Treatment and Care of Patients

1. Purpose
This Policy outlines the relevant provisions of the Mental Health Act 2016, and the Chief Psychiatrist Policy, in relation to the treatment and care of patients.

This Policy draws on national guidelines and frameworks on the delivery of treatment and care in a way that optimises patient outcomes.

2. Scope
This Policy is mandatory for all authorised mental health services (AMHSs). An authorised doctor, authorised mental health practitioner, AMHS administrator, or other person performing a function or exercising a power under the Act must comply with this Policy.

This Policy must be implemented in way that is consistent with the Objects and Principles of the Act.

3. Authoring Legislation
Section 305(1)(e)-(g) and (2)(b) of the Mental Health Act 2016.

4. Background
The objects of the Mental Health Act 2016, including the way that treatment and care is provided to persons under the Act, must be achieved in a way that:

- safeguard the rights of persons
- is the least restrictive of the patients’ rights and liberties, and
- promotes the recovery of a person, and the person’s ability to live in the community, without the need for involuntary treatment and care.

The principles of the Act require that treatment and care must be provided to a person who has a mental illness only if it is appropriate for promoting and maintaining the person’s health and wellbeing (section 5(l)).

Specific provisions of the Act outline responsibilities in providing treatment and care to ‘patients’, namely:

- involuntary patients under the Act, and
- persons receiving treatment and care for a mental illness in an authorised mental health service other than as an involuntary patient, including a person receiving treatment and care under an advance health directive or with the consent of a personal guardian or attorney.

For these patients, an authorised doctor has a statutory duty to ensure the treatment and care provided to the patient is, appropriate for the patient’s treatment and care needs and in compliance with the requirements of the Act (section 202).

An authorised doctor providing treatment and care to patients must, to the extent practicable, provide timely, accurate and appropriate information to the patient about the patient’s treatment and care (section 285).
5. Policy

The provision of treatment and care to patients must:

- be delivered in accordance with contemporary clinical practice
- incorporate sound quality principles and practices
- be delivered under clinically-appropriate governance arrangements, and
- be least restrictive of a person’s rights and liberties, having regard to the person’s safety and welfare, and the safety of others.

5.1 National Standards

Services are to be delivered in accordance with the National Standards for Mental Health Services 2010, namely:

**Standard 1: Rights and Responsibilities.** The rights and responsibilities of people affected by mental health problems and/or mental illness are upheld by the mental health service (MHS) and are documented, prominently displayed, applied and promoted throughout all phases of care.

**Standard 2: Safety.** The activity and environment of the MHS are safe for consumers, carers, families, visitors, staff and its community.

**Standard 3: Consumer and Carer Participation.** Consumers and carers are actively involved in the development, planning, delivery and evaluation of services.

**Standard 4: Diversity responsiveness.** The MHS delivers services that take into account the cultural and social diversity of its consumers and meets their needs and those of their carers and community throughout all phases of care.

**Standard 5: Promotion and Prevention.** The MHS works in partnership with its community to promote mental health and address prevention of mental health problems and/or mental illness.

**Standard 6: Consumers.** Consumers have the right to comprehensive and integrated mental health care that meets their individual needs and achieves the best possible outcome in terms of their recovery.

**Standard 7: Carers.** The MHS recognises, respects, values and supports the importance of carers to the wellbeing, treatment, and recovery of people with a mental illness.

**Standard 8: Governance, Leadership and Management.** The MHS is governed, led and managed effectively and efficiently to facilitate the delivery of quality and coordinated services.

**Standard 9: Integration.** The MHS collaborates with and develops partnerships within its own organisation and externally with other service providers to facilitate coordinated and integrated services for consumers and carers.

