



## Quality of Care Report 2013-2014

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### Vision

Clinical excellence and translational research enable our consumers to lead fulfilling and meaningful lives in a safer community.

### Mission

We will provide high quality, specialist clinical services that focus on the recovery of our consumers, support our workforce, build our translational research capacity and work collaboratively with our stakeholders to achieve better and safer outcomes for our consumers and the community.

### Values

Responsiveness, Integrity, Impartiality, Accountability, Respect, Leadership, Human Rights.

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Forensicare is grateful to our consumers for allowing us to showcase some of their artwork in this publication. To show our appreciation, we have established a Creative Arts Amenities fund and made a donation to this for the purchase of additional creative arts supplies that are identified by consumers.

Cover art - a painting by a consumer studying Certificate II in Visual Arts (CUV 20111) with Kangan TAFE at Thomas Embling Hospital.



# Welcome to our first Quality of Care Report



**Bill Healy**  
Chair  
Victorian Institute  
of Forensic Mental Health  
Board



**Tom Dalton**  
CEO

We are very pleased to present Forensicare's first Quality of Care Report which covers the year 2013-2014. The Report details the service performance information that was requested by our consumers, and is testimony to the willingness of our consumers to work with us to achieve shared goals. Providing information that is requested, relevant and timely is one of these goals.

At Forensicare, we place our consumers at the heart of everything we do. Working closely with them, their family and carers is essential if we are to provide quality care and support their recovery. Our consumers have a level of understanding and experience that is invaluable to our service provision, and we are extremely fortunate that they are willing to share this with us. We want to continually learn from our consumers and for them to actively participate in their care and we thank them for their willingness to work with us in all areas of our organisation.

In 2013-2014 Forensicare was required to meet an increasing demand for services in all arms of our organisation. The effects of the unprecedented growth in the prison system were felt in our prison based and community services, and Thomas Embling Hospital. The level of demand was largely unexpected, and the achievements of our staff and management team in modifying services in an attempt to meet the demands of our new environment were considerable.

Over the year we have maintained our commitment to work closely with our consumers, and have continued to work with our consumer groups to enhance our service provision. Some of these enhancements are detailed in this report.

In developing this, our first, Quality of Care Report, we went straight to our consumer groups to obtain their views on the information that they would like provided. While we were not able to provide some of the information that was requested, we have implemented processes to ensure that this can be provided in coming years.

Partnering with our stakeholders is an organisational priority, and we will be seeking feedback on this Report from all our stakeholders to ensure that we are able to continue to provide quality services that meet the needs that are identified. We are always looking for ways to improve our service performance and we would welcome your comments.

We are proud of our progress in 2013-2014 and we look forward to continuing to partner with our consumers and all stakeholders.



**Bill Healy**  
Chair,  
Victorian Institute of Forensic Mental Health  
Board



**Tom Dalton**  
Chief Executive Officer

May 2015



# About Forensicare



Consumer artwork in Acute Assessment Unit,  
Melbourne Assessment Prison



## VICTORIAN INSTITUTE OF FORENSIC MENTAL HEALTH

The Victorian Institute of Forensic Mental Health, known as Forensicare, was established as a statutory agency in 1997 to provide forensic mental health services in Victoria. Governed by a Board of Directors that is accountable to the Minister for Mental Health, Forensicare has a legislative mandate (*Mental Health Act 2014*) to provide training, research and services to meet the needs of mentally disordered offenders, the mental health and justice sectors and the community.

Forensicare's primary focus is the provision of clinical services within a recovery framework. These services include the effective assessment, treatment and management of forensic patients and clients and others at risk.

A comprehensive research program operates to support the ongoing development of clinical services and specialist training and professional education is provided for our staff and the broader mental health and justice fields.

## VISION

Clinical excellence and translational research enable our consumers to lead fulfilling and meaningful lives in a safer community.

## MISSION

We will provide high quality, specialist clinical services that focus on the recovery of our consumers, support our workforce, build our translational research capacity and work collaboratively with our stakeholders to achieve better and safer outcomes for our consumers and the community.

## VALUES

Responsiveness, Integrity, Impartiality, Accountability, Respect, Leadership, Human Rights.

## OUR COMMUNITY

People in the criminal justice system with a serious mental illness and a history of offending, or who present a serious risk of such behaviour.

## SERVICE OBJECTIVES

In keeping with our legislative mandate (*Mental Health Act 2014*), Forensicare has the following business objectives –

- improve outcomes for people with a mental disorder in the criminal justice system
- reduce the burden of mental illness in the criminal justice system
- contribute to the delivery of public mental health services
- enhance community safety.

## CLINICAL SERVICES

We provide an integrated range of clinical services for people with a serious mental illness in the criminal justice and general mental health systems that consist of –

- **Thomas Embling Hospital** – a 116 bed, secure inpatient hospital located in Fairfield.
- **Prison Mental Health Service** – in the men's prison system we operate a 16-bed Acute Assessment Unit, specialist clinics, outpatient services and a reception assessment program at Melbourne Assessment Prison; Psychiatric Registrar Clinics, Nurse Practitioner Clinics and sessions by a visiting psychiatrist at the Metropolitan Remand Centre, together with a Mobile Forensic Mental Health Service (which is based at the Centre); Nurse Practitioner Clinics at Ararat and Loddon prisons; and sessions by a visiting psychiatrist at Ararat, Barwon, Loddon, Middleton, Marnong and Dhurringile prisons.

In the Women's prison system we operate a 20-bed residential program in the Marmak Unit, intensive outreach program and therapeutic day

program for women at Dame Phyllis Frost Centre and psychiatrist sessions at Tarrengower prison.

- **Community Forensic Mental Health Service** – a statewide service providing assessment and multidisciplinary treatment to high risk clients referred from a range of mental health and correctional agencies, courts, the Adult Parole Board, Thomas Embling Hospital, our prison services, government agencies and private practitioners. The services are provided to clients through the following programs –
  - Community Forensic Mental Health Program
  - Problem Behaviour Program
  - Court Services Program
  - Community Integration Program
  - Non-custodial Supervision Order Consultation and Liaison Program

## OUR LEGISLATION

*Mental Health Act 2014* – the Act that establishes the Institute and governs our responsibilities.

