Mental Health Case Management Policy

1. Purpose

WA Country Health Service (WACHS) Community Mental Health Services (CMHS) employs a Case Management methodology to structure its care provision. This approach aims to deliver coordinated, timely, and effective care. The purpose is to work with consumers, their families, carers, and support services to create and follow a plan for person-centred, strengths- based recovery that improves the consumers' overall health and functioning.

This policy details the key principles of effective case management and describes the roles and responsibilities of performing Case Management within WACHS MH Services.

Annotation on Terminology: While the term "case management" is used throughout this document, it is important to acknowledge that consumers are not cases to be managed. This terminology is utilised to ensure clarity in accountability pathways and the effective allocation and utilisation of resources. The term is used because the model of case management is evidence-based and is the terminology found in relevant research. The focus remains on providing person-centred and respectful care to all individuals accessing our services.

Some services within WACHS Mental Health Services utilise a case management model but refer to it as care coordination. Within WACHS Mental Health Services, the terms Case Manager and Care Coordinator are used interchangeably to describe staff performing equivalent functions. Regardless of the terminology used, the principles, responsibilities, and requirements outlined in this policy apply consistently across all services.

2. Policy

2.1 Key Principles of Case Management/Care Coordination

Key principles include:

- **Collaboration**: effective case management relies on strong collaboration and communication. Working closely with the consumer's family, carers, and other professionals (e.g., General Practitioner, Non-Government Organisation, other government department) helps create a comprehensive care plan, where all involved understand the consumer's goals and the role each person plays in achieving them.
- **Clinical Expertise**: Case Managers/Care Coordinators (CM/CC) must use their clinical expertise to frame understandings around diagnostic presentation, symptoms and treatment pathways to guide care. This includes age, culturally and developmentally appropriate care that takes into account trauma-informed care practices as per the Chief Psychiatrist's Standards for Clinical Care and promoting safety following the MP 0181/24 Safety Planning for Mental Health Consumers Policy. Continuous professional development is crucial to maintaining high standards of care.
- **Recovery-Oriented**: Case Management should empower consumers to take an active role in their recovery. Respecting the consumer's right to choose their level of involvement and supporting their autonomy is key, in line with the Charter of Mental Health Care Principles 2014.and the *Mental Health Act 2014*.

2.2 Allocation of the Case Manager/Care Coordinator

A CM/CC is assigned to a consumer upon their entry into a CMHS following an assessment that determines the need for CMHS care.

For Aboriginal consumers, an Aboriginal Mental Health Worker (AMHW) must be engaged as secondary-case management and included in all aspects of Case Management, including in the development of the Treatment Support and Discharge Plan (TSDP). Should the consumer choose to opt-out of AMHW involvement, this must be clearly documented on the casefile and re-offered at 3-monthly reviews. See WACHS Aboriginal Mental Health Consultation Guideline for more.

If a consumer returns to the service, efforts should be made to reassign the same CM whenever possible and suitable.

Consumers may request a change of CM/CC if they feel the current allocation is affecting their engagement or progress. Such requests are to be considered respectfully, with efforts made to support the consumer's needs while maintaining continuity of care. All requests and outcomes are to be documented in the consumer's case file to ensure transparency and accountability.

Gender Consideration: It is essential to respect and affirm the consumer's gender identity, including using correct pronouns and chosen name, while creating a safe and supportive environment for their care. Where possible, the service aims to respect a request for a CM of a certain gender; however, other factors such as timeliness of available care and the skillset of available CM/CCs should be taken into consideration.

2.3 Case Management Functions

The Case Manager leads the overall clinical process within a multidisciplinary team to deliver mental health care to consumers. They are responsible for providing care using a comprehensive understanding of mental disorders and their management through an integrated, holistic approach that considers biological, psychological, and social factors as follows:

- **Consumer-Focused Care:** Establish and maintain therapeutic relationships with consumers and their families through regular engagement. This includes active listening, psychological support, and solution-focused communication that contributes meaningfully to recovery and wellbeing. These interactions may include counselling as a form of therapeutic communication and are valued as a core component of the Case Manager's role.
- **Develop and document the Treatment Support and Discharge Plan:** Partner with consumers and their carers to develop, document, and implement an individual recovery-oriented Treatment Support and Discharge Plan. This includes facilitating consumer-directed planning, ensuring safety considerations, and involving carers if appropriate to do so. The plan must be reviewed with senior medical oversight every three months. The CM/CC also ensures that consumers and carers are invited to sign the plan and ensures copies are provided to relevant parties. Should the consumer decline participation in developing a TSDP the CM/CC is to complete a TSDP with a summary of diagnoses, and if possible, include any goals that may be able to be ascertained from conversations with the client, with their consent. If a client declines to participate in the TSDP process, that wish should be reflected in the TSDP,

particularly including any directions contained in a Community Treatment Order (CTO) where applicable.

