

Review of the take up and use of advance statements and nominated persons 2018

Office of the Chief Mental Health Nurse

A reform agenda

The Mental Health Act 2014 introduced various ways to uphold the rights of people with a mental illness including:

- **a statements of rights,**
- **inclusion of recovery principles.**
- **formal mechanisms for supported decision making.**

A central tenant of the Act is the presumption that people have capacity to make decisions about their treatment and to give informed consent.

Advance Statements and Nominated Persons

The inclusion of Advanced Statements and the right to elect a Nominated Person were designed to:

provide support and to help protect consumers interests by ensuring people were able to exercise their rights and have their views and preferences about their treatment and recovery taken into account.

Background

- **2014 roll out of the Mental Health Act supported by 12 month education and change management strategy**
- **Anecdotal reports of low take up, poor application and vision drift**
- **Part of a broader focus of the Office of the Chief Psychiatrist on consumer rights**
- **Improving the understanding of the enablers and barriers to implementation.**

Project aims

- **to deliver a brief review of the take up of advanced statements and nominated persons across mental health regions, including scoping of tools, resources and promotional materials and their current take up.**
- **provide a platform for information exchange and dialogue between the department, consumers and carers and clinical service staff on perceptions of the usage of advanced statements and nominated persons**

Method

Mixed method review included:

- **literature review**
- **desktop & sector review of resources**
- **scoping review of clinical CMI data by region**
- **consultations with key stakeholders**
- **consumer facilitated survey**
- **results testing and feedback**

RESULTS: Desk top review

A range of high quality resources were available

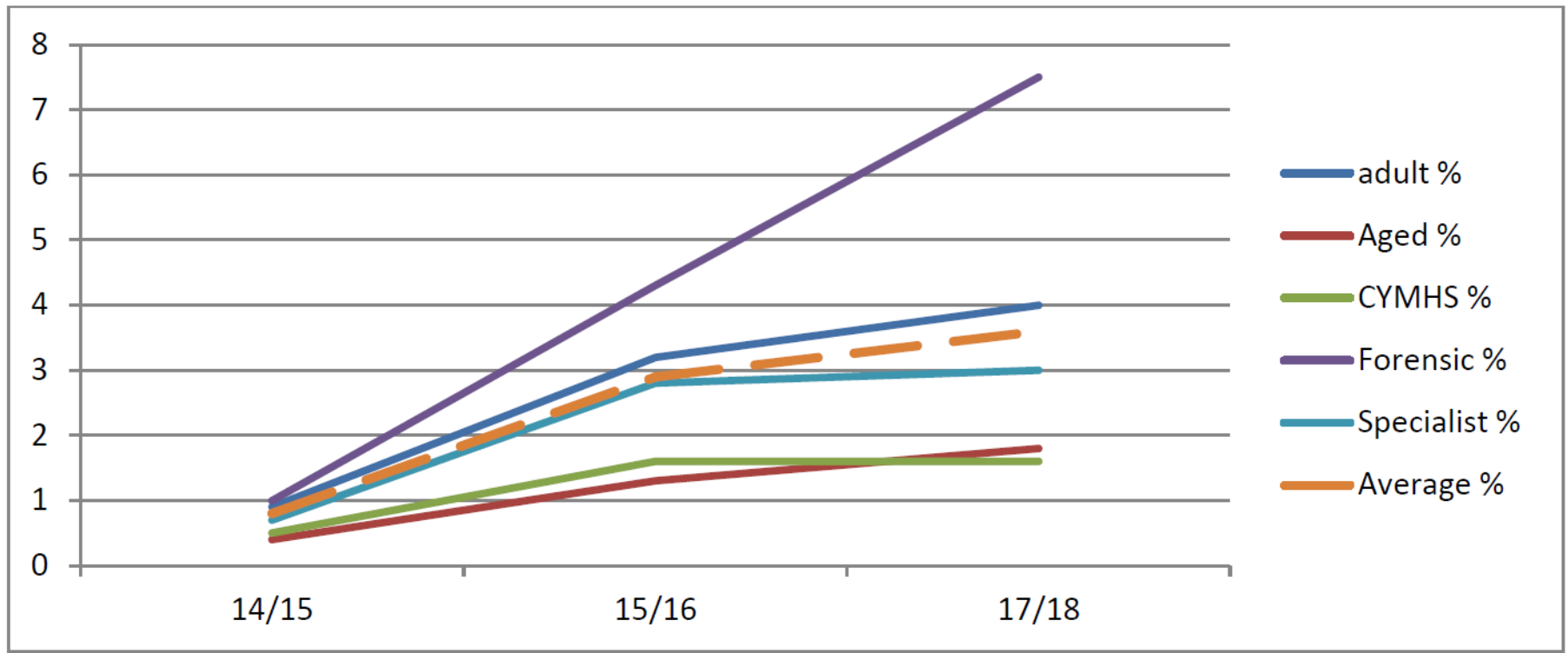
DHHS website was commonly used by mental health services

