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# Physical Health Care for Mental Health Consumers within Community Mental Health Services Procedure

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## 1. Purpose

This procedure supports the Physical Health Care for Mental Health Consumers Policy and aims to ensure the physical, medical, and dental health care needs of mental health consumers within WA Country Health Services (WACHS) Community Mental Health Services are identified and addressed.

This procedure applies to all staff caring for mental health consumers within the community setting. For physical health care for consumers receiving care within a WACHS Mental Health Inpatient Unit (MHIU), please refer to the WACHS [Physical Health Care for Consumers within Mental Health Inpatient Units Procedure](#).

This procedure must be read in conjunction with the:

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

## 2. Procedure

### 2.1 Assessment and Physical Examination

Assessment and physical examination must be conducted via one of three pathways.

**Pathway 1:** Establishing a relationship with an existing General Practitioner (GP) or Primary Health Provider:

- identify and liaise with existing Provider:
  - case Managers are to identify if the consumer has an existing GP and encourage them to attend their GP for up-to-date physical health examination
  - case Managers are to communicate with the GP to advise the consumer is receiving care from the service and seek any relevant information pertaining to the consumer's care
- documentation:
  - request that the care provider completes the Statewide Standardised Clinical Documentation (SSCD) [Physical Examination form](#) or CAMHS [Physical Examination form](#) for consumers under the age of 18 years) within one month of activation to the service. Document any communications with GP within the consumer's health record.
  - Incorporate physical health care needs, support and treatment into the [SMHMR907 Treatment, Support, and Discharge Plan](#) (TSDP) form in WebPSOLIS.

**Pathway 2:** Arranging Care in the Absence of a GP or Primary Health Provider:

- source Care:
  - if the consumer does not have a GP, the case manager must either assist the consumer to engage with a GP (such as a local Aboriginal Medical Services [AMS]) to complete a physical health examination or;
  - arrange for a suitably qualified staff member within the service to complete a physical health examination within one month of activation - MH Physical Examination Form (SMHMR903) in WebPSOLIS,

**Pathway 3:** Refusal of Physical Health Assessment:

- should the consumer refuse physical health assessment, this is to be clearly documented and the treating consultant notified
- physical health assessment should be reoffered to the consumer at each clinical review
- all communication must be documented within the consumer's health record.

## 2.2 Physical Health Screening and Monitoring

For physical health screening and monitoring, the case manager is required to:

- incorporate physical health needs into the three-monthly clinical review process
- facilitate effective communication and clinical handover with GP/primary or specialist care providers
- verify that physical examinations are conducted and recorded at least every 12 months, or every 6 months for consumers 65+ or those with significant illness/disability
- when conducting physical examination in-house, allow for the provision of a chaperone
- provide care in accordance with the [MHA Charter of Mental Health Care Principles](#).

## 2.3 Medication

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.

When prescribing psychotropic medications the treating team must:

- consider the risks and benefits of initiating psychotropic medications:
  - consider the propensity for a psychotropic to cause adverse effects in the context of the consumer's age, comorbidities and baseline monitoring parameters potentially affected by psychotropic therapy
  - consider interactions with other medications
- measure baseline monitoring parameters before the initiation of psychotropic medications
- provide psychoeducation (written, verbal or both) about the psychotropic 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, including:
    - 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)
- communicate clinical information and investigations pertaining to psychotropic medication management and ongoing monitoring recommendations 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 guidelines for further information:

- Department of Health [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](#)

## 2.4 Metabolic Screening and Monitoring

When conducting metabolic screening and monitoring, the treating team is to:

- **monitor consumers:**
  - identify and monitor consumers on psychotropic medications for signs of metabolic syndrome incorporating:
    - measurement of Body Mass Index (BMI).
    - measurement of waist circumference
    - regular age-appropriate screening relative to medications prescribed
  - **document monitoring:**
    - record metabolic monitoring in the consumer's health record, ensuring all relevant information is accurately documented
    - this information can be recorded in the [Metabolic Monitoring](#) assessment tool identified in the SSCD
- **monitor closely and frequently:**
  - monitor and review dosage for children, adolescent, older adults and Aboriginal consumers due to higher susceptibility to adverse effects from psychotropics
- **identify and address concerns:**
  - identify concerns related to metabolic health as part of the TSDP where possible and in partnership with and the consumer, carer/parent/guardian (as appropriate) and GP.

