



**TREATMENT SUPPORT AND
DISCHARGE PLANS INQUIRY**

(March to September 2017)

March 2018

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SUMMARY AND RECOMMENDATIONS

Background and aim of the TSDP Inquiry

From March 2017 to 30 September 2017 Mental Health Advocacy Service (MHAS) Advocates conducted an Inquiry into Treatment, Support and Discharge Plans to ensure compliance with the Mental Health Act 2014 (the Act). Sections 185-188 of the Act¹ require that:

- all treatment care and support provided to involuntary patients² must be governed by a treatment, support and discharge plan (TSDP);
- the patient and any personal support persons (PSPs) must be involved in the preparation and review of the TSDP;
- they must be given a copy; and
- the TSDP must be prepared, reviewed and revised having regard to the Chief Psychiatrist's Guidelines.

These provisions were a major change under the Act when it was made operational in November 2015. It was hoped that they would lead to cultural change on mental health wards towards more patient-centred care as required by the National Standards for Mental Health Services. The patient's psychiatrist is the person required by the Act (s187) to ensure that the TSDP requirements are met and the Mental Health Tribunal must have regard to the involuntary patient's treatment support and discharge plan pursuant to s394 of the Act when considering a patient's involuntary status.

Details of the preparation for, and the conduct of, the Inquiry is set out in Annexure 2, including the information sent to mental health services before the Inquiry began and the reporting requirements of the Advocates. Community Mental Health Services were not included in the TSDP Inquiry, only hospitals. It was not an audit as it was generally accepted that most mental health services were not complying fully with the Act.

The outcome sought was to educate mental health services and consumers through a process of having each Advocate³ facilitate the production of a TSDP for 3 consumers which complied with the Act.

Outcomes of the TSDP Inquiry

The outcome was not achieved in that the Advocates were not able to produce 3 TSDPs each that fully complied with the Act, even after extending the period of the Inquiry from 30 June to 30 September 2017.

There were a number of contributing reasons for this but the main reasons were that:

- no mental health services were fully compliant with the Act, and many were not compliant at all, so the task was more difficult than anticipated; and/or
- clinicians, including many psychiatrists, were unaware of the requirements of the Act and their responsibilities; and/or
- clinicians did not have a process established to help them comply with the Act; and/or
- Advocates either could not get staff co-operation or found themselves having to educate staff at a level that included suggested ways of engaging with consumers and carers and other practical aspects of compliance.

¹ See annexure 1 for the full wording of the provisions of the Act.

² This includes people on Community Treatment Orders and mentally impaired accused in an authorised hospital.

³ There were 34 Advocates as at 30 June 2017 in the metropolitan area, Bunbury, Kalgoorlie, Albany and Broome as well as a Youth Advocate and Aboriginal Advocate.

In short summary, no health service provider (HSP) was fully compliant with the Act. That remains the cases for most HSPs which means that patient and carer rights under the Act are being breached daily.

Despite this disappointing result, however, the TSDP Inquiry:

- ✓ resulted in education across the sector about the requirements of the Act;
- ✓ has caused a shift towards compliance, or at least most mental health services have started to think about the changes they need to make to comply with the Act; and
- ✓ there are pockets of good work being done by some mental health services including at Rockingham, Bentley and Graylands hospitals which have been initiated or encouraged as a result of the MHAS TSDP Inquiry, which show how change can be brought about.

More work is needed to keep the momentum going. MHAS would like to do a follow-up Inquiry but this will be subject to budget.

Findings from the TSDP Inquiry - why the Act is not being complied with:

Common themes across all areas include the following:

1. **Issues around the documentation (what document to use and how to use it) seemed to be an insurmountable hurdle for some mental health services.** This is despite a mandatory operational directive⁴ requiring that the Treatment, Support and Discharge Plan be completed on the mental health database (PSOLIS). The operational directive further notes that it is “currently on PSOLIS as Management Plan”. For inpatient services this is the client management plan (CMP) on PSOLIS. The issues were primarily as follows:

- 1.1. **Clinicians not being able to see how the CMP could be adapted for use as a TSDP.** CMPs were being used regularly by the treating teams, but for use solely by the clinicians. They generally contained medicalised/clinical language and instructions to nursing and other staff. As such they did not comply with ss186-188 of the Act as a TSDP and a lot of staff struggled to see how they could be adapted or were concerned about such documents being given to a patient. The letter from the Chief Advocate sent to all HSPs included a draft CMP to show how it could be used as a TSDP and there are some recent and welcome initiatives which show that it can be done:

1.1.1. Graylands Hospital has recently produced a Collaborative Care Plans FAQ Information guide for staff;

1.1.2. Rockingham Hospital has gone one step further and produced a CMP template with prompts for staff which is on PSOLIS; and

1.1.3. at Bentley Hospital, a training package has been produced.

See annexures 4 and 5 to this Report.

- 1.2. **Confusion over which document to use was exacerbated by the existence of a paper-based document titled “Treatment, Support and Discharge Plan”.** This was issued some years ago as part of a suite of Statewide Standardised Clinical Documents (SSCD) which are mandatory to use but it is not on PSOLIS. Some mental health services said they wanted to wait for this document to be put on PSOLIS but advice to MHAS was that there is no plan for this to happen. The problem in using a paper-based document is that it cannot be easily updated or added to by all members of the treating team or viewed when a person changes health service (for example on discharge to a community health service or on seeking re-admission at an emergency department). This is presumably why the operational directive instructs HSPs to use the CMP instead.

⁴ OD 0526/14 State-Wide Standardised Clinical Documentation for (SSCD) for Mental Health Services

2. **Lack of acknowledgement by psychiatrists that TSDP's are clearly stated to be their responsibility under the Act , that they should take the lead, and that the Act requires that all treatment care and support be "governed" by the TSDP:**
 - 2.1. In many cases the psychiatrist did not seem to know their obligations or the patients' rights under the Act. The Act is very clear – s187 says the patient's psychiatrist is responsible for ensuring that the TSDP is prepared in accordance with the Act and the Chief Psychiatrist's guidelines.
 - 2.2. Even when told about their responsibilities, many psychiatrists seemed to think it was the job of nursing staff. In part this relates to the documenting of the TSDP but it included the process as well.
 - 2.3. Where psychiatrists were not involved in the TSDP process it seems unlikely that the TSDP is governing the patients' treatment care and support as required by s186. While it does mean more patient centred care by nursing staff and a shift in culture, it does not mean that the Act is complied with.
 - 2.4. Overall most nursing staff embraced the need for change to comply with the Act as did most mental health senior management but some psychiatrists were far less enthusiastic.
3. **Lack of a process for involving the consumer or personal support persons (PSPs) in the development or review of the TSDP.** This stems in part from the lack of interest by some psychiatrists but also a general lack of process around the TSDP requirements:
 - 3.1. A few hospitals invite consumers into the treating team weekly meetings but this is rare and in many cases not conducive to discussing the patient's goals and wishes because of both time constraints and the large number of personnel who attend such meetings.
 - 3.2. Some hospitals used other (paper) documents to be completed by the patient in order to discuss things which might go into a TSDP but mostly these did not make their way into the TSDP/CMP.
 - 3.3. Some clinicians, particularly psychiatrists and registrars, would say they had spoken to the patient and the PSP, but if there were any notes to this effect, they were on the patient's file where neither the patient nor PSP could see them nor add to them, and again they did not make their way into the TSDP/CMP.
 - 3.4. Often it was left up to the nursing staff to speak to the patient and PSPs about the sorts of things which they might want included in a TSDP and to relay that back to the treating team. The problem with this is that the wishes of the patient and information provided by the PSPs was not always accurately conveyed and/or did not make its way into the TSDP/CMP.
4. **Lack of appreciation by clinicians of the therapeutic benefits and improved outcomes which can result from compliant TSDPs. Apart from compliance with the Act, a good TSDP:**
 - 4.1. encourages trust and a positive and engaging therapeutic relationship with the patient (as stated in the Chief Psychiatrist's Guidelines) as they feel their wishes are being heard and the process provides a forum for the clinician to get to know and understand the patient better;
 - 4.2. is likely to mean a better discharge process particularly where PSPs are involved because the treating team has accurate and more fulsome information; and
 - 4.3. acts as a prompt to holistic care, particularly where the Chief Psychiatrist's Standards and Guidelines in relation to TSDPs are followed.

5. **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. Each case will be different (and that is the point of patient-centred care) but:**
 - 5.1. the MHAS experience is that the choice of words and showing respect for the patient is usually the way to avoid such issues – noting that Principle 1 of the Charter of Mental Health Care Principles in the Act requires that a mental health service must treat people experiencing mental illness with dignity, equality, courtesy and compassion;
 - 5.2. the Act requires that psychiatrists have regard to the wishes of the patient so is it difficult to see how this is complied with if information is being withheld;
 - 5.3. many clinicians expressed how even patients in the grip of delusions can still speak rationally about other issues such as housing and their physical health; and
 - 5.4. there are no exceptions or discretions in the Act to compliance with the requirements of ss186-188 of the Act.
6. **No leadership or involvement at HSP level.** The mental health services in each hospital appear to have been left to their own devices to work out whether and how to comply with the Act. This means:
 - 6.1. inconsistency between mental health services within the same HSP;
 - 6.2. re-inventing of the wheel and associated inefficiencies; and
 - 6.3. changes in approach at individual mental health service level when managers/psychiatrists change which leads to consumer and PSP confusion and dissatisfaction and increased likelihood of non-compliance.
7. **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.** This varied according to the clinicians involved but:
 - 7.1. a prompt sheet developed by MHAS in consultation with patients and PSPs as part of the TSDP Inquiry was found to be useful by some HSP staff; and
 - 7.2. the work done by Rockingham and Graylands hospitals addressed this issue.
8. **Limitations on access to PSOLIS.** The efficacy and usefulness of the TSDPs is limited by restrictions on access to the mental health database (PSOLIS). MHAS was told, for example, that only senior hospital staff could access TSDPs on PSOLIS prepared by community mental health services and vice versa. If better access was provided clinicians might better appreciate the value of a good TSDP because it can lead to better outcomes and efficiencies.
9. **Continual turn-over of staff** – this was mainly in regional areas but also applied in some metropolitan mental health services. It meant lack of leadership at the psychiatrist level in particular, but the impact was exacerbated by poor training and understanding of the requirements of the Act.

Recommendations

1. **Each HSP to show leadership by:**
 - 1.1. asking their mental health services to immediately report on:
 - 1.1.1. 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;
 - 1.1.2. their process or procedure for involving patients and PSPs in the preparation and review of their TSDP as required by the Act;

- 1.1.3.what they are doing to ensure and/or increase compliance with the Act;
 - 1.1.4.the hurdles they face, and what support they need to ensure compliance with the Act;
 - 1.1.5.whether they are complying with the operational directive requiring the TSDP to be on PSOLIS, and if not, why not;
 - 1.2.for those mental health services with a poor compliance rate, to require a plan of action and timetable to increase compliance;
 - 1.3.requiring the psychiatrists in their mental health services to take a leadership role in the process to ensure all treatment, care and support is governed by the TSDPs noting the obligation under the Act is on them;
 - 1.4.encouraging their mental health services to work together on solutions so they are not re-inventing the wheel and there is a consistent approach for patients in the HSP's catchment;
 - 1.5.ensuring that there is regular training for all clinicians, especially at the time of induction/orientation of new staff, about the importance of the TSDP, the mandatory requirements under the Act and the Operational Directive;
 - 1.6.providing the support which is identified as necessary to ensure compliance across all the mental health services;
 - 1.7.reporting back to MHAS and the Chief Psychiatrist on this Report and outcome of the recommendations above.
- 2. The Director-General of Health to:**
- 2.1. clarify and amend the Operational Directive on State-Wide Standardised Clinical Documentation for Mental Health Services or 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; and
 - 2.2.consider changes to the accessibility to PSOLIS in relation to TSDPs.
- 3. The Chief Psychiatrist to:**
- 3.1.review and amend as appropriate the standards and guidelines relating to TSDPs noting that the guidelines could provide more detail on the type of information which should go into a TSDP; and
 - 3.2.provide training on TSDPs including on engaging with patients and PSPs and the use of language in TSDPs;
- 4. The Royal Australian and New Zealand College of Psychiatrists to:**
- 4.1.promote compliance with the Act amongst its members;
 - 4.2.include TSDPs regularly in its continuing professional development program; and
 - 4.3.ensure that sufficient training is given to psychiatry trainees about the responsibility of psychiatrists under s186-188 of the Act.
- 5. The Mental Health Tribunal to:**
- 5.1.promote compliance with the Act by asking for copies of TSDPs to be provided to the Tribunal for hearings; and
 - 5.2.where there is no TSDP compliant with the Act, to consider an order under s423 of the Act to refer the matter to the CEO of the Health Department, the Chief Psychiatrist and/or the CEO under the Act (the Commissioner for Mental Health).

6. MHAS to follow up the TSDP Inquiry by:

6.1. Advocates continuing to raise the issues with patients and mental health service staff;

6.2. conducting a further Inquiry on TSDPs in 2018-19; and

6.3. promoting the right of patients to seek orders from the Mental Health Tribunal where ss186 to 188 of the Act are not being complied with. The Act provides for the Mental Health Tribunal to either make a Compliance Order (and the subject of that order must be named in the Tribunal's Annual Report which is laid before Parliament) or the Tribunal can refer a case to the Director-General of Health, the Commissioner for Mental Health, the Chief Psychiatrist and/or a registration board.

The results for each HSP by hospital is detailed below. We reiterate that the TSDPs referred to in the Report all involved an Advocate who worked closely with the patient and treating team to achieve the TSDP. Were the Advocates not involved, in almost all cases, no TSDP would have been produced at all.

CHILD AND ADOLESCENT HEALTH SERVICES (CAHS)

Summary:

Two completed TSDPs were achieved out of two attempts.

Both TSDPs from Bentley Adolescent Unit (BAU) and Princess Margaret Hospital (PMH) were compliant with the Act.

There were only two completed TSDPs because there were very few children made involuntary during this period.

