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Nursing Conference

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# carillon

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# **EVALUATING SAFEWARDS IN VICTORIA**

Evaluating Safewards in Victoria: The first Australian implementation of an evidence-based practice model to reduce conflict and seclusions in inpatient services



Len Bowers

In 2014 the Centre for Psychiatric Nursing (CPN) successfully tendered for a project sponsored by the Victorian Department of Health, to evaluate the Victorian Safewards Trial, which runs from October 2014 to July 2015, across18 inpatient wards.

Safewards is both a model and a 10 point intervention, developed in the

UK by mental health nurse Professor Len Bowers' team at Kings College London. Safewards aims to make acute mental health wards calmer and more pleasant places, where people can safely recover, work and visit. Recent experimental evidence shows Safewards to be associated with significantly reduced conflict and use of containment measures in acute wards.

The CPN is evaluating the implementation process and the outcomes of the Victorian Safewards Trial. If the evaluation findings are positive, the analysis will also be used to inform further Safewards implementation across Victorian services. The project fits well with work done by the CPN, whose aim is to shape mental health nursing practice in Victoria.

#### **Introducing Safewards**

The Safewards model and interventions are based on extensive research evidence, synthesized over 20 years (Bowers 2014). This includes literature reviews, epidemiological studies and intervention studies related to common conflict events and triggers in wards. Conflict events can include absconding, self-harm, verbal or physical aggression. Triggers can relate to the impact of the regulatory framework, the staff team, the physical environment, the patient community and characteristics, and issues outside the hospital.

The model (see the simple version below) draws attention to 'flashpoints', which are seen as moments of opportunity for mental health nurses to prevent conflict and to minimize use of coercive measures such as restraint, injectable medications and seclusion.

Bowers' team developed and tested thirty or more potential interventions, matched to various flashpoints. Safewards is one of very few inpatient intervention programs subject to cluster randomised controlled trial (RCT).

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# **FAREWELL TO GREG MUTTER**



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Greg Mutter

After over a decade as the Administration Manager of the Centre for Psychiatric Nursing, Greg Mutter is leaving the Centre at the end of March. Greg joined the Centre in its early years and from the outset established administration systems and processes to support all aspects of the Centre's activities. Drawing from

a broad range of skills and experience acquired in both business and education sectors including roles such as Chartered Accountant, lecturer, and program manager, Greg quickly became an invaluable asset to the Centre. His many responsibilities as the CPN Administration Manager have included budgeting and financial management, various HR functions, conference and events management, marketing, database development and maintenance, website development and management, and a wide range of general administrative functions. The successful delivery by the Centre for Psychiatric Nursing of a wide range of education and training activities including the annual Victorian Collaborative Psychiatric Nursing conference, as well as the timely production of various reports and publications, including the Carillon, has been enabled by Greg's assiduous pursuit of excellence in all aspects of his work.

Far more important than any of his impressive technical skills though, are Greg's abilities to interact with the many people he has helped as the first point of contact at the CPN. His ability to calmly guide colleagues and clients through sometimes complex processes, often under extreme time pressures, has endeared him to both the staff of the CPN and the Department of Nursing and to the many mental health professionals with whom he has interacted on a daily basis. Greg's comprehensive understanding of university processes combined with his always calm and professional approach to his work made him the "go to" person for advice and assistance for professional and academic staff of the department of nursing. These abilities are perhaps best summed up in a comment made by Professor Sanchia Aranda, former head of the department of nursing at the University of Melbourne, in the context of supporting Greg's appointment to an ongoing position, who said "Greg is just such a good corporate citizen".

Greg, we wish you every success and happiness in all your future endeavours.

