Physical Health Care for Consumers within Mental Health Inpatient Units Procedure

1. Purpose

The purpose of this procedure is to outline the systems and processes in place to ensure the physical, medical, and dental health care needs of consumers receiving mental health services are identified and addressed to promote optimal physical wellbeing.

This procedure applies to all mental health consumers receiving care from a WA Country Heath Service (WACHS) Mental Health Inpatient Unit (MHIU). For physical healthcare of consumers receiving care from Community Mental Health Services, refer to the Physical Health Care for Mental Health Consumers within Community Mental Health Services Procedure.

This procedure must be read in conjunction with the:

- *Mental Health Act 2014* (WA)(MHA)
- Charter of Mental Health Care Principles
- Chief Psychiatrist's Standards for Clinical Care
- MP 0155/21 Statewide Standardised Clinical Documentation for Mental Health Services Policy
- WACHS Physical Healthcare of Mental Health Consumers Policy.

This procedure is a mandatory requirement under the *Mental Health Act 2014* (WA) – Schedule 1 - Charter of Mental Health Care Principles and Chief Psychiatrist's Standards for Authorisation of Hospitals under the Mental Health Act 2014.

2. Procedure

2.1 Consent

Staff must work on the presumption that every adult consumer has the capacity to make decisions except where it can be shown otherwise by a clinical assessment. Capacity is decision specific and does not always correlate with the consumer's legal status under the *Mental Health Act 2014* (WA).

Staff must provide information to the consumer in a language and manner they can understand to obtain informed consent prior to undertaking physical examinations in accordance with the WACHS Consent to Treatment Policy.

Where a consumer does not have capacity to consent, refer to the WACHS Adults with Impaired Decision-Making Capacity Procedure for further information. Regardless of capacity to consent, due regard is to be given to the consumer's wishes in all decisions and treatment planning.

If a consumer declines consent to a physical health examination, screening, monitoring or care, the consumer is to be engaged in a brief intervention and education to encourage improved health care and management.

Where the consumer continues to decline consent, alternative approaches to address physical health care needs are to be discussed with the consumer. For example, liaising with the consumer's regular health care provider to obtain any recent results and treatment plans. Refusals of consent, rationales, education, and alternative arrangements are to be clearly documented in the consumer's health record and on the relevant examination or screening form.

Where the consumer has declined consent, staff are to provide further opportunities to re-engage at future points in the consumer's health care journey.

2.2 Admission and Physical Examination

Where it is known that the consumer has existing physical health care needs at the time of referral, the receiving consultant psychiatrist must consider the capability of the MHIU and availability of specialist care services to meet the needs identified in a safe and effective manner. With the consumer's consent, mental health services are to engage with the primary and/or specialist care provider to ensure physical healthcare needs and existing treatment plans are effectively communicated and incorporated into the SMHMR907 Treatment, Support, and Discharge Plan (TSDP) in webPSOLIS.

Physical examinations for consumers admitted to the MHIU are to be conducted within 12 hours of admission, ensuing the physical wellbeing of all consumers admitted to the MHIU are assessed and where appropriate referred to appropriate specialist clinicians.

Appropriate supports are to be engaged where communication barriers are identified. This includes the use of accredited interpreter services to facilitate communication with consumers who are non-hearing or from culturally and linguistically diverse backgrounds.

Trauma informed care principles are to be upheld in undertaking physical examinations with consideration of dignity, privacy, gender identity, sexual orientation and cultural safety in accordance with the Charter of Mental Health Care Principles.

Staff must ensure that the location for the physical examination provides for safety, privacy, and confidentiality. The presence of a chaperone or support person (or both) is to be offered during the physical examination in accordance with the WACHS Chaperone Policy.

The physical examination is to be carried out by the medical officer and results are to be recorded on the Mental Health Physical Examination Form (SMHMR903) form in webPSOLIS.

If a physical examination cannot be performed within 12 hours, the reasons for failure to comply with this requirement is to be documented in the health record and included in the Multidisciplinary Team (MDT) handover. The treating medical team are to follow up at regular intervals until the consumer is examined.

2.3 Physical Health Screening and Monitoring

Physical health screening and monitoring is to be completed by nursing and medical staff specified in:

- Appendix A: MHIU Nursing Screening, Assessments and Tests

- Appendix B: MHIU Medical tests (guided by recent results, clinical risk and/or medical comorbidities).

