

# RENEWED RESPECT

This is the Government response to the 2009/10 Annual Report of the Council of Official Visitors.

## Minister's Foreword

The Council of Official Visitors provides a place for people with a mental illness to voice their concerns or complaints and are made aware of their rights and responsibilities. The Council provides an annual report to the Western Australian Parliament.

It is the responsibility of Government to listen and to take action where needed.

We must not forget that some people who have a mental illness are unable to advocate for themselves. Those patients involuntarily admitted, especially those in secure units, are the people who most need advocacy. Their families, carers and the client themselves often rely on official visitors to do this on their behalf.

This Government has taken this challenge head on and has appointed a Minister for Mental Health and established the Mental Health Commission (MHC) to lead mental health reform throughout the State. We have also commenced changing planning and governance arrangements where public, private and non-government providers and consumers and carers all have legitimate roles in policy and planning processes.

I know that the people who work in mental health are professional and dedicated. It is important that we listen to their views and work with them to ensure that they have access to training and support and an opportunity to input into improving the lives of mental health consumers.

I have met with the Director General of Health, the Commissioner for Public Sector Standards, the Head of the Council of Official Visitors and the Mental Health Commissioner about some of the potentially serious issues raised by the Council and advised all of them that I expect those responsible for the Area Health Services to be vigilant in regard to the human rights of people with mental illness.

I am pleased to say that the Mental Health Commission, working with the Office of the Chief Psychiatrist and the public health system, has a number of initiatives in place to investigate, and where necessary address the issues raised in this report.

But I have asked them to do more.

System level reform is only worth doing if it results in better lives for people in our community.

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Hon Helen Morton MLC  
MINISTER FOR MENTAL HEALTH

# Issues and actions

## ***Assisting people on wards***

The Mental Health Commission (MHC) is working with service providers on two fronts to get people out of hospital and back living in the community.

Better accommodation options are expanding and work is underway to improve the support services for clients with complex needs such as those with both intellectual disabilities and mental illness, and clients with acquired brain injury.

Key achievements in the 2009/10 financial year include 74 people moving into newly commissioned supported accommodation units, the opening of a 34 bed facility for homeless people in East Perth and the acquisition, in partnership with the Department of Housing, of 50 supported homes in the community for people who were either homeless or at risk of becoming homeless.

Design and planning approval has been finalised and funds have been secured to develop and operate a 22-place intermediate care service in Joondalup with the possibility of a second similar service in Rockingham.

The Government has also provided \$400,000 over two years through the Mental Health Commission for a recovery centre in Broome to enable people with mental illness to learn skills to assist them to move to community living.

## ***People with complex needs***

People with complex needs require extensive support services which calls for the collaboration of a range of government agencies.

Having a single minister responsible for the two distinct portfolios of mental health and disability services presents an opportunity for even greater cooperation between government services.

The MHC is actively working towards individual support and funding for people who have complex and multiple needs. For example, funding has been sourced for two long-term patients at Graylands with acquired brain injuries to move back into the community once the necessary support has been put in place. Another individual funding package is being developed for a regional patient to enable him to move back into the community, once again when support services are in place.

A further six people with exceptionally complex needs including combinations of acquired brain injuries, mental illness, intellectual disabilities and substance abuse problems were provided with access to the services they required in 2010. Collaborating agencies were the Mental Health Commission, Disability Services Commission, Office of the Public Advocate, Area Mental Health Services, Department of Corrective Services, Department of Housing, and the Drug and Alcohol Office. Future planning requires a strong holistic focus and getting this type of collaborative approach right will reduce the rates of unplanned hospital admission, police contact and re-incarceration of people with exceptionally complex needs, and ultimately improve their quality of life.

### ***Voluntary Patients***

This Government accepts that the present mandate of the Council of Official Visitors which includes only involuntary patients and affected persons limits the Council's advocacy role. In the drafting of the new Mental Health legislation the importance of the Council's advocacy role has the potential to widen the Council's mandate to include certain voluntary patients.

Whatever the specific roles and responsibilities of mental health services, the Government is committed to maintaining and strengthening access to independent people who can represent the interests of patients and report any concerns to the Commission, the Minister and Parliament related to the wellbeing of these vulnerable people in our society.

While patients should be provided with options when discussing treatment with their psychiatrist, clinical guidelines in relation to new legislation will explicitly indicate the limits of persuasion and negotiation, bearing in mind the importance of patients' human rights.

### ***Children and Adolescents***

This Government recognises the importance of supporting families and treating the signs of mental health problems early in a person's life. Many families have difficulties that are often intergenerational and require complex interventions.

As of 28 February 2011 the Department of Health transferred operational responsibility for the Child and Adolescent Mental Health Services (CAMHS) from the Metropolitan Area Health Services to the state-wide Child and Adolescent Health Service (CAHS).