**Standard 10: Delivery of Care** (refer to details in the Standard).

Treatment and care must be contemporary evidence-informed practice. The National Practice Standards for the Mental Health Workforce 2013 refers to treatment and support (standard 7). This standard states that, to meet the needs, goals and aspirations of people and their families and carers, mental health practitioners must deliver quality, evidence-informed health and social interventions.
The two sets of standards (the National Standards for Mental Health Services 2010 and the National Practice Standards for the Mental Health Workforce 2013) are intended to work together to support the ongoing development and implementation of good practices and to guide continuous quality improvement in mental health services. The service standards ensure systems and processes are in place at an organisational level to provide optimum support for people using the service and their families. The practice standards ensure mental health professionals’ work practices demonstrate person-centred approaches and reflect nationally agreed protocols and requirements.

5.2 Recovery-oriented services

Recovery-oriented treatment and care:
- supports people to recognise and take responsibility for their own recovery and wellbeing and to define their goals, wishes and aspirations
- involves the patient’s family, carers or other support persons
- recognises that patients have a right to have support persons involved in all aspects of their care, and
- should be tailored to the patient’s individual needs.

Health practitioners should have regard to the ‘Principles of recovery oriented mental health practice’ and the ‘Supporting recovery’ standard (10.1) of the National Standards for Mental Health Services 2010.

Health practitioners should also have regard to the National Framework for Recovery-Oriented Mental Health Services: A Guide for Practitioners and Providers (2013). The framework aims to assist mental health professionals to align their practice with recovery principles and ultimately improve outcomes and quality of life for people experiencing mental health issues.

5.3 Patient Rights

The treatment and care of patients must have regard to the Mental Health Statement on Rights and Responsibilities which seeks to ensure that consumers, carers, support persons, service providers and the community are aware of relevant rights and responsibilities and can be confident in exercising them.

This statement is consistent with Australia’s international obligations, particularly the United Nations Convention on the Rights of Persons with Disabilities and the Convention on the Rights of the Child.

5.4 Least restrictive treatment and care

For treatment and care to be provided in the least restrictive way, the treatment and care:
- must place the least personal restriction on the rights and choices of the patients, taking into account their living situation, their level of support and the needs of their carer(s) and/or family members, and
- must be provided in the community where possible. If treatment and care is to be provided in an inpatient setting this is because the person’s treatment and care needs require this or the safety and welfare of the patient or others require this. This also supports the recovery oriented framework which recognises people best recover in their own homes.

This is subject to the requirements of the Act in relation to managing community risks for patients on forensic orders.

5.5 Continuity of care

Where the relevant AMHS administrators agree to transfer the responsibility for a patient between services, there needs to be communication and planning prior to the transfer taking place. Relevant clinical documentation must be transferred in a timely way to ensure the continuity of appropriate treatment and care for the patient.
When patients are to receive limited community treatment in the catchment area of another AMHS, clear communication between AMHSs, and the identification of roles and responsibilities of treating teams, are required to ensure the continuity of appropriate treatment and care for the patient.

When a patient is to be discharged, a discharge plan must be developed and communicated with their primary health practitioner in the community to ensure ongoing treatment and care needs are well understood.

5.6 Parental responsibilities

Where relevant, the treatment and care of persons in parenting or caring roles should promote effective parenting or care strategies relevant to the needs of dependants. This may include the identification of suspected child abuse and neglect. Practitioners should refer to the Department of Health’s Guideline: Reporting a Reasonable/Reportable Suspicion of Child Abuse and Neglect (2015) for guidance.

6. Supporting Documents

• National Standards for Mental Health Services 2010
• National Practice Standards for the Mental Health Workforce 2013
• Guide to Patient Rights under the Mental Health Act 2016
• Mental Health Statement on Rights and Responsibilities (2012)
• United Nations Convention of the Rights on Persons with Disabilities
• United Nations Convention on the Rights of the Child
• Department of Health’s Guideline: Reporting a Reasonable/Reportable Suspicion of Child Abuse and Neglect (2015)

Issued under section 305 of the Mental Health Act 2016

Assoc. Prof John Allan
Chief Psychiatrist, Queensland Health
5 March 2017