

REPORT ON THE
OFFICE OF THE CHIEF PSYCHIATRIST

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OFFICE OF THE CHIEF PSYCHIATRIST**

**West Australian Department of Health
July 2003 to June 2005**

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FOREWORD

It is my pleasure to present this report on the activities of the Office of the Chief Psychiatrist in the period July 2003 to June 2005 (2 years). The information in this report is historical, descriptive and statistical highlighting significant developments, which drive the central focus of monitoring and improving the quality of mental health services provided across Western Australia. My previous report, '*Activities and Programs of the Chief Psychiatrist of Western Australia 2002-2003*', highlighted the development undertaken from my appointment in June 2002 and the establishment in July 2002 of an Office of the Chief Psychiatrist independent from mental health services and the Office of Mental Health. There is the continuing whole of mental health sector view through the processes of engagement with consumers and carers, clinicians, services, government and non Government stakeholders accompanied by the continuing commitment to standards, quality of care, outcomes and legislative requirements.

This report demonstrates the increasing depth of understanding, through monitoring of the array of experiences for those receiving and requiring mental health care. The monitoring programs have been expanded and developed with the intention of providing appropriate information and a solid base for improvement in the quality of mental health care. The activities of the Office of the Chief Psychiatrist also change to take account of major changes in the management of health care across the Department of Health and health services throughout Western Australia. If the only constant is change then the Office reflects a readiness to accept and adapt to these changes!

The statutory role of the Chief Psychiatrist requires independence from health and mental health services, however I am convinced that the ability to make a difference to the consumers experience must be effected through the strength of partnerships that can be developed by the Office and myself with those who have a major interest in the experiences of those people affected by a mental illness.

Amongst the many important partnerships is that between my Office and the Office of Safety & Quality (OSQ), Department of Health. The monitoring of mental health services across the State was enhanced by the introduction of the Clinical Governance framework to the reviews of mental health services. The Chief Psychiatrist Clinical Governance framework is consistent with that developed by the OSQ and was supported by the allocation of a grant from the OSQ to conduct two pilot mental health service reviews. Also in conjunction with the OSQ an annual report is provided to the State Coroner that informs him of the status of implementation of recommendations that come from the findings of inquests as they relate to mental health services. The Office of the Chief Psychiatrist monitors the implementation of recommendations in mental health services.

Partnerships with advocacy groups for consumers and carers are a vital area for activity by the by the Office and myself. I have ensured a continuing solid base to these partnerships through regular meetings with principle advocacy groups and through responsiveness of my office to all contacts by consumers, carers and advocacy groups.

Clinicians and clinical services are clearly a fundamental group with whom I work in a supportive relationship to drive quality improvement and to sustain good performance and outcomes. Safety and attention to risk management form an important part of the work between the Office and clinical services, which include both State and National frameworks. Clinicians are seconded to the Standards and Clinical Governance monitoring teams as reviewers and involved in 'targeted' reviews and they are consulted to obtain feedback on educational and resource material prior to its publication.

The Strategic Framework of the Office (version 10.08.04) has three major program areas: Legislative Duties and the Provision of Expert Advice; Data Collection and Monitoring Activities; and Education and Clinical Support. A copy of this framework is at **appendix (i)**. This Report outlines the developments and activities around each of these program areas in the previous two years and it will be evident in reading the report that the work of the Office contributes to five of the key strategic components of the Department of Health: healthy

workforce, hospitals, partnerships, communities, and leadership to ensure services that are safe, high quality and accountable.

A large body of work for the Office under the first program area, Legislative Duties and Provision of Expert Advice, has been our contribution to the *Review of the Mental Health Act 1996* and the *Criminal (Law Mentally Impaired Accused) Act 1996* undertaken by Professor D'Arcy Holman. The Office of the Chief Psychiatrist has been involved in preparing the Minister for Health's response to the review recommendations and the drafting instructions for a new Mental Health Bill. It is expected that the Office will undertake a major role in the implementation of a new Act.

Whilst I can be the recipient to concerns and keep a watching brief on the activities of other parts of the system, I deploy the efforts and resources of my Office into areas that will make the most difference to the consumers of mental health services, whether this be activities that directly relate to patient care or the support of the clinicians who provide the services. It is not always the areas of mental health that receive the most publicity that I believe I can necessarily influence the most. An example of redeployment of my resources is in relation to the second program area is, the Care Standards Monitoring of Licensed Psychiatric Hostels, where it was necessary to redirect resources from the routine monitoring visits into a 'targeted' medication review.

In the second program area, Data Collection and Monitoring Activities, there has been considerable development and implementation of the Clinical Governance framework to the Chief Psychiatrist's monitoring of mental health services. For the first time this year we took the major step of including consumers and carers as reviewers on the teams and we broke new ground when I was invited to undertake a Clinical Governance Review of a mental health service in the private sector.

One of the most powerful ways of changing practice and culture is through clinical support and education, and these are activities under the umbrella of the third program area. The education sessions, that come under the Education and Support program area, provided by the Office relates to my responsibilities under the mental health legislation. If the outcome of monitoring activities indicates a lack of understanding of the requirements of the legislation, education will be provided accordingly. This Report provides a list of education sessions at **appendix (ii)**, however it is proposed that the Office will undertake research activities to gain an understanding as to the outcome of the education activities. Another method applied to provide up to date information to services is through the newsletter IN-FORM. This is produced on a quarterly basis.

As the Office the Chief Psychiatrist refines its data collection and analysis systems it is envisaged that future reports will increasingly contain more statistical and outcome data. I am keen to involve the community in understanding the issues around mental health service delivery despite all the inherent risks of misrepresentation as transparency demonstrates a willingness to debate issues public accountability. One area that engenders community interest is that of sentinel events investigation and reporting. This will be a challenge for the near future as the procedures for the review of unexpected deaths of patients of mental health services are refined.

I thank the staff of the Office of the Chief Psychiatrist who bring their unique skills and interests to the team and continuously demonstrate to me their commitment to improve the experiences of people who are users of mental health services.

Dr Rowan Davidson MBBS,FRANZCP M.H.Sci.
CHIEF PSYCHIATRIST

1. THE CHIEF PSYCHIATRIST

The Chief Psychiatrist of Western Australia has responsibilities, powers and duties under the *Mental Health Act 1996* (the 'Act'), and central to those requirements is the responsibility for the medical care and welfare of all involuntary patients, and the monitoring of standards of psychiatric care throughout the State (Section 9).

The Chief Psychiatrist, within the provisions of the *Act* and associated Regulations, is directly accountable to the Director General of Health and the Minister for Health and ultimately to the community and particularly those people with a mental illness, their carers and family. The Chief Psychiatrist is a senior public officer located in the Department of Health, Royal Street, EAST PERTH, WA 6004.