## 2.5 Abnormal results

When there is an abnormal result, the treating team in consultation with the consumer is to:

- **consult and respond:**
  - make an appropriate clinical response based on the level of clinical risk, this may include:
    - making an appointment with the GP for further investigation
    - making immediate phone or written contact with the consumer's GP and/or primary care providers
    - sending the consumer to the emergency department
    - Involving a consumer's carer/parent/guardian or support person if deemed necessary
- **follow up:**
  - ensure the agreed response is carried out as soon as reasonably possible.

## 2.6 Communication with General Practitioner or Primary Health Provider

When communication with the GP or primary health provider, the case manager is to:

- **ensure effective communication:**
  - Maintain clear and consistent communication with the consumer's identified GP or Primary Health Provider.
- **plan and determine shared care needs:**
  - Collaborate with the nominated GP or Primary Health Provider to plan and determine the consumer's care needs, including clarity of roles and responsibilities in relation to:
    - transfer of care
    - request for outstanding results
    - request for repeat screenings and/or further planned investigations (if clinically required).
    - medication access and supply
    - discharge from and pathways for re-entry to mental health services
- **address additional requirements:**
  - consider additional requirements such as aged care facilities, nursing posts, [Aboriginal Community Controlled Health Organisations](#) (ACCHOs), [Royal Flying Doctor Service](#) (RFDS), and [Rurallink](#).

## 2.7 Carer Involvement

In order to ensure carer involvement, the case manager is to:

- **recognise and engage carers:**
  - acknowledge and engage carers in the planning, treatment, support, and discharge plans to improve health outcomes and enhance adherence to treatment
  - carers often have a comprehensive understanding of the consumer's specific care needs, including psychological, cultural, and emotional aspects
- **address carer involvement refusal:**
  - If a consumer actively declines carer involvement, consider appropriate strategies to engage and address the carers concerns and document these efforts.

For further information refer to the WACHS [Recognising the Importance of Carers Policy](#).

## 2.8 Considerations for Specific Populations

### Aboriginal Consumers

Where consumers identify as Aboriginal, the case manager is to:

- **work in partnership:**
  - engage an Aboriginal Mental Health Worker and Aboriginal Medical Services as appropriate
- **plan and deliver respectful care:**
  - plan and deliver physical healthcare in a manner that respects and, where possible, incorporates cultural, spiritual, gender-specific needs, religious beliefs and practices.
- **be mindful of cultural needs:**
  - pay particular attention to cultural needs regarding trauma-informed care, age, and gender-specific considerations such as men's and women's business
- **identify and escalate concerns:**

- identify any concerns related to the physical health care of Aboriginal consumers and escalate them as necessary.

Please refer to the WACHS [Aboriginal Mental Health Consultation Guideline](#) and [MR23 WACHS Mental Health Cultural Information Gathering Tool](#).

## Older Adults

When treating older adults, the case manager in partnership with the Multidisciplinary Team (MDT) is to:

- **consider delirium as a differential diagnosis:**
  - assess for delirium in new presentations of a mental health condition or relapse of an established illness
- **consider:**
  - frailty, polypharmacy, continence, constipation, UTIs, cognition, skin status and dysphagia
- **cautiously prescribe psychotropics where necessary:**
  - older adults are more susceptible to adverse effects due to higher co-morbidity, increased risk of disease-medication and medication interactions, and, altered pharmacokinetic and pharmacodynamic reactions
  - ensure more frequent monitoring with continued consideration for dose adjustment or cessation.

