

# Glossary

## Carers

This report adopts the term 'carer' to denote a family member or other support person who contributed to this Review in concern of a person diagnosed with a mental illness. The term is also used in this report according to the definition (Western Australian Government 2007):

People, often family and friends, who provide care or assistance to another person who is frail, has a disability, a chronic or a mental illness. The care is provided without payment apart from a pension, benefit or allowance.

The Carers Advisory Council promotes the definition of carers as described in the Carers Recognition Act 2004: an individual who provides ongoing care or assistance to:

- a. a person with a disability as defined in the Disability Services Act 1993 s 3
- b. a person who has a chronic illness, including a mental illness as defined in the Mental Health Act 1996 s 3
- c. a person who because of frailty requires assistance with carrying out everyday tasks or
- d. a person of prescribed class.

## Patients

This report adopts the term 'patient' to denote a person who has been diagnosed with a mental illness. In many documents, 'mental health consumer' is used to denote a person who has accessed mental health services. However, in the interviews of this Review the majority of individuals said they prefer to be called patients rather than consumers or clients when they are using mental health services.

## Policy

### The Clinical Risk Management Process

In line with both the Australian/New Zealand Standard AS/NZS 4360:2004 *Risk Management and the Clinical Risk Management Guidelines for the Western Australian Health System*, this policy follows a five-step process and contextualises this process for mental health settings.

**Step 1: Establish the context.** Identify and understand the service's operating environment and strategic context.

**Step 2: Identify the risks.** Identify internal and external clinical risks that may pose a threat to the health system, organisation, business unit, and team and/or patient.

**Step 3: Analyse the risks.** Undertake a systematic analysis to understand the nature of risk and to identify tasks for further action.

**Step 4: Evaluate and prioritise the risks.** Evaluate the risks and compare against acceptability criteria to develop a prioritised list of risks for further action.

**Step 5: Treat the risks.** Identify the range of options to treat risks, assess the options, prepare risk treatment plans and implement them using available resources. Two factors underpin these five steps, namely:

- Communication and Consultation
- Monitoring and Review.

Both are vital to effective clinical risk management and need to be implemented simultaneously at each level of the clinical risk management process. Services seeking further information about this process should refer to both the Australian Standard and the Department of Health's *Guidelines*.

## Risk

The following has been extracted from the CRAM Policy.

Risk in mental health has been defined as the likelihood of an event happening with potentially harmful or beneficial outcomes for self and others (Morgan, 2000). Mental health services are particularly concerned about risks that are highly likely in terms of probability and that have severe consequences, such as imminent suicide attempts or violence. Examples of clinical risks in mental health include:

### Risks to Self:

- Self-harm and suicide, including repetitive self-injury
- Self-neglect
- Absconding and wandering (which may also be a risk to others)
- Health including:
  - Drug and alcohol abuse
    - Medical conditions, e.g. alcohol withdrawal, unstable diabetes mellitus, delirium, organic brain injury, epilepsy;
    - Quality of life, including dignity, reputation, social and financial status.

### Risks to Others:

- Harassment
- Stalking or predatory intent
- Violence and aggression, including sexual assault or abuse
- Property damage, including arson
- Public nuisance
- Reckless behaviour that endangers others e.g. drink driving.

## Risks by Others:

- Physical, sexual or emotional harm or abuse by others; and
- Social or financial abuse or neglect by others (Adapted from Ministry of Health, 1998; Top End Mental Health, 2004).
- Risks may also be posed to patients by systems and treatment, such as the side-effects of medication, ineffective care, institutionalisation and social stigma. Whilst these types of clinical risks are often not immediately obvious, they should be carefully considered in management planning (Ministry of Health, 1998).

The frequency and prevalence of certain clinical risks that clinicians encounter will also depend on the setting and age group seen. For instance, the risk of abuse or neglect by others may be higher in children and the risk of self-neglect higher in older adults. However, age alone does not preclude the presence of certain clinical risks. Adolescents may still be at risk of self-neglect, and adults living independently can still be at risk of exploitation.

## Step-down unit (mental health)

A unit providing mental and physical healthcare, including rehabilitation immediate between that of an intensive specialist mental health hospital unit and independent community living.

## Triage

The sorting of and allocation of appointments for assessment to clinical priority

# Acronyms

ABF	activity-based funding
ABS	Australian Bureau of Statistics
ACIT	Acute Community Intervention Team
AHS	Area Health Service
AIHW	Australian Institute of Health and Welfare
AMA	Australian Medical Association
ARDT	Admission, Readmission, Discharge and Transfer Policy for WA Health Services
BAU	Bentley Adolescent Unit
CAHS	Child and Adolescent Health Service
CALD	culturally and linguistically diverse
CAMHS	Child and Adolescent Mental Health Service
CEO	Chief Executive Officer
CERT	Community Emergency Response Team
CLMIA	Criminal Law (Mentally Impaired Accused) Act 1996
CMHS	Community Mental Health Service
COAG	Council of Australian Governments
COOV	Council of Official Visitors
CRAM	Clinical Risk Assessment and Management Policy
CTO	community treatment order
D & A	drug and alcohol
DCS	Department of Corrective Services
DoH	Department of Health
ED	Emergency Department
EPIC	Early Episode Psychosis Program
FTE	full-time equivalent
GP	general practitioner
HoNOS	mandatory rating system that measures the severity of mental illness
ICD	International Classification of Diseases system

IDTU	Intensive Day Therapy Unit
IMP	Individual Management Plan
MH	mental health
MHC	Mental Health Commission
MHIS	Mental Health Information System, Department of Health
MHERL	Mental Health Emergency Response Line
MHN	mental health nurse
MHS	Mental Health Service
NMAHS	North Metropolitan Area Health Service
NOCC	National Outcome and Casemix Collection
NGO	non-government organisation
NSMHS	National Standards for Mental Health Services
OCP	Office of the Chief Psychiatrist
MH ORC	Mental Health Operations Review Committee
PLN	psychiatry liaison nurse
PLT	psychiatry liaison team
PMH	Princess Margaret Hospital
RFDS	Royal Flying Doctor Service
RPH	Royal Perth Hospital
SAMHS	Specialist Aboriginal Mental Health Service
SFMHS	State Forensic Mental Health Service
SHEF	State Health Executive Forum
SMAHS	South Metropolitan Area Health Service
WA	Western Australia
WAAG	Western Australian Auditor General
WAAMH	Western Australia Association of Mental Health
WACHS	Western Australian Country Health Service

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## Western Australia Acts

- Mental Health Act 1996 (WA)*
- Carers Recognition Act 2004 (WA)*
- Coroners Act 1996 (WA)*
- Criminal Law (Mentally Impaired Accused) Act 1996 (WA)*
- Draft Mental Health Bill 2011 (WA)*

## Commonwealth Acts

- Carer Recognition Act 2010 (Cwlth)*
- Commonwealth Health Insurance Act 1973 (Cwlth)*
- Disability Services Act 1993 (Cwlth)*
- Privacy Act 1988 (Cwlth)*