Where comorbid conditions are identified, additional physical health screening and monitoring is to be completed as clinically indicated and documented on the appropriate medical record forms as discussed in the following WACHS policy documents:

- WACHS Wound Management Policy
- WACHS Diabetes – Inpatient Management Clinical Practice Standard
- WACHS Alcohol, Tobacco and Other Drugs Clinical Practice Standard

2.4 Medication

The consumer's medications are to be reviewed on admission to the MHIU and prior to discharge or transfer. Refer to the WACHS Medication Review Procedure for further information regarding medication review and consumer education. Risk factors and lifestyle choices (for example smoking, diet, exercise, alcohol and illicit/non-prescribed drug use) potentially impacting on treatment must be identified on admission and recorded on the MR170.01 WACHS Medication History and Management Plan.

Prior to prescription and administration of medications, staff must be aware of potential adverse effects, benefits, and impact on a consumer's immediate and long-term physical health. This extends to all medications administered in the inpatient setting, not just psychotropic medications.

Staff should be familiar with adverse effects of psychotropic medication, including cardiometabolic abnormalities, extrapyramidal side effects, gastrointestinal and haematological effects. There is also an increased risk of stroke and mortality when used in the management of behavioural and psychiatric symptoms of dementia. If used appropriately, psychotropics have been shown to improve consumer's physical and mental health.

The risks and benefits of commencing psychotropic medications must be discussed with the consumer, and where appropriate their carer, family, or support person.

When prescribing psychotropic medications:

- the risks and benefits of initiating psychotropic medications will be considered:
  - consider the propensity for a psychotropic to cause adverse effects in the context of the consumer's comorbidities and baseline monitoring parameters potentially affected by psychotropic therapy.
- baseline monitoring parameters is to be measured before the initiation of psychotropic medications.
- psychoeducation (written, verbal or both) about the psychotropic will be provided to the consumer and/or carers in a timely manner:
  - written medication brochures can be accessed via the Choice and Medication website.
  - content of psychoeducation is to include:
    - potential impact on the consumer's physical health
    - if applicable, interaction of lifestyle choices and substance use (e.g. smoking, caffeine, illicit substances, and non-prescribed medications) with psychotropics
    - any requirements for ongoing physical health monitoring

- address any modifiable risk factors that will contribute to increase risk of psychotropic adverse effects (e.g. untreated type 2 diabetes, constipation, smoking).
- clinical information and investigations pertaining to psychotropic medication management and ongoing monitoring recommendations must be communicated to the receiving service and forwarded to the consumer's primary care provider.

Certain medications have additional monitoring requirements such as clozapine and lithium. Baseline tests are to be conducted prior to treatment commencement. Refer to the following for further information:

- DoH Guidelines for the Safe and Quality Use of Clozapine Therapy in the WA health system
- WACHS Specialised Medication Lithium Guideline
- WACHS Specialised Medication - Olanzapine Pamoate - Zyprexa Relprevv® Guideline
- WACHS Specialised Medication – Zuclopenthixol Acetate – Clopixol Acuphase® Guideline

2.5 Metabolic Screening and Monitoring

Consumers identified at risk of metabolic syndrome, especially those on psychotropic medications that contribute to cardiometabolic adverse effect must have cardiometabolic monitoring. Cardiometabolic monitoring incorporates the measurement of Body Mass Index (BMI), measurement of waist circumference and regular age-appropriate screening relative to medications prescribed and is to be undertaken and documented in the consumer's health record.

2.6 Oral Health

Oral health is to be screened within **12 hours of admission** as a component of the Statewide Standardised Clinical Documentation (SSCD) Physical Examination form. Further investigations are to be conducted at any time during the admission as clinically indicated and documented in the consumer's health record. Any treatment, referral and/or support required is to be included in the SMHMR907 Treatment, Support, and Discharge Plan (TSDP).

2.7 Recognising and Responding to Deterioration and Abnormal Results

Signs and symptoms of acute physiological deterioration are to be escalated to the treating team for review in a timely manner. The treating team is to make an appropriate clinical response based on the level of clinical risk; e.g., further investigation, referral for specialist review, or clinical escalation in line with the WACHS Recognising and Responding to Acute Deterioration (RRAD) Policy. If an abnormality is detected during physical examination or screening, the consumer is to be informed. Where appropriate and agreed by the consumer, the consumer's carer, family, or support person should be informed.

Where clinical care requirements extend beyond the scope of the mental health service, the treating consultant in communication with the specialist consultant is to consider and arrange appropriate management strategies including, shared care arrangements or transfer to a more suitable clinical care setting.

