ACMHN Feedback on Part 3: Objects of WA Mental Health Act 2014

WA Mental Health Commission - Post-implementation Review

Introduction

The Australian College of Mental Health Nurses (ACMHN) is the peak professional organisation representing mental health nurses in Australia. A primary objective of the ACMHN is to enhance the mental health of the community through the pursuit of efforts to improve service and care delivery to those affected by mental illness and disorder. The ACMHN also sets standards of practice for the profession and promotes best practice in mental health nursing.

The College welcomes the opportunity to provide feedback on to inform the WA Mental health Commission’s (the Commission) Post Implementation Review (PIR) of the Mental Health Act 2014 (the Act).

Mental health nurses comprise the largest group of professionals in the mental health workforce and are a critical component in mental health service provision. Nurses in general are more geographically dispersed than other health professionals, which creates enormous potential for increasing access to mental health services across Australia, including in rural and remote locations. Mental health nurses provide the bulk of direct clinical care within hospitals, acute psychiatric units in hospitals, specialist community mental health teams, general practices, emergency departments, as well as working in policy, administration, management and research roles. The shift in care provision from acute care settings to primary health care means that increasingly, nurses are taking up roles to care for people with mental illness, as well as comorbid physical and mental health concerns, in community and primary health care settings.\(^1\)

The central role nurses have in service provision and the implementation of mental health legislation and policy creates an imperative to ensure this workforce is represented in future discussions surrounding design, implementation and review of mental health legislation and policy. Mental health nurses in WA have valuable contributions to make to discussions surrounding the Act and also to the broader range of activities performed by the Commission. For this reason, the College wishes to emphasise the importance of the mental health nursing workforce in WA being represented on key advisory groups, committees and also through consultations. The College is happy to provide

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\(^1\) Ashley, C., Hakomb, E., and Brown, A. (2016). Transitioning from acute to primary health care nursing: An integrative review of the literature. JCN. In press. DOI: 10.1111/jocn.13185
assistance to the Commission in contacting relevant members in WA with the relevant skills and expertise relating to the area/s the Commission wishes to engage on in future.

Feedback from members

The College has members from across the country, including in WA, who work across the mental health system, from primary and community care through to acute, aged care and forensic care. The feedback received from College members in WA about the Post Implementation Review of the Act (Objects) focused primarily on the challenges of implementing the Objects in rural and remote parts of WA.

Feedback obtained from members included:

• A member in a remote community who said that the principles contained within the Objects were largely already being implemented and including the use of an open ward, with clients being sectioned only in ‘rare emergencies’. Implementation measures included organising videoconferencing with carers and family members and utilising the Patient Assisted Travel Scheme to enable carers to engage in the individual’s recovery. The member also stated that the documentation provided by the Commission to support the implementation are being actively used by the service. This member did caution however that the impacts are different for clients who require transportation to Perth or another regional hospital for inpatient admission.

• A member from a metropolitan WA (Perth) ED, who suggested the new Act was working quite well and that the ‘most marked change in practice is the ability to revoke forms (an involuntary treatment order). As an Approved Mental Health Professional (AMHP), my own experience is that this has been beneficial to patients’. The member noted that there is some additional paperwork around the new Act, but stated that in their personal experience this has proven workable.

• A MHN working in the Pilbara (detailed feedback at Attachment A). This member identified challenges implementing the Objects when a client requires transfer to an authorised hospital, the nearest one being 600km away. In these circumstances:
  - Significant delays are often experienced waiting for police escort and RFDS availability.
  - Patients may often be sedated and require a special (a dedicated nurse with responsibility only for that individual patient) in ED for up to 3 days while waiting for transfer.
  - Discharge planning from the authorised metropolitan hospital was described as very poor: often minimal opportunity for consultation between treating teams and a discharge fax is sent the day of discharge or the following day, leaving no opportunity for the community MH service in remote WA to plan follow up care. The lack of notice and opportunity to plan also makes it very difficult for the community team to organise follow up within 7 days.
  - Efforts are made by the community MH team to facilitate involvement of family members and carers, including through videoconferencing and this was generally considered attainable, although difficulties arise if the client’s community is situated outside the region. It was noted that it is usually family members who notify a service when an individual’s mental health is deteriorating.
- Aboriginal clients and their families/carers rarely make a complaint, or follow it through to a resolution if a complaint is made. The member noted that aboriginal community members also generally ‘put up’ with much more than would be typically considered reasonable and as such the community tends to rely on staff working in services to identify and respond to incidents.

**ACMHN Comment**

Based on the feedback received, the College wishes to draw attention specifically in relation to s1(a), (e) and (f) of the Objects under the Act:

- (a) to ensure people who have a mental illness are provided the best possible treatment and care —
  - (i) with the least possible restriction of their freedom; and
  - (ii) with the least possible interference with their rights; and
  - (iii) with respect for their dignity;
- (e) to ensure the protection of people who have or may have a mental illness;
- (f) to ensure the protection of the community.

**Delays in transfer and access to acute specialist mental health care**

According to data released by the Australian Institute of Health and Welfare in 2016, Country WA residents experience a substantially higher rate of hospitalisations for mental health conditions and intentional self-harm than residents in Perth. A 2016 Report by Men’s Health and Wellbeing WA which was commissioned by the WA Department of Health, highlights extensive evidence that mental ill health disproportionately affects men and Aboriginal and Torres Strait islander people in WA. Yet timely access to the best possible treatment and care remains a significant issue for people with mental illness in regional, rural and remote communities across Australia, including in WA.

