How we Reduced Restrictive Practices at Mimidi Park

Thanks to MacKenzie Bennett, Staff Development Nurse, Tracey Chandler, Program Manager Inpatient Unit at Mimidi Park, Rockingham, South Metropolitan Health Service and to Elaine Ashurst, In-reach and Engagement Officer from Consumers of Mental Health WA.

In this session the team at Mimidi Park tell us how they reduced restrictive practices by developing a change in culture to improve consumer care in mental health.

Dr. Nathan Gibson: *Reducing restrictive practice remains a top priority for our office because it's fundamental to high standards of care based on safety and trust.*

I acknowledge the increasing pressures on staff, with high rates of aggression in hospitals, often in the context of meth and other drug use. We know staff are highly skilled in supporting people who are highly distressed. We want to see greater safety for staff and greater safety for consumers. Have a look at data for your unit on our website or on the Department of Health's Safety and Quality Indicator (SQuIS) dashboard - we encourage you to use that data to help you plan.

Key Messages -

- **Transformation takes time**: Emphasising that cultural shifts are gradual.
- **Recommit to the Safe Wards model:** Make it part of daily ward routine, team reflection and repeat training.
- **Involve Lived Experience**: This helps everyone understand the harms of restraint and the benefits of trauma-informed care.
- **Ongoing education**: There is a huge need for continuous education, role modelling, and compassion for staff.
- **Collaborative Safety-Planning**: Early safety planning with consumers - their triggers and preferences.
- **Patient interaction**: Advocating for spending more time with patients and saying 'yes' more often.
- **Staff frustration**: Acknowledging frustrations and have spaces to explore them, like safety huddles.
- **Psychologist-led discussions**: Involving the whole multidisciplinary team to understand behaviours.
- **Consistent Responses**: Planning consistent and person-specific responses for individuals with multiple diagnoses and traumas.
- **Junior Staff Development**: See junior and inexperienced staff as opportunities for whole-team learning.
- **Address sexual safety:** Consider and address the sexual safety needs of both staff and consumers.
- **Ward collaboration**: Encouraging support across open and closed wards.

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

How to take action. Where to begin?

Mackenzie Bennett: *"We decided that these couldn't be excuses. Instead, we really had to become innovative in our approach."*

Mimidi Park told us about how they committed to as a team to make the change. They recalled a **pivotal moment** where the team met and decided that the current practice could not continue. Then they planned how to change practice, **recommitted to Safe Wards** and training, and instigated care planning as a whole team for individual consumers. They saw results quickly- that helped.

Summary of Questions and Answers

Q: What does a collaborative care planning session look like with consumers on your ward?

- **A**: Consumers are actively involved in the planning process, discussing triggers, self-management strategies, and incorporating their preferences and values into the care plan.

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*" **Tracy Chandler**: "An individualised, multidisciplinary team approach to understanding the reasons behind the behaviour, with consistent responses, can make a significant difference."*

Q: How did you overcome staff challenges and shift the cultural mindset?

- **A**: Through continuous education, role modelling, debriefing sessions, and fostering a collaborative team approach.

Q: How do you ensure the sustainability of current practices?

- **A**: Ongoing education, integrating trauma-informed care, embedding these practices into ward culture.

The Lived Experience Perspective

Elaine Ashurst, Lived Experience Inreach & Engagement (CoMHWA) *'Seeing someone else being restrained and sent to seclusion is so frightening… It stops you from speaking up.'.*

- **Long waits in emergency departments** and being alone in a cubicle waiting to be listened to, means that admissions are traumatising even before arriving on the ward. Therefore, some people avoid presenting voluntarily to hospital altogether and will later present in crisis**.**
- **If people feel dismissed or disrespected, they are more likely to get angry.**
- **Boredom on the ward is a real issue.** A Monday to Friday activity program is not enough and shouldn't be cut due to shortages. Peer workers in Bunbury now have a weekend roster and Bentley have a Saturday OT breakfast - this should be across all hospitals.
- **The group program and leave from the ward should not be used as a bargaining tool for good behaviour.** Time at home with loved ones is important. Planning with the consumer is needed.

Elaine: *'A man I met was worried about his finances but was being told to 'concentrate on getting well and not to worry about money'. This response was felt to be dismissive and unhelpful. Once we explained that he could see a social worker as part of his MDT, he was able to address his concerns with them and is no longer on the ward. It is common for consumers to not know what services are available to them as part of the MDT.*
Respect consumers' real concerns.'

Q: How do you approach care planning with Aboriginal patients differently?

- **A:** Involving Aboriginal liaison officers, Lived Experience inreach and ensuring culturally safe and respectful care. We don't have Aboriginal Mental Health Workers (AMHW), but we do have an Aboriginal peer worker on the incident investigations panels for governance which is helpful. Aboriginal participants suggested a next step would be to employ an AMHW.
- **Data Links -** WA Seclusion and Restraint Data | Chief Psychiatrist | Government of Western Australia

Safety and Quality Indicator Set | Dept. of Health| *Multi-Indicator Sigma Chart*, choose *Mental Health*