

MODEL OF CARE

2021–26



Forensicare



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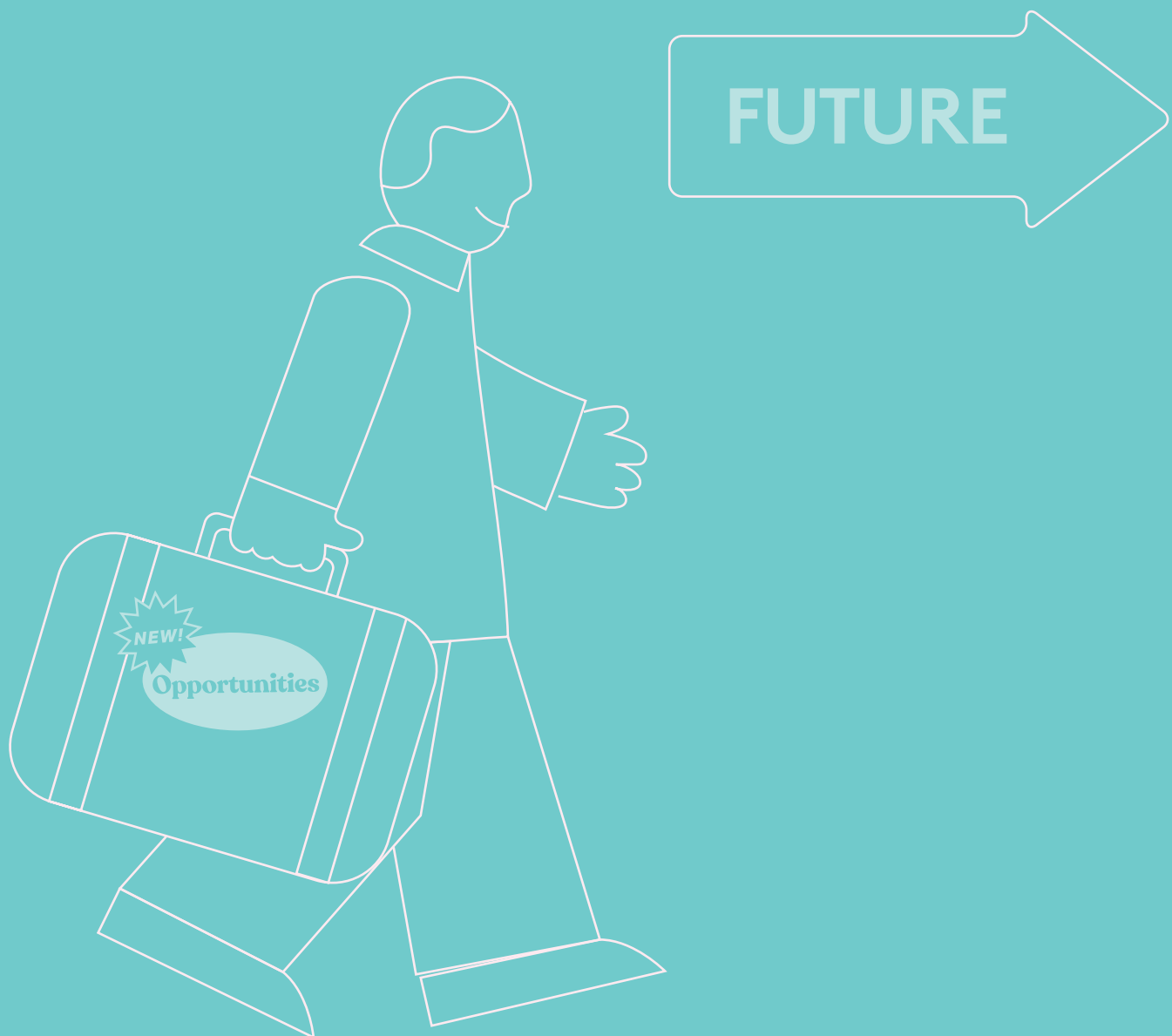
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FORE WORD



For over 20 years Forensicare has been Victoria’s statewide provider of adult forensic mental health services. During that time, we have supported some of the most disadvantaged and vulnerable people in our community—people who experience the dual stigma of both mental illness and having previously offended.

Our service is situated at the nexus between the mental health and the criminal justice system. Over recent years we have seen unprecedented growth in response to justice reforms, population growth, and an increased strain on mental health services. In response, we have instigated many positive developments to our services, including the opening of Apsley Unit at Thomas Embling Hospital – an 8-bed short-stay unit for male prisoners with acute mental illness – and a dedicated forensic mental health service, Ballerit Yeram-boo-ee, at the Ravenhall Correctional Centre.

Alongside these developments, we actively engaged with the Royal Commission into Victoria’s Mental Health System and are pleased our contributions have helped inform the future design of Victoria’s mental health system—particularly in relation to preventing people with a mental illness becoming involved in the criminal justice system; and if they do, ensuring they have access to the best treatment and services possible.

To ensure we continue to provide the best treatment possible for our consumers, we must regularly evaluate our services, ensuring better mental health care through evidence-informed, recovery-based frameworks. We must continually strive to better understand the relationship between mental illness and offending and focus on delivering the best treatment and support for consumers, their families, carers, and supporters.

As part of this journey, Forensicare has been engaged in an extensive range of activities focused on clarifying and redefining our organisation’s purpose, values, and expected outcomes. We have spent the time needed to learn about, and define, the issues we face in our services. It is only by facing these challenges that we can improve.

Through our evaluation we have been able to develop a clear, organisation-wide model of care that outlines our commitment to and partnerships with our staff, consumers, families, carers, supporters, and stakeholders. Together we will strive to empower Victorians living with a mental illness to lead safe and meaningful lives, free from offending.

We have developed this model of care to provide an easy-to-understand rationale for our services – for staff, consumers, families, carers, and supporters, as well as other service providers.

Our model of care acknowledges the unique mental health recovery and care journey of each person we provide care to. We are all impacted by our relationships, our environments, our beliefs, our cultures, and our experiences—by recognising this, we can build and strengthen the services we provide, and truly make a difference to the lives of those in our care, as we support them through their recovery.

Dr Margaret Grigg
CEO – Forensicare

Dr Danny Sullivan
Executive Director of
Clinical Service – Forensicare

BACK GROUND

The past three decades have seen extraordinary changes within the Victorian mental health system. This is a result of significant policy and population changes including the deinstitutionalisation of people living with mental illness, strong population growth, increased complexity and acuity of persons living with mental illness, and significant rates of drug and alcohol misuse^{1,2,3}. These changes have been paralleled by significant justice reforms including sentencing and bail reforms, rising incarceration and recidivism rates, and increased demand for mental health services across all levels of the justice system (Courts, Prisons, Community Corrections). The consequence of these changes has been an unprecedented rise in demand for forensic mental health services.

Against this backdrop of reform and growth, there was an imperative to review and redevelop Forensicare's Model of Care, to ensure our continued focus on patient outcomes through the provision of contemporary best practice care.

ABOUT FORENSICARE

The Victorian Institute of Forensic Mental Health, known as Forensicare, is a statutory agency established in 1997 as the primary statewide specialist provider of adult forensic mental health services in Victoria. Situated at the intersection between the mental health and justice systems, Forensicare provides specialist mental health and wellbeing services, addressing links between offending and mental illness. This role places Forensicare as a key contributor to the safety of individuals and communities across the state.

