Background

Under the current Mental Health Act 1996, WA Police are the only people authorised to perform patient transfers for people subject to Transport Orders. This situation has been identified as a concern by many stakeholders for some time but the requirements of the current Act have prevented other options.

The Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia was conducted in 2012, led by Professor Bryant Stokes (Stokes Review). Recommendation 1.3 from the Stokes Review was to develop a mental health transport system that will safely transfer patients between hospitals across the metropolitan area. In response to this recommendation, the Western Australian State Government has committed funds to develop a transport service initiative that will be delivered under the new Mental Health Bill 2013.

The Mental Health Bill, when it is passed in Parliament, will enable a more appropriate and tailored mental health patient transfer model to be developed and for this to be delivered by people other than Police Officers. In the meantime, and to ensure that the community can be provided with a responsive service prior to the Mental Health Bill becoming operative, the pilot Mental Health Inter-Hospital Patient Transfer Service (MHIPTS) has been developed.

The pilot MHIPTS will provide an interim service until the Mental Health Bill 2013 is passed and a new mental health patient transfer service is developed. This will involve the Mental Health Commission (MHC), in collaboration with key stakeholders, undertaking further work to develop a long-term model for a mental health transport service. It is expected that the evaluation of the pilot MHIPTS along with further consultation with consumers, families, carers and other key stakeholders, will inform the long-term model.

The pilot MHIPTS will be delivered by the North Metropolitan Health Service (NMHS) and will support the transfer of people subject to Transport Orders under the Mental Health Act 1996 from metropolitan hospital emergency departments to authorised mental health facilities in the Perth Metropolitan area. To enable the commencement of this pilot service, appropriately qualified and trained NMHS security staff will be assigned the status of special constable solely for the purpose of conducting Transport Orders. Police will continue to conduct mental health escorts from community to hospital or in high risk situations. An authorised mental health practitioner will still be required to use the forms stipulated under the current Act for every Transport Order. It is anticipated that the pilot MHIPTS will commence in early March 2014.
It is intended that some of the benefits that consumers, families and carers can expect to see from the pilot MHIPTS are:

- Less time waiting in Emergency Departments for the transfer to an authorised mental health facility to occur.
- People will be escorted by transport officers who are trained in mental health and are experienced in interacting with people with mental illness.
- The reduction of stigma (i.e. no or minimal involvement of police and police vehicles).

**Public Information Sessions**

The MHC invited consumers, families and carers to attend public information sessions on the pilot MHIPTS on 17 December 2013 and 10 January 2014. The purpose of the information sessions was to provide an overview of the service and invite stakeholders to cast a critical eye over the proposed pilot service model and provide feedback. A total of 21 people representing consumers, families and carers attended the sessions. For those people who were unable to attend the sessions, an opportunity to provide written feedback via email was made available. A total of four written submissions were received by the MHC.

The pilot MHIPTS information sessions involved presentations from MHC and NMHS senior staff followed by a facilitated discussion with consumers, family members and carers on the proposed pilot transport service model.

**Key themes**

The following information summarises the key themes collated from the sessions along with the written feedback received:

- It was emphasised that training for transport officers must reflect contemporary mental health care with a focus on recovery oriented service delivery.
- Specific training must be provided for transport officers on working with vulnerable groups such as Aboriginal people, children, dual disability and people from culturally and linguistically diverse backgrounds.
- The group voiced concerns in relation to whether mandatory sentencing laws would apply to incidents involving transport officers assigned ‘special constable’ status.
- The process for making complaints about the service should be clearly documented and made available to consumers, family members or carers.
- Concerns were raised that the proposed draft training curriculum appeared to focus heavily on training in the use of restraint. It was highlighted this was not in line with recovery oriented practice.
- The group emphasised that staff training for transport officers should focus on developing high level negotiation skills and effective conflict management skills. It was emphasised that training to include information on delivering recovery oriented services in the context of mental health legislation.
• Effectively engaging and working collaboratively with the family member or carer of the person subject to the Transport Order throughout the transport process can assist in minimising distress.

• To promote effective collaboration, clinicians should contact family members or carers prior to the commencement of a Transport Order. It was suggested that clinicians’ attempts to contact family members or carers are formally documented.

• Stigma relating to the myth that people with mental health problems are dangerous needs to be considered. The assumption of danger can result in the legitimising of unnecessary force.

• To create an environment that promotes and enhances a more equitable relationship, it was suggested that transport officers are exempt from wearing a corporate uniform. Promoting equal relationships supports person centred models of clinical practice which is line with recovery oriented service delivery.

