identify learnings or changes required. In the coming year we will put on more staff in the acute units to increase therapeutic engagement and reduce aggression incidents. We encourage and support staff to report assaults to police and have changed our approach to ensure this occurs in a supportive way.

Increases in the level of aggression at Thomas Embling Hospital (like increases in the use of restrictive interventions) are, to an extent, attributable to the period of time prisoners wait, unmedicated, before admission to Thomas Embling Hospital. A high number of the incidents of physical aggression relate to one particularly unwell consumer.

Table 7 shows the breakdown of incidents of aggression towards staff for the past three years from our OHS Incident System.

Table 7: Incidents of aggression towards staff, 2014–2015 to 2016–2017

	2016–2017	2015–2016	2014–2015
Physical aggression	107	91	38
Verbal assault	36	50	39
Total	143	141	77



RESTRICTIVE INTERVENTIONS

In 2016–2017 we took the following actions at Thomas Embling Hospital to reduce the use of restrictive interventions:

- reviewed our policies and procedures
- delivered training in the use of the Dynamic Appraisal of Situational Aggression tool (an online module for this training is also in development)
- continued to implement Safewards on the Canning Unit
- delivered Modules 1 and 2 of Trauma Informed Care training with a consumer representative on the working group
- continued Restrictive Intervention Reviews (RIR).
These reviews examine each use of restrictive interventions with a multidisciplinary team and use the Model of Inpatient Aggression as a framework. The RIR process also acts as an audit for restrictive intervention practice. It examines the restrictive intervention event and involves reflection of the incident and a review of the patient's clinical care.
- began a project to develop suitable benchmarks for forensic services across Australia and New Zealand to use restrictive interventions.

SECLUSION RATES

During 2016–2017 the average duration of seclusion at Thomas Embling Hospital changed due to changes in the practices for ceasing seclusion.

While the average duration of seclusion decreased from the average in 2015–2016, the number of episodes per patient increased (this is reflected in the 'seclusion rate' data in Table 8).

The decrease in the average duration of seclusion on the Barossa Unit can be attributed to assertive steps to reduce the periods of seclusion for one consumer with complex presentations.

The increase in the average duration of seclusion in the Canning Unit was related to one period of care for a patient who was acutely unwell.

In 2016–2017 the rate of seclusion was 21.10, which is higher than the statewide target of 15.00. However, when the patient who has had prolonged seclusion is excluded from the data, the rate of seclusion is under the statewide target at 12.88. In 2015–2016 our seclusion rate was 9.64.

Table 8: Average duration of each episode of seclusion (days:hours:minutes), 2012–2013 to 2016–2017

Unit	2016–2017	2015–2016	2014–2015	2013–2014	2012–2013
Argyle	2:08:38	3:13:42	2:02:33	3:01:43	2:11:32
Atherton	3:03:56	3:06:22	2:05:16	2:15:28	1:22:40
Barossa	1:12:05	6:20:13	2:04:41	1:10:24	1:08:12
Bass	0	0:08:26	0:13:31	1:12:32	0
Canning	1:08:07	0:14:13	0:15:22	2:23:03	2:10:01
Average all units	2:04:13	4:04:36	2:03:19	2:13:17	1:23:28

QUALITY IMPROVEMENT – CLINICAL MENTAL HEALTHCARE

BEST CARE AT THE COMMUNITY FORENSIC MENTAL HEALTH SERVICE

Leading thinkers on quality and systems in health organisations emphasise the notion of bringing best care to the point of service delivery on every occasion to ensure optimal consumer experience.

Beginning in December 2016 our community service engaged in an extended process of staff and consumer consultation and design to create a 'best service' framework to guide our activity.

The framework sets out the elements we aspire to from each of the perspectives of clients, families, frontline staff, managers, team leaders, senior managers and clinical leaders. It brings clinical governance to the forefront of every client interaction.

Having developed this framework, the next steps are to embed it in broader processes including staff performance and program guidelines, then to find ways to make ourselves accountable by measuring performance against the framework. The aim is a consumer experience of safe, effective and responsive service across all programs at all times.

COMMUNITY FORENSIC MENTAL HEALTH SERVICE BEST SERVICE



CLIENTS & FAMILIES – to receive best service:

We are provided with information about the service and what to expect.
We receive care in a safe and welcoming environment.
We feel heard in our interactions with staff.
We receive honest feedback and clear communication.
We receive support in making choices regarding our situation.
We are able to be open with staff and do not feel judged.
We are active with staff in setting and working towards clear goals.
We are supported to learn, grow and recover.



FRONTLINE STAFF – to provide best service:

We treat clients with respect through communicating in a clear, empathic, non-judgmental and honest manner.
We embody a sense of optimism and work with clients to set realistic goals.
We empower clients to work collaboratively with us and participate in their own recovery.
We support clients in 'positive risk taking' to achieve their goals.
We work across professional disciplines, using evidence based assessment and treatment interventions.
We engage in professional development, reflective practice and continuous learning.
We maintain our duty of care to clients and to the community.
We liaise effectively with other services to provide coordinated care, and exchange information consistent with principles of privacy and confidentiality.



MANAGERS & TEAM LEADERS – to lead best service:

We support clinical teams to provide care that champions learning, growth and recovery for our clients.
We ensure that clients remain at the centre of decision making.
We guide our staff with skill and fairness to ensure high quality professional practice.
We promote a culture of professional conduct, reflective practice and continuous learning.
We communicate clearly and provide regular feedback to staff.
We promote safe work practices.



SENIOR MANAGERS & CLINICAL LEADERS – to oversee best service:

We ensure the development and improvement of systems supporting service delivery.
We make decisions and support their implementation in ways that maintain and promote the integrity of clinical outcomes.
We listen and respond to the needs of our staff and acknowledge their contributions.
We communicate effectively and regularly with staff, and convey a clear vision for the organisation.
We promote a collaborative environment where positive outcomes for clients and the community is at the forefront of our organisational culture.
We represent the organisation to external stakeholders, and advocate for resources and conditions that enable success.

QUALITY IMPROVEMENT – CONSUMER AND CARER ENGAGEMENT IN MENTAL HEALTHCARE

SAFEWARDS

Safewards is an evidence-based model that was developed in the United Kingdom 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 or 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 the Canning Unit at Thomas Embling Hospital at the beginning of 2016.

SAFEWARDS OPEN DAY

On 8 March 2017 Canning Unit hosted an open day to celebrate 12 months since the implementation of Safewards. To anyone's knowledge, this is the first event whereby staff and patients from all areas of the hospital were invited to come together in another unit for a social event.

More than 80 people attended. The Canning community decorated the unit, showcasing many examples of Safewards interventions. Of much interest was the 'message tree', which held a collection of thoughts from Canning patients and staff about Safewards. There was overwhelming support for Safewards in these messages, portraying Safewards as a welcome, robust and practical model that can improve the physical, social and emotional climate of mental health inpatient units.

Those who attended had the pleasure of hearing from one of our Safewards patient representatives, who, as always, provided a very clear description of the concept behind the Safewards model and the associated practice interventions. This presentation and the continued involvement of our other patient representatives is just one example of how Safewards enables patients to influence positive change in the forensic mental health setting. The patient representative's commitment to and belief in the Safewards model was summed up in his final comment: "I could talk about Safewards all day".

Following the patient representative's presentation, we heard from Jo Ryan, Director of Nursing, who was able to share with us some of the preliminary findings from the research that she and Tess Maguire, Clinical Nurse Consultant, are undertaking.

These findings suggest that Safewards has the potential to positively influence staff-to-patient and patient-to-patient relationships. Tom Dalton, CEO, completed the formalities with some very positive thoughts of his own on Safewards based on the changes he has observed when visiting the unit and speaking with the staff and patients from the Canning community.

The celebrations continued following the presentations. A positive and energetic vibe was felt as staff and patients enjoyed conversations with each other, partaking in refreshments and considering ways in which we can sustain Safewards in Canning and establish the model in other areas of the hospital. A patient from another unit asking 'Can we do Safewards in our ward?' reinforced that we have a common goal to make mental health treatment settings more peaceful and positive places to be.



CONSUMER STORY: MY EXPERIENCE AS A SAFEWARDS REPRESENTATIVE

I've been Safewards representative over a year on Canning. My experience on Safewards was hard at the beginning, but it's better now. The hard thing about it was getting the patients to understand and accept Safewards, but eventually some of the boys started to accept Safewards.

Me and other representatives had big help from Colleen, the practice development nurse. It was introduced to us by the first five interventions: clear mutual expectation, soft words, mutual help meetings, know each other and positive words. This continues for a few months and then they introduce the last five interventions: talk down method, bad news, mitigation; calm down methods, reassurance and (positive/discharge) messages.

