



Operational Directive

Enquiries to: Office of Mental Health

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Subject: FURTHER OPINIONS UNDER THE MENTAL HEALTH ACT 2014

The purpose of this document is to outline the principles and processes regarding the request and provision of further opinions under the *Mental Health Act 2014* (MHA 2014).

Scope

This document refers to further opinions regarding the treatment of an involuntary patient or a mentally impaired accused patient under the MHA 2014. Further opinions under the MHA 2014 also include those relating to a continuation of a community treatment order.

Legislation

The MHA 2014 recognises that further opinions are an important patient right, and safeguards this right by stating that when either a patient, the person who is authorised by law to consent on the patient's behalf, the patient's carer, close family member or nominated person is dissatisfied with treatment provided to a patient under an involuntary treatment order or a mentally impaired accused patient, they may request a further opinion.

Involuntary community patients may also request a further opinion on whether it is appropriate for the supervising psychiatrist to continue a community treatment order by making a continuation order. However, this does not include whether the length of the treatment period specified in the order is appropriate (MHA 2014, section 121(5)).

The MHA 2014 requires that the patient's psychiatrist or the Chief Psychiatrist obtain the further opinion as soon as practicable after receiving the request.

Principles for Further Opinions

Stakeholders, including patients and carers, were consulted in the development of the model for further opinions. The provision of further opinions is to be based on the following principles:

- Independence
- Timeliness
- Flexibility and choice
- Patient and carer rights
- Clear accountability and documentation
- Collaboration and access to information.

Process

The process for the request and provision of a further opinion is a non-restrictive approach, which allows the person requesting the further opinion a choice in how they would like this opinion obtained.

The further opinion can be conducted using audio-visual communication in both metropolitan and non-metro areas to provide flexibility and choice. The psychiatrist providing the further opinion and the patient do not need to be in each other's physical presence but must be able to see and hear each other. When using audio-visual means, a health professional is to be in the room with the patient during the examination.

The process for the request and provision of a further opinion is to follow the steps below.

1. When a person requests the further opinion, the patient's psychiatrist or delegate is to present them with a range of options for how that further opinion is to be sought. These options are a:
 - a. further opinion from a psychiatrist within the same health service site
 - b. further opinion from a psychiatrist from a different site but within the same health service
 - c. further opinion from a psychiatrist from a different health service
 - d. further opinion from a private psychiatrist.
2. The patient's psychiatrist or delegate is to then notify the head of service of the request for the further opinion, noting the option chosen by the patient.
3. An opinion from a private psychiatrist can be obtained if patient circumstances permit.
4. If the patient's preferred option is a psychiatrist from another site or health service, the head of service or delegate is to contact a head of service of another site/service and organise for an available psychiatrist to provide the further opinion. If the patient is from a specialised group (e.g. child or older adult), this is to be taken into account as far as possible when identifying an appropriate psychiatrist.

A further opinion can be requested by a carer, close family member, nominated person or legal representative (section 182). The patient may object to this request, in which case the further opinion does not occur.(MHA 2014 section182 (4(a))).

Further opinions are to be conducted in a way that considers the patient's cultural needs. If the patient is Aboriginal, to the extent that it is practicable and appropriate, treatment is to be provided in collaboration with Aboriginal Mental Health workers and significant members of the patient's community. Therefore, they are to be included in the process of obtaining a further opinion (MHA 2014, section 189 and Principle 7 Charter of Mental Health Care Principles).

Where a patient requests a specific psychiatrist, there is to be a reasonable attempt to meet this request. However, it must be acknowledged that practical issues may prevent the provision of the further opinion by the named psychiatrist and in this instance an alternative option will be sought.

Continuation of community treatment orders

The same process applies as per the steps noted above, however community patients must request the further opinion in writing. The **Further Opinion Template** (attached) can be completed with the patient by a member of the treating team and given to the treating psychiatrist (MHA 2014, section 121(5)).

Refusal of request for an additional further opinion per episode of care

Where a further opinion has already been provided, a request for an additional further opinion may be made. The further opinion should be obtained as outlined above. The patient's psychiatrist or the Chief Psychiatrist may make a decision that, having regard to the guidelines published under section 547(1)(d), the additional request is not warranted. In this instance the psychiatrist, or Chief Psychiatrist, must, as soon as practicable, file a record of the decision and the reasons for it and provide a copy to the patient, the person requesting the additional opinion (if not the patient), and the Chief Psychiatrist (MHA 2014 section 183 (2) and (5)).

See attached **Further Opinions Flowchart**.

Timeframes for Further Opinions

Timeframes are required to manage expectations of patients and carers when requesting a further opinion. These timeframes have been set by the Chief Psychiatrist and Area Health Service Chief Executives.

Type of Further Opinion	Timeframe	KPI (%within timeframe)
Within same health service site	Within 3 working days	80% within 3 days
Outside site, same area health service	Within 5 working days.	80% within 5 days
Different area health service:	Within 5 working days	80% within 5 days
Private psychiatrist at the patient's own cost	As soon as practicable	As soon as practicable

Documentation

The **Further Opinion Template** is to be used by WA Health services to ensure clear communication, consistency and accountability with regard to the process. **Further Opinion Template** is attached.

The form contains both the request and the further opinion written report.

The **Further Opinion Template** is to be filed in the medical record and a copy given to the patient, or person requesting the further opinion (MHA 2014 section.182 (8) and (9)).