• To encourage recovery oriented service delivery, consideration must be given to the language used. Words such as ‘security’ can have negative implications in how a person engages with a service. Staff to be aware that language is a powerful tool with the power to hinder or support a person’s recovery.

• It is important that comprehensive and continued community consultation and engagement should be undertaken in the ongoing development and implementation of the MHIPTS.

A number of stakeholders clearly articulated that for this service to reflect contemporary mental health practice, training for staff employed to deliver the MHIPTS should focus on strengthening communication and de-escalation skills so that the transport staff will be well equipped with the skills to sensitively support people with mental health problems in a recovery oriented way.

Questions raised by the attendees at the information sessions and through written feedback emphasised the need for further clarification in relation to direct service delivery, service principles and staff training. To answer these questions, a separate document has been prepared and is provided as an attachment to this paper.

Overall comments from consumers, family members and carers have generally been supportive of an alternative transport service and perceive this as an opportunity to work towards a more effective and responsive service for people with mental illness receiving involuntary care. However, concerns regarding the pilot MHIPTS model in relation to staff training, use of uniforms and mandatory sentencing were clearly articulated and issues raised have received focused attention and have been addressed where possible.
ATTACHMENT 1

Consumer, Families and Carers Frequently Asked Questions

Question 1
What standards and guiding principles underpin the pilot service and who is responsible for ensuring that standards are met?

There are a number of standards and principles that underpin the pilot Mental Health Inter-Hospital Patient Transfer Service (MHIPTS). These include:

- Australian Council of Healthcare Standards
- Australian Commission on Safety and Quality in Healthcare
- National Standards for Mental Health Services
- National Safe Transport Principles
- WA Health Code of Conduct
- Carers Charter
- MHIPTS Operational Guidelines

Under the Mental Health Act 1996, the Office of the Chief Psychiatrist is charged with the responsibility of monitoring the standards of psychiatric care provided in WA.

The Mental Health Commission also monitors the delivery of the pilot MHIPTS under its contracting arrangements with the Department of Health.

The Carers Recognition Act 2004 applies to the Department of Health and the North Metropolitan Health Service (NMHS). Staff employed to deliver the pilot MHIPTS will be made aware of the Carers Recognition Act 2004 and the Carers Charter, and will be required to operate in accordance with this.

Question 2
How will the pilot MHIPTS be monitored and evaluated?

The North Metropolitan Health Service will establish a pilot MHIPTS Management Group. This Group will be responsible for the strategic direction and ongoing development of the pilot MHIPTS and will include representation from consumers and families or carers, WA Police, Department of Health, St John’s Ambulance and the Mental Health Commission.

The North Metropolitan Health Service will also be responsible for the evaluation of the pilot MHIPTS against the objectives of the program, however, part of the role of the MHIPTS Management Group will be to consider data and emerging issues, and to shape the scope of the evaluation to ensure that it focuses on emerging information to inform the long-term model.

Question 3
If conflict arises between the standards of WA Police, Department of Health and Mental Health Commission how will this be managed?

The pilot MHIPTS will operate under a number of standards – see Question 1

Any emerging issues between government departments will be raised at the NMHS MHIPTS Management Group and MHIPTS Operational Group meetings. This will
ensure that any potential issues that may impact on the pilot MHIPTS are identified early and addressed in a professional and timely manner.

**Question 4**
*What equipment will transport officers who are assigned ‘special constable’ status have access to?*

Transport officers assigned ‘special constable’ status will have access to standard WA Health security officer equipment. This includes handcuffs and Oleoresin Capsicum Foam which will only be used as a last resort and in accordance with appropriate training and written procedures.

**Question 5**
*Will mandatory sentencing apply to incidents involving transport officers assigned ‘special constable’ status?*

Based on advice from WA Police, if a NMHS transport officer, whilst acting in his/her capacity as a special constable is assaulted and suffers bodily harm or grievous bodily harm, then mandatory sentencing under s297 & s318 Criminal Code may apply. A prosecution will only commence on a complaint being made. Currently s27 of the Criminal Code provides a defence of ‘unsoundness of mind’ where an incident occurs in the context of the individual’s mental illness.

The transport officers only have ‘special constable status’ while they are conducting a transfer of a patient who is subject to a Transport Order. Those powers cease at the conclusion of the transportation.

Transport officers are required to identify themselves as a ‘Transport Officers with the authority of a ‘special constable’ and that they have the same authority as WA Police for the purpose of transferring the person who is subject to a Transport Order. This will be done verbally, and if requested, by documented evidence (appointment certificate from the Police Commissioner) to the person, their family members and carers.

**Question 6**
*What background checks will transport officers undergo and will they have previous experience in supporting people with mental health problems?*

Security officers who have been nominated for ‘special constable’ status have been recruited from within the existing pool of trained security officers within NMHS. These staff already have extensive experience working in mental health settings and supporting people with mental health problems.

