ST Vincent's Mental Health Service Wide Strengths Assessment

2013 Review

Current Strengths *What are our current strengths*	Services desires and aspirations *What don't we do that we would like to do, What do we do that we could do better*	Past resources *What have we done well in the past and don't do now*
	Promoting a culture of hope	
1. Gaining strengths book (published) 2. Personal development and plan 3. Core Strengths training and modular training. 4. Clinical review process reviewed to capture all documentation Brainstorming sessions held with each team. 5. Recruitment process (Strengths responsibility area; interviews; recovery-focused attitude) 6. Involvement from our Alliance colleagues (committees; training etc.) 7. Open inpatient unit	1. Project including consumers on interview panels 2. Development of mentoring structure for staff 3. Strengths documentation (e.g. goal plan) to lead the clinical review process 4. Have a welcoming, friendly environment for clients 5. Be mindful of conversations in public places 6. Communicate what the Strengths Model is to clients 7. More meaningful, respectful and effective engagement with clients and with colleagues 8. Reduce restrictive practice	1. Executive sponsorship & Clinical Director leadership 2. Governance by the SMIG 3. Role/Position related to Strengths and recovery 4. Evaluation process 5. Involvement from our Alliance colleagues (committees; training etc.)

	promoting autonomy and self-determination	
1. Model of Care – Strengths and Recovery oriented practice. 2. Strengths assessment and recovery goal documentation. 3. Use of the WRAP® with clients 4. Complaints process is in place 5. Employment of consumer consultant 6. Employment of peer workers 7. CRC 8. Position descriptions 9. Development of risk assessment template and policy 10. Shared care program 11. AIS – Gender sensitivity/re-development of ward 12. High Risk Review Panel 13. Consumers and Carers involved in new staff orientation 14. Collaboration with clients re physical health/working parties	1. Policy development to include strengths and recovery orientated practice. 2. Develop strategy to help staff make informed risk taking 3. Develop practice that ensures consumers are cared for in the least restricted environment. 4. Development of ROC and RAC 5. Implementation of new MHA (Advanced Statement) 6. The WRAP® is used more widely 7. Feedback to clients on Brainstorming ideas 8. Involvement of the client in the Clinical Review process/the MH Treatment Plan 9. Use of reporting tools (BASIS-32 etc.)	1. Strengths assessment and recovery goal documentation. 2. Use of the WRAP® with clients

	Collaborative partnerships and meaningful engagement	
1. Consumer reference committee 2. Recovery Partners in AIS 3. Strengths tools consumer booklets (S.A, G.P, WRAP) 4. Development of peer workforce 5. ERT 6. Training & education on AOD withdrawal etc. 7. Staff/team meetings 8. Group Brainstorming 9. Reflective practice/journal clubs 10. Conference/local presentations 11. Clinical supervision 12. Relationship with Alliance colleagues 13. Service improvement involving clients 14. Consumer meetings in AIS 15. Groups in AIS and community 16. e.g. COPES worker/Doorway program/Homeground/MIND/ MIF	1. Review local policies to include collaborative practice. 2. development of team recovery leads 3. Develop team structures that 4. Peer worker/ MH Harp Peer support role 5. Development of Strengths Competency document. 6. Narratives evaluation to be included in Strengths training 7. Collaborative staff/team meetings using recovery principles 8. Access by clients to recovery stories/practice outside of our service 9. Opportunities to build partnerships with Alliance projects/programs	1. Narratives by clients re their experience of working with Strengths 2. Clients being involved in education around First Episode Psychosis 3. External speakers talking to consumer groups

	Focus on strengths	
1. Use of strengths tools with consumers; (C/M clients and WRAP in AIS) 2. Review of job descriptions to include recovery oriented language 3. Strengths training 4. Competency assessment tool 5. Sustaining the use of the Strengths Model	1. Review of policies to ensure recovery language is used. 2. Use of revised Strengths tools (SA & PRP) 3. Performance review process to reflect use of strengths/recovery/common understanding by the Exec and Managers of what this means for individuals and the service 4. Consistent use of the WRAP® across services 5. Removal of unauthorized tools (e.g. Back in the Saddle)	1. Strengths training 2. The SMIG commitment 3. Early adopters/passion 4. Initial training at Timaru
	Holistic and personalised care	
1. MIND initiatives project 2. CALD/VTPU 3. Physical health focus/working parties/revised risk assessment 4. Eating Disorder & AOD Algorithms 5. STEPS Program 6. Case Management/Recovery Partner Models	1. Clinician skills training to support recovery/Strengths 2. Homeground consumer champions 3. Consumer trainers 4. Review of case management model/title/language (considering political environment as well as culture/thinking etc.)	1. MIFV Doorways program 2. MIND Employment project

	Family, carers, support people and significant others	
1. Family and carers committee 2. Family and carers information sessions 3. First episode education sessions for family and carers 4. COPES Worker 5. FRAP use 6. ARAFEMI partnership 7. Carer Consultant 8. AIS and FB formal family contact and information sessions 9. Family Therapy training/qualified therapists	1. Increased number of family and carers involved in committees 2. FRAP used more widely 3. Working with Ed Harari	1. Working with Families – Bouverie Centre 2. Working with Ed Harari 3. More formal family meetings in all areas
	Community participation and citizenship	
4. PARC – door knock 5. Consumer reference committee 6. Consumer survey 7. Consumer rights (MRO) 8. Consumer participation policy 9. Conference presentations by/involving consumers	1. PARC (MIF) 2. More evidence of what we do 3. Respectful use of language with consumers (non-judgmental etc.) 4. Culturally sensitive practice 5. Security involvement in TRAM training etc. 6. Education of our non-mental health	1. Lifestyle groups jointly with Alliance colleagues 2. Community forums with PDRSs 3. External Strengths training to Alliance members 4. Joint initiatives with MIND 5. Education and training with ED and other agencies

