ANNUAL REPORT OF THE STOKES REVIEW IMPLEMENTATION PARTNERSHIP GROUP

PROJECT ACHIEVEMENT OVERVIEW

JUNE 2014

26 June 2014

The Honourable Helen Morton MLC
Minister for Mental Health; Disability Services and Child Protection
7th Floor, Dumas House
2 Havelock Street
WEST PERTH WA 6005

Through:

Professor Bryant Stokes AM
Acting Director General
Department of Health

Timothy Marney
Mental Health Commissioner
Mental Health Commission

Dear Minister

On behalf of the Stokes Review Implementation Partnership Group (IPG), I am pleased to present our annual report on progress of the implementation of the recommendations approved by Government.

The annual report covers the first twelve months of operation of the IPG from March 2013, detailing significant progress across the majority of recommendations.

Whilst a number of recommendations have been completed, many of the recommendations are of a medium to long term nature, and will require the continued drive and management of the responsible lead agencies.

As you are aware, work continues on the development of a Ten Year Mental Health and Alcohol and Other Drug Services Plan (the Ten Year Plan), which will deliver an integrated plan for mental health and alcohol and other drugs, and provide a blueprint for service development and system reform for the next decade. The Ten Year Plan will contribute to addressing at least 44 Stokes Review recommendations.

The IPG looks forward to continuing in its current role of monitoring this important reform agenda, until as agreed, the Ten Year Plan is finalised and an implementation mechanism is agreed for the Ten Year Plan.

Yours sincerely

Barry MacKinnon
Chairman

Contents

Abbreviations

ACIT – Acute Community Intervention Team

CAMHS - Child and Adolescent Mental Health Service

CoMHWA – Consumers of Mental Health WA (Inc)

DAO – Drug and Alcohol Office

DOH – Department of Health

ESC – Executive Sub Committee

IPG – Implementation Partnership Group

MHBIRG – Mental Health Bill Implementation Reference Group

MHIPTS - Mental Health Inter-Hospital Patient Transfer Service

NDIS – National Disability Insurance Scheme

NMHS – North Metropolitan Health Service

OMH – Office of Mental Health

PECN – People with exceptionally complex needs

PSOLIS – Psychiatric Service On Line Information System (Mental Health Clinical Information System)

SMHS - South Metropolitan Health Service

SSAMHS – Statewide Specialist Aboriginal Mental Health Service

SSCD – Statewide Standardised Clinical Documentation

START – Specialised Treatment and Referral Team

WA – Western Australia

WACHS – WA Country Health Service

WACOSS - WA Council of Social Services

WACSUMH – WA Collaboration for Substance Use and Mental Health

YPECN – Young People with Exceptionally Compex Needs

Executive Summary

In November 2011, Professor Bryant Stokes, AM was appointed to undertake a review of the admission and discharge practices within Western Australian public mental health services. The final Report from the Review, entitled *Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia*, was officially released in November 2012. The Government provided a public written response broadly supporting the findings of the Review and outlined an implementation process.

An Implementation Partnership Group (IPG) chaired by Mr Barry MacKinnon AM was established in March 2013 to oversee the implementation of the Stokes Review recommendations. The Commissioner for Mental Health and the Director General of the Department of Health are the joint sponsors of the IPG.

As part of the implementation process, the Mental Health Commission and the Office of Mental Health have been developing Recommendation Response Templates for each of the 117 recommendations to highlight the scope of the recommendation, key deliverables, and timelines and provide a progress summary. These are being finalised progressively and signed off by the relevant executive sponsor(s).

This Annual Report has been developed for the period March 2013 to March 2014 and submitted to the Minister for Mental Health for consideration pursuant to the requirement of the IPG Terms of Reference. The Annual Report provides information on the establishment of the Stokes Review implementation governance framework and related processes, the significant progress made in relation to a number of recommendations, ongoing and proposed initiatives under consideration, and the future direction of the Stokes Review implementation process.

1. Introduction

In November 2011, Professor Bryant Stokes, AM was appointed to undertake a review of the admission and discharge practices within Western Australian public mental health services. In undertaking the Review, Professor Stokes interpreted the terms of reference very broadly and considered systemic issues to enhance the understanding of some of the underlying reasons for inconsistencies in the system and the changes required. During the Review period, a total of 891 persons were interviewed; patient records were examined; and data was analysed in relation to 255 individuals who suicided during 2009. In addition, a total of 29 submissions were received by the Review team.

The final Report from the Review, entitled *Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia* (the Stokes Review), was officially released in November 2012. The Government provided a public written response broadly supporting the findings of the Review and outlined an implementation process. The Government response identified the lead agency(ies) responsible for the implementation of the recommendations. Implementation responsibilities largely fell into the two broad categories of planning and operationalisation.

As committed in the Government response, an Implementation Partnership Group (IPG) was established in March 2013 to oversee the implementation of the Stokes Review recommendations. The Commissioner for Mental Health and the Director General of the Department of Health are the joint sponsors of the IPG. The IPG is chaired by Mr Barry MacKinnon AM. Since its inaugural meeting in March 2013, the IPG has had five meetings. At each meeting of the IPG, a quarterly report was provided jointly by the Mental Health Commission (the Commission) and the Office of Mental Health (OMH). After each meeting a report from the IPG Chair was published on the the Commission's website reflecting on the progress of implementation.

The IPG Terms of Reference states that one of the IPG's specific objectives is to "*Develop an annual report on progress in the implementation of the Stokes Recommendations approved by Government. This report will be provided to the Minister for Mental Health, through the Executive Sponsors, in March 2014.*" This Annual Report (the Report) is being presented pursuant to the requirement of the IPG Terms of Reference.

2. Purpose and scope of the Annual Report

The Stokes Review recommendations provide an overarching framework for the implementation of strategic reform in the Western Australian mental health sector. A number of current key strategic initiatives undertaken by the Commission and the Department of Health respond to the issues raised in the Stokes Review. The purpose of this IPG Annual Report is to provide a comprehensive update on key progress made in progressing the Stokes Review recommendations and highlight the linkages between the various projects and initiatives currently underway that contribute to the achievement of the reform objectives.

The Report covers the period March 2013 to March 2014. As such, the report does not include information on decisions made after March 2014, for example, outcomes from the 2014/15 budget process, and the Ten Year Mental Health and Alcohol and Other Drug Services Plan.

3.Governance structure

The Minister for Mental Health, in partnership with the Minister for Health, has the ultimate responsibility for providing the direction to the Stokes Review implementation. The Commissioner for Mental Health and the Director General Department of Health are the executive sponsors of the IPG. The IPG, headed by its independent chair Mr Barry MacKinnon AM, is comprised of representatives from relevant government agencies, non-government and community sector organisations and carers and consumer representatives. The Independent Chair of the IPG provides advice to the executive sponsors regarding the implementation of recommendations and ensures the Minister is apprised of progress with the implementation and any related issues.

The key roles of the IPG members are to:

- monitor and provide advice, through the Chair to the Executive Sponsors, on the implementation of the Stokes Review recommendations;
- facilitate cross-sector coordination in the implementation of actions as appropriate; and
- support communication and information exchange to improve outcomes in the mental health system.

The IPG functions as a single group, but receives progress updates from the Project Sub-Working Groups (as specified by the IPG), as well as progress reports submitted by relevant agencies. A progress report is developed by the IPG and provided, through the Chair to the Executive Sponsors, for the Minister for Mental Health on a quarterly basis.

The IPG membership is as follows:

- Independent Chair – Mr Barry MacKinnon AM
- Mental health consumer representatives and mental health carer representatives
- Director General, Chief Executive Officer or equivalent from the following nominated agencies:
    - Mental Health Commission (the Commission)
    - Department of Health
    - Carers WA
    - Arafmi
    - Aboriginal Health Council of Western Australia
    - Consumers of Mental Health WA (CoMHWA)
    - Office of the Chief Psychiatrist (OCP)
    - Department of Corrective Services (DCS)
    - Department of Aboriginal Affairs (DAA)
    - Department for Child Protection and Family Support (DCP&FS)
    - Disability Services Commission (DSC)
    - Drug and Alcohol Office (DAO)
    - Department of the Attorney General (DotAG)
    - Department of Premier and Cabinet (DPC)
    - Office of Multicultural Interests (OMI)
    - Western Australian Police Service
    - WA Association for Mental Health (WAAMH)
    - WA Medicare Locals

The IPG meets at least once in every quarter, in the months of March, June, September and December. The IPG was proposed to run for a minimum of 12 months, at which time it would review the effectiveness of the group in achieving its objectives. A recommendation on continuation of the IPG by the Chair and members has to be made at this time to the Executive Sponsors, who will report the decision to the Minister for Mental Health. The

maximum time allowed for the IPG's operation under its current Terms of Reference is three years.

Alongside the IPG, an executive sub-committee (ESC) was also established in March 2013 consisting of staff from the Commission, the OMH, the Office of the Chief Psychiatrist and consumer and carer representatives. The ESC meets between the quarterly meetings of the IPG and/or as required. The role of the ESC involves monitoring progress of the implementation process for Stokes Review recommendations, along with reviewing and providing feedback on draft documents proceeding to the IPG for consideration.

4.Monitoring and evaluation framework

Working through the IPG and ESC processes, agencies have contributed to the development of Recommendation Response Templates covering each of the Stokes Review recommendations. The Recommendation Response templates define the scope of each Stokes recommendation, what is intended to be achieved by the Commission and/or the OMH or other relevant agency(ies), specific deliverables, timeframes and a progress summary on key achievements. Recommendation Response templates have been developed progressively over the reporting period.

The IPG has received four quarterly reports between March 2013 and March 2014 jointly presented by the Commission and the OMH. These quarterly reports provided progressive updates on a number of reform initiatives and projects that respond to the Stokes Review recommendations. The Commission and the OMH are in the process of undertaking an analysis of overall action since the release of the Stokes Review report. This work will inform the next stages of the IPG process for it to provide advice and make appropriate recommendations on areas requiring further action to achieve the reform objectives.

A progress summary table with an indicative 'traffic light' status update on the implementation of recommendations is provided in the 'Conclusion' section. Appendix 1 lists a smaller number of recommendations that face some challenges in implementation and provide the risk mitigation strategies.

5.Key system level improvements contributing to mental health reform addressed in the Stokes Review Report

5.1 Western Australian Ten Year Mental Health and Alcohol and Other Drug Services Plan

The principal recommendation of the Review tasked the Department of Health and the Commission to jointly develop a Clinical Service Plan which embraces the key elements of clinical care, rehabilitation, living accommodation, geographical location and infrastructure build and support. Accordingly, the Commission, in partnership with the Department of Health and the Drug and Alcohol Office have commenced the development of a Ten Year Mental Health and Alcohol and Other Drug Services Plan (the Ten Year Plan). Stage 1 of the planning process was completed by December 2013 and the relevant reports submitted for the Minister for Mental Health's consideration.

Stage 2 of the Ten Year Plan is focused on refining the work completed earlier and is anticipated to be delivered by mid-2014. It will consist of two components –

- A 10 year Plan that addresses both the mental health and alcohol and other drugs service needs of the WA population through to 2025. The 10 Year Plan will provide a clear outline of the services we currently have, what the new system will look like and how we will get there. It will outline the optimal mix of services required to support the WA population through to 2025. The document will be a fully integrated plan for mental health and alcohol and other drugs and will provide a blueprint for service development and system reform for the next decade.

  It is intended that the Ten Year Plan will provide responses to at least 44 Stokes Review recommendations including;

  In totality:

  Recommendations 5.1; 5.2; 5.3; 5.4 and 5.5 [Theme: Beds and Clinical Service Plan]

  Recommendations 7.6; 7.8; 7.9; 7.10.12; and 7.10.13 [Theme: Acute issues and suicide intervention]

  Recommendations 8.2; 8.3; 8.5; 8.6; 8.6.1; 8.6.2; 8.6.3; 8.8; 8.9; 8.10.1; 8.10.2; 8.10.5; 8.10.6; 8.10.7 and 8.10.11 [Theme: Children and youth]

  Recommendations 9.1; 9.1.2; 9.1.3 and 9.1.4 [Theme: Judicial and criminal justice system]

  Partially:

  Recommendations 1.1.7, 1.5, 1.6, 2.3, 3.3, 3.5, 4.1, 4.8, 4.11, 4.12, 7.7, 7.10.6, 8.1, 8.6.5, and 8.10.10.

5.2 Mental Health Bill

The Mental Health Bill 2013 (the Bill) was introduced into Parliament on 23 October 2013. It is intended that the Bill will repeal and replace the *Mental Health Act 1996* (current Act). There is significant overlap between key themes in the Bill and some of the Stokes Review recommendations and the Bill will underpin many reforms advocated in the Stokes Review.

One of the most significant changes from the current Act to the Bill is the inclusion of families and carers, providing them with express recognition and rights for the first time, including a right to be heard; in line with the Stokes Review recommendations [Refer to Recommendation 3.4].

