

Mental Health Safety and Quality in NSW

ACCOUNTABILITY AND GOVERNANCE



What's happening?

Following the 'Review of seclusion, restraint and observation of consumers with a mental illness in NSW Health facilities', we will implement the following recommendations.

RECOMMENDATION	ACTION
3. The Director of Mental Health should be a member of the district or network senior executive and report to the Chief Executive	Review senior executive structures and include Directors of Mental Health as members of the senior executive and report to Chief Executive.
4. District and network clinical governance processes should include emergency department and mental health seclusion and restraint performance together	Review existing seclusion and restraint clinical governance processes and include accountability for both emergency departments and mental health units.
5. All mental health inpatient services must have 24-hour, everyday on-site supervision from accountable management representatives. This supervision must include in-person rounding on every shift	Review afterhours management practices and ensure all mental health inpatient services have 24/7 on-site supervision from accountable managerial staff, including in-person supervision visits to units on every shift.
6. NSW Health should have a single, simplified, principles-based policy that works towards the elimination of seclusion and restraint	Develop a single, culturally appropriate NSW Health policy that aims to eliminate seclusion and restraint, and that recognises human rights and trauma-informed care principles.
7. There should be an immediate reinvigoration of the implementation of the NSW Health Smoke-free Health Care Policy (PD2015_003), which includes increasing the knowledge and use of nicotine replacement therapy	Use the new <i>Smoking Cessation Framework for NSW Health Services</i> to improve interventions with consumers.

How can I be involved?

Every local health district and specialty health network will invite patients, carers and their families to be included in designing their prevention action plans. To find out more, contact your local health district at <http://www.health.nsw.gov.au/lhd>

What is clinical governance?

Clinical governance helps sustain and improve high standards of patient care. It includes methods to monitor the standard of care that health services provide. This requires clear communication and strong partnerships between the executive team, managers and other staff in health services. Reliable clinical governance processes are essential for patient safety, including the prevention of seclusion and restraint.

Why do Directors of Mental Health need to report to Chief Executives?

In most organisations, critical decisions are made in executive forums. Mental Health Directors need close working relationships with Chief Executives and other directors in their health service. Health services need strong, visible and engaged mental health leadership at the highest level to drive through ambitious improvement projects.

Why does NSW Health need a single policy that works towards the elimination of seclusion and restraint?

NSW Health has a number of policies and guidelines that refer to the use of seclusion and restraint. Complex policy requirements can be confusing and limit quality improvement. The *Review of seclusion, restraint and observation of consumers with a mental illness in NSW Health facilities* recommended simplifying with a single principles-based policy. A simpler, principles-based statewide policy will make it easier for local health districts and specialty networks and guide quality improvement.

What does the NSW Health Smoke-free Health Care Policy have to do with seclusion and restraint?

The review team heard that the smoke-free health care policy had contributed to consumer aggression which then led to episodes of seclusion and restraint. International research evidence has found the opposite effect. Introduction of a smoke-free policy, supported with a range of nicotine replacement therapies, has helped reduce physical assaults in several psychiatric hospitals. Based on this evidence, the review recommended better support for implementation of the policy and nicotine replacement therapy.