



Discharge from the Emergency Department of Patients with Mental Health Symptoms Procedure

1. Guiding Principles

Effective: 23 April 2021

This procedure outlines the process for assessment and referral of patients presenting to the Emergency Department (ED) with a mental health presentation. Patients may be admitted to hospital, transferred to another hospital, referred to the Community Mental Health Team or discharged home.

The focus of this procedure is for the cohort of patients who are able to be discharged home. Discharge planning is to ensure a safe and successful transition for the patient from the ED to the community. Given the crisis nature of mental health presentations to Emergency Departments, effective and coordinated follow-up is essential for patients discharged from the emergency care setting.

This procedure is to be read in conjunction with:

- [WACHS Assessment Admission Treatment and Discharge of Mental Health Patients in Emergency Department and General Wards Policy](#)
- [WACHS Albany Hospital Mental Health Unit Admission of Mental Health Patients](#)
- [Community Mental Health Triage Procedure-GSMHS](#)
- [Mental Health Care in Emergency Departments and General Wards Policy](#)

2. Procedure

Initial assessment of mental health presentations to the Emergency Department (ED) is provided by the ED Triage Nurse. The WACHS Suicide Risk Assessment and Safety Plan ([MR46](#)) must be used for all patients when the initial MH assessment identifies any suicidal or self-harm thoughts or behaviours.

The Medical Officer assesses the patient to determine if the chief complaint relates to a mental health presentation. This includes a physical examination (to exclude any other causes of mental health symptoms), as well as toxicological risk assessment if suspected.

A referral to the Mental Health Liaison Nurse (MHLN) may be made between the hours of 08:00 and 21:00 for a comprehensive mental health assessment. After hours, Emergency Department staff can contact the on-call Psychiatrist for advice and assessment if required.

During these hours, patients known to or referred by the Community Mental Health Team, or who have a predetermined ED management plan, may be directly referred by

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the ED triage nurse to the MHLN on duty. This can only occur after discussion with the ED senior doctor on duty. This is the FACEM from 08:00 to 23:00, after hours the ED SMP. The ED senior doctor then allocates an ED Medical Officer to be assigned to the patient on WebPAS ED (the time at which this occurs is per current ED workflow). The ED triage nurse must record the details of the referral to MHLN in the “ED management” comments box.

The MHLN during working hours or the Medical Officer if after hours completes a comprehensive mental health assessment which includes, but is not limited to:

- Mental State Examination
- Mental Health Triage (SMHMR 900) for all assessments not requiring admission to GSMHS
- Risk Assessment and Management Plan (RAMP) SMHMR 905 for all presentations
- Adult Mental Health Assessment (SMHMR 902) for all clients referred to ATT or admitted to the APU

Note: During business hours the ATT Consultant Psychiatrist can be contacted for advice regarding the management for the patient. After hours the on-call psychiatrist can be contacted.

If consultation and review by the MH team has occurred, and they have assessed the patient as suitable for further management in the community, this must be communicated to the ED Medical Officer. It is the ED Medical Officer who must decide whether or not a patient is safe for discharge home.

The Medical Officer in the ED is responsible for authorising discharge of the patient and for documenting that decision on the Emergency Department Triage Assessment Form (MR 1).

If there is disagreement between the Mental Health Liaison Nurse and the Medical Officer, then the issue is to be taken to the on-call Psychiatrist and FACEM, who are to negotiate the best outcome for the patient.

Patients presenting with mental-health problems, in particular those with suicidal ideation who are assessed as safe to discharge from the Emergency Department are to be provided with a safety card that includes:

- Safety plan
- Identification of follow-up management including which services are to be involved
- Emergency contacts

