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# Therapeutic Observations in Mental Health Inpatient Units Policy

## 1. Purpose

WA Country Health Service (WACHS) is committed to working with consumers and carers to recognise and safely manage identified risks through individualised and therapeutically engaged visual observation. Early identification and recognition of acute deterioration in mental state ensures recognition and timely intervention for consumers.

Consumers accessing psychiatric inpatient treatment in Mental Health Inpatient Units (MHIUs) do so on the basis that care is provided in the least restrictive manner possible consistent with the *Mental Health Act 2014* (WA) and with regard for the safety of consumers, staff, carers, visitors and the general public.

This policy identifies evidence based, best practice guidelines for WACHS MHIUs in assessment, treatment and management of mental health consumers who are admitted to adult inpatient services, to ensure that observation levels and engagement are adequate to assess and address the risk of harm to consumers or others.

The purpose of the policy is to guide and direct clinicians in relation to their responsibilities for therapeutic observation of consumers, to ensure safety and provide optimum care to escalate and manage deterioration in a timely manner.

## 2. Policy

### 2.1 Key Principles

Visual observation is an opportunity for therapeutic engagement and also an integral role in person-centred care that enables clinicians to reach a comprehensive understanding of consumer's needs.

Consistent with a recovery framework, active engagement between consumers and clinicians enhances consumer experiences that are supportive of recovery and contributes to better outcomes.

The practice of risk assessment and management in guiding visual observation is to be person-centred and acknowledge the balance of risk, choice and dignity and must include details of current or potential risk factors, protective factors, triggers, early warning signs and mental state.

Cultural awareness and sensitivity for an individual's social, cultural and spiritual background and beliefs must be considered. Access to appropriate interpreting and translating services or Aboriginal Liaison Officers are to be provided where appropriate to the consumer and carers.

Clinicians should consider how consumers receiving care may experience observation and explain why they are being observed and the form that observation will take. Where

possible consumer preferences should be accommodated with respect to how observations occur.
All observations must be in accordance with sexual safety, gender diversity and trauma informed practices.

## 2.2 Process

Levels of observations are to be individualised according to a consumer's clinical presentation, risk and therapeutic need.

Therapeutic observations must be performed for the entire duration of the MHIU admission.

The observation levels that have been determined should be maintained continuously including day, evening and night shifts. Respiration rate must be documented if the consumer appears to be asleep.

If a consumer leaves the MHIU for any period of authorised leave this is to be clearly documented and therapeutic observations are to immediately recommence on return to the MHIU.

Therapeutic observations may only be carried out by clinical staff. Where the consultant psychiatrist and/or treatment team determines that additional monitoring by non-clinical staff is required, this does not constitute therapeutic observations as defined by this policy. The clinician will remain responsible for the management and provision of clinical care and ensure a clear handover of the role and responsibilities of additional monitoring is completed.

Examples of additional monitoring may include, but is not limited to presence of:
- security staff to maintain the physical safety of staff and consumers
- patient care assistants to assist with activities of daily living such as meal prompts
- non-staff persons such as Boarders/carers/personal support persons
- chaperones during clinical assessments, examinations or procedures
- lived experience workforce to provide psychosocial supports for people
- Aboriginal Mental Health staff to advise cultural input and safety.

Communication of risk and purpose of observations including frequency and when next due must form part of the iSoBAR handover between clinicians at any change in point of care, to ensure a safe transfer of care and clear understanding of the plan for the receiving clinician. It is vital to ensure there is an accurate description and definition of the level of observation and responsibilities communicated between staff.

It is recommended that staff periodically undertake additional observations at random intervals other than the designated times of observations.

## 2.3 Review

The Medical Officer is responsible for determining and reviewing decisions about the care and the level of observation as part of the treatment plan.

Clinicians can increase the level of therapeutic observation at any time based on the clinical presentation of the consumer.

If a consumer's observation level is increased due to clinical deterioration or concern, this must be escalated and result in a medical review as soon as practicable.

Frequency of observations can only be reduced following consumer review by a Medical Officer.

