# NEWSLETTER OF THE OFFICE OF THE CHIEF PSYCHIATRIST

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INFORM

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## OPERATIONAL CIRCULARS AND SUPPLEMENT TO THE CLINICIANS' GUIDE

The Chief Psychiatrist has issued a new suite of Operational Circulars. Some of the Circulars are new and some are revised. The Circulars are a guide to clinicians and refer to specific issues to do with the *Mental Health Act 1996* and the role of the Chief Psychiatrist under the *Mental Health Act 1996*.
The titles of the Circulars are as follows:

- Psychiatric Examination at Non-Authorised facilities; 2052/06
- Seclusion, Restraint and Time Out; 2058/06
- Completion of a Transport Order; 2053/06
- Not acting on a Form 1 or Form 3; 2054/06
- Patient Access to Personal Records; 2056/06
- Council of Official Visitors Access to Personal Records; 2057/06
- Request for Another Opinion on Psychiatric Treatment; 2059/06
- Revocation of a CTO; 2060/06
- Emergency Psychiatric Treatment and Issues of Consent; 2055/06
- Matters to be Reported to the Chief Psychiatrist; 2061/06
- Chief Psychiatrist Delegations. 2062/06

The mental health issues raised in these Circulars are further explored and defined in the new Supplement to the Clinicians' Guide to the *Mental Health Act 1996*. In the Supplement are more detailed explanations of issues, which have arisen since the 3rd Edition of the Clinicians' Guide or more information than was provided in the Guide.

The Operational Circulars and the Supplement to the Clinicians' Guide can be accessed on the Resources and Publications page of the Chief Psychiatrist's website. The Circulars can also be accessed on Holii, Circulars.

It is not possible at the moment to provide the Supplement in a booklet form. Any queries and questions you have about the Operational Circulars or the Supplement to the Clinicians' Guide can be made to Tim Rolfe, Clinical Consultant at the Office of the Chief Psychiatrist on (08) 9222 4217 or by e-mail to tim.rolfe@health.wa.gov.au

## Office of the Chief Psychiatrist Review Information System - OCRIS

OCRIS is the new Clinical Governance Review information tool and Authorised Mental Health Practitioner (AMHP) register. Utilising web-based technologies, OCRIS enables users to create and submit review questionnaires and forms, manage the review process and then analyse and report on the data collected. The system was expanded to incorporate a register for AMHPs, helping users to track and report on the activities of AMHPs throughout the State.
OCRIS began as a Cooperative Education for Enterprise Development (CEED) project with Edith Cowan University and was developed by Andrew Down, IT Consultant in conjunction with the Office of Chief Psychiatrist

## Letter on the detaining of a referred person under the *Mental Health Act 1996* sent to all Emergency Departments and Directors of Mental Health Services

Following a complaint from an advocacy agency the following letter from Dr Davidson was sent to all Emergency Departments and Heads of Mental Health Services for distribution to clinicians. The purpose of the letter was to clarify the issue of detaining referred persons under the Mental Health Act 1996. If you have any queries regarding the information provided please contact the Office of the Chief psychiatrist HelpDesk on (08) 9222 4217 or e-mail Tim Rolfe, Clinical Consultant at the Office on tim.rolfe@health.wa.gov.au

Dear Colleague

It has been brought to my attention that persons referred for examination by a psychiatrist under section 29 of the *Mental Health Act 1996* (MHA) on a Form 1 to a place other than an authorised hospital such as an Emergency Department (ED) are either being managed or given the impression that they can be detained as though the Form 1 permits detention. It has been suggested by external observers that there is insufficient distinction between the person being of "referred" status and the person in an authorised hospital who has been made an involuntary patient.

It should be noted that a person on a Form 1 is a referred person, not an involuntary patient. At times if the condition of the person is such that the police are authorised (Form 3) to apprehend and transport the person then the police may detain the person and bring them to the place identified on the Form 1, either an authorised hospital or 'other place' where to the knowledge of the referrer an examination can be carried out. Once the person has been transported under the Form 3 and arrived at 'the other place' the Form 3 has fulfilled its purpose and is no longer valid. The referred person is then only subject to the referral, the Form 1.

The Form 1 is not an order to detain and the person is entitled to leave the 'other place'. If the condition of the referred person is such that the clinician having care of the person feels they have a duty of care to take reasonable steps to ensure the referred person's welfare, that duty would oblige consideration of the detention options available.

