



Chief Psychiatrist's Clinical Care Standards

As required under Section 547 of the Mental Health Act 2014

Standard: Care Planning

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.
- For other mental health services: [National Safety and Quality Mental Health Standards for Community Managed Organisations](#) (NSQMHS for CMOs).

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

Purpose	Statutory Requirement under the Mental Health Act 2014
Relevant To	All Mental Health Service Providers
Approval Authority:	Dr Nathan Gibson Chief Psychiatrist
Effective Date:	30 November 2015
Responsible Group:	Chief Psychiatrist Standards and Guidelines Working Group
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Standard: Care Planning

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

Definition

Care Plan: A written statement developed with the involvement of consumers, carers and relevant others, for consumers, which outlines the treatment and support to be undertaken, the health outcomes to be achieved and review of care which will occur at regular intervals.¹

Recovery: *Personal Recovery* – Being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issues.²

Purpose

To define a holistic, shared care planning process which is personalised and recovery focussed.

Context

1. The consumer will be a partner in the care planning process.
2. A clinician will facilitate carer involvement or contribution to care planning.
3. A clinician will involve consumers in individual, shared or supported decision-making and encourage self-determination, cooperation and choice.³
4. *The Consumer and Carer Involvement in Individual Care Standard* is to be used as an overarching standard for treatment, care and recovery planning.

Service

1. All consumers will have a written care plan using a standardised template or equivalent, taking into consideration their language and literacy requirements.
2. Services will recognise the need for the carer to receive a copy of the care plan after taking into consideration consumer consent and risk issues.
3. Services will ensure that the care plan is kept on both the clinical record and on PSOLIS⁴ Where applicable.
4. The care plan will be reviewed, as a minimum, every three months.
5. The care plan will have multidisciplinary team input wherever possible.
6. Services will provide appropriate oversight of the care plan by a psychiatrist.
7. Services must use the principles of recovery oriented mental health practice by:³
 - 7.1. Upholding a person-centred focus with a view to obtaining the best possible outcomes for consumers, by recognising life experiences, needs, preferences, aspirations, values and skills, while delivering goal-oriented treatment, care and support.
 - 7.2. Promoting positive attitudes towards mental illness, including recognising that consumers can lead full and productive lives and make meaningful contributions to the community.
8. The service will provide access to a range of evidence based treatments.¹

¹ National Standards for Mental Health Services 2010

² A National Framework for Recovery-Oriented Mental Health Services – Policy and Theory

³ Charter of Mental Health Principles – Schedule 1 Mental Health Act 2014

⁴ Review of the admission or referral to and the discharge and transfer practices of public mental facilities/services in Western Australia, Prof Bryant Stokes July 2012

9. The service will take into account the cultural and social diversity of its consumers, carers and community.^{3 5 6}
10. The service will uphold the rights of the consumer and carer.^{7 8 9 10}

Criteria

1. The service has a process which includes the commencement of development of a discharge plan from the time the consumer enters the service.¹¹
2. The consumer and their carer are provided with relevant and appropriate information on the range of services and support that are suitable and available in their community.¹¹
3. The clinician has a responsibility to facilitate a pathway to relevant and accessible services.
4. The clinician will, whilst undertaking treatment, care and recovery planning:
 - 4.1. Provide evidence based treatment with ongoing assessments.
 - 4.2. Provide individualised planning on a strength based approach.
 - 4.3. Proactively involve relevant, other service providers (e.g. non-government organisations, community supports and primary care services).
5. Care planning will consider the issue of continuity and the standard regarding the transfer of care.
6. Care planning will include physical health care assessment and management.
7. Care planning will consider the issues of medication and treatment safety.
8. Where there are unresolved differences in perspective, on aspects of the care plan among consumers, carers and clinicians, these differences will be acknowledged in the care plan.

Measures

1. Review of care plan within three months.

Future/Potential Measures

1. Care plans developed with consumers.
2. Care plans developed with carers.

⁵ National Standards for Mental Health Services 2010, Standard 4 Diversity Responsiveness

⁶ Mental Health Act 2014, Part 6 Division 2 s 50

⁷ National Standards for Mental Health Services 2010, Standard 1 Rights and Responsibilities

⁸ National Standards for Mental Health Services 2010, Standard 6 Consumers

⁹ National Standards for Mental Health Services 2010, Standard 7 Carers

¹⁰ Carers Recognition Act 2004

¹¹ National Standards for Mental Health Services, Standard 10 Delivery of Care

Acknowledgement

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