

Tairawhiti DHB

Reducing seclusion and restraint



September 2016

Background

This visit was planned to follow up on progress and provide support as required towards reducing seclusion and restraint at Tairawhiti DHB.

In the morning Lois Boyd and Caro Swanson met with Anne Prince. We discussed the increases in seclusion rates and the ongoing goal to be seclusion free by 2020.

Anne expressed concern about no dedicated mental health clinical director or director of mental health nursing and the effect of this on the service in terms of remaining in contact with national work and initiatives and leading out projects locally. In addition no dedicated Quality role in mental health is also an issue.

Maori mental health services are a priority for the area and these services are integrated into the service, as opposed to a stand alone team.

In addition to the elimination work we also discussed the Te Ao Maramatanga Primary Care Nurse Credentialing program as a useful professional development and liaison between PHO and DHB.

We then went on a tour of the inpatient unit before meeting with Dr Alison Brown and Anne about reducing restrictive practices. Dr Brown had spoken with Dr Brian McKenna about evaluating and researching work to date and he had indicated that he would be interested in visiting and supporting any initiatives that relate to less restrictive practice.

In the afternoon we met with the group focused on eliminating seclusion practices which included staff members from inpatient services, community mental health, Emerge and Te Kupenga. A strong focus on seclusion elimination is maintained by the group but it was discussed how the instigator of this focus had moved on and the group needed to re-group, refresh, meet more regularly and focus on the goal to be effective.

We presented on the development of the Towards Restraint Free work and also discussed the Safe Practice and Effective Communication Collaborative work with the National Directors of Mental Health Nursing

Highlights

- Meeting with the group and discussing re-focusing activity
- Obvious strong community and service user involvement in the process

Practice priorities & issues raised by the team

- Involvement in SPEC train the trainer – would like to train more than 2 trainers
- Need to re-focus – request for training but not specific
- Concerns from inpatient nurses that they are not actively engaged in leading the process of seclusion and restraint reduction
- Ongoing issues retaining staff and working with locums as the norm

Discussion

Questions from staff regarding the change to national training and concerns about changes to personal restraint techniques were discussed. The background work to this training and how other DHB's are implementing it was discussed, as was the upcoming National SPEC Training Forum.

There was wide ranging discussion regarding the possible drivers for the current increase in seclusion use and some concerns raised included very high occupancy, increased admissions due to substance use and a lack of engagement and understanding of reduction activity.

There was a strong request to involve more inpatient staff in the elimination group and to progress these conversations with the inpatient team fully involved.

We discussed how a number of DHB's are now taking a whole of service approach to reduction work and the team discussed a wish to involve community teams and providers in debriefing and followup activities that could reduce seclusion on re-admission.

The idea of developing a kaupapa Māori service, alongside the current inpatient unit, on the hospital campus was discussed and thoughts that a marae where service users could be welcomed into the service and cared for including the use of Māori health practices that support wellbeing would promote a healing environment.

Next steps in Implementing 6 Core Strategy© Approach

We would recommend that the service stocktake the current approach using the 6 Core Strategy template and then focus on a plan that addresses areas to improve.

Leadership

- Supportive of reduction activities but capacity to act, amongst other competing work priorities and a lack of mental health focused leadership at clinical lead level, may have an impact.

Use of data and information

- Promoting the active use of data to the inpatient team (report provided attached)
- Include in DOMHN's data report generation and provision

Workforce Development

- Key staff members have the leading of reduction activities as a key focus of their roles

Reduction Tools

- Review and refresh the use of reduction tools such as sensory modulation and practices that address the needs of Māori
- Participate in the National SPEC training currently being offered by the National Directors of Mental Health Nursing

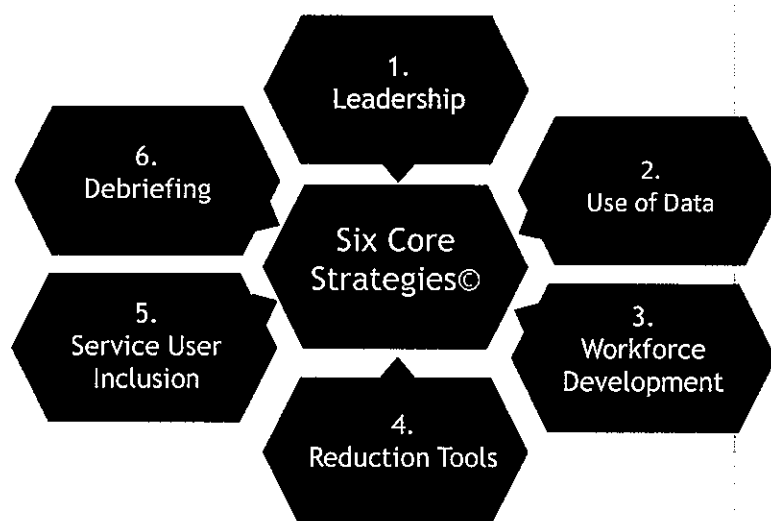
Service User Inclusion

- Service user advisor and peer workers and advocates are involved in the elimination group and have key roles in elimination activity

Debriefing Practices

- Can link to other DHB's and in particular service user advisors who are advancing debriefing practices
- Staff group are interested in progressing this as a whole of service initiative that includes the community services and followup post inpatient stay

The Six Core Strategies© to Reduce Seclusion and Restraint



Resources provided at visit:

- Copies of Six Core Strategy© Checklist, Towards Restraint Free Mental Health Practice, A range of evidence based research papers and publications

Resources and followup information:

- Link to 6 Core Strategy© Word document for service audit and replanning purposes - <http://www.tepou.co.nz/resources/six-core-strategies-for-reducing-seclusion-and-restraint-checklist/464#downloads>
- Link to Huarahi Whakatu – Dual Competency PDRP programme for Māori nurses - <http://teraumataini.com/m%C4%81ori-nursing-workforce-development>
- Link to information on Primary Care Nurse Credentialing programme - <http://www.nzcmhn.org.nz/Credentialing>

Ongoing support offered:

- Potential for a joint visit with Te Pou staff and Professor Brian McKenna in 2017 to support the further development, implementation and evaluation of a re-focused elimination plan
- Critique/feedback of any draft/revised/reviewed documents from the Elimination group, if this would be helpful
- Responsive to the team requesting information and evidence to support ongoing reduction activity
- Ongoing discussion and support regarding the SPEC project as it continues to roll out