



Our Ref: WE:ep/OMR1565

Your Ref: 121141

104 APR 2018
BY: 121283
MHAS-ISO

Ms Debora Colvin
Chief Mental Health Advocate
Unit 6/18 Harvest Terrace
WEST PERTH WA 6005

Dear ~~Ms~~ ^{Debora} Colvin

NON-COMPLIANCE WITH SECTIONS 186 TO 188 OF THE MENTAL HEALTH ACT 2014

I refer to your letter dated the 19 March 2018 regarding the Inquiry report by the Mental Health Advocacy Service (MHAS) into compliance with ss186 to ss188 of the Mental Health Act 2014 (the Act).

I was pleased to note that the Child and Adolescent Health Service (CAHS) demonstrated good compliance with these sections of the Act. In relation to the report's recommendations for all Health Service Providers, I would like to highlight the following:

- **Recommendation 1.1.1** – PSOLIS management plans are completed in all Child and Adolescent Mental Health Services (CAMHS), with the CAMHS Inpatient Unit (IPU) also completing recovery plans for all consumers. All management plans, including recovery plans, are developed in collaboration with and signed by consumers and carers, with copies also provided to all parties. This requirement is regularly audited. Although the CAMHS Eating Disorders Program (EDP) does not use the recovery plan, the use of recovery-focused language in management plans was discussed during a recent review and the team is now working on developing a number of PSOLIS templates that are recovery-focused and specific to where the patient is in the EDP continuum of care. This will ensure that all CAMHS patients who are admitted under the Act have a recovery-oriented plan.
- **Recommendation 1.1.2** – In CAMHS, all management plans are discussed with and signed by consumers and carers. In the CAMHS IPU and EDP, consumers and carers are involved in clinical reviews where appropriate.
- **Recommendation 1.1.3** – To ensure and/or increase compliance with the Act, CAMHS undertakes a range of regular audits, delivers recovery-orientated training to all staff, and is currently developing the 'My Plan' for use in all services.
- **Recommendation 1.1.4** – The likely hurdles that CAMHS faces with respect to ensuring compliance with the Act include cultural challenges and increase in paperwork due to completion of two plans (management plan and recovery plan).



CAMHS also faces challenges related to the age group of the consumers it treats, and in particular the complexities of treating young people who are under the care of the Department of Communities, Child Protection and Family Support.

- **Recommendation 1.1.5** – CAMHS is not complying with the operational directive requiring the Treatment Support and Discharge Plan (TSDP) to be on PSOLIS. CAMHS uses the recovery plan, which is different to the TSDP, and this is currently completed on paper. Whilst CAMHS does plan to digitise the recovery plan in the near future, it does not intend use PSOLIS to do this. However, CAMHS is interested in the Rockingham model (see recommendation 1.4).
- **Recommendation 1.2** – This is not applicable to CAMHS.
- **Recommendation 1.3** - CAMHS will reiterate the importance of compliance with the Act to all Psychiatrists. CAMHS will monitor improvement with compliance via regular auditing, with special focus given to services with lower compliance with the Act.
- **Recommendation 1.4** – CAMHS intends to contact Peel and Rockingham Kwinana Mental Health Services to review the modifications made to the client management plan on PSOLIS.
- **Recommendation 1.5** – All CAMHS staff receive training in recovery-oriented care at the time of orientation to the service. The recovery-oriented care eLearning package is part of the suite of mandatory training for all CAMHS staff.
- **Recommendation 1.6** – CAMHS is committed to providing teams with whatever supports they identify as being necessary to ensure compliance with the Act.
- **Recommendation 1.7** – CAMHS is of the view that this letter satisfies the requirements of recommendation 1.7. If any further information is required by the MHAS or Office of the Chief Psychiatrist CAMHS is more than willing to provide it.

Please do not hesitate to contact me should you wish to further discuss any of the above.

Yours sincerely



Dr Robyn Lawrence
Chief Executive
Child and Adolescent Health Service &
Perth Children's Hospital Commissioning

28 March 2018

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