



## THE INTERNAL AUDIT OF THE CHIEF PSYCHIATRIST'S CLINICAL GOVERNANCE REVIEWS

# I N F O R M

### In this Edition

Internal Audit

AMHP Training

DoH Annual Report

Supplement to the Clinicians' Guide

Rights Poster

Expressions of interest

The Chief Psychiatrist's Clinical Governance Review Programme has been audited by Corporate Governance, Department of Health with the following objectives:

1. To examine the Clinical Governance Review process applied by the Office of the Chief Psychiatrist in determining whether treatment and care of individuals with a mental illness are consistent with the objects and principles in the Mental Health Act (1996) and the National Standards for Mental Health (1996).
2. To examine the framework, conduct and effectiveness of reviews conducted by the Office of the Chief Psychiatrist.
3. To examine the acceptance of equivalence to the standard processes and outcomes to the Internal Audit standards processes and reviews and to comment on prospective equivalents.

### Extracts from the assessment:

'The Office of the Chief Psychiatrist (OCP) has, within its available resources, developed an effective process for the review of Clinical Governance. Much of the processes and outcomes utilised by the OCP are similar to the review standards adopted by Internal Audit (ie. International Standards for the Professional Practice of Internal Auditing).

It is felt that the adoption by the OCP of the Internal Audit Standards would further enhance the OCP review process. Internal Audit identified that a range of methodologies have been employed by the OCP whilst undertaking their reviews. The structure and documentation utilised are continually updated by the OCP in order to take into account informal reviewer/client feedback and practical experience.

As an example of this modification, Internal Audit found that a breach of confidentiality by one of the reviewers resulted in enhanced written confidentiality agreements, and improved training. This confidentiality breach was handled appropriately by the OCP.

The OCP is working with the Office of Safety and Quality (OSQ) for consistency. In addition, the OCP Clinical Review framework has been adjusted to conform to the Health Department's four pillars of Clinical Governance framework.

The OCP endeavours to have a Consumer and Carer Reviewer on the review team. This involvement has been difficult to sustain, however the OCP continue to encourage this participation. Additionally, the OCP is planning to develop a bank of suitable reviewers. Immediately on appointment, appropriate training will be undertaken. Internal Audit found that the OCP have experienced delays during both the fieldwork and reporting stage of the reviews.'

'Recently there have been great improvements in the documentation maintained and the development of new recording and evaluation systems by the OCP. They have commenced entering results from site visits into a database, which provides for ease of access to the review data. The OCP is continually developing its training programme'.

'The OCP is increasing its collection of post review evaluation data to support the application and continued development of the reviews. Internal Audit considers the process supports the Chief Psychiatrist (CP) in discharging his duties in relation to the Mental Health Act'.

'There is one official audit recommendation for Clinical Governance Reviews by the OCP. A number of suggestions are also made for management to consider with a view to implementing, in order to further develop the Clinical Governance Review Process'

**The Recommendation** is that the Office of the Chief Psychiatrist should adopt the 'International Standards for the Professional Practice of Internal Auditing' or an equivalent standard.

### Authorised Mental Health Practitioner (AMHP) Training Programme

The next Authorised Mental Health Practitioner Training Programme (Review of Skills) is on 26, 27 and 28 April 2006 at Graylands Hospital. Nominations for mental health practitioners (mental health nurses, social workers, psychologists and occupational therapists with at least 3 years experience in the management of people with mental illness) are currently being accepted. Nominations need to be from Mental Health Managers who require the nominated practitioner to be an AMHP and the person is willing to undertake the role and do the training program. For further information contact Tim Rolfe on 9222 4217.

The submission from the Office of the Chief Psychiatrist was inadvertently omitted in the editing of the department's annual report. This is an edited version of the achievements and highlights of the Office of the Chief Psychiatrist for 2004-05.

### **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;

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 conducted 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 in-patient 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 Psychiatrist's 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 were comprehensively reviewed and a series of recommendations made.

The two Hostels that had 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.

### **'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 a result of this the Chief Psychiatrist was called as a witness in the Coroner's 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 providers may make a complaint to the Chief Psychiatrist if they are of the view that a person received mental health care that did 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 (AMHPs) 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.

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Approximately 500 staff have 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 Hyperglycemia 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 (DSPD). In 2004 the Minister for Health directed the Chief Psychiatrist to prepare a report on detaining powers in relation to persons diagnosed with a 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 recognising 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.

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**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 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.

### APEA- WA: Alliance for the Prevention of Elder Abuse, Western Australia

**What are the goals of APEA:WA?**

- To raise community knowledge and understanding of elder abuse;
- To provide policy advice on elder abuse
- To expand the breadth and quality of knowledge of elder abuse
- To support provision of adequate elder abuse prevention and protection services; and
- To promote professional education and training in elder abuse issues

If you are a service provider or concerned member of the community and would like to bring an issue about elder abuse to the attention of APEA:WA, you should contact the APEA:WA Facilitator at: **APEA:WA**

**C/- Advocare Inc**

Level 3 King's Complex

517 Hay Street

Perth WA 6000

Telephone: 08 9221 8599

Facsimile: 08 9221 8699

E-mail: [apeawa@advocare.org.au](mailto:apeawa@advocare.org.au)**FREECALL 1800 655 566**

*APEA:WA is facilitated through the Department of Health in WA.*

### Expressions of Interest

The Office of the Chief Psychiatrist is looking for expressions of interest from Consumers and Carers who would like to participate in Clinical Governance Reviews conducted by the Office of the Chief Psychiatrist. If you are aware of any Consumers and Carers who are interested in this area please ask them to contact Dr Theresa Marshall on 9222 4120.

Since the Clinicians' Guide was first published in 1997 there have been changes to the way the legislation has been interpreted by legal advice and clinical practice. The Mental Health Act 1996 was silent on a number of processes and problems have arisen in clinical practice as to the interpretation of the MHA.

Over the years advice has been received from the State Solicitor and the Legal and Legislative Service at the Department of Health that have clarified a number of issues. These interpretations have formed the basis of the Operation Circulars from the Chief Psychiatrist and changes to Editions 2 and 3 of the Clinicians' Guide published in 2001 and 2004.

Shortly a Supplement to the Clinicians' Guide will be published which will include further explanation of the legal advice already addressed in the Guide and more recent legal advice. The Supplement will also include details of 'Matters to be Reported to the Chief Psychiatrist' and the issue of delegations by the Chief Psychiatrist to Heads of Service or a psychiatrist acting in that role.

The Supplement will be inclusive of future Clinicians' Guides and also printed separately for clinicians who already have Edition 3 of the Guide.

The Supplement will be in addition to the Operational Circulars which will be edited and republished and placed on the Chief Psychiatrist's website prior to the release of the Supplement.

The Supplement will when published be distributed to all mental health services.

### Rights Poster

The Office of the Chief Psychiatrist has produced a Rights Poster to be placed in Authorised Facilities titled **Your Rights under the Mental Health Act 1996**.

The poster lists the rights of an involuntary detained patient. Copies of the posters have been distributed, however further copies are available by contacting Mrs Doris Remse on 9222 4462.