



# Management of Consumers who Decline Mental Health Assessment Policy

## 1. Background

The National Standards for Mental Health Service 2010 10.4.7 *The Mental Health Service has a procedure for appropriate follow up of those who decline to participate in an assessment.* This policy is for use in community mental health services where a consumer declines initial or follow-up assessment.

## 2. Policy Statement

Where a person referred to a WACHS Mental Health service declines an initial or follow-up mental health (MH) assessment, the mental health service must evaluate the possible outcome of the patient not receiving MH care, and, in consultation with the referrer and any involved carers/significant others, take appropriate action.

Where a consumer does not attend a scheduled appointment, all reasonable attempts must be made to contact the consumer. Wherever possible, a risk assessment must be undertaken at the earliest opportunity.

If no risks are identified, the clinician is to contact the consumer to re-organise the appointment. The clinician is also to determine if there are any difficulties the consumer may have regarding the appointment e.g. need for transport. Written confirmation of the new appointment date and time is to be provided to the consumer.

An action plan, consistent with any risks identified is to be formulated, documented in Psychiatric Services On-line Information System (PSOLIS) and the patient's medical record, and implemented.

Such action might include:

- seeking further information from the source of referral
- seeking collateral information from involved persons e.g. family/carers, case workers, non-government organisations (NGOs) and police
- requesting a community assessment by an after-hours mental health service
- arranging assertive follow-up and further assessment including a home visit  
In the case where there is significant concern about the patient and the mental health service cannot provide immediate response, a welfare check or other appropriate action by WA Police must be considered. In regional or remote settings where there may not be a MH practitioner available or there is no local after hours MH service response capacity, a clear local arrangement should be detailed and agreed by all relevant service providers (Police, MHS, local hospital/health service). A welfare check must include a mental state examination by a mental health practitioner either in collaboration with police or other community services as soon as practical. It should also consider referral under the [WA Mental Health Act 2014](#) for examination by a psychiatrist.

- notification to General Practitioner (GP) or referrer that the MH service has been unable to contact the patient and any subsequent actions or recommendations for care.

The multidisciplinary team is to review the management of such consumers as soon as is practical.

Where a person 'Does Not Attend' (DNA) for three (3) scheduled appointments the multidisciplinary team is to review the case and take appropriate action. This may include actions included above. It may also include no further action and closure of the referral. All actions are to be documented in PSOLIS and the person's medical record.

### 3. Definitions

<b>Risk Assessment</b>	A gathering of information and analysis of the potential outcomes of identified behaviours. Identifying specific risk factors of relevance to an individual, and the context in which they may occur. This process requires linking historical information to current circumstances, to anticipate possible future change.
<b>Clinician</b>	A health professional such as a medical practitioner, nurse, occupational therapist, psychologist or social worker.
<b>Community Mental Health Service</b>	A service that provides mental health assessment, treatment and care for people in the community.
<b>Consumer</b>	A person who is currently using or has previously used a mental health service
<b>Multidisciplinary team</b>	A group of health professional who are members of different disciplines (psychiatrist, nurse, social worker etc.) each providing specific services to the consumer.

### 4. Roles and Responsibilities

The **Clinician** is to review the relevant records and identify any risks; complete a risk assessment using the Risk Assessment Management Plan and record action taken in the integrated progress notes in the medical record.

The **Multidisciplinary team** is to review the consumer's management as per the risk identified in the risk assessment.

### 5. Consent

Except in circumstances of Emergency Psychiatric Treatment, clinicians must seek valid consent from a voluntary patient before providing MH treatment. Consent must be given freely and voluntarily. Failure to offer resistance to treatment does not of itself constitute consent to treatment.

## 6. Record Keeping

Clinicians who take actions to locate, assess and / or treat a patient who has declined assessment or follow-up must document those actions, as well as their assessment of the patient, in the patient's medical record.

Refer to OD 0657/16 [WA Health Consent to Treatment Policy](#).

Referral for examination by a Psychiatrist under [WA Mental Health Act 2014](#), (Form 1A).

Refer to [WA Mental Health Act 2014](#).

## 7. 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.

## 8. Evaluation

Evaluation of this policy is to be carried out every five (5) years by the Executive Director Mental Health.

An audit (at least monthly) of 'Uncontacted Clients' on PSOLIS is to be conducted.

## 9. Standards

[National Standards for Mental Health Services](#): 1.3, 1.12, 6.7, 6.8, 9.3, 9.4, 10.4.7, 10.6.8

## 10. Legislation

[WA Mental Health Act 2014](#)

## 11. References

[Clinical Risk Assessment and Management \(CRAM\) in Western Australian Mental Health Services](#) 2008.

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

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

[National Safety and Quality in Health Care Standards 2014](#).

## 12. Related Forms

[WA Mental Health Act 2014 Approved Forms.](#)

## 13. WA Health System Policies

OD 0644/16 [Community Mental Health Welfare Checks: Roles of Mental Health Clinicians.](#)

OD 0657/16 [WA Health Consent to Treatment Policy.](#)

## 14. Policy Framework

[Mental Health Policy Framework.](#)

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on request for a person with a disability**

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