My role also included being an intervention leader at mutual help meetings and [to provide] reassurance. Once a month we have a project meeting; this includes me, the other patient representative and other nurses. We talk about issues and difficulties from the intervention to see what we can improve or have any ideas.

My experience of Safewards altogether was remarkable – helping the staff to promote safe and calmer words and to reduce conflict and containment. It is a great achievement for me that Safewards is now up and running for implementation on Bass and Daintree Units.

CONSUMER QUOTE:

'Makes it more of a community feel, patients being able to see staff as humans rather than just a nurse or social worker.'

STAFF MEMBER:

'Gives patients more of a voice. Patients are safe to raise their concerns with others...'

WHERE THERE'S
A WILL THERE'S
A WAY!
O

Safewards evaluation

The Safewards model provides a framework to examine events known in the model as conflict (events that threaten staff or patient safety such as verbal abuse, physical aggression, self-harm, suicide, absconding) and containment (things staff do to prevent conflict events from occurring or minimising the potential harmful outcomes such as increased observations and restrictive interventions).

Canning Unit was identified as an ideal unit for Forensicare to introduce the model and interventions, evaluate the implementation, and add to the literature on Safewards in a forensic setting. The project introduced the Safewards model to the unit using the same 10 interventions that were subject to a randomised controlled trial in the United Kingdom. Approval to evaluate the project was granted by the Forensicare Operational Research Committee and the Swinburne Human Research Ethics Committee.

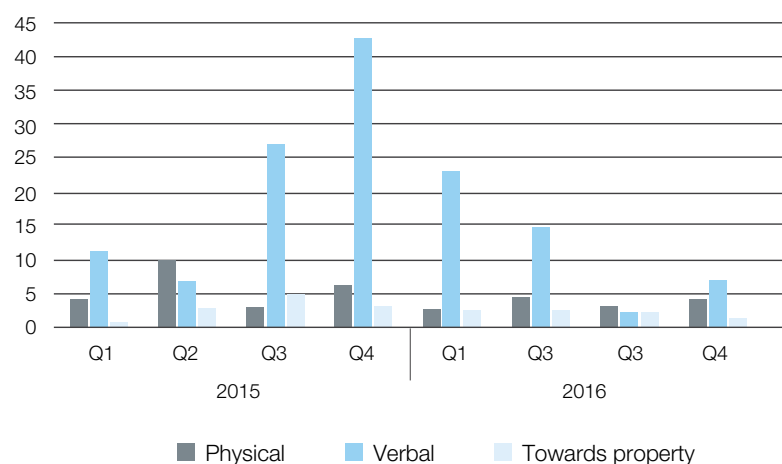
The evaluation aimed to determine if there was any reduction in conflict and containment events following the introduction of Safewards. The evaluation also examined if there were any changes to the ward atmosphere.

Incidents

Preliminary analysis from the first year of implementation on Canning Unit suggests there has been a reduction in conflict events and no change to containment events (noting that containment rates have historically been low on this particular unit).

When examining incident reports for physical aggression, verbal aggression and aggression towards property (see Figure 4) there were more events in total in the year prior to introducing Safewards.

Figure 4: Incident reports for aggression, 2015 and 2016



Ward climate

The Essen Climate Evaluation Schema (EssenCES) (2007) was administered before implementing Safewards and readministered after implementation. The EssenCES is a user-friendly, quick and valid measure of ward atmosphere.

There are three domains covered:

- **Patient cohesion** – the extent to which patients support each other at times of difficulty.
- **Experienced safety** – the degree to which the environment feels safe.
- **Therapeutic hold** – the extent to which patients feel staff develop a therapeutic alliance with them.

There were significant changes in the perception of ward climate for both staff and patients on Canning Unit. The introduction of Safewards enhanced feelings of safety and enhanced communication among the Canning staff and patients, and there was a more positive culture for patients (see Figure 5) and staff (Figure 6).

Findings

The involvement of the two consumers as Safewards champions was invaluable to the project. They brought enthusiasm, feedback for staff on the implementation, and provided a lived perspective that greatly assisted with the engagement of all Canning consumers.

There appears to be clear benefit from introducing Safewards into a medium- to long-term forensic mental health unit, particularly in relation to positive changes in the perception of ward atmosphere. Safewards will continue to be rolled out across two more units at Thomas Embling hospital in 2017–2018.

Figure 5: Ward climate before and after Safewards – for patients

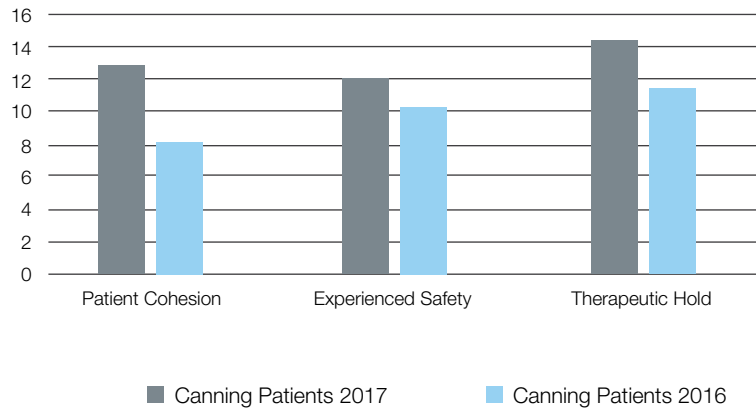
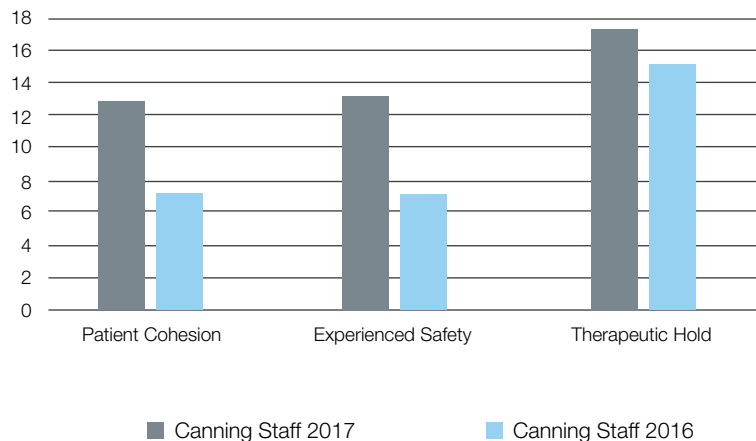


Figure 6: Ward climate before and after Safewards – for staff



ADVANCE STATEMENTS FOR EFFECTIVE RECOVERY JOURNEYS

The Mental Health Legal Centre (MHLC) provides a free and confidential legal service to anyone who has experienced mental illness in Victoria where their legal problem relates to their mental illness. At Thomas Embling Hospital, the MHLC provides an in-reach legal service to assist with civil matters through legal advice, representation and education, all of which aims to ease the transition of patients into the community.

The types of services provided may relate to fines and infringements, child matters, Victims of Crime Assistance Tribunal applications, credit and debt issues, and assistance with property and tenancy affairs. On top of this legal access, the MHLC also provides a special legal clinic at the hospital on the topic of Advance Statements for Effective Recovery Journeys. This is a project designed to improve the use of advance statements by mental health consumers and includes training for mental health practitioners in response to the *Mental Health Act 2014*.

The initiative empowers and gives voice to the consumer perspective, as well as fostering a shared understanding with treating teams around the circumstances by which consumers become unwell, allowing the consumer to be at the forefront of planning in responding to these situations. So far 10 advance statements have been signed at Thomas Embling Hospital, with a further three in progress, and more projected for the near future. Hospital patients are being assisted with five other current matters across the units in relation to family law, Centrelink pension claims/reviews and Mental Health Tribunal hearings. The uptake and response within Thomas Embling Hospital to MHLC assistance and input has been resoundingly positive, with combined planning and partnership towards successful consumer outcomes set to continue for the future.