With warmest regards, Stephen Elsom Director, Centre for Psychiatric Nursing



## **EVALUATING SAFEWARDS IN VICTORIA**

#### Continued from page 1

The ten specific Safewards interventions that were included in the UK cluster RCT are the ones being implemented now in Victorian wards:

- Clear Mutual Expectations
- Soft Words
- Talk Down
- Positive Words
- Bad News Mitigation
- Know Each Other
- Mutual Help Meeting
- Calm Down Methods
- Reassurance
- Discharge Messages

Through its Safewards UK website (www. safewards.net) and a Safewards Facebook group, the Kings College London provides a rich array of resources to support staff training and implementation of Safewards. Many wards in UK and in Europe, far beyond the original trial sites, are using these resources to implement Safewards. Prof Bowers provides webinars and forums to share extra ideas and strategies for sustaining Safewards.

#### **VICTORIAN SAFEWARDS TRIAL**



This project represents a significant investment by the Victorian government in Safewards. In 2013 Bridget Hamilton at University of Melbourne and Tracy Beaton, Chief Mental Health Nurse, invited senior mental health nurses and

nurse educators to a Safewards seminar presented by Prof Bowers. In the following months, Tracy Beaton called for expressions of interest from services, aiming to support local projects to reduce restrictive interventions (RRI). Based on grass roots interest in Safewards as part of RRI submissions, the Victorian government then initiated a trial of Safewards in 18 inpatient units, across seven metropolitan and regional mental health service organisations.

The international Safewards evidence is being applied in a wider variety of inpatient settings in the Victorian trial than the original UK program. The trial is underway in ten acute wards, two secure extended care wards, three aged persons' wards and three youth inpatient services. After a training and roll out phase, the Safewards Model and interventions are to be fully implemented in the participating sites through March – June 2015.

There are several key elements underpinning this large-scale practice change intervention and the CPN evaluation in Victoria: 1)policy support, via reducing restrictive interventions (RRI) policy; 2) multifaceted training approaches, including the development of a train-the-trainer program, designed to prepare ward staff to implement and champion the intervention elements; 3)tools designed and freely available on the Safewards website and adapted for Australian contexts; 4) monitoring and reporting of fidelity with the planned intervention at each site; 5) systematic evaluation of consumer and staff experiences via surveys and focus groups; 6) analysis of outcomes in relation to containment events of seclusion; and 7) developing strategies for sustainability. Stakeholder groups involved in the Victorian Safewards Trial include: policy makers, local implementers, training providers, consumers and

the independent CPN evaluation team.

#### Evaluation of the Victorian Safewards Trial

The evaluation team is: A/Prof Steve Elsom, Dr Bridget Hamilton and Cath Roper, all at CPN, Justine Fletcher (Melbourne School of Population & Global Health) and A/Prof Natisha Sands (Deakin University & Honorary at CPN) in collaboration with Prof Brian McKenna of Australian Catholic University. Led by Bridget Hamilton and project managed by Justine Fletcher, the team have joined with local implementers and trainers to resource the sites, providing evaluation tools and support. Team members are visiting all sites during the implementation phase and at the endpoint. The evaluation seeks to answer the following research questions:

- 1 Is the Safewards training provision effective?
- **2** Are the Safewards Model and 10 interventions acceptable to staff and patients?
- **3** What impact does Safewards have on the use of restrictive interventions?

To answer these questions the team is using surveys of staff, consumers and carers, Safewards checklists, focus group interviews and statewide mental health data.

#### Further information the CPN Safewards evaluation: Dr Bridget Hamilton

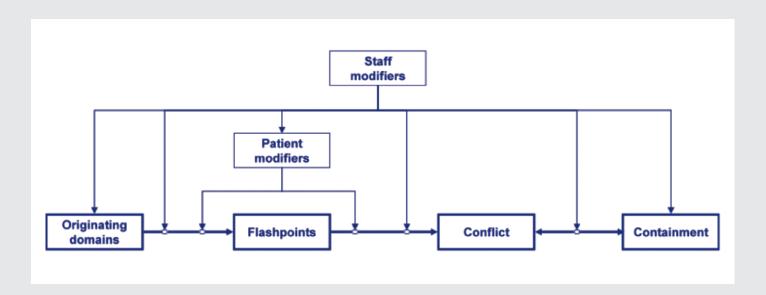
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#### SIMPLIFIED SAFEWARDS MODEL



# ACTION LEARNING SETS AT THE CENTRE FOR PSYCHIATRIC NURSING

The Centre for Psychiatric Nursing (CPN) offers training in Action Learning Sets (ALS) to nurses from across the mental health sector. Action Learning Sets are broadly based the principles of action learning. At the heart of action learning are three inter-related and essential components these include; reflection, learning and action.

