

Mental Health Intensive Care Framework

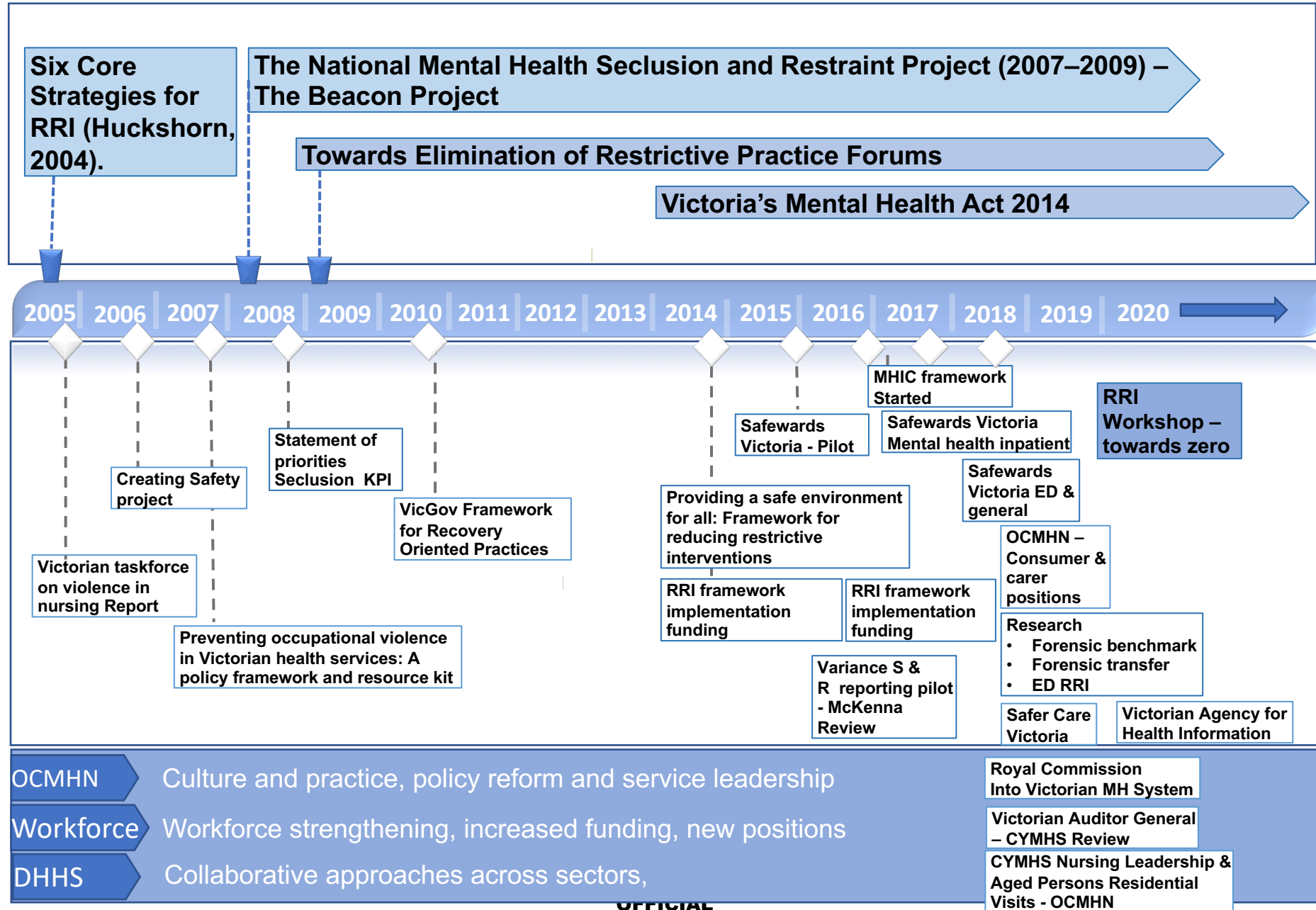
supporting safety and recovery

Office of the Chief Mental Health Nurse
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Orientation to the Mental Health Intensive Care Framework

- The *Mental health intensive care framework* represents a shift in our understandings of care and engagement when people are at their most vulnerable, moving from a culture of control to a culture of care.
- This work draws on the expertise of consumers, carers and clinicians through their experiences of current practices and a collective desire to move care beyond being about a space where symptoms are 'managed'.
- It is with genuine connection, interest and compassion that we promote human rights and recovery for all Victorians.