2.1 Our vision and purpose

Meaningful lives led safely. Hope in Recovery. Connected Care.

Empower recovery for all Victorians living with mental illness, who are at risk of entering, or have entered the justice system, to lead safe and meaningful lives free from offending.



2.2 We are guided by

Curiosity.
Purpose.
Strong ethics.
Compassion.
Fairness.

2.3 We know we have been successful when

- Consumers, families, carers, and supporters have pathways to recovery that:
 - support hope, empowerment, and connections to the community
 - recognise the importance of all aspects of holistic care
 - uphold human rights
 - recognise, and are responsive to, the impact of trauma, including the experience of coercion and compulsory treatment
 - are responsive to their diverse backgrounds, cultures, orientation, experiences, and abilities
 - facilitate safe, positive challenges and learning
 - enable personal responsibility and self-determination
- We develop and maintain strong and collaborative connections and partnerships that support the recovery of consumers
- We are a workplace of choice for mental health clinicians, corporate services leaders, and experts in lived experience
- We are trusted to lead innovation at the interface between mental illness and offending behaviour

2.4 Our responsibility to the Victorian community, consumers and our staff:

- To support personal and community safety through providing access to effective treatment, rehabilitation and support that is person-centred and integrated
- To assist in rebuilding a meaningful life free from offending behaviours
- To learn, lead and shape innovative and evidence-informed practice and research across our services
- To ensure a safe workplace in which expertise is recognised
- To reduce stigma and improve community understanding of people living with a mental illness and offending behaviours
- To create pathways and opportunities with our service partners to support:
 - connected and shared care in the mental health system
 - access to treatment that is a safe alternative to the justice system early in a consumer's journey

2.5 Forensic care services

Forensic care delivers a range of forensic mental health services for people living with mental illness based on a recovery-oriented mental health framework. Services are tailored to the different stages of recovery and range from assessment, early intervention and prevention, inpatient care rehabilitation, and community transition support. Forensic care's primary consumers are individuals:

- with a mental illness at risk of, or involved in, the criminal justice system.
- who have carried out a criminal offence but who have been found not guilty, or unfit to be tried, under the *Crimes (Mental Impairment and Unfitness to be Tried) Act (Vic) 1997 (CMIA)*
- within the community who are at risk of offending and/or who pose a risk to themselves or others

Our current workforce consists of:

- experts by training: mental health clinicians including psychiatrists, psychologists, mental health nurses, and allied health staff

- experts by experience: a strong lived experience workforce, including consumer and carer consultants, peer workers, Aboriginal health and wellbeing workers, and Aboriginal mental health trainees
- cultural and spiritual care experts
- support staff
- research workforce
- trainees in a range of fields

Forensic care is responsible for providing flexible and appropriate mental health responses to the varied needs of each person presenting to our service. We deliver a range of services aimed at ensuring people with lived experience receive the right care, in the right environment, at the right time for their recovery. The three key tiers of service we offer are:

- **Advice and Consultation**

a critical role supporting the practices of Child and Youth Mental Health and Wellbeing Services (CYMHWS), Adult and Older Adult Mental Health and Wellbeing Services (AMHWS), Youth Justice (Orygen), justice agencies including Victoria Police, Corrections Victoria, the Victorian Courts, and in some cases private practitioners, through primary and secondary consultations

- **Care Coordination and Treatment**

comprehensive care and treatment for people requiring specialist forensic mental health treatment, and partnerships with a range of services to ensure this care is holistic

- **Community Reintegration**

a role in supervising, connecting, and supporting persons in recovery as they reintegrate into community

In response to the 2020 Royal Commission into Victoria's Mental Health System recommendations, Forensic care will work in collaboration with AMHWS and Youth Justice to identify gaps and enact local service pathways. These important partnerships will help to better recognise and respond to the risk of people with mental illness entering the justice system through an early intervention and prevention lens. By moving from a consultative service to a truly collaborative partnership model that builds local capability and provides collaborative care through shared accountability and responsibility, Forensic care will deliver a statewide service to support people where and when they need it.⁴

Forensicare services are delivered through three interconnected streams:

2.5.1 Thomas Embling Hospital

Thomas Embling Hospital (TEH) is a 136-bed secure forensic mental health hospital providing care and treatment that spans across intensive, acute, sub-acute, extended rehabilitation and transitional rehabilitation. The hospital provides treatment and care for:

- forensic patients: consumers found not guilty or unfit to stand trial under the *Crimes (Mental Impairment and Unfitness to be Tried) Act 1997*
- security patients: consumers in prison requiring hospital treatment for mental health disorders
- civil patients: consumers from the community who require secure hospital treatment for their mental health

2.5.2 Prison Mental Health Services

Forensicare provides specialist forensic mental health services across Victoria's prisons. Services include mental health reception assessments, dedicated custodial units for the care and treatment of prisoners with mental illness, outpatient clinics, mental health and wellbeing interventions, as well as suicide and self-harm prevention and assessment services. These services are provided at acute, sub-acute and rehabilitation levels of care.

Corrections Victoria have prison beds dedicated to the provision of mental health care for prisoners requiring Forensicare services. All Forensicare prison mental health services are voluntary. The Community Integration Program (CIP) supports people who have a serious mental illness as they transition from prison into the community.

2.5.3 Community Forensic Mental Health Services

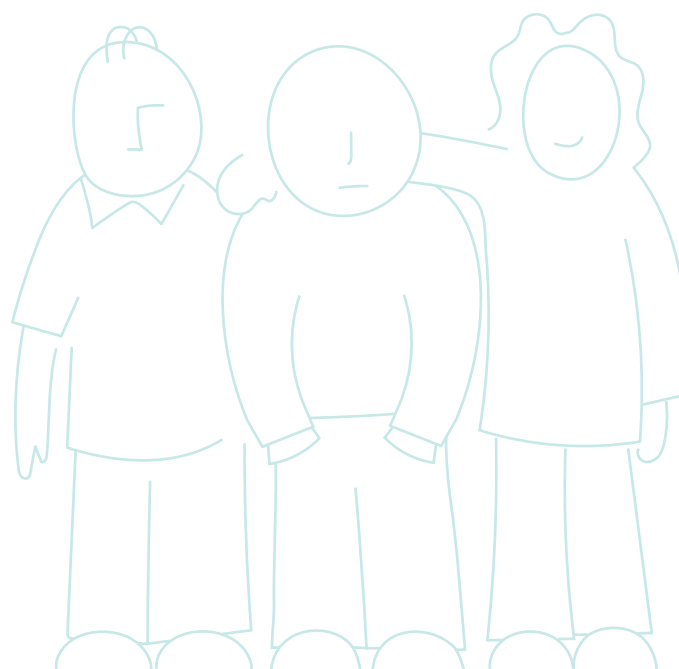
Forensicare's Community Forensic Mental Health Services (CFMHS) provides programs and services for people who have a serious mental illness who have offended, or are at risk of offending, as well as those transitioning from TEH into the community. Specialist assessment and treatment is also provided for people who present with a range of serious problem behaviours.

