Community Mental Health Service Referral and Admission Procedure

Effective: 19 June 2017

1. Guiding Principles

The Great Southern Mental Health Service (GSMHS) has three Community Mental Health (CMH) clinics co-located in the hospital sites of Albany, Katanning and Narrogin.

Within these clinics between the hours of 08:30 and 16:30 the GSMHS provides a CMH triage service to manage critical situations (i.e. acute psychiatric risk) to clients who are self-referred or referred from other sources (such as agencies or family members) which require immediate intervention.

For further details on the CMH Triage procedure see the GSMHS Community Mental Health Triage Procedure.

The GSMHS is a specialist mental health service providing treatment to mental health consumers who fit under the service eligibility criteria across the streams of Child and Adolescent Mental Health (CAMHS), youth, adult, and older adult. CMH treatment can be voluntary or involuntary on a Community Treatment Order under the *Mental Health Act, 2014* and is generally provided following a referral from a General Practitioner (GP) or other key service provider.

Ideally, voluntary “admission” to the ambulatory service as an ‘active client’ requires referral by a GP who has already assessed the consumer as having a moderate to severe mental illness.

GP involvement is to be pursued as a matter of urgency for both voluntary and involuntary treatment episodes if the GP is not the referrer and it is recommended that the person be provided with treatment from the CMH Team.

Involuntary activation with the ambulatory service is managed by the GSMHS Consultant Psychiatrist, who will also involve the Multi-disciplinary CMH team in providing treatment for the involuntary consumer. In this instance, GP involvement is essential.

Upon discharge from the GSMHS CMH service (see Discharge - Ambulatory Mental Health Services Procedure) the consumer is referred back to the GP for ongoing care.

2. Procedure

The prioritisation framework for admission to the Community Mental Health Service is based on risk and complexity in accordance with service eligibility criteria. Decisions regarding prioritisation, activation and discharge are collaboratively made at the CMH multi-disciplinary team intake meeting unless the referral is of sufficient urgency to warrant earlier triage intervention for safety reasons.

CMH referrals are prioritised in the following way:

Priority 1:
Involuntary consumers who are being managed under the Mental Health Act i.e. those on a Community Treatment Order (see 2.3 below).

Priority 2:
Consumers whose psychiatric illness results in high to extreme risks including:

- risks to self, others or from others if unwell
- consumers with limited ability to manage their condition and/or collaborate in their treatment as this creates additional risks.

Priority 3:
Consumers with complex psychiatric conditions or multiple conditions e.g. they require a complex medication regime, their diagnosis is unclear, they experience treatment resistance.

Priority 4:
All other consumers with a psychiatric illness who are seeking treatment.

2.1 Referral from the Acute Psychiatric Unit to Community Mental Health

Consumers who have had an inpatient admission or been seen on an inpatient-consultation basis by the GSMHS but who are NOT currently active with CMH, can be referred by:

- the consumer's GP
- the treating consultant psychiatrist from GSMHS Acute Psychiatric Unit (APU).

In this instance, the Transition Nurse, and/or Shift Coordinator, and/or Salaried Medical Practitioner (SMP) are required to provide a comprehensive discharge summary and referral form to the CMH Triage team. This is to include a documented discharge risk assessment and management plan (RAMP) (SMHMR905) a recent eight page assessment form (SMHMR902) and/or a discharge summary.

Consumers who have had an inpatient admission or been seen on an inpatient-consultation basis by the GSMHS who are currently active with CMH are to be referred back to their CMH case manager who is provided with a comprehensive discharge summary (accessible in PSOLIS) and discharge RAMP. The APU Treatment Support and Discharge Plan can be provided if relevant and/or requested.

2.2 Referral from an outlying mental health admission:

A GSMHS Consultant Psychiatrist may choose to refer to the CMH team after the provision of a consultation/liaison assessment and/or discharge of a consumer admitted to the general wards of the Albany Hospital.

