WESTERN AUSTRALIAN GOVERNMENT RESPONSE

To the report on the Review of the Admission or referral to and the discharge and transfer practices of public mental health facilities services in Western Australia

Professor Bryant Stokes AM
July 2012

Hon Helen Morton MLC

Minister for Mental Health; Disability Services

November 2012

Executive Report

The Western Australian Government welcomes the opportunity to respond to the Review *of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia* (Report). The Report is available online at:

www.health.wa.gov.au
www.mentalhealth.wa.gov.au

As the Review was independent, the Report has not been edited or reviewed by stakeholders prior to publication.

The Government Response to the Report is structured in 2 parts:
1. The Western Australian Government's formal response to recommendations in the Report; and
2. The Implementation Plan methodology, governance and schedule.

The implementation plan will be updated on a regular basis and progress will be carefully monitored. Western Australians can be assured that the Government is fully committed to addressing the Report's recommendations and that the process to achieve this has started.

Professor Bryant Stokes, AM was appointed to undertake the review in November 2011. Professor Stokes is a Consultant Neurosurgeon and Clinical Professor of Surgery at the University of Western Australia. He is also a past Chief Medical Officer of the Department of Health WA and has been a leader in the field of quality and safety within Health for the past 15 years. He has held the position of Chairman of the Western Australian Council for Safety and Quality in Health Care since its inception in August 2002.

Prior to the commencement of this Review, it is important to note that significant work had already begun within the Department of Health and Mental Health Commission to address admission and discharge practices within mental health services. For example:

- The National Standards for Mental Health Services (2010) recognises the importance of having documented individual treatment plans that are developed collaboratively with consumers and their carers) and have a process for the development of an exit plan at the time the consumer enters the service.
- In his report of the Clinical Governance Review Trends 2003-2009 the Chief Psychiatrist noted the importance of appropriate and documented discharge planning.
- In 2009 the Mental Health Division published the Clinical Risk Assessment and Management (CRAM) policy. The policy document and standards acknowledged the importance of including the consumer and family and carers in CRAM planning, as well as the need to ensure the plan is communicated to all those involved in managing the risk.
- In March 2011 the Metropolitan Senior Bed Management Group convened a planning day of clinicians and consumers, which resulted in the formation of three working groups. One group in particular looked at how consumer and carer led planning can be used as part of the admission and discharge planning and overall continuum of care in mental health.
- In October 2011, I convened a meeting with the Mental Health Commissioner and senior Department of Health staff regarding discharge planning and how processes can be improved in Western Australia.

The Director General of the Department of Health (DoH) initiated two key reviews on the clinical performance of the Fremantle Mental Health clinic at Alma Street. These reviews were carried out by the Chief Psychiatrist to understand if there was a particular clinical problem at that service and

to take immediate action, if needed. The reviews covered all deaths of patients associated with the Alma Street Clinic over twelve months and also four specific deaths of patients following their discharge from the facility. The main finding of the Chief Psychiatrist's thematic reviews was an inconsistency of clinical processes across clinical areas.

In addition to the review of the Fremantle Clinic it was decided, by the Minister for Mental Health, that a broader review should be undertaken to examine the admission and discharge practices at each of the State Government specialist Mental Health facilities. This review was to ensure that policies and protocols were being consistently applied and were effective in the care of mental health patients. This review was jointly commissioned by the DoH and the Mental Health Commission (MHC).

The Government acknowledges the comprehensive consultation conducted by Professor Stokes in delivering the Report with almost 900 individuals consulted, 29 written submissions received, data reviewed of 255 individuals who suicided in 2009, as well as the review of numerous mental health patient files across WA. The Report makes recommendations that aim to improve the provision of Mental Health services in Western Australia and is commended for its thoroughness.

The Report deals comprehensively with the major aims of the Government to achieve better mental health outcomes for Western Australians and specifically includes recommendations for the refinement and improvement to the admission and referral practices for public mental health patients to public hospital emergency departments (EDs) and/or authorised mental health facilities/services and the discharge /or transfer of public mental health patients from public hospital EDs/, mental health facilities or services. The full Terms of Reference are contained at Attachment 1.

The Western Australian Government is committed to achieving major improvements to assure safe and quality services are available for all who need them, underpinned by responsible governance and robust clinical accountability. Informed by the findings in the Report these improvements will be built around the following key objectives:

- Developing a blueprint for a comprehensive and effective system of clinical care and support for people with mental illness
- A shift to better governance and accountability of clinical services provided by WA Health for people with a mental illness
- Streamlined quality assessment and discharge processes – including standardisation of documentation
- Cooperative approaches between agencies to foster the implementation of a joined up system that is safe, efficient and effective for the people who use the mental health system
- Greater involvement of individuals with a mental illness, families, partners and carers in the care being delivered.

Professor Stokes has structured the Report into 9 recommendation themes with a total of 107 recommendations.

The recommendations contained in the Report are broadly supported and most are directed towards operational matters that can be implemented within the existing budgets of the DoH and the MHC. Four recommendations will require further consideration as they involve financial commitments and cross Government analysis.

The 9 recommendation themes are:

- 1: Governance
- 2: Patients
- 3: Carers and families
- 4: Clinicians and professional development
- 5: Beds and clinical services plan

- 6: Office of the Chief Psychiatrist
- 7: Acute issues and suicide intervention
- 8: Children and Youth
- 9: Judicial and criminal justice

The principal recommendation of the report, contained in recommendation 1, is that the DoH and the MHC jointly develop a Mental Health Clinical Services Plan, which includes key elements of clinical care, rehabilitation, living accommodation, geographical location and infrastructure build and support.

The DoH and the MHC will jointly develop a WA Mental Health Clinical Services Plan (CSP) by the end of December 2012. This plan is designed as a short term initiative, which will provide information about the range and configuration of clinical services for the period to 2015, with indicative costings. The CSP will be further informed by the National Mental Health Services Planning Framework when it becomes available in 2013.

To comprehensively address the range of mental health services which are required in Western Australia, the MHC will also develop a 10 year WA Mental Health Services Plan, to be completed in December 2013. The WA Mental Health Services Plan will be the blueprint for the mental health system, including clinical and non-clinical services and will address the services, supports and infrastructure required to ensure reform occurs and enables implementation of the Government's mental health strategic policy; *Mental Health 2020: Making it personal and everybody's business*. This plan will encompass the CSP with its associated costings and also align with the National Mental Health Services Planning Framework, when it is released in 2013.

Work is already underway that will contribute to the completion of the CSP. As part of the Mid-Year Review process, the Minister for Health and the Minister for Mental Health will present to the Economic and Expenditure Review Committee (EERC) how the MHC and DoH will establish the parameters for the delivery of public mental health services. This will include the development of a methodology to determine the approach for setting appropriate volume and price parameters for purchasing and funding of public mental health services to the agreed quality standards (inpatient and ambulatory) provided by the DoH. Ernst and Young Consultants have been jointly engaged by the DoH and the MHC to undertake this work.

This work will include an agreement to identify the current planned bed and activity growth and identify the additional capacity and associated funding required in community based services to manage planned growth in the community rather than inpatient settings. This will commence the process of benchmarking and mapping options for delivering services according to optimal service configurations.

The reforms that will result from the implementation of the supported recommendations will lead to greater accountability and efficiencies in the system, improved safety and deliver more effective outcomes for people with a mental illness, families, carers and the community. They will also result in better access and exchange of information, greater valuing of relationships and a strategic plan to deliver a sustainable mental health system.

The Government gratefully acknowledges the input of all individuals and agencies who contributed to the review and commits to undertaking improvements to provide comprehensive and safe mental health services for all Western Australians.

Part 1: Government Response to the Stokes Report

In preparing a Government response to the Report, an analysis of each recommendation has been undertaken to assist in formulating the Government's position and assigning responsibility to the appropriate Government agency.

The reforms that will result from the implementation of these recommendations will present opportunities for a better mental health system in Western Australia. At the same time, it is acknowledged that the system has continued to improve its processes over the course of the Reviews that have been undertaken to date, and that progress has therefore already been made with some of the recommendations.

The recommendations contained in the report are broadly supported by the Government. Most of the recommendations are directed towards operational matters and can be implemented within the existing budgets of the DoH and the MHC. Other recommendations will require further work, either in the short or long term, with some initiatives already underway to address the recommendations.

There are however, some recommendations relating to proposed new services which will have a significant financial cost. As such, these will need to be carefully considered as part of the 10 year WA Mental Health Services Plan that will be delivered to Government in 2013. Specifically, four recommendation themes will require further consideration as they involve financial commitments and cross Government analysis.

- Recommendation themes Two (2) and Three (3) are considered largely operational and can be implemented in most part by the DoH in consultation with the MHC where appropriate.

- Recommendation themes One, (1), Four (4) and Seven (7) will require further collaboration by the DoH and the MHC.

- Recommendation themes Five (5) and Six (6) will require further consideration by the Minister for Mental Health.

- Recommendation themes Eight (8) and Nine (9) will require further consideration by the Minister for Mental Health, DoH and MHC as they impact on other Government agencies.

In addition, Professor Stokes has also supported 32 recommendations from previous reviews-reports of other key agencies. These are:

- 16 key recommendations from the Deputy State Coroners recommendations (2008) - noting only 3 of the 16 had been achieved;
- 4 recommendations of the Chief Psychiatrist's review of clinical practice: Admissions and Discharges of Mental Health Presentations at Fremantle Hospital (June 2012) and the Chief Psychiatrist's examination of the Clinical Care of Four Cases at Fremantle Hospital; and
- 12 recommendations submitted by the Commissioner for Children and Young People (Submission 2012).

The Government response to each recommendation is provided below:

Principal Recommendation

That as a matter of urgency the Department of Health and the Mental Health Commission jointly develop a Clinical Services Plan which embraces the key elements of clinical care, rehabilitation, living accommodation, geographical location and infrastructure build and support.

