



Review of the *Mental Health Act 1996*
and *Criminal Law (Mentally Impaired Defendants) Act 1996*

Submission regarding the Mental Health Act (MHA) 1996

Name of Service (if applicable): **Community Options 100 Project
Graylands Selby Lemnos & Special Care Health
Services**

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Signature: **Community Options 100 Project Management Group**

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Introduction

This proposal is being submitted by the Community Options 100 Project Management Group, which consists of representatives from the Executive of Graylands Selby-Lemnos & Special Care Health Services, the Office of Mental Health and Murchison Ward.

The Community Options 100 (CO-100) Project is a joint effort between Graylands Selby-Lemnos & Special Care Health Services (GSL&SCHS) and the Office of Mental Health (OMH).

The CO-100 Project aims to set up permanent more home-like housing in the community and provide appropriate levels of support including up to 24 hour care, rehabilitation, clinical, psychosocial & recreational / leisure support to people living in CO-100 homes.

The Community Options 100 (CO-100) Project is about improving the quality of life for people with serious and persistent mental illness who have had difficulty in finding and maintaining accommodation in the community in the past due to the high level of support that they need. Most have spent a major part of their lives living in hospital settings.

The project commenced in February 2002 and is an ongoing project over 4 years targeting:

- Adults with serious and persistent mental illness who require permanent housing and have long term, high support needs and,
- Who are currently residing long term in inpatient settings or are homeless or at immediate risk of homelessness¹ due to their inability to access long term community accommodation support.

Priority for community based supported accommodation through CO-100 is being given to residents of Murchison Ward at Graylands Hospital. This will enable beds at Murchison to be closed and recurrent resources to be redirected to the permanent community accommodation options. It is expected a non government Accommodation Support Service Provider (ASSP) will be contracted by the Department of Health to manage the day to day care of these residents in small group homes. At the same time, CO-100 expects to establish a mobile multidisciplinary Rehabilitation Team which will focus on providing support to the ASSP in its day to day of CO-100 residents. The Rehabilitation Team will be expected to have a strong focus on rehabilitation and deliver services in partnership with the Community Mental Health Service. The ASSP, the Rehabilitation Team and the Community Mental Health Service will have their partnerships and service delivery requirements ratified through formal mechanisms such as service agreements and funding contracts, memorandums of understanding and protocols.

This document focuses on two key proposals.

Proposal 1

The CO-100 project's goal is to re-locate as many patients from Murchison Ward as possible to community based, 24 hour supported, accommodation options (eg small group homes). The objective is for Murchison patients to achieve an improved quality of life and a balanced lifestyle in the least restrictive setting. The majority of patients at Murchison Ward are people with very high support needs. The majority of the Murchison patients will be able to live in small 'open' group homes in the community with the appropriate levels of 24-hour support. There is also a smaller number of patients who

¹ For a full definition of homelessness see the final report of the State Government Homelessness Taskforce 2002.

could be supported to live in the community however due to their tendency to wander, poor traffic awareness / road sense, dementia, capacity to be a social nuisance, sexual and financial vulnerability, choking risk (if consuming inappropriate food / drink), inability to find their way home if lost which leads to the potential for some to become a danger to others if medications are missed, these individuals would require the front door of their home to be locked at all times.

Currently there are two main types of settings in mental health – an authorised unit and an ‘open’ community placement (group home, hostel, family home, own home etc), with a proportion of people in community placements under a Community Treatment Order. This proposal seeks changes to the Mental Health Act that would enable a third type of facility (a facility that falls between an authorised unit and an ‘open’ community placement) to be developed for those individuals who could be managed in more home-like settings where a strong focus on rehabilitation and maintenance of skills is provided but who would require a locked setting for the reasons mentioned previously. This type of unit or ‘Approved Home’ would enable the patients’ well being and their whereabouts to be monitored and supervised at all times.