In this instance, the Consultant Psychiatrist is required to inform the Mental Health Liaison Nurse (MHLN) that a referral to Community Mental Health is required. The MHLN is required to:

- affix a consumer sticker to the CMH Referral Form
- document the reason for referral, history, medications, diagnosis and treatment information together with a mental state examination on an eight page assessment form
- complete a RAMP
- inform the consumer's GP that a referral to CMH has been initiated. If this is by phone, the contact with the GP must be documented in the referral form.

2.3 Involuntary CMH consumers – Community Treatment Order (CTO)

No GP referral is necessary for consumers subject to a current CTO, as this is an internal process managed by the GSMHS under the Mental Health Act and governed by the Mental Health Tribunal. CMH does not have the capacity to provide full physical health care to all mental health consumers due to resourcing limitations. Involuntary consumers often experience difficulty maintaining a relationship with a GP.

The Consultant Psychiatrist is to facilitate contact by the consumer with a local GP so that the physical health care needs of the consumer are met. Ideally, the GP retains responsibility for the physical health screening of a consumer on a CTO.

If a GP is unable to be found for the consumer, or if the consumer does not engage with a GP, the GSMHS is required to ensure that the physical health care needs of the consumer are identified and appropriately met.

2.4 Voluntary consumers – Community Mental Health

A GP may refer a consumer to the CMH Service when the psychiatric care needs of the consumer are complex and beyond their scope of practice. Referral may be for:

- medication review by a Consultant Psychiatrist
- consultant psychiatrist advice regarding diagnosis
- provision of care by the Multi-disciplinary CMH Team either case management, specialist psychotherapy or psychiatric nursing care. (NB. The consumer must consent to the referral).

The consumer's GP remains responsible for the medical care of all CMH ambulatory care consumers. If the consumer is not effectively engaged with a GP and all attempts to support GP involvement have failed, the CMH Service is responsible for planning, documenting and implementing a system to monitor the physical health care needs of the consumer.

The GSMHS is responsible for the specialist mental health care of 'active clients'. Details of the specialist mental health care are to be outlined to the referring GP upon acceptance of a referral, at three monthly reviews or change of phase of care, and while the consumer remains a client of the GSMHS and until care is fully discharged back to the GP. Upon discharge, the responsibility for full medical, mental health and psychiatric care returns to the GP.

2.5 Referral Standards

A referral to the CMH Service is to contain the following information, if known.

- Date of the referral.
- Full name, date of birth, gender, address, telephone contact details, next of kin, carer details, ethnicity, language and any requirements for an interpreter for the referred, plus whether consent for the referral has been given by the referred.
- Details of the referrer, including full name, agency and contact details.
- The reason for referral and/or presenting issues for the referred.
- Historical Risk Factors (e.g. past incidents/suicide attempts/risk to others)

If the information is not known by the referrer, this is to be indicated in the referral.

The clinician working up the referral is to complete a current Risk Assessment and Management Plan (please provide broad information including risk of harm to self, to others and from others) and mental state examination (Appearance, Behaviour, Speech, Mood/affect, Thought stream, Thought content, Thought form, Perception, Cognition, Insight).

Other information to be gathered includes:

- Non-medical drug use – both current and previous
- Other agencies involved in the provision of services for the referred
- Family/Social history of the referred
- Medical history and physical health risks of the referred
- List of current medications of the referred person
- Any adverse reactions to medications/ known allergies
- Psychiatric history of the referred, including any reports/records from mental health or community health service providers, as relevant.

If not already done, this information is to be legibly documented by a mental health clinician on an eight page Assessment Form and with the RAMP submitted to the multi-disciplinary team for allocation to a clinician or closure of the referral with advice back to the referrer. The assessing clinician will generally be a triage team member, but in some circumstances may be another CMH team member.

An external referral needs to be legible, concise and clearly identify the mental health issues that prompt the referral for treatment. Referrals that do not meet the above standards may not be accepted by the service and may be returned to the referrer expeditiously for further information/clarification.

