



Community Mental Health Assessment and Treatment Team Procedure

1. Guiding Principles

Effective Date: 2 February 2022

The Great Southern Mental Health Service (GSMHS) Assessment and Treatment Team (ATT) functions as the first point of access for individuals to mental health services in the Great Southern region. Community mental health services are based at Albany Health Campus and Katanning Health Service.

The ATT is a multidisciplinary team that provides triage, assessment and time-limited Care Coordination up to a maximum of 6 weeks. Assessment and treatment can be provided face to face or via phone or video call.

The aim of the ATT is to improve access to mental health services by providing a timely response to referrals, and time limited specialist treatment and intervention, or facilitating care pathways to the most appropriate service provider as required.

This procedure is to be read along with the WA Health [Triage to Discharge Mental Health Framework for State-wide Standardised Clinical Documentation](#) and WACHS [Access and Entry to Community Mental Health Services Policy](#)

Outline of Service Delivery

Times of Service Delivery	8.30am – 4.30pm, Mon-Fri (excluding public holidays)
Target Population Group	Aged 18 – 65 years
Referral Process	Open referral process supporting ‘no wrong door’ principles, without exclusion criteria. Referrals can come from the patient themselves, GPs, NGOs or other health services.
Initial Assessment	Initial brief mental health triage undertaken for all referrals/self-presentations at point of contact/referral receipt.
Assessment	Mental health assessment appointment offered at point of triage. Booked appointment slots available
Care pathway	Provide links to the most appropriate agency/service with feed back to the patient, involved others and the referring agency.
Treatment/Intervention	Specialist multidisciplinary community mental health assessment and biological, psychological and/ or behavioural treatment for a maximum of 6 weeks

Address and contact details	Albany Health Campus, Hardie Rd ALBANY WA 6330 Phone (08) 9892 2440 Fax (08) 9892 2605 Katanning Health Service, Clive St, Katanning WA 6317 Phone (08) 98921 6341 Fax 9821 6323 Email: gs.cmh@health.wa.gov.au Email monitored Mon-Fri 0830-1630 hrs only
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2. Procedure

Team Structure and Governance

The ATT service is provided under the Albany and Katanning Adult Community Program. Operational accountability for ATT is via the Regional Manager, GSMHS. Clinical Governance and team coordination are provided by the ATT Consultant Psychiatrist and staff report to the Adult Community Team Manager for operational issues.

The ATT delivers services via a co-ordinated, integrated, and multidisciplinary approach. The team consists of:

- Consultant Psychiatrists
- Psychiatric Registrar/Psychiatry Resident Medical Officer
- Clinical Nurse Specialists
- Senior Mental Health Practitioners
- Aboriginal Mental Health Workers
- ATT Administration Support

Access / Referral and Assessment Processes

All new referrals and re-referrals to the GSMHS across the region are via the ATT, including “walk ins”, assertive community assessments and referrals from Albany Acute Psychiatric Unit (APU) and other APU’s. This facilitates ease of access with a clear and consistent process for these clients.

GSMHS practices a ‘no wrong door’ approach, offering full mental health assessment as appropriate, and/or timely linkages with the most appropriate service provider.

All referrals received are presented to the ATT Consultant Psychiatrist for initial triaging. Consideration will be made for further initial assessment by phone by the ATT Consultant Psychiatrist.

Based on urgency and client choice, an appointment will be offered to an available/bookable ATT assessment appointment (preferably within 72 hours).

A letter and/or phone call to referring agency and GP will be completed for every referral that contains sufficient information to facilitate optimal patient care.