Outcomes from the inquiry as at 30 September 2017:

- ✓ the Act was complied with in the two completed TSDPs.
- ✓ staff are more educated about patient rights and the value of the TSDP.

Listed below is the information from the individual facilities derived from the TSDP Inquiry.

Bentley Adolescent Unit Inquiries:

- Inquiries attempted: 1
- Inquiries completed: 1
- Reasons for only 1 Inquiry completed – few involuntary patients
- Form the TSD Plan took: CMP

Summary of compliance with the Act:

The TSDP complied with sections 186, 187 and 188 of the Act in that:

- ✓ the patient was involved in the preparation of the TSDP
- ✓ a copy of the TSDP was given to the patient
- ✓ the TSDP was signed by the patient
- ✓ the PSP was involved in the preparation of the TSDP
- ✓ a copy of the TSDP was given to the PSP.

Impediments to compliance with the Act:

Nil

Outcomes from the inquiry as at 30 September 2017:

1. The Youth Advocate did a presentation on TSDPs for the treating team in addition to several discussions with them.
2. As a result of the Youth Advocate's conversations with the treating team, the patient was present for clinical reviews when CMP goals were discussed and had the opportunity to participate.
3. The treating team found the process beneficial and are working towards having children involved in clinical reviews on a regular basis.

Changes Post 30 September 2017

N/A

Princess Margaret Hospital for Children Inquiries:

- Inquiries attempted: 1
- Inquiries completed: 1
- Reasons for only 1 Inquiry completed – few involuntary patients

Summary of compliance with the Act:

The TSDPs complied with sections 186, 187 and 188 of the Act in that:

- ✓ the patient was involved in the preparation of the TSDP
- ✓ a copy of the TSDP was given to the patient
- ✓ the TSDP was signed by the patient
- ✓ the PSP was involved in the preparation of the TSDP
- ✓ a copy of the TSDP was given to the PSP.

Impediments to compliance with the Act:

Nil

Outcomes from the inquiry as at 30 September 2017:

- The Youth Advocate met with the treating team to discuss the TSDP Inquiry and the process involved.
- As a result of the discussions, the treating team were very keen to be involved and there was good representation at meetings.
- There is now a weekly care management plan meeting involving the patient, family, consultant psychiatrist, consultant paediatrician, case manager and nursing representation. This has come about after discussions with the Youth Advocate in an attempt to be compliant with the Act.
- Both patients and family were involved.
- The treating team reported that they found it to be a very helpful process. They want to continue this for children under the Act.

Changes Post 30 September 2017

N/A

EAST METROPOLITAN HEALTH SERVICE (EMHS)

Summary:

14 completed TSDPs were achieved out of 19 attempts.

Summary of compliance with the Act:

No mental health service in EMHS was fully compliant with the Act.

Reasons for non-compliance:

1. Lack of knowledge/understanding of patients' rights as required by the Act s186-s188.
2. No process for involving patients and PSPs in TSDP.
3. Confusion as to what document to use for the TSDP.
4. Difficulties in using the CMP as a TSDP.
5. Indifference and resistance by clinicians in some facilities.
6. Confusion over who is primarily responsible and who ensures TSDP document is updated on a regular basis (noting the Act says it is the psychiatrist).

Outcomes from the inquiry as at 30 September 2017:

- ✓ There has been a shift towards compliance with the Act in many facilities.
- ✓ Staff are more educated about patient rights and the value of the TSDP.
- ✓ At Bentley Hospital a training package is being produced. There is a Collaborative Recovery Focussed Care Plan Working Party that is working on the development of this training, and the training is planned to start for all nurses early 2018.

Listed below is the information from the individual facilities derived from the TSDP Inquiry.

Armada Health Campus Inquiries:

- Inquiries attempted: 4
- Inquiries completed: 4
- Inquiries not completed: Nil
- Form the TSD Plan took: CMP

Summary of compliance with the Act:

The TSDPs complied with sections 186, 187 and 188 of the Act in that:

- the patients were involved in the development of the TSDP:
 - ✓ patient involvement - the patients in all 4 Inquiries were involved in preparation of the TSDP
 - ✓ 3 of the 4 patients signed the TSDP. One patient refused to sign any document even though he participated in the Inquiry
 - ✓ a copy of the TSDP was given to all patients.

The TSDPs did not comply with section 188 of the Act in that:

- it appears there was no PSP involvement for 3 of the 4 Inquiries done
- in one case, the patient requested that family was not included in the TSDP.

Impediments to compliance with the Act:

1. Staff said they found the existing plan was restrictive and needed refining.
2. The plans were often not updated thoroughly unless Advocates asked about it.
3. Staff were not sure of the TSD process.

Outcomes from the inquiry as at 30 September 2017:

- When the Advocates talked to the treating team about the TSDP inquiry, they found all members of the treating team to be interested, cooperative and willing to participate in the inquiry
- At the start, teams were unsure of the process or how it would work. Several discussions between Advocates and staff resulted in raising awareness and an understanding of what was required and ways to get the TSDP process in place. The treating teams were keen to improve their process and eager to learn from experience
- The nursing staff were very eager to engage with the Advocates to discuss the TSDP so that they could improve the process and give the patients a voice. They were the driving force behind the success of the TSDPs.

Changes Post 30 September 2017:

N/A

Bentley Hospital and Health Service Inquiries:

- Inquiries attempted: 3
- Inquiries completed: 3
- Inquiries not completed: Nil
- Form the TSD Plan took: CMP

Summary of compliance with the Act:

The TSDPs complied with sections 186, 187 and 188 of the Act in that:

- ✓ patient Involvement - the patients in the 3 Inquiries were involved in preparation of the TSDP
- ✓ a copy of the TSDP was given to all patients
- ✓ 2 of the 3 patients signed the TSDP. One patient refused to sign any document.

The TSDPs did not comply with section 188 of the Act in that:

- it appears there was no PSP involvement for the 3 Inquiries done:
 - in one Inquiry, the Advocate encouraged involvement of family and PSP but this was not taken up by the patient
 - in one Inquiry, the patient was adamant that she did not want any PSP involved.

Impediments to compliance with the Act:

1. Staff said the current TSDP was not ideal.
2. Staff said they needed education on language and wording to ensure the TSDP is recovery focussed.
3. Staff conceded improvements were needed and greater patient and carer involvement was necessary.
4. When patients changed wards, they changed psychiatrists and coordinators. Advocates observed that none of the notes from meetings with the patients (who were part of the Inquiry) while on the previous ward were documented. As a result, because the TSDP was not done before moving wards, the new treating team had to go through the entire process again with the patient. Had the TSDP been done properly in the first place this wouldn't have been an issue.
5. Confusion as to what to include and exclude in the plan.
6. Reluctance to include medication in the plan, despite the plan "governing" treatment.
7. Difficulty in getting notes typed and entered in the CMP which led to unnecessary delays.

Outcomes from the inquiry as at 30 September 2017:

- Advocates did a presentation to most of the psychiatrists and senior nursing staff.
- There was an awareness created within the team about the importance of the TSDP as a result of the Inquiry.
- This led to a commitment by senior staff to implement staff training to achieve these improvements.

Changes Post 30 September 2017:

Steps taken to improve issues relating to TSDPs:

- A training package was being produced. There was a Collaborative Recovery Focussed Care Plan Working Party that was working on the development of this training, and the training was planned to start for all nurses early 2018. Advocate was asked to attend this working party, which met monthly and discussed and revised what to include in the training. The Advocate had attended one meeting, and there were other meetings scheduled for November, December and January.
- Two main staff training areas were identified:
 - staff needed education on language and wording to ensure the TSDP was recovery focussed, and to be encouraged to include the patient in development of the plan
 - clarification as to what to include in the plan as there was confusion about the content and making it recovery focused.
- An information and training session (2 hours) for the senior nursing staff and team leads occurred in October, highlighting the need for TSD plans that are collaborative and recovery focussed. The proposed training was discussed and what this would include.

St John of God Midland Hospital Inquiries:

- Inquiries attempted: 11
- Inquiries completed: 7
- Inquiries not completed: 4
- Reasons for Inquiries not being completed:
 - 1 no summary sheet,
 - 3 no TSDP on ICMS.
- Form the TSDP took: St John of God Midland Hospital's own TSDP template

Summary of compliance with the Act:

The TSDPs complied with sections 186, 187 and 188 of the Act in that:

- ✓ patient involvement: the patients in most of the Inquiries were involved in preparation of their TSDPs
- ✓ some patients were given copies of their TSDPs.

The TSDPs did not comply with sections 186, 187 and 188 of the Act in that:

- some patients were not included in the planning
- some patients were not given a copy of their TSDPs
- most PSPs were not included in the planning
- most PSPs were not given a copy of the TSDP.

Impediments to compliance with the Act:

1. As the form the TSDP took was an in-house developed handwritten plan, this was not conducive to a regular revision of the TSDP as issues that haven't changed had to be re-written.
2. Lack of support and understanding of the role of TSDPs and their obligations by at least one psychiatrist. For example refusing to give the patient or their PSPs a copy of the TSDP saying it was in the patient's best interest because they believed it would be counterproductive to the patient's recovery. This shows a lack of understanding of their obligations under the Act or the purpose of the TSDP.

Outcomes from the inquiry as at 30 September 2017:

- At the start of the inquiry multiple different types of plans were in place. A number of psychiatrists were not involving patients in the planning. With Advocate intervention, awareness of the requirement for an Act compliant TSDP, including the need for the patient to be involved in the TSDPs development, improved.
- By 30 September, patients were being consulted more about their treatment, care and discharge.

Changes Post 30 September 2017:

- Advocates report that the handwritten TSDP template has resulted in reduced updating of TSDPs and that generally TSDPs are developed close to the start of the admission and often then only updated close to discharge.

Other comments:

- Shortly after the Inquiry began, the hospital's mental health management discussed what needed to be in a TSDP. Eventually they changed the one they were using for one they considered better. Although they were told that the PSOLIS CMP could be used, they decided to use their locally developed handwritten one.
- The use of an electronic form such as the CMP where only those items that have changed need to be updated eliminates this wasted time and reluctance to review TSDPs as required by the Act.

St John of God Mt Lawley Hospital Inquiries:

- Inquiries attempted: 1
- Inquiries completed: 0
- Inquiries not completed: 1
- Reasons for Inquiries not being completed:
 - Patient was discharged before the inquiry could occur.
- Reasons only 1 Inquiry attempted – few involuntary patients
- Form the TSD Plan took: St John of God Mt Lawley Hospital's own TSDP template

Summary of compliance with the Act:

The TSDP complied with sections 186, 187 and 188 of the Act in that:

- ✓ not applicable as no inquiries were completed.

The TSDP did not comply with sections 186, 187 and 188 of the Act in that:

- not applicable as no inquiries were completed.

Impediments to compliance with the Act:

1. The TSDP is an in-house developed handwritten plan which is not conducive to a regular revision of the TSDP as issues that haven't changed have to be re-written.

Outcome from the inquiry as at 30 September 2017:

- Advocates, although unable to undertake an inquiry because of the low numbers of involuntary patients, engaged with the nurse managing the authorised hospital informing her of the Act's requirements in regards to TSDPs and she seemed to be committed to moving towards Act compliance.

Changes Post 30 September 2017:

- Nil.

Other comments:

- Given the very low numbers of involuntary patients no inquiry was able to be completed.

NORTH METROPOLITAN HEALTH SERVICE (NMHS)

Summary:

14 completed TSDPs were achieved out of 26 attempts.

No mental health service in NMHS was fully compliant with the Act.

Reasons for non-compliance:

1. Lack of knowledge/understanding of patients' rights as required by the Act s186-s188.
2. No process for involving patients and PSPs in TSDP.
3. Confusion as to what document to use for the TSDP.
4. Difficulties in using the CMP as a TSDP.
5. Indifference and resistance by clinicians in some facilities.
6. Confusion over who is primarily responsible and who ensures the TSDP document is updated on a regular basis (noting the Act says it is the psychiatrist).

Outcome from the inquiry as at 30 September 2017:

- ✓ There has been a shift towards compliance with the Act in many facilities. Generally this movement towards compliance worked best where staff engaged in the process and management took a strong lead (e.g. Graylands whose processes are described below).
- ✓ Staff are more educated about patient rights and the value of the TSDP.

Other comments:

- There are some places/psychiatrists/managers who are more inclined to be Act compliant and see the benefits of including the patients and PSPs in the process.
- Mental Health Services following the Operational Directive and using the PSOLIS CMP for TSDPs seemed to find compliance easier than those using hand written TSDPs as is the case at Joondalup and Selby. Handwritten CMPs make updating time-consuming and were a disincentive generally to complying with the Act.

Listed below is the information from the individual facilities derived from the TSDP Inquiry.

Frankland Centre Inquiries:

- Inquiries attempted: 2
- Inquiries completed: 2
- Inquiries not completed: 0
- Reasons only 2 Inquiries attempted – Advocates chose to do their inquiries for patients at other wards/hospitals
- Form the TSD Plan took: CMP

Summary of compliance with the Act:

The TSDPs complied with sections 186, 187 and 188 of the Act in that:

- ✓ patient involvement: the patients in the 2 Inquiries were involved in preparation of their TSDPs
- ✓ the patients were given copies of their TSDPs.

The TSDPs did not comply with sections 186, 187 and 188 of the Act in that:

- PSPs were not included in the planning
- PSPs were not given a copy of the TSDP.

Impediments to compliance with the Act:

1. Use of old CMP templates which were not Act compliant that showed only the actions taken by the treating team, with no patient input.

Outcomes from the inquiry as at 30 September 2017:

- Education of staff by the Advocates of the Act's TSDP requirements.
- The treating teams agreed to move to Act compliance and did so, although not achieving full compliance.

Changes Post 30 September 2017:

- Recently an Advocate discovered TSDPs which were not compliant with the Act because staff had reverted to using an old CMP template. This was brought to management's attention and they agreed to remove all the old CMP templates so that staff were not tempted to use them. They will also send a direction to staff about what should be done in creating Act compliant TSDPs.

