



INFORM

NEWSLETTER OF THE OFFICE OF THE CHIEF PSYCHIATRIST

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Police Assistance and the Mental Health Act 1996

Following a meeting with senior officers from the WA Police, the Mental Health Division and the Office of the Chief Psychiatrist, changes to the practices between the Police Service and Health Services in regard to processes under the Mental Health Act 1996 (MHA) were discussed.

The MHA provides for a medical practitioner, authorised mental health practitioner (AMHP) or psychiatrist to authorise the assistance of the police in the transportation of a person suspected of having a mental illness.

The criteria for police assistance is that the referred person's condition is such that police assistance is required and there are no suitable alternatives for the transportation of the person (s. 34). The Protocol between the WA Police Service and the Mental Health Division further defines these circumstances as where the person may be aggressive, unpredictable, a high absconding risk and refusing to attend. It cannot be custom and practice to complete a Form 3 (Transport Order) just because the person has been referred on a Form 1 (Referral for Examination by a Psychiatrist).

The discussion focused on the following areas:

Provision of treatment for referred persons

Concern has been expressed by the Police that services are failing to do a separate risk assessment as to whether police assistance is required and whether other methods of managing difficult behaviour have been considered. Police assistance may not be necessary if the referred persons who may be significantly distressed and unwell is provided with psychiatric treatment. Although the Form 1 (Referral for Examination by a Psychiatrist) is not an order for providing treatment without consent, it recognises that examination by a psychiatrist, perhaps leading to treatment may be needed. Whilst it may be preferable not to provide treatment without consent to a referred person, particularly as the patient must have a psychiatric examination within 24 hours of receipt into an authorised hospital, referred persons whose illness and behaviour is such that they need more immediate treatment should not go untreated. It is not in a referred persons or staff's interest to leave a person who is behaviourally distressed or disturbed untreated merely to ensure that the psychiatric examination is not influenced by the person having received treatment. Finding the balance of ensuring proper and essential treatment for those persons with mental illness whilst still upholding the processes under the MHA is required. This approach is recognised within the objectives of the MHA, which are to 'ensure the proper protection of patients as well as the public' (s. 5). At times it may be preferable to provide treatment without consent to referred persons who are behaviourally distressed or disturbed under the provisions of Emergency Psychiatric Treatment. This may then result in a reduction of distress and behavioural risk so that Police assistance is not necessary and overall the best outcome in the transfer process.

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Contact Details:

For further information please refer to our website :

www.chiefpsychiatrist.health.wa.gov.au

Police Assistance and the Mental Health Act 1996 (MHA) - continued

Prioritisation for referrals directly from the community

The WA Police service recognise the importance of their role in community safety and understand that safety issues for referred persons and mental health staff is paramount when a person is being referred from a community setting such as a private residence, hostel or clinic. In those circumstances requests for police assistance, which usually originate from community mental health clinicians or staff from the Crisis and Emergency Response Team (CERT), will be managed as a priority level 3, which would usually mean attendance within 20 minutes. This level of priority recognises the importance of safety issues where the possibility of using other methods of containment such as security staff or medication is not available or appropriate.

Prioritisation of referrals from Emergency Departments or other hospital settings

Prioritisation of referrals from Emergency Departments or other hospital settings by the police will be at a priority level 4, which does not give a specific time for attendance. The only exception to this process will be when the risk assessment indicates that for the immediate safety of the referred person or staff police attendance is required urgently. As hospital to hospital transport will be of lower priority, alternative methods of managing the situation may need to be considered. Transport can be managed by health staff with or without assistance from the ambulance service. Consideration should also be given, if indicated, for the use of psychiatric treatment either on a voluntary basis or Emergency Psychiatric Treatment

if the person meets the criteria. The provision of psychiatric treatment may result in a reduction of the referred person's distressed or disturbed behaviour and the possible withdrawal of the request for police assistance (see 2.0 of the 'Supplement to the Clinicians' Guide, 2006'). In line with a recommendation for the new MHA, hospital services need to consider the management of hospital to hospital transports without requesting assistance from the police.

Coordination of the referral process

Inadequate coordination between the various services required for the transportation of a person on Forms 1 and 3 have resulted in delays and discord between the services. The responsibility for coordinating the process is with the hospital, and involves the police and ambulance services. It is appropriate to request an estimated time of arrival (ETA) from police and ambulance service to ensure a synchronised process. The police Incident Management Units will be asked to provide ETAs so that the ambulance service involvement can be appropriately timed. It should be noted that referred persons on a Form 1 being transported by ambulance do not always require police assistance. If the referred person has been provided with treatment and is able to be transported without police assistance then that would be the preferred process.