Delays in transfer and access to acute mental health care facilitates less than desirable situations in which health staff in a rural or remote community are forced to sedate acutely unwell patients for lengthy periods until transfer becomes available. While the use of sedation can be considered a clinical intervention for an acutely mentally unwell patient, the use of sedation for what may be a number of days until transfer becomes available does not reflect best possible treatment and care. It places significant restriction on the freedom of the patient, which subsequently interferes with their rights, compromises their dignity and also creates a barrier to meaningful assessment and the provision of basic therapeutic interventions which may assist in alleviating distress.

The nursing workforce is the largest and most geographically dispersed health workforce in Australia. The National Mental Health Commission recognised this opportunity when it recommended retraining less than 0.5% of the general nursing workforce as mental health nurses, as a stop gap while longer term measures to increase supply of mental health nurses can be developed and implemented (Recommendation 21). A unique opportunity exists to harness this opportunity, by growing a mental health nursing workforce and also upskilling the general nursing workforce in rural and remote and Aboriginal and Torres Strait Islander communities in WA.

The College was pleased to see the announcement that two after hours clinical nurse specialist mental health liaison staff will be engaged in the Emergency Department setting (with outreach via...
videoconferencing) through a partnership with WA Country Health Service and the Pilbara Mental Health and Drug Service. This will provide better support to non-specialist staff in the emergency department and may also create opportunities to reduce the use of sedation for acutely unwell patients until transfer becomes available. The College recommends that this program be expanded inland and suggests that the use of sedation for patients experiencing acute mental illness who are awaiting transfer should be monitored and evaluated, to identify whether the increased access to specialist mental health nurses facilitates any reduction in the use of (prolonged) sedation while patients are awaiting transfer.

While we advocate and support the work of mental health nurses, the College is also actively working to encourage and where possible, upskill all nurses and midwives to be more capable and confident in responding to mental health concerns experienced by their clients. The College is seeking to develop a framework and training package to build the mental health skills of general practice nurses. Ideally, the College hopes this would eventually be complimented by scholarships being available to support the nurses in these communities to go on and complete training to become fully qualified mental health nurses in their local communities.

**ACMHN Recommendation:** That the WA Mental Health Commission seek to identify and address the underlying cause/s of lengthy delays for transfer and to work with ACMHN as part of the College’s work to upskill the broader nursing workforce to identify and respond to mental health in their local community.

**ACMHN Recommendation:** As suggested by available evidence⁶, the College also recommends that an action of the Commission should be to strengthen the sector with regard to its capacity to implement the Objects under the Act should include strengthening positive attitudes among health professionals toward people with mental illness, particularly those who have self-harmed or attempted suicide.

**Discharge from acute MH care**

As the Commission is no doubt aware, patients discharged from acute mental health settings are at greater risk of engaging in self harm or suicide attempts in the period following discharge⁷. However, discharge processes across the country remain a significant issue for ensuring continuity of care to people with mental illness who have been admitted to hospital. Timely discharge notifications are of great importance to health staff in remote locations, who need appropriate notice to allow time to coordinate appropriate follow up with people across what can be vast regions. Notifications that are received by the local service after the patient has already left the hospital leaves insufficient time for the service to plan follow up care within the community or primary care setting.

**ACMHN Recommendation:** In light of the feedback received from members in rural and remote locations, the College therefore recommends that the Commission seek to develop a discharge checklist specifically relating to patients being discharged from acute and sub-acute mental health services. It is suggested that this checklist stipulate the acceptable timeframe for completion of each task that reflects best practice and aligns with the best outcomes for the patient. The checklist should seek to establish a feedback loop between acute MH services and community and primary care services, so that the acute MH staff are also notified when discharge notification has been received and is being actioned by the local community or primary care service.
ACMHN Recommendation: The College also recommends that the Commission undertake to identify the barriers to primary and community care teams receiving discharge advice and seek to address those barriers in consultation with representatives from all involved professional groups (MHNs, administrative staff, GPs, Allied Health etc).

Conclusion

Mental health nurses work in mental health across a variety of settings and are a key component of Australia’s mental health care system. They have the specialist skills, knowledge and experience required to be a part of the solution to the growing mental health need of the community. They are specialists in the provision of mental health treatment and are well-placed to support GP nurses (either in person or remotely via digital health) and other nurses to better recognise mental health problems, and up-skill other health professionals to provide general mental health support and care.

Providing ongoing opportunities for the general nursing workforce in rural and remote locations to build their capacity to respond to the needs of people with mental illness is important to ensure those continue to receive the essential care and support, and that this care and support is not compromised because of where an individual lives.

If you require any further information regarding these comments or would like to discuss the College’s workforce development activities, please contact the ACMHN.

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iii (2015). Care After a Suicide Attempt – A report prepared for the National Mental Health Commission, National Centre of Research Excellence in Suicide Prevention, Sydney, p 2. (Report prepared in collaboration with the Black Dog Institute, the University of Melbourne, Lifeline and the Australian National University)

iv Ibid (iii)