Other comments:

- The conflicting requirements of the Act, the Prisons Act 1981 and the Criminal Law (Mentally Impaired Accused) Act 1996 require staff to be careful in how they can involve patients depending on which Act/s they fall under.
- There appears to be a desire by the Frankland Centre's treating teams to make the TSDPs for their patients Act compliant.

Graylands Hospital Inquiries:

- Inquiries attempted: 14
- Inquiries completed: 4
- Inquiries not completed: 10
- Reasons for Inquiries not being completed:
 - 5 discharged before TSDP could be completed
 - 4 were completed but Advocates were unable to get a copy for a variety of reasons.
 - 1 patient changed their mind about taking part.
- Form the TSD Plan took: CMP

Summary of compliance with the Act:

The TSDPs complied with sections 186, 187 and 188 of the Act in that:

- ✓ some TSDPs covered discharge by the hospital
- ✓ some patients were included in the planning
- ✓ some patients given a copy of the TSDP
- ✓ some PSPs were included in the planning
- ✓ some PSPs were given a copy of the TSDP.

The TSDPs did not comply with sections 186, 187 and 188 of the Act in that:

- the TSDPs did not cover discharge by the hospital – some because they were long term patients who treating teams said would not be discharged any time soon
- initially some patients were not included in the planning
- some patients not given a copy of the TSDP
- only some PSPs were included in the planning
- only some PSPs were given a copy of the TSDP.

Impediments to compliance with the Act:

1. Initially treating teams did not know the requirements of the Act. The Chief Mental Health Advocate was invited to present to the Graylands MAC meeting attended by psychiatrists and senior nursing staff (CNSs) on 3 May 2017 to explain what the inquiry was about and patient's rights vis-à-vis TSDPs.
2. On Smith and Montgomery wards a number of patients had such short stays (less than a week) that they were discharged before a TSDP was finalised with them.
3. Initial reluctance by treating teams to use more inclusive language and the use of the "first person" when referring to the patient but this changed after the Collaborative Care Plan working group was established (see below).
4. Reluctance on the part of some long term residents to be involved because their experience with plans has been a negative one.

Outcomes from the inquiry as at 30 September 2017:

1. Education of staff by the Advocates of the TSDP requirements under the Act.
2. The wards at Graylands became more and more compliant with the Act's requirements as time went on, assisted greatly by the work of the Collaborative Care Plan working group.
3. MHAS was also told that management at Graylands required each ward CNS to produce two "Gold Standard" TSDPs for management.

Changes Post 30 September 2017:

The Collaborative Care Plan working group in conjunction with a registrar continued the overhaul of care planning at Graylands and in November/December 2017 finalised a staff information sheet called "Collaborative Care Plans". See annexure 4. Subsequently they rolled out a new way of engaging patients in their care plans/TSDPs. Nurses are allocated to look at care plans and engage patients with them.

Other comments:

At Graylands Hospital the management of TSDPs is delegated to ward CNS level. Smith and Montgomery Wards are acute wards with a high turnover and Murchison West and East and Ellis wards are rehabilitation/HECS long stay wards. Therefore what is in TSDPs and the time taken to develop and review them is different across Graylands.

Joondalup Health Campus (JHC) Inquiries:

- Inquiries attempted: 4
- Inquiries completed: 3
- Inquiries not completed: 1
- Reasons for Inquiries not being completed:
 - before the Advocate could get a copy of the TSDP the file was returned to Medical Records. Despite requesting a copy, the Advocate was unable to get it prior to the completion of the inquiry.
- Form the TSD Plan took: JHC's own TSDP template.

Summary of compliance with the Act:

The TSDPs complied with sections 186, 187 and 188 of the Act in that:

- ✓ patient involvement – the patients in the 3 Inquiries were involved in preparation of their TSDPs
- ✓ the patients for the completed TSDP inquiries were given copies of the TSDPs.

The TSDPs did not comply with sections 186, 187 and 188 of the Act in that:

- PSPs were not included in the planning for one of the TSDPs
- it does not appear that PSPs were given a copy of the TSD plan for one of the TSDPs.

Impediments to compliance with the Act:

1. Although agreeing to let the patients attend the “ward round” in May, and the three May/June inquiries indicate this, shortly after the three TSDPs were completed the decision was made not to have patients in ward rounds.
2. No alternative means for including patient input into the TSDPs (as the Act requires) has been put in place. Advocates inform patients of their right to be included in TSDPs and organise a separate meeting with the consultant or registrar, the patient and the Advocate on request of the patient. Patients describe these meetings as useful and supportive.
3. As the form the TSDP took was an in-house developed handwritten plan this was not conducive to a regular revision of the TSDP as issues that haven't changed had to be re-written.
4. One TSDP seen by an Advocate stated in the section headed “Patient Comments” – “not clinically relevant” indicating ignorance of the Act's requirements.

Outcomes from the inquiry as at 30 September 2017:

- Education of staff by the Advocates of the Act's TSDP requirements.
- In May, the Joondalup Advocates were able to convince JHC mental health management that the brief documents they had called a TSDP at the beginning of the inquiry was not Act compliant and that there was a need to get the patients' voices in the TSDPs for them to be Act compliant. To do this they agreed to let the patients attend the “ward round” although this ceased in June with no alternative put in place.
- At 30 September 2017 almost all TSDPs on file were not compliant with the Act's requirement for the patient and/or PSP to be included and, despite the Advocates saying they were not Act compliant, there was no commitment to systemically involve patients.

Changes Post 30 September 2017:

- The fact that there is little or no involvement of patients or PSPs in TSDPs has been highlighted in a meeting with the head of department but no changes to practice to move towards Act compliance have been observed.

Other comments:

- Advocates continue to engage with the staff to get them to move further towards compliance with the Act.

King Edward Memorial Hospital (KEMH) Mother and Baby Unit (MBU) Inquiries:

- Inquiries attempted: 2
- Inquiries completed: 1
- Inquiries not completed: 1
- Reasons for Inquiries not being completed:
 - patient was discharged before the completion of the TSD planning process.
- Reasons for only 2 Inquiries attempted – few involuntary patients.
- Form the TSD Plan took: CMP

Summary of compliance with the Act:

The TSDPs complied with sections 186, 187 and 188 of the Act in that:

- ✓ patient involvement: the patients in the 2 Inquiries were involved in preparation of their TSDPs
- ✓ the patient for the completed TSDP inquiry was given copies of the 2 TSDPs.

The TSDPs did not comply with sections 186, 187 and 188 of the Act in that:

- one of two TSDPs for the completed inquiry did not reflect any of the patient's input and the other only one issue. The practice at the time of the inquiry was for a nurse to discuss the CMP with the patient weekly before the CMP was updated but the input was only included in the case notes on the medical file
- a PSP was not included in the planning (as requested by the patient).

Impediments to compliance with the Act:

1. The management at the MBU were unsure of the TSDP requirements under the Act and requested a meeting with the Chief Mental Health Advocate, Debora Colvin, before making changes.

Outcomes from the inquiry as at 30 September 2017:

- Education of staff by the Advocates of the Act's TSDP requirements.
- If the assurances made by the KEMH MBU management to move to Act compliance as the result of the meeting with the Chief Mental Health Advocate, Debora Colvin, have eventuated, then the Unit will be Act compliant or partially compliant.

Changes Post 30 September 2017:

Because there are few involuntary patients on the KEMH MBU, and the ones that are there tend to have short involuntary stays, it is not known whether or not the Unit was compliant at the end of September 2017.

Selby Older Adult Mental Health Service Inquiries:

- Inquiries attempted: 2
- Inquiries completed: 2
- Inquiries not completed: 0
- Reasons for only 2 Inquiries attempted:
 - few involuntary inpatients
- Form the TSD Plan took: State-wide Standardised Clinical Documentation (SSCD) TSDP

Summary of compliance with the Act:

The TSDPs complied with sections 186, 187 and 188 of the Act in that:

- ✓ patient involvement: the patients in the 2 completed Inquiries were involved in preparation of their TSDPs
- ✓ PSPs were involved in one. The other patient stated they did not have a PSP
- ✓ patients and PSPs were given copies of the TSDPs.

The TSDPs did not comply with sections 186, 187 and 188 of the Act in that:

- not all TSDP relevant information gathered from staff conversations with the patients was put into the TSDP which were very brief.

Impediments to compliance with the Act:

1. Using the handwritten SSCD TSDP resulted in brief TSDPs and it is unclear whether this document was the one used to govern treatment and support for the patients.

Outcomes from the inquiry as at 30 September 2017:

- Education of staff by the Advocates of the Act's TSDP requirements.
- Given that only two TSDPs were seen, and both were from one psychiatrist, it is hard to say where Selby was at on 30 September 2017 in regards to TSDPs but the staff spoken to were keen to become Act compliant.

Changes Post 30 September 2017:

On 1 February 2018 Dr Walsh told MHAS that Selby had a working party looking at TSDP planning and it was likely to be coming down in favour of doing written SSCD TSDPs and a CMP. He said the CMP was reviewed weekly and the SSCD TSDP not. Senior Mental Health Advocate, Mike Seward told him that as long as the voices of the patients and PSPs were in the CMP, then printing off the weekly reviewed CMP and giving a copy to the patient and PSP would be compliant with the Act's TSDP requirements and that there was no need to duplicate with the hand written SSCD TSDP. Dr Walsh said he will inform the working party of this.

Other comments:

Only TSDPs for patients of one psychiatrist were obtained for the inquiry so it is possible that other psychiatrists are more, or less, Act compliant.

Sir Charles Gairdner Hospital (SCGH) Inquiries:

- Inquiries attempted: 2
- Inquiries completed: 2
- Inquiries not completed:
- Reasons for only 2 Inquiries attempted:
 - see impediments to compliance and comments below.
- Form the TSD Plan took: CMP

Summary of compliance with the Act:

The TSDPs complied with sections 186, 187 and 188 of the Act in that:

- ✓ patient involvement: the patients in the 2 Inquiries were involved in preparation of their TSDPs
- ✓ the patient for the completed TSDP inquiry was given copies of the TSDPs.

The TSDPs did not comply with sections 186, 187 and 188 of the Act in that:

- it does not appear that a carer or a close family member was included in the planning for one of the TSDPs
- it does not appear that a carer or a close family member was given a copy of the TSD plan for one of the TSDPs.

Impediments to compliance with the Act:

1. Lack of understanding and commitment by some psychiatrists of their obligations under the Act and patients' rights. Although some senior nursing staff and the clinical head of the mental health unit were keen for Act compliant TSDPs to be implemented, the SCGH planning process is reliant on agreement from individual psychiatrists. This resulted in a slow uptake.
2. The lack of a process for involving patients and PSPs in the TSDP process was particularly impacted because initially it was left up to individual psychiatrists.
3. There was confusion over who was responsible for the TSDP – nursing staff or medical staff, noting that psychiatrists are responsible pursuant to s187 of the Act. Nursing staff had, however, been entrusted by nursing management to update TSDPs.
4. Lack of engagement in the process by medical staff and psychiatrists and leaving it up to nursing staff means that the TSDP could not be said to be governing all treatment, care and support as stated in s186 of the Act.

Outcomes from the inquiry as at 30 September 2017:

- Education of staff by the Advocates of the Act's TSDP requirements.
- At the beginning of the Inquiry, most TSDPs were not updated at regular intervals, and often not at all. At the end of September TSDPs were being updated more regularly, though patients' voices were still largely absent.

Changes Post 30 September 2017:

The updating of the TSDPs has continued to improve but it remains that nursing staff are the main clinicians involved and that patients' psychiatrists are rarely involved so we query the extent to which their treatment, care and support is "governed" by the TSDP as required by s186 of the Act.

Other comments:

- Initially Advocates did not engage with enough patients to get the treating teams interested and it was only towards the end of the inquiry period that a concerted effort was made by Advocates to engage with the treating teams to get Act compliance
- Advocates continue to engage with the psychiatrists and other staff to get them to move further towards compliance with the Act.

SOUTH METROPOLITAN HEALTH SERVICE (SMHS)

Summary:

3 completed TSDPs were achieved out of 8 attempts.

No mental health service in SMHS was fully compliant with the Act and the experiences of the Advocates during the Inquiry were very disappointing, the exception being in Rockingham Hospital.

Reasons for non-compliance:

1. Lack of knowledge/understanding of patients' rights as required by the Act s186-s188.
2. No process for involving patients and PSPs in TSDP.
3. Difficulties in using the CMP as a TSDP.
4. Indifference and resistance by clinicians in some facilities.
5. Confusion over who is primarily responsible and who ensures the TSDP document is updated on a regular basis (noting the Act says it is the psychiatrist).

Outcomes from the inquiry as at 30 September 2017:

- ✓ There has been a shift towards compliance with the Act in Rockingham where staff engaged in the process and management took a strong lead.

Other comments:

Fremantle and Fiona Stanley did not get involved in the Inquiry process at all.

- At Fiona Stanley, there were no Inquiries done but this was due to a number of factors which included a change in Advocates, very few involuntary patients in the Mother & Baby Unit and a quick turnover of patients in the mental health assessment unit
- Only one Inquiry was done at Fremantle Hospital. The offer to staff at Fremantle Hospital to discuss a way forward to work on implementing client centred TSDPs which involved patient participation was not taken up. The post Inquiry follow up for Fremantle indicated that there was very limited change in the way in the way TSDPs are done. The TSDPs remain non-compliant with the requirements of the Act.

Listed below is the information from the individual facilities derived from the TSDP Inquiry.

Fiona Stanley Health Service Inquiries:

- Inquiries attempted: 0
- Inquiries completed: 0
- Reasons for Inquiries not being attempted/completed:
 - change in advocates working at FSH
 - very few involuntary patients in the Mother & Baby unit
 - quick turn-over of patients in the assessment ward.

Summary of compliance with the Act:

The Inquiry process at FSH did not begin until September 2017. Discussions between the Advocate and the consultant psychiatrists in the assessment unit and the youth unit took place about TSDPs and the Inquiry undertaken by MHAS. Copies of the documents used in the inquiry were sent to the consultant psychiatrists, clinical nurse specialist and the clinical psychologist (though these had previously been sent to FSH management).