## Children and Adolescents

When treating children and adolescents, the case manager in partnership with the services Multidisciplinary Team (MDT) is to:

- **monitor for adverse effects:**
  - recognise that children taking psychotropics have an increased risk of extrapyramidal adverse effects, hyperprolactinaemia, and cardiometabolic adverse effects compared to the adult population
  - ensure more frequent monitoring when using psychotropics
- **avoid Ziprasidone:**
  - avoid prescribing Ziprasidone due to its inferior efficacy and the increased risk of QT interval prolongation in the child and adolescent population
- **monitor stimulant use:**
  - recognise that long-term stimulant use is associated with an increased risk of cardiovascular events
  - ensure close monitoring for children on stimulant therapy.

For further information refer to the CAMHS [Psychotropic Medication – Monitoring Adverse Physical Health Effects Policy](#).

## Culturally and Linguistically Diverse Backgrounds (CALD)

The case manager must work with the consumer to identify any language barriers, special needs or specific cultural factors that could help achieve a better outcome for the consumer. To support this the case manager can access resources such as:

- MP 0051/17 [Language Service Policy](#)
- [Tips for engaging culturally and linguistically diverse communities](#) (omi.wa.gov.au)
- Department of Communities [Multicultural Plan 2023 - 2026](#).

## 2.9 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 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.

**Clinical Directors** have overall responsibility for clinical governance of the Community Mental Health Service.

**Regional Mental Health Managers**, in consultation with **Clinical Directors** and **Team Leaders**, are responsible for ensuring all staff comply with the requirements of the [Mental Health Act 2014 \(MHA\)](#), [MHA Charter of Mental Health Care Principles](#), DoH [Statewide Standardised Clinical Documentation \(SSCD\)](#) Policy and the [Office of the Chief Psychiatrist's Standards for Clinical Care](#) – Physical Health Care of Mental Health Consumers.

**Team Leaders and Clinical Nurse Specialists** are responsible for:

- ensuring there is appropriate equipment and resources to complete regular physical health examination, screening and monitoring of consumers
- the implementation of this procedure and related policies.

**All Consultant Psychiatrists and case managers** are responsible as part of ongoing clinical review for ensuring that physical (including oral health) examination is completed as part of treatment planning and review and recording clinical information in the mental health clinical information data base (webPSOLIS).

**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
<b>Case Manager</b>	<p>A case manager is any member of the multidisciplinary team who:</p> <ul style="list-style-type: none"> <li>• is competent in delivering mental health care with a clinical skill set required to deliver the identified therapeutic and recovery focussed goals</li> <li>• has a good understanding of mental disorders and their management</li> <li>• is able to develop and maintain collaborative partnerships, including therapeutic relationships, with consumers, family members, carers and significant others</li> <li>• has current registration with an appropriate professional body and has personal indemnity insurance.</li> </ul>
<b>Mental Health Service</b>	<p>As defined in the <i>Mental Health Act 2014</i>, Division 1 - Definitions and notes, mental health service means any of these services:</p> <ul style="list-style-type: none"> <li>(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</li> <li>(ii) a community mental health service</li> <li>(iii) any service, or any service in a class of service, prescribed by the regulations for this definition.</li> </ul>
<b>Physical examination</b>	<p>The process of evaluating anatomical findings through observation, palpation, percussion, and auscultation alongside medical tests as indicated, in order to ascertain the physical health of a patient.</p>



