



# Yanith Bilang

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Quality Account  
2017-2018



Forensicare





## Our vision

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

## Our mission

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We will provide high-quality specialist clinical services that:

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

## Our strategic goals

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

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# About us

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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.

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 in partnership with 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. The Victorian Government, through the Department of Health and Human Services, provides much of our funding. Our prison-based services are provided under a *Funding and Healthcare Services Agreement* with the Department of Justice and Regulation and through agreements with private prison operators.

You can find out more about our services by visiting our website at [www.forensicare.vic.gov.au](http://www.forensicare.vic.gov.au).





## About our Quality Account

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This year we have named our Quality Account, Yanith Bilang which means walking forward. We have done this at the request of the Consumer Advisory Groups to have a more meaningful name that reflects what we are reporting in this report. We thank Wurundjeri Elder, Gail Smith, for her assistance with developing the name.

You will see from the index, this report is divided up into four colours. This has been done at the request of the Consumer Advisory Groups, so that the different sections of the report are easy to find.

This report is prepared for Forensicare's community, which includes consumers, staff, families and carers, and our stakeholders - all of the people who are undertaking the recovery journey or who are assisting someone on it, whether it be through treatment, support or funding - all of whom have contact with Forensicare in common as we are Yanith Bilang.



## Welcome – Chair and CEO

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The aim of Forensicare's Quality Account is to provide information on how Forensicare delivered and improved our services over the last 12 months. Its primary audience is the people who use our services, consumers in the community, prisons, the Thomas Embling Hospital and family and carers. The Account provides detail on the way we have worked to improve our performance, listening to the feedback from consumers and carers, staff and stakeholders.

Each year we gather feedback on the previous year's Quality Account and use it to improve the next one. This year the Thomas Embling Hospital Consumer Advisory Group suggested that we rename the Report, which we have adopted. Two years ago we also adopted the recommendation of the Consumer Advisory Group to hold an open forum where the Board and Senior Management present on our performance. We have now successfully held two forums in Mental Health Week in October where we present this Report to our community and hear feedback from different consumer and carer groups and we will do the same this year.

Almost all the people who use our service are involved in the criminal justice system in some way. Because so much of our work happens "behind the walls" in prison or at the Thomas Embling Hospital we strive to be transparent about our performance. The Board and management believe it is critically important that we are publicly accountable for the quality of what we do. It is also important that Forensicare describe to the general community what our services are and how we have measured their quality. In the last year our organisation has changed the systems for measuring quality and safety and have established new "Best Care" committees in all areas of our service to do this.

The Board Clinical Governance Committee has met more frequently and every Board meeting now begins with a story or account of consumer or carer experience from one part of our service. This is an important way that the Board hears the direct feedback from the voices of consumers or carers. Satisfaction surveys at the Hospital and in our community service highlight that consumers are overwhelmingly positive about the service they receive. We still need to acknowledge what can be improved and learn from errors which occur.

Access to compulsory treatment at the Thomas Embling Hospital for men and women in prison has remained a major focus of all staff and the board in the past year. The opening of the Ballert Yerambo-ee mental health service at Ravenhall Correctional Centre has significantly improved the mental health treatment options for men in prison. However, it is unacceptable that men and women who require mental health treatment in hospital wait so long to receive that treatment. We keep working to improve our performance in this area and the Board has expressed its concern to government and continues to call for more investment in additional hospital services and beds to meet this need. We are actively working with government Departments to achieve this.

Occupational violence and aggression has also continued to be a major focus of initiatives this year and they rightly receive attention in this Quality Account. As we noted last year, 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. It is positive that physical aggression incidents have reduced in some of the areas of the Hospital.

We are currently reviewing the model of care we use in all our services. So far we have held discussions with more than 200 staff as well as consumers and carers to identify the changes required improve our clinical pathways across all our services. We have tried to provide more detail on the different activities and programmes we deliver for consumers in prison, the hospital and in the community in this report so that everyone can understand how we work to enable consumers to live meaningful lives in a safer community.

We hope that this Quality Account gives you an understanding of what we have done to deliver on Our Vision and Mission. We will keep listening to the feedback from consumers, carers, staff and stakeholders to ensure that we keep improving our performance in coming years.



**Adjunct Professor Bill Healy**  
Chair, Forensicare Board



**Tom Dalton**  
Chief Executive Officer

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## Feedback on our Quality Account 2016–17

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The launch of the *Quality Account 2016–17* occurred at the Consumer and Carer Forum held at Thomas Embling Hospital on 13 October 2017, as part of Mental Health Week celebrations. The CEO presented highlights from the *Quality Account 2016–17* to attendees. Representatives from the consumer advisory groups also spoke and highlighted their achievements from the preceding 12 months.

Following the launch of the *Quality Account 2016–17*, we met with our consumer advisory groups to obtain feedback on the report. The groups provided us with positive feedback and were delighted to see that many of their suggestions for improving the design and content of the report were incorporated.

The consumer advisory groups requested content for the *Quality Account 2017–18* to include women's issues, an update on Safewards, consumer involvement in the VMIAC conference, building works, study achievements and the National Disability Insurance Scheme (NDIS). We are pleased to be able to feature some of these requests in the *Quality Account 2017–18*.

The *Quality Account 2016–17* was made available in hard copy at all our service locations for staff and consumers and was published online.

## Statewide plans and statutory requirements

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### Family violence

During 2017–18 the Victorian Government extended its commitment to preventing family violence as a policy area of the highest priority. In support of this, Forensicare continued to provide risk assessments of family violence offenders in the context of Child Protection decisions regarding access to children. In addition, we maintained our partnership with Victoria Police and Swinburne University in having a senior clinician embedded with a police Enhanced Family Violence team as an expert risk consultant advising on the use of risk assessment tools. Forensicare also participated in the advisory group assisting the Chief Psychiatrist to implement the recommendations of the Royal Commission into Family Violence pertaining to mental health. As part of this, Forensicare helped to develop Chief Psychiatrist guidelines for mental health services on family violence.

In 2017–18 Forensicare received confirmation of funding from the Department of Health and Human Services for a new Specialist Family Violence Advisor initiative as part of the government's response to the Royal Commission into Family Violence. This will build the capacity and capability of Forensicare to better recognise and provide coordinated responses to family violence. This will be rolled out across the organisation in the coming year.

## Cultural diversity and language services

Forensicare is committed to providing appropriate health services that respond to the culturally and linguistically diverse backgrounds of consumers. The ways in which we have responded to consumers' cultural needs and language services in 2017–18 are highlighted in the 'Consumer, carer and community participation' and 'Comprehensive care' sections of this report.

### My Cultural Footprint (Plan)

For effective person-centred clinical care, an understanding of a patient's socio-cultural and socio-political background is essential, and so in 2017–18 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 is being rolled out in Thomas Embling Hospital, with a view to implementing it across other Forensicare sites in 2018–19.

## Aboriginal health

Forensicare is committed to improving the health, wellbeing and safety outcomes of Aboriginal and Torres Strait Islander people in our care.

At the Thomas Embling Hospital just over 9 per cent of patients admitted identify as Aboriginal or Torres Strait Islander. At our community service 4 per cent of our clients identify as Aboriginal or Torres Strait Islander and at our prison services the rate was 10 per cent. In prisons and Community Corrections people who are Aboriginal and Torres Strait Islander are also over-represented compared to the general population. We are working hard in all our settings to increase links with Aboriginal community controlled health organisations to ensure our services are culturally safe. We are currently developing a Reconciliation Action Plan and are about to implement the Boon-Gim Ngaga Aboriginal Social and Emotional Wellbeing Assessment. We are also excited to have been selected as one of eight mental health services to be funded by government to employ an Aboriginal mental health trainee.

## Aboriginal and Torres Strait Islander action plan at the community service

Following staff training sessions, consultations and the input of a working group, the community service in 2017–18 developed its first Aboriginal and Torres Strait Islander action plan. This has set a number of meaningful and achievable objectives:

- achieving more accurate identification of Aboriginal consumers at the community service
- increasing staff awareness and understanding of the Aboriginal support officer's (ASO) role at the community service
- introducing a protocol for clinician consultation with the ASO for consumers who identify as Aboriginal or Torres Strait Islander
- providing cultural awareness training with the aim that as many of Forensicare's current community service staff as possible attend
- designating a culturally safe interview room that has culturally appropriate materials and resources while mindful of safety and security
- undertaking a cultural safety audit.

Actions to meet these objectives have begun and will be pursued over the coming year.

## Aboriginal health and wellbeing worker at Ballertr Yeram boo-ee

The Aboriginal health and wellbeing worker aims to improve the social and emotional wellbeing of Aboriginal and Torres Strait Islander patients engaged through the Ballertr Yeram boo-ee Forensic Mental Health Service at Ravenhall Correctional Centre. The position aims to ensure culturally responsive safe practice to Aboriginal patients during their journey of care, applying a holistic understanding of health encompassing social, emotional and spiritual elements. The role works with other members of the multidisciplinary team to ensure high-quality and culturally sensitive health care is provided through consultation and advice. The Aboriginal health and wellbeing worker develops partnerships with Aboriginal community-controlled health organisations as part of

both inpatient care and discharge planning for post-release support, and coordinates the recognition and celebration of various culturally specific dates such as NAIDOC and National Close the Gap Day among other significant dates.

## ABORIGINAL PATIENT SEPARATIONS, FROM BALLERTR YERAM BOO-EE DECEMBER 2017 – JUNE 2018

15

Aire Unit

28

Erskine Unit

11

Moroka Unit

8

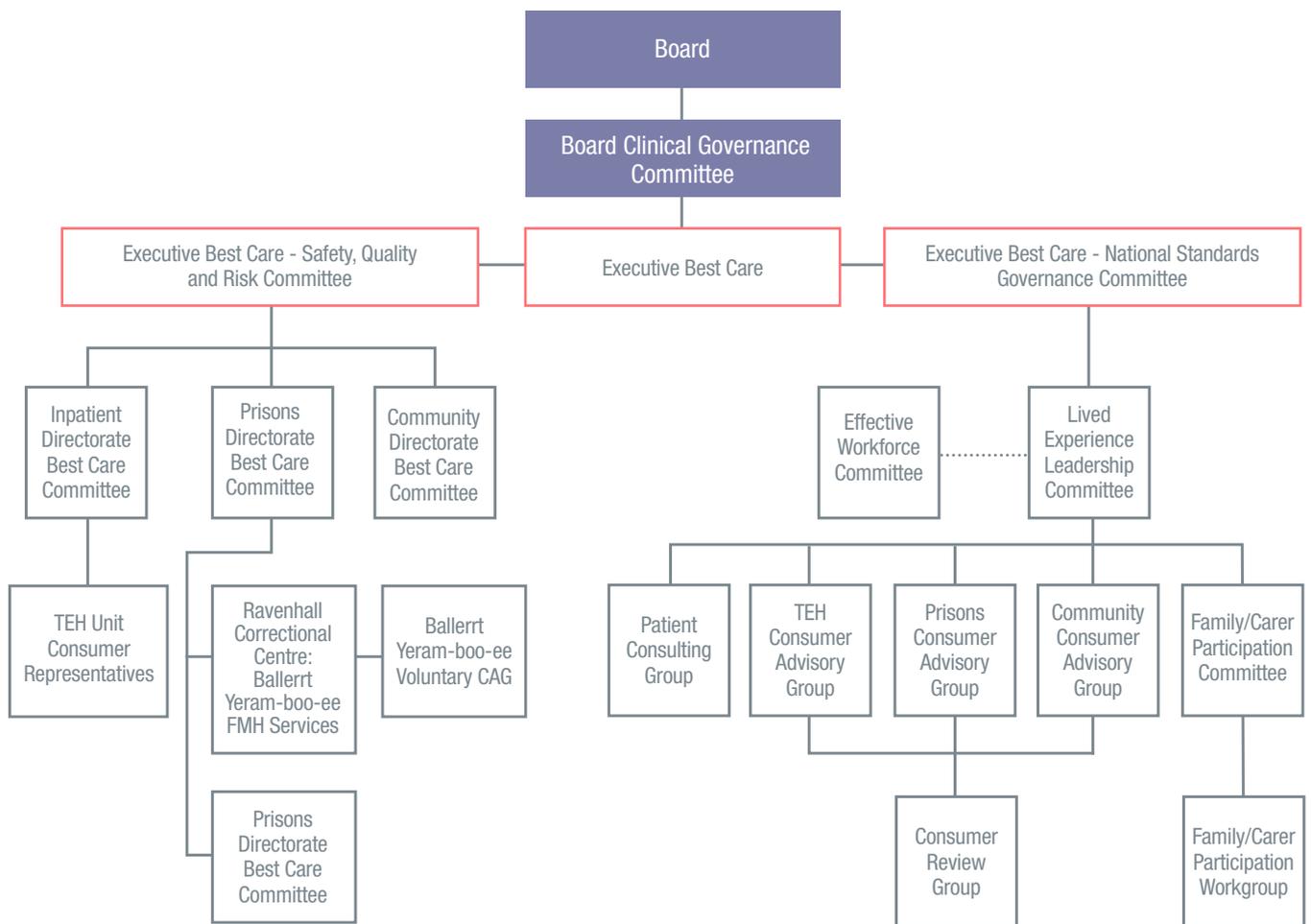
Outpatients

62

Total Aboriginal patients

# Consumer, carer and community participation

Figure 1: Forensicare consumer and family/carer leadership and participation groups



## First-hand experiences of care

During 2017–18 the board and its Clinical Governance Committee started opening meetings with hearing about an experience of care. Opening meetings this way enables the board to get an understanding of, and to highlight, consumer and carer experiences within the organisation. It also identifies opportunities for quality improvement.

To date, the board has heard experiences from patients, consumer consultants and a carer. Some experiences have been positive and gave rise to no recommendations for change. For other experiences the board has:

- requested management provide a patient with feedback
- sent its thoughts and positive encouragement on a patient's recovery
- discussed with management the current barriers to establishing a consumer advisory group at Ravenhall Correctional Centre
- changed policy and procedure as a result of the feedback.

## Lived Experience team

Consumer and carer leadership and participation is widely accepted as playing a vital role in the treatment, care and recovery of people with a mental illness. Forensicare is committed to expanding our Lived Experience team, which has grown to include consumer consultants, a consumer consultant support role, family and carer consultants and a peer worker.

Broadly defined, lived experience is a term used to identify consumers and carers who have first-hand experience of being, or having been, a mental health consumer or carer – they are 'experts by experience' and hold unique insights into how Forensicare can best respond to the needs of consumers and carers and promote recovery.

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## Lived Experience Workforce Innovation Grant

The Forensicare Lived Experience team was successful in its application for a Workforce Innovation Grant through the Department of Health and Human Services. These innovation grants have been established to support consumer, family/carer-led innovation projects related to workforce development.

Consumer and carer consultants will lead the project, with support from the Forensicare Social Work Service. The consultants will outline the benefits of lived experience/peer involvement in the care and treatment of those who find themselves at the criminal justice and mental health system interface, and will provide recommendations to support the growth of the workforce.

The project will also investigate what training and information clinical staff in the justice and forensic system may need to recognise and integrate the expertise provided by the professional lived experience workforce so this important perspective can be integrated into routine clinical care.

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## Raising the voices of consumers in prison

**Angela Nolan** is a consumer consultant and provides support to staff and consumers at Forensicare's Ballerit Yeram-boo-ee forensic mental health and Port Phillip Prison services. Angela shares a story about her experience with a patient in setting up a consumer advisory group at Ballerit Yeram-boo-ee.

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I was very new to consumer consultancy work when I first met Patient A. Staff on the unit told me he was familiar to them as he'd spent a considerable amount of time at Thomas Embling Hospital. As you can imagine many staff were dismayed and disappointed in Patient A's relapse and his return to the forensic mental health system.

Patient A was instrumental in setting a healthy and respectful tone for the *Yarning Up* sessions on the unit. Despite ongoing battles with his symptoms, he was remarkably proactive in ensuring as many of the men on Erskine, who were well enough, attended our weekly sessions. Patient A chaired and minuted most of these meetings, providing fun and engaging warm-up activities and ensuring that everyone participated and had a say.

I think Patient A was probably the first consumer who actually made me think we could make a consumer advisory group work. His consistent positivity, regular fist pumps and tremendous effort buoyed me many a time when I was questioning my role and wondering whether a consumer movement was really possible at Ballerit Yeram-boo-ee.

The lived experience team at Ballerit Yeram-boo-ee continues to work hard in establishing a properly recognised and remunerated consumer advisory group. Without the encouragement of consumers such as Patient A we may have lost momentum, but it is his spirit and consumers like him that keep us going.

Patient A has since moved on to the Tambo Unit. He left a strong legacy, one which other consumers have endeavoured to uphold.

## Things I've learnt

The things I learnt from Patient A is that recovery is never a neat trajectory. I have always believed setbacks are inevitable, but I have never witnessed someone so determined, positive and proactive in their own recovery, and so invested in others. Patient A still struggles with his mental illness and has spoken to me many times about hearing voices. He also picked up on a period when my own mental health wasn't so great and it was almost as if he could hear the voices ringing in my head.

Patient A invests himself in the recovery of others and provides immense support and encouragement to those around him, including clinicians. He is always the first to speak up during our round of thanks sessions during *Yarning Up*. He is also interested in solutions, constantly strives to better himself, and is incredibly insightful about his own struggles with drugs and addiction.

Patient A is one of the most open, warm and authentic advocates for mental health I have ever met. He often speaks about his desire to pursue a career in forensic mental health advocacy and I truly believe he would be an asset to any service.

Consciously cultivating an attitude of gratitude builds up a sort of psychological immune system that can cushion us when we fall. There is scientific evidence that grateful people are more resilient to stress, whether minor everyday hassles or major personal upheavals. The contrast between suffering and redemption serves as the basis for one of my tips for practising gratitude: remember the bad.

It works this way. Think of the worst times in your life, your sorrows, your losses, your sadness – and then remember that here you are, able to remember them, that you made it through the worst times of your life, you got through the trauma, you got through the trial, you endured the temptation, you survived the bad relationship, you're making your way out of the dark. Remember the bad things, then look to see where you are now.

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## Meet Forensicare's first peer worker

**Craig Croft** is Forensicare's first peer worker and works on the Tambo Unit at Ballert Yeram-boo-ee. We asked him some questions about his role.

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### What is a peer worker and how do you support patients at Ballert Yeram-boo-ee?

A peer worker is someone with lived experience of mental illness, treatment, mental health services and recovery. It is not a clinical role but is complementary or supportive of the clinical services.

A peer worker has individual and group discussions with people about both their personal experiences of mental illness and about what has and has not worked for them in the past. This sharing aims to build each other's belief in our own abilities to overcome the difficulties of living with a mental illness. Through a peer bond, the peer worker can support people to identify recovery goals and work alongside them towards achieving these goals. The peer relationship is more casual than a clinical one and has a more even power balance. Peers can just be themselves, feel accepted, understood, and have a sense of belonging.

A peer worker can also support the clinical team through sharing their experience and offering a consumer perspective on matters relating to a patient's needs and recovery. Peer work is not about telling people to take their medication or spying on people and reporting to the clinicians and custodial staff. Peer work operates under the recovery model's values of mutual respect, building hope, collaboration, recognising consumers as experts, and emphasising personal choice.

### What is the most rewarding aspect of the work you are doing?

The most rewarding aspect is providing support and meeting people's needs. I also enjoy spending time with people socialising, connecting, talking, listening, joking/clowning, doing activities, sharing, caring, meeting people's requests for support or referring them to those who can.

This is rewarding work for me because I understand how important it is to people and their mental health. I didn't have anyone like a peer worker in my recovery, so others can learn from my mistakes. I can use my experience of mental illness to support others who are experiencing similar difficulties to get well and manage their illness. My own mental health benefits greatly from contributing to the lives of others and it makes my life more fulfilling and meaningful.

