Quality and Safety Bulletin

Office of the Chief Psychiatrist

July 2025

OFFICIAL

In this issue

Restrictive Interventions

All designated mental health services have obligations under the *Mental Health and Wellbeing Act* 2022 (the Act) to report the use of restrictive interventions to the Chief Psychiatrist.

This includes recent reporting obligations on the use of chemical restraint and restrictive interventions in emergency departments and urgent care centres that came into force on 1 September 2023.

In the last 6 months the Office of the Chief Psychiatrist (OCP) has carried out the following quality and safety activities in the restrictive interventions portfolio:

- Recalibrating the sector's reporting of chemical restraint.
- Meeting with individual services about their reporting and clinical governance. These meetings have addressed concerns raised from services around fulfilling reporting requirements and have explored ways that the OCP can better support services.
- Providing clearer guidance about what constitutes seclusion.
- Developing a new streamlined process for reporting of exceeded benchmarks.
- Developing a workable definition of concurrent care (currently in progress).

A snapshot of the RI portfolio work includes:

- monitoring compliance and reporting requirements for all mental health and wellbeing services
- aligning chemical restraint reporting and addressing the wide variation in reporting
- collaborating with services to work in partnership for best clinical practice
- improving compliance with exceeded benchmark reporting and reducing administrative burden
- collecting data from eHealth to remove the need for services to submit registers, leading to overall reduction in administrative burden.

To date the OCP has met individually with 9 area mental health services, including 6 metropolitan services and 3 rural services. These meetings have provided an opportunity to receive valuable feedback from the sector. Below are the main themes that were covered.

Experience of care reviews

Services highlighted difficulties around creating processes to ensure the experience of care reviews are offered and completed. The OCP will support services in the coming months to establish these processes so that experience of care reviews can be offered to consumers and their outcomes are documented as required under the Act.

Experience of care reviews need to provide consumers who are discharged from emergency departments with relevant information about support services in their local area. The OCP would like to ensure a focus on this, as it is both a legislative requirement and an important human rights consideration.

Access

Rural health services identified catchment area breadth and geographical distances as significant challenges for the delivery of treatment and care. Long distance transfers of acutely unwell consumers with high acuity often leads to a missed opportunity for early intervention. This increases the risk of poor health outcomes and adds to demand on acute mental health services.

Staffing

Issues around staffing were identified as an area of increasing concern within both emergency and acute inpatient settings, with high staff turnover leading to lower numbers of trained and experienced personnel. The retention of staff has been challenging, and the importance of raising staff morale and further implementing Safewards were emphasised.

Staffing concerns were also identified as a major barrier to completing experience of care reviews, particularly in the emergency department setting.

Increased burden of reporting

Some services have successfully implemented nurse educator roles dedicated to the reduction of restrictive practices. They are also utilising the Victorian Health Incident Management System (VHIMS) to better track restrictive practices.

Services identified challenges in convincing staff to complete reporting requirements on time. They suggested that the OCP's data analysis of information submitted by services could be provided back to services as a way of potentially incentivising reporting compliance.

Interface with emergency departments

Many services have ongoing liaison meetings with their emergency departments, looking at case studies to inform feedback loops and learning for improvements.

Many services are working towards the broader hospital service (emergency department and non-mental health inpatient units) to run their own reports on restrictive practice and to have their own oversight. There is a focus on making mental health and restrictive practice everyone's business.

Issues of delirium/consultation liaison interface

Clinical presentations involving acute confusional states and delirium with aetiology not related to acute mental illness were identified as 'grey areas' by many services. Concerns were raised around the vagueness of the duty of care concept and a lack of legal protection associated with it. The OCP encourages greater emphasis on using alternative legislation during these types of presentations, such as the *Medical and Treatment Decision Making Act 2016*.

Electronic medical records (EMR) notifications

Services identified the need for electronic medical records to include documentation and forms for reporting chemical restraint. Services will utilise EMR systems to run daily reports and live dashboards on all restrictive practices to inform critical thinking and live feedback and strengthen accountability.

Need for oversight from the Department of Health and the OCP

Some services asked for further clarification from the OCP on what constitutes a breach of the Act. The OCP is currently preparing written guidance to address this issue. In the meantime, the OCP has revised the restrictive interventions reporting template to allow for low level breaches of the Act to be reported.