## 7. Document Summary

<b>Coverage</b>	WACHS wide
<b>Audience</b>	Mental Health Clinical Staff
<b>Records Management</b>	Clinical: <a href="#">Health Record Management Policy</a>
<b>Related Legislation</b>	<a href="#">Mental Health Act 2014</a> (WA) <a href="#">Criminal Law (Mental Impairment) Act 2023</a> (WA) <a href="#">Guardian and Administration Act 1990</a> (WA)
<b>Related Mandatory Policies / Frameworks</b>	<ul style="list-style-type: none"> <li>• MP 0062/17 <a href="#">Alcohol and Other Drug Withdrawal Management Policy</a></li> <li>• MP 0095/18 <a href="#">Clinical Handover Policy</a></li> <li>• MP 0175/22 <a href="#">Consent to Treatment Policy</a></li> <li>• MP 0131/20 <a href="#">High Risk Medication Policy</a></li> <li>• MP 0051/17 <a href="#">Language Services Policy</a></li> <li>• MP 0134/20 <a href="#">Recognising and Responding to Acute Deterioration Policy</a></li> <li>• MP 0155/21 <a href="#">State-wide Standardised Clinical Documentation for Mental Health Services Policy</a></li> <li>• MP 0104/19 <a href="#">Medication Review Policy</a></li> <li>• <a href="#">Clinical Governance, Safety and Quality Framework</a></li> <li>• <a href="#">Mental Health Framework</a></li> </ul>
<b>Related WACHS Policy Documents</b>	<ul style="list-style-type: none"> <li>• <a href="#">Aboriginal Mental Health Consultation Guideline</a></li> <li>• <a href="#">Access and Entry to Community Mental Health Services Policy</a></li> <li>• <a href="#">Acute Psychiatric Unit Clinical Handover Procedure</a></li> <li>• <a href="#">Chaperone Policy</a></li> <li>• <a href="#">Clinical Observations and Assessments – Clinical Practice Standard (physiological (vital signs), neurovascular, neurological and fluid balance)</a></li> <li>• <a href="#">High Risk Medications Procedure</a></li> <li>• <a href="#">Physical Health Care for Mental Health Consumers Policy</a></li> <li>• <a href="#">Recognising and Responding to Acute Deterioration (RRAD) Policy</a></li> <li>• <a href="#">Recognising and Responding to Acute Deterioration Procedure</a></li> <li>• <a href="#">Recognising the Importance of Carers Policy</a></li> <li>• <a href="#">Specialised Medication – Lithium Guideline</a></li> <li>• <a href="#">Specialised Medication - Olanzapine Pamoate - Zyprexa Relprevv® Guideline</a></li> <li>• <a href="#">Specialised Medication – Zuclopenthixol Acetate – Clopixol Acuphase® Guideline</a></li> <li>• <a href="#">Use of Language Services Procedure Kimberley</a></li> </ul>
<b>Other Related Documents</b>	<ul style="list-style-type: none"> <li>• CAMHS <a href="#">Psychotropic Medication – Monitoring Adverse Physical Health Effects Policy</a></li> <li>• <a href="#">Chief Psychiatrist's Standard: Sexual Safety of Consumers of Mental Health Services</a></li> <li>• DoH <a href="#">Guidelines for the Safe and Quality Use of Clozapine Therapy in the WA health system</a></li> </ul>

	<ul style="list-style-type: none"> <li>• <a href="#">Office of the Chief Psychiatrist's Sexual Safety Guidelines</a></li> <li>• <a href="#">RANZCP Expert Consensus Statement for the Treatment, Management and Monitoring of the Physical Health of People with an Enduring Psychotic Illness</a></li> <li>• <a href="#">UWA Clinical Guidelines for the Physical Care of Mental Health Consumers (UWA)</a></li> </ul>
<b>Related Forms</b>	<ul style="list-style-type: none"> <li>• <a href="#">MR170.4 WA Adult Clozapine Initiation and Titration Chart</a></li> <li>• <a href="#">MR170.4.1 WACHS Clozapine Monitoring Form</a></li> <li>• SSCD forms completed in webPSOLIS: <ul style="list-style-type: none"> <li>○ <a href="#">Mental Health Physical Examination Form (SMHMR903)</a></li> <li>○ <a href="#">Child and Adolescent Mental Health Service Physical Examination Form (CAMHS005)</a></li> <li>○ <a href="#">Mental Health Metabolic Monitoring Form (SