

# Clinical Need for Medication

## 1. Purpose

This Policy outlines the relevant provisions of the *Mental Health Act 2016*, and the Chief Psychiatrist Policy, regarding the clinical need of medication in authorised mental health services (AMHS).

## 2. Scope

This Policy is mandatory for all AMHSs. An authorised doctor, authorised mental health practitioner, AMHS administrator, or other person performing a function or exercising a power under the Act must comply with this Policy.

## 3. Authorising Legislation

Section 273 of the Mental Health Act 2016.

## 4. Background

It is an offence under the Act for a person to administer medication to a patient unless the medication is clinically necessary for the patient's treatment and care for a medical condition (section 272). To remove any doubt, treatment and care of a medical condition includes preventing imminent serious harm to the patient, or others. The Act defines medication, of a patient, as including the use of sedation.

'Patient' is defined by the Act as:

- an involuntary patient, or
- a person receiving treatment and care for a mental illness in an AMHS, other than as an involuntary patient, including a person receiving treatment and care under an advance health directive or with the consent of a personal guardian or attorney.

AMHSs are responsible for the quality use of medicines (QUM) under the National Strategy for QUM, within the National Medicines Policy. QUM involves:


- the judicious selection of treatment options (including choice between medicine, non-medicine treatment options and no treatment)
- appropriate choice of medicine when medicine is required, and
- safe and effective use of medicines.

In addition, AMHSs must comply with the National Safety and Quality Health Service Standards. This includes medication safety, with the intention of ensuring that competent clinicians safely prescribe and administer appropriate medicines to informed patients and carers.

## 5. Policy

AMHSs must apply their local clinical governance arrangements in monitoring the appropriate use of medications for persons with a mental illness. The use of medications outside of the usual indications or doses must be monitored within each AMHS under these clinical governance arrangements. The Chief Psychiatrist may be approached for guidance on these matters.

The Chief Psychiatrist may audit the use of medications in AMHSs.



The Chief Psychiatrist may investigate the use of medications for a non-therapeutic purpose. In undertaking an investigation, the Chief Psychiatrist may seek advice from a senior clinician with specific expertise in the use of the medication. Where it is found that the use of a particular medication has no therapeutic benefit to the patient, this may lead to the Chief Psychiatrist issuing directives about the administration of certain medications or dosages of certain medications.

### 5.1 Notifications

A clinical director or AMHS administrator must notify the Chief Psychiatrist as soon as practicable if the clinical director or AMHS administrator has concerns over the non-therapeutic use of a medication.

The Chief Psychiatrist must be notified immediately where the use of a medication results in, or appears to be associated with:

- the death of a patient during the use of the medication or within 24 hours of the use of the medication, or
- significant harm to a patient during the use of the medication or within 24 hours of the use of the medication.

Notifications must be made by the clinical director or AMHS administrator (or appropriately delegated person) via phone or email to the Chief Psychiatrist.

These notifications are in addition to AMHS responsibilities under the *Chief Psychiatrist Policy: Notification to Chief Psychiatrist of Critical Incidents and Non-Compliance with Act*.

### 5.2 Monitoring and Reporting

Monitoring the use of medication that is used outside clinical indications or outside the usual dosage range is necessary to ensure the appropriate use of medications in AMHSs. De-identified and aggregate data may be publically reported in the Chief Psychiatrist Annual Report in accordance with national standards.

## 6. Supporting documents

- Nil

Issued under section 273 of the Mental Health Act 2016



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5 March 2017