



Community Mental Health Clinical Treatment Team Procedure

1. Guiding Principles

The Great Southern Mental Health Service (GSMHS) Clinical Treatment Team (CTT) provides specialist multidisciplinary mental health treatment and care coordination. The CTT provides medium to longer term recovery-focussed, specialist community mental health interventions where longer-term specialist mental health needs have been identified for periods more than 6 weeks.

This procedure is to be read in conjunction with the [Community Mental Health Assessment and Treatment Team Procedure - Great Southern Mental Health Service, WA Health Triage to Discharge Mental Health Framework for Statewide Standardised Clinical Documentation](#), WACHS [Access and Entry to Community Mental Health Services Policy](#) and WACHS [Mental Health Case Management Policy](#).

2. Procedure

New referrals into the CTT are received via the GSMHS regional Assessment and Treatment Team (ATT), which functions as the first point of access to the GSMHS.

2.1 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	Referrals accepted from other Mental Health Services via GSMHS ATT or Child and Adolescent Mental Health Service (CAMHS)
Initial Assessment	Initial mental health assessment undertaken within 10 days of referral
Treatment/Intervention	Specialist multidisciplinary recovery focussed intervention and treatment exceeding six weeks
Care pathway	Provide links to the most appropriate agency/service with feedback to the patient, carer, GP, other health services or NGO's
Address and contact details	Albany Health Campus, Hardie Rd ALBANY WA 6330 Phone (08) 9892 2440 Fax (08) 9892 2605 Katanning Health Campus, 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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2.2 Team Structure and Governance

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

The CTT delivers services via a co-ordinated, integrated, and multidisciplinary approach.

The team consists of:

- Consultant Psychiatrists
- Psychiatric Registrar/Psychiatry Resident Medical Officer
- Clinical Team Leader
- Clinical Nurse Specialists
- Allied Health Practitioners
- Aboriginal Mental Health Workers
- Peer support worker
- CTT Administration Support

2.3 Access

All referrals and re-referrals to CTT are received via the Great Southern ATT and CAMHS. The ATT triage and assess all new consumers referred into Community Mental Health Service.

Referrals to CTT may include consumers who have been assessed by, and commenced treatment with ATT, but who have subsequently been identified as requiring treatment in excess of 6 weeks or who have been previously case managed by CAMHS.

Exceptions include:

- external transfers of care for clients under community treatment orders.
- recently discharged CTT client who requires re-engagement and/or treatment with the CTT again.

2.4 Referral Process

Following an initial review of the referral and documentation by the CTT Team Leader & Consultant Psychiatrist, the referral is forwarded and presented at the weekly CTT Multidisciplinary Team (MDT) meeting.

Following referral discussion, an interim CTT Case Manager is nominated i.e. Psychiatric Services Online Information System (PSOLIS) Case Manager.

Referral Documentation

Referrals into CTT must include the following documentation:

- Mental Health Assessment Form (SHMR902) or Triage (SMHMR900)
- Risk Assessment & Management Plan (RAMP) (SMHMR905)
- National Outcome and Casemix Collection (If activated)
- Kessler 10 (If activated)

2.5 Initial Assessment and Management Planning

Where the decision has been made that the client is to be provided with treatment and ongoing support from CTT, they will be “Activated” in PSOLIS and allocated a CTT Case Manager.

On activation to CTT the CTT Case Manager is to complete all required documentation as per the Community Mental Health Admission and Discharge Checklist ([GS TMR 20.5](#)).

All clients new must be provided with Community Mental Health Patient Information Pack which includes information about:

- GS Community Mental Health Service
- information about consumer rights and support services
- ways to provide feedback
- after hours emergency contact

2.6 Clinical Review

Clinical reviews are a multidisciplinary team meeting that are undertaken when there is a clinical discussion regarding a client’s care. There are four different types of clinical review.

Initial review

Following completion of initial assessment, the case is to be brought back for the multidisciplinary team for review as soon as possible and no longer than four weeks from allocation at CTT MDT. Documentation and an initial client management plan are required at this time and must include:

- initial management plan
- the client’s level of risk and if crisis plan is required
- admission and discharge goals
- involvement of a nominated person or relative/s; and or carer
- current RAMP
- PSOLIS service event.

Scheduled Review

Reviews of all active CTT clients are to be held at least three monthly. After considering the case summary, the MDT and the treating clinician are to discuss any outstanding issues and options for further management and discharge planning.