The purpose of these changes of practice are to improve services to consumers in the community and be less stigmatising for consumers in Emergency Departments and other hospital settings.

St John Ambulance and Referred Persons

An issue that has been raised with the Office of the Chief Psychiatrist on a number of occasions has been that Ambulance Officers when involved with transporting a person on a Form 1 have requested, and in the opinion of some clinicians, demanded a Form 3 and police assistance. It was suggested that the St John Ambulance Training Manual stated specifically that a Form 3 was required when a Form 1 referred person was being transported by ambulance.

To clarify the situation the Chief Psychiatrist wrote to the Chief Executive Officer of the St John Ambulance Service. The reply from the St John Ambulance CEO stated that the wording in the Clinical Practice Guidelines of St John was the '*Form 1 may need to be accompanied by a Form 3 to enable police assistance if required (2.5)*'.

The CEO further stated that '*it is not custom and practice to request a Form 3...it is only in exceptional circumstances where the officers undertaking the transport feel there is a physical risk that they may request the presence of the police*'.

This clarification indicates clearly that the decision as to whether to request police assistance is for the referrer, either a Medical Practitioner or an AMHP, to make. The referrer may be advised by ambulance officers, other colleagues or the person's relatives as to whether in their opinion police assistance is needed. But in the end it is the decision of the referrer as to whether to request police assistance.

Clinicians experiencing difficulties with this matter may contact Mr Phil Benbow, Manager of the Metropolitan Ambulance Service on 9334 1246 or the Operations Manager on 9334 1226.

Police, Firearms and St John Ambulance Service

In February 2007 the Office of the Chief Psychiatrist was informed of a situation between a police officer, authorised to transport a person on a Form 1 and 3, and a St John Ambulance officer over the carrying of a firearm in the back of an ambulance. The police officer was willing to travel in the back of the ambulance with the patient but was unwilling to remove his firearm. The ambulance officer wanted a police officer in the ambulance but was unwilling for him to carry his firearm. Following discussion about safety and risk it was not possible for the two parties to reach an agreed approach and eventually the patient was transported safely by other means. The physical condition of the patient was such that there was a concern for safe transportation.

The Chief Psychiatrist had a meeting in April with Senior representatives from the Police Service, the St John Ambulance Service and the Division of Mental Health.

The view of the police was that with the new Glock firearm the chances of another person removing the firearm without the police officer's permission was minimal. They advised that police are trained in

how to un-holster these firearms and expertise was required to conduct that manoeuvre. The police position is that firearms should not be removed when transporting persons on a Form 3 and it is entirely safe for a police officer to keep their firearm in the back of an ambulance. Their view is that it is more unsafe to leave the firearm in the boot or glove box of a vehicle. The police noted that this was different from previous procedures when another type of firearm was used. With the new Glock firearm safety issues have been addressed. The police were willing to demonstrate to ambulance service officers the new procedures in regard to the Glock firearms.

The St John's representatives noted and accepted the police position and stated they would advise their officers that it was now considered safe for police to carry their firearms in the back of an ambulance. However they noted that individual ambulance officers could still raise an objection and decline to perform their duties because of health and safety concerns. In those circumstances mental health staff should contact the St John Operational Manager on 9334 1226 and arrangements will be made for an alternative ambulance to be provided.

Communicating with Carers and Families

In June 2007 the Minister for Health launched two guides that address confidentiality and sharing information with carers. *'Communicating with Carers and Families: Information sharing for better outcomes'* is aimed at mental health clinicians while *'Carers guide to information sharing with mental health clinicians: Communicating for better outcomes'* is targeted at carers and relatives.

These guides were developed in partnership with the School of Psychiatry and Neurosciences at UWA, the Mental Health Division, the Office of the Chief Psychiatrist and Carers WA.

Information sharing between carers and clinicians raises the dilemma of upholding consumer confidentiality while providing information and support to the carer. Carers report that the issue of consumer confidentiality is the single most important barrier to communication and collaboration with health clinicians.

These guides, by providing information on a number of issues for both carers and clinicians, are targeted at resolving some of the confidentiality dilemmas that inhibit clinicians and carers working together to provide the optimal outcome for the consumer.

