

The right to a Treatment, Support & Discharge Plan (TSD Plan)

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Background : TSD Plan Inquiry 2017

- * Advocates reported that ss186-188 of the Mental Health Act 2014 (the Act), the right to TSD Plans, were not being complied with despite the new Act being operational for over a year.
- * This was arguably the single most significant change in the new Act – it had enormous potential to change culture and lead the way to patient-centred care
- * From March to June 2017, MHAS Advocates were tasked, separate to their usual duties, to actively educate and assist consumers to enforce their rights.
- * The outcome sought was for each Advocate to facilitate and advocate for the production of one “good” TSD plan for each of 3 consumers – educating staff and consumers in the process.

Outcome of MHAS Inquiry

- No mental health services were fully compliant with the Act, and many were not compliant at all
- Clinicians, including many psychiatrists, were unaware of the requirements of the Act and their responsibilities, did not have a process to help them comply and were confused about which document to use
- Advocates either could not get staff co-operation or had to educate staff including how to engage with consumers and carers and other practical aspects of compliance.

See the report and health service responses on the MHAS Website: <https://mhas.wa.gov.au/>

What are patient and carer TSD Plan Rights? See ss186-188

S186 - **All** treatment, care and support provided to an involuntary* patient (includes CTOs) **MUST** be governed by a TSD Plan

The TSD Plan **MUST** outline the treatment and support that will be provided to the patient while in hospital **AND** what will be offered after discharge

* Note: only applies to involuntary patients but s 547 referring to Chief Psychiatrist 's Standards and National Standards means voluntary patients have most of the same rights – more about this later...

What are patient and carer TSD Plan Rights (continued)? s187

The patient's psychiatrist **MUST** ensure that:

- the TSD Plan is prepared as soon as possible after the patient becomes involuntary
- it is reviewed regularly
- the patient (and others such as carers) **MUST** be given a copy

What are patient and carer TSD Plan Rights (continued)? s188

- The patient's psychiatrist **MUST** ensure that the patient and PSPs*) are involved in the preparation, and review, of the TSD Plan & a record made of their involvement:
- Patient **capacity is not needed** to consent to the plan being implemented –the person authorised by law can consent.

* Personal support persons including carers. Note there are exclusion powers (eg where an IV consumer refuses to consent and the psychiatrist considers the refusal to be reasonable – see s288, or the psychiatrist considers it not in the patient's best interest - see s292)

But wait, there's more....

S394 (1)(d) - The **Mental Health Tribunal** **MUST** have regard to the patient's TSD Plan when making a decision on a review of involuntary status

s395(3) - While the Tribunal cannot make an order or give a direction about a patient's TSD Plan, it **may make a recommendation** that the psychiatrist review the TSD Plan and about the amendments that could be made –(and give a copy to the CP)

ss422 (c) and 423 - A patient can apply for a **compliance order** to ensure that a TSD Plan is prepared, reviewed or revised -- **more** about this later...noting it is not available to voluntary patients

And still more....

s187(2) - The plan **MUST** be prepared, reviewed and revised having regard to the Chief Psychiatrist's guidelines – and the Guidelines say 4 of the CP's Standards to be followed in conjunction with Guidelines.

Visit : <https://www.chiefpsychiatrist.wa.gov.au/>

Standards are the most helpful and pick up voluntary patients.

Chief Psychiatrist's guideline (e)

Aim: to ensure that TSD Plans are prepared and reviewed in the most inclusive, collaborative and timely manner with all appropriate stakeholders.

1.2 The importance of creating and reviewing a TSD Plan as early as possible with the appropriate people cannot be overstated...The plan should be developed **using shared decision making and an overarching focus on recovery** (s.7).

