



# Access and Entry to Community Mental Health Services Policy

## 1. Background

This policy describes how individuals can access care through Community Mental Health Services (CMHS) within the WA Country Health Service, across all age groups. WACHS CMHS will provide prompt access for consumers and the community to a range of services, advocacy and support to meet their needs. Access and entry will be supported through all modes of contact: in person, telephone, written and via telehealth. People accessing WACHS CMHS will be adequately informed of options for care and will enter the CMHS in accordance with their needs and without unnecessary delay.

The [Charter of Mental Health Care Principles](#) informs our service: in particular a mental health service must:

- be easily accessible and safe and provide people experiencing mental illness with timely treatment, care and support of high quality based on contemporary best practice to promote recovery in the least restrictive manner that is consistent with their needs (Principle 4)
- recognise, and be sensitive and responsive to, diverse individual circumstances, including those relating to gender, sexuality, age, family, disability, lifestyle choices and cultural and spiritual beliefs and practices (Principle 6)
- provide treatment and care to people of Aboriginal or Torres Strait Islander descent that is appropriate to, and consistent with, their cultural and spiritual beliefs and practices and having regard to the views of their families and, to the extent that it is practicable and appropriate to do so, the views of significant members of their communities, including elders and traditional healers, and Aboriginal or Torres Strait Islander mental health workers (Principle 7)
- Work proactively to engage and partner with minority or marginalised individuals and groups. This ensures that they receive equitable and culturally appropriate access to care. It also ensures that social diversity is taken into account throughout all phases of care.
- Ensure that the right to consumer privacy and confidentiality is upheld where safety is not compromised. Confidentiality must not be a barrier to effective collaboration with other professionals/services.

WACHS CMHS will collect, monitor and analyse data with regards to access and entry. Consumers, carers, families and community stakeholders will participate in design and improvement of CMHS access and entry processes.

## 2. Policy Statement

### 2.1 Access to Care

WACHS provides Mental Health care when it is needed in order to provide the maximum benefit to those in need. Access must be easily accessible and safe. When a service is unable to provide the specific intervention required, the person is given information, direction, support and assistance to access another appropriate service.

When a member of the community is referred to a service for care the onus of responsibility is on the service to use the information they can access to work out the best way for that care to occur; factoring in the urgency of need and the service's capacity to meet that need.

Entry to services occurs as a staged process:

- a. Referral is received by the MHS
- b. MHS reviews and investigates that referral
- c. MHS schedules an assessment
- d. Assessment and care planning occur

### 2.2 Referral and Initial Investigation

Initial investigation is the process by which the CMHS reviews the referral, calculates the urgency of its response and makes arrangements for a mental health assessment to occur at a suitable place and time.

*WACHS CMHS will review the referral, perform initial investigations and determine a course of action on the day of referral receipt, within standard business hours and without any unnecessary delay ("Same-day-without-delay").*

The initial investigation may include but not be limited to the following:

- Speaking with the individual who has been referred
- Identifying if the person is Aboriginal and/or have accessibility needs that require additional supports
- Obtaining relevant mental and general health history, current treatments, alcohol and drug use screening,
- Determining current supports & legal status
- Obtaining collateral information from relevant others
- Conducting risk and safety assessment.
- Using the Crisis Triage Response Scale (CTRS) to support decision making about urgency.

Where the initial investigation process identifies the need for an immediate response, the appropriate clinical actions will be immediately triggered. (See Section 2.6: Response to Mental Health Emergencies/Crisis).

Generally, the initial investigation will lead to an agreement about a suitable time, place and mode for a face to face assessment

The outcome of the initial investigation and immediate plan will be documented in the appropriate patient record management system including the medical record/PSOLIS in the appropriate form.

WACHS CMHS will:

- develop links with key referrers (both internal and external to WACHS) and work with them to facilitate easy access to advice and assessment
- demonstrate a knowledge of available care and support services (internal and elsewhere),
- develop and maintain links to those services,
- develop and communicate CMHS related information (availability, range and method of establishing contact) to consumers and others,
- ensure CMHS facilities are physically accessible and have appropriate cultural, linguistic, telehealth and other resources to facilitate access
- ensure culturally safe practice through the involvement of Aboriginal MH Workers/Coordinators for all Aboriginal people accessing the CMHS in accordance with the [WACHS Aboriginal MH Consultation Guideline](#)
- Service entry decision makers must maintain high levels of Aboriginal cultural competence and be able to follow through with a referral in a culturally informed way so that if an AMHW is not available; a same-day-without-delay response can still be provided.
- provide appropriate staff training and orientation with regards to access
- develop local process where required to support implementation of this policy.

### 2.3 Assessment

Assessment is the process by which the characteristics and needs of a consumer and their family or carer are evaluated and determined so that they can be addressed. The assessment forms the basis of treatment, care and recovery planning.

