

Shared Learning in Clinical Practice

Mental Health Practice Development Newsletter

Following the successful Risk Assessment and Management Symposium at UniSA's Bradley Forum on 10 March 2011, the planning team has received overwhelming feedback that there is a significant need in South Australian Mental Health Services for similar events and initiatives. The feedback has focused on the importance of "shared learning in clinical practice" which enables practitioners to reflect and learn from one another in relation to the complexities of modern-day mental health practice and the implications of the various reform agendas on the way clinicians provide care and treatment.

The UniSA Mental Health Research Group and SA Health's "Acute Unit Matters" will therefore be continuing their partnership in planning symposia, supporting reflective practice and leading practice development initiatives. As part of this process, "Acute Unit Matters" will become known as "Acute Matters," to reflect the fact that the scope of the initiative goes beyond inpatient settings and that the shared learning focus is on areas pivotal to successful mental health service delivery. The Shared Learning in Clinical Practice Team will also work to ensure that its initiatives are targeted in such a way as to maximise involvement and benefits for front-line clinicians and practitioners.

These occasional newsletters will be used to share "Practice Tips" and recommendations from the symposia organised by the planning team; and to provide frontline teams and services with news of future events. The Shared Learning in Clinical Practice Team welcomes your comments and feedback on how the format and content of the newsletter can be improved. Please send your feedback via e-mail to Judy Stephenson, Project Officer – judy.stephenson@health.sa.gov.au

Risk Symposium: *Clinical Practice Tips*

The quality of all presentations at the 10 March Symposium was such that it was very difficult to choose where to begin with practical tips to support clinicians in their work. Future newsletters will therefore continue to focus on aspects of Risk Assessment and Management. Given the stimulating nature of Dr Craig Raeside's "after lunch" presentation, we begin with the five points from his "Forensic Psychiatry view of Risk Assessment."

1. Diagnosis and (if needed) treatment

The most important clinical aspect of reducing potential danger and risk is to make an accurate diagnosis of the psychiatric problem and institute timely and adequate treatment.

2. They were your patient first (or they will be)

There is a tendency to think that violent or potentially dangerous patients are "forensic." Most have past psychiatric contact through general psychiatric services. In almost all cases they will return to those services, or will eventually be referred for ongoing management after a first presentation of severe psychiatric illness.

3. It's not just about likelihood

A common mistake in assessing risk is to simply look at the "likelihood" of a patient acting in a dangerous manner. A thorough assessment includes consideration of other factors including imminence (how soon are they likely to act), magnitude (how serious are the likely consequences if they do act), and frequency (how often are they likely to act in a dangerous way).



4. Get it “Write”

It is important to not only document findings and recommendations, but also to document the thinking and reasoning behind opinions. Simply stating “low suicide risk” without explaining how that judgment was made is insufficient. Clinicians need to document in a way that others will understand how such a conclusion was reached.

5. Who are you trying to protect?

Potentially dangerous people engender strong emotional reactions in others. Mental health workers should monitor their own reactions. Rather than be fearful of their emotions, such reactions can assist in diagnostic considerations. Seeking consultation and support from co-workers can assist to make rational decisions in risk management rather than emotive impulsive decisions in an effort to reduce personal distress.

The full summary of proceedings and photographs from the Risk Symposium will shortly be uploaded onto the Country Health SA Wiki Collaboration Portal, which all SA Health employees can access here [Shared Learning in Clinical Practice: Risk Assessment and Management Symposium - Collaboration Portal](http://www.unisa.edu.au/nur/on_the_pulse/mental_health/default.asp) and via the UniSA Mental Health Research Group http://www.unisa.edu.au/nur/on_the_pulse/mental_health/default.asp

Future Symposia

The South East of SA has a population of some 66,000 people and Mount Gambier is the State’s largest city outside of Adelaide. Under the Government’s Mental Health Reform Program, the South East will be receiving Limited Treatment and Intermediate Care Centre beds. Already Mount Gambier Hospital provides some 1,000 mental health bed nights per year, and with the implementation of the State Digital Tele-Health Network, the capacity for confirming, reviewing and revoking

Level 1 Community Treatment Orders by audio-visual conference will soon be a reality.

The final panel discussion on 10 March involved an impassioned plea for engaging Aboriginal and Torres Strait Islander people more effectively in mental health services, along with recognition of the often untapped potential of NGO services in acute service delivery.

With all of these subjects in mind, the next “Shared Learning in Clinical Practice” event will be an Acute Care Symposium in the South East. This will most likely be in September 2011. Those who attended the March Symposium will automatically receive e-mail notification of the draft program and scheduling of the South East Symposium. If you didn’t register for the March event and would like to receive prior notification, please e-mail your name, place of work and contact details to mentalhealth@unisa.edu.au

Some photographs from the March Symposium can be seen on the following pages, together with presentation summaries.



Dr Andrea Gordon Research Fellow UniSA

PHOTO GALLERY AND SYNOPSIS OF PRESENTATION THEMES



Mr Anthony Schapel, Deputy State Coroner, presented a Keynote Address entitled: *What can we learn when things don't go well?*

Ms Annette Jones outlined what the review of adverse and sentinel events found in relation to risk assessment and risk management. She provided an overview of the adverse event process, ensuring that staff are aware that the purpose is to identify issues within mental health systems that contributed to, or resulted in, the occurrence of an adverse incident and to provide recommendations for measures to prevent a reoccurrence of a similar incident.