Reasons for refusal of request for a further opinion are to be documented in the medical record and a copy given to the patient, the person requesting the further opinion if not the patient, and the Chief Psychiatrist. A template will be available on the Office of the Chief Psychiatrist website for refusal of a request for an additional opinion.

Costing

- The service providing the further opinion is to absorb the cost of the consultation.
- Travel costs are to be borne by the service requesting the further opinion.
- The cost of a further opinion from a private psychiatrist is to be paid by the patient or family or carer.
- In exceptional circumstances, where no public psychiatrist is available in a timely and independent manner, and after discussion with the Chief Psychiatrist, the Health Service may request a private psychiatrist to provide a further opinion. In this instance the cost will be borne by the service.

Evaluation and Monitoring

Data on the volume of requests for further opinions, and the responsiveness to these, needs to be maintained. This data will allow for review of the model and to evaluate the equity of distribution across health services.

Data collection is to include:

- requesting site and health service, name of treating psychiatrist
- responding site and health service, name of consulting psychiatrist
- if request is from a patient/carer/other or a health service
- when a private psychiatrist is requested
- time from request to provision of the further opinion
- date of request
- date of further opinion assessment
- date that report is given to the patient/carer/other
- time taken for psychiatrist to complete further opinion.

Related Documents

- National Standards for Mental Health Service: Standard 1
- Mental Health Act 2014
- Chief Psychiatrist Clinician's Practice Guide
- Consumer and Carer Involvement in Individual Care Standards

Dr D J Russell-Weisz
DIRECTOR GENERAL
DEPARTMENT OF HEALTH WA

This information is available in alternative formats for a person with a disability.



This document can be made available in alternative formats on request for a person with a disability.

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Flowchart for Further Opinions

Mental Health Act 2014

Rights explained to patient/carer/other, including right to request a **Further Opinion**.

Request for further opinion from patient/carer/other re treatment or re continuation order for CTO
(NB: Legal Status review is through MHT)

Options discussed with Patient/Carer/Other requesting the opinion, by treating team.



- **Fact Sheet** given and explained
- **Further Opinion Template** completed with patient/carer and filed in medical record.

Psychiatrist **facilitates request** and accesses psychiatrist to provide further opinion considering patient wishes, cultural and specialist needs.

- **Further Opinion Template** provided to psychiatrist providing further opinion.

Psychiatrist/delegate **logs request** with Clinical Director/ Head of Service
(*If psychiatrist providing further opinion needs **credentialing**, notify Director of Clinical Services).

Further Opinion Psychiatrist **completes further opinion**, if practicable, within timeframes



- Within **3 days** for same Health Service site
- Within **5 days** outside Health Service site
- As soon as practicable for private psychiatrist



- **Further Opinion Template** used for report
- **Copies given to patient/carer/medical notes/Clinical Director/ Chief Psychiatrist.**

Patient's psychiatrist is to have regard to recommendations within the further opinion.

- Psychiatrist **explains recommendations** from the further opinion to patient/carer/other.

- If patient is dissatisfied they can request **reconsideration** of treatment by the Chief Psychiatrist or request an **additional opinion** from the Chief Psychiatrist or their psychiatrist.
- Chief Psychiatrist or psychiatrist can **refuse the request** for an **additional opinion**.

Clinical Director/Head of Service to provide further opinion data collected to OMH/OCP as required.

For further information see Clinicians' Practice Guide (Office of the Chief Psychiatrist) and the Further Opinions under the MHA 2014 Operational Directive



Department of Health
Office of Mental Health

GOVERNMENT OF
WESTERN AUSTRALIA

Please use ID label or block print

SURNAME	UMRN
GIVEN NAMES	CMHI
BIRTHDATE	SEX
ADDRESS	

NB: THIS IS NOT A LEGAL FORM

FURTHER OPINION TEMPLATE

REQUEST:

Date of request for Further Opinion: DD/MM/YY

Date patient seen for Further Opinion: DD/MM/YY

Place where examination occurred: _____

Opinion requested by (tick one)

- Patient
- Personal Support Person
- Verbal
- Written

Name

Treating Psychiatrist: _____ Service: _____

Desired outcome of Further Opinion (from person making request):

- Review of Treatment
- Review of continuation order for CTO via further opinion.

(NB -Reviews for MHA status are to be referred to Mental Health Review Tribunal.)

Advanced Health Directive (tick applicable): Yes No Unknown

Interviews (tick all applicable):

Patient Personal Support Person Treating Psychiatrist

Other (describe) _____

Other source of information: _____

Limitations to available information: _____

REPORT:

Opinion and Recommendations:

FURTHER OPINION REQUEST

Opinion and Recommendations continued:

Signature: _____

Name of Psychiatrist: _____

Qualifications: _____

Date of writing opinion: DD/MM/YY Private Public Service: _____

Modality (VC/in person): ____ Opinion Duration : ____ Travel Time: ____

Copies required (tick when complete):	Date
<input type="checkbox"/> Patient (mandatory)	DD/MM/YY
<input type="checkbox"/> Treating Psychiatrist (mandatory)	DD/MM/YY
<input type="checkbox"/> File (mandatory)	DD/MM/YY
<input type="checkbox"/> Other referrer (if applicable)	DD/MM/YY
<input type="checkbox"/> Chief Psychiatrist (if applicable)	DD/MM/YY
<input type="checkbox"/> Other (if applicable – describe)	DD/MM/YY
Database: _____	