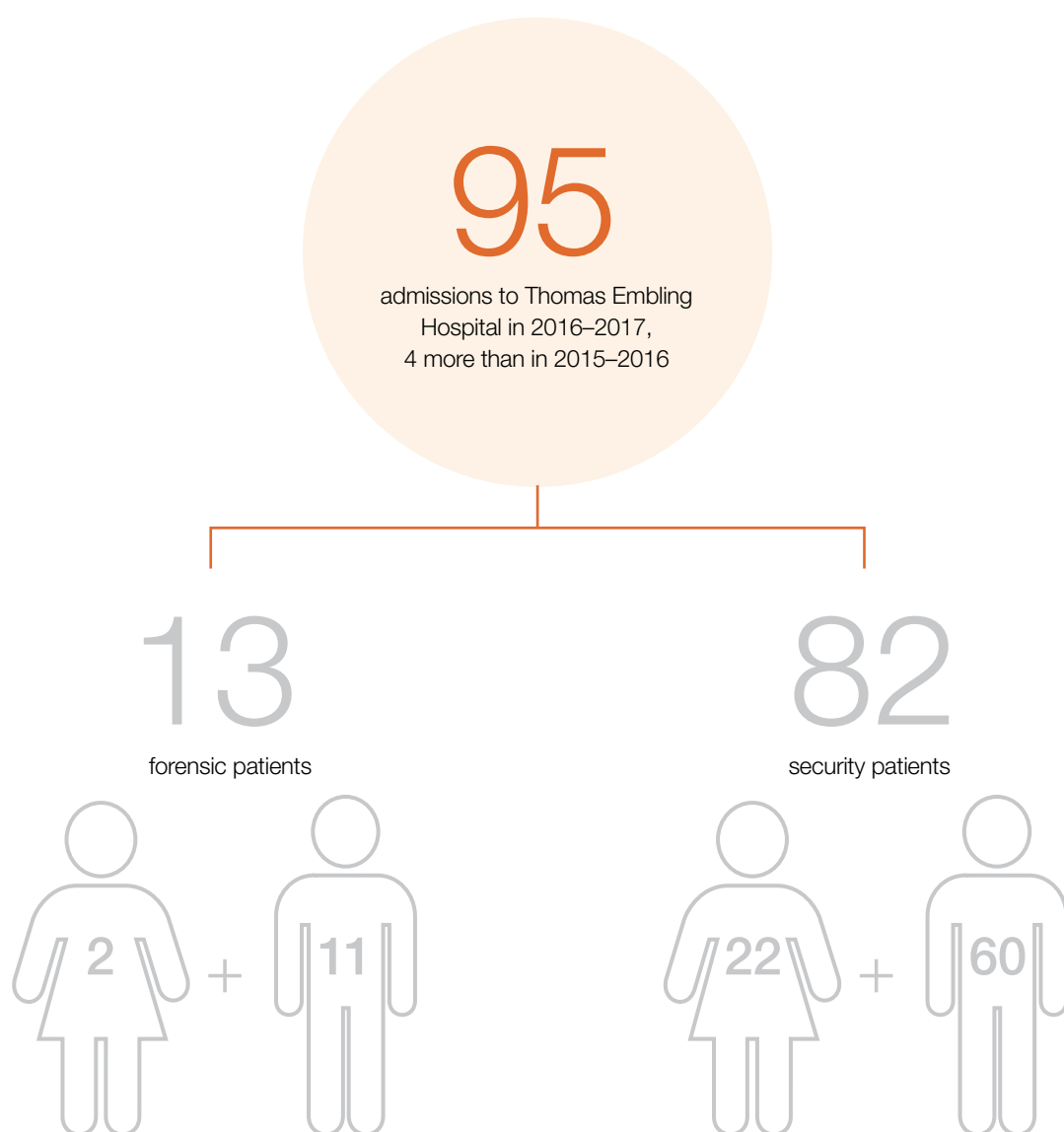
ACUTE ASSESSMENT UNIT – MELBOURNE ASSESSMENT PRISON

During the year we have introduced a refreshed community meeting format. These are chaired by a consumer and focus on empowering consumers to discuss successes and challenges.

We have introduced a paper-based feedback tool to enhance consumer engagement in the clinical review process that our staff use for weekly care planning. Consumers are encouraged to record requests or thoughts they feel the team should consider when planning their care.



CONTINUITY OF CARE



ADMISSIONS TO THOMAS EMBLING HOSPITAL

ACCESS

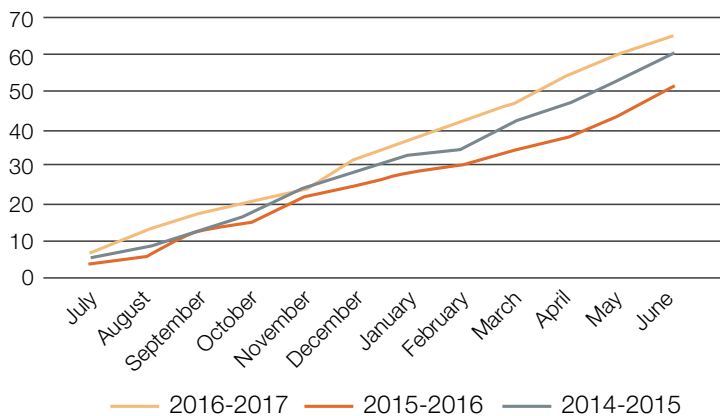
Access to compulsory treatment at Thomas Embling Hospital for prisoners has continued to be one of our highest priorities. To increase access to treatment, we instituted a policy of transferring three prisoners per week to Thomas Embling Hospital and accepting a similar number of patients each week back to the Melbourne Assessment Prison. This policy has been difficult to achieve and has faced challenges, but we have been determined to consider new ways of managing access to services in the face of ongoing shortages of hospital beds for those most in need.

In addition, funding from the Department Health and Human Services allowed us to establish an access flow coordinator position. The focus of this position has been on improving systems for moving patients between prison and hospital forensic mental health beds. Funding from the Department of Justice and Regulation has also enabled new positions at the Melbourne Assessment Prison to care for prisoners who are waiting for transfer.

In 2016–2017 we admitted 71 male patients to Thomas Embling Hospital, which included 60 security patients. This was a 15 per cent increase in the number of male security patients we admitted in 2015–2016 and an eight per cent decrease in the number we admitted in 2014–2015. However, it should be noted that in 2016–2017 we had fewer available beds to admit security patients to than we did on 2014–2015 due to the five per cent increase in the number of forensic patients.

Figure 7 shows the cumulative number of admissions of male security patients to Thomas Embling Hospital over the past three years.

Figure 7: Cumulative number of admissions of male security patients to Thomas Embling Hospital, 2014–2015 to 2016–2017



WAIT TIME FOR ADMISSION

In 2016–2017, on average, male prisoners who were admitted waited 38.85 days from the date of certification to be admitted to Thomas Embling Hospital.

Figure 8 shows the number of days between certification of male prisoners and their admission to Thomas Embling Hospital.

AVERAGE LENGTH OF STAY IN THE ACUTE UNITS AT THOMAS EMBLING HOSPITAL

As a result of the initiatives to increase patient flow at Thomas Embling Hospital, this year the average length of stay in the acute units of the Thomas Embling Hospital decreased to the lowest levels in the last five years (see Table 9).

Figure 8: Days between certification of male prisoners and their admission to Thomas Embling Hospital

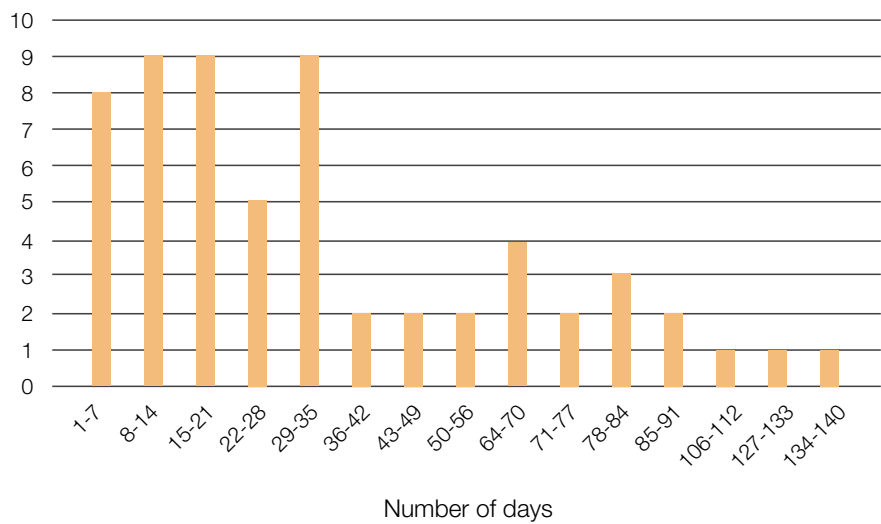


Table 9: Average length of stay, acute units, Thomas Embling Hospital

Unit	2016–2017	2015–2016	2014–2015	2013–2014	2012–2013
Argyle	91.23	131.35	108.8	93.5	101.7
Atherton	69.33	185.35	128.3	109.5	76
Barossa	50.91	64.08	42.5	62.9	83
Total	72.29	134.09	92.3	90.6	87

CONSUMER STATUS AND DISCHARGES

SUPERVISION ORDERS

In 2016–2017 the number of consumers on any order under the *Crimes (Mental Impairment and Unfitness to be Tried) Act 1997* followed the 2015–2016 trend, continuing to decrease very slightly. Despite this overall decrease, the numbers of people on custodial supervision orders increased again this year and to a record high since the introduction of the Act (see Figure 9).