Breaches that should be prioritised for reporting are those relating to human rights violations. Examples include detention or restrictive intervention without the appropriate authorisations under the Act. Reported breaches should not include errors in documentation or other administrative issues. These can be entered into Riskman for local review through appropriate governance structures.

Use of huddles

Huddles occur in real time and involve a multidisciplinary team approach and inform timely experience of care reviews. Safer Care Victoria has been engaging health services in the 'Safety for All: Towards Elimination of Restrictive Practices BTS Collaborative' to assist services to implement local restrictive interventions reduction strategies that are effective in various health care environments. Services reported that the introduction of huddles, especially post RI review huddles along with other strategies has been helpful in reducing restrictive practices on the wards.

Monitoring of occupational violence (OV)

There is increasing evidence to support the correlation between reduction of restrictive practices and reductions in episodes of occupational violence. Services are utilising nurse educators, clinical nurse consultants and safety huddles in services to further educate staff on early intervention and de-escalation strategies as a way of contributing to a safer work environment.

Seclusion and Restraint Report

The OCP is currently drafting a seclusion and restraint report to be published by the Department of Health in the coming period.

The report will be a comprehensive account of the use of restrictive interventions in Victoria. It will contain data on rates of seclusion and restraint at the health service, state and national levels, documenting the age groups of impacted people and other relevant demographic characteristics, such as gender and cultural background.

The report is an important step towards transparency on the use of restrictive interventions, a recommendation made by the Royal Commission into Victoria's Mental Health system in its final report.

As part of researching the report, services were given the opportunity to explain their own data. This contextual information has been summarised in the report and captures the multiple factors that lead to variable rates of seclusion and restraint in Victoria. It is also a means to strengthening clinical accountability, transparency and quality and safety in mental health service provision.

We thank services for providing us valuable insights for the report.

Safety of staff during Mental Health Tribunal hearings

The Royal Australian and New Zealand College of Psychiatrists, Victorian Branch, raised with the OCP a report from trainees about a cluster of assaults on staff during hearings by the Mental Health Tribunal (MHT) in 2024. In response to the assaults, some services moved all of their participation in hearings to an online platform.

The MHT President, Matthew Carroll advised the MHT was aware of one serious incident. The OCP polling of Authorised Psychiatrists identified 3 incidents at 3 services in 2024. The incidents occurred in both community and inpatient settings. All respondents reported more than one staff member being present during the incidents, which also included junior medical staff. Access to security staff was limited, and the ability to predict potential risk was present for some but not all incidents.

While it is unclear if the risk of assault has increased, it is possible that the change in dynamics with the MHT hearings taking place online could inadvertently contribute to such serious incidents, as MHT members are not in the room and able to fully assess early signs of distress or aggression. While more junior staff may be present, they may not be able to address any signs they see.

Suggestions for safety in MHTs for DMHS

- Consider whether the hearing should be conducted with staff and the consumer in different rooms.
- Create a physical environment conducive to safety for hearings, focussing on AV access, double egress and larger rooms.
- Remind junior staff that they need to summarise key reasons for request but not required to read out paperwork or outline every difficulty which may increase distress for consumer.
- Train clinical staff to consider what is presented verbally and have safety for all in mind to minimise distress and risk.
- Remind clinical staff that they can always request a pause in a hearing if it is necessary or, in urgent situations, they can terminate the hearing.

Suggestions for MHT

In advance of the hearing, services can flag potential risks with the MHT to enable the MHT to implement case management for the hearing. This can include the following:

- Advance discussions with the service and treating team about the safety strategy that is needed. The MHT takes the approach of following the advice of the treating team about the content of the safety strategy.
- Briefing members in advance so they can plan an approach to the hearing that is informed by safety concerns and the safety strategy.

The MHT's system identifies a person whose previous hearings have required a safety strategy. However, as a back-up to this alert, services should still initiate safety discussions as far in advance as possible whenever there is an ongoing safety concern.

The OCP advises services to raise awareness of these approaches with the staff and to review safety processes around MHT hearings where required. The MHT president attended our recent Authorised Psychiatrists' meeting to strengthen the liaison between services and the MHT and ensure safety for all.

State-wide Complex Needs Advisory Panel (SCNAP)

Did you know that the OCP has a Complex Needs Team, consisting of a Deputy Chief Psychiatrist, Program Manager, Senior Adviser, and Project Officer? And that they can engage a panel of experts across mental health psychosocial services and supports to discuss complex cases and come up with links and solutions?