The Chief Psychiatrist has an advocacy role in relation to the welfare of persons with a mental illness and the quality of their experience. This is achieved by guiding and supporting the ability of services to provide high quality care with the knowledge and understanding of the *Act*.

The development and maintenance of partnerships with consumers, carers, clinician's government and non-government stakeholders in the mental health system, is essential for the Chief Psychiatrist to adequately fulfil his statutory functions. This is achieved in a manner to not impinge on the independence of the position.

2. THE OFFICE OF THE CHIEF PSYCHIATRIST (OCP)

The OCP is established to support and further the functions of the Chief Psychiatrist under the *Mental Health Act 1996*. The activities of the Office are focused on quality, standards and improving outcomes for people requiring psychiatric care.

In achieving their purpose, the Chief Psychiatrist and the Office are guided by these key values:

- High Quality Service
- Consultative Cooperative Relationships
- Integrity and Respect for Stakeholders

Staffing

At the time of this report the OCP, is comprised of four permanent full time staff and two permanent part time staff, a contracted officer and a student.

Dr Rowan Davidson*	Chief Psychiatrist	P/T
Mrs Doris Remse	Personal Assistant	F/T
Mrs Janet Peacock*	Manager OCP	F/T
Mr Tim Rolfe*	Clinical Consultant	F/T
Ms Yvonne Pallier*	Information and research analyst	F/T
Dr Theresa Marshall*	Coordinator of Clinical Governance	P/T
Ms Andrea Kersten	Admin & Research Officer	Contract F/T Oct 2005
Students:- Margita Docters Van Leeuwen	Graduate Programme	To July 2005
Andrew Down	CEED	To Sept 2005
*denotes clinical qualifications		

Table 1

The OCP mentored two students during 2005. Both students undertook projects to enhance internal systems within the Office. One student from Edith Cowan University through the Cooperative Education for Enterprise Development (CEED) is developing a database to assist with the OCP data gathering and analysis activities. The second student was placed with the Office through the Graduate Development Program and assisted in the development of policies and procedures related to the work of the Office.

Clinicians and Departmental staff are seconded to participate in specific projects. Those we would particularly like to thank include, Geoff Burrell, Licensing Standards & Review Unit and Zenith Zeeman, Fremantle Mental Health Service who were both released from their services' to assist with special projects. Sam de Costa, Graylands Hospital and Health Service and David Bruce, Psychiatric Emergency Team were released to assist with the education programs of the Office. The Chief Psychiatrist is also most appreciative of the services and the many clinicians who accept secondments onto the clinical governance and monitoring review teams.

The Chief Psychiatrist is grateful for the willingness of specific senior Consultant Psychiatrists who work in the public mental health system who have accepted the delegation of his functions when he is on leave or out of Western Australia.

Carer and Consumer representatives have been more recently involved in the clinical governance reviews and this involvement will be expanded with the implementation of the OCP's Policy and Procedures on Carer and Consumer Involvement.

As a risk management strategy in ensuring the continuation of services to the community and with the OCP having a small-specialised staffing compliment, work has commenced on the development of Policies and Procedures manuals to guide staff of the office.

Education and Development of Staff

At the time of writing the report one staff member is enrolled with the Public Sector Management Training Course, another is undertaking a part-time PhD related to issues relevant to the OCP. Another has completed their Masters of Management Administration.

Staff are encouraged to attend relevant education sessions and Conferences and present papers whenever possible.

Some examples of research papers presented include:

- The Consumers Experience of Community Treatment Orders.
- The Role of the Authorised Mental Health Practitioner.
- Making an Assessment Under the *Mental Health Act*

Complaints about the OCP

Every Government provider is required to have in place a complaint procedure that is readily advertised on their website. The OCP was represented on a multidisciplinary advisory group convened by Premier and Cabinet in March 2004 to develop the whole of Government policy and website on the subject.

Any member of the public or agency who receives a service from the OCP may make a complaint about them. A complaint is: *"Any expression of dissatisfaction with a product or service offered or provided"*.

Website

The website of the Office of the Chief Psychiatrist is an invaluable resource to the community and clinicians. It was updated this year to reflect the Office's program approach to its activities and to include the easy to access the complaint procedure required by the Office of Premier and Cabinet. The resources section contains password-protected access to the statutory forms required by clinicians carrying out their duties under the mental health legislation.

www.chiefpsychiatrist.health.wa.gov.au

The next section of the Report is presented in the same sequence as the strategic framework at **appendix (i)**

3. ACTIVITY PROGRAMS

3.2 Legislative Duties and Provision of Expert Advice

3.1.1 Legislative Responsibility

The Chief Psychiatrist is interested in all aspects of the *Mental Health Act* and has a primary responsibility to ensure that the objects of the Act are upheld. He has a number of specific legislative responsibilities in the Act and the *Mental Health Regulations 1997*. These are listed along with further information where appropriate.

□ The powers of inspection (s.13):
These powers are exercised when the Chief Psychiatrist has a concern in respect of risk and are relevant to the conducting of a 'targeted' or 'selected' review (refer 3.2.3). In most situations the service of interest has been cooperative and the need to highlight legislative power has not been required.

□ The power of delegation (s.16):
The Chief Psychiatrist delegates the following functions:

Section	Function	OP/CIRC NO.
s65 to s72	CTO's	1645/03
s110	Medical Treatment	1648/03
s111	Second Opinion	1647/03
s112	Transfer of responsibility	1657/03
s205	Divulging of certain information	1650/03

Table 2

- The authority to report matters to the Director General of Health (DG) or the Mental Health Review Board (s.10);
- The authority to maintain a register in relation to Authorised Hospitals and Authorised Mental Health Practitioners (AMHPs) (ss 20,21);

The Register of Authorised Hospitals is maintained by the OCP and updated approximately on a six monthly basis. The AMHP register is maintained by the OCP and is updated when there are additions or removals to the register.

An addition to the Register, in early 2003 was the Ursula Frayne Unit located at the Mercy Hospital Mount Lawley.

Numbers of AMHP's on the Register:

30 June 2003	376
30 June 2004	332
30 June 2005	332

Table 3

- Specific responsibilities in regards to directions as to treatment where the Chief Psychiatrist may review any decision of a psychiatrist as to treatment and vary or rescind or substitute the decision of the psychiatrist (s.12);

Before exercising this power the Chief Psychiatrist first establishes, by case review, that the appropriate assessments and formulations have occurred within the service and that a second opinion has been obtained.