Figure 9: Consumers on orders under the *Crimes (Mental Impairment and Unfitness to be Tried) Act*, 2013 to 2017



as at 30 June 2017

83 ↑ 6.5%

patients on custodial supervision
orders at Thomas Embling Hospital

12 ↓ 8%

patients on a custodial supervision
orders on extended leave

62 ↓ 9%

clients on non-custodial
supervision orders

FORENSIC PATIENT FLOW

In 2016–2017 courts placed 19 people on a supervision order (custodial or non-custodial), which was a 27 per cent increase from 2015–2016. It was pleasing to see eight people discharged from Thomas Embling Hospital on extended leave this year after no one was discharged in 2015–2016. There were also eight people who had their custodial supervision order varied to a non-custodial supervision order in 2016–2017. As in 2015–2016, 19 people had their non-custodial supervision order revoked.



9

new custodial supervision orders were made

8

discharges from Thomas Embling Hospital on extended leave

5

people on extended leave were granted further extended leave

10

new non-custodial supervision orders were made

19

people had their non-custodial supervision order revoked

2

people had their extended leave suspended and were admitted to Thomas Embling Hospital

8

people on extended leave had their custodial supervision order varied to a non-custodial supervision order

3

people on non-custodial supervision orders were apprehended and admitted to Thomas Embling Hospital

THERAPEUTIC PROGRAMS

Therapeutic programs were launched at Thomas Embling Hospital in 2014 and we continue to provide a range of diverse programs designed to meet the treatment needs of patients.

In 2016-2017 the following modules were provided:

- Communication skills
- Gambling Education Sessions
- Goal setting
- Intermediate Offence and Violence
- Introductory Offence Issues Group
- Just Do It (Motivation)
- Men's acute unit alcohol and drug program
- Men's intensive dual-diagnosis group program
- Mental health recovery group
- Money-minded group
- My Mental Health (symptom management)
- Outdoor Adventure Therapy
- Sensory modulation
- The Works (Motivation and goal setting)
- What's in it for me? (Treatment readiness)
- Women's intensive substance use program
- Women's introductory wellness program



FEEDBACK FROM THE WORKS PARTICIPANTS:

"I learnt that I have good skills and can work with others"

"That there are jobs available and this group will help me when I look for work"

"Makes me want to structure my day better"

"Was good to learn new stuff about myself"

THE WORKS

In 2016–2017 an exciting evidence-based program was added to our Occupational Function and Performance Group Program. After attending a conference that showcased the intervention, our occupational therapists identified 'The Works' as an excellent intermediate group module.

The Works aims to support people with their vocational goals and ambitions. It supports people to explore their goals, strengths, motivations, interests and skills, and to build on their feelings of self-confidence. It aims to identify potential obstacles in the path of achieving vocational goals and helps to develop new skills. It also prepares patients for the steps involved in seeking vocation including résumé preparation and disclosure. The group provides people with the resources and information to continue to work on achieving their vocational goals and re-integrating into the community on an ongoing basis.

A significant amount of work was done to adapt the content for a forensic environment. Specific training was then offered to Forensicare occupational therapists to ensure consistent delivery of the material.

MONEY MINDED PEER FACILITATION

From April 2017 social workers at Thomas Embling Hospital rolled out 'Money Minded' sessions as part of the Wellbeing and Addictive Behaviours (Dual Diagnosis) Therapeutic Programs stream. Group delivery of the program catered to a mixed cohort across the units on campus. The program was also run separately on Jardine Unit in mid-2017.

Money Minded is a module-based financial literacy program covering planning, budgeting, knowledge and responsibility, enabling individuals to have confidence in making more informed decisions in managing their money. Our social workers and consumer consultants, along with three Forensicare consumers, received training from the Brotherhood of St Lawrence to deliver these sessions, with the subsequent rollout incorporating the use of peer co-facilitators to include an element of lived experience within group delivery.

The uptake of this program has been strong, with promising feedback. It will be run again later in 2017 with the added modules of 'Using Your DSP for Recovery' and 'My NDIS Workbook' to promote understanding of personalised funding for services and support packages within the National Disability Insurance Scheme landscape.

RESPONSIBLE GAMBLING IN-REACH

Gambling and gambling-related problems have been noted by both staff and patients, and access to therapeutic materials and interventions for those in the hospital is a significant area of priority for our interventions. In response Forensicare began an initiative with Responsible Gambling Victoria to provide therapeutic and service access opportunities within Thomas Embling Hospital. This initiative has a focus on both addressing current issues within the hospital as well as the prevention of gambling issues for those who experience long-term custodial care and treatment. We have introduced the Canadian Problem Gambling Index as a screening item and financial problems as an item in general recidivism risk assessments.

Two social work staff undertook gambling-specific urge-reduction therapy training so they can provide in-depth assessment of gambling behaviour using the State-wide Gambling Assessment. We have used this assessment with a number of consumers and implemented interventions addressing gambling behaviours.

In June 2017 social work staff and the Victorian Responsible Gambling Foundation began attending unit-based community meetings to explore staff and consumer understanding of gambling, and how community or socio-cultural settings can influence gambling behaviours. The aim of these sessions is to gradually increase the depth of information and education, followed by looking at practical behaviour change initiatives.

OUTDOOR ADVENTURE THERAPY

As one of the advanced level programs from the occupational function and performance stream, Outdoor Adventure therapy ran again between March and May 2017. This is a group program designed to take patients out of their known and familiar environment (which hold their identities, roles and relationships) and immerse them in unfamiliar and novel physical environments.

It provides experiences that create the possibility of patients thinking, feeling and understanding themselves in a different way. The group undertook a variety of exciting activities that created a sense of challenge and achievement.



CONSUMER STORY: THE BENEFITS OF THERAPEUTIC GROUPS

When I was in [Thomas Embling Hospital] some of the [groups] I participated in was anger management, drugs and alcohol, and peer pressure. These groups helped me by teaching me coping strategies of how to deal with stress. I used these strategies in my relationship and troubled environments like a nightclub, party etc. Coping strategies in a relationship is if you have nothing nice to say, say nothing at all, [listen to] relaxing music, walk away have a ciggie and chill till you're calm. Watch stand-up comedy.

Some of these I have used in the troubled environments too. Even replacing alcohol with a bottle of water when you feel having more alcohol is unnecessary. Just keep refilling the water, remove yourself from the environment if needed. Smoke a ciggie when weed smokers are around. When I need to, I say, "I don't do that coz there's no need for it". Never ever think you're putting yourself down or degrading yourself by being different. Do what's best for you.

There is no better feeling for me than making choices and doing things with a clear head. When nothing works for me I confide in God of my chosen religion. It gives me comfort and relief to let my problems out. For you this could be your own religion or a person you trust. When I was in [Thomas Embling Hospital] I thought doing these groups were a waste of time, especially doing them more than once, but I guess it was drilled so deep into my head the confidence to use it when needed was natural.

I was granted extended leave in 2012. Remember: the best things in life take time and at the end it is more rewarding. There's a reason for everything, give yourself a reason, a reason to improve in every aspect of life.

VOCATIONAL EDUCATION AND TRAINING PROGRAMS

EDUCATION AND TRAINING

A continued major partner to Forensicare's inpatient services, Bendigo Kangan Institute, offers on-site TAFE courses to patients at Thomas Embling Hospital. Students of the building and construction certificate continue to produce high-quality projects for donation to local good causes. The most recent of these was an enclosed sandpit with seats and a cover that was donated to Faulkner Community House.

A number of students successfully completed whole certificates during the past 12 months, with seven students already completing in the first half of 2017. This year has also seen the introduction of a new course (Retail Baking Assistance), bringing the total number of courses on offer to 11.

A new art project has begun. Inspired by and taking the theme 'Laneways of Melbourne', it uses the 'laneway' between two of the hospital units as the canvas. The art teacher is working with a group of interested patients to transform their design (which was approved by the Forensicare executive) into a reality.