A mental health assessment must be scheduled and organised so the right personnel and support persons are present, at a time and venue appropriate to the client to avoid them having to repeat their story through multiple interactions.

Assessment is a collaborative process and results, wherever possible, in a plan agreed with the consumer and their family/carer. Wherever possible an appropriate, the agreed plan will be provided in written form for the consumer and family/carer.

The [Chief Psychiatrists Standard for Clinical Care](#) defines mental health assessment requirements and must be adhered to in all local procedures.

### 2.4 Entry

All consumers who require further input from the CMHS ('entry') will be activated in PSOLIS as per PSOLIS business rules and in accordance with the MH Case Management Policy. This will occur at the earliest opportunity after the assessment, and includes the identification of a named case manager.

### 2.5 Other Disposition

Where investigation and assessment determines the referred person's needs can be better met by another provider CMHS will support the person to access that help. Where there is concern that a referred person may not engage with other services without support, CMHS entry (Section 2.5 below) may be appropriate to coordinate access to the alternative care or support provider.

In instances where a person referred to a mental health service declines an interaction or assessment, the MH service must evaluate the possible outcome of the person not receiving care, and in consultation with the referrer and the carer/significant others take action as per the [Management of Consumers who Decline MH Assessment Policy](#). Further if an appointment is made but the consumer does not attend, the service will adhere to the [Management of Consumers Who Do Not Attend Community Mental Health Appointments Policy](#).

### **2.6 Response to Crisis/Emergencies**

WACHS CMHS work in partnership with other emergency service providers (e.g. police, ambulance, hospital emergency departments) to provide acute response 24/7 based on consumer needs. Local procedures will define this pathway in each region/service that will include reference to the MH Emergency Telehealth Service (MH-ETS) and RuralLink when local services are not able to provide a timely response.

The [WACHS CAMHS Acute Response in Child and Adolescent MH Service Policy](#) details acute/crisis response for children.

### **2.7 Re-entry**

All referrals and deactivated consumers will be provided with written information about crisis resources and means of re-entry.

### **2.8 Age Group Considerations**

#### **2.8.1 Children**

Refer to the [Child and Adolescent Mental Health Service Access Criteria Policy](#).

#### **2.8.2 Youth**

WACHS CMHS will ensure that the assessment of youth seeking access/entry is conducted in accordance with WACHS Youth MH Clinical Services Framework.

#### **2.8.3 Older adults**

WACHS CMHS will ensure an inclusive approach to the access, assessment and entry of older adults ensuring that appropriate assistance is available for:

- People with mental disorders that develop in older adulthood,
- People with mental or behavioural disorders related to dementia and progressive cognitive impairment
- People with mental disorder and physical illness or frailty that contributes to, or complicates, the management of their mental illness.
- People with psychological or social difficulties related to the ageing process, or end-of-life issues, whose needs may be best met by a service for older people.
- Aboriginal people of age 50 or more whose needs may be better met by older adult MH services.

### **2.9 Alcohol and other drugs (AOD)**

The access assessment process will include exploration of and screening for AOD problems. WACHS CMHS will provide services to those with AOD related MH problems, or partner with appropriate providers of such services. AOD related MH conditions, whether primary or co-occurring, do not preclude entry to CMHS when the

patient's needs can be best met by that service or when the agreed care plan includes the CMHS facilitating engagement with an alternative provider.

### **2.10 Working with Diversity**

All services will ensure they are responsive to the needs of consumers from diverse backgrounds, ensuring safe and inclusive environments. This includes clinical areas being welcoming and accessible, collaborative planning with consumers around their diverse needs, and procedures to ensure their cultural or other safety needs are met. The physical environment can be made more culturally secure by addition of information, flags, posters using language or images the person can relate to, and brochures or artwork that indicates the service is welcoming and responsive to the diverse needs of its consumers.

Staff supporting patients from diverse backgrounds will ensure they are aware of contemporary and best practice guidelines to meet the person's needs.

This approach is to be applied to different areas of diversity including people who identify as; Aboriginal; people from a culturally and linguistically diverse background (CaLD); people who identify as Lesbian, Gay, Bisexual, Transgender, Queer or Questioning and Intersex (LGBTQI), and people with a disability.

### **2.11 Language**

Appropriate assistance and reasonable adjustments must be provided to consumers and their families who do not speak, read or write English or who have communication difficulties. This includes hearing, oral or learning impairments. See [WA Health Systems Language Service Policy](#) and [WA Government Language Services Policy and Guidelines](#)

### **2.12 Culturally Secure Environment**

Mental health services need to be able to deliver culturally competent services to people of all diverse cultural and linguistic groups, recognising and valuing the diverse nature of Australian communities. This requires a service commitment to acquiring the knowledge, skills and experience necessary to operate effectively and ethically in multicultural environments.