The discussions revealed that the Act was not being complied with.

Impediments to compliance with the Act:

1. Lack of knowledge by psychiatrists about TSDPs and the requirements under the Act, rather than any resistance on the part of the treating team.
2. When the Advocate explained the requirements under the Act, the treating team were willing to be involved but wanted clarification from the Nurse Director.

Outcomes from the inquiry as at 30 September 2017:

There has been education and a presentation done at the request of the FSH executive team, post Inquiry that was well received and well attended.

Advocate was informed by a consultant psychiatrist that they have completed a TSDP since the MHAS presentation.

Fremantle Hospital and Health Service Inquiries:

- Inquiries attempted: 4
- Inquiries completed: 1
- Inquiries not-completed: 3
- Reasons for Inquiries not being completed:
 - One patient was an inpatient for 9 days and transferred between wards 4 times during this admission. Due to complications in the case resulting in change of treating team and the transferring between wards, the Advocate was not able to complete the TSD Plan Inquiry.
 - In the second case, the patient was discharged while the plan was still being formulated.
- Reasons for only 4 Inquiries attempted – see Impediments to compliance below.
- Form the TSD Plan took: CMP

Summary of compliance with the Act:

The TSDP complied with sections 186, 187 and 188 of the Act in that:

- ✓ PSPs Involvement: There was PSP involvement in the completed Inquiry
- ✓ the patient signed the TSDP although the information they asked to be put into the TSDP was not included in the document
- ✓ a copy of the TSDP was given to the patient.

The TSDP did not comply with section 186,187,188 of the Act in that:

- patient Involvement: the patient was involved in conversations with the Advocate in discussing what they wanted to be put in their TSDP and while there were some discussions with the nursing staff, none of this information was put into the TSDP.
- there was no engagement of the psychiatrist with the consumer in developing the TSDP so even where a TSDP was produced, it means that the TSDP could not be said to be governing all treatment, care and support as stated in s186 of the Act.

Impediments to compliance with the Act:

1. Lack of involvement and interest by medical staff in the TSDP Inquiry and apparent lack of interest, knowledge of the psychiatrists' obligations or patients' rights in relation to TSDPs:
 - a. In one attempted Inquiry, the Advocate reviewed the CMP and MHAS prompt sheet with the patient and then contacted the treating team to review the plan. There was no response from the treating team or the nurse unit manager despite several emails and verbal requests. The patient was given a copy of the TSDP but there was no PSP input and nothing that the patient wanted in the TSDP was included. The TSDP was not patient centred nor recovery focussed. The patient was then made voluntary.
2. Similarly lack of engagement by nursing staff. Following issues being raised with management, the Senior Advocate was asked to do a presentation for all staff. The staff however were not interested in information about TSDPs and patient rights. They were concerned about the inquiries that were being done by the Advocates, the scope of the Advocates' role and more importantly the feeling that staff and Advocates were working at cross purposes which was resulting in a feeling of 'us and them':

- a. One of the nurse managers asked if MHAS could meet with nurse unit managers as a group to get to know how to do TSDPs as she was keen to do a proper TSDP. Staff were offered the opportunity to address those concerns at a meeting by the Senior Advocate. The offer was not acknowledged nor taken up.
3. The document that is given to the patient is not the same as the one filled in by the nursing staff or the doctors which means the TSDP is not governing the patient's treatment, care and support as required by s 186 of the Act, alternatively the patient is not being given a full copy of the TSDP.

Outcome from the inquiry as at 30 September 2017:

Advocates continued to face issues with TSDP Inquiries. The one inquiry that was completed was challenging as there was no engagement or involvement of staff. The patient's wishes were not reflected in the TSDP.

Changes Post 30 September 2017:

After discussions with the executive team at Fremantle hospital, plans were put in place for an Advocate to meet with a Nurse Unit Manager and go through a couple of TSDPs.

A post Inquiry follow up was done of all 4 wards in Alma Street by an Advocate in December 2017.

The TSDPs did not comply with section 186,187,188 of the Act in that:

- there was no evidence of patient involvement in 3 of the 4 TSDPs that were viewed
- language in all the plans was technical, there was use of acronyms that would not be comprehensible to patients
- no plans for discharge were mentioned or documented
- there was no evidence or indication that the TSDP was offered or given to the patients
- in one case, the patient had written their ideas about their treatment, support and discharge on to a document that was put in their file but not put on the CMP/TSDP
- feedback from nursing staff was that the medical team do not input into the TSDP.

Rockingham Hospital Inquiries:

- Inquiries attempted: 4
- Inquiries completed: 2
- Inquiries not-completed: 2
- Reasons for Inquiries not being completed:
 - Patients were discharged before the TSDP could be completed
- Form the TSD Plan took: CMP

Summary of compliance with the Act:

The TSDPs complied with sections 186, 187 and 188 of the Act in that:

- ✓ patient Involvement: the patients in 2 completed Inquiries were involved in preparation of the TSDP
- ✓ PSPs Involvement: There was PSP involvement in both the completed Inquiries
- ✓ copy of the TSDP was given to the PSP in one Inquiry; Advocate unsure if the TSDP copy was given to the second PSP
- ✓ patients signed the TSDP in the completed Inquiries.

The TSDPs did not comply with sections 186, 187 and 188 of the Act in that:

- patient had no support or services offered to her after her discharge even though these were discussed while she was an inpatient. None of the information was put on the TSDP
- the TSDP was prepared by the hospital without the patients input.

Impediments to compliance with the Act:

1. Challenge of getting information into the CMP. Despite requests, information on TSDP discussions was not entered on the plan. Instead, the copy of the prompt sheet was filed in the patient's file.
2. Staff found the CMP layout restrictive.

Outcomes from the inquiry as at 30 September 2017:

- The medical co-director was personally involved in promoting staff involvement in the proper use of the TSDP. He sat in for discussions with staff and Advocates about developing a client centred TSDP.
- TSDP presentation done for staff by Chief and Senior Advocates. There was good staff attendance and staff agreed that the TSDP was a good idea and acknowledged this was not currently taking place.
- Advocates met with the staff development educator to workshop a "Gold Standard" completed TSDP. The aim was for staff education, and to modify the existing CMP on PSOLIS to provide a template which would increase the scope of the document and make it more workable as a TSDP.
- Staff member advised there would also be education provided around the importance of using recovery-orientated language. This was demonstrated in the "Gold Standard" examples.

Changes Post 30 September 2017:

- On 2 October 2017, the TSDP template was approved by the Governance, Evidence, Knowledge and Outcome committee at the PARK clinical governance meeting
- Subsequently Rockingham Hospital advised that the TSDP CMP template they developed is now available to staff on PSOLIS for use by staff.
- The medical co-director has asked for a consultant psychiatrist to be involved as she is working with the Royal Australian and New Zealand College of Psychiatrists on TSDPs.

WA COUNTRY HEALTH SERVICE (WACHS)

Summary:

12 completed TSDPs were achieved out of 24 attempts.

No mental health service in WACHS was fully compliant with the Act.

Reasons for non-compliance:

1. Lack of knowledge/understanding of patients' rights as required by the Act s186-s188.
2. No process for involving patients and PSPs' (PSP) in TSDP.
3. Confusion as to what document to use for the TSDP.
4. Difficulties in using the CMP as a TSDP.
5. Indifference and resistance by clinicians in some facilities.
6. Issue with constantly changing clinicians in some regional areas.
7. Confusion over who is primarily responsible and who ensures TSDP document is updated on a regular basis (noting the Act says it is the psychiatrist).

Outcomes from the inquiry as at 30 September 2017:

- ✓ With the exception of Albany Hospital, there has been a shift towards compliance with the Act in WACHS facilities
- ✓ Staff are more educated about patient rights and the value of the TSDP.

Listed below is the information from the individual facilities derived from the TSDP Inquiry.

Albany Regional Hospital Inquiries:

- Inquiries attempted: 6
- Inquiries completed: 0
- Inquiries not completed: 6
- Reasons for Inquiries not being completed:
 - No acceptable Act compliant TSDP done – see impediments to compliance below
- Patients discharged before TSDP Inquiry completed Form the TSD Plan took: SCCD and CMP

Summary of compliance with the Act:

Based on the attempted Inquiries, Albany Hospital is not complying with sections 186, 187 and 188 of the Act in that:

- the TSDPs did not cover the treatment and support that will be offered to the patient on discharge
- patients are not included in the planning
- patients are not given a copy of the TSDP
- it does not appear that PSPs are included in the TSDP planning
- it does not appear that PSPs are given a copy of the TSDP.

Impediments to compliance with the Act:

1. Despite the Advocates engaging with staff about the PSPs requirements of the Act they could not get the treating team to include the patient and a PSP in the development of TSDPs.
2. Staff considered that they were complying with the Act even though the handwritten SSCD TSDP was written up without involving the patient and a PSP in its development and neither was given a copy.

Outcomes from the inquiry as at 30 September 2017:

1. Education of staff by the Advocates of the Act's TSDP requirements.
2. Albany remained non-compliant with the Act despite the best efforts of Advocates to get them to move towards compliance.

Changes Post 30 September 2017:

1. All Albany psychiatrists were made aware of the requirement that TSDPs be completed and be updated with patient input in October 2017. Despite this, TSDPs remain non-compliant with sections 186, 187 and 188 of the Act.

Other comments:

Albany Advocates will continue to endeavour to get the treating team to produce Act compliant TSDPs.

Broome Health Campus Inquiries:

- Inquiries attempted: 8
- Inquiries completed: 4
- Inquiries not completed: 4
- Reasons for Inquiries not being completed:
 - Patients agreed to be a part of the TSD Plan inquiry but were discharged before the commencement of the TSD planning process.
- Form the TSD Plan took: CMP

Summary of compliance with the Act:

The TSDPs complied with sections 186, 187 and 188 of the Act in that:

- ✓ Patient involvement: the patients in the 4 completed Inquiries were involved in preparation of their TSDPs.

The TSDPs did not comply with sections 186, 187 and 188 of the Act in that:

- the TSD Plans did not cover the treatment and support that will be offered to the patient after they were discharged by the hospital
- it does not appear that a PSP was included in the planning
- it does not appear that a PSP was given a copy of the TSDP.

Impediments to compliance with the Act:

1. Initial indifference until the Advocates insisted that there needed to be compliance with the Act.
2. Over emphasis on getting TSDPs 'perfect' with repeated test runs prior to actual implementation.
3. Continual staff turnover requiring repeated/ongoing orientation of staff in the existing procedures which delayed the introduction of TSDP procedures, especially new staff becoming proficient in PSOLIS.
4. Use of nurses with limited or no mental health knowledge for 2 week 'modules' who tended to concentrate on medical issues rather than psychiatric recovery.
5. High turnover of treating psychiatrists who have little interest or time to engage/advance the TSDP change necessary.

Outcomes from the inquiry as at 30 September 2017:

- Education of staff by the Advocates of the Act's TSDP requirements.
- Rather than change incrementally, Broome developed a plan to make Broome fully TSDP Act compliant and it was being tested at the end of September 2017 with the intention to fully implement it going forward. The four CMP TSD Plans submitted at the end of September varied in having the patient's voice heard in them. Some clearly had some of the patient's voice and some didn't. Overall although still not fully compliant, the TSDPs were certainly an improvement on the non-compliance that was occurring when the inquiry started in March.

Changes Post 30 September 2017:

- It was acknowledged by one of the psychiatrists that there has been some slippage and a commitment was made to get them back on track.
- Some nurses complained about being expected to do the TSDPs.

- Doing CMP TSDPs with regular reviews is now a requirement, although it is not yet systemic and quality issues remain. CMP TSDPs are meant to be revised weekly but for one, it was three weeks between reviews with the reason cited being state of the patient's health.
- Some CMP TSDPs have clearly involved the patient, capturing their aspirations and objectives and how they hope to achieve them. For others, the CMP TSDPs simply cite the medication the patient is on and references to possibility of discharge on an unspecified date.
- Some nurses have actively engaged with CMP TSDPs, seeing the benefit of it. Other nurses consider it another onerous task placed upon them.

Other comments:

Broome Advocates will continue to push for the treating team to produce Act compliant TSDPs.

Bunbury Regional Hospital Inquiries:

- Inquiries attempted: 8
- Inquiries completed: 6
- Inquiries not-completed: 2
- Reasons for Inquiries not being completed:
 - patient participated in completing prompt sheet and then declined to complete the TSDP
 - patient was discharged before the TSDP was completed. This was due to unavailability of the psychiatrist due to the acute shortage of psychiatrist cover in Bunbury.
- Form the TSD Plan took: SCCD and CMP

Summary of compliance with the Act:

The TSDPs complied with sections 186, 187 and 188 of the Act in that:

- ✓ patient involvement: the patients in all 8 Inquiries attempted were involved in preparation of the TSDP
- ✓ 6 of the 8 patients signed the TSDP
- ✓ a copy of the TSDP was given to all patients.

The TSDPs did not comply with section 188 of the Act in that:

- it appears there was no PSP involvement in any of the inquiries done.

Impediments to compliance with the Act:

1. Lack of consistency in the treating team due to change of psychiatrists.
2. Lack of interest among psychiatrists in the TSDP.
3. Difficulty in getting staff to prioritise writing up the TSDP due to workload issues.
4. Nurse unit managers and senior nurses saying the current CMP is not easy to work with.
5. Nurse unit managers saying that staff cannot view the TSDP on PSOLIS from any other health service unless they had been given high authority access.

Outcomes from the inquiry as at 30 September 2017:

- Lack of awareness and misunderstanding among staff about the role of Advocates in the Inquiry initially led to reluctance on their part to get involved. What staff found difficult to comprehend in many cases was that Advocates were facilitating conversations between patients and the clinical team and not making clinical decisions.
- The two Advocates however persistently met with and worked with nursing staff on the TSDPs. As a result the nurse unit managers and senior nurses were involved in developing a new TSDP format.
- A meeting was held in August to trial a new TSDP developed by nursing staff which included a document used to collect information from patients which is then transferred by nursing staff into the CMP. The document has the following headings:
 - What matters to me (main issues)
 - What would I like to happen now (goals)
 - Actions, Treatment and Supports (plans)
 - Referrals Required (Community Mental Health Team, Social Work).
- Plans for TSDPs to be reviewed daily with discussion about patients receiving a copy.