2.6 Mode of Referral

Where possible, all external referrals are to be made in writing. GP referrals can be by letter, but it is preferred GP's use a standard Referral Form.

In the instance of self-referral, the assessing clinician is to complete an eight page assessment form/PSOLIS triage assessment and risk assessment and then open a referral in PSOLIS as part of the initial assessment process.

External referrals can be received by post, fax and in person to the relevant CMH clinic.

2.7 Admission

The GS Mental Health service is responsible for informing GPs of the outcome of referrals, in writing. If a referral is accepted for activation and treatment by the CMH Team, the accepting clinician must inform the GP of the intended specialist mental health service(s) that are to be provided. This information is to include a summary of NOCCS indicators for treatment, the current phase of care, and the risk being managed. It is to also include current medications if prescribed by GSMHS after referral, and contact details for the treating clinician.

2.8 Wait List

If the referral is wait listed, the GP must be advised in writing of the likely timeframe (if known) for any wait list, based on current data, and the treatment that it is proposed to provide. The GP is to be updated at each wait list review as to the progress of the referral in the wait list.

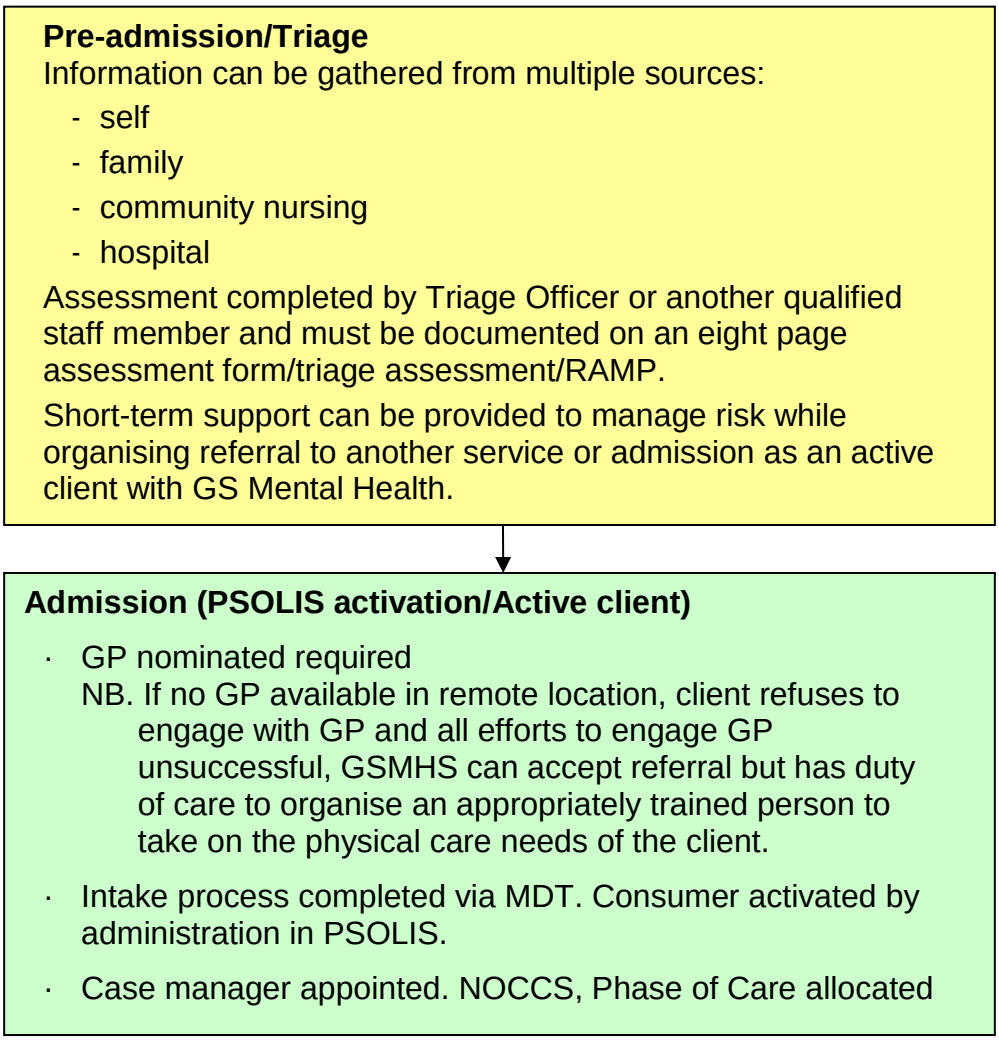
If this information is not documented and sent to the GP, full duty of care for all health care defaults to the GSMHS.