All transport officers will have undergone the criminal record screening and Working with Children check.

**Question 7**
*What training will the pilot MHIPTS transport officers undergo prior to commencing in the ‘special constable’ role?*

As staff recruited to deliver the pilot MHIPTS have experience in working in mental health settings and have skills and training in de-escalation techniques. On top of any formal and on-the-job training that the security officers receive to work within mental health settings, the security officers will undergo additional training in security
operations that is approved by the WA Police in order to satisfy the requirement of ‘special constable status’.

Transport officers will also be trained and expected to implement the service according to the National Safe Transport Principles that provides a framework to guide best practice in relation to:

- Respect and cultural sensitivity
- Consumer and carer involvement in decision-making
- Decision support for transportation processes
- Functional efficiency of transport system
- Timeliness of the transportation process
- Staff competency

Additional training will be provided in Mental Health First Aid as well as training in the specific needs of working with minors, Aboriginal and Torres Strait Islander people, and people from culturally and linguistically diverse backgrounds or with people who have dual disabilities.

**Question 8**

**Will consideration be given to recruit a staff mix that includes Aboriginal and Torres Strait Islander people, women and people from culturally and linguistically diverse backgrounds? Is there scope for consumers, family members or carers to be involved in the recruitment of new transport officers?**

The pilot MHIPTS pool currently consists of 19 individuals assigned ‘special constable’ status. If further recruitment occurs, consideration will be given to inclusion of consumers, family members or carers in the recruitment process. The selection process will be mindful of the need for diversity as well as adherence to public sector recruitment standards.

**Question 9**

**If a person accessing the pilot MHIPTS has a complaint, what is the process?**

In the first instance, complaints regarding the pilot MHIPTS are to be made to the NMHS Mental Health Stakeholder Liaison Officer on (08) 9242 9613 or in writing to the:

Nurse Director Mental Health Assertive Patient Flow  
North Metropolitan Health Service  
Moore House  
Graylands Hospital  
Brockway Road  
Mt CLAREMONT  WA  6010

The Nurse Director Mental Health Assertive Patient Flow position is operationally responsible for the MHIPTS.

Complaints related to receiving mental health care that did not meet a person’s expectations may be directed to the Office of the Chief Psychiatrist.

Another way to have a complaint addressed is to contact the Council of Official Visitors. The Council is an independent advocacy service for individuals who are currently being treated under the Mental Health Act 1996. The role of the Council is
to ensure that people are aware of their rights and that these rights are being observed. The Council may also investigate and seek to resolve complaints.

Should a consumer, family member or carer feel that their matter has not been resolved in a satisfactory way, they may wish to contact the Health and Disability Service Complaints Office (HADSCO) for assistance.

**Question 10**

*What consideration has been given to the potential of misuse of power by transport officers?*

The pilot MHIPTS transport officer will only have ‘special constable’ status for the purposes of transporting an individual between hospitals who are subject to Transport Orders under the Mental Health Act 1996. The powers of ‘special constable’ status cease at the conclusion of the transportation.

To ensure that the dignity and safety of the individual requiring a transfer is maintained at all times, a careful evaluation of their support needs is made by a mental health clinician using the Mental Health Patient Transfer Matrix risk assessment. The matrix is a tool that is used by mental health clinicians to assess an individual’s current mental state and vulnerability to identify the most appropriate transport option.

Individuals accessing the pilot MHIPTS will remain under the care of, and be accompanied by, a health or mental health clinician throughout the transfer process.

Transport officers will also be subject to employment checks and appropriate training as outlined in this document (see Questions 6 & 7). Transport officers will work in pairs and also with a mental health clinician and/or St Johns Ambulance Officers.

**Question 11**

*What are the plans for transporting people on Transport Orders from community to hospital?*

There are no current plans to extend the service to community to hospital transportation.

**Question 12**

*Will the ‘special constable’ provisions be still applied once the new Mental Health Bill is enacted?*

It is expected that there will be a transition period when the Mental Health Bill is enacted to its implementation. During this period, the pilot MHIPTS will continue to operate until the long-term patient transport model is implemented.

Under the new Mental Health Bill 2013, competencies of the officers who will undertake patient transport will be set out in the Regulations to the Bill. The development of the future Regulations and specifications for these officers will be done in consultation with stakeholders. It will be informed by the development and evaluation of the pilot MHIPTS service, particularly from the perspective of consumers, families and carers. The Mental Health Commission will establish a Transport Officers Working Group under the Mental Health Bill Implementation Reference Group to have ongoing input into the development of the Regulations.