#### What is a set?

A set is a group of people who meet regularly to engage in a structured purposeful conversation that is led by an experienced facilitator.

#### Reflection

Reflection speaks about having a protected space to give attention to a problem or issue and gain new understandings.

#### Learning

Learning is about gaining new knowledge, skills and techniques from the experience of working in a set.

#### Action

Action is about developing a plan of action to be taken to address the issue or problem.

#### How does a set work?

Usually between 6-8 people, (set) gather together to engage in a purposeful conversation to support each other and to help resolve each other's issues

or problems. The facilitator is responsible for organising and conducting the set. Each set member will get an opportunity to be a presenter and the other set member will be s supporters/helpers /listeners. There are three stages or parts to an ALS, presenting, exploration and action.

#### **Presenting Stage**

Presenting stage begins when a person (presenter) speaks about on a professional topic or issue that they bring to the group. This stage takes about 15 minutes but it can be less depending on the issue.

#### **Exploration Stage**

Exploration stage occurs when the presenter finishes speaking about their issue/problem and it is time for the other members (supporters/listeners/helpers) to explore, clarify, offer strategies or advice and/or suggest new ways or methods for approaching this problem/issue.

This process usually takes about 15 minutes. In this stage the presenter then listens and reflects on the responses of the group and clarifies any questions that the listeners have about the issue. From the discussion and the reflection the presenter learns new ways of thinking about his/her issue, new strategies to use.

#### **Action Stage**

The Action stage is a stage the presenter develops an Action Plan which will guide how he/she will tackle the problem/issue.

The Action Plan will detail how the issue /problem will be approached and take into account the suggestions or strategies that are realistic and

relevant to the presenter.

The Action Plan will be used to report back at the next set meeting in order to determine progress and to give feedback to the set.

It us useful for the group to monitor how each member is progressing with resolving or addressing the issue or problem.

#### What are the advantages of ALS?

ALS is designed to allow each presenter an opportunity to be heard by others and to hear themselves speak about their issue. This might be the first time they have spoken about their problem. The act of speaking about a problem or issue may be liberating because by naming and describing the problem or issue can provide more clarity and less potency.

An important advantage for the presenter, is the opportunity to listen to what others contribute to resolving the issue in terms of their experience and different ways of approaching the problem. This provides the presenter with new skills or techniques to tackle the issue. Another advantage is the presenter feels supported by the group and this support may give them confidence to make other changes in their professional lives.

# Are you interested in training or being part of an ALS?

For more information or details about training or participating in an ALS please contact:

Finbar Hopkins email: fhopkins@unimelb.edu.au



Harald Johann Reischel

# IN MEMORY OF HARALD JOHANN REISCHEL

It is with great sadness that I write to Carillion to pass on the news of Harald Johann Reischel's death last week. Harald was an outstanding leader whose visionary work as a mental health nurse, educator, author, and humanitarian brought about revolutionary changes to the discipline of mental health nursing.

Harald was a post war migrant, having fled (the then) Czechoslovakia during the Nazi occupation. He started working at Mont Park Hospital Victoria in the early 1950s, and on observing the appalling condition for patients (which he likened to what he had seen in the prisoner of war camps), he made a deep commitment to reforming mental health care. Harald faced many challenges along the way, often being ostracized for his 'radical' ideas about patient care. Influenced strongly by the philosophical principles of humanism, Harald held firmly the view that people with mental illness should be treated with kindness, dignity and respect, and that the nurse's role was to engage therapeutically with patients rather than just provide custodial care. In fact, Harald was a forerunner in developing what we now call 'person-centred care'. He promulgated early concepts of individualised care, and at a time when patients were considered 'incurable' and often locked away for their whole lives in psychiatric hospitals, the notion that patients were

individuals with their own needs, values, wishes was revolutionary.