There are currently 64 patients enrolled in TAFE, with a number of patients pursuing more than one course. Given the ill health of some of the patient cohort, this equates to approximately 80 per cent of available patients being enrolled in at least one TAFE course.

Reading Together Program

A collaboration between Bendigo Kangan Institute and the occupational therapy team, the Reading Together Program was facilitated for the first time as a day-long course in April 2017. All student feedback was positive, with an overwhelming sense of accomplishment and connection with family.

Patients participating in the program choose a children's book they would like to read to a child, niece, nephew or grandchild. The participants practise reading the book, focusing on reading with expression. They are then recorded reading the story. The participants create a card or bookmark to go with the book, using creative materials, and write a short note in the front cover of the book for the recipient. The book, CD, card and bookmark are sent to the recipient so the child can read along with the recording.

Given such positive feedback, this will be a regular part of the TAFE program in coming years.

FEEDBACK FROM STUDENTS:

"This is the best thing I've ever done here and you can tell anyone that!"

"It was so nice to send this out to my kid."

"It's helped me have a connection with the little one."

"They'll talk to me on the phone now 'cos they recognise my voice more."

FEEDBACK FROM FAMILIES:

"[Child] received her parcel today. She was really thrilled by them. She will write to her mum about the gifts and to thank her."

"I would like to say how wonderful and thoughtful these gifts were. Sending the child a book and a CD with her mum reading the story was imaginative and extremely appropriate for the child. Well done Mum!"

CONSUMER STORY: STUDY – MY EXPERIENCE

I have been studying at TAFE since the mid-year intake of 2015 in a diploma course. For the first part of going back to study I had to reawaken myself to a new way of retaining information with regard to the in-class work and homework. I had initial help from a tutor, which I would highly recommend if you are struggling to understand the concepts and information you are given by teaching staff and general chatter among classmates.

Something to think about in entering the field of study is that you may find disclosure issues arise and you will have to think on your feet when asked things like 'Where did you work prior to study?' or 'What area are you from?' These are common questions, so you will have to get your story straight, which can be a challenge. It is up to the individual as to how much to disclose to teachers, coordinators, students and other people you may come across whilst studying. It's unfortunately a factor of reintegration in most situations that you may find yourself in outside the hospital, and TAFE is a great place to start your journey.

Another handy tip is that when at school you are now a student – not a patient and not a person with mental illness. That gave me more confidence in myself. Something else you may find is negative banter around uneducated people that may comment on general mental health issues. Don't take these personally or to heart – they are simply people that do not have an understanding of mental health. It is all part of meeting new people and making those connections with like-minded individuals that is worth the effort and challenge of starting your new endeavour.

Since studying I have found myself surprisingly excelling at the work – I was given two high distinctions in my first semester. This was with the help of my tutor, which I recommend.

This has given me the confidence to stick at it as I want to get this diploma under my belt to prove not only to myself but to all my team that this can be done.

I also recommend not taking on too much as this may have an adverse effect on your overall wellbeing. Personally I have chosen to study part time so as not to get too overwhelmed by the work load and thus getting better results.

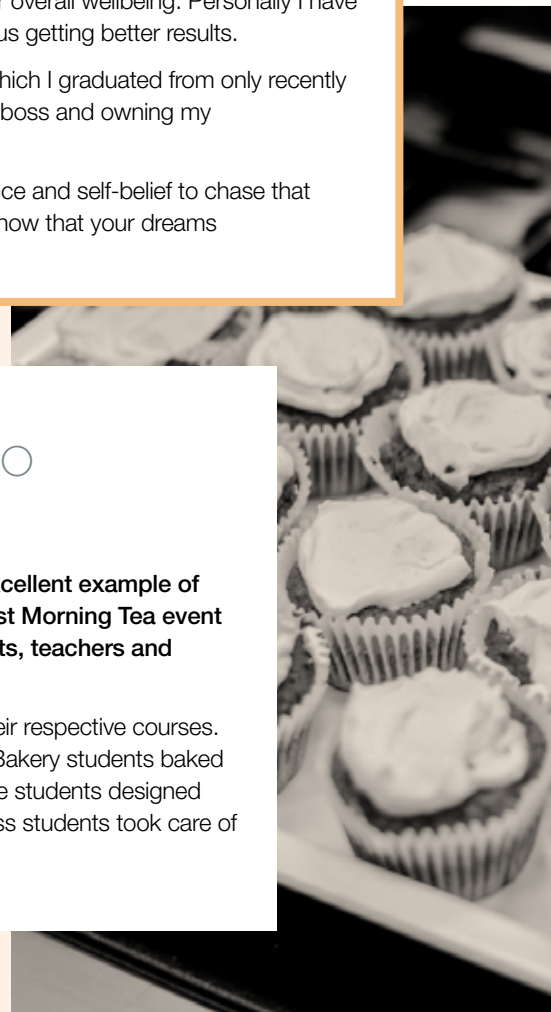
Not only do I study at TAFE but I have also just completed another course at night, which I graduated from only recently with high job prospects and I am getting closer at my dream, which is being my own boss and owning my own business.

My initial course once a week has led me to a blossoming ability to have the confidence and self-belief to chase that goal. Some advice: aim high and believe in yourself, ask for help when needed and know that your dreams may not be as far away as they may seem.

BIGGEST MORNING TEA 2017 AT BENDIGO KANGAN INSTITUTE

As part of Forensicare's commitment to socially inclusive practice and as an excellent example of collaborative working, TAFE-enrolled patients contributed to the World's Biggest Morning Tea event for 2017. Raising an exceptional \$261 for the Cancer Council of Victoria, patients, teachers and occupational therapists created a 'pop-up' café inside the hospital.

As part of this event, TAFE-enrolled patients were able to use the skills acquired in their respective courses. Cleaning students helped shift equipment, set up the room and vacuum the carpet. Bakery students baked a range of delicious sweets, and hospitality students prepared beverages. Horticulture students designed the flower centre pieces. Art students designed and painted table cloths, and business students took care of all the financials.



EMPLOYMENT AND VOLUNTEER WORK

Meaningful work is an important part of recovery. Across the Thomas Embling Hospital there are currently five patients involved in paid work and two patients in volunteer work positions.



CONSUMER STORY: WORKING

After my offence I ended up at the Melbourne Assessment Prison and then they took me to Thomas Embling Hospital. At the time I was quite unwell and it was scary – going into a psychiatric hospital. Psychiatrists assessed me and put me on medication. At the start I didn't think that I needed the medication, but now looking back the medication helps immensely.

In Argyle there were group activities like cooking classes and quizzes. There was one-on-one with the psychiatrist and my treating team looking after me and keeping a close eye on me, as I was feeling suicidal. The psychiatric nurses were great. Sometimes I thought that they were against me, but I was unwell at the time. As time went by, the medication was working and I found a little bit more of my sanity. Working one on one with the psychiatrist and treating team made a difference, as well as socialising with the other patients where we shared our stories with each other.

After Argyle, I went to Bass, which was subacute and finally I was making progress. I started to go to TAFE to do woodwork, horticulture, hospitality and computers, which got my brain working. I found I was able to concentrate better. There were a lot of activities – group therapies to learn about medication and mental illness, Phoenix, art and at the Sprout program. It was good learning about different fruits, veggies and weeds. There were acting classes that I went to. We did short little skits. Of course there was the gym and the pool, which helped immensely. There were sports and activities that I enjoyed and I got my Lifesaving medallion and lost weight.

When I was in Bass, I picked up some work through the hospital, cleaning houses, units and churches. They were quite happy with me, which was great. I did that for two days a week for about five years. Then they closed down and I started working for another company. I was cleaning for about 12 years all up while I was in hospital.

I went to Jardine, then I went through the court system and started full-time living in my NEAMI unit. I was happy because work was quite full on at that time and I was improving. Then I was out of work for about two years after my employer ran out of work.

I knew a fellow from the hospital who is a landscaper. Now he's a crew leader driving one of the trucks. He offered me a job with his organisation that employs people with disabilities. I showed them what I could do, using the chipper and they were quite impressed, as I used to do it with my father. I have been there for about five months – it's fun and I get paid for it. I am also learning Certificate I, II, and III in horticulture. Sometimes when the boss needs me he gives me extra work because he likes what I do. It's good – it keeps me going and gives me satisfaction. It also helps me lose weight. Sometimes it gets a bit hard, but then you just ask someone to give you a hand.

They have a social group where they have a meal and a drink and social activities. The last one we went to was a BBQ and a competition. I ended up with a bronze medal and beat the boss by one shot. Sometimes they go overseas, so I've got to get my passport. I've also got to get my licence, as I am hoping to be a crew leader too sometime.