Changes Post 30 September 2017:

Staff have introduced the 'What matters to me' document to help collect information from patients for inclusion in the TSDP which is entered in the CMP.

Initially when a patient is admitted, the TSDP (CMP) is commenced by the Registered Nurse who admits the patient. The 'What Matters to me' document is then used on a daily basis to capture information about issues and concerns that the patient may have. The 'What Matters to me' document is discussed with patients by nursing staff every morning and then both nurse and patient sign it. It is then taken to the treating team for discussion. The information from the 'what matters to me' document is then transferred to the TSDP.

Kalgoorlie Regional Hospital Inquiries:

- Inquiries attempted: 2
- Inquiries completed: 2
- Inquiries not completed: 0
- Reasons only 2 Inquiries attempted – few involuntary patients
- Form the TSD Plan took: CMP

Summary of compliance with the Act:

The TSDPs complied with sections 186, 187 and 188 of the Act in that:

- ✓ patient involvement: the patients in the 2 completed Inquiries were involved in preparation of their TSDPs
- ✓ PSPs were involved but it is unclear as to whether this was done deliberately as part of the process for the preparation of their TSDPs or whether this was a by-product of the local policy of involving PSPs in the patient's care whilst an inpatient.

The TSDPs did not comply with sections 186, 187 and 188 of the Act in that:

- it does not appear that PSPs were given a copy of the TSDP.
- not all TSDP relevant information gathered from staff conversations with the patients was put into the TSDP with some put in the patient file notes instead.

Impediments to compliance with the Act:

1. Limited numbers of involuntary patients and their relatively short stays slowed down the change process.
2. As Kalgoorlie relies on locum psychiatrists, getting all short stay psychiatrists to comply with the Act's TSDP provisions is problematic.
3. A tendency to put some TSDP relevant information gathered from patients in the patient file notes instead of the TSDP.

Outcomes from the inquiry as at 30 September 2017:

- Education of staff by the Advocates of the Act's TSDP requirements.
- There is willingness on behalf of the ward manager and her staff to be Act compliant and an equal willingness to work with the Kalgoorlie Advocate to become Act compliant.
- They are mainly Act compliant currently, but from what was seen, certain information that should have been put in the TSDP was instead put in the medical file.

Changes Post 30 September 2017:

N/A

Other comments:

Nil

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ANNEXURE 1 – ss186-188 of the Mental Health Act 2015

186. Treatment, support and discharge plan

- (1) The treatment, care and support provided to a patient must be governed by a treatment, support and discharge plan.
- (2) The treatment, support and discharge plan for a patient referred to in section 185(a) or (b) must outline —
 - (a) the treatment and support that will be provided to the patient while admitted by the hospital; and
 - (b) the treatment and support that will be offered to the patient after the patient is discharged by the hospital.
- (3) The treatment, support and discharge plan for a patient referred to in section 185(c) must outline —
 - (a) the treatment and support that will be provided to the patient under the community treatment order as set out in that order; and
 - (b) the treatment and support that will be offered to the patient when the patient is no longer under the community treatment order.

[Section 186 amended by No. 36 of 2015 s. 5.]

187. Preparation and review of plan

- (1) A patient's psychiatrist must ensure that a treatment, support and discharge plan for the patient —
 - (a) is prepared as soon as practicable after the patient is admitted by the hospital or the community treatment order is made; and
 - (b) is reviewed regularly; and
 - (c) is revised as necessary.
- (2) The plan must be prepared, reviewed and revised having regard to the guidelines published under section 547(1)(e) for that purpose.
- (3) The patient's psychiatrist must ensure that —
 - (a) the plan (as prepared and as revised) is filed; and
 - (b) a copy of the plan (as prepared and as revised) is given to each of these people —
 - (i) the patient;
 - (ii) the person referred to in section 188(1)(b);
 - (iii) if the patient is a child — the child's parent or guardian;
 - (iv) if the patient has a nominated person — the nominated person unless the nominated person is not entitled, for the reason referred to in section 269(1), to be given a copy;
 - (v) if the patient has a carer — the carer unless the carer is not entitled, for the reason referred to in section 288(2) or 292(1), to be given a copy;

- (vi) if the patient has a close family member — the close family member unless the close family member is not entitled, for the reason referred to in section 288(2) or 292(1), to be given a copy.
- (4) The patient’s psychiatrist may also ensure that a copy of the plan (as prepared or as revised) is given to any other person or body that the psychiatrist considers appropriate.

Note for this section:

For section 187(4), the patient’s psychiatrist may for example consider it appropriate to give a copy of the plan to a community mental health service.

188. Involvement in preparation and review of plan

- (1) A patient’s psychiatrist must ensure that each of these people is involved in the preparation and review of the treatment, support and discharge plan for the patient —
- (a) the patient —
 - (i) whether or not the patient has the capacity to consent to the plan being implemented in relation to himself or herself; and
 - (ii) whether or not the plan can be implemented without the patient’s consent;
 - (b) if the patient does not have the capacity referred to in paragraph (a)(i) —
 - (i) if the plan cannot be implemented without the patient’s consent — the person who is authorised by law to consent on the patient’s behalf; or
 - (ii) if the plan can be implemented without the patient’s consent — the person who would be authorised by law to consent on the patient’s behalf if the plan could not have been implemented without consent;
 - (c) if the patient is a child — the child’s parent or guardian;
 - (d) if the patient has a nominated person — the nominated person unless the nominated person is not entitled under section 269 to be involved;
 - (e) if the patient has a carer — the carer unless the carer is not entitled under section 288(2) or 292(1) to be involved;
 - (f) if the patient has a close family member — the close family member unless the close family member is not entitled under section 288(2) or 292(1) to be involved.
- (2) Without limiting a requirement under subsection (1)(b) to involve the person who is or would be required by law to consent on the patient’s behalf, or under subsection (1)(c) to involve the child’s parent or guardian, in the preparation or review of the treatment, support and discharge plan, the requirement is taken to be complied with if the patient’s psychiatrist ensures that reasonable efforts continue to be made to involve the person in the preparation or review of the treatment, support and discharge plan until the first of these things occurs —
- (a) the person is involved in that preparation or review;
 - (b) it is reasonable for the patient’s psychiatrist to conclude that the person cannot be involved in that preparation or review.

- (3) Part 16 Division 3 Subdivision 2 applies in relation to a requirement under subsection (1)(d) to involve the patient's nominated person in the preparation or review of the treatment, support and discharge plan.
- (4) Part 17 Division 2 applies in relation to a requirement under subsection (1)(e) to consult a carer of the involuntary inpatient, or under subsection (1)(f) to consult a close family member of the patient, in the preparation or review of the treatment, support and discharge plan.
- (5) The patient's psychiatrist may also ensure that any other person or body that the psychiatrist considers appropriate is involved in the preparation or review of the treatment, support and discharge plan for the patient.
- (6) The patient's psychiatrist must ensure that each of the following is filed —
 - (a) a record of the involvement of any person referred to in subsection (1)(b) to (f), or any person or body referred to in subsection (5), in the preparation or review of the treatment, support and discharge plan;
 - (b) if a person referred to in subsection (1)(b) to (f) could not be involved in the preparation or review of the treatment, support and discharge plan — a record of the efforts made to do so.

Note for this section:

For section 188(5), the patient's psychiatrist may for example consider it appropriate to involve a community mental health service.

ANNEXURE 2 – Details of the MHAS TSDP Inquiry

Following consultation with patients, carers, psychiatrists and nurse directors, and a training day in February 2017 involving the Office of the Chief Psychiatrist, Advocates were each asked to produce three completed TSDPs which were fully compliant with the Act. The aim was to work with patients and treating teams, facilitating the process and educating them, while observing how the Act was being complied with.

To assist them Advocates were given the following documents:

- TSDP Inquiry Preparation Notes and Hints – see annexure 2A below;
- Prompt Sheet (based on patient and carer input) to help Advocates in discussions with patients and treating team members – see annexure 2B below; and
- draft CMP document to show how it could be used for the TSDP – see annexure 2C below.

Advocates were required to complete a TSDP Inquiry Summary Document for every TSDP attempt - see annexure 2D. The Senior Advocates have compiled this Report from the Inquiry Summary documents produced by the Advocates.

On 7 March 2017 the Chief Mental Health Advocate wrote to the Clinical Directors, Nurse Directors and other mental health service managers and health service provider senior executives advising them about the TSDP Inquiry. In many cases they had previously been advised about the Inquiry in meetings. A copy of the letter is set out below as annexure 2E. The attachments referred to in the letter are set out in annexures 2B and 2C.

The Chief Mental Health Advocate also addressed the Mental Health Tribunal at a Professional Development Day on the Inquiry noting that:

- Tribunal members were required by s394 of the Act to have regard to the “involuntary patient’s treatment, support and discharge plan”; and
- the Act provides for the Mental Health Tribunal to either make a Compliance Order (and the subject of that order must be named in the Tribunal’s Annual Report which is laid before Parliament) or the Tribunal can refer a case to the Director-General of Health, the Commissioner for Mental Health, the Chief Psychiatrist and/or a registration board.

MHAS intended to conduct the Inquiry from March until 30 June 2017 but had to extend the period of the Inquiry till 30 September 2017 due to difficulties Advocates experienced in achieving the goal of three completed TSDPs which were fully compliant with the Act.

ANNEXURE 2A – TSDP Inquiry Preparation Notes and Hints

CONSUMER ENGAGEMENT AND RECORDING IN ICMS:

- Try to ensure the 3 consumers you choose belong to different psychiatrists & treating teams.
- Try to ensure that all secure wards are covered which will require ongoing discussions with other Advocates and your Senior Advocate both at Team meetings and other times.
- Try to get a variety of consumers in terms of the stage they are at in the recovery journey and gender, age, CALD, ATSI status.
- After engaging with a consumer and explaining the aim of the Inquiry ask if they would like carer/PSP involvement and level of the PSP involvement, and get permission to access medical files including PSOLIS documents to look at all plans and information before going back to the consumer to discuss with them what already exists by way of a TSD Plan and what they might want included.
- The TSD Plan Prompt document is to be used by the Advocate as a reminder of the types of issues to be discussed with the consumer (and any PSPs), which are relevant to a TSD Plan. It is up to you as how you utilise the document. It is in word format so you could print it off and write on it, or add in notes later on the computer. There are also other documents attached which may be of assistance when talking to the consumer.
- The conversations' with consumers and PSPs may take some time; in some cases it may require multiple meetings.
- All conversations with the consumer, any PSPs, and others, as well as outcomes of meetings leading to the TSD Plan are to be documented as usual in ICMS under the consumer's name.

ENGAGEMENT WITH TREATING TEAM:

- Find out who should be involved (psychiatrist, nursing staff, OT, SW, PSPs). Advocate to determine this based on consumer needs.
- Try to identify some supportive person on the ward to assist with planning the meeting.
- It may be useful to find out who is involved in typing up the CMP/other facility document(s) used as the TSD.

CONSUMER /PSP MEETINGS WITH TREATING TEAM:

- Work out with the consumer who should be part of the conversation and their preference as to the process (e.g. one big meeting with all parties present; a series of smaller meetings etc.). If the consumer wants the PSP involved ensure that this happens.
- The Advocate may have to organise the meeting, but ideally it will be done through the treating team structure and as a result of the consumer's request (and PSP) to be involved in the preparation of their TSD Plan. The Advocate will facilitate and advocate for that meeting, or series of meetings to take place as is the consumer's right under the MHA 2014.

AFTER MEETINGS:

- Document the points discussed and agreed and write up in ICMS
- The assumption is that most facilities and treating teams will be using the Client Management Plan (CMP) in PSOLIS and that the TSD Plan outcome in this inquiry will be drafted into that document. Some facilities may opt for an alternative. MHAS preference is that it is on PSOLIS but the Advocate may have to negotiate a position. When in doubt, discuss with your Senior Advocate.

- The Advocate should not draft the TSD Plan (no matter what format it takes) – this should be done by the allocated member of the treating team, but you may find it useful to provide some draft wording that the consumer has agreed to or wants inserted in order to facilitate the process.
- Except in the simplest cases, it would be expected that a draft TSD Plan would be produced for consideration and possibly amendment before the consumer agrees to it.
- Once the TSD Plan is finalised ensure that a copy/copies are given to the consumer (and PSP if appropriate) and ideally signed and dated by them.
- You will also need to ask for a copy so you can attach it into ICMS (see instructions below). This could be given to you in paper format, in which case you need to scan it before attaching it into ICMS; or emailed to you. If they don't want to email it to you, suggest they email it to contactus@mhas.wa.gov.au with the same password as used for notifications and office staff will send it on to you. Don't use your phone as the type of document produced is unstable for use in ICMS.

OUTCOME OF THE INQUIRY:

- Complete the TSD Plan Inquiry Summary document and send it in by email to your Senior Advocate.
- The TSD Plan produced at the end of the Inquiry is also to be attached to the Person Screen in ICMS under the Notes page. The instructions to do this are below but it is to be attached to the Consumer's Person Screen and it is important that you type the information accurately so the information can be found in ICMS when we are reporting on this Inquiry in the Annual report.
- If you have used the Prompt sheet to record notes of what the consumer wanted, it would be a good idea to attach that in ICMS as well.
- As usual, any documents, once recorded in ICMS, are to be safely destroyed.