Dr Andrew Champion and **Ms Lesley Legg** spoke on why risk assessment is undertaken, the risks of risk assessment, if training makes a difference, whether a focus on risk narrows the therapeutic options; and consumer and carer involvement.



Front Row L-R: *Dr Saibal Guha, Lesley Legg and Dr Andrew Champion*

Symposium Co-Chairs **Professor Nicholas Procter** (left) (Chair Mental Health Nursing UniSA) and **Mr Philip Galley** (below), (Clinical Mental Health Nursing Director Country Health SA)



Dr Conrad Newman provided some practical pointers as an ED Psychiatrist on *How to sleep better at night (most nights!)*

Ms Deb O'Kane presented a Risk Management project in an acute inpatient unit for older people

Ms Enaam Oudih unpacked the challenges of cultural competency when conducting a suicide risk assessment and managing care plans for people from culturally and linguistically diverse (CALD) backgrounds

Dr Craig Raeside presented a Keynote Address outlining a forensic psychiatrist's view of risk assessment and management. Full details on pages 1 & 2



Shared Learning in Clinical Practice



Dr Saibal Guha and **Mr Mark Leach** presented a complex case study involving many risk factors revolving around a Country detention under the Mental Health Act.

The study served to highlight and give an insight into risk factors inherent with treating consumers in the Country. It presented a difficult case chronology involving all facets of various stakeholders' involvement, highlighting the positives (collaborative input by all under the various MOUs) and the actual/potential drawbacks of providing a safe, effective service for Country consumers.



*Mark Leach, CPC, Port Pirie Hospital
Mental Health Team*

Ms Ann McElroy and **Mr Philip Galley** presented on *Managing Risk through Community Engagement*.

Ann spoke about the importance of local hospitals being part of local communities and the educational and practice development theories to support Objective Structured Clinical Examination to test clinical skill performance and competence via a "standardised clients" approach.

Philip summarised how a Mental Health Master Class at Naracoorte Hospital in September 2010 highlighted a significant "readiness for more" in terms of mental health practice development for generalist nurses and midwives.

Dr Michael Dudley, Chairperson, Suicide Prevention Australia, spoke on *Crisis Response and the role of Emergency Services and first responders to Suicide and Suicide Attempts*. There are approximately 65,000 suicide attempts each year in Australia, and they inflict immeasurable physical and emotional trauma on the people involved.

Ms Julie Murison and **Mr Adrian Jackson** - *What have we learnt about our own practices around engagement and risk, utilising current research?* Methods of engaging consumers in acute psychiatric care have come under intense scrutiny in recent times in order for service users to receive optimal care and recovery-based treatment.



L-R Tony Halczuk, Adrian Jackson, Julie Murison

Mr Tony Halczuk - *What we are learning when things go well in our Practice*. This talk predominantly related to the entry point of mental health services and underlined the fact that we are doing many things right and achieving good outcomes for many of our service users, even in the complex and often uncertain area of clinical risk management.





Grateful thanks to
Barbara Doogue and
Matt Halpin who provided
valuable consumer input
into the
Panel Discussions



SUMMARY OF FEEDBACK FROM THE EVALUATION FORMS

	Strongly Agree	Agree	Disagree	Strongly Disagree
The Symposium was relevant to my role	66	10	0	0
The Symposium has made a positive contribution to my professional Development	58	18	0	0
The Symposium Program held my interest and was of a good standard	53	23	0	0

A BRIEF SELECTION OF COMMENTS FROM FEEDBACK FORMS

What is the important take home message about Risk Assessment and Risk Management that you have gleaned from today?

- Risk assessment is a key part of the provision of good services. It needs to be given far more time and consideration. This leads to good management practices and communication between a diversity of people.
- Integral part of caring for clients. Risk assessment that incorporates client's family and circumstances. Individualised risk assessment for individual Care Plan
- That risk assessment and management is not the only focus of MH assessment and intervention, but often feels like it is, due to the focus service management place on it to protect the organisation
- "There's no Health without Mental Health"
- Thinking about concurrent levels of risk and the clarity of risk. The overall risk could remain high while the day to day risk might be low
- Focus on the client and how/why he/she needs protecting is best practice so keep doing what we are doing and build on this.
- To think, learn and listen – review my practice and that of our team, it's not just another piece of paper to fill out.

What was most beneficial to you about today's Symposium?

- Generated reflection and energy to consider its meaning in my practice context for staff and clients, families and the organisation's demands
- Noting that the understanding of the integrity of what risk management is about has been somewhat lost (Craig's point of 'show your working out') with many clinicians as they translate it to filling in a form as a task
- Today's symposium has made me re-think very differently about how I not only assess, but engage clients in a different manner. I hope that in the future I can do better and more aware and useful risk assessments
- Will find and use model described by Dr Conrad Newman
- Sharing with other clinicians.
- Likely-imminence-magnitude-frequency (Dr Raeside). "Suicidal mode" (Conrad) didn't know about this.

For more information

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