2.5.4 Additional legislative requirements

As required by the *Mental Health Act 2014*, Forensicare has a responsibility to undertake research, education, and training in forensic mental health. Forensicare works in partnership with Swinburne University of Technology to fund and operate the Centre for Forensic Behavioural Science (CFBS). The CFBS delivers a comprehensive program of forensic mental health research, specialist training and ongoing professional development and education to support not only Forensicare but sector wide mental health practice. Forensicare also engages with other research institutes to further address its research needs. By sharing what we learn through our research, we:

- provide evidence-based knowledge to develop system reforms responsive to the needs of people experiencing mental illness, who are at risk of entering, or who are engaged in, the criminal justice system
- move research beyond paper, translating clinically significant research into practices that promote better outcomes for consumers
- build capacity in our mental health system for Mental Health and Wellbeing Services, Youth Justice (Orygen), and other service providers to be able to provide timely, responsive, evidence-based care and treatment appropriate to the needs of consumers engaged in, or at risk of entering, the justice system
- reduce stigma and discrimination through knowledge and information sharing

Forensicare's governance structure is available at Appendix 7.1.



OUR MODEL OF CARE

The journey of recovery for those living with mental illness at risk of, or who have come into contact with the justice system, is a unique and personal one. No two journeys are the same because no two people are the same. It is a journey shaped by each person's individual experience, beliefs, orientations, culture, values, strengths and abilities, relationships, connections and needs.

The Forensicare Journey of Recovery and Care ('The Journey') is a model of care that describes our commitment to empowering Victorians living with a mental illness to lead safe and meaningful lives, free from offending. Our commitment is grounded in our partnerships with staff, consumers, families, carers and supporters as well as our stakeholders.

Forensicare is in a unique position as a trusted leader in the provision of expert, innovative and evidence-informed services that address the interface between mental illness and offending behaviour. Our staff are recognised as specialists and leaders in the delivery of safe, best care. We work with consumers, their families and supporters to empower them to build meaningful, safe lives for themselves, their families and the community.

Forensicare acknowledges this journey is challenging for consumers, their families and supporters, and staff. Our services are delivered in a largely involuntary and coercive environment, often for an indeterminate period. For many, this journey is lifelong and frequently marked by stigma, setbacks and coercive interventions. Forensicare aims to support consumers, carers, families and supporters through these challenges by providing:

- positive personal contact
- education about the recovery journey for consumers, carers, families, supporters and stakeholders
- advocacy aimed at changing major structural and attitudinal barriers to our consumers' recovery
- empowerment through holistic and connected care

Forensicare is committed to a culture that focuses on each person's strengths, and balances duty of care with supportive, considered positive risk taking. Setbacks are reframed in the spirit of hope and optimism, reflecting the context of longer-term recovery outcomes and positive learning opportunities. Forensicare's *Journey of Recovery and Care* builds pathways across the health, mental health and justice systems that are person-centred, respectful and tailored to the individual needs of each person. It will be supported through advocacy, positive engagement, community connections and judicious information sharing.

Forensicare recognises the strong relationship between the experience of trauma and mental illness. The significant risk of re-traumatisation due to compulsory treatment and coercive interventions used across the justice and mental health systems is also acknowledged. We are committed to ensuring care is provided through a trauma-informed lens – recognising the significant levels of harm that trauma has on individuals, families, supporters and at times entire communities⁵.

Forensicare is resolute in our commitment to driving innovation that reduces, and potentially eliminates, the use of restrictive interventions. This will be achieved by strengthening recovery-oriented practice, improving environmental design, and ensuring appropriate staffing levels and other needed resources.

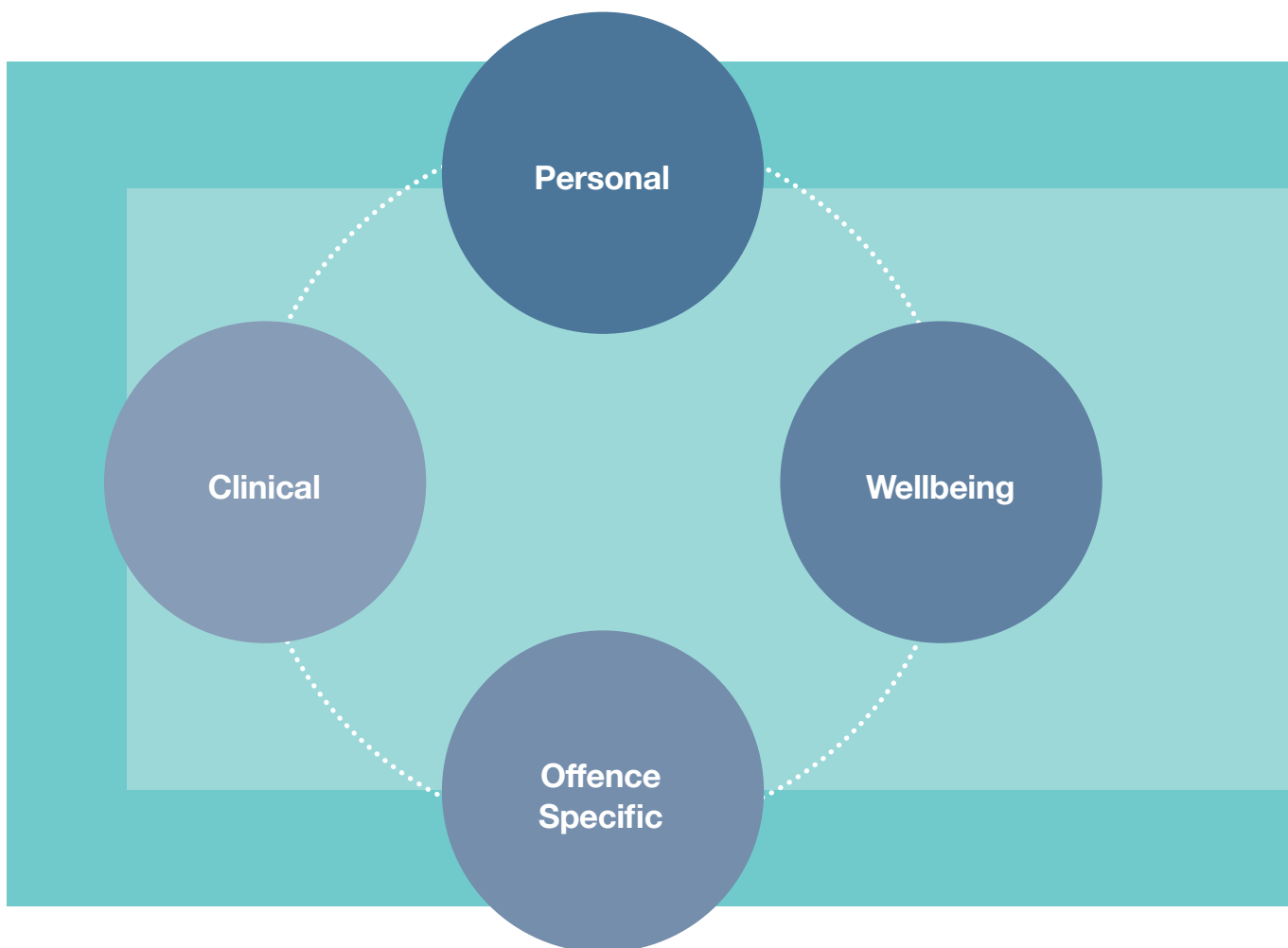
3.1 A journey of recovery and care

Recovery in mental health is the process by which people living with mental illness are supported to recognise meaning and purpose in their lives through hope, optimism and empowerment. The journey of recovery is an intensely personal one involving many roadmaps, signposts, pitstops and roadblocks. Its ultimate aim is to achieve healing through a rediscovery of ones' hope, strength and self-determination.