CAHS will manage state-wide service delivery for child and adolescent mental health, in the metropolitan area. The WA Country Health Service (WACHS) will continue to deliver rural services.

The change is designed to improve services for the children and their families. It will consolidate policy and governance for these services to provide a co-ordinated approach for funding and commissioning of services.

This consolidation will strengthen a child focused culture, develop clear and consistent models and pathways of care and improve collaboration with other child and family related services. This includes non-government agencies and public sector agencies such as Education, Disability Services, Child Protection and Justice.

### ***Bentley Adolescent Unit***

The State's only involuntary facility for children, Bentley Adolescent Unit (BAU), requires improvement on a number of levels.

CAHS has assumed responsibility for the BAU and has already undertaken preliminary work to improve aesthetics and service delivery at the BAU. An architect has been appointed who, in conjunction with staff, will develop proposals to improve the BAU facility and services to children, including the improvements to the outside areas. An external consultant has also been engaged to work with clinical staff at the BAU to develop a new model of care for the clients and to propose solutions for the long term improvement of the facility. Improving

discharge planning and follow-up for young people will be a cornerstone of future service delivery. This work commenced on 28 February 2011.

The New Children's Hospital Mental Health Inpatient Unit, due to open in 2015 will have the capacity for 20 mental health beds and two family units for children and adolescents with complex mental health needs. This initiative represents a key element and commitment to ongoing mental health reform in the area of child and adolescent mental health services.

### **Complaints process**

The Council of Official Visitors has raised concerns about the lack of consistent and accountable mental health complaint processes. This Government acknowledges the report's view that complaint processes could be streamlined and strengthened.

A forthcoming review of the range of quality assurance methods in mental health in WA will take into account the opportunities that the establishment of a Mental Health Commission brings to improving quality assurance in service delivery. All changes in quality assurance roles will be included in new mental health legislation, and will align with the *United Nations Convention on the Rights of Persons with Disabilities* and the revised National Standards for Mental Health Services.

### **Seclusion**

According to sections 117, 118 and 119 of the *Mental Health Act* (the Act), seclusion cannot be used for behavioural management or modification purposes. The Act clearly indicates the circumstances under which seclusion may be used. Breaches of the Act can incur severe penalties.

General improvements have been made however the Council believe that further improvements are necessary. Even with general improvement in seclusion practices observed by the Council, their view is that this remains a concern. Incidents alleged by the Council have been brought to the attention of the Director General of Health who is ultimately responsible for ensuring that all staff adhere to the terms of the Act.

Work is underway across Australia to reduce the use of seclusion. Graylands Hospital was one of 11 project sites funded under the National Seclusion and Restraint Project (NMHSRP). The 2009 project developed, tested and implemented resources to support long term change in workforce culture and practice leading to a reduction and possible elimination of seclusion and restraint and the implementation of best practice.

Graylands Hospital staff have shared the resources and expertise developed during the pilot with all other sites in WA. Professional development forums have been convened for mental health professionals increasing the knowledge of participants in forming therapeutic relationships and in de-escalation techniques when faced with potentially aggressive situations. Individual sites are now continuing to promote and drive the initiative.

In the context of the NMHSRP guidelines, the North Metropolitan Area Health Service will oversee a planned review of policies in relation to seclusion and restraint.

### ***Ward environment***

Some mental health patients spend months and even years living on hospital wards. This Government will address the need for further recreational and recovery-focussed activities as well as improvements to ward environments.

The newly opened Rockingham inpatient unit has made provision for two dedicated staff to support patients and their families to provide an active environment conducive to recovery. The introduction of recovery principles in the revised National Standards for Mental Health Services requires greater attention to the provision of treatment outside the medical model and the provision of access to services such as recreational and physical activities.

Hospital wards and outdoor areas are the responsibility of the Area Health Services and should be kept safe, clean and comfortable. As part of contracting arrangements, the MHC will require that facilities maintain a strict maintenance standard.

The Office of the Chief Psychiatrist will be monitoring compliance with all National Mental Health Standards.

### ***Supported Accommodation***

This State has a range of supported accommodation facilities and more in the planning phase. Facilities such as the community supported residential units managed by St Bartholomew's in Stirling, and the aged care high dependency units managed by Southern Cross in Shelley and Success, are examples of a facilities committed to improving the standard of care for people with a mental illness. Further models of supported accommodation facilities are in the planning phase.

Government acknowledges the Council's comments on the standard of care in some of the psychiatric hostels. The MHC will examine these issues with the Licensed Psychiatric Hostels Association. Further, the MHC will work with providers in a number of ways including, improved privacy arrangements, standardising general health care, increasing recreational activities and providing opportunities for other accommodation options for current residents.