Documentation required at this time:

- updated and current management plan
- updated/current RAMP
- updated/completed outcome measures
- PSOLIS service event.

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

Ad hoc Review

Clinicians are encouraged to bring to the clinical review meeting any case they wish to discuss with the team.

Documentation required at this time:

- PSOLIS service event
- current RAMP.

Deactivation Review

Before clients are discharged from the service, all cases are to be presented to the MDT to provide a brief review of the case, discharge documentation and endorsement of discharge from the Consultant Psychiatrist.

Documentation required at this time:

- complete management plan
- current RAMP
- completed outcome measures
- PSOLIS service event

2.7 Management plans

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 (if this is not possible, reasons why are to be documented). The client will be given a copy of the plan and the signed original is to be placed in the health record. These are to be updated at least every 91 days.

2.8 Service events

Printed and signed copies of PSOLIS service events are to be placed into the client's health record.

2.9 Transfers and Discharges

Discharge planning will commence upon admission to the service and will involve the client, carer and other involved parties.

For discharge or transfer to another service provider e.g. other Mental Health services or Non-Government Organisation (NGO) / Community Managed Organisations (CMO), documentation is to be completed as per the Community Mental Health Admission and Discharge Checklist ([GS TMR 20.5](#)).

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.

2.10 Admission to Albany Acute Psychiatric Unit (APU)

If an APU admission is required for any CTT client, the CTT Case Manager and/or Consultant Psychiatrist will assist in arranging the admission.

The CTT Consultant Psychiatrist or clinician will provide a clinical handover (in iSoBAR format) to the receiving inpatient team including initial management plan, requirement of involuntary/voluntary bed and other relevant details to assist with the admission.

The admitting CTT 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.

The following documentation is required for APU admissions:

- Mental Health Assessment Form (SMHMR902)
- Mental Health Risk Assessment and Management Plan Form (SMHMR905)
- *Mental Health Act 2014* forms (if appropriate)

3. Definitions

Nil

4. Roles and Responsibilities

Clinical Director and Manager GS Mental Health will:

- develop systems to ensure that all WACHS GSMHS clinical staff are provided with an orientation to the Mental Health Statewide Standardised Clinical Documentation (SSCD) guidelines
- provide secondary consultation and review of procedure following critical incidents.

Printed or saved electronic copies of this policy document are considered uncontrolled.
Always source the current version from [WACHS HealthPoint Policies](#).

Great Southern Mental Health Clinical Staff will operate within the parameters of this procedure and provide timely feedback to their line manager of any risks or concerns.

The role of **Aboriginal Mental Health Workers** (AMHW) is to strengthen the cultural responsiveness of the Mental Health service clinicians and facilitate culturally friendly access between mental health services for Aboriginal people and the Aboriginal communities.

5. Compliance

This procedure is a mandatory requirement under the [Mental Health Act 2014](#).

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 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 GSMHS Management Committee using audit tools in consultation with key stakeholders.

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

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

10. References

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

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

[Good Practice Guidelines for Engaging with Families and Carers in Adult* Mental Health Services](#)

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

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

[Clinicians Practice Guide to the MH Act 2014 Edition 3](#)

[National Safety and Quality Health Service Standards User Guide for Acute and Community Mental Health Services](#)

11. Related Forms

[Statewide Standardised Clinical Documentation \(SSCD\) Suite](#)

[Mental Health Act 2014 Forms](#)

[Community Mental Health Admission and Discharge Checklist GS TMR 20.5](#)

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 Medication Prescribing and Administration Policy](#)

[WACHS Patient Identification Policy](#)

[WACHS Mental Health Case Management Policy](#)

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

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

[WACHS GS Community Mental Health Physical Health Screening Procedure – Great Southern Mental Health Service](#)

[WACHS GS Community Mental Health Assessment and Treatment Team Procedure - Great Southern Mental Health Service](#)

13. Related WA Health System Mandatory Policies

[Clinical Care of People With Mental Health Problems Who May Be At Risk of Becoming Violent or Aggressive Policy - MP 0101/18](#)

[Clinical Care of People Who May Be Suicidal Policy - MP0074/17](#)

[Clinical Handover Policy - MP 0095](#)

[State-wide Standardised Clinical Documentation for Mental Health Services – MP0155/21](#)

14. Policy Framework

[Mental Health Policy Framework](#)

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

Contact:	Regional Manager Mental Health		
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