



IN-FORM

Newsletter from the
Office of the Chief
Psychiatrist

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REPORT ON THE REVIEW OF THE MENTAL HEALTH ACT 1996

On 28 October 2004 the Minister for Health laid before Parliament his Report on the Review of the Mental Health Act conducted by Professor D'Arcy Holman.

In his speech the Minister noted that the vast majority of the recommendations of the review have been accepted. They advance the rights of people with mental illness while further supporting the responsibilities of mental health clinicians to provide quality care.

The Minister accepted the recommendation of a new Mental Health Act which will include:

- The revision of the definition of mental illness in accord with internationally accepted standards.
- Expansion of the objects of the Act to include principles related to Aboriginal and Torres Strait Islanders and carers.
- The provision of more information to consumers related to their care, including a mandatory discharge plan.
- Prohibiting the use of Electroconvulsive Therapy as an emergency treatment or in relation to children under 12 years of age.
- Expansion of the role of the Council of Official Visitors and the Chief Psychiatrist to offer a more comprehensive advocacy and monitoring service.
- Conducting mandatory reviews by the Mental Health Review Board significantly earlier than in the present Act; and
- Introduce a part of the legislation that will deal with children and adolescents, and have a new part of the Act to deal with complaints.

Following discussions with Professor Holman, a few recommendations have not been accepted. For example, the current legislation allows an early intervention when a person needs involuntary care. The review recommended changes to the criteria for involuntary care which would mean that a person with serious mental illness might suffer significant deterioration before an intervention is possible.

A further recommendation that has not been accepted would have meant that an involuntarily detained patient would only receive treatment after a review by a body such as the Mental Health Review Board. The purpose of involuntary detained status is to make sure that a person receives treatment for their serious illness as soon as possible. This recommendation might have resulted in unnecessary delays to the start of treatment.

The Minister concluded by stating that in summary following the review he was able to provide to the House a comprehensive report which will form the basis of new legislation to advance the rights of persons with mental illness, and to improve the quality of mental health care offered to the people of Western Australia.

The Minister's statement and the report can be accessed on the features page of the following website <http://www.ministers.wa.gov.au/mcgingty/>

Legal and legislative services of the Department of Health are preparing drafting instructions for Parliamentary drafters. The time-frame for a new Act is not known at this stage.

THE COUNCIL OF OFFICIAL VISITORS AND ACCESS TO A PATIENT'S MEDICAL RECORD

Under the *Mental Health Act 1996* (MHA) the Council of Official Visitors (COV) have the responsibility for a number of functions including providing an advocacy service for involuntary patients and affected persons and the resolving of complaints.

Official Visitors (OVs) may visit involuntary patients and affected persons and in the course of the visit inspect any medical records or other documents or any thing relating to an affected person. The only limitation placed on this power is that the affected person has the right to decline an OV access to his or her medical records.

Legal advice was sought from the State Solicitor in 2001 as to how this right should be exercised. The advice given is as follows:

'the power given by subsection (4) to inspect medical records may be exercised only where the patient concerned has been given the opportunity to consider whether to grant or deny access to the person's medical records. A person cannot be said to have a "right" to deny access to medical records if the person has not been given the opportunity to make that decision.'

The view of the Chief Psychiatrist is that the responsibility for ensuring access is lawful lies with the OV visiting the facility. However I would recommend that each service develop a procedure which ensures that the OVs access to a patient's medical record conforms with the MHA.

Staff at the Office of the Chief Psychiatrist would be happy to review any such procedure developed by the service.

The COV is currently examining the requirements of the *Mental Health Act 1996* in respect of the need to obtain a patient's consent prior to accessing the person's medical records.

NEW STAFF

Graduate student Ms Margitta Docters Van Leeuwen has joined the OCP for a period of four months. Margitta will be undertaking projects and assisting the work of the Office

CHANGES TO THE MENTAL HEALTH REVIEW BOARD

On 1 January 2005 the new State Administrative Tribunal (SAT) came into being with jurisdiction over a number of health and health-related areas. Some misunderstandings have arisen about the SAT's jurisdiction in relation to mental health matters and its relationship with the Mental Health Review Board (the Board). This note has been prepared with the assistance of the new President of the Board, Mr Murray Allen, who is also a Senior Member of the SAT.