3.2 Domains of recovery

Forensicare's *Journey of Recovery* and Care fosters rediscovery through four dimensions of recovery^{6,7}:



3.2.1 Personal recovery

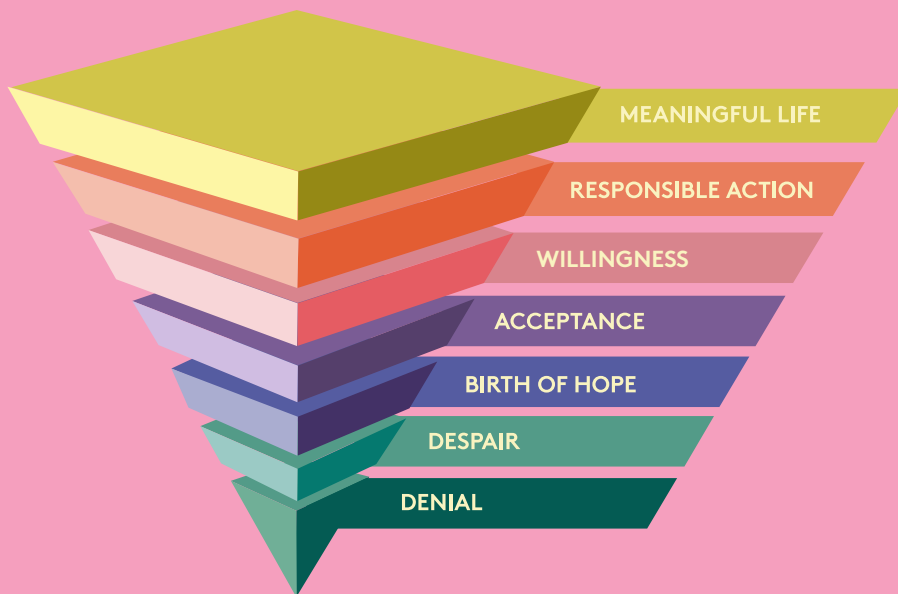
Personal recovery is defined as:

‘a deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills and/or roles; a way of living a satisfying, hopeful and contributing life even with the limitations caused by illness’⁸.

Personal recovery is built on an understanding of the specific familial, social, cultural and belief systems and trauma experiences of each person living with a mental illness.

Forensicare staff work with consumers, families and supporters to establish:

- **Connectedness** – feeling and being part of a community
- **Hope** – a belief life can and will get better
- **Identity** – building a sense of self outside of being a consumer
- **Meaning** – building a sense of self confidence to create fulfillment in everyday life
- **Empowerment and self-determination** – the confidence, trust and capacity to make choices in one’s life



▲ Figure 1 Forensicare's Recovery Pyramid

Through respectful, honest, and consistent relationships, clinicians work with consumers, carers, families, and supporters to identify where consumers are in their recovery journey, and work with consumers to address their needs at every stage. Lack of hope for the future and uncertainty about how to progress through the system can often lead to a lack of motivation to participate in the programs and activities that are necessary for progress. Forensicare clinicians are skilled and tenacious in finding ways to generate motivation and drive in consumers to support their progress.

Co-designed by consumers and their families Forensicare's Recovery Pyramid⁹ describes the key steps involved in personal recovery. The very nature of personal recovery means it looks and feels different for each person. Supported by our staff, consumers identify the goals, interests, preferences, and strengths that shape their journey. The Recovery Pyramid recognises this occurs over many stages and is not always linear. When there are setbacks these are treated as positive learning experiences.

3.2.2 Clinical recovery

Clinical recovery is the process of lessening or ending symptoms associated with mental illness. It is essential to allow other aspects of recovery to thrive¹⁰. Working to reduce symptoms of mental illness is a partnership between our clinicians and consumers. This must be an open, transparent and equal partnership where consumers are supported to make choices about their care and treatment. The insight and expertise derived from lived experience is valued in this process and staff work alongside our consumers to develop recovery plans to encourage problem solving and provide choices, rather than taking unilateral action to "fix" the problem.

For consumers at Forensicare, finding opportunities for choice can be difficult, especially when compulsory treatment is needed to balance the safety and duty of care of individuals and the community. Even in these circumstances, Forensicare strives to collaborate with consumers, families and their supporters to ensure that their needs, concerns and preferences are respected and considered.

3.2.3 Wellbeing recovery

Wellbeing recovery involves the rebuilding of everyday living skills to support empowerment and decision-making and ultimately, independence in day-to-day living. Wellbeing recovery involves a wide range of areas including:

- illness self-management
- addressing substance use
- resilience and problem solving
- self-esteem/confidence
- social skills
- skills in activities of daily living
- family and community connections
- supported education and vocational skill development
- employment opportunities
- supported housing

The Forensicare team includes specialist psychiatrists, medical registrars, general practitioners, mental health nurses and nurse practitioners, psychologists, social workers, occupational therapists, dietitians and physiotherapists, art therapists, and a lived experience workforce. This multidisciplinary team provides a holistic approach to wellbeing, to support consumers with the right care and engagement opportunities at the right time depending on their stage of recovery. The team also work with carers, families and supporters to assist them in their understanding of the journey of recovery.

3.2.4 Offence-specific recovery

Forensicare's vision is to deliver meaningful lives led safely, hope in recovery and connected care. We aim to empower recovery for all Victorians living with mental illness who are at risk of entering, or who have entered the justice system, to lead safe and meaningful lives free from offending. For many consumers, the interface between serious mental illness and offending has devastating consequences not only for them, but also for their loved ones and the community.

Forensicare's specialised expertise in understanding the relationship between offending and mental illness places it in a unique position to work with consumers to understand their mental health and offence-specific behaviour. This includes how their life experiences and choices have contributed to offending. This understanding is a critical part of the recovery process. It empowers consumers to redefine their future and make decisions to achieve personal safety, and safety for their loved ones and members of the community.^{6,7}

The offence-specific aspect of the recovery journey is challenging for many consumers. Acknowledging and understanding offending behaviours can be confronting due to the impacts of the offence, associated stigma and discrimination within the community, and the need to confront and address previous trauma.

Consumers in forensic mental health settings may also present with difficult and challenging behaviours that can place the consumer and/or others at risk of harm. Managing complex behaviours are core skills of clinicians working in forensic mental health services. This requires a thorough understanding of a person's hopes and fears, motivations, preferences, likes and dislikes, as well as static and dynamic risk factors.