There are two situations which apply. Firstly, where the referred person does not have the mental capacity to make an informed decision and secondly, where the referred person has the capacity but is making a decision which puts at significant risk* his or her own or another persons health or safety.

With regard to the first situation the referrer needs to consider whether the referred person suffers from a mental incapacity of such a nature or degree as precludes the referred person making reasonable judgements about his or her own welfare. Capacity can be evaluated using the following criteria:

(1) The person must be able to understand and communicate the choices available;
(2) The person must understand the information relevant to making a decision;
(3) The person must appreciate the situation and consequences of consent or refusal of treatment.
(4) The person must demonstrate that they can use the information rationally.

The assessment of competency requires among other elements a consideration of the accuracy of the patient's "appreciation" of the nature of their condition. If the person does suffer from such incapacity (a person exhibiting behaviour the result of a florid mental illness typically but not necessarily falls into this category), then the person may be detained in order to ensure that appropriate treatment is provided if that is assessed to be in the best interest of the referred person. Details of the basis on which it is assessed that the person lacks capacity to consent should be recorded.

With regard to the second situation if a person has the relevant capacity but has indicated an intention not to stay until the psychiatric examination has been completed, there may exist circumstances that would justify the person being detained against his or her will. Those circumstances are where there is an imminent threat to the health and safety of the person or others if the person is not detained. The mere fact, for example, that detention for the purposes of ensuring a prompt psychiatric assessment in hospital would be, or was indicated to be, to the person's benefit would not be sufficient justification for detention. The detention and manner of detention must not be out of proportion to the peril to be avoided. The clinician must ensure that he or she only detains the person where there is clear evidence of significant risk. It is important to document the reasons for detaining of a person.

* Risk factors that may justify detention of a referred person with capacity could include fresh threats made to physically harm him/herself or others and a previous history of such threats or actual harm. A referred person's history of risk-taking behaviour would be an important factor in deciding if a person should be detained. Behaviour such as spending money in a manic state, approaching strangers or being sexually permissive may not in itself be serious enough behaviour to justify detention, but will be relevant to an assessment of the risks of the referred person or others.

I would appreciate it if you could remind all clinical staff at your respective services of this matter. In order to assist with a wider distribution of this letter please request an electronic copy from my personal assistant, on 9222 4462.

*Dr Rowan Davidson*, Chief Psychiatrist

# Mental Health Sentinel Events Review Group

The Mental Health Sentinel Event Review Group (MHSERG) is a sub set of the Sentinel Event Review Group (SERG) chaired by the Office of Safety and Quality. The purpose of MHSERG is to review, assess and evaluate de-identified findings from Mental Health Sentinel Events reported and investigated as defined below. MHSERG will make recommendations, to SERG regarding appropriate actions based on these findings.

The specific functions of MHSERG are to:

- Gather, record and review de-identified State-wide Mental Health Sentinel Event data, including the summaries and recommendations resulting from Mental Health Sentinel Event investigations;
- Assess and evaluate the quality of investigations conducted by mental health services
- Make recommendations to SERG concerning mental health service delivery and clinical practice;
- Provide advice to SERG regarding the formulation and dissemination of State-wide Mental Health Patient Safety Alerts when review of contributing factors of Mental Sentinel Events identifies matters of system-wide relevance requiring immediate attention;
- Facilitate rapid mental health service implementation of recommendations when necessary through the Chief Medical Officer and the Office of the Chief Psychiatrist and in conjunction with the Office of Safety and Quality; and
- Provide six monthly aggregated reports to SERG and the Mental Health Advisory Group

All mental health services are required to report mental health Sentinel events (see below) to the Office of the Chief Psychiatrist, Department of Health (WA) as a matter of priority. The reporting will include advice as to the potential for media or public implications in regard to the incident or associated issue. All events should be reported as soon as possible or within 7 days.

Mental Health Sentinel Events may include, but are not confined to the following examples:

a) any death of a patient while under the care of any mental health service. This applies to voluntary and involuntary inpatients and patients cared for in the community
b) serious assaults on or by staff, other patients or visitors;
c) alleged sexual assault on or by staff, other patients or visitors;
d) serious medication error in regard to a mental health patient, which may require review;
e) absconding of any forensic patient;
f) absconding of any detained involuntary patient at serious risk of self-harm or harm to others;
g) serious misuse or misapplication of a function performed under the MHA;
**h)** serious or significant criminal activity, which occurs either in the community or a mental health facility, reported at a mental health facility, and which may receive attention by the media or the police service;

A specific Mental Health Sentinel Event reporting form is currently being developed to assist services in providing the relevant information. The form will be available on the Chief Psychiatrist's website **www.chiefpsychiatrist@health.wa.gov.au** at the end of June 2006.

