

Safe in care, safe at work

Kim Ryan
CEO

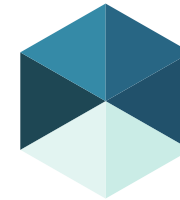
Australian College of Mental Health Nurses



Australian Government
National Mental Health Commission



the Australian College
of Mental Health Nurses Inc.



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A shared agreement

Consumers, carers and health professionals, agree S&R is:

- Harmful
- Breaches human rights
- Compromises trust and the therapeutic relationship
- (Kinner et al, 2016 p1).



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ACMHN Position Statement 2016

- Prevailing attitude must become one that considers an incident of seclusion or restraint as a 'failure in care'
- S&R is a harmful practice
- MHNs are central to the provision of mental health care and have a crucial role in S&R reduction and elimination
- MHNs need support to enable this to happen
- ACMHN supports the NMHC Seclusion and Restraint Declaration and its principles



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NMHCCF Position on S&R

- Not evidence-based therapeutic interventions
- Commonly associated with human rights abuses
- Cause short and long term emotional damage to consumers
- Demonstrate a failure in care and treatment

Background to the Project

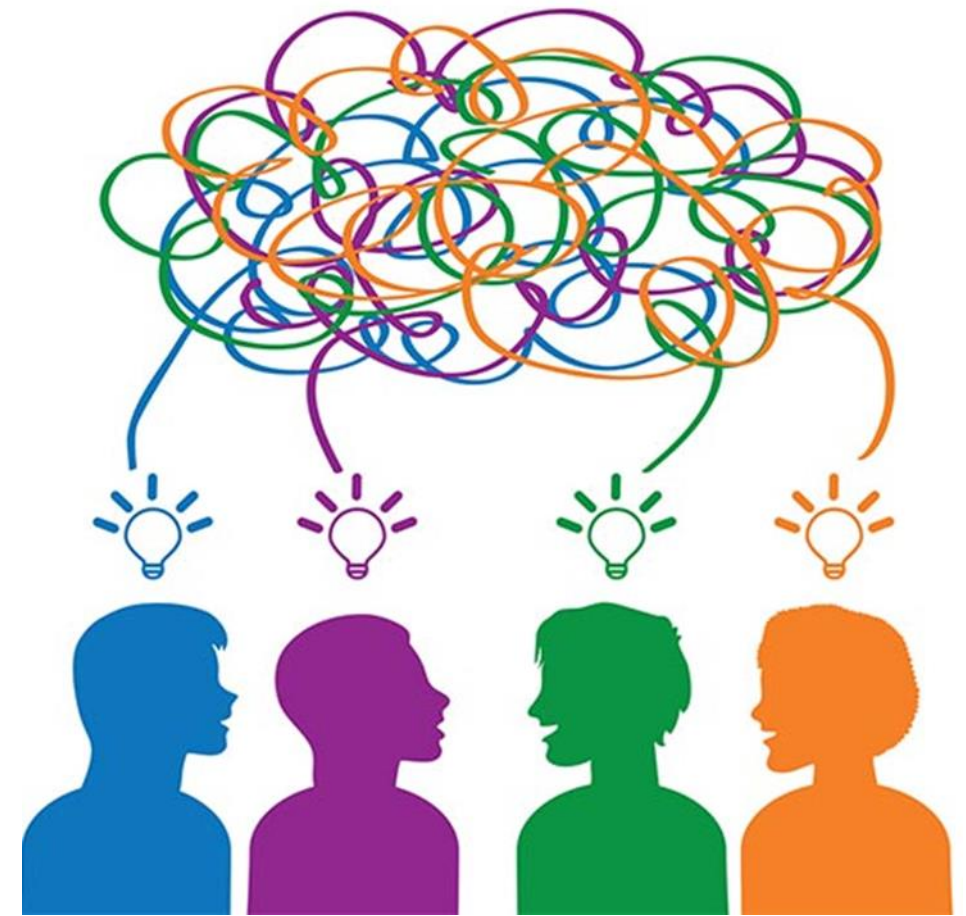
- Mental health nurses (MHNs) make up the bulk of the workforce in inpatient mental health services.
- Nurses more broadly represent the staff most likely to use seclusion and restraint in inpatient mental health settings – and the same goes for the nurses in ED and other acute settings.
- Are predominantly responsible for 'making the decision to enact seclusion and restraint in emergency situations' (NMHCCF, 2009 p2).
- Ward/organizational culture and attitudes of staff are key factors influencing the use, reduction and ultimate elimination of seclusion and restraint (NMHCCF, 2009; NMHC, 2014)