Fantastic initiatives

.... But needed to know the words

Usage Data: Figure 1 State averages by service type

over time (%) of current clients with Advance Statements



Usage data: lowest to highest by service type

Variation in data revealed some services have been consistently supporting and others have made minimal progress. Data appeared incorrect for some service types.

health services type	Lowest Q1 FY 14/15	Highest Q1 FY 14/15	Lowest FY Q3 15/16	Highest FY Q3 15/16	Lowest FY Q2 17/18	Highest FY Q2 17/18
Adult	.1%	4.9%	.9%	10.7%	1.3%	11.4%
Aged	0%	3.7%	0%	9%	0%	7.1%
CYMHS*	0%	1.5%	0%	16.7%	0%	6.3%
Forensic	0%	1.2%	4.1%	4.5%	4.5%	8.8%
Specialist *	0%	2.8%	0%	10.6%	0%	15.5%

Consultations and survey

Consultations:

- **Stakeholder interviews = 90+ people**

Survey:

- **Survey respondents (consumers) = 50**

Consultation and survey data was clustered into main themes and subthemes

Themes



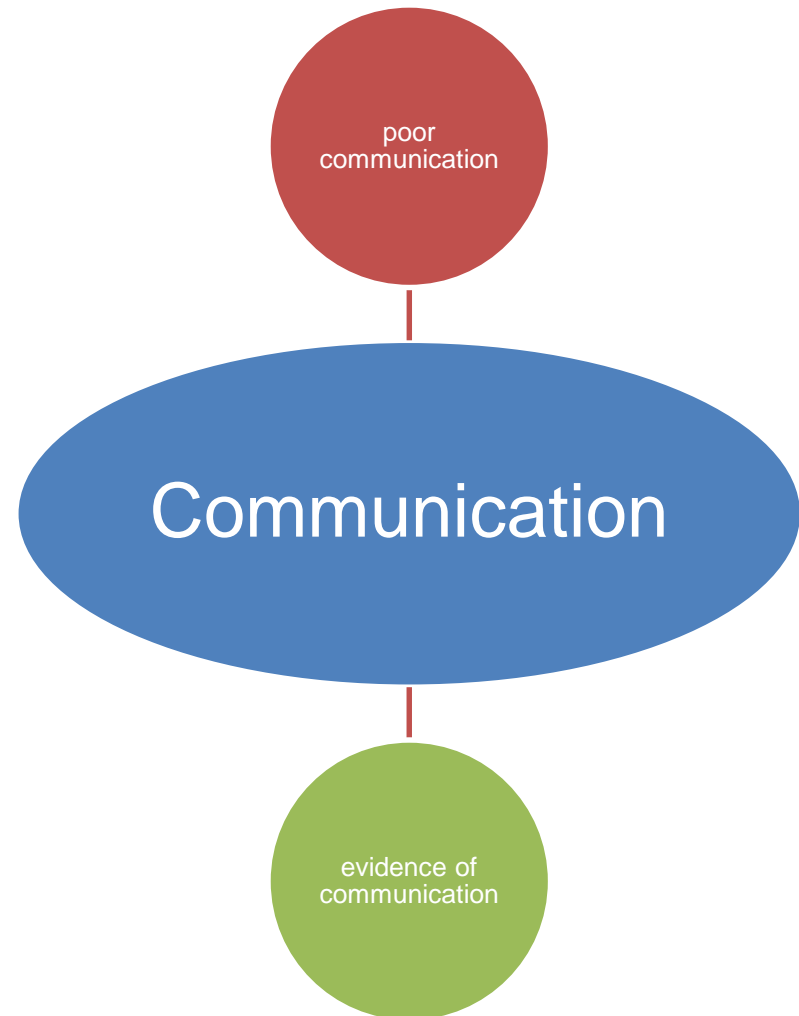
Awareness



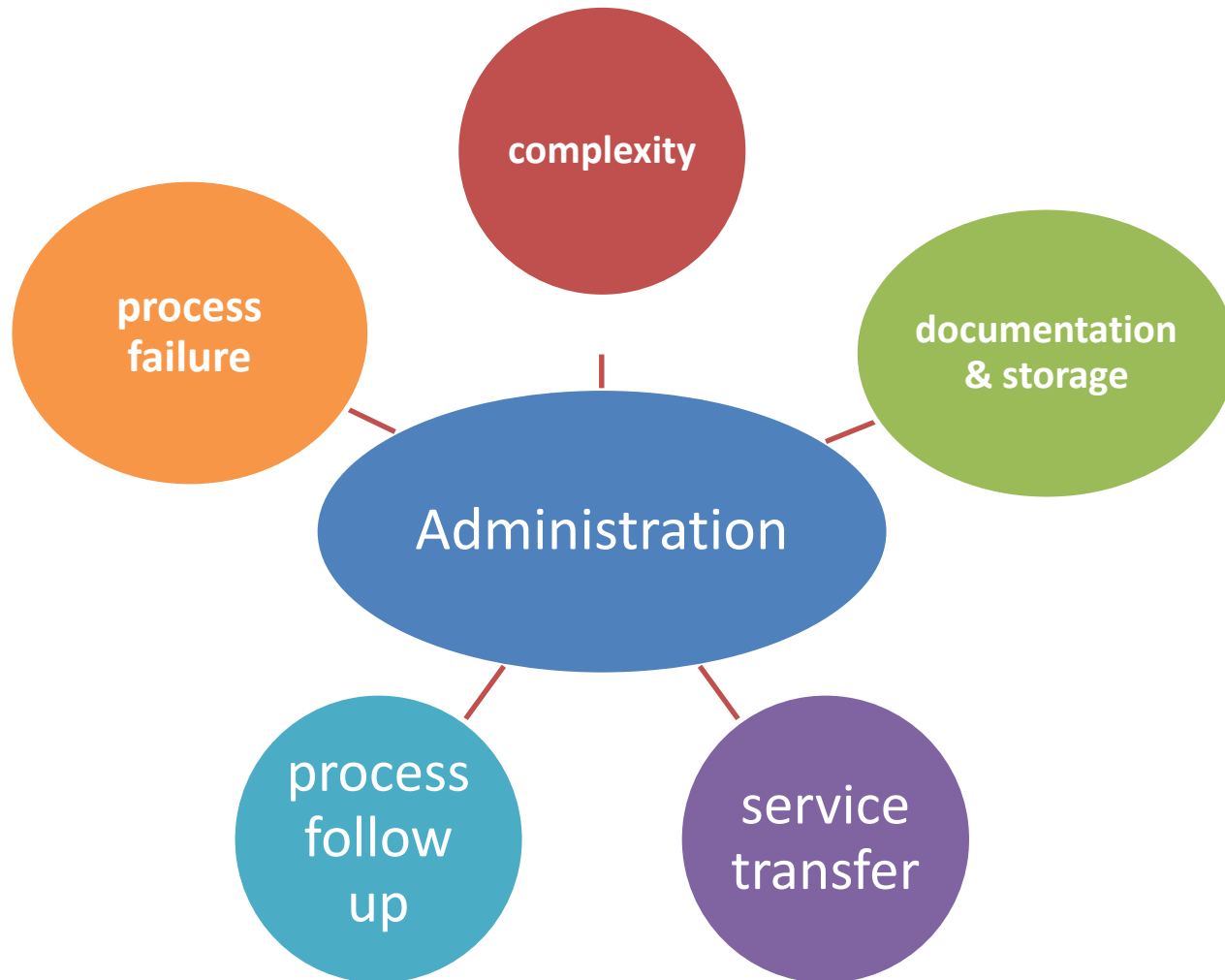
Theme: Communication

“ Depends on how you ask the question – do you want an advanced statement versus do you want to work out a plan on how things could be better next time?”