The Stokes Review identifies that mandatory care and discharge planning is fundamental. Care and discharge planning occurs across the Health Services. OMH has initiated projects to ensure that this is done in a standardised way, and with genuine involvement of consumers and carers. Regular compliance reporting will be established to monitor this. Care and discharge planning is reflected in the Bill with a requirement that all involuntary patients have a treatment, support and discharge plan. The plan must be prepared and regularly reviewed in collaboration with the patient and his or her family member and carer.

The importance of continuity of care and effective communication is also emphasised, and a number of recommendations refer to the need for information sharing between mental health services. The Bill provides clarification that services may share information about patient treatment and care where appropriate, and sets out clear criteria for these circumstances. The Bill also provides penalties for breaches of confidentiality.

Other key changes which reflect Stokes Review recommendations are included in the thematic updates that follow in the next section of the report.

A related Bill, the Mental Health Legislation Amendment Bill 2013 (Amendment Bill) was introduced into Parliament on 4 December 2013. The Amendment Bill includes provisions to facilitate the early stages of transition from the current Act to the Bill; provisions that make

consequential changes to existing legislation for consistency with the Bill; and some minor amendments to the current Act to address certain logistical matters relating to the Chief Psychiatrist's powers pending the commencement of the Bill.

The Bill and the Amendment Bill together were committed for debate in Parliament in February 2014. The Bill will commence approximately 12 months after being passed by both Houses of Parliament.

In preparation for implementation, the Commission has established a Mental Health Bill Implementation Reference Group (MHBIRG), chaired by Ms Judy Edwards, and various Working Groups. Working Groups report to the MHBIRG on specific matters, for example the transition from the Council of Official Visitors to the Mental Health Advocacy Service. A number of pilot projects are being undertaken, including in relation to implementing more frequent reviews of involuntary status by the Mental Health Review Board, as proposed in the Bill. Implementation and transition will be underpinned by a comprehensive communication and education strategy which has commenced and will include publication of materials for consumers, families and carers, clinicians and other stakeholders, and extensive training for clinicians as to compliance with the Bill.

There are three recommendations [2.3, 3.4 and 6] that will be significantly addressed through the Bill implementation process. In addition, the Bill will facilitate work towards the achievement of several other recommendations.

5.3 Amalgamation of the Mental Health Commission and the Drug and Alcohol Office

The Stokes Review identified the need for joint policy development between the mental health and drug and alcohol sectors, to enable mutual cooperative working with complex cases.

Consistent with the needs identified in the Stokes Review, the Premier announced on 10 April 2013 that the Commission and the DAO will amalgamate under a single chief executive. This will ensure better integration of the State's network of services relating to prevention, treatment, professional education and training, and research activities in the alcohol and other drug sector and across mental health services. This improved coordination of services will provide better support to people with co-occurring issues and enhance suicide prevention programs for those most at risk across the State.

Considerable progress has been made in relation to the amalgamation of the Commission and the DAO since the Government decision was announced in April 2013.

The Premier and the Minister for Mental Health announced on 28 January 2014 the appointment of Mr. Timothy Marney, former Under Treasurer, as the new Mental Health Commissioner. Mr. Marney succeeds Western Australia's first ever Mental Health Commissioner Mr. Eddie Bartnik. Mr. Marney, has served on the board of beyondblue since 2008, including being the deputy chair of the board for the past three years.

Mr. Marney commenced in his new role on 17 February 2014 and will lead the merger of the Commission and the DAO. Changes to legislation relating to the Western Australian Alcohol and Drug Authority are anticipated to progress in 2014. This will pave the way for the formal merger of the two organisations, which is anticipated to occur by 1 July 2014 subject to passage of the legislative changes. While the amalgamation process is underway, both the Commission and the DAO are continuing to strengthen collaboration.

5.4 National Disability Insurance Scheme

The National Disability Insurance Scheme (NDIS) is a major new initiative that has significant potential to improve the services and supports available to a specified cohort of

people with mental illness and as such, may assist in addressing a number of the Stokes review recommendations over time.

At the IPG meetings, specific requests were made for more information on funding arrangements at State and Commonwealth levels pertaining to the NDIS and how this might impact on carer-specific and other mental health programs within the State. A concern raised was that carer-specific funded programs - such as national respite programs - may be lost or reduced, with funds going to the NDIS and these funds may not be allocated to existing services through NDIS processes. This concern is being expressed in other states and territories.

The NDIS Bilateral Agreement and NDIS National Partnership Agreement (NPA) were signed by the Prime Minister Tony Abbott and the Premier Colin Barnett on 31 March 2014. These agreements allow for a unique two-trial approach for the introduction of the NDIS in Western Australia. The Commonwealth Government's NDIS operating model will be trialled in the Perth Hills and the Western Australian State Government's NDIS My Way model will be trialled in the Lower South West and Cockburn-Kwinana areas. The detailed schedules of the State and Commonwealth in-kind and cash contributions are currently being negotiated and it is hoped, will be completed by the end of April 2014. The detailed schedules are likely to be available publicly once agreed. However, there is little detail at present from the Commonwealth Government about the programs to be included.

At the state level, the Commission has been appropriately cautious in what it has proposed to be contributed as an 'in kind' or cash contribution to the NDIS and there will be clear monitoring in place to track state mental health funds.

There are continuity of support arrangements in place for people who have been accessing services which become part of the NDIS but are found not to be eligible for the NDIS. However, these are yet to be tested in WA. This is a very complex issue which will take considerable time to address. It is important to note that these agreements are for a two year trial and the NDIS full scheme rollout in WA is yet to be agreed.

There has been strong collaboration between the Disability Services Commission, the Mental Health Commission and mental health services in the Lower South West to ensure that the State Government's My Way model will include people with psychosocial disability.

6.Progress updates by thematic areas

There are a number of ongoing and new commitments that are being progressed by the Commission, the Department of Health and other agencies, which contribute towards addressing the recommendations in the Stokes Review. These commitments were progressively reported to the IPG via the quarterly reports. A comprehensive update is provided below against the recommendation thematic areas.

Within the Department of Health, a governance framework has been established for the implementation of the Stokes Review. The focus is to drive the internal Departmental business in a systemic evidence-based way that has patient care at the centre of decision making. The governance framework is structured around core streams of work that will guide and oversee initiation, development and implementation of projects and processes.

The OMH reports on a monthly basis to the Minister for Mental Health regarding the implementation of the Review. The Commission, on behalf of the Commission and the Department of Health, provides quarterly reports to the Minister for Mental Health via the IPG process.

With the tabling of the Mental Health Bill 2013, the Department of Health is keenly aware and actively working to ensure that the implementation of the Review is aligned and supports the requirements of the Bill.

As indicated in Item 5.1, Stage 1 of the 10 Year Mental Health Services Plan was completed on time and delivered to the Minister for Mental Health in December 2013. Stage 2 has commenced and it is expected that delivery of the final Plan and technical report to government will occur by mid-2014. The Final Plan will be a fully integrated Mental Health and Alcohol and Other Drug Services Plan.

The following sections provide information on key achievements and progress made during the reporting period in relation to the recommendations falling within the nine thematic areas of the Stokes Review report.

6.1 Recommendation 1: Governance

The Stokes Review concluded that the governance of public mental health in WA was fragmented, variable in type and method of service delivery, and that there was no robust uniform accountability across the system, resulting in disparate protocols and policies. The Review stated that it was essential for the Department of Health, as principal provider of public mental health care, to have responsibility for the overall governance of policy setting in the provision of care for hospital and community clinic settings. The following progress has been achieved in response to the Review's recommendations:

Within the Department of Health, a governance framework has been established for the implementation of the Stokes Review. The governance framework is structured around core streams of work that will guide and oversee initiation, development and implementation of projects and processes. Governance streams include Policy, Clinical Performance, Budget and Activity Based Funding Reforms, Information Systems, Mental Health System Activity and Data Management and Workforce and Leadership. Each work stream is guided by an accountable group who will report to a Project Coordinating Committee, which includes Mental Health Executive Directors and the Chair of the WA Association of Mental Health (WAAMH). The focus of the groups is to drive the internal Department of Health business in a systemic evidence based way that has patient care at the centre of decision making. A diagram outlining the governance framework is provided in Appendix 2.

6.1.1 Policy setting [Refer to Recommendation 1.1.2, 1.1.4]

The OMH has commenced the establishment of a governance structure for development, review and implementation of mental health policies required for public mental health services. The Mental Health Policy Development Project is currently underway and its objective is to deliver a comprehensive set of relevant state-wide policies for the public mental health system and to establish a sustainable policy development and maintenance process. A Project Plan has been approved by Professor Stokes in his capacity as A/Director General and discussions are underway to finalise a system-wide clinical policy framework, including a governance structure for developing state-wide policies. The majority of Recommendations under the Stokes Review relate to policy development or review and are to be considered by the Policy Governance Group. Likewise, consideration of the Mental Health Bill and the directions and models of care articulated under the Ten Year Plan will be key. To date, each Health Service has functioned independently and there is substantial work being undertaken in Health Services that needs to be captured and streamlined. The OMH is building a shared vision and process for implementation of the Stokes Recommendations. A meeting of Mental Health representatives from each of the Area Health Services took place on 27 August 2013 to establish a shared direction.

6.1.2 Developing standard documentation for service provision, including model of care, patient risk assessment and risk management [Refer to Recommendation 1.1.3. Also relates to 2.2, 2.7, 2.10, 2.12, 3.2, 7.1, 7.2, 7.3, 7.11.1b, 7.11.2a, 7.11.2b]

A suite of Statewide Standardised Clinical Documentation (SSCD) has been endorsed by the Acting Director General, Chief Medical Officer, and the Chief Psychiatrist for implementation across all WA public adult mental health services. Six SSCD Forms have been endorsed for implementation within the Child and Adolescent Health Service (CAHS) and 7 Forms have been endorsed for adults, including:

- Assessment (Adult)/ Initial Assessment (Child and Adolescent);
- Risk Assessment and Management Plan;
- Treatment, Support and Discharge Plan; and the
- Care Transfer Summary.

With the Department of Health's Health Information Network (HIN), the OMH has facilitated three workshops to consider the implementation of the SSCD on the mental health information system, PSOLIS (see update on the Development of a robust information system for more information). This will ensure that the implementation of the SSCD is aligned with the requirements of the Mental Health Bill and the Stokes Recommendations, including compliance with Recommendations 2.2, 2.10, 2.12 and 3.2 relating to consumer and carer involvement in Care Planning.

6.1.3 Actively pursuing workforce development, service growth and service provision [Refer to Recommendation 1.1.6. Also relates to 1.1.1, 1.1.8 and 1.4]

A Mental Health Leadership Strategy, including a two year Leadership Program and Clinical Redesign Methodology has been established within WA Health to support and enable public mental health services to achieve the implementation of the recommendations from the Stokes Review. The Program is based on action learning principles and aims to support both current and emerging leaders across the system to initiate and develop a strong culture of performance and accountability, focused on the delivery of patient-centred, quality mental health care. The Program is therefore a key mechanism to build capacity and capability to support public mental health services to lead reform.

Key Elements for the Program in 2014 include:

1. Action learning set for Senior Mental Health Executives;
2. Leadership Development Program for emerging leaders;
3. Leadership Improvement Program;
4. Leadership Master Class series.

The Leadership Development Program comprehensively commenced with two cohorts of participants in early February 2014. Participants include a mix of representatives from each of the area health services, the Office of the Chief Psychiatrist, and a Carer Representative.

As a component of the Program, participants have selected and will develop a Service Improvement Initiative aligned with the Recommendations of the Stokes Review, based on initiatives put forward by the Mental Health Executive Directors. Service Improvement Initiatives selected by participants for development within the Health Services will address a number of Stokes Recommendations, including:

- Carer and patient involvement in care planning (Recommendations 2.2, 2.9, 3.2, 7.1);
- Policy setting, including best-practice standards (Recommendation 1.1.2);
- Building links between inpatient and community mental health services (Recommendations 1.2 and 4.7); and

- Enhancing the physical healthcare of individuals with a mental illness (Recommendation 2.7).

Emerging leaders will establish service improvement pods, working with consumers and carers, to drive service improvement initiatives within their respective Health Services. Mental Health Executive Directors will act as sponsors for these Service Improvement Initiatives.

The Commission and the OMH are also actively considering the establishment of a Mental Health Network, which will be a consultory and advisory forum on important mental health matters in Western Australia.

6.1.4 Budget setting with the Mental Health Commission in conjunction with Performance Activity and Quality Division of the Department of Health [Refer to Recommendation 1.1.8]

Significant work is required and being undertaken on this recommendation by the Department of Health and the Commission in consultation with the Department of Treasury, to move towards a more definitive purchaser-supplier model. The co-location of two key Commission staff at the Department of Health (as of January 2014) has been invaluable in ensuring the development of the mental health budget construct for 2014/15 is open and transparent.

