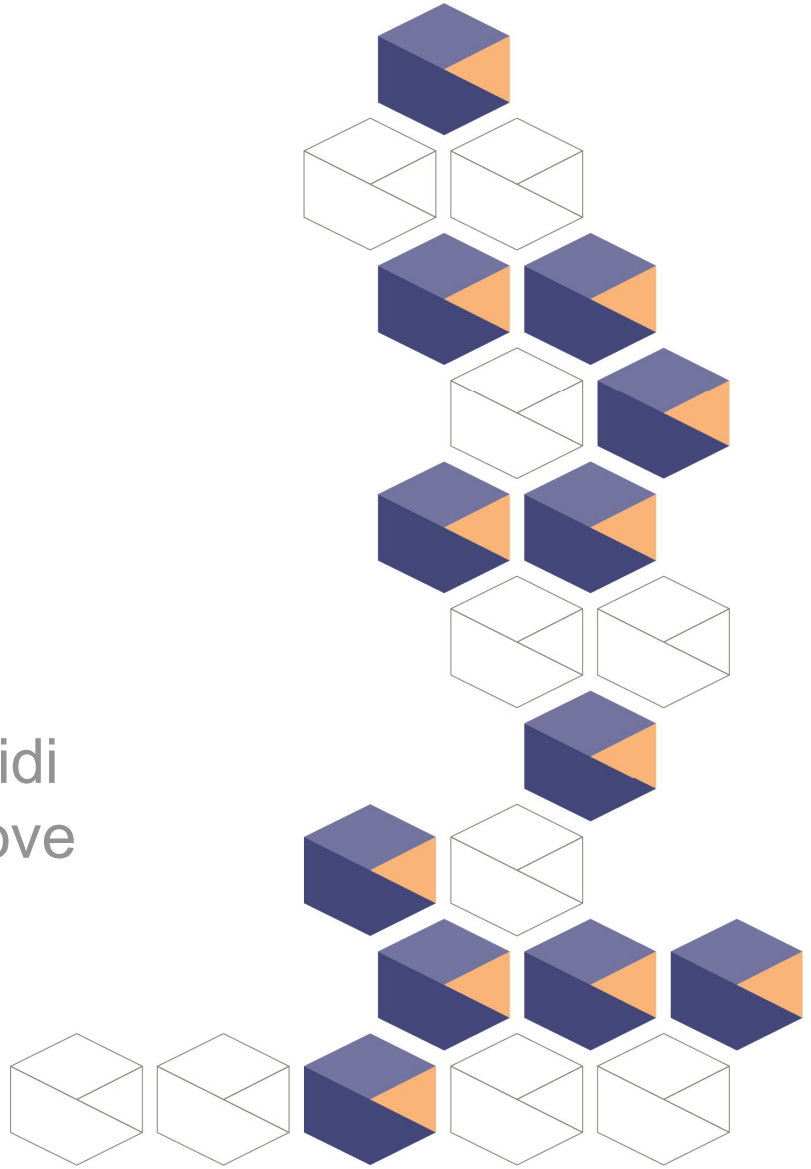
Government of **Western Australia**
South Metropolitan Health Service
Rockingham Peel Group

How we reduced restrictive practices at Mimidi Park: developing a change in culture to improve consumer care in mental health



South Metropolitan Health Service respectfully acknowledges the past and present traditional owners of this land on which we are meeting, the Noongar people. It is a privilege to be standing on Noongar country.

We also acknowledge that the Aboriginal population in the South Metropolitan Health Service is diverse and includes Aboriginal people from many communities across Australia.

We also acknowledge the contributions of Aboriginal and non-Aboriginal Australians to the health and wellbeing of all people in this country we all live on and share together.

Can we do better? How can we do better? A reflection on our practice

Why is reducing restraint and seclusion so important?

Staff report feeling “burnt out” and “traumatised” by constant acts of aggression and verbal abuse from consumers

Trauma and injuries from restraint and seclusion

Restraint and seclusion is not effective causing more hostility or incites more fear and trauma

Consumers complain of being retraumatised “no one listens”, “feels like prison” and being “dehumanised” “an abuse of power by staff”

We must demonstrate culturally safe care for all persons including all Aboriginal and Torres Strait Islander communities; CALD communities; the Deaf, Deaf-blind and hard of hearing community; neurodiverse; people with disabilities; LGBTQIA+; and/or gender diverse

There **must** be a change to improve consumer and staff safety

How do we change? Where do we begin:

- Transformation takes time, it is a change in culture
- Education is key!!
- Sessions from our psychologist
- Communication and engagement with consumers
- Effective de-escalation
- Understanding a consumer's illness and symptoms
- Understanding staff's frustration
- It is ok to have these feelings: encourage staff to voice their concerns

We make the education sessions fun.

Mimidi Park has retained over 80% of our transition to practice nurses.

We engage with external presenters.

