



CHIEF PSYCHIATRIST
of Western Australia

The Chief Psychiatrist's Clinical Monitoring Program

Terms of Reference

February 2018



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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 mental health services (as defined under the Act), including patients who receive mental health care and reside in Private Psychiatric Hostels (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 (Act s 515(2)).

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 powers relating to treatment and care:

- 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 of standards of psychiatric care, 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
- Chief Psychiatrist's Standards for Clinical Care 2015
- 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 for Clinical Care](#):

- Aboriginal Practice: To facilitate equitable access and improved mental health outcomes for aboriginal people with mental illness, and their carers, families and communities.

- **Assessment:** To provide comprehensive individualised assessment of the consumer to ensure holistic care planning.
- **Care Planning:** To define a holistic, shared care planning process which is personalised and recovery focused.
- **Consumer and Carer Involvement in Individual Care:** Create a service that is responsive to consumer and carer input and needs.
- **Physical Health Care of Mental Health Consumers:** To improve the physical health outcomes of consumers who experience mental illness.
- **Risk Assessment and Management:** To assess, minimise and manage the risks in relation to risk to self, to others and from others.
- **Seclusion and Bodily Restraint Reduction:** Reduction of seclusion and restraint events, time spent in seclusion and trauma associated with seclusion and restraint.
- **Transfer of Care:** To ensure continuity, safety and quality of care for consumers and carers is maintained during transfer either between or within services.

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 program will review mental health services within the following Health Service Providers:

- East Metropolitan Health Service
- North Metropolitan Health Service
- South Metropolitan Health Service
- WA Country Health Service
- Child and Adolescent Health Service
- Private and relevant Non-government Services
- Private psychiatric hostels

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 Health Service Providers and it is anticipated that the review period will last from 1 – 4 weeks, depending upon the number and size of the services being reviewed. 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 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.

Consumer and carer reviewers will be selected by the Chief Psychiatrist to join the team of clinician reviewers. The consumer and carer reviewers will be selected from a pool so consumers and carers who responded to an Expression of Interest sent out by the Chief Psychiatrist and who have been interviewed and subsequently appointed to the reviewer pool.

All reviewers will attend a one day reviewer training course, provided by the Office of the Chief Psychiatrist. Consumer and carer reviewers will attend a half day reviewer training course and a half day course in prevention and management of aggression, focusing on de-escalation.

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, clinical reviewers will not be permitted to review a service where they are currently employed, or have worked in within the last three years. Consumer and carer reviewers will not be permitted to review a service from which they or their family member are currently receiving mental health care. Consumer and carer reviewers will not be permitted to review a service where they are currently engaged in consultation / representation activities or where they have participated in these activities in the past six months.

3.2 Communication with the Mental Health Service

Initial liaison with regards to the review process will be with the Area Health Service Executive, with the logistical details of the site visits 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 work with 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.

3.3 Data Collection

The Clinical Standards and Service Review will consist of:

- Comprehensive clinical record review

- Face to Face Feedback from staff, consumers and carers
- Feedback collected via Online Survey
- Review of Health Service Provider Policies

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 medical record review will also examine the extent to which the services use 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
- National Standards for Mental Health Services 2010
- Stokes Review recommendations

Patient Selection

Mental health inpatients and community mental health patients will be randomly selected for review by the Mental Health Data Collection (MHDC), Department of Health. The Chief Psychiatrist will set criteria for patient clinical record selection for the review and determine the number of clinical records to be reviewed and provide this information to MHDC. The MHDC will provide the Chief Psychiatrist with a list of randomly selected UMRNs (Unit Medical Record Numbers) for consumers of the service who meet the criteria for selection. OCP staff will not be provided with identifying details (name, date of birth, address) other than the UMRN.

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 Review 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 Feedback

Face to face feedback will be gathered from selected staff working within the mental health service, current consumers of the service and from carers of consumers currently receiving mental health care from the service. The discussion will involve a small number of open ended questions. Staff will be stratified based on their profession and position within the service and then randomly selected from within these groups to ensure a random cross-selection of staff are interviewed.

Mental health consumers will be randomly selected for interview by the MHDC. The Chief Psychiatrist will set criteria for selection for interview and determine the desired number of consumers to be interviewed and provide this information to MHDC. MHDC will provide the Chief Psychiatrist with a list of randomly selected UMRNs for consumers of the service who meet the criteria to be interviewed. This information will be provided to the service prior to the review. The service will have the opportunity to identify if they do not believe it is appropriate to interview a selected consumer. The service will then schedule interviews with

selected consumers on behalf of the Chief Psychiatrist. OCP reviewers will take responsibility for explaining the purpose of the interview to the consumer and obtaining consent.

Carers of mental health consumers will be selected by undertaking a random identification of consumers as outlined above. The UMRNs of identified consumers will be provided to the service, and the service will contact the carers of those people and scheduling interviews on behalf of the Chief Psychiatrist. The service will advise the Chief Psychiatrist if the person does not have a carer or they do not believe it is appropriate to interview a selected carer. OCP reviewers will take responsibility for explaining the purpose of the interview to the carer and obtaining consent.