Towards eliminating restrictive interventions



Objectives of the framework

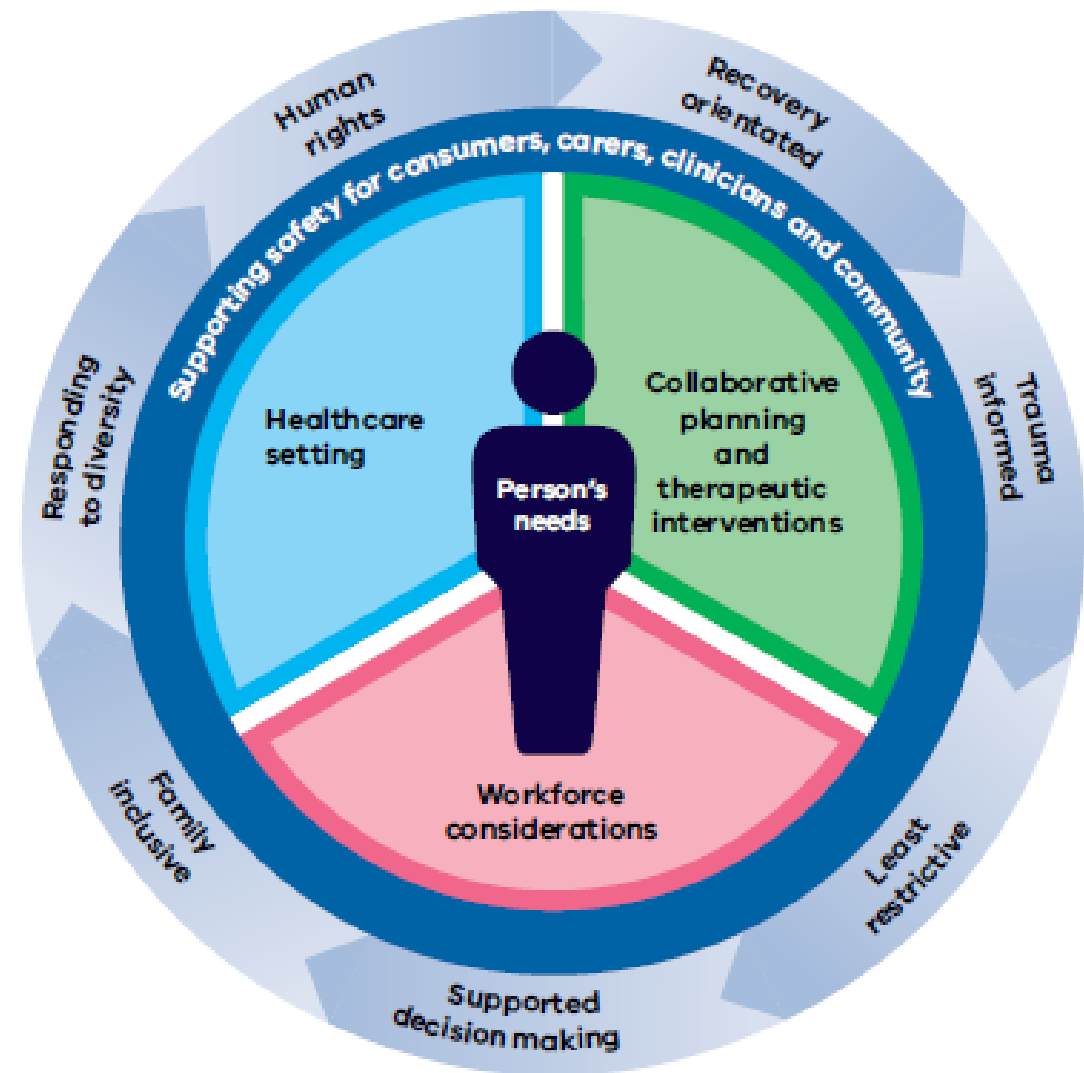
- Defining Mental Health Intensive Care as a specialist care type adapted to any care setting
- Focus on engagement and the needs of the person as the driver for clinical decision making
- Creating a platform of safety and planning comprising of consumers, carers, clinicians and the community
- Advocating for dynamic and collaborative review and least restrictive care.