### What is the most challenging aspect of the work you are doing?

I share a lot of myself with people I don't really know that well, often personal, private information about difficult times and experiences, and this makes me very vulnerable. I feel compassionately about what people are sharing with me, I understand how difficult this is, so I experience a lot of transference.

I'm new to Forensicare, I'm new to a prison. The services/units are new and my role is new too. There is not a lot of resources available for doing peer work in a forensic environment so I have had to figure it out as I go, along with everything else.

I was pretty naive about how stressful the job was going to be and over confident about how that was going to affect my own mental health.

### What have been the top achievements you've had this year?

I've worked on developing my role as a peer worker and building the recovery model values and principles into what we do on Tambo Unit. I'm proud of the contribution I've made to creating the strong community feel on the unit.

### Do you have a story that shows the positive impact of your role on consumers/carers?

I think just sharing my experience of mental health with people has the most impact. I don't know if this helps or changes things but the intention is to inspire a bit of hope in people.

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## Consumer participation

Consumer input is fundamental to informing and shaping the continual improvement of our services. In 2017–18 we have continued to expand on the valuable input we receive from consumers. Forensicare delivered consumer consultant-led training on the recovery approach to staff at the Community Forensic Mental Health Service, which was very well received. We also introduced the consumer policy and project endorsement process to embed the consumer perspective in our policy and procedure process.

### Consumer Advisory Group – Thomas Embling Hospital

The Thomas Embling Hospital Consumer Advisory Group empowers patients to influence the quality and direction of services, where possible, within the hospital. It consists of 13 patient representatives. Each of the seven units of the hospital are represented, and there are now seven specialist representative members:

- women's rehabilitation representative
- culturally and linguistically diverse representative
- diversity representative (advocating for the sexuality and gender needs of patients)
- spirituality representative
- Aboriginal and Torres Strait Islander representative
- abilities and needs representative (advocating for and supporting patients who are aged or who have an intellectual or physical disability)
- transition representative (advocating for and supporting patients transitioning between Thomas Embling Hospital and the community).

Consumer Advisory Group members and the consumer consultants report issues, activities and meeting minutes to:

- hospital patients at unit-based community meetings
- program managers
- the Lived Experience Leadership Committee
- Inpatient, Prison and Community Best Care Committees
- discipline seniors
- the CEO and the Forensicare executive.

In 2017–18 the Consumer Advisory Group continued its strong advocacy, promoting the patients' voice in the hospital.

#### Achievements for 2017–18 include:

- installing water fountains to provide fresh chilled water to patients on all internal hospital units
- introducing a language change from 'noncompliance/non-adherence of consumers' to 'non-agreement of consumers' to remove power inferences and inherent assumptions that the patient is automatically in the negative in disputes over treatment or medication
- providing sporting equipment to all units to encourage exercise among unit-bound patients and those wishing to reinforce their exercise regime outside of the Healthstream Gymnasium operating hours.

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## Consumer story: My role as the culturally and linguistically diverse representative

I have been the Culturally and Linguistically Diverse Consumer Advisory Group representative for over a year. When I first started the role, it was known as the CALD (cultural and linguistically diverse) rep. I found out about the position through the unit social worker. He felt I would be good for the position and after he explained it to me I was very interested. I thought it would be good to help people who needed translators, to get their views and make sure they are well represented in the Consumer Advisory Group meetings.

The main purpose of my role is to advocate for people in the hospital who don't speak English. To make myself known to this group I went to the unit meetings and did a speech about the position.

Another main part of my position is to be involved and help organise multicultural events. This helps people celebrate together and understand different cultures. Multicultural day was a big event at the hospital. This day brought together lots of people from different cultures to celebrate diversity. I gave a speech at the event which included details of cultural diversity in Victoria. This made me feel good. I am also involved in the 'Just do it' group and

the organisation of Ramadan celebrations in the hospital. Ramadan started on 18 May through to 18 June and we fasted during the day for most of this month.

Eftah, which is the breaking of the fast, allowed the Muslim group to get together to break the fast. The entire hospital was invited to join in the fast for the day and then break the fast together. I found this very inclusive.

Eid is a celebration with family and friends after Ramadan. This was celebrated on Canning – with food and a live broadcast from Mecca. A lot of people came to celebrate with us. I believe this has a positive aspect because if people don't know what Ramadan is about they can talk to somebody about it. During these tasks, I provided feedback to the CAG about how the events went and what participants' experience was from the event. I have also been working on building cultural linkages in the community with the Somali Council.

Throughout this position I have felt very supported by the staff at Thomas Embling Hospital, especially my social worker, Konrad. I find this is good for my recovery as it gives me a role and something to focus on. In the future, I plan to participate in peer support training as my lived experience can contribute to this type of role.

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### Consumer Advisory Group – Community Forensic Mental Health Service

The Consumer Advisory Group at the Community Forensic Mental Health Service engages clients from a variety of programs who report on systemic issues and service gaps where collaboration between consumers and management can improve the service quality provided.

**Achievements for 2017–18 include:**

- **Social Club** – the CAG has put together a proposal for a Social Club trial, which has now been approved
- **Transition Book** – in conjunction with the Consumer Consultant team, the CAG is helping to create a transition book for consumers moving from the Thomas Embling Hospital into the community by drawing upon their own experiences.

### Ballert Yeram-boo-ee Voluntary Consumer Advisory Group

The Ballert Yeram -boo-ee Voluntary Consumer Advisory Group is an essential part of the Consumer Participation Program within Forensicare’s prison services. The group provides a forum to engage and consult with consumers in improving service quality through obtaining consumer input and feedback. This includes identifying service gaps and facilitating patient/consumer collaboration with management and staff across Ballert Yeram-boo-ee units. It also incorporates consumer perspectives in Forensicare services in line with the organisational principles of consumer participation.

CAG members and the consumer consultant report on CAG issues, activities and the meeting minutes to:

- Ballert Yeram-boo-ee patients at *Yarning Up* sessions
- Ballert Yeram-boo-ee unit managers
- the Prison Representative Committee.

The consumer consultant also reports to Forensicare Best Care meetings about the key issues discussed at CAG meetings.

### Consumer Review Group

The Consumer Review Group is a small cohort of current consumers at the hospital who meet monthly to discuss their views and recommendations for upcoming policy and procedure updates. Having the consumer perspective is fundamental in supporting the needs and rights of consumers.

The Smoking cessation procedure, Manual handling policy and the Consumer and carer payment procedure are all examples of important documents that have been reviewed, prompting excellent feedback for the policy writers, who included the changes put to them.

### Patient Consulting Group

The Patient Consulting Group provides consumer-perspective expertise and consultation into ideas for improving the service and to promote recovery at Thomas Embling Hospital.

**Achievements for 2017–18 include:**

**Forensicare patient recovery tool:**

Building on development of the *Ravenhall recovery tool* and Thomas Embling *Patient recovery plan*, the Patient Consulting Group is now streamlining the two projects to make a more compact, adaptive and domain-focused tool. This tool will be used at Thomas Embling Hospital in conjunction with the more clinically aligned *Care and treatment recovery plan*, which addresses treatment and personal growth issues that patients and staff can work collaboratively on.

**Bob’s Story: Rights and**

**Responsibilities:** We are producing a new recovery-focused DVD on patient rights and responsibilities. Many patients and staff are unaware or unclear about their rights and responsibilities. By illustrating the principles of the *Mental Health Act 2014* and wider human rights matters we hope to empower people to live in a just and fair environment as set out by legislation and responsible humane services.

## Consumer and Carer Forum 2017

In October 2017 we celebrated Mental Health Week. As part of the celebrations across the organisation we held the second Consumer and Carer Forum at Thomas Embling Hospital. More than 80 people attended including consumers, carers, staff and members of the Forensicare board.

The forum included:

- the launch of the *Quality Account 2016–17*
- presentations from five Consumer Advisory Group representatives about their achievements over the preceding 12 months
- a question and answer session with the board and executive where they answered consumer and carer questions on matters including food at Thomas Embling Hospital, health and wellbeing, staffing and property
- a presentation on the construction of the new beds at Thomas Embling Hospital
- a presentation on Forensicare's new prison services (St Paul's, Port Phillip Prison, Ballerit Yeram boo-ee Forensic Mental Health Service and Ravenhall Correctional Centre)
- a consumer art exhibition
- a display from Kangan Institute with work from consumers
- the inaugural performance of the *Imperial Dragon Cult*, a consumer band.

A barbecue lunch followed the forum while the crowd enjoyed the live music.



## Recognising the role of families and carers in recovery

**Kerry Barrett** is a family and carer advocate and provides support to staff, family and carers across all Ballert Yeram-boo-ee units. We asked her some questions about her role.

### What is your role at Ballert Yeram-boo-ee?

I share the role of family and carer advocate at Ballert Yeram -boo-ee. I contribute to the ongoing service development of the Forensic Mental Health Services at Ravenhall Correctional Centre, representing the needs of families and carers. This can involve facilitating staff training to highlight the rights of carers and the important role they have in our patients' lives. Other times it means participating in meetings with clinical and correctional staff to enhance the visitor experience. I also liaise directly with patients' families and friends, providing emotional support and general information to help them navigate through what they often describe as a traumatic and isolating period in their lives.

### What is the most rewarding aspect of the work you are doing?

Carers of people with a mental illness are sometimes referred to as 'experts by experience'. This expertise often comes at great personal cost to the carer and their family so it's satisfying to know it can be of value to others. Working from a lived experience perspective improves my ability to listen without judgement and advocate for others who may be experiencing hardship in their care relationship. Disclosing the personal details of that lived experience is unnecessary, as every family member and carer has their own unique story; however, having a shared understanding seems to relieve distress and enable better coping.

### What is the most challenging aspect of the work you are doing?

My work in this role is informed by a lived experience which is not too dissimilar from that of our patients' family and friends. For me, this evokes empathy but also strong feelings of frustration and an urgency to improve outcomes for family and carers. Back in the 60s, Captain Wally Binghamton

on ABC's *McHale's Navy* became known for his exasperated catch phrase, 'I could just scream'. Accepting the complexity of forensic mental health services yet challenging the status quo, requires an ongoing willingness to have difficult conversations and to sometimes feel unpopular. That's what advocacy can be like.

### What have been the top achievements you've had this year?

Facilitating staff training during the September 2017 commissioning phase of the new Ravenhall Correctional Centre was recognised as a key opportunity for the family and carer advocate. The *Commissioning Staff Training Program – preliminary evaluation report* highlighted that the 'Working with Families and Carers' training was rated by staff as one of the top five training sessions received during their orientation.

The family and carer advocate is a member of the Ravenhall Best Care Committee and Aire/ Erskine Unit's Best Care meetings at Ballert Yeram-boo-ee.

### Do you have a story that shows the positive impact of your role on consumers/carers?

When my family member with forensic mental health issues became a patient at Ballert Yeram-boo-ee, I was unable to work in the role as family and carer advocate at Ravenhall due to the potential conflict of interest.

During this challenging time, I became something like a 'mystery shopper' for the prison and our mental health service. I experienced first-hand the issues that other carers had complained about when visiting their loved ones. The barriers to maintaining a meaningful connection with that person in a newly established mental health service in a new prison can be daunting. A lack of information and an unpredictable process for visiting a mentally ill patient disadvantages the patient and his family.

In the months following my return to work, I had several opportunities to share this lived experience through training and meetings with stakeholders from Ballert Yeram-boo-ee and GEO. The aim was to improve the visitor experience for not only family and carers but for staff interacting with those visitors as well. Two working groups were established who continue to strive for best practice in this area.

## Satisfaction surveys

### Thomas Embling Hospital consumer satisfaction survey

In previous years, Thomas Embling Hospital has conducted annual patient surveys to seek feedback on care. The survey format was quite lengthy and the response rate in 2017 was low at 22 per cent. The Consumer Advisory Group was consulted about ways in which a better response rate could be achieved so that the results were more representative of the patient population. As a result, a decision was made to change the format to a simple set of 10 statements covering key aspects of care. Patients were asked to rate their responses on a scale from 'strongly disagree' to 'strongly agree'. An opportunity to identify what we are doing well as a service and what we could be doing differently or better was also provided.

The Consumer Advisory Group suggested that to achieve a higher response rate, the surveys could be distributed at unit community meetings and patients could complete the surveys on the spot. This process was followed and a response rate

of 64 per cent (70 patients) was achieved. This represents an improvement of 42 per cent from 2017.

The survey results were overwhelmingly positive, with high levels of satisfaction with all aspects of care reflected in the statements.

An overall question taken from the Department of Health and Human Services' 'Your Experience of Service' Survey was also included: 'Overall, how would you rate your experience of care?' Of those who answered this question, 88 per cent responded 'good', 'very good' or 'excellent', which is a very pleasing result and reflects positively on the level of care provided by staff.

Results of the consumer satisfaction survey are shown in Table 1.

The statements that had the highest response rate for the categories 'unsure' or 'disagree/disagree strongly' indicate that further attention is required in these areas. This includes the explanation of rights and responsibilities, providing medication information in an understandable format and making a complaint. These items have been referred to the Consumer Advisory Group and relevant staff for further discussion and action.

Table 1: Results of the Thomas Embling Hospital consumer satisfaction survey, 2018

Statement	Agree or agree strongly	Unsure	Disagree or disagree strongly
Staff in the service treat me with dignity and respect	84%	9%	7%
I am listened to by staff in the service	84%	10%	6%
Staff check with me on a regular basis that I understand my rights and responsibilities	71%	17%	11%
I am a partner in decisions about my treatment, care and recovery planning	75%	14%	11%
I am safe on the unit	80%	10%	10%
I am given information I understand about the medication I receive and its side effects	71%	14%	14%
I am satisfied that the medication I am on is necessary for my wellbeing	74%	17%	9%
The service supports me towards achieving goals that matter to me	83%	11%	6%
I would be comfortable making a complaint about my care	69%	20%	11%



COMMUNITY  
FORENSIC MENTAL  
HEALTH SERVICE

Overall, how would  
you rate your  
experience of care?

**97.3%**

Rated good, very good  
or excellent

### Community Forensic Mental Health Service consumer satisfaction survey

The Community Forensic Mental Health Service undertook its annual ‘snapshot’ satisfaction survey of clients attending the Clifton Hill clinic for individual service between 13 November and 1 December 2017.

The survey was originally developed in 2013 in consultation with the Community Consumer Advisory Group. Six of the questions on the 2017 survey were carried over from previous years. An additional question taken from the Department of Health and Human Services’ ‘Your Experience of Service’ Survey was added in 2016.

Reception staff distributed the survey to clients. Seventy-four of the 126 clients whose participation was requested completed the survey. This is the highest number of returned surveys completed in the five years it has been conducted.

Results of the consumer satisfaction survey are shown in Table 2.

For the last question, ‘Overall, how would you rate your experience of care?’ (the item from the ‘Your Experience of Service’ Survey):

- 50.0 per cent (37/74) rated the service as excellent
- 36.5 per cent (27/74) rated the service as very good
- 10.8 per cent (8/74) rated the service as good
- 2.7 per cent (2/74) rated the service as fair or poor.

In other words, 97.3 per cent rated the service as good, very good or excellent.

The survey results indicate 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’. Consumers receiving service from the Court Report Program, Community Transition and Treatment Program and the Problem Behaviour Program rated their experience particularly highly.

Table 2: Results of the Community Forensic Mental Health Service consumer survey, 2017

Item	Score (0–4)
I was satisfied with the appointment process	3.6
The staff are welcoming	3.7
The waiting area is welcoming	3.6
The facilities are suitable	3.5
I felt heard during my appointment	3.5
I was treated with respect during my appointment	3.7
Overall, how would you rate your experience of care?	3.5

Overall scores for each item increased from 2016, with the exception of satisfaction with the appointment process, which remained the same. There was a notable positive increase in feedback about how welcoming the staff and waiting area are.

It is noteworthy that the majority of clients attending the Community Forensic Mental Health Service are required by an order or a court direction to attend. Given that, these results even more so reflect a high standard of service.

The comments provided indicate that consumers appreciate that the 'process is smooth' and that they are treated with warmth and respect by Forensicare staff. A small number of recommendations for improvement have been provided and these will be considered by the Consumer Advisory Group and the Community Service Management Group. The survey will be repeated in late 2018.

### Family and carer survey

Thomas Embling Hospital carried out its annual family and carer survey in 2017. This year we received 16 responses, which provided us with some important information.

We are currently looking at ways to improve our liaison with families and carers, to ensure we do have access to their valuable knowledge and feedback about how we operate our services, as well as to support them in their invaluable roles as carers to consumers.

#### FAMILY AND CARER

84%

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

79%

of respondents agreed  
'I feel that I have been listened  
to by staff in the Hospital'

84%

of respondents agreed  
'I have been given relevant and  
sufficient information about the  
Hospital, for my needs'

73%

of respondents agreed  
'The Hospital has supported  
the person I care for, towards  
achieving their goals'

89%

of respondents agreed  
'I feel safe and comfortable  
in the physical environment  
of the Hospital'

## Interpreter services

Forensicare uses accredited interpreters to ensure consumers have access to information in their preferred language.

In 2016–17 we saw an increased use of interpreter services following a recommendation from an internal review into a serious incident in 2015 that recommended more frequent use of interpreters.

In 2017–18 the number of times interpreter services were used decreased by approximately 30 per cent compared with 2016–17 and the number of hours interpreters were used decreased by approximately 23 per cent. Despite this, the number of consumers requiring interpreter services increased by 7 per cent compared with 2016–17.

The use of interpreters has decreased over all services locations: Thomas Embling Hospital (approximately 14 per cent), Community Forensic Mental Health Service (approximately 17 per cent) and Prison Mental Health Service (approximately 71 per cent) (see Tables 3 and 4).

To address this issue we are:

- seeking to identify further data about use of telephone interpreters or other bi-lingual staff
- undertaking awareness campaigns to remind staff to use interpreters
- planning audit activities to identify barriers or issues preventing use of interpreter services.

Table 3: Use of interpreter services, 2017–18 (all sites)

Language spoken	Number of hours	Number of patients requiring an interpreter	Episodes
Amharic	3	1	1
Albanian	2	1	1
Arabic	61	3	46
Auslan	18	2	9
Bengali	3	1	2
Cambodian	13	1	11
Cantonese	65	5	57
Croatian	3	1	1
Dari	3	1	1
French	2	1	1
Indonesian	3	1	1
Italian	32	11	16
Macedonian	2	1	2
Mandarin	27	18	8
Pashto	1	1	1
Farsi	4	3	2
Punjabi	6	2	2
Serbian	6	1	4
Somali	37	3	31
Spanish	4	1	1
Sudanese	11	1	8
Tagalog	2	1	1
Tamil	5	1	3
Tigrinian	2	2	2
Turkish	83	6	78
Vietnamese	52	15	36
Urdu	2	1	1
<b>Total</b>	<b>447.90</b>	<b>86</b>	<b>327</b>

Table 4: Location of interpreter services, 2017–18

Interpreting by location	Hours
Thomas Embling Hospital	336.00
Prison Mental Health Service	24.10
Community Forensic Mental Health Service	87.80
<b>Total</b>	<b>447.90</b>

## Disability action plan

In 2017–18 we have:

- continued to support consumers to transition to the National Disability Insurance Scheme (NDIS)
- celebrated patient achievements both internally and through the *Quality Account 2016–17*.

Forensicare has now established a Diversity Committee to oversee the initiatives we are putting in place to recognise diversity in all its forms among our staff and consumers. The Diversity Committee will report to the executive on a number of significant pieces of work that recognise the needs of staff and consumers, including a review and update of Forensicare's *Disability action plan*.

## Naming the new Apsley Unit

During May 2018, the Secure Psychiatric Intensive Care Unit project team began a consultation program with consumers at Thomas Embling Hospital to find a new name for the unit.