2.8 Review

Review of physical health care needs and efficacy of treatment are to be incorporated into the multidisciplinary team meetings. Agreed actions are to be documented in the consumer health record, TSDP and other specialty care plans as clinically indicated.

2.9 Discharge or Transfer of Care

Effective communication and good clinical handover of consumer information is critical to safe, well-integrated care.

The treating team will ensure that the follow up service is provided with all relevant information to enable continued management of the consumer's physical health care needs. Documentation provided is to include:

- Care Transfer Summary
- Treatment Support and Discharge Plan and any other relevant care plans
- Medication Charts
- NaCS Discharge Summary

The Treating Medical team is to arrange for the provision of medication scripts prior to discharge, consumers together with carer/support person (if appropriate) are to be provided with information regarding follow up appointments and arrangements.

2.10 Considerations for Specific Populations

Physical healthcare is to be planned and delivered in a manner that respects and where possible, incorporates cultural, spiritual, gender specific cultural needs, religious beliefs and practices.

Aboriginal Consumers

Where the consumer is of Aboriginal descent, the consumer is to be offered the support of an Aboriginal Mental Health Worker to advocate for culturally appropriate care.

With respect to physical health care of a patient who identifies as Aboriginal, staff must be particularly mindful of cultural needs with regards to trauma informed care, age, and gender specific considerations such as men's and women's business.

Older Adult Consumers

Older adults are more susceptible to adverse effects from psychotropics due to altered pharmacokinetic and pharmacodynamic reactions, and higher comorbidity leading to increased risk of disease-medication or medication-medication interactions.

Psychotropics are only to be used when absolutely necessary due to the increased risk of adverse effects in this population.

Older adults prescribed psychotropic medication are to be monitored more frequently than in the adult population, with consideration for dose adjustment or cessation during the review.

2.11 Training and Education

Mandatory Training requirements are to be completed via the WACHS Learning Management System (LMS) in accordance with the WACHS Mandatory and Role Essential Training Policy and the WACHS Employee Development Policy

Where additional specialty training and competency is identified senior staff are to liaise with subject matter experts and educators as required.

3. Roles and Responsibilities

The Regional Executive Director is responsible for ensuring that treating teams have the appropriate equipment and resources to provide physical health care and ensure escalation and governance systems are in place.

The **Regional Mental Health Manager / Operations Manager** is responsible for the operational management of the mental health service in consultation with the Regional Executive Director, Clinical Directors and Mental Health Clinical Nurse Managers.

Clinical Directors (Mental Health) have overall responsibility for clinical governance of Inpatient Mental Health Services.

The **Consultant Psychiatrist** is responsible for the psychiatric/medical management of consumers in consultation with the multidisciplinary treatment team.

The **Clinical Nurse Manager** in collaboration with senior clinical staff is responsible for:
- implementation of this procedure and associated policies
- daily operation of the mental health inpatient unit
- onboarding, rostering, professional development, and performance management of nursing/allied health staff.

Clinical Staff are required to:
- provide clinical care in accordance with this procedure
- be aware and comply with relevant WACHS policies, and maintain consumer records in accordance with MP 0155/21 State-wide Standardised Clinical Documentation for Mental Health Services Policy and the Clinical Documentation Policy.

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

The WACHS Mental Health Clinical Documentation Audit is conducted annually and includes compliance monitoring related to physical health, including:
- completion of SSCD Physical Examination within mandated time limits
- documentation of the SSCD Treatment Support and Discharge Plan
- alcohol and other drug screening tools.

Clinical incidents notified in clinical incident management system (Datix CIMS) under this procedure are monitored through regional mental health governance meetings and the Mental Health Central Office Safety, Quality and Risk Steering Committee.

Any incident that meets the criteria for a notifiable incident as defined by the *Mental Health Act 2014* (WA) must be reported to the Chief Psychiatrist in accordance with the Policy for Mandatory Reporting of Notifiable Incidents to the Chief Psychiatrist. The Office of the Chief Psychiatrist actively monitors and reviews reported notifiable incidents for all Health Service Providers.

This procedure is to be reviewed every five years, or earlier if required. Evaluation of this policy is to be carried out by the Mental Health directorate in consultation with regional Mental Health Services.

Evaluation methods and tools may include:

- staff feedback and consultation
- carer and consumer feedback and consultation
- survey
- compliance monitoring
- benchmarking
- reporting against organisational targets.