Our Aboriginal Health Liaison Officers have a pivotal role in providing support and assistance to our Aboriginal consumers.

They also provide cultural safety and connection helping to break down barriers to effective treatment and recovery.

Mimidi Park Mental Health Inpatient Unit

Education planner for nurses transitioning to practice (& any other interested staff)

Date	Education		NSQHSS	Presenter	Reflection/Discussion & workbooks
08/03/2024 13:30-15:30	Lived experience	13:30-14:30		Peer recovery worker	14:30-15:30
15/03/2024 13:30-15:30	Medication safety	13:30-14:30		SDE	14:30-15:30
22/03/2024 13:30-15:30	Delirium vs Dementia & managing associated challenging behaviours	13:30-14:30		SDE	14:30-15:30
29/03/2024	**Good Friday**	**No Education**			
05/04/2024 13:30-15:30	Safewards	13:30:14:30		SDE	14:30-15:30
12/04/2024 13:30-15:30	Personality Disorders	13:30:14:30		CNS CL	14:30-15:30
19/04/2024 13:30-15:30	Trauma informed care	13:30-14:30		Clinical Psychologist	14:30-15:30
26/04/2024 13:30-15:30	Electroconvulsive Therapy (ECT)	13:30-14:30		SDE/SDN	14:30-15:30
03/05/2024 13:30-15:30	Scenario based education:- Managing an agitated/aggressive person. Caring for a suicidal person	13:30-14:30		SDE/SDN	14:30-15:30

If any of the planned education sessions are unable to go ahead due to unplanned leave or a presenter not being available on the day then it will be replaced with a different topic or a different presenter.

A new eight-week planner will be sent out in six weeks.

Education topics include:

1. Lived Experience
2. Trauma Informed Care
3. Caring for Distressed Patients
4. Safewards – Talk Down Tips
5. DBT Skill Building
6. Understanding Personality Disorders
7. Managing Aggression – de-escalation techniques
8. Code Black Drills
9. WAEDOCS management – Person centred care for people with eating disorders admitted to Mimidi Park
10. Sexual Safety
11. Risk assessment and Mitigation
12. Safety Planning
13. Legal Forms Explained
14. NOCC & HoNOS Training

Comprehensive and continuous education, enriched with the power of lived experiences

Leadership presence on the ward is crucial, with leaders actively setting examples and ensuring best practices

Peer support, Occupational Therapy (OT), and art therapy have all been active on the ward with diversional activities

LIVED EXPERIENCE

- Hearing from our lived experience peer workers has been crucial
- Understanding Consumer Behaviour
- Cultural Development
- Listen to our consumers and staff

ESTABLISHING SAFEWARDS IN OUR EVERYDAY PRACTICE

The outcome achieved so far:

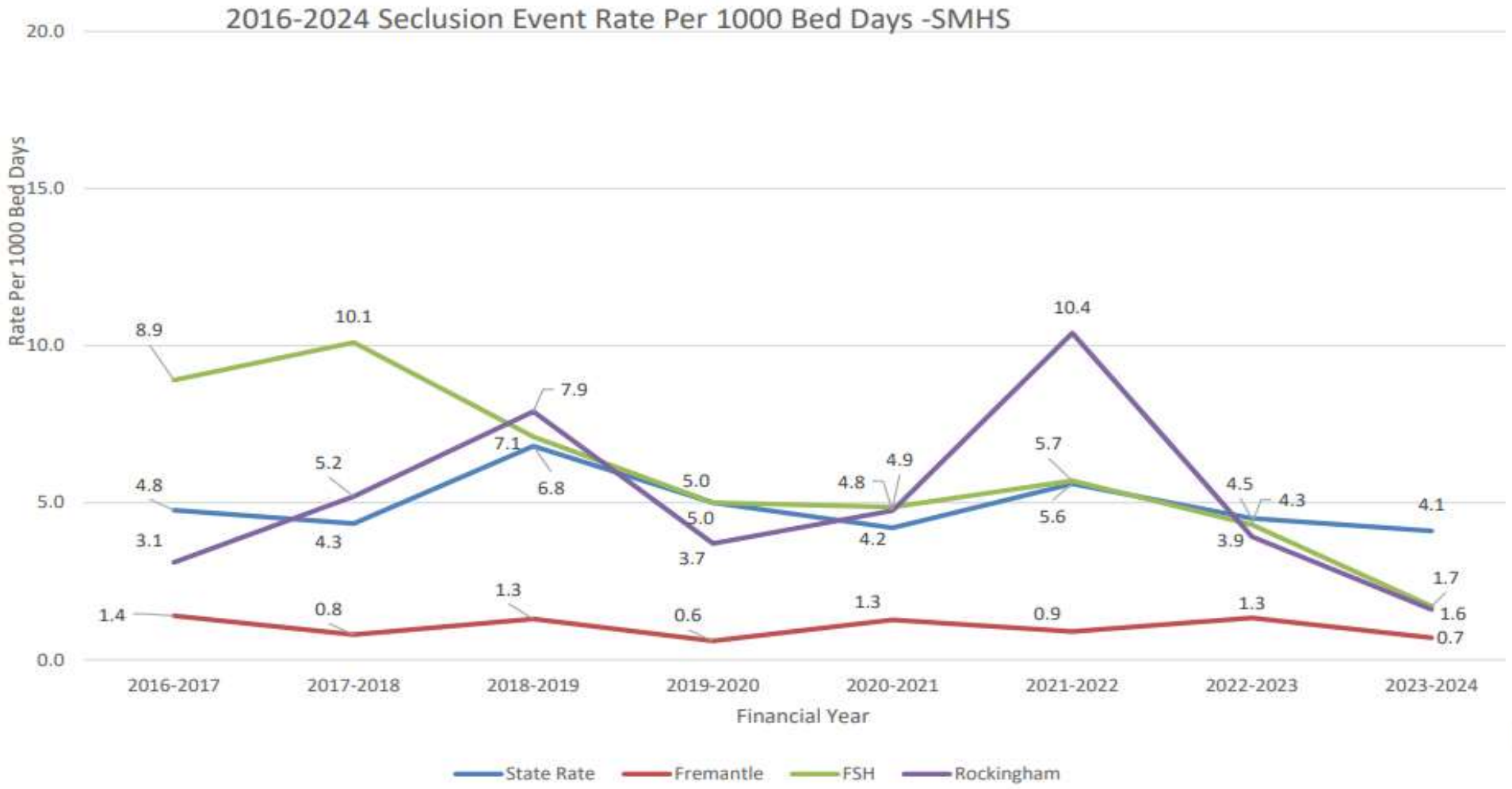
- Less seclusion and restraint events.
- Less restrictive practice.
- More consumer satisfaction.
- Staff confidence has increased in engaging with consumers.
- Staff saying ‘yes’ more or finding a compromise to a request instead of saying ‘no’.
- Less trauma for consumers and staff.
- More time spent on the ward with the consumers instead of in the nursing station.