To ensure the new unit name was consistent with existing units, it was stipulated that the new name:

- must begin with an 'A' (in line with the existing men's acute units)
- is an Australian river or body of water
- has possible Aboriginal significance.

Shortlisted names for the new unit were provided to consumers via a survey, with 'Apsley' (after the Apsley River in New South Wales) receiving the most votes. 'Avoca' (a Victorian river) came in a very close second but was excluded from selection because a prison unit in New South Wales shares the same name.

The new unit was formally named Apsley in mid-June. The name Apsley brings with it symbolic meaning in terms of the mental health recovery journey. Rivers and water are often used as a metaphor to describe the nature of recovery. Aboriginal communities in the Apsley River region believe the Rainbow Serpent created the Apsley gorge in the Dreamtime. The Rainbow Serpent is considered a regenerative power in nature and human beings, and the connection between snake and rainbow is often linked with the cycle of the seasons.

The Apsley Unit is scheduled to open in early 2019. The eight-bed unit will provide care for acutely unwell prisoners requiring treatment under the Mental Health Act 2014 and help reduce waiting times for admission at the hospital.

# Quality and safety

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**One patient stated, ‘Staff were really beautiful, they encouraged me and helped me live. Their patience was incredible ... They showed me kindness and lots of love and care. A marvelous bunch of people’.**

## 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. Complaints offer an opportunity for us to examine how we can improve the quality, safety and efficiency of our service delivery and to further enhance consumer satisfaction and experience. We also work collaboratively with the Mental Health Complaints Commissioner to respond to patients who complain about aspects of care.

Feedback received from across the organisation from 1 July 2017 to 30 June 2018 consisted of 43 complaints, 29 suggestions/enquiries and eight compliments. Of the complaints received, 70 per cent were from Thomas Embling Hospital, 28 per cent from the Prison Mental Health Service and 2 per cent from the Community Forensic Mental Health Service. The feedback information is provided each month in a summary format and is reviewed at all levels of the organisation up to the Forensicare board. It is also tabled at Consumer Advisory Group meetings and the Family/Carer Participation Committee.

At Thomas Embling Hospital, feedback is also gathered from Consumer Advisory Group meetings and unit community meetings. Any suggestions raised are forwarded to the operations manager for attention.

### Complaints

Seventy per cent of complaints related to aspects of clinical care, 19 per cent related to facilities/environment, 7 per cent were behaviour-related and 2 per cent concerned information provision (see Tables 5 and 6 and Figure 2).

Changes as a result of complaints ranged from developing a more robust procedure for recording Nominated Persons in the patient record, counselling security officers to ensure patients are treated with dignity and respect, increased flexibility with visiting hours, and practical improvements such as providing more fresh fruit options.

### Compliments

Seven of the eight compliments related to clinical care including ongoing care/management, assessment and assistance exiting health care. The other compliment was about information access, with staff expressing a positive attitude to an information request.

One patient stated, ‘Staff were really beautiful, they encouraged me and helped me live. Their patience was incredible ... They showed me kindness and lots of love and care. A marvelous bunch of people’.

### Suggestions/enquiries

Many of the enquiries were from the Mental Health Complaints Commissioner and related to queries from prisoners regarding medication and appointments with medical staff. In these cases, Forensicare investigates the situation and advises the Mental Health Complaints Commissioner of the outcomes. Most issues are resolved through this process, rather than escalating to formal complaints.

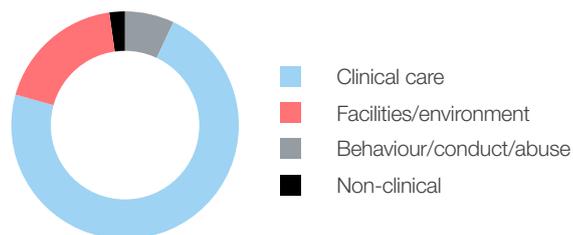
Table 5: Complaints, 2015–16 to 2017–18

Complaint – service location	Unit/program	2017–18	2016–17	2015–16
Thomas Embling Hospital	Argyle	6	4	5
	Atherton	3	3	7
	Barossa	7	12	3
	Bass	3	1	2
	Canning	2	0	0
	Daintree	8	9	1
	Jardine	0	1	2
	<b>Subtotal</b>	<b>29</b>	<b>30</b>	<b>20</b>
Prison Mental Health Service	Barwon Prison	2	0	0
	Dame Phyllis Frost Centre – Marmak Unit	1	7	3
	Dame Phyllis Frost Centre – Outpatients	1	0	1
	Melbourne Assessment Prison – Acute Assessment Unit	1	3	1
	Melbourne Assessment Prison – Outpatients	1	1	5
	Metropolitan Remand Centre – Mobile Forensic Mental Health Service	1	0	0
	Port Phillip Prison – St Paul’s	2	N/A	N/A
	Port Phillip Prison – Outpatients	2	N/A	N/A
	Ravenhall – Aire	1	N/A	N/A
	Ravenhall – Erskine	0	N/A	N/A
	Ravenhall – Moroka	0	N/A	N/A
	Ravenhall – Tambo	0	N/A	N/A
	Ravenhall – FMH Outpatients	0	N/A	N/A
	Regional prisons	0	2	2
	<b>Subtotal</b>	<b>12</b>	<b>13</b>	<b>12</b>
Community Forensic Mental Health Service	1	2	2	
Corporate	1	1	0	
<b>Total complaints received</b>	<b>43</b>	<b>46</b>	<b>34</b>	

Table 6: Nature of complaints, 2017–18

Nature of complaint	Number of complaints received	% breakdown of complaints received
<b>Behaviour/conduct/abuse</b>		
Towards others	3	
<b>Subtotal</b>	<b>3</b>	<b>7%</b>
<b>Clinical care</b>		
Access/admission	1	
Administration/treatment	2	
Assessment	2	
Communication/documentation	1	
Dispatch/attendance	1	
Inappropriate care	1	
Medication –prescription/dispensing	6	
Ongoing care/management	14	
Transfer	2	
Treatment/procedure	1	
<b>Subtotal</b>	<b>31</b>	<b>72%</b>
<b>Facilities/environment</b>		
Facilities/plant/systems	3	
Food/nutrition/diet	3	
Security	2	
<b>Subtotal</b>	<b>8</b>	<b>19%</b>
<b>Non-clinical services</b>		
Information access/provision	1	
<b>Subtotal</b>	<b>1</b>	<b>2%</b>
<b>Total</b>	<b>43</b>	<b>100%</b>

Figure 2: Breakdown of complaints, 2017–18



If you would like to provide Forensicare with feedback, please go to Forensicare’s website at [www.forensicare.vic.gov.au](http://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 2018, 54 per cent of staff responded to the survey, providing us with a clearer picture of staff workplace perceptions than ever before.

Overall, job satisfaction rates have improved, with 69 per cent of respondents indicating they are satisfied with their job compared with 66 per cent in 2017. A high number of respondents also indicated:

- they enjoy the work they're doing in their current job (83 per cent)
- they gain a sense of accomplishment from their work (82 per cent)
- their role allows them to utilise their skills, knowledge and abilities (85 per cent).

Safety in the workplace is still raising concerns for respondents. However, improvements to safety across the organisation are being recognised, with 68 per cent of respondents agreeing with the statement: *Management is driving us to be a safety-centred organisation.*

Over the coming months, the human resources team will use the results from the 2018 People Matter Survey to develop an employee health and wellbeing framework. The framework will provide a better structure for delivering employee wellbeing and improving workplace culture across Forensicare. It will also identify and support training programs and measures that target key areas for improvement for all services.

Once finalised, the Forensicare executive will begin work with senior managers to develop and implement action plans in response to the framework, which will be monitored and reported on across the year.

Table 7 shows the results of the organisational culture questions from the People Matter Survey over the past two years.

Table 7: Results of the organisational culture questions of the People Matters Survey, 2017 and 2018.

	2018	2017	Comparator organisations 2018
Patient care errors are handled appropriately in my work area	71%	67%	76%
This health service does a good job of training new and existing staff	56%	61%	65%
I am encouraged by my colleagues to report any patient safety concerns I may have	81%	75%	84%
The culture in my work area makes it easy to learn from the errors of others	63%	57%	70%
Trainees in my discipline are adequately supervised	62%	64%	64%
My suggestions about patient safety would be acted upon if I expressed them to my manager	75%	62%	78%
Management is driving us to be a safety-centred organisation	68%	54%	79%
I would recommend a friend or relative to be treated as a patient here	52%	49%	79%
My Organisation provides a safe work environment	63%	59%	86%



## Custodians of culture

In 2018 Forensicare provided 'Custodians of culture' training to 132 senior staff in the organisation to further promote the Working Respectfully Initiative. This initiative was introduced to support employees' wellbeing by promoting and maintaining a respectful workplace. Introduced at orientation as 'See Something, Say Something', this initiative encourages all employees to reflect on how their behaviour affects others, as well as how interactions between staff impact on their patients.

The See Something, Say Something program will continue to be rolled out across services to support staff to better understand behaviours that build risk and cause harm in the workplace and provide practical approaches for dealing with them. The training is mandatory and staff are expected to take the training on a biannual basis.

## Accreditation

Accreditation is an external review of our safety and quality systems and processes to assess our performance against the *National Safety and Quality Health Service Standards*. We are also assessed against the *National Standards for Mental Health Services*.

Forensicare is currently accredited until November 2019 but will be undergoing an organisation-wide survey in November 2018 as part of a new accreditation cycle. At the last survey in 2015, we received one recommendation related to access to compulsory acute mental health care at Thomas Embling Hospital under the *Victorian Mental Health Act 2014*.

We have continued to work with government to address this situation. In addition to the 18 new beds funded by government being opened in the next six months, the Board and management continue to seek further funding commitment by government for more beds and services at the hospital.

To ensure that Forensicare is continuing to strengthen and improve performance against the National Standards, during 2018 we established an executive-level National Standards Governance Committee chaired by the CEO. The committee aims to drive the culture of safety and quality across Forensicare by ensuring the Standards are embedded across the service. We have also strengthened our clinical governance structures by re-configuring existing committees and establishing new Standards-related committees. These committees all report through to the National Standards Committee to ensure all standards are monitored and any gaps identified and addressed.

## Adverse events

Forensicare promotes a safety culture, encouraging and supporting staff to report clinical incidents. Learning from adverse events is an important part of this process. The Australian Commission on Safety and Quality in Health Care defines an adverse event as 'an incident in which unintended harm resulted to a person receiving health care'.

Adverse events are classified according to the level of harm or the level of care required as a result of the event:

- ISR1: severe harm or death – harm left the patient with permanent loss of function resulting in advanced treatment or a higher level specialised care (transfer to intensive care, theatre or other specialised care), or death
- ISR2: moderate – harm left the patient with a temporary loss of function requiring advanced treatment or a higher level of specialised care (transfer to intensive care or theatre)
- sentinel events – relatively infrequent, clear-cut events that result in harm to a patient due to hospital system or process deficits.

Forensicare reports all deaths as ISR1 events, even if they are unrelated to care. This is to ensure that all serious incidents are reviewed to determine if there were any systems or processes that may have contributed to the death.

In 2017–18 there were five incidents reported as ISR1 events across Forensicare services where patient deaths were involved. Three of these incidents involved prison patients – one died by overdose following their release from prison, and two died by suicide in prison. At Thomas Embling Hospital, one patient who was transferred to hospital for palliative care died of natural causes and one patient died by suicide in the hospital.

All sentinel events are comprehensively investigated by a team including an external topic expert clinician, using root cause analysis (RCA) methodology. The purpose of the RCA is to identify the cause(s) of the adverse event and to make recommendations to prevent recurrence.

Despite no root causes being identified with the Thomas Embling Hospital death, the review panel made a number of incidental recommendations relating to improvements to some aspects of care.

There were also 25 ISR2 incidents reported. Of these, 19 involved appropriate

medical transfers from prison settings and two from Thomas Embling Hospital to emergency general hospitals due to deteriorating physical health (whenever a transfer out of the service occurs, this triggers an ISR2 rating). There were two reported medication errors – one in a prison and one at Thomas Embling Hospital. There was also an incident from Thomas Embling Hospital involving a patient absconding while on unescorted leave (with no adverse outcome) and an incident involving a community-based client who allegedly seriously assaulted a co-tenant.

Forensicare has a robust system for reviewing and analysing adverse events to see if the care was appropriate and if anything could have been done better. All ISR1 and 2 incidents are reviewed by internal teams and reported to executive level meetings and to the board. Recommendations from these reviews are monitored through our governance committees.



## Safety

### Medication safety

Medication safety as a key component of Forensicare's efforts to improve the access, care and health of its consumers. The Medication Safety Committee is responsible for ensuring Forensicare has a comprehensive, robust and effective medication management and safety system. The committee reports to the Safety, Quality and Risk Committee, and its members are drawn from key stakeholder groups across Forensicare's operational directorates and sites, including consumer representation, consultant and registrar representation, nurse prescribers and nurse unit managers/operational managers.

Over the last year the committee has reviewed and updated several new policies, guidelines and procedures and undertaken a suite of medication safety audit projects relating to domains of the *National quality use of medicines indicators for Australian hospitals* (2014). Action plans have been developed to address identified gaps, and re-audit projects will be taking place in the coming year to evaluate the impact of these action plans.

We are undertaking a number of initiatives to help achieve our objectives of achieving 'Better Health, Better Access and Better Care' for all Forensicare consumers, as outlined below.

#### Better Health

- Implementing the *Medication management plan* as a single source of the best possible medication history for each consumer and integrating this into the mental health recovery process.
- Reviewing and updating the nurse prescriber formulary for prescribers based at Thomas Embling Hospital and across our prison sites to ensure compliance with the *Drugs, Poisons and Controlled Substances Act 1981*.

#### Better Access

- Providing consumers and their carers with up-to-date, evidence-based and easily accessible information leaflets on whatever mental health conditions they may have and medications they are prescribed. Information leaflets will be available in multiple foreign languages, and picture-based 'easy-read' leaflets and audio files may also be provided to ensure that consumers with limited literacy, intellectual disabilities or similar can access the information. Consumer decision support tools/aids are an important component of the recovery-focused model of care, and providing Forensicare consumers with good-quality information will empower them to make better informed choices about the medication they take, improve medication adherence, and assist on their recovery journey.

#### Better Care

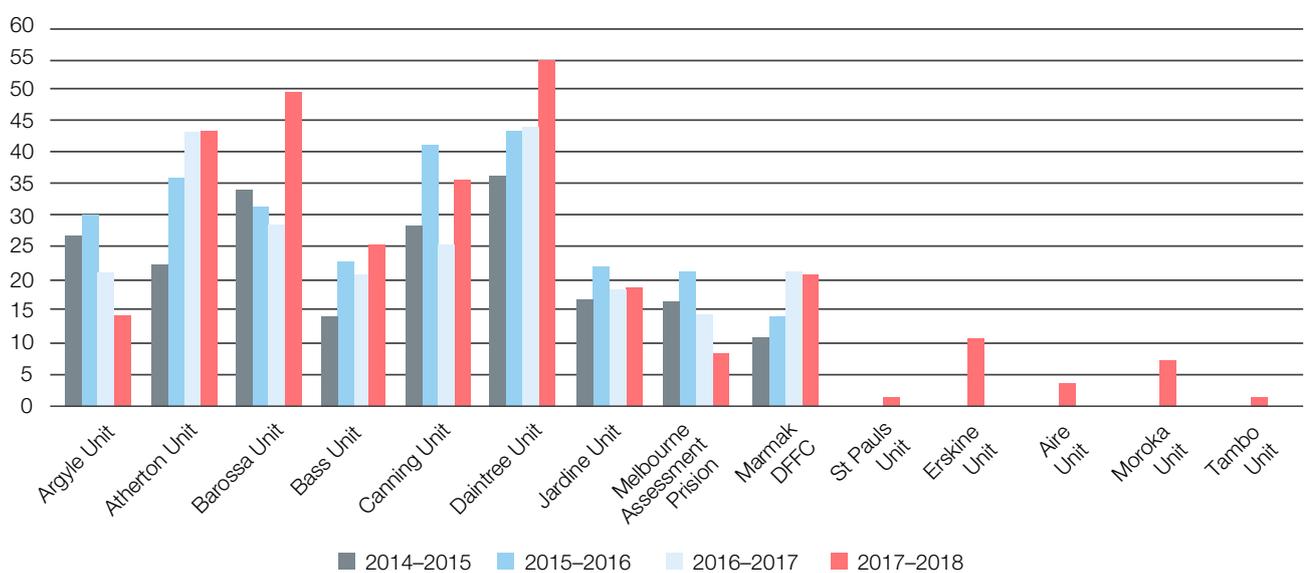
- Conducting monthly reviews of the Medication Safety Committee Risk Register and Best Care Plan.
- Conducting monthly reviews of near misses, incidents and risk issues pertaining to medication safety across Forensicare.
- Tackling trends and common themes and developing quality improvement (action) plans to reduce or eliminate the risk of recurrence or to mitigate the impact of incidents.
- Ensuring that all policies, procedures and guidelines are reviewed and updated to reflect emerging evidence as well as local and international best practice guidelines.
- Using technology to improve our clinical processes such as using a single, authorised template to document baseline and continuous monitoring of any side effects and the physical health of consumers on antipsychotics and potentially dangerous medications such as lithium and clozapine. The effectiveness of these measures will be evaluated via regular audits during the course of the coming year.

The location of medication errors for the past four years are shown in Figure 3.





Figure 3: Medication errors, 2014–15 to 2017–18



## Preventing falls and harm from falls

Minimising falls, trips or slips, and reducing the harm from falls, continues to be a focus of clinical care in Forensicare bed based services. A recent audit of falls risk assessments identified that the majority of patients (85 per cent) are assessed as a low risk of falls. Ongoing collaboration and referrals to appropriate services including occupational therapy, physiotherapy, general practice and dietetics supports patients deemed at moderate or high risk of falls, including those who have previously fallen, to reduce their risk of falls.

The number of falls reported for the 2017-18 period, being 38, is a reduction from the 51 that were reported last year, which is notable because we have more bed based services at Port Phillip Prison and Ravenhall Correctional Centre. As in previous years, Canning Unit continues to report the highest level of falls per unit, being 39 per cent, which reflects the increased proportion of aging patients on that unit.

We conduct 6 monthly audits of compliance with the falls risk assessment process across the bed based services. Patients identified as requiring adaptive equipment to reduce their risk of falls continue to be able to access this equipment which includes wheelchairs with suitable cushions, walking frames, walking sticks and height adjustable chairs. Initiatives across the organisation continue to be implemented to increase the compliance with conducting falls risk assessments as well as reducing the risk of falls for patients. Some of planned initiatives for the next 12 months include: developing an online training package to support staff to become familiar with the falls risk assessment procedure and process, continuing to conduct 'April Falls Day' celebrations to increase awareness of the importance of this area of clinical need, and continuing to aim to incorporate falls risk assessment outcomes into clinical review processes.

## April Falls Day – 'Call out, don't fall out'.

The 2018 April Falls day aimed to highlight the importance of reducing falls risks within the hospital and prisons.

With the assistance of the communications team, strategies for preventing or minimising falls were presented in 'speech bubbles', which were cut out and placed around all bed-based units in Thomas Embling Hospital, within prison settings and in staff areas.



