



# Admission of Mental Health Patients Procedure

Effective: 6 August 2018

## 1. Guiding Principles

Psychiatric inpatient services include assessment of and care and treatment for people experiencing acute symptoms and/or behavioural change due to mental illnesses or psychiatric crises that cannot be managed in the community.

Patients accessing psychiatric inpatient treatment do so on the basis that care and treatment will be provided in the least restrictive manner possible consistent with the Western Australian *Mental Health Act 2014* and with regard for the safety of patients, staff, carers, visitors and the general public.

Admission procedures are consistent with the following overarching policies:

- Department of Health [Mandatory Policy MP 0058/17 Admission, Readmission, Discharge and Transfer Policy](#)
- WACHS [Medical Practitioners Manual](#) (2017)
- WACHS [Adult Psychiatric Inpatient Services: Referral, Admission, Assessment, Care and Treatment Policy](#) (February 2018)
- WACHS [Acute Response in Child and Adolescent Mental Health Service Policy](#)
- [Patient Vehicle Access Procedure – Albany Hospital APU](#)
- [State-wide Guidelines for the Management of Under 18 year old Mental Health Patients in Non-child and Adolescent Mental Health \(CAMHS\) Emergency and Inpatient Settings.](#)

This procedure refers to those patients admitted to the Albany Hospital under the care of a psychiatrist. Unless specifically stated, there is no distinction according to physical location within the region, location within the hospital, or legal status of patients.

## 2. Procedure

This procedure includes all patients including those residing in Albany and those referred by a treating clinician from small Multi-Purpose Sites (MPS) in the Great Southern who require inpatient mental health treatment in the Albany Hospital Authorised Psychiatric Unit (APU).

In general, all adult patients requiring inpatient mental health treatment will be admitted to the APU. In particular circumstances in which admission to an acute mental health inpatient unit is not appropriate, the admitting mental health team will liaise with the Bed Manager to negotiate patient placement. If the APU is full, patients may be admitted under the bed card of a Consultant Psychiatrist to any available bed within Albany Hospital that serves for the treatment of a mental health patient.

If admission to an authorised mental health facility is required and there are no beds available in the Albany Hospital APU, it is the responsibility of the mental health team to locate an appropriate bed via the statewide bed management process ([Assertive Patient Flow and Bed Demand Management for Adult Services](#)) on 9347 6641 and make the necessary transport arrangements.

Admissions for children and adolescents are outlined in section 2.4 in this procedure.

All mental health patients are to be admitted under the bed card of a psychiatrist unless a co-occurring physical health problem requiring treatment takes precedence.

During clinic hours (8:30 – 16:00), providing the patient has no acute physical health problems requiring urgent treatment, Great Southern Community Mental Health Service or General Practitioner can arrange a direct admission to the APU in consultation with the APU Medical Team. If not a direct admission, all mental health patients are to be admitted via the Albany Hospital Emergency Department (ED).

All patients are to be admitted under the care of a psychiatrist

### **2.1 Admissions via the Albany Hospital ED during Mental Health Liaison Nurse hours (0800 – 2230)**

- The referring doctor in the ED is to contact the psychiatry team to refer a patient for admission and provide handover. If the patient is from an ED in a regional hospital this is to include transport arrangements. This process would appropriately commence with the Mental Health Liaison Nurse (MHLN) after physical health screening and initial mental health assessment in ED.
- Once accepted for admission by the psychiatrist, the patient is to be transferred to a bed in the APU, or an alternative general bed if the APU is full.
- The APU mental health medical team is to complete an initial assessment and management plan upon arrival to the APU according to standard policy and in a timely manner. This includes:
  - completing and documenting a physical examination within 12 hours of arrival
  - at the time of admission, making a provisional diagnosis which is not coded

### **2.2 Admissions via Albany Hospital ED outside of Mental Health Liaison Nurse hours**

- On behalf of the admitting psychiatry team, the rostered Junior Doctor Ward Cover (JDWC), under the supervision of a senior doctor or the Emergency Department medical staff member, is to undertake the following aspects of after-hours admissions in the Emergency Department:
  - Taking a medical history.
  - Completing a physical examination.
  - Taking a basic psychiatric history i.e. presenting problem and its history.
  - Completing a medication chart.

The on-call psychiatrist is to be contacted by the JDWC (or ED Medical staff member if the JDWC is unavailable) to be informed of the admission and, if required, to provide advice / assistance in the development of an initial management plan.

The MHLN and/or a representative from the psychiatry team is to attend the Albany Hospital ED 8am clinical handover meetings to receive appropriate clinical handover of any overnight admissions.