Attaching a Consumers Treatment Support & Discharge Plans to ICMS:

1. Save the pdf copy of the consumers TSD plan to your desktop or MHAS file on your laptop.
2. Go to the Consumers "Person" screen
3. Scroll down to the bottom of the screen, where you will find the ACTIVITIES / **NOTES** grid.
4. Type in the "Title" as 'TSD Plan 1 March 2017'. It is very important to type the title as noted here and the date in words. This will allow the office do a search for all the TSD plans uploaded to ICMS in a particular month/year.
5. Click on Attach

Notes

6. Click on Browse and select the file to upload as you usually would in an email.

ANNEXURE 2B – Prompt Sheet



**TSD PLAN PROMPTS for MENTAL HEALTH ADVOCATES
(for an involuntary patient in hospital)**

Notes:

1. It is up to the Advocate as to how they use this prompt sheet.
2. It is not “one size fits all” and will depend on where the consumer is in their recovery journey and their personal situation.
3. Not every “prompt” will apply and not all “prompts” will be able to be worked into the TSD Plan at the same time or from the first week of a hospital admission.
4. The consumer’s file and PSOLIS should be checked first to see what other plans exist. If they were done with the consumer and PSPs, and they are happy with them, such plans could be referred to in the TSD Plan and annexed to it when a copy is given to the consumer and PSPs.

<p>Who is responsible for co-ordinating the TSD Plan and making sure actions are implemented?</p>	<p>Psychiatrist:.....</p> <p>Case Manager/Coordinator.....</p> <p>Others.....</p>
<p>Why am I here?</p> <p>The story of this admission, any relevant background and prior history, but as described by the person, any PSPs and the TT.</p> <p><i>Try to get the person to tell their story and use their own words – even if it is saying they were wrongly brought in and they are wrongly imprisoned. Use the “first person” tense in the TSD Plan if possible.</i></p> <p><i>If there are differences between the person and the TT, note the differences</i></p> <p><i>Re diagnosis - try to get the TT to use recovery (hopeful) type language and note if it is provisional or current diagnosis</i></p> <p><i>Is it a re-admission? Try to find what went wrong this time.</i></p>	

<p>Who I am – I am not just an illness</p> <p>Life skills: (e.g. job, hobbies, strengths and weaknesses)</p> <p>Any relevant issues or needs: (e.g. ATSI, CALD, language/ interpreter, disability, sexual orientation, dietary)</p> <p>The people who are important in my life: e.g. carers, guardians and nominated persons etc.</p> <p>The people who I want to involve in my treatment or stay in hospital: names and contact details of people who the consumer consents to being involved:</p> <p>Advance Health Directive?</p>	
<p>GOALS - will depend on where the person is in their recovery journey – are meant to link into actions</p>	
<p>A few ideas for goals</p> <ul style="list-style-type: none"> • To get out of hospital and to go home • To get out of hospital and to go home as quickly as possible • To become voluntary and get onto the open ward • To get well and not relapse and have to come back into hospital • Recovery goals such as reduce anxiety and stress, learn to control the voices, develop strategies to avoid coming back into hospital • To feel (or stay) safe while in hospital • Alleviate the boredom on the ward • To make sure I don't lose my house while in hospital – or to organise somewhere to go when I leave hospital • To get my medication changed or reduced • To stabilise my medication and the side effects • To get my life back under 	

<p>control and go back to work</p> <ul style="list-style-type: none"> • To regulate my emotions or to stop my thoughts of self-harm • Improve my relationship(s)... • Learn how to live on my own again • To get physically fit and healthy • To reduce my drinking or drug taking • Go back to study • Get part-time work • Sort out my financial problems • Get my car back • To help my wife, husband, family etc. support me when I am discharged • Discharge and recovery 	
<p>ACTIONS – questions or prompts for suggested actions in the CMP</p>	
<p>How am I going to get better (or get out of here) and what are my options?</p> <p>Medication - dosage and what each one is designed to do - if consumer wants a change, note this and get reasons why doctor disagrees; is it a trial and if so for long etc.</p> <p>Medication side effects and what is offered to counter them</p> <p>Other treatment e.g. psychology, OT, activities on the ward</p> <p>Observation/Monitoring : specialling etc.</p> <p>Tests – for other causes or issues</p>	
<p>When can I expect to be discharged?</p> <p>Anticipated discharge date is</p> <p>This is subject to.....</p> <p>What do I need to do to get discharged?</p>	

<p>EGA/UGA planning....</p> <p>Overnight leave....</p>	
<p>How I can feel/be safe while I am here (including from restraint and seclusion)</p> <p>Issues which make me feel unsafe and strategies to avoid them</p> <p>Incidents on the ward and follow-up to reduce trauma and prevent it happening again</p> <p>Triggers (for my anxiety or getting angry)</p> <p>What works to de-escalate</p> <p><i>[Look at Risk assessment and Management Plan – RAMP and any Care or recovery Plans, Coping and Safety Plans and possibly a Crisis Awareness Plan on PSOLIS or the file. The TSD Plan could simply refer to, or annex, these if completed and the consumer was involved and can have a copy.]</i></p>	
<p>How I can make my stay easier/more comfortable/ less boring/more useful</p> <p>Did they get a ward orientation/info pack?</p> <p>Activities on the ward I can or will take part in:</p> <p>Things to alleviate boredom...</p> <p><i>[Check if the ward has a Care and Recovery type plan – will be paper-based]</i></p>	
<p>Physical health issues</p> <p><i>Check for s241 physical examination on admission – tests and results – blood tests, thyroid tests, liver function tests</i></p> <ul style="list-style-type: none"> • Existing physical health 	

<p>issues</p> <ul style="list-style-type: none"> • Sleeping • Diet • Smoking • Fitness • Dental • Drug and alcohol issues • Other? May include medication side effects 	
<p>Other problems I have got in my life:</p> <ul style="list-style-type: none"> • Accommodation • Financial • Employment • Relationships • Legal • CP&FWS • Other? AOD if not canvassed above <p><i>Likely to need a separate section and Action in the CMP for each one. Tip - attach pages to this document if handwriting notes.</i></p>	
<p>Planning for discharge:</p> <p>Is accommodation organised? Details etc. If not, what is happening to organise it?</p> <p>Are carers involved in, and aware of, discharge? Are they able to take the person home? What do they need?</p> <p>What CMHS will I be linked to?</p> <p>Referrals - to other services - NGOs, psychologists, AOD services, day services like HACCS etc. – list all appts booked.</p> <p>GP referral and arrangements – is an appointment being booked?</p>	

<p>NDIS referrals or involvement – if not, why not?</p> <p>DSC issues???</p> <p>How will I get home/to my accommodation?</p> <p><i>[There may be a separate Discharge Plan on PSOLIS]</i></p>	
<p>What will I do in the first 7 days after discharge?</p> <p><i>Try to get a day by day plan drafted with the consumer until the first community appointment</i></p>	
<p>Medication on discharge:</p> <p>What am I getting, who am I getting it from? Compliance issues? When it will be reviewed?</p> <p>List of medications, quantity and purpose and side effects of each;</p> <p>The actions might state agreement by the person to take the medication</p>	
<p>How to stay safe/well after discharge:</p> <p>Things I need to do to stay well</p> <p>People to avoid and people who will support me</p> <p>Coping strategies for cravings, anxiety etc. (drugs and alcohol issues could be raised again here)</p> <p>If stopping taking meds led to the re-admission, why was that? What can be done this time?</p>	
<p>Triggers and warning signs:</p> <p>Signs that I am becoming unwell</p> <p>Signs that I am unwell</p> <p><i>[Again look for a Crisis Awareness Plan on PSOLIS or other plans that</i></p>	

<i>the hospital might have]</i>	
<p>What to do next and getting back to the service</p> <p>What to do, who to call and when – personalised protocol step by step depending on how unwell</p> <p>This might involve a Crisis Admission Plan – these seem to work better if the hospital has a MHOA</p> <p>What the service should do when I call or when my PSP calls</p> <p>Information for ED</p>	
<p>Carer support and advice</p> <p><i>Might include counselling, who they should call, how they might help avoid re-admission, respite options etc.</i></p>	

ANNEXURE 2C – Dummy CMP using the TSD Plan Prompt Sheet

CLIENT MANAGEMENT PLAN	Please use ID label or blockprint		
	SURNAME		UMRN
	GIVEN NAMES		CMHI
	BIRTHDATE	SEX	FILE NUMBER
	ADDRESS		

Case manager	Stream Status
Plan #	Start Date
Plan Type	Next Plan Review Date
Plan Status	Authorisation Date
Assigned To	Completion Date
Staff Role	Send Reminder

ISSUES/PROBLEMS

Hospitals tend to put diagnosis here but it doesn't have to be (100 word limit here – 4000 word limit below box)

For a person in hospital, this is the story of this admission, any relevant background and prior history, but as described by the person, any PSPs and the TT. If there are differences they can be noted as differences. There might be a discussion and statement as to why the person is involuntary and their rights.

For example the person might say: “I am here because you are detaining me illegally. There is nothing wrong with me.” This should be noted in the TSD plan – later it might be changed. This is to show that the consumer has been involved in the preparation of the plan and knows their input has been noted, even if not agreed with.

In discussing diagnosis try to get the TT to use recovery (hopeful) type language and note if it is provisional or current.

If it is a re-admission, explore and note here what went wrong to feed into goals and actions below.

Also note:

- Life skills: (e.g. job, hobbies, strengths and weaknesses)
- Any relevant issues or needs: (e.g. ATSI, CALD, language/ interpreter, disability, sexual orientation, dietary etc.)
- People involved in my life: (e.g. carers, guardians and nominated persons etc.)
- The people I consent to be informed about my treatment: (insert names and contact details)
- Mental Health Advocate: (insert name)
- Advance Health Directive: (if any)

The people who have been involved in the drafting of this Treatment Support and Discharge Plan are:

.....

Go through Prompts and relate to Actions (100 word limit here – 4000 word limit below box)

GOALS

Some suggestions:

- To get out of hospital and to go home
- To get out of hospital and to go home as quickly as possible
- To become voluntary and get onto the open ward
- To get well and not relapse and have to come back into hospital
- Recovery goals such as reduce anxiety and stress, learn to control the voices, develop strategies to avoid coming back into hospital
- To feel (or stay) safe while in hospital
- Alleviate the boredom on the ward
- To make sure I don't lose my house while in hospital – or to organise somewhere to go when I leave hospital
- To get my medication changed or reduced.....
- To stabilise my medication and the side effects
- To get my life back under control and go back to work
- To regulate my emotions or to stop my thoughts of self-harm
- Improve my relationship with ...
- Learn how to live on my own again.
- To get physically fit and healthy
- To reduce my drinking or drug taking
- Go back to study
- Get part-time work
- Sort out my financial problems
- Get my car back
- To help my wife, husband, family etc. support me when I am discharged
- Discharge and recovery

ACTIONS (can only insert a number date or name in the box; 4000 words below box)

ACTION 1 Start Date	Action By Completion
-------------------------------	---------------------------------------

Treatment:

- Medication - how long on this dosage etc. and what each one is designed to do
- Medication side effects
- Other treatment e.g. psychology, OT, activities on the ward
- Observation/Monitoring :
- Tests – for other causes or issues

ACTION 2 Start Date	Action By Completion
-------------------------------	---------------------------------------

Estimated date of Discharge

- Anticipated discharge date is
- This is subject to.....
- EGA/UGA planning
- Overnight leave

ACTION 3 Start Date	Action By Completion
--------------------------------------	---------------------------------------

Safety on the ward/triggers (there may be a separate Crisis Plan on PSOLIS or other paper based Safety or Recovery type plans on the file)

- Issues which make me feel unsafe and strategies to avoid them
- Incidents on the ward and follow-up to reduce trauma and prevent it happening again
- Triggers (for my anxiety or getting angry)

What works to de-escalate

ACTION 4 Start Date	Action By Completion
--------------------------------------	---------------------------------------

Activities on the ward

- Activities on the ward I can or will take part in:
- Things to alleviate boredom

ACTION 5 – Start Date	Action By Completion
--	---------------------------------------

Physical health Issues and needs

- S241 physical examination – tests and results/existing physical health issues

Other physical health Issues might include:

- Sleeping
- Diet
- Smoking
- Fitness
- Dental
- Drug and alcohol issues
- Medication side effects?

ACTION 6 Start Date	Action By Completion
--------------------------------------	---------------------------------------

Accommodation

Other issues might include:

- Financial
- Employment
- Relationships
- Legal
- Other like CP&FWS

ACTION 7 - Start Date	Action By Completion
----------------------------------	---------------------------------

Planning for discharge (there may be a separate Discharge Plan on PSOLIS)

- Is accommodation organised? If not, what is happening?
- Are carers involved in, and aware of, discharge? Are they able to take the person home?
- How will I get home/to my accommodation?

ACTION 8 - Start Date	Action By Completion
----------------------------------	---------------------------------

Referrals for discharge

- What CMHS will I be linked to?
- Referrals - to other services - NGOs, psychologists, day services, list all appointments booked
- GP referral and arrangements – is an apt being booked?
- NDIS referral – if not, why not?
- DSC referral or link?
- How the person is to get home or to accommodation

ACTION 9 Start Date	Action By Completion
--------------------------------	---------------------------------

First 7 days after discharge

- A day by day plan until the first community appointment

ACTION 10 Start Date	Action By Completion
---------------------------------	---------------------------------

Discharge Scripts/arrangements

- List of medications:
- The actions might state agreement by the person to take the medication or depot dates

ACTION 10 Start Date	Action By Completion
---------------------------------	---------------------------------

How to stay well after discharge

- Things I need to do to stay well (learnings from what went wrong last time)
- People to avoid and people who will support me
- Coping strategies for cravings, anxiety etc.

ACTION 11 Start Date	Action By Completi on
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Warning Signs

- Signs that I am becoming unwell
- Signs that I am unwell

ACTION 12 Start Date	Action By Completion
--------------------------------	---------------------------------------

What to do when becoming unwell

- Who to call when I am becoming unwell and when
- What the service should do when I call or when my PSP calls
- Information for ED

ACTION 13 Start Date	Action By Completion
--------------------------------	---------------------------------------

PSP needs and support

Carer support needs

OUTCOME

COMMENTS

CLIENT Signature	Date
CASE MANAGER Signature	Date

ANNEXURE 2D – TSDP Inquiry Summary Document

To be emailed to your Senior Advocate when completed. Note you will have to complete at least 3 of these, one for each consumer, unless you have an exemption from your Senior Advocate. You should also use this form for incomplete TSD Inquiries where the consumer decides they no longer wish to take part, in which case you answer questions 1 and 2 only.