## Hand hygiene compliance

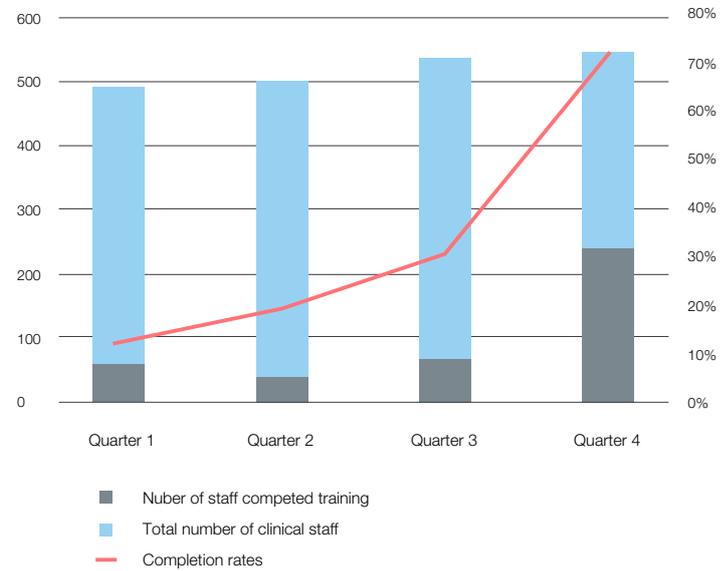
Forensicare has an established hand hygiene program consistent with the National Hand Hygiene Initiative and the *National Safety and Quality Health Services Standards*.

Hand Hygiene Australia acknowledges routine hand hygiene compliance auditing (using the 'Five Moments for Hand Hygiene') is not an achievable outcome measure in mental health settings. The recommendation is to use alternative evaluation tools.

To achieve compliance using an alternative evaluation tool, Forensicare developed an online training program based on Hand Hygiene Australia's mental health training module. Since the introduction of this program there has been a significant increase in the number of clinical staff completing the training (see Figure 4).

On 5 May 2018, 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.

Figure 4: Hand hygiene completion rates, 2017-18

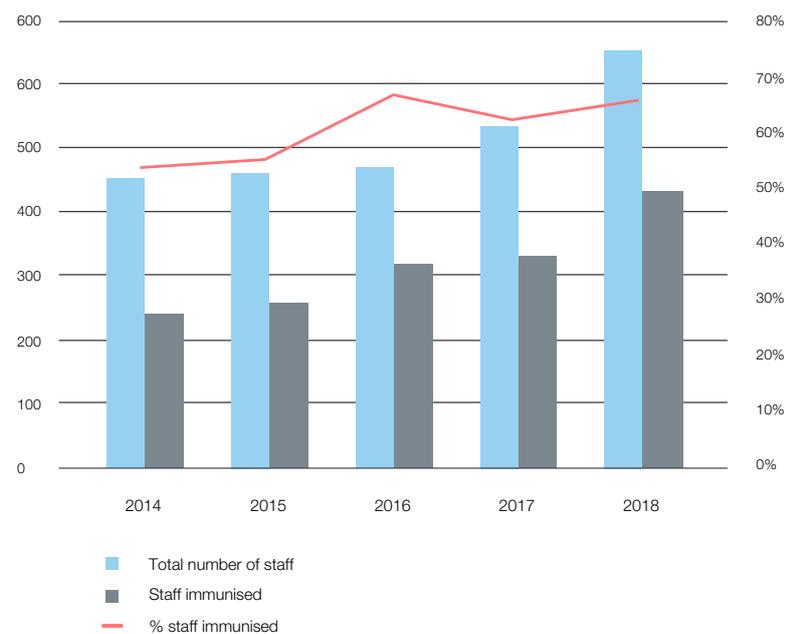


## Rate of healthcare worker influenza vaccination

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. The influenza vaccination program is coordinated by our infection prevention and control nurse in accordance with current *Australian immunisation guidelines*. Data collected over the past five years shows a significant increase in uptake from 2014 to 2018 (see Figure 5).

Forensicare also recognises the importance of promoting the influenza vaccine to inpatients at Thomas Embling Hospital. The responsibility for ensuring patients are offered and receive the vaccine rests with the general practitioner and practice nurse in consultation with the psychiatric registrar assigned to each unit. This year we achieved 100 per cent patient uptake in two of our continuing care units.

Figure 5: Healthcare worker influenza vaccination, 2014 to 2018



## Aggression and other behaviour-related incidents

Patient aggression is an issue for all health services, but particularly for mental health services where consumers are experiencing symptoms of mental ill health. Staff are encouraged to report all forms of patient aggression.

Given the substantial increase in the number of beds managed by Forensicare over the year (105 prison-based beds, representing a 69 per cent increase from 152 to 257), direct comparison of overall aggression data between 2016–17 and 2017–18 is not possible. Changes to data reporting classifications with the introduction of the classification ‘physical and verbal abuse’ also precludes direct comparisons. Despite these changes, it is still useful to review general trends in incidents of aggression and the pattern across services.

During the year, there was a 26 per cent increase in overall incidents of aggression across Forensicare (from 993 incidents to 1,253 incidents), which, given the large increase in beds, could be anticipated.

The majority of aggressive incidents continue to be reported at Thomas Embling Hospital. There were significant decreases in the incidents of physical aggression in many of the units of the Hospital. 64 per cent were attributed to the Barossa Women’s Unit, with 265 incidents (88 per cent) relating to one patient with challenging behaviour.

There was a 16 per cent increase in reported verbal aggression (from 367 to 425) across Forensicare. Incidents were highest in Thomas Embling Hospital’s two acute units, which together represented 61 per cent of all hospital incidents. Notably, one of the sub-acute units, Canning, reported both higher levels of physical aggression and verbal aggression than other subacute and rehabilitation units.

There has been a 27 per cent reduction in aggressive incidents towards property at Thomas Embling Hospital (85 to 67). There were minimal reports of property damage in the prison services (16).

The new category of aggression introduced in 2017–18 – ‘verbal and physical aggression’ – recorded 296 incidents across the service, with 44 per cent (129) recorded in the acute Argyle Unit in Thomas Embling Hospital. Seventeen per cent (52) were recorded in Thomas Embling Hospital’s acute Atherton Unit.

The prison services reported 44 incidents, with 40 per cent (18) reported at Marmak Women’s Prison and 30 per cent (13) at the Ravenhall acute unit – Aire. It should be noted that Ravenhall services began in November 2018 and, as such, the figures only relate to a six-month period (see Table 8).

To assist in reducing levels of occupational violence and aggression at Thomas Embling Hospital, the 2017 Forensicare Enterprise Bargaining Agreement provided for establishing the Early Intervention Support team to operate within our acute units (Argyle, Atherton and Barossa) and the wider service. The team’s role is to be proactive in reducing occupational violence and aggression as well as reducing restrictive interventions. It is noted that in the two months following the full establishment of the team, physical aggression incidents reduced on those units overall.





Table 8: Clinical aggression incidents, 2015–16 to 2017–18

Incident type and location	2017–18	2016–17	2015–16
<b>Physical aggression</b>			
<b>Thomas Embling Hospital</b>			
Argyle	31	93	65
Atherton	36	92	90
Barossa	300	270	101
Bass	3	11	6
Canning	45	39	15
Daintree	0	3	2
Jardine	3	0	0
<b>Prisons</b>			
Acute Assessment Unit	4	4	4
Marrmak	20	29	31
St Paul's	4	N/A	N/A
Ravenhall – Aire	12	N/A	N/A
Ravenhall – Erskine	6	N/A	N/A
Ravenhall – Moroka	1	N/A	N/A
Ravenhall – Tambo	0	N/A	N/A
Ravenhall – FMH O/P	0	N/A	N/A
<b>Total</b>	<b>465</b>	<b>541</b>	<b>314</b>
<b>Verbal aggression</b>			
<b>Thomas Embling Hospital</b>			
Argyle	126	89	70
Atherton	116	112	88
Barossa	28	34	74
Bass	34	23	34
Canning	71	77	108
Daintree	12	8	36
Jardine	1	1	3
<b>Prisons</b>			
<b>Acute Assessment Unit</b>	0	2	7
Marrmak	10	21	25
St Paul's	4	N/A	N/A
Ravenhall – Aire	11	N/A	N/A
Ravenhall – Erskine	0	N/A	N/A
Ravenhall – Moroka	11	N/A	N/A
Ravenhall – Tambo	0	N/A	N/A
Ravenhall – FMH O/P	1	N/A	N/A
<b>Total</b>	<b>425</b>	<b>367</b>	<b>445</b>

Incident type and location	2017-18	2016-17	2015-16
<b>Verbal and physical</b>			
<b>Thomas Embling Hospital</b>			
Argyle	129	N/A	N/A
Atherton	52	N/A	N/A
Barossa	32	N/A	N/A
Bass	2	N/A	N/A
Canning	31	N/A	N/A
Daintree	6	N/A	N/A
Jardine	0	N/A	N/A
<b>Prisons</b>			
Acute Assessment Unit	0	N/A	N/A
Marrmak	18	N/A	N/A
St Paul's	2	N/A	N/A
Ravenhall – Aire	13	N/A	N/A
Ravenhall – Erskine	5	N/A	N/A
Ravenhall – Moroka	6	N/A	N/A
Ravenhall – Tambo	0	N/A	N/A
Ravenhall – FMH O/P	0	N/A	N/A
<b>Total</b>	<b>296</b>		
<b>Towards property</b>			
<b>Thomas Embling Hospital</b>			
Argyle	27	27	18
Atherton	11	21	26
Barossa	7	6	12
Bass	1	2	3
Canning	5	11	12
Daintree	0	1	4
Jardine	0	0	0
<b>Prisons</b>			
Acute Assessment Unit	1	2	3
Marrmak	3	15	13
St Paul's	0	N/A	N/A
Ravenhall – Aire	9	N/A	N/A
Ravenhall – Erskine	1	N/A	N/A
Ravenhall – Moroka	2	N/A	N/A
Ravenhall – Tambo	0	N/A	N/A
Ravenhall – FMH O/P	0	N/A	N/A
<b>Total</b>	<b>67</b>	<b>85</b>	<b>91</b>
<b>Total</b>	<b>1,253</b>	<b>993</b>	<b>850</b>

## Occupational health and safety aggression incidents

There has been an increase in the number of reports of occupational health and safety incidents involving occupational violence and aggression this year, partially attributable to the expansion of our service. There were significantly more days lost as a result of occupational violence (1225 compared to 488 in the previous year), indicating that injured staff are taking a longer period of time to recover following an incident. Table 9 shows the incidents of aggression towards staff over for the past four years.

During 2017-18 a number of staff from Thomas Embling Hospital, that were experiencing a high level of occupational violence, participated in occupational violence forums. The open forums gave staff the opportunity to voice issues that they felt were relevant to their particular work area and suggest possible solutions. The forums were well received and feedback was that staff members felt they were being listened to. Further occupational violence forums will be planned for 2018-19.

Table 9: Incidents of aggression towards staff, 2014-15 to 2017-18

	2017-18	2016-17	2015-16	2014-15
Physical aggression	114	107	91	38
Verbal assault	86	36	50	39
<b>Total</b>	<b>200</b>	<b>143</b>	<b>141</b>	<b>77</b>

## Restrictive interventions

In 2017–18 the Reducing Restrictive Intervention Committee continued to oversee the governance of safety, risk and quality in relation to restrictive interventions. We undertook the following actions at Thomas Embling Hospital to reduce the use of restrictive interventions:

- conducted a survey of current restrictive intervention systems and practices utilising the Reducing Restrictive Intervention Checklist, a tool developed in the UK, to create an action plan to guide the committee's work over the next year
- reviewed our policies and procedures
- completed an on-line training module for the Dynamic Appraisal of Situational Aggression (DASA)
- supported a randomised control trial investigating an electronic version of the DASA in conjunction with an aggression prevention protocol designed to structure suitable nursing interventions, prioritising least restrictive interventions
- supported the expansion of the Safewards program to the Barossa, Bass and Daintree Units
- commenced a review of the physical management of aggression to ensure it is more person-centred and trauma-informed for those in long-term seclusion
- continued to discuss outcomes of the Restrictive Intervention Reviews (RIR) that exams the use of restrictive interventions with a multidisciplinary team using the Model of Inpatient Aggression as a framework and examining the restrictive intervention event, allowing reflection on the incident and a review of the individual patient's clinical care
- considered the results of the forensic mental health services restrictive intervention benchmarking project.

### Seclusion rates

During 2017–18 the average duration of seclusion and the numbers of seclusion episodes per 1000 bed days at Thomas Embling Hospital changed due to changes in the practices for ceasing seclusion.

While the average duration of seclusion decreased significantly from the average in 2016–17, the number of episodes per patient increased (see Figure 6).

The decrease in the average duration of seclusion on the Barossa Unit can be attributed to assertive steps to increase time out of seclusion for one consumer with a complex presentation.

During 2017–18 the rate of seclusion remained between 20 and 35 for the most part, which is significantly higher than the statewide target of 15.00. We note that these figures are significantly impacted by a small number of consumers who have complex presentations.

Figure 6: Occasions of seclusion per 1,000 bed days, 2016-17 to 2017-18.

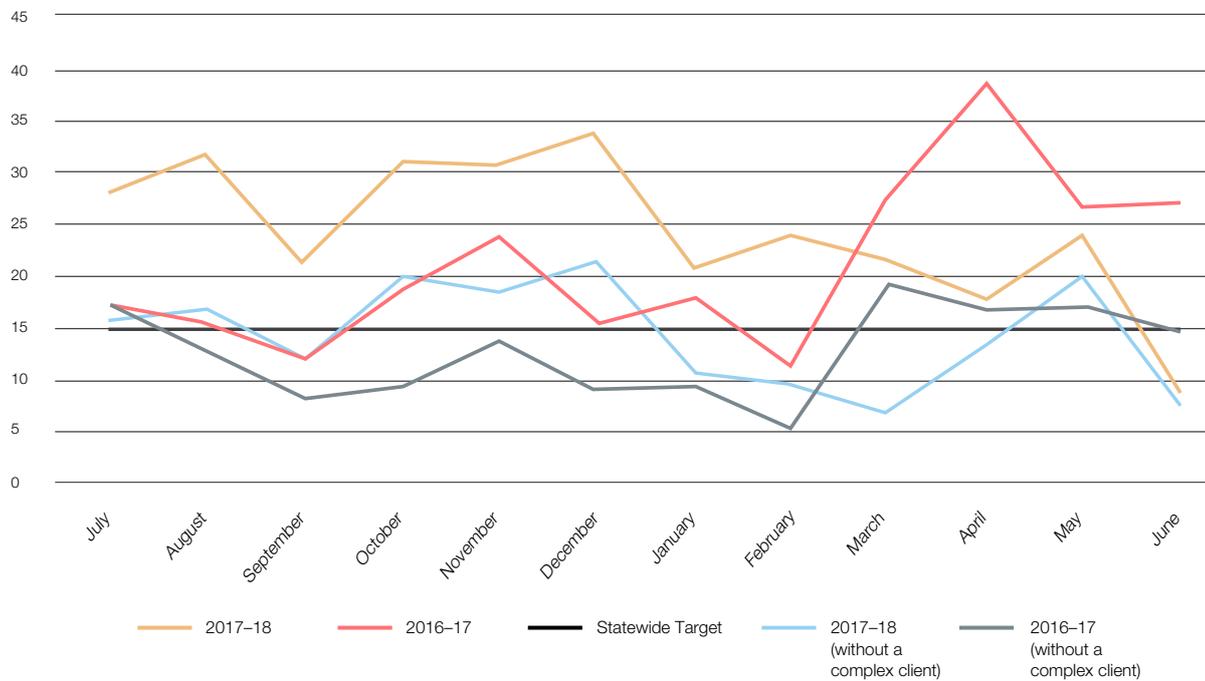


Table 10: Average duration of each episode of seclusion (days:hours:minutes), 2012–13 to 2017–18

Unit	2017-18	2016-17	2015-16	2014-15	2013-14	2012-13
Argyle	2:03:55	2:08:38	3:13:42	2:02:33	3:01:43	2:11:32
Atherton	5:02:13	3:03:56	3:06:22	2:05:16	2:15:28	1:22:40
Barossa	0:23:45	1:12:05	6:20:13	2:04:41	1:10:24	1:08:12
Bass	0:06:01	0	0:08:26	0:13:31	1:12:32	0
Canning	1:17:02	1:08:07	0:14:13	0:15:22	2:23:03	2:10:01
<b>Average all units</b>	<b>1:23:13</b>	<b>2:04:13</b>	<b>4:04:36</b>	<b>2:03:19</b>	<b>2:13:17</b>	<b>1:23:28</b>

## Quality improvement

### Model of care: Pathways Project

Following an extensive external consultancy and report in 2017, in January 2018 Forensicare started preparing to implement key changes to the organisation's overarching model of care, with the aim of aligning the entire service system with global best practice in forensic mental health.

Recommended key aspects of a refreshed model of care include:

- evidence-based, protocol-driven decision making about how and when patients move through the forensic mental health system based on structured clinical judgement
- a structured approach to planning patient pathways across their whole journey with Forensicare
- a renewed focus on applying therapeutic interventions to address patient comorbidities and offending behaviours
- continually improving clinical governance structures and processes for efficient communication about safety, quality and risk
- ensuring staffing models and expertise match the specific purpose of each program/unit and introducing a peer support workforce.

The Pathways Project aims to lay some of the groundwork for these changes while a comprehensive, organisational change implementation plan is developed.

In this first phase, the focus has been on raising staff and patient awareness of the proposed changes and why they are required. Work has also begun to map the current clinical pathways across the whole service to identify how pathways work under the current model of care. This will uncover perceived gaps and barriers in the existing system.

Workshops held with every clinical team have been helping the project to understand if changes staff want to see in the system are likely to be addressed by implementing a new model of care. The workshops are also exploring where the changes may need to be complemented with local quality improvement activities.

A series of patient and carer focus groups are helping us learn how we can best communicate patient pathways and the purpose of each Forensicare program.

### Trauma-informed care

The Trauma Informed Care Committee was established in early 2018 to ensure trauma-informed care principles are embedded into service delivery and practice at Forensicare.

A large percentage of consumers in all our settings have had past experiences of trauma. Trauma-informed care includes implementing a range of strategies to enhance our understanding of, and responsiveness to, the impact of trauma. This emphasises physical, psychological and emotional safety for both survivors and service providers, and creates opportunities for survivors to rebuild a sense of control and empowerment as part of their engagement in service.

The overarching goal of the Trauma Informed Care Committee is to improve safety in clinical settings and to support consumers in their recovery journey by ensuring that all clinical services, practices and processes are guided by trauma-informed care principles: safety, trust, choice and control, collaboration, and empowerment.

Local working groups have been established across all directorates including community, prisons and Thomas Embling Hospital, and work is underway to administer an Australian trauma-informed care audit tool developed for mental health services. This audit will identify opportunities for service improvement so we can provide better trauma-informed care. The committee is also working towards relaunching a suite of trauma-informed care training options across Forensicare.

## Safewards

Staff and patients within Thomas Embling Hospital experience, at times, high levels of conflict events such as self-harm, substance use, rule breaking, aggression and violence. Such conflicts often lead to the use of containment strategies such as coerced or forced medication, restrictions on leave/campus access, restraint and seclusion. The use of such containment strategies is viewed as a negative outcome by both patients and staff, and can create a barrier to meaningful therapeutic engagement.

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 and have the potential to reduce conflict and containment.

In 2016 the Safewards model was introduced into Canning Unit at Thomas Embling Hospital with positive results. Canning Unit experienced significant reductions in conflict and an increased sense of satisfaction and safety of both patients and staff. There was not a reduction in containment, though the significance of this is unknown as historical rates of containment were low on this unit.

Following on from this success, Bass and Daintree Units commencing roll-out in 2018. Bass Unit has implemented eight interventions and has thus far had great success with these. The rollout on Bass has been treated as a Quality Improvement Project and initial informal feedback and observations have been positive. To date all fidelity checks have reflected that the interventions which have been implemented have been done so in such a way that is sustainable and in line with the aims of the model.

One of the biggest successes stories of the implementation on Bass thus far has been the Mutual Help Meetings. These meetings are consistently well attended by patients and staff alike, and are now coordinated, chaired and minuted entirely by patients.