Mental health purchasing information has been included in the Department of Health's Health Activity Purchasing Intentions (HAPI) document for 2013/14. This information will be reviewed and updated for the 2014/15 revision of the HAPI.

It has been proposed that Special Purpose Accounts for the purchase of services by the Commission with each Area Health Service for the purchase of activity within the established Activity Based Funding framework be established. The purpose of the SPAs is to contribute to improved transparency and accountability in regard to mental health funding. This recommendation is still under final consideration by the Department of Treasury, but has been agreed between the Mental Health Commissioner, the Acting Director General Department of Health and the Acting Executive Director Office of Mental Health. The Commission and the Department of Health will collaborate on potential implementation of the SPAs for 2014/15.

The Commission and the Department of Health worked collaboratively to finalise the 2013/14 service agreement and memorandum of understanding for the provision of specialised mental health services following the 2013/14 budget announcement. The service agreement is aligned with the 2013/14 government budget papers, as well as the Department of Health's service level agreements with the four health services.

An agreement between the Commission and the Department of Health for the sharing of data including the governance, privacy and release controls was signed by the Commissioner and Acting Director General on the 9 December 2013. Data from the Department assists the Commission to develop policy, purchase services and report on performance.

Significant work is required and being undertaken on this recommendation by the Department of Health and the Commission in consultation with the Department of the Premier and Cabinet and the Department of Treasury, to move towards a more definitive purchaser-supplier model.

6.1.5 Develop a robust information system [Refer to Recommendation 1.1.9]

The Mental Health Clinical Information System (MHCIS) governance structure has been established to guide development and to drive the implementation of Stokes Recommendations in consultation with key stakeholders. The structure includes a

multidiscipline group of clinicians to guide and lead the development of new business cases and the improvement of the MHCIS to meet the Models of Care and improved Clinical Performance.

The OMH held a Clinical Consultation Forum on the 6 February 2014, which included a range of presentations on current issues related to clinical data and information in the WA public mental health system. The purpose of the forum was to promote clinical and consumer engagement and collaboration in priority setting for the development and enhancement of mental health clinical information systems.

With the Department of Health's Health Information Network (HIN), the OMH facilitated three workshops with clinicians to co-design the interface of the mental health information system (PSOLIS) to enable implementation of the Statewide Standardised Clinical Documentation (SSCD) on PSOLIS. The workshops were held to inform the development of a project scope by HIN that is based upon the needs and requirements at a clinical level to support high quality care. There was strong clinical interest, with over 50 clinicians and other staff attending each workshop. To ensure consideration of WA Country Health Service (WACHS) needs, a specific workshop was held with WACHS Clinicians via teleconference. Inclusion of the SSCD on PSOLIS will support continuity of care by facilitating greater ease of access to patient information for staff involvement in the assessment and treatment of individuals with a mental illness. A project scope will be developed by HIN as a matter of priority.

The Department of Health is urgently progressing the information technology requirements to provide PSOLIS write access at Joondalup Health Campus. The Department of Health is also working with other key hospitals including Peel Health Campus, St John of God (Midland) and Fiona Stanley Hospital to facilitate access to PSOLIS.

6.1.6 Develop a safe and quality mental health transport system in the metropolitan area with hospital staff trained in mental health and soft restraint, to transfer patients between hospitals [Refer to Recommendation 1.3]

Under the current *Mental Health Act 1996*, WA Police are the only people authorised to perform patient transfers for people subject to Transport Orders. This situation has been identified as a concern by many stakeholders for some time but the requirements of the current Act have prevented other options.

Recommendation 1.3 from the Stokes Review was to develop a mental health transport system that will safely transfer patients between hospitals across the metropolitan area. In response to this recommendation, the Western Australian State Government has committed funds to develop a transport service initiative that will be delivered under the new Mental Health Bill 2013.

With endorsement from the Minister for Mental Health, the Commission is funding a 2-year pilot metropolitan inter-hospital mental health transport program. The pilot metropolitan Mental Health Inter-Hospital Patient Transfer Service (MHIPTS) will be provided by North Metropolitan Health Service (NMHS).

Overall comments from consumers, family members and carers have generally been supportive of an alternative transport service and perceive this as an opportunity to work towards a more effective and responsive service for people with mental illness receiving involuntary care. Feedback received from consumers, family members and carers about staff training, uniforms and mandatory sentencing have resulted in improvements to the pilot MHIPTS model.

(Source: MHC)

Under the current *Mental Health Act 1996* only police officers are authorised to transport individuals with or suspected of having a mental illness for psychiatric assessment or treatment. The Mental Health Bill 2013 provides for persons other than police officers to be authorised to undertake involuntary mental health transport orders. The uncertain timing of the enactment of the new mental health legislation

necessitates an interim solution to provide optimal care and alleviate the demand pressures on Emergency Departments.

In December 2013 and early January 2014, the Commission and NMHS held two information sessions on the pilot transport model and sought feedback from consumers, families and carers. A report detailing the consumer, carer and family feedback is available on the Commission's website and includes responses to questions raised at the information sessions regarding aspects of the MHIPTS.

Stakeholder feedback has helped to inform the new service which commenced on 11 March 2014.

To further support the pilot transfer service, the NMHS has established a MHIPTS Reference Group. The membership of the MHIPTS Reference Group includes representation from consumers and family or carers, WA Police, Department of Health and the Commission.

The pilot metropolitan MHIPTS will provide an interim service until the Mental Health Bill 2013 is passed and a new transfer service is developed.

The Commission in collaboration with key stakeholders will undertake further work to develop a long-term model for a mental health inter-hospital patient transfer service. It is expected that the evaluation of the pilot MHIPTS along with further consultation with consumers, families and carers and other key stakeholders will inform the long-term model.

Plans are currently underway to form a working group under the Mental Health Bill Implementation Reference Group to progress the long term model.

6.2 Recommendation 2: Patients

The Review heard patients' concerns about the inconsistent response of mental health services to their presentation and that assistance was often not available until they were at their most vulnerable and in crisis. Difficulties of accessing services, the long wait for assessment, little information about their psychiatric treatment or physical health, and scant rehabilitative services raised concerns that the WA mental health system was unable to assist patients to recover or improve. A number of key initiatives are being implemented and/or under consideration by the Commission and the Department of Health, in consultation with other relevant stakeholders to address the issues raised by the Stokes Review.

6.2.1 Access to individual advocacy services [Refer to Recommendation 2.3]

The new mental health legislation will create a Mental Health Advocacy Service and provide access to all involuntary patients to this service. A mental health advocate will be required to visit or otherwise contact every adult within seven days and every child within 24 hours.

Mental health advocates will assist the patient with navigation through the system, including by upholding the patients' rights, facilitating access to other services, and seeking resolution of complaints.

The Stokes Review recommendation also refers to individual advocates assisting patients with development of care plans. Mental health advocates will not be required to be involved but may be a conduit between patients and clinicians or the Mental Health Tribunal in ensuring compliance with treatment, support and discharge planning requirements.

6.3 Recommendation 3: Carers and families

The Review found that the prominent theme for carers and families was a concern for the safety and wellbeing of the patient and a persistent sense of powerlessness within the system. They expressed a need for information about admissions, treatment, referrals and discharge/transfer plans. Education was needed to understand the illness, treatments and

the course of the disease. In response to the Review's recommendations relating to carers and families, the following progress has been made to date:

6.3.1 Recommendation involving collaboration with carers and consumers [Refer to Recommendation 3.3]

The Commission held discussions with relevant stakeholders regarding the scoping and preparation of carer resources in line with recommendation 3.3. Some preliminary work has been undertaken to determine the kinds of resources required, the level of detail necessary, relevant existing publications and the various training programs currently available. Consideration will then be given to improving existing resources where necessary and developing resources and relevant training where there are significant gaps.

In addition, consideration has been given to confidentiality issues surrounding information sharing between clinicians and carers and families. The Bill and the associated guides that will be developed to support the Bill will begin to address these issues and give greater focus to involving carers and families in care planning and supporting them in their roles.

6.3.2 Carers to be informed in timely fashion [Refer to Recommendation 3.4]

The Bill requires the Mental Health Tribunal (that will replace the Mental Health Review Board) to make reasonable efforts to contact a family member or carer, with notice of a hearing for review of involuntary status. Family members and carers will have express standing to request a Tribunal hearing. Further work on implementing this recommendation will progress following the passage of the Bill.

6.3.3 Support to carers and consumers to navigate the mental health system [Refer to Recommendation 3.5]

The Commission and the DAO have worked together to produce a comprehensive directory of community mental health and alcohol and other drug services. The Green Book is available through the Apple and Android app stores as a smart phone app, and online at www.greenbook.org.au. A print version is also available for order via info@greenbook.org.au. The Commission and the Department of Health are holding discussions to identify additional support resources and necessary actions to comprehensively respond to this recommendation.

6.4 Recommendation 4: Clinicians and professional development

The Review found that the current mental health workforce is inadequate to meet the mental health needs of WA. Clinicians expressed dismay at resource shortfalls, management and governance issues, workforce shortages, increasing demand and prevalence of mental illness, all of which, intertwined to effectively prevent mental health workers from achieving their aims. The Review stated that supporting the mental health workforce is an imperative that should be continually addressed, particularly if sustainable improvement in the delivery of mental health services is to be achieved.

The following progress has been made in relation to the recommendations made under the theme of clinicians and professional development.

6.4.1 Workforce planning [Refer to recommendation 4.1]

The Ten Year Plan includes a comprehensive focus on workforce planning through modelling the requirement for various mental health professionals and support staff required to sustain the proposed models of services in the future. Following the finalisation of the Ten Year Plan, the Commission will closely engage with the Department of Health, other key agencies and the non-government and community sectors to further consider the information on future workforce needs and to ensure that adequate measures are taken to address any

gaps. The Department of Health will ensure appropriate workforce planning and service development strategies are in place to address future clinical workforce needs.

6.4.2 Support for residents of psychiatric hostels [Refer to Recommendations 4.8 and 4.9]

The OMH will be working with the four Health Services to support residents of psychiatric hostels and supported accommodation to ensure they have access to mental health services, including support from community mental health services when advice is requested. This work will also extend to engaging with providers of psychiatric hostel and supported accommodation to facilitate appropriate levels of access to patients' care plans and discharge plans. Clear communication between mental health services and providers of psychiatric hostel and supported accommodation will assist community mental health workers and providers to better support residents in the community.

6.4.3 Recommendations involving the Drug and Alcohol Office [Refer to Recommendations 4.11; as well as 1.6 and 7.7]

It was agreed between the responsible agencies that recommendations 4.11, 1.6 and 7.7 should be referred to the WA Collaboration for Substance Use and Mental Health (WACSUMH) Executive Group for action. WACSUMH has a Statewide approach to ensuring that people with co-occurring conditions receive the most appropriate care.

The WACSUMH is currently reviewing a range of agreements between DAO and mental health services to ensure these support effective care delivery. In addition factors such as complexity and the extent (i.e. volume and location) of the problem are being considered with a view to identifying the best way of supporting people with co-occurring problems. Further work is also occurring to identify the scope and adequacy of training and education of clinicians and mental health workers in relation to the management of comorbid conditions of drug and alcohol misuse.

- ***The DAO Workforce Development (WFD) Branch is continuing to work in partnership with the mental health sector to offer a range of workforce development programs for both government and non-government services.***

- ***From July to December 2013 12 training events were delivered by WFD to 148 participants. Six events with 67 participants were delivered to the government mental health sector and six events with 81 participants were delivered to the non-government mental health sector.***

In the interim, and in recognition of the need for improved understanding of mental health problems and co-occurring AOD issues amongst workers providing services, the Commission has funded DAO to increase access to comorbidity training to the general social services sector, particularly the supported accommodation sector. The Commission also assisted with printing the publication titled *Counselling Guidelines: Alcohol and other drug issues* (3rd edition), to enable distribution to both public and NGO mental health services.

6.5 Recommendation 5: Beds and clinical services plan

The Review found that WA requires more non-acute beds, community rehabilitation beds and more supported housing based on the current population. Whilst the Review did not resolve a conclusion as to a best mix and distribution of bed stock, it did state that it was essential that a consistent methodology and defining of ideal bed stock, is a feature of a mental health clinical services framework.

One of the key components of the Ten Year Plan is the modelling of acute, sub acute and extended type services as well as residential services in the community and residential aged care services that would be required in the future. While the planning process is underway,

the State Government has continued to deliver on its commitment to enhance access to mental health services through additional investment in hospital based and community based beds.