The Chief Psychiatrist attends clinical case reviews of certain involuntary patients who are long-term inpatients and whose mental health management is impacted on by other factors such as physical health or high media interest.

- Responsibilities in the maintenance of satisfactory standards and provision of information in relation to medications used in psychiatry (s.10(c));
Information may be provided to the Chief Psychiatrist on medication issues from a variety of sources including:
Journals - research articles;
Committees such as the WA Drugs & Therapeutics Committee (WADTC);
Newspaper articles;
Directives from government departments;
Information provided by drug companies;
Health professionals.

Information provided is evaluated and verified to determine whether it falls within the Chief Psychiatrist's responsibilities. The WA DTC is approached for further clarification. Dissemination will be by operational circular, email, memorandum, website and newsletter depending on the urgency of the matter.

Medication Operational Circulars issued include:

Use of SSRI and SNRI Antidepressants in Children and Adolescents - Provision of Information by the Chief Psychiatrist Under the <i>Mental Health Act 1996</i>	1926/05
Risk of Hyperglycaemia and Diabetes Mellitus Associated with Use of Antipsychotic Drugs	1912/05

Table 4

- ❑ The Chief Psychiatrist may order that a patient be allowed to be visited (s.15);
- ❑ The Chief Psychiatrist may by order published in the Gazette designate any medical practitioner as an authorised medical practitioner and revoke that designation (s.18);

The process determined by the previous Chief Psychiatrist is that *'every medical practitioner, not being a body corporate, who is registered under the Medical Act 1894 is designated as an authorised medical practitioner for the purposes of section 69 of the Act (Mental Health Act)*. This determination was made in 1997 following discussion with the Australian Medical Association.

The process has been challenged and has been heard by the State Administrative Tribunal. Although his Honour Justice Barker has reserved his decision he has indicated that there was nothing on the face of the section 69(3) order or in the evidence before the Mental Health Review Board, which was incompatible with the Chief Psychiatrist having formed a view that all medical practitioners had the 'suitable experience' required by the provision. The new Act needs to reflect this position.

- ❑ Responsibilities in relation to the transfer of a patient to another jurisdiction (s.91);
- ❑ Medical treatment may be approved by the Chief Psychiatrist (s.110);
This is a delegated function (OP Circ 1648/03) The Chief Psychiatrist requires that it be reported to him when the delegation is applied. There has been minimal reporting from services, though there have been several specific cases

brought to the notice of the Chief Psychiatrist and discussed with Consultant Psychiatrists and Guardians from the Office of the Public Advocate. These cases have highlighted an area that requires legislative attention, which is the Chief Psychiatrist having the ability to have a person on a Form 1 directly transported for medical intervention rather than that person being required to be received in the authorised hospital named on the Form 1.

- ❑ The Chief Psychiatrist may be asked to arrange for the opinion of a psychiatrist as to whether treatment should be given and where a patient is dissatisfied by treatment received under section 109 (s.111);
Delegated function.
- ❑ Responsibilities with regard to further remedies where a person remains dissatisfied an opinion having been obtained under section 111 (s.112);
Delegated function.
- ❑ Responsibilities in relation to the capacity to vote (s.201, 202);
The Chief Psychiatrist undertook his responsibilities in respect of the Federal Election (October 2004) and State Election (February 2005) in relation to determining whether certain involuntary patients had the capacity to vote and be removed from the roll. This provision raised issues in regards to timing of advice and the reinstatement of patients back on the electoral role. Of concern was the lack of time for the individual to receive advocacy from the Council of Official Visitors if they wished to challenge the determination. It is likely that a new Act would remove this provision.
- ❑ Responsibilities with regard to accessing certain information about a patient (s.205)
Delegated function.
- ❑ Regulations with regard to Authorised Mental Health Practitioners (Regulation 4,5 and 6);
AMHP issues are addressed in part 3.3.1 of this Report.
- ❑ Duties where a public hospital ceases to be an authorised hospital (Regulation 7);

- Access to a register of seclusions and restraints (Regulation 17).

The use of seclusion and restraint is addressed in the Chief Psychiatrist's Clinical Governance Reviews of Mental Health Services. Information obtained through this process is limited and it is envisaged that a new Act will legislate for the Chief Psychiatrist to be able to receive information that can be collated and analysed.

- Regulation 13 of the Hospitals and Health Services Act 1927 (Licensing and Conduct of Private Psychiatric Hostels Regulations 1997) lists a number of reporting requirements by Licensed Psychiatric Hostels to the Chief Psychiatrist.

The Office of the Chief Psychiatrist notes that this regulation is only partially implemented by the hostel sector and is of the view is that changing or delegating some parts of the regulation to reflect the best clinical practice is warranted. This has been brought to the attention of Legal and Legislative Services in the Department of Health.

Legislative Updates

The Chief Psychiatrist regularly seeks legal interpretation from Legal and Legislative Services in the Department of Health on matters pertaining to the operation of the *Mental Health Act 1996*.

Information that has implications for service delivery is communicated through the Office of the Chief Psychiatrist quarterly newsletter 'INFORM'. Back copies of the newsletter can be accessed through the Chief Psychiatrist's website :

www.chiefpsychiatrist.health.wa.gov.au

Updates in the last four editions have been around:-

- Detaining powers under a Form 1
- Emergency Psychiatric Treatment (EPT) in Emergency Departments
- The Council of Official Visitors Access to a patients medical record
- Seclusion is not an EPT
- Consent for ECT by Children and Adolescents
- CTO's completion of Form 10

3.1.2 Expert Advice and Liaison

As well as having regular meetings with stakeholders to discuss matters of mutual interest, the Chief Psychiatrist and /or his representatives have been involved in working groups/committees. An example of these include:

- The WA Psychotropic Drugs Committee
- The Carers Recognition Act 2004 Working Group
- Alliance for the Prevention of Elder Abuse ((APEA)
- The Offender Health Council
- The National Safety & Quality Partnership Group
- Police Transport Liaison Group
- Mental Health Advisory Group meeting
- The Health Complaints Coordinators Network
- Review of the RESPOND data base
- Mental Health Key Performance Indicators Group
- OSQ Sentinel Event Review Committee
- The Mental Health Sentinel Event Review Committee
- Rural and Remote Managers Meeting

Further information is provided about some of the activities of the above liaison/working groups/committees.

The National Safety & Quality Partnership Group

The Chief Psychiatrist is the Western Australian representative on the Safety & Quality Partnership Group of the AHMAC National Mental Health Working group.

