

# Queensland Health response to *Mental Health Act 2016* report: Review into the use of Seclusion, Mechanical Restraint and Physical Restraint under the Queensland *Mental Health Act 2016*

## Background

In late 2022, the Office of the Chief Psychiatrist (OCP) in collaboration with Authorised Mental Health Services (AMHS) commenced a collaborative external review to consider how seclusion, mechanical and physical restraint are used across the service system and to identify key themes, lessons, and actions to support improvement in clinical practice to reduce, and where possible, eliminate seclusion and restraint over time.

The independent review was established under the *Mental Health Act 2016* and Dr Nathan Gibson, Chief Psychiatrist of Western Australia, was appointed to lead the review.

Three AMHSs participated in the review, including Wide-Bay AMHS (adult acute mental health inpatient unit), Redcliffe-Caboolture AMHS (Secure Mental Health Rehabilitation Unit), and Children's Health Queensland AMHS (adolescent and child acute mental health inpatient unit).

The *Mental Health Act 2016* Report: *Review into the use of Seclusion, Mechanical Restraint and Physical Restraint under the Queensland Mental Health Act 2016* (the review) was finalised in May 2023 and is now publicly **available** - [https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0030/1287642/The-Mental-Health-Act-2016-Report.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0030/1287642/The-Mental-Health-Act-2016-Report.pdf). The review articulated eighteen recommendations across a range of topic areas.

The recommendations from the review are applicable across the mental health alcohol and other drug (MHAOD) service system and have relevance to other parts of the public health service system. Coordinated actions led by the OCP with wider Department of Health input and supported by local Hospital and Health Service (HHS) implementation will be required for the system transformations envisioned by the report to achieve an overall reduction, and where possible elimination, of seclusion and restraint.

Given their wide-ranging applicability, the Queensland Health response to the recommendations made by the review will need to encompass work at a system, HHS and local level. Through [Better Care Together – a plan for Queensland's state-funded mental health alcohol and other drug services to 2027 \(Better Care Together\)](#) significant enhancements are being made to the MHAOD service system which will be relevant to responding to the recommendations. Key enhancements and initiatives are outlined below.

## Key initiatives

### Lived Experience

Queensland Health is committed to developing and implementing programs and services aimed at reducing and where possible eliminating seclusion and restraint that are co-designed with people with lived experience.

The Queensland Government, through Better Care Together, has funded two Statewide Lived Experience (Peer) worker positions, in the MHAOD – Strategy and Planning Branch (SPB) to support and facilitate better engagement and co-design across a range of MHAOD initiatives.

The OCP is currently developing a consumer and carer engagement framework, which will be available in late 2023. The framework is intended to support OCP staff in consumer and carer engagement in planning, design, delivery, measurement, and evaluation of the MHAOD service system.

A range of current projects summarised within this document include active involvement from lived experience representatives and partnerships with peak bodies.

### First Nations

In relation to First Nations people, Queensland Health's commitment to co-design in developing and implementing programs and services with people with lived experience is of particular importance. It

include First Nations people with lived experience, their families and support persons and communities. Queensland Health will engage and collaborate with them and with First Nations MHAOD workforce.

Through Better Care Together priority three, several initiatives deliver improved services and strengthen partnerships with First Nations stakeholders, services and communities to redesign and deliver culturally safe MHAOD services at statewide, regional and local levels. To facilitate better engagement and co-design with First Nations stakeholders, Better Care Together has funded the establishment of two statewide First Nations positions within the MHAOD-SPB.

## Office of the Chief Psychiatrist

The OCP is developing a position statement that will promote Queensland Health's commitment to minimising and where possible eliminating seclusion and restraint within mental health settings. It will encourage local reform initiatives to reduce and where possible eliminate the use of restrictive practices, promote safety and minimise harms caused by their use. The position statement will re-affirm Queensland Health's commitment to eliminating the use of seclusion and restraint in AMHS inpatient units and reducing the use of other restrictive practices. The development of this statement has involved engagement with the Mental Health Lived Experience Peak Queensland (MHLEPQ) to recruit members to a Lived Experience Advisory Group and lived experience and peer workforce representation is included in the working party.

Through Better Care Together a position has been funded within the OCP to work collaboratively with MHAOD services, people with lived experience and their families and carers to promote treatment through a least restrictive way and reduce the use of restrictive practices such as seclusion and restraint. The review's recommendations for a communications strategy on alternatives to seclusion and restraint and the sharing of learnings across services through dedicated forums will be carefully considered in the planning of the 'Least Restrictive Ways' project.