Unscheduled Presentations

In addition to the above, the following process is to be undertaken for a referral via self-presentation and phone calls:

- If a person self-presents reception staff are to provide Patient Registration Form for consumer/carer to complete.
- Once completed reception staff are to inform available ATT clinician of presentation who will undertake initial PSOLIS and webPAS searches for early identification of risks. If Katanning ATT staff are not available, Albany ATT are to provide initial support and input via phone or video call to Katanning clients
- Clinician will undertake an initial Mental Health Triage form (SMHMR 900) with the client which will determine the level of response required. This will also include completion of a Mental Health Risk Assessment and Management Plan (SMHMR905). Psychiatrist/Medical input to be included as required.
- For routine low risk presentations, the client can be offered a scheduled ATT assessment appointment (preferably within the next 72 hours).
- For urgent or high-risk presentations and an immediate response, the ATT clinician to complete the full initial assessment with the client using the Mental Health Assessment Form (SMHMR902). Inclusion of the ATT Consultant Psychiatrist to occur during or immediately after the ATT assessment.

Non-Attendance at Initial Appointment

If a referred person does not attend an initial assessment, the allocated ATT clinician will attempt to contact the client during the assessment time. Continued attempts to contact the person will be made whilst assessing any risks indicating alternative action such as contacting family, carers, nominated persons, or assertive follow up by home visit by ATT clinicians. The ATT Consultant Psychiatrist will lead these discussions with the team and in conjunction with the referrer.

If there are no risks indicated, the ATT clinician will attempt to arrange another time to complete the initial assessment. If contact is unable to be established, a letter will be sent to the client's address requesting contact within an agreed time frame not less than 2 weeks to ascertain if a service is still needed. This is to be discussed and documented at the daily intake meeting.

Referrals from GSMHS Acute Psychiatric Unit (APU)

Post-discharge care pathways from APU to ATT must be discussed with the ATT Consultant, or ATT clinician(s) prior to discharge from the APU at the earliest opportunity to commence planning for post-discharge management. Referral must be for brief intervention or proposed medium to long-term care coordination for clients requiring specialist community mental health treatment.

Discharge documentation required from APU to ATT must include:

- Care Transfer Summary (SMHMR916)
- Mental Health Assessment (SMHMR902)
- Mental Health Risk Assessment and Management Plan (SMHMR905)

Redirected Referrals

Where referrals are received for clients aged below 18 years and over 65 years, the referral will be triaged and re-directed to the appropriate Great Southern Community Mental Health Service program, with consideration to any immediate risk factors. If a referral is received with an address outside of the GSMHS catchment area, the ATT Clinician will liaise with the appropriate services involved and forward the information as required. A triage event will be completed to indicate the care pathway of the referral, and the referrer notified.

Referral and Clinical Review Meeting

Morning Meeting 9.00am – 9.45am

All available team members are required to be present. The meeting will be chaired by the ATT Consultant Psychiatrist, or a nominated ATT clinician.

The morning meeting will consist of the following:

- New paper based/electronic triaged referrals to be discussed and allocated to an ATT appointment.
- A brief overview using the iSoBAR (in accordance with the WA Health Clinical Handover Policy) and to include urgency of the referral and the allocation of an appointment.
- ATT Administration Support will contact the person to confirm the suitability of the appointment time and mode (face to face vs Video call) The allocation of an ATT clinician will be recorded into PSOLIS.
- ATT assessments and outcomes from the previous day/clinic to be briefly discussed.
- ATT clinicians can then discuss their clients including progress, management plans as required and any risk issues. Cases where risk significantly changes will be discussed and an entry made into PSOLIS regarding the discussion outcomes.

Treatment

The ATT provides holistic brief intervention and treatment for a maximum of 6 weeks. Treatment may include, but is not limited to the following:

- Linking the consumer in with the most appropriate service provider if determined that care will not be provided by the ATT
- Brief psychosocial intervention
- Crisis resolution
- Commencement of medication

- Medication review
- Admission diversion
- Facilitated discharges

During treatment/intervention the allocated clinician will provide updates to the client's GP and other involved agencies as appropriate. Medication documentation will occur consistent with the [Medication Prescribing and Administration Policy](#).

Activation of Client

Where the decision has been made that the client is to be provided with treatment and ongoing support from ATT, they will be "Activated" in PSOLIS and allocated an ATT Case Manager. The Case Manager will then complete the following:

- PSOLIS Management Plan
- Kessler 10
- Phase of Care
- HoNOS

PSOLIS Management Plans are to be recovery focussed and include clear treatment and discharge goals. They are to be developed in collaboration with the client, and if possible and with the client's consent, with the carer present and involved.