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We undertook

- A literature review
- Online National survey
- Focus Groups; there were nine focus groups in five states (NSW, NT, VIC, WA, ACT).



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Barriers identified by MHNs in the Literature

- Safety
 - Necessary
 - Last resort
 - Role conflict
 - Maintaining control
 - Staff Mix
 - Knowledge
 - Consumer behaviours
 - Psychological impact
- Riahi et al (2016)
- Individual consumer characteristics
(McKenna et al, 2017; Oster et al., 2016;
Beghi et al., 2013)
 - Stage of admission
(Oster et al, 2014; Bullock et al., 2014)
 - Teamwork
 - Ward/workplace culture
 - Support from management
 - Physical Environment
(Staggs et al., 2016; Brophy et al, 2016;
Muir-Cochrane & Gerace, 2014)



Review of seclusion, restraint and observation of consumers with a mental illness in NSW Health facilities. December 2017

- Culture and leadership
- Patient safety
- Accountability and governance
- Workforce
- Consumer and carer participation
- Data
- The built and therapeutic environment



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Enablers identified by MHNs in the Literature

- Addressing the barriers!
- Establishing a supportive organisational culture
- Increasing time available for *proactive* engagement with consumers
- Recognition of the impact of S&R on MHNs



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Key Influences of Practice Change

- Ward/organizational culture
- Environment
- Leadership
- Nurses 'attitudes, perceptions& experiences



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Recommendations ACMHN Oct 2017

Leadership towards organisational change

- adequate staffing levels for workload
- team collaboration and cohesion

Using data to inform practice

Workforce development

- skill mix and capability
- staff-consumer rapport
- focus on trauma informed, empathic care
- supervision and mentoring

Use of seclusion/restraint reduction tools

- alternatives to seclusion and restraint
- physical environment

Consumer roles in inpatient settings

Debriefing techniques



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I've been a psychiatric nurse for a long time. It's a difficult job and not getting any easier. It's very hard work. We don't get enough support and it feels a general movement to seclusion in Australia as (being) a terrible thing, to be avoided at all costs. Somehow you're a failure as a nurse if it happens...

Muir-Cochrane, O'Kane, Oster
2018 Fear and Blame in mental health nurses accounts of restrictive practices: Implications for the elimination of seclusion and restraint. IJMHN



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2018-2019

- A strategy for reframing and refreshing the focus of seclusion and restraint reduction initiatives
- Tools to support organisations to identify areas where action is required within their services, to enable the further reduction of seclusion and restraint, while increasing safety in care and safety for staff.



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A National Framework for Ensuring Safety in Care and Safety for Staff in Australian Mental Health Services

1. Develop a National Framework for Ensuring Safety in Care and Safety for Staff in Australian Mental Health Services

- That responds to the recommendations of key reports and reframes the policy narrative around seclusion and restraint reduction
- Take a health care improvement approach, acknowledging that different environments require different responses
- Address leadership and promote a culture of safety
- Identify and develop skills for achieving safety, co-design for safety
- Ensure a safe environment
- Transparent utilisation of quality data collection.