Government response: Supported

The Western Australian Government supports the development of a comprehensive mental health Clinical Services Plan and considers that this should be part of a broader Mental Health Services Plan which covers a comprehensive range of services and supports such as supported accommodation, social inclusion, education, training and employment.

The Mental Health Commission (MHC) and the Department of Health (DoH) will jointly deliver the first component, being the WA Mental Health Clinical Services Plan by December 2012. This plan will operate for the period to 2015 and include with indicative costings.

The MHC will have carriage of the second component, which will be the development of a comprehensive, fully costed WA Mental Health Services Plan. This plan will be prepared in collaboration with the Department of Health and a range of other stakeholders including people with mental illness, their families and carers.

Work has already begun on the Clinical Services Plan with the establishment of a Steering Group and engagement of the services of an independent consultancy to assist with aspects of this work.

SUMMARY RESPONSES

1: Governance

Overall Government response: Supported

Professor Stokes' findings that the governance of mental health was fragmented and variable in type and method of services delivery, and that there was no robust clinical accountability across the system ,which further results in disparate protocols and policies needs to be urgently addressed.

It is evident that systems, protocols and standards for planning, supervision, monitoring, and service management exist within the Department of Health however, their adequate utilization at the different levels of care needs improvement.

These recommendations are fully supported and are all consistent with the Government's intention to deliver appropriate standards of care and a well-functioning system of care across settings.

2: Patients

Overall Government response: Supported

The Government is committed to ensuring patient focussed services are integral in all aspects of general service provision, treatment and care. These recommendations will shift the practices in a way that will result in major improvements in individualised patient care.

3: Carers and families

Overall Government response: Supported

The findings of the Report highlight that perceptions about privacy requirements by some clinical services is adversely impacting on partners, families and carers ability to adequately support and care for those closest to them. These recommendations when implemented will provide greater access of relevant information, lead to mutually respectful relationships and result in improvements in the mental health care of individuals. Providing information on how to navigate the system to get timely advice and support particularly in times of crisis is considered a priority action.

4: Clinicians and professional development

Government response: Supported

These recommendations reflect best practice and are fully supported. The Government is keen to prioritise the advancement of information systems that result in improved patient outcomes in mental health services. Ensuring access to professional development and training will be required to deliver this recommendation.

5: Beds and clinical services plan

Overall Government response: Supported in principle

The Government agrees in principle to most of the recommendations. However, their implementation will require further consideration in line with the development of the CSP and the 10 year *WA Mental Health Services Plan.*

Recommendations 5.1, 5.2 and 5.5 are only partly supported as whilst their objectives are consistent with the Government's intention to increase the focus on strategic approaches to planning services further deliberation is required as part of the WA Mental Health Services Planning to ensure a sustainable system can be delivered. Monitoring of performance improvements to ensure the intended results are being achieved should be undertaken.

A WA Mental Health Clinical Services Plan, with indicative costings will be completed by December 2012.

6: Office of Chief Psychiatrist

Overall Government response: Not determined

The Mental Health Green Bill 2012 contains provisions which would place the Chief Psychiatrist within the Mental Health Commission. This represents a change from the current Act, under which the Chief Psychiatrist is located within the Department of Health. This issue is yet to be determined as it requires further consideration and discussion. However, it will be addressed when the Mental Health Bill is finalised.

7: Acute issues and suicide intervention

Government response: Supported

Suicide has a profound effect on partners, families, friends and communities. The Government believes better management of acute issues and implementation of sound suicide intervention strategies and protocols for managing the risk of suicide needs to be a priority of this package of improving mental health service delivery. Good progress has been made with implementing the Chief Psychiatrist's and the Deputy State Coroner's recommendations.

Some recommendations have significant resource implications and require further consideration.

8: Children and Youth

Overall Government response: Supported

The mental health reform agenda for children and youth, both nationally and for the WA Government, is a priority and the WA Mental Health Services Plan to be delivered in December 2013 will articulate a comprehensive prevention, early intervention and treatment model of care for this cohort. All recommendations are supported. Many of the recommendations made by the Commissioner for Children and Young People are well advanced.

9: Judicial and criminal justice system

Overall Government response: Supported in principle

The Government is keen to reduce the overrepresentation of people with mental illnesses within the criminal justice system and in particular forensic patients within the prison system. The recommendations are supported and need to be developed as part of the WA Mental Health Services Plan that will be completed in December 2013.

DETAILED RESPONSES

Theme 1

Recommendation	Government Response	Status as at October 2012
That as a matter of urgency the Department of Health and the Mental Health Commission jointly develop a Clinical Services Plan which embraces the key elements of clinical care, rehabilitation, living accommodation, geographical location and infrastructure build and support	The principal recommendation of the review is contained in recommendation One.	Refer to recommendation 1.1.1

1: Governance

		Recommendation	Government Response	Status as at October 2012
High	1.1	That the Department of Health establish an Executive Director of Mental Health Services reporting to the Director General of Health and that position be responsible for	**Response and Action:** Supported **Financial Implications:** To be funded within existing DOH Mental Health Budget for mental health services. **Time frame :** Short term (6 -12 months) **Responsible Agency:** Department of Health	DoH has drafted the JDF for the Executive Director, which is with PSM for urgent classification. DoH has prepared documentation for staff to support the Executive Director. Recruitment anticipated in December 2012.
Urgent	1.1.1	The development of the mental health Clinical Services Plan in collaboration with the Mental Health Commission	**Response and Action:** Supported The Western Australian Government supports the development of a Mental Health Clinical Services Plan 2013-15 which will be part of a broader 10 year Mental Health Services Plan which covers a comprehensive range of services and supports such as supported accommodation, social inclusion, education, training and employment. The Mental Health Commission (MHC) and the Department of Health (DoH) will jointly deliver a *WA Mental Health Clinical*	Work has already begun on the *Clinical Services Plan* with the establishment of the Steering Group. Formal meetings commenced on 16/10/12.

			Services Plan by December 2012 for the period 2013 to 2015, with indicative costings. The MHC will have carriage of the development of a comprehensive, fully costed 10 year WA *Mental Health Services Plan* by December 2013 and will develop this plan in collaboration with the Department of Health and range of other stakeholders including people with mental illness, their families and carers. **Financial Implications:** to be determined **Time frame :** Short term (6 -12 months) **Responsible Agencies:** Mental Health Commission & Department of Health	
High	**1.1.2**	Policy setting, including those of standards and best practice	**Response and Action:** Supported **Financial Implications:** No, within DoH existing resources **Time frame :** Short term (6 -12 months) **Responsible Agency:** Department of Health	DoH Mental Health Strategic Business Unit (MHSBU) is currently preparing a list of high priority policies to be developed when the Executive Director of Mental Health is appointed in the DoH in early 2013. Current priorities being

				developed and due for completion by January 2013 are: • Minimum Physical Health Care Standard Guidelines • Absconder's Policy • Seclusion and Restraint Guidelines
High	**1.1.3**	Developing standard documentation for service provision , including model of care, patient risk assessment and risk management	**Response and Action:** Supported **Financial Implications:** No, within DoH existing resources. **Time frame :** Short term (6 -12 months) **Responsible Agency:** Department of Health	DoH has developed a suite of 8 standardised documentations (stage 1), which will be endorsed by the State Health Executive Forum (SHEF) in October/November. Discussions between DoH MHSBU and Health Information Network (HIN) are underway to ensure that these forms are electronic and available online, via the Psychiatric Services Online Information System (PSOLIS) (stage 2).

				Priority documentation are: • Triage Form • Risk Management Form • Discharge & Transfer Form
High	**1.1.4**	Oversight of the compliance of policies by various service providers and reporting on those services that do not comply	**Response and Action:** Supported **Financial Implications:** No, within DoH existing resources **Time frame :** Short term (6 -12 months) **Responsible Agency:** Department of Health	To be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013
High	**1.1.5**	Working closely with the Office of the Chief Psychiatrist to ensure compliance with regulations from that Office	**Response and Action:** Supported **Financial Implications**: No, within DoH existing resources **Time frame :** Short term (6 -12 months) **Responsible Agency:** Department of Health	To be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013
Medium	**1.1.6**	Actively pursuing workforce development, service growth and service provision	**Response and Action:** Supported **Financial Implications**: Yes **Time frame :** Medium Term (12 -24 months) **Responsible Agency:** Department of Health	To be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013
Medium	**1.1.7**	Developing the mental health workforce and mandating systems of supervision , continuing professional development and credentialing of a service, as well as personnel, to provide the required mental	**Response and Action:** Supported **Financial Implications**: Yes	To be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013

		health care of that service	**Time frame :** Medium Term (12 -24 months) **Responsible Agency:** Department of Health	
High	**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	**Response and Action:** Supported Mental Health Commission will engage in budget discussions with Department of Health Executive Director. Executive Director to liaise with the DoH Divisions to ensure the transparent transfer of funds from the MHC to the Mental Health Services. Executive Director to be signatory of the annual Service Level Agreement between the DoH and MHC. **Financial Implications:** No, within DoH existing resources **Time frame :** Short Term (< 6 months) **Responsible Agencies:** Department of Health & Mental Health Commission	To be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013
High	**1.1.9**	Ensuring the development of 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 (see Section 3.10.6)	**Response and Action:** Supported A robust information system is essential to improve patient safety. Accurate and accessible electronic discharge summary, electronic clinical notes, medications management, and results reporting should all be current. DoH Health Information Network (HIN) and the MHC to ensure that HIN has a PSOLIS Upgrade plan.	The DoH MHSBU and HIN is identifying infrastructure requirements to support and maintain the various applications that will deliver this electronic capability. Anticipated that Joondalup Health Care will have access to PSOLIS by mid-2013.

			Financial Implications: Yes **Time frame :** Long Term (> 24 months) **Responsible Agencies:** Department of Health & Mental Health Commission	
High	**1.2**	Works closely with other service providers such as GPs , private hospitals, and NGOs to ensure the system has solid links between the inpatient and community health clinics(so there is a seamless flow of patients between them and establishes and monitors those links	**Response and Action:** Supported **Financial Implications**: No **Time frame :** Medium Term (12 -24 months) **Responsible Agency:** Department of Health	To be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013
Medium	**1.3**	Develops a safe and quality mental health transport system in the metropolitan area with the hospital staff trained in mental health and soft restraint, to transfer patients between hospitals	**Response and Action:** Supported with ongoing implications A Mental Health transport system in metropolitan area will be part of the work undertaken in preparation of the *WA Mental Health Services Plan* **Financial Implications**: Yes **Time frame:** Timeline will be dependent upon the passing of the new Mental Health Green Bill 2012. **Responsible Agency:** Mental Health Commission	MHC is waiting for the finalisation of the Mental Health Green Bill 2012. Note: funding has been allocated for this initiative in the 2012/13.
Medium	**1.4**	Cultivates resources and builds knowledge that improves evidence- based care, strengthening practice and fostering innovations	**Response and Action:** Supported with ongoing implications MHC and DoH Executive Director will develop linkages to National and International research bodies to enhance clinical	To be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013.

			practice. **Financial Implications**: No **Time frame :** Medium Term (12 -24 months) **Responsible Agencies:** Mental Health Commission & Department of Health	
Medium	**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 cultural and linguistically diverse services	**Response and Action:** Supported **Financial Implications**: No **Time frame :** Medium Term (12 -24 months) **Responsible Agency:** Department of Health	To be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013.
Medium	**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	**Response and Action:** Supported **Financial Implications**: No **Time frame :** Medium Term (12 -24 months) **Responsible Agency:** Department of Health and Drug and Alcohol Office	To be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013.

High 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	**Response and Action:** Supported **Financial Implications**: No Time frame : Short term (6 -12 months) Responsible Agency: Department of Health	The DoH is currently reviewing data to implement a standardised structure across all mental health services (MHS). Anticipated to be completed December 2012 and implemented early 2013.

2: Patients

	Recommendation	Government Response	Status as at October 2012
High 2.1	The new Executive Director of Mental Health Services mandates the policy development of patient focussed service that insists that every patient is involved in care planning and discharge planning	**Response and Action:** Supported **Financial Implications**: No **Time frame :** Short term (6 -12 months) **Responsible Agency:** Department of Health	To be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013.
High 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 ,	**Response and Action:** Supported **Financial Implications**: No **Time frame :** Short term (6 -12 months)	The Clinical Leads and senior management to monitor compliance with the Patients First and the Admission, Readmission, Discharge and Transfer

		as appropriate	**Responsible Agency:** Department of Health	Policy for WA Health Services. The Director General of Health to direct the use of the Statewide Standardised Clinical Documentation in November 2012. This is also included in the Mental Health Green Bill 2012 as a legislated requirement.
High	**2.3**	Every patient has access to individual advocacy services to assist with the navigation through the system and development of a care plan	**Response and Action:** Supported The Mental Health Commission will ensure enhanced advocacy services are provided, as outlined in the new Mental Health Green Bill 2012. The DoH will be responsible for ensure patients and families are aware and have access to advocacy services **Financial Implications**: Yes **Time frame :** Medium Term (12 -24 months) **Responsible Agencies:** Mental Health Commission & Department of Health	MHC is negotiating with stakeholders in preparation for the finalisation of the Mental Health Green Bill 2012.

High	**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	**Response and Action:** Supported and partially completed. Progress in metropolitan areas has been made, with further focus needed on outer metropolitan services and country areas. **Financial Implications**: Yes **Time frame :** Long Term (> 24 months) **Responsible Agency:** Department of Health & Mental Health Commission	The MHC and DoH have recently invested new state and National Partnership Agreement (NPA) resources into Children and Adolescent Mental Health Services in both metropolitan and country areas.
High	**2.5**	A detailed explanation of advantages and side effects of psychiatric drugs is given to the patient and the need to maintain medication regimes is comprehensively discussed	**Response and Action:** Supported **Financial Implications**: Yes **Time frame :** Medium Term (12 -24 months) **Responsible Agency:** Department of Health	To be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013.
High	**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 side effects and the lowest effective dosage of drug should be used	**Response and Action:** Supported **Financial Implications**: Yes **Time frame :** Medium Term (12 -24 months) **Responsible Agency:** Department of Health	To be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013.
High	**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.	**Response and Action:** Supported **Financial Implications**: Yes	DoH MHSBU is currently preparing minimum Physical Health Care standards to be applied in inpatient facilities,

		podiatrist, diabetes educator). This is a key performance indicator that requires monitoring for compliance	**Time frame :** Medium Term (12 -24 months) **Responsible Agency:** Department of Health	which is due to be completed in December 2012.
High	**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	**Response and Action:** Not fully supported, this would only be appropriate where clinically indicated. **Financial Implications**: Yes **Time frame :** Medium Term (12 -24 months) **Responsible Agency:** Department of Health	Monitoring of compliance and capacity of Psychiatric Consultation Liaison Services will be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013.
High	**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	**Response and Action:** Supported **Financial Implications**: Yes **Time frame :** Medium Term (12 -24 months) **Responsible Agency:** Department of Health	Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013.
High	**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	**Response and Action:** Supported **Financial Implications**: Yes **Time frame :** Medium Term (12 -24 months) **Responsible Agency:** Department of Health	Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013. This is also included in the Mental Health Green Bill 2012 as a legislated requirement and can be reviewed by the Mental

				Health Tribunal for involuntary patients.
High	**2.11**	Patients must clearly be made aware of their voluntary and involuntary status	**Response and Action:** Supported **Financial Implications**: No **Time frame :** Short term (6 -12 months) **Responsible Agency:** Department of Health	Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013.
High	**2.12**	The names and contacts of carers should be recorded for each patient where appropriate	**Response and Action:** Supported **Financial Implications**: No **Time frame :** Short term (6 -12 months) **Responsible Agency:** Department of Health	Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013.

3: Carers and families

		Recommendation	Government Response	Status as at October 2012
High	3.1	Whist the patient is the primary focus of care , the views of the carer must also be considered	**Response and Action:** Supported **Financial Implications**: No **Time frame :** Short term (6 -12 months) **Responsible Agency:** Department of Health	Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013. This is also included in the Mental Health Green Bill 2012 as a legislated requirement.
High	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	**Response and Action:** Supported **Financial Implications**: No **Time frame :** Short term (6 -12 months) **Responsible Agency:** Department of Health	Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013. This is also included in the Mental Health Green Bill 2012 as a legislated requirement.

High	**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	**Response and Action:** Supported MHC, DoH and Carers WA to work together to develop a formal training program for Carers that can be implemented by all public, private and NGO MH agencies. **Financial Implications**: Yes **Time frame :** Medium Term (12 -24 months) **Responsible Agencies:** Department of Health, Mental Health Commission and Carers WA	MHC will start negotiations with DoH and Carers WA to develop formal training program.
High	**3.4**	The carers of a patient need to be informed in a timely fashion when the patient is to be reviewed by the Mental Health Review Board and supported to attend	**Response and Action:** Supported with ongoing implications MHC, DoH and the Mental Health Review Board are to develop a process for advising Carers and encouraging their attendance at hearings. **Financial Implications**: Yes **Time frame :** Medium Term (12 -24 months) **Responsible Agencies:** Department of Health Mental Health Commission and Mental Health Review Board	Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013. This is also included in the Mental Health Green Bill 2012.
Medium	**3.5**	The governance of the system should provide to carers, patients and GPs an appropriate way to navigate the mental health system in seeking advice and support, particularly in crises	**Response and Action:** Supported with ongoing implications MHC will work with DoH and other agencies to review existing Help Lines and other systems to development a user friendly way to navigate the mental health system, particularly in crises.	Preliminary discussions about mental health emergency services have been held between the DoH, MHC and the WA Police to review the range and capacity of

			Financial Implications: Yes **Time frame :** Medium Term (12 -24 months) **Responsible Agencies:** Mental Health Commission & Department of Health	current services. Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013
High	**3.6**	A carer should have equal status with the patient in reporting triggers that might indicate deterioration in the patient's condition.	**Response and Action:** Supported **Financial Implications**: No **Time frame :** Short term (6 -12 months) **Responsible Agency:** Department of Health	Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013.
High	**3.7**	Carer communication by mental health clinicians is mandatory for the system to be robust an provide patient best practice	**Response and Action:** Supported **Financial Implications**: Yes **Time frame :** Short term (6 -12 months) **Responsible Agency:** Department of Health	Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013. This is also included in the Mental Health Green Bill 2012.
High	**3.8**	Patients may demand confidentiality of care and treatment but mental health clinicians in this situation need to understand and taken into account the requirements and vulnerability of carers. Mental Health practitioners must be	**Response and Action:** Supported **Financial Implications**: No **Time frame :** Short term (6 -12 months)	Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental Health is appointed in the DoH in

aware of the rights and safety of carers	**Responsible Agency:** Department of Health	early 2013. This is also included in the Mental Health Green Bill 2012.

4: Clinicians and professional development

		Recommendation	Government Response	Status as at October 2012
Medium	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	**Response and Action:** Supported **Financial Implications**: No **Time frame :** Medium Term (12 -24 months) **Responsible Agency:** Department of Health	To be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013.
High	4.2	Clinicians must ensure the service in which they are working does not deviate from the standards and protocols set	**Response and Action:** Supported **Financial Implications**: No **Time frame :** Short term (6 -12 months) **Responsible Agency:** Department of Health	Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013.
High	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	**Response and Action:** Supported **Financial Implications**: No **Time frame :** Short term (6 -12 months)	Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013.