6.5.1 Planning of mental health beds [Refer to Recommendations 5.1, 5.2, 5.3, 5.4 and 5.5]

The 2013/14 State Government budget provided an additional $131 million over four years for specialised mental health services delivered by the Department of Health. With construction of new mental health facilities underway, the next two years will see 136 new and relocated mental health beds being provided in total across the New Children's Hospital (20 beds), Fiona Stanley Hospital (30 beds), Midland Health Campus (56 beds) and Sir Charles Gairdner Hospital (30 beds). In addition, the new Albany Health Campus includes seven additional mental health beds, which takes the total number of beds to 16, of which 12 are currently operational. These new investments will add further capacity to the mental health system, building on the opening of 13 new specialist mental health beds in Broome in 2012.

Since the 13-bed Broome Mental Health Unit opened in mid-2012 it has provided almost 400 inpatient services (episodes of care) to residents of the Kimberley and Pilbara regions. In the same time period referrals to Perth hospitals for Kimberley residents has halved from 102 in 2011-12 to 51 in 2012-13 and reduced referrals to Perth for Pilbara residents from 78 to 57.

Royal Flying Doctor Service transfers from the Kimberley to Perth decreased from 90 in 2010-11 to 73 in 2011-12 and to 32 in 2012-13. Only three transfers to Perth have occurred since July 2013.

6.5.2 Subacute services [Refer to Recommendation 5.4. Also relates to Recommendation 7.10.12]

Alternative models of mental health care in Australia have arisen out of a demand for more community based and other mental health alternatives to inpatient mental health care and a paradigm that places recovery based models at the forefront. The development of subacute and step-up, step-down models of care, which incorporate a recovery orientated approach, is an important element of the continuum of integrated mental health care and a key priority of mental health reform in WA.

Sub-acute services provide:

- 'Step-down' services where a person no longer requires acute inpatient care, but has a need for additional supports that will assist them to re-establish themselves in the community.
- 'Step-up' services that provide additional support for a person to manage a change in their mental health, but where an admission to an acute inpatient facility is not warranted.

The Commission continues to progress the implementation of subacute step up, step down services. The first Western Australian Step-up, Step-down service commenced operations in Joondalup in May 2013. Occupancy rates at the 22 bed Joondalup subacute service have progressively increased to reach an average occupancy level of 76% for the first quarter of 2014. The service is operated by the non-government provider Neami National, which continues to develop partnership linkages with carer organisations, consumer advocate organisations and community housing providers; and promotes the subacute service to the Mental Health Clinics with the objective to increase referrals.

The Rockingham (10 bed) subacute service is in the early stages of design, planning and development. Suitable land was acquired in August 2013 for the purposes of establishing the subacute service in Shoalwater. Following implementation of the initial phase of the Stakeholder Communication and Engagement Strategy in November 2013, the Commission received broad support for the proposed Rockingham subacute service. Further development work will be progressed by the Commission and the Department of Housing, in consultation with the City of Rockingham and other relevant stakeholders.

A new program to treat mental health patients has freed up hospital beds and provided more suitable care for people with acute mental illness.

More than 200 patients have benefited from flexible care at Joondalup Subacute since the locally-based, residential service started in May 2013.

At the time they accessed the service, more than 97 per cent of people transitioned successfully back into the community and did not require admission or re-admission to hospital.

In total, 108 people required 'step-down' rehabilitation to support their recovery after an acute hospital admission and 103 received 'step-up' treatment to manage a change in their mental health.

The 22-bed service in Joondalup is operated by not-for-profit mental health service provider Neami National, with funding from the Mental Health Commission.

(Source: "Alternative to hospital for mental health patients", Media Statement from the Minister for Mental Health; 29 April 2014)

A further significant development in 2013 was the purchase of a site for the establishment of the proposed 6 bed Broome subacute service. Planning for the implementation of this service is continuing.

The Commission will develop submissions to the State Government to formalise funding arrangements for the Goldfields (6 beds), Bunbury (10 beds) and Karratha (6 beds) subacute services. These services will be established progressively with learnings from the Joondalup, Rockingham and Broome subacute services informing their development.

6.6 Recommendation 6: Office of the Chief Psychiatrist [Refer to Recommendation 6]

In the consultation and drafting of the Mental Health Bill 2013 the issue of the location and reporting of the Office of the Chief Psychiatrist was considered in relation to the recommendations of the Stokes Review, as well as in the context of the submissions made to the 2011 Consultation Draft of the Bill and the 2012 Green Bill.

Under the *Mental Health Act 1996* the Chief Psychiatrist is subject to the direction and control of the Director General of the Department. The Stokes Review recommended that the Chief Psychiatrist be placed operationally in conjunction with the Department, so that ready communication to clinicians and the proposed Executive Director of the Office of Mental Health could occur. The Stokes Review also recommended that the Chief Psychiatrist's Office should be entirely independent and report to both the Minister for Health and the Minister for Mental Health.

The Bill does not mandate where the Office is located but provides that a government department may provide the necessary support to the Office. It is expected that the relevant department will be the Department of Health.

The Bill changes the existing arrangements under the current *Mental Health Act 1996*, whereby the Chief Psychiatrist is subject to the direction and control of the Director General of Health and subject to appointment under the *Health Legislation Administration Act 1984*.

In the Mental Health Bill 2013, the Chief Psychiatrist is appointed under Clause 505 of the Bill by the Governor on the recommendation of the Minister for Mental Health.

The Bill provides the Minister for Mental Health with the capacity to issue written directions about general policy to be followed by the Chief Psychiatrist, which is detailed in Clause 513 of the Bill.

The Minister for Mental Health may also ask the Chief Psychiatrist to provide a report on a particular matter relevant to the Chief Psychiatrist functions (clause 514).

The CEO of Health may also request a report from the Chief Psychiatrist about treatment and care of patients if they are within the remit of the CEO (Clause 515).

6.7 Recommendation 7: Acute issues and suicide prevention

The importance of suicide prevention and the need to avoid tragic loss of life remains a key priority for all parties engaged in addressing the mental health needs of the community. The importance of this work was emphasised in the Review.

The following progress has been achieved to date:

6.7.1 State-wide Specialist Aboriginal Mental Health Service [Refer to Recommendation 7.6 & 7.8]

The Statewide Specialist Aboriginal Mental Health Service (SSAMHS) is funded by the State Government as an initiative contributing to the National Partnership Agreement (NPA) on Closing the Gap in Indigenous Health Outcomes. The NPA expired in June 2013. In July, the Aboriginal Affairs Cabinet Subcommittee approved a further 12 months of funding for SSAMHS and requested that all of the Closing the Gap programs be reviewed to clarify objectives and outcomes, identify gaps and reduce duplication of funding and services.

A review of consumer data undertaken by the Commission in 2013 found that there was significant progress made in relation to mental health service delivery to Aboriginal people. For example, the rate of community service activity for Aboriginal consumers increased by an annual average of 13%, from 426 per 10,000 of the Aboriginal population in 2009-10 to 606 per 10,000 of the Aboriginal population in 2012-13. Further, the proportion of

Mr W is a 35 year old Traditional Aboriginal man. Mr W's father and mother are both Elders in his community. The Aboriginal Mental Health Workers (AMHWs) were invited to case manage Mr W as he refused to engage with non-Aboriginal workers stating that he was not symptomatic of mental illness rather, he had been hit by Aboriginal Women's Magic.

The AMHWs assisted Mr W's father to organise Traditional Healing. After the ceremony the Traditional Healer spoke to the AMHT and advised that there was something else impacting Mr W's issues. It was then that Mr W admitted to using marijuana, alcohol and pills and acknowledged these as part of his illness.

The AMHWs assisted Mr W to engage with clinical services and assisted him to start on antipsychotic medication. Mr W's journey to recovery has included relapses. At one point he needed to be sent via Royal Flying Doctor Service (RFDS) to Graylands Hospital for more advanced inpatient care.

The AMHWs engaged with the Metropolitan SSAMHS team and assisted in his discharge to the community. The team continues to follow up with Mr W engaging with him on regular visits to the community via the SSAMHS outreach program.

Thanks to collaboration of family and services, Mr W now has an excellent management plan in place, which involves Police, hospital services, and RFDS. Thanks to Mr W's engagement with his Management Plan SSAMHS has been able to prevent further crisis based admissions to inpatient facilities.

(DOH 2013; "Statewide Specialist Aboriginal Mental Health Service in WA Country Health Service", progress report July 2013, unpublished)

Aboriginal mental health consumers with shared care arrangements (includes GPs and other service providers, family/carers, traditional healers, elders etc) has consistently increased, from 77% in July to December 2009 to 94% in the same period in 2013.

The Commission is committed to further building on the successes of the SSAMHS program and has put forward a funding submission as part of the 2014/15 Budget process, to enable continuation of the SSAMHS beyond June 2014.

6.7.2 Suicide prevention strategy [Refer to Recommendation 7.8]

The State Government invested $13 million in the Western Australian Suicide Prevention Strategy 2009-2013 ('Strategy'), which is in line with the national Living Is For Everyone Framework.

The Western Australian Government also made an election commitment to continue the Strategy. There are sufficient funds allocated to the Strategy to take it through the 2013/14 financial year, to enable the implementation of current Community Action Plans (CAPs) and the completion of contracts. $3.1 million was invested in CAPs specifically for Aboriginal communities.

Small grants were also provided to:

- Build community awareness about suicide prevention, services and supports
- Strengthen resilience to respond to the risks, signs and impacts of suicide
- Help sustain local suicide prevention strategies across the State
- Involve suicide prevention activities that are sustainable utilizing local initiatives, local resources and local people

An independent evaluation of the Strategy by Edith Cowan University is being undertaken to determine the effectiveness of the CAPs and the Agency Plans to date, and areas of strength as well as areas for improvement going forward. The Ministerial Council for Suicide Prevention is also managing an overall evaluation of the Strategy. These evaluations will be finalised in 2014 and inform the future direction and investment in the Strategy, along with the work of the Ten Year Plan.

The Commission funds a range of additional suicide prevention services with $1.6 million in 2012/13 for counselling and early intervention services, crisis lines and postvention support. In 2013/14, Youth Focus was allocated approximately $2.5 million over five years to help young people to overcome issues associated with self-harm, depression and suicide. From 2013/14. Lifeline has been allocated approximately $1.6 million over three years to continue to provide crisis counselling, mental health support and suicide prevention services.

The Ombudsman's findings on the 'Investigation into ways that State government departments and authorities can prevent or reduce suicide by young people' will be tabled in Parliament in April 2014. The Commission received the preliminary report and the Mental Health Commissioner has formally provided feedback on the recommendations.

6.8 Recommendation 8: Children and youth

The Review found that children and youth with mental illness present particular challenges that the system must address. Prevalence rates of mental illness in children are at 14%, adolescents at 19% and youth at 26%. Dealing with mental illness across these age groups is made ever more complex when considering the effects of developmental stages, family and social environments, multiple agency involvement (including Schools and at times Police and Hospitals), age-driven transitions across mental health services, geography and system resource limitations.

The Review stated that simplifying access and entry processes, improving pathways of referral, improving after-hours and emergency response services irrespective of location,

and closing identified gaps should each be given strategic priority. The Review identified a specific imperative in relation to young people over 16, where support needs are approaching that of an adult.

Significant progress has been made to date in relation to the recommendations covering children and youth, with further work under consideration as part of the Ten Year Plan process.

6.8.1 Child and Adolescent Mental Health Services [Refer to Recommendation 8.1]

The Child and Adolescent Mental Health Service (CAMHS) are trialling the Choice and Partnership Approach (CAPA) service model. CAPA uses an innovative referral intake process that empowers the child and family to make decisions about their therapeutic journey. The CAPA model is overlaid with systemic processes to manage service demand and capacity for maximum efficiency. The trial is being evaluated by the Telethon Institute for Child Health Research.

6.8.2 Recovery programs for children and early childhood programs [Refer to Recommendation 8.3]

Funding of $13.5 million over five years has been provided through the National Partnership Agreement Supporting National Mental Health Reform, for the Assertive Community Intervention (ACI) initiative. The ACI initiative provides emergency response, brief intervention and family support services for children and young people and their families experiencing a mental health crisis. The clinical component of the ACI is delivered through the Child and Adolescent Health Service, and has been operational since April 2013. The family support component of the ACI which offers children and their families and carers additional community based assistance is delivered by Mission Australia and commenced in early 2014.

6.8.3 Mental health needs of young people [Refer to Recommendations 8.6, 8.6.1, 8.6.5; also relates to 2.4]

The strategic policy for mental health in Western Australia, *Mental Health 2020: Making it personal and everybody's business* promotes a new and comprehensive youth stream approach for young people with mental health problems and/or mental illness.

'All for One, One for All'
CAMHS, young person and family participation

Like the three Musketeers working together, young people, families and CAMHS can work together to improve child and adolescent mental health services. This is known best practice and participation is part of the National Standards for Mental Health Services. As part of the Office of Mental Health's Leadership Program, our Improvement Pod is working towards mapping and measuring recruitment of young people and family members to participate in the relocation of the Bentley Family Clinic that is planned for completion in October 2014. This will include both a focus group and participation on committees. The outcome will be part of CAMHS's development of a participation process for all services and assist in the evaluation of the standards for accreditation. Our Pod includes three CAMHS staff members, WAAMH consultant and CAMHS carer representative, a community member, plus CAMHS Bentley Family Clinic. The diversity of members reflects the basis of the project, everyone working together for improved services.

