



Assertive Follow Up and Welfare Check Procedure

Effective: 27 March 2018

1. Background

The WA Country Health Service (WACHS) - Goldfields Mental Health Service (GMHS) recognises the importance of engaging with patients who are referred for assessment or are receiving treatment while balancing this with the patient's right to determine their preferred care arrangements. It is also recognised that lack of engagement or unplanned disengagement by patients can indicate increased risk and that the GMHS is to attempt to mitigate this risk for referred or existing patients.

This procedure provides a step by step process of checking the welfare of referred and existing patients, and the degree of assertiveness of such checks.

2. Procedure

There are many circumstances where GMHS staff will have legitimate concerns regarding a client who is in the community and where community outreach is appropriate. This may include, but is not limited to the following:

- clinicians receive information from a concerned person regarding the welfare of an inpatient who is on approved leave
- an inpatient on approved leave who does not return at the specified time
- an inpatient missing with a degree of risk
- clinicians receive information from a concerned person regarding the welfare of a community client.

Where there is a concern for a patient of the Mental Health Inpatient Service the Community Team is to actively assist the Inpatient Team in the provision of timely community outreach, with mutually agreed prioritisation.

As well as a potentially deteriorated mental state or risk (self harm/suicidal ideation or aggressive behaviour), concern for welfare may also extend to physical illnesses for this cohort.

In all instances, it is good clinical practice for staff to contact the patient and suitable family/next of kin. If initial contact cannot be made or is inappropriate to be made via telephone or electronic means, staff are to ensure that there is a process in place for the timely assessment of the patient by mental health clinicians in order to clarify the need for specific psychiatric or medical intervention.

2.1 Follow up of clients Assessed by GMHS as 'At Risk' – Welfare Check

- Where a client assessed or believed to be 'At Risk' fails to attend an appointment or is unexpectedly not accessible to the GMHS, the clinician is to attempt to make contact with the client as soon as possible to enquire about the client's wellbeing by phone contact and/or home visit.

- Where contact with the client has not occurred, attempt contact with carer/ personal support person/s, General Practitioner (GP), local hospital, and/or other agencies involved in providing services to the client to access information.
- If unable to contact the client or personal support person/s to ascertain the client's whereabouts, the clinician is to inform the Team Leader/multidisciplinary team at the GMHS, and the GP as soon as possible.
- As well as a potentially deteriorated mental state or risk (suicide/aggression), concern for their welfare is to be extended to physical illnesses.
- If contact is established:
 - Complete a Mental State Examination (MSE) and Risk Assessment as well as give consideration to environmental factors relevant to the patient's risk. Forms to use are CAMHS Initial Assessment and CAMHS Risk Assessment and Management Plan and for adult SMHMR902 Mental Health Assessment and SMHMR905 Mental Health Risk Assessment and Management Plan
 - Establish the reason for the loss of contact and, if necessary, provide the relevant information for contact with their GP or other agencies involved with their care.

The welfare check is primarily the remit of a clinician or someone who is familiar with the client. Refer to [Operational Directive OD 0644/16 Community Mental Health Welfare Checks: Role of Mental Health Clinicians](#)

Care must be taken to ensure client confidentiality while balancing this with the right of personal support person/s to be involved in support for the client.

Home visits are to be carried out in accordance with the WACHS [Working in Isolation – Minimum Safety and Security Standards for All Staff Policy](#) and the [Working Alone - Community Visiting - Goldfields Mental Health Service](#).

- If there are serious and significant concerns about the current welfare of a client, but checking on the person poses a risk to the clinician or to any other person present it may be appropriate to request police assistance where:
 - there is a genuine and immediate risk of self-harm and injury to others
 - a client is violent towards the clinician or others
 - a client is causing significant damage to property and if not contained may cause further damage
 - a client is believed to have committed a criminal offence
 - a client is armed with any weapon
 - there are other parties present who pose a threat or are abusive or violent towards the clinician or others
 - the clinician has knowledge or experience of a person's recent prior history of violence and a Police presence is reasonably necessary for the clinician's safety
 - the clinician believes that due to the geographical location, isolated location, time of day or nature of the situation, a Police presence is reasonably necessary for safety.

- In instances where the matter is an emergency, i.e. the equivalent of a '000' emergency, and it is clear that police can reach the person first;
 - wherever possible, clinicians are to attempt to join the police promptly and provide any other appropriate assistance as requested.
- if the concern relates to an acute physical health emergency, there must be timely consideration of a request for urgent ambulance attendance either with or as an alternative to police attendance. In regional or remote settings where there may not be a mental health clinician permanently stationed in the area, or where there are no designated after-hours outreach mental health services, such services require a clearly articulated local arrangement for persons requiring a welfare check, which is documented and understood by all relevant parties.

If police transport is required staff are required to complete a [SHMR990 Mental Health Transport Risk Assessment Form](#) which assists in determining the transport risk rating of the patient and the most appropriate transport option to use.

Refer to [Appendix 1](#) 'Call of Concern made to Goldfields Mental Health Service Flowchart'.