Management Plans will be printed and counter-signed by the client and carer as appropriate (or, if this is not possible, reasons documented). The client will be given a copy of the plan and the original placed in the health record.

Risk Assessment and Management Plans (RAMP)

Additional RAMPs will be completed if there is a change in client risk, and/or upon receipt of additional risk information. Additional liaison with the ATT Consultant Psychiatrist, treating Psychiatry Registrar / Medical Officer will occur as required. Clinicians will liaise with other agencies involved (where consent from the client has been gained) to gather information around the client's presentation and overall level of risk.

Clinical Reviews

ATT clients will receive a multi-disciplinary clinical review on activation within the team, and prior to discharge or transfer. The following constitute a clinical review:

- A review meeting with the doctor, allocated clinician, client and relevant others present; or
- A team meeting where the client's care is discussed (e.g. weekly clinical review meeting).

Ad hoc reviews can occur (and documented) when required when a significant change in presentation or risk occur and must include the ATT Consultant Psychiatrist.

Discharges / Transfers

Discharge planning will commence upon admission to the service and will involve the client, carer and other involved parties. The following documentation is required to be completed for discharge or transfer to another service provider (e.g. other Mental Health services or Non-Government Organisation (NGO) / Community Managed Organisations (CMO):

- Care Transfer Summary (SMHMR916)
- Discharge RAMP (SMHMR905)
- Discharge PSOLIS Management Plan (as appropriate)
- Notification to General Practitioner (as appropriate)
- Relevant NOCC measures

Clients and carers to be provided with emergency contact details, as well as information on facilitating re-entry into the Mental Health Service and other resources (such as crisis support).

A Discharge letter and/or Care Transfer Summary is also to be sent to a client's GP on discharge.

Transfers to a non-government organisation must be undertaken using that organisation's referral process.

Transfer of ATT Clients to GSMHS Clinical Treatment Team (CTT)

Active clients in the ATT program can be assessed and considered appropriate for a CTT at any stage of the referral or 6-week treatment plan. Transfer of care must be discussed with the client/carer and other relevant agencies and occur in a timely manner.

If an active ATT consumer is considered suitable for a CTT, the following process will be followed:

- The ATT allocated clinician will ensure all relevant documentation is complete for presentation at the ATT and CTT Weekly referral meeting.
- If appropriate, a joint meeting with the client, allocated ATT clinician and new CTT Care Coordinator may be arranged for the purpose of introduction and smooth transition of care.

Admission to the Albany Acute Psychiatric Unit (APU)

If an APU admission is required for any ATT client, the ATT Consultant Psychiatrist will assist in arranging the admission. All admissions will be in accordance with the processes/procedures contained within relevant policies and guidelines.

The ATT Consultant Psychiatrist or clinician will provide a clinical handover (in iSoBAR format) to the receiving inpatient team including initial management plan, type of bed that is required and other relevant details to assist with the admission. The admitting ATT clinician will make all reasonable attempts to contact any family members, carers and/or other agencies identified and consented to by the consumer, to inform of the admission.

APU admission documentation:

- MH Triage Form (SMHMR900) (unless immediately assessed upon self-presentation)
- Mental Health Assessment Form (SMHMR902)
- Mental Health Risk Assessment and Management Plan Form (SMHMR905)

Out of Hours Service

Out-of-hours services are not provided by the ATT.

Ruralink 1800 552 002 Monday to Friday 4.30pm to 8.30am and they provide a 24-hour service on Saturday, Sunday and Public Holidays.

Mental Health Liaison Nurse 9892 2322 7:45am to 10:30pm. GSMHS provides a consultation and liaison service to hospitals within the Great Southern.