This team has been established to improve the service response for individuals who fall between the gaps.

To be eligible for services under the program, a person must meet all five criteria listed below, noting there is no age requirement.

1. An individual appears to have complex needs that are linked to mental illness, psychological distress, cognitive impairment, neurodiversity, substance use and/or trauma.
2. The individual poses a serious risk to the community or themselves and has contact with the criminal justice system.
3. The individual's needs fall outside of standard service responses, existing pathways have been ineffective, exhausted or are unsustainable.
4. Multiple sectors are required to provide a coordinated and joined response.
5. The referring service provider or department has identified question/s, advice, requests and/or outcomes being sought at consultation or panel.

The Complex Needs Team provides the following services for individuals who meet the eligibility criteria.

1. Clinical consultation

Expert clinical mental health advice is provided by a Deputy Chief Psychiatrist. Expert complex needs advice is provided with a whole of system lens by either the Program Manager or Senior Adviser, Complex Needs.

One hour consultation with the referring service is provided to discuss the issues and challenges and may include information and advice regarding:

- *Mental Health and Wellbeing Act (2022)*, including compulsory treatment and principles guiding decision making
- escalating issues
- delayed discharge
- managing and sharing risk
- service navigation and service availability outside of the mental health sector
- linkages to other professionals or services who could offer specialised advice or assessment
- resources and information
- suitability for a panel (see below).

2. Multi-disciplinary Clinical Panel

Expert clinical mental health advice is provided by a Deputy Chief Psychiatrist, and at least two other panel members who are determined based on the individuals' needs and the service system issues and identified questions.

A 90-minute discussion is scheduled as required.

Panel members may be chosen from the State-wide Complex Needs Advisory Panel membership (listed below under SCNAP) or from other state-wide specialist services and departments with relevant expertise and operational knowledge, such as:

- Spectrum, Eastern Health
- Victorian Dual Disability Service (VDDS), St Vincents Hospital
- Community Brian Disorders Assessment and Treatment Service (CBDATS), Austin Health
- The Bouverie Centre, La Trobe University
- Lived and Living Experience Hub, Mental Health and Well-being Division, Department of Health
- Foundation House.

3. State-wide Complex Needs Advisory Panel (SCNAP)

This is a state-wide escalation point, where services and departments can seek advice from a panel of experts for individuals with complex needs. The panel brings together experts from across departments and services, to provide multidisciplinary, clinical, and lived experience advice for individuals with highly complex needs who pose a serious risk to others and/or themselves.

The individuals presented are at risk of poor outcomes because their needs fall outside standard service responses, they face service system barriers, the service system does not have appropriate options, or existing pathways have been ineffective, exhausted or are unsustainable. It is a forum to discuss and review service responses, service delivery issues and systemic barriers. The discussions seek to enable and enhance the development of coordinated, flexible, and evidence-based service responses.

One of the functions of the SCNAP is to provide case reviews of people who are subject to *Crimes (Mental Impairment and Unfitness to be Tried) Act 1997* (CMIA) proceedings or supervision orders.

The panel is convened bi-monthly, for a 2-hour discussion about one individual. The referring service and broader care team are invited to attend.

Membership

- Deputy Chief Psychiatrist, Office of the Chief Psychiatrist, Department of Health – Panel Chair.
- Senior Practitioner Victoria, Office of Professional Practice, Community Services Operations, Department of Families Fairness and Housing.
- Senior Lived Experience Consumer Adviser (currently vacant).
- Senior Lived Experience Carer Adviser, Tandem.

- Executive Director Clinical Services, Forensicare.
- Consultant Psychiatrist, Glaser Clinic, Forensicare.
- Director, Complex Needs and Forensic Disability, Emergency Management Division, Department of Families Fairness and Housing.
- Director, Forensic Disability Services, State-wide Disability and Housing Operations Group, Department of Families Fairness and Housing.
- Director, Clinical Oversight and Rehabilitation, Youth Justice, Department of Justice and Community Safety, Department of Justice and Community Safety.
- Clinical Director, Adult Health Oversight, Justice Health, Department of Justice and Community Safety.
- Clinical Director, Children & Youth and Health Information, Justice Health, Department of Justice and Community Safety.
- First Peoples Engagement Lead, Office of the Public Advocate, Department of Justice and Community Safety.
- A/Director, Policy, Quality and Self-Determination, Balit Murrup Unit, Department of Health.
- Manager, Intensive Support Team, Community Operations Practice Leadership, Department of Families Fairness and Housing.
- Addiction Medicine Specialist and Psychiatrist, St Vincents Hospital, Department of Health.

The Complex Needs Team prepare minutes of all clinical consults and panels including a list of recommendations for services to consider – the panels are not authorised to direct services. A follow up meeting is offered 3 months after the consult or panel.

How to access the Complex Needs Team services

Referrals to the Complex Needs Team can be completed by all designated Mental Health and Wellbeing Services, including Forensicare, Orygen Youth Health Service, Alfred Youth Forensic Specialist Services, and NDIS Mental Health Interface Leads.

To access the services provided, it is expected that efforts have been made to escalate the issues internally prior to engaging the assistance of the Complex Needs Team. The Complex Needs Team services are not intended to be a crisis response, and panels do not assume clinical governance over people presented to panel.

To refer to the Complex Needs Team, please complete the request for consult or panel form via the link: https://forms.office.com/r/gkK2RbTpqc

For more information, please email the Complex Needs Team complexneedsOCP@health.vic.gov.au

Electroconvulsive Treatment and Neurosurgery Clinical Forum

On 24 June, the OCP hosted its second quality and safety forum for 2025 on the topic of Electroconvulsive Treatment (ECT) and Neurosurgery. The forum was clinically focussed and practice orientated. One hundred and thirty people attend this in-person event including lived and living experience colleagues, ECT Directors, ECT Coordinators, Authorised Psychiatrists, Consultant Psychiatrists, senior registrars and nurses representing Victorian mental health services and other stakeholders.

The forum hosted expert presentations and allowed time for discussion to share research and practice learnings, expertise and evidence-based innovations.

Research topics included ECT titration methods and a comparison between receiving ECT as involuntary and consenting consumers. The benefit of using existing data to answer important clinical questions was highlighted.

Ashu Gandi presented on the importance of informed consent in ECT. Naveen Thomas spoke about ECT training programs and the challenges of credentialling and ensuring an available and capable workforce. Lived experience voices from Grampians Health and Eastern Health spoke eloquently on the need and practicality of supporting consumers having ECT.

After lunch, innovations in practice with transcranial magnetic stimulation (TMS) and a ketamine clinic were presented, leading to thoughtful discussion about their role in public mental health.

Finally, the Chief Psychiatrist's ECT Complex Consultation Expert Panel presented.

Participants left with renewed commitment to driving system-wide improvements and implementing learnings within their local contexts. The forum reflects the Chief Psychiatrist's continued commitment to shaping modern, safe, effective, and compassionate mental health care.

The next forum will be in September on the topic of morbidity and mortality in mental health service provision.

Site visits

Since September 2024, the Chief Psychiatrist has visited 19 mental health services with members of her team. These visits have been highly rewarding, giving the opportunity to meet with clinicians and leaders across Victoria to hear directly about the challenges and achievements in each workplace.

The visits have provided valuable information and insight that support the Chief Psychiatrist's advocacy for the sector in departmental discussions and decisions.

The table below outlines the important work, strengths and achievements of services that stood out during the site visits. Sharing them here is an opportunity for collaboration and learnings across the mental health and wellbeing sector.

Table: Summary of OCP site visits at designated mental health services, 2024–25

Designated mental health service	**Ask our service about...** **Current focus of work, strengths and achievements**
Albury Wodonga Health	• Addressing cross border challenges • Visible sexual safety focus on all units. Numerous gender segregated spaces, including lounge spaces. • Integrated lived and living experience team
Alfred Health	• Local health service networks for mental health • Lived experience peer workforce pipelines • Collaboration between the Consultation Liaison team and the emergency department, including co-location
Austin Health	• Trauma services and private clinics • Safewards in emergency departments • Working towards a whole-of-age eating disorders approach • Growing a CL workforce
Barwon Health	• Co leading a Mental Health and Wellbeing Local and navigating change with other key stakeholders • Impact of new Forensicare supports • Lived experience workforce on Executive • Integrated mental health and alcohol and other drugs (AOD) service provision
Bendigo Health	• Clinical supervision training in-house package • Proactive Enhanced Crisis Assessment Team (ECATT) resulting in positive collaboration with emergency department • Newly co-located multiple wards allowing sharing of resources and culture
Eastern Health	• Lived experience workforce supports and embedding lived experience workforce in the emergency department, crisis and assessment treatment, and electroconvulsive treatment • Navigating multiple hospital sites and cultures • New intensive care areas (ICAs) on old wards

