



Adult Psychiatric Inpatient Services - Referral, Admission, Assessment, Care, Treatment and Discharge Policy

Note: This policy remains in effect however a comprehensive content review has commenced in line with the Acute Patient Unit re-authorisation self-assessment process.

Queries can be directed to: [WACHS-MH-ExecutiveDirector](#).

1. Background

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

Patients accessing psychiatric inpatient treatment do so on the basis that care and treatment is provided in the least restrictive manner possible consistent with the [Mental Health Act 2014](#) (WA) and with regard for safety of patients, staff, carers, visitors and the general public.

Specialist Adult Psychiatric Inpatient services, authorised under the *Mental Health Act 2014* (WA), operate in Broome, Kalgoorlie, Bunbury and Albany.

Inpatient services for more complex mental health conditions/treatments, or for regions without an inpatient unit, are provided from facilities in the Perth metropolitan area. For referral to such services, refer to the WA Health System, Mental Health Policy Framework [WA Assertive Patient Flow and Bed Demand Management for Adult Mental Health Services Policy and Practice Guidelines](#).

2. Policy Statement

2.1 The purpose of this policy is to:

- guide appropriate referral and admission to adult inpatient mental health services within the WA Country Health Service (WACHS)
- promote evidenced based best practice in the assessment, care, treatment and management of mental health patients who are admitted to adult inpatient services within WACHS.

2.2 Key principles

This policy is consistent with the WACHS values of community, compassion, quality, integrity and justice. Admission and care of patients to inpatient services are to be based on the following principles:

- Recovery focused treatment and effective facilitation of return to community living.
- Engagement and participation of patients, carers and/or family in the treatment and care.
- Respectful processes, equity of access to services and advocacy for all patients carers and/or families.

- Cultural awareness and sensitivity for an individual's social, cultural and spiritual background / belief in accordance with the WA Health System, Clinical Services Planning and Programs Policy Framework [MP 0071/17 Aboriginal Health and Wellbeing Policy](#)
- Privacy and confidentiality for patients and carers while maximising appropriate information sharing with other service providers ensuring duty of care.

3. Referral, Admission and Assessment

If a person is referred under the *MH Act 2014* (WA) to an authorised hospital, it is the responsibility of that hospital to receive the person referred. If the person in charge of the authorised hospital decides that the facility is unable to accommodate the person, the authorised hospital must then arrange the referred person's transfer to another authorised facility either in WACHS or to a metropolitan service. WA Health System, Mental Health Policy Framework [WA Assertive Patient Flow and Bed Demand Management for Adult Mental Health Services Policy and Practice Guidelines](#).

- Admission is supported by effective communication and referral including relevant documented information and relevant [Mental Health Act Approved Forms](#) if required.
- Presentations for admission during business hours and after hours are to be managed according to each site's processes for admission.
- A thorough examination including physical examination, mental state examination (MSE) and risk and safety assessment must be completed prior to admission.

3.1 Referral and Admission Criteria

Referral to Inpatient Mental Health services in accordance with:

- [Office of the Chief Psychiatrist](#)
 - [Clinician's Practice Guide to the *Mental Health Act 2014*, \(WA\) 3rd Edition 2015](#)
- WACHS [Interhospital Patient Transfer Policy](#)

Patients can be admitted to an acute inpatient facility when they have a recognised psychiatric illness, disorder or are in crisis with impairment of the person's thought, mood, volition, perception, orientation, memory, judgement or behaviour in the following circumstances:

- Treatment cannot be provided in a less restrictive setting and
- a clinical risk assessment has determined that there is significant clinical risk and the person cannot continue to be treated in a community setting, or
- there is reasonable likelihood that inpatient care will result in substantial benefit to the person, and
- the inpatient service has the available resources to safely and effectively manage the patient, including any necessary medical needs.