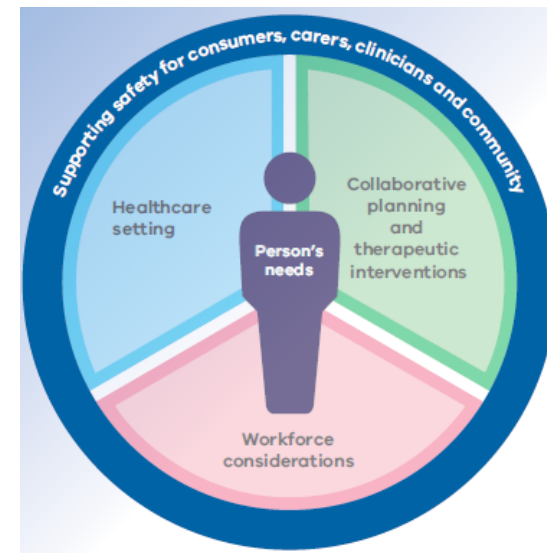
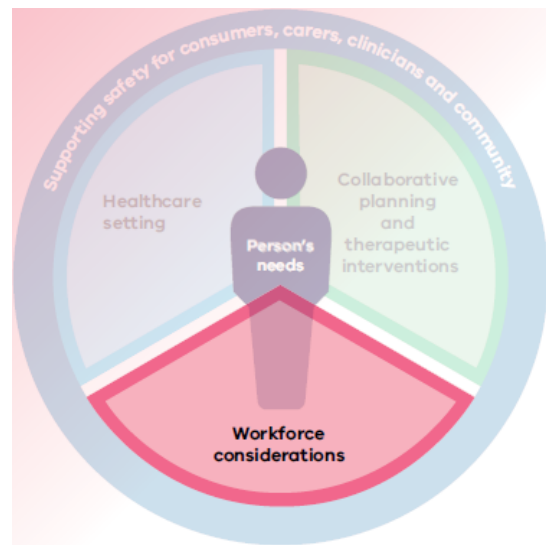
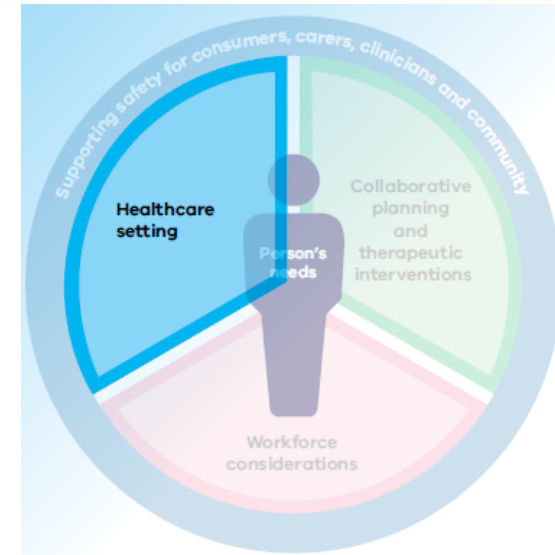
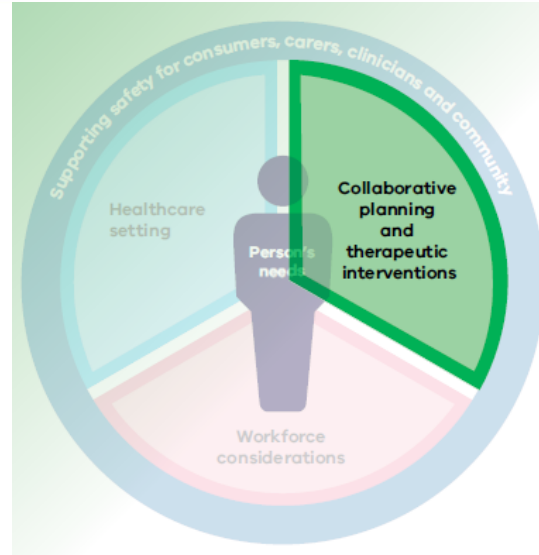
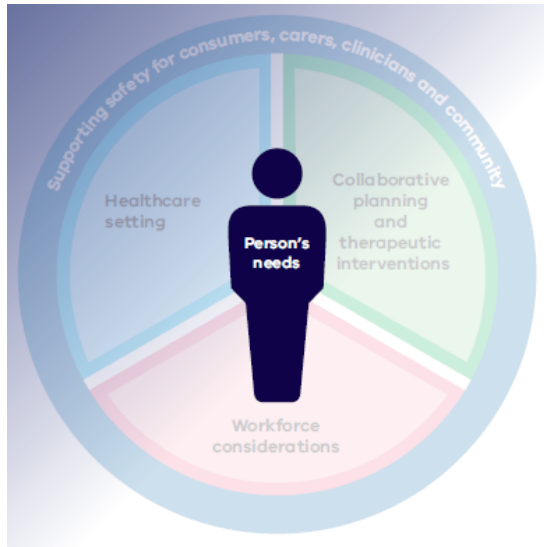
Framework orientation

