

Rachel Stephen-Smith MLA

Minister for Health

Minister for Mental Health

Minister for Finance

Minister for the Public Service

Member for Kurrajong

RESPONSE TO QUESTION ON NOTICE

Questions on Notice Paper No 7

16 May 2025

Question No. 443

MR SHANE RATTENBURY MLA: To ask the Minister for Mental Health

- 1) How are key performance indicator (KPI) results, such as ward occupancy, structured sessions, and care plan completion, outlined in the Canberra Health Services Forensic Mental Health Inpatient Services Model of Care being used to inform service delivery and continuous quality improvement at Dhulwa.
- 2) What trends have emerged over the past 12 months in the KPIs related to consumer wellbeing and engagement, specifically the YES survey, EssenCES data, and care planning and how are these informing the model of care.
- 3) How have ward occupancy rates changed over the past 12 months and is there still a tendency towards low levels of inpatient admissions.
- 4) What are the rates of reported violence in the unit over the past 12 months.
- 5) How are the responses from the Your Experience of Service affecting practices in the ward.
- 6) In what areas has there been continued improvement towards a safe and restorative model of care, and where are further improvements required.
- 7) What governance and reporting structures are in place to ensure transparency and accountability in the collection, interpretation, and publication of KPI data for Dhulwa.



MS STEPHEN-SMITH MLA - The answer to the Member's question is as follows:

- 1) Ward occupancy data has been used to drive a greater number of admissions from the Alexander Maconochie Centre (AMC) fulfilling one of the key functions of Dhulwa in providing inpatient mental health care to people in custody who have exceeded the capacity of Custodial Mental Health Services.

KPI data on structured sessions has improved the processes of planning and monitoring therapeutic activity and engagement at a group level and an individual consumer level. The timetable for 25 hours of structured sessions is refreshed quarterly and data from consumer outcome measures is considered in the planning for future activity programs. Program attendance data is used to inform care planning and rehabilitation progress. The Dhulwa team works collaboratively with colleagues in other jurisdictions to ensure therapeutic programs are aligned with best practice and other forensic mental health services.

Monitoring of care plan completion identified inconsistencies across treating teams which has been addressed by the development of a new comprehensive care plan document, and a shared platform that allows for collaborative preparation and integration of core assessments into care planning. Care planning meetings are scheduled 12 months in advance to ensure that care plan reviews are held on time in line with Canberra Health Services (CHS) procedures and consumers and carers are aware in advance of when they will be held.

- 2) Dhulwa undertook two YES survey data collection periods in the last 12 months, along with routinely requesting YES surveys be completed at discharge. Compared to 2023-24 financial year when 14 surveys were completed (eight partially), greater effort to encourage engagement saw 23 surveys completed between August 2024 and May 2025.

Key indicators show that the proportion of respondents reported:

Indicator	Change since last survey	2023-24	August 2024 – May 2025
They always or usually feel safe	Deteriorated	92.8 per cent	66.7 per cent
Their overall experience of care as excellent or very good	Improved	21.4 per cent	56.5 per cent
Excellent or very good development of a care plan with them, that considered all of their needs (such as health, living situation, age etc)	Improved	50 per cent	73.9 per cent
There were always or usually activities they could do that suited them	Improved	64.3 per cent	73.9 per cent

Reduced perceptions of safety were strongly correlated with increases in acute admissions from AMC, increases in behavioural disturbance, and ward placement, with lower rates of safety perceived on the assessment and stabilisation unit. The team is working to improve the management and flow of consumers at different stages of the care pathway to address feelings of safety in the unit within the physical constraints of the facility.

This is being achieved by focusing on early intervention to provide reassurance to consumers whose sense of safety may be compromised by other consumers presenting with challenging behaviours. The focus is on minimising temporary transfers across Dhulwa wards unless absolutely necessary on the basis of specific identified risks.

In addition, the Mallee wing of Cassia will be adapted to provide accommodation to consumers who are further along in their recovery journey towards community reintegration. This is aimed at giving these consumers a sense of clinical progress and transition through the provision of a more homely environment, increased access to certain items and facilities to engage in activities of independent daily living, greater flexibility in leave arrangements and ease of egress from Dhulwa. CHS will continue to monitor effectiveness through the YES survey, feedback from the Consumer Forum and regular assessment of the overall ward environment.

- 3) The occupancy rates have remained relatively stable over the past 12 months at around 75 per cent.

Number of Admissions to Dhulwa (excluding transfers between Dhulwa and Gawanggal)			
Year	Admissions from AMC	Admissions from AMHU	Total Admissions
2023-24	16	4	20
1 July 2024 - 26 May 2025	21	3	24

The unit has seen an increase in admissions from custody and a decrease in civil admissions from the general mental health system in line with the revised Model of Care.

- 4) In the past 12 months there were 35 incidents of occupational violence reported for Dhulwa, up from 19 in 2023-24 and 12 in 2022-23. These were associated with a total of nine days lost time for occupational violence related leave. This is consistent with increases in reporting of occupational violence incidents more broadly and reflects greater awareness of occupational violence and increased reporting by staff of all types of occupational violence. Most reports of occupational violence at Dhulwa were for low level violence (pushing or slapping away a hand, throwing an item with no prospect of harm (e.g., a cup or medication), hitting a door or wall, spitting with no prospect of contact, etc.) that did not result in physical injury to staff, with one consumer accounting for a large number of incidents. In this same period, there were four reported incidents of forcible restraint and one episode of seclusion. The very low rates of restrictive practice are indicative of low rates of significant aggression and violence on the unit.
- 5) The YES survey and the EssenCES survey have highlighted differences between how consumers perceive staff-consumer relationships and how staff perceive them. The initiatives aim to increase consumer engagement, so they feel more supported and listened to, and to increase staff and consumer engagement generally. The results have prompted a number of initiatives including:
 - the reinstatement of the practice of completion of consumer handover boards in bedrooms;
 - the publication of a consumer and visitor information booklet;

- increased preparation and consumer engagement in activity planning and choices;
- engagement of consumers in self-assessment of progress in rehabilitation;
- consumer representation at the Senior Leadership Team meeting; and
- identified areas for improvement in health education.

6) Consumer engagement in decision-making has led to a several changes, for example:

- improved food choices and soft furnishings;
- greater access to information about unit processes and procedures; and
- access to a pool table, metal cutlery, personal food and a clothesline.

Feedback from consumers suggests that this has contributed to an improved therapeutic alliance between consumers and staff and improved perceptions of safety and therapeutic optimism.

Where Safewards principles had been actively communicated to staff, it was identified that consumers had variable awareness of the model. To address this, Safewards intervention of the week is discussed in both staff and consumer meetings which has provided opportunities for direct feedback between staff and consumers and improved perceptions of mutual accountability for behaviour.

Further areas for improvement are the ongoing enhancements to the environment of Dhulwa to create a more homely atmosphere for consumers and visitors, consistent application of post-incident debriefing for consumers who experience restrictive practices, and greater engagement of consumers in the risk assessment process.

7) KPI and key service data is reported monthly to the Forensic Mental Health Services (FMHS) Governance Committee for review and reflection and subsequently to the MHJHADS Governance Committee. Data on restrictive practices and Safewards is also reported to the MHJHADS Restraint, Seclusion and Restrictive Practices Review Committee.

Whilst a significant amount of data is still required to be manually collected, FMHS is working to increase the amount of data that is available via the Digital Health Record to enhance reliability and transparency.

Approved for circulation to the Member and incorporation into Hansard.



Rachel Stephen-Smith MLA
Minister for Mental Health

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This response required 3hrs 25mins to complete, at an approximate cost of \$398.92.