



Community Mental Health Service Interruption Procedure

Effective: 21 June 2017

1. Guiding Principles

The WA Country Health Service (WACHS) Great Southern Mental Health (GSMHS) is committed to providing a safe workplace for employees while also trying to provide responsive and accessible services for outpatient consumers via Community Mental Health (CMH) clinics located on the hospital campus in Albany, Narrogin and Katanning.

The three CMH clinics have variable staffing levels and service arrangements with Albany being the largest as the regional hub. In Albany, the CMH is located near the Acute Psychiatric Unit (APU), and is a dedicated mental health clinic rather than shared ambulatory clinic with higher staffing levels. The two smaller clinics in Narrogin and Katanning share the clinic space with other ambulatory services, and are vulnerable to cessation of mental health service provision due to low mental health staffing numbers, and/or mental health staff absence for whatever reason. Neither Narrogin nor Katanning clinics have on-site security personnel.

To safely provide direct clinical services to consumers, a minimum of two clinical staff must be present in a CMH clinic at all times. Depending on the circumstance in Narrogin and Katanning, this could include clinical staff members from other services co-located in ambulatory care with the Community Mental Health (CMH) clinics, providing that the non-mental health clinical staff member is present for the duration of the clinical service provision to the consumer/s and able to respond in an emergency situation.

In the event of the critical incident in any of the three CMH clinics, either from power failure and subsequent failure of duress and other safety systems, or physical threat to staff due to a Code Black situation, the clinic may actually be closed for a period of time until such time and the outage ends or threat abates.

2. Procedure

Community Mental Health service interruption can occur in the context of either no available mental health clinical staff members, or only one available mental health clinical staff member. Regardless of staffing levels, CMH clinic closure and therefore service interruption can occur in the event of a critical or Code Black incident posing safety concerns of such significance that the safety of staff cannot be guaranteed. In this instance, the clinic would be physically closed until such time as it is assessed by the Team Manager as safe to resume service provision.

In Narrogin and Katanning, CMH service interruption may or may not impact on other services in the shared ambulatory service. Other services may elect to continue to operate when CMH experiences a service interruption (although this is considered inadvisable in a Code Black situation when the mental health service is closed). In these sites it is paramount that other service providers are aware of a Code Black risk to enable informed decision-making around ongoing ambulatory care service provision.

In the event of one clinical staff member being available, and if practical and agreed to by the Emergency Department (ED), the one available clinical staff member can relocate to the hospital ED to safely maintain service provision for the period of low staffing. In this instance, mental health consumers would be redirected from the CMH clinic to the ED and the phone switched through to ED with mental health administration staff continuing to answer the telephone in ED.

2.1 Decision to interrupt service provision

Regular assessment of staffing levels by managers and senior clinicians is to occur to determine the safety of continuing service provision e.g. factors such as unplanned sick leave, mandatory training requirements, patient road transfers and threats to staff all impact on staffing levels and/or service provision capacity.

The decision to interrupt services must be made by either the applicable Team Manager or a senior clinician (medical, nursing or allied health) available at the time.

Safe staffing levels must be assessed by the local team manager and/or senior clinicians using information such as:

- the service requirement that two clinical staff always be present in the clinic (this can include staff from other agencies providing their presence is guaranteed for the duration of the service interruption)
- number of trained Code Black staff required and available to respond to a duress alarm
- local environmental safety systems e.g. proximity locks, egress, on site security presence, power supply
- appropriate scope of practice to provide the required service (e.g. must be a nurse for depot clinic)
- capacity for ED to host or provide emergency mental health treatment.

2.2 Contingency plans for service interruption/clinic closure

Albany

In Albany, the only circumstance where services are likely to be interrupted is in the event of a power outage, critical incident or Code Black where the clinic would be physically closed to maintain the safety of staff. If the decision has been made to close the clinic and interrupt services, the following actions must be undertaken:

- Notify the Team Manager, Lower Great Southern Community Mental Health Service if that person is not in attendance.
- Notify the Regional Manager, GSMHS; Nurse Manager, Albany Hospital; the APU Clinical Nurse Manager; the Mental Health Liaison Nurse and Albany Hospital Security Services.
- Notify the Albany Hospital Emergency Department (ED) in person or by phone and provide them with information on:
 1. the reason for the interruption to services, and anticipated duration
 2. the names of, and information on, patients who may present and be re-directed to the ED for depot medication or assessment
 3. the details of the in-person or phone support that can be offered to the ED while the service is interrupted.