Date Inquiry commenced:	Finished:
Name of Mental Health Advocate:	
Name of facility:	Ward:
Name of Consumer:	
Names of PSP's:	
Name of Psychiatrist:	

OUTCOME OF INQUIRY:

1. A copy of a TSD Plan was given to the consumer: YES NO
2. If not, why not?

3. Has a copy been put into ICMS: YES NO
4. The consumer was involved in the preparation and any review of the TSD Plan:
 YES NO
5. If yes, briefly describe how the consumer was involved:

6. Did the consumer sign the TSD Plan: YES NO
7. Was there a PSP involved in the preparation and any review of the TSD Plan:
 YES NO
8. If yes, briefly state how the PSP was involved:

9. Was the PSP given a copy of the TSD Plan: YES NO DON'T KNOW
10. State what type of document format was used for the TSD Plan (e.g. a Client Management Plan, some other PSOLIS document or plan):

11. Briefly describe the process for settling the TSD plan (e.g. in a treating team meeting, several meetings, drafts negotiated by email, or some other way):

- 12. Was the Prompt Sheet Useful? Any suggestions for improving the way Advocates can assist consumers to have their RSD Plan rights observed?**
- 13. Was the facility and treating team co-operative?** YES NO
- 14. Any feedback from the treating team?**
- 15. Is there a good news story to come out of achieving the TSD Plan? Was something achieved for the consumer that would not otherwise have been achieved but for the effort put into completing the TSD Plan including the input of the consumer and any PSP?**
- 16. Any other comments?**



Ref: 116119

Dear Clinical Directors, Nurse Directors, and other mental health service managers

TREATMENT SUPPORT AND DISCHARGE PLANS - SS186-188 OF THE MENTAL HEALTH ACT 2014 (MHA 2014) - INQUIRY BY MENTAL HEALTH ADVOCATES PURSUANT TO S352(1)(C) AND (F) OF THE MHA 2014

As you are aware, the MHA 2014 requires that:

- all treatment care and support provided to an involuntary patient must be governed by a treatment, support and discharge plan (TSD plan);
- the patient and any personal support persons (PSPs) must be involved in the preparation and review of the TSD plan;
- they must be given a copy; and
- the TSD Plan must be prepared, reviewed and revised having regard to the Chief Psychiatrist's Guidelines.

Following the training of Advocates in February by myself and the Chief Psychiatrist and members of his staff, the Advocates will be going onto wards from March to June 2017, using their inquiry powers and functions to work with 3 consumers, their PSPs and treating teams, to produce TSD Plans that comply with the MHA 2014.

I am therefore writing to ask you to let your clinicians know what the Advocates are doing as it may require extra or longer treating team meetings with those consumers who take part in the Inquiry.

PSOLIS Client Management Plan

We are aware that there is no TSD Plan on PSOLIS but many (possibly most) hospitals are saying the PSOLIS Client Management Plan (CMP) is being used for the purpose. MHAS is therefore proposing to utilise and work within the confines of that document, unless advised that some other document on PSOLIS is being used for the purpose.

The Advocates will also be using a "prompt sheet" that has been developed following consultation by me with psychiatrists, nurse directors, consumers and PSPs. I have attached a copy of the Prompt Sheet and a "dummy" CMP we have worked up as part of the Advocates' training. The Advocates were also given an introduction to PSOLIS and how it works.

P2

As part of their preparation for talking to the consumer and PSPs, and before organising meetings with the treating team, the Advocates may want to see previous CMPs including plans by community mental health services (CMHS) on PSOLIS and also Crisis Awareness Plans. They may ask to have some plans copied pursuant to their powers under s359 of the MHA 2014 (which includes electronic documents as per s4 of the MHA 2014). We understand that not all ward staff have access to CMHS plans so will be approaching senior staff for assistance. The Advocates are also likely to want to set up meetings when a person from the CMHS is present by telephone, video link or in person.

Negotiating and settling the TSD Plan

Probably the most complex part of the process will be bringing all parties together to have input into the plan so that a copy can be printed off for the consumers and PSPs. This will vary from hospital to hospital and between consumers and PSPs. Some may wish to go into treating team weekly meetings or meetings with all parties present; others may prefer a series of smaller meetings. This will be left up to the Advocates' discretion to organise in line with the consumers' preferences. They will try to work with the treating teams to make it as easy as possible for them, but their prime focus will be on the consumers and ensuring a "person-centred" approach to, and involvement in, the plan.

There will be issues around the timing of the TSD Plan depending on the complexity of the plan, how quickly things are changing and the consumer's length of stay in hospital. The aim is for the Advocates to each work with 3 consumers to get each consumer at least one detailed TSD Plan drafted and given to the consumer and their PSP which complies with the MHA 2014. The Advocates will also be asked a series of questions about the process and to provide a copy of the TSD Plan. The two Senior Advocates will analyse the results in the second half of this year.

Under the new Ministerial Direction the Advocates will be able to continue working with a consumer after they are made voluntary if the issue of the TSD Plan is not resolved by the time they are made voluntary.

If you have any questions or suggestions to make the process easier for everyone, please do not hesitate to contact me.

Yours sincerely



Debora Colvin
CHIEF MENTAL HEALTH ADVOCATE

cc: Office of the Chief Psychiatrist
Chief Executives South, North, East, WA Country Health and Child and Adolescent Health Services
CEO, St John of God, Midland Hospital

Att: 116120 MHAS Prompt Sheet for TSD Plans
116121 Dummy CMP for TSD Plans

ANNEXURE 3 – PowerPoint presentation

TSD Plans Inquiry by MHAS - March to September 2017

By the Chief Mental Health Advocate, Debora Colvin

Advocate Inquiry Functions

Under the Mental Health Act 2014 (the Act) Advocates have the functions (inter alia) of:

- * Inquiring into or investigating the extent to which identified persons have been informed of their rights and their rights observed
- * Assisting identified persons to protect and enforce their rights under the Act
- * Inquiring into or investigating any matter relating to the conditions of mental health services that is adversely affecting or might adversely affect the health safety or wellbeing of identified persons

The task to be done

- * From March to June 2017, Advocates are being tasked, separate to their usual duties, to inquire into whether consumers' rights to a TSD plan in ss186-188 of the Act are being observed and to assist consumers to enforce those rights
- * The outcome of the Inquiries is for each Advocate to facilitate and advocate for the production of one "good" TSD plan for each of 3 consumers

Why is MHAS doing this?

- * It is the law
 - * and a right of consumers and carers ...
 - * but it is not happening
 - * The rights given to patients and carers by the 2014 Act in relation to TSD Plans were meant to lead to cultural change and more patient-centred care
 - * It has potential to significantly improve outcomes for patients and fewer re-admissions
-

What are patient and carer TSD Plan Rights?

MHA 2014:

All treatment, care and support provided to an involuntary patient **MUST** be governed by a treatment support and discharge plan (TSD Plan) – s186

A patient's psychiatrist **MUST** ensure that the patient (and others such as carers) are involved in the preparation, and review, of the TSD Plan – s188

The patient (and others such as carers) **MUST** be given a copy of the TSD Plan – s187(3)

The plan must be prepared, reviewed and revised having regard to the Chief Psychiatrist's guidelines - s187(2)

More MHA 2014 rights relevant to TSD Plans

- * The Mental Health Tribunal **MUST** have regard to the patient's TSD Plan when making a decision on a review of involuntary status - s394(1)(d) (also HADSCO)
 - * While the Tribunal cannot make an order or give a direction about a patient's TSD Plan, it may make a recommendation that the psychiatrist review the TSD Plan and about the amendments that could be made – s395(3) (and give a copy to the CP)
 - * A patient can also apply for a compliance order to ensure that a TSD Plan is prepared, reviewed or revised - s5422 (c) and 423
-

Chief Psychiatrist's standards and guidelines

CP Guideline e : Preparation, review and revision of TSD plans:

1.2 The plan should be developed using shared decision making and an overarching focus on recovery (s.7).

1.3 The clinical team is to consider the wishes of the patient to the extent that is practicable.

Standard 3 : Consumer & Care Involvement in Individual Care

Evidence standard has been met = consumer and carer signatures on TSD Plan

Chief Psychiatrist's standards and guidelines

CP Guideline e : Preparation, review and revision of TSD plans:

Standard 4 : Physical Health Care of Mental Health Consumers

1.6. TSD Plans... will specifically address physical health care needs.

CPG at 1.14.1 : An patient who is involuntary or a MIA have a right to be involved in the preparation and review of a TSD plan whether or not they have the capacity to consent or whether or not the plan can be implemented.

Still more patient TSD rights - National Standards

The National Standards for Mental Health Services 2010 (NSMHS 2010) reinforce the actions required by the Act.

- * 10.4 Consumers receive a comprehensive, timely and accurate assessment and a regular review of progress is provided to consumers and their carer(s).
- * 4.1. Treatment and support plans are to be reviewed at least every 3 months, as described in the National Standards for Mental Health Services 2010. If this is not reasonable or possible, then the reason must be explained clearly in the clinical notes.
- * 4.2. Copies of the treatment, support and discharge plan are to be given to patient, and their personal support persons.

Patient TSD Plan Rights are not being observed

- * Patients and carers are not always being involved
- * They are not being given copies
- * It is hard to even find a document on the medical file resembling a TSD Plan
- * If you do find a Client Management Plan or a "Plan" in the Progress notes, it is very medicalised, is not patient or recovery focussed (more like instructions to ward staff) and can't or won't be given to the patient
- * It rarely makes reference to the patient's wishes, or longer term recovery goals or outcomes sought from the treatment

Why are patient TSD Plan rights not universally being observed?

- * Consumers and carers don't know their rights
- * Hospital staff too busy or not trained (though ask the UK staff!)
- * No document on PSOLIS titled TSD Plan
- * Multiple other plans that might form part of a TSD plan on PSOLIS
- * Culture on the ward is not recovery or patient-focussed as required by Principle 3 of the Charter of Mental Health Care Principles

Noting that that some wards are making an effort – inviting patients and family into team meetings, trialling different documents etc

Nothing worth having comes easy...



Why have a TSD Plan?

As the Chief Psychiatrist's Guideline e says:

1.5 Meaningful engagement between the treatment team, the patient and their personal support persons when the plans are being developed and reviewed creates a positive and engaging relationship.

This therapeutic relationship is one of the most significant factors in improving treatment outcomes for people experiencing mental illness.

More reasons to have a TSD Plan

- ✓ Better prospect of a therapeutic relationship and quicker recovery if:
 - * all information is available and accurate
 - * the consumer has some "buy-in" or feels some control or say in what is happening to them
 - * there is a holistic, patient-centred approach
- ✓ Consumers and carers' frustration and complaints about inaccurate or missing information, and lack of planning and consultation for discharge, setting the person up to fail, will diminish
- ✓ Better continuity in, and safer, hand-over to other health services
- ✓ More informed and succinct information for Tribunal members
- ✓ And of course it is the law!

MHAS approach



MHAS approach

- * Lots of stakeholder consultation leading to a “prompt sheet “ to help/guide Advocates, consumers and carers and perhaps the TT??
- * Training day for Advocates – OCP plus PSOLIS expert and consumer and carer representatives
- * Letters to all hospital clinical directors and upper management
- * Advocates meeting with treating teams on wards to work out the best approach
- * Won't be easy – it is a cultural change, lots of organisation + issue of which document to use
- * Will start with the “easy ones” ...
- * Will involve educating people
- * Compliance orders are the next alternative... ..
- * Will be a report/feedback to management later

CLIENT MANAGEMENT PLAN		Please use ID label or book print	
EDUCATION		DOB	
GIVEN NAMES		CMR#	
BIRTHDATE		SEX	FILE NUMBER
ADDRESS			
Case manager		Stream Status	
Plan #		Start Date	
Plan Type		Next Plan Review Date	
Plan Status		Authorisation Date	
Assigned To		Completion Date	
Staff Role		Send Reminder	
ISSUES/PROBLEMS			
For a person in hospital, this is the story of this admission, any relevant background etc.			
GOALS			
<ul style="list-style-type: none"> To get out of hospital and to go home as quickly as possible To get well and not relapse and have to come back into hospital 			
ACTIONS			
ACTION 1 –		Action By	
Start Date		Completion	
Treatment:			
<ul style="list-style-type: none"> Medication - how long on this dosage etc and what each one is designed to do Medication side effects Other treatment eg psychology, OT, activities on the ward Observation/Monitoring: Tests – for other causes or issues 			
ACTION 2		Action By	
Start Date		Completion	
Estimated date of Discharge			
<ul style="list-style-type: none"> Anticipated discharge date is This is subject to..... EGA/UGA planning Overnight leave 			

“Life wasn’t meant to be easy

“my child, but take courage: it can be delightful”

George Bernard Shaw (also former Australian Prime Minister, Malcolm Fraser!)

ANNEXURE 4 – Graylands Hospital Collaborative Care Plans FAQ Information Sheet

Collaborative Care Plans

The Collaborative Care Plan (or Planning) project has been undertaken to improve the relevance of care given to patients admitted during an acute episode of mental illness at Graylands Hospital, to ensure that the patient's voice is heard and acknowledged during care planning for that patient, and to provide scaffolding for the development of truly collaborative care plan for every patient.

Collaborative care planning and the writing of a plan, has the potential to have a positive impact on acute inpatient care during and following the acute episode and also for follow on community care by increasing the patient's input into their health journey. It will also help move the practices at Graylands Hospital closer to meeting the National Safety and Quality Health Service Standards, the [Office of the Chief Psychiatrist Standards for Clinical Care](#) (2015) and NMHS MH Documentation Audit indicator targets (est. 2015) on collaborative care planning.

What is a Care Plan?