Review of the *Mental Health Act 1996*

On 28 October 2004 the Minister for Health laid before Parliament his Report on the Review of the Mental Health Act conducted by Professor D'Arcy Holman. The Minister concluded his speech by stating that following the review he was able to provide to the House a comprehensive report which will form the basis of new legislation to advance the rights of persons with mental illness, and to improve the quality of mental health care offered to the people of Western Australia.

Staff of the OCP had major input into the working groups and assisted the Minister for Health in relation to the report he tabled in Parliament. The OCP has provided a number of information sessions about the

Government's response and is now advising the Department's legal service in the preparation of drafting instructions and it is expected that there will be a Mental Health Bill in early 2006.

Review of the Criminal Law (Mentally Impaired Accused) Act 1996 (CLMIAA)

This Act was reviewed at the same time as the *Mental Health Act 1996*. In October 2004 the Minister requested that the Chief Psychiatrist convene a group to report on the recommendations made as part of the review. That group, consisting of representatives from Department of Justice, Public Advocate and the Mentally Impaired Defendants Review Board, presented a report to the Minister in mid 2005.

The OCP has provided a report on the review of the recommendations for the Attorney General. Further progress will now be managed by the Department of Justice.

Electroconvulsive Therapy (ECT)

One of the most controversial treatments in mental health is Electroconvulsive Therapy (ECT). The Terms of Reference for the Chief Psychiatrist's advisory group, which was established late 2003, on ECT include:

- The development of a set of standards in relation to the practice of ECT throughout the state;
- The development of best practice Guidelines in relation to ECT;
- To consider and report on the contentious issues in relation to ECT;
- To consider the development of an Accreditation Process in relation to clinicians and services who practice ECT;
- To consider the development of a framework for the Chief Psychiatrist to monitor the practice of ECT throughout the state;
- Other activities as requested by the Chief Psychiatrist or Director General of Health.

The group consists of clinicians from the public and private sectors, consumer and carer representatives and representatives from bodies such as the Council of Official Visitors and the Royal College of Anaesthetists.

The Manual of ECT is to be used across Western Australia. Once implemented, the procedures in this manual will ensure consistency and accountability for practitioners applying this treatment.

The Chief Psychiatrist will establish a monitoring system against the standards in the Manual.

Dangerous and Severe Personality Disorder

An issue that crosses the boundaries of mental health and justice is that of the individual with a Dangerous and Severe Personality Disorder. In 2004 the Minister for Health directed the Chief Psychiatrist to prepare a report on detaining powers in relation to persons diagnosed with a dangerous and severe personality disorder (DSPD). The Chief Psychiatrist convened an advisory group who met during 2004 and also assisted in the preparation of a report for the Minister.

An area to be considered was whether alternative detaining powers such as those envisaged by the United Kingdoms Home Office may if introduced in Western Australia (WA) result in the detention of people with Dangerous and Severe Personality Disorders (DSPD).

No such specific legislation is provided in WA. Persons with a primary diagnosis of DSPD may, if they meet the criteria of section 26 of the *Mental Health Act 1996* (MHA), be referred for examination by a psychiatrist and be made an involuntary patient. In those circumstances it is usual for the person to also suffer from a mental illness for which treatment as an involuntary patient can be provided.

The Chief Psychiatrist's initial report referred to detaining legislation for a small group of persons with anti-social personality disorder who could be best described as persons with Dangerous and Severe Personality Disorder (DSPD). Research indicates that there is limited effective treatment for persons with this disorder other than living in a therapeutic community, a treatment option not practicable as an involuntary patient under the MHA.

Press Council Complaint

The Chief Psychiatrist in conjunction with the Head, Council of Official Visitors raised a complaint with the Press Council of Australia around the media portrayal of a serious incident whereby the alleged perpetrator had a history of mental illness. The approach taken by the media appeared to stigmatise and sensationalise mental illness to the detriment of members of the community. Mediation around this matter continued within this reporting timeframe.

Police Transport Liaison Group

Discussions between the Office of Mental Health, the Office of Chief Psychiatrist and the West Australian Police Service have occurred in relation to inter hospital transportation and the transportation of people suspected of having a mental illness requiring assessment.

An Alliance for the Prevention of Elder Abuse:WA (APEA:WA)

The Alliance has been established in WA to promote a whole of government policy framework that values and supports the rights of older people. APEA:WA defines elder abuse as any act which causes harm to an older person and occurs within an informal relationship of trust, such as family or friends: Financial or material abuse, Emotional or psychological abuse, Physical abuse, Sexual abuse, Social abuse and Neglect. The Chief Psychiatrist is represented on the Alliance along with other agencies such as the Public Advocate, Disability Services Commission, Office of Seniors interests and the Police Service etc. The Alliance is in the process of developing its inaugural strategic plan.

National Meeting of Chief Psychiatrist's or Equivalent.

The Chief Psychiatrist recognises that there is a benefit to a whole of Australia approach to certain mental health matters and is in the process of preparing the Terms of Reference for the meeting.

Carers Recognition Act 2004

The Office of the Chief Psychiatrist was invited by the Minister for Community Development to contribute to the development of the *Carers Recognition Act*, which came into effect from 1 January 2005. A representative was involved in the process, which commenced in 2003.

This legislation was developed in response to calls by carers to be recognised as partners in the provision of care.

Healthright (Duty To Care) Advisory Group

The *Duty to Care* report documented a study undertaken by the Department of Public Health at the University of Western Australia, which analysed the health data of 240,000 mental health service users in WA between the years of 1980 and 1998. In comparing the hospital admission rates, cancer incidence rate and death rates of this population with that of the general WA population, the study found that the physical health of people with mental illness was generally worse than that of the general population.

The OCP contributed to the Review Group that was given the mandate to identify the systemic changes required to meet the general health needs of people affected by mental illness and to develop recommendations that reflect these agreed changes. Some of the recommendations served to merely endorse and support existing initiatives or programs, while others highlight deficiencies or gaps that could be addressed.

The OCP has ensured that all monitoring and review activities of the Office focus on the physical care of mental health patients.

3.2 Data Collection & Monitoring Activities

In order for the Chief Psychiatrist to be able to monitor standards of psychiatric care he needs to gather information about how mental health services operate.

Monitoring is an examination and assessment of information that is gathered by or reported to the Chief Psychiatrist that relates in some way to mental health service delivery for the individual, their carers or the community. These activities provide an understanding as to how the mental health system needs to change in order to continuously improve on the experiences of mental health service consumers.

Monitoring can highlight what a service does well but particularly focuses on risks as well as deficiencies in standards of care with the purpose of driving change.

The Act does not make a differentiation between government and non-government services (public or private) which effectively means that the Chief Psychiatrist's monitoring activities span hostel/accommodation and support services, crisis, community mental health and inpatient services, emergency departments, and any service that provides a service to people with mental illness.