### 2.4 Documentation

There is to be clear, consistent, descriptive and timely documentation of therapeutic observations performed for each consumer on the MR140M WACHS Mental Health - Therapeutic Observations Chart that align with the requirements of this policy. This includes the actual time the observation took place, the consumer's location, mental state, interventions that occurred and clearly identify the nurse completing the therapeutic observation.

The consumer's healthcare record must be contemporaneously updated and include the level of therapeutic observations performed and clinical rationale for any variances.

## 3. Roles and Responsibilities

**Clinical Directors** have overall responsibility for ensuring that services are delivered in accordance with this policy.

**Regional Mental Health Managers** in collaboration with **Mental Health Nurse Unit Managers** and **Mental Health Educators** are to provide orientation and education to relevant WACHS clinicians and staff on the use of this policy.

**All staff** are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

## 4. Monitoring and Evaluation

### 4.1 Monitoring

Monitoring of this policy is to be carried out by the Director of Psychiatry – Clinical Governance in consultation with the Mental Health Coordinator of Nursing, Regional Mental Health Managers, Clinical Directors and designated teams.

Monitoring is to include:
- completion of Therapeutic Observations Charts
- the allocation of Therapeutic Observation levels
- escalation of Therapeutic Observation levels in response to mental state deterioration.
- review of clinical incidents, where Therapeutic Observations are relevant.

### 4.2 Evaluation

Evaluation of this policy is to be carried out by the WACHS Mental Health directorate in consultation regional WACHS Health Services.

Evaluation methods and tools may include:
- staff feedback / consultation

- carer and consumer feedback / consultation
- survey
- compliance monitoring
- benchmarking
- reporting against organisational targets.

## 5. Compliance

This policy includes mandatory requirements under the *Mental Health Act 2014* (WA).

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the Integrity Policy Framework issued pursuant to Section 26 of the *Health Services Act 2016* and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

## 6. References

Australian Commission on Safety and Quality in Health Care [Internet] National Consensus Statement: Essential elements for recognising and responding to deterioration in a person's mental state July 2017) Sydney NSW [Accessed 16 June 2022]

Chief Psychiatrist of Western Australia [Internet] Chief Psychiatrist's Standards for Clinical Care 2022 Perth Western Australia [Accessed 16 June 2022]

Chief Psychiatrist of Western Australia [Internet] Chief Psychiatrist's Sexual Safety Guidelines 2022 Perth Western Australia [Accessed 16 June 2022]

Department of Health Victoria [Internet] Nursing observation through engagement in psychiatric inpatient care guideline (Sept 2013) Melbourne Victoria [Accessed 16 June 2022]

Department of Health Victoria [Internet] Nursing observation and the assessment and immediate management of suicide, self-harm, aggression and absconding risks in psychiatric inpatient units Melbourne Victoria; (Sept 2013) [Accessed 16 June 2022]

Fiona Stanley Fremantle Hospitals Group Patient Observation - Specialling and Close Observations Policy and Procedure (June 2021) [Accessed 16 June 2022]

Fiona Stanley Fremantle Hospitals Group Specialling and observations: Provision of a special for patients in non-psychiatric clinical areas Guideline (July 2021) [Accessed 16 June 2022]

New South Wales Department of Health (Internet) Engagement and Observation in Mental Health Inpatient Units (July 2017) [Accessed 16 June 2022]

North Metropolitan Health Service Clinical Observations Procedure (Nov 2018). [Accessed 16 June 2022]

Queensland Health [internet] Therapeutic Visual Observation for Mental Health Alcohol and Other Drugs Services (Sept 2020) [Accessed 16 June 2022]

Royal Perth Bentley Group Behaviours of Concern (Preventing, Recognising and Responding) Practice Standard (Mar 2020) [Accessed 16 June 2022]

South Metropolitan Health Service Rockingham Peel Group Observations: Safe and Supportive (Mental Health) Procedure (Aug 2020) [Accessed 16 June 2022]