2. Self-audit tools for use across Australian mental health services

- Ensuring safety in care and safety at work, such that consumers are and feel safe, and staff are and feel safe
- Building organizational resilience
- Attributing responsibility to management at all levels, not just clinical staff
- Promoting harm minimization, burnout reduction and compassion fatigue strategies, enhancing resilience in the workplace
- Embedding trauma informed care and practice
- Advocating for co-design



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Acknowledging

Te Pou o te
Whakaaro Nui



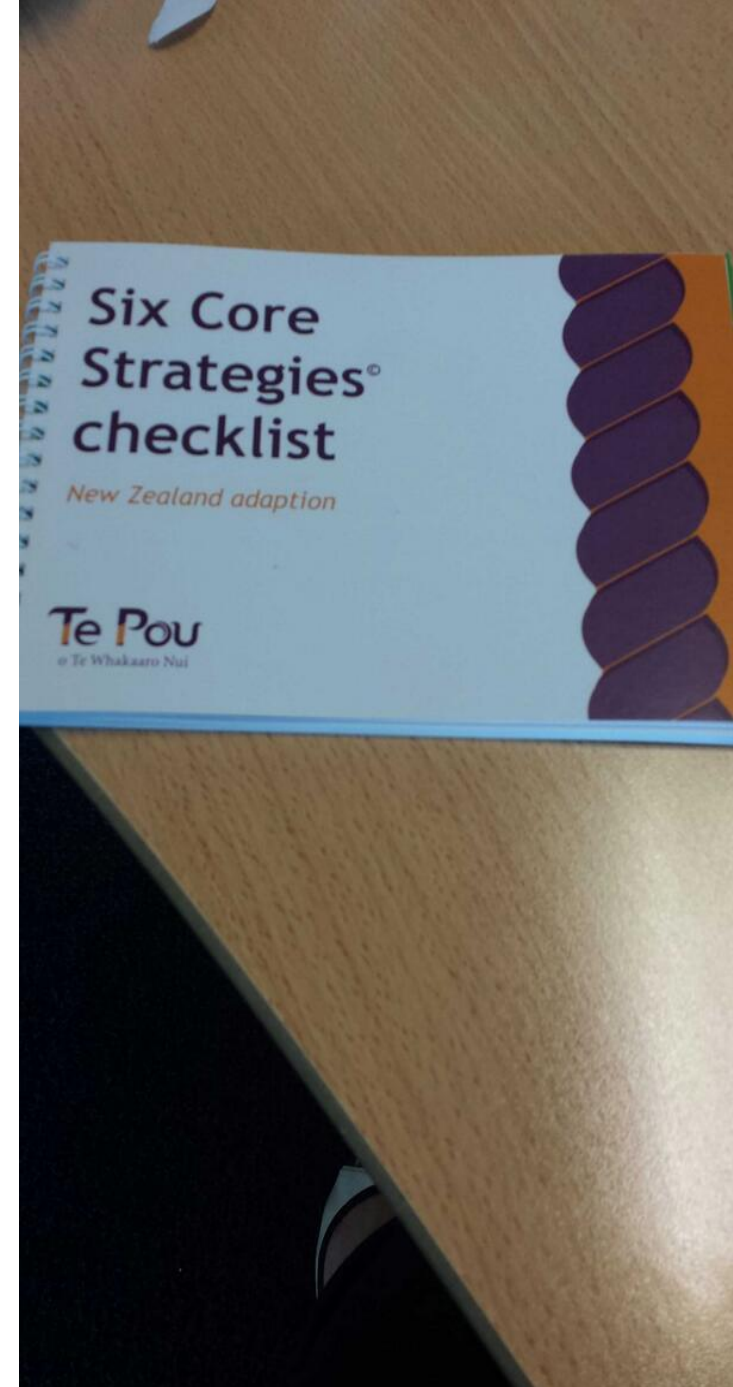
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Six Core Strategies

- Leadership towards organisational change.
- Using data to inform practice
- Workforce development, Staff training and Education
- Use of seclusion and restraint reduction tools
- Service user/consumer roles in inpatient units
- Debriefing techniques



