Factsheet - Clinical Governance

Office of the Chief Psychiatrist

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Contents

Summary	1
About Clinical Governance	2
Mental Health and Wellbeing Act 2022 reference(s)	2
Royal Commission – related recommendation(s)	2
Changes between MHA 2014 and the new MHWB Act 2022	2
What this change means	З
Practice guidelines and reporting directives	3
Further information	3
Disclaimer	4

Summary

A new Mental Health and Wellbeing Act 2022 (the Act) commences on 1 September 2023.

Mental health and wellbeing principles underpin the new Act and support consumer centred and quality clinical practice and provide a foundational understanding of quality clinical care and practice.

Mental health and wellbeing services are encouraged to establish strong internal clinical governance processes to ensure that clinical incidents are well managed and reviewed, and notifications occur in a timely way.

Under the new Act, the Chief Psychiatrist's statutory jurisdiction expands to:

- oversee and monitor the use of chemical restraint
- oversee and monitor the quality and safety of mental health practice in custodial settings.

Monitoring of chemical restraint is a first for Victoria; and the Chief Psychiatrist, in consultation with clinical experts, consumers, and carers, is taking a considered approach to implementing guidelines and reporting changes for restrictive interventions (including the use of chemical restraint) and oversight.

Effective 1 September, reporting on the use of chemical restraint will commence in bed-based service settings and for compulsory patients. It will also commence in custodial settings where specialist mental health care is provided: in prisons, youth justice centres as well as youth residential centres and remand centres. Refer to the Act, Part 1.2 – Interpretation, Section 3 – Definitions.

Further reporting requirements will be introduced in additional settings over the coming years.



Effective 1 September, oversight of specialist mental health services in custodial settings commences with Forensicare and Orygen, these services will need to:

- · report the use of chemical restraint
- · report sexual safety incidents
- notify reportable deaths to the Chief Psychiatrist.

Under the new Act, the Chief Psychiatrist will continue to provide clinical governance, oversight, and monitoring for:

- use of restrictive interventions (restraint and seclusion)
- use of electroconvulsive treatment (ECT)
- · reportable deaths
- · sexual safety incidents
- protection and promotion of human rights of consumers receiving care, treatment and support in Victoria's mental health and wellbeing system.

The Office of the Chief Psychiatrist is committed to supporting clinical mental health service providers to implement changes, understand their legal and reporting obligations, and supporting them to comply under the new Act and how to notify the Chief Psychiatrist of any breaches of the Act.

About Clinical Governance

Clinical governance are systems whereby health services hold themselves accountable for continuously improving the quality of their services and safe-guarding high standards of care.

Clinical mental health service providers need strong internal clinical governance processes to ensure that clinical incidents are well managed, consumer rights are upheld, and notifications occur in a timely way.

Mental Health and Wellbeing Act 2022 reference(s)

The *Mental Health and Wellbeing Act 2022* notes one function of the Chief Psychiatrist is to support the development of Clinical Governance frameworks. s267.

Royal Commission - related recommendation(s)

Clinical governance is defined in the Royal Commission final report as, '[T]he systems and processes that health services need to have in place to be accountable to the community for ensuring that care is safe, effective, patient-centred and continuously improving'. p656 vol 1

This clinical governance will be shared across the age range, meaning clinical governance applies for all services delivered by Mental health and Wellbeing services. p664 vol 1

Effective governance and accountability arrangements are required to instil public confidence in the mental health and wellbeing system. They are also a critical supporting function for system leadership and cross-sector and cross-government collaboration p83 vol 1.

Changes between MHA 2014 and the new MHWB Act 2022

Clinical governance remains a mechanism to support high quality and safe service delivery which promotes and protect the rights of consumers in mental health and wellbeing services.

What this change means

Where a serious clinical incident occurs, or where an incident occurs with the potential to impact on clinical care, apart from routine use of risk management systems such as RiskMan/VHIMS) clinical mental health service providers will be required to also notify the Office of the Chief Psychiatrist.

Serious clinical incidents can be defined by their classifications in the VHIMs systems (or equivalent) as either Incident Severity rating (ISR) 1 or ISR 2 incidents

Notification of ISR1 can be immediate or within 24 hours by phoning the Office of the Chief Psychiatrist (OCP) on 1300 767 299 or email an excel extract from VHIMs of the incident to the OCP on ocp@health.vic.gov.au

Practice guidelines and reporting directives

The Chief Psychiatrist's guidelines outline specialist information and advice on different aspects of clinical practice in mental health. The guidelines are developed in consultation with experts in clinical mental health practice including advice from consumers and carers with lived and living experience.

Clinical mental health service providers have reporting obligations under the Act. The Chief Psychiatrist's reporting directives provide instructions on reporting obligations and advice on how to report and submit information to the Chief Psychiatrist.

The Office of the Chief Psychiatrist has developed clinical guidelines for each statutory portfolio as well as additional clinical guidelines to support clinical mental health service providers to deliver safe, high quality mental health and wellbeing services and support.

Clinical guidelines and reporting directives are available on the Health Department's website.

Further information

The final report of the Royal Commission into Victoria's Mental Health System final report, Volumes 1-5 is available on the Royal Commission's website.

For local clinical escalation processes or questions regarding the implementation of the new *Mental Health* and *Wellbeing Act 2022* contact your local Act Implementation Lead (AIL) officer at your designated mental health and wellbeing service.

For clinical practice enquiries, complex case presentations and enquiries relating to the Chief Psychiatrist's guidelines and reporting directives and their application, email the Office of the Chief Psychiatrist on ocp@health.vic.gov.au

Information on the new *Mental Health and Wellbeing Act 2022* is available on the <u>Health Department's</u> website and available for download on the <u>Victorian Legislation</u> website.

Further information on the Chief Psychiatrist's clinical guidelines, reporting directives and supporting information is available on the <u>Health Department's website</u>.

Several factsheets are available to support clinical mental health service providers understand changes from the MHA 2014 to the MHWA 2022 for the Chief Psychiatrist's statutory portfolios, these are available on the Health Department's website.

Disclaimer

This fact sheet summarises key differences between the *Mental Health Act 2014* and *Mental Health and Wellbeing Act 2022* that apply to the Chief Psychiatrist's statutory role. It provides information to assist the mental health and wellbeing sector transition from the old act to the new act in the Chief Psychiatrist's areas of oversight. The fact sheet is valid for six months from the date of publication.

To receive this document in another format, phone 1300 767 299, using the National Relay Service 13 36 77 if required, or email ocp@health.vic.gov.au

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