According to advice received from the Department of Health’s Legal Services, under the Mental Health Act an authorised hospital could apply to acquire and establish an authorised secure community based home in which involuntary patients could reside, be treated and be detained. In addition, it is also possible, under the Act, for the DOH to contract a non-government organisation to provide the day to day care of involuntary patients in these authorised community based settings.

Through the CO-100 Project the ‘Approved Home’, would in effect become the permanent home for the patient as many would continue to be involuntary and are likely to remain predominantly a danger to themselves. The Approved Home would accommodate between 4 – 6 residents and would have an appropriate ratio of direct care Accommodation Support Service Workers during each shift, depending on the needs of the residents. It may also be feasible to co-locate the Approved Home with a supported ‘open’ home so that staff from the open home could be utilized in an emergency in the Approved Home.

It is envisaged that the Department of Health would contract a Non Government Organization to provide the staffing and support required in the Approved Home. Staffing may consist of a supervisor or coordinator with clinical experience with Accommodation Support Service Workers providing the direct ‘on the floor’ care. The Accommodation Support Service Workers would be responsible for the day to day care of the residents, coordination of access to community and hospital based services and activities required by individuals and the running of the home.

To further support CO-100 people to live successfully in the community, the Project intends to establish a new mobile Rehabilitation Team comprising multidisciplinary mental health practitioners whose primary goals will be to provide advice and support to the Accommodation Support Service staff in relation to the ‘whole of life’ needs of the target group and to facilitate the development of shared care partnerships between the Accommodation Support Service, Community Mental Health Services and wherever possible other community based services, including general practitioners and the general community. This team will have a strong community development and education role and will collaborate with the Accommodation Support Service Provider, Community Mental

Health Service and other service providers to ensure the needs of CO-100 residents are met.

The authorised hospital (or the community arm of the hospital) would be expected to provide the necessary mental health advice, support and services required to meet the needs of the residents in collaboration with the Accommodation Support Service Provider and formal mechanisms would be used to confirm the partnership arrangements (eg. service agreements, memorandums of understanding etc). The ASSP would be required to consult and collaborate with the hospital's mental health practitioners and the Rehabilitation Team in relation to the clinical, medication, rehabilitation and other 'whole of life' needs of the individuals. The overall objective is to improve the quality of life for CO-100 residents and support them to achieve a balanced lifestyle by supporting them to have greater access to the community and a more 'normalised' lifestyle.

The level and type of support needed by existing Murchison patients who do move to community based living will not require the direct care staff to be trained mental health practitioners. It is expected that the Accommodation Support Service Provider will employ a supervisor / coordinator with clinical experience for the Approved Home(s) and that additional clinical expertise will come from the proposed Rehabilitation Team and the existing Community Mental Health Service.

The Mental Health Act currently contains a number of requirements on the manner in which services must be provided by authorized units (for example, ss 49, 50, 52, 59, 60, 62, 108, 156, 157, 158, 164, 169). Whilst many of the requirements of the Act could easily be met in the proposed 'Approved Home', there are some parts of the Act that may require further discussion. For example the Act requires the presence / availability of mental health, senior mental health and/or medical practitioners to authorise seclusion and observe and monitor the patient whilst in seclusion (ss118, 119, 120). Staff in 'Approved Homes' are unlikely to be mental health practitioners with the exception perhaps of the Supervisor / Coordinator position.

Whilst further discussion will need to occur in relation to the establishment of an 'Approved Home' and the requirements of the Act such a unit would be need to meet, the proposal puts forward some strategies and protocols below that will need further development if the proposal was accepted to ensure safe and ethical standards of practice:

Should it become necessary to place someone living in an Approved Home in seclusion it is suggested that:

