

CHAPTER 5

Term of Reference E: Quality control of mental health services

*'Few national policy areas in Australia are subject to an equivalent level of reporting and accountability as required under the National Mental Health Strategy.'*¹

Under the National Mental Health Strategy, nationally agreed measures of performance were developed and are reported in the annual National Mental Health Report. Standards, monitoring and accountability were priority areas under the First National Mental Health Plan (1993-1998).

After the first five years of the national strategy, an independent evaluation was conducted. That evaluation concluded: *'Many initiatives taken, particularly those focusing on service quality and outcomes, will not deliver results for several years and will need the momentum maintained.'*² It recommended service standards, quality and outcomes for national action.

In 1996, National Standards for Mental Health Services (NSMHS) were endorsed by the Australian Health Ministers' Advisory Council's National Health Working Group. The development of these Standards was guided by the United Nations Principles. The Standards have an emphasis on consumers and carers, and are intended to reflect a strong values base related to human rights, dignity and empowerment. They can be used as a guide to continuous quality improvement, as a tool to inform consumers and carers about what to expect from a mental health service and as a checklist for service quality. They can also assist consumers and carers to participate in service planning, development and evaluation processes. They are being progressively implemented across all area health services.

The Second National Mental Health Plan (1998-2003) has quality and effectiveness as one of its priority areas. The desired outcomes are identified as:

- Improved responsiveness of services to the needs of consumers and carers across the life span
- Improved clinical outcomes and quality of life for consumers
- Consumer and carer satisfaction with services
- Improved outcomes for Aboriginal and Torres Strait Islander people, people from non-English speaking backgrounds and people living in rural and remote areas
- Improved access and outcomes for children and adolescents, young adults and older people with mental disorder.

The National Mental Health Report 2000 reports on action taken to:

- Develop a national minimum data set to ensure consistency of data and definitions
- Measure consumer outcome
- Develop models for funding mental health services
- Develop national standards for mental health services
- Review mental health legislation by all states and territories.

The Mental Health Indepth Review is an external assessment of a mental health service in terms of its compliance with the NSMHS. The Review is an addendum to the organisation-wide Australian Council on Healthcare Standards (ACHS) accreditation surveys, which, in NSW, are commissioned by area health services. The Medicare Agreement requires all mental health services in Australia to have booked an external assessment by 30 June 2003. NSW will meet this requirement. The Commonwealth has endorsed both ACHS and Quality Management Services (QMS) as the only organisations able to conduct an external assessment of the NSMHS.

NSW Health has a broad quality agenda with a portfolio of quality programs. The Mental Health Quality Portfolio is a comprehensive, quality strategy coordinated by the Centre for Mental Health. The strategy was developed in response to two NSW Health policy and planning documents, 'Caring for Mental Health', October 1998 and 'A Framework for Managing the Quality of Health Services in New South Wales',³ February 1999.

Issues associated with the day-to-day delivery of mental health services in NSW have also been incorporated into the portfolio. The implementation of this quality agenda has involved, and will continue to involve, close cooperation between the Centre for Mental Health and area mental health services as well as partnerships between these bodies and a wide range of non-government organisations and other government agencies.

The Mental Health Quality Portfolio includes:

- Charter for Consumer Rights. The Charter was developed through extensive consultation with consumers, carers, community and service providers and provides guiding principles for the provision of mental health care.
- Mental Health Statement of Rights and Responsibilities. Released in 1995, the Statement recognises the entitlement of all citizens to equal access to good mental health care that is free of prejudice and is caring, just and humane. Its intention is to promote social justice, equity, access and a compassionate society with mental health as the primary goal.
- Mental Health Quality Indicators. There are 27 indicators that reflect aspects of the quality of mental health service provision at a local level. They will be collected for all mental health services in NSW and reported on a monthly, quarterly or annual basis from 1 July 2002 and will monitor a range of procedures including the management of sentinel events, discharge planning and consumer/carer participation. Once established, the process will facilitate benchmarking of mental health services with the ultimate aim of providing optimal quality mental services across NSW. The indicators are itemised below.

<i>Mental Health Quality Indicators for collection beginning 1 July 2002</i>	
Quality Indicator	Quality Domain
Implementation of NSW Health Policy <i>Sentinel Event Management in NSW Mental Health Services</i> . (annual audit required)	Safety
Number of Sentinel Events Reported (quarterly count)	Safety
Number of Sentinel Event Reviews (quarterly count)	Safety
% Sentinel Event Reviews conducted of Sentinel Events Reported.	Safety
Episodes of Seclusion in Acute Units (monthly)	Safety
% patients secluded at least once in the month	Safety
Number of Adverse Drug Events (monthly)	Safety
Unplanned readmission to hospital within 28 days (monthly)	Safety
% of clients with reported outcome data (MH-OAT), (quarterly)	Effectiveness
% of clinical staff retrained in MH-OAT (quarterly)	Effectiveness
Number of Active Clients on Clozapine (monthly)	Effectiveness
Number of Clients on Community Treatment Orders (monthly)	Effectiveness
Percentage of patients reported as being seen by community mental health services within 7 days of discharge from an acute mental health unit (available quarterly from MH Minimum Data Set).	Appropriateness
Number of MHS-funded specialist staff in each Area for C&A, Adult & Aged Care MHS	Appropriateness
% Utilisation of A1 and D MH-OAT Clinical Modules based on % random files by service unit (6 monthly audit coordinated by MH-OAT Coordinator or Service Quality Manager).	Appropriateness
% service activity that has consumer/carer participation at Levels 1-3	Consumer