The Mental Health Alcohol and Other Drug Healthcare Digital Information Strategy 2022-2027: A plan for Queensland's state-funded mental health, alcohol and other drug services to 2027 (MHAOD Healthcare Digital Information Strategy) includes digital focus area two which supports enhancing clinical efficiency and reducing risk through augmented clinical information system features. This includes delivering efficiencies through task automation and workflow notification, decreasing manual processing to reduce clinical risk, supporting efficient data access and consolidating information views to reduce clinical risk and administrative burden, as well as enabling decision support at the point of care driven by Artificial Intelligence (AI) augmentation. The MHAOD Branch Analytics, Information and Transformation Unit (AITU) have commenced a project to understand the information requirements to support this digital focus area and will work with the OCP, HHSs and other stakeholders to identify any areas of improvement in relation to seclusion and restraint information. As part of this process, the newly established Statutory Clinical Support and Integration Team within the OCP, which has a role in supporting the intersection between clinical and legislative processes, will be engaged in this to review existing seclusion and restraint documentation procedures to reduce administrative reporting requirements that do not support the protection of patients' rights, reflect good clinical practice or support efforts to reduce the use of seclusion and restraint.

A three-year project to review all the Chief Psychiatrist policies whose purpose is to support the effective administration of the Mental Health Act 2016 is underway which includes review of policies and consideration of processes regarding seclusion and restraint. This project includes consumers, carers, and First Nations representatives on the governance committee as well as in the operational policy review processes. Part of this project will be to consider how the policies can support a restorative just culture within a Restorative Just and Learning Culture (RJLC) framework when reviewing and learning from seclusion and restraint events, as well as ensuring consultation with key stakeholders on policies that apply to young people and the vulnerabilities of minors who are at higher risk for trauma, harm, and suicide.

## Leadership and Culture

The [\*Queensland Safety Priorities in Mental Health Alcohol and Other Drug Care\*](#), a project led by the OCP with broad consultation, has established the Queensland Health position on quality improvement activity relating to safety within MHAOD services. The Priorities released in 2023, include partnering to improve safety, improving identification of deterioration and increased risk of harm, providing trauma-informed care, providing culturally safe care, improving medication safety, reducing suicide and self-harm, increasing the

safety of transitions, and recognising stigma to reduce discrimination.

The Chief Psychiatrist consulted with the Queensland Mental Health Commissioner in regards to the role that [Shifting Minds: The Queensland Mental Health, Alcohol and Other Drugs and Suicide Prevention Strategic Plan 2023-2028](#) (Shifting Minds) has to support the recommendations from the report. In particular the direction in Shifting Minds for person-led, trauma-informed and culturally responsive care and facilitating opportunities for health, education, justice and human services workforce to develop skills, knowledge and competencies to respond to trauma, culture, age, gender and neurodiversity. The lessons from this whole of government approach will support improved training and development of leadership training packages specific to MHAOD services.

In 2019 Metro North Mental Health, Royal Brisbane and Women's Hospital developed a Trauma Informed Care (TIC) framework. Educational resources were developed and delivered to MHAOD Nurses to improve the capability and capacity of this workforce. In 2022-2023 further opportunity and funding was provided by the Office of the Chief Nursing and Midwifery Officer (OCNMO) to enable the development of a train the trainer TIC education package, which was then delivered to 79 nursing/midwifery staff across the state in 2023 to start and support HSSs to imbed TIC and be able to provide support and training in a sustained way to their nursing/midwifery workforce. This work will continue to be supported across the state.

The OCP is committed to embedding the principles of restorative just culture within a RJLC framework into investigations and systemic reviews to embed a culture of supported learnings. In 2023 the MHAOD Branch in partnership with Metro North HHS hosted a workshop on RJLC in MHAOD services. The workshop provided an initial overview of a RJLC framework with a focus on supporting local implementation and the sharing of knowledge across services.

## Models of Care

Two of the key principles underpinning Better Care Together are harm minimisation and delivering least restrictive models of care, and the response to many of the recommendations from the review will support implementation of these principles, including for example embedding Safewards at local levels and data monitoring processes such as auditing at a system level.

