



Community Mental Health - Physical Health Procedure

1. Guiding Principles

There is significant evidence to demonstrate an association between mental illness and poor physical health. Research, in many countries, has consistently confirmed that psychiatric consumers have high rates of physical illness, much of which goes undetected.

Such investigations have led to calls for health professionals to be more aware of these findings and for better medical and oral health screening followed by physical and oral health treatment of psychiatric consumers.

2. Procedure

Community Mental Health Triage

The Brief Intervention and Triage Team (BIATT) team completes General Screening Tools with information available from General Practitioners (GPs) or another health service.

Due to the lack of an available doctor to the Community Mental Health Service and according to the Mental Health Framework for State-wide Standardised Clinical Documentation Version 8- "Community Mental Health care could have the physical examination completed with the consumer's general practitioner." The consumer will be encouraged to attend a GP for physical examination and the GP contacted to provide a physical health screen. Any repeat physical documentation is not required unless clinically indicated.

All Clinical Case Managers

All consumers undergoing extended community care should have a physical examination, including oral health screening, no less frequently than every 12 months.

Consumers are encouraged to attend their GP or Aboriginal Health Service who provide funded nursing and GP services.

If a Nurse Practitioner is available initial physical health screening can also be done by the Nurse Practitioner (NP). The NP also uses the Mental Health Physical Examination SSDS Form (SMHMR903) or the CAMHS Physical Examination Form (CAMHS005) for documentation, which is filed in the MH consumer's file under Physical Health tab. The NP is to liaise with the consumer's Case Manager or Triage CNS regarding the examination outcome and will send findings and copies of test results to the nominated GP for follow up.

The physical health screen results are to be discussed with the consumer by the case manager (with nursing input if case manager is a non-nurse), and if indicated, the option for follow up with a GP or dental service is discussed. Case Managers have the option of including this information in a letter to the consumer's GP or dental service.

The discussion of the results can be used as an opportunity to provide consumers with strategies and information about health promotion.

Three monthly clinical reviews

Physical health (including oral health) screening is to be incorporated into the three (3) month clinical review of consumers by the case manager. As part of this review process the consumer meets with the case manager who follows up with GP to monitor that physical health screening is occurring and to source a print out of current health concerns for the file. This print out also forms part of the evidence of required follow up.

Case Manager is to complete:

- Kessler 10.
- Health of the Nation Outcome Scale (HoNoS).
- Physical health examination (in liaison with GP or senior nurse).

Results from the above are discussed with the consumer (with nursing involvement if the case manager is a non-nurse) and goals are set to be incorporated into the consumer's mental health management plan. If the Community Mental Health Service provides the Physical Health examination, the consumer is to be given information on their physical health screen to discuss with their GP. Case managers have the option of also including this information in a letter to the consumer's GP. Case managers are to provide the consumer with relevant health education material related to any identified health issues.

The physical health screen form (if completed by the mental health service) is to be filed under Physical Health Tab within the consumer's health care record. If physical health screening is conducted by the GP or other service (as outlined above) a print out from the GP or other service of current health concerns is to be filed instead. Consideration must also be given to oral health as part of physical health screening.

Particular attention should be paid to consumers at higher risk of metabolic syndrome i.e. those who are on Clozapine or Olanzapine.

Abnormal results

If an abnormality is detected during screening the nurse or doctor, or case manager in consultation with a nurse or doctor, is to make an appropriate clinical response based on the level of clinical risk e.g. they may send the consumer to the Emergency Department or make immediate phone or written contact with the consumer's GP.

3. Definitions

Purpose	The physical examination clinical document provides a structured format for the completion of a physical and oral health examination undertaken by a medical officer.
Target Services	All mental health services. Where possible emergency departments and general practitioners.
Completion requirements	The clinical document can be completed by a medical officer or general practitioner. The initial component of the first page can be completed by an appropriately qualified and experience nurse
Documentation title and Format	Physical Examination (SMHMR903) & CAMHS005)

4. Roles and Responsibilities

All Staff

All staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

The Clinical Nurse Specialists within Triage and Community Intervention Teams are responsible for ensuring that there is appropriate equipment and resources to complete regular physical health screening of consumers within their teams.

All case managers are responsible as part of ongoing clinical review for ensuring that physical and oral health screening is completed as part of treatment planning and review.

Team Managers of Community Mental Health Services are responsible for ensuring that treating teams have the appropriate equipment and resources to complete required screening and those governance systems are in place to ensure they are in working order or replaced as required.

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 carried out by periodic audit of physical health screening tools in Triage and Community Mental Health.

7. Standards

[National Safety and Quality Healthcare Standards](#) (First edition): 1.5.2, 1.6.2, 1.8.2, 1.17.1, 9.1.1, 9.1.2, 9.3.1 9.3.2, 9.3.3, 9.4.1 10.5.2

[National Safety and Quality Healthcare Standards](#) (Second edition 2017): 1.8, 1.10, 2.3, 5.2, 8.1, 8.2, 8.4, 8.8

[National Standards for Mental Health Services](#): 8.10, 8.11, 10.4.2, 1.4, 7.4.

8. Legislation

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

9. References

Office of Mental Health - version 8 (2014) 'Triage to Discharge'
Mental Health Framework for Statewide Standardised Clinical Documentation.
Department of Health, Government of Western Australia.

[Shared Care Relationships with Primary Care and Non-Government Providers - Ambulatory Care Setting Procedure – Great Southern Mental Health Service](#)

10. Resources

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

- [Triage to Discharge SSCD Guidelines](#)
- SMHMR903 Physical Examination
- SMHMR903 Physical Examination Writable enabled

11. Related WA Health System Policies

OD 0484/14 [Clinical Handover Policy](#)

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

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