Oversight for the rollout of the Safewards model has been provided through the existing clinical Governance framework, in particular the Best Care Committee governance structure. This has not only provided strong clinical governance but also afforded the project a high level of visibility throughout the organisation.

With just the Clear Mutual Expectations intervention yet to be rolled out, the Bass team and patients are all keenly motivated to continue this great initiative!

Over the next year, Safewards will continue to be rolled out in the units of Thomas Embling Hospital.

## Clinical mental health care

### Early Intervention Support

The Early Intervention Support team at Thomas Embling Hospital helps reduce occupational violence and aggression by providing support to unit-based staff in a timely manner, increasing clinical and therapeutic time, engaging with patients and providing early intervention and de-escalation.

The team has a Reducing Restrictive Interventions practice and development coordinator who provides support, education and development of clinical skills. The position is looking at how the team have reduced occupational violence and aggression.

The team comprises registered grade 2 mental health nurses. Although the duties listed below are what is currently expected of all grade 2 nurses, the roles in this team do not have a caseload and are not allocated specific patients. They have greater flexibility and mobility to be allocated to any unit that is experiencing and requiring support due to higher levels of behavioural disturbance.

Early Intervention Support staff:

- support seclusion reviews to enhance available staff to maintain continuity of care
- provide support where staff on a unit note that there is a potential or acute escalation of agitation, noise or increased frustration, or any other need for extra staff (they then remain on the unit until the unit settles)
- cover units during team meetings, handovers, staff meal break periods, clinical supervision and debriefing; they also provide cover at patient meal times and medication rounds
- engage patients through individual and group sessions using sensory modulation skills and distraction techniques
- introduce afternoon groups and are actively engaged in therapeutic programs
- make regular appearances on units to provide a visual presence and engagement with patients (rounds)
- assist in escorting patients between units, to and from trust, kiosk, to and from the sally port on return from ground leaves, and when collecting shopping and deliveries
- respond should there be multiple responders needed, in addition to incidents where secondary responders have attended.

Implementing the Early Intervention Support team model was a gradual process that began in 2017 and was later rolled out across the acute units. A formal evaluation of the first year of implementation will be conducted by the end of 2018.

### Increasing intervention and support on Unit 13

At Melbourne Assessment Prison prisoners at high risk of suicide and self-harm are housed in Unit 13. We have built on the success of a pilot project which introduced developing a senior occupational therapist on Unit 13 designed to provide assessment and intervention to prisoners at high risk of self-harm or suicide and training to correctional officers. In early 2018 the pilot project was completed and the senior occupational therapist role is now ongoing.

Outcomes of this project included:

- enhanced in-cell occupational opportunities for prisoners such as access to magazines and softcover books
- an increase in purposeful out-of-cell time to engage in activities or occupational interests
- more occupational therapy assessments completed
- enhanced connection with families
- personal clothing worn during yard access time to promote occupational identity, self-esteem and personal volition.

To enhance the environment of the unit we worked collaboratively with Corrections staff and a prisoner with painting skills to create artwork in the cells and unit generally.

As part of the refurbishment process at the Melbourne Assessment Prison, Corrections Victoria is in the process of adding a dedicated interview space, a phone for patients and a new staff space to the Unit 13 area to further maximise therapeutic engagement for patients in Unit 13.

### **Supporting flow at Thomas Embling Hospital from the community**

To improve bed flow through Thomas Embling Hospital, this year we expanded community-based support to assist patient movement through, and discharge from, the hospital. The Community Treatment and Transition Program now provides dedicated time on hospital units working with forensic patients and treating teams in preparing pathways for recovery progression from early in the patient journey all the way through to discharge. Staff from this program are also actively assisting with the direct discharge of civil patients from the hospital to the community through advice and transition support.

### **Best Care at the Community Forensic Mental Health Service**

We have introduced a range of initiatives to improve the performance, safety and quality systems at the community service. This includes developing an Aboriginal and Torres Strait Islander action plan. We also undertook a comprehensive training needs process with our staff and designed a program of staff development forums accordingly. As a feature of this training, this year included a staff session conducted by Forensicare's senior consumer consultant on providing a consumer-informed approach to recovery.

We have also begun reviews of our intake system and of the suite of measures we use to monitor evaluate our programs. In addition, we received confirmation of capital works funding from the Department of Health and Human Services from the Health Service Violence Prevention Fund for upgrades to interview room safety and capacity and to create a larger and safer waiting room and reception area at our community service premises. This followed consultation with consumers and staff on design ideas. As the year ends, we are in full planning for these works, which are scheduled to begin in September 2018.



# Comprehensive care

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## Admissions to Thomas Embling Hospital

94

admissions to  
Thomas Embling Hospital  
in 2017–18

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12

forensic patients  
(2 female, 10 male)

---

81

security patients  
(16 female, 65 male)

---

1

compulsory patient  
(male)

## Access to Thomas Embling Hospital

Prisoner access to compulsory treatment at Thomas Embling Hospital has continued to be one of our highest priorities in 2017–18. Our policy of transferring three prisoners per week to Thomas Embling Hospital and accepting a similar number of patients each week back to prison has continued; however, it has remained difficult to achieve.

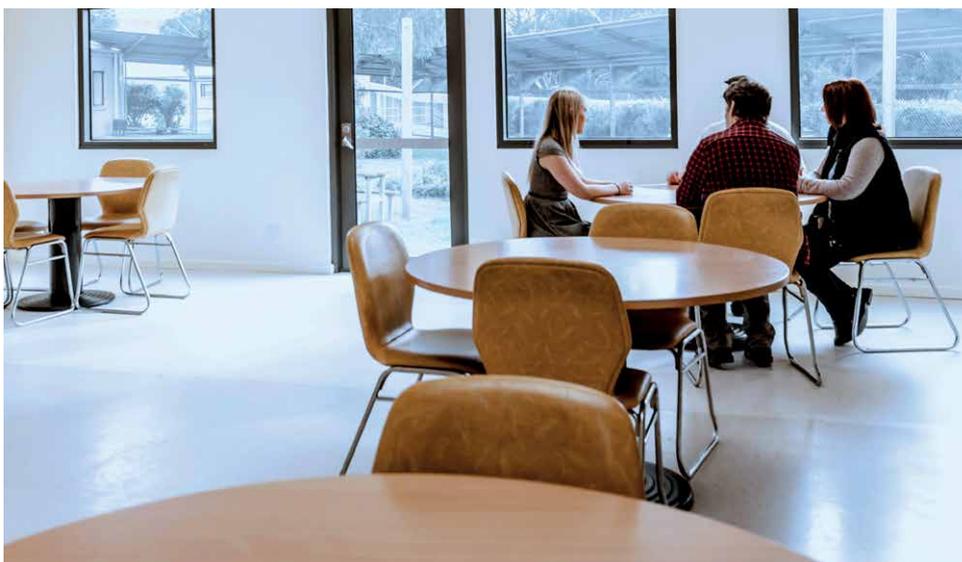
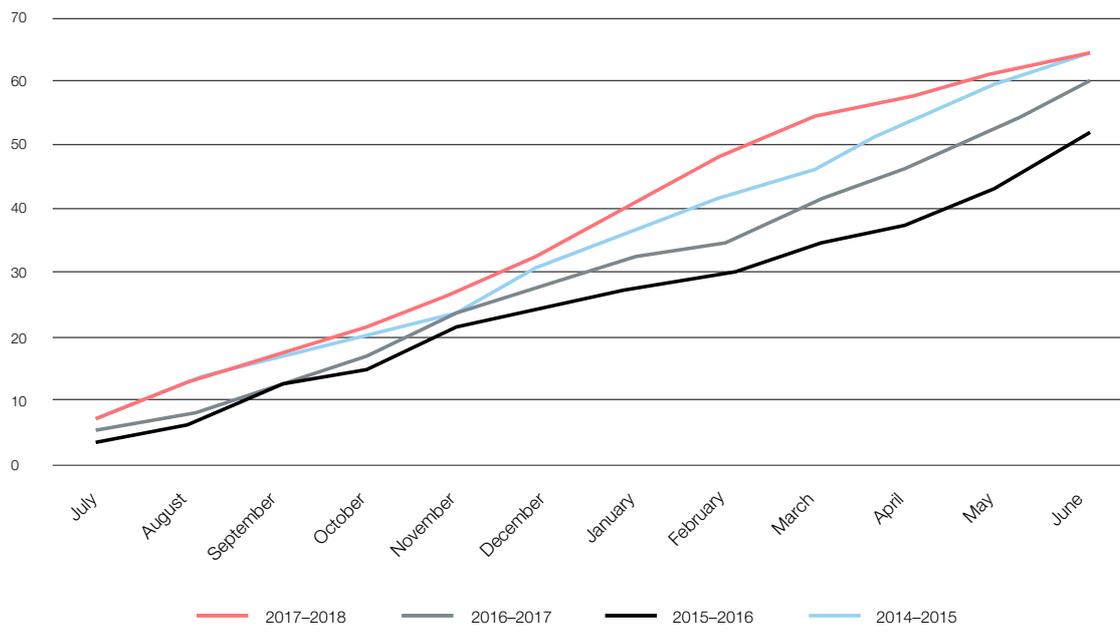
Although the admissions decreased by one in 2017–18 compared with the total number of patients admitted in 2016–17, we matched the number of admissions from 2014–15.

In 2017–18 we admitted 76 male patients to Thomas Embling Hospital, an increase of approximately 7 per cent on 2016–17. The number of male security patient admissions increased by approximately 8 per cent compared with 2016–17.

We admitted 18 female patients to Thomas Embling Hospital in 2017–18, a decrease of 25 per cent compared with 2016–17. The number of female security patient admissions decreased by 25 per cent and the number of admissions for female forensic patients remained the same as 2016–17.

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

Figure 7: Cumulative number of admissions of male security patients to Thomas Embling Hospital, 2014–15 to 2017–18



**Wait time for admission – security patients**

In 2017–18 male prisoners who were admitted to Thomas Embling Hospital waited 38.11 days on average for a bed at the hospital from the date of certification. This is very similar to 2016–17, when the average was 38.85 days.

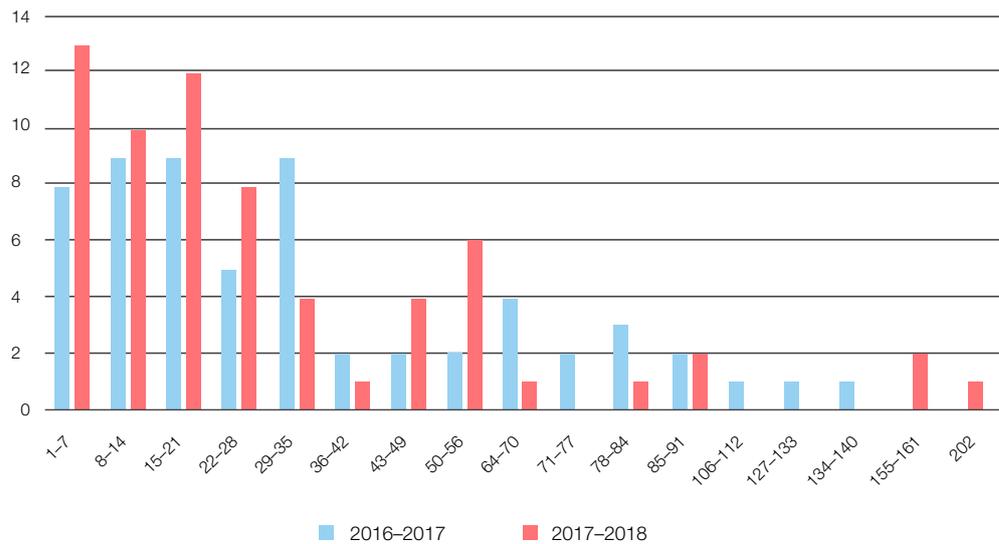
Female prisoners who were admitted to Thomas Embling Hospital during the reporting period waited, on average, 21.5 days for a bed at the hospital from the date of certification.

Figure 8 shows the number of days between certification of male prisoners and their admission to Thomas Embling Hospital over the past two years. It shows that more patients were admitted closer to the time that they were certified; however, the wait for admission remains unacceptably longer than it should be.

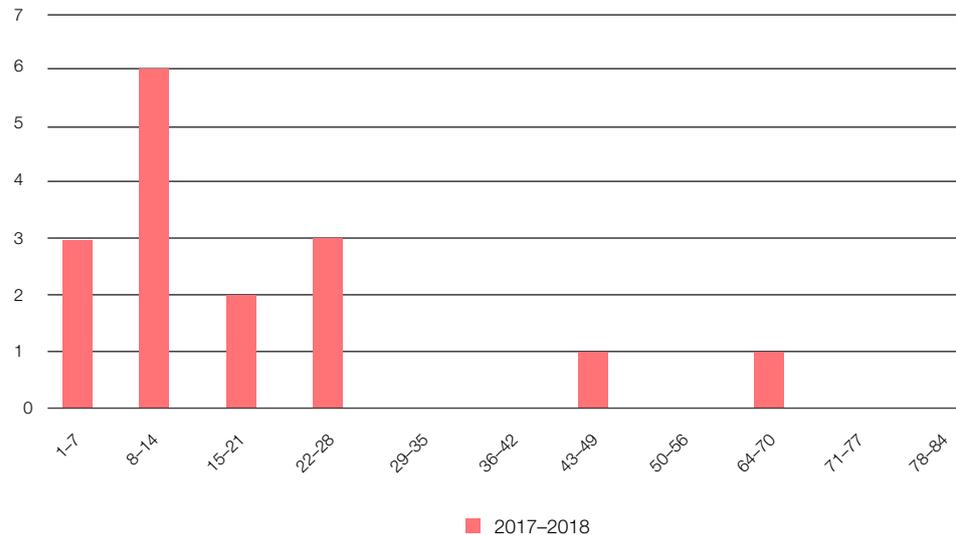
Published research indicates that those people with psychosis who remain untreated for longer, have a poorer long term outcome.

Figure 9 shows the number of days between certification of female prisoners and their admission to Thomas Embling Hospital in 2017–18.

*Figure 8: Days between certification of male prisoners and their admission to Thomas Embling Hospital, 2016–17 to 2017–18*



*Figure 9: Days between certification of female prisoners and their admission to Thomas Embling Hospital, 2017–18*



**Wait time for admission – forensic patients**

In 2017–18 we saw an increase in the number of days both female and male prisoners who were found not guilty by reason of mental impairment waited to be placed on a custodial supervision order at Thomas Embling Hospital. Prior to this year, female prisoners have not had to wait for a bed at Thomas Embling Hospital on a custodial supervision order.

Figure 10 shows the number of days between the finding of not guilty by reason of mental impairment and the making of the custodial supervision order at Thomas Embling Hospital over the past three years. Approximately six to eight weeks of this waiting period was spent assessing the person in order to make a recommendation to the court about whether the person should be placed on a custodial supervision order or a non-custodial supervision order.

At 30 June 2018, 11 male prisoners remained on remand while waiting to be placed on a custodial supervision order at Thomas Embling Hospital. Figure 11 shows the number of days these men have spent waiting to be placed on a custodial supervision order. We expect the current wait times for the days between the finding and the making of the custodial supervision order at Thomas Embling Hospital to further increase in 2018–19 due to the demand being greater than the number of available beds in the hospital.

**Patient flow**

At Thomas Embling Hospital, the main focus, with patient flow, was on the compulsory treatment of male prisoners. To assist with this we began to review the process of movement between units particularly of forensic patients out of the male acute units and the movement out of Thomas Embling Hospital for long stay civil patients. The need for suitable treatment alternatives for female forensic patients was highlighted with the female unit, Barossa being at capacity for the second half of the year. In what was an Australian first, there was an Australian forensic patient repatriated from Italy and following this, another repatriated from Israel. This required high level collaboration and planning between Forensicare, the Department of Health and Human Services, the treating facilities in the respective countries and Interpol.

Figure 10: Days between finding and making of custodial supervision order at Thomas Embling Hospital, 2015–16 to 2017–18

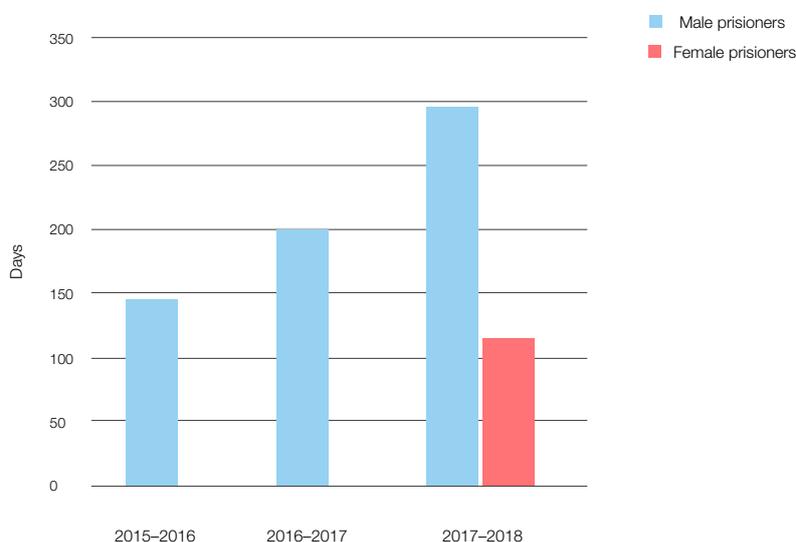
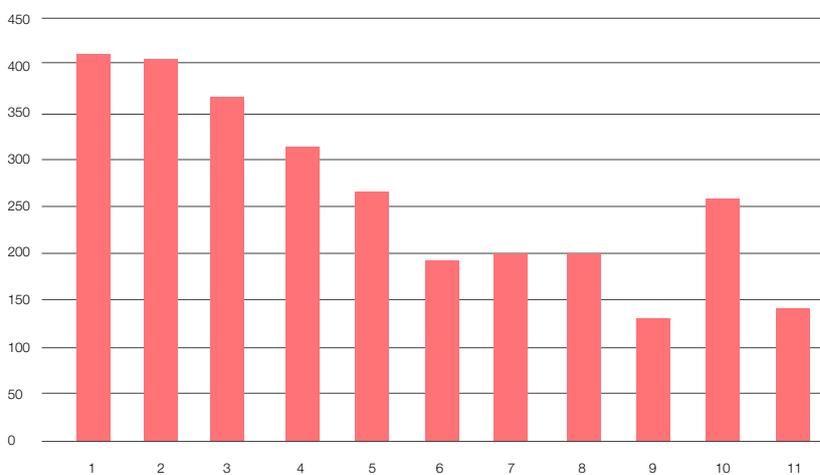


Figure 11: Days between finding and 30 June 2018 for prisoners waiting on an admission to Thomas Embling Hospital through placement on a custodial supervision order



In 2017–18 Forensicare assumed operational responsibility of the 30-bed St Paul’s Unit at Port Phillip Prison and commissioned the 75 new beds at Ravenhall Correctional Centre in November 2017. In addition to the 16-bed Acute Assessment Unit at the Melbourne Assessment Prison, there are now 121 male Forensicare mental health beds within the prison system. A prison access flow coordinator role was commissioned to oversee the throughput of male patients through the prison system and works closely with the Thomas Embling hospital access flow coordinator in facilitating the movement of certified men to and from Thomas Embling Hospital. The prison access flow coordinator also works collaboratively with Justice Health and the Sentence Management Division of Corrections Victoria.



## Average length of stay in the acute units at Thomas Embling Hospital

When looking at all patient groups (compulsory patients, security patients and forensic patients) the average length of stay in the acute units of the Thomas Embling Hospital remained at a similar rate as in 2016–17.

Table 11 shows the average length of stay in the acute units at Thomas Embling Hospital over the past five years.