Provision of cultural security imposes an obligation on those who work with people from diverse backgrounds to move beyond 'cultural awareness' to actively ensuring that cultural needs are met for individuals. This means cultural needs are included in policies and practices so that all people have access to this level of service, not just in pockets where there are specific culturally competent workers.

### **2.13 Aboriginal Cultural Governance**

Cultural Governance exists when Aboriginal people, their families and communities are guiding and driving mental health practices in partnership with clinicians and service systems.

Cultural governance is supported by AMHW and Aboriginal MH Coordinators being involved and providing expertise in assessments and throughout care. WACHS

Aboriginal Mental Health Workers work to ensure the needs of Aboriginal<sup>1</sup> people accessing Mental Health Services are met. This includes engaging with family members, providing culturally appropriate interpreters and engaging the use of traditional healers as required.

Service entry decision makers must maintain high levels of Aboriginal cultural competence and be able to follow through with a referral in a culturally informed way so that if an AMHW is not available; a same-day-without-delay response can still be provided.

### 3. Definitions

<b>Access</b>	Ability of consumers or potential consumers to obtain required or available services when needed and within an appropriate timeframe.
<b>Entry</b>	The process by which the health service assists people, their families and carers to receive ongoing assistance from that mental health service. The Psolis term 'activation' is sometimes used for entry
<b>Referral</b>	The means by which an individual or an agent on behalf of an individual makes contact with a service to seek mental health care. A referral can be via phone, email, fax, telephone, telehealth or in person.
<b>Assessment</b>	The process by which the characteristics and needs of a consumer and their family or carer are evaluated and determined so that they can be addressed. Assessment is a collaborative process and forms the basis of treatment, care and recovery planning
<b>Child</b>	Infant, child, adolescent or young person under the age of 16 (i.e. until their 16th birthday)
<b>Minor</b>	A person aged 18 years or younger
<b>Youth</b>	Young person between the ages of 16 and 24 years
<b>Adult</b>	Person over the age of 25 (i.e. from their 25th birthday until the older adult age threshold)
<b>Older Adult</b>	Aboriginal person over the age of 50 years or any other person over the age of 65 years.
<b>Community Mental Health Service</b>	A service that provides mental health assessment, treatment and care within the community (Does not include direct hospital inpatient care)
<b>PSOLIS</b>	Psychiatric Services On Line Information System

<sup>1</sup> Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

### 4. Roles and Responsibilities

The Executive Director WACHS MH has overall responsibility for compliance with this policy in partnership with Regional Directors and Managers.

All WACHS MH staff are responsible for ensuring they are aware of and can access their service-specific access/entry protocol, and use it to inform their practice.

WACHS MH Regional Managers & Clinical Directors are responsible for ensuring that:

- all WACHS CMHS teams have an access/entry protocol that aligns with this policy.
- all WACHS CMHS staff are aware of, can easily access and comply with, their service specific protocol.
- any other formal agreements relating to services provided (e.g. Service Level Agreements) also align with this policy.

WACHS CMHS team leaders will monitor compliance with local procedures that are based on this policy.

### 5. Compliance

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](#) (WA) 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.

WACHS staff are reminded that compliance with all policies is mandatory.

### 6. Records Management

WACHS CMHS will collect, monitor and analyse data on service demand and access/entry responsiveness

Regional and central office MH Safety and Quality Committees will ensure that data collected in accordance with this policy is analysed and appropriate service enhancements made to ensure policy compliance.

All WACHS clinical records must be managed in accordance with [Health Record Management Policy](#).

### 7. Evaluation

Evaluation of this policy is to be carried out by the WACHS Director of Psychiatry Adult / Older Adult every three years at minimum.

## 8. Standards

[National Safety and Quality Healthcare Standards](#) – 1.15, 5.7a  
[National Standards for Mental Health Services](#) –10.2, 10.3

## 9. Legislation

[Mental Health Act 2014](#) (WA)

## 10. References

[UN Convention on the Rights of the Child](#)  
[Orygen Key Principles Underpinning Youth MH Models](#) (accessed December 2019)

## 11. Related Forms

Nil

## 12. Related Policy Documents

[WACHS Aboriginal MH Consultation Guideline](#)  
[Management of Consumers who Decline MH Assessment Policy](#)  
[Management of Consumers Who Do Not Attend Community Mental Health Appointments Policy](#)  
[Child and Adolescent Mental Health Service Access Criteria Policy](#)  
[Mental Health Case Management Policy](#)

## 13. Related WA Health System Policies

[WA Health Systems Language Service Policy](#)

## 14. Policy Framework

[Mental Health](#)

**This document can be made available in alternative formats  
on request for a person with a disability**

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