The Board remains a separate and independent entity, and its functions under the *Mental Health Act 1996* (the Act) remain the same. Its main activity of reviewing the involuntary status of patients has continued unchanged. Most members of the Board prior to 1 January agreed to be reappointed and some have also been appointed as sessional members of the SAT. Four new community members have been appointed to the Board and it is expected that other new members will be appointed.

However, since October 2004 the Board has been co-located with the SAT (at 12 St George's Terrace) and the intention is that over time the administration of the Board will be incorporated into the SAT administration. Board staff members have agreed to remain until at least 31 March 2005 to facilitate the transition – the speed of which will be largely determined by the integration of the Board's computerised case management system with that of the SAT. Agreement has been reached between the Departments of Health and Justice regarding the transfer of administrative responsibility for the Board from the former to the latter. The major change after 1 January is that a person aggrieved by a Board decision can now appeal to the SAT on the merits of the matter (with the SAT constituted by legal, psychiatrist and community members) whereas in the past that appeal had to be made to the Supreme Court.

In the past the A/Registrar and at times the President of the Board provided advice to clinicians both on the interpretation of the Act as it related to the operation of the Board and the operation of the Act more generally. The Board is happy to continue to respond to queries about its activities and the Act so far as it concerns the Board directly. However, the Board will no longer provide advice about the operation of the Act generally. Queries of this kind should be forwarded to the Office of the Chief Psychiatrist. The Helpdesk number is 9222 4217 or mobile 0419 921 909.

The MHRB's address is:

GPO Box Y3063

East St George's Terrace

PERTH WA 6832

Tel: 9219 3162

Fax: 9219 3163

INFORMATION FOR PRESCRIBERS

Risk of hyperglycaemia and diabetes mellitus associated with use of antipsychotic drugs

The *Mental Health Act 1996* empowers the Chief Psychiatrist to give direction in respect of clinical care and treatment of mental health patients. That includes the provision of information to medical practitioners about new developments including new information about adverse drug reactions.

The Chief Psychiatrist advises that there is an increased risk of hyperglycaemia and diabetes in patients taking antipsychotic drugs. This advice particularly applies to the use of newer *atypical* antipsychotic drugs, since they are the most common therapeutic option in the management of psychosis and related disorders. The Chief Psychiatrist recommends that

- all patients being treated with antipsychotic drugs and their caregivers should be fully informed of the increased risk of hyperglycaemia and diabetes mellitus associated with use of antipsychotic drugs,
- patients with psychosis who have developed diabetes should be managed in the same way as other patients with diabetes, but difficulties in adhering with diet, exercise and taking medications should be kept in mind,
- regularly monitor blood glucose, particularly in patients with pre-existing diabetes, a family history or other predisposition to developing diabetes (refer to WATAG Antipsychotic Guidelines: www.wadtc.org.au),
- monitor and manage weight gain, including attention to weight loss or prevention of weight gain,
- regular assessment and treatment of cardiovascular risk factors is important.

The Chief Psychiatrist recommends reference to and use of the resources published in November 2004 by the Australian Consensus Panel for Diabetes, Psychotic Disorders and Antipsychotic Therapy. These can be downloaded from the web site:

http://www.psychiatry.unimelb.edu.au/open/diabetes_consensus/index.html

For access to the full Operational Circular go to the Chief Psychiatrist website.

DANGEROUS AND SEVERE PERSONALITY DISORDER (DSPD) ADVISORY GROUP

As mentioned in the Spring edition of *INFORM* the Chief Psychiatrist was directed by the Minister for Health to enquire into the possibility of alternative detaining legislation for persons with a diagnosis of dangerous and severe personality disorder (DSPD).

The Chief Psychiatrist convened an expert group who met over a few months and advised the Chief Psychiatrist. A report was prepared and sent to the Minister in late December 2004.

That report was the basis of an article in the *Sunday Times* of 6 February 2005. As reported in the media the view of the Chief Psychiatrist was that current mental health legislation should not be changed to keep persons with a diagnosis of DSPD in detention in an authorised hospital.