(Source: Article by Kylie Fryer, Carer Representative, published in CAMHS newsletter, Issue 7, June 2014)

With the assistance of funding provided through the Commission, WA Health implemented a statewide Youth Mental Health stream auspiced under the North Metropolitan Health Service in July 2013. This will provide a key vehicle for driving the service reforms that will enable the creation of dedicated youth services statewide. The Youth Mental Health stream currently consists of three services: YouthLink, YouthReach South and Youth Axis. YouthLink and YouthReach

South provide services to at-risk and marginalised young people who are 13 to 24 years and have a serious mental health disorder and/or complex psychosocial issues and experience barriers to access such as transience or homelessness. Youth Axis commenced service provision on 1 July 2013. It provides comprehensive assessment and first phase treatment to young people aged 16 to 24 years with complex presentations primarily associated with ultra-high risk psychosis or emerging personality disorder. It is intended to complement the existing mental health services for young people.

The MHC allocated $6.5 million recurrent funding in 2011-12 to targeted growth in State specialised mental health services for new community mental health services for children and young people provided by the Department of Health. This included $2 million recurrent funding to CAHS for Youth Axis in the metropolitan area; $1.1 million per annum for the provision of 5 FTE Advanced Trainee Child and Adolescent Psychiatry positions; $1.6 million for metropolitan infant and child community assertive outreach teams for young children; and $1.6 million per annum for rural and remote children's and youth early intervention mental health service through WACHS.

In addition, and in response to the increased emergency presentations and youth suicides in 2012 and inadequate capacity to meet demand, the Ministerial Council for Suicide Prevention and the MHC jointly funded the Response to self-harm and suicides among school-aged young people initiative. Funding was provided over two years (2012-2014) for additional staffing at Child and Adolescent Mental Health Service and a Department of Education school psychologist to better support young people at-risk, their families and school communities with better integrated responses and longer term support. The MHC also provided additional funding of $200,000 to Youth Focus in 2013/14 to provide longer term counselling for young people around issues related to self-harm and suicide, and postvention support and suicide prevention education in ten metropolitan high schools.

Other key programs and services targeting children and young people that were funded since the Stokes Review report was released include the following actions aimed at addressing specific gaps and areas needing further investment:

- Aboriginal Perinatal and Infant Mental Health Training
    - St John of God Outreach Services were funded to deliver perinatal and infant mental health training in Armadale, Cockburn, Kalgoorlie and Albany in 2012/13.
    - The Commission also contributed to a project led by St John of God Outreach Services to review attachment models and methodology for Aboriginal people in WA in 2012/13.
- Early Childhood Integrated Services Projects
    - The Commission funded the Swan Perinatal and Infant Mental Health Integrated Services to develop a working model of integrated services in the Swan area including a local network, shared referral pathways and conduct community consultation and awareness raising events over two years (2012-2014).
    - Cockburn Perinatal and Infant Mental Health Integrated services was funded by the Commission to develop two reports articulating the concept of integrated services in the early years and theoretical application of the model in the Cockburn area in 2012/13.
- Infant Mental Health workforce capacity
    - The Commission, through the Australian Association for Infant Mental Health, WA Branch (AAIMHI WA), supported the provision of infant mental health scholarships across disciplines throughout the State over two years (2011-2013).
    - AAIMHI was also funded to identify a framework to encompass the full range of professionals working with infants and their families and the varied level of

competency required, as well as, the training required to support such a framework in 2012/13.

As part of the consultation process for the 10 Year Plan, a Youth Mental Health Expert Reference Group was convened. This group provided a final report including recommendations to be taken into account in the planning of youth services to ensure that they are clinically and culturally safe, appropriate, and effective. Further improvements to service delivery will be dependent on the outcomes from the Ten Year Planning process.

6.8.4 Access to mental health services by children and young people in out-of-home care or leaving care [Refer to Recommendation 8.10.5]

Children and young people in out-of-home care are a vulnerable group who have additional needs as a result of experiencing abuse and neglect.

The Cabinet endorsed, Rapid Response Framework, forms the basis for government agencies to prioritise and improve access to services for children in care, including mental health services.

There are a number of initiatives in place, including:

- Under the Health Care Planning pathway, which is a joint Department for Child Protection and Family Support (CPFS) and WA Health initiative, all children who enter care who are over four years of age will have mental health screening (Strengths and Difficulties Questionaire) which is completed by an adult such as the foster carer or teacher, and then on an annual basis. Children under four years of age have a health and development assessment which involves a health practitioner assessing the child's social and emotional development. Referrals for further mental health assessments and interventions occur where concerns are identified, however, timely acess to specialist services continue to be a challenge.
- A bilateral schedule has been developed to guide collaborative processes between CPFS and the Child and Adolescent Mental Health Service. In addition there are guidelines to improve communication when a child in care presents at Princess Margaret Hospital Emergency Department due to health and mental health issues.
- Funding for the Young People with Exceptionally Compex Needs (YPECN) program is shared equally between CPFS, the Disability Services Commission and the Mental Health Commission. The program targets young people in their mid-teens approaching leaving care.
- In collaboration with CPFS, WA Health is currently developing a proposal for funding to establish a specialist mental health service for children in care.

6.8.5 Access to mental health services in the Children's Court [Refer to Recommendation 8.10.7]

The State Government has provided funding to establish the Court Diversion and Support program in the Children's Court. Please refer to item 6.9.2.2 of this report in relation to recommendation 9.1.2 for further details about the Children's Court.

6.8.6 Identifying services required to address the unique needs and risk factors of children and young people with disabilities [Refer to recommendation 8.10.11]

The WA study of health and intellectual disability (WASHID) Expert Advisory Group organised a Seminar and Symposium series, titled *Improving the health and mental health of people with intellectual disability*, held from 5-9 August 2013. This Seminar and Symposium series was presented by a number of international and national speakers with expertise in this field. The series attracted over 350 participants from across Australia and New Zealand and has received positive feedback and broad support for future action. A meeting

was held after the series by the Director General of the Disability Services Commission (DSC) and the Mental Health Commissioner, with Professor Errol Cocks and visiting Professor Tamar Heller, to consider future action. As a result of this meeting, proposals are currently being developed jointly by DSC, the Department of Health and the Commission to improve the knowledge and skills of the health and disability workforce, as well as a specific research project targeted at the improvement of physical and mental health outcomes for people with intellectual disability.

The Commission-funded People with Exceptionally Complex Needs (PECN) and YPECN programs – a multi-agency initiative that supports children, young people and adults with co-occurring mental illness, acquired brain injury, intellectual disability and/or significant substance use problems – are currently operating at full capacity. The YPECN program, in particular, is resulting in significant positive changes to the lives of young people, some as young as nine years of age.

6.9 Recommendation 9: Judicial and criminal justice system

As a matter of urgency, the Review recommended that the Department of Health, the Commission and the Department of Corrective Services (and other relevant stakeholders) undertake a collaborative planning process to develop a 10 year plan for forensic mental health in WA. This plan will form the forensic mental health component of the State Mental Health Clinical Services Plan, and include the development of a business case for expansion of the currently inadequate number and location of secure forensic mental health inpatient beds.

6.9.1 Recommendations relating to forensic services planning [Refer to Recommendations 9.1, 9.1.1, 9.1.3 and 9.1.4]

A component of the Mental Health and Drug and Alcohol Service Planning project involves a comprehensive forensic mental health services plan across the criminal justice system.

The Forensic Mental Health Services Plan is co-sponsored by the Department of Health, the Commission and the Department of Corrective Services.

The Forensic Mental Health Planning Group was chaired by Associate Professor Sophie Davison and held three meetings in 2013. In addition, two workshops were held with consumers, family members and carers, and a broader consultation with an Expert Reference Group was held on 4 December 2013. These groups developed the content of the plan and prioritised the implementation plan.

The forensic planning work was incorporated with the first stage plan forwarded to the Minister for Mental Health in December 2013.

6.9.2 Court diversion and support program for adults and children [Refer to Recommendation 9.1.2]

The Commission's strategic policy recognises that the involvement of people with mental illness in the justice system is disproportionate and that many do not receive the care and support they need to address their offending and assist their recovery.

Accordingly the Commission and the Department of the Attorney General were funded by the State Government to implement a pilot Mental Health Court Diversion and Support Program which commenced in 2013 and forms part of what is intended to be a comprehensive forensic service that will be developed over the next decade.

This pilot program has been operational for a year, having been funded by the State Government for a 20 month period concluding in June 2014.

The pilot comprises an adult program, the Specialised Treatment and Referral Team (START) Court and a children's program, Links. These are located in the Perth Magistrates' Court and Perth Children's Court respectively. The program integrates clinical and non-clinical supports and aims to reduce reoffending through diversion to appropriate mental health and other services.

6.9.2.1 Adult Court

The START (Specialised Treatment and Referral Team) Court commenced operation on 18 March 2013. The number of participants engaging is significantly higher than had been originally estimated. It had been predicted that 1% of all people appearing before the Perth Magistrates' Court may be eligible, however data indicates that for the period 18 March to 30 September 2013, 1.9% of all people appearing in the Magistrate's Court were referred to the START Court. As at 31 March 2014, 362 individuals had appeared before the START Court and the clinical team are currently managing 86 participants.

The grant for community-based support services was awarded in September 2013 to Outcare Inc. Since commencing service delivery in October 2013, 56 clients have been referred to Outcare Inc. As of 31 March 2014, Outcare Inc. was actively engaged with 14 START Court participants.

6.9.2.2 Children's Court

The Links program commenced operation on 8 April 2013. During the period 8 April 2013 to 31 March 2014 there have been a total of 161 referrals to the Links program. A total of 53 people have been case-managed by the Links Team.

Outcare Inc. continues to offer a valuable support to Links participants. They have received 62 referrals of Links participants. As of 31 March 2014, Outcare Inc. was engaged with 25 clients.

The Commission has undertaken a comprehensive preliminary process evaluation of the Mental Health Court Diversion and Support Program, which is currently being considered by the Commission. An impact evaluation is scheduled to commence in mid 2014.

The Commission is currently progressing submissions to seek funding for continuation of the Court Diversion and Support program beyond June 2014.

7.Conclusion

Although there was some initial delay in the implementation of the Stokes Review recommendations, significant developments have occurred over the first 12 months of the IPG's operation. There are some recommendations that have been fully completed or processes put in place for the ongoing achievement of the intended outcomes of these recommendations. A significant number of recommendations are steadily progressing with intended outcomes to be seen in the medium term. It is acknowledged that some recommendations have faced challenges in the commencement of their implementation. The agencies concerned have developed appropriate management strategies to address these risks and progress implementation of these recommendations in the future. In addition, the OMH, in partnership with the Office of the Chief Psychiatrist, is developing a compliance framework for the monitoring and reporting of selected Stokes Review recommendations.

The trafficlight summary shown in Table 1 highlights the status of achievement in relation to the recommendations. The traffic lights indicate the status of the specific projects or initiatives that are undertaken to address the recommendation. For example, if a recommendation is anticipated to be addressed by the Ten Year Plan, a 'yellow light' indicates the status of the Ten Year Plan development process. It should be noted that many

outcomes sought by the Stokes Review recommendations will require ongoing action and investment by Government. Where this is the case, a 'green light' indicates that the relevant agencies have put in place an appropriate process to address that recommendation. A table listing a smaller number of recommendations facing some challenges in implementation is provided in Appendix 1, which includes information on risks and mitigation strategies. Appendix 2 contains a table that lists the Stokes Review recommendations and the agency/agencies responsible for implementation.

In conclusion, the IPG considers that it has played a significant role in overseeing and monitoring the implementation of the Stokes Review recommendations. The lead agencies responsible for implementation of recommendations have provided regular progress updates to key stakeholders through the IPG process and responded positively to requests for additional information.