The average length of stay for male security patients in 2017-18 was 71 days. We note that this figure differs from the 68 days as reported in our 2017-18 Annual Report which follows a more comprehensive review of available data. However when three long stay patients (admission of longer than 200 days) are omitted from this data, the average length of stay decreased to just under 53 days.

Table 11: Average length of stay in the acute units at Thomas Embling Hospital, 2013–14 to 2017–18

Unit	2017–18	2016–17	2015–16	2014–15	2013–14
Argyle	63.82	91.23	131.35	108.8	93.5
Atherton	89.43	69.33	185.35	128.3	109.5
Barossa	81.69	50.91	64.08	42.5	62.9
<b>Total</b>	<b>77.73</b>	<b>72.29</b>	<b>134.09</b>	<b>92.3</b>	<b>90.6</b>

Table 12: Average length of stay for security patients in the acute units at Thomas Embling Hospital, 2017-18

Unit	2017–18
Argyle	71.25
Atherton	71.75
Barossa	31.00

## Consumer status and discharges

87

patients on custodial supervision orders at Thomas Embling Hospital.  
Increase 5 per cent or up 4.

13

patients on a custodial supervision order on extended leave.  
Increase 8 per cent or up 1.

57

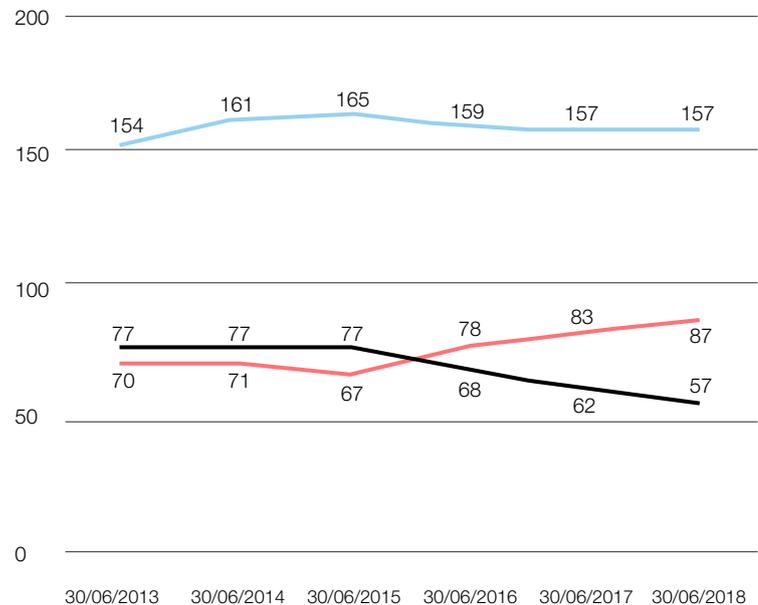
clients on a non-custodial supervision order.  
Decrease 9 per cent or down 5.

As at 30 June 2018

## Supervision orders

In 2017–18 the number of consumers on any order under the *Crimes (Mental Impairment and Unfitness to be Tried) Act 1997* remained steady from the number in 2016–17, at 157. However, the trend over the past three years continued in 2017–18 and the number of people on non-custodial supervision orders continued to decrease while the number of patients on custodial supervision orders continued to increase (Figure 12).

Figure 12: Consumers on orders under the *Crimes (Mental Impairment and Unfitness to be Tried) Act, 2012–13 to 2017–18*



- Total number of supervision orders
- Total number of custodial supervision order at Thomas Embling Hospital
- Total number of non-custodial supervision orders

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## Consumer story: My personal transition story

If I didn't go to Thomas Embling Hospital, I don't know where I'd be now – I've grown up a lot.

My journey began in Melbourne Assessment Prison where I spent one week before being transferred to Thomas Embling Hospital. After spending 10 months in Atherton, I moved to Bass for a year, Daintree for 14 months and Jardine for four years before I transitioned out of the hospital into the community.

While I was in Atherton, I became a member of the Consumer Advisory Group (CAG) and I started to receive regular psychology, which was instrumental and beneficial in my recovery. Even though I hated it at the time, I realised after that it was positive.

When I moved to Bass, I was made a forensic patient and still had my money managed by State Trustees. I thought it was great that you could do your own cooking and be involved in therapeutic groups including various [alcohol and other drug] groups like I was.

I became a member of the Patient Consulting Group and continued being a part of the CAG.

My move to Daintree was great. I could have my own belongings again and was finally able to get off State Trustees, which I had been with since I was 21, with the help of my occupational therapists. I was fortunate enough to have enough money saved to participate in takeaway night at the hospital and to buy my own furniture for when I got accommodation in the community.

I made some great friends by being heavily involved in the gym. I went to the gym six times a week and am proud of the 13 pairs of shoes I earned with the YMCA points program where you could earn 100 points for every hour of exercise until you reach 10,000 points and get a new pair of shoes.

I returned to studying a Cert IV and Diploma in Music and was able to be in a band, with the opportunity to record 10 original records that I wrote at a community recording studio.

When I got to Jardine, I was busy – I had two jobs, was involved with the CAG again and attended a music group that played public performances.

I was invited to sit in on the interview panel for new employees alongside the CEO, Tom Dalton.

Unfortunately, due to medication changes, I started struggling with gambling again, but I was open about that with staff, who helped me go to two gambling help groups.

I was happy with the staff at Jardine because I felt supported and was always learning something new through the staff or by doing something every day.

When I was ready to transition out of the hospital, Grant, a social worker, helped me find stable accommodation for myself and my partner to live in until we can obtain something permanent through the Office of Housing. I have been on their waiting list for six years now, so hopefully we will get something soon.

I have found that having regular appointments, studying, staying involved in the CAG and keeping friends makes for a good life balance and keeps me connected to the hospital.

By being involved with the CAG, I just want to make one patient's journey better, then I'll feel like I've done something good and I will be happy.

It's all been such a smooth process and was a very positive experience from day dot. It's changed my life and I've got a happy and healthy life now.

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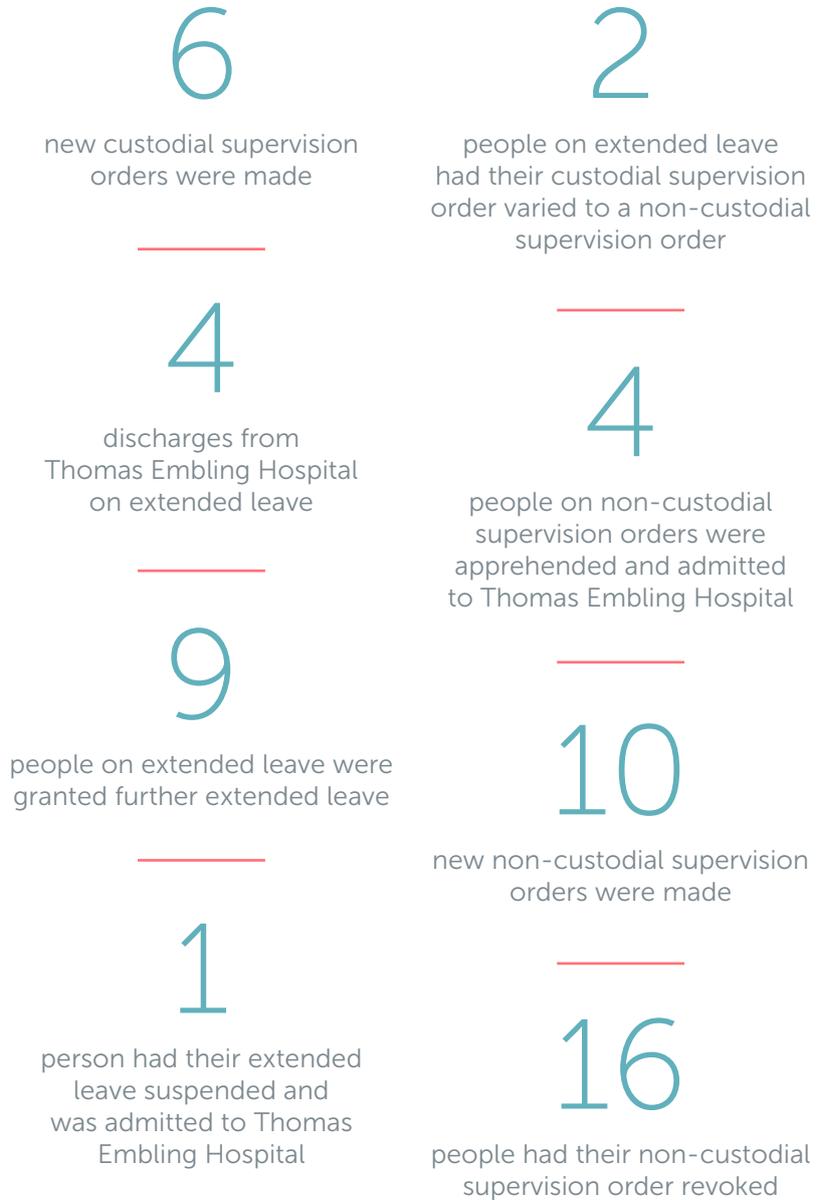
### Forensic patient flow

In 2017–18, courts placed 16 people on a supervision order (custodial or non-custodial), which was a 16 per cent decrease from 2016–17. We know that this decrease in new orders has partly been influenced by the lack of beds at Thomas Embling Hospital for the making of new custodial supervision orders.

It was pleasing to see four patients discharged from Thomas Embling Hospital to continue their recovery and supervision in the community on extended leave, which was a 50 per cent decrease compared with 2016–17.

Five consumers on supervision orders in the community were admitted to Thomas Embling Hospital. One of those patients remains at Thomas Embling Hospital on a custodial supervision order, while two patients were discharged back into the community.

In 2017–18, 16 people had their non-custodial supervision order revoked by a court.





## Therapeutic programs

### Therapeutic programs at Thomas Embling Hospital

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

In 2017–18 the following group modules were provided:

- Art Therapy Group
- Black Elephant Group
- Disclosure Group
- Drug Talk
- Forensic Patient Groups
- Gambling / 'It's my money' Program
- Intermediate Offending Issues Group
- Men's Controlled Drinking Program
- Men's Intermediate Dual-Diagnosis
- Men's Relapse Prevention Booster Group
- Mental Health Recovery on Canning Unit
- My Mental Health Module
- Narcotics Anonymous
- Phoenix Group for Men
- Sexual Health
- Spiritual Health
- Wellbeing and Addictive Behaviours
- Women's Phoenix Group
- Women's Relapse Prevention Booster/Controlled Drinking Group
- Women's Relationships and Sexual Health
- Women's Wellness Program.

### Black Elephant Group

The Black Elephant Group, an art therapy group, ran weekly at Thomas Embling Hospital between March and June 2018 to give patients skills to manage the symptoms of anxiety and depression and to stimulate them to be proactive in their relationship to recovery. Participants in the group identified benefits including:

- increased concentration
- improved self worth
- improved motivation.

### The Creative Calm Studio

The Creative Calm Studio runs weekly to enable patients to use art media to look at important aspects of one's life and health. The studio space includes time to explore a range of art materials including paint, collage and drawing.

In this group, art processes and techniques are used to encourage calmness, being methods that soothe and connect the mind and body.

The positive feedback from participants is shown in Figure 13.

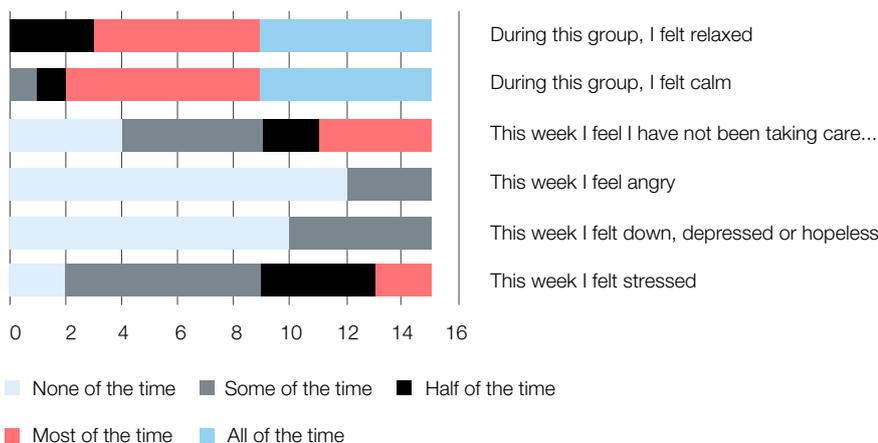
### This group helped me with:

- Reflection, relaxation, mindfulness, calming down
- Mind and spirit
- Relaxing, refreshing my mind, expressing myself
- Focusing on something
- Pausing and reflecting
- Psychosis
- Everything positive
- Taking a break
- Exploring new ways to relax

### I would like the group to help me with:

- Focusing
- Going for walks and collecting art materials
- Connecting with my spirituality
- Life
- Mindfulness
- Psychosis
- Learning about myself and calming techniques
- Refocusing
- Ideas to engage others

Figure 13: Feedback from participants



### Just Do It group (motivation)

The 'Just Do It' group ran at Thomas Embling Hospital between April and July 2018. This new program built on evaluations of three previously separate programs to develop a new group addressing motivation, goal setting and time use.

The group planned and delivered a campus wide music event with the band 'The Imperial Dragon Cult' performing because one of the band members was a participant in the group.

Evaluations showed that participants gained a lot through attending the group and it helped provide structure to their week.

### Forensic patient groups

The forensic patient groups (one each for men and women) are legal education groups that help patients understand key parts of the *Crimes (Mental Impairment and Unfitness to be Tried) Act 1997* and their status as a forensic patient.

### Men's Intermediate Dual-Diagnosis

This group is a tailored forensic dual-diagnosis group program based on the Cognitive Behavioural Integrated Treatment (C-BIT) approach. C-BIT focuses on conceptual and executive skills for those approaching first off-ground leaves and includes carer/family issues and relapse prevention planning. The group runs for 22 sessions addressing decision making and problem solving around substance use; lifestyle balance in recovery; and review and planning for the future. In 2017–18 a cohort of seven patients completed the group.

### Women's Wellness Program

This 12-week psycho-education program aims to develop the skills and capacity needed to address substance use behaviours and related issues. Ten patients joined the group and seven completed the program.

Following the completion of this group, patients reported that they had learnt about self-esteem and how to improve it, learnt to accept themselves as who they are and also about different types of wellbeing.



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‘there was lots of good tips on how we can look after ourselves’

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‘I learnt I can have an intimate relationship and there’s nothing wrong with that’

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‘I learnt to love myself’

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### **Women’s Intermediate Addictive Behaviours**

The aim of this intensive 36-session group is to promote interpersonal, self-regulation (including emotion regulation) and ability to cope with distress. In 2017–18 five participants joined the group and four completed the program. This is the second trial of this group and all long-stay women patients have completed this twice in accordance with treatment guidelines, with one exception.

### **Gambling / ‘It’s my money’ program**

This was run as a 12-week pilot group with amended material from the former Money-Minded Group Program. This group forms an introduction to financial literacy including debt and credit issues as well as fundamentals around financial self-management for those transitioning to community living. Sessions covered planning and budgeting, future goals and how to fund them, dealing with paperwork, credit traps and setting up finances for the future. Additional sessions have been added to cover NDIS funding and using the Disability Support Pension as part of recovery.

### **Beyond Trauma: A Healing Journey for Women group**

Beyond Trauma is a 12-session manualised program that incorporates the insights of neuroscience with the latest understanding of trauma and post-traumatic stress disorder.

Following the completion of the program, patients reported they had enjoyed learning the skills, they needed to be in their wise mind to make the best decisions, they learnt ways to say no to drugs if they were offered them by friends.



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### Prison consumer story

When I came onto the unit three months ago, I was a different person. I was struggling with mental health issues, I felt like my life was worthless and I had no purpose. I was hurting people that I love the most, and ruining everything good I ever had.

My time here has changed me in so many ways for the better. I never knew helping people could make me feel this way for all the right reasons. I never knew it would be so rewarding. You have helped me understand that if you work really hard and you're kind, amazing things will happen.

Prison has helped me turn my life around, and I've never been so determined to be a better person for my daughter and partner. I appreciate everything you guys have taught me, such as respect, honesty and integrity. You guys have been my role models. Keep doing what you're doing because you are making a difference in prisoners' lives and changing the culture of prisons.

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### Therapeutic programs in the Prison Mental Health Service

Forensicare runs a range of therapeutic programs over the prison sites where we operate, designed to meet the treatment needs of prisoners. This last year has seen an expansion of Forensicare's services into new prison locations: the St Paul's Unit at Port Phillip Prison and the introduction of Aire, Erskine, Moroka and Tambo units at Ballerit Yeram-boo-ee, Ravenhall Correctional Centre.

In 2017-18 the following group modules were provided across the Prison Mental Health Service:

- Assertive communication
- Cooking groups
- Frame of Mind
- Improving Mood: Coping with Depression
- Living Sensibly
- Mental Health Recovery Group
- Mindfulness Group Program
- Mindfulness, Psychoeducation, Communication and Interaction Skills Group
- Riding the Wave (emotion regulation) Group
- Road to Recovery
- Road to Safety
- Sensory Group
- Taking Action: Coping with Anxiety
- Time for the Mind
- Well Within'.

## Sensory group

St Paul's Unit, Marmmak Unit and at Ballert Yeram-boo-ee. Sensory modulation enable participants to increase their self-awareness through identifying individual sensory preferences, education on calming and alerting techniques, and through introducing activities patients can use to self-regulate.

## Communication and interactions skills

St Paul's, Marmmak, Aire and Erskine units focused on supporting participants to develop assertive communication skills as well as learning new ways of engaging and interacting with others. Recent feedback from the Erskine Unit program in June 2018, where there were six participants, has indicated all participants had learnt 'some information' or 'a lot of information' from participating in the group. They identified they had learnt to 'deal with people', 'deal with me', increase their 'self-awareness', 'listen to others', 'appreciate others views', and be 'confident'.

## Cooking programs

Cooking programs have been popular across all bed-based prison units, including those new to the service. For example, on St Paul's Unit, the 'Red Hot Chilli Preppers' is an open group all patients are encouraged to join. As well as supporting participants to learn new skills that are transferrable to other areas of daily living, they can share a meal, which helps build prosocial relationships. The cooking program on the Erskine Unit at Ballert Yeram-boo-ee has focused on providing the opportunity to learn healthy cooking recipes across three sessions. Recent feedback from participants who completed this cooking group in May 2018 indicated they would all like to participate in a future cooking group.

## Frame of Mind

The Frame of Mind group was again run at Dame Phyllis Frost Centre in 2017-18 and was facilitated by two Forensicare psychology staff. It is a six-month skills-based group program targeting emotion regulation and self-destructive behaviours commonly seen in borderline personality structures. It adopts techniques from acceptance and commitment therapy as well as dialectical behaviour therapy. The group runs at least once per year. Since 2011 there have been 11 iterations of the group. The group is well regarded, with participants commonly reporting positive outcomes and recommending the group to other women:

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'It has opened my mind to a new and more effective way of coping with my emotions and co-existing with others.'

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'I have recommended it to three others. It is a very important program for anyone who is facing any length of time in prison. The principles of [acceptance and commitment therapy] can teach you how to cope with prison life and how you can choose how to behave and respond to situations in a way that allows you to preserve and protect your core values.'

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'A life-changing program. I have already noticed a huge change in everyday situations. I am learning not to let my emotions and thoughts control and overwhelm me.'

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'It's about learning and dealing with emotions, recognising values that are important, and understanding that all emotions are OK, and giving a better understanding to them - not avoiding them.'