Handover from ED and/or MHLN to inpatient mental health ward staff is to comply with the WACHS [Clinical Handover Policy](#) including:

- ISOBAR information in relevant format
- time of arrival
- presenting problems
- medications
- physical observations within 12 hours of presenting to hospital as specified in the *Mental Health Act 2014*
- belongings
- confirmation that next of kin or nominated person are aware of the admission as specified in the *Mental Health Act 2014*.

### **After hours on-call psychiatry service**

After hours, the on-call psychiatry service is responsible for admitted psychiatric patients, but routine physical health concerns can be referred to the on call Junior Doctor Ward Cover (JDWC) between the hours of 1630 and 2200 for initial assessment and/or resolution either in ED or in APU. The JDWC is to escalate complex physical health issues to the on-call psychiatrist as and when required. The on-call psychiatrist is to attend the hospital as required.

The on-call psychiatrist is also to provide specialist advice and assistance in the immediate care of admitted patients or those with complex or acute mental health presentations (e.g. high levels of arousal, aggression, risk, distress) and advice in relation to the application of the *Mental Health Act 2014*).

### **After hours on call psychiatry service available**

17:00 – 08:00 Monday to Friday

24 hours Saturday, Sunday and Public Holidays

### **Service scope after hours on call psychiatry**

- Telephone psychiatry advice as needed (i.e. any age group/any category of patient) to any practitioner in the region.
- On-site psychiatric assessment of patients in the Albany Hospital at request, tele-mental health assessment to GS region if deemed appropriate by the on-call psychiatrist.
- Attendance to patients admitted under the psychiatry team.

The on-call psychiatrist and ED medical staff can access specialist advice and support in relation to children after-hours. Refer to Section 2.4 for contact information.

### 2.3 Direct Admissions via the Community Mental Health Team

The Great Southern Community Mental Health team may identify patients needing admission to an acute Mental Health facility.

In all cases the procedure for admission to the APU will include :

- agreement by a Consultant Psychiatrist or the Senior Medical Practitioner that an admission is appropriate
- establishing the acuity of admission
- establishing that a suitable bed is available.

Mental Health bed management is the responsibility of the APU Clinical Nurse Manager and/or Mental Health Liaison Nurse during hours and otherwise it is the Albany Hospital after hours Bed Manager.

If a secure bed is required and one is not available and cannot be made available, as stipulated in the *Mental Health Act 2014*, it is the responsibility of the Great Southern Mental Health Service at the Albany Hospital to find an appropriate bed by accessing the statewide Bed Management process. It is not the responsibility of a referrer who is seeking to refer a patient from the Great Southern region for involuntary assessment to find a bed.

### 2.4 Admission of Mental Health patients who are under 18 years of age

Inpatient treatment of a child or adolescent (under 18) within an adult psychiatric unit is to be in accordance with the *Mental Health Act 2014* ([State-wide Guidelines for the Management of Under 18 year old Mental Health Patients in Non-child and Adolescent Mental Health \(CAMHS\) Emergency and Inpatient Settings](#)).

Ward 5A at Perth Children's Hospital (PCH) is the State-wide authorised mental health inpatient unit for 0 – 15 year olds. Located on the Queen Elizabeth II Medical Centre (QEII MC) site in Nedlands, PCH is next to Sir Charles Gairdner Hospital and across the road from Kings Park on the corner of Winthrop and Hospital Avenues.

For referrals to Ward 5A for 0 – 15 year olds from the 13 June 2018 please Phone: 0466 419 342 (text messages will not be received by this number) to discuss the referral with the CAMHS Patient Flow Coordinator. Following phone contact with the CAMHS Patient Flow Coordinator please forward your written referral to Email: CAMHSIPUBedRequests@health.wa.gov.au or Fax: 6456 2303 (using the attached checklist).

For young people aged 16 and over, requests are to be directed to Fiona Stanley Hospital Mental Health Inpatient Youth Unit.

For the GS, when young people under the age of 18 require mental health inpatient treatment, the needs of each individual young person is paramount and should be central to determining the care they receive.

Where young people require admission, in all instances every effort is to be made to admit them to mental health services that normally provide treatment or care to children and adolescents. However this may not be appropriate if the admission is to be brief, considering the nearest mental health inpatient unit for young people under 18 years of age is in Perth.

In general, Albany Hospital admission of young people under 18 years of age requiring inpatient treatment for mental health reasons are to the Paediatric/Medical Ward under the care of a psychiatrist. Advice can be obtained from the WACHS GS CAMHS service if required. Consent from parents/carers/guardians is to be sought in all circumstances, unless contraindicated, and/or the patient is assessed as a mature minor. In all cases, a risk assessment must be undertaken to consider the requirement for 1:1 observation during the initial stage of the admission. Parents/carers/guardians can be considered to “room in” with young people. This process requires a separate assessment and discussion with the admitting psychiatrist.

