



## Chief Psychiatrist's Standards for Clinical Care

As required under Section 547 of the Mental Health Act 2014

### Standard: Consumer and Carer Involvement in Individual Care

The Mental Health Act 2014 requires the Chief Psychiatrist to be responsible for overseeing the treatment and care to a range of users of mental health services. The Chief Psychiatrist is required to discharge that responsibility by publishing a set of standards for treatment and care provided by Mental Health Services and overseeing compliance with those standards.

The Chief Psychiatrist of Western Australia has accepted two sets of standards as the overarching standards relevant for the Mental Health Act 2014.

- For clinical mental health services: [National Safety and Quality Health Service](#) (NSQHS) Standards.
  - Implemented from 1 November 2023
- For other mental health services: [National Safety and Quality Mental Health Standards for Community Managed Organisations](#) (NSQMHS for CMOs).
  - In the process of implementation. Until implementation is complete, the accepted standards remain the [National Standards for Mental Health Services](#).

In addition, the Chief Psychiatrist has published the Chief Psychiatrist's Standards for Clinical Care. These standards have been developed within the following context:

- The specific Chief Psychiatrist's Standards are not designed to replace the NSMHS but enhance them where local development is identified as needed.
- They cover certain areas the Chief Psychiatrist deems to be either of central importance or requiring local jurisdictional focus.
- They are designed to leverage quality clinical care and are purposefully and predominantly targeted towards clinical practice.
- They are designed to be easily and quickly read by clinicians, and also by consumers and carers - hence they are relatively brief, not exhaustive.

### Version

<b>Purpose</b>	Statutory Requirement under the Mental Health Act 2014
<b>Relevant To</b>	All Mental Health Service Providers
<b>Approval Authority:</b>	Dr Nathan Gibson Chief Psychiatrist
<b>Effective Date:</b>	30 November 2015
<b>Responsible Group:</b>	Chief Psychiatrist Standards and Guidelines Working Group
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## Standard: Consumer and Carer Involvement in Individual Care

This Standard applies to all public and private mental health services as defined by the *Mental Health Act 2014*.

### Definition

1. Consumer  
For the purpose of this standard a consumer is referred to under the Mental Health Act 2014 as a “patient”.  
Patient means –
  - a) An involuntary patient; or
  - b) A mentally impaired accused person required under the Mentally Impaired Accused Act 1996 to be detained at an authorised hospital; or
  - c) A voluntary patient including a referred person<sup>1</sup>
2. Carer  
For the purpose of this standard a carer is a person who is an individual who provides ongoing care or assistance to a person with a mental illness as defined under the *Mental Health Act 2014*. Error! Bookmark not defined.

### Purpose

Create a service that is responsive to consumer and carer input and needs.<sup>2</sup>

### Context

3. Mental health services are required to work collaboratively and in partnership with consumers and/or carers irrespective of whether the consumer is a voluntary or involuntary patient.
4. There should always be an emphasis on recovery orientated care.<sup>3</sup> This involves active partnership with consumers and carers by services.<sup>4</sup>
5. All services must have regard to the principles in the Charter of Mental Health Care Principles.<sup>5</sup>
6. It is a requirement that consumers, carers, clinicians and other associated staff operate in an environment of mutual respect.

### Criteria

1. The mental health service ensures staff capability in working with consumers and carers through the provision of information, education and supervision.
2. Consumer
  - 2.1. Consumers have the right to comprehensive and integrated mental health care that meets their individual needs and achieves the best possible outcome in terms of their recovery.
  - 2.2. Consumers have the right to receive service free from abuse, exploitation, discrimination coercion, harassment and neglect.<sup>6</sup>
  - 2.3. Consumers are partners in the management of all aspects of their treatment, care and recovery planning.<sup>6</sup>

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<sup>1</sup> Mental Health Act 2014, Part 2, Division 1 Section 4

<sup>2</sup> Australian Commission on Safety and Quality in Health Care, Partnering with Consumers; Standard 2

<sup>3</sup> A National Framework for Recovery-oriented mental health services 2013. Page 3

<sup>4</sup> Australian Government (2013) National Practice Standards for the Mental Health Workforce

<sup>5</sup> Mental Health Act 2014, Part 4, Section 11 and Schedule 1: Charter of Mental Health Care Principles, National Standards for Mental Health Services, 2010 Standard 4

<sup>6</sup> Western Australia Mental Health Bill 2014

- 2.4. Informed consent is actively sought from consumers prior to any intervention provided or any changes in care delivery.<sup>6</sup>
- 2.5. Consumers are provided with current and accurate information on the care being delivered.<sup>6</sup>
3. Carer
  - 3.1. Carers need recognition and respect, and their support is valued and important to the wellbeing, treatment and recovery of consumers.<sup>7</sup>
    - 3.1.1. The mental health service actively seeks information from carers in relation to the consumer's condition during assessment, treatment and ongoing care and records that information in the consumer's health record.<sup>8</sup>
    - 3.1.2. The mental health service engages carers in discharge planning, involving crisis management and continuing care, prior to transfer of or discharge from all episodes of care.<sup>8</sup>
  - 3.2. Where the consumer actively declines carer involvement the service will consider any appropriate strategies to engage the carer.
  - 3.3. Clinicians and other associated staff will record significant information provided by carers.
    - 3.3.1. Clinicians will give due consideration to confidentiality regarding information provided by carers.

## Measures

1. Measurement of consumer and carer satisfaction.

## Future/Potential Measures

1. Staff attend training regarding engagement with consumers and carers.
2. Consumer and Carer signatures on Treatment, Support and Discharge Plans.
3. The percentage of staff attending clinical supervision. This measure is under development.

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<sup>7</sup> National Standards for Mental Health Services 2010; Standard 7 Carers

<sup>8</sup> RANZCP Principles and Guidelines for Aboriginal and Torres Strait Islander Mental Health 2014

## Acknowledgement

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