The data collection and monitoring program of the OCP is grouped into streams that interrelate and inform each other: These are described below.

3.2.1 Monitoring Care Standards in Non-Government Agencies (NGOs)

The OCP has developed a policy on care standards in non-government mental health community support services.

To date, and in response to risks raised by the Council of Official Visitors in their Annual Reports, the area of focus has been the Licensed Psychiatric Hostels sector.

The OCP, the Licensing Standards and Review Unit and the Office of Mental Health has taken a unified approach to improve the standards of care provided to

this particularly vulnerable group of consumers.

Licensed Psychiatric Hostels

The Chief Psychiatrist's Licensed Psychiatric Hostel Care Standards were developed following consultation and involvement with mental health stakeholders.

There are 5 Standards and 23 subsequent Outcome Standards. The 5 Standards are:

13. Freedom of choice and opportunity to exercise rights.
14. Care Needs
15. Dignity and Privacy
16. Social Independence and Variety of Experience
17. Home-Like Environment

The Chief Psychiatrist's Care Standards are numbered 13 to 17 as they follow on from the Licensing Standards & Review Unit Standards numbered 1 to 12. This approach was taken to demonstrate to the sector, which has stated previous confusion with the various Departmental accountability requirements.

The OCP standards monitoring visits are intended to provide hostels with advice regarding their compliance with the care standards, which are primarily focused on the way services are provided and the approach hostels take in providing care to consumers, and where improvement is indicated. Hostel Licensees are expected to address improvements irrespective of funding. Alongside this approach is the understanding that not all standards will be met by all hostels for a number of years. The visits, which take approximately three to four days by a team of three officers, assess the standards of care and outcomes provided in each facility.

The OCP commenced a regular program of standards monitoring visits to private licensed psychiatric hostels in September 2003. The visits assess the standards of care provided in each facility.

Up until 2005 the OCP had conducted full monitoring visits of four Licensed Psychiatric Hostels.

The care standards monitoring visits raised concerns for the Chief Psychiatrist around the safety and quality of the systems in hostels to administer and dispense medication to residents ('medication management'). Some of these visits resulted in significant recommendations for medication management. The Chief Psychiatrist decided to temporarily divert resources from the regular monitoring visits to undertake a targeted review (an 'audit') of the medication management systems in all Licensed Psychiatric Hostels.

Chief Psychiatrist's Audit of Medication Management (June 2005)

The purpose of the medication audit was to determine whether, residents received the medication prescribed for them; whether there is effective communication between residents, their mental health clinician and general practitioner concerning resident's medication; whether there is reliable and accurate prescriptive authority for resident's medication; whether there is adequate medication documentation in key areas of the hostel medication system; whether there is safe drug storage and handling in key areas of the hostel medication system; and whether there is regular review (3 to 6 months) of a resident's medication regime by their mental health clinician and their general practitioner.

The findings of the audit include:

- 4 hostels out of the 14 were reliably providing the right resident with the right medication;
- 5 hostels out of the 14 were administering medication with the proper written authority and written prescribing information from the appropriate medical practitioner; and
- 5 hostels out of 14 store and handle the drugs safely;

Actions Following the Medication Audit

- All Hostels in the North Metropolitan area, revised their medication administration to one dispensed by a pharmacist into sealed blister packs. Which address the immediate risk and medication safety at a basic level for hostel residents.
- A meeting was held between the Chief Psychiatrist and the Chief Pharmacist of an authorised Hospital who indicated knowledge and

understanding of the risks to hostels residents and who had done considerable work on the options and solutions possible to reduce the risk.

- The Chief Psychiatrist wrote to the Mental Health Area Directors, after each hostel review was completed and identified risk practices. The Chief Psychiatrist will maintain communications with the Area Directors around the issues identified and actions that they are taking.
- The Chief Psychiatrist informed each hostel subsequent to the individual reviews identifying areas of immediate action necessary for the safety of residents at the relevant hostel.
- Hostel licensees were formally advised of the aggregated medication audit findings as well as the specific findings relevant to each hostel and requested to address the standards with assistance of the local mental health services.
- The OCP will monitor the action undertaken through the regular care standards monitoring reviews and through the liaison work undertaken with hostels. The OCP will audit the action taken by hostels to evaluate the effect of change and resident medication safety.

The monitoring visits and the medication management audit have highlighted a number of areas in respect of prescribing that the Chief Psychiatrist believes warrant further inquiry. A second stage to this audit will be undertaken following consultation with the Division of GP's, private Pharmacists and clinicians.

Referral of Matters to Other Authorities

Three matters related to residents of Licensed Psychiatric Hostels have been referred by the Chief Psychiatrist to the Police for further inquiry. One matter related to a resident of a Hostel has been referred to the State Coroner.

Numbers of Hostel Reviews/Audits:

	2003-04	2004-05
Monitoring care standards in NGOs	3 monitoring reviews of CP Standards in Licensed Psychiatric Hostels	14 medication standards reviews (stage one) of, Licensed Psychiatric Hostels

Table 5

3.2.2 Clinical Governance in Mental Health

Ensuring that mental health patients receive the highest quality care is a core component of the Chief Psychiatrist's responsibility under the *Mental Health Act 1996*. Every patient who is treated in the West Australian mental health system wants to know that they can rely on receiving high quality care whenever they need it. Every part of the mental health system and everyone, who works in it, is expected to take responsibility for achieving continuous improvement to quality.

The Chief Psychiatrist has taken a leadership role in Clinical Governance in mental health services across the State. The clinical governance model and review framework and associated methodology developed by the OCP is consistent with the Department of Health framework adapted to be mental health specific. The review process is an amendment to the previous clinical review process (which was based on a Victorian Framework), and examines whether the treatment and care of people afflicted with a mental illness are consistent with the objects and principles in the *Mental Health Act 1996 (the Act)* the National Standards for Mental Health Services (1996), the Clinical Governance for Mental Health framework and other relevant policies.

Clinical governance seeks to involve everyone in the system in continually finding better ways of doing things. It encompasses everything from managing and minimising risk to ensuring decisions are based on evidence and promoting life-long learning. It is about listening to the patient's experience and supporting staff at all levels. It is about changing the way people work throughout the organisation, and in so doing, altering its very culture.

Within a WA context Clinical Governance has been defined as:

"A systematic and integrated approach to assurance and review of clinical responsibility and accountability that improves quality and safety resulting in optimal patient outcomes".