Utilisation of the *Mental Health Act 2014* should only be completed in consultation with the on-call psychiatrist.

In rare instances, the acuity of the young person’s presentation (e.g. agitation/violence, high suicidality, absconding risk etc.) may require initial containment and treatment in a secure environment such as the adult APU. If a person younger than 18 years is admitted to the APU, special consideration must be given to ensure the safety and wellbeing of the child, and this must be consistent with the *Mental Health Act 2014*, the Clinicians Guide to the Mental Health Act 2014 and Department of Health Policy and the statewide Guidelines for the Management of Under 18 year old Mental Health Patients in Non-child and Adolescent Mental Health (CAMHS) Emergency and Inpatient Settings.

The *Mental Health Act 2014* is explicit in how children are to be managed in an adult inpatient facility. This is covered in Section 303.

S 303 Segregation of children from adult inpatients.

- (1) This section applies in relation to a mental health service that does not ordinarily provide treatment or care to children who have a mental illness.
- (2) A child cannot be admitted by a mental health service as an inpatient unless the person in charge of the mental health service is satisfied that the:
  - (a) mental health service can provide the child with treatment, care and support that is appropriate having regard to the child’s age, maturity, gender, culture and spiritual beliefs; and
  - (b) treatment, care and support can be provided to the child in a part of the mental health service that is separate from any part of the mental health service in which adults are provided with treatment and care if, having regard to the child’s age and maturity, it would be appropriate to do so.

- (3) When a child is being admitted by a mental health service as an inpatient, the person in charge of the mental health service must:
  - a. give to the child's parent or guardian, a written report setting out:
    - i. the reasons why the person in charge is satisfied of the matters referred to in subsection (2) a. and b. and
    - ii. the measures that the mental health service will take to ensure that, while the child is admitted as an inpatient, the child is protected and the child's individual needs in relation to treatment and care are met; and,
  - b. file a copy of the report and give another copy to the Chief Psychiatrist.

Additional advice in the management of safety of children in an adult inpatient setting is in Chapter 1 of the "Clinician's Guide to the Mental Health Act", Section 1.22.

### 2.5 Mental Health patients who are medically unstable

Patients presenting to the Albany Hospital with a primary mental health problem but who are medically unstable e.g. requiring admission to the High Dependency Unit, are to be admitted by the appropriate medical/surgical team, but psychiatric aspects of care remain the responsibility of the mental health team. Once the patient is medically stable, a doctor-to-doctor handover is required to transfer care to the psychiatrist (see WACHS [Documentation Clinical Practice Standard](#)).

Psychiatric patients who become medically unstable, or about whom medical advice is required, are to be referred to the appropriate inpatient medical team for consultative advice and/or transfer of care in accordance with the WA Health [Clinical Handover Policy](#) 2014 and using the Mental Health Care Transfer Summary form SHSMR916.

### 2.6 APU Inpatient Admission process – voluntary

If not already completed by MHLN or admitting Psychiatrist, APU Ward staff are required to complete the following:

1. A Mental State Examination of the patient and eight page Mental Health Assessment form SMHMR902.
2. Risk Assessment and Management Plan SMHMR905 (RAMP) of the patient (including risks to self, risks to others and risks from others).
3. If applicable offer Aboriginal Health Worker support.
4. Check PSOLIS for alerts.
5. Access previous discharge summaries from other facilities.
6. Discuss voluntary admission contract (mobile phones, meals, expectations, ward rules).
7. Supply patient with Identification Band.
8. Take a urine sample subject to patient consent.
9. Order a urine drug screen subject to patient consent .
10. Complete a set of physical observations and commence Adult Observation and Response Chart (MR140A).
11. Commence Visual Observation Chart (MR148B)
12. Search the patient and/or their belongings in accordance with the *MH Act 2014*, Part 11, Division 2 Search and Seizure Powers (looking for sharps, medications and if risk of suicide items that can be used for ligature). If a person agrees to search and seizure this can take place in accordance with hospital policy.

If the person does not agree and staff reasonably suspect that the person has dangerous items or another item that is able to be seized then it needs to be in accordance with The Act and requires the completion of a Form 8A Record of search and seizure and a Form 8B Record of dealing with seized article if anything is seized.