First reflex should be saying ‘yes’, not ‘no’. Do you really need to say ‘no’? Can you justify saying ‘no’? Is this something that with a bit of effort or work or checking, you could say ‘yes’ or at least a partial ‘yes’ to?

Image retrieved from Be unfailingly, punctiliously polite and respectful – Safewards

Evidence of reduction in restraint

Evidence of reduction in seclusion



A case study of how we have achieved the reduction in seclusion and restraint on the unit for improved consumer care and safety

The consumer is an adult with diagnoses of anxiety and psychosis with catatonia. They have a background of complex trauma, bipolar disorder, attachment disorders, autism and developmental delay and ongoing physical issues.

Support needs - 24/7 care in the community. Severe anxiety and fixations have resulted in ongoing assaults to staff and support workers and self-harm.

Many prolonged admissions with many seclusions and restraints.

- 2018-2019 – Over 50 seclusions 8 restraints
- 2020-2021 – Over 10 seclusions 5 restraints
- 04.2022-12.2022 – 80 seclusions 22 restraints
- 06.2023-11.2024 – 2 seclusions 9 restraints

What did not help

- **Firm boundaries**, **ignoring** repetitive questions, ignoring distress, refusing to acknowledge and validate concerns **caused a deterioration** in mental state and increased assaults on staff.
- **Problems establishing consistent personalised care** strategies and responses due to **differing opinions** of how the consumer should be looked after between nursing staff .

Continued - A case study of how we have achieved the reduction in seclusion and restraint on the floor for improved consumer care and safety

What we did:

1. An **MDT approach to care planning**, huge input from our clinical psychologist.
2. **Role modelling interventions** on the floor from senior staff.
3. Collaboration and **planning with the consumer**.
4. **Validation** and acknowledgement.
5. Recognising and **responding early** with appropriate interventions.

Change Management- We met with **resistance** from staff initially, staff debriefs and staff meetings to listen to staff but to also reinforce their plan.

And the Outcome? A **MASSIVE** reduction in seclusion and restraint for this consumer.

AWARDS!! Excellence in clinical care and the Southern Star Award 2024 Winners!! Mimidi Park restrictive practice reduction – Rockingham Peel Group (RkPG)

These awards recognises excellence in the delivery of safe, high quality clinical care and service by a team.

Mimidi Park are so very proud to receive this award for the consistent excellent care and commitment given to our consumers by our amazing team!!

We were invited to EMHS seclusion and restraint working group to share our experience in reducing restrictive practices at Mimidi Park.

Mimidi Park inpatient unit has reduced its number of seclusions and restraints over the past 12 months by 84% and 61%, respectively.

The data from the last 12 months demonstrates this outcome **is both well below WA averages and in turn also demonstrates a positive patient safety culture.**


Excellent health care, every time

Questions?

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