			Responsible Agency: Department of Health	
High	**4.4**	Mental health clinicians must comply with reporting requirements for the National Outcomes and Casemix Collection (NOCC) and Health of the Nation Outcome Scales (HoNOS) data collection	**Response and Action:** Supported **Financial Implications**: Yes (training) **Time frame :** Medium Term (12 -24 months) **Responsible Agency:** Department of Health	The DoH overall collection rate for NOCC is slightly higher than the national rate. HoNOS rates for Child and Adolescent Mental Health Services (CAMHS) are similar to national rate for HoNOSCA and SDQ, Adults and Older Adults are above national rate. Ongoing monitoring of compliance and capacity will be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013.
High	**4.5**	Compliance with the electronic information system is mandatory	**Response and Action:** Supported **Financial Implications**: Yes (training) **Time frame :** Medium Term (12 -24 months) **Responsible Agency:** Department of Health	Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013.

Medium	**4.6**	Clinicians need to ensure that continued professional development occurs and is recorded yearly as required by the clinicians' respective colleagues and professional organisations. This compliance must be audited	**Response and Action:** Supported **Financial Implications**: Yes **Time frame :** Medium Term (12 -24 months) **Responsible Agency:** Department of Health	Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013.
High	**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	**Response and Action:** Supported **Financial Implications**: Yes **Time frame :** Medium Term (12 -24 months) **Responsible Agency:** Department of Health	Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013.
high	**4.8**	Residents of psychiatric hostels and other mental health facilities should have equal access to mental health services as other members of the community	**Response and Action:** Supported The MHC and the Chief Psychiatrist to monitor compliance and for the Executive Director to take remedial action, where required **Financial Implications**: Yes **Time frame :** Short term (6 -12 months) **Responsible Agencies:** Department of Health & Mental Health Commission	Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013.

High	**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	**Response and Action:** Supported with ongoing implications The MHC and the Chief Psychiatrist to monitor compliance and for the Executive Director to take remedial action, where required. Establish position of DoH Executive Director of Mental Health Services **Financial Implications**: Yes **Time frame :** Medium Term (12 -24 months) **Responsible Agency:** Department of Health & Mental Health Commission	Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013.
High	**4.10**	Psychiatric hostels and supported accommodation should have appropriate levels of access to patients' care plans and receive clear communication of discharge plans	**Response and Action:** Supported with ongoing implications **Financial Implications**: Yes **Time frame :** Short term (6 -12 months) **Responsible Agency:** Department of Health	Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013.
Medium	**4.11**	Since mental health and substance-use disorders, including drug and alcohol issues, co-occur with high frequency in mental illness, it is imperative that clinicians are trained in the recognition and treatment of comorbid disorders of this type.	**Response and Action:** Supported with ongoing implications **Financial Implications**: Yes **Time frame :** Medium Term (12 -24 months) **Responsible Agency:** Department of Health	Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013.

Medium	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.	**Response and Action:** Supported Executive Director to review current staff training resources and work with the MHC and other agencies to develop a joint training program. **Financial Implications**: Yes **Time frame :** Medium Term (12 -24 months)**Responsible Agency:** Department of Health & Mental Health Commission	Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013.

5: Beds and clinical services plan

		Recommendation	Government Response	Status as at October 2012
High	5.1	The current acute bed configuration can only be adjusted when there is appropriate step-down 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	**Response and Action:** Supported **Financial Implications**: Yes **Time frame :** Medium Term (12 -24 months) **Responsible Agency:** Department of Health & Mental	Alternatives to hospitalisation strategies are well advanced with government commitment of : in 11/12, 100 individualised community living packages $25.18M over four years and capital funding of $45.6 M for the purchase of community based housing As at 12 October 2012, 84

				properties have been acquired 56 people have their keys 11/12 Commonwealth $12.6 M over 5 years 30 individualised funding packages people and 6 houses for those without accommodation. 12/13 State $4.6 M 18 packages of support over 4 years and $8.8 M for the provision of 16 houses over 3 years. Sub-acute facilities are also being established in Joondalup, Rockingham, Broome and the Goldfields.
Urgent	**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	**Response and Action:** Supported **Financial Implications**: Yes **Time frame :** Medium Term (12 -24 months) **Responsible Agency:** Department of Health & Mental Health Commission	The DoH CAMHS has developed a plan for Youth MHS priorities, which will be incorporated into the *WA Mental Health Clinical Services Plan* (2013-15) and the 10 year *WA Mental Health Services Plan* In the New Children's Hospital there will be 8 designated beds to cater for young people with eating

				disorders.
Urgent	**5.3**	Rural**,** child, adolescent and youth beds should be considered a priority in forward planning and attended to immediately	**Response and Action:** Supported **Financial Implications**: Yes **Time frame :** Long Term (> 24 months) **Responsible Agency:** Department of Health & Mental Health Commission	The *WA Mental Health Clinical Services Plan* (2013-15) and the 10 year *WA Mental Health Services Plan* will outline an appropriate plan to ensure that services are implemented in a safe and coordinated manner.
High	**5.4**	Close working between the Department of Health as the provider and the Mental Health Commission as the funder need to occur so that a robust Clinical Services Plan is developed that provides step-down facilities as an early and pressing need	**Response and Action:** Supported **Financial Implications**: Yes **Time frame :** Long Term (> 24 months) **Responsible Agency:** Department of Health & Mental Health Commission	In 2011/12 the State Government committed $12.8M in capital funding to build two subacute facilities (22 beds each) in Joondalup-construction complete and Rockingham - land/property search underway. In the 2012/13 state budget

				committed operational funding of $1.238M in 2014/15 and $1.288 M in 2015/16 for a 6 bed subacute service in the Goldfields region. $4.4M Comm. budget to construct a 6 bed subacute facility in Broome – land search underway. The *WA Mental Health Clinical Services Plan* (2013-15) and the 10 year *WA Mental Health Services Plan* will outline an appropriate plan to ensure that services are implemented in a safe and coordinated manner.
High	**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	**Response and Action:** Supported **Financial Implications**: Yes **Time frame :** Long Term (> 24 months) **Responsible Agency:** Mental Health Commission	The Clinical Services Plan Framework (2012-15) and the 10 year WA Mental Health Services Plan will outline an appropriate plan to ensure that services are implemented in a safe and coordinated manner.

6: Office of Chief Psychiatrist

		Recommendation	Government Response	Status as at October 2012
Medium	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 review 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.	**Response and Action:** Not determined **Financial Implications**: Yes, if actioned. **Time frame :** To be determined in line with the finalisation of the Mental Health Green Bill 2012 **Responsibility:** Minister for Mental Health	The Mental Health Green Bill 2012 contains provisions which would place the Chief Psychiatrist within the Mental Health Commission. This represents a change from the current Act, under which the Chief Psychiatrist is located within the Department of Health. This issue is still to be determined as it requires further consideration and discussion. This matter it will be determined prior to the finalisation of the Mental Health Bill.

7: Acute issues and suicide intervention

		Recommendation	Government Response	Status as at October 2012
High	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	**Response and Action:** Supported **Financial Implications**: Yes **Time frame :** Short term (6 -12 months) **Responsible Agency:** Department of Health	The Office of the Chief Psychiatrist (OCP) is reviewing the interpretation and implementation of the Clinical Risk and Management Policy. Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013
High	**7.1.1**	It is important that no decisions are made in isolation or by isolated practitioners	**Response and Action:** Supported **Financial Implications**: No **Time frame :** Short term (6 -12 months) **Responsible Agency:** Department of Health	Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013
High	**7.1.2**	Any emergency response team will also require medical oversight for decisions made when attending urgent referrals	**Response and Action:** Supported **Financial Implications**: No	Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental Health is appointed in

			Time frame : Short term (6 -12 months) **Responsible Agency:** Department of Health	the DoH in early 2013
High	**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 of caseworker	**Response and Action:** Supported **Financial Implications**: No **Time frame :** Short term (6 -12 months) **Responsible Agency:** Department of Health	Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013 This is also provided for in the Mental Health Green Bill 2012.
High	**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	**Response and Action:** Supported **Financial Implications**: No **Time frame :** Short term (6 -12 months) **Responsible Agency:** Department of Health	Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013
High	**7.4**	Every patient should have an identified case manager	**Response and Action:** Supported	Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental

			Financial Implications: No **Time frame :** Short term (6 -12 months) **Responsible Agency:** Department of Health	Health is appointed in the DoH in early 2013
High	**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	**Response and Action:** Supported **Financial Implications**: No **Time frame :** Medium Term (12 -24 months) **Responsible Agency:** Department of Health	Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013
High	**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	**Response and Action:** Supported **Financial Implications**: Yes – subject to ongoing funding for which business case has been prepared **Time frame :** Medium Term (12 -24 months) **Responsible Agency:** Mental Health Commission	MHC and DoH have prepared a business case for ongoing funding.
High	**7.7**	Encourage training and education of mental health workers in the management of comorbid conditions of drug and alcohol misuse	**Response and Action:** Supported **Financial Implications**: Yes **Time frame :** Medium Term (12 -24 months)	Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013

			Responsible Agency: Department of Health	
High	**7.8**	Continue to resource the current COAG closing the Gap suicide intervention teams, including the support of Aboriginal Elders Specialist Mental Health Services and government and non-government agencies	**Response and Action:** Supported **Financial Implications**: Yes – subject to ongoing funding for which business case has been prepared **Time frame :** Medium Term (12 -24 months) **Responsible Agency:** Mental Health Commission	MHC and DoH have prepared a business case for ongoing funding.
High	**7.9**	Develop respite services and increase rehabilitation services	**Response and Action:** Supported **Financial Implications**: Yes **Time frame :** Long Term (> 24 months) **Responsible Agency:** Mental Health Commission	The *WA Mental Health Clinical Services Plan* (2013-15) and the 10 year *WA Mental Health Services Plan* will outline an appropriate plan to ensure that services are implemented in a safe and coordinated manner.

