



IN-FORM

Newsletter from the Office
of the Chief Psychiatrist

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MONITORING BY THE CHIEF PSYCHIATRIST

The Chief Psychiatrist (CP) has a responsibility under the *Mental Health Act 1996* to monitor standards of psychiatric care throughout the State of Western Australia.

What is *monitoring*?

Monitoring is an examination and assessment of information that is gathered by or reported to the CP that relates in some way to mental health service delivery for the individual, their carers or the community.

What is the purpose of *monitoring*?

Monitoring by the CP means that he will have the ability to understand how the mental health system needs to change in order to continuously improve on the experiences of mental health service consumers.

What can *monitoring* do?

The CP uses the information that is gathered about mental health service delivery to determine what changes are required of the service to improve the quality of experience for the individual consumer, their carer and the community. 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.

What gets *monitored*?

The Act does not make a differentiation between government and non-government services (public or private) which effectively means that the CP'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 Chief Psychiatrist's *monitoring* program.

The data collection and monitoring program of the Office of the Chief Psychiatrist (OCP) is grouped into streams that interrelate and inform each other:

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. One example of NGO's that are currently monitored by the OCP are the care standards in licensed psychiatric hostels.

2. Clinical Governance Reviews of Mental Health Services

All public mental health services in WA will undergo a clinical governance review by the CP. Private services will be reviewed by invitation.

In order to assess the mental health services level of clinical governance implementation the OCP has developed a clinical governance review framework and associated methodology. The process of review includes a site visit by a team of clinicians who review a range of clinical and administrative information so that recommendations can be made around continuous quality improvement in a Report of the review.

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3. Special Circumstances or ‘Targeted Reviews’

These reviews may be termed 'Selected Reviews' or 'Targeted Reviews' because they occur when the CP, 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.

4. Examples of Other Information Gathered by the OCP for Monitoring Purposes

- Analysis of complaint data received by the OCP and health services
- Review of AIMS Reports.
- Reviewing the recommendations of the State Coroner and monitoring compliance with implementation.
- Reviewing the circumstances of unexpected deaths of mental health patients and serious incidents reported to the CP.
- Information from informal meetings with government and NGOs consumers, carers and advocates.
- Feedback from Authorised Mental Health Practitioners etc

REPORTING OF UNEXPECTED DEATHS AND SERIOUS INCIDENTS TO THE OCP

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:

- 1.0 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
- 2.0 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. Notification will include advice as to the potential for media or public implications in any incident or associated issue.

The table shows the number of matters reported to the Chief Psychiatrist for the period July 2004 – June 2005.

Mental Health Service Area	Deaths Reported	Serious Incidents Reported	
North Metropolitan MHS	16	42	These figures do not represent the <i>actual</i> numbers of deaths or serious incidents occurring in each of the mental health areas, they are the <i>reported</i> numbers of deaths or serious incidents.
South Metropolitan MHS	9	9	
South West MHS	2	5	
WACHS MHS	7	16	
Statewide Forensic MHS	-	5	
Total	34	77	

There is a significant lack of reporting from each of the areas, and the Chief Psychiatrist wishes to remind all services of the necessity of reporting any Unexpected Deaths or Serious Incidents to his office.

Notification can be made via email or phone call to the Chief Psychiatrist with a copy to the Manager, Office of the Chief Psychiatrist as soon as possible after the incident. Should all details of the incident not be available at the time of initial priority reporting, then subsequent email or phone advise to the Manager, Office of the Chief Psychiatrist is indicated. Contact details are: Mrs Janet Peacock, Phone: 9222 4462 - Fax: 9222 4244
E-mail: janet.peacock@health.wa.gov.au

Pilots

The introduction of the Chief Psychiatrist's Clinical Governance Review Framework involved the development, implementation and piloting of the review methodology. Three pilots were conducted including the Swan Mental Health Service, the State Forensic Mental Health Service and the Wheatbelt Mental Health Service. Each of these services provided unique operational aspects that facilitated the development of comprehensive and appropriate methodology.

Methodology

While, in the main similar methodology was utilised for each of the three pilots it was necessary to expand the methodology to accurately capture the consumer and carer experiences in the Wheatbelt Mental Health Services (WMHS). The diverse geographic location of the WMHS sites led to the development of a consumer and carer questionnaire. The content of the questionnaire was developed with consumers and is in keeping with the Framework. The introduction of the questionnaire option enabled consumers and carers, who resided in remote areas or were without a telephone to participate in the review process. Consumers and carers can now participate in one of three ways including a face-to-face interview, a telephone interview, or by completing of a questionnaire. The final review methodology is outlined in the Terms of Reference, a copy of which is located on the Office of the Chief Psychiatrist (OCP) website.