*Crimes (Mental Impairment and Unfitness to be Tried) Act 1997*; *Corrections Act 1986*; *Sentencing Act 1991* – these Acts all provide the framework within which we operate.

# Thomas Embling Hospital

## SECLUSION

Reducing seclusion is a national safety priority and a wide range of initiatives has been implemented at Thomas Embling Hospital to minimise the use and impact of seclusion.

This commenced in 2007 when Thomas Embling hospital was selected as one of the 11 Commonwealth funded Beacon sites across Australia to test strategies related to the reduction of seclusion. The Beacon Project, which ended in June 2009, enabled our staff training program (known as M4) to be strengthened by introducing strategies that aimed to prevent or reduce violence and aggression.

Other initiatives introduced to reduce seclusion at Thomas Embling Hospital include –

- **Safety plans** - help patients to identify stressors, triggers and warning signs, as well as useful calming strategies and de-escalation techniques.
- **Chill out rooms** - designed to promote emotional control and facilitate stress management. These rooms also contain some sensory items such as calming mist sprays, blankets, music and massage chairs.
- **Seclusion plans** - to ensure that the patient stay in seclusion is safe and kept as brief as possible.
- **Post seclusion debriefing** - offered to all patients after every seclusion event.
- **Seclusion reviews** - a formal process of reviewing all seclusion events with staff.

In response to the Reducing Restriction Interventions Framework released by the Department of Health in 2013-2014, Forensicare introduced a train-the-trainer education program on sensory modulation and trauma-informed care.

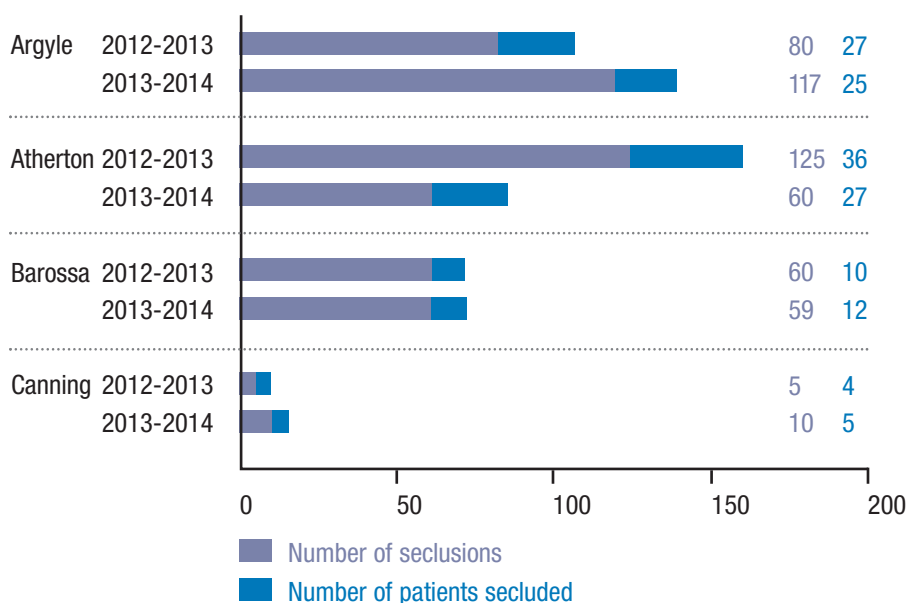
Safe spaces have also been created on all acute units to use as an alternative to seclusion when a patient is becoming increasingly agitated. This 'safe space' provides patients with an opportunity to appropriately ventilate and enables therapeutic engagement and risk assessment to be conducted in a safe and positive environment.

The use of the Safe Spaces at Thomas Embling Hospital was the subject of an Occupational Therapy Honours research project in 2014. The project, 'The use of sensory rooms within forensic mental health settings: staff and patient perceptions' examined a range of factors, including the frequency of use and the self-reported reduction in stress for the Barossa patients who have used the Safe Space. The initial findings suggest that the use of the Safe Space led to a reduction in self-reported stress levels of patients in 90% of the occasions that the space was used. The project will be completed in early 2015.



“Bork” a balsa wood sculpture by a consumer studying Certificate II in Visual Arts (CUV 2011) with Kangan TAFE at Thomas Embling Hospital. ”

## Number of seclusions and individual patients secluded 2012-2013 and 2013-2014

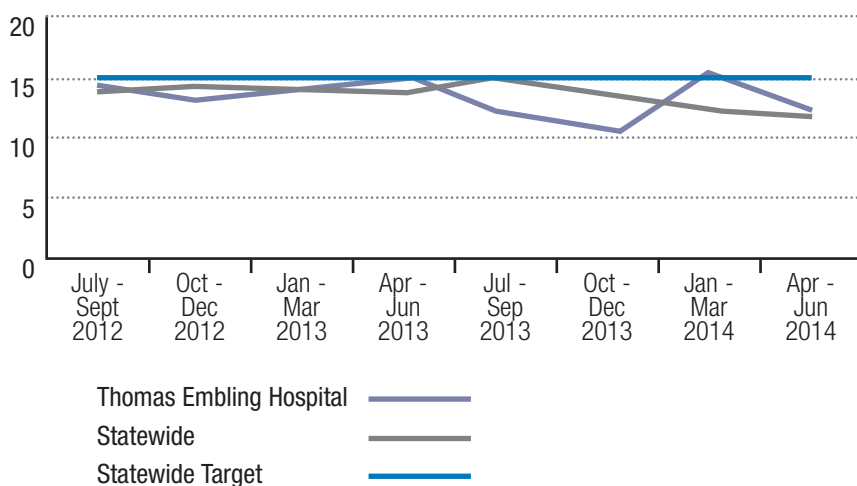


	Average duration per seclusion (HH:MM)	
	July 2012 - June 2013	July 2013 - June 2014
Argyle	59:32	73:43
Atherton	46:40	63:28
Barossa	32:12	34:24
Canning	58:01	71:03
Bass	0	36:32

## Thomas Embling Hospital - Statewide Rates

### Seclusion Rate per 1,000 bed days

### Thomas Embling Hospital : Statewide Rates



Note- Each year the Department of Health sets a statewide target for seclusion across all mental health services, and all services are required to report their performance against this target quarterly.