3.1.1 Special Needs Criteria

Referral and admission to an adult psychiatric unit may not be the most appropriate course of action where:

- the person has an unstable physical condition requiring general hospital care
- the person is a resident of a corrections facility as a detainee

- the person has been arrested by police
- the person is a forensic patient
- the person does not have an existing mental illness but may have:
 - drug and/or alcohol problems (referral should be considered to a Drug & Alcohol Service)
 - a learning disability.
- admission is for the sole purpose of drug and/or alcohol detoxification (referral should be considered to a general ward or Drug & Alcohol Service);
- the person and or his/her carer requires respite and is the most significant reason for admission
- the inpatient facility does not have the specialist services required to provide effective treatment.

There are occasions when the need for admission to an adult inpatient psychiatric service will need to be considered for those patients who would normally receive treatment in another specialised facility. These include:

3.1.2 Children and Adolescents

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* (WA), CAMHS [Management of Children and Adolescents in all Non-CAMHS Emergency and Inpatient](#) and the WACHS [Acute Response in Child and Adolescent Mental Health Service Policy](#).

3.1.3 Pregnant women and mothers and babies

Inpatient management for this group of patients is a clinical decision dependent upon risk factors for mother and for baby. The general milieu within the inpatient unit is an important consideration for admission in these circumstances.

Liaison with specialist Mental Health Mother Baby Units located at King Edward Memorial Hospital (KEMH) or Fiona Stanley Hospital regarding the most appropriate care for the patient.

Alternative arrangements for mothers and babies include:

- Mother can be admitted with baby being placed in appropriate care. e.g. father, family, Department for Child Protection.
- Mother is admitted to the inpatient unit, with baby admitted to the general hospital paediatric ward.
- Mother and baby are transferred to specialist service in the metropolitan area.
- Mother and baby, who have no available supports, may be admitted to the general hospital paediatric ward until appropriate care is arranged for the baby.

3.1.4 Older Adults

Older adults may be vulnerable due to age related health conditions, agility and the ability to cope in the acute adult inpatient environment. Prior to admission, older adults may require additional physical health screening and assessment of needs.

- First presentation older adult referrals: consider admission to the general hospital medical ward for thorough medical screening. Psychiatric consultation is to be provided once the patient is medically cleared.
- Older adults with a enduring mental illness and who are physically robust and medically stabilised can be admitted, however this is dependent on physical health related illness, agility and vulnerability.

3.2 Assessment

Assessment is to include, in accordance with the *Mental Health Act 2014 (WA)* and best available evidence:

Comprehensive psychiatric examination including:

- relevant history, social and contextual factors.
- risk assessment
- Mental State Examination

Comprehensive physical assessment: a thorough medical assessment by a medical practitioner will be completed within 12 hours of admission including:

- medical history and physical examination
- relevant further investigations

4. Care and Treatment

Care is to be guided by a treatment, support and discharge plan developed collaboratively with the patient, carer or significant others and the multidisciplinary team. The plan is to apply the principle of least restrictive care and is to:

- include risk management plan which details current or potential risk factors, protective factors, triggers, early warning signs and mental state
- include consideration of WACHS [State Administrative Tribunal Applications Guideline](#), and [Department of Health \(DOH\) information around Advance Health Directives \(AHDs\)](#)
- include evidence based treatment and care with regular review of the management plan and progress towards the defined goals
- include treatment recommendations, ongoing investigations and monitoring requirements of the patients physical health as identified by the medical history and examination , and
- be clearly documented in the patient record along with a copy of the management plan signed by the patient/carers

5. Discharge

The treatment, support and discharge plan is commenced at admission and developed collaboratively with the patient, carer, significant others or family, community mental health services, general practitioner (GP), other agencies and care providers.

Ongoing care needs are identified and included in the final plan and communicated to the patient, carers, GP, referrer (if not the GP) and agency providing follow up.

Emergency contact details are to be provided to the patient/carer on the day of discharge and documented in the medical record.

The discharge summary will be developed in accordance with requirements for discharge summary as per page 47: 8.1.4 Discharge summaries of the WA Health System, Information Management Policy Framework [MP 00058/17 Admission, Readmission, Discharge and Transfer Policy](#) and provided/faxed to the referrer on the day of discharge with evidence of same filed in medical record. A copy of the discharge summary/care transfer summary will be provided to the patient/carer on day of discharge.

