Management of Non-Engagement with Community Mental Health Services Policy

1. Purpose

This policy is applicable to WA Country Health Services (WACHS) Community Mental Health Services (CMHS) and addresses instances of non-engagement, encompassing a consumer who:

- does not attend (DNA) an appointment
- declines to attend assessment or follow-up after referral and/or
- is continuously uncontactable.

The National Standards for Mental Health Service 2010 (10.4.7) mandates a procedure for appropriate follow-up of those who decline to participate in an assessment.

2. Policy

2.1 Local Process

CMHS will develop localised process aligned with the requirements outlined in this policy for responding to non-engagement.

2.2 DNA Follow-up

When a consumer does not attend, clinicians should contact the consumer as soon as possible, as determined by the clinical context, to reschedule. During this contact, clinicians should inquire about any barriers to engagement and take appropriate mitigating actions.

Confirmation of the new appointment date and time should be provided for the consumer. Assistance and adjustments for consumers and families with communication difficulties should follow the MP 0051/17 - Language Services Policy.

2.3 Identification of Risk and Persons of Concern

In cases of continued non-engagement, clinicians must complete an appropriate risk and safety formulation including the relevant tools as per the clinical context. This documentation should also include relevant clinical information from internal and external stakeholders including family and significant others where appropriate. If a Carer is listed in the patient information, then the Carer must be contacted.

This information must be documented in integrated progress notes in the medical record and on the Psychiatric Services Online Information System (PSOLIS).

Persons of Concern

If there are indications of risk suggesting a person is of concern, the clinician will notify the Services' Clinical Lead, providing details of the action plan. Discussion should also occur at the multidisciplinary team meeting (MDT).

Actions may include assertive follow-up, further assessment, or home visit (where clinically required).

2.4 Discharge Due to Non-Engagement

In cases of non-engagement clinicians must present the case at an MDT meeting to decide the appropriate action. All decisions and actions must be recorded in PSOLIS and the consumer's healthcare record.

For Aboriginal consumers, efforts should also include documenting on the MR23 WACHS Mental Health Cultural Information Gathering Tool, assertive follow-up by an Aboriginal Mental Health Worker (AMHW) , and inclusion of AMHW's input in the MDT review.

In the event of discharge due to non-engagement, the referrer and the carer must be notified of the discharge rationale as soon as possible, but no later than seven (7) days, either in writing or through a phone call. A written notice (e.g., letter, email, text message) is to be provided to the consumer, including instructions on re-engaging with the service and emergency contact information. Where possible, this information is also to be provided to the carer.

3. Roles and Responsibilities

WACHS Mental Health **Regional Managers** are responsible for

- developing and implementing local service process and as necessary, procedures to meet the requirements in this document
- allocating resources as necessary to meet the requirements of this Policy
- reviewing incidences where local services are unable to meet the requirements set out in this document and conduct quality improvement, staff training or service redesign work as necessary.

WACHS Mental Health **Clinical Directors** are responsible for identifying clinical safety issues within local services and provision of clinical oversight in complex cases where variation to the policy requirements may be indicated.

The **Clinical Lead** is responsible for reviewing the safety plan in consultation with the clinical team for persons of concern and respond accordingly.

The **MDT** review may endorse closure of the referral (see section 2.4)

The **clinician** is responsible for reviewing 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 a safety planning tool. This should be documented in the integrated progress notes and on PSOLIS.

Clinicians and staff will work to the parameters set out in this document and raise any incidents of non-compliance or barriers to safe practice with their line manager.

All staff must adhere to policies and guidelines to maintain a safe, equitable, and positive environment at WACHS.

4. Monitoring and Evaluation

4.1 Monitoring

Any trends or concerns identified by clinicians or feedback from consumers/carers that hinder safe and effective follow-up on a systemic or organisational level should be brought to the attention of Regional Managers. If necessary, these issues should be escalated to the Executive Director of Mental Health for appropriate resolution.

4.2 Evaluation

The WACHS Executive Director of Mental Health will evaluate according to WACHS Policy review cycles:

- services have processes in place to follow up on non-engagement and escalate any matters where a person of concern is identified at risk
- any relevant SAC 1 incidents involving non-engagement prior to the incident
- any trends or concerns raised by Service Managers, Clinical Leads or consumer/carer feedback that have prevented safe and/or effective follow up from a systemic or organisational level.

5. Compliance

The National Standards for Mental Health Service 2010 (10.4.7) mandates a procedure for appropriate follow-up of those who decline to participate in an assessment.

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 Integrity Policy Framework issued pursuant to Section 26 of the *Health Services Act 2016* 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 and procedures is mandatory.