3. Definitions

Risk	The likelihood of an event occurring which may have harmful outcomes for the person or others.
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4. Roles and Responsibilities

The **Clinical Director and Regional Manager, Mental Health** are to:

- oversee and ensure clinical governance within the Goldfields Mental Health Inpatient Service (GMHS)
- assist clinicians in the resolution of any issues or problems that arise in the use of this procedure and approved forms
- develop systems to ensure all GMHS staff are provided with training to the [Mental Health Act 2014](#) (WA) and accompanying documentation and are made aware of their obligations
- ensure that the principles and requirements of this procedure are applied, achieved and sustained
- develop systems to ensure all GMHS staff are provided with training and are made aware of their obligations and accompanying documentation relative to this procedure.

The **Team Leader/ Clinical Nurse Manager (CNM)** are to:

- ensure that all GMHS staff receives sufficient training, instruction, and supervision in the use of this procedure
- ensure staff comply with this procedure.

All Staff are to

- promote a recovery oriented, patient-centred culture within the GMHS
- work within clinical practices, policies, operational directives, guidelines and the Australian Law to ensure a safe, equitable and positive environment for all.

5. Compliance

This procedure is written in accordance with the [WA Mental Health Act 2014](#). 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](#) (WA) [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

All processes and practices of this procedure are to be monitored, evaluated, and developed as part of an overall quality improvement process on at least a yearly basis. This process is to include a routine review of patients and individual incidents.

7. Appendices

[Appendix 1](#): Call of Concern made to Goldfields Mental Health Service Flowchart

8. Standards

[National Safety and Quality Healthcare Standards](#) (First edition 2012): 1.2.2, 1.8
[National Safety and Quality Healthcare Standards](#) (Second edition 2017): 1.10 b, 1.10c, 1.15 b, 5.10, 5.11, 5.31, 6.3, 6.9, 6.10, 6.11

[EQulPNational Standards](#) : 11.5

[National Standards for Mental Health Services](#): 10.4.7

9. Legislation

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

10. Related Forms

[Mental Health Patient Transport](#):

- [SHMR990 Mental Health Transport Risk Assessment Form](#)

[Statewide Standardised Clinical Documentation \(SSCD\) Resources](#):

- [CAMHS Initial Assessment](#)
- [CAMHS Risk Assessment and Management Plan](#)
- [SMHMR902 Mental Health Assessment](#)
- [SMHMR905 Mental Health Risk Assessment and Management Plan](#)

11. Related Policy Documents

[WACHS Working in Isolation – Minimum Safety and Security Standards for All Staff Policy](#)

[Working Alone - Community Visiting - Goldfields Mental Health Service](#)

12. Related WA Health System Policies

[OD 0644/16 Community Mental Health Welfare Checks: Role of Mental Health Clinicians](#)

[MP 0063/17 Requesting Transport Officers and WA Police Assistance in Transporting Mental Health Patients Policy](#)

[MP 0012/16 Missing Person Policy](#)

13. WA Health 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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Appendix 1 Call of Concern made to Goldfields Mental Health Service Flowchart

Call of Concern made to Goldfields Mental Health Service

Inpatient Service

**Call received out of office hours
(Before 08:30 and after 16:30
weekdays, and on weekends)**

- Transfer call through to RuralLink
- This ensures call is captured as a PSOLIS report and triage is completed
- Record on the ISOBAR the name of caller, person of concern, date, time, phone number and action completed e.g. Transferred caller to RuralLink, call successfully transferred. ISOBAR sent to Community Mental Health (CMH) as per procedure
- Details emailed to the Clinical Nurse Manager, CMH and CMH Kalgoorlie and Esperance Team Leaders.

**Call is received from 08:30 to 16:30
during office hours**

- Transfer call to CMH. Admin staff are to follow CMH process. Mental Health Inpatient Service (MHIS) Registered Nurse (RN) is to remain on the phone until call is transferred to a clinician. Record on the ISOBAR the name of caller, person of concern, date, time, phone number and action completed e.g. Transferred caller to RuralLink, call successfully transferred.

Community Mental Health

- Admin checks if the client is an active client on PSOLIS
- If client is active advise the Case Manager
- If the Case Manager is unavailable, escalate the call to the Triage Officer, the Team Leader or to another senior clinician
- The Triage Officer or Team Leader are to follow the MH Clinical Risk Assessment and Management Procedure
- If the caller is not known to the service, the matter is to be referred to the Triage Officer or alternatively, depending on practitioner availability, to the Team Leader or to another senior clinician
- The clinician is to follow the MH Clinical Risk Assessment and Management Procedure and OD 0644/16 Community Mental health Welfare Checks: Role of the Mental Health Clinicians.

ISOBAR received from Inpatient Service

- The ISOBAR is emailed to the CMH every weekday
- ISOBAR is reviewed in the morning meeting the next working day and a clinician allocated to follow up with the client.

If initial contact cannot be made or is inappropriate to be made via telephone or electronic means staff are to:

- Consult with team leader or other senior clinician and document outcome in the patients' medical record.
- Consider completing a welfare check either with another CMH team member or police
- Clinicians are to follow the OD 0644/16 Community Mental health Welfare Checks: Role of the Mental Health Clinicians