## Therapeutic programs at the Community Forensic Mental Health Service

The Handling Anger Wisely Group has been run at the community service since 2009. The current group – the 16th – began on 14 June and will run until 20 September 2018. It is a 16-session, 75-minute weekly group covering areas such as: recognition of anger and when it is a problem; anger triggers; personal ways of expressing anger; unhelpful thinking; cognitive-behavioural skills (thinking and acting in more constructive ways); relaxation and arousal reduction techniques; assertiveness; problem-solving; and practice in managing anger.

The average attendance for the current group is 5.09 after 11 sessions, from an initial membership of six. The previous group – the 15th – ran between June and September 2017 and had an average attendance of 4.25 over the 16 sessions, with an initial membership of six participants. To date, more 100 participants have attended the group.

Engagement and participation in the group is generally good, and feedback from group members suggests a high level of satisfaction and engagement from those who attend the majority of sessions. Certificates of attendance are presented to those who attend at least 80 per cent of the sessions.

In 2017–18 referrals to the group came from Corrections, Court Services, Area Mental Health Services, general practitioners, other Forensicare programs and self-referral.

## Vocational education and training programs

### Education and training

Bendigo Kangan Institute continued to be a major partner to Forensicare’s inpatient services at Thomas Embling Hospital, offering on-site TAFE courses to patients. A number of students were awarded certificates during the year, with many of the student projects contributing to improved ambiance around the grounds of Thomas Embling Hospital.

Figures 14–16 show course enrolment, completion and withdrawal figures for 2017–18.

Figure 14: Module enrolments by course, 2017–18

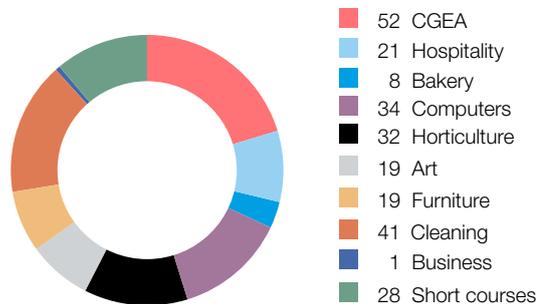


Figure 15: Module completions by course, 2017–18

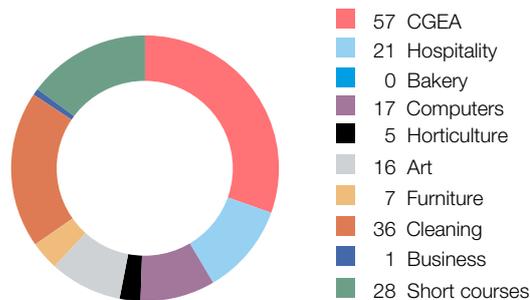
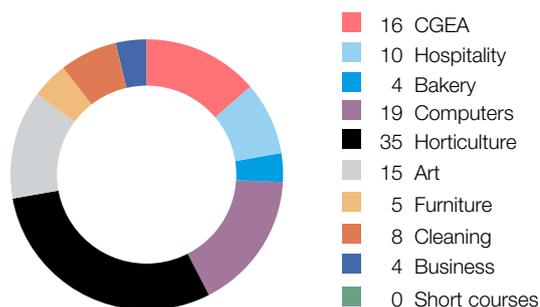


Figure 16 : Module withdrawals by course, 2017–18



## Public art project

In terms 3 and 4 of 2017 the Kangan Institute art teacher ran a community art project every Thursday at Thomas Embling Hospital. Taking the theme of 'Melbourne Laneways', the art teacher worked with the art students to plan and map out the project, centering on street art in the laneways of Melbourne.

Students researched and learnt how to plan and run a project as well as contributing their ideas to something they could call their own. Initially five students contributed to the design and others joined in once the painting started. While the artists were painting the mural, staff and patients walked by and stopped to get involved or chat about the project.

The students participated in two subjects offered by Kangan Institute during the project: 'Participate in planning process for a proposed public art project' and 'Follow a design process'.

The project finished in November 2017 and adds a lovely splash of colour to Thomas Embling Hospital.

## Horticulture projects

### Horticulture engagement

The Kangan Institute horticulture teacher has committed herself to learn Auslan sign language so she can communicate more effectively with hearing-impaired patients in the hospital.

This commitment has meant that hearing-impaired patients can join in the program and be engaged and educated in nationally accredited vocational training. The rewards and benefits of this personal commitment have already been shown through 2017 and 2018.

### Indigenous Plant Propagation project

In 2018 the Kangan Institute horticulture teacher began working with students in each unit on an indigenous plant propagation project. This project has utilised connections with local First Nations groups.

The horticulture teacher has used her network with local First Nations groups to auspice an indigenous plant project.

There are a number plant species indigenous to the local area that are in danger of extinction. The horticulture teacher has been working with patients to propagate native plants and nurture them in preparation for planting.

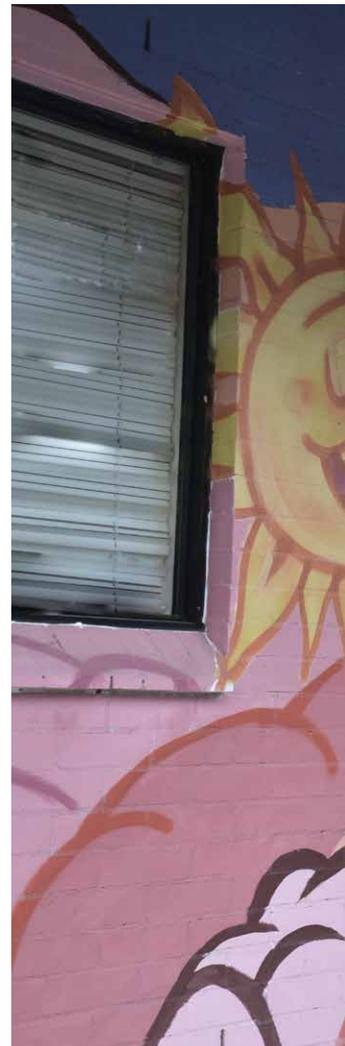
As part of the project, all horticulture students have been enrolled in the module 'Undertake propagation activities'.

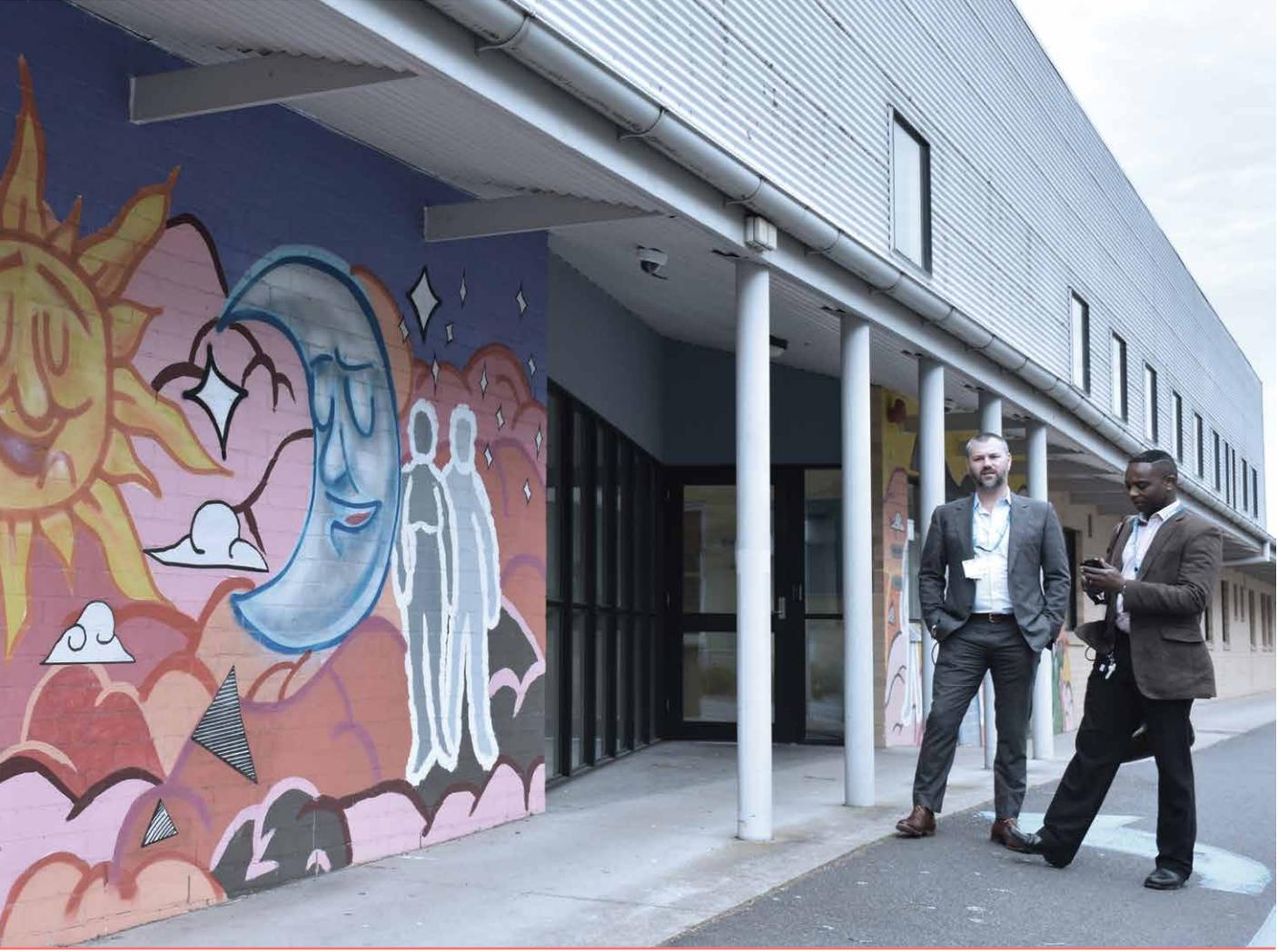
We are creating an indigenous garden bed in the Bunjil Waa-Wein firepit area near the totem poles. Students are currently nurturing the native plants in units and, when they are ready, will plant them near the totem poles. The hospital and students will be jointly responsible for the upkeep of these plants.

## TAFE focus – Barossa Unit

An intentional focus on the Barossa Unit has been a major project of 2018. The following initiatives have been put into place for women in the unit:

- The 'Hollywood Hour' has been reinstated for all Barossa women and was extended to Daintree women in early 2018. The program encourages communication skills, learning about current issues affecting women and information sharing.
- A horticulture program is run weekly on the unit for any interested Barossa women. The program teaches propagation and plant recognition.
- Individual computer, cleaning and literacy lessons are offered to all Barossa women. The women have the option of seven time slots where they can attend one on one with teachers.
- Building and construction students built and installed a raised garden bed in the Barossa Unit. The bed will be filled with soil and be planted out with vegetables for Barossa women to harvest and eat.
- Spaces in popular courses have intentionally been left vacant for women in the Barossa Unit. Barossa women have taken up vacant positions in hospitality, furniture making and bakery.
- In 2018 one of the female patients was the first Barossa woman to achieve a full TAFE certificate (Certificate II in Cleaning Operations).









## Wellness programs

At Thomas Embling Hospital Healthstream's fitness programming has continued to have an emphasis on participating in group activities and sports. The Healthstream fitness timetable caters for all levels of patient fitness and abilities. In January the annual Thomas Embling Open was a great success, with a number of patients participating in racquet sports including tennis, table tennis and badminton over a two-week competition.

The STEPtember event is always a highly anticipated activity among staff and patients throughout Thomas Embling Hospital. STEPtember saw more than 60 patients and 30 staff members compete to see who could take the most steps throughout the month of September.

In 2018 Healthstream provided competitions based on the Commonwealth Games and World Cup Soccer events. Running these events has allowed patients to acknowledge the diversity of nationalities and cultures that are included within Thomas Embling Hospital and that worldwide sporting competitions brings.

As part of the Soccer World Cup celebrations, Thomas Embling Hospital patients and staff played a full-length match against a community team that volunteered their time. It was a fun but competitive match. It was great to see the teamwork shown by patients in what was a close and entertaining game.

Healthstream staff continue to develop individual programs for patients. Health assessments are conducted on newly inducted patients, with reassessments performed weekly.

Patients who consistently use the gym and participate in weekly fitness activities have shown to lose a significant amount of weight. Healthstream staff continue to provide extra support for patients by running group health education sessions, as well as personally training patients who need help to reach their health and fitness goals.

## Primary health care at Thomas Embling Hospital

Primary Practice staff continue to promote and provide physical health care to all patients at Thomas Embling Hospital. Early identification, intervention and continuity of effective physical care and treatment remains a priority.

Specific programs such as Smoking cessation have resulted in positive change. Enforcing the smoking ban and its impact on physical health has resulted in noticeable change. Less patients are observed with or present with related respiratory issues.

Preventative health care in the form of regular screening such as Faecal Occult Blood (FOB) testing for bowel cancer, women's health and immunisations are promoted regularly to patients by general practice staff. The voluntary uptake by patients for screening has increased with assistance from medical and nursing staff within the hospital.

The demand for the physiotherapist, podiatrist and dietician is increasing with lists now regularly over booked. Allied health work very effectively within the primary practice model along with the Healthstream staff.

Assistance from specialist staff on placement is expected to improve, assist and streamline case in the coming year for specific patients who are elderly or have hepatitis C.

Rates of obesity, type 2 diabetes and poor lipid control remains an ongoing challenge within the hospital. Where possible patients are seen soon after admission and their needs assessed. Education in relation to these conditions and the potential for developing them are discussed at this time.



## Female GP at Thomas Embling Hospital

Female patients at Thomas Embling Hospital expressed the desire to have a female doctor available to assess and manage women-specific physical health issues. A women's health general practitioner has now been employed to provide patient-centered care that addresses women's specific health needs and promotes wellness. Dr Achala Manchanda is also available to provide educational sessions to female patients and staff on women's health matters, including sexual health, and to plan and conduct female health screening when needed.

## Hepatitis C program

Since May 2016 Forensicare has had approval under the Pharmaceutical Benefits Schedule as a section 94 hospital authority to provide Highly Specialised Drugs using a third-party pharmacy provider. The approval paved the way for significant improvements in health for our patients living with hepatitis C by being able to access direct acting antiviral treatment. Without this treatment, the risk of progression to hepatocellular carcinoma, cirrhosis and other health problems is drastically increased and associated with morbidity and premature death.

To enable patients to make an informed decision about being tested for hepatitis C and beginning treatment, they receive counselling and clear information from clinicians with the skills and knowledge to prepare them for the process. Since September 2017 more than 30 inpatients have entered the program, and those who have completed treatment have been cleared of the virus.

## Cultural care

### Multicultural Week

As part of Multicultural Week, we recognised and celebrated the cultural diversity of the Thomas Embling community on 22 March 2018.

Through collaboration between the social work team, the spiritual care coordinator, Consumer Advisory Group representatives and hospital catering, we marked this event with cultural artwork created by patients, speeches, food, blessings, rituals, music and dance. The variety of cultural and spiritual diversity among the staff and patients of the hospital was the foundation of the event, which strove to draw this out for celebration and recognition. We were able to recognise the inseparable relationship between culture and spirituality and the power of these to create meaning and hope, especially in times of grief, loss, isolation and transition.

Welcoming speeches from Les Potter (Executive Director of Inpatient Operations) and James Godfrey (Spiritual Care Coordinator) framed the event, which was then followed by cultural reflections from the Consumer Advisory Group cultural representative, blessings and prayers from external Christian and Muslim faith leaders, and a smoking ceremony led by Indigenous Elder Uncle Perry. The catering was attentive to the symbolic language of food, with Medirest manager Adrian Walde creating a menu that reflected the variety of cultures present at the hospital. After lunch, 81 staff, patients and guests moved to the dancefloor, led by L-Fresh the Lion – a Sikh hip hop artist and activist for justice.

As a first-time celebration of this event at Thomas Embling Hospital, the overwhelmingly positive response from patients and staff indicated the importance of culture and spirituality to the wellbeing of all members of the hospital community.

### International Day Against Homophobia, Biphobia, Intersexism and Transphobia

On 17 May 2018, Forensicare formally celebrated the International Day Against Homophobia, Biphobia, Intersexism and Transphobia (IDAHOBIT), with staff and consumers across all service sites taking time out to celebrate gender and sexual diversity with a piece of rainbow cake.

On IDAHOBIT Day everyone was encouraged to:

- **speak up** by challenging homophobic, biphobic, intersexist and transphobic language and behaviour when you feel safe to do so
- **educate yourself** on the experiences of LGBTI people by reading up and attending professional development and training
- **celebrate LGBTI diversity** by being proactive and supporting programs and events that celebrate LGBTI diversity
- **support financially** by donating to organisations that support LGBTI people.

IDAHOBIT Day is now a permanent day of celebration on the Forensicare special events calendar and we are looking forward to working with staff, consumers and the Consumer Advisory Group diversity representative to make Forensicare a more rainbow-friendly organisation.

### Ramadan at Thomas Embling Hospital

In 2018 Ramadan (30 days of fasting between sunrise and sunset) began on 16 May. At Thomas Embling Hospital, nine patients commenced observing Ramadan. The observance of Ramadan at the hospital consisted of the following aspects:

- visits by external Muslim faith leaders Sr Lina and Abdi
- specialist catering
- staff education
- Ifta packs (supplementary food packs) were developed based on previous practices at the hospital and checked against the standard of packs provided in Victorian prisons
- a Ramadan film series (requested by patients)
- staff participated in a Solidarity Fast where nine staff members observed the fast from sunrise to sunset
- Eid (al-Fatir) celebration to mark the end of Ramadan. This celebration occurred on 15 June with 60 attendees (staff, patients and external faith leaders)

After the close of Ramadan, the Consumer Advisory Group spiritual and cultural representatives administered a survey directed at Ramadan participants. The results of this survey were presented at the Consumer Advisory Group meeting in July and will be considered in the planning of Ramadan next year.

## NAIDOC

This year's NAIDOC theme was 'Because of Her, We Can!'. The theme aimed to celebrate the active and significant roles Indigenous women continue to play at the community, local, state and national levels. This year Forensicare expanded its program of activities to provide a wide range of interactive events across several locations of the service.

'Artist in Residence' Aunty Beverly Grant Lipscomb, a Wiradjuri Elder from New South Wales, undertook a week long program at Forensicare. We were fortunate to have the opportunity to commission Aunty Bev to create artwork for Forensicare. This was completed amid the program of cultural awareness workshops and art therapy yarning sessions for patients and staff that she hosted throughout the week.

### Thomas Embling Hospital

Thomas Embling Hospital again held its main NAIDOC Week event at the Bunjil Waa-Wein fire pit. The event was attended by Lidia Thorpe MP, Member for Northcote, and the first Indigenous woman elected to parliament in Victoria. Also in attendance were Aunty Di, Wurundjeri Elder, Aunty Bev, and more than 60 consumers, staff and community members.

Event highlights included a moving welcome to country and smoking ceremony by Aunty Di, and dance performance from the all-female Djirri Djirri Dance Group. Aunty Di highlighted the strength and fierceness of Aboriginal women, while the dancers taught us the importance of awakening Aboriginal languages, sharing stories and passing down traditions to younger generations.

The ceremony and performance was then followed by another amazing lunch from our master chefs at Medirest. Adrian and his team went above and beyond to create a menu that included native flavours of kangaroo, barramundi, bush tomato and salt bush.

### Prison Mental Health Services

Forensicare also supported several events in the prison services this year, beginning with a ceremony at Dame Phyllis Frost Centre attended by Lidia Thorpe MP, Jill Gallagher AO, the Commissioner for Treaty Advancement and Antoinette Gentile, director of Koori Justice Unit. The event included the launch of a book of prisoners' artwork, a barbecue lunch and yarning circles.