I am on a non-custodial order, which will one day be revoked. There is hope. There is light at the end of the tunnel.

WELLNESS PROGRAMS

HEALTHSTREAM

At Thomas Embling Hospital health consultations are conducted on patients, with individual strength and cardio programs developed and delivered through group training and individual coaching sessions. There have been a lot of excellent improvements in fitness and weight loss from patients who are training in the gym regularly.

Cardio Club is held every Friday. These sessions are devised and run by three patients as part of the Certificate III in Fitness studies they are completing. As part of undertaking the fitness course the patients must complete 30 hours of teaching fitness classes. With the help of Healthstream staff, they are gaining valuable experience and knowledge to be able to conduct personal training once they have completed the course.

Our biggest event enjoyed by patients and staff was the Tough Mudder event, which included an inflatable obstacle course set up within the gymnasium. This was a fun activity that tested strength, agility and fitness. Patients competed against staff to try to complete the course the quickest, with prizes given to the winners.

The hospital's 'Australian Open' tennis tournament was held in January, with a round robin format where each participant played each other to enable a fair fixture.

Healthstream staff ran a basketball tournament in April, with mixed teams of patients and staff. This was a full-length game played very competitively, with a close contest occurring. Only two points separated the teams at the end of the game. All players enjoyed a healthy snack afterwards.

Monthly challenges organised by Healthstream have emphasised weight loss, with excellent results being shown by a number of patients.

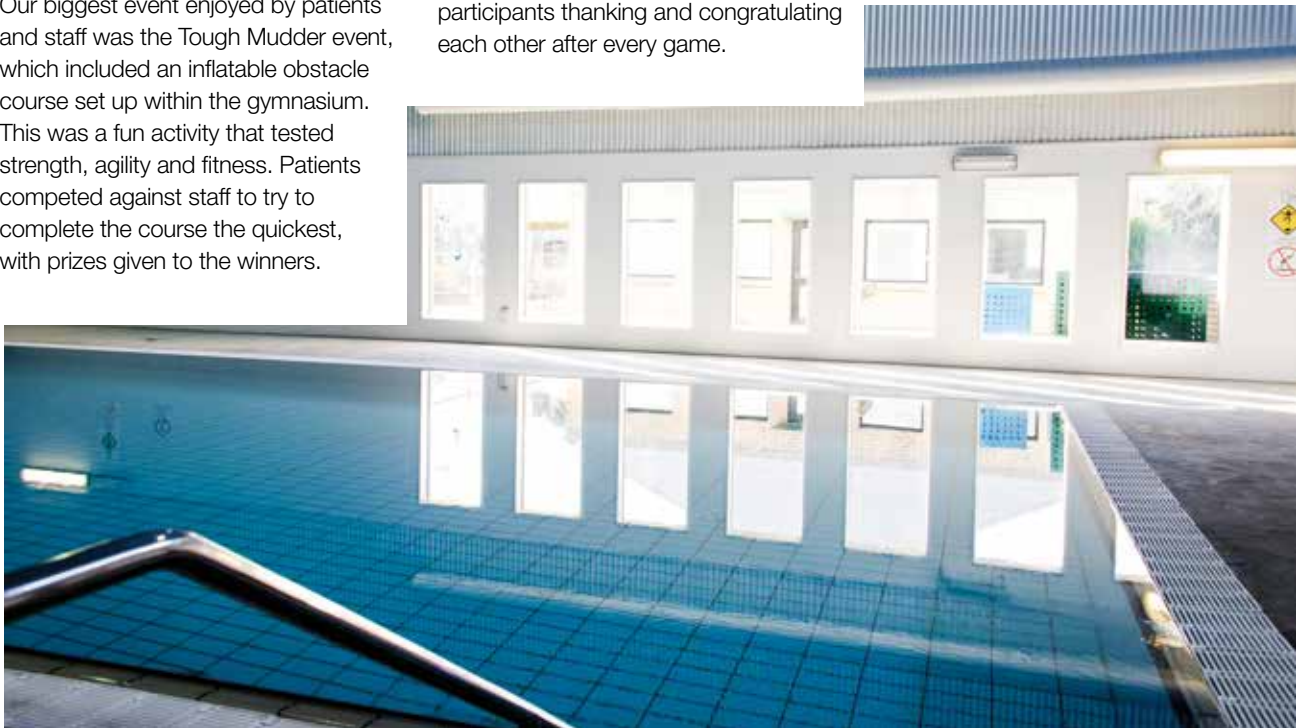
The Spin Out cycle and treadmill challenges have been very popular.

The Friday soccer matches have been competitive among patients and staff, with all games being close and well attended. Games are played in great spirit, with team play encouraged and all participants thanking and congratulating each other after every game.

PARTICIPATING IN THE DE CASTELLA FUN RUN

A dedicated group of six staff and two patients competed in the 2016 de Castella 'Run 2 Mend Minds' event, a five-kilometre fun run to raise money and awareness of mental health recovery in the local community. Another collaboration between occupational therapists, patients and Healthstream staff saw both patients and two staff achieve personal best times while raising money for a great cause.

Following that initial success a bigger Forensicare team will be participating next year.



PET THERAPY AT FORENSICARE

Forensicare has maintained a working relationship with the DELTA Society Pet Therapy program since 2014. DELTA Society is a registered charity that provides trained volunteers and their dogs to deliver a range of services to interested organisations.

Approval for the program to begin in prisons originated at the Melbourne Assessment Prison on the Acute Assessment Unit as a result of a proposal developed by the occupational therapist on the unit at the time. The volunteers began offering the service in early 2014 and continue to provide it. Subsequently, the program expanded across the acute units at the Thomas Embling Hospital in 2015 and at the women's prison on the Marmak Unit.

The program involves a volunteer and dog visiting the unit once a week for an hour where the consumers can pat, play and be around the dog as well as engage with the volunteer.

Forensicare supports this intervention through an annual donation to the DELTA Society .

This year, the intervention was evaluated on its ability to meet the therapeutic outcomes as described in the group program description. This evaluation yielded positive responses from both consumers and staff, with both parties seeing a therapeutic benefit as a result of the interaction. It was concluded that the current programs were effectively meeting the therapeutic outcomes.

Moving forward, we are working towards capturing client participation and experience better in clinical notes, expanding the service to other cohorts, conducting ongoing evaluation and supporting future research where needed. All parties wish to see this service continue, and it is exciting to announce that Barossa Unit will be coming on board in September 2017.



CONSUMER QUOTES:

'We draw confidence from each other.'

'It started by meeting people, then became a hobby, to an interest that needed to be met.'

'It's in my heart – so I studied it and it became a passion.'

'I really look forward to it and hate when we can't make it happen that week. Music somehow keeps you going.'

MUSIC CLUB

Forensicare's Music Club program started in 2012, providing an opportunity for patients to access musical instruments at a regular time. It evolved into a band that would meet and play over the next five years, performing numerous concerts and recording an album – a testament of meaningful activity and recovery for those involved.

Participants maintained regular commitment through changes in their recovery and the challenges of being in a forensic mental health hospital. It gave a sense of identity that elevated its members beyond the hospital and the circumstances that brought them together.

With a lot of experimentation with cover versions and time to learn their instruments, confidence grew with the challenge of playing regularly in front of their peers. Often people would stop to listen and give positive feedback, creating excitement on campus when they practised.

In time band members became more creative, composing original material and sharing it through live performances at special events. Opportunities to develop song writing in community-based workshops and formal courses at Melbourne Polytechnic provided a clear pathway to community integration, culminating in a public performance at a concert in the community.

Even when some had made the transition to Jardine or on extended leave, participants returned to practice and meet up with other members, agreeing to record the original material and provide closure to their time together.

Now band practices have migrated to a studio in the community, and talk of regular gigs are in the pipeline. It is, however, important to reflect on where and how it started, acknowledging the need to have opportunities and materials to explore when confined in a secure hospital.



WAITLIST FOR HOUSING

Lack of appropriate housing continues to remain an issue for patients at Thomas Embling Hospital ahead of being discharged from prison. The Forensicare Housing Working Party continues to investigate options for partnerships and housing opportunities for consumers. The Salvation Army housing worker meets with social workers at Thomas Embling Hospital weekly and assists with identifying and navigating housing pathways.