## AGGRESSION AND OTHER BEHAVIOUR-RELATED INCIDENTS

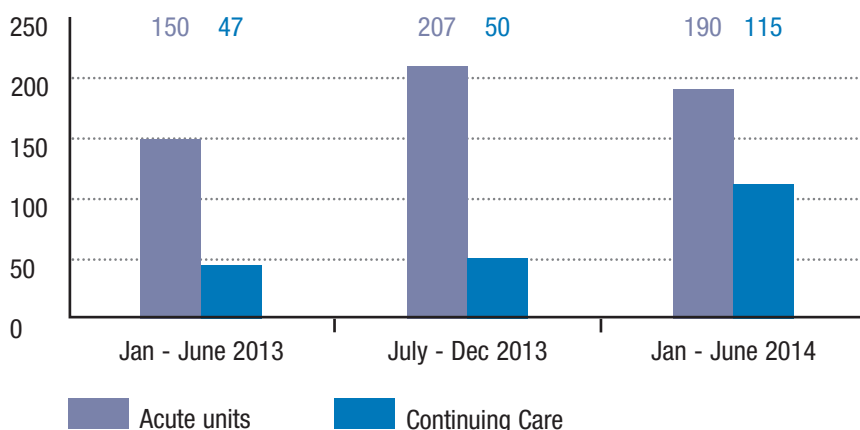
Aggression of all forms (verbal, physical - towards self and others - and property) is a major issue in all health settings around the world, and is a particular concern in mental health services. Although it could be expected that acts of inpatient aggression would occur more frequently in forensic mental health facilities, systems for managing aggression in forensic mental health are generally better developed and offer greater protection to staff, patients and others<sup>1</sup>.

At Forensicare, we understand the damaging effect that acts of all types of aggression and other related incidents can have on consumers and staff. Our consumers also understand the damaging effect and have asked us to report on this in our Quality of Care Report. We work hard to minimise both the number of aggressive incidents and their impact. One of the strategies that Forensicare has adopted to create a safe environment is to provide comprehensive and relevant staff training and Thomas Embling Hospital has the longest, consistently running management of aggression staff training program in Victoria.

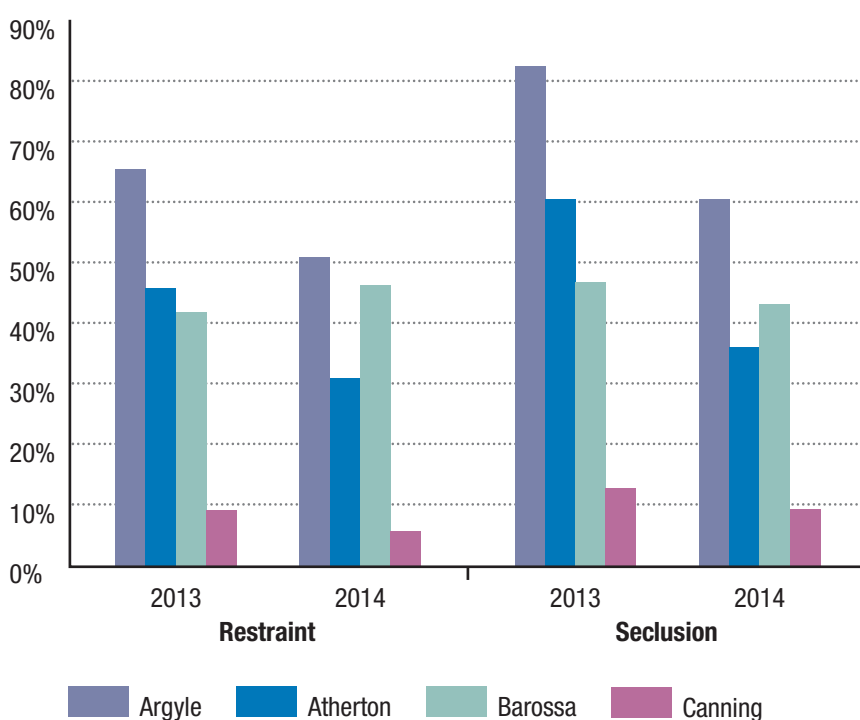
Known as M4, the training has a focus on early intervention and prevention, assessing and understanding aggression, de-escalation techniques, trauma-informed care and sensory approaches, together with the physical management of aggression. All newly appointed clinicians are required to undertake a two and a half day M4 workshop, and clinical staff are required to undertake regular refresher sessions each year.

<sup>1</sup> Martin, T., Daffern, M. 2006. 'Clinical perceptions of personal safety and confidence to manage inpatient aggression in a forensic psychiatric setting'. Journal of Psychiatric and Mental Health Nursing. 13, 90-99.