In response to a recommendation from the Mental Health Select Committee, Queensland Health has committed to establishing a Centre for Excellence that will support responses to the mental health needs of children and adults living with intellectual or developmental disability and their families and careers. Whilst this Centre for Excellence is not specific to reducing restrictive practices its implementation provides an avenue to developing alternative and additional monitoring and supporting approaches for consumers with co-occurring disability.

Currently the OCP has four referral pathways for complex care meetings. Complex care meetings provide for OCP review and advice on complex care matters related to the *Mental Health Act 2016* processes and care pathways for consumers. The OCP will consider the current pathways and identify opportunities for review and/or development that could provide for automatic referrals for consumers who are secluded directly on admission to a unit and who remain in seclusion for an extended period, as well as referral process and review options for higher complexity patient cohorts who are experiencing restrictive practices. The Queensland Health review of the Chief Psychiatrist policies project will also consider policy amendments and resources to strengthen clinician escalation pathways to the Chief Psychiatrist for consumers who are secluded directly on admission to a unit and who remain in seclusion for an extended period.

## Workforce

Better Care Together focuses on securing a responsive, capable, dedicated, and sustainable MHAOD workforce that displays resilience to adapt and respond flexibly to shifts in service delivery and new and enhanced models of care. Through Better Care Together, additional Lived Experience (Peer) worker positions, additional First Nations worker positions, and additional multicultural coordinator positions have been implemented to support the delivery of high quality, recovery-focused care and address the needs of local communities.

Better Care Together has funded a project position within the MHAOD Branch to progress work to enhancing multidisciplinary practice and models of care by enhancing the breadth and use of workstreams to their optimal scope of practice and to support each workstream within multidisciplinary teams working



to their scope of practice.

Through Better Care Together investment has been made in an initiative to guide workforce skills development and core competencies to enhance MHAOD service delivery. Specifically in relation to developing and delivering training for Administrators and Delegates, the OCP is undertaking a project to review the *Mental Health Act 2016* eLearning package. This review and redesign are aimed at streamlining and improving the functionality of the package, enhancing learner experience, embedding adult learning principles, ensuring information and skills are easily transferable to practice, and realigning the modules with policy content and legislative amendments.

In 2018-19 the Queensland Occupational Violence Strategy Unit (QOVSU) was tasked with procuring a new Occupational Violence Prevention program, with the successful vendor being MAYBO Australia. This program was adopted by 15 HHSs and since 2019, all HHSs have implemented evidence based, least restrictive occupational violence prevention programs. To support Health Services to undertake Occupational Violence Risk Assessments, QOVSU has recently redeveloped and digitised the Occupational Violence Risk Assessment Tool (QVRAT).

The Queensland Health Ambassador Program is a QOVSU initiative implemented across 25 sites. QOVSU is undertaking work to ensure the integrity and success of the program. QOVSU is leading the expansion of the Queensland Health Ambassador Program and has developed a specialised five-day Queensland Health Ambassador Fundamentals training to support the onboarding of Ambassadors in clinical areas, equipping them with the confidence and skills to communicate effectively, and to gain a greater understanding of clinical presentations that may manifest or be mis-interpreted as aggression.

The Ambassador is a patient-focused liaison role, which prioritises the proactive engagement of patients and/or visitors to reduce aggressive behaviours. This is achieved by employing appropriate verbal de-escalation and communication strategies through people-focused, respectful, empathetic, and supportive interactions. These interventions aim to promote a safe environment and the provision of high-quality patient focused care. The Ambassador Program has been successfully implemented in various healthcare settings, including a number of mental health inpatient units.

## Environment

Queensland Health guidelines, Recognising and Responding to Environmental Hazards in Queensland public mental health and alcohol and other drug inpatient units and Managing ligature risks in public MHAOD inpatient units, outline consideration of the need for assessment and planning pertaining to environmental hazards and ligature risks at times of refurbishment and when planning a new build. A focus on co-design and risks posed in seclusion and restraint and sensory modulation rooms will be considered during a scheduled review of these Queensland Health guidelines. Queensland Health will scope options for a statewide review of all seclusion and dedicated sensory modulation areas in AMHS to obtain a baseline of the relevant environment state of the inpatient units.

Better Care Together outlines a commitment for ongoing planning for and investment in MHAOD infrastructure to support high quality, safe and contemporary MHAOD models of care and service delivery. A pipeline of capital works to establish new beds and services and to revitalise existing facilities and improve buildings to make them more welcoming and contemporary has been identified.