Hardcopies of the Guide for Clinicians can be obtained by e-mailing laura.kennedy@health.wa.gov.au and the Guide for Carers can be obtained by e-mailing Leonie.Walker@carerswa.asn.au. Copies can also be downloaded from the Publications and resources page of the Chief Psychiatrist website.

Photocopying Mental Health Act (1996) Forms

The Chief Psychiatrist recently received a complaint via an advocacy agency which, among other matters, raised the issue of consumers being provided with forms so poorly photocopied that it was difficult to read all the details. The photocopies had lines and smudges which were clearly attributable to the photocopier and significantly reduced the readability of the document.

Section 159 of the *Mental Health Act 1996* places a responsibility on clinicians to provide to consumers and carers copies of forms. To uphold and be respectful of this right, clinicians need to be aware of the quality of the copies of forms provided and make every effort to provide copies that are clear, readable and without marks and smudges.

NGO Standards Monitoring

The Chief Psychiatrist has a responsibility under the *Mental Health Act 1996* section 9 (2) to monitor the standards of psychiatric care across the State. The latest development in this standards monitoring program has been the inclusion of the community mental health services provided by the Non-Government sector (NGOs).

The framework for monitoring NGO services has been developed in consultation with the non-government sector and the consumers and carers who use these services. The draft discussion paper is currently being circulated for feedback and copies are available from the OCP office.

The draft framework was presented at a forum sponsored by WAAMH on 19 June 2007. Janet Peacock, OCP Manager, outlined the scope and context of the framework, with myself providing a basic overview of the framework and Dr Theresa Marshall, Coordinator of Monitoring providing an outline of the methodology currently in use in other OCP monitoring activities which will be adapted to meet the needs of the NGO Monitoring.

The forum provided NGO service providers with an opportunity to have their questions answered and to provide OCP with feedback on important issues and challenges they may face in implementation. A lively question and answer session followed, covering a wide range of topics related to both the framework and its implementation. Overall, the framework was received positively, with a number of NGOs volunteering to participate in the pilots.

In the afternoon, a separate forum with carers and consumers of the NGO services provided the OCP with valuable ideas on how to engage carers and consumers in the monitoring process and the issues that they would like to see addressed through the monitoring.

Our thanks to WAAMH for sponsoring the forum - in particular, the support offered to rural participants to enable them to attend the sessions.

Leone Shiels
Consultant, NGO Standards Monitoring Framework

Visit to the Ellis Unit by the Chief Psychiatrist

The Chief Psychiatrist made an informal visit to the new Ellis Unit at Graylands Hospital in May 2007. The purpose of the visit to this new authorised facility was to conduct an informal evaluation of the safety and risk reduction features of the unit. Mr John Dean, CNS, conducted a tour, and highlighted innovative and interesting ideas within the unit which promote patient and staff safety. A great deal of thought has gone into the design features and overall the attention paid to safety and reduction of risk was exemplary.

The Chief Psychiatrist recommends that all new authorised units being built consider the safety and risk reduction features of the Ellis Unit. He also believes that existing authorised units could consider the potential for incorporating some of the Ellis features into their units.

We would encourage managers and persons in charge of other authorised facilities to visit the Ellis Unit and evaluate whether some of the safety features could be incorporated into their units.

AMHP Corner

The AMHP Forums for 2007 will occur in November (dates to be fixed) and like last year will be conducted three times, once in the North Metro, once in the South Metro and once by teleconferencing for AMHPs in rural and remote areas.

The Forums are an opportunity to update AMHPs on issues that affect their role but also for AMHPs to present any research activity or interesting aspect of their work. If you would like to present at the Forum or have a subject area you think should be explored please contact me soon as I prepare the content for the Forums. You can contact me on e-mail at tim.rolfe@health.wa.gov.au

There are now well over 400 AMHPs in all mental health services as well as some in the corrective

services. I am unsure how many of you are practicing AMHPs compared to those who do not have the opportunity to use your powers under the Mental Health Act. I would be grateful if you could review your practice and if you no longer need to be an AMHP our preference would be to remove you from the Register, with the proviso that you can again be an AMHP at any time in the future if your service requires you in that role.

If you have moved services in the last year please inform me, because although all AMHPs are registered for the whole of WA the AMHP database allocates individual AMHPs to specific services.

For any queries or issues to do with AMHPs please feel free to contact Tim Rolfe