TRANSITION TO THE NATIONAL DISABILITY INSURANCE SCHEME

Transition to the National Disability Insurance Scheme (NDIS) for patients at the Thomas Embling Hospital began on 1 May 2017, with the NDIS beginning on 1 July 2017. In order to get the Thomas Embling Hospital consumers transitioned to the NDIS, a single point of contact was established with the NDIA National Access Psychosocial Team and the Forensicare Social Work Service. The 45 patients with an existing mental health community support service (MHCSS) linkage were provided access to the NDIS. Ninety-three patients from Thomas Embling Hospital are registered for the NDIS.

PRIMARY HEALTH CARE AT THOMAS EMBLING HOSPITAL

The General Practitioner (GP) and GP Practice Nurse (PN) have continued to effectively deliver a diverse range of care to patients at Thomas Embling over the past 12 months, along with Allied Health staff including the Dietitian, Physiotherapist, Podiatrist and Healthstream, to improve physical outcomes for all patients.

A major initiative in primary healthcare for 2017 has been the development with the Infection Control Team of a hepatitis C treatment and detection programme for TEH, starting in mid August 2017. This is administered by the GP and a nurse-led Hepatitis Clinic, and is providing testing and pre- and post-test counselling for hepatitis B and C among the TEH population, instituting the new anti-hepatitis C medications, and following patients up post-treatment. This is a major initiative and exciting for all patients and staff involved.

The Medical Screening Checklist (MSC), a comprehensive and extensive screening checklist, has been developed according to the latest recommendations for screening of general medical conditions. Rates of type 2 Diabetes, obesity and poor lipid profiles at Thomas Embling continue to be seen at levels greater than the general community. While the GP and Metabolic clinic continue to treat and improve outcomes, newly admitted patients (where appropriate) are now engaged soon after admission in an attempt to reduce their risk of developing these conditions.

BREATHE EASY SMOKE FREE PROJECT

Since the beginning of the Breathe Easy Smoke Free project in July 2015 Forensicare has maintained a strong commitment to a smoke-free environment for patients, staff and visitors.

As a result of this initiative our occupational therapy department provided support to QUIT Victoria to develop several staff videos for use in mental health services across Victoria. The initiative placed Forensicare as a finalist in the VicHealth award in the 'Tackling Tobacco' category.

Given the highly addictive nature of nicotine and the common presentation of long-term addiction in many of our patients, maintaining a smoke-free environment is a challenging process for patients and staff alike. Nicotine replacement therapy, which is shown to be most effective for the first 12 weeks, has continued to be made available for patients in the hospital. While helpful in the short term, other personal and behavioural strategies are most effective long term.

Our medical staff monitor the consequences of patients accessing quick-release nicotine replacement therapy, and as people are smoking less, the hospital continues to encourage alternative strategies and are supported with targeted diversionary activities.

Enforcing the smoking ban and its impact on the therapeutic relationship with patients continues to be an issue raised by staff and patients. We will work more to address this in the coming year.

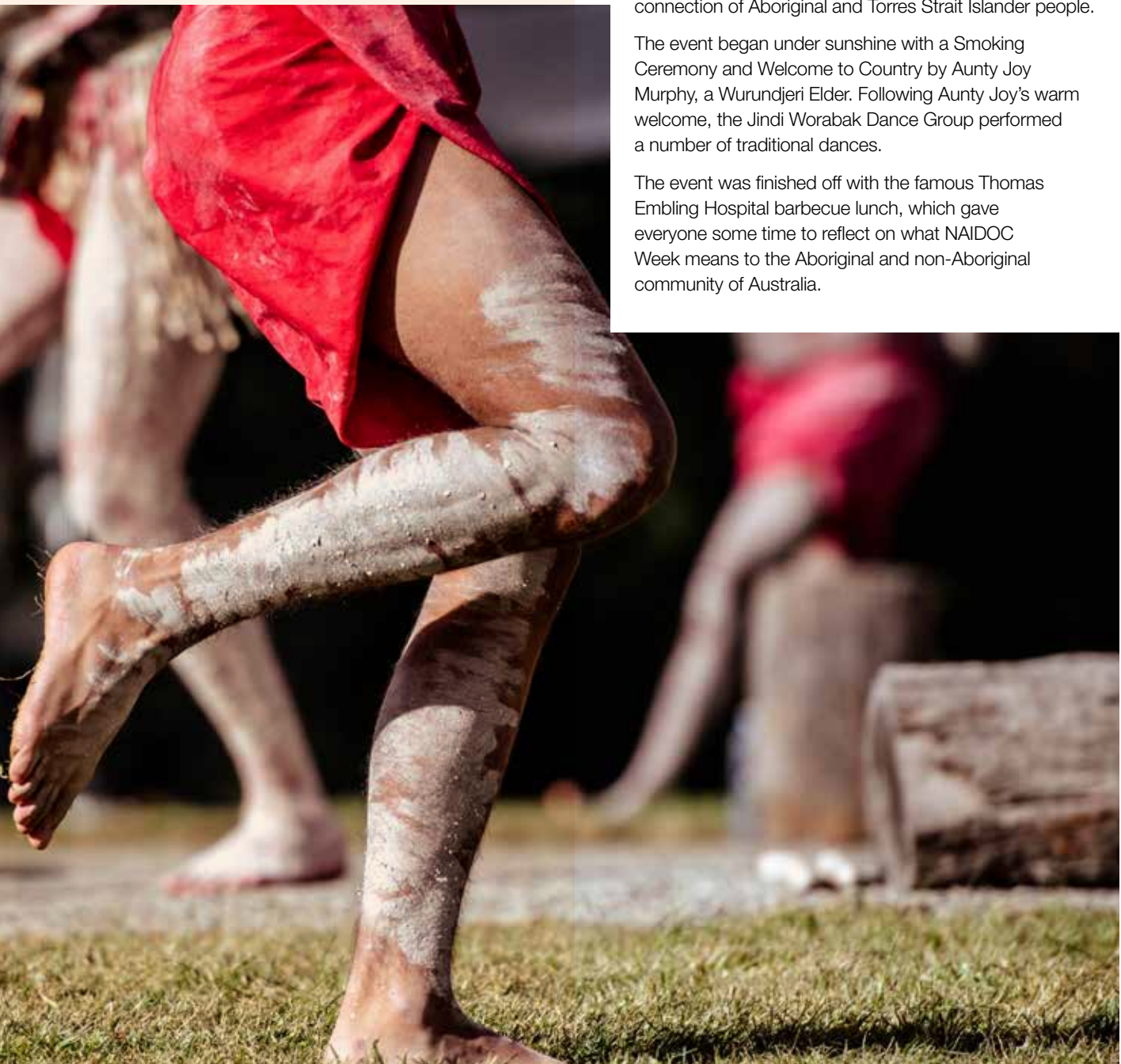
CULTURAL AND SPIRITUAL CARE

NAIDOC

NAIDOC Week 2017 – Our Languages Matter – was celebrated at Thomas Embling Hospital on 6 July, with a record turnout from Forensicare staff and patients, who came together to acknowledge the unique and important role that language plays in the cultural identity and connection of Aboriginal and Torres Strait Islander people.

The event began under sunshine with a Smoking Ceremony and Welcome to Country by Aunty Joy Murphy, a Wurundjeri Elder. Following Aunty Joy's warm welcome, the Jindi Worabak Dance Group performed a number of traditional dances.

The event was finished off with the famous Thomas Embling Hospital barbecue lunch, which gave everyone some time to reflect on what NAIDOC Week means to the Aboriginal and non-Aboriginal community of Australia.



RAMADAN

"The month of Ramadhan [is that] in which was revealed the Qur'an, a guidance for the people and clear proofs of guidance and criterion. So whoever sights [the new moon of] the month, let him fast it; and whoever is ill or on a journey – then an equal number of other days. Allah intends for you ease and does not intend for you hardship and [wants] for you to complete the period and to glorify Allah for that [to] which He has guided you; and perhaps you will be grateful."

– Surat Al-Baqarah 2:185

In previous years Muslim patients had identified the need for more support when observing Ramadan at Thomas Embling Hospital. Our social workers have helped Muslim patients to engage in Jumah Salah (Friday prayers) at the hospital throughout the year, with attendance by four to eight patients each week.

In response to the concerns of patients, we liaised with Corrections Victoria to identify approaches used in prisons that could be replicated in the secure hospital setting. We provided greater flexibility for meal times and medication times to accommodate fasting times. Consumers were supported to access kitchen areas for Sahur (pre-fast meal) and Iftar (breaking of fast) at approximately 5pm. Culturally appropriate food was sourced for these meals. Patients stated that this 'support was great' and that it 'has given Muslim patients a voice'.