(data available from Annual Survey of Mental Health Services).	Participation
% MH budget spent on consumer and carer participation (annually from National Survey).	Consumer Participation
Annual consumer survey or consumer focus groups conducted	Consumer Participation
FTE Consumers and Carers employed (quarterly)	Consumer. Participation
Number of Consumers and Carers employed and Consumer/Carer volunteers registered (reported by category quarterly).	Consumer Participation
Efficiency Index, based on MH-CCP Model (available quarterly)	Efficiency
Access to acute inpatient care – days/month of bed availability (available monthly).	Access
Access (Need) Index, based on MH-CCP Model (available quarterly)	Access
Number of patients readmitted within 28 days of discharge from an acute unit (reported monthly)	
Number of adult patients (18-65 years) in acute units with LOS > 35 days (reported monthly)	Access
Cumulative bed days in excess of 35 days / patient /admission (reported monthly)	Access
Number of calls to Area MH single contact number (reported quarterly)	Access

(i) *NSW compliance with international obligations under the United Nations Principles for the Protection of Persons with Mental Illness*

The Principles affirm that every person with mental illness has the same basic rights as every other person and will not be discriminated against. People with a mental illness have the right to live and work, as far as possible, in the community, must be accorded the right to recognition as a person before the law and have the right to protection from economic, sexual and other forms of exploitation, physical abuse or other abuse and degrading treatment. The Principles also refer to treatment, standards of care, admission to and access to resources within a mental health facility and access to information.

In relation to mental health care, the Principles deal with abuses and the means to prevent them, as well as recognising the right of everyone in the community to have access to the best available and appropriate mental health care when necessary. The principles emphasise that people with mental illness should not be stigmatised nor disadvantaged in the care available simply because of the nature of their illness. They require that mental health facilities be routinely inspected by competent authorities to ensure that the conditions, treatment and care of patients comply with the principles.

Through the National Mental Health Strategy, NSW complies with the United Nations principles. The national strategy initially had four major policy documents, one of which was the Mental Health Statement of Rights and Responsibilities. This Statement articulated the United Nations Resolution on the Protection of Rights of People with Mental Illness.

(ii) *Existing review mechanisms that monitor complaints handling and natural justice processes for consumers of mental health services*

Consumers and carers have a range of options available to them if they wish to make a complaint about health services. They can make complaints directly to an area health service or facility, to the Minister for Health, a Member of Parliament, the Director-General of Health, the Ombudsman, or the Health Care Complaints Commission. Major teaching hospitals have Patient Support Officers who assist people in formulating their complaints.

The reporting and managing of complaints concerning treatment and care by NSW Health facilities, services and health professionals is covered by legislation, policies or guidelines, including:

- The Health Care Complaints Act 1993
- Guidelines for Frontline Complaints Handling
- Management of Complaints about Health Services and the Health System.

NSW Health released the NSW Better Practice Guidelines for Frontline Complaints Handling in 1998. They were developed to provide a consistent and continuous approach to frontline complaints handling. The guidelines have five key elements: organisational commitment, complaint process, consumer focus, education of staff and information management. Within each of these elements, the guidelines identify minimum and better practices together with performance indicators for each.

To support the measurement of performance of complaint handling, NSW Health and the Health Care Complaints Commission jointly initiated and developed the NSW Statewide Complaints Data Collection to collect data on complaints resolved by area health services.

The data collection assists the Health Care Complaints Commission fulfil its statutory requirements to monitor, identify and advise the Minister on trends in complaints and to provide information to health service providers and professional and educational bodies on trends in complaints.

Complaints concerning mental health services can also be made to Official Visitors. The Official Visitors Program aims to safeguard standards of treatment and care and the rights and dignity of people being treated under NSW mental health legislation. Official Visitors report direct to the Minister for Health.

People appointed as Official Visitors represent a wide range of interests, education and experience including those who can represent aboriginal and ethnic viewpoints and those with a personal experience of mental illness. Since 1997, they have been appointed to an area health service rather than individual hospitals or health care agencies.

There are currently 89 Official Visitors throughout the State. The Mental Health Act requires that one Official Visitor on each visit be a medical practitioner. At times there has been difficulty in recruiting suitable medical practitioners and this has prevented some hospitals and health care agencies from being visited. However, in 2001 there were 526 visits to mental health inpatient units and health care agencies.

¹ National Mental Health Report 2000, op cit, page 8.

² AHMAC Evaluation Steering Committee, *Evaluation of the National Mental Health Strategy: Final Report*, Australian Health Ministers' Advisory Council, December 1997 quoted in *National Mental Health Report 2000*, page 12.

³ NSW Health Department (1999) *A Framework for Managing the Quality of Health Services in New South Wales*. NSW Health: Sydney.