2.9 Complaints resolution

Complaints or concerns about acceptance of a referral by the GSMHS can be resolved via the following processes:

- GPs have the ability to address concerns about referrals with the relevant Team Manager, Manager or the Clinical Director.
- WACHS Great Southern specialist Mental Health staff are encouraged to discuss concerns about any referral with the GP. If concerns persist, staff are to approach the Team Manager to resolve with support of the Clinical Director and Manager.

Figure 1.0. Pre-admission/Triage - Admission (PSOLIS Activation/Active client)



3. Definitions

Triage/Pre-admission	Formal process of assessment and information gathering about individuals who may require specialist mental health services. The triage function either provides short term input while assisting referral to an appropriate service or admission into the specialist mental health care as an active client. The process also assists in prioritising client need, risk and urgency of treatment.
Intake	Multidisciplinary review of assessment information to determine whether the client meets the criteria for treatment, level of urgency for treatment by ambulatory mental health services, and possible phase of care and treatment plan.
Active client	Active client (Ambulatory): A consumer currently allocated a case manager and being treated by the regional CMH Service with an active episode of care in PSOLIS.

Involuntary client	A consumer being treated in the community under the *Mental Health Act 2014* on a Community Treatment Order.
Voluntary client	A consumer who is voluntarily being treated by Community Mental Health.
Community Treatment Order	Order for Involuntary Community Treatment under the *Mental Health Act 2014* - formalised by a Form 10. Community Mental Health Team: Medical, Nursing, Allied Health and Mental Health Officers employed by State Government funded community mental health services.
Discharge	Discharge is the formal completion of treatment with a client. Once discharged medico-legal duty of care ceases. Discharge from the care of the CMH Ambulatory Service occurs at the completion of treatment plan, or a change in consumer needs and/or treatment refusal or non-compliance for voluntary consumers.
PSOLIS	Psychiatric Services On Line Information System

4. Roles and Responsibilities

Manager and Clinical Director

- Developing or coordinating education and information to GPs and other stakeholders in regard to referral to the Mental Health Service.

Team Managers

- Providing orientation and education to GS Mental Health Staff to ensure they understand the service's referral process.

Staff

- To adhere to this procedure when accepting referrals and admitting clients for treatment.

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 compliance with this document is to be carried out by Manager, GS Mental Health Service through regular file audit processes. This procedure is to be reviewed every two years.

7. Standards

EQuIPNational Standards - 11.3.1, 12.1.1, 12.1.2, 12.2.1, 12.3.1, 12.8.1, 12.8.2, 12.9.1, 12.10.1, 12.10.2, 12.10.3

National Standards for Mental Health Services - Standards 10.1, 10.2, 10.3, 10.4, 10.5, 10.6

8. Legislation

Mental Health Act 2014

9. Related Forms

State-wide Standardised Clinical Documentation forms:

- Mental Health eight page assessment form (SMHMR902)
- Risk Assessment and Management Plan (SMHMR905)

10. Related Policy Documents

Community Mental Health Triage Procedure

Discharge - Ambulatory Mental Health Services Procedure

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

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