**Incidents of Aggression/Behaviour  
January 2013 - June 2014**

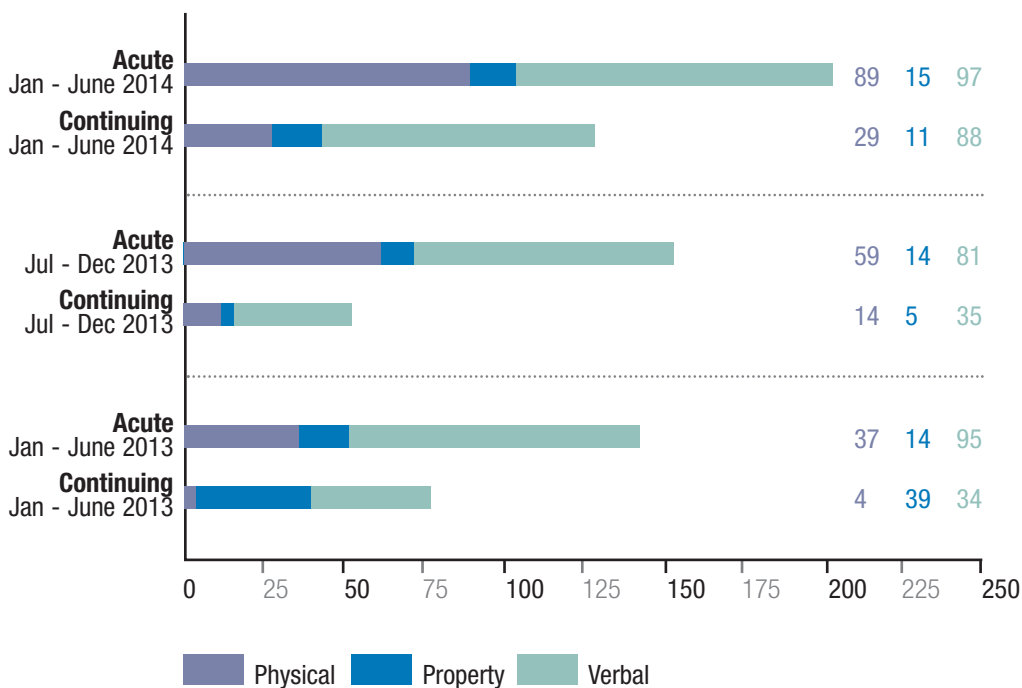


**% of Aggression/Behaviour Incidents Resulting in Seclusion and/or Restraint  
2013 and 2014**





### Incidents of Aggression by Type - Acute and Continuing Care Units January 2013 - June 2014



## AVERAGE LENGTH OF STAY PER UNIT – 2012-2013 AND 2013-2014

Recent changes to sentencing and the increasing prison population have had a significant impact on all Forensicare services. This has been most notable in the acute units at Thomas Embling Hospital.

The increase in the level of acuity and number of people requiring services has been unprecedented, and the balancing of demand and capacity is an increasing challenge. Because of the length of time that prisoners can remain untreated as they wait in prison for a bed to become available at Thomas Embling Hospital, their level of acuity on admission and treatment response time impacts heavily on patient flow.

The work that we commenced in 2010 reviewing our model of care was followed by key projects that have gone some way in enhancing the throughput of patients. Over the past two years these initiatives include –

- embedding of Recovery principles in day to day practice
- introduction of therapeutic programs aimed at key areas of need ((Mental Health Recovery, Occupational Function and Performance, Offending and Violence, Dual Diagnosis)
- introduction of Care Co-ordination model
- provision of new general health service
- introduction of new social work delivery model.

These initiatives have enabled Forensicare to manage the demand for inpatient admission better than would have otherwise occurred. The difficulties remain, however, as it is an area that is predominantly subject to external factors.

Reducing the average length of stay of patients remains a priority for Forensicare, and it requires close and ongoing monitoring to ensure that we are able to meet the needs of all our consumers.

### Average length of stay, Acute Units, Thomas Embling Hospital

	2012-2013	2013-2014
<b>Argyle</b>	101.7	93.5
<b>Atherton</b>	76	109.5
<b>Barossa</b>	83	62.9
<b>TOTAL</b>	<b>87</b>	<b>90.6</b>

\*note – the Average Length of Stay is calculated on discharge from the hospital (not on transfer to another unit).

## TRACKING PATIENT WEIGHT 2013-2014

The following information tracks the weight gain or loss of forensic patients who agreed to have their weight recorded in 2013 and 2014. Forty four forensic patients (of a total of 76) agreed to participate in both years. Nine more patients agreed to this in 2014, while three did not continue to participate in the ongoing recording of their weight. It is noted that there has been no control for the date that patient weight is recorded, and this inconsistency may impact on the results. This will be addressed in the coming year.

	Weight Gain No. of patients	Weight Loss No. of patients
<b>2 - 5 kg</b>	11	7
<b>6 - 10 kg</b>	9	1
<b>11 - 15 kg</b>	2	1
<b>16 - 20 kg</b>	1	1
<b>21 - 25 kg</b>		1
<b>26 - 30 kg</b>	2	
<b>No change</b>		<b>8</b>



## HEALTH AND RECREATIONAL PROGRAMS

The health and recreational programs at Thomas Embling Hospital have been provided by Healthstream, Corporate Health Management, since 1 January 2014. In awarding this contract, Forensicare took great care to ensure that the particular characteristics and needs of our patients would be met by the programs provided, and that health promotion would be a specific focus.

These issues are considered vital if patient concerns about weight gain, fitness and general self- image and wellbeing are to be addressed.

The success of the programs in working closely with patients to meet their needs is closely monitored, and we are pleased that the number of patients participating in the Healthstream programs has been increasing since the beginning of 2014.

In the six month period, January – June 2014

Number of patients registered to use the facility	48
Number of individual programs completed	79
Number of Screening Assessments undertaken	81
Total program hours run	767

Number of patients attendances –	1,178
• Cardio and Strength Programs	60
• Personal Training Programs	459
• Pool Programs	226
• Soft Exercise Programs	1,304
• Team Programs	197
• Unit based Programs	100
• Women Only Programs	

## PATIENT LEAVES – CANCELLED

Our consumers asked us to report on the number of leaves cancelled in 2013-2014, but this information is currently not collected. Understanding that our patients would like to receive this information, steps are being put in place to report both the number of cancelled leaves and the reason for the cancellation in future years.

The Patient Leave Program at Thomas Embling Hospital enables forensic patients and Compulsory Treatment Order patients to apply for periods of leave as part of their treatment goals. Security Treatment Order patients do not have access to leave. The leave program operates together with the therapeutic, recreational and vocational programs to support the recovery of our patients.

All applications for leave are rigorously assessed and only approved if they are designed to meet identified individual treatment goals, and are a therapeutic tool used in the rehabilitation program designed for each patient. Generally, leaves are approved to achieve one of the following –

- Linkage with community supports
- Rehabilitation
- Maintenance of quality of life
- Special purpose leave (e.g. medical/court attendance)

At times leaves may have to be cancelled for reasons unrelated to the patient, eg. inclement weather, staff shortages, competing demands on the unit at the time the leave is to occur.