Table 1: Summary of implementation status of recommendations

Implementation status	Recommendations	Comment	As a % of total recommendations
	1.1, 1.1.8, 1.3, 2.4, 7.6, 7.10.9, 7.10.10, 7.10.11, 7.10.16, 8.4, 8.6.4, 8.10.7, 8.10.8, 8.10.12 (Total 14 recommendations)	Completed / processes put in place for ongoing achievement of recommendations	11.0%
	Principal recommendation, 1.1.1, 1.1.2, 1.1.3, 1.1.4, 1.1.5, 1.1.6, 1.1.7, 1.2, 1.4, 1.5, 1.6, 1.7, 2.1, 2.2, 2.3, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10, 2.11, 2.12, 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8, 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8, 4.9, 4.10, 4.11, 4.12, 5.1, 5.2, 5.3, 5.4, 5.5, 6, 7.1, 7.1.2, 7.2, 7.3, 7.4, 7.5, 7.7, 7.8, 7.9, 7.10.1, 7.10.4, 7.10.7, 7.10.8, 7.10.12, 7.10.13, 7.10.14, 7.10.15, 7.11.1a, 7.11.1b, 7.11.1c, 7.11.2a, 7.11.2b, 7.11.2c, 7.11.3a, 7.11.3b, 7.11.4a, 7.11.4c, 7.11.4d, 8.1, 8.2, 8.3, 8.5, 8.6, 8.6.1, 8.6.2, 8.6.3, 8.6.5, 8.7, 8.8, 8.9, 8.10.1, 8.10.2, 8.10.3, 8.10.4, 8.10.5, 8.10.6, 8.10.9, 8.10.10, 8.10.11, 9.1, 9.1.1, 9.1.2, 9.1.3, 9.1.4 (Total 104 – including part recommendations)	Implementation of recommendations has commenced and progressing well without any major concerns. Timeframes for completion are considered achievable within current operating environment.	81.9%
	1.1.9, 7.1.1, 7.10.5, 7.10.6, 7.11.3c, 7.11.4b, 7.11.4e (Total 7 – including part recommendations)	Implementation of recommendations has commenced but face some challenges. Risk management strategies are being put in place.	5.6%
	7.10.2, 7.10.3 (Total 2 recommendations)	Recommendations not endorsed by the responsible agency (as per the Government response).	1.6%

Key: Green = Completed; Yellow = In progress; Red = In progress, but facing some risks; Black = Recommendation not endorsed by relevant agency.

8.Next steps

Implementation of the majority of Stokes Review recommendations is expected to be achieved through building on existing operational policies and practices; initiatives under the new mental health legislation; and planning to address service needs and reforms through the Ten Year Plan. A number of recommendations will be addressed through new reform and service development initiatives. In consultation with the executive sponsors and the Minister for Mental Health, it has been agreed that the IPG will continue in its current form until at least the Ten Year Plan is finalised and an implementation mechanism is agreed for the Ten Year Plan.

The Commission and the Department of Health will continue to develop necessary policies, protocols and action plans to make further progress in achieving the strategic reform objectives set out by the Stokes Review. Funding submissions to maintain and build on existing initiatives that support the achievement of reform objectives will also be developed through ongoing budget processes. The Commission and the Department of Health will pay particular attention to projects that face challenges and ensure risk management strategies are in place. Where there is a need to further amend the implementation timeframes, the executive sponsors will submit a revised timeframe for Government endorsement via the Minister for Mental Health.

It is intended that this annual report will be made publicly available, subject to endorsement from the Minister for Mental Health. A public launch of the report, followed by presentation to key stakeholders on progress achieved in implementation of the Stokes Review recommendations to date, is also being considered for late 2014.

Glossary

Ten Year Plan – (Ten year) Mental Health and Alcohol and Other Drug Services Plan

The Commission – the Mental Health Commission

WA Health - is the provider of services (NMHS, SMHS, WACHS, CAHS)

1. *Stokes Review recommendations facing some challenges in implementation and risk mitigation strategies*

Status as at May 2014

Rec. No.	***Recommendation***	***Lead agency for implementation***	***Challenges/risks faced in implementation***	***Mitigation strategies***
1.1.9	Ensuring the development of a robust information system (including electronic) with flexibility for ease of use by all mental health practitioners including those who practice in areas of public mental health managed by a private provider.	OMH	Agreement between project stakeholders about project scope and timeframes yet to be finalised.	The OMH is proactively responding to the risk using a focussed project management approach. A priority list of work and projects is being developed with the Health Information Network
7.1.1	It is important that no decisions are made in isolation or by isolated practitioners.	OMH	This project is dependent upon the completion and outcomes of other projects (e.g. Chief Psychiatrist's Standards). At this stage, it is unclear if the outcomes of these projects will adequately cover this Recommendation.	The OMH is working with stakeholders, including the Chief Psychiatrist, to address the risk. If it is determined that this Recommendation is not adequately covered by the outcomes of existing projects, the Recommendation will be considered by the Mental Health System-wide Clinical Policy Group.
7.10.5	The contact numbers should include 24-hour emergency service numbers and people should be advised that these can be accessed by anybody at any time and trained workers, who have the ability to call out emergency teams if necessary, will respond. These	OMH	This Recommendation involves Emergency Departments (ED), which fall outside the jurisdiction of mental health services. Further work is required with ED stakeholders to progress this	The OMH will meet with stakeholders, including the Chief Medical Officer, to develop strategies for implementing this Recommendation.

	should be a reality.		Recommendation.	
7.10.6	Ultimately all community health services should be funded to respond holistically to crises. Families, as well as patients, need support, especially on discharge of patient back into their care. Carers need to know the people involved with the care of their patient.	OMH	This is a multi-faceted, cross-agency Recommendation, requiring the involvement of multiple stakeholders to implement.	The OMH will consult with a range of stakeholders to progress this Recommendation, including Carers WA around support for families. This Recommendation will be presented to the new Mental Health Network for consideration. The OMH will liaise with the MHC to discuss funded programs, following the release of the Ten Year Plan.
7.11.3c	There is a current individual multi-disciplinary treatment, care and recovery plan, which is developed in consultation with, and regularly reviewed with, the patient and, with the patient's informed consent, their carer(s). The treatment, care and recovery plan is available to both of them.	OMH	This project is dependent upon the completion and outcomes of other projects (e.g. Chief Psychiatrist's Standards). At this stage, it is unclear if these projects will adequately cover this Recommendation.	The OMH is working with stakeholders, including the Chief Psychiatrist, to address the risk. If it is determined that this Recommendation is not adequately covered by the outcomes of existing projects, the Recommendation will be considered by the Mental Health System-wide Clinical Policy Group.
7.11.4b	The MHS provides patients, their carers and other service providers involved in follow-up with information on the process for facilitating re-entry to the MHS if required and other resources such as crisis supports are provided.	OMH	This is a multi-faceted, cross-agency Recommendation, requiring the involvement of multiple stakeholders to implement.	The OMH will consult with a range of stakeholders to progress this Recommendation, including Carers WA around support for families. This Recommendation will be presented to the new Mental Health

				Network for their consideration of the development of a model of care to address this issue.
7.11.4e	The MHS has a procedure for appropriate decision making in regards to those who decline to participate in any planned follow-up.	OMH	This is a multi-faceted, cross-agency Recommendation, requiring the involvement of multiple stakeholders to implement.	The OMH is currently consulting with Health Services and the Chief Psychiatrist to progress this Recommendation. The OMH will also consult with agencies such as Carers WA around support for families.

Rec #	Recommendation title	Responsible agency as per Government response	Current responsible agency	Lead agency
Principal Rec	That as a matter of urgency the Department of Health and the Mental Health Commission jointly develop a Clinical Service Plan which embraces the key elements of clinical care, rehabilitation, living accommodation, geographical location and infrastructure build and support.	MHC & DOH	MHC & DOH	MHC
Recommendation 1: Governance				
1.1	That the Department of Health establish an Executive Director of Mental Health Services reporting to the Director General of Health and that the position be responsible for…	DOH	DOH	OMH
1.1.1	The development of the mental health Clinical Service Plan in collaboration with the Mental Health Commission.	MHC & OMH	MHC & DOH	MHC
1.1.2	Policy setting, including those of standards and those of best practice.	DOH	DOH	OMH
1.1.3	Developing standard documentation for service provision, including model of care, patient risk assessment and risk management.	DOH	DOH	OMH
1.1.4	Oversight of the compliance of policies by the various service providers and reporting on those services that do not comply.	DOH	DOH	OMH
1.1.5	Working closely with the Office of the Chief Psychiatrist to ensure compliance with regulations from that Office.	DOH	DOH	OMH
1.1.6	Actively pursuing workforce development, service growth and service provision.	DOH	DOH	OMH
1.1.7	Developing the mental health workforce and mandating systems of supervision, continuing professional development and credentialling of a service, as well as personnel, to provide the required mental health care of that service.	DOH	DOH	OMH
1.1.8	Being involved in budget-setting with the Mental Health Commission in conjunction with the Performance Activity and Quality Division of the Department of Health, to ensure that this budget is appropriate to deliver safe and quality mental health care.	MHC & DOH	MHC & DOH	MHC
1.1.9	Ensuring the development of a robust information system (including electronic) with flexibility for ease of use by all mental health practitioners including those who practice in areas of public mental health managed by a private provider.	MHC & DOH	MHC & DOH	OMH
1.2	Works closely with other service providers such as GPs, private hospitals, and NGOs to ensure	DOH	DOH	OMH

Rec #	Recommendation title	Responsible agency as per Government response	Current responsible agency	Lead agency
	the system has solid links between inpatient and community mental health clinics (so there is a seamless flow of patients between them) and establishes and monitor those links.			
1.3	Develops a safe and quality mental health transport system in the metropolitan area with hospital staff trained in mental health and soft restraint, to transfer patients between hospitals.	MHC	MHC	MHC
1.4	Cultivates resources and builds knowledge that improves evidence-based care, strengthening practice and fostering innovations.	MHC & DOH	MHC & DOH	OMH
1.5	The new Executive Director of Mental Health Services of the Department of Health needs to ensure there are bridge programs that associate mental health with disability and culturally and linguistically diverse services.	DOH	MHC & DOH	MHC
1.6	The new Executive Director of Mental Health Services develops policy with the Drug and Alcohol Office to enable mutual cooperative working with complex cases.	DOH & DAO	MHC, DOH and DAO	MHC
1.7	The new Executive Director of Mental Health Services needs to urgently implement a review of management structure of the services in each Area Health Service in conjunction with the area chief executives	DOH	DOH	OMH
Recommendation 2: Patients				
2.1	The new Executive Director of Mental Health Services mandates the policy development of patient focussed service and insists that every patient is involved in care and discharge planning.	DOH	DOH	OMH
2.2	Every patient must have a care plan and be given a copy of it. Prior to discharge, the care plan must be discussed in a way that the patient understands and be signed off by the patient. With the discharge plan the carer is also involved as appropriate.	DOH	DOH	OMH
2.3	Every patient has access to individual advocacy services to assist with the navigation through the system and development of a care plan.	MHC & DOH	MHC & DOH	MHC
2.4	That adolescents and young people are assessed comprehensively, particularly for factors which encroach upon self- image and self - worth and that their concerns are validated and taken seriously	MHC & DOH	MHC & DOH	OMH
2.5	A detailed explanation of the advantages and side effects of psychiatric drugs is given to the patient and the need to maintain medication regimes is comprehensively discussed.	DOH	DOH	OMH

Rec #	Recommendation title	Responsible agency as per Government response	Current responsible agency	Lead agency
2.6	When patients complain of medications side effect these are taken seriously and the issues explained fully. Medications should be reviewed regularly with the aim of identifying the side effects and the lowest effective dosage of drug should be used.	DOH	DOH	OMH
2.7	All mental health clinicians must ensure that the physical wellbeing (including dental) of all patients under their care are regularly assessed and treated by appropriate specialist clinicians (e.g. podiatrist, diabetes educator). This is a key performance indicator that requires monitoring for compliance.	DOH	DOH	OMH
2.8	Patients who have a mental illness and are admitted to general hospital wards for other conditions are assessed and monitored by mental health clinicians during their inpatient stay (partly supported, only where this is clinically indicated).	DOH	DOH	OMH
2.9	Where a patient has indicated the possibility of performing self-harm, that patient must always be comprehensively assessed by a mental health practitioner and their care plan be approved by a psychiatrist or psychiatric registrar and not discharged until that approval occurs.	DOH	DOH	OMH
2.10	No patient is to be discharged from an ED or another facility without an adequate care plan. Where there is a carer clearly involved, the carer should be included in the discussion of the care plan and discharge plan. Carer involvement is essential, especially in life-threatening situations, and is to be fostered at every opportunity. The sanctity of patients confidentiality should not be used as a reason for not communicating with carers in these situations.	DOH	DOH	OMH
2.11	Patients must be made clearly aware of their voluntary and involuntary status.	DOH	DOH	OMH
2.12	The names and contacts of carers should be recorded for each patient where appropriate.	DOH	DOH	OMH
Recommendation 3: Carers and families				
3.1	Whilst the patient is the primary focus of care, the views of the carer must also be considered.	DOH	DOH	OMH
3.2	Carers must be involved in care planning and most significantly in a patient's discharge plan, including the place, day, and time of discharge.	DOH	DOH	OMH
3.3	The carers of patients need education, training and information about the 'patient's conditions' as well as what are the signs of relapse and that may cause relapse triggers.	MHC, DOH & CarersWA	MHC, DOH & CarersWA	MHC
3.4	The carers of patients need to be informed in a timely fashion when the patient is to be	MHC, DOH &	MHC, DOH &	MHC