In line with Forensicare's vision for meaningful lives led safely, our staff work with consumers, their families, carers and supporters to address those factors linked to a person's offending behaviour (criminogenic risks). In addition to addressing mental health, personality, and emotional stability issues, staff work with consumers to address some common criminogenic risks such as:

- Troubled parenting/family relationships
- Limited education/employment
- Pro-criminal attitudes
- Family violence
- Substance use
- Negative peer relationships
- Employment and housing instability

Along with personal and wellbeing recovery, offence-specific recovery creates new opportunities for consumers to take personal responsibility and make positive choices for their future⁷.

Aligned with the Risk-Need-Responsivity model¹ used across correctional services to guide treatment of offending populations, Forensicare's offence-specific recovery applies the three key principles:

- **Risk** – Working with consumers to understand their offence-specific recovery needs based on an individual assessment of their risk of reoffending. This ensures the treatment type and intensity is matched to their level of risk.
- **Needs** – Identifying each person's criminogenic needs and dynamic risk factors (the characteristics, traits, problems, or issues that directly relate to a person's likelihood to re-offend) to better understand what treatment and supports are required to reduce the risk of further offending. These needs may be addressed through a variety of programs and services within Forensicare, and partnerships Forensicare has with other organisations, such as alcohol and other drug, housing, and employment services.
- **Responsivity** – No two people experience life in the same way; our lives are shaped by our diverse backgrounds, gender, identity, life experiences and abilities. Forensicare is committed to ensuring the care and treatment provided is responsive – specific and appropriate – to the needs of each unique person.

Forensicare acknowledges that family violence is an issue in the lives of many of our consumers and their families. Many consumers have lived experience as a victim survivor and/or perpetrator. Where family violence is a factor in a consumer's recovery, Forensicare aligns to the Multi-Agency Risk Assessment and Management Framework¹¹, taking an intersectional approach to:

- empower victim survivors (including families/ family members of our consumers) as active decision-making participants in risk assessment and management, and providing support to enable access and participation in justice processes that enable fair and just outcomes
- encourage perpetrators to acknowledge and take responsibility to end their violent, controlling, and coercive behaviour by creating opportunities for perpetrator accountability
- acknowledge family violence used by adolescents is a distinct form of family violence and requires a different response to family violence used by adults, due to their age and the possibility they are also victim survivors of family violence

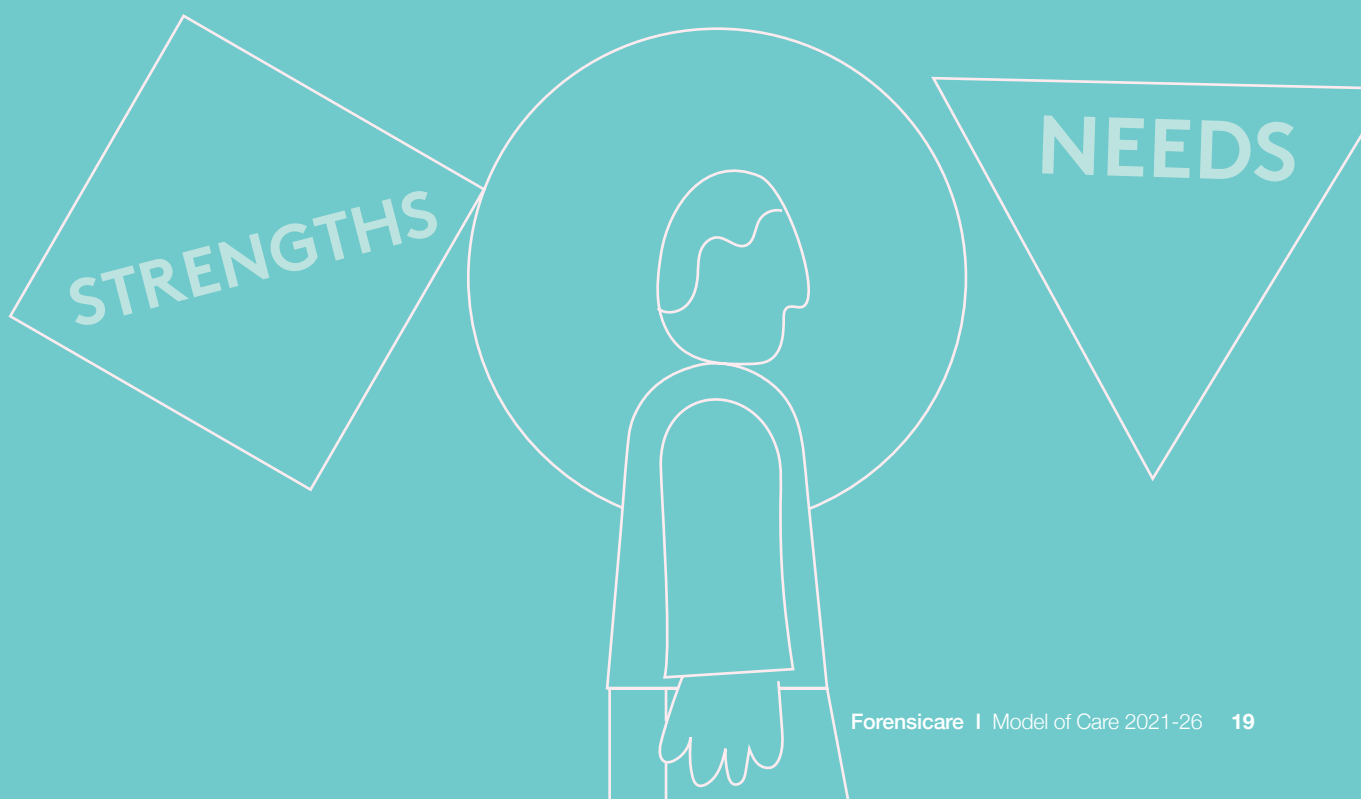
¹ The Risk-Need-Responsivity Model is a model used in criminology to develop recommendations for interventions based on the risk a person presents, their needs, and the type of environment a person would benefit from, in order to reduce risk of reoffending.

3.3 Phases of care

The journey of recovery in all its parts (*personal, clinical, wellbeing and offence-specific*) is a process that will change and evolve for each individual. The journey of recovery is characterised by three key phases:



Persons living with mental illness progress through each of these phases in their own time and their own way as their needs evolve and change across the journey.



3.3.1 Understanding strengths and needs

Empowering meaningful recovery requires a holistic understanding of each person's strengths and needs. Strengths are behaviours, characteristics, inherent talents, learned knowledge or transferable skills built up over a person's lifetime, that can positively guide a person during difficult moments.

Understanding a person's strengths along with their background, identity, experiences and abilities, familial, social, cultural and belief systems, mental health and physical needs, personal goals and aspirations is essential. This ensures they are supported in the right way at the right time. Recovery plans are developed through a collaborative and open partnership between staff and consumers, providing opportunities for choice and consumer-led decision making.

3.3.2 Rehabilitation

The rehabilitation phase is at the heart of the recovery process. Informed by the assessment of individual strengths and needs, rehabilitation is the stage in which consumers are supported to learn, develop, rediscover and build on important strengths and skills to support their growing independence and autonomy. A range of services and supports made available through the rehabilitation phase is essential to enable recovery at all levels – personal, wellbeing, clinical and offence-specific. Supports include:

- Crisis intervention and advocacy to access mental health assessment and treatment, housing, legal, financial, health, and alcohol and other drug services
- Mental health and wellbeing education and support, including understanding the impact of mental illness on the individual, and work to reduce symptoms of mental illness contributing to a decline in a person's wellbeing
- Psychological therapies that are trauma-informed, evidence-based, and best practice. These may also include trauma therapies and/or work relating to family violence.
- Offence-specific programs as appropriate for the individual – some of which may be undertaken in collaboration with, or by, an alternate provider such as the Forensic Intervention Service² within Corrections Victoria.