External factors, such as the Forensic Leave Panel not sitting or the Leave interview being deferred by the Forensic Leave Panel due to the high demand of requests, can also result in leaves not progressing.

# Community Forensic Mental Health Service





## CONSUMERS DISCHARGED

The Community Forensic Mental Health Service works primarily with people who have a serious mental illness and have offended, or are at high risk of serious offending. Clinical services are provided on a short and long term basis, depending on the assessed need.

All people subject to the Crimes (*Mental Impairment and Unfitness to be Tried*) Act 1997 who live in the community (ie. people on a Custodial Supervision Order on Extended Leave and those on a Non-custodial Supervision Order) are supervised by the Community Forensic Mental Health Service. The people on Extended Leave also receive treatment from the service.

At 30 June 2014, there were 12 people on Extended Leave being treated and supervised by the Community Forensic Mental Health Service, and 77 people on a Non-custodial Supervision Order being supervised. These clients remain the responsibility of the Community program for lengthy periods, as the treatment and supervision requirements remain until the Order is revoked by the Court.

Achieving successful rehabilitation and returning clients to successful and safe community living is one of the major treatment aims of Forensicare.

	2012 - 2013	2013 - 2014
<b>Non-custodial Supervision Order Program</b>		
Number of people on Orders that were successfully completed and revoked by the Court	18	14
Number of people on Orders readmitted to Thomas Embling Hospital	4	3
<b>Problem Behaviour Program</b>	64	67

'People consistently acknowledged the expertise and experience of those who conduct assessments and supervise people under the CMIA.'

- Review of the *Crimes (Mental Impairment and Unfitness to be Tried) Act 1997*, Victorian Law Reform Commission, 2014 (p.26)

## THERAPEUTIC GROUPS

The Community Forensic Mental Health Service has developed a suite of therapeutic programs to provide an alternative therapeutic approach to individual counselling.

The groups offer consumers a safe space in which to discuss and explore issues that are impacting on their lives. Groups also provide an important opportunity for participants to learn from the experiences of others and in turn, contribute to the learning of other participants.

Therapeutic groups offered –

### 2013 - 2014

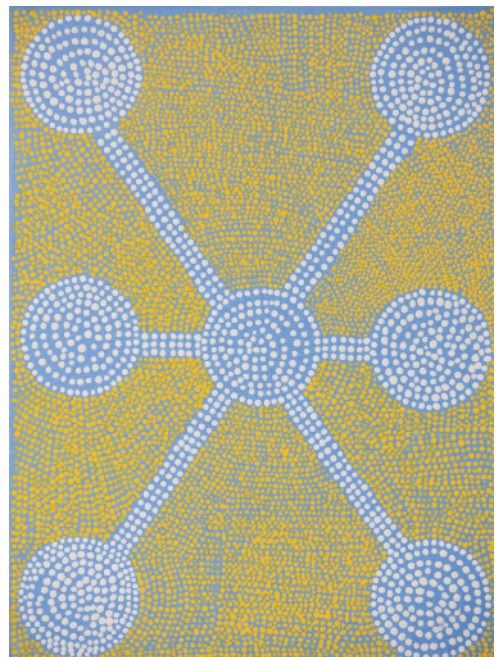
Handling Anger Wisely	3 groups	21 participants (total)
Drug and Alcohol	1 group	8 participants

### 2012 - 2013

Handling Anger Wisely	2 groups	10 participants (total)
Social Skills ('Positive Relationships')	1 group	8 participants
Mercury *	1 group	7 participants

*\*note – the Mercury Group prepares Thomas Embling Hospital patients subject to a Custodial Supervision Order for their transition to living in the community while on Extended Leave.*

‘Pathfinder’ a painting by a consumer studying Certificate II in Visual Arts (CUV-2111) with Kangan TAFE at Thomas Embling Hospital.





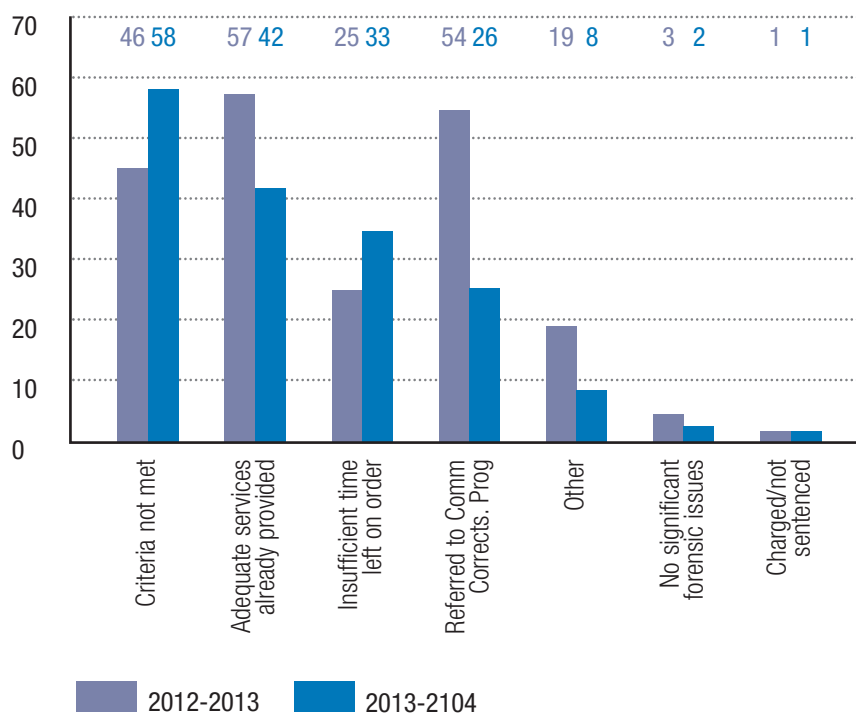
## REFERRALS TO PROBLEM BEHAVIOUR AND MENTAL HEALTH PROGRAMS

Referrals to the Problem Behaviour and Mental Health Programs are made by a wide range of agencies and practitioners.