Prior to the review, OCP staff will not be provided with identifying details (name, date of birth, address) of consumers and carers, other than the UMRN. Names of consumers and carers interviewed will be recorded on interview consent forms only, which will be separated from interview reports by the reviewer before they are provided to the OCP.

Consideration will be made for interviewing staff in key positions (such as head of service) and or consumers or carers in key positions (such as consumers/carers undertaking a consultation role within service governance).

The Chief Psychiatrist's reviewers will also interview any staff, consumers or carers who self-identify that they wish to provide feedback of any kind to the Chief Psychiatrist.

The reviewers will provide information on the role of the Chief Psychiatrist, but cannot provide advice on clinical or operational issues.

Feedback Collected via Online Survey

At the discretion of the Chief Psychiatrist, online surveys may be offered to supplement data collected via clinical record review and face-to-face data, or to collect data which is more suited to collection via survey.

Structured survey questions will be developed by OCP staff and distributed to relevant staff within the health service via email link, as necessary.

Review of Health Service Provider Policies

At the discretion of the Chief Psychiatrist, the review methodology may include a review of relevant policies. Where possible, policies will be accessed via the WA Health Intranet (HealthPoint), however if required, OCP staff may contact the service to request a copy of their policy.

The purpose of the policy review is to compare information and direction provided to staff by Health Service Providers in the form of policies in the context of the requirements of the *Mental Health Act 2014* and Chief Psychiatrist's Standards and Guidelines.

3.4 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 experienced data analysts in the OCP, 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 Health Service Provider's Executive Director, who will be asked to disseminate the report to the relevant services.

4. Targeted Reviews

In addition to the Clinical Standards and Service Review, at the Chief Psychiatrist's discretion, the OCP will implement targeted reviews to investigate an issue and/or address change on a state-wide level in response to identified issues/concerns.

Targeted Reviews can examine all issues reviewed through 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 issue 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 the 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 were 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 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 be undertaken via an online survey / questionnaire.

Initial liaison with regards to the review process will be undertaken with the Health Service Provider 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 sent to Health Service Providers, asking them to disseminate it to relevant services.

6. Ongoing Follow Up and Support of Mental Health Services

Where recommendations have been made for service improvement, services will be asked to produce a quality action plan to address areas where improvement is required. The Chief Psychiatrist will ensure a collaborative approach to identifying barriers to progress, and the OCP's Clinical Monitoring team will work with services to identify supports needed.

Appendix A:

Mental Health Services to be reviewed by the Chief Psychiatrist

Please note that the list below is subject to change.

Child and Adolescent Health Service

Acute CAMHS

- Bentley Adolescent Unit
- Princess Margaret Hospital (Perth Children's Hospital)
- Gender Diversity Services

Community CAMHS

- Armadale CAMHS
- Bentley CAMHS
- Clarkson CAMHS
- Fremantle CAMHS
- Hillarys CAMHS
- Peel CAMHS
- Rockingham CAMHS
- Shenton CAMHS
- Swan CAMHS
- Touchstone CAMHS
- Warwick CAMHS

Specialised CAMHS

- Complex Attention and Hyperactivity Disorders Service
- Eating Disorders Program
- Family Pathways
- Multisystemic Therapy

North Metropolitan Health Service

City Catchment Mental Health

- Subiaco Community Mental Health
- Sir Charles Gairdner Hospital Mental Health Unit

Graylands Hospital

Joondalup Catchment Mental Health

- Joondalup Mental Health Service
- Clarkson Mental Health Service

Older Adult Mental Health

- Joondalup Older Adult Mental Health Service
- Lower West Older Adult Mental Health Unit
- Osborne Older Adult Mental Health Unit

Stirling Catchment Mental Health

- Mirrabooka Community Mental Health Service
- Osborne Community Mental Health Service

State Forensic Mental Health Service

- Frankland Unit
- Community Forensic Mental Health Service
- Prison Transition Service
- START Court

Statewide Mental Health Services

- Centre for Clinical Interventions
- Creative Expression Centre for Art Therapy

- Neurosciences Unit
- Women and Newborn Mental Health Service
- Mother Baby Unit
 - KEMP Psychological Medicine
- Youth Mental Health Services
- Youth Axis
 - YouthLink
 - Youth Reach South

East Metropolitan Health Service

Armadale Mental Health Service
Bentley Mental Health Service
Inner City Mental Health Service
Midland (Swan) Mental Health Service
Royal Perth Hospital Department of Psychiatry
Wungen Kartup Specialised Aboriginal Mental Health

South Metropolitan Health Service

Fiona Stanley Hospital
Fremantle Mental Health Service
Peel and Rockingham / Kwinana Mental Health Service

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

Private Hospitals

Abbotsford (Niola)
Hollywood
Joondalup Hospital (Ramsay) Mental Health Unit
Marian Centre
Midland (SJOG) Mental Health Unit
Perth Clinic
Ursula Frayne Mental Health Unit