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 person with a disability as defined in the Disability Services Act 1993 s 3
- a person who has a chronic illness, including a mental illness as defined in the Mental Health Act 1996 s 3
- a person who because of frailty requires assistance with carrying out everyday tasks or
- 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.
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ABF</td>
<td>activity-based funding</td>
</tr>
<tr>
<td>ABS</td>
<td>Australian Bureau of Statistics</td>
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<tr>
<td>ACIT</td>
<td>Acute Community Intervention Team</td>
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<tr>
<td>AHS</td>
<td>Area Health Service</td>
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<tr>
<td>AIHW</td>
<td>Australian Institute of Health and Welfare</td>
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<tr>
<td>AMA</td>
<td>Australian Medical Association</td>
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<tr>
<td>ARDT</td>
<td>Admission, Readmission, Discharge and Transfer Policy for WA Health Services</td>
</tr>
<tr>
<td>BAU</td>
<td>Bentley Adolescent Unit</td>
</tr>
<tr>
<td>CAHS</td>
<td>Child and Adolescent Health Service</td>
</tr>
<tr>
<td>CALD</td>
<td>culturally and linguistically diverse</td>
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<tr>
<td>CAMHS</td>
<td>Child and Adolescent Mental Health Service</td>
</tr>
<tr>
<td>CEO</td>
<td>Chief Executive Officer</td>
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<tr>
<td>CERT</td>
<td>Community Emergency Response Team</td>
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<td>CLMIA</td>
<td>Criminal Law (Mentally Impaired Accused) Act 1996</td>
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<td>Clinical Risk Assessment and Management Policy</td>
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<td>community treatment order</td>
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<td>drug and alcohol</td>
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<td>Department of Corrective Services</td>
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<td>DoH</td>
<td>Department of Health</td>
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<td>ED</td>
<td>Emergency Department</td>
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<tr>
<td>EPIC</td>
<td>Early Episode Psychosis Program</td>
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<tr>
<td>FTE</td>
<td>full-time equivalent</td>
</tr>
<tr>
<td>GP</td>
<td>general practitioner</td>
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<tr>
<td>HoNOS</td>
<td>mandatory rating system that measures the severity of mental illness</td>
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<tr>
<td>ICD</td>
<td>International Classification of Diseases system</td>
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<tr>
<td>Acronym</td>
<td>Description</td>
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<tr>
<td>IDTU</td>
<td>Intensive Day Therapy Unit</td>
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<tr>
<td>IMP</td>
<td>Individual Management Plan</td>
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<td>mental health</td>
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<td>Mental Health Information System, Department of Health</td>
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<td>NOCC</td>
<td>National Outcome and Casemix Collection</td>
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<td>NGO</td>
<td>non-government organisation</td>
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<td>National Standards for Mental Health Services</td>
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<td>Office of the Chief Psychiatrist</td>
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<tr>
<td>MH ORC</td>
<td>Mental Health Operations Review Committee</td>
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<tr>
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<td>psychiatry liaison nurse</td>
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<td>PLT</td>
<td>psychiatry liaison team</td>
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<td>PMH</td>
<td>Princess Margaret Hospital</td>
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<td>RFDS</td>
<td>Royal Flying Doctor Service</td>
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<td>RPH</td>
<td>Royal Perth Hospital</td>
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<td>SAMHS</td>
<td>Specialist Aboriginal Mental Health Service</td>
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<td>SFMHS</td>
<td>State Forensic Mental Health Service</td>
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<td>WA</td>
<td>Western Australia</td>
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<td>WAAG</td>
<td>Western Australian Auditor General</td>
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<td>WAAMH</td>
<td>Western Australia Association of Mental Health</td>
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<tr>
<td>WACHS</td>
<td>Western Australian Country Health Service</td>
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</table>
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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)