- Erect visible consumer focused signage on the front door of the clinic with clear instructions on options for emergency mental health support via ED.
- Monitor presenting consumers using security cameras and if necessary implement procedures to ensure their safety outside the clinic.

Narrogin

In Narrogin, premises are shared with other services who may elect to maintain service provision during the time of mental health service interruption, perhaps with the exception of a critical incident or Code Black.

Once the decision has been made to interrupt mental health services, the following actions must be undertaken:

- Notify the Team Manager, Central and Upper Great Southern Community Mental Health if that person is not in attendance. Notify by phone or in person, the Operations Manager, Narrogin Hospital.
- Team Manager, CUGS to notify the Regional Manager, GSMHS.
- Notify the local Emergency Department (ED) in person or by phone and provide them with information on:
 1. the reason for the interruption to services and the anticipated duration
 2. the names of, and information on, patients who may present and be re-directed to the ED for depot medication or assessment
 3. the details of the in-person or phone support that can be offered to the ED while the service is interrupted.
- Notify other service providers in the shared space, and provide them with information on the service interruption, its intended duration and the contingency plans in place for psychiatric emergencies. If the interruption is due to a Code Black, ensure staff in other services are aware of any risks to which they could be exposed.
- Where necessary/appropriate, arrange for consumers of other services to be escorted to and from their appointment location to ensure the safety of both staff and consumers of other services.
- Erect visible signage on the front door/main access way of the mental health clinic with clear instructions for consumers on options for emergency mental health support.

Katanning

In Katanning, premises are shared with other services who may elect to maintain service provision during the time of mental health service interruption, perhaps with the exception of a critical incident or Code Black.

Once the decision has been made to interrupt mental health services, the following actions must be undertaken:

- Notify the Team Manager, Central and Upper Great Southern Community Mental Health if that person is not in attendance. Notify by phone or in person, the Nurse Manager, Katanning Hospital.
- Team Manager, CUGS to notify the Regional Manager, GSMHS.

- Notify the local Emergency Department (ED) in person or by phone and provide them with information on:
 1. the reason for the interruption to services and the anticipated duration
 2. the names of, and information on, patients who may present and be re-directed to the ED for depot medication or assessment
 3. the details of the in-person or phone support that can be offered to the ED while the service is interrupted.
- Notify other service providers in the shared space, and provide them with information on the service interruption, its intended duration and the contingency plans in place for psychiatric emergencies. If the interruption is due to a code black ensure staff in other services are aware of any risks to which they could be exposed.
- Where necessary/appropriate, arrange for consumers of other services to be escorted to and from their appointment location to ensure the safety of both staff and consumers of other services.
- Erect visible signage on the front door/main access way of the mental health clinic with clear instructions for consumers on options for emergency mental health support.

3. Definitions

Mental Health Service Interruption	Temporary cessation of in person mental health clinical services due to lack of available staffing. Telephone access to the clinic is still available via administration staff.
Clinic Closure	Physical closure of the clinic to the public. Telephone access to the clinic may still be available if safe to provide.

4. Roles and Responsibilities

Management team:

- To review frequency/use of interruption to service procedure and consider in relation to operational planning.

Team Managers and senior clinicians

- Notify the Manager GSMHS and Clinical Director when services are interrupted.
- Comply with steps outlined when services are interrupted.

5. 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 [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 frequency and effectiveness of closed clinic occurrences conducted annually by management committee as part of overall service governance.

7. Standards

[National Safety and Quality Health Care Standards](#) - 1.4.2, 1.5.2

[EQulPNational Standards](#) - 13.2.1, 13.3.1

[National Standards for Mental Health Services](#) - 2.6, 2.9, 2.10, 2.12, 2.13.

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