



CHIEF PSYCHIATRIST
of Western Australia

The Chief Psychiatrist's Clinical Monitoring Program

Terms of Reference

April 2016

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1. Introduction

1.1 Role of the Chief Psychiatrist

Under the *Mental Health Act 2014 (the Act)* the Chief Psychiatrist is responsible for the treatment and care of all Involuntary patients, Mentally Impaired Accused (MIA) persons, persons referred under section 26(2) or (3)(a) or 36(2) and those under an order made under section 55(1)(c) or 61(1)(c) in addition to all patients of Act-designated mental health services (Table 1). This responsibility must be discharged by publishing standards for treatment and care to be provided by mental health services and overseeing compliance with those standards.

Table 1: Chief Psychiatrist: Legal Mandate/Statutory Responsibilities

<p>The Chief Psychiatrist has responsibility under the MHA 2014 section 515(1)(a-e), for overseeing the treatment and care of:</p> <ul style="list-style-type: none">• All voluntary patients being provided with treatment or care by a mental health service;• All involuntary patients;• All mentally impaired accused required under the MIA Act to be detained at an authorised hospital• All persons referred under section 26(2) or (3)(a) or 36(2) for an examination to be conducted by a psychiatrist at an authorised hospital or other place;• All persons under an order made under section 55(1)(c) or 61(1)(c) to enable an examination to be conducted by a psychiatrist at an authorised hospital.

The Chief Psychiatrist also has the following statutory responsibilities:

- Requests for reports
- Review of treatment
- Power of inspection
- Power of Disclosure
- Monitoring of notifiable incidents
- Preparation of an annual report

1.2 Key Functions of the OCP

To ensure a high standard of psychiatric care is provided to people receiving mental health treatment and care, the Office of the Chief Psychiatrist:

- Provides clinical leadership to ensure continuous improvement in the quality and safety of mental health service delivery.
- Supports best practice through the Chief Psychiatrist's Standards and Guidelines.
- Undertakes clinical reviews, audits and investigations within the Chief Psychiatrist's statutory framework.
- Monitors restrictive practices, electroconvulsive therapy, and a range of reportable events
- Clinical facilitation, support and education.
- Expert advice, liaison, consultation and national representation.
- Standards monitoring and compliance.
- Monitoring of notifiable incidents

The Chief Psychiatrist is supported by a Deputy Chief Psychiatrist and a team of staff who assist in the discharge of these statutory responsibilities whilst ensuring the rights of people with lived experience of mental illness are upheld.

2. The Clinical Monitoring Program

2.1 Program Objective

Part of the OCP's key activities and functions is the routine auditing and monitoring through the Clinical Monitoring Program. The main objective of the Program is to evaluate the standards and consistency of mental health services' clinical governance practices and procedures, with appropriate consideration given to these documents:

- Mental Health Act 2014
- National Standards for Mental Health Services 2010
- Mental Health, Alcohol and Other Drug Services Plan 2015-2025
- The Roadmap for National Mental Health Reform 2012-2022 (COAG)
- Carers Recognition Act 2004
- Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia-Professor B Stokes July 2012 ("Stokes Review")
- Historical review processes such as the Chief Psychiatrist's Clinical and Thematic Reviews

2.2 Program Principles

In addition to maintaining consistency with policy and legislation the Clinical monitoring reviews and audits carried out by the Chief Psychiatrist are undertaken in accordance with the Charter of Mental Health Care Principles MHA 2014 and the principles of treatment and care as contained in the above mentioned publications:

- Principle 1 Attitude towards people experiencing mental illness
- Principle 2 Human Rights
- Principle 3 Person –centred approach
- Principle 4 Delivery of treatment, care and support
- Principle 5 Choice and self determination
- Principle 6 Diversity
- Principle 7 People of Aboriginal or Torres Strait Islander descent
- Principle 8 Co-occurring needs
- Principle 9 Factors influencing mental health and wellbeing
- Principle 10 Privacy and confidentiality
- Principle 11 Responsibilities and dependants
- Principle 12 Provision of information about mental illness and treatment
- Principle 13 Provision of information about rights
- Principle 14 Involvement of other people
- Principle 15 Accountability and improvement

2.3 Program Standards

The monitoring program reflects the objectives of the Chief Psychiatrist's Standards as detailed in Addendum 1 of the Clinicians Practice Guide MHA 2014:

- Standard 1: To provide comprehensive individualised assessment of the consumer to ensure holistic care planning
- Standard 2: To define a holistic, shared care planning process which is personalised and recovery focused
- Standard 3: Create a service that is responsive to consumer and carer input and needs
- Standard 4: To improve the physical health outcomes of consumers who experience mental illness
- Standard 5: To assess, minimise and manage the risks in relation to risk to self, to others and from others
- Standard 6: Reduction of seclusion and restraint events, time spent in seclusion and trauma associated with seclusion and restraint
- Standard 7: To ensure continuity, safety and quality of care for consumers and carers is maintained during transfer either between or within services
- Standard 8: To facilitate equitable access and improved mental health outcomes for aboriginal people with mental illness, and their carers, families and communities, by defining Practice standards for;
 - Delivering mental health services that take into account the cultural and social diversity of Aboriginal people with mental illness and meeting their needs and those of their carers and community throughout all phases of care
 - Actively and respectfully reducing barriers to access, providing culturally secure systems of care, improving social and emotional wellbeing

2.4 Program Scope

The MHA (s.515) prescribes the Chief Psychiatrist with the responsibility to monitor the treatment and care of mental health patients within Western Australia. With this legislative requirement the Chief Psychiatrist will carry out monitoring of all mental health services within the State,

The Area Health Services to be reviewed include:

- North Metropolitan Mental Health Service
 - Women's and Newborn Mental Health Service
- East Metropolitan Mental Health Service (when commenced)
- South Metropolitan Mental Health Service
- WA Country Health Service
- Child and Adolescent Mental Health Service
- Private and relevant Non-government Inpatient Mental Health Services

A full list of services reviewed by the Chief Psychiatrist can be found in Appendix A.

The Chief Psychiatrist's Clinical Monitoring Program is made up of three review methodologies:

- Clinical Standards and Service Review
- Targeted Reviews
- Reviews of Organisational Culture

3. Clinical Standards and Service Review

It is the intention of the Chief Psychiatrist to conduct a Clinical Standards and Service Review at all mental health services within WA over a two year period. Services will be reviewed by Area Health Service and it is anticipated that the each review period will last from 2 – 4 weeks. During that time visits will be made to as many sites within each service as possible, including remote locations, with the list of sites to be determined in collaboration with Regional Executive Directors.

3.1 Methodology

Reviewer Selection and Training

A team of senior mental health practitioners will be selected by the Chief Psychiatrist to form the review team for each area health service. The reviewers will be selected from a pool of clinicians who responded to an Expression of Interest sent out by the Chief Psychiatrist, however reviewers may also be individually selected and approached if a particular skill set or experience is required.

The reviewers will attend a one day reviewer training course provided by the Office of the Chief Psychiatrist.

The trained reviewers will be based within the mental health services during the period of the review, with the size of the review team dependent upon the size of the service being reviewed.

To avoid bias the reviewers will not be permitted to review a service where they are currently employed, or have worked in within the last three years

Communication with the Mental Health Service

Initial liaison with regards to the review process will be with the Area Health Service Executive, however the logistical details of the site visits will be arranged directly with the Regional Directors and mental health services.

Services will be asked to designate a liaison person for the Office of the Chief Psychiatrist to liaise with in order to organise the review. The main tasks of the liaison person will be to arrange for the availability of clinical records for review, and arrange a suitable venue for the reviewers to use during their time at the service. Temporary access cards/keys may also be required.