Most referrals are received from area mental health services, both inpatient and outpatient programs, and prisons and Community Corrections programs, Corrections Victoria. Referrals are also received from private medical practitioners, community health services and other sources, including self-referrals.

	2012 - 2013	2013 - 2014
Number of referrals received	547	419
Number of referrals not accepted	205 (37%)	170 (37%)

### Referrals not accepted - Reason



# Thomas Embling Hospital and Community Forensic Mental Health Service

## Consumer Participation

Forensicare has a strong commitment to the principles of recovery and involving consumers in a wide range of areas across the organisation.

We actively seek consumer participation to ensure that our service delivery incorporates the views and needs of our

consumers, and is subject to ongoing improvement.

In the coming year, our Consumer Consultants will commence attending our prison service at Melbourne Assessment Prison and Dame Phyllis Frost Centre, providing support to prisoners and staff

in the units in which Forensicare provides residential care.

In 2014 our consumers were represented on the following committees/groups, and received payment in line with our *Consumer and Carer Payments Policy*.

Committee	Frequency/ Duration	Consumer representatives							
		Argyle	Atherton	Barossa	Bass	Canning	Daintree	Jardine	Community
Consumer and Carer Leadership Committee	Quarterly – 2 hours						1		1
Clinical Governance - Local	Monthly – 1 hour	1*	1*	1	1	1	2	1	(1.5hrs) 1
Consumer Advisory Group	Monthly – 2 hours	2	1	1	1	1	4	1	10
Patient Consulting Group	Fortnightly – 1 hour		1		2		3		
Trauma Informed Care Committee	Bi-monthly – 1 hour				1		2		
Peer Mentor Development Group	Monthly – 1 hour			1			1		
Reception Upgrade	Irregular – 1 hour						2		
Consumer Planning Committee	Monthly – 1.5 hour						1		
Recovery Education Sessions	Irregular, May – Sept 2013 – 1.5 hours					1		4	
Recovery in the Community - Forum	18 Nov 2013 1.5 hours								5
Smoke Free Forum	Annual – 7 hours						1		

\* consumer representation dependent on acuity levels on units

# All Services

## Consumer Feedback

Forensicare welcomes and values feedback from consumers, carers and external stakeholders about our services as a means of monitoring and improving the care that we provide. Through our feedback system we encourage comments about the services received by consumers and others and we strive to ensure that any concerns are resolved in an open, fair and timely manner.

In 2014 –

- 55 complaints were received
- 71% of complaints (n=39) were investigated and a detailed outcomes report provided to the complainant within the 20 business days timeframe specified in Forensicare's *Healthcare Service Complaints and Feedback Policy*
- complaints not finalised within the 20 day timeframe typically required further clarification from the complainant and/or external parties, such as legal services, the Health Services Commissioner or Victorian Ombudsman.

Complaint – Service Location	Unit/program	No. Received
Thomas Embling Hospital	Argyle	13
	Atherton	11
	Barossa	4
	Bass	1
	Canning	1
	Daintree	9
	Jardine	1
	<b>Total Received</b>	<b>40</b>
Prison Services	Acute Assessment Unit	3
	Outpatients	2
	Regional Prison	4
	Dame Phyllis Frost Centre	2
	<b>Total Received</b>	<b>11</b>
Community Forensic Mental Health	<b>Total Received</b>	<b>4</b>

### Nature of Complaints

The complaints received covered the following range of issues (note – a number of complaints received covered more than area) –

Issue	No. Received	% of those received
<b>Communication</b> (eg. ongoing care and medication administration)	25	28%
<b>Care and Treatment</b> (eg. care plans, transfer of care, medication administration, treatment administration, general assistance)	24	27%
<b>Conflict/interpersonal issues with clinical staff</b> (eg. alleged rudeness or perceived lack of respect)	21	24%
<b>Interpersonal conflict between patients/consumers</b> (eg. issues around personal safety and ward environment)	2	2%
<b>Administrative</b> (eg. rights under the <i>Mental Health Act</i> , lost property, financial assistance and other administrative processes)	15	17%
<b>Food services</b>	2	2%



# Enhancing our consumer's experience

## FAMILY VISITOR ROOM

A Family Visitor Room was developed in the 'drop-in centre' in the Training and Education Building at Thomas Emling Hospital in 2013-2014. The room was established to make family visits more enjoyable and to better safeguard children visiting patients.

The room is available to be booked by all patients, and provides a child-friendly resource for families visiting with children and young people aged under 16 years.

The development of the Family Visitor Room was an initiative of the Family Sensitive Practice Committee. The Committee also had oversight of developing amended guidelines for children visiting patients at Thomas Emling.

Key changes to the guidelines include –

- patients are initially required to request for a child visitor
- the child's parent/guardian needs to provide consent
- children need to register as a visitor on the system
- child visits are to be booked, and occur in the Family Visitor Room with a staff member present.

The response of patients and families and carers to the room has been overwhelmingly positive.

Families of Thomas Emling Hospital write –

'Our family greatly appreciates the provision of the Family Visitors' Room at Thomas Emling Hospital. It enables us to come together as a family unit (comprising of up to 8 adults and 7 children) and to give each other much needed support and hugs. For example, in January 2015, my granddaughter celebrated her first birthday with me as I celebrated my 60th birthday at the hospital. My son ordered 2 birthday cakes and sandwiches from the canteen, to celebrate with us.

The hospital staff are always fantastic and more than helpful. Allowing my entire family to visit my son in the hospital in a congenial setting, has given us a degree of normality and some hope that things will return to normal again. The setting of the room is just right (a bit like the 3 bears' porridge) with toys for the kids, and coffee and tea for the oldies. Taking the children there is more pleasant than sitting in a poky hospital room - that looks like a hospital. And my green high chair is being put to good use in the family room that looks more like McDonalds' than a forensic hospital. Well done, Thomas Emling!!!'

'... would like to take this opportunity to say thanks for the great visitor's room, good to have things to amuse small children and to be able to make a cuppa. Well done.'