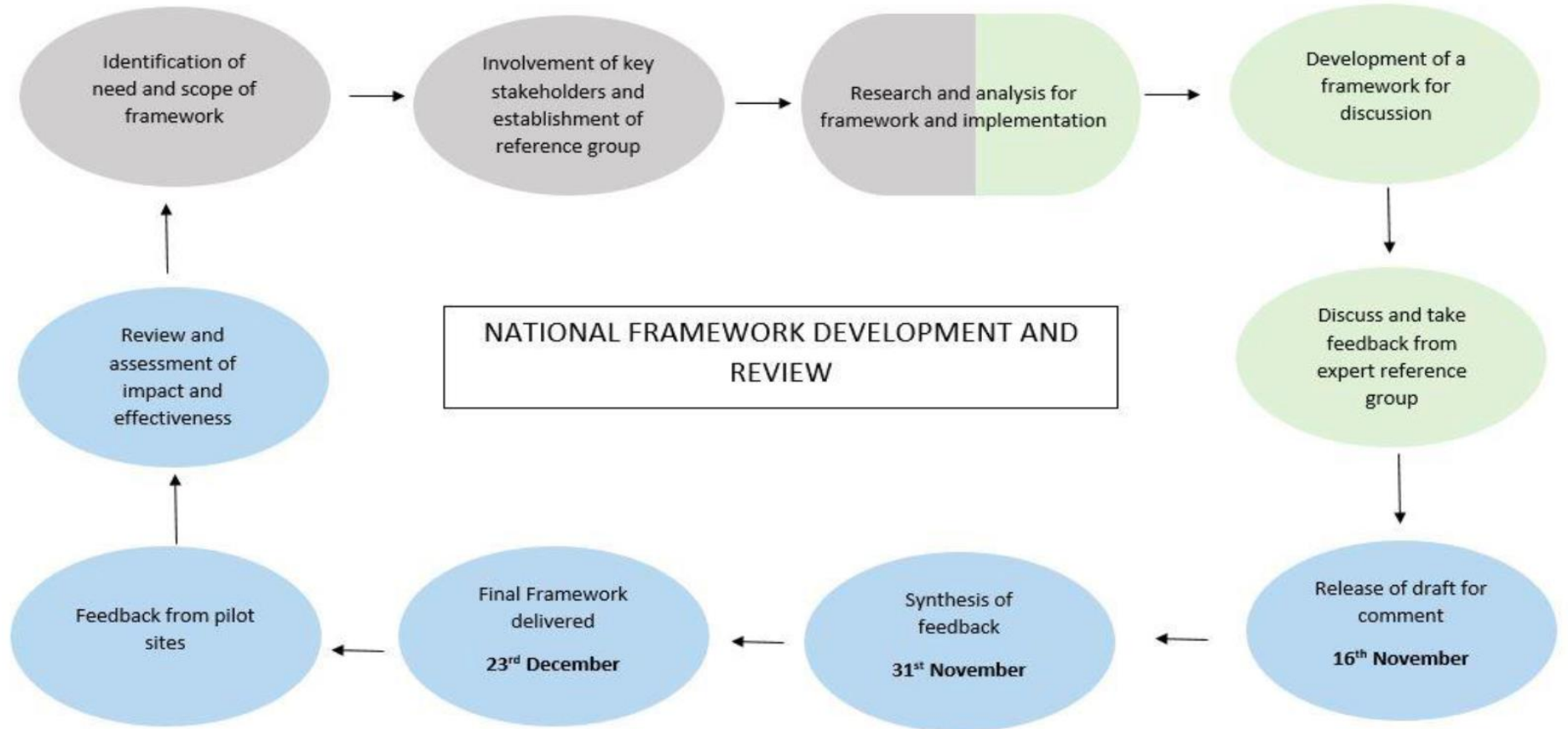
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Research team

- Professor Debra Jackson RN, PhD Team Leader
- Tamara Power RN, PhD Postdoctoral Fellow
- Annmarie Gusti Raka, BSc MSc Research Intern





KEY

- Grey – Complete
- Green – Current
- Blue – Upcoming

Adapted from PIRI (Plan, Implement, Review, Improve)
 Taylor, M. J., McNicholas, C., Nicolay, C., Darzi, A., Bell, D., & Reed, J. E. (2013). Systematic review of the application of the plan-do-study-act method to improve quality in healthcare, *BMJ Quality and Safety*, 0, 1-9.

Opportunity to change.

Working together we can create
the change we want to see



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