Clinical governance reviews collect and synthesise information, which enable an assessment to be made of an organisation's clinical governance arrangements. In particular, the Chief Psychiatrist is focused on an organisation's capacity for continuous improvement. This means that an organisation will not be assessed on any absolute level of performance but on whether it can improve on its current position regardless of its starting point.

The OCP undertook two pilots of the Clinical Governance Review process across two mental health services. The Office of Safety and Quality provided a grant for one of the pilots. The support and recognition of that Office is greatly appreciated.

The implementation of the monitoring of clinical governance compliance has raised the awareness of mental health managers and clinician's and provided the education for services who have been the subject of Clinical Governance Reviews.

Guidelines for the Chief Psychiatrist's Clinical Governance Reviews are under development. An example of this is the Clinical Audit Guidelines.

	2003-04	2004-05
Clinical Governance Reviews of Mental Health Services	2 reviews that include:- one reviews of integrated metro mental health service: & one review of a statewide service.	3 reviews that include:- one rural and remote service & one integrated metropolitan mental health service & one private mental health service
Audit of Review Recommendations	One rural and remote integrated mental health service audit	

Table 6

The reviews are conducted and coordinated by the OCP and mental health staff are seconded to participate on the review teams. Consumers and Carer

reviewers are also included as members of the review teams.

Reviewer Training is provided over a two-day programme prior to the reviews.

The following represents a sample of the evidence base collected during the reviews.

TOTALS	2003/2004	2004/2005
Number of services reviewed:	2	3
Number of staff interviewed:	46	46
Number of consumers interviewed:	21	68
Number of stakeholders interviewed:	17	25
Number of medical records reviewed.	82	90

Table 7

Recommendations for improvement were made in the following areas:

23 recommendations to **LEADERSHIP AND ORGANISATIONAL CAPABILITY** clinical governance pillar; and
21 recommendations to Consultation and patient involvement in the **CONSUMER VALUE** pillar; and
6 to Clinical audit recommendations, 10 to Research and effectiveness recommendations and 21 to Use of information to support clinical governance and health care delivery recommendations in the **CLINICAL PERFORMANCE AND EVALUATION** pillar; and
17 to Clinical risk management recommendations in the **CLINICAL RISK MANAGEMENT** pillar; and
in the **PROFESSIONAL DEVELOPMENT AND MANAGEMENT** pillar -
12 recommendations for Staffing and staff management, and 6 for the Education, training and personal/professional development.

A remote area service was audited for compliance with the recommendations of a review that was conducted previously and this indicated that the service had made progress in every area highlighted by the initial review.

Data Base Development

The OCP has been fortunate in that it was able to engage an Edith Cowan student

through the Cooperative Education for Enterprise Development (CEED) program. The student is developing a database ('the project') for the management of clinical governance review data. This is critical to ensuring the accuracy and appropriateness of recommendations arising from each review, as well as providing supporting evidence for recommendations. The database will target service review data collection, management, storage, analysis and reporting process involved with the OCP's Clinical Governance Review program.

The projects goals are:

- Provide convenient access to review data for relevant staff
- Allow configuration and generation of reports
- Provide flexibility in the nature of data collected, the reports generated, and interfaces to external utilities such as statistical analysis packages.
- Streamline the review's data entry and management process
- Improve the security of the review process and data
- Provide feedback on clinician training and the review process itself

Audit

The Internal Audit Branch of the Department of Health will audit the CP Clinical Governance Review Program later in 2005. The purpose of the audit is to determine whether the Chief Psychiatrists reviews will satisfy Internal Audit thereby reducing duplication of mental health service review.

3.2.3 Special Circumstances Review ('Targeted' or 'Selected Reviews')

These reviews may be termed 'Selected Reviews' or 'Targeted Reviews' because they occur when the Chief Psychiatrist, the Director General or the Minister for Health has sufficient concern about a particular aspect of psychiatric care and treatment that warrants an in depth understanding of the issue. The procedures will in most cases be similar to those employed in the conducting of Clinical Governance Reviews, but on occasion will be unique and tailored to the particular inquiry.

Specialist reviewers may be engaged to provide expert advice and mental health clinicians may be seconded to participate on the review.

	2003-04	2004-05
Targeted/Special Circumstances/ Selected reviews	7 reviews. That include: five cases of deaths in custody & two service provision issues	5 reviews. That include: three psychiatric hostel issues & one related to a CG review & one service issue

Table 8

3.2.4 Complaints Management

Patients their relatives, carers, advocates, or service provider may make a complaint to the Chief Psychiatrist if they are of the view that a person received mental health care that does not meet their expectations. This includes matters that pertain to person's rights under the *Mental Health Act 1996*.

Whilst the overall purpose of complaint management is to improve the standard of mental health care and services to all health consumers, in the first instance the patient's experience and grievance is of paramount interest. Following a review of the complaint, suggestions may be made to the provider as to how they can improve service delivery.

	2003-2004	2004-2005
Complaints managed by the OCP	495	457
Top 3 categories	<ul style="list-style-type: none"> • Patient Rights • 'Other' • Inadequate treatment 	<ul style="list-style-type: none"> • Inadequate or no service • Inadequate treatment • Patient rights

Table 9

Complaints Management by Health Services

Representatives of the OCP have contributed to the Office of Safety and Quality, Department of Health review of the Statewide Complaints Policy and RESPOND data base upgrade.

3.2.5 Other Information

Information from other sources is collected and used to inform the Chief Psychiatrist as to what action is required regarding quality improvement in mental health care. Information can be cross-referenced to enable more complete understanding of the quality of mental health care provided by a service. These sources are summarised below.

The State Coroner

The Chief Psychiatrist assists the State Coroner in two ways.

First, the Chief Psychiatrist has agreed to provide the State Coroner with expert advice in relation to mental health care to assist coronial inquiries. Such as where the Chief Psychiatrist is called as a witness to inquire or provides an expert opinion by way of a written report.

Secondly, reviewing the Coroner's recommendations from coronial inquiries that relate to mental health care and monitoring compliance with implementation. The Chief Psychiatrist seeks advice from mental health services and the Office of Mental Health to determine compliance and provides information for the Department of Health's Annual Report to the Coroner.

Nos of Coroners Recommendations related to mental health services followed up by the OCP:

2003- 2004	2004 - 2005
4	4

Table 10

Reportable Incidents

The Operational Circular OP 1646/03 – '*Matters to be reported to the Chief Psychiatrist*' states that:

The Chief Psychiatrist monitors the standards of psychiatric care and to do this exercises responsibilities of investigation and reporting under the *Mental Health Act 1996* for both Serious Incidents and Unexpected Deaths.