In addition a dedicated email address has been created to support MHSERG. The email address for all mental health sentinel events is **MentalHealthSentinel@health.wa.gov.au**

# AMHP Corner

**Training:** The next AMHP 'Review of Skills' Program the basic course to become an AMHP will be run again on 14, 15 and 16 August 2006 at Graylands Hospital. Managers who wish to nominate a mental health clinician (either a mental health/comprehensive nurse, social worker, psychologist or occupational therapist with at least 3-years experience in the management of persons with mental illness) should do so now as places are filling up fast.
Nominations can be by e-mail to Dr Rowan Davidson with cc to Tim Rolfe at the Department of Health (rowan.davidson@health.wa.gov.au and tim.rolfe@health.wa.gov.au).

**AMHP Forums:** Forums are presently being organised for October/November 2006. If you have a particular subject you would like addressed in the Forums please contact Tim Rolfe on e-mail.

**Notifications:** Please note that the Notification Form for the first 6 months of 2006 will be sent by e-mail to all AMHPs in early July. If you are taking long service leave and will be away for a substantial period please contact Tim Rolfe and a Nomination Form will be sent before July 2006. If you have changed service or your e-mail address in the last 6 months please contact Tim Rolfe with the new details.

## Internal Audit of the Office of the Chief Psychiatrist

Corporate Governance undertook an audit review of the Office of the Chief Psychiatrist in late 2005: *'to determine the extent to which the Chief Psychiatrist, through the Office of the Chief Psychiatrist meets his legislative responsibilities under the Mental Health Act 1996 and the Mental Health Regulations 1997'*.

The scope of the audit review included compliance with the above through the examination of the three program areas of activity, which are the:

- Monitoring Activities;
- Legislative Duties;
- Expert Advice/Liaison and Clinical Support.

The final assessment from the Auditors states that:

*'The Office of the Chief Psychiatrist (OCP) has, within its available resources, developed effective processes in the majority of areas to support the Chief Psychiatrist (CP) in meeting his legislative responsibilities under the Mental Health Act 1996 (the 'Act') and the Mental Health Regulations 1997……'*

*'Internal Audit considers the processes that have been developed within the OCP support the CP in discharging his duties in relation to the 'Act'. Internal Audit makes three official audit recommendations. A number of suggestions are also made for management to consider with a view to implementing, in order to further develop the functions of the OCP……'*

The recommendations are as follows:

1. In consultation with stakeholders agree a strategy that provides assurance of the standards of care in non-public premises.
2. The OCP develop a strategy (confirmation loop) with the Mental Health Services to confirm that all incidents have been reported to the CP within a given period.
3. The OCP undertakes trend analysis of Reportable Incidents.

The Chief Psychiatrist will address these recommendations.

## "Mental Health" Policeman

In May, Major Sam Cochrane from the Memphis, Tennessee, Police Service visited Western Australia to promote the idea of Crisis Intervention Teams (CIT), He presented to senior police, representatives from the Office of Mental health, Office of the Chief Psychiatrist, Psychiatric Emergency Team and representatives from the Mental Illness Fellowship who were the sponsors of Major Cochrane.

The presentation was an overview of the work of CIT in Memphis. It started back in 1988 when it was identified that police who had major contact with people with a mental illness had very little education on mental health issues and little training on managing people with mental illness in the community. Police officers volunteered to take additional training and education in mental health so they could be the front line workers with people with mental illness in the community who because of their behaviours came into contact with the police. The additional training was provided by the local mental health services and included a day spent with consumers either in hospital or in the community, basic information on psychotropic medications and crisis intervention techniques. Now 25% to 30% of the police have completed the training program and consumers, carers and clinicians have accepted the practice of police involvement not just to apprehend and transport but to offer immediate assistance to people with mental illness in the community.

All present were impressed by the idea and the way it was working in Memphis. Senior police are progressing the idea through their executive and the Chief Psychiatrist has written to the Commissioner of Police supporting the idea with a willingness to be involved in progression of the idea.

More information about Major Sam Cochrane and the Crisis Intervention Teams can be accessed on the Internet.