5. References

Government of Western Australia (WA), Department of Health. State-wide Standardised Clinical Documentation for Mental Health Services - MP 0155/21. Perth, WA [Accessed: 13 May 2025]

Government of Western Australia, Office of the Chief Psychiatrist. Clinicians' Practice Guide to the Mental Health Act 2014 (Edition 3.3). Perth, WA: Office of the Chief Psychiatrist (WA); 2024 [Accessed 13 May 2025]

Government of Western Australia, Office of the Chief Psychiatrist (WA) [Internet] Chief Psychiatrist's Standards for Clinical Care. Perth, WA: Office of the Chief Psychiatrist (WA); 2022 [Accessed 13 May 2025]

Government of Western Australia, Office of the Chief Psychiatrist (WA) [Internet] Chief Psychiatrist's Standards for Authorisation of Hospitals under the Mental Health Act 2014. Perth, WA: Office of the Chief Psychiatrist (WA) [Accessed 13 May 2025]

Lambert TJ, Reavley NJ, Jorm AF, Oakley Browne MA. Royal Australian and New Zealand College of Psychiatrists expert consensus statement for the treatment, management and monitoring of the physical health of people with an enduring psychotic illness. Aust N Z J Psychiatry. 2017 Apr;51(4):322-337. doi: 10.1177/0004867416686693. Epub 2017 Feb 1. PMID: 28343435. [Accessed: 13 May 2025]

Stanley, S. & Laugharne, J [Internet] Clinical guidelines for the physical care of mental health consumers. Community, Culture and Mental Health Unit, School of Psychiatry and Clinical Neurosciences, The University of Western Australia. Perth, WA: The University of Western Australia; 2010 [Accessed: 13 May 2025]

6. Definitions

Term	Definition
Mental Health Service	As defined in the *Mental Health Act 2014*, Division 1 - Definitions and notes, mental health service means any of these services: (i) a hospital, but only to the extent that the hospital provides treatment or care to people who have or may have a mental illness (ii) a community mental health service any service, or any service in a class of service, prescribed by the regulations for this definition.
Physical examination	For the purposes of this procedure, the core components of physical examination include: • physiological observations – blood pressure (BP); pulse and respiratory rate; temperature • weight and waist circumference or waist to hip ratio • height if not already recorded • examination of respiratory, cardiovascular, gastrointestinal and neurological systems

7. Document Summary

Coverage	WACHS wide
Audience	Mental Health Clinical Staff
Records Management	Clinical: Health Record Management Policy
Related Legislation	*Mental Health Act 2014* (WA) *Criminal Law (Mental Impairment) Act 2023* (WA) *Guardian and Administration Act 1990* (WA)
Related Mandatory Policies / Frameworks	• MP 0062/17 Alcohol and Other Drug Withdrawal Management Policy • MP 0175/22 Consent to Treatment Policy • MP 0131/20 High Risk Medication Policy • MP 0051/17 Language Services Policy • MP 0104/19 Medication Review Policy • MP 0134/20 Recognising and Responding to Acute Deterioration Policy • MP 0155/21 State-wide Standardised Clinical Documentation for Mental Health Services Policy • Clinical Governance, Safety and Quality Framework • Mental Health Framework
Related WACHS Policy Documents	• Aboriginal Mental Health Consultation Guideline • Acute Psychiatric Unit Clinical Handover Procedure • Adult Psychiatric Inpatient Services - Referral, Admission, Assessment, Care, Treatment and Discharge Policy • Adults with Impaired Decision-Making Capacity Procedure • Bowel Management Clinical Practice Standard • Chaperone Policy • Clinical Observations and Assessments Clinical Practice Standard (physiological (vital signs), neurovascular, neurological and fluid balance) • Consent to Treatment Policy • Falls Prevention and Management - Clinical Practice Standard • High Risk Medications Procedure • Medication Prescribing and Administration Policy • Physical Healthcare of Mental Health Consumers Policy • Recognising and Responding to Acute Deterioration (RRAD) Policy • Recognising and Responding to Acute Deterioration Procedure • Responding to Allegations of Sexual Safety Breaches Procedure • Specialised Medication – Lithium Guideline • Specialised Medication – Zuclopenthixol Acetate – Clopixol Acuphase® Guideline • Wound Management Policy

