



**CHIEF PSYCHIATRIST**  
of Western Australia

## Authorisation of Mental Health Units under the Mental Health Act 2014 during the COVID-19 Pandemic

The *Mental Health Act 2014* (MHA 2014) s.542 invests the Chief Psychiatrist with the responsibility to make a recommendation to the Governor of Western Australia for the authorisation of a hospital and as required has released [The Chief Psychiatrist's Standards for Authorisation of Hospitals under the Mental Health Act 2014](#) (the Standards) in October 2019.

The COVID-19 pandemic has posed significant challenges for the Office of the Chief Psychiatrist in terms of ensuring a high standard of care is maintained for those people accessing mental health services in Western Australia. There is much to consider including the provision of safe, suitable and therapeutic environments.

Given the dynamic nature of COVID-19 response there may be the need for the authorisation of a facility to be expedited to meet the impact of the virus on services and a forecast increase in mental health admissions in the wake of the pandemic. Consideration has therefore been given as to how to appropriately translate Standards for authorisation during COVID-19. The values and priorities of the Chief Psychiatrist during this time remain the same: facilities must be appropriately safe, they must be suitable, they must be appropriate for the intended cohort and the functionality of the environment must be therapeutic.

Safety in Authorised Hospitals has these three principals at its core:

1. Infrastructure safety (eg hanging points and lines of observation)
2. Operational safety (eg policies- that are actually followed)
3. Relational safety (eg staff cultural issues)

Different cohorts or settings may require different balances between infrastructure and operational focus. In mental health, relational safety cannot be compromised- circumstances notwithstanding.

Health Service Providers should carefully consider the need to authorise a facility during the pandemic. Services will be required to address the full Standards checklist and where gaps are identified my office will work closely with the health service.

Authorisation is not a process that is taken lightly and any service that may seek an expedited authorisation during this time should be cognisant of this. We are seeking to be as flexible, nimble and prompt as possible to assist and meet the needs of the WA community during this period

To seek an expedited authorisation assessment, services should consider these issues in advance:

- Are there existing Authorised Hospitals that can be more rapidly reconfigured to meet community needs and service requirements?
- Is authorisation required for this unit, or can/should it operate as a non-authorised unit?
- Has this been considered as part of a broader state emergency mental health planning process (other service providers who may be affected consulted)

- Is there likely to be funding, resources, staffing to enable this unit to realistically function as an authorised unit?

Under the COVID-19 circumstances, the Chief Psychiatrist will prioritise this discussion regarding authorisation to clarify the matter urgently, although there are steps through legal drafting which sit outside the remit of the Chief Psychiatrist.

Questions can be directed to Cate Wray, Consultant, Statutory Authorisations and Approvals, telephone 65530000 or *email reception@ocp.wa.gov.au*

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**Leadership – Integrity - Respect – Accountability - Commitment**

# Potentially Indicative Standards for Authorisation of Hospitals under the Mental Health Act 2014 during the COVID-19 Pandemic

There are no “core standards” as a subgroup of the Standards for Authorisation of Hospitals under the Mental Health Act 2014- the standards are minimum in their current and full iteration. But there are some key individual standards which may give service providers a brief, thumbnail understanding of whether their unit or facility is likely to be authorisable, and these can be used to assist service providers to decide whether to pursue authorisation under the MHA 2014. At any time these may be discussed with the Office of the Chief Psychiatrist.

## STANDARD ONE – SAFETY – DESIGN AND STRUCTURE

The Hospital to be authorised is designed and structured and operates in a manner that minimises risk for patients, visitors and staff.

Research and consultation should be undertaken to ensure current use of quality anti ligature fittings and fixtures and that advancements in technology are applied in providing a safe and suitable environment for staff, patients and visitors.

### Potentially Indicative Standards

- The facility must be compliant with relevant Building, Occupational Health and Safety Regulations
- The facility must be compliant with fire detection and emergency response systems
- The facility must be fitted with staff assist, emergency and duress alarm systems
- Fittings and fixtures to patient bathrooms and bedrooms are appropriate and do not pose risk to self-harm, including but not limited to mirrors, curtains, blinds, doors and door closers
- There is access to suitable outdoors areas and where applicable do not pose an absconding risk.

## STANDARD TWO - GOVERNANCE AND LEGISLATIVE REQUIREMENTS

The operations of the hospital to be authorised meets the standards for the development and implementation and regular review of policies, protocols or procedures.

The operations of the hospital to be authorised meets the requirements of the *Mental Health Act 2014* and other applicable industry standards.

### Potentially Indicative Standards

- The service must have policies that comply with legislation requirements and relevant industry standards
- The service must have policies and procedures that considers personal safety of inpatients, including sexual safety
- The service must ensure staff are aware of the requirements of the *Mental Health Act 2014* in regards to receiving a person, their rights, treatment, care and discharge under the Act.

## STANDARD THREE - INFORMATION MANAGEMENT

The hospital to be authorised has a systematic and planned approach to the management of information as required by the *Mental Health Act 2014* and regulations.

### Potentially Indicative Standards

- The service ensures compliance with recordkeeping protocols as per s. 582, s.576
- The services must have policies, procedures and protocols for the use of electronic information systems, including accuracy and timely entry
- The service must have procedures for recording and maintaining the patient journey as per Standard Criteria 3.8
- The services must have policies and procedures in place for reporting to the Chief Psychiatrist as per Standard Criteria 3.13.

## STANDARD FOUR - PATIENT CARE

The Hospital to be authorised has policies and procedures that ensure optimum patient care.

These policies and procedures facilitate the continuity of integrated care across programs, sites and other related services with appropriate communication, documentation and evaluation to meet the identified needs of patient and carers.

### Potentially Indicative Standards

- The service can ensure the patient remains central in all decisions about their care and treatment
- The service is one that promotes dignity, compassion and collaborates with family members and carers in patient care and management
- The service must have a policy that ensures all patients receive a physical assessment and the management and care for their physical health care needs
- The service can ensure patient safety in terms of vulnerable patients, sexual safety and for those patients who have experienced trauma (see Appendix B in the Standards)
- The services have policies and procedures that are in line with the Chief Psychiatrist's commitment in eliminating restrictive practices in Western Australia (see Appendix D in the Standards).

## STANDARD FIVE - STAFFING

The hospital to be authorised has staffing arrangements that enable high quality patient care, compliance with the *Mental Health Act 2014* and associated regulations and guidelines, and allow for optimum staff, patient and visitor safety.

### Potentially Indicative Standards

- The service must have a consultant psychiatrist in the clinical leadership and governance role as per Standard Criteria 5.0, 5.1 and 5.2
- All clinical staff are appropriately credentialed and this is recorded
- The service must ensure the workforce is aware of their functions under the Act

- The service must ensure non clinical staff are skilled in strategies that support the safety, respect and dignity of patients
- The service must ensure Agency and Security staff received training and have sufficient knowledge of the Act and have skills in the prevention and management of distressed patients including de-escalation techniques.

## **STANDARD SIX - PROTECTION OF RIGHTS**

Hospitals to be authorised have mechanisms in place to protect the rights of involuntary patients as determined by the provisions of the *Mental Health Act 2014* (s.243-262).

The Authorised Hospital is to ensure that there are policies and procedures to ensure that the rights of Involuntary patients, Mentally Impaired Accused (MIA) persons detained in an authorised hospital, persons referred under s. 26(2) or s. (3)(a) or s.36(2) and those under an order made under s.55(1)(c) or s.61(1)(c), as well as all patients of the *Mental Health Act 2014* designated mental health services.

### **Potentially Indicative Standards**

- All standards in this section.