Data

In addition to ensuring comprehensive methodology the OCP has also developed a database for managing the Review data. The database captures/includes both qualitative and quantitative components and the database will enable the Chief Psychiatrist to analyse the trends in relation to service gaps and areas of notable practice. It is envisaged that the data will be aggregated and reported six monthly.

Clinical Governance Review Framework

The Clinical Governance Review Framework material previously distributed by the OCP has recently undergone a revision. The new version of the framework aligns the four WA Clinical Governance pillars with the seven Areas of Inquiry specific to mental health. A copy of the revised Framework can be located on the OCP website.

Manual for Mental Health Services

In order to assist mental health services in preparing for a review the OCP has developed a Clinical Governance Review Manual (the Manual). The Manual is located on the Chief Psychiatrist's website and is available for services to download prior to a review. Each mental health service will also receive a copy of the Manual prior to their scheduled review.

Chief Psychiatrist's Clinical Governance Review Guidelines

The OCP is currently developing a suite of Clinical Governance Review Guidelines. The intention of the guidelines is to assist mental health services in developing appropriate action plans that are consistent with the Clinical Governance Review criteria. As each Guideline is developed it will be piloted by mental health services prior to being approved for general distribution. The Clinical Audit is currently being reviewed by mental health services and will be published on the website soon.

Timetable

With the new WA regional health structure now completed the OCP has revised its previously published Review Timetable. The new timetable is available for download from the OCP website.

Queries regarding the Chief Psychiatrist's Clinical Governance Review Program should be directed to the Coordinator, Clinical Governance Reviews **Dr Theresa Marshall** on 9222 4120 or alternatively via e-mail theresa.marshall@health.wa.gov.au.

Driving Assessments

Each year in Australia more than 1,700 Australians are killed on our roads and nearly 23,000 are seriously injured. The total economic cost of this exceeds \$15 billion annually and the accompanying social costs greatly impact on our communities.

Whilst many factors contribute to safety on the road, driver health is an important consideration and drivers must meet certain medical standards to ensure that their health status does not increase the risk of a crash in which they or other road users may be killed or injured.

The document *Assessing Fitness to Drive for Commercial and Private Vehicle Drivers 2003* has been developed by the National Road Transport Commission and Austroads in consultation with a wide range of medical experts, peak medical bodies and colleges, the road transport industry and State and Territory licensing authorities.

The Guide covers a number of important issues and chapter 17 discusses Psychiatric Disorders. The information provided in the guide will assist in the decision as to whether to allow a person with psychiatric disability to drive and when the matter should be reported to the authorities.

A copy of the guide can be downloaded from the Austroads website on www.austroads.com.au

Antidepressant Use in Children, Adolescents and Adults

In INFORM Edition 3 advice was provided on the use of SSRI's with children and adolescents. In the USA the Food and Drug Administration (FDA) has asked manufacturers of all antidepressant drugs to include in their labelling a boxed warning and expanded warning statements that alert health care providers to an increased risk of suicidally (suicidal thinking and behaviour) in children and adolescents being treated with these agents, and additional information about the results of paediatric studies. There are now a number of documents on these issues available at their website. The web address is:

www.fda.gov/cder/drug/antidepressants/default.htm

Supervising Psychiatrists and CTOs

One of the requirements when a Community Treatment Order (CTO) is made is that there is a psychiatrist who is willing and able to supervise the carrying out of the order (s.66(1)(d)). The Form 10 is to specify who the supervising psychiatrist will be (s.68(1)(a)). The purpose of this is to fully inform the patient which psychiatrist is supervising the order.

Only the Supervising Psychiatrist can vary, extend or revoke the CTO. If the Supervising Psychiatrist will not be on duty for a period because, for example, they are on leave, then he or she must appoint another psychiatrist to be the Supervising Psychiatrist. That is done by completing a Form 12, variation and giving a copy to the patient. This makes the patient aware at all times as to who is supervising the order.

When the psychiatrist returns to duty the care of the patient on a CTO can be transferred back using another Form 12. Although this may be cumbersome it is a requirement under the *Mental Health Act 1996* (MHA).

If a Supervising Psychiatrist has to go off duty for a period, for example because of a sudden illness, and there is no opportunity for transfer of the patient's care to another psychiatrist the Chief Psychiatrist should be contacted. Using his powers under s.12 of the MHA, the Chief Psychiatrist may transfer the powers and responsibilities of a supervising psychiatrist to another psychiatrist.

Website Link To Clinical Trials Databases Set Up

Links to major websites that list registrations of forthcoming clinical trials are being made available on the website of the Association of the British Pharmaceutical Industry (ABPI) from July 2005, when the global agreement on making such information publicly available comes into effect.

With hyperlinks to seven different websites available, details of more than 4,000 clinical trials, which are either completed, taking place or planned, can be accessed. Of these, some 1,139 trials are still ongoing and may be recruiting patients to take part. Web address:

www.abpi.org.uk/press/press_releases_05/050701b.asp