High	7.10	**Deputy State Coroner's Recommendations** The Deputy State Coroner's recommendations (2008) are fully supported by this Review and should be implemented with expediency. This Review examined the Deputy State Coroner's recommendations (2008) and found that only three of the 13 had been achieved. The first is Recommendation 7; the second Recommendation 13 that has occurred with the Broome facility; and the third is Recommendation 16. Recommendation 1 is recommended in the Clinical risk Assessment and Management Policy (CRAM). However, risk assessments do not always follow these guidelines	**Response and Action:** Supported The Department of Health fully endorsed 10 of the 16 recommendations and has reported that 7 of the 10 endorsed recommendations have been partially or completely met.	
High	**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.	**Response and Action:** Supported The DoH endorsed this recommendation and developed the Clinical Risk and Management Policy. The OCP is currently considering the interpretation and implementation of this policy. Training requirements are ongoing. **Financial Implications**: Yes (training costs) **Time frame :** Medium Term (12 -24 months)	Completed and being re-reviewed by the Office of the Chief Psychiatrist.

			Responsible Agency: Department of Health	
High	**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.	**Response and Action:** The DoH did not endorse this recommendation. **Financial Implications**: NA **Time frame : NA** **Responsible Agency:** Department of Health	The DoH does not endorse this recommendation, as it would not be reasonable or cost effective to implement.
High	**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.	**Response and Action:** The DoH did not endorse this recommendation. **Financial Implications**: NA **Time frame : NA** **Responsible Agency:** Department of Health	The DoH does not endorse this recommendation, as it would not be reasonable or cost effective to implement.

High	**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.	**Response and Action:** Supported The DoH endorsed this recommendation and it requires ongoing development additional capacity in MHS is needed to fully comply. **Financial Implications**: Yes **Time frame** : Long Term (< 24 months) **Responsible Agency:** Department of Health	Partially completed. Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013.
High	**7.10.5**	The contact numbers should include 24-hour service emergency numbers and people should be advised 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.	**Response and Action:** Supported The DoH endorsed this recommendation and it requires ongoing development as additional capacity in MHS is needed to fully comply. **Financial Implications**: Yes **Time frame** : Long Term (< 24 months) **Responsible Agency:** Department of Health	Partially completed. The *WA Mental Health Clinical Services Plan* (2013-15) and the 10 year *WA Mental Health Services Plan* will outline an appropriate Transition Plan to ensure that services are implemented in a safe and coordinated manner Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013.

High	**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 a patient back into their care. Carers need to know the people involved with the care of their patient.	**Response and Action:** Supported The DoH endorsed this recommendation and all MHS have met the National Standards for Mental Health Services and the Carer's Recognition Act 2004, however community MHS require additional capacity to fully comply. **Financial Implications**: Yes **Time frame** : Long Term (< 24 months) **Responsible Agency:** Department of Health	Partially completed. The *WA Mental Health Clinical Services Plan* (2013-15) and the 10 year *WA Mental Health Services Plan* will outline an appropriate Transition Plan to ensure that services are implemented in a safe and coordinated manner Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013.
High	**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.	**Response and Action:** Supported The DoH endorsed this recommendation and it requires ongoing development as additional capacity in MHS is needed to fully comply. **Financial Implications**: Yes **Time frame** : Long Term (< 24 months) **Responsible Agency:** Department of Health	Partially completed. Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013.

High	**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.	**Response and Action:** Supported The DoH endorsed this recommendation and it requires ongoing development as additional capacity in community MHS is needed to fully comply. **Financial Implications**: Yes **Time frame** : Long Term (< 24 months) **Responsible Agency:** Department of Health	Partially completed. Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013.
High	**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.	**Response and Action:** The DoH partially endorsed this recommendation. Progress in metropolitan areas has been made, with further capacity needed in outer metropolitan services and country areas. **Financial Implications**: Yes **Time frame :** Long Term (< 24 months) **Responsible Agency:** Department of Health	Partially completed. The DoH and MHC have recently invested new resources into Children and Adolescent Mental Health Services, including an Acute Community Intervention Team (NPA funding) and Acute Response Team (MHC Growth funding), which addresses the issues raised, albeit with a different model to that proposed. Implementation of these initiatives will be dependent upon ongoing funding

				negotiations between the DoH and MHC.
High	**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	**Response and Action:** The DoH partially endorsed this recommendation. Progress in metropolitan areas has been made, with further capacity needed in outer metropolitan services and country areas. **Financial Implications**: Yes **Time frame :** Long Term (> 24 months) **Responsible Agency:** Department of Health	Partially completed. The DoH and MHC have recently invested new resources into Children and Adolescent Mental Health Services, the BAU does not have a liaison officer, but children are supported by the Acute Community Intervention Team (NPA funding) and Acute Response Team (MHC Growth funding), which addresses the issues raised, albeit with a different model to that proposed. Implementation of these initiatives will be dependent upon ongoing funding negotiations between the DoH and MHC.

High	**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.	**Response and Action:** The DoH partially endorsed this recommendation. Progress in metropolitan areas has been made, with further capacity needed in outer metropolitan services and country areas. **Financial Implications**: Yes **Time frame :** Long Term (> 24 months) **Responsible Agency:** Department of Health & Mental Health Commission	Partially completed. The DoH and MHC have recently invested new resources into Children and Adolescent Mental Health Services, the BAU does not have a liaison officer, but children are supported by the Acute Community Intervention Team (NPA funding) and Acute Response Team (MHC Growth funding), which addresses the issues raised, albeit with a different model to that proposed. Implementation of these initiatives will be dependent upon ongoing funding negotiations between the DoH and MHC.

High	**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.	**Response and Action:** Supported The DoH endorsed this recommendation, with acknowledgement that the services recommended would be operated by the NGO sector. **Financial Implications**: Yes **Time frame :** Long Term (> 24 months) **Responsible Agency:** Mental Health Commission	The *WA Mental Health Clinical Services Plan* (2013-15) and the 10 year *WA Mental Health Services Plan* will outline an appropriate plan to ensure that services are implemented in a safe and coordinated manner. In addition, sub-acute facilities are being established in Joondalup, Rockingham, Broome and the Goldfields.
High	**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, these needs to become a reality.	**Response and Action:** Supported The DoH endorsed this recommendation. **Financial Implications**: No **Time frame :** NA **Responsible Agency:** Department of Health	Completed. Bunbury Mental Health Inpatient Service is operational. Broome Mental Health Inpatient Service (capacity 14 beds) opened 2012 Expansion of a further 7 beds at the Albany MH Inpatient Unit is planned to be completed in 2013

High	**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 prescribed. I would prefer both providers and dispensers of medication ensured up to date CMIs (consumer medicine information) or other written information be provided to patients and/or carers as a written record, approved by TGA (the Therapeutic Goods Administration) of the advice given.	**Response and Action:** Supported The DoH endorsed this recommendation and it requires ongoing development as additional capacity in MHS is needed to fully comply. **Financial Implications**: Yes **Time frame :** Long Term (> 24 months) **Responsible Agency:** Department of Health	Partially completed. Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013.
High	**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.	**Response and Action:** Supported The DoH endorsed this recommendation and it requires ongoing development as additional capacity in MHS is needed to fully comply. **Financial Implications**: Yes **Time frame :** Long Term (> 24 months) **Responsible Agency:** Department of Health	Partially completed. Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013.

	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 service to the West Australian community.	**Response and Action:** NA **Financial Implications**: NA **Time frame :** NA	This is a matter for the State Coroner.
	7.11	**Office of the Chief Psychiatrist Recommendations**		
High	**7.11.1**	Comprehensive psychiatric assessment on admission	**Response and Action:** Supported	The Chief Psychiatrist undertook two reviews into admission and discharge practices at Fremantle Hospital. Action plans have been prepared on the basis of his recommendations which are in the process of being implemented by relevant health services.
High		a. All patients regardless of how well they are known 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.	**Response and Action:** Supported Additional capacity in MHS is needed to fully comply. **Financial Implications**: Yes **Time frame :** Long Term (> 24 months) **Responsible Agency:** Department of Health	Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013.

High		b. The MHS should use a standardised psychiatric assessment form to ensure consistency of data collection within and between mental health services.	**Response and Action:** Supported **Financial Implications**: No **Time frame :** Short Term (12 - 24 months) **Responsible Agency:** Department of Health	DoH has developed a suite of 8 standardised documentations (stage 1), which will be endorsed by SHEF in October/November. DoH MHSBU and HIN discussions are underway to ensure that these forms are electronic and available online, via PSOLIS. Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013.
High		c. The MHS, with the patient's informed consent, included carer other service providers and other nominated by the consumer in assessment (NSMHS 10.4.3).	**Response and Action:** Supported Additional capacity in MHS is needed to fully comply. **Financial Implications**: Yes **Time frame :** Long Term (> 24 months) **Responsible Agency:** Department of Health	Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013.
	7.11.2	Risk Management		

High	a. The MHS adopt the current or revised Clinical Risk Assessment and Management Policy as mandatory practice.	**Response and Action:** Supported The DoH endorsed this recommendation and the OCP is currently considering the interpretation and implementation of this policy. Training requirements are ongoing. **Financial Implications**: Yes (training costs) **Time frame :** Medium Term (12 -24 months) **Responsible Agency:** Department of Health	Currently being reviewed by the Office of the Chief Psychiatrist. Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013.
High	b. The MHS ensures that, where indicated, patients have a current risk management plan, separate from the Individual Management plan (IMP).	**Response and Action:** Supported **Financial Implications**: No **Time frame :** Medium Term (12 -24 months) **Responsible Agency:** Department of Health	DoH has developed a suite of 8 standardised documentations (stage 1), which will be endorsed by SHEF in October/November. DoH MHSBU and HIN discussions are underway to ensure that these forms are electronic and available online, via PSOLIS. Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental

				Health is appointed in the DoH in early 2013.
High		Risk management plans are updated or revised with any new information relevant to that individual patient.	**Response and Action:** Supported **Financial Implications**: No **Time frame :** Medium Term (12 -24 months) **Responsible Agency:** Department of Health	Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013.
	7.11.3	Individual Management Plan		
High		a. There is a current individual multidisciplinary 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 (NSMHS 10.4.8).	**Response and Action:** Supported **Financial Implications**: No **Time frame :** Medium Term (12 -24 months) **Responsible Agency:** Department of Health	Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013. This is provided for in the Mental Health Green Bill 2012.