## 7. Definitions

| Term | Definition |
|---|---|
| **Constant Observations - Arm's Length** | Staff are to maintain constant observations within an arm's length. |
| **Constant Observations - Line of Sight** | The consumer is to be within staff eyesight and accessible at all times. |
| **Intermittent Observations** | The consumer is to be sighted at a designated frequency within the hour (e.g. every 15, 30 or 60 minutes). |
| **Person-centred care** | Care that reflects the patient's preferences, values and needs that are identified and agreed on in partnership with the clinician. |
| **Therapeutic Observation** | The purposeful engagement and gathering of information from consumers receiving care to inform interventions and clinical decision making<br>Also known as "visual observations" by other Health Service Providers |

## 8. Document Summary

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|---|---|
| **Coverage** | WACHS Mental Health |
| **Audience** | Authorised Psychiatric Unit – Clinical Staff |
| **Records Management** | Clinical: Health Record Management Policy |
| **Related Legislation** | *Mental Health Act 2014* (WA) |
| **Related Mandatory Policies / Frameworks** | • MP 0095/18 Clinical Handover Policy<br>• MP 0181/24 Safety Planning for Mental Health Consumers Policy<br>• MP 0155/21 State-wide Standardised Clinical Documentation for Mental Health Services<br>• Safety Planning Procedures for Mental Health Consumers (MP 0181/24 - Related documents)<br>• Clinical Governance, Safety and Quality Framework<br>• Mental Health Policy Framework |
| **Related WACHS Policy Documents** | • Acute Psychiatric Unit Clinical Handover Procedure<br>• Adult Psychiatric Inpatient Services - Referral, Admission, Assessment, Care, Treatment and Discharge Policy<br>• Cognitive Impairment Clinical Practice Standard<br>• Recognising and Responding to Acute Deterioration (RRAD) Policy<br>• Recognising and Responding to Acute Deterioration Procedure |
| **Other Related Documents** | • Principles and Best Practice for the Care of People Who May Be Suicidal (MP 0181/24 - Supporting information)<br>• Principles for the Care of People Who May Be at Risk of Violent or Aggressive Behaviour (MP 0181/24 - Supporting information) |
| **Related Forms** | MR140M WACHS Mental Health - Therapeutic Observations Chart |
| **Related Training Packages** | Therapeutic Interactions for Mental Health Inpatient Units – Clinical Resource |
| **Aboriginal Health Impact Statement Declaration (ISD)** | ISD Record ID: 1972 |
| **National Safety and Quality Health Service (NSQHS) Standards** | 1.15b, 1.15c, 2.07, 3.08, 5.07b, 5.10, 5.11, 5.12, 5.13, 5.31, 5.33, 6.04, 6.09, 6.10, 6.11, 8.05, 8.06 |
| **Aged Care Quality Standards** | N/A |
| **National Standards for Mental Health Services** | 1.9, 1.17, 2.1, 2.3, 2.11, 2.12, 3.2, 4.1, 6.7, 7.2, 8.10, 10.1.1, 10.1.2, 10.3.8, 10.4.5, 10.4.8, 10.5.1, 10.5.2, 10.5.5, 10.5.11 |

## 9. Document Control

| Version | Published date | Current from | Summary of changes |
|---|---|---|---|
| 1.00 | 23/01/2024 | 23/01/2024 | New document.<br><br>Supersedes:<br>• Enhanced Observation Procedure – Goldfields Mental Health Service<br>• Additional Observations of Patients at Risk of Harm Procedure – Acute Psychiatric Unit Albany Hospital Acute Psychiatric Unit (Great Southern)<br>• Patient Observation Procedure – Broome Mental Health Unit (Kimberley) |

## 10. Approval

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|---|---|
| **Policy Owner** | Executive Director Mental Health |
| **Co-approver** | Executive Director Clinical Excellence<br>A/Executive Director Nursing and Midwifery |
| **Contact** | Program Officer – Mental Health Clinical Practice Standards |
| **Business Unit** | Mental Health |
| **EDRMS #** | ED-CO-22-3570 |



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