6. References

Mind Australia and Helping Minds. A practical guide for working with people with a mental illness. Perth, Australia: Mind Australia, Helping Minds, Private Mental Health Consumer Carer Network (Australia), Mental Health Carers Arafmi Australia, and Mental Health Australia. Available from www.chiefpsychiatrist.wa.gov.au [Accessed 9 April 2024]

7. Definitions

Term	Definition
Barriers to Engagement	Obstacles or challenges that hinder an individual's active involvement participating in mental health services. These obstacles may be physical, psychological, systemic, or environmental, impacting the person's ability to fully engage with the intended mental health support or treatment. Identifying and addressing these barriers is essential for

Term	Definition
	promoting effective participation and access to mental health services. Examples include past trauma with health services, access to transport/distance to travel, cultural or religious factors, language, or difficulties in comprehension.
Carer	A person whose life is affected by virtue of close relationship with a consumer, or who has a chosen caring role with a consumer. Carer, in this document, may also refer to the consumer's identified family, including children and parents, as well as other legal guardians and people significant to the consumer.
Clinician	A mental health clinician for the purpose of this policy includes psychiatric registrars; consultant psychiatrists; authorised mental health practitioners; and community mental health multi-disciplinary team members.
Clinical Lead	For the purpose of this document Clinical Lead refers to the highest relevant clinical authority within the service at the time. Most commonly the Consultant Psychiatrist, and/or Clinical Director as required, however, could be a Senior Medical Practitioner or Senior Nurse if the Consultant Psychiatrist and/or Clinical Director are unavailable.
Consumer	A person who is currently using or has previously used a mental health service.
Continuously Uncontactable	An individual may be deemed continuously uncontactable if they fail to respond to all attempts at contact, having utilised all provided means of communication. Means of communication could include a phone call, text message, email, Next of Kin, or referrer. Each attempt at contact, including the time, date, methodology, and outcome of that attempt, must be documented.
Mitigating Actions	Proactive measures or strategies implemented in response to identified barriers. Mitigating actions aim to address specific challenges and enhance the person's ability to engage with the intended mental health support or treatment. Examples include, involving a support person, utilising Telehealth, meeting in a suitable alternate location, offering choice of male/female clinician.
Multidisciplinary team	A Multidisciplinary team (MDT) is a group of health professionals who are members of different disciplines (psychiatrist, nurse, social worker etc.) each providing specific services to the consumer.
Non-engagement	Any circumstance where a consumer: • does not attend (DNA) an appointment • declines to attend assessment or follow-up after referral and/or • is continuously uncontactable (see definition above).

8. Document Summary

Coverage	WACHS wide
Audience	Community Mental Health Service Staff
Records Management	Health Record Management Policy
Related Legislation	• *Mental Health Act 2014* (WA)
Related Mandatory Policies / Frameworks	• MP 0099/18 Community Mental Health Status Assessments: Role of Mental Health Clinician Policy • MP 0051/17 Language Services Policy • MP 0171/22 Recognising and Responding to Acute Deterioration Policy • MP 0181/24 Safety Planning for Mental Health Consumers Policy • MP 0155/21 State-wide Standardised Clinical Documentation for Mental Health Services • Mental Health Policy Framework
Related WACHS Policy Documents	• Access to Community Mental Health Services Policy • Mental Health Case Management Policy
Other Related Documents	• Charter of Mental Health Care Principles
Related Forms	• MR23 WACHS Mental Health Cultural Information Gathering Tool
Related Training Packages	Nil
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 3357
National Safety and Quality Health Service (NSQHS) Standards	2.05, 5.01, 5.02, 5.03, 6.03, 8.01, 8.02
Aged Care Quality Standards	Nil
Chief Psychiatrist's Standards for Clinical Care	Aboriginal Practice Risk Assessment & Management

9. Document Control

Version	Published date	Current from	Summary of changes
3.00	8 August 2024	8 August 2024	• The Management of Consumers Who Decline Initial Mental Health Assessment Policy has been merged into this document. • Title change (Previously: Management of Consumers Who Do Not Attend Community Mental Health Appointment Policy) • Removal of references to CRAM Policy and RAMP Tool specification, allowing clinical determination of tool use with documented pathways. • Option to escalate to Clinical Lead when a person of concern is uncontactable. • Additional considerations for Aboriginality and inclusion of Aboriginal Mental Health worker consultation requirement. Inclusion of definitions for non-engagement, barriers to engagement, mitigating actions, and continuously uncontactable.

10. Approval

Policy Owner	Executive Director Mental Health
Co-approvers	Executive Director Clinical Excellence Executive Director Nursing and Midwifery Services
Contact	Program Officer Clinical Practice Standards – Mental Health
Business Unit	WACHS Mental Health
EDRMS #	ED-CO-15-88830

This document can be made available in alternative formats on request.