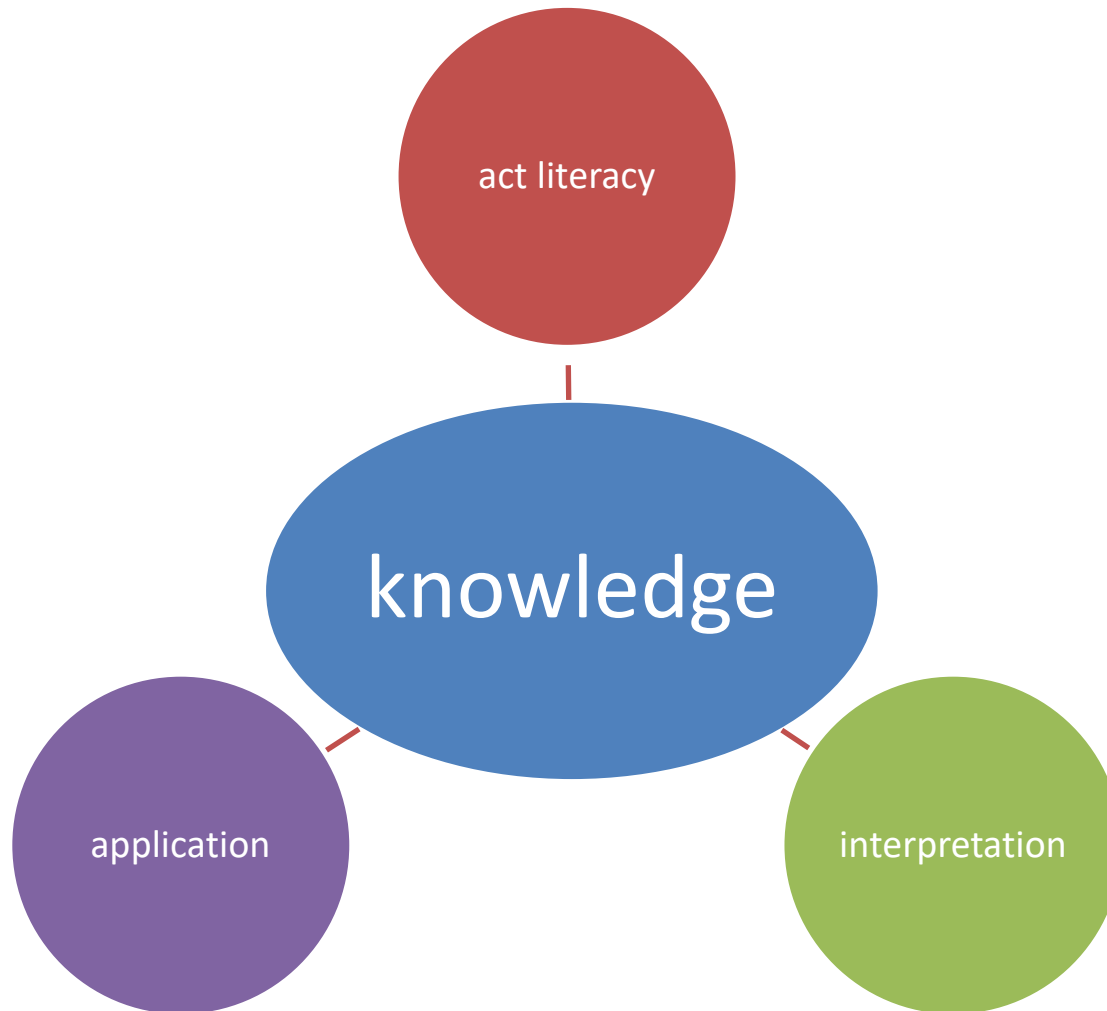
“It seems like an extension of knowing how to talk to people, what communication skills are required to explain things to consumers; means in the end people don't go there (to the conversation) at all”.