² The Forensic Intervention Services is a specialist program area of Corrections Victoria dedicated to making our community safer. The service aims to reducing re-offending by providing interventions that influence behaviour change.

- Wellbeing programs focusing on resilience, problem solving, managing stigma, anger management, social and communication skills, stress management, parenting, mindfulness, money management, community safety, awareness of self and the environment.
- Social and recreational activities including art, craft, horticulture and sporting activities.
- Healthy lifestyle programs to optimise health, fitness, and wellbeing for the long-term.
- Education and vocational training programs to enhance opportunities for active workforce participation.

Throughout rehabilitation, the focus remains on hope and empowerment. Consumers are supported to identify their recovery goals and choose supports that best support their achievement. This includes making sure their views are properly represented when they are unable to advocate for themselves. Consumers are also supported to build the essential toolbox of skills and knowledge to enable them to take the next step into community reintegration and continuity of care.

3.3.3 Community Reintegration and Continuity of Care

After a lengthy period spent in rehabilitation in a secure facility (hospital or prison setting) the prospect of community reintegration may be both exciting and anxiety-provoking. Community reintegration is also relevant to those already living within the community who may be isolated from others and have limited social and community connectedness. Using the skills developed during rehabilitation, consumers are supported to reintegrate gradually into the community. Referrals to assist this may include linking with appropriate mental health and wellbeing services and other community-based services in areas like housing, employment, education, and substance use, and accessing key benefits including from the National Disability Insurance Scheme.

Collaborative and healthy working relationships with other agencies are essential to ensure that consumers can draw on support when needed, and risks can be managed as they arise. As the key agency bridging mental health and justice sectors, Forensicare finds itself intersecting with many other services. Forensicare therefore strives to ensure consumers, carers, families, and supporters are supported by an extensive network of partnerships with public and not-for-profit services which collaborate to work towards the recovery of all consumers.



3.4 Our community

The delivery of recovery and care for those living with mental illness is not possible without the support of a strong community. The Forensicare community is its...

- consumers, family, carers, and supporters who honour us with their trust and partnership
- diverse workforce of highly skilled mental health clinicians; corporate services leaders and experts in lived experience who deliver safe, best care
- partners, including mental health and justice services, government, community agencies and other services who collaborate to support the best recovery outcomes for people living with mental illness (refer to Appendix 7.2)



**It takes
a village**

3.5 Our commitments

To our consumers...

we commit to supporting a recovery journey that:

- is safe, transparent, connected, and focused on the holistic needs of each individual
- promotes hope through positive learning and positive risk-taking in recovery, supports honest discussion and collaborative decision-making about management of risk, and promotes safety, awareness of early warning signs and relapse prevention
- enables self-determination and choice, in respecting individual human rights
- recognises “no man is an island”¹²; acknowledging the importance of personal relationships and the impact of cultural identity, beliefs and values in rebuilding a sense of self, kinship and connection with community
- builds resilience through recognising and addressing the impact of stigma, discrimination, trauma, displacement and/or loss
- engages you; hears, respects and is guided by your voice as we strive to ensure the services we provide are relevant, purposeful and responsive

To families, carers, and supporters... we commit to:

- recognising the significant contribution of connection, support, knowledge and care of loved ones in every person’s recovery
- recognising and addressing the specific needs of each family, carer and supporter as they navigate the impact of mental illness and offending behaviours on their own lives and the lives of those close to them
- seeking out your voice to ensure we understand what is important to you and how we can better work together to achieve recovery for your loved one

To our workforce... we commit to:

- a ‘just’ culture of safety, fairness, transparency, learning and improvement, where staff are empowered to speak up and raise concerns
- a safe, inclusive and positive culture which prioritises the wellbeing of the workforce
- training and professional development opportunities to build knowledge and expertise
- engagement in continuous quality improvement through research and evaluation
- including your voice in our service development and delivery
- providing support including clinical supervision, debriefing, and other interventions to ensure your wellbeing

To our partners... we commit to:

- building and sharing our knowledge and expertise in understanding and responding to the interface between mental illness and offending behaviour
- improving connections and working in collaboration with you to ensure people in recovery receive the right support/service, at the right time, by the right provider
- asking you to collaborate with us as our services develop, expand and respond to the needs of the Victorian community

SUCCESS IN CARE

Forensicare is accountable to consumers, their carers, family and supporters, and to government and the broader community. Performance is measured in line with the six dimensions of mental health performance set out in *The National Mental Health Performance Framework*¹³:

The story of our success must be demonstrated through qualitative and quantitative measures. Forensicare's Performance Monitoring Framework details the program logic and measures that will be explored and reported on when determining the effectiveness of our Model of Care. The framework will also show how this contributes to continuous quality improvement.



4.1 Next steps

The Model of Care provides overarching service-wide guidance consistent with best practice. To ensure the Model of Care is successfully implemented and sustained, we will:

- incorporate the Model of Care into service delivery policies and practices by:
 - developing and implementing program-specific Model of Care Implementation Guides across each directorate (TEH, Prisons, CFMHS)
 - reviewing and updating organisational policies to reflect the organisation’s commitment to recovery-oriented practice.
- develop a co-design framework to provide improved and consistent engagement with consumers, carers, families, supporters and other stakeholders in the development of future services, programs and activities.
- develop a strong co-designed partnership model – building connections with mental health and wellbeing services and other health and social support services.

GLOSSARY

Acute Care: Services delivered in units designated for people experiencing an acute episode of mental illness. The choice and intensity of services delivered depends on the severity of the symptoms, the level of distress for the person involved, and the risk of harm to self or others.

Advocacy: Advocacy is an activity by an individual or group that aims to influence decisions within political, economic, and social institutions.

Carer: A carer is a person who is actively supporting, assisting or providing unpaid care to a consumer. A carer may be a family member, friend, or another person, including someone under the age of 18 years, who has a significant role in the life of the consumer. A carer might not live with a consumer.

Clinical recovery: The process of lessening or ending symptoms associated with mental illness.

Co-design: The term co-design is commonly used to describe a range of activities and processes used in the design of services that involve people who either use or are affected by the service – such as staff, consumers, carers and families.

Coercive treatment or interventions: Coercive treatment or interventions includes a broad range of practices; from pressure to accept certain treatment, to the use of forced practices such as involuntary admission, seclusion and restraint.

Community reintegration: Programs that deliver recovery-oriented services to people living with various degrees of independence. Consumers are intensively supported in maintaining or building meaningful connections to family and social networks; in reclaiming their social role; and in moving purposefully toward their future.

Compulsory treatment: When a person is being treated for their illness without their consent under the *Mental Health Act 2014*, either in hospital or in the community.

Connectedness: Feeling part of a community.

Consumer: Any person who is receiving mental health care from Forensicare.