Queensland's adult acute mental health inpatient units currently operate under a locked wards policy, implemented in December 2013 in accordance with the Policy and Practice Guideline for HHS Chief Executives – Securing adult acute mental health inpatient units. Advances in safety, planning and therapeutic interventions over the past 10 years support a review of the policy and a move toward discretionary locking, consistent with national and international practices. In September 2023 the OCP held a forum to facilitate statewide discussions regarding the implications of implementing discretionary locking in Queensland. A move to discretionary locking seeks to achieve existing policy objectives through less restrictive strategies that are more compatible with the *Human Rights Act 2019* and the principles of the *Mental Health Act 2016*.

## Information

The MHAOD service system is continuously evolving and growing, driving the need for smarter use of information and adoption of digital innovation. Queensland Health through the MHAOD Healthcare Digital Information Strategy is committed to building on existing ehealth and information capabilities to deliver

system wide solutions to further enhance seamless care delivery.

The MHAOD Branch and HHSs regularly monitor restrictive practices data and the rate of seclusion per 1,000 mental health admitted patient days is one of the Queensland Health Service Agreement indicators. Publicly available data on restrictive practices indicators can be accessed through the Australian Institute of Health and Welfare (AIHW) mental health online report and the Report on Government Services, both of which compare seclusion and restraint data nationally, as well as the Chief Psychiatrist Annual Report. The MHAOD Branch AITU is in the process of developing a framework to establish a consistent approach to prioritising information management initiatives and supporting the strategic direction outlined in Better Care Together and the MHAOD Healthcare Digital Information Strategy.

The MHAOD Healthcare Digital Information Strategy also seeks to build a foundation for and unlock AI platforms to test and model data to support predictive insights. Initial scoping work to understand relevant information requirements has commenced and will take into account the recommendation in the report regarding interrogating data relating to complexities with consumers who are being secluded or restrained enabling those to be rapidly identified, analysed, and addressed. The MHAOD Healthcare Digital Information Strategy also has a digital focus area to progress a self-service model for consumers to access information via a channel of their choice. The MHAOD Branch AITU has commenced scoping work on a project to develop a modern website and consumer portal, enabling consumer ownership of care via information access and control.

## Hospital and Health Services

The three AMHSs that participated in the review, Wide-Bay AMHS, Redcliffe-Caboolture AMHS, and Children's Health Queensland AMHS, are continuing to build on the momentum that came from being part of the collaborative approach to the review in order to consider local opportunities, governance structures and program initiatives which support implementation of the review recommendations.

Additionally, the report was shared with statewide HHS MHAOD service leadership in August 2023 to enable the recommendations to be considered broadly across all AMHSs to support the system-wide changes which are envisaged by the review.

As part of this process, the West Moreton HHS High Security Inpatient Service (HSIS) AMHS has confirmed its support of the recommendations and identified local processes, similar to the three participating AMHSs, to support its further focus on least restrictive models of care. This is an important commitment from HSIS which was identified by the review as a particular area for future focus.

## Conclusion

Queensland Health supports the recommendations from the report which align with a number of system-wide initiatives which are planned or have commenced which aim to reduce, and where possible, eliminate restrictive practices.

Implementation of the recommendations will be led by the OCP working in collaboration with service leaders, persons within Lived Experience and First Nations people.

The voluntary approach to the review was considered positive by participating services and the importance of an RJLC approach was highlighted as a critical component for engagement.

The OCP thanks the independent reviewers, as well as the participating AMHSs for the work to consider these important issues.

The OCP also wishes to acknowledge all the stakeholders who reviewed the recommendations and shone a spotlight on initiatives that are supporting Queensland Health's commitment to reducing and where possible eliminating seclusion and restraint.

The OCP will continue to monitor the implementation of activities aligned to the recommendations and consider how best to evaluate their effectiveness.

# Appendix 1

Table 1: List of acronyms.

Acronym	Detail
AITU	Analytics, Improvement and Transformation Unit
AMHS	Authorised Mental Health Service
AI	Artificial Intelligence
HHS	Hospital and Health Services
MHAOD	Mental Health Alcohol and Other Drugs
MHAOD-SPB	Mental Health Alcohol and Other Drugs Strategy and Planning Branch
MHLEPQ	Mental Health Lived Experience Peak Queensland
OCP	Office of the Chief Psychiatrist
QOVSU	Queensland Occupational Violence Strategy Unit
QVRAT	Occupational Violence Risk Assessment Tool
RJLC	Restorative Just and Learning Culture
TIC	Trauma Informed Care