High		b. 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 (NSMHS 10.5.11).	**Response and Action:** Supported **Financial Implications**: No **Time frame :** Medium Term (12 -24 months) **Responsible Agency:** Department of Health	Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013.
High		c. The MHS ensures that the IMP is kept on both the clinical record and on PSOLIS.	**Response and Action:** Supported **Financial Implications**: No **Time frame :** Medium Term (12 -24 months) **Responsible Agency:** Department of Health	Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013.
	7.11.4	Discharge planning processes		
High		a. 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) (NSMHS 10.6.4).	**Response and Action:** Supported Additional capacity in MHS is needed to fully comply. **Financial Implications**: Yes **Time frame :** Medium Term (12 -24 months) **Responsible Agency:** Department of Health	Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013.
High		b. 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 (NSMHS 10.6.5).	**Response and Action:** Supported **Financial Implications**: No **Time frame :** Medium Term (12 -24 months) **Responsible Agency:** Department of Health	Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013.

High	c. 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 is documented in the file as to why the decision was made that may have been different from the treatment plan for discharge.	**Response and Action:** Supported **Financial Implications**: No **Time frame :** Medium Term (12 -24 months) **Responsible Agency:** Department of Health	Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013.
High	d. The MHS 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.	**Response and Action:** Supported **Financial Implications**: No **Time frame :** Medium Term (12 -24 months) **Responsible Agency:** Department of Health	Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013.
High	e. The MHS has a procedure for appropriate decision making in regards to those who decline to participate in any planned follow-up (NMHS 10.4.7).	**Response and Action:** Supported **Financial Implications**: No **Time frame :** Medium Term (12 -24 months) **Responsible Agency:** Department of Health	Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013.

8: Children and Youth

		Recommendation	Government Response	Status as at October 2012
High	8.1	A central referring position is established to receive referral for children and youth services , which will then direct the referral to the correct services in the patient's locality	**Response and Action:** Supported Progress in metropolitan areas has been made, with further capacity needed in outer metropolitan services and country areas. **Financial Implications**: Yes **Time frame :** Long Term (> 24 months) **Responsible Agency:** Department of Health & Mental Health Commission	Partially completed. Child and Adolescent Health Services (CAHS) CAMHS has created a triage position for emergency and acute (inpatient) services, which triages all referrals. CAMHS is also developing a standardised triage and assessment process for all CAHS CAMHS.
High	8.2	After hours services are established for children and adolescent and youth services, in rural and remote communities where possible	**Response and Action:** Supported **Financial Implications**: Yes **Time frame :** Long Term (> 24 months) **Responsible Agency:** Mental Health Commission	Partially completed. CAHS CAMHS Acute Response Team is currently being developed and will be implemented in 2013, dependent upon funding negotiations between DoH and MHC, which will provide further support for country

				areas. The *WA Mental Health Clinical Services Plan* (2013-15) and the 10 year *WA Mental Health Services Plan* will outline an appropriate plan to ensure that services are implemented in a safe and coordinated manner.
High	**8.3**	Emergency response services, including the Acute Community Intervention Team and the King Edward Hospital Unit for Mother and Baby are supported	**Response and Action:** Supported **Financial Implications**: Yes **Time frame :** Long Term (> 24 months) **Responsible Agency:** Department of Health & Mental Health Commission	Partially completed. CAHS CAMHS Assessment and Crisis Intervention Team (ACIT) has been developed and is operational. Mother-Baby Unit ACIT is yet to be developed and will be part of the *WA Mental Health Clinical Services Plan* (2013-15) and the 10 year *WA Mental Health Services Plan* will outline an appropriate plan to ensure that services are implemented in a safe and coordinated manner.
High	**8.4**	Clear entry processes are developed for the Bentley Adolescent Unit	**Response and Action:** Supported and completed **Financial Implications**: No	Completed. CAHS CAMHS worked with Orygen Health in Victoria in early 2012 to develop entry

			Time frame : NA **Responsible Agency:** Department of Health	criteria and processes.
High	**8.5**	Recovery programs for children are established	**Response and Action:** Supported **Financial Implications**: Yes **Time frame :** Long Term (> 24 months) **Responsible Agency:** Mental Health Commission	The *WA Mental Health Clinical Services Plan* (2013-15) and the 10 year *WA Mental Health Services Plan* will outline an appropriate plan to ensure that services are implemented in a safe and coordinated manner.
High	**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.	**Response and Action:** Supported **Financial Implications**: Yes **Time frame :** Long Term (> 24 months) **Responsible Agency:** Department of Health & Mental Health Commission	Partially completed. The DoH CAHS CAMHS has developed a plan for Youth MHS priorities, which will be incorporated into the *WA Mental Health Clinical Services Plan* (2013-15) and the 10 year *WA Mental Health Services Plan*. NPA funding has also been provided to deliver an early intervention services to assist young people (16-25) and their families to be supported in the community.

High	**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 capacity to manage comorbidities and alcohol and drug withdrawal	**Response and Action:** Supported **Financial Implications**: Yes **Time frame :** Long Term (> 24 months) **Responsible Agency:** Department of Health & Mental Health Commission	The *WA Mental Health Clinical Services Plan* (2013-15) and the 10 year *WA Mental Health Services Plan* will outline an appropriate plan to ensure that services are implemented in a safe and coordinated manner. An authorised unit for children under the age of 16 will be available at the New Children's Hospital in 2015. The Bentley Adolescent Unit specialises in dealing with young people with mental illness.
High	**8.6.2**	Respite and rehabilitation services are developed for youth	**Response and Action:** Supported **Financial Implications**: Yes **Time frame :** Long Term (> 24 months) **Responsible Agency:** Mental Health Commission	The *WA Mental Health Clinical Services Plan* (2013-15) and the 10 year *WA Mental Health Services Plan* will outline an appropriate plan to ensure that services are implemented in a safe and coordinated manner.
High	**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	**Response and Action:** Supported **Financial Implications**: Yes **Time frame :** Long Term (> 24 months) **Responsible Agency:** Mental Health Commission	The *WA Mental Health Clinical Services Plan* (2013-15) and the 10 year *WA Mental Health Services Plan* will outline an appropriate plan to ensure that services are implemented in a safe and coordinated

				manner.
High	**8.6.4**	Appropriate credentialing for children and youth health workers must be assured (refer recommendation 1)	**Response and Action:** Supported **Financial Implications**: No **Time frame :** Long Term (> 24 months) **Responsible Agency:** Department of Health & Mental Health Commission	Partially completed. DoH MHS have appropriate credentialing processes in place. NGO agencies may require assistance to develop credentialing processes.
High	**8.6.5**	Workforce planning must be made to address the shortage of Child Psychiatrists	**Response and Action:** Supported **Financial Implications**: Yes **Time frame :** Long Term (> 24 months) **Responsible Agency:** Mental Health Commission	Partially completed. CAHS CAMHS has undertaken a comprehensive recruitment campaign and recruited to most vacancies. MHC and DoH have committed funding for 5 Advanced Trainee Psychiatry positions.

High	**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	**Response and Action:** Supported **Financial Implications**: Yes **Time frame :** Long Term (> 24 months) **Responsible Agency:** Department of Health	Monitoring of compliance and capacity will be operationalised when the Executive Director of Mental Health is appointed in the DoH in early 2013.
High	**8.8**	A more equitable distribution of community services is provided	**Response and Action:** Supported **Financial Implications**: Yes **Time frame :** Long Term (> 24 months) **Responsible Agency:** Mental Health Commission	The *WA Mental Health Clinical Services Plan* (2013-15) and the 10 year *WA Mental Health Services Plan* will outline an appropriate plan to ensure that services are implemented in a safe and coordinated manner.
High	**8.9**	Early childhood assessment and intervention programs are established for those children who show signs of possible mental illness	**Response and Action:** Supported **Financial Implications**: Yes **Time frame :** Long Term (> 24 months) **Responsible Agency:** Mental Health Commission	12/13 state budget Court Diversion program funded for 20 month pilot: Placing mental health clinical expertise into the Children's Court – offering referrals, reports, treatment and liaison. The *WA Mental Health Clinical Services Plan* (2013-15) and the 10 year *WA Mental Health Services Plan* will outline an appropriate plan to ensure that services are implemented in a safe and coordinated manner.

8.10 CCYP

This review supports the recommendations submitted by the Commissioner for Children and Young People (CCYP) [submission 2012]. Note: The CCYP *Inquiry into the Mental Health and Wellbeing of Children and Young People* (Inquiry) was tabled in Parliament on 5 May 2011.

High	**8.10.1**	A strategic and comprehensive plan for the mental health and wellbeing of children and young people across WA is developed by the MHC (Mental Health Commission). This plan provide for the implementation and funding of promotion, prevention, early intervention and treatment services and programs.	**Response and Action:** Supported **Financial Implications**: No **Time frame : Short Term** (6 - 12 months) **Responsible Agency:** Mental Health Commission	Partially completed. The DoH CAHS CAMHS has completed a framework, which can be incorporated into the *WA Mental Health Clinical Services Plan* (2013-15) and the 10 year *WA Mental Health Services Plan* will outline an appropriate plan to ensure that services are implemented in a safe and coordinated manner.
High	**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 Western Australia, including meeting the needs of those with mild, moderate and severe mental illnesses.	**Response and Action:** Supported **Financial Implications**: Yes **Time frame :** Long Term (> 24 months) **Responsible Agency:** Mental Health Commission	Partially completed. There has been recent investment in Youth MHS and CAMHS. Youth Axis is a new growth initiative for the early identification of Youth with mental health problems. This is ready for implementation in December 2012, subject to funding negotiations between the DoH and MHC. NPA funding has been provided to assist with this program. The *WA Mental Health Clinical Services Plan* (2013-15) and

				the 10 year *WA Mental Health Services Plan* will outline an appropriate plan to ensure that services are implemented in a safe and coordinated manner.
High	**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.	**Response and Action:** Supported **Financial Implications**: Yes **Time frame :** Long Term (> 24 months) **Responsible Agency:** Department of Health	Partially completed. DoH CAMHS and SSAMHS have an endorsed MOU and will have shared staffing. SSAMHS have provided cultural supervision and support to the BAU in particular. The *WA Mental Health Clinical Services Plan* (2013-15) and the 10 year *WA Mental Health Services Plan* will outline an appropriate plan to ensure that services are implemented in a safe and coordinated manner.
High	**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.	**Response and Action:** Supported **Financial Implications**: Yes **Time frame :** Long Term (> 24 months) **Responsible Agency:** Department of Health	Partially completed. DoH CAMHS and SSAMHS have an endorsed MOU and will have shared staffing. SSAMHS have provided cultural supervision and support to the BAU in particular.

