



Response to the Update on Progress- Report and Recommendations June 2013 from Gregor Henderson

I would like to commence this response by thanking Mr Henderson for the considerable work he has done for the Commission and ultimately for the individuals in Western Australia who have a mental illness, their families and carers and the services that provide support and treatment. This report and Mr Henderson's previous report in October 2011 have highlighted important issues regarding the rights and protections of people with mental illness as well as the development of a quality management framework.

As outlined in the recent report many of the previous recommendations have been actioned and/or have been progressed in finalising a new Mental Health Bill, as well as a quality framework for mental health services in WA.

Mr Henderson has made a few further recommendations which I would like to respond to:

Rights and Protections

- 1. Give clearer signposting to the aims of the Bill in terms of rights and protections and give greater prominence to the Consumer and Carers Charter. Reduce where possible unnecessary passages and consider providing more details in the forthcoming codes of practice.**
- Part 3 of the Green Bill (the Objects) provides an overview of the purpose of the legislation. Comprehensive guides will be developed to support understanding of the legislation and the rights and protections within it, as it is recognised that most individuals, carers and clinicians will refer to these to assist with interpreting the Bill.
 - The Charter of Mental Health Care Principles sets out the principles which underpin the legislation. The guides being developed will have a strong focus on the Charter and will illustrate what the intention is behind the principles and how they can be achieved.

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- The length of the Bill has been an issue highlighted by a number of stakeholders. While it may appear repetitive the style chosen best represents how a Bill of this complexity should be drafted, and allows the relevant information to be contained within each Part, rather than requiring readers to do lengthy cross-referencing. It is expected that the final Bill will be shorter but not by a significant amount. While those with a particular interest will read the Bill in full, the majority of people will rely on the comprehensive guides and accessible materials which will be developed to support the Bill's implementation.
 - Beyond the scope of the Bill the Commission is considering broader issues of effective rights protection. The Commission has engaged independent consultants to conduct a review of the representation of involuntary patients before the Mental Health Review Board. An important outcome of the review will be recommendations of measures which maximise the quality, accessibility, availability and effectiveness of representation before the Board.

2 Make closer links where possible to other current legislation that may need to be amended in line with the aims and principles of the new Bill. This can be addressed in Consequential Amendments.

- Aspects of the Mental Health Bill do impact on other legislation and other government and non-government organisations. Primarily the other Acts are the Criminal Law (Mentally Impaired Accused Act,) and the Guardianship and Administration Act and the Health and Disability Services (Complaints) Act. Other departments which the Bill will have an impact on include the Drug and Alcohol Office, the Disability Services Commission and the Office of Aboriginal Health.
- Consultation and drafting of consequential amendments to these other Acts has taken place and all other departments impacted have been contacted to consider changes required by the passing of the Mental Health Bill.

3 Draw together key stakeholders in a 'Bill Implementation' Working Group to help prepare more accessible guidance, information, training materials, codes of practice and helpful resources in preparation for implementation of the Bill. Consider a range of agencies to provide clear information for different audiences.

- It is recognised that an essential component of the process is how the Bill will be implemented when passed and work has already commenced on the implementation



process. The overarching Implementation Group will be chaired by Dr Judy Edwards, vice chair of the Mental Health Advisory Council.

- The group will have representation from people with a mental illness, family and carers, community managed organisations (non-government), the Department of Health, the Office of the Chief Psychiatrist and the Mental Health Commission.
- The views of other stakeholders will be sought and it is expected there will be smaller working groups devising and developing innovative ways to inform individuals, carers, clinicians and the general public.
- Within the Commission an Education, Training and Communications Officer has been appointed to work with the Implementation Group on the best ways to educate and inform all the groups who will be impacted by the legislation as well as the general public.
- It is recognised that this is an important and complex exercise and resources have been provided to ensure that information, education and training is of a high quality.

Quality Management

1 Pursue a way to integrate the agencies that are willing to progress Quality Management building on work to date. This may involve considering the establishment of a High Level Co-Leadership Collaborative or Board for Quality Management to oversee and drive the next stages of developing a Quality Management Framework. This will consist of the key partners and agencies and terms of reference, membership and governance will need to be developed together. This group will be responsible for taking forward the implementation of the major recommendations made in the Henderson Report.

- The Community Managed Organisations Service Quality (CMOSQ) Steering Group was established by the Commission in 2011 and it continues to provide advice on the development and implementation of a Quality Framework for Community Managed Organisations including measurement tools and evaluation processes to improve service quality. This Steering Group has representation from people with a lived experience of mental illness, family/carers, Community Managed Organisations, the Department of Health and Commission staff.
- The Commission also plans to form a high level co-leadership arrangement with Department of Health's (DoH) Performance Activity and Quality Division (including LARU), Office of Mental Health and the Office of the Chief Psychiatrist to develop stronger links in relation to quality assurance across public and private mental health



services. It is planned that this co-leadership arrangement with DoH will progressively lead to alignment with the vision set out in Mental Health 2020 and the Henderson report, to have an overarching, integrated quality assurance framework across public, private and community managed mental health services in WA.

- The Commission has also engaged a consultant psychiatrist, Dr Steve Patchett, who is working with clinicians and other stakeholders across the sector to ensure that the Quality Management agenda is progressed collaboratively. Dr Patchett is the former Executive Director of the Division of Mental Health in the Department of Health, and has strong links with a wide range of clinicians and professional bodies.

2 Consideration be given to establishing a Data and Information Group that will develop proposals for the sharing of data across the system and establishing a means by which information and data can be brought together and made more available to support improved service delivery across the system.

- The Commission recognises the importance of a holistic approach to information collection and management to support improved service delivery and has initiated a number of groups to progress this approach.
- The Commission established a strategic information committee in November 2012 to guide the management of the Commission's information systems, the development and management of the supporting policy framework, and infrastructure and information communications technology planning, in support of the Commission's core business activities.
- The Commission has also recognised the need for data development within the Non-Government Organisation sector in order to facilitate information sharing. With an increased focus on outcome based measurement, care coordination and individualised funding, the Commission formed a technical working group in October 2012 to investigate a state-wide data collection and reporting system that accurately records client level data.
- More recently the Commission and the DoH have been negotiating a memorandum of understanding regarding the supply, use, security and disposal of data. This MOU will provide the basis for further discussions regarding development of a holistic approach to information sharing.
- The case management systems used by the Council of Official Visitors and the Mental Health Review Board are being replaced and upgraded. The new system will



reduce duplication around manual data entry, enable more efficient operations and facilitate improved data sharing across entities.

The views and ideas of an independent, external expert are always invaluable and the consultations facilitated by Mr Henderson has provided the Commission with a clear direction to support the rights and improve the quality of services for people with a mental illness and their families. I look forward to further collaborative work in the future.

Eddie Bartnik
Mental Health Commissioner