- **Oversee the implementation of the TSDP** by assigning responsibility/actions for themselves, consumer, carers, peers, and/or other services or practitioners and follow up on progress and adherence at least every 3 months. The CM/CC is responsible for ensuring discharge process is appropriately completed. In the case of non-engagement the CM/CC must ensure compliance with the WACHS Management of Non-Engagement with Community Mental Health Services Policy.
- **Facilitate Physical Health Monitoring:** Ensure that consumers' physical healthcare is monitored in alignment with the WACHS Physical Health Care for Mental Health Consumers Policy and procedures (Community and Inpatient).
- **Conduct mandatory National Outcomes and Casemix Collection (NOCC) measures** and record changes in phase of care, as well as other recovery-oriented measures of progress at least every three months.
- **Lead Safety Planning** by working with the consumer to develop a useful and practical safety plan. Ensure a WebPSOLIS Risk Management Plan (RAMP) is completed in alignment with Triage to Discharge' MH Framework for SSCD
- **Ensure all documentation complies** with relevant regulations, legislation, and overarching policy in alignment with the State-wide Standardised Clinical Documentation for Mental Health Services. Including entering documents into WebPSOLIS or scanning into the Digital Medical Record (DMR) as appropriate.
- **Case Presentation and Review:** CM/CCs must present cases for review at Multi-Disciplinary Team (MDT) meetings at least every three months, in line with service standards. Additional presentations should occur at key clinical points - including activation and discharge planning - and when significant changes arise, such as non-engagement, changes in physical health, emergency department presentations, situational distress, medication review, or concerns regarding treatment adherence. MDT engagement supports collaborative decision-making and ensures continuity and quality of care.
- **Continuity of Care During Inpatient Admissions:** Consumers admitted to inpatient facilities, whether public or private, remain active cases under community-based care. The Case Manager is expected to maintain involvement and contribute to discharge planning to support continuity of care. Where confidentiality protocols or operational constraints limit direct engagement - particularly with private facilities - the CM/CC must make reasonable efforts to communicate and coordinate care within the bounds of clinical appropriateness and available information.
- **Lead Safety Planning** by working with the consumer to develop a useful and practical safety plan.
- **Responsive Engagement:** When an active case-managed consumer presents to the Emergency Department or activates their safety plan, the CM/CC are to provide timely follow-up and where necessary review and update the TSDP.
- **Work in collaboration with Secondary-CMs** as outlined in section 2.4**.**
- **Seek and participate in clinical supervision, debriefing, and reflective practice** as appropriate.

2.4 Co-Case Management

Co-case management is a collaborative approach between CM/CCs and secondary case managers (secondary-CMs), leveraging specialised perspectives and relationships to enhance care quality, mutual understanding, and engagement with the treatment plan.

Secondary-CMs may include a range of team members within the multidisciplinary workforce, including Social Workers, Drug and Alcohol Workers, Youth Workers, AMHWs, Peer Support Workers, and others. While the role may be undertaken by clinically or professionally trained staff, it is essential to recognise and support the contributions of AMHWs and Lived Experience workers, who may not hold formal clinical qualifications but bring critical cultural, community, and experiential knowledge to the care team. These roles are vital to delivering culturally safe, recovery-oriented care and must be respected as equal partners in the Case Management process. While CM/CCs lead the overall clinical process, Secondary-CMs provide support through an agreed approach in the following areas: communication with consumers, carers, and families; care planning coordination; treatment support; and advocacy. Their role is to assist in these functions while maintaining alignment with the primary CM/CC's directives.

CM/CCs are responsible for documenting the TSDP and integrating input from Secondary-CMs. Both CM/CCs and Secondary-CMs must record all relevant information, actions, and interactions with consumers and carers. Additionally, all are required to communicate key information and any changes to each other promptly.