Rec #	Recommendation title	Responsible agency as per Government response	Current responsible agency	Lead agency
	reviewed by the Mental Health Review Board and supported to attend.	MHRB	MHRB	
3.5	The governance of the system should provide to carers, patients and GPs and appropriate way to navigate the mental health system in seeking advice and support, particularly in crises.	MHC & DOH	MHC & DOH	MHC
3.6	A carer should have equal status with the patient in reporting triggers that might indicate deterioration in the patient's condition.	DOH	DOH	OMH
3.7	Carer communication by mental health clinicians is mandatory for the system to be robust and provide patient best practice.	DOH	DOH	OMH
3.8	Patients may demand confidentiality of care and treatment but mental health clinicians in this situation need to understand and take into account the requirements and vulnerability of carers. Mental Health practitioners must be aware of the rights and safety of carers.	DOH	DOH	OMH
Recommendation 4: Clinicians and professional development				
4.1	Clinicians need to work actively with the Executive Director of Mental Health Services of the Department of Health to assist in workforce planning and service development.	DOH	MHC & DOH	MHC
4.2	Clinicians must ensure the service in which they are working does not deviate from the standards and protocols set.	DOH	DOH	OMH
4.3	Clinicians must ensure within their area of work that the service is totally patient centred and that the patients and carers rights and responsibilities are understood and respected.	DOH	DOH	OMH
4.4	Mental health clinicians must comply with reporting requirements for the National Outcomes and Case mix Collection (NOCC) and Health of the Nation Outcome Scales (HoNOS).	DOH	DOH	OMH
4.5	Compliance with the electronic information system is mandatory.	DOH	DOH	OMH
4.6	Clinicians need to ensure that continued professional development occurs and is recorded yearly as required by the clinicians' respective colleges and professional organisations. This compliance must be audited.	DOH	DOH	OMH
4.7	Links between community mental health services and inpatient facilities must be maintained and maximised to ensure continuity of care and continuation of treatment plans.	DOH	DOH	OMH
4.8	Residents of psychiatric hostels and other mental health facilities should have equal access to	MHC & DOH	MHC, DOH &	OMH

Rec #	Recommendation title	Responsible agency as per Government response	Current responsible agency	Lead agency
	mental health services as other members of the community.		OCP	
4.9	Ensure adequate support is given to residents in psychiatric hostels and supported accommodation when advice is requested within the areas in which community mental health clinicians work.	MHC & DOH	MHC & DOH	OMH
4.10	Psychiatric hostels and supported accommodation should have appropriate levels of access to patients' care plans and receive clear communication of discharge plans.	DOH	DOH	OMH
4.11	Since mental health and substance-use disorders, including drug and alcohol issues, co-occur with high frequency mental illness, it is imperative that clinicians are trained in the recognition and treatment of comorbid disorders of this type.	DOH	MHC, DOH & DAO	MHC
4.12	Education and training should be provided to all staff to ensure ongoing quality of patient care and management. This should also be specifically available to workers of NGOs to ensure a high quality of care.	MHC & DOH	MHC & DOH	MHC
Recommendation 5: Beds and clinical services plan				
5.1	The current acute bed configuration can only be adjusted when there are appropriate stepdown rehabilitation and supported accommodation beds established. Any attempt to close acute beds before these systems are in place will be further detrimental to the system.	MHC & DOH	MHC & DOH	MHC
5.2	Adolescent beds need to be increased to take into account the increasing population of youths. Beds must also be provided for child forensic and eating disorder patients. These are urgent requirements.	MHC & DOH	MHC & DOH	MHC
5.3	Rural child, adolescent and youth beds should be considered a priority in forward planning and attended to immediately.	MHC & DOH	MHC & DOH	MHC
5.4	Close working between the Department of Health as the provider and the Mental Health Commission as the funder, needs to occur so that a robust Clinical Services Plan is developed that provides step-down facilities as an early and pressing need.	MHC & DOH	MHC & DOH	MHC
5.5	The full range of beds needs to be provided in each geographical area. This is crucial to ensure continuity of care across the spectrum of accommodation.	MHC	MHC	MHC

Rec #	Recommendation title	Responsible agency as per Government response	Current responsible agency	Lead agency
Recommendation 6: Office of the Chief Psychiatrist				
6	The functions of the Office of the Chief Psychiatrist align most closely with service provision. Therefore, in the opinion of the Reviewer, the Office is appropriately placed operationally in conjunction with the Department of Health so that ready communication to clinicians and the proposed Executive Director of Mental Health Services can occur. The Office should be entirely independent and report to both the Minister of Health and the Minister of Mental Health with access to the Office by both the Director General of Health and the Commissioner of Mental Health. The Reviewer is firmly of the view that the Office should not be placed in either the Mental Health Commission or the Department of Health where it can be seen that conflicts of interest would arise in either situation.	Minister for Mental Health	MHC	MHC
Recommendation 7: Acute issues and suicide prevention				
7.1	Patients presenting anywhere in the public health system with suicidal intent must undergo a best practice risk-screening process and, where required, a comprehensive assessment by a mental health professional. A care plan must be formulated and all decisions to discharge require medical oversight and approval.	DOH	DOH	OMH
7.1.1	It is important that no decisions are made in isolation or by isolated practitioners.	DOH	DOH	OMH
7.1.2	Any emergency response team will also require medical oversight for decisions made when attending to urgent referrals.	DOH	DOH	OMH
7.2	If a patient is discharged they must receive an agreed and signed comprehensive discharge plan that includes a carer, if involved, stating: - appointment time and date with the community mental health services - contact details of emergency services - medication and consumer medicine information - an understanding to return to the current service if needed - name of mental health clinician and caseworker	DOH	DOH	OMH

Rec #	Recommendation title	Responsible agency as per Government response	Current responsible agency	Lead agency
7.3	The care plan must accompany the patient between community and other treatment settings and be communicated to new clinicians at the time of transition. This ensures the care passport maintains treatment continuity.	DOH	DOH	OMH
7.4	Every patient must have an identified case manager.	DOH	DOH	OMH
7.5	The assessment, care plan and decision to refer a patient from one public mental health service to another should be seamless. The patient should not experience further assessments as barriers to entry. There should be no requirement to repeat triage.	DOH	DOH	OMH
7.6	Continue to resource the currently COAG Closing the Gap funded Specialist Aboriginal Mental Health Service (SAMHS) to assist Aboriginal people to access culturally secure mental health services, particularly those in custody or on parole and those with comorbid conditions such as substance abuse disorders.	MHC	MHC	MHC
7.7	Encourage training and education of mental health workers in the management of comorbid conditions of drug and alcohol misuse.	DOH	MHC, DOH & DAO	MHC
7.8	Continue to resource the current COAG Closing the Gap funded SAMHS suicide intervention teams, including the support of Aboriginal Elders Specialist Mental Health Services and government and non-government agencies.	MHC	MHC	MHC
7.9	Develop respite services and increase rehabilitation services.	MHC	MHC	MHC
7.10.1	Risk assessments should always follow those guidelines published jointly in 2000 by the Australasian College for Emergency Medicine and the Royal Australian College of Psychiatry and as subsequently endorsed as policy by the WA Department of Health in 2001 as a minimum standard.	DOH	DOH	OMH
7.10.2	Where a person has been referred to an authorised facility for admission by a medical practitioner, final risk assessment should be undertaken by a psychiatrist after triage and preliminary assessment by a RMHN (registered mental health nurse) if 'wait' time is a problem.	DOH	N/A (Rec. not endorsed)	N/A (Rec. not endorsed)
7.10.3	Where a person who has undergone prior admissions is taken to an ED by a carer experienced with that person, final risk assessment should be undertaken by a psychiatrist after triage and preliminary assessment by a RMHN if 'wait time' is a problem.	DOH	N/A (Rec. not endorsed)	N/A (Rec. not endorsed)

Rec #	Recommendation title	Responsible agency as per Government response	Current responsible agency	Lead agency
7.10.4	Where a person has undergone risk assessment in an ED and is not to be admitted to any facility but referred to a CMHS (community mental health service), the person and their carer are to be provided with written advice as to their relevant CMHS and contact numbers and their proposed management plan and relevant time frames.	DOH	DOH	OMH
7.10.5	The contact numbers should include 24-hour emergency service numbers and people should be advised that these can be accessed by anybody at any time and trained workers, who have the ability to call out emergency teams if necessary, will respond. These should be a reality.	DOH	DOH	OMH
7.10.6	Ultimately all community health services should be funded to respond holistically to crises. Families, as well as patients, need support, especially on discharge of patient back into their care. Carers need to know the people involved with the care of their patient.	DOH	DOH	OMH
7.10.7	No person should leave an ED without being provided with written advice as to who to contact in case of a crisis.	DOH	DOH	OMH
7.10.8	CMHS should make every attempt to provide their clients with concrete continuity. By this, I mean written contact and appointment dates from appointment to appointment with emergency numbers to contact between dates and 24-hour numbers.	DOH	DOH	OMH
7.10.9	Every child or adolescent with mental health issues should know a person acting as a community liaison officer (case manager). PMH should be included in all authorised facility guidelines and directives and should be funded for community liaison officers to maintain contact with any child who has presented to PMH with mental health issues. This is regardless of whether or not carers choose private or public sector treatment for their child.	DOH	DOH	OMH
7.10.10	The role of the liaison officer is to ensure a contact for the child in times of crisis. They should maintain contact with the Bentley Adolescent Unit if the child is admitted as a patient or the relevant CMHS where the child becomes a client of a CMHS. They should know by whom a child is being treated if the choice is for private treatment. I do not envisage the liaison officer as being involved with treatment per se, but as ensuring children and adolescents are being provided with or have access to ongoing treatment as a matter of community commitment to children and adolescents	DOH	DOH	OMH
7.10.11	Bentley Adolescent Unit should also have community liaison officers with a similar role and function to ensure children not passing through PMH also are provided with ongoing input.	MHC & DOH	MHC & DOH	OMH

Rec #	Recommendation title	Responsible agency as per Government response	Current responsible agency	Lead agency
7.10.12	There is a very real need for day hospital facilities/transition units/wellbeing centres—whatever one chooses to call them as outlined by Professor Silburn in more locations throughout the metropolitan region and the rest of the State, as outlined by Professor Silburn. Such centres will accommodate the difficult transition from admission to the community following discharge and as a community support for those dealing with mental health issues.	MHC	MHC	MHC
7.10.13	There needs to be relevant facilities out of the metropolitan area for short term care of patients in crisis to avoid dislocation as an added stress. I don't know if the secure facility at Bunbury Regional Hospital is now adequate but there is nothing in the north of the State. I note the reference to a plan for a facility for Broome. This needs to become a reality.	DOH	MHC & DOH	MHC
7.10.14	Practitioners prescribing medications should ensure they comprehensively discuss compliance issues and discontinuation issues as well as any other relevant information associated with the particular medication required. I would prefer both providers and dispensers of medication to ensure up to date CMIs (consumer medicine information) or other written information be provided to patients and/or carers as a written record, approved by the TGA (the Therapeutic Goods Administration) of the advice given.	DOH	DOH	OMH
7.10.15	Those practitioners discussing discharge plans with patients and carers need to specifically consider the extent to which they discuss the potential for death as an outcome of self-harming behaviour.	DOH	DOH	OMH
7.10.16	The Office of the State Coroner review all suicides in 2009 to assess what, if any, contact the deceased persons had with State Mental Health Services in an attempt to determine progress in the provision of improved mental health services to the West Australian community.	State Coroner	State Coroner	State Coroner
7.11.1a	All patients, regardless of how well known they are to the MHS (Mental Health Service) should receive a comprehensive psychiatric assessment as is possible on entry to the MHS for each specific episode of care including patients transferred from other facilities.	DOH	DOH	OMH
7.11.1b	The MHS should use a standardised psychiatric assessment form to ensure consistency of data collection within and between MH services.	DOH	DOH	OMH
7.11.1c	The MHS, with the patient's informed consent, included carer other service providers and other nominated by the consumer in assessment	DOH	DOH	OMH
7.11.2a	The MHS adopt the current or revised Clinical Risk Assessment and Management Policy as	DOH	DOH	OMH