Goulburn Valley Health	• Women's Recovery Network (WREN) in rural region • Forensicare supports • Innovative primary and secondary consultation model for ICYMHS engaging community partners
Grampians Health Services	• Rethinking lived experience in electroconvulsive treatment • Integrated lived and living experience • Success with NDIS leading to shorter secure extended units (SECU) admissions
Inner West Area Mental Health	• Including evidence-based therapies into case management • Safe haven • Working with Collaborative Centre for Mental Health and Wellbeing
Latrobe Regional	• Continuous improvement ethos • Well-developed nursing staff driven consumer advocacy environment • Reaching and engaging local services working across large geography
Mercy Health	• New builds, ligature proofing and new consumer courtyard with exercise equipment • Evolving research into exercise physiology - partnership with Vic Uni • Education packages about the Act • Mother baby unit
Mildura Base Hospital	• How to be flexible with ward use and self sufficient • Safety on wards and group engagement • Sexual safety board • Aboriginal mental health • Staff retention
Northern Area Mental Health	• New builds • New models of care • Plans to separate wards for acuity and diagnostic cohorts • Occupational violence and aggression training and de-escalation
Northwestern Mental Health	• Promoting safety approaches on wards working with people • Relationship building and collaboration with local police • Staff training and support
Orygen Youth Health/PYMHS	• Young people and engaging with headspace • Youth Prevention and Recovery Care Unit (YPARC) and Hospital in the Home (HITH) • Young people and engaging across tertiary and headspaces • Setting up a new service
Peninsula Health	• Local Health Service Network for mental health • CAT transformation • Restrictive interventions and reducing seclusion • Quality and safety initiatives

Southwest Healthcare	• Regional registrar training expansion • Engaging with emergency departments • Outreach into geographical areas
Victorian Institute of Forensic Mental Health (Forensicare)	• How to link pathways and connect consumers in and out of forensic systems
Western Health	• New builds and impacts on nursing models • Training and growth of registrar cohorts • Electroconvulsive treatment
Royal Children's Hospital	Visit being held 6 August 2025 (proposed)
Monash Health	Visit being held 31 July 2025
St Vincent's Health	Visit being held 29 July 2025

Further information

Read about the statutory role <https://www.health.vic.gov.au/chief-psychiatrist/about-the-chief-psychiatrist> of the Chief Psychiatrist to uphold quality and safety in Victoria's mental health and wellbeing system under the Mental Health and Wellbeing Act.

Important information is available for clinical mental health and wellbeing services to understand their core obligations <https://www.health.vic.gov.au/chief-psychiatrist/obligations-under-the-mental-health-and-wellbeing-act-2022> around delivering safe and high-quality treatment and care, and information on reporting a failure to comply <https://www.health.vic.gov.au/chief-psychiatrist/reporting-a-failure-to-comply-with-the-mental-health-and-wellbeing-act-2022> with the Mental Health and Wellbeing Act.

Further resources

Helpful resources have been developed by the department, and additional resources are available to assist clinical mental health and wellbeing service providers, consumers, carers and families with information about the Mental Health and Wellbeing Act.

Refer to the links below.

Chief Psychiatrist | health.vic.gov.au <https://www.health.vic.gov.au/chief-psychiatrist>

Mental Health and Wellbeing Act 2022 Handbook | health.vic.gov.au <https://www.health.vic.gov.au/mental-health-and-wellbeing-act-handbook>

Statement of Rights | health.vic.gov.au <https://www.health.vic.gov.au/mental-health-and-wellbeing-act-handbook/statement-of-rights/>

Mental Health and Wellbeing Act 2022 | legislation.vic.gov.au <https://www.legislation.vic.gov.au/in-force/acts/mental-health-and-wellbeing-act-2022/001>

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Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

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ISBN 978-1-76131-702-6 **(pdf/online/MS Word)**

Available at Office of the Chief Psychiatrist's website <https://www.health.vic.gov.au/chief-psychiatrist/resources-and-reports>