



# Management of Consumers Who Do Not Attend Community Mental Health Appointment 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 Did Not Attend (DNA) a planned appointment.

Non-attendance may indicate poor engagement and can contribute to clinical risk for the consumer.

## 2. Policy Statement

A consumer who does not attend a scheduled appointment is to be contacted and a risk assessment undertaken at the earliest opportunity. An action plan, consistent with any risks identified, is to be formulated and implemented. If the patient is unable to be contacted, the referrer and any nominated carer are to be contacted.

Where risks are identified, the clinician is to contact the consumer via phone, contact the family / carer, nominated person or guardian and organise for an assessment via the multidisciplinary team.

If no risks are identified, the clinician is to contact the consumer to re-schedule the appointment and determine if there are any impediments to the consumer attending the appointment - such as requiring transport. Written confirmation of the new appointment date and time is to be provided to the consumer. Appointments should, wherever possible, be offered at a time and venue suitable to the consumer and their carer/family.

Appropriate assistance and reasonable adjustments must be provided for consumers, and their families who are from non-English speaking backgrounds or who have communication difficulties (including hearing, oral, or learning impairments).

## 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 conducts assessment or examinations for the purposes of the <i>WA Mental Health Act 2014</i> or provides treatment 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 clinical history, recent assessments, reviews and collateral information from referrers and stakeholders to identify the level and nature of risks and apply appropriate risk mitigation using the Risk Assessment and Management Plan (RAMP). This should be documented in the integrated progress notes in the medical record and on PSOLIS.

This plan should be reviewed as soon as practicable within the **Multidisciplinary team (MDT)** The multidisciplinary review may endorse closure of the referral or further efforts to contact the consumer. If further attempts to contact the consumer are unsuccessful the case must be taken to the MDT review meeting and closure endorsed. The MDT decision must be documented in the medical record. In the case of discharge from the service due to non-attendance or non-engagement, the referrer and other relevant agencies (where the consumer has previously provided consent) must be informed of the rationale for discharge by letter within seven (7) days. This must include information on how to be re-referred if 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

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

Monthly audit of the percentage of consumers who DNA in the service.

## 7. Standards

[National Safety and Quality Health Care Standards: 1.5.2](#)

[National Standards for Mental Health Services: 2.3, 4.1, 10.4.7](#)

## 8. Legislation

[WA Mental Health Act 2014](#)

## 9. 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.](#)

## 10. Related WA Health System Policies

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

## 11. Policy Framework

[Mental Health Policy Framework](#)

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

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<b>Directorate:</b>	Mental Health	<b>TRIM Record #</b>	ED-CO-15-88830
<b>Version:</b>	2.00	<b>Date Published:</b>	7 November 2017

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