Rec #	Recommendation title	Responsible agency as per Government response	Current responsible agency	Lead agency
	mandatory practice.			
7.11.2b	The MHS ensures that, where indicated, patients have a current risk management plan, separate from the Individual Management Plan (IMP)	DOH	DOH	OMH
7.11.2c	Risk management plans are updated or revised with any new information relevant to that individual patient.	DOH	DOH	OMH
7.11.3a	There is a current individual multi-disciplinary treatment, care and recovery plan, which is developed in consultation with, and regularly reviewed with, the patient and, with the patient's informed consent, their carer(s). The treatment, care and recovery plan is available to both of them.	DOH	DOH	OMH
7.11.3b	The treatment and support provided by the MHS is developed and evaluated collaboratively with the patient and their carer(s). This is documented in the current individual treatment, care and recovery plan.	DOH	DOH	OMH
7.11.3c	The MHS ensures that the IMP is kept on both the clinical record and on PSOLIS	DOH	DOH	OMH
7.11.4a	The patient and their carer(s) and other service providers are involved in developing the exit (discharge) plan. Copies of the exit plan are made available to the patient and with the patient's informed consent, their carer(s).	DOH	DOH	OMH
7.11.4b	The MHS provides patients, their carers and other service providers involved in follow-up with information on the process for facilitating re-entry to the MHS if required and other resources such as crisis supports are provided.	DOH	DOH	OMH
7.11.4c	The MHS ensures there is documented evidence in the file that the treating team is in agreement with the decision to discharge the patient. Alternatively, evidence was documented in the file as to why the decision was made that may have been different from the treatment plan for discharge.	DOH	DOH	OMH
7.11.4d	The MH ensures, as far as possible, that the next agency or clinician to support or provide care for the patient is made aware of the discharge date, the urgency of review and a specific contact within the services to manage issues of urgency or failure of follow-up contact.	DOH	DOH	OMH
7.11.4e	The MHS has a procedure for appropriate decision making in regards to those who decline to participate in any planned follow-up.	DOH	DOH	OMH

Rec #	Recommendation title	Responsible agency as per Government response	Current responsible agency	Lead agency
Recommendation 8: Children and youth				
8.1	A central referring position is established to receive referrals for children and youth services, which will then direct the referral to the correct services in the patient's locality.	MHC & DOH	MHC & DOH	MHC
8.2	After-hours services are established for children and adolescent and youth services in rural and remote communities, where possible.	MHC	MHC	MHC
8.3	Emergency response services, including the Acute Community Intervention Team and the King Edward Hospital Unit for Mother and Baby, are supported.	MHC & DOH	MHC & DOH	MHC
8.4	Clear entry processes are developed for the Bentley Adolescent Unit.	DOH	DOH	OMH
8.5	Recovery programs for children are established.	MHC	MHC	MHC
8.6	Special provisions are made for the clinical governance of the mental health needs of youth (16–25 years of age). The State would benefit from the advent of a comprehensive youth stream with a range of services that do not have barriers to access.	MHC & DOH	MHC & DOH	MHC
8.6.1	Children should be treated in separate areas from adults, and young children should be separated from youth. Establish a youth inpatient unit with the capacity to manage comorbidities and alcohol and drug withdrawal.	MHC & DOH	MHC, DOH & DAO	MHC
8.6.2	Respite and rehabilitation services are developed for youth.	MHC	MHC, DOH & DAO	MHC
8.6.3	A service is established for youths with gender and sexual identity problems. Such a service requires expertise in psychiatric morbidity, suicidal behaviour, endocrinology and hormone treatments and close links with surgical and legal services.	MHC	MHC	MHC
8.6.4	Appropriate credentialing for children and youth health workers must be assured (refer recommendation 1).	MHC & DOH	MHC & DOH	OMH
8.6.5	Workforce planning must be made to address the shortage of Child Psychiatrists.	MHC	MHC	MHC
8.7	To reduce disconnection between inpatient and community, treatment teams involve all the child's services and communicate with one another in a timely and respectful manner.	DOH	DOH	OMH
8.8	A more equitable distribution of community resources is provided.	MHC	MHC	MHC

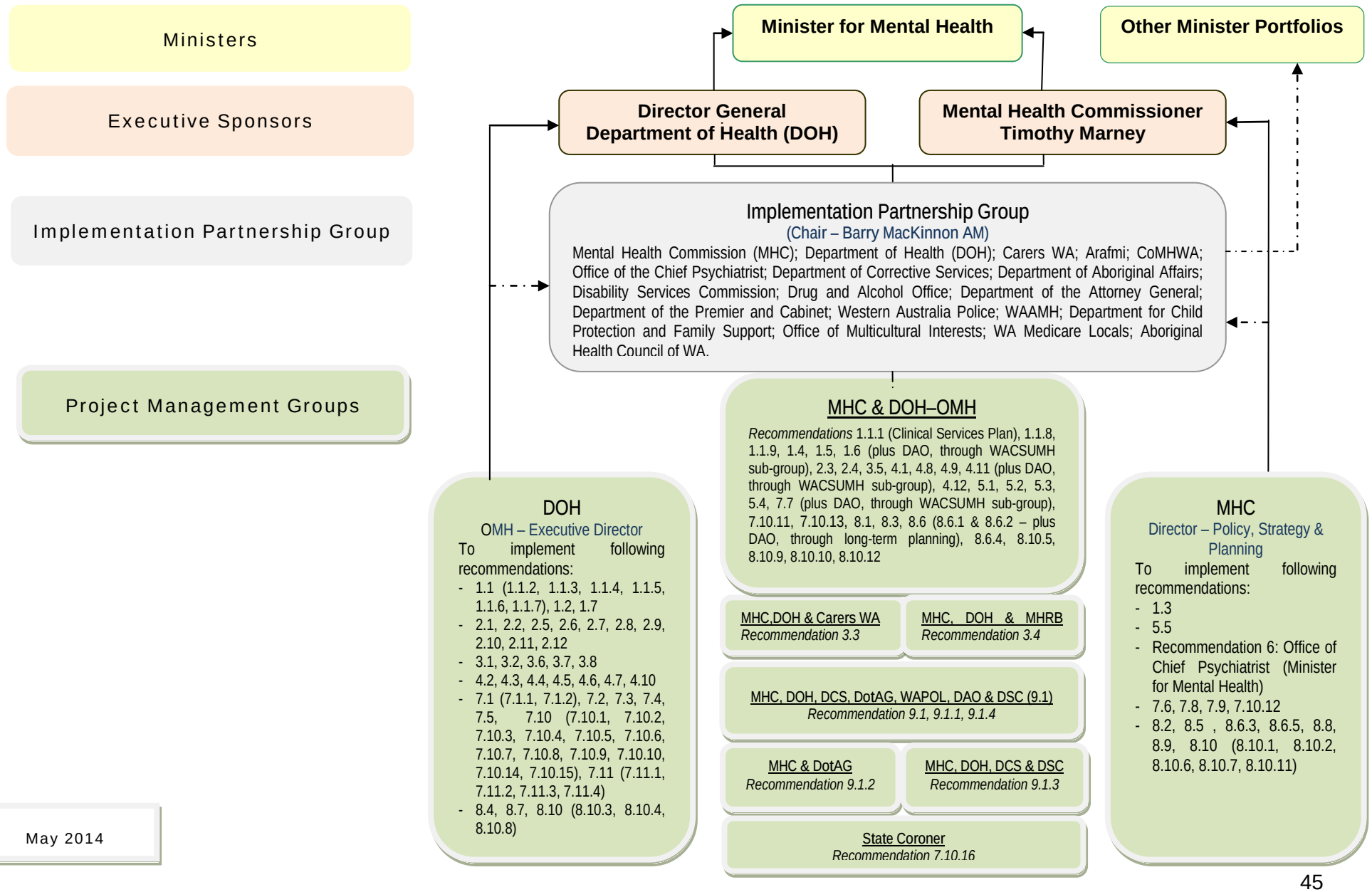
Rec #	Recommendation title	Responsible agency as per Government response	Current responsible agency	Lead agency
8.9	Early childhood assessment and intervention programs are established for those children who show signs of the development of possible mental illness.	MHC	MHC	MHC
8.10.1	A strategic and comprehensive plan for the mental health and wellbeing of children and young people across WA be developed by the MHC [Mental Health Commission]. This plan should provide for the implementation and funding of promotion, prevention, early intervention, treatment and programs.	MHC	MHC	MHC
8.10.2	Funding to the State's Infant, Child Adolescent and Youth Mental Health Service be increased so it is able to provide comprehensive early intervention and treatment services for children and young people across WA, including meeting the needs of those with mild, moderate and severe mental illness.	MHC	MHC	MHC
8.10.3	Admission, referral discharge and transfer policies, practices and procedures of mental health services need to ensure the cultural needs of Aboriginal children and young people are met.	DOH	DOH	OMH
8.10.4	The statewide Specialist Aboriginal Mental Health Service (SAMHS) and Infant, Child Adolescent and Youth Mental Health Service establish a close working relationship and seamless referral process to ensure the best possible outcomes for Aboriginal children and young people.	DOH	DOH	OMH
8.10.5	Priority is given by the mental health service to the assessment, referral, admission and continuity of treatment of children and young people in out-of-home care or leaving care.	DOH	MHC & DOH	MHC
8.10.6	A dedicated forensic mental health unit for children and young people be established.	MHC	MHC	MHC
8.10.7	Children and young people appearing before the Children's Court of Western Australia have access to appropriate, comprehensive mental health assessment, referral and treatment services.	MHC	MHC	MHC
8.10.8	The new Acute Response Emergency Team and specialist mental health services establish a close working relationship and seamless referral processes to ensure rapid access to treatment.	DOH	DOH	OMH
8.10.9	Previous recommendations made by the WA Coroner, Deputy State Coroner, the Auditor General for WA and Telethon Institute for Child Health Research about assessment, referral,	MHC & DOH	MHC & DOH	MHC

Rec #	Recommendation title	Responsible agency as per Government response	Current responsible agency	Lead agency
	admission, discharge, follow-up care, communication and care coordination be taken into account.			
8.10.10	Transition strategies for young people moving from child and adolescent services to youth mental health services and from youth services into adult services be developed and implemented to ensure the individual is supported and continuity of care is maintained at both transition points.	MHC & DOH	MHC & DOH	MHC
8.10.11	The Disability Services Commission work with the Mental Health Commission to identity the services required to address the unique needs and risk factors for children and young people with disabilities in a coordinated and seamless manner.	MHC	MHC	MHC
8.10.12	All children and young people admitted to the mental health system have a treatment, support and discharge plan and that policies, processes and procedures that ensure care and discharge planning occurs to the level that ensures continuity of services and includes planning for education, accommodation and other support services as needed.	MHC & DOH	MHC & DOH	OMH
Recommendation 9: Judicial and criminal justice system				
9.1	As a matter of urgency, the Department of Health, the Mental Health Commission and the Department of Corrective Services (and other relevant stakeholders) undertake a collaborative planning process to develop a 10-year plan for forensic mental health in WA. (This plan will form the forensic mental health component of the State Mental Health Clinical Services Plan). Important elements to that plan include: As early as possible in the planning process, a business case for expansion of the currently inadequate number and location of secure forensic mental health inpatient beds needs to be developed for urgent government consideration.	MHC, DOH, DCS & DotAG	MHC, DOH, DCS, DotAG, WA Police, DAO & DSC	MHC
9.1.1	To divert early and minor offenders from the formal justice system and further offending behaviour in appropriate model, business case and funding for a police diversion service in WA are established.	MHC, DOH & DotAG	MHC, DOH, DCS, DotAG, WA Police, DAO & DSC	MHC
9.1.2	The rapid and timely establishment of the recently funded Court Diversion and Support Program for adult courts is supported. The approved program for the Children's Court is also supported and it is recognised it will need early expansion to a complete service as in the adult courts.	MHC	MHC & DotAG	MHC

Rec #	Recommendation title	Responsible agency as per Government response	Current responsible agency	Lead agency
9.1.3	The planning, business cases and funding for provision of a full range of mental health services in WA prisons and detention centres. This will involve dedicated units and services in prison for mentally ill women, youth, Aboriginal and people with acquired brain injury/intellectual disability.	MHC, DOH & DCS	MHC, DOH, DCS & DSC	MHC
9.1.4	Community services are expanded to facilitate transition from prison, to assertively follow up people who are seriously mentally ill and present a serious risk of harm to themselves and others, and to closely follow up and monitor mentally impaired accused patients on custody orders in the community. Also, there is a need to assess and care for particular groups of individuals with particular care needs such as sex offenders, stalkers and arsonists.	MHC	MHC, DOH, DCS, DotAG, WA Police, DAO & DSC	MHC

Note:
Responsible agency allocation has changed in relation to some of the recommendations since the release of the Government Response. In subsequent discussions, key stakeholders agreed that there would be one Lead Agency for each Recommendation to ensure single-point accountability, which resulted in some of the responsible agency allocations changing, generally based on which agency was best placed in terms of current agency role/capability/expertise to lead the work on the Recommendation.

3: GOVERNANCE STRUCTURE FOR IMPLEMENTATION OF STOKES REVIEW OF THE ADMISSION OR REFERRAL TO AND THE DISCHARGE AND TRANSFER PRACTICES OF PUBLIC MENTAL HEALTH FACILITIES/SERVICES IN WESTERN AUSTRALIA



May 2014

Principal Recommendation: 1

DoH Total: 59

Joint Total: 39

MHC Total: 18