6. Definitions

Authorised Hospital	Is a public hospital, or part of a public hospital, that is for the time being authorised under section 541 of the <i>Mental Health Act 2014</i> (WA).
Recovery focussed treatment	At the heart of recovery "... is a set of values about a person's right to build a meaningful life for themselves, with or without the continuing presence of mental health symptoms. Recovery is based on ideas of self-determination and self-management. It emphasises the importance of 'hope' in sustaining motivation and supporting expectations of an individually fulfilled life" (Shepherd et al., 2008).

7. Roles and Responsibilities

Clinical staff

All WACHS clinical and clinical support staff are required to:

- comply with requirements of laws, regulations, professional standards and industry codes of practice and organisational standards
- be aware of and comply with policies relevant to their areas of practice
- maintain patient records in accordance with Department of Health policy.

Clinical Nurse Manager

The Clinical Nurse Manager is responsible for:

- the implementation of this policy and associated guidelines and procedures
- ensuring the recording of clinical and statistical information in the mental health clinical information data base, Psychiatric Services On Line Information System (PSOLIS) for all patient admissions and episodes of care.

Regional Director

The Regional Director delegates the responsibility to the Regional Mental Health Manager for ensuring that services are delivered in accordance with this policy, associated guidelines and procedures, and for monitoring compliance with this policy and associated guidelines through a regular audit cycle.

Clinical Director

The Clinical Director is responsible for overseeing the clinical application of the *Mental Health Act 2014* (WA).

8. 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.

9. Evaluation

This policy is to be reviewed by the Executive Director Mental Health upon enactment of new mental health legislation and every two (2) years thereafter.

10. Standards

[National Safety and Quality Healthcare Standards](#) (First edition 2012):

1.8.1, 1.8.2, 1.17.1, 1.17.2, 1.18.1

[National Safety and Quality Healthcare Standards](#) (Second edition 2017):

1.27b, 5.1 5.2, 5.3, 5.4, 5.7, 5.10, 5.13, 5.31. 6.3

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

1, 1.2, 1.3, 1.6, 1.8, 4.1, 6.1, 6.11, 10.1.1, 10.1.2.

11. Legislation

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

[Guardianship and Administration Act 1990](#) (WA)

[Carers Recognition Act 2004](#) (WA)

12. References

[National Standards for Mental Health 2010](#)

[National Practice Standards for the Mental Health Workforce 2013](#)

[Clinician's Practice Guide to the *Mental Health Act 2014*, \(WA\) 3rd Edition 2015](#)

Policy EDM P2-02: Admission, Care, Utilisation and Discharge in Acute Mental Health In-patient Units 2002 Mental Health in South Australia, Human Services, Government of South Australia.

Shepherd, Boardman & Slade [Making Recovery a Reality](#) Sainsbury Centre for Mental Health, 2008.

The Western Australian Mental Health Commission [Mental Health, Alcohol and Other Drug Services Plan 2015 -2025](#)

WA Health System, Clinical Services Planning and Programs Policy Framework [WA Health Clinical Services Framework 2014-2024](#)

13. Related Forms

Office of the Chief Psychiatrist [Mental Health Act Approved Forms 2014](#)

14. Related Policy Documents

WACHS [Interhospital Patient Transfer Policy](#)

WACHS [Acute Response in Child and Adolescent Mental Health Service Policy](#)

WACHS [State Administrative Tribunal Applications Guideline](#)

15. Related WA Health System Policies

[MP 00058/17 Admission, Readmission, Discharge and Transfer Policy](#)

[Mental Health Division \(2008\) Clinical Risk Assessment and Management \(CRAM\) in Western Australian Mental Health Services - Policy and Standards Patient Flow Implementation Group \(2011\) Assertive Patient Flow and Bed Demand Management for Adult Mental Health Services Policy and Practice Guidelines](#)

16. 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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