Improve the mental health of communities
About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises governments on mental health care. The RANZCP is the peak body representing psychiatrists in Australia and New Zealand and as a bi-national college has strong ties with associations in the Asia-Pacific region.

The RANZCP has more than 7300 members including more than 5300 qualified psychiatrists and almost 2000 members who are training to qualify as psychiatrists. Psychiatrists are clinical leaders in the provision of mental health care in the community and use a range of evidence-based treatments to support a person in their journey of recovery.

Introduction

The Australian Commission on Safety and Quality in Health Care (the Commission) has released a draft National Safety and Quality Health Service (NSQHS) Standards user guide for acute and community mental health services. The user guide is designed to support implementation of the NSQHS standards in mental health services, which are assessed under the Australian Health Service Safety and Quality Accreditation Scheme. These include public and private hospital services, community mental health services provided through local health districts or networks, and in-home services. This new user guide will also link existing NSQHS standards to current national mental health policy priorities.

The draft user guide has been released for public consultation, allowing the RANZCP to provide feedback to the Commission regarding the guide’s efficacy as a resource to help the psychiatric profession implement the standards. The submission has been developed using feedback from RANZCP members.

The RANZCP response to:

Standard 1.04: Organisational Leadership

The user guide is an effective resource for clinicians to achieve standard 1.04. It reaffirms mental health services’ responsibility to work with local communities to deliver safe and effective care that meets the needs of Aboriginal and Torres Strait Islander people. The RANZCP applauds the guide’s recognition of cultural safety across the health system, to close the gap in health outcomes between Aboriginal and Torres Strait Islander people and other Australians. The guide effectively draws attention to this context, and the organisational, strategic and implementation plans, targets and deliverables required to address it.

The RANZCP also supports the guide’s promotion of Aboriginal and Torres Strait Islander representation within governance structures. This guidance recognises the need for a system-wide recognition of the role of culture and community in the healing process. The reference to the Gayaa Dhuwi (Proud Spirit) Declaration Implementation Guide for example, will be a useful resource to promote Aboriginal and Torres Strait Islander participation in the production and evaluation of services and programs. With this guidance, clinicians can provide organisational leadership that addresses the needs of Aboriginal and Torres Strait Islander people, and remedies inequities in healthcare and health outcomes.

The utility of the user guide to achieve organisational leadership could be improved by referencing wider stakeholders, that work within mental health service teams alongside Aboriginal communities. Trained Aboriginal mental health workers and/or traditional healers work in close partnership with community-
controlled organisations. An effective guide for clinicians would be one that articulates their important role more clearly, offering regular 1-1 and/or group supervision, pastoral support and mentorship.

**Standard 1.10: Risk Management**

The RANZCP acknowledges the guide’s useful explanation of risk management. This outlines effective practice for health service organisations to identify, ameliorate and document organisational risks. Within mental health settings, the specific guide to providing an environment that minimises the potential for conflict and self-harm is also beneficial to mental health practitioners.

The efficacy of the user guide would be improved by acknowledging the context that these services operate in. The guide’s directions on safety are entwined with adequate staffing levels and a clinical skill-mix to provide appropriate care. Workforce shortages particularly in rural and remote communities (See National Mental Health Workforce Strategy 2021-2031), put the validity of this recommended practice in question. It is important that the guide offers relevant practice to achieve standard 1.10, relating to the reality clinicians encounter. Relevant considerations for alternate practice could include emergency support and violence de-escalation from police and hospital security, community groups, and other primary healthcare professionals.

**Standard 1.16: Healthcare Records**

The user guide offers a useful resource to achieving standard 1.16 on healthcare records, as it effectively emphasises that importance of health service organisations having comprehensive, accurate, integrated and accessible healthcare records. The guide outlines best practice for clinicians to achieve this:

- Making the healthcare record available to clinicians at the point of care
- Supporting the workforce to maintain accurate and complete healthcare records
- Complying with security and privacy regulations
- Supporting systematic audit of clinical information
- Integrating multiple information systems, where they are used.

This information is a useful resource for psychiatrists to maintain effective healthcare records, furthering their ability to provide holistic and effective patient care. Particularly useful, is the guide’s outlining of practice regarding coordinated data systems. This will aid psychiatrists to assess patient outcome measures and inform system improvement.

The RANZCP would welcome a greater recognition of wider, community-based healthcare services. Community mental health service teams doing home visits in acute or potentially acute circumstances, rural and remote medical teams, and aboriginal medical services also form a significant part of mental health care. The relationship these organisations have with data varies, and an effective user guide should take that into account in order to guide good practice within these settings.

The RANZCP would also encourage consideration of disadvantaged groups when offering guidance on healthcare records. The efficacy of the guide would benefit from emphasising the potential of certain systems to exclude patient groups who may be less likely to register for data collection initiatives (e.g., CALD patients, patients with cognitive disabilities). Revising the guide in this respect would ensure clinicians do not overlook the social determinants of health, and offer equitable and accessible care.
Standard 1.22: Performance Management

The efficacy of the user guide as a resource for clinicians is supported by its outlining of effective practice regarding performance review processes. By articulating the process behind regular workforce performance reviews, training and development, the guide represents an informative resource to achieve standard 1.22.

To further improve guidance regarding performance management standards, the RANZCP argues that a system of regular clinical supervision and pastoral mentorship should be advised as mandatory for clinical staff at all levels of community mental health services.