High	**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.	**Response and Action:** Supported **Financial Implications**: Yes **Time frame :** Long Term (> 24 months) **Responsible Agency:** Department of Health	The *WA Mental Health Clinical Services Plan* (2013-15) and the 10 year *WA Mental Health Services Plan* will outline an appropriate plan to ensure that services are implemented in a safe and coordinated manner.
High	**8.10.6**	A dedicated forensic mental health unit for children and young people be established	**Response and Action:** Supported **Financial Implications**: Yes **Time frame :** Long Term (> 24 months) **Responsible Agency:** Mental Health Commission	The *WA Mental Health Clinical Services Plan* (2013-15) and the 10 year *WA Mental Health Services Plan* will outline an appropriate plan to ensure that services are implemented in a safe and coordinated manner.
High	**8.10.7**	Children and young people appearing before the Children's Court of Western Australia have access to appropriate, comprehensive mental health assessment, and referral and treatment services.	**Response and Action:** Supported **Financial Implications**: Yes **Time frame :** Long Term (> 24 months) **Responsible Agency:** Mental Health Commission	As part of the 2012/13 budget, $1.7 million has been allocated over two years to place specialised mental health expertise within the Perth Children's Court.

High	**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.	**Response and Action:** Supported and partially completed. **Financial Implications**: Yes **Time frame :** Medium Term (12 - 24 months) **Responsible Agency:** Department of Health	Partially completed. CAHS CAMHS Acute Response Team will provide further support for country areas, this service is ready for implementation in December 2012, subject to funding negotiations between the DoH and MHC. The *WA Mental Health Clinical Services Plan* (2013-15) and the 10 year *WA Mental Health Services Plan* will outline an appropriate plan to ensure that services are implemented in a safe and coordinated manner.
High	**8.10.9**	Previous recommendations made by the WA Coroner, Deputy State Coroner, and the Auditor General for WA and Telethon Institute for Child Health Research about assessment, referral, admission, discharge, follow-up care, communication and care coordination are taken into account.	**Response and Action:** Supported **Financial Implications**: Yes **Time frame :** Long Term (> 24 months) **Responsible Agency:** Department of Health & Mental Health Commission	The *WA Mental Health Clinical Services Plan* (2013-15) and the 10 year *WA Mental Health Services Plan* will outline an appropriate plan to ensure that services are implemented in a safe and coordinated manner.

High	**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.	**Response and Action:** Supported **Financial Implications**: Yes **Time frame :** Long Term (> 24 months) **Responsible Agency:** Department of Health & Mental Health Commission	The *WA Mental Health Clinical Services Plan* (2013-15) and the 10 year *WA Mental Health Services Plan* will outline an appropriate plan to ensure that services are implemented in a safe and coordinated manner.
High	**8.10.11**	The Disability Services Commission work with the Mental Health Commission to identify the services required to address the unique needs and risk factors of children and young people with disabilities in a coordinated and seamless manner.	**Response and Action:** Supported **Financial Implications**: Yes **Time frame :** Long Term (> 24 months) **Responsible Agency:** Mental Health Commission	The *WA Mental Health Clinical Services Plan* (2013-15) and the 10 year *WA Mental Health Services Plan* will outline an appropriate plan to ensure that services are implemented in a safe and coordinated manner.
High	**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 procedure 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.	**Response and Action:** Supported **Financial Implications**: Yes **Time frame :** Long Term (> 24 months) **Responsible Agency:** Department of Health & Mental Health Commission	The *WA Mental Health Clinical Services Plan* (2013-15) and the 10 year *WA Mental Health Services Plan* will outline an appropriate plan to ensure that services are implemented in a safe and coordinated manner.

9: Judicial and criminal justice system

Status as at October 2012

		Recommendation	Government Response	
Urgent	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. The plan will form the forensic mental health component of the state the 10 year WA Mental Health Services Plan). Important elements to that plan include:	**Response and Action:** Supported **Financial Implications**: Yes **Time frame :** Long Term (> 24 months) **Responsible Agency:** Department of Health, Mental Health Commission, Department of Corrective Services and Department of the Attorney General	Planning has already commenced on the development of a 10 year plan for forensic mental health in WA. It will be outlined further in the *WA Mental Health Clinical Services Plan* (2013-15) and the 10 year *WA Mental Health Services Plan*.
High	9.1.1	To divert early and minor offenders from the formal justice system and further offending behaviour ~~in~~ an appropriate model , business case and funding for a police diversion service in WA are established	**Response and Action:** Supported **Financial Implications**: Yes **Time frame :** Long Term (> 24 months) **Responsible Agency:** Department of Health, Mental Health Commission and Department of the Attorney General	Pilot Court Diversion and Support Program funding in 12/13 -being progressed The *WA Mental Health Clinical Services Plan* (2013-15) and the 10 year *WA Mental Health Services Plan* will outline an appropriate plan to ensure that services are implemented in a safe and coordinated manner.
High	9.1.2	The rapid and timely establishment of the recently funded court diversion an support Program for adult courts is supported and it is recognised it will need early expansion to a complete service as	**Response and Action:** Supported **Financial Implications**: Yes	Pilot Court Diversion and Support Program funding in 12/13 -being progressed The *WA Mental Health Clinical Services Plan* (2013-15) and

		in the adult courts	**Time frame :** Long Term (> 24 months) **Responsible Agency:** Mental Health Commission	the 10 year *WA Mental Health Services Plan* will outline an appropriate plan to ensure that services are implemented in a safe and coordinated manner.
High	**9.1.3**	The planning, business cases and funding for provision of a full range of mental health services in WA prisons and detention service. This will involve dedicated units and services in prison for mentally ill women, youth, Aboriginal and people with acquired brain injury/ intellectual disability	**Response and Action:** Supported **Financial Implications**: Yes **Time frame :** Long Term (> 24 months) **Responsible Agency:** Department of Health, Mental Health Commission and Department of Corrective Services	Planning has already commenced on the development of a 10 year plan for forensic mental health in WA. It will be outlined further in the *WA Mental Health Clinical Services Plan* (2013-15) and the 10 year *WA Mental Health Services Plan*.
High	**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 and accused patients on custody orders in the community, Also there is a need to assess and care for particular group of individuals with particular care needs such as sex offenders, stalkers and arsonists.	**Response and Action:** Supported **Financial Implications**: Yes **Time frame :** Long Term (> 24 months) **Responsible Agency:** Mental Health Commission	Planning has already commenced on the development of a 10 year plan for forensic mental health in WA. It will be outlined further in the *WA Mental Health Clinical Services Plan* (2013-15) and the 10 year *WA Mental Health Services Plan*.

Part 2: Implementation Plan

This section of the document describes the Implementation Plan for the Government approved recommendations from the Report. It provides guidance to support decision making, details deliverables, timelines and roles and responsibilities to successfully implement the raft of recommendations.

It is proposed that implementation of the recommendations from the Report be delivered in the following manner:

- An overarching Implementation Partnership Group is formed to ensure the implementation occurs in accordance with the timelines and budget.
- That the recommendations are assigned to the nominated agencies for implementation and their respective heads (Director General, Department of Health and the Mental Health Commissioner, Mental Health Commission) will be the accountable executive sponsors.

Implementation of Recommendations: Project organisation

Governance

As implementation of the recommendations progresses forward it is important a strong governance structure is in place. The following table details the governance of the project.

Table 1: Governance structure

Governance Role	Who	Accountable to:
Project Initiation		
Executive Sponsor	Commissioner, Mental Health Commission	Minister for Mental Health
Executive Sponsor	Director General, Department of Health	Minister for Health Minister for Mental Health
Implementation Partnership Group	MHC, DoH Mental Health Reps and other relevant representatives	Executive Sponsors
DOH Project Management Group	DoH Mental Health Reps	DoH
MHC Project Management Group	MHC Reps	MHC

Management

Mr Eddie Bartnik, Mental Health Commissioner and Mr Kim Snowball, Director General, Department of Health will take the lead roles of Executive Sponsors for the implementation of the recommendations. The Minister for Mental Health and Minister for Health will receive regular reports against progress from the Executive Sponsors.

Implementation Partnership Group

The Implementation Partnership Group will be established as the overarching group to coordinate the implementation of the recommendations. The Implementation Partnership Group's membership will comprise of a range of sector representatives, including consumer and carers, WAAMH and key agencies. The identified key stakeholders to deliver on the recommendations include:

- Mental Health Commission
- Department of Health
- Consumers and Carers
- Office of the Chief Psychiatrist
- Department of Corrective Services
- Office of the State Coroner
- The Commissioner for Children & Young People
- Department of Indigenous Affairs
- Disability Services Commission
- Drug and Alcohol Office
- Department of Corrective Services
- Western Australia Police.
- WAAMH

This approach will be supported by compliance and performance auditing to ensure agreed plans and conditions are complied with. More generally, the Government agrees to reform the system consistent with the move to more strategic approaches outlined in the Principal Recommendation.

Deliverables

Six of the nine recommendations themes have been supported, two have been supported in principle and one is not determined. This comprises a total of 107 recommendations.