1.5 Meaningful engagement between the treatment team, the patient and their personal support persons when the plans are being developed and reviewed creates a positive and engaging relationship. **This therapeutic relationship is one of the most significant factors in improving treatment outcomes for people experiencing mental illness.**

4.1 References National Standards and **review every 3 months.**

Chief Psychiatrist's standards

Standard 2 : Care Planning

Requires a holistic, shared care planning process which is personalised and recovery **focussed...recognising life experiences, needs, preferences, aspirations, values and skills, while delivering goal-oriented treatment, care and support.**

Evidence standard has been met = **plans developed with consumers and carers**

Standard 3 : Consumer & Carer Involvement in Individual Care

Requires mental health services to work collaboratively and in partnership with consumers and/or carers irrespective of whether the consumer is a voluntary or involuntary patient

Evidence standard has been met = **consumer & carer signatures on TSD Plan**

Chief Psychiatrist's standards

Standard 4 : Physical Health Care of Mental Health Consumers

1.6. Requires TSD Plans to specifically address physical health care needs.

Evidence standard has been met = **incorporation of physical health care in the TSD Plans**

Standard 7 – Transfer of care

Discharge, transfer and other plans to include reference to post—discharge follow-ups, known signs and symptoms for relapses and a case formulation including a brief summary of those factors which are essential for **understanding the patient as an individual and within their social and cultural environment.**

Voluntary patient rights – CP Standards and National Standards*

National Standards for Mental Health Services 2010

- ✓ 10.4.8 – there is a current individual interdisciplinary treatment, care and recovery plan developed in consultation with and regularly reviewed with the consumer and (with the consumer's consent) their carers and the plan is available to them both.
- ✓ 10.4.6 Treatment, care and recovery plans are to be reviewed at least every 3 months, whether or not the person is voluntary or involuntary.
- ✓ 10.4.5 – Review of the plan to take place whenever the consumer requests it, on transfer, they are made IV or voluntary, is exiting the service or their outcomes are in decline
- ✓ 10.5.11 Treatment and support is documented in the treatment, care and recovery plan and developed and evaluated collaboratively with the consumer and carers

*Some similar provisions in the NSQHS Standards used to accredit hospitals

How to get a TSD Plan...

- * On admission, ask for it – all the standards say it is to start on admission
- * Ask who organises the TSD Plan , the process for engagement in the drafting of the plan, and when a meeting will be held to get your input
- * As soon as discharge is mentioned, all discussion should take place and be documented in the context of the TSD plan
- * On an acute wards, weekly updates should be expected
- * Some hospitals rely on the “ward round” process – a few are inviting patients in to these; others are having separate meetings with the patients
- * Beware different terminology ...TSD, Care, Treatment, Care and Recovery, Management and discharge plans to name a few

When life gets confusing ...

- * Note most hospitals are using a PSOLIS document called a Client Management Plan (CMP) because the statewide standardised TSD Plan document is still paper-based and there is an operational directive to use the CMP instead
- * The CMP is quite flexible – see the example in Annexure 2C of the MHAs Inquiry report on the MHAS website
- * Some hospitals have adapted the CMP to make it more recovery and consumer-focussed. See example in the MHAS report on its website
- * The basic unamended CMP looks like this.....

CLIENT MANAGEMENT PLAN	Please use ID label or block print		
	SURNAME		UMRN
	GIVEN NAMES		CMHI
	BIRTHDATE	SEX	FILE NUMBER
	ADDRESS		

Case manager Plan # Plan Type Plan Status Assigned To Staff Role	Stream Status Start Date Next Plan Review Date Authorisation Date Completion Date Send Reminder
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ISSUES/PROBLEMS

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For a person in hospital, this is the story of this admission, any relevant background etc

GOALS

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- To get out of hospital and to go home as quickly as possible
- To get well and not relapse and have to come back into hospital

ACTIONS

ACTION 1 – Start Date	Action By Completion
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- Treatment:**
- Medication - how long on this dosage etc and what each one is designed to do
 - Medication side effects
 - Other treatment eg psychology, OT, activities on the ward
 - Observation/Monitoring :
 - Tests – for other causes or issues

ACTION 2 Start Date	Action By Completion
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- Estimated date of Discharge**
- Anticipated discharge date is
 - This is subject to.....
 - EGA/UGA planning
 - Overnight leave

Nothing worth having comes easy....



Be prepared ...

- * Plan for the TSD Plan – think about what you want in the plan
- * Some hospitals have adapted the CMP template to include a “checklist” of issues to discuss; it asks the consumer their goals, how the mental health service can help achieve those goals, what are the consumer’s strengths and talents, interests, safety issues and so on
- * MHAS Advocates have a prompt sheet to help them prepare when working with consumers – language is important
- * Annexure 2B to the MHAS Inquiry Report (on the front page of the MHAS website) provides a copy of the MHAS Prompt sheet. It looks like this....