Accordingly Mental Health Services are to report to the Chief Psychiatrist all occurrences of:

Unexpected Deaths - The Chief Psychiatrist is to be informed as a matter of priority, of any Unexpected Death of patients in any mental health service.

Serious Incidents - The Chief Psychiatrist is to be notified as a matter of priority, of any Serious Incidents and associated issues that will or are likely to reflect on the standards of mental health care in Western Australia.

Serious incidents may include, but are not confined to the following examples:

- serious assaults on or by staff, other patients or visitors;
- alleged sexual assault on or by staff, other patients or visitors;
- serious medication error which may require review;
- absconding of any forensic patient;
- absconding of any detained involuntary patient at serious risk of self-harm or harm to others;
- serious misuse or mistake of a function performed under the Act;
- criminal activity reported at a mental health facility;
- any incident which by its nature or persons involved may receive attention by the media or the wider community.

The Chief Psychiatrist is continuously reminding Managers of the requirement to comply with this operational circular. The major barrier to timely reporting is the restrictions placed on clinicians by their local reporting structures. The Chief Psychiatrist asserts that clinicians at every level should have unrestricted access to his Office.

Corruption and Crime Commission

In order to allay some mental health managers confusion around the reporting requirement of the *Corruption and Crime Commission (CCC) 2003* in regards to staff misconduct and the reporting requirement to the Chief Psychiatrist in relation to his responsibilities under the *Mental Health Act 1996* the Office of the Chief Psychiatrist sought legal advice. Legal opinion includes that in complying with the reporting requirements of the CCC, health services are not restricted from complying with the Operational Circular 1646/03 'Matters to be Reported to the Chief Psychiatrist'.

3.3 Education and Clinical Support

3.3.1 Authorised Mental Health Practitioners (AMHPs) (ss10,19,20)

The role of Authorised Mental Health Practitioners (AMHPs) was introduced with the *WA Mental Health Act 1996* (MHA).

Mental health practitioners (nurses, psychologists, occupational therapists or social workers) with at least three years experience in the management of people with mental illness can be gazetted as AMHPs after being nominated by their service and undertaking a three-day training programme. The Chief Psychiatrist keeps a register of AMHPs (s10 (b iii)).

Refer to *table 3* for the numbers of clinicians authorised.

AMHP's are experienced mental health practitioners who already have a good understanding of mental health issues, the *Mental Health Act 1996* and also policies and procedures within their mental health service prior to undergoing the training course.

All AMHPs are required to notify the Chief Psychiatrist on a six-monthly basis of their AMHP activities. This includes highlighting significant events. One example that occurred was attendance at a siege. Other matters reported may be considered to be a serious incident.

AMHP Activity:

	2003-2004	2004-2005
Nos of Clinicians who undertook the 3 day AMHP training	45	55
Nos of assessments under s29	1725	*3921
Nos of Form 1's completed	361	598
Nos occasions of Form 3 (Police involvement)	253	379
Nos of significant events reported	8	5
Patient on leave visits	35	76

*triage nurse in ED came into operation
Table 11

Refer **appendix (ii)** for training sessions for AMHPs. Many of the Helpdesk inquiries are from AMHPs (3.3.3)

3.3.1 Education

The Office of the Chief Psychiatrist provides education and training for mental health clinicians, students and other government and non-government agencies. These education and training sessions are in relation to activities of the Office of the Chief Psychiatrists and the *Mental Health Act 1996*.

The education and training is provided without cost to the service or department requesting the education and training.

Staff at the OCP also respond to requests for other types of education and training, presentations at seminars, workshops and conferences. A summary of education sessions/forums and presentations is provided at **appendix (ii)**.

Publications

The Clinicians Guide continues to be the most sought after resource for clinicians and students. The Chief Psychiatrist has an expectation that the series of pamphlets published by the OCP on the *Mental Health Act 1996* will be readily available to consumers and carers of the services. A list of publications is provided at **appendix (iii)**

3.3.3 Helpdesk Advisory Service

In recognizing that clinicians provide direct services to those requiring mental health treatment the Office of the Chief Psychiatrist operates a 'helpdesk' which receives about 50 calls per month from Clinicians seeking support and guidance primarily in the area of the *Mental Health Act 1996* (MHA) and other legislative requirements.

3.3.4 Research

The Chief Psychiatrist views research as a vital tool for informing the mental health system. He encourages a research-based methodology to the work of the OCP and whenever possible specific research will be undertaken.

An area of research to date has been that of Community Treatment Orders.

4. FUTURE DEVELOPMENT

In carrying out their activities the Office of the Chief Psychiatrist will continue to reflect the Department of Health's strategic directions which are:

Healthy workforce
Healthy hospitals
Health partnerships
Health communities
Healthy resources
Healthy leadership

The processes and procedures around the three program areas:- Monitoring Activities, Legislative Duties and Expert Advice/Liaison; and Clinical Support (Strategic Framework November 2006) will be continuously refined. The refinements will increasingly facilitate the ability to succinctly report both qualitative and quantitative data that will inform stakeholders of the work of the OCP and the continuous improvement in mental health services.

Consumer and Carer participation in the work of the OCP has commenced with the Monitoring Activities and this will extend into the governance of the Office and other program areas with the implementation of the *OCP Carer Participation Policy* and the *OCP Consumer Participation Policy*.

The strong focus on improving standards of care in Licensed Psychiatric Hostels remains a priority. Consideration will be given to monitoring standards of psychiatric care provided by indigenous mental health services and also the Non Government sector.

The important work around ECT responds to community anxiety about this form of treatment. The finalisation of the manual, and the development and implementation of the standards and monitoring processes will be helpful in demonstrating accountabilities.

There will be a large body of work associated with new mental health legislation with the Bill expected to be launched mid 2006. Other new areas of work include the development of the *Standards for the Authorisation of Hospitals under the Mental Health Act 1996*.

The coordination of information that is received by the OCP around the deaths of patients and reviews of the circumstances and subsequent actions will be refined. Currently this information is generated by the Reportable Incidents circular, Coronial Inquiries requests (Police), the State Coroners findings and recommendations and the Sentinel Events Review Group.

Project methodology in the OCP will continuously be developed towards a research-based methodology with the aim of publication.

Appendix i): The Strategic Framework of the Office of the Chief Psychiatrist

Appendix ii)

EDUCATION AND TRAINING SESSIONS 2003 - 2005

Reviewer training for Clinical Governance reviewers is not included .