Patients at Thomas Emling Hospital discuss the Family Visitor Room –

'The family visitor room is really well equipped and is an adequate space to play with your kids, it has been rewarding to use this space with my 2 year old daughter'.

'The changing room has been great.'

## INTRODUCTION OF SKYPE

A trial of the use of Skype software to facilitate patient contact with family and friends commenced across Thomas Embling Hospital in September 2013.

While the use of video-link services is common in prison settings, the trial of Skype at Thomas Embling Hospital was the first time that the software had been used in forensic mental health services in Australia.

The trial was established primarily to help patients with limited family contact reduce their isolation and maintain social connections with family and friends outside the hospital walls. Maintaining or re-establishing relationships that are known to be significant is important for all parties, and is particularly important for patients in terms of achieving recovery.

The success of the trial has been limited. While it has been highly successful in supporting patient contact with their family and friends, there have been technical difficulties with the use of Skype in the hospital. This has not been an easy issue to address and we continue to work on finding a solution to the service interference experienced.

Although there have been difficulties with maintaining consistent availability, when the service has been available it has been used by patients to connect with their family across Australia and overseas. For some it has increased the face to face contact from yearly to weekly and has facilitated communication with loved ones that some patients had not seen for years, or since entering the forensic mental health system.

Parents have been able to develop relationships with their children and retain an involved role as a parent. One patient has reconnected with his daughter, and has made contact with his elderly mother overseas whom he had previously thought he would never see again.

The trial has confirmed that Skype has a vital role in promoting family and carer relationships and supporting patients' recovery. The limitations of the current service are frustrating for patients, family and carers and Forensicare, and an external organisation is working to resolve the issue to ensure that the service is ongoing and unimpeded.

Thomas Embling Hospital  
patients discuss the Skype trial -

'It was awesome to see my daughter and family.'

'They were so excited they waited for me to come online.'

'It kept breaking down.'

'Skype is very useful because you rely on speaking with your loved ones without leave and sometimes it's the only way to see your daughter.'

'There needs to be more education on the use of skype.'

'There needs to be some form of instructions to use Skype.'

'In Daintree it has not been used effectively due to lack of publicity and nursing staff being unable to use Skype.'

'It's a marvellous thing to unite families through Skype.'

## GREYHOUND FOSTERING PROJECT


A casual conversation in the Bass staff station about 'dogs in prisons' programs led to the introduction of a greyhound fostering program in Bass Unit in July 2013.

Bass was selected as the trial site for the program, primarily because of the staff support, the safe fencing and the longer-term patients in the unit. Similar programs have been run in prisons, but this was the first time that such a program had been established in a mental health facility in Victoria.

The program involved greyhounds being placed on the unit for a period of around three weeks. During the placement, patients and staff worked together to help the dog adjust to life away from the race track and start the process of getting them ready to live in other people's homes.

The program was initially well received, but difficulties began to arise when the training component of the fostering program had to cease because of funding issues experienced at the adoption agency.

The benefit of companion animals and animals in restricted environments is well documented, and we are supporting the design and introduction of a revised program in the near future.



'... we fostered around eight greyhounds from the Greyhound Adoption Program in Seymour until funding shortages at the program meant that the trainer was not able to visit us here at Thomas Embling Hospital for training sessions.

We were able to successfully socialize all but one greyhound who was a bit grumpy around food. We had patients who were keen to take the dog out for laps on campus and get them moving. Several of our greyhounds were involved in social visits to Barossa, Canning and Daintree, and from memory, the Acute Units also.

We also worked with another less structured fostering program, but unfortunately this became too relaxed with no training structure.

For a number of reasons, we sadly ended up losing the program. Moving forward, we are hoping to build on our overall positive experience with the greyhounds and raise the program again in the near future. We are now looking at fostering a variety of dogs from the several shelters across Melbourne.'

**Craig Wright**

Psychiatric Services Officer, Bass Unit

One of the much pampered greyhounds fostered by Bass Unit





## CONSUMER SATISFACTION SURVEY

The second Consumer Satisfaction Survey undertaken by the Community Forensic Mental Health Survey was held from 16-27 June 2014. The survey questionnaire was given to all 74 clients attending for individual service during the survey period. Clients who attended groups during this period were excluded from the survey as they provide feedback through the group evaluation process.

The survey canvassed five areas – the appointment process, the ‘welcome’ given by administrative staff, suitability of the premises, the clinical response – feeling heard and being treated with respect. Two open-ended questions were also included in the survey seeking comments on what we are doing well and what can be improved. Responses were received from 48 clients, a response rate of 65% (an 18% increase from the previous survey conducted in 2012-2013).

Results from each question were rated from 0-4 to determine the average rating for each question, with a maximum possible of 4 and a minimum of 0.

The responses to all questions were positive and indicated a high level of satisfaction by the clients who completed the survey. In respect to the questions on the clinical experience, the results showed that clients overwhelmingly felt that the interaction was positive.

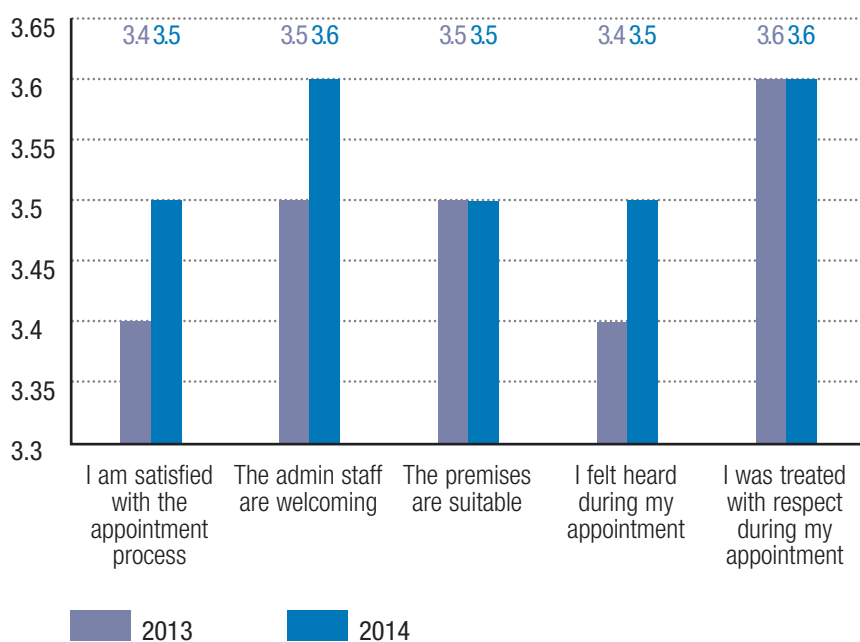
The results of the survey were discussed at the Community Forensic Mental Health Service Management Group, the staff meeting and the Community Consumers Advisory Group.