- The Approved Home have a separate room to the residents' bedrooms that could be used for seclusion
- Should a resident be known to require seclusion (based on previous history), the Accommodation Support Service Worker and the Rehabilitation Team would collaborate to identify the indicators and develop the protocol to be used for the seclusion of that particular individual. Each resident requiring seclusion would have their own set of protocols relating to the use of seclusion.
- The Rehabilitation Team in collaboration with the Accommodation Support Service Worker would identify the necessary interventions (behavioural, counseling, medication etc), which need to take place to prevent or minimize the use of seclusion for that individual.
- If the identified interventions have not succeeded, the Accommodation Support Service Worker places an individual in seclusion for a maximum of 2 hours after providing evidence for the need for seclusion (ie seclusion indicators) and obtaining

approval via the telephone from a nominated Senior Mental Health Practitioner / Medical Practitioner who is aware of the individual's seclusion protocols. The Senior Mental Health Practitioner is likely to be part of the Rehabilitation Team and the Medical Practitioner is likely to be hospital or community mental health service based.

- The Accommodation Support Service Worker be allowed to undertake the required special duties as stated in s120 and Mental Health Regulation 13 when the patient is in seclusion.
- A Psychiatrist / Medical Practitioner who is aware of the individual's seclusion protocols must attend the house to monitor the patient who has been secluded within 2 hours of the commencement of seclusion and provide further instructions.
- The Psychiatrist / Medical Practitioner's instructions to be recorded in seclusion documentation in patient's file
- The Accommodation Support Service Worker completes all the necessary seclusion documentation (as per Mental Health Act) and forwards a copy to the non-government Accommodation Support Service Provider management, Rehabilitation Team, Authorised Hospital's Director of Clinical Services; Community Mental Health Service / Treating Psychiatrist and Mental Health Review Board.
- All Accommodation Support Service Workers in an Approved Home would be required to complete competency-based training in the management of patients in an Approved Home, including the use of seclusion.

Whilst seclusion may be required from time to time for residents living in Approved Homes through CO-100, the practice of mechanical bodily restraints will not be utilised. (At Murchison Ward the need to place existing patients in seclusion is infrequent. The use of mechanical bodily restraints is even rarer.)

Proposal 2

It is proposed that the Mental Health Act include a set of principles that govern the manner in which non-government organisations operate in their provision of community support services to people with mental illness, thus providing an opportunity to regulate and hold accountable a growing accommodation support service sector in mental health, including the previously proposed NGO managed Approved Homes.

The quality of service delivery by non-government Accommodation Support Services established through CO-100 will be monitored through various mechanisms including compliance with the National Standards for Mental Health Services² as well as visits from the Council of Official Visitors and the Office of the Chief Psychiatrist. Whilst these requirements greatly assist in the monitoring of quality of care and service delivery, confidence in the capacity of the non government mental health sector to provide the level of support and services needed by people with mental illness will be strengthened if the sector can be held accountable under the Act.

² The Office of Mental Health is currently developing the National Standards for Mental Health Services to include service providers in the non-government mental health sector.

Below are examples of principles (taken from the Victorian Mental Health Act 1986) that the Act could adopt for the non-government mental health sector in WA:

An agency providing community support services operates in accordance with the following principles--

- a. *People receiving the services should be given the best possible care and treatment appropriate to their needs in the least possible restrictive environment and least possible intrusive manner consistent with the effective giving of that care and treatment; and*
- b. *Provision should be made for people who are receiving the services to participate in the planning, operation and evaluation of the services; and*
- c. *Restrictions on and interference with the rights, privacy, dignity and self-respect of people receiving the services should be kept to the minimum necessary in the circumstances; and*
- d. *There should be adequate mechanisms for the assessment and review of people receiving the services; and*
- e. *The services provided should be accessible and flexible to meet the needs of people with a mental disorder.*

It is also proposed that the principles include a requirement by community support services to comply with the National Standards for Mental Health Services. The range of principles to be included in the Mental Health Act would need further consultation and discussion. There is currently a project being undertaken by the Office of Mental Health to implement the National Standards for Mental Health Services in the non-government sector, including the accommodation support services, and the outcomes of this project could inform the deliberations about changes to the Act in this respect.