



# THE AUTHORISED MENTAL HEALTH PRACTITIONER

## Newsletter

Issue 2 July 2002

Jigsaw, the Newsletter for all Authorised Mental Health Practitioners and others who are interested in issues to do with the Mental Health Legislation in W A

### People Referred Pamphlet Additional resource for AMHPs

This new pamphlet which was devised by the Office of the Chief Psychiatrist with assistance from consumer and carer groups as well as clinicians and staff from mental health services was distributed to services in June.

The purpose of the pamphlet is to provide information to consumers who have been referred for examination by a psychiatrist and are awaiting a decision by a psychiatrist as to whether they should or should not be made an involuntary patient. The expectation is that they would be made available for consumers in psychiatric hospitals and in-patient units as well as to medical practitioners and authorised mental health practitioners who may distribute the pamphlet to a person referred or a relative/ carer.

The pamphlet will not replace the duty every medical or authorised mental health practitioner or staff member in an in-patient unit has to inform consumers verbally about the process and their rights (section 156/157 *Mental Health Act 1996*). However it is designed to supplement that verbal information with written information that the consumer may refer to.

The pamphlet may be photocopied (two sided and folded) and will also be made available on the mental health intranet on the Office of the Chief Psychiatrist webpage (<http://intranet.health.wa.gov.au/mhd/OCP/>). If you do not have access to the mental health intranet and you require a further mastercopy please contact Tim Rolfe, Clinical Consultant on 9222 4217.

### Appointment of New Chief Psychiatrist

Mr Mike Daube, Director General of the Department of Health announced on 20 June 2002 the appointment of Dr Rowan Davidson as the new Chief Psychiatrist within the Department of Health for the State of Western Australia.

This appointment recognises the recommendation of HARC in separating the statutory role of Chief Psychiatrist from the General Manager role of the Mental Health Division and the Office of the Chief Psychiatrist from the Office of Mental Health. Dr Davidson brings a breadth of experience and skills to this position both from his training and clinical work in Western Australia and his knowledge and experience in other countries, particularly the United Kingdom. He was a consultant psychiatrist and then Chairman and Head of Department at the Royal Perth Hospital Department of Psychiatry until 1996. He had been an active participant in the Ministerial Taskforce on Mental Health before commencing work at the Health Department of Western Australia as the Director of Strategic Policy Development. In 1998 Dr Davidson took on the role as Acting General Manager of Public Health until the early part of 2001. In the middle of 2001 he took a secondment to the Commission for Health Improvement in the United Kingdom. The knowledge and understanding of the application of quality and safety initiatives within the NHS clinical governance framework will be of considerable benefit to further developments in quality mental health services.

Throughout his career Dr Davidson has maintained a clinical role with a consistent focus on quality of care for patients and families. This passion for quality care will now be extended into his role as Chief Psychiatrist. Dr Davidson will be touring mental health services in August 2002 to introduce himself in his new role to clinicians and consumers.

**Chief Psychiatrist- Advice Corner**

An AMHP requested information regarding the requirement by PET that AMHPs leave a telephone number for after-hours contact when the AMHP has completed a referral under the *Mental Health Act 1996* (the 'Act') which is being enacted by staff from PET.

The Chief Psychiatrist's advice is that essentially this is a protocol issue between AMHPs and PET and there is nothing within the Act which clarifies the issues. PET services are used in two ways in relation to referrals under the Act. These are firstly, in the AMHP role they assess and refer as necessary. Secondly they provide a service to Medical Practitioners and AMHPs in assisting the referral process, usually by being involved in the transportation of the person referred to an authorised hospital.

An issue of concern to PET staff is that at times they attend to a call to carry out the task of transportation and it appears to them that the person does not require referral to an authorised hospital. For example, a person referred at 6 PM by a medical practitioner in an Emergency Department may be intoxicated and expressing suicidal ideation and when PET staff arrive at 10 PM the person has sobered up and no longer a risk to self. Mental states do change over time and the Act does not have a process, which guides this situation. The question that arises is in believing that it is inappropriate to continue with the referral should PET staff only act as escort nurses accepting that a 'competent' medical practitioner or AMHP has made an assessment and a decision which should be adhered to; or should they initiate some other option which promotes their assessment over the previous one knowing this may lead to the difficult situation of a practitioner maintaining that his or her assessment is superior to another practitioner; or should they attempt to contact the referrer to clarify the situation.

Until the Act is amended any resolution of this problem requires cooperation between practitioners in the patient's best interest. One way of managing the problem is for the PET staff to contact the AMHP to discuss the issues, bearing in mind that the proposed actions may be depriving a person of their liberty. The Act implies that the person making the referral should facilitate the transportation. The use of PET staff is a service, not available for example in the rural areas. So if the AMHP continues to believe after the discussion that the referral should continue and PET believe they are acting unethically as an agency in transporting a person they have the option of not being involved at all. However with the patient's best interests in mind alternative decisions should be explored such as deferring the transportation, which may be an appropriate temporary resolution.

In regard to the issue that staff make available an after hours number I assume given that AMHP's are not paid any additional remuneration either for functioning in the AMHP role or an on-call allowance that they are within their rights to refuse to cooperate with this request. However it may be appropriate for an AMHP to agree to leave his or her off-duty number on the condition that he or she would only be called if PET staff felt that the referral should not be enacted.

I do hope that this has helped clarified the position as much as possible. Clearly every situation needs to be managed in the way that leads to the most appropriate outcome for the patient but takes into consideration the opinion of a colleague.

AMHP  
Caption  
Competition

"Aaargh, that's better than you Nigel. That ball hasn't moved for a week."



Caption provided by Mark Hills

**AMHP Representation at Review of the Act**

AMHPs will have their own representative to the committee who will undertake the Review of the Mental Health Act. The Chief Psychiatrist will nominate a person for this role. It would be good if AMHPs as a group could submit a paper to the Review which I would be happy to collate. If you have any ideas as to what you would like raised at the review please forward them to me and I will prepare a paper to be submitted.

**Six Monthly Report**

Note that your 6 monthly report is being forwarded by e-mail.

Please print out a copy, complete it and then return it by snail mail to Tim Rolfe at the Office of the Chief Psychiatrist. Also include copies of any Forms 1 & 3 used