Site Visit

The Clinical Standards and Service Review will consist of two parts:

- Comprehensive Clinical Record Review
- Face to Face Staff Feedback

Comprehensive Clinical Record Review

The focus of the 'Comprehensive Clinical Record Review' will be the quality of clinical care 'as evidenced' within the written clinical record. The areas assessed will be as follows:

- Mental state assessment
- Physical assessment and ongoing physical management
- Risk assessment and management
- Individual management plans
- Discharge (including discharge planning, referral and follow up)

The medical record review will also examine the extent to which the services use standardised documentation and will review the degree to which information recorded in the standardised documentation accurately reflects the clinical information documented on other forms in the clinical record. The Chief Psychiatrist will consider existing or prescribed standardised documentation.

The Chief Psychiatrist recognises that Private health services are not required to comply with specific Department of Health documentation. The review of those services will assess the quality of clinical documentation in the patient medical records with evidence of standardised forms being used.

Benchmarking will be in the context of the:

- Chief Psychiatrists Standards and Guidelines
- Stokes Review recommendations
- National Standards for Mental Health Services 2010

Patient Selection

Mental health inpatients and community mental health patients will be randomly selected for review by the Mental Health Information System (MHIS). The Chief Psychiatrist will be provided with a list of UMRNs (Unit Medical Record Numbers) for patients within the following categories:

- Patients discharged from a mental health inpatient service within the previous 3 months.
- Long-term inpatients (admissions of longer than 3 months) will be selected from the State Forensic Mental Health Service and Graylands Hospital.
- Patients discharged from a community mental health service within the previous 3 months.
- Long-term community mental health patients (admissions of longer than 5 years).

For larger services, the number of records chosen will be proportional to the number of patients in the service. However this approach will not be adopted in smaller services, some of which may require a higher proportion of files to be reviewed in order to provide a comprehensive picture of the quality of care provided.

Chief Psychiatrist's Clinical Record Audit Tool

Clinical records will be reviewed against a structured audit tool that has been developed by the Chief Psychiatrist and piloted at a variety of mental health services across the state.

Face to Face Staff Feedback

Face to face feedback will be gathered from selected staff working within the mental health service. The discussion will involve a small number of open ended questions designed to provide feedback to managers on key areas of clinical governance. Staff will be invited to meet with reviewers based on their profession and position within the service, to ensure a random cross-selection of staff are interviewed.

The Chief Psychiatrist's reviewers will also be happy to have informal discussions with staff if they wish to provide feedback of any kind to the Chief Psychiatrist.

The reviewers will be able to provide information on the role of the Chief Psychiatrist, but cannot provide advice on operational issues.

Data Analysis and Reporting

Data collected during the clinical record review will be entered into a specifically designed database by the clinical reviewers and will be analysed by experience data analysts with input from senior clinical reviewers.

A report will be written for each service by the Principal Reviews Officer which will include recommendations for improvement. The report will be sent to the Area Executive Directors who will be asked to disseminate the report to the services.

4. Targeted Reviews

In addition to the Clinical Standards and Service Review, where problems areas are identified across the state, or there are clinical reform agendas that need addressing, the Chief Psychiatrist will implement a targeted review program to address change on a state-wide level.

This can include all aspects of the monitoring program including notifiable incidents and mandatory reporting under the MHA, eg. seclusion and restraint and ECT.

4.1 Methodology

The methodology for the targeted reviews will be dependent upon the area under review and the services included, and will therefore be developed specifically for the review, and distributed to the services involved prior to the review taking place.

5. Review of Organisational Culture

In 2012, the Chief Psychiatrist conducted a thematic review of mental health services entitled 'Clinical Governance Climate in WA Mental Health Services'. The aim of the review was to establish a base line of Clinical Governance Climate across all public MHS. An organisation's climate or culture is the sum total of what it does and is directly influenced by staff beliefs (Field, 2009). If staff believes that the organisation has a clearly defined set of core managerial values and strong leadership they are more likely to engage in meeting the mission of the organisation and subsequently in sustained improved practice.