Mental Health Emergency Telehealth Service (ETS) provides WACHS clinicians with 24/7 access to mental health expertise to support rapid patient assessment, care planning, decision making, and follow-up care for patients presenting with acute mental health and/or substance use problems across country Western Australia, where this cannot be provided locally. The service is staffed by specialist mental health nurses and psychiatrists. A WACHS Suicide Risk Assessment and Safety Plan is required for ETS referrals.

When to Contact the Mental Health Emergency Telehealth Service (MH ETS)

Advice

You can phone MH ETS for advice if you are concerned about a patient's mental health or behaviour due to substance use. This is usually in the Emergency Department, but we can advise you about inpatient care too.

Referral

 **Ph: 1800 422 190**

 **Fax: 1300 711 506**

URGENT (ATS 1 or 2) - PHONE
NON-URGENT (ATS 3,4,5) - FAX request to initiate
When you phone, press 1 for URGENT or press 2 for NON-URGENT

3. Definitions

ATT	Assessment and Treatment Team
CTT	Clinical Treatment Team
APU	Acute Psychiatric Unit
TSDRP	PSOLIS Treatment Support Discharge Recovery Plan
ATS	Australasian Triage Scale –See Appendix
MHLN	Mental Health Liaison Nurse
PSOLIS	Psychiatric Services On Line Information System

4. Roles and Responsibilities

Clinical Director and Manager GS Mental Health are responsible for:

- Developing systems to ensure that all WACHS GS Mental health staff (medical and allied health) are provided with an orientation to the Triage guideline.
- Providing secondary consultation and review of procedure following critical incidents.

Great Southern Mental Health staff are responsible for:

- Operating within the parameters of this procedure and provide timely feedback to their line manager of any risks or problems associated with it.

5. Compliance

Failure to comply with this procedure 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

All WACHS corporate records must be stored in the approved Electronic Documents and Records Management System.

[Records Management Policy](#)

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

7. Evaluation

Monitoring of compliance with this document is to be carried out by the Great Southern Mental Health Service Management Committee annually through manual audit of medical records.

8. Standards

[National Safety and Quality Health Service Standards](#) – 8.1, 8.7

[National Standards for Mental Health Services](#) - 10.1, 10.2, 10.3, 10.4, 10.5, 10.6

9. Legislation

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

10. References

[Chief Psychiatrist's Standards for Clinical Care](#)

[MHA 2014 Clinicians Practice Guide](#)

[National Standards for Mental Health Services 2010](#)

[Triage to Discharge' Mental Health Framework for State- wide Standardised Clinical Documentation](#)

[Australasian Community Mental Health Triage Scale 2013](#)

11. Related Forms

[Mental Health Act Forms 2014](#)

[MH Triage Form \(SMHMR900\)](#)

[Mental Health Assessment Form \(SMHMR902\)](#)

[Mental Health Risk Assessment and Management Plan Form \(SMHMR905\)](#)

[MR1 WACHS Emergency Department Triage Assessment Form](#)

[MR46 WACHS Suicide Risk Assessment and Safety Plan](#)

12. Related Policy Documents

WACHS [Access and Entry to Community Mental Health Services Policy](#)

WACHS [Adult Psychiatric Inpatient Services - Referral, Admission, Assessment, Care, Treatment and Discharge Policy](#)

WACHS [Interhospital patient Transfer of Mental Health Patients Guidelines](#)

WACHS [Medication Prescribing and Administration Policy.](#)

WACHS [Patient Identification Policy](#)

WACHS GS [Admission of Mental Health Patients Procedure - Albany Hospital Acute Psychiatric Unit](#)

WACHS GS [Mental Health Liaison Nurse Procedure - Albany Hospital](#)

WACHS GS [Mental Health Road Transfer Procedure](#)

13. Related WA Health System Policies

- [MP0074/17 Clinical Care of People Who May be Suicidal Policy](#)
- [MP0095 Clinical Handover Policy](#)
- [MP0101/18 Principles and Best Practice for the Clinical Care of People with Mental Health Problems Who May Be At Risk of Becoming Violent or Aggressive Policy](#)
- [MP0155/21 State wide Standardised Clinical Documentation for Mental Health Services](#)

14. 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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