However the report did recommend that the Attorney General investigate the possibility of court sanctioned indefinite sentence for the protection of the community of those persons with DSPD who were facing court.

A copy of the report can be accessed on the DSPD page of the Chief Psychiatrist website.



EDUCATION AND TRAINING

Authorised Mental Health Practitioner Training: The next Review of Skills Course for new AMHPs will take place on 27, 28 and 29 April 2005 in Shaw House at Graylands Hospital.

Managers who would like to nominate any Mental Health Practitioner (nurse, psychologist, social worker or OT with at least 3 years experience in the management of persons with mental illness) can write or e-mail Dr Davidson (cc to Tim Rolfe).

Please ensure that the person is required as an AMHP for your service; that they are willing to act in the AMHP role, and willing to undergo the 3-day training program.

There is no cost to the service for the training.

CLINICAL GOVERNANCE REVIEWS

The Chief Psychiatrist's Clinical Governance Review Program commenced in November 2003 with the introduction of the Chief Psychiatrist's Clinical Governance Review Framework and the development of methodology designed to assess levels of clinical governance implementation. As part of the program development the Chief Psychiatrist has completed three pilot reviews.

The three pilot sites included the Swan Mental Health Service, the Wheatbelt Mental Health Service and the State Forensic Mental Health Service. These three sites provided the Chief Psychiatrist with the opportunity to test the review methodology in three different settings including metropolitan, rural and in a statewide forensic environment. Each of the reviews provided challenges in relation to the methods used to assess clinical governance implementation and in particular the recruitment of consumers and carers to participate in the review process. As a result of the three pilots the Chief Psychiatrist has expanded the review methodology to enable consumers and carers to provide feedback in a variety of ways. A Clinical Governance Review Guide for Mental Health Services is currently being developed and will be available from the Office of the Chief Psychiatrist (OCP) website in March 2005.

In addition to refining the methodology the pilots also provided the Chief Psychiatrist with the opportunity to further develop the Clinical Governance Reviewer Training Program. The program offers a one-day training session for clinical governance reviewers and includes consumer and carer reviewers. Reviewers are provided with a background in clinical governance, an in-depth review of the methodology to be employed during the site visit and are also given an opportunity to practice the types of skills that will be required of them during the review period. A Clinical Governance Reviewer Training Manual has been developed as part of the program.

In relation to the scheduling of the Clinical Governance Reviews there have been a number of changes. With the introduction of the new regional structure it has been necessary to amend the Clinical Governance Review timetable to reflect the new structure. In determining which mental health services will be grouped together for a review, the Chief Psychiatrist has had to consider a number of variables. Such variables include the size and skill mix of the review team, the importance of reviewing all aspects of integrated service provision, and the geographic location and nature of service provision. The revised review timetable will be posted on the OCP website in March 2005. It should be noted that the Chief Psychiatrist reserves the right to alter the timetable should the circumstances warrant a mental health service receiving an earlier review. The relevant mental health services will be advised if a change in scheduling will impact on the timing of their review.

In order to support a continuous quality improvement cycle and to try and minimise accreditation exhaustion the Chief Psychiatrist has offset the Clinical Governance Reviews with the Australian Council on Healthcare Standards in depth reviews of mental health services.

PRIVATE PSYCHIATRIC HOSTELS

Private Psychiatric Hostels (PPH) provide long-term supported accommodation for individuals with a psychiatric disability. There are currently seventeen (17) licensed hostels in the Metropolitan area that accommodate over 600 people with a severe and persistent mental illness.

The Office of the Chief Psychiatrist (OCP) commenced a regular program of standards monitoring visits to licensed psychiatric hostels in 2004. The visits assess the standards of care provided in each facility.

The monitoring visits already conducted in the North Metropolitan Region identified the administration and dispensing of medication to residents as a high-risk activity in hostels. The OCP conducted a visit to the remaining hostel in that region, focusing on medication.

The OCP has worked with stakeholders including Dr Christine Lawson-Smith, the hostel team of Dr Christine Brooks, Nurse Adie Russell and the North Metropolitan Licensed Psychiatric Hostels to support the process of changing their medication systems to one dispensed by a pharmacist into sealed blister packs and the hostel staff deliver the contents to the residents.

A win for residents' safety and working in partnership.