Secondary-CMs do not perform the clinical duties of a CM/CC. If the primary CM/CC is unavailable, another Clinician must be consulted, and that Clinician must clearly document any clinical work.

Key Principles for Co-case Management:

- **Collaboration**: effective co-case management relies on strong collaboration and communication between CM/CCs and Secondary CMs. This partnership enhances the quality of care and ensures that diverse perspectives are considered.
- **Cultural Competence**: the involvement of AMHWs ensures that care is culturally appropriate and responsive to the needs of Aboriginal consumers. This includes understanding family context and cultural considerations and integrating them into the care plan. Please also refer to the WACHS Aboriginal Mental Health Consultation Guideline and utilise the MR23 WACHS Mental Health Cultural Information Gathering Tool.
- **Lived Experience**: Peer Support Workers bring valuable insights from their lived experience, which can help consumers feel understood and supported. Their role is crucial in fostering connection and empowering a recovery-oriented approach.

2.5 Community Treatment Orders

For consumers subject to a community based involuntary treatment order (Community Treatment Order – Form 5A, CTO):

- the CM/CC may also be the responsible practitioner in conjunction with the Psychiatrist supervising the CTO, the CM/CC are to ensure that the legal obligations of the CTO are met
- where the CM/CC is the responsible practitioner, they must ensure a current TSDP is recorded on PSOLIS.
- Case Managers provide day-to-day clinical support and monitoring but do not hold legal accountability for the CTO. The supervising consultant psychiatrist retains overall legal and clinical accountability for all decisions and reviews related to the CTO, regardless of any delegated tasks undertaken by other mental health clinicians.

Practitioners are advised to refer to Chapter 5 “Community Treatment Orders“ in The Clinicians Practice Guide to the Mental Health Act from the Office of the Chief Psychiatrist and/or Section 23 of The Act.

3. Roles and Responsibilities

The **Case Manager/Care Coordinator** is responsible for:

- leading the clinical process within a multidisciplinary team to deliver comprehensive mental health care using a holistic approach that considers biological, psychological, and social factors
- developing, implementing, and reviewing individual recovery-oriented Treatment, Support, and Discharge Plans (TSDPs) in collaboration with consumers and carers
- ensuring safety considerations, consumer-directed planning, and regular senior medical oversight
- allocating responsibilities within the TSDP and facilitating physical health monitoring
- conducting mandatory outcome measures and ensuring documentation meets regulatory and policy requirements
- coordinating safety planning, multidisciplinary team reviews, and inpatient discharge to maintain continuity of care
- engaging with consumers, carers, and healthcare professionals to promote recovery-oriented and collaborative practices
- upholding compliance with standardised documentation frameworks
- participating in ongoing supervision, reflective practice, and professional development to maintain high-quality care.

All staff are required to comply with the directions in WACHS policies and procedures as per their roles and responsibilities. Guidelines are the recommended course of action for WACHS and staff are expected to use this information to guide practice. If staff are unsure which policies procedures and guidelines apply to their role or scope of practice, and/or are unsure of the application of directions they should consult their manager in the first instance.

4. Monitoring and Evaluation

This policy will be evaluated by the WACHS Director of Psychiatry at least every five years to ensure its ongoing relevance, compliance with legislative and clinical standards, and alignment with best practice. The evaluation process will include a review of implementation outcomes, stakeholder feedback, and any changes in service delivery or regulatory requirements. Findings will inform updates to maintain the effectiveness and quality of mental health care.

5. References

Howgego IM, Yellowlees P, Owen C, Meldrum L, Dark F. The Therapeutic Alliance: The Key to Effective Patient Outcome? A Descriptive Review of the Evidence in Community Mental Health Case Management. *Aust N Z J Psychiatry*. 2003;37(2):169-83. doi:10.1046/j.1440-1614.2003.01131.x.

Rapp CA, Goscha RJ. The principles of effective case management of mental health services. *Psychiatr Rehabil J*. 2004;27(4):319-33. doi:10.2975/27.2004.319.333.

Kanter J. Clinical case management: definition, principles, components. *Hosp Community Psychiatry*. 1989 Apr;40(4):361-8. doi:10.1176/ps.40.4.361. PMID:2714749.

