

LEGISLATIVE COUNCIL

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QUESTION WITHOUT NOTICE  
(Of which some notice has been given)

Wednesday, 13 August 2014

Hon Stephen Dawson to the Minister for Mental Health.

I refer to Communiqué information published on the Mental Health Commission website about the progress being made by the Mental Health Commission, Department of Health and their implementation partners in delivering the recommendations of the Stokes Review and ask:

1. On what dates has the Implementation Partnership Group met in 2014?
2. Why has no progress reporting been released on the Mental Health Commission website since December 2013?
3. The December 2013 update advises that the next release be available following the March meeting of the IPG Group, will the Minister now table this updated progress report?
4. If no to (3), why not?
5. When will the progress annual report as outlined as a specific objective in the Terms of Reference of the Stokes Review Implementation Group and provided to the Minister in March 2014 be released?

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**I thank the Hon. Member for some notice of this question**

1. The Implementation Partnership Group met on 20 March 2014 and 26 June 2014.
2. The Chairman's report containing progress reporting can be found at the Mental Health Commission website.
3. Yes. The March Quarter's Chairman's report is currently available on the website and I table a copy.
4. Not Applicable.
5. The IPG annual report is expected to be provided to me in the next month and made available on the Mental Health Commission website following consideration by the Government.

*Approved  
Minister*

## Stokes Review Implementation Partnership Group (IPG) – Chairman’s Fourth Quarterly Report

MARCH 2014

**Reporting:**

The Stokes Review IPG was established to:

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

Included in the Terms of Reference (TOR) is the requirement that agencies (as nominated in the TOR) are to “provide regular updates, at least quarterly (beginning in June 2013) or as requested, to respective CEOs and report on the successful implementation of the recommendations.”

In addition, the TOR included the following: “Develop an annual report on progress in the implementation of the Stokes Recommendations approved by Government”

With respect to the Stokes Review IPG, the group has now met five times. In addition, as previously reported, a small Executive Sub-Committee which oversees the work of the IPG has continued to meet between the quarterly IPG meetings.

**General Comments:**

Whilst the implementation of the Stokes Recommendations took some time to begin, work is now progressing on most of the important initiatives of the Report. The slow initial progress was largely due to the fact that it took some months (on April 15 2013) for the Department of Health (DOH) to appoint an Executive Director of Mental Health as per Recommendation 1.1. The Office of Mental Health (OMH) has since then made significant progress on the implementation of the recommendations for which they are responsible.

The Stokes Recommendations are also being incorporated in the WA Mental Health and Alcohol and Drug Services Plan and some recommendations are reflected in the new Mental Health Bill. The IPG will continue to monitor both these initiatives to ensure the Stokes Recommendations are actioned appropriately.

**Recommendations:**

- **Recommendation 1.3:** Develops a safe and quality mental health transport system in the metropolitan area with hospital staff trained in mental health and soft restraint to transfer patients between hospitals.

As reported in the Mental Health Commission (MHC)/DOH Fourth Quarterly Report, a trial Mental Health Inter-Hospital Patient Transfer Service (MHIPTS) commenced on March 11<sup>th</sup> 2014. Whilst some feedback was sought from consumers, families and carers, the IPG was informed that this was

not a very effective process of consultation. It was noted that a MHIPTS Reference Group has been established to support this service. The IPG will continue to monitor the effectiveness of this trial and the consultation process.

- **Recommendation 3.3:** The carers of patients need education, training and information about the 'patient's condition' as well as what are the signs of relapse and triggers that may cause relapse.

The MHC/DOH Fourth Quarterly Report indicated that "The MHC and the Department are currently liaising with the WA Council of Social Services (WACOSS) on a project to prepare a carer information package. The MHC is currently discussing with WACOSS the actions necessary to satisfactorily complete this work and WACOSS are liaising with key stakeholders to finalise a completed plan. The package is due for completion in 2014." It is important that this package is completed and made available as a matter of some urgency.

- **Recommendation 2.2:** Every patient must have a care plan and be given a copy of it. Prior to discharge, the care plan must be discussed in a way that the patient understands and be signed off by the patient. With the discharge plan, the carer is also involved, as appropriate.

The MHC/DOH Fourth Quarterly Report indicated that "A suite of State-wide Standardised Clinical Documentation (SSCD) has been endorsed by the Acting Director General, Chief Medical Officer and the Chief Psychiatrist for implementation across all WA public mental health services". One of the SSCD documents is a treatment, support and discharge plan that will be provided to consumers and carers for signing. This is to be welcomed. It is important to note however that for this to be effective, a compliance protocol needs to be established to ensure the delivery of appropriate care plans as per the Recommendation.

#### **Term of Operation of the IPG:**

The IPG Terms of Reference stated that "The IPG will run for a minimum of 12 months, at which time it will review the effectiveness of the group in achieving its objectives. A recommendation on continuation of the IPG by the Chair and members will be made at this time to the Executive Sponsors, who will report to the Minister for Mental Health."