The improvement in the standard of services in Devenish Lodge in East Victoria Park, Romily House in Claremont and Vincentian Village in Woodbridge to provide quality support services to their residents are excellent examples of the responsiveness of this sector to the vulnerable people they care for.

### ***Smoking***

A ban on smoking in mental health settings is a complex and emotive issue. This issue has been the subject of debate since the introduction of the smoking ban at all Western Australian hospital facilities in January 2008.

The smoking ban was introduced for the occupational health and safety of staff and of other patients who do not smoke and that aspect of the regulation must be enforced.

The Minister for Health has responsibility for regulations on all public hospital sites in Western Australia and is aware that people with a mental illness have a higher incidence of

smoking related health problems than the general public with a higher proportion of people with mental illness choosing to smoke.

The MHC is working to ensure there is increased support for people with mental illness to stop smoking, and that better access to interesting activities and alternatives to smoking are available. The MHC is also represented on the Respiratory Health Network sub group which is mandated to assisting mental health inpatients to quit smoking. Recommendations from a recent successful workshop on smoking cessation will be used to inform future activities of the Network.

### ***Right to Another Opinion***

Two main legislative safeguards designed to protect the human rights of involuntary patients are the right to an opinion from an alternate psychiatrist and the right to reviews by the Mental Health Review Board.

The Minister has requested that the MHC, the Health Department and the Chief Psychiatrist confirm that the process for obtaining a second opinion is always transparent and independent and mental health consumers, their families and carers are aware of their rights to obtain a secondary specialist opinion.

### ***Mental Health Review Board Hearings***

The Mental Health Review Board (MHRB) is an independent review board which enquires into any complaint made to it on any matter to do with the administration of the *Mental Health Act 1996 (Act)*.

The Minister has written to the MHRB requesting it consider and if necessary improve its processes in relation to the provision of:

- effective communication with families and carers of people who are under review;
- psychiatric reports at review board hearings; and
- an annual report.

The Government is reviewing the role and responsibilities of MHRB.

In the interim the MHRB will review its current processes so that information used at the hearings is relevant, accurate and conforms to the Act. The MHRB commenced compiling data on the incidence of patients status changing from voluntary just before a hearing to involuntary shortly afterwards. A thorough examination of any identified incidents will be recorded and the results reported to the Minister for Mental Health.

The Minister for Mental Health recently called for expressions of interest for the appointment of President and general membership to the MHRB.

### ***Forensic patients***

In 2011, the MHC will work with the Department of the Attorney General and DCS to develop a court intervention service and to review agency responsibilities in relation to prisoner mental health service delivery.

The MHC has provided \$336,000 for mental health training and research in the justice system. This will include training of court and mental health and prison counselling staff,

training for peer support prisoners in Mental Health First Aid, and updated guidelines for judges.

### ***Doctor Shortages***

The Council raised concerns regarding doctor shortages particularly shortages of consultant psychiatrists. The Government recently announced \$1.87 million in funding for a range of staff development initiatives in mental health which will include access to training for medical practitioners. This is a major investment to improve workforce capacity and to assist with attraction and retention issues.

The move towards community-based recovery approaches to care creates an opportunity to engage a broader range of skills and service providers and therefore a larger pool of potential mental health workers. For example, the newly established Statewide Specialist Aboriginal Mental Health Service will mentor staff and sponsor the education and training of an Aboriginal Mental Health Workforce and multidisciplinary teams across metropolitan, rural and remote regions.

Building the capacity of other human service agencies to better meet the needs of people with a mental illness is also an important part of this process.

## **Conclusion**

This Government clearly understands that work to improve the lives of people with a mental illness, their families and their carers is an ongoing process. It is important to recognise where progress is being made:

- The new ministerial arrangements where the Mental Health portfolio and Disability Services portfolio come under one minister will improve collaboration between these two portfolios and will help to ensure that clients receive appropriate services and staff share their expertise.
- The MHC has been established and a specific mental health budget allocated. Wide ranging community consultation has been undertaken - and voices heard - and a new State mental health strategy is currently being developed.
- New Mental Health legislation will be introduced in 2012 and it will include more streamlined and comprehensive complaints processes.
- The MHC is working to incorporate the requirements of the new quality framework and the revised National Standards for Mental Health Services into its contracting agreements facilitating consumer and carer involvement and accountability of service providers.
- Operational responsibility for all metropolitan Child and Adolescent Mental Health Services has been transferred to the Statewide Child and Adolescent Health Services leading to better opportunities and improved coordination of services for children, adolescents and their families.

Above all, a respect for the human rights and dignity of all people with a mental illness and particularly those in involuntary care is essential.