Administration



Knowledge



Nominated persons and advocates



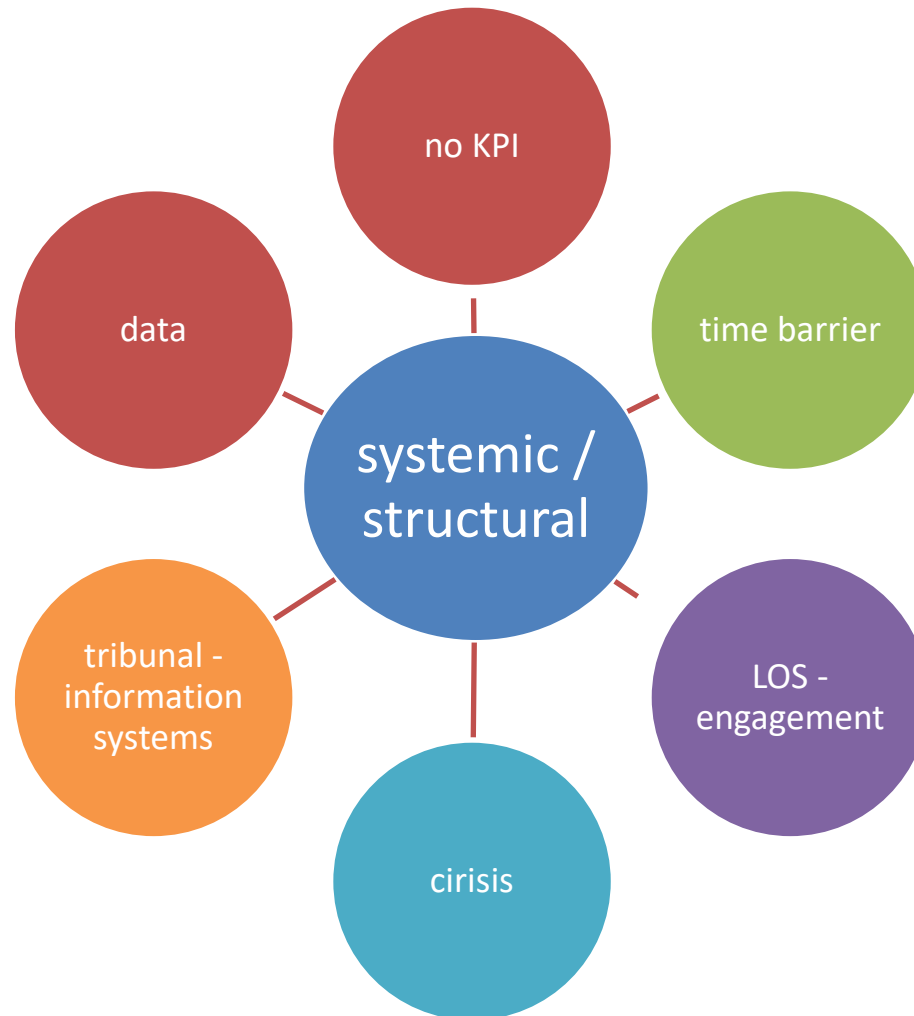
“It has come to our attention that patients are not wanting to appoint a NP as they do not believe that their carer/support person would accurately represent their views and, vice versa, carers are reluctant, and some are refusing to be a NP as the main aim of the role (as they are led to believe) is that they are required to solely represent and uphold the consumers views, therefore the carer cannot voice their own views about what they believe may be beneficial for the consumer, which at times may be different to those of the consumer” - email service worker