Standard 1.23: Credentialing and Scope of Clinical Practice

The RANZCP welcomes the user guide as a useful resource to implement standard 1.23, effectively outlining procedure to clinicians, to define the scope of clinical practice. This involves:

- Considering the clinical service capacity of the organisation and clinical services plan
- Monitoring clinicians’ practices to ensure that they are operating within their designated scope of clinical practice
- Reviewing the scope of clinical practice periodically and whenever a new clinical service, procedure or technology is introduced or substantially altered.

To improve the user guide further, the role of service directors, team leaders and professional seniors to oversee, monitor and alter the quality of services, should be articulated. Within mental health services, it is important that the guide outlines the role of psychiatrists within this process, to ensure that the profession has a clear understanding to implement standard 1.23.

Standard 2: Partnering with Consumers (Partnering with patients in their own care/ Health literacy/ Partnering with consumers in organisational design and governance)

Standard 2.06: Sharing Decisions and Planning Care

The user guide is an effective resource to outline how health service organisations develop, implement and maintain systems with consumers. The RANZCP advocates for consumer and carer centred care, where the design, delivery, and evaluation of care is a shared process (See Position Statement 62: Partnering with people with a lived experience). The guide’s outline to improving health literacy, clinical governance and quality improvement systems (to achieve standard 2.06), is a welcome inclusion.

The guide’s specific mention of people with mental health conditions improves the efficacy of the user guide. Such people have extensive knowledge of what can exacerbate their symptoms and what mitigates risks. Integrating a process of co-designing treatment with the patient into the guidance, will effectively utilise lived experience and support clinicians to achieve optimal mental health outcomes.

To further improve the guide in this respect, guidance should be given to clinicians about partnering with consumers whose capacity to participate in shared decision making is limited by their mental illness.
Standard 4.10: Medication Review

The RANZCP acknowledges the document’s guidance on medication review. The guide produces a useful resource by outlining the need for, and process of medication reviews, using outcomes developed in partnership with consumers.

The RANZCP welcomes the guide’s practice in this regard. It reaffirms that reviews are conducted or supervised by a clinician with the appropriate skills and expertise, acting as part of a multidisciplinary team that uses quality improvement methodology to monitor and implement change. Such guidance will aid clinicians in ensuring that medicine use is optimised, and medicine-related problems are minimised.

To further improve the guidance on medication review, attention should be given to the operation of mental health services. The guide highlights that in large health service organisations, pharmacists are often the main provider of medication review services, and similar guidance should be given to psychiatrists as a key provider of medication review services within mental health settings.

Standard 5.09: Developing the Comprehensive Care Plan

The RANZCP recognises the guidance on developing a comprehensive care plan as a beneficial resource for clinicians. To ensure that consumers receive comprehensive care, care must be aligned with the consumer’s expressed goals, healthcare needs, and wellbeing. It is therefore valuable that this issue is addressed by the user guide.

The RANZCP welcomes the inclusion of mental health within the guidance on developing comprehensive care plans. To achieve good practice, the guide incorporates the need for a recovery-oriented focus to mental health care planning, the need to consider the diversity of consumer needs, and the need to include community mental health services. The guide’s efficacy is improved by these inclusions and will facilitate clinicians to develop comprehensive care plans and deliver effective treatment.

Guidance on care planning would be improved with the consideration of telehealth and the explicit expectations of psychiatrists when using these services. Guidance should be provided on pertinent issues such as:

- the standards and guidance around optimal balanced use of telehealth in acute assessment and treatment, and community mental health teams.
- the adequate provision of subsidies to meet costs of hardware (smart digital devices) and connectivity, for those who could not afford both otherwise, and enough familiarity coaching.
- the communication between telehealth practitioners, particularly in crisis, between local community mental health services, the designated care coordinator, families and the referring general practices.
- the balance between telehealth and face-to-face care, including outreach and home-visiting, with adequate & systematic safety procedures and equipment as required.

(See National Safety and Quality Digital Mental Health Standards for further information)
These considerations within the guidance, would further a clinician’s ability to develop care plans including telehealth services. In turn, this would support clinicians to provide specialist care to rural and remote communities and groups facing socio-economic disadvantage, who encounter high levels of mental illness, generational disadvantage, and lack of local services.

**Standard 6.05: Communication at Clinical Handover**

The user guide’s focus on communication systems within mental health services, provides a useful guide on how to set up and maintain processes that support effective communication with consumers, carers and families. The RANZCP acknowledges the guide’s emphasis on multidisciplinary teams across health service organisations, to ensure timely, purpose-driven and effective communication. Through outlining the good practice required to achieve standard 6.05 (procedure matching, communication at clinical handover, and shared documentation), the user guide is a resource that can aid clinicians in providing effective, un-siloed care.

**Standard 8.05: Recognising Acute Deterioration**

The inclusion of guidance to recognise acute deterioration in patients, particularly the inclusion of acute changes in cognition and mental state, is a welcome element of the user guide. This resource will support clinicians to effectively recognise and respond to acute deterioration in the context of mental health concerns. This can help avoid adverse outcomes relating to acute deterioration in a person’s mental state, prevented through early recognition and effective response. Specific considerations for community mental health services further the guide’s utility. They provide clinicians with an effective guide to utilise and communicate with these services in order to take proactive steps in patient care.

The user guide would be improved by the inclusion of home visit assessments. These are beneficial to avoiding emergency department presentations where possible. Therefore, to achieve standard 8.05 of recognising acute deterioration, it is pertinent that clinicians are provided guidance on how to recognise deterioration within these settings. This is particularly true where the person is of urgent concern due to a suspected acute or sub-acute condition, and is reluctant or unable to come in to a primary or secondary health facility or community mental health centre for assessment or care.