Continuity of care: The process of care delivery that supports the orderly and uninterrupted movement of people across mental health services, including into Area Mental Health Services

Diversity: A mix of people and how they may identify themselves. Diversity could reflect a range of ages, cultural backgrounds, gender identities, religious affiliations, educational experiences, abilities/disabilities, lifestyles, sexual orientations, socioeconomic statuses, or statuses within the general community.

Extended rehabilitation: Longer term rehabilitative care with the aim of enabling each person to maximise their potential in terms of independent functioning and quality of life, and to support their recovery and reintegration into the community.

Family: Family includes the consumer and those who have a significant personal relationship with the consumer. Family may be biological or 'family of choice'. Family may include biological relatives and non-biological relatives, intimate partners, people in co-habitation, friends, those with kinship responsibilities and others who play a significant role in the consumer's life. Some family members may identify themselves as a 'carer' in a consumer's life, while others might identify more with the characteristic of their relationship (for example parent, child, partner or sibling).

Hope: A belief that life can and will improve.

Human rights: Human rights are the ground rules for how people should treat one another: including with dignity, respect, equality and fairness.

Identity: Identity is made up of the combination of qualities, beliefs, personality, looks and/or expressions that make a person uniquely themselves.

Intensive care: A short stay intensive care unit for people who are acutely unwell, are at risk of violent behaviour, and require compulsory treatment under the *Mental Health Act 2014*.

Lived experience: The experience people have of living with, and/or recovering from, the impacts and consequences of their own or another's mental health issues, emotional distress or mental illness.

Mental illness: Disturbances of mood or thought that can affect behaviour and distress the person or those around them, so the person has trouble functioning normally.

Offence-specific recovery: Empowering consumers to re-define their future and in turn make the decisions that will achieve their own personal safety, as well as that of loved ones and the community, by acknowledging and understanding the relationship between offending and mental illness.

Orientations: A person's particular preferences, beliefs, attitudes or feelings in relation to a particular subject or issue.

Peer worker: A mental health peer worker is someone employed on the basis of their personal lived experience of mental illness and recovery (consumer peer worker), or their experience of supporting family or friends with mental illness (carer peer worker).

Personal recovery: A deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles; a way of living a satisfying, hopeful and contributing life even with the limitations caused by illness.

Psychosocial recovery: The rebuilding of everyday living skills to support empowerment and decision-making, and ultimately independence in day-to-day living.

Recovery: See Personal Recovery, Clinical Recovery, Psychosocial Recovery, Offence Specific Recovery

Recovery-oriented practice: Represents a movement away from a primarily biomedical view of mental illness to a holistic approach that focuses on the individual's strengths, emphasises hope, social inclusion, community participation, personal goal setting and self-management. It promotes genuine collaborative partnerships between consumers, their family/carers and clinicians.

Recovery-oriented service delivery: The provision of evidence-informed treatment, care and support that aims to achieve the best outcomes for people's mental health, physical health, and wellbeing.

Reintegration: Establishing community networks addressing social, vocational, and family needs, with the goal of successfully re-entering the community.

Self-determination: The capacity to make choices in one's own life.

Self-management: Enabling people to have direct control of managing their mental health conditions. Self-management approaches focus on enabling the person to solve problems, set goals, identify triggers and indicators of deteriorating health, and respond to these without clinician-led intervention.

Statutory agency: A body/organisation set up by law which is authorised to enact legislation on behalf of the relevant country or state.

Sub-acute care: Sub-acute care focuses on stabilisation of mental state for people after an acute episode, or to provide support with the aim of prevention of relapse.

Supporters: Supporters are people providing emotional and practical support to a consumer. Supporters can be made up of families, carers, friends, or other professionals such as advocates, case managers, NDIS Officers etc.

Transitional care: Transitional care supports consumers as they move from specialist forensic mental health services to Area Mental Health Services.

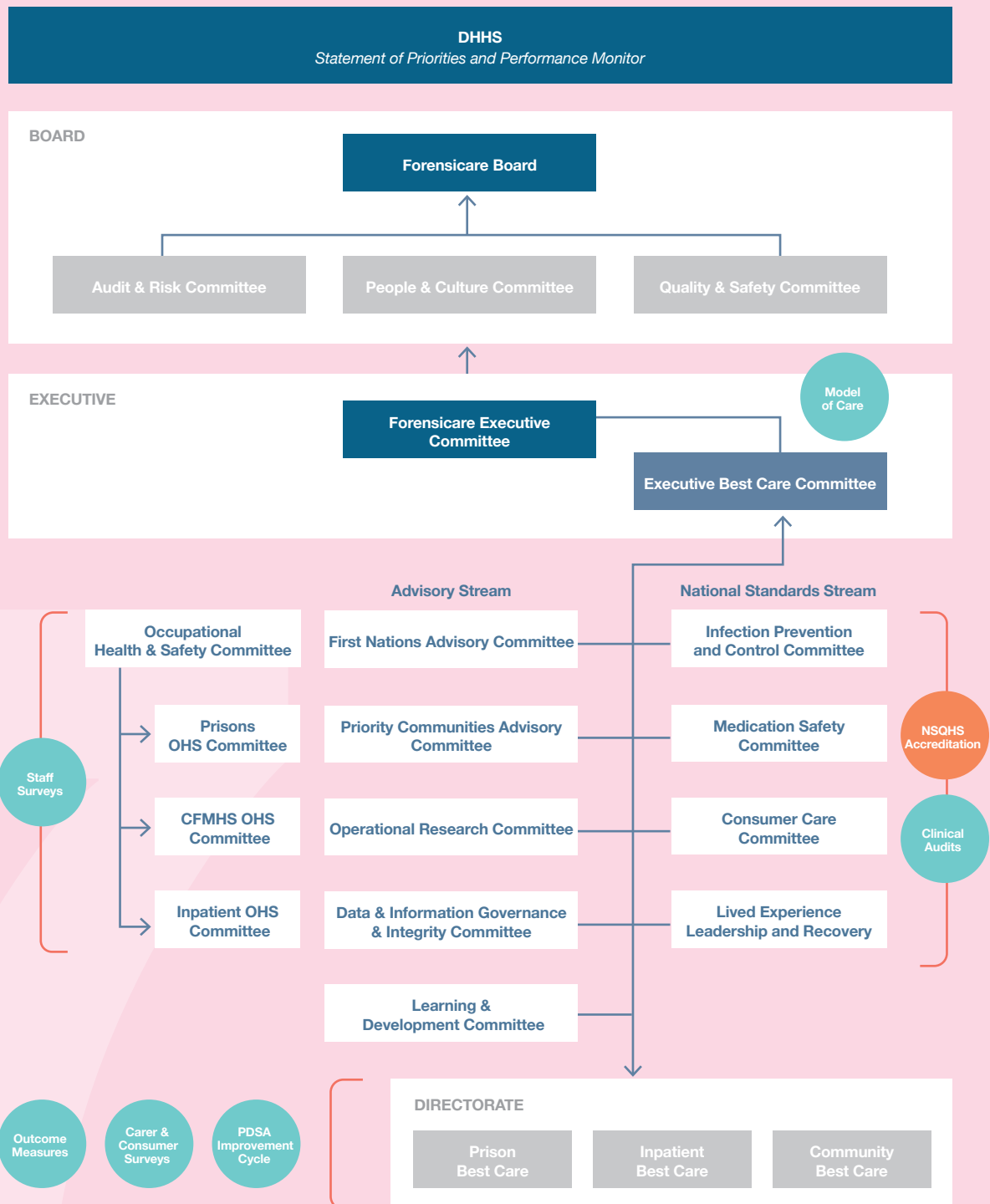
Trauma: The impact from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening. Trauma can have serious long-term negative effects on a person's functioning and mental, physical, social, emotional or spiritual wellbeing. Also known as psychological trauma, this can occur in individuals or collectively in communities. Trauma can also be transmitted from one generation to the next.