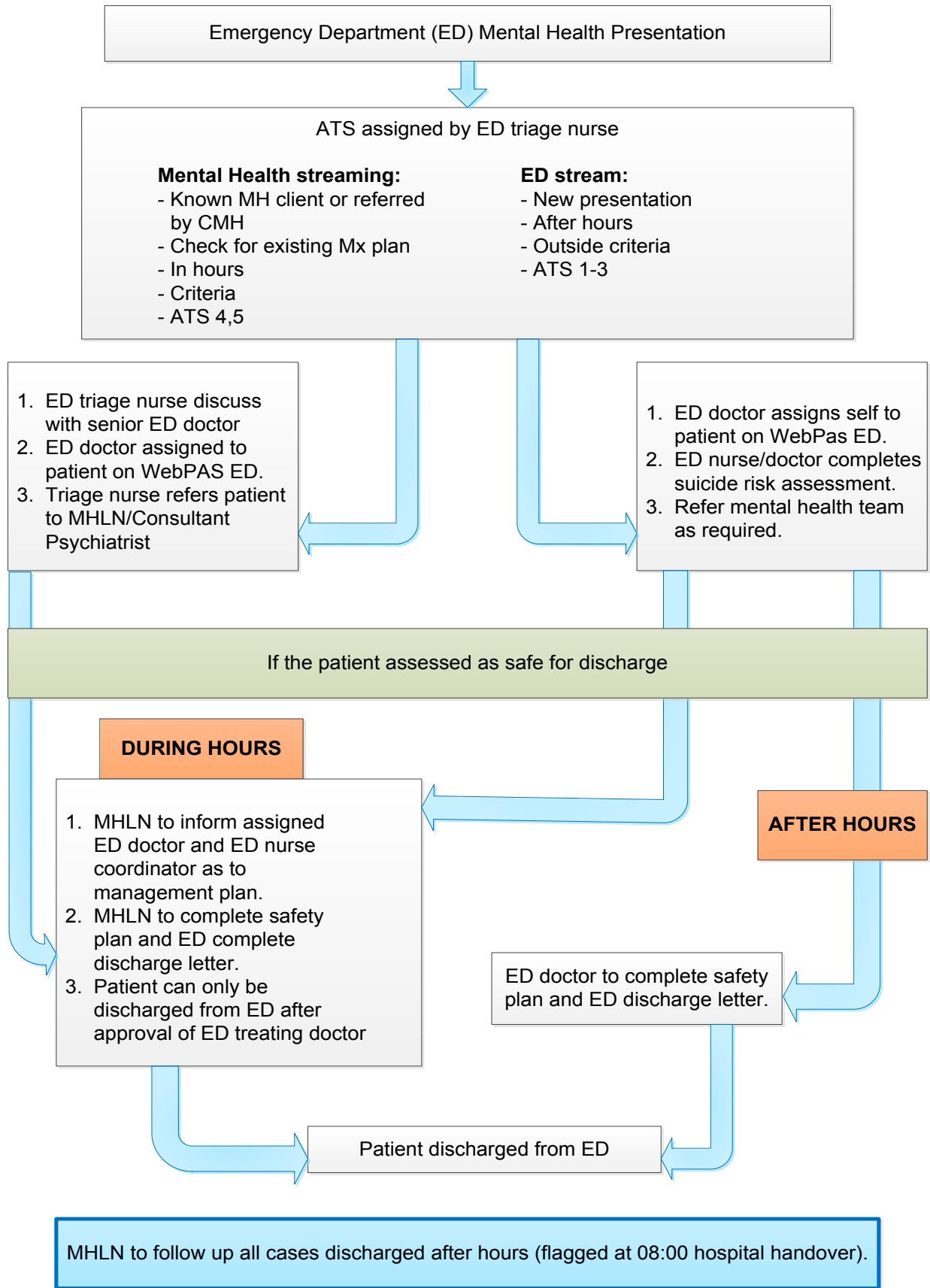
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Any patient who has suicidal ideas and is not admitted, irrespective of the risk assessment is to have:

- a) A discharge plan developed in collaboration with the patient by the clinician who completed the mental health assessment and RAMP.
- b) Referral for follow up:
 - Week days to the Assessment Treatment Team (ATT) Community Mental Health (email: GSMHS - LGS ATT).
 - On weekends after 16:30 hrs on Friday and before Sunday 19:00 hrs to MHLN.

Completion of the MR1 Emergency Department Triage Assessment form remains with the ED Medical Officer and the details must be incorporated into the usual ED discharge letter. ED staff are to provide a copy of the discharge letter and ED MH summary to the GP's practice at the time of discharge.

2.1 Procedure Process Flowchart



3. Definitions

ATT	Great Southern Mental Health Service Assessment Treatment Team which provides short term assessment and treatment for consumers
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4. Roles and Responsibilities

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

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 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 GSMHS. This procedure is to be reviewed in four (4) years or after revisions to the [WA Mental Health Act 2014](#)

8. Standards

[National Safety and Quality Health Service Standards](#) – 1.6, 2.3, 2.6, 2.7, 2.10, 6.9, 6.11, 8.3, 8.7, 8.8

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

9. Legislation

[WA Mental Health Act 2014](#)

10. References

Rockingham Peel Group, *Guidelines, Discharge from Emergency Department and Short Stay Unit*. Department of Health, Western Australia, 2011.

Mental Health and Drug and Alcohol Office, *Mental Health for Emergency Departments – A Reference Guide*. NSW Department of Health, Sydney, 2009

NICE Clinical Guidance, CG16, Self-harm: The short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care. National Institute for Health and Care Excellence, UK, 2004

11. Related Forms

[Mental Health Triage \(SMHMR 900\)](#)

[Risk Assessment and Management Plan \(RAMP\) SMHMR 905](#)

[Adult Mental Health Assessment \(SMHMR 902\)](#)

[Emergency Department Triage Assessment Form \(MR 1\)](#)

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

12. Related Policy Documents

[Community Mental Health Triage Procedure-GSMHS](#)

[Admission of Mental Health Patients Procedure](#)

13. Related WA Health System Policies

[Assessment and Management in the Emergency Department - Clinical Practice Standard](#)

[Clinical Care of People Who May be Suicidal Policy](#)

[Mental Health Care in Emergency Departments and General Wards Policy](#)

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

14. Policy Framework

[Mental Health Policy Framework](#)

**This document can be made available in alternative formats
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