According to the OCP Standards for Clinical care a Care Plan is:

A **written statement** developed with the involvement of consumers, carers and relevant others, for consumers, which outlines the treatment and support to be undertaken, the health outcomes to be achieved and review of care which will occur at regular intervals (OCP, 2015).

For the purposes of entry, the PSOLIS Management Plan is the source location and source document for entry of the care plan on the Acute Wards at Graylands Hospital. This satisfies the Operational Directive (OD: 0526/14, SSCD) for the Department of Health.

As long as the PSOLIS Management Plan satisfies the requirements of the Treatment Support and Discharge Plan (TSDP), that is: it lists the Goals, Actions, Key contacts and the patient has a copy, the TSDP is not required for an involuntary patient.

What is Care Planning?

A holistic, shared care planning process which is personalised and recovery focussed that:

1. The consumer will be a partner in
2. A clinician will facilitate carer involvement or contribution to care planning.
3. A clinician will involve consumers in individual, shared or supported decision-making and encourage self-determination, cooperation and choice.
4. The [Consumer and Carer Involvement in Individual Care Standard](#) is to be used as an overarching standard for treatment, care and recovery planning (OCP, 2015)

What is the process?

A patient is admitted to an Acute Ward at Graylands Hospital. The allocated nurse will be responsible for being the central point for arranging care (e.g. referral, intervention etc.) by another discipline or team.

The allocated nurse can commence the plan and use all information available to them to summarise the patient needs, strengths and areas of focus. Use of [recovery oriented language](#) is essential.

The allocated nurse when arranging care requests such as referral for intervention will ask the clinician they are referring to, to input the information into the PSOLIS Management Plan as a Goal, with Actions assigned. For example:

Referral to Occupational Therapy for patient Example to assist with managing distress

Occupational Therapist (OT) visits patient Example on the Acute ward, undertakes an assessment of the patients current skills for modulating distress and promoting calm, encourages the patient to attend the group program and plans to check in with the patient in a day or two.

The OT inputs into the PSOLIS Management Plan: a treatment based goal of: Skill development in sensory modulation to reduce distress and promote calm.

Actions: 1) Assessment of base line skills in managing distress 2) Provided information and education on sensory modulation skills 3) Encouraged patient to attend group based program 4) To review and promote skill development with patient on a regular basis.

Any discipline can enter information into the PSOLIS Management Plan. The plan should be progressive and document patient involvement or attempts in involving the patient and nominated persons in the care planning process.

Goal Setting

Goal setting is the primary focus for the body of the PSOLIS Management Plan (care plan).

Goals are the object of a person's ambition or effort, a desired result and are either **Recovery** or **Treatment** focussed. See language [cheat sheet](#)

Recovery goals are strengths-based. They can be challenging to staff, either because they seem unrealistic, inappropriate, or supporting them is outside their role. They always require the patient to take personal responsibility and put in effort. **Recovery goals are set by the patient.**

Treatment goals are normally be about minimising the impact of an illness and avoiding bad things happening, such as relapse and harmful risk. The resulting actions will often be doing-to tasks undertaken by staff. Treatment goals and associated actions provide the basis of defensible practice, and are important and are necessary. These should be discussed with the patient and written in language that is accurate and still carries a sense of hope, respect and possibility. Where a patient does not agree, this can be written into the plan and revisited over the course of the admission.

Other Information Entry Points

Multiple entry systems are utilised within Health, for example PSOLIS, iSoft/iCM, NaCS (discharge summary system). These entry systems will continue to exist and information within these sources can be used to guide treatment and recovery goals.

Clinicians should be aware of the core role for these systems:

- **iSOFT/iCM:** iSOFT Clinical Manager (iCM) is a patient information system that maintains a repository of clinical information. This information includes pathology laboratory results, nursing handover using ISoBAR and dietetics
- **NaCS:** is a web based application for managing patient discharge summary information and prescriptions

Copies of the plan

A copy of the plan can be printed every 7 days with the view of discussing the plan with the patient and providing an opportunity in which to sign the plan. The plan (PSOLIS) should be reviewed at the Multidisciplinary team meeting held every 7 days.

Entering into PSOLIS

Staff will be provided with assistance to input information into the PSOLIS Management Plan in terms of technical skills with entry and quality of content. A team of Graylands based clinicians will be trained in

PSOLIS and the entry of Goals and Actions against goals. Please discuss with your line manager if you are interested in being part of the team that will be trained and provide support to staff.

Timeframes

The new process is due to commence in December 2017. A group of Graylands based clinicians, patient consultants and peer workers will be trained in the new process and technical aspects of entry of the plan into PSOLIS. This team of people will visit the acute wards twice per day to sit with staff and work through any issues, hear your feedback and work through care plans.

Additional information

Additional information is available from your line manager or by contacting the project officer for collaborative care planning, [Kirsty Snelgrove](#).

Language Cheat Sheet

Worn out, outdated	Recovery focused
Sam is mentally ill	Sam has a mental health condition
Sam is schizophrenic	Sam has been diagnosed with schizophrenia
Sam is a PD	Sam's experiences have been labelled as
Sam is bipolar	Sam is a person who
Tom is non-compliant	Tom chooses not to

Worn out, outdated	Recovery focused
<p>Tom is treatment resistant</p> <p>Tom is decompensating</p> <p>Tom is relapsing</p> <p>Tom is lazy</p>	<p>Tom prefers not to</p> <p>Tom finds little benefit from</p> <p>Tom is unsure about</p> <p>Tom is considering the benefits and costs of</p> <p>Dr Smith has not yet found a medication which suits Tom</p> <p>Tom is having a rough time of it</p> <p>Tom is having difficulty with</p> <p>Tom is experiencing</p> <p>Tom is not able to... as much as usual/he would like</p> <p>Tom is reducing his reliance on medication</p> <p>Tom is working on a crisis plan for when to use medication</p>
<p>Kelly is manipulative</p> <p>Kelly is splitting</p> <p>Kelly has challenging behaviours</p> <p>Kelly is behavioural</p> <p>Kelly is high risk</p> <p>Kelly is dangerous</p> <p>Kelly is very difficult</p> <p>Kelly needs to be specialled for aggression</p> <p>Kelly is non-compliant</p> <p>Kelly is resistive to</p> <p>Kelly is oppositional</p> <p>Kelly sabotages service input</p> <p>Acting out</p>	<p>Kelly is struggling to find effective ways to meet her needs</p> <p>(staff) will help Kelly to accept people as they are</p> <p>(staff) will help Kelly to find effective ways to get along with others</p> <p>Kelly tends to (describe unsafe behaviour) when upset.</p> <p>Kelly has identified that (describe behaviour) helps to reduce distress before reaching the point where Kelly or others may be unsafe</p> <p>Kelly does not wish to engage with</p> <p>Kelly does not agree with</p> <p>When Kelly is (describe emotion) he/she may (describe behaviour)</p> <p>In order for Kelly and others to feel safe, a nurse will remain with him/her until (emotion/behaviour) is more controlled</p> <p>Kelly's preferred choices are not available</p> <p>Kelly continues to explore alternative options and coping strategies</p> <p>Kelly is working towards recovery</p>
<p>Nathan is hopeless</p> <p>Nathan is helpless</p> <p>Unmotivated</p> <p>Frequent flyer</p> <p>Revolving door patient</p> <p>Multiple relapses</p> <p>Chronic schizophrenic</p> <p>Burnt out schizophrenic</p>	<p>Nathan has been working towards his vision of recovery for a long time</p> <p>Nathan's strengths and positives are</p> <p>Nathan is not interested in what services can offer. Nathan's motivations are unclear</p> <p>Nathan is resourceful/a good self-advocate/ able to take advantage of offered services as needed</p> <p>Nathan has experienced a setback/ reoccurrence in</p>

Worn out, outdated	Recovery focused
<p>Long term schizophrenic</p> <p>Low functioning</p> <p>Brain damaged</p> <p>Decompensating</p> <p>Treatment resistant schizophrenic</p> <p>Will never recover</p>	<p>Barriers to change are</p> <p>Distress (describe the experience) is interfering with (activity) in the following way</p> <p>Nathan has a disability which affects him in the following ways</p> <p>Nathan' support network (including services/family/friends) help to support/promote his recovery goals</p>
<p>Shelley is an alcoholic</p> <p>Shelley is a drug user</p> <p>Shelley is a drug abuser</p> <p>Shelley is an addict/junkie</p> <p>Shelley is a substance user</p> <p>Shelley is an IV drug user</p> <p>Drug induced psychotic</p> <p>Drug induced paranoia</p>	<p>Shelley uses (substance) as a short term coping strategy</p> <p>Use of (substance) is common in Shelley's support network</p> <p>Shelley experiences difficulty with her use of (substance)</p> <p>Shelley balances the significant risks of her use of (substance) with the benefits to her (as stated by her)</p> <p>Shelley is experiencing high levels of fear and uncertainty related to use of</p> <p>Shelley disagrees that her use of (substance) is related to her distress (describe)</p>
<p>Entitled</p> <p>Unrealistic</p> <p>Denial</p> <p>Grandiose</p> <p>Manic</p> <p>Psychotic</p> <p>Delusional</p> <p>Refused</p> <p>Over involved family</p>	<p>Person has high expectations of self and/or service</p> <p>Person is aware of rights and is a strong self-advocate</p> <p>Person is trying really hard to get needs met quickly</p> <p>Person disagrees with diagnosis</p> <p>Person disagrees with this explanation of their experiences</p> <p>Person stated that</p> <p>Person is experiencing disturbing thoughts (describe)</p> <p>Person disagreed with</p> <p>Person chose not to/declined</p> <p>Caring, supportive family</p>
<p>Committed suicide</p> <p>Completed suicide</p> <p>Failed suicide attempt</p> <p>Unsuccessful suicide</p>	<p>Died by suicide</p> <p>Took his/her own life</p> <p>Non-fatal suicide attempt</p>

Other resources:

- [http://www.health.gov.au/internet/main/publishing.nsf/content/705FBCD381853F0BCA257C1D000607A9/\\$File/recovpra.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/705FBCD381853F0BCA257C1D000607A9/$File/recovpra.pdf)
- http://recoverylibrary.unimelb.edu.au/_data/assets/pdf_file/0005/1391270/100_ways_to_support_recovery.pdf
- <http://www.hafal.org/pdf/publications/My%20recovery.pdf>
- [Beaton, S., Forster, P. and Maple, M. \(2013\) Suicide and Language: Why we shouldn't use the 'C' word. In Psych: Australian Psychological Society \(Feb 2013\)](#)

ANNEXURE 5 – Rockingham Hospital TSDP CMP template

Training-Education ROCKINGHAM AND KWINANA ADULT CLIENT MANAGEMENT PLAN	Please use ID label or block print		
	SURNAME PILOT		UMRN
	GIVEN NAMES RED		CMHI 14818773
	BIRTHDATE 17/08/1954	SEX M	FILE NUMBER
	ADDRESS 24 RUNWAY ROAD, ARMADALE, WA, 6112		

Case Manager		Stream Status	ACTIVE
Plan #	1	Start Date	23 Feb 2018
Plan Type	MANAGEMENT PLAN	Next Plan Review Date	28 Feb 2018
Plan Status	[d]ONGOING	Authorisation Date	
Assigned To		Completion Date	
Staff Role		Send Reminder	7 Days Before

ISSUES/PROBLEMS

COMPLETE BELOW WITH CONSUMER/CARER/FAMILY

COMPLETED WITH CONSUMER/CARER/FAMILY Y/N

Enter description of the individual significant factors of the BRA, Kessler and HoNOC and LSP previously completed

CURRENT PRESENTATION
 MENTAL HEALTH
 SELF HARM
 ALCOHOL AND OTHER DRUG USE
 PHYSICAL HEALTH NEEDS
 SOCIAL INCLUSION/RELATIONSHIP/SUPPORT NETWORKS
 SEXUALITY
 CULTURAL
 FINANCIAL
 ACCOMMODATION
 OCCUPATIONAL NEEDS
 EDUCATIONAL NEEDS
 LEGAL CONCERNS

CONSIDER CONCERNS HELD BY STAFF THAT MAY NOT BE SHARED OR ACKNOWLEDGED BY THE CLIENT

GOALS

SHORT TERM/LONG TERM ASPIRATIONS

IN COLLABORATION WITH CONSUMER/CARER/FAMILY
 WHAT ARE YOUR GOALS ?
 HOW CAN WE SUPPORT YOU TO ACHIEVE YOUR GOALS ?
 WHAT ARE YOUR STRENGTHS AND TALENTS ?

WHAT ARE YOUR INTERESTS ?
 WHAT DO YOU LIKE DOING ?
 MAINTAIN SAFTEY

ACTIONS

ACTION#	1	Action By	
Start Date	23 Feb 2018	Completion	

COLLABORATIVE CRISIS AWARENESS PLAN (USE TEMPLATE ON PSOLIS - SEE GUIDE).
 Copy of CAP to be given to all stake holders Consumer/Carer/Community
 Managed Organisation and others involved in care.
 Clarify how to access help at an early stage

ACTION#	2	Action By	
Start Date	23 Feb 2018	Completion	

MY CARE COORDINATOR IS.....
 FROMORGANISATION/TEAM
 CONTACT DETAILS.....
 PEER SUPPORT
 GP INFORMATION
 INFORM ALL STAKEHOLDERS

OUTCOME

COMMENTS

SHOULD CONSUMER REFUSE/DECLINE TO SIGN CARE PLAN THEN DOCUMENT REASON HERE

SHOULD CONSUMER REFUSE TO ALLOW CARER PARTICIPATION IN CARE PLANNING OR SHARE
 INFORMATION WITH THE CARER THEN RISK FACTORS SHOULD BE CONSIDERED AND RECORDED
 HERE:

EMERGENCY NUMBERS:
 MH Emergency Response Line (24hrs) 1300 555 788
 SAMARITANS (24hrs) 9381 5555
 LIFELINE (24hrs) 13 1114
 Drug and Alcohol Information Service 9442 4000

CLIENT	Date
Signature	

CLIENT	Date
Signature	

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