



Chief Psychiatrist's Clinical Care Standards

As required under Section 547 of the Mental Health Act 2014

Standard: Physical Health Care of Mental Health Consumers

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: Physical Health Care of Mental Health Consumers

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

Purpose

To provide comprehensive individualised assessment of the consumer to ensure holistic care planning.

Context

1. All mental health consumers have the right to physical (including dental) health care that is equal to the care provided to the general population.
2. Mental and physical health care will be coordinated with equal priority to support individual recovery.
3. All mental health clinicians will recognize the role of carers in the assessment and management of physical health care needs.
4. All mental health clinicians must consider the impact of mental illness on physical health.
5. All mental health clinicians must ensure that the physical wellbeing (including dental) of all patients under their care is regularly assessed and where appropriate referred to appropriate specialist clinicians.¹
6. Appropriate consent must be obtained prior to physical examination of the consumer.

Criteria

1. Systemic Criteria:
 - 1.1. The mental health service will have clear pathways for appropriate assessment and treatment of physical illnesses by general practitioners and specialist clinicians.
 - 1.2. Mental health clinicians have a responsibility to advocate for and facilitate equity in access to physical health care.
 - 1.3. Mental health services will ensure that staff take into account and are informed on matters such as medication adverse effects that will impact the physical health of consumers with mental illness.
 - 1.4. Mental health services will recognise the co-morbid use of substances, the use of non-prescribed medications and lifestyle choices in the overall management of the consumer.
 - 1.5. There will be a standardized approach to regular physical screening and in particular metabolic screening.
 - 1.5.1. Measurement of Body Mass Index (BMI).
 - 1.5.2. Measurement of waist circumference.
 - 1.5.3. Regular age appropriate screening relative to the medications prescribed.
 - 1.6. Treatment, Support and Discharge Plans, and other Care Plans (including transfer of care documents) will specifically address physical health care needs.
2. Personal Criteria:
 - 2.1. Assessment of consumers will include communication with general practitioners and specialist clinicians involved with their care.
 - 2.2. Assessment of consumers will include communication with carers.
 - 2.3. Consumers unable to engage with a primary health care provider including a general practitioner will have their ongoing physical health care needs coordinated by the treating community mental health service.
 - 2.4. All consumers will have at least yearly physical assessments and appropriate screening.
 - 2.5. All consumers will have regular oral health assessments.

¹ Review of the Admission or Referral to and the Discharge and Transfer Practices of Public Mental Health, Professor Stokes B (2012)

- 2.6. All consumers will have a physical assessment on admission to an inpatient service.
- 2.7. All consumers and carers will receive timely information on the impact of medications on physical health.
- 2.8. Where a consumer with capacity to consent declines assessment of their physical health care needs despite appropriate advice, the clinician must consider what ongoing strategies will best assist that consumer and carer to manage the physical health care in the future.

Future/Potential Measures

1. Physical examination documented within 12 hours of admission.

Future/Potential Measures

1. Incorporation of physical health care components in the Care and Treatment, Support and Discharge Plans.
2. Evidence of appropriate treatment for abnormal physical health states.
3. Communication with primary care providers.

UNDER REVIEW

Acknowledgement

The Chief Psychiatrist's Standards would not have been possible without the invaluable contribution from the Chief Psychiatrist's Standards and Guidelines Working Group, and the broader agencies and individuals involved in feedback. Acknowledgement is also made to the Statewide Aboriginal Mental Health Service.

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