Rosen A, Teesson M. Does case management work? The evidence and the abuse of evidence-based medicine. *Aust N Z J Psychiatry*. 2001;35(6):731-46. doi:10.1046/j.1440-1614.2001.00956.x.
Department of Health Western Australia. *Clinical Risk Management Guidelines: A Best Practice Guide*. Perth: Department of Health WA. Accessed December 24, 2025.

East Metropolitan Health Service. *Care Coordination in Mental Health Services Policy*. Perth: East Metropolitan Health Service. Accessed December 24, 2025.

6. Definitions

Term	Definition
Aboriginal	Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.
Case Management	A process to meet a consumer's needs and promote recovery by coordinating assessment, care planning, and delivery, as well as brokering additional support and specialist health services.
Case Manager/Care Coordinator	A suitably qualified mental health professional (registered with in appropriate professional body, or in the case of Social Workers, eligible for membership of the AASW or IFSW) who is employed by a Community Mental Health Service to provide necessary care and engage appropriate supports to support a consumer to achieve their recovery goals.
Aboriginal MH Worker	An Aboriginal person employed by the Mental Health Service to provide specialist cultural consultation when working with Aboriginal consumers and their carers. They provide guidance to clinicians for appropriate engagement and culturally responsive care.

Co-Case Management	Co-Case Management is a collaborative approach involving the joint efforts of CMs and Secondary CMs. This method leverages specialised perspectives and relationships to enhance the quality of care, mutual understanding, and engagement with the treatment plan. It ensures that diverse viewpoints are considered, improving the overall effectiveness and cultural responsiveness of the care provided to consumers.
Secondary Case Manager	A Secondary CM is a professional employed within the Service who supports the primary CM to identify and meet the recovery goals of the consumer. Secondary CMs can include Aboriginal Mental Health Workers, Peer Support Workers, Youth Workers, Social Workers, Drug & Alcohol Workers, or others. They provide additional communication, care planning, treatment support, and advocacy, contributing valuable cultural and holistic insights to the care process.

7. Document Summary

Coverage	WACHS wide
Audience	WACHS Community Mental Health Service Managers & Clinical Directors and Services staff, Regional Directors and Executive Sponsors
Records Management	Non Clinical: Corporate Recordkeeping Compliance Policy Clinical: Health Record Management Policy
Related Legislation	*Mental Health Act 2014* (WA) *Carers Recognition Act 2004* (WA) *Health Services Act 2016* (WA)
Related Mandatory Policies / Frameworks	• MP 0099/18 Community Mental Health Status Assessments: Role of Mental Health Clinician Policy • MP 018/24 Safety Planning for Mental Health Consumers Policy • MP 0155/21 State-wide Standardised Clinical Documentation for Mental Health Services
Related WACHS Policy Documents	• Aboriginal Mental Health Consultation Guideline • Access to Community Mental Health Services Policy • Management of Non-Engagement with Community Mental Health Services Policy • Physical Health Care of Mental Health Consumers Policy
Other Related Documents	• Clinicians Practice Guide to the Mental Health Act • Charter of Mental Health Care Principles • My rights as a carer (information to support the Carers Recognition Act 2004 (WA))
Related Forms	• Treatment Support and Discharge Plan (SMHMR907) • Adult Mental Health Risk Assessment and Management Plan (SMHMR905) • MR 23 WACHS Mental Health Cultural Information Gathering Tool
Related Training	Nil
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 5024
National Safety and Quality Health Service (NSQHS) Standards	5.03, 5.04, 5.05, 5.13, 5.14,
Aged Care Quality Standards	Nil
Chief Psychiatrist's Standards for Clinical Care	Care Planning, Criteria 1-5
Other Standards	Nil

8. Document Control

Version	Published date	Current from	Summary of changes
2.00	27 Jan 2026	27 Jan 2026	• key principles streamlined for clarity and consistency • definitions refined and expanded (including Co-Case Management and Secondary Case Manager) • roles and responsibilities separated from functions, with added detail on care coordination, continuity of care, and physical health expectations. • documentation standards and systems updated to reflect TSDP, WebPSOLIS, DMR, and inclusion of links for further detail (e.g., CTO).

9. Approval

Policy Owner	Executive Director Mental Health
Co-approver	Executive Director Clinical Excellence Executive Director Nursing and Midwifery
Contact	WACHS Mental Health Policy Officer
Business Unit	Mental Health
EDRMS #	ED-CO-19-87927

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