Power, Culture & Practice

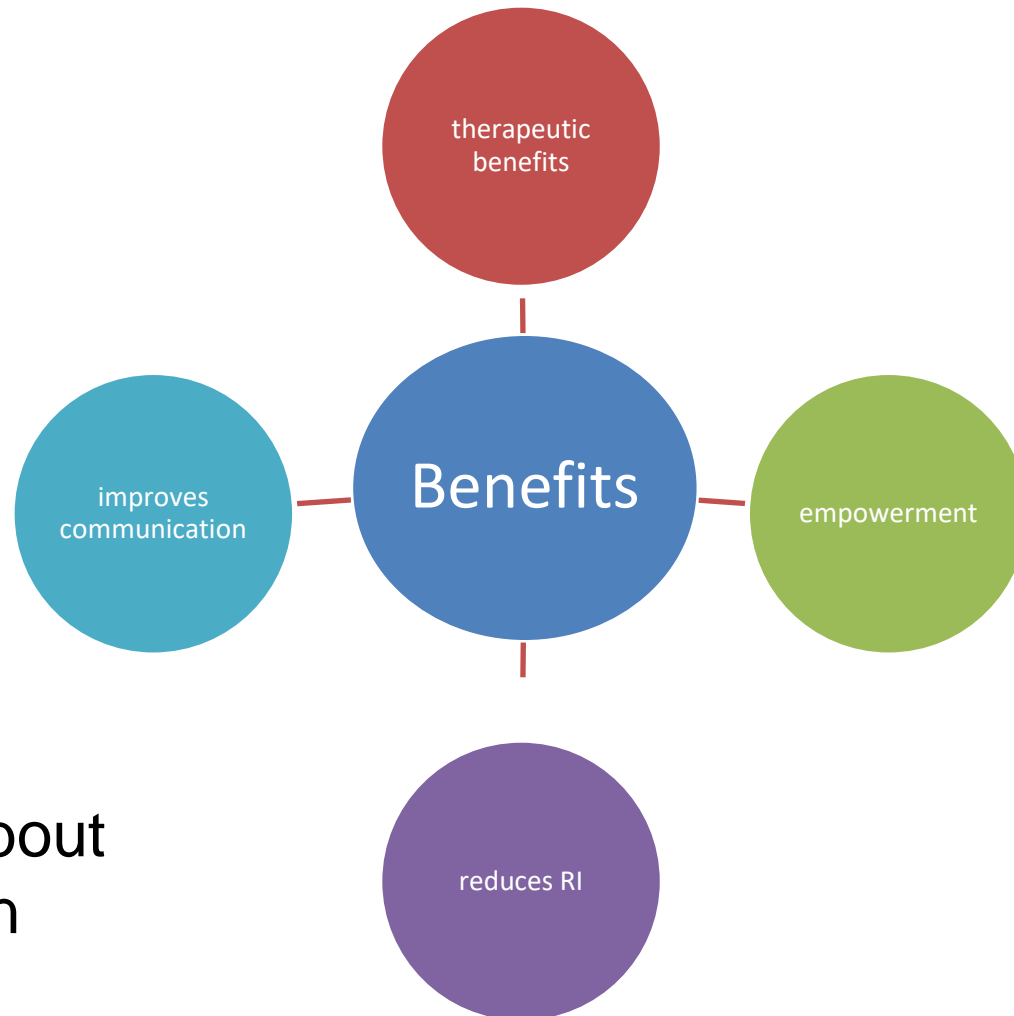
- Deep and consistent themes about the impact of culture and power
- beliefs and practices of clinicians at all levels
- Perceived attitudes of psychiatrists impacted clinician and staff attitudes, practices and behaviors, which were then communicated or passed on to consumers and carers
- Powerlessness; clinician centric experiences and mistrust



Systemic & structural



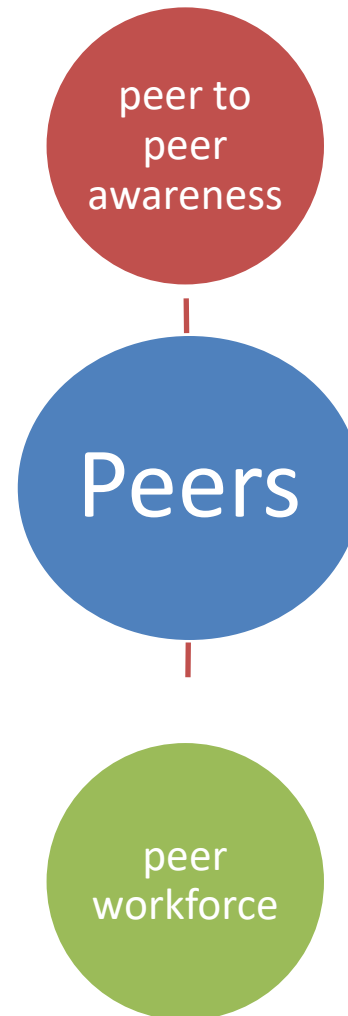
Therapeutic benefits



Not just about medication

Peers

- Strategic approaches to peer led initiatives that were resourced, held & supported by management had better outputs
- Isolated peer workers as only champions for this work was resource intense, demoralizing and ineffective