10. Group Brainstorming sessions 11. Employment/return to work by CMs etc. 12. Financial Consultant working with AIS with consumers on site 13. Consumer Consultants attending meetings/Brainstorming etc. 14. Positive affirmations at Brainstorming 15. Improvement in understanding with ED through liaison/work undertaken 16. Good relationship with the Security team, ED and police 17. DH Recovery Project 18. Community outreach (MST; CHOPs) 19. Alliance meetings 20. Portfolio holders for liaison with PDRSs 21. Shared care policy (with GPs etc.) 22. Strengths Assessment, Goal Plan and WRAP® & FRAP (community resources; working with client on all domains and aspects of their recovery)	colleagues 7. Review Shared Care policy 8. Strengthen the relationship with ACU and Monash for paramedic placements 9. WRAP® facilitation training 10. MHA Reform training	

23. Regional and specialist services 24. Paramedics, student nurses, OT, Psychologist & SW placements 25. Graduate Nurse, OT & SW programs 26. Post-Graduate Program for nurses 27. Transition to MH Aged Care program 28. AIS Productive Ward 29. Reducing Restrictive Interventions (RRI) Project 30. MHA Reform Project Officer		
	Responsiveness to diversity	
1. AIS – Gender sensitivity/re-development of ward 2. AIS Gender sensitivity policy 3. CALD/VTPU/Eating disorder program/VDDS/NEXUS 4. Acceptance of consumers from all demographics and backgrounds 5. Culturally Responsive Care	1. Extend interpreter/sign language involvement and education for carers 2. DH Gender Sensitivity training for staff 3. Translation of Strengths tools in different languages 4. International students/clients – examine medication costs etc. 5. Joint work with CEED for education for staff on Eating Disorders	1. More local control over information shared with clients

EKP 6. Koori Liaison Officer 7. Review of Koori responsiveness/current plan 8. Pastoral care 9. Use of interpreters/sign language 10. Strengths training for VDDS & BETRS teams 11. Reduction of medical jargon in assessments and interactions 12. Role descriptions	6. Supervision for MST Hawthorn re Eating Disorder clients/issues 7. Regain local control over client information	
	Reflection and learning	
1. Evaluation of use of strengths tools across the service 2. Competency assessment tool for strengths and recovery 3. Strengths Evaluation committee 4. Research and evaluation (CATS; AIS & CCU Brainstorming) 5. Brainstorming 6. Paul Liddy reflective practice 7. Clinical r/v policy 8. Mentoring pilot 9. Core and module training 10. TheMHS 11. Individual and group	1. Group reflective practice/supervision in community 2. Reflection on recent training, experiences and education 3. PRPs aligned with recovery focus linked with Competency Assessment tool 4. Leadership Program 5. Community & CCU training calendar 6. Peer Support Worker at CCU 7. Competency Assessment Tool 8. Consumer Survey 9. Goal Plan audit 10. More contact and supervision with Paul Liddy 11. Medical staff involvement in training and education	1. Narratives 2. Adult initiatives 3. Patient Satisfaction Survey

supervision 12. NEVIL calendar 13. Performance Review process 14. Grad. Nurse supervision 15. Review and revision of Strengths core training 16. Strengths module training 17. Strengths training team 18. Development of RAC & ROC (incl. Recovery Leads in each team) 19. DH Recovery AIS Project 20. Clinical Reviews 21. Group Brainstorming 22. TD Guidelines and funds 23. AIS calendar 24. Peer workforce 25. Recruitment process 26. Consumers and carers/Consultants on all committees 27. First Episode Psychosis education 28. Quality Improvement stds. and projects	12. Managers working more collaboratively with medical staff 13. Eric Seal presentations with consumers 14. Consumer involvement in Strengths training 15. WRAP® Facilitation training 16. Collaborate with MIND etc. 17. Achieve a level of honesty and transparency about current practice, attitudes and behaviours 18. All levels introduce peer support involvement 19. Service Wellness Plan	

What are our priorities?

1. Consistent use of the WRAP® across services

2. Review the suite of documents used across the service.

3. Explore how the strengths competency document could be used across the service.

4. FRAP used more widely across the service

5. Use of the revised strengths assessment and Goal plan across the service.

6. Develop a system to ensure the all medical staff receives Strengths core training.

7. Look into developing a program that supports clinicians with making informed risk taking in community settings.

8. Consider a program that allows for consumers have a say regarding entries made about them in the medical records.

9. Develop a system that ensures consumers have access to copes of their discharge summaries and other important documentation.

10. Review of the name given of case managers to something more recovery orientated.

11. Look at the involvement of Security's participation in TRAM training.

12. Look at how we can get our documents translated into the most common languages used in our area.

13. Develop greater involvement of consumers in strengths training.

14. Review of policies to ensure recovery language is used.

15. Performance review process to reflect use of strengths/recovery/common understanding by the Exec and Managers of what this means for individuals and the service

16. Explore developing a peer mutual support role for our peer workers

17. Collaborative staff/team meetings using recovery principles

18. Respectful use of language regarding consumers (non-judgmental)

19. Clinician skills training to support recovery/Strengths

Additional information about important things to know about us

This is an accurate portrait of the strengths we have identified so far in our service. We will continue to add to this overtime in order to help us achieve the goals that are most important to our service regarding Strengths and recovery orientated practice.	We agree to help the service identify and achieve the goals that are important and meaningful to our service. We will continue to help the service identify additional strengths as we learn more about our capacity to deliver recovery orientated service.