A total of 1,117 MHS staff participated in the 2012 Review which involved responding to a 70-item modified version of the CGCQ developed by Mr Tim Freeman, University of Birmingham. The data was captured using Survey Monkey, a web based data collection tool. A total of eight recommendations were made to mental health services, and details of the recommendations and the results of the report were published in the Chief Psychiatrist's Review Report: Clinical Governance Climate in WA Mental Health Services (May 2013).

It is the intention of the Chief Psychiatrist to repeat this review on a two-yearly basis to maintain an updated snapshot of the current perception of organisational culture within WA mental health services, and to be able to measure changes in staff perception.

5.1 Methodology

The review of organisational culture will again be undertaken via an online survey / questionnaire.

Initial liaison with regards to the review process will be with the Area Health Service Executive, however the OCP will also liaise closely with services to ensure that staff are aware of the review, and a service-identified liaison person will be requested to distribute the link to access the survey to all staff (clinical and administrative) working within their service.

The survey will remain open for a specific period (approximately 1 month), after which time the data will be analysed and a report written and send to the Regions, asking them to disseminate it to the services.

6. Ongoing Follow Up and Support of Mental Health Services

Where recommendations have been made for service improvement, a quality action plan will be provided (if requested) in areas where improvement is required – particularly around reform agendas. The Chief Psychiatrist will ensure a collaborative approach to identifying barriers to progress, and the OCP's Clinical Monitoring team will continue to work with services to identify supports needed.

A follow up audit will be undertaken to ensure compliance with recommendations.

Appendix A:

Mental Health Services to be reviewed by the Chief Psychiatrist

Please note that the list below is subject to change, and a more finalised version will be made available after the implementation of Mental Health Board structure in July 2016.

North Metropolitan Mental Health Service

City Lower West Older Adult MHS
City Mental Health Service
Graylands Hospital
Creative Expression Centre for Arts Therapy
GHS Neuroscience
North Metro Hostel Liaison Service
Joondalup / Clarkson Mental Health Service
Joondalup Mental Health Unit (Private)
Midland (SJOG) Mental Health Unit
Midland (Swan) Mental Health Service
SCGH Mental Health Unit
Stirling Mental Health Service

South Metropolitan Mental Health Service

Armadale Mental Health Service
Bentley Mental Health Service
Fiona Stanley Hospital
Fremantle Mental Health Service
Peel and Rockingham / Kwinana Mental Health Service
Royal Perth Hospital Department of Psychiatry

WA Country Health Service

Central West Mental Health Service
Goldfields Mental Health Service
Great Southern Mental Health Service
Kimberly Mental Health Service
Pilbara Mental Health Service
South West Mental Health Service
Wheatbelt Mental Health Service

Child and Adolescent Mental Health Service

Acute Community Intervention Team (ACIT)
Acute Response Team
Armadale CAMHS
Bentley Adolescent Unit
Bentley Family Clinic
Clarkson CAMHS
Complex Attention and Hyperactivity Disorders Service
Fremantle CAMHS
Eating Disorders (PMH)
Hillarys CAMHS
Koondoola Integrated Service Centre
Multi-systemic Therapy
Gender Diversity
Parkwood Integrated Service Centre
Pathways

Peel CAMHS
PMH - Ward 4H
Rockingham Kwinana CAMHS
Shenton CAMHS
Swan CAMHS
Touchstone CAMHS
Warwick CAMHS

Youth Mental Health Services

Youth Axis
YouthLink
Youth Reach South

Womens & Newborn Mental Health Service

Mother Baby Unit
KEMH Psychological Medicine

State-wide Mental Health Services

Centre for Clinical Interventions
Mobile Clinical Outreach Team (MCOT)
Specialised Aboriginal Mental Health
State Forensic Mental Health Service

Private Hospitals

Abbotsford (Niola)
Hollywood
Perth Clinic
Marian Centre