

## \*DEPARTMENT OF HEALTH ANNUAL REPORT 2004-05

(\* this submission was inadvertently omitted in the editing of the Department's Annual Report)

### ACHIEVEMENTS AND HIGHLIGHTS of the OFFICE OF THE CHIEF PSYCHIATRIST

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#### **Healthy Hospitals**

The Chief Psychiatrist has statutory responsibility under the *Mental Health Act 1996* to monitor the standards of psychiatric care across the State of Western Australia. He also has responsibility for the medical care and welfare of all involuntary patients. In order to meet these responsibilities, activities are undertaken that directly influence the safety and quality of community and inpatient mental health care. These activities include:

- **Clinical Governance Reviews of mental health services**

This year reviews were undertaken of a rural, a metropolitan and a private mental health service. The seconding of practicing mental health clinicians and the engagement of Consumer and Carer representatives on the review teams strengthens the process of review.

The reviews ensure that 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) and other relevant policies. Recommendations for improvement were made in the following areas:

- Consultation and patient involvement;
- Clinical risk management;
- Clinical audit;
- Research and effectiveness;
- Staffing and staff management;
- Education, training and personal/professional development; and
- Use of information to support clinical governance and health care delivery.

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

- **Monitoring Reviews of Licensed Psychiatric Hostels**

Hostels are generally privately owned supported accommodation for people with a severe and persistent mental illness. Supported accommodation has a significant impact on over 500 resident's capacity to live independently in the community and be the subject of a revolving door cycle of readmission to inpatient mental health services. Standards Monitoring by the Chief Psychiatrist is a supportive and partnership process to improve service quality in Licensed Psychiatric Hostels. Services are monitored against the Chief Psychiatrists Care Standards.

The monitoring visits this year highlighted the need for improved processes with medication management between the Hostels, local mental health services, General Practitioners and Pharmacies. Medication management procedures of 14 Hostels was comprehensively reviewed and a series of recommendations made. The two Hostels that had a completed regular scheduled monitoring review by the Chief Psychiatrist the previous year had markedly superior systems to those that had not undergone a monitoring review. In recognition of the need for improved systems the Office facilitated education on psychotropic medication for Hostel owners and staff.

- **'Targeted' or 'Selected Reviews'**

'Selected Reviews' or 'Targeted Reviews' 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. Five deaths that occurred in Custody were reviewed from a mental health care perspective by the Chief Psychiatrist. As result of this the Chief Psychiatrist was called as a witness in the Coroners court for two of the cases. A further two cases of unexpected deaths were reviewed and one case of a patient involved in a critical incident.

- **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 a persons 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. The Office of the Chief Psychiatrist receives approximately 40 complaints per month. The top three complaint categories for this year are 'Patient Rights, Respect and Dignity', 'Quality of Clinical Care' and 'Access to Services'.

### **Healthy Workforce**

One of the ways in which the Chief Psychiatrist aims to improve the quality of mental health care is by providing education to mental health practitioners.

Authorised Mental Health Practitioners (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. The Office of the Chief Psychiatrist provided a series of three 3-day courses to 55 clinicians this year that centred on their responsibilities under the Act and a review of the issues involved in crisis intervention.

A range of education sessions around the *Mental Health Act 1996* are available through the Office of the Chief Psychiatrist. Types of sessions offered include an overview of the legislation as well as more in depth presentations on aspects of the Act such as Police Powers or Community Treatment Orders. Approximately 500 staff has attended session at 17 sites, including locations such as the Northwest (Port Hedland, Broome, Derby and Kununurra) Kalgoorlie and Geraldton. Around 240 Curtin University students also benefited from these sessions as a part of their undergraduate programs.

The Office of the Chief Psychiatrist has played a major role in assisting the Minister for Health in relation to the report he tabled in Parliament on the Review of the *Mental Health Act 1996*. Consequently the Office has provided a number of information sessions about the Government's response to the review for around 430 participants from non-government agencies, consumers and carers.

The majority of the activity undertaken by the Office of the Chief Psychiatrist is undertaken on the basis of partnership and teamwork whether this be with clinicians from the field, government and non government agencies and increasingly consumers and carers. The optimum result of providing the best mental health services possible ie through the clinical governance reviews – can only be successful with strong and cooperative partnerships.

The Chief Psychiatrist issues Operational Circulars in relation to medication used in psychiatry to ensure that there is an appropriate system in place for the provision of information to medical practitioners about new developments including new information about adverse drug reactions (s.10(c) (ii), *Mental Health Act 1996*. This year the Chief Psychiatrist issued two namely, the '*Risk of Hyperglycaemia and Diabetes Mellitus associated with use of antipsychotic drugs*' and the '*Use of SSRI and SNRI Antidepressants in Children and Adolescents*'.

One of the most controversial treatments in mental health is Electroconvulsive Therapy (ECT). The Chief Psychiatrist's advisory group consisting of clinicians from both 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 has assisted in preparing a Manual of ECT to be used across Western Australia. Once implemented, the procedures in this manual will ensure consistency and accountability for practitioners applying this treatment.

Another area of controversy 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 over 2004 and assisted the Chief Psychiatrist in the preparation of a report for the Minister.

The *Criminal Law (Mentally Impaired Accused) Act 1996* (CLMIAA) 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 continues to meet presented a report to the Minister in mid 2005.

### **Healthy Partnerships**

The Chief Psychiatrist, despite being required to maintain his independence in order to adequately fulfil his statutory functions, has maintained and further developed partnerships with consumers, carers, clinician's government and non-government stakeholders in the mental health system.

Whenever possible the Chief Psychiatrist implements his programs with partners from the system recognising that fostering these relationships results in better-quality and sustained outcomes. For example the Clinical Governance Reviews for the first time this year took the major step of including consumers and carers as reviewers on the teams. Also for the first time the Chief Psychiatrist was invited to undertake a Clinical Governance Review of a mental health service in the private sector.

The Office of the Chief Psychiatrist has mentored two students this year. Both students undertook projects that enhanced 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 Office of the Chief Psychiatrist data gathering and analysis activities. The second student was placed with the Office through the Graduate Development Program and developed policies and procedures related to the work of the office.

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.

### **Healthy Communities**

The Chief Psychiatrist raised a complaint with the Press Council 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 the Chief Psychiatrist to stigmatise and sensationalise mental illness to the detriment of members of the community. Mediation around this matter continues.

The Alliance for the Prevention of Elder Abuse (APEA) was formed late this financial year. The Committee has representation from key Government agencies, including the Chief Psychiatrist.

Several public forums were also offered this year, including two important ones on the government's response to the Review of the *Mental Health Act 1996* which were delivered to stakeholders in both rural and metropolitan communities.

### **Healthy Resources**

The Office of the Chief Psychiatrist website 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 site as an invaluable resource by clinicians and the general community, with a resources section containing password-protected access to statutory forms required by clinicians carrying out their duties under the mental health legislation. The website can be found at [www.chiefpsychiatrist.health.wa.gov.au](http://www.chiefpsychiatrist.health.wa.gov.au)

### **Healthy Leadership**

The Chief Psychiatrist has taken a strong leadership role in the implementation of Clinical Governance in mental health services across the State. He has developed a model that is consistent with the Department of Health framework, adapted it to be mental health specific, 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 being developed and issued. An example of this is the Clinical Audit Guidelines.

**Dr Rowan Davidson Chief Psychiatrist**