

21 May 2018

Ms Debora Colvin  
Chief Mental Health Advocate  
Mental Health Advocacy Service  
Unit 6/18 Harvest Terrace  
West Perth WA 6005

Dear Ms Colvin

**NON-COMPLIANCE WITH SEC 186 – 188 OF THE MENTAL HEALTH ACT AT  
ST JOHN OF GOD MIDLAND PUBLIC AND PRIVATE HOSPITALS MENTAL  
HEALTH UNIT**

Thank you for your letter dated 19 March 2018 to all CEOs of inpatient mental health service providers in Western Australia. You have highlighted the problem of poor compliance with the above sections of the Mental Health Act 2014, reflecting your concerns that treatment and care of involuntary mental health patients is not always supported by a Treatment, Support and Discharge Plan (TSDP), as stipulated in the Act.

I also thank you for providing the report attached to your letter, in which you have highlighted the process that the Mental Health Advocacy Service (MHAS) undertook to review the development of TSDPs in services across metropolitan Perth in 2017.

I will restrict my response to the points raised in the report and those that are relevant to the development of TSDPs at St John of God Midland Public and Private Hospitals Mental Health Unit (SJGMPPH MHU). I will conclude by offering suggestions on how we could alter our practice based on the feedback from the report.

1. Issues around documentation: It is correct that there is confusion that Services have to deal with because of the presence of an online Client Management Plan (CMP) and a hand-written TSDP. This was a genuine problem that our Service had to negotiate quickly to find a solution. The TSDP that was part of the Standardised Suite of Clinical Documentation (SSCD) was a cumbersome document with too many columns and rows that were unlikely to be completed. Also, the instructions from the Department of Health were clear. We could use the Client Management



Plan available on PSOLIS, or, develop our own TSDP if needed. We believe that we had a good conceptual understanding of the differences between the Client Management Plan and the TSDP. It was clear to us that the TSDP needed to be a live document into which the patient had provided input and could personally own.

2. The improvements mentioned that took place in Graylands Hospital and Rockingham were not shared widely through the metropolitan mental health services network. It has been very reassuring to see the details at Annexure 4 of the report, which we believe we can use to improve our practices moving forward.
3. However, last year the assurance provided by the Department of Health that the TSDP would eventually be electronic, made us take the decision that we needed to retain a separate TSDP form, but modify the SSCD TSDP document to suit our needs. We made enquiries with other inpatient mental health units such as Joondalup and found out that they were using a hand-written document. We developed a document that was more comprehensive and that provided more opportunity for patient input. We have had reviews to examine the quality and usefulness of our document and have suggested further changes to our information systems department, which are to be implemented soon.
4. We believe that our organisation understand the principles of the MHA 2014 well and realises the importance of patient input into the development of the TSDP. We have kept the Mental Health Advocacy Service informed while we embarked on the process of developing a TSDP that was suited to our needs.
5. A specific issue for SJGMPPH is that we must fulfil a Key Performance Indicator (KPI) as part of our contract with the State to provide a discharge letter to every patient at the time of discharge. This is for both voluntary and involuntary patients.
6. We realised that it was not appropriate to provide the medical discharge summary to every patient at the time of discharge. In many instances, providing a detailed description of the patient's presentation and a recount of the patient's past history, as is customary in a medical discharge summary, could be important for clinicians but would not be clinically appropriate for patients to be reminded of at every turn.
7. Hence to meet the contractual KPI, we resorted to producing a TSDP for both voluntary and involuntary patients, which concentrated on the patient's immediate problems and desired goals and outcomes, described in both the patient's and the clinician's words. We aimed for the patient to



have input in developing their TSDP, and sign it on admission, on periodic reviews and on discharge.

8. We devised a hand-written form as we believed that the best chances of getting patients to have input into their TSDP is at the time of initial assessment by their treating team, during periodic reviews with their doctors and at the time of discharge.
9. We audit compliance with the provision of the signed TSDP at discharge, to have been provided to the patient at the time of discharge and at present our compliance rate is 98%. We submit 6-monthly KPI figures to the State Government and we achieved our threshold of 95% for December 2017.
10. Hence, we contend that the selective data presented in the report for SJGMPPH MHU is an anomaly and is not a true reflection of what we have achieved since June 2017. We do not believe criticism that the hand-written form is not conducive for regular reviews is correct. We have sections built into the TSDP for reviews and continue to promote their use.
11. Lack of acknowledgement by psychiatrists that TSDP's are clearly stated to be their responsibility under the Act: We believe we have addressed this issue. The explanation of the TSDP and the obtaining of the signature of the patient is performed by our medical staff under the supervision of the consultant psychiatrist.
12. Lack of a process for involving the consumer or personal support persons (PSPs) in the development or review of the TSDP: We have addressed this issue. As stated earlier, we have more than 95% compliance for patients signing their own TSDP, or, refusal of signature being documented on the TSDP.
13. Lack of appreciation by clinicians of the therapeutic benefits and improved outcomes which can result from compliant TSDPs: We do not believe that this observation applies to us. We are a recovery focused Mental Health unit and we believe in the therapeutic benefits of TSDPs. We are in the process of embedding recovery-oriented policy and practice by designing our mental health service on the principles of Recovery based Framework for Mental Health Services – as per Australian Council on Healthcare Survey (ACHS) recommendations following their last accreditation visit to our hospital in February 2017.
14. A belief by some clinicians that patients should not see certain information, or would react badly if they did, or that they were too unwell to be able to add anything meaningful, and a (wrong) belief in some cases that there was a discretion which gave them the right to not comply with



the Act. We do not believe that this criticism should apply to us as we are currently obtaining input from the patient for every TSDP – whether voluntary or involuntary. We are careful to modify the language in the TSDP in consultation with the patient. We acknowledge the improvements suggested with regards to use of recovery-oriented language when developing the TSDP in Annexure 4 of the report, which has been developed in Graylands Hospital and which we will incorporate into our practice, moving forward.

- 15.No leadership or involvement at HSP level: The Hospital Executive has provided significant support to the Head of Department of the Mental Health Unit to develop solutions in this area. The imperative to address the issue of completing the TSDP is tied to a contractual KPI of providing all patients being discharged from the MHU with a completed discharge letter. The MHU has received support from the Executive of SJGMPPH in this regard.
- 16.Lack of understanding or skills in recovery focussed and patient centred language and the type of matters to be discussed and included in a TSDP: We do not believe that this applies to our Unit. As stated earlier, we are in the process of rolling out a comprehensive recovery-oriented training package to all clinicians working on the Mental Health Unit. We are deeply committed to least restrictive and recovery-oriented principles of care.
- 17.Limitations on PSOLIS access: We aim to provide all doctors working in our MHU, Global Read-Only access to PSOLIS. As we have not used a TSDP which is available on PSOLIS as yet, this criticism is not applicable.
- 18.Continual turn-over of staff: We have had the same Head of Department for the MHU since hospital opening on 24 November 2015. Our consultant pool has been relatively stable for the last year, though we currently have two locum psychiatrists in our employment. Our junior doctors have changed from time to time, but this would be true for most metropolitan inpatient mental health services. Our nursing staff have been a relatively stable cohort since opening.

I will now comment on the specific recommendations MHAS has made to Health Service Providers (HSPs) to address the problem.

1. Mental health services to immediately report on the extent to which they are complying with ss186-188 of the Act including the extent to which all treatment, care and support is governed by the TSDPs and the involvement of, and provision of copies to, consumers and PSPs: SJGMPPH believes that the MHU is compliant with most of the provisions of Sec 186 to 188 of the MHA. We are discussing the patients' treatment on



admission to the MHU and obtaining their signed evidence of this. We are also doing this at the point of discharge, which is being audited. We are providing a copy of the TSDP to the patient and to their PSP when available.

2. Preparation and Review of the Plan as per Sec. 187 of the MHA: We acknowledge that we have a challenge to comply with the requirement that the TSDP be a) reviewed regularly b) revised as necessary. SJGMPPH MHU is taking urgent steps to build in a regular review process of the TSDP. This involves adding a mandatory review requirement of the TSDP at the weekly Multidisciplinary Team meetings (MDTs) of the Adult Inpatient Mental Health teams. We will be able to report on the success or otherwise of our efforts towards the end of this year.
3. Whether we are complying with the operational directive requiring the TSDP to be on PSOLIS, and if not, why not (Recommendation 1.1.5): Related to this is the recommendation 2.1 to the Director General asking him to consider issuing a new operational directive dealing only with TSDPs making clear that the documentation is to be on PSOLIS and should not be paper based. We recommend that prior to such a directive being issued, that the TSDP be electronic and that adequate thought be given to:
  - a. how the patient's signature will be obtained on an electronic TSDP;
  - b. how often this signature should be obtained; whether the TSDP is to be printed out each time the plan is revised and the patient's signature is needed;
  - c. how can the Personal Support Person's (PSP's) signature be obtained when the PSP is not on the ward all the time;
  - d. will the TSDP be printed out every time the PSP's signature is needed;
  - e. the logistics of having a PC and a printer available whenever the TSDP is being discussed with the patient and is being modified;
  - f. the requirement for the doctor to leave the room in most instances to locate a PC, type in revisions, collect the printed document from a printer and then to come back to obtain the patient and/or PSP's signature. It appears that updating of an electronic version can only be done in Team meetings. It may be necessary to bring patients into MDTs regularly for them to provide input;





- d. our belief that all patients, including voluntary patients should have a TSDP in accordance with appropriate recovery focused care, though this isn't a requirement of the MHA 2014;
- e. the requirement to obtain a quick signature from the patient on initial formulation of the TSDP, on periodic review and on discharge – we felt that this was best obtained in a hand-written document which could be completed while the doctor was reviewing the patient.

In summary, SJGMPPH welcome the review of the TSDP documentation process and hope that the challenges are sorted as quickly as possible. For the time being, we will continue to produce hand-written TSDPs for all our patients, which are being audited both as a discharge letter and for the signature of the patient on discharge. We will ensure that a copy of the TSDP is available for involuntary patients at the Mental Health Tribunal, which the treating consultant psychiatrist has had oversight. We urge significant caution prior to the laws being changed again specifically in relation to recommendation 2.1 to the Director General requesting him to issue a new operational directive dealing only with TSDPs, specifying that the documentation is to be on PSOLIS and should not be paper based. If the Operational Directive is issued, we will modify our practice accordingly at SJGMPPH MHU, though we would then need significant advice, support and extra resource allocation if it is deemed that we should continue to produce TSDPs for both voluntary and involuntary patients.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Michael Hogan'.

**Michael Hogan**  
**Chief Executive Officer**  
**St John of God Midland Public Hospital**