	2003 - 2004	2004- 2005
July	<ul style="list-style-type: none"> • Exploration of Act for Rural and Remote practitioners. Tour of the NW and video conferencing encompassing 21 sites • 2 X presentations at the Safety & Quality Conference, Perth (CTOs & CG) 	<ul style="list-style-type: none"> • Inner City Overview of the MHA and CTOs • AMHP 3 day Training
August	<ul style="list-style-type: none"> • Overview of the MHA Curtin University Nursing Students- • Grand Round DoH Clinical Governance • Clinical Governance RPH • Clinical Governance Graylands • Clinical Governance Fremantle • Review of MHA Act for Stakeholders 	<ul style="list-style-type: none"> • Curtin University Nurses Overview of the MHA • Breakthrough series on Personality disorder
September	<ul style="list-style-type: none"> • MHA Graduate nurses Graylands • Presentation ILMAH Congress Sydney 	<ul style="list-style-type: none"> • Rural and Remote tour:-Police and referral presentation and Chief Psychiatrists presentation sessions: Karatha, Pt Hedland, Derby, Broome and video links with Kununurra and Wyndham Including clinicians, Police, aboriginal services, consumer/carers • Role of OCP to Community Forensic Team
October	<ul style="list-style-type: none"> • Review of AMHP skills- • Overview of the Act - Kalgoorlie 	<ul style="list-style-type: none"> • AMHP 3 day training • MHA to RPH staff
November	<ul style="list-style-type: none"> • 2x AMHP Forums DoH and Fremantle • SWAHS Training Day Bunbury • MC for the R & R MH Conf (3 days) • ARAFMI Presentation on confidentiality. 	<ul style="list-style-type: none"> • Overview of MHA to social workers –RPH. • Overview of MHA for new RPH staff • Overview of MHA Geraldton
December	<ul style="list-style-type: none"> • AMHP Forum 	<ul style="list-style-type: none"> • MHA Graduate nurses Graylands- participants • MHA Update for nurses at RPH- • MC for 3 days at the R&R Conference • MHA at PMH-
January	<ul style="list-style-type: none"> • Overview of MHA for Counsellors at private health service 	<ul style="list-style-type: none"> • MHA Lifeskills Centre, Northbridge
February		<ul style="list-style-type: none"> • Overview of MHA Swan HS • Referral and police powers- Swan HS • CTOs- Swan HS • MHA Metro Grad Nurses Program- Graylands • Background to legislation Graylands • Clinical guidelines ECT workshop Graylands • Clinical guidelines Carers & GPs - Fremantle
March	<ul style="list-style-type: none"> • Curtin University students • Overview of the MHA 	<ul style="list-style-type: none"> • MHA Armadale HS • MHA Curtin University students • MHA for PMH Medical staff • MHA for Hostels Group • Referral issues, Police powers for Swan HS ED • MHA Joondalup HS

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April	<ul style="list-style-type: none"> • Overview of the MHA RPH • AMHP 3 day training • Graduate Nurses MHA - Graylands 	<ul style="list-style-type: none"> • MHA CAMHS Staff PMH- • MHA Joondalup in pt staff • MHA PMH nurses • Overview of MHA- Fremantle Hospital • MHA Swan HS ED • AMHP 3 day training
May	<ul style="list-style-type: none"> • MHA Social work students Curtin University • OCP role for Council of Official Visitors • MHA for Next Step • Royal College of Mental Health Nurses Bunbury- 	<ul style="list-style-type: none"> • MHA Curtin Uni social work students • CTOs Fremantle Hospital • MHA PMH CAMHS • Progress on Review of the MHA- Stakeholder forum DoH
June	<ul style="list-style-type: none"> • MHA for SWAHS Bunbury • Role of the OCP for Mental Health Law Centre. 	<ul style="list-style-type: none"> • Progress on review of Act WAAMH- • Progress on Review of the MHA- Kalgoorlie teleconferencing

Appendix iii) Publications and Reports of the Office of the Chief Psychiatrist

Publications are available on the website www.chiefpsychiatrist.health.wa.gov.au

Guides:

Flowchart for Medical Practitioners
Clinicians' Guide to the Mental Health Act 1996
Community Treatment Orders: A Practitioners' Guide
Protocol Between Western Australian Police Service and the Mental Health Division
Guidelines for Authorised Mental Health Practitioners

Pamphlets :-

Rights Card
Involuntary Detained Patients
Voluntary Patients
Electroconvulsive Therapy
Community Treatment Orders
Treatments
Carers
People Referred for a Psychiatric Examination
Office of the Chief Psychiatrist
Mental Health Act Forms
Police Assistance Form

Operational Circulars:-

Use of SSRI and SNRI Antidepressants in Children and Adolescents – Provision of Information by the Chief Psychiatrist Under the Mental Health Act 1996
Risk of Hyperglycaemia and Diabetes Mellitus Associated with Use of Antipsychotic Drugs
Delegation- s110 Mental Health Act 1996
Delegation- Community Treatment Orders Mental Health Act 1996
Request to Access Certain Information about a Patient s205 of the Mental Health Act 1996
Request for a Second Opinion on Psychiatric Treatment – s111 Mental Health Act (1996)
Matters to be Reported to the Chief Psychiatrist
Patients Access to Personal Records s160, s161 of the Mental Health Act 1996
Completion of Transport Order (Form 3)
Chief Psychiatrist Delegation: Transfer of Responsibility s112 Mental Health Act (1996)

Newsletters :-

Inform Edition 4 (Winter) 2005
Inform Edition 3 (Autumn) 2005
Inform Edition 2 (Summer) 2004
Inform Edition 1 (Spring) 2004
Jigsaw - March 2004
Jigsaw - July 2003
Jigsaw - April 2003
Jigsaw - December 2002
Jigsaw - September 2002
Jigsaw - July 2002
Jigsaw - April 2002

Annual Reports:-

Annual Report 2002 - 2003

Reports:-

Community Treatment Orders- *A Review Mental Health Act (1996)*
Governments Response to the Review of the Mental Health Act- Chief Psychiatrist
presentation information.

Chief Psychiatrist's Audit of Medication Management Standards Monitoring In Licensed
Psychiatric Hostels, Office Of The Chief Psychiatrist June 2005

Reports in confidence include those generated through the Clinical Governance Reviews,
Targeted Reviews and Hostels Reviews.

Attention Deficit Disorder and Attention Deficit Hyperactivity Disorder in Western Australia
Chief Psychiatrist Submission To Education And Health Standing Committee Inquiry June
2003

AMHP Training Resources

Information about the Review of Skills Training Program including:

Mental State Examination Guidelines

Authorised Mental Health Practitioner Guidelines

Review of Skills Training Program Worksheet

Authorised Mental Health Practitioner Practice Issues Worksheet

Authorised Mental Health Practitioner Guidelines

MSE Pocket cards AMHP