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AMA submission – ACSQHC Consultation Draft of the National Consensus Statement: Essential elements for responding to deterioration in a person’s mental state

Submitted by: Australian Medical Association (AMA)

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The AMA welcomes this opportunity to provide input to the development of a draft *National Consensus Statement: Essential elements for responding to deterioration in a person’s mental state*.

General comments

The draft Consensus Statement describes its purpose as being to describe best practice in providing safe and effective health care to people experiencing deterioration in mental state.

Supplementing this purpose, the AMA considers a useful objective would be for the Consensus Statement to **support and encourage** more informed and effective responses to a person’s deterioration in mental state. Such an objective would orientate the Consensus Statement to a document that is useful to clinicians and others in managing deterioration, rather than simply a description of best practice.

The AMA represents members across the full spectrum of medical practice and medical interests, including doctors and doctors in training working in hospitals and other health service organisations. AMA members experience and manage the full spectrum of situations involving deterioration in a person’s mental state.

The Consensus Statement should build on the experience and skills of clinicians. There are a range of enhancements to the current draft that should enable it to do this more effectively.

National consensus statements should be clear, simple, accessible and useful. They should provide guidance to desired practice in the area concerned. They may involve careful research and assessment of the range of needs, interventions and outcomes in the area, but the result should not be a comprehensive synthesis of all information at the expense of a statement that is useful and provides guidance value.

The guidance value of the Consensus Statement would benefit if the current draft could be made shorter and clearer. This could include reconsidering its content from the ground up in terms of what information is actually useful to clinicians involved in managing deterioration. There is also a need for simpler resources to convey the key information, such as ‘cheat

sheets'. Concise, accessible resources such as cheat sheets for clinicians will be critical to successful roll-out of the Consensus Statement. These should be part of the resources for health service organisations which the Commission has foreshadowed it will develop in collaboration with stakeholders.

The touchstone for the Consensus Statement overall should be brevity and clarity – what information do clinicians and other users actually need to know to inform their understanding and actions in managing deterioration.

This includes considering how the information can best be presented to the people who are expected to use the Consensus Statement. The current structure may have been helpful in collecting information, but in practical terms *seven guiding principles, with ten essential elements organised into three processes of care* is not an ideal way of presenting difficult concepts and encouraging busy clinicians to invest in reading and understanding what is involved, and applying it in their clinical practice.

The core content of the Consensus Statement should be concise statements of:

- Why it is important to consider what is deterioration in mental state, and how to be aware of and recognise the signs of deterioration;
- What actions are useful to take in managing deterioration; and
- How to assess whether the organisation's approach to deterioration is effective.

More detailed comments

The section which describes the scope of the Consensus Statement could be augmented by a sharper identification of the target audience and application of the Statement, so a reader can immediately and clearly identify whether and how the Consensus Statement either 'applies' or is otherwise relevant to their work.

This could include a simple definition of a 'health service organisation', and clarification of what the term 'applies' actually means. For example, does this mean the Consensus Statement actually applies new or additional de facto obligations on health service organisations, notwithstanding the fact it is not a legal document? If so, the nature and degree of any such obligations should be spelt out.

It would be useful to also identify those health service providers that the Consensus statement does not 'apply' to but who, for example, should benefit from using the Statement as guidance in their work with patients who may undergo deterioration in their mental state.

The Consensus Statement could usefully identify and acknowledge the difference (and connection) between managing deterioration in a person's mental state, and the provision of ongoing or episodic care of a person's mental health needs. The need to be aware of deterioration in the context of ongoing management, and the connection between both, is a practical consideration that directly affects awareness, recognition and response to deterioration.

The draft Consensus Statement refers to the 'successfully implemented' model for physiological deterioration. Briefly explaining how that model has been successful should assist with 'buy-in' to the deterioration in mental state Consensus Statement. Similarly, a brief description of feedback on the 2014 Scoping Review for Deterioration in mental state

would assist, particularly by outlining how issues that underlay the ‘provisional’ support referred to in relation to that review have been (presumably) addressed in the current draft Consensus Statement.

As noted, the structure for the core of the Consensus Statement - values, principles, sections and essential elements - is relatively complicated and difficult to absorb. Because of this the readability and accessibility of the statement, and therefore its usefulness to improving the recognition and management of deterioration, is reduced.

A simpler structure, organised around a smaller set of principles incorporating values as appropriate, and with minimum text to explain what the principle is and how to apply it, would be more accessible and therefore useful. Reworking the principles section with this in mind should include removing any common sense and self-evident actions and consolidating others where possible, making the section overall much clearer and more concise.

Overall, the AMA agrees with the objective of the Consensus Statement but notes there is scope for some well-considered re-drafting if the objective is to be achieved.

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