Other Related Documents	• DoH Guidelines for the Safe and Quality Use of Clozapine Therapy in the WA health system • Chief Psychiatrist's Guidelines for the Sexual Safety of Consumers of Mental Health Services in Western Australia • Chief Psychiatrist's Standard: Sexual Safety of Consumers of Mental Health ServicesRANZCP Expert Consensus Statement for the Treatment, Management and Monitoring of the Physical Health of People with an Enduring Psychotic Illness • UWA Clinical Guidelines for the Physical Care of Mental Health Consumers (UWA)

Related Forms	• MR140A Adult Observation and Response Chart (A-ORC)
	• MR122 WACHS Wound Management Plan
	• MR23 WACHS Mental Health Cultural Information Gathering Tool
	• SSCD forms completed in webPSOLIS:
	  ○ Mental Health Physical Examination Form (SMHMR903)
	  ○ Mental Health Metabolic Monitoring Form (SMH001)

Related Training	Available from MyLearning: • Specialty training and competency as required
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 4224
National Safety and Quality Health Service (NSQHS) Standards	4.01, 5.01, 5.04, 5.07, 5.10, 5.11, 5.12, 5.13, 5.14, 8.01, 8.04, 8.06
Aged Care Quality Standards	Nil
Chief Psychiatrist's Standards for Clinical Care	• Physical Health Care of Mental Health Consumers
Other Standards	Chief Psychiatrist's Standards for Authorisation of Hospitals under the Mental Health Act 2014: 2.14, 2.49(e), 4.5, 4.13,

8. Document Control

Version	Published date	Current from	Summary of changes
1.00	8 August 2025	8 August 2025	New procedure

9. Approval

Policy Owner	Executive Director of Mental Health
Co-approver	Executive Director of Clinical Excellence Executive Director of Nursing and Midwifery
Contact	Program Officer Clinical Practice Standards - Mental Health
Business Unit	Mental Health
EDRMS #	ED-CO-23-140071

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

Appendix A: MHIU Nursing Screening, Assessments and Tests

Screening / Assessment / Test	Frequency
Vital Signs	• On admission • Daily at minimum • Increased frequency as clinically indicated
Height, weight and waist circumference	• On admission • Weekly at minimum • Increased frequency as clinically indicated
Blood glucose level	• As clinically indicated
Urinalysis (U/A dipstick)	• On admission • As clinically indicated
Urine hCG	• On admission (as applicable) • As clinically indicated
Urine Drug Screen	• On admission • As clinically indicated
Breathalyzer	• On admission • As clinically indicated
Drug Screening	• On admission
Alcohol Screening	• On admission
Nicotine Screening	• On admission • As clinically indicated
ECG	• On admission • As clinically indicated
Falls Risk Assessment and Management Plan	• On admission • Weekly at minimum • Increased frequency as clinically indicated
Braden Scale	• On admission • Increased frequency as clinically indicated
Bowel monitoring	• On admission • Daily at minimum

Appendix B: MHIU Medical tests (guided by recent results, clinical risk and/or medical comorbidities)

Test	Recommended frequency
Mental Health Physical Examination Form	• Within 12 hours of admission • As clinically indicated at other times. • Annually for long stay patients (Length of Stay (LOS) over one year)
ECG	• Baseline • As clinically indicated
Fasting glucose	• Baseline as clinically indication • 6 monthly or as clinically indicated
HbA1c	• 3-6 monthly if diabetes or as clinically indicated
CK	• As clinically indicated
CRP	• As clinically indicated
FBE	• Baseline • 6 monthly or as clinically indicated
Full lipid profile	• Baseline as clinically indicated • 6 monthly or as clinically indicated
LFT	• Baseline • 6 monthly or as clinically indicated
Prolactin	• As clinically indicated
TFT	• Baseline as clinically indicated • Follow up as clinically indicated
EUC	• Baseline • 6 monthly or as clinically indicated
B12 / Folate	• Baseline • Yearly or as clinically indicated
Vitamin D	• Baseline • As clinically indicated
Iron Studies	• Baseline as clinically indicated • Follow up as clinically indicated
HCV / HBV / HIV serology	• As clinically indicated – requires patient consent
Syphilis serology	• As clinically indicated – requires patient consent
Urine Chlamydia and Gonorrhoea	• As clinically indicated – requires patient consent
Psychotropic medication serum levels	• As per product information or clinically indicated
Organic screening	• As clinically indicated (e.g. EEG, CT, MRI brain)
Other public health screening requirements	• As per public health recommendations