Harald eventually worked his way through the 'ranks' from Ward Attendant to Principal Nurse Educator, and through his role as an educator drove immense changes in patient care. In 1973 he wrote the first psychiatric nursing curriculum written by nurses for nurses. Up until this time, doctors had provided 'lectures' for nurses and determined the content of the syllabus. The curriculum was adopted in many parts of Australia and internationally, and its core tenets still inform mental health nursing curricula today. In addition to being an outstanding educator, Harald was also a published author. In 2003 he wrote a book entitled 'The care that was' (Zeus Publications), which documented the history of psychiatric care at Mont Park Hospital.

Harald worked closely with Marie Einoder and Lenka Ter, two outstanding mental health nurse leaders and educators who shared a common history with Harald. They too had fled warravaged Europe to escape the Nazi regime, and
their wartime experiences left them with a
powerful belief in the value of all human life, and
an abhorrence of the subjugation of human beings.
Harald touched the lives of so many people, and
his former students remember him fondly as a
kind, gentle, giant of a man who was dogged in
his belief in the value of 'therapeutic
communication' and the 'therapeutic use of self'.
Harald inspired students to be the best they could
be, to never give up on patients, to never stop
trying to improve the lives of people in their care.

I was fortunate to have spent quite a bit of time with Harald when making the documentary 'Round the bend: A history of psychiatric nursing in Victoria', and left these encounters feeling inspired and proud to be a mental health nurse. The interview film footage collected in these encounters will soon be collated to make a short film commemorating the life and work of Harald Reischel. I am currently seeking photographs or documents pertaining to Harald to contribute to this story, so would very much appreciate hearing from anyone who may have some items that can be used in the film. Please contact me if you have something to share, all photos, documents and other artefacts will be copied and returned to their owners.

#### Natisha Sands

Campus Leader, School of Nursing and Midwifery Faculty of Health, Deakin University

Email: natisha.sands@deakin.edu.au

# WORKFORCE DEVELOPMENT PROJECTS UPDATE

The Centre for Psychiatric Nursing's workforce development projects continue to progress. The following is a brief description of what has been happening with each of the projects to date.

#### Gender Sensitivity and Safety

Project is nearing completion, final report to Department of Health & Human Services to be completed and submitted in April 2015

#### **Child and Youth Inpatient Nursing**

Project is nearing completion, final report to Department of Health & Human Services to be completed and submitted in April 2015

#### **Recovery Library**

The CPN is undertaking a coproduced\* project to establish an online repository of resources to support Victorian mental health services to work in recovery-oriented ways. This will take the form of a Recovery Library website. The website will be hosted by the University of Melbourne and will feature a range of text-based and multimedia resources to inspire and inform health professionals across disciplines and across clinical and community-managed mental health sectors to align their practice with principles of recovery. The library is intended to assist services to actively engage with the Victorian Framework for recovery-oriented practice 2011, to share highquality resources and to support a service culture of ongoing practice development around recovery values.

The resources will be mapped against the nine domains of the Framework for recovery-oriented practice. An additional domain pertaining to Consumer Leadership is also in development.

The website is due to go live by the end of April 2015.

\* In the context of this project, co-production is a collaborative approach based on equal and reciprocal relationships between health professionals and people using services. The approach can be applied to service development, delivery, research, evaluation and training. It can also be applied to project management and change management. The CPN Recovery Library project team is co-produced and includes consumer expertise, clinical experience and project management skill sets.