REFERENCES

1. State of Victoria (2019) *Royal Commission into Victoria's Mental Health System, Interim Report*, pg. 35; viewed at https://rcvmhs.vic.gov.au/download_file/view_inline/2198
2. Victorian Government (2016), *Targeting Zero: Report of the Review of Hospital Safety and Quality Assurance in Victoria*; viewed at <https://www2.health.vic.gov.au/hospitals-and-health-services/quality-safety-service/hospital-safety-and-quality-review>
3. Victorian Auditor General's Office (2019), *Access to Mental Health Services*; viewed at <https://www.audit.vic.gov.au/sites/default/files/2019-03/20190321-Mental-Health-Access.pdf>
4. State of Victoria (2020), *Royal Commission into Victoria's Mental Health System, Final Report, Volume 3: Promoting inclusion and addressing inequities*, Parl Paper No. 202, Session 2018–21 (document 4 of 6); viewed at <https://finalreport.rcvmhs.vic.gov.au/>
5. State of Victoria (2020), *Royal Commission into Victoria's Mental Health System, Final Report, Volume 2: Collaboration to support good mental health and wellbeing*, Parl Paper No. 202, Session 2018–21 (document 3 of 6) p337; viewed at <https://finalreport.rcvmhs.vic.gov.au/>
6. National Forensic Mental Health Services (2019), *National Forensic Mental Health Services Model of Care*, Ireland
7. Drennan, G., Alred, D. (2012), *Secure Recovery: Approaches to Recovery in Forensic Settings*, Routledge, Oxfordshire United Kingdom
8. Anthony W.A. (1993), *Recovery from mental illness: the guiding vision of the mental health system in the 1990s*. *Innovations and Research*; 2: 17–24
9. Forensicare Model of Care Patient Working Group (2017) *Recovery Pyramid*; viewed at <https://intranet.forensicare.vic.gov.au/patient-carer-resources/recovery-pyramid/>
10. State of Victoria (2011) Department of Health, *Framework for Recovery-Oriented Practice*; viewed at <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Framework%20for%20Recovery-oriented%20Practice>
11. State of Victoria (2018) Family Safety Victoria, *Family Violence Multi-Agency Risk Assessment and Management Framework* p11; viewed at <https://www.vic.gov.au/familyviolence/family-safety-victoria.html>
12. Quote by John Donne Retrieved on 25 September 2020 viewed at <https://web.cs.dal.ca/~johnston/poetry/island.html>
13. State of Victoria (2020) Department of Health and Human Services, *Mental Health Performance and Accountability Framework*, p15; viewed at <https://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability/performance-monitoring>

APPENDIX

7.1 Forensicare’s Clinical Governance Structure



7.2 Key Stakeholder Services and their interactions or engagement with Forensicare

Justice, Courts and Law Enforcement	<ul style="list-style-type: none"> • Provide advice, consultation and education to the Courts, Parole Board, Community Corrections Service, Post Sentence Authority and Office of Public Prosecutions on issues relating to: <ul style="list-style-type: none"> – Mental health issues of justice-involved persons – Issues relevant to disposition – Advice regarding options for diversion from the criminal justice system into treatment where appropriate – Mental health education • Provide mental health care within the Magistrates and County Court, undertaking urgent assessments, coordinating treatment, and linking court users into services where appropriate. • Work alongside Victoria Police in identifying, assessing, and facilitating effective interventions of individuals who pose a threat to public safety due to their risk of engaging in violent behaviours arising from pathological fixation or grievances influenced by radicalised beliefs. • Provide specialist mental health services across Victoria's prisons. • Work collaboratively with the Department of Justice and Community Safety and prison operators, by providing secondary mental health services to prisoners experiencing mental health disorders. • Enhance the capacity of youth justice staff and mental health staff effectively to meet the needs of youth justice clients requiring mental health services.
Department of Health Area Mental Health Services (AMHS)	<ul style="list-style-type: none"> • Collaborate to provide seamless transition of care as consumers move between area and forensic mental health services. • Coordinate the Forensic Clinical Specialist Program across area mental health services, building local knowledge and capacity to support, manage and treat consumers who may have contact with the justice system. • Provide advice and consultation regarding consumers at risk of, or engaging in, offending behaviours. • Undertake supervision of consumers under Non-Custodial Supervision Orders, working collaboratively with area mental health services. • Provide opportunities for area mental health service referrals to specialist programs such as Problem Behaviour Program.
Leadership Innovation Education Research	<ul style="list-style-type: none"> • Joint operation of the Centre for Forensic Behavioural Science with Swinburne University. • Leaders in advancing the field of forensic mental health knowledge through collaborative research partnerships with local and international researchers and institutions. • Undertake the translation of leading-edge research into clinical practice and ensure the dissemination of this through international conferences, journal articles etc. • Collaboratively work with tertiary institutions and professional colleges, to provide opportunity for clinicians to advance their knowledge of forensic mental health through both undergraduate and postgraduate programs and placement.

<p>Regulatory and Advisory Boards</p>	<ul style="list-style-type: none"> • Facilitate and support the development and maintenance of partnerships, relationships and linkages with key stakeholders. • Seek guidance from, and collaboration with national, statewide and local Aboriginal community organisations to strengthen our delivery of culturally responsive, competent and safe forensic mental health services to First Nations consumers and their families, carers and communities. • Ensure any proposed service development is in keeping with contemporary approaches in the field of mental health and forensic mental health. • Lead discussions on how emerging trends may impact service delivery.
<p>Primary Health Services Other Health Providers</p>	<ul style="list-style-type: none"> • Foster strong collaborative relationships with health providers including tertiary hospitals, correctional primary care providers, and general practitioners to ensure physical wellbeing and healthcare for our consumers. • Work collaboratively with Ambulance Victoria to ensure appropriate clinical handover during all interactions. • Engage with general practitioners and other private health care providers during care planning and transition into the community.
<p>Community Services and Support Organisations</p>	<ul style="list-style-type: none"> • Undertake care coordination for the integration of expert services for consumers within or exiting the forensic mental health system. This includes, but is not limited to: <ul style="list-style-type: none"> – Drug and alcohol services – SPECTRUM – Housing – Employment – Education – NDIS Service providers • Engage with Non-Government Organisations to ensure appropriate supports are in place prior to exiting forensic mental health services. • Strengthen collaboration with consumer and carer support networks and services, to enhance opportunities for those with lived experience (of mental illness or caring for someone with mental illness) to receive the support they need.



Forensicare

info@forensicare.vic.gov.au
www.forensicare.vic.gov.au