All recommendations for service enhancement have been considered, and a range of initiatives introduced as a result. Chilled water has been provided for clients, and posters and information introduced on the previously vacant wall of the waiting room. The suggestion to provide tea and coffee for clients waiting was not adopted, as the hazard of providing boiling water in the waiting room was assessed as posing a risk to both consumers and staff.

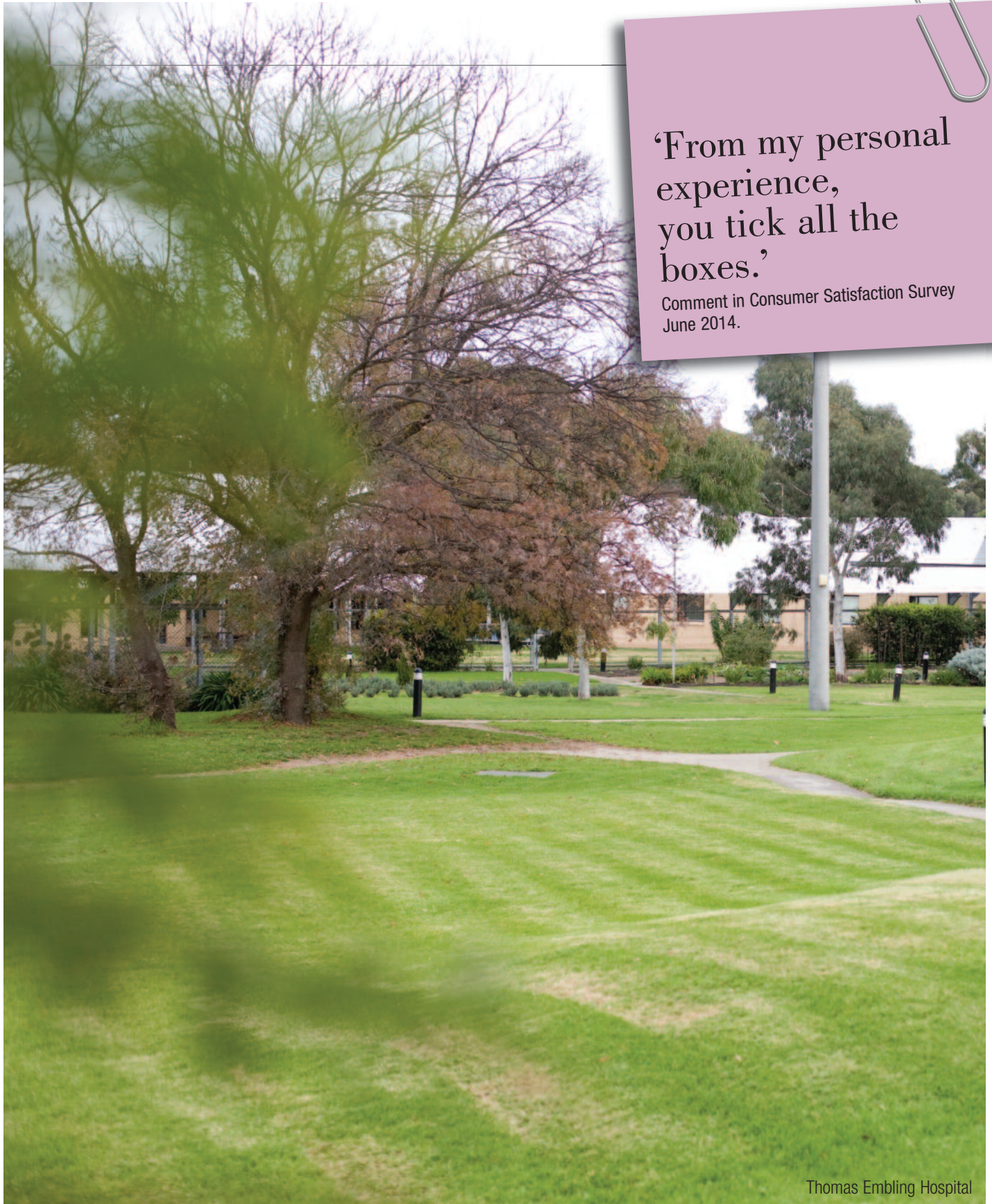
‘you treated me with respect, I felt at ease.’

Comment in Consumer Satisfaction Survey June 2014.

Consumer Survey 2014 Average Responses







‘From my personal experience, you tick all the boxes.’

Comment in Consumer Satisfaction Survey  
June 2014.

Thomas Embling Hospital



## Service Locations

### Thomas Embling Hospital

Yarra Bend Road  
Fairfield Vic 3078  
Australia

Tel 61 3 9495 9100  
Fax 61 3 9495 9199

### Community Forensic Mental Health Service

505 Hoddle Street  
Clifton Hill Vic 3068

Tel 61 3 9947 2500  
Fax 61 3 9947 2599

### Forensicare Prison Mental Health Service

Melbourne Assessment Prison  
317 Spencer Street  
West Melbourne Vic 3003

Tel 61 3 9321 4250  
Fax 61 3 9329 4820

Dame Phyllis Frost Centre  
Riding-Boundary Road  
Deer Park Vic 3023

Tel 61 3 9217 8400  
Fax 61 3 9217 8480

Metropolitan Remand Centre  
134-154 Middle Road  
Ravenhall Vic 3023

Tel 61 3 9217 7903  
Fax 61 3 9217 7920

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