13. If the patient has come into the hospital using their own private vehicle, in accordance with the Patient Access to Vehicle Procedure, the keys must be registered as a patient belonging and kept in a secure place until the vehicle can be removed from the premises by a relative or associate. The vehicle can only be accessed by the patient on discharge.
14. Complete the admission Health of the Nation Outcome Scale (HoNoS).
15. Develop a management plan with the patient e.g. daily plan, questions from the patient.
16. Complete the admission register– check whether the patient has been admitted before.
17. Check dietary requirements.
18. Check whether person has had a physical examination. If a physical examination hasn't been completed, a medical staff member from the APU is to be notified immediately.
19. Complete Falls Risk Assessment Management Plan (MR521).
20. Complete Braden Pressure Ulcer Assessment.
21. Commence Bowel Chart (GSMR151).
22. Patient is to be oriented to the ward and given APU Information Booklet.

### 2.7 APU Admission process – Involuntary (Form 1A)

All of the above steps 1 – 22 plus:

- Patient formally received by signing the Form 1A and completing the relevant forms according to the *Mental Health Act 2014* and notifying relevant parties as prescribed in the Act.
- Patient given pamphlet explaining the Form 1A and their rights and responsibilities under the *Mental Health Act 2014*.
- Plan for admission developed with the transferring hospital and/or community team if applicable.

### Documentation and Record keeping

APU Ward staff are required to document in the medical record that the admission process has been completed in full. This should include leave arrangements and completion of the leave sticker in the patient file.

Particulars of patient status (e.g. referred, voluntary, subject to a CTO when in the community, mentally impaired) must be documented in the medical record upon admission to the authorised inpatient unit.

Form 1A: Document the time the patient is received into the authorized hospital  
Form 6A: Document the time the patient when the patient has been made an involuntary patient

**Change of status:** Document any changes to a patient's status and the time this occurred on Form 6A.

### 3. Definitions

<b>SMP Psychiatry</b>	Senior Medical Practitioner employed by Great Southern Mental Health Service to provide inpatient psychiatric and medical care of patients admitted under a consultant psychiatrist.
<b>SMP Medical</b>	Senior Medical Practitioner employed by Albany Hospital to provide inpatient medical care.
<b>Junior Doctor Ward Cover</b>	Rostered intern available until 2200 on week days. Access to telephone number of rostered JDWC is via Roster Viewer on the WACHS GS intranet home page.

### 4. Roles and Responsibilities

**Clinical Director GSMHS** is responsible for the overall clinical governance of inpatient and outpatient mental health services.

**Regional Manager GSMHS** is responsible for the overall management and governance of inpatient and outpatient mental health services.

### 5. Compliance

Failure to comply with this policy document may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Employment Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (HSA) 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. Evaluation

Monitoring of compliance with this document is to be ensured by Manager, Great Southern Mental Health Service, every two years using documented audit processes.

### 7. Standards

[National Safety and Quality Health Care Standards](#) (First edition): 1.1, 1.2, 1.3, 1.7, 1.8, 1.9, 6.1,6.2, 6.5, 9.4, 9.5, 9.6, 9.7, 9.9

[National Safety and Quality Healthcare Standards](#) (Second edition):

[EQulPNational Standards](#) :11.3, 11.4, 11.5, 12.1, 12.2, 12.3, 12.4, 12.8, 12.10, 14.1, 14.4, 14.5

[National Standards for Mental Health Services](#):

### 8. Legislation

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

[Clinicians' Practice Guide to the MH Act 2014](#)



## 9. Related Forms

- [Mental Health Act 2014 Approved Forms](#)
- [Mental Health Care Transfer Summary form SHSMR916](#)
- [Mental Health Assessment form SMHMR902](#)
- [Risk Assessment and Management Plan SMHMR905 \(RAMP\)](#)
- [Adult Observation and Response Chart \(MR140A\)](#)
- [Falls Risk Assessment Management Plan \(MR521\)](#)
- Visual Observation Chart (MR148B)
- Bowel Chart (GSMR151)

## 10. Related Policy Documents

- WACHS [Medical Practitioners Manual](#) (2017)
- WACHS [Adult Psychiatric Inpatient Services: Referral, Admission, Assessment, Care and Treatment Policy](#) (February 2018)
- WACHS [Acute Response in Child and Adolescent Mental Health Service Policy](#)
- WACHS [Documentation Clinical Practice Standard](#)
- [Patient Vehicle Access Procedure – Albany Hospital MH Unit](#)
- [State-wide Guidelines for the Management of Under 18 year old Mental Health Patients in Non-child and Adolescent Mental Health \(CAMHS\) Emergency and Inpatient Settings](#)

## 11. Related WA Health System Policies

- Department of Health [Mandatory Policy MP 0058/17 Admission, Readmission, Discharge and Transfer Policy](#)

## 12. Policy Framework

- [Mental Health Policy Framework](#)

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

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