Imogen Edeson Workforce Development Project Manager Centre for Psychiatric Nursing

Cath Roper Consumer Academic Centre for Psychiatric Nursing

# ONLINE, FLEXIBLE LEARNING FOR REGIONAL/RURAL MENTAL HEALTH CLINICIANS

The development of a postgraduate Masters of Mental Health course by La Trobe Rural Health School in consultation with regional mental health services.

In a complex and clinically challenging field of mental health and psychiatry, postgraduate education is an increasingly common expectation of health professionals, and is required for career progression into consultant or management roles. The development of curriculum relevant to current and future mental health practice at postgraduate level for the profession of nursing is a priority under the National Practice Standards for the Mental Health Workforce, which provided a framework for the development of curriculum content.

La Trobe Rural Health School has developed a postgraduate mental health course in a regional location, in consultation and collaboration with a regional mental health service to adopt local



Tim Lenten and Kate Emond

knowledge and expertise. The principles of recovery orientated care have been embedded in the course design, to respond to workforce policy, and through graduates, lead changes for personcentred service models. Delivered entirely online with flexible study methods, the course aims to improve access to postgraduate studies and qualifications in mental health for nurses working in rural and remote areas of Australia.

The development of the postgraduate course has strengthened partnerships and provided alignment between academic studies and mental health nursing graduate programs and has delivered research and quality improvement opportunities.

Kate Emond Latrobe University Tim Lenten Bendigo Health

# STATISTICS IN NURSING OBSERVATIONAL RESEARCH

Observational studies are conducted when the researcher is interested in examining association between variables. This is different from an experimental study where it is possible for the researcher to examine cause and effect between variables. In an experimental research study, the investigator has the capability to control and intervene to observe the effect of the intervention on a given outcome.

There are three main types of observational studies: Cohort studies, cross sectional studies and case control studies. Cohort studies can be used to study incidence, causes and prognosis. Cross sectional studies are used to determine prevalence and case controlled studies compare groups retrospectively.

It is common to carry out observational studies when it is inappropriate to conduct experimental studies or when the condition to be studied is a rare occurrence. For example, observational research can be employed to examine the association between smoking and lung cancer. The researcher would form groups based on whether a participant has been a smoker for a specific period of time and those who have never smoked. In this study, the investigator would observe the smoking status of an individual rather than control who smokes or does not smoke. It is unethical to

allocate people into groups where one group is allocated to smoke and the other group to not smoke and then follow up to determine the effect smoking has on lung cancer.

Confounding could be a potential issue when the researcher is not able to randomly allocate participants into different groups. This is because the observed association could be due to the effects of differences between the study groups. However, methods such as stratification can be used to control for confounding. Although experimental research studies are considered to be more reliable, observational research studies are sometimes necessary and can provide valuable information as long as that data are analyzed and interpreted appropriately.

Roshani Prematunga Researcher, Centre for Psychiatric Nursing

# HIGHER DEGREE STUDY OPPORTUNITIES AVAILABLE

# ARE YOU INTERESTED IN PURSUING A MASTERS OR PhD?

Exciting research opportunities exist for people interested in pursuing research higher degrees in mental health nursing practice.

## For further information contact:

**Associate Professor Stephen Elsom** 

E: sjelsom@unimelb.edu.au T: 8344 9460



# 06 & 07 August 2015

**Moonee Ponds Racecourse** 

As joint hosts the Centre for Psychiatric Nursing, The Australian College of Mental Health Nurses (Vic Branch), The Health and Community Services Union and the Australian Nursing and Midwifery Federation (Victoria Branch) invite you to attend this exciting conference.

Further information and registration are located on the CPN website:

#### www.cpn.unimelb.edu.au

If you have any questions or need assistance with registration please contact:

T (03) 8344 9626

E cpn-info@unimelb.edu.au

EARLYBIRD REGISTRATIONS CLOSE

**FRIDAY 29 MAY 2015** 

ALL CONFERENCE REGISTRATIONS CLOSE FRIDAY 26 JULY 2015