The responsible agency for implementation is listed below. This listing includes the additional 32 recommendations, supported by Professor Stokes, from previous reviews:

- 16 key recommendations (*7.10.1-7.10.16)* from the Deputy State Coroners recommendations (2008) - noting only 3 of the 16 had been achieved;
- 4 recommendations *(7.11.1-7.11.4)* of the Chief Psychiatrist's review of clinical practice: Admissions and Discharges of Mental Health Presentations at Fremantle Hospital (June 2012) and the Chief Psychiatrist's examination of the Clinical Care of Four Cases at Fremantle Hospital; and
- 12 recommendations *(8.10.1-8.10.12)* submitted by the Commissioner for Children and Young People (Submission 2012).

Responsibilities

Responsibility for making a determination on response and being the nominated agency responsible for implementation is proposed as follows:

Minister for Mental Health Recommendation 6 (re: Office of Chief Psychiatrist) is to be determined in line with the finalisation of the Mental Health Green Bill 2012.

Joint Responsibility - Department of Health and Mental Health Commission
1.1.8, 1.1.9, 1.4, 2.3, 2.4, 3.3, 3.4, 3.5, 4.8, 4.9, 4.12, 5.1, 5.2, 5.3, 5.4, 7.10.11, 8.1**,** 8.3, 8.6, 8.6.1, 8.6.4, 8.10.9, 8.10.12, 9.1, 9.1.1, 9.1.3

Note:
3.3 includes Carers WA
3.4 includes Mental Health Review Board (MHRB**)**

Department of Health - Responsible Agency
1.1.2,1.1.3,1.1.4,1.1.5,1.1.6,1.1.7,1.2,1.5,1.6,1.7,2.1,2.2,
2.5,2.6,2.7,2.8,2.9,2.10,2.11,2.12,3.1,3.2,,3.6,3.7,3.8,4.1,4.2,4.3,4.4,4.5,4.6,4.7,4.10,4.11,7.1,7.1.1,
7.1.2,7.2,7.3,7.4,7.5,7.7,7.10,7.10.1,7.10.2,7.10.3,7.10.4,7.10.5,7.10.6,7.10.7,7.10.8,7.10.9,7.10.10,
7.10.14, 7.10.15,7.11.1,7.11.2,7.11.3,7.11.4,8.4,8.7,8.10.3,8.10.4,8.10.5,8.10.8,8.10.10

Mental Health Commission - Responsible Agency
1.1.1, 1.3, 4, 5.5, 7.6, 7.8, 7.9, 7.10.12, 7.10.13, 8.2, 8.5, 8.6.2, 8.6.3, 8.6.5, 8.8, 8.9, 8.10.1, 8.10.2, 8.10.6, 8.10.7, 8.10.11, 9.1.2, 9.1.4

Note:
8.10.11 includes Disability Services Commission

Office of the State Coroner - Responsible Agency
7.10.16 (OSC to review all suicides in 2009).

Project Management Groups
The activities of these groups will be mainly performed by the nominated project leads in the Department of Health and the Mental Health Commission. The reason for this separation is because each Agency has very different management responsibilities in the implementation of the recommendations.
The specific activities to be performed are:

- establish Agency Project Management Groups for each respective agency (Department of Health and Mental Health Commission)
- development of implementation schedules for each recommendations
- post implementation review
- review progress in implementation of the recommendations of the Commission
- regular reports on implementation as per the plan.

The following are minimum requirements for each report:

- the status of the project, which includes monitoring of milestones and budget;
- issues report (including areas of concern, specific problems, and any action that needs to be taken); and
- risk management report.

Project Schedule
The Project timeframes for implementation are contained in the detailed response section of this document. The recommendations have been categorised in terms of delivery timeline as:

Short Term

- Recommendations are a priority and / or involve relatively straightforward issues that can be addressed within 6 to 12 months

Medium Term

- Recommendations involve relatively complex issues that require considerable consideration, consultation, planning and will be implemented over one to two years

Longer Term

- Recommendations may take several years to implement

Policies and Plans

There are a number of national and state policies, plans and reviews which need to be considered in terms implementing the recommendations. These include*:*

- Mental Health 2020: Making it personal and everybody's business
- Adult community mental health teams: availability, accessibility and effectiveness of services report. WA Auditor General (2009)
- Report of Clinical Governance Review Trends 2003 – 2009. Office of the Chief Psychiatrist (2010)
- Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia. Commissioner for Children and Young People (2011)
- Western Australian Strategic Plan for Safety and Quality in Health Care 2008-13 Placing Patients first [produced by Office of safety and Quality in Healthcare Department of Health 2008].

Principal Recommendation: Sub Working Groups

In addition to the above governance structure there are two additional working groups that will be established immediately to specifically support the implementation of the principal recommendation. The principal recommendation will be delivered progressively through a staged approach.

- The first component will be for the Mental Health Commission (MHC) and the Department of Health (DoH) to immediately commence the joint development of a *WA Mental Health Clinical Services Plan 2013 – 2015* (MHCSP). This will be submitted by the end of December 2012.
- The second component will be the production of a 10 year *WA Mental Health Services Plan*, by the Mental Health Commission, that aligns with state government directions to create a person focussed, whole of government approach to mental health.

Both components 1 and 2 will align with the Government's strategic policy for mental health, Mental Health 2020: Making it personal and everybody's business as it provides the policy framework for reengineering the mental health system. This will enable the government to reset a direction that has led to an over investment in acute beds and provide the opportunity to increase the focus on community-based services.

ATTACHMENT 1

TERMS OF REFERENCE

REVIEW OF THE ADMISSION OR REFERRAL TO AND THE DISCHARGE AND TRANSFER PRACTICES OF PUBLIC MENTAL HEALTH FACILITIES/SERVICES IN WESTERN AUSTRALIA

The review team, led by Professor Bryant Stokes AM, will prepare a report for the consideration of the Director General of Health and the Mental Health Commissioner, who will in turn advise the Minister for Mental Health.

The report is to include recommendations for the refinement and improvement to the admission and referral practices for public mental health patients to public hospital emergency departments (EDs) and/or authorised mental health facilities/services and the discharge or transfer of public mental health patients from the public hospital EDs, mental health facilities or services.

The scope of the review is to examine services provided at the following:

- South Metropolitan Area Health Service (SMAHS) with the tertiary sites of Royal Perth Hospital (RPH) and Fremantle Hospital (FH) and the secondary sites of Armadale Kelmscott Memorial Hospital (AKMH), Rockingham General Hospital (RGH), Bentley Hospital.
- North Metropolitan Area Health Service (NMAHS) with the tertiary sites of Sir Charles Gairdner Hospital (SCGH), Graylands Hospital, including the Frankland Centre, King Edward Memorial Hospital's Mother and Baby Unit and the secondary sites of Osborne Park Hospital (OPH) and Swan Districts Hospital (SDH).
- WA Country Health Service (WACHS) with sites/services within all regions but specifically at the authorised mental health units of Bunbury, Albany, Kalgoorlie and Broome (March 2012), and review the application of the policy and processes in remote communities.
- Child and Adolescent Health Service in relation to the transition of child and adolescent mental health patients to adult services and the child and adolescent services provided at both Bentley Adolescent Unit (BAU) and Princess Margaret Hospital (PMH).

The review team will first consider the findings of the Chief Psychiatrist's thematic review of discharge planning (due early December 2011) and provide a work plan/scope of work in context of its findings.

The reviewers will consult with key stakeholders to gather views, information and evidence sufficient to:

1. Investigate whether the prescribed admission and discharge policies for public patients are being consistently adhered to. (Admission, Readmission, Discharge and Transfer Policy for WA Health Services (ARDT) OD 0343/11, superseding 1572/02).

2. Examine the current referral rates and patterns from the hospital EDs to both inpatient mental health services and community mental health services to ensure that all 'at risk' patients are treated.

3. Examine the practices and policies for the transition of mental health patients from child and adolescent mental health services to adult services.

4. Examine and contrast discharge planning policy and processes in place for child and adolescent and adult services.

5. Examine the use of community assessment and preadmission services such as the Community Emergency Response Teams (CERT), and the telephone clinical advice and referral services such as the Mental Health Emergency Response lines, (including Ruralink for country patients and clinicians).

6. Review the support systems currently in place to assist with admission and discharge referral practices with regard to the involvement of carers and families and that the use of primary care and community support services for the follow-up of patients is appropriate.

7. Make recommendations regarding improvements identified as part of the review to ensure compliance with policy and appropriateness of its application in an operational setting.

8. Provide a final report including recommendations to the Director General and the Mental Health Commissioner. It is expected the review will take four months.

The key stakeholders will include:

- Key staff at all Area Health Services, that is NMAHS, SMAHS and WACHS , including, but not exclusively, the Chief Executives, the Executive Directors of the sites, the Executive Directors of Mental Health, the Heads of the Emergency Departments, the Heads of the community mental health services and other clinicians within each Area Health Service.
- The Chief Psychiatrist, the ED Performance Activity and Quality (PAQ), and the ED of the WA Health Mental Health Strategic Business Unit.
- The Mental Health Commissioner and senior staff at the Mental Health Commission.
- Mental health consumers, carers and their families, the Council of Official Visitors (COOV), the Health Consumers Council and peak mental health consumer bodies such as the Association of Relatives and Friends of the Mentally Ill (ARAFMI), Carers WA, and the WA Association for Mental Health (WAAMH), the Mental Health Advisory Council (MHAC) and the WA Association of Mental Health Consumers (WAMHC).
- Others as the review team consider appropriate such as Corrective Services for the Frankland Centre.

The reviewer may also examine the admission/referral and discharge and/or transfer practices provided at the ED and the authorised inpatient mental health facilities/services at Joondalup Health Campus and the interface and interaction between the SMAHS community mental health services and the Emergency Department at Peel Health Campus, but permission will be sought prior to these occurring.