The Prompt Sheet

Why am I here?

The story of this admission, any relevant background and prior history, but as described by the person, any PSPs and the TT. If there are differences they can be noted as differences. Can include diagnosis

Try to get the person to tell their story and use their own words – even if it is saying they were wrongly brought in and they are wrongly imprisoned. Use the “first person” tense in the TSD Plan if possible.

In discussing diagnosis try to get the TT to use recovery (hopeful) type language and note if it is provisional or current. Is it a re-admission? Try to find what went wrong this time.

VIP info - under Issues/Problems

Who I am – I am not just an illness

Life skills: (eg job, hobbies, strengths and weaknesses)

Any relevant issues or needs: (eg ATSI, CALD, language/ interpreter, disability, sexual orientation, dietary)

The people who are important in my life: eg carers, guardians and nominated persons etc

The people who I want to involve in my treatment or stay in hospital: names and contact details of people who the consumer consents to being involved:

Advance Health Directive: (if any)

Goals – Prompt Sheet ideas

- To get out of hospital and to go home
- To get out of hospital and to go home as quickly as possible
- To become voluntary and get onto the open ward
- To get well and not relapse and have to come back into hospital
- Recovery goals such as reduce anxiety and stress, learn to control the voices, develop strategies to avoid coming back into hospital
- To feel (or stay) safe while in hospital
- Alleviate the boredom on the ward
- To make sure I don't lose my house while in hospital – or to organise somewhere to go when I leave hospital
- To get my medication changed or reduced.....
- To stabilise my medication and the side effects
- To get my life back under control and go back to work
- To regulate my emotions or to stop my thoughts of self-harm
- Improve my relationship(s)...
- Learn how to live on my own again
- To get physically fit and healthy
- To reduce my drinking or drug taking
- Go back to study / part time work
- Sort out my financial problems
- Get my car back
- To help my wife, husband, family etc support me when I am discharged

How am I going to get better (or get out of here) and what are my options?

Medication - dosage and what each one is designed to do - if consumer wants a change, note this and get reasons why doctor disagrees; is it a trial and if so for long etc

Wording might include: "Tom's TT want to achieve a therapeutic anti-psychotic dose as they believe this will help Tom's mental health.

Medication side effects and what is offered to counter them

Other treatment eg psychology, OT, activities on the ward

Observation/Monitoring: specialling etc

Eg: Jenny's voices are very distressing in the afternoon. Allocated nurse to provide 10 minutes 1 to 1 time giving hearing voices coping strategies.

Tests – for other causes or issues

Persuasive arguments.....

- Pitch that the TSD Plan process will lead to a better prospect of a therapeutic relationship and quicker recovery (because):
 - ✓ all information will be available and accurate
 - ✓ the consumer has some “buy-in” or feels some control or say in what is happening to them
 - ✓ there is a holistic, patient-centred approach (as required by the Act and Charter)

Note : the treating team doesn't have to agree to what you want in the plan, but the disagreement can be recorded in the TSD Plan and that is often enough to make the patient feel heard

- Offer written notes to incorporate into the plan
- Remind the psychiatrist it is their legal obligation but if no joy, go over their head to the Clinical Director or even the health service Chief Executive – they have KPIs.
- Put in a complaint – Advocates can help draft it and then go to HADSCO...

How to enforce your rights...

- ✓ Ask the Tribunal at the hearing if they have a copy and are “having regard” to the TSD Plan as the Act requires? If, yes, complain you were not involved, not got a copy, it is out of date etc
- ✓ Make an application to the Tribunal for a compliance notice – s423(1) – the patient or a PSP (ie carer) can apply – you have to ask for the TSD Plan first – the Tribunal has not so far made a compliance order.....
- ✓ If the Tribunal won't make a compliance order ask them to refer the matter to the CEO of the Health Department, the Chief Psychiatrist and/or the registration board pursuant to s423(3) – the Tribunal has done this.
- ✓ If the treating team says there is a TSD Plan but you haven't been involved despite asking, try an application under s 434 of the Act (get an Advocate or MHLC to help as it hasn't been done before!)

“Life wasn’t meant to be easy

“my child, but take courage: it can be
delightful”

George Bernard Shaw (also former Australian Prime
Minister, Malcolm Fraser!)