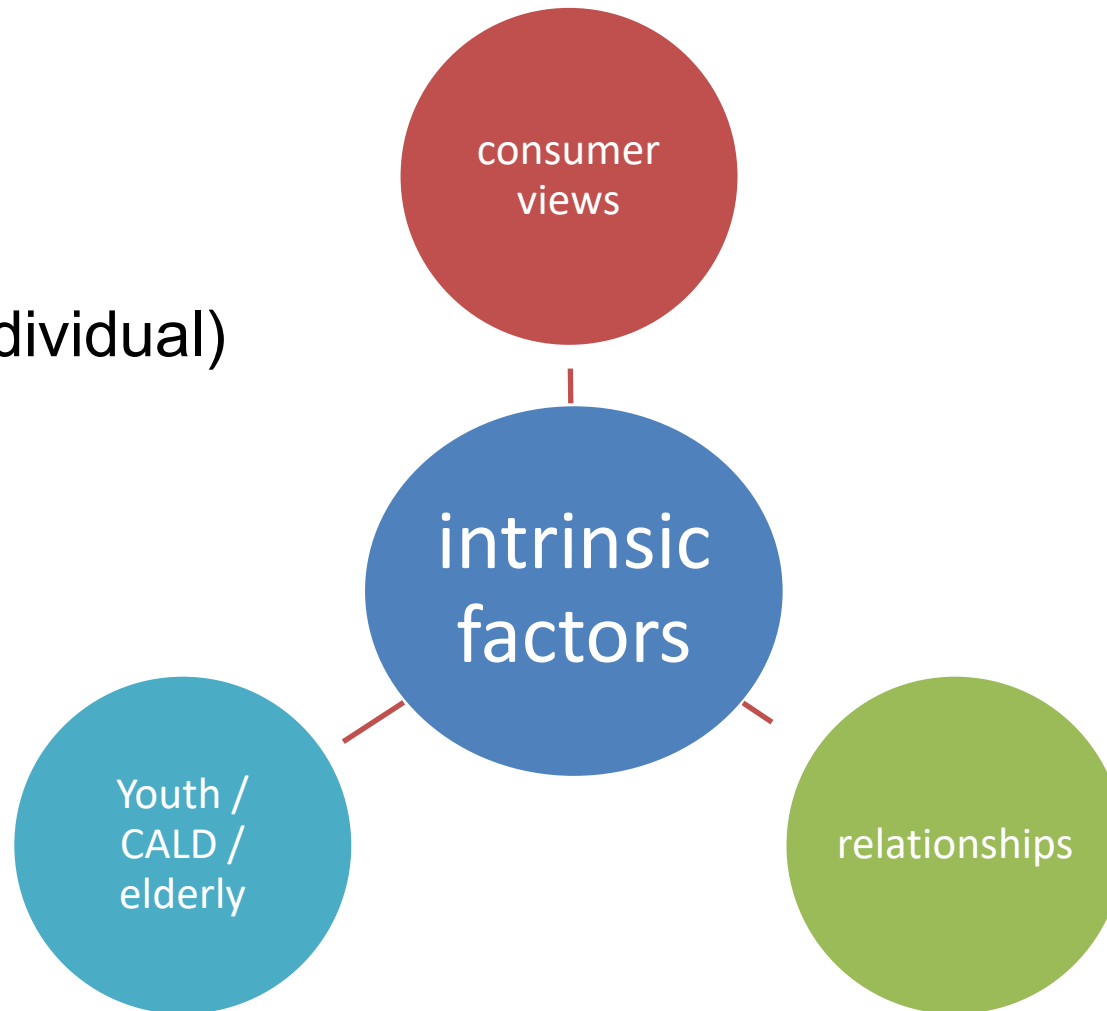


Peers

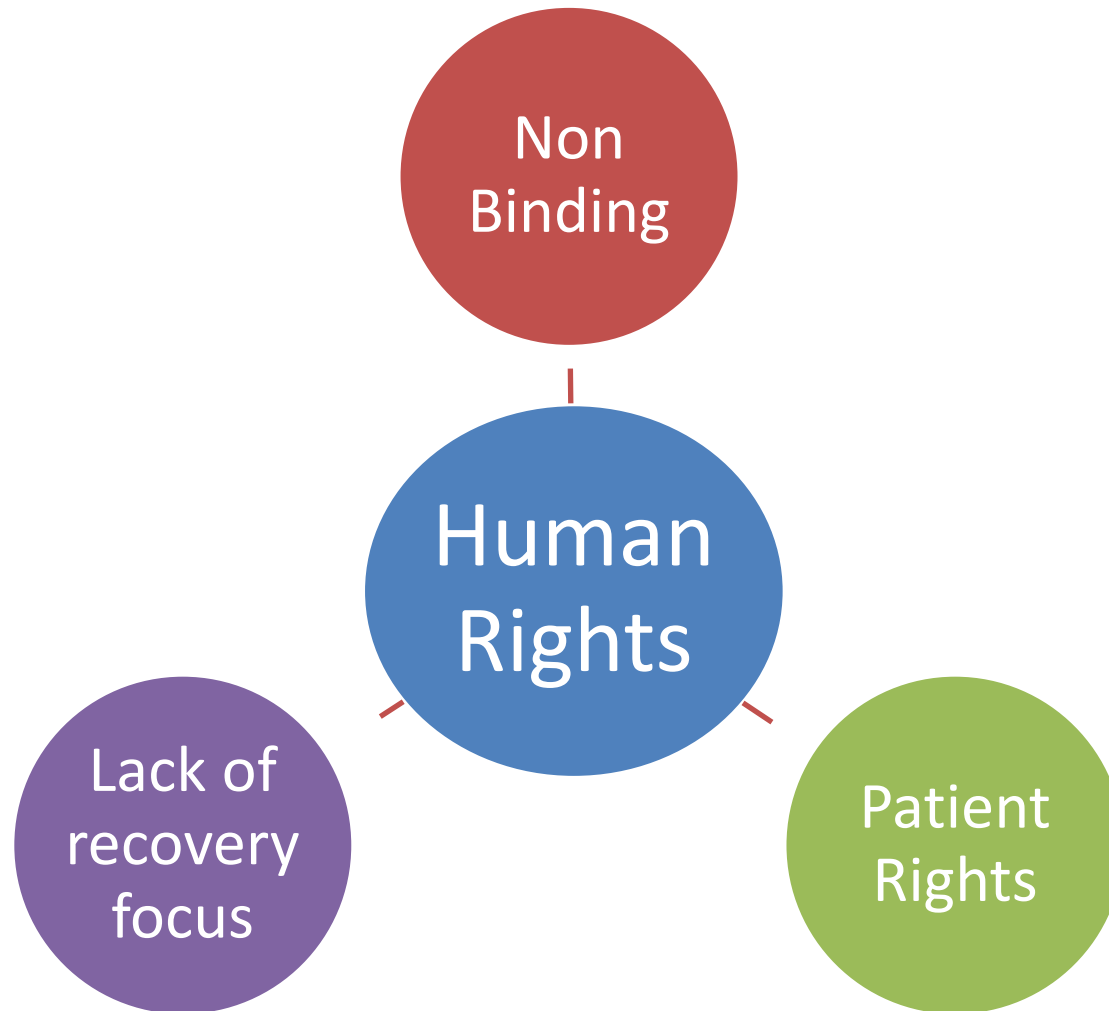
“ The use of peer workers is highly salient but problematic without additional resources. The lack of whole service involvement and engagement at a leadership level could mean it becomes only the work of peers. An expansion and support at both ends is required”.

Intrinsic factors

(it's individual)



Human rights



Opportunities

Education

Target
teams /
areas

Lever &
build

Combine
routine
planning

Leadership
& peer work

Set targets
& measure

Opportunities

Review elderly
data

Longitudinal
research
Decrease in CTO

Share to reduce
duplication

Research
frameworks
developed