Eid al-Fitr is the celebration that is observed worldwide in which Muslim and non-Muslim people come together to celebrate and reflect on the period of Ramadan, which almost always incorporates traditional food. Although Eid was to be celebrated by most of the Muslim community over the weekend of 24–25 June, Muslim patients requested it be celebrated on Monday to allow for staff inclusion. We recognised that Muslim patients would be affected because they would normally be visiting homes during the day to eat traditional food with friends, family and community leaders during Eid. The social work team organised a halal spit for a community event. Circumstances on the day meant this could not proceed as a community event, but food was delivered to units. However, the spit meant that all patients were exposed to Eid – allowing Muslim patients to openly discuss the meaning of this day. Feedback from both staff and patients indicated that the event was a success.

MY CULTURAL FOOTPRINT (PLAN)

For effective and person-centred clinical care, an understanding of a patient's socio-cultural and socio-political background is required, and so in mid-2017 the Thomas Embling Hospital social work team, with the assistance of staff from Victorian Transcultural Mental Health, developed the *My Cultural Footprint (Plan)*. This plan is designed to build on a framework for cultural competence and cultural safety and will be rolled out in Thomas Embling Hospital in late 2017, with a view to implementing it across other Forensicare sites in early 2018.

SOCIAL AND EMOTIONAL WELLBEING PROGRAM – METROPOLITAN REMAND CENTRE

The Mobile Forensic Mental Health Service at the Metropolitan Remand Centre (MRC) offers a Social and Emotional Wellbeing program. The program is a psycho-educational intervention designed to enhance Aboriginal or Torres Strait Islander participants' understanding of mental health difficulties. It also builds clients' confidence in managing mental health symptoms by providing them with information about effective strategies for improved social and emotional wellbeing.

The program was originally piloted in 2016, with excellent feedback from the seven participants who completed the group. A second group was facilitated with the support of the MRC Aboriginal wellbeing officer. Participants identified that they felt more comfortable in a group designed specifically for Aboriginal and Torres Strait Islanders and felt more able to be open with sharing their stories. It was noted that the participants actively promoted the group to other Aboriginal and Torres Strait Islander men at the MRC – showing they 'vouched' for the program, which increased the number of enquires that the Forensicare service received about the program both during and after the January group.

REVIEW OF THE
OPERATION OF THE
CRIMES (MENTAL
IMPAIRMENT AND
UNFITNESS TO BE
TRIED) ACT

In 2015 Forensicare commissioned the Centre for Forensic Behavioural Science to review the operation of the *Crimes (Mental Impairment and Unfitness to be Tried) Act 1997* (the CMIA). The report was finalised in mid-2016 and provides an up-to-date picture on the 18 years of operation of the CMIA.

Since the commencement of the CMIA on 18 April 1998, 243 people have been placed under a supervision order with Forensicare as supervisor, following a finding of not guilty by reason of mental impairment, due to a mental illness.

The study examined the average time it took people under the CMIA to transition from hospital to the community and achieve release from their supervision order. It should be noted that the averages do not include people who remain under supervision that have not yet reached these milestone transition points of the system.

A person's recovery within the CMIA system is impacted by factors such as the responsiveness of their illness to treatment, history of substance use and the presence of personality disorder or anti-social personality disorder.

At each transition point it is the court which determines if the transition will proceed. The court makes this decision after hearing evidence from the clinical team and sometimes the consumer themselves. The court also takes into account the views expressed by victims.



LENGTH OF STAY – ON A CUSTODIAL SUPERVISION ORDER AT THOMAS EMBLING HOSPITAL



6.23 years

average length of stay at Thomas Embling Hospital on a CSO before a grant of extended leave

48

people granted extended leave

Under the CMIA people placed on a custodial supervision order remain at Thomas Embling Hospital until they are granted extended leave by the court which placed them on the supervision order. The length of stay for people at Thomas Embling Hospital, from the date they were placed on a custodial supervision order to the date they were discharged, is on average just over 6 years. Research completed in 2010 into the operation of the CMIA and people originally detained under the Governor's Pleasure system, found that the average length of stay at that time until extended leave, was just under 8 years.

Since the CMIA commenced 48 people, who were placed on custodial supervision orders under the CMIA, have been discharged from Thomas Embling Hospital on extended leave.

LENGTH OF STAY – VARIATION FROM CUSTODIAL SUPERVISION ORDER TO A NON-CUSTODIAL SUPERVISION ORDER

7.97 years

average period of time on a custodial supervision order until variation to a non-custodial supervision order



1.89 years

average period of time on extended leave

29

people varied to a non-custodial supervision order

Under the CMIA a person on extended leave remains on a custodial supervision order, until they are varied to a non-custodial supervision order. Once varied to a non-custodial supervision order, Forensicare supervises the order and the person receives treatment for their mental illness from their local area mental health service.

Since the CMIA commenced, 29 persons placed on a custodial supervision order under this scheme have had their order varied to a non-custodial supervision order. On average people spent just under 8 years on a custodial supervision order, with just under 2 years of this time on extended leave.

LENGTH OF STAY – FOR PEOPLE WHO HAVE HAD THEIR ORDER REVOKED



84

people have had their supervision order revoked

> 18 were originally placed on a custodial supervision order

> 66 were originally placed on a non-custodial supervision order

11.04 years

on average for a person originally placed on a custodial supervision order until the order is revoked

5.28 years

on average for a person originally placed on a non-custodial supervision order until the order is revoked

Since the CMIA commenced 84 people who have been placed on supervision under this scheme have achieved revocation. The average time to achieve revocation for a person originally placed on a custodial supervision order is just over 11 years. For a person originally placed on a non-custodial supervision order the average is just over 5 years to achieve revocation.

LEADERSHIP AND DEVELOPMENT IN THE MENTAL HEALTH SECTOR

FORENSIC CLINICAL SPECIALIST PROGRAM EXPANSION

The Forensic Clinical Specialist Program (FCSP) was established in 2010 to build forensic expertise and capacity across the Victorian public mental health sector. The 2016 Victorian Budget enabled the statewide expansion of the FCSP to support individuals experiencing serious mental illness who are vulnerable to contact with the criminal justice system.

The FCSP expansion has resulted in the recruitment of 15 senior clinicians in addition to the 10 forensic clinical specialists already embedded in mental health services. This significant increase in staffing has resulted in greater capacity to provide specialist care, as well as training and service development initiatives, ultimately enhancing support to consumers of mental health services with an offending history or at high risk of offending.

Forensicare provides centralised coordination of the FCSP. In February 2017 we hosted and facilitated an intensive three-week training and orientation program for the new forensic clinicians. This ensured all forensic clinical specialists have a working knowledge of programs across the justice and mental health sector and are trained in specialised risk assessment and evidence-based practice.

In addition to this training, our CSP Coordination team has been engaged in quality improvement activities to increase standards and improve processes across the state for the FCSP. This helps mental health services to maximise the impact of the program and to ensure all consumers, regardless of location, receive a high-quality service.

The FCSP expansion has also enabled a focus on identifying the needs of consumers being released from prison who require specialist mental health care, with the aim of improving pathways to treatment in the community.

The benefits of these interventions extend beyond the individual to the mental health and justice systems. Enhancing forensic expertise and capacity across these sectors ultimately leads to a safer community and less risk for consumers.

RISK AND RECOVERY TRAINING FOR THE COMMUNITY MENTAL HEALTH SECTOR

One of Forensicare's roles is to enhance the consumer experience of care by building capability in the broader mental health sector to manage, respond and deal with the intersection of mental illness and offending.

In 2016 Forensicare implemented a successful capability building initiative with Victoria's MHCSS sector. Between July and December 2016, 507 staff from 13 different metropolitan regional community mental health services were provided with full-day training on 'Managing Risk within a Recovery Orientated Practice Framework', delivered by a team of Forensicare staff and forensic clinical specialists based in Area Mental Health Services. Formal feedback indicated the training was well received and responsive to the current challenges faced within the sector.

BENCHMARKING FOR AUSTRALIAN MENTAL HEALTH COURT LIAISON SERVICES

Forensicare has been participating in a national process with other Australian mental health court liaison services to develop a consistent and comparable approach to performance measurement and service models for these important programs. The National Court Liaison Service (CLS) project began in 2015, and a performance working group was established in 2016. The working group includes representatives from every Australian state and territory. Each jurisdiction has provided as much information as possible to construct nationally agreed key performance indicators encompassing five domains: effectiveness, accessibility, safety, continuity and efficiency.

Aggregate data has been retrieved and collated and will be shared among participating jurisdictions to inform clinical service development and best practice in this specialised area of mental health service provision at court. A number of publications have already occurred, and the full set of data with findings will be published later in 2017.

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