Over at Ballerrt Yeram-boo-ee in the Ravenhall Correctional Centre, the NAIDOC event began with a smoking ceremony and acknowledgement to country by Uncle David Dryden, a Yorta Yorta man, held in the outdoor area of Aire and Erskine units. Uncle David spoke of different places in Aboriginal language and encouraged the staff to dance, which was very entertaining. The ceremony was followed by the unveiling of an artwork commissioned by GEO and Forensicare via the Torch Project in 2017. The Ballerrt Yeram-boo-ee team was lucky to have the artist, Ray Traplin, from Torch drop by to give a speech and explain the meaning of the painting. Uncle Ray Thomas from Torch also attended. The day culminated with a barbecue organised by the Tambo men, which was a great success.

Other unit-based activities held during NAIDOC Week at Ravenhall included NAIDOC quizzes and playing YouTube clips about NAIDOC and Aboriginal art sessions. Celebrations across the service concluded with Ian Hunter (Wurundjeri Elder) leading a yarn on the meaning of NAIDOC and playing the didgeridoo. Aboriginal men across Ballerrt Yeram-boo-ee had a traditional feed of kangaroo, crocodile and damper. The Aboriginal men also received a NAIDOC t-shirt designed by Aboriginal prisoners from the mainstream service.





## Spiritual Care at Thomas Embling Hospital

Forensicare's spiritual care program was relaunched in January 2018. The program seeks to offer a meaningful response to those seeking spiritual support and growth. It provides patients with access to the wisdom and ritual practices of major religious traditions, as well as unit-based agnostic/multifaith spiritual discussion groups. Spiritual care services delivered in the hospital are open to all patients, regardless of religious affiliation. Positive experiences of spiritual care help provide consumers with the capacity to lead fulfilling and meaningful lives throughout their recovery journey.

Services include:

- pastoral care
- meaningful rituals
- structured opportunities for prayer
- celebration of religious and cultural events
- spiritual health discussion groups
- prayer room activities.

In the year ahead we are looking forward to building on the solid foundation that has been established this year and creating more opportunities for the culture and faith space to provide a spiritual, educational and community experience for patients and staff in Thomas Embling Hospital.

The patients and staff at Thomas Embling have a high regard for spiritual care. This has been demonstrated through numerous requests for pastoral care, ritual, prayer and cultural services as well as invitations to engage with treating teams and to contribute reflections to intensive case reviews.

# 958

spiritual care services delivered between January and June 2018

# 48

spiritual discussion group services

# 226

pastoral care conversations from Muslim, Christian, Buddhist and agnostic traditions

# 180

uses of the prayer room, including a recent expansion to include a weekly Narcotics Anonymous group

# 152

prayer and meditation services provided from Muslim, Christian, Buddhist and agnostic traditions

# 200

rituals provided from Muslim, Christian, Buddhist and agnostic traditions

# 152

religious and cultural services delivered

## Multifaith calendar on the staff intranet

The multifaith calendar posted on the Forensicare intranet is a step towards recognising the diversity of religious and cultural beliefs that make up modern Australian society and our cohort of consumers. These posts provide current information on religious and cultural events celebrated in Australia and worldwide, as well as brief introductions to the meaning and history of these events.

The existence of these posts demonstrates and encourages awareness of diverse religious and cultural practices and prompts staff to recognise religious and cultural influences in their own lives, in their colleagues' lives, and in the lives of consumers.

### PARTICIPANTS' FEEDBACK

'Pastoral care reassures me that I'm not alone. It makes me feel encouraged to express my thoughts and know that I have a spiritual life.'

'I feel peaceful when I am in here. It's different to everywhere else in the hospital.'

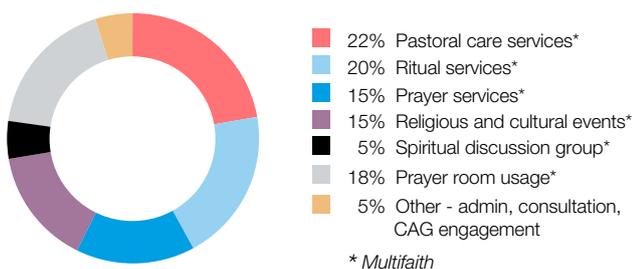
'Praying the rosary gives me inner peace. I feel closer to God.'

'Very uplifting. When they [Macedonian Orthodox priests] visit me, it helps me identify as a Macedonian.'

'I found these sessions meaningful and challenging and good. Doing these exercises is building my strength.'

'I'm actually happy to be here where people respect me being a Muslim.'

Figure 17: Spiritual care services delivered in January to June 2018



## Recognising the strength of women at Thomas Embling Hospital

This year the social work service organised an event at Thomas Embling Hospital to celebrate International Women's Day on 8 March.

The event consisted of a high tea, with personalised invitations sent to all patients. Proceedings began with a Zumba class run by a female Healthstream staff member. Patients and staff sat down at tables decorated with purple table cloths, purple lollies and #PressforProgress facts. Jo Ryan, Director of Nursing, spoke and presented an award to a female patient who has been outstanding in her work as the women's representative in the hospital. The patient then made her own speech about her experiences as a woman in the hospital.

The sweets were made by students of Kangan TAFE's Kitchen Operations class, and the sandwiches, savory food and cake stands were provided by the staff at Compass Group. As the food was being served, the parent of a female patient played the harp. Patients and staff were invited to read the #PressforProgress facts while eating to create discussion about gender parity.

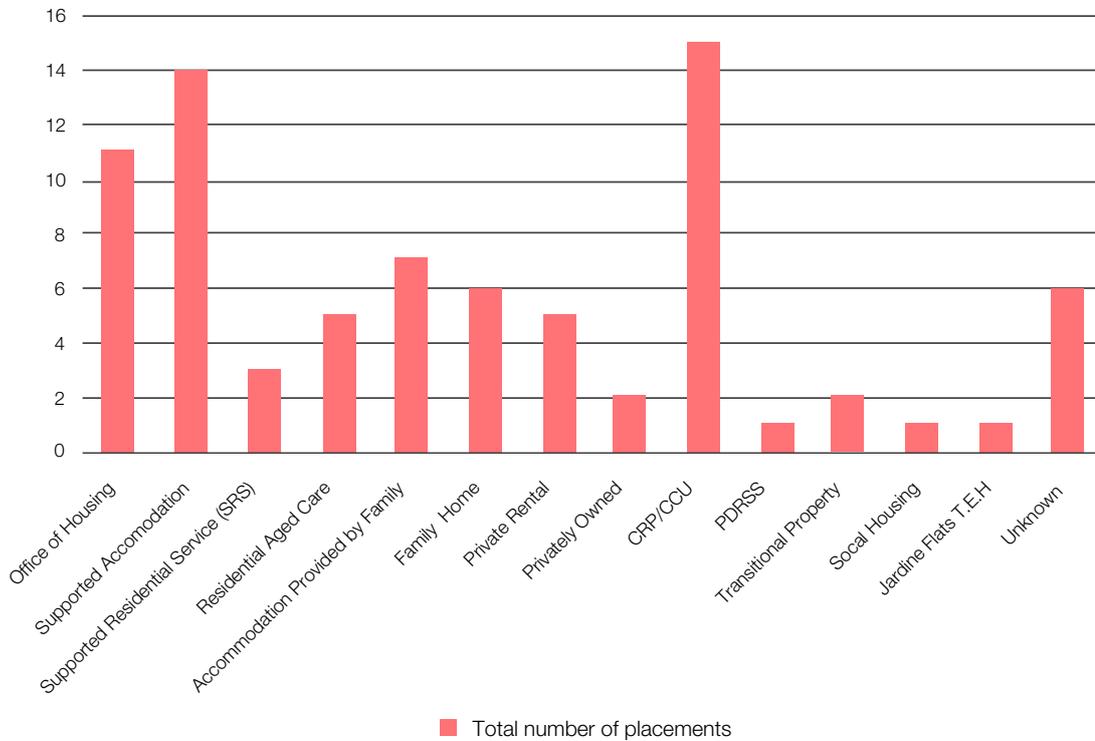
## Waitlist for housing

Many patients transition from the hospital to other clinical residential services (such as community care units); however, many move into supported accommodation, independent living, psychiatric disability residential programs and private rental properties. As many as half of the consumers leaving the hospital in recent years have transitioned into non-clinical settings, and housing and community services sector reforms have had a significant impact.

The introduction of the National Disability Insurance Scheme (NDIS), reforms to the mental health community support service sector, plus changes to the Victorian Housing Register and short-term crisis accommodation services have meant that there are fewer options available for community housing placement. We are compiling more detailed data about community placement for long-stay patients (forensic and treatment order patients) exiting from the hospital to further identify the issues facing consumers. We are exploring use of the NDIS items for Supported Disability Accommodation and Supported Independent Living, and seeking access to these for our consumers, as well as NDIS-funded lead tenant and long-term independent living options. In 2018–19 the Housing Working Party will produce a research report detailing historical and current housing needs for consumers and exploring housing pathways.

Figure 18 shows the type of housing forensic patients have transitioned to from Thomas Embling Hospital since 1998.

Figure 18: Accommodation type for discharged forensic patients since 1998.



## National Disability Insurance Scheme

NDIS coordination remains a key role for the Forensicare Social Work Service, and unit-based social workers at Thomas Embling Hospital hold an NDIS portfolio.

NDIS access and planning processes remain effective and are overseen by the lead social worker/NDIS coordinator. The new system has meant more external non-government organisations and are working with patients. This has increased the level of coordination and monitoring required. In some cases hospital patients have experienced significant delays in

obtaining support coordination. Sometimes this means patients may have funding which isn't spent and their needs are not met. The Social Work Service is heavily supporting the coordination role provided by external services, with a number of participants receiving in-house assistance and progressing to community-based support coordination.

A community linkages working group within Forensicare has been formed to co-ordinate access to NDIS-registered service providers in the Inner North area.

## Problem gambling initiative

Over the past 12 months the Forensicare Social Work Service has worked with the Victorian Responsible Gambling Foundation (VRGF) to develop our service response. This is in light of an increase in gambling behaviours since the hospital went smoke-free and recognises that we work with a vulnerable cohort.

Staff from the VRGF and Forensicare have been attending unit-based community meetings at the hospital and delivering workshops to staff and consumers. In May 2018 we completed the last of a five-session education program and the response has been positive.

More than 30 education sessions have been provided, and the workshops have created a collective space to better understand gambling.

## Advance Statements Project at Thomas Embling Hospital

Advance statements enable a person to set out their treatment preferences in the event they become unwell and need compulsory treatment under the *Mental Health Act* 2014. A treating psychiatrist is required under the Act to consider a person's advance statement when making treatment decisions for compulsory treatment.

In 2015 Forensicare began working with the Mental Health Legal Centre to establish the Advanced Statements Project. Since this time advanced statements have been widely promoted, along with an emphasis on patients' rights and preferences regarding treatment and care. The project established dedicated resources to assist Thomas Embling Hospital consumers to complete an advanced statement. These resources are enhancing understanding of the key mechanisms in the *Mental Health Act* among consumers and staff.

Mental Health Legal Centre lawyers have attended a number of unit-based community meetings to provide education about the process involved in setting up an advanced statement and how the treating team is required to respond.

An evaluation of the project is planned for 2018–19; however, successive audits of completed advance statements and nominated persons shows a steady increase across Thomas Embling Hospital units (see Table 13).

Table 13: Number of patients with advance statements at 30 June 2018

	Argyle	Atherton	Barossa	Bass	Canning	Daintree	Jardine	Total
Have an advance statement	3	1	5	2	2	11	1	25
Declined advance statement	–	2	2	18	14	4	2	42
Requires follow-up	–	11	1	1	4	5	6	28



Australian Consortium for Research Excellence  
in Reducing Persistent Violence and  
Sexual Offending

## Research and evaluation

### The Catalyst Consortium

This year saw the establishment of the Catalyst Consortium at Swinburne University's Centre for Forensic Behavioural Science (CFBS). Led by Prof. Jim Ogloff AM, the consortium is funded jointly by the Department of Justice and Regulation and Forensicare.

The problem of violence, including sexual violence and family violence, is of national and international significance and requires innovative and transformational research and practice to enhance understanding and assessment, intervention, reintegration and prevention efforts. The aim of the Catalyst Consortium is to enhance our understanding of the causal factors of violence, and to intervene effectively with people who engage in violence in a manner that will increase community safety. The work targets people who commit interpersonal violence, including those with mental disorders (including personality disorders), substance misuse disorders and cognitive impairment.

Most of the work in the first year has been foundational, including meta-analyses and developing research and ethics proposals. Notably, the CFBS has appointed Dr Rachael Fullam as the manager of the Catalyst Consortium and Dr Mark Rallings, psychologist and former Commissioner of Corrections for Queensland, as the chair of the Catalyst Advisory Committee. Mark has extensive experience in offender rehabilitation and corrections administration in Australia and the United Kingdom.

A number of projects are now underway, and these include reviews and evaluations of aspects of Forensicare's clinical services. The coming year promises to deliver important developments from this exciting and significant initiative.

### Program evaluation – Mobile Forensic Mental Health Service

In 2018 the Centre for Forensic Behavioural Science finalised a report evaluating Forensicare's Mobile Forensic Mental Health Service. The evaluation examined the period 1 January 2015 to 30 June 2017.

The purpose of the evaluation was to assess the:

- characteristics of the service and its efficiency
- impact of the service on identifying and managing mentally disordered people
- impact of the service on the bed blockage at Melbourne Assessment Prison
- effectiveness of the service (client perceptions of the service and symptom change).

The results reflect the complexity of delivering mental health interventions in a remand setting:

- Although service activity increased over the course of the evaluation, there were high levels of 'loss' to treatment due to the mobile nature of the remand population.
- Consumer perceptions of the service were positive, with the majority of consumer participants indicating that they were very satisfied with the treatment they received.
- The perceptions of staff who interface with the service reflect a lack of consistent integration of the service across the various components of the custodial system.

- Although there were some indications of improvement to symptom severity over the course of treatment, sample sizes were small, and the quality of the clinical data available for the evaluation limited the ability of the researchers to adequately examine outcomes in the client population.

Following the evaluation the service model is under review in consultation with Justice Health.

### Research exploring nursing intervention following risk assessment

Up till now there has been limited research exploring suitable nursing interventions following risk assessment. At Thomas Embling Hospital the Dynamic Appraisal of Situational Aggression (DASA) risk assessment instrument is used on a daily basis on the acute units to assess risk. Since introducing DASA there have been no recommended interventions following assessment by the DASA to assist nurses to select suitable interventions to reduce the assessed risk.

To address this gap in practice, two studies have been undertaken to develop a framework for nurses to apply interventions after assessing the risk of inpatient aggression. This framework was then tested on the Barossa Unit. To assist in testing the framework a new electronic version of the DASA was developed to prompt nurses to complete the DASA assessment, and to intervene according to the framework. The framework was designed with the principles of least restriction, with an emphasis on early intervention. Early results from this study suggest there were positive findings with less aggression and a reduction in the use of restrictive practices when the framework was followed. The framework is currently being tested on the two male acute units, and once the study has been completed the approach will be reviewed and suggestions made for practice.

### Supporting consumer disclosure

In 2016 a special interest group of Forensicare occupational therapists formed with the goal of better understanding and supporting consumers' need to disclose information about their mental illness and offence. Disclosure is broadly defined as the process of communicating information about oneself to another person. For Forensicare consumers, disclosure can prove challenging, given the sensitive nature of the information that may be required to initiate community linkages and the possibility of encountering stigma and discrimination.

In 2017–18, the extensive research report we compiled in previous years has been used to guide group and individual occupational therapy input in relation to disclosure. The report has also been used to provide a training session at the community service, here staff joined with the consumer advisory groups about vocation and disclosure.

In late 2017 an occupational therapy honours research student began a qualitative project to explore consumer experiences of disclosure. Rich information has been gathered from consumers, and the thesis is nearing completion. The thesis is expected to provide insight into the challenges identified by consumers, as well providing suggestions for tailoring the support offered by staff.

In 2017–18 Forensicare developed a series of group sessions designed to support consumers to prepare for disclosure conversations. These were conducted initially on Bass and Daintree units and were also incorporated within the intermediate level of 'The Works' (vocational preparation) group, as part of the Occupational Function and Performance stream of the hospital's therapeutic programs. Following requests from the consumer group, a pair of occupational therapy students worked alongside staff to develop an advanced level series of 'The Works' group intended for consumers nearing or following extended leave (although this has not yet been run).

Following on from the earlier report and recommendations, another group of students are in the final stages of preparing a resource package to support staff and consumers in preparing for disclosure conversations. This resource will include session plans, worksheets and references to assist in implementing the recommendations.

## Leadership and development in the mental health sector

### Implementing new services at the community service

In October 2017 the Victorian Government announced the establishment of the **Victorian Fixated Threat Assessment Centre**. This is a statewide service jointly staffed by a team of senior police officers and senior forensic mental health clinicians employed by Forensicare. The purpose of the service is to identify people engaging in, or at risk of, inappropriate or threatening communications and actions. It involves assessing individuals of concern and developing management plans that may involve engaging or re-engaging the individual with the public mental health system or other mental health services.

We have partnered in a highly collaborative way with Victoria Police to implement this service, which began accepting referrals in March 2018. We are now working with stakeholders including the Department of Health and Human Services and other services that have received funding to provide an enhanced response to individuals identified as in need of mental health intervention by this centre.

The Victorian Government also announced the establishment of the **Mental Health Advice and Response Service**. This initiative integrates and expands Forensicare's services to the courts, previously provided through the Mental Health Court Liaison Service and the Community Corrections Order Screening Program. We have worked with the Department of Health and Human Services, the Department of Justice and Regulation and Court Services Victoria in the planning to implement this program, which officially began on 1 July 2018.

The new service is a single, integrated court-based assessment and advice program operating in eight metropolitan Magistrates' courts: Melbourne, Broadmeadows, Ringwood, Heidelberg, Dandenong, Frankston, Moorabbin and Sunshine. Forensicare clinicians undertake clinical assessments and provide feedback based on these assessments to the court. They liaise with court staff, police, lawyers, the custodial nursing service and local mental health services to ensure that the needs of people appearing before the court who have significant mental health issues are met. They also provide clinical assessment and advice to provide Corrections Victoria's Court Advisory Service with recommendations for including mental health treatment and rehabilitation condition on a community correction order.

### Embedding new services

Forensicare's Serious Offender Consultation Service (F-SOCS) aims to support community correctional services and Area Mental Health Services to manage individuals who have a serious mental illness and a history of serious violent or sexual offending.

Over the past year F-SOCS has focused on completing assessments of clients with serious mental illness living at Corrections Victoria's Corella Place facility in Ararat. These individuals are subject to post-sentence supervision orders under the *Serious Sex Offender Detention and Supervision Act*.

From this work, it is evident that Corella Place appears to reflect the general over-representation of those with psychotic illness in the criminal justice system, both within prisons and those involved with community correctional services. Some sex offenders with serious mental illness have only developed or been diagnosed subsequent to their offences and sentencing.

The restrictions placed around clients at Corella Place provide challenges for mental health rehabilitation, so addressing mental health needs in this population at this location can be difficult.

The local Area Mental Health Service located at Ararat provides recovery-focused psychiatric treatment for clients living in and around the Ararat area and for the residents on post-sentence supervision orders living at Corella Place requiring mental health treatment. The increasing number and complexity of illness at Corella Place, along with comorbidities and offending risk, has stretched the local community mental health team both in terms of capacity and specialist forensic experience and skill.

As a result, Forensicare joined with Ballarat Health Services (which is responsible for the Ararat Mental Health Service) to advocate to government for additional resources to work with this challenging cohort. As a result of these efforts, the Department of Health and Human Services announced a significant increase in funding for Ararat Area Mental Health Service to specifically respond to the needs of those living at Corella Place. This is a pleasing result that will lead to better mental health outcomes for these individuals and better management of them through community correctional services. F-SOCS will continue to support all agencies with expert forensic mental health assessments and advice.







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