The IPG's recommendation is that the IPG continue to operate until such time as the WA Mental Health and Alcohol and Other Drug Services Plan is finalised and has been signed off by Government. This is expected to be by the end of 2014.

#### **Conclusion:**

Should there be any ongoing concerns about the implementation of the Stokes Review recommendations then please do not hesitate to bring them to my attention.

My Fourth Quarterly Report and additional comments from the OMH and the MHC are now accessible on the MHC web site.

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**Office of Mental Health Comments:**

The OMH has made good progress in implementing a number of Stokes Recommendations and will continue to work in partnership with the Health Services, MHC and other stakeholders to implement the recommendations and facilitate long term, systemic change.

- **Recommendation 1.1.2:** Executive Director of Mental Health Services be responsible for policy setting, including those of standards and best practice.

The OMH has begun work in policy setting, including through state-wide policy development. This work will be informed by the Chief Psychiatrist's Standards for Treatment and Care, as well as existing frameworks such as the National Standards for Mental Health Services and National Safety and Quality Health Care Standards.

- **Recommendation 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 health care of that service.

The OMH established the 2014 Mental Health Leadership Program, co-designed with the DOH Mental Health Executive and Institute for Health Leadership. A total of 36 emerging leaders across WA mental health services will work with 140 colleagues to introduce service improvement initiatives within their services that align with Stokes Recommendations. Two leadership workshops were held to the end of March, with four more to follow prior to the completion of the Program by August 2014.

**Mental Health Commission Comments:**

- **Recommendation 1.3:**

The pilot Mental Health Inter-hospital Patient Transfer Service (MHIPTS) was developed in line with the parameters agreed upon by the Ministers for Police, Mental Health and Health in 2013. The consultation strategy therefore focused on providing contextual background, information on the pilot model, the role of the North Metropolitan Health Services (NMHS) and the use of security guards who have been granted 'special constable status' and the training required to achieve that status, and in seeking feedback on the model to identify areas that could be adapted to make the pilot MHIPTS as appropriate and effective as possible.

The consultation for the pilot MHIPTS was conducted between December 2013 and March 2014 and included two public consultation forums - one in December 2013 and the other in January 2014. In order to maximise the accessibility of the forums to carers and consumers, one event was held in the evening and the other in the afternoon with both events being held in a central location. All peak bodies were provided with information on the pilot MHIPTS and the forum details and were encouraged to disseminate the information through their networks.

The consultation forums included a panel comprising representatives from the NMHS and the Mental Health Commission (MHC) and each was chaired by the Western Australian Association for Mental Health. People who were unable to attend the forums were able to provide feedback via email or telephone.

Strong feelings were expressed and a number of issues were raised during the consultation period, mostly at the second forum. Some of these issues were able to be clarified immediately, others were addressed following fuller discussion with stakeholders, and one issue (mandatory sentencing) is still being explored.

Following the public consultation forums, the MHC jointly with the NMHS produced a Frequently Asked Question (FAQ) document responding to all questions and concerns raised and this was emailed to all those who attended the consultations as well as the peak bodies. The FAQs document was also placed on the MHC website.

In addition to the two forums, consumers and carers or their representatives were encouraged to have free and open dialogue with both the MHC and the NMHS and a collaborative and respectful approach to finding solutions was employed. This included the carer and consumer representatives being involved in the mental health patient transfer dry runs and providing frank feedback prior to the pilot commencing.

The MHIPTS reference group that oversees the governance of the pilot MHIPTS also enables consumer and carer ongoing input into the resolution of any issues as they emerge.

Following the IPG meeting in March 2014, the MHC has written to the CEO of the Consumers of Mental Health WA (Inc) (CoMHWa), offering to meet to discuss any residual issues and a meeting is being arranged in June.

➤ **Recommendation 3.3:**

A Liaison Group comprising advocacy agencies and government departments was established to provide advice in relation to the implementation of this recommendation. An inventory of information, education and training has been prepared that analyses gaps in service delivery and information as well as the current method of dissemination of these resources. MHC will ensure work of this group is aligned to work on implementation of the Bill.

A Carer Information Resource Development project funded by the MHC (to WACOSS) has delivered a preliminary resource for further consultation with stakeholders.

The MHC will work with the Liaison Group to review and provide advice and guidance on the deliverables. This work will be undertaken in conjunction with stakeholder engagement initiatives planned for the education and promotion of the new mental health legislation.

The existing membership of the liaison group will be reviewed to ensure appropriate level of representation from carers; and further consideration will be given to expand the group and consider implementation of recommendation 3.5 in relation to development of tools for consumers to better navigate the mental health system.

Resources and training will need to be developed and implemented over time. December 2014 will mark the date of completion of the highest priority materials. Others will follow as agreed with the Liaison Group.