Mental health intensive care framework

Office of the Chief Mental Health Nurse



Domains

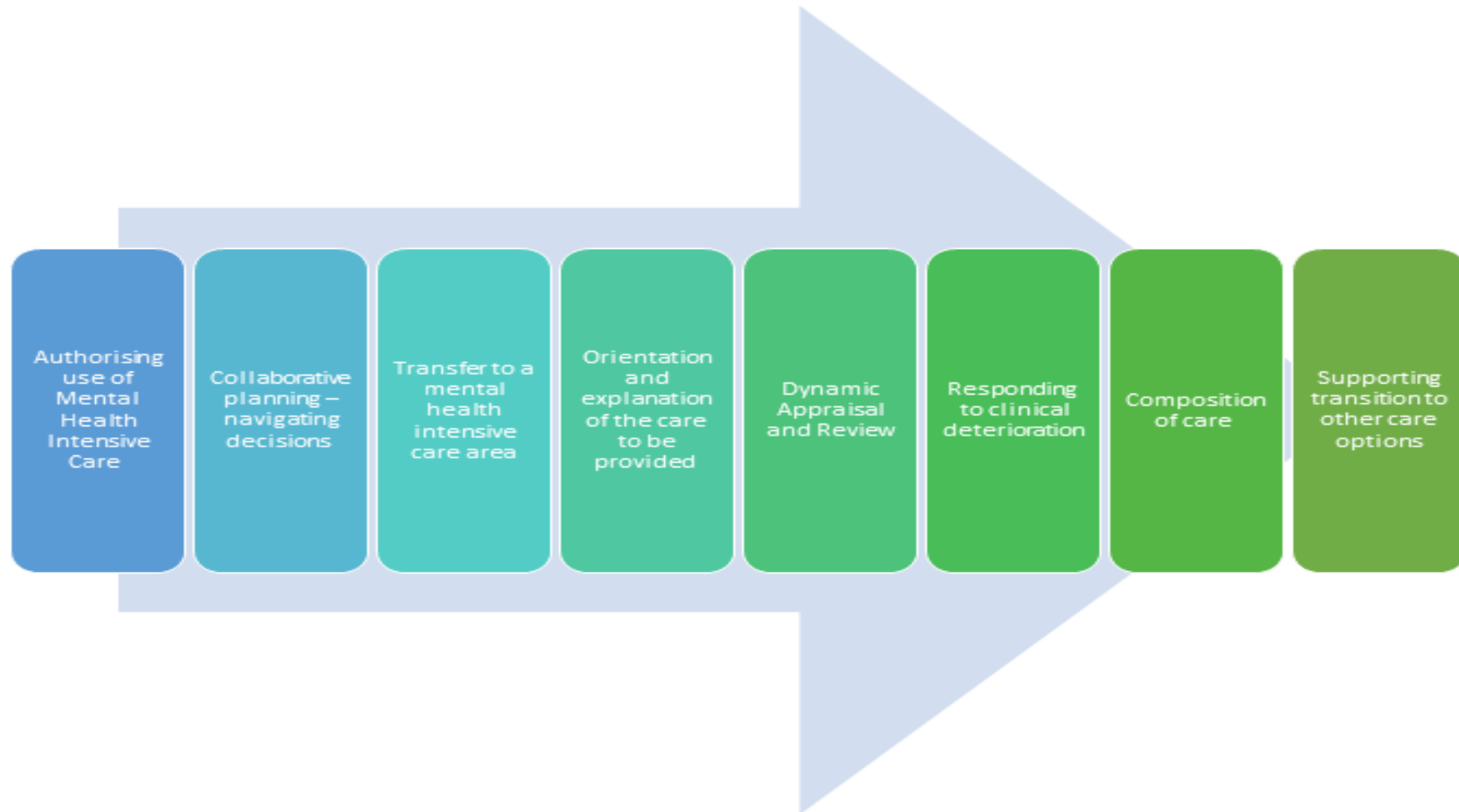


OFFICIAL

Contemporary Practice



Mental Health Intensive Care Pathway



<https://vimeo.com/user59521914/review/402831366/9be3c17728>

Facilitated Group 1- Implementation

- How could consumers, carers and clinicians work together in the implementation?
- What changes do you think consumers may experience with the implementation of this framework?
- What opportunities do you believe exist within the framework to partner with families and carers?
- How could your service support the implementation of this framework?

RECOMMEND IMPLEMENTATION OF 6 CORE STRATEGIES TO SUPPORT MHIC

1. Leadership towards organisational change
2. Use of data to inform practice
3. Workforce development
4. Use of seclusion & restraint reduction tools
5. Consumer roles in inpatient settings
6. Debriefing techniques.

Facilitated group 2 – Safety for all

- What does safety for all look like?
- What are some different dimensions of safety – and how would you apply the framework domain?
- Safety considers therapeutic milieu and the best environment for care, how could you enable shared input into planning?
- How would risk assessment and therapeutic engagement change with the adoption of this framework?
- The framework challenges the notion of low stimulus feeling safe.. Thoughts?

Facilitated group 3 - Consumer led change

What would be your recommendations for services?

What would you hope intensive care to be like?

What supports and activities would you recommend services consider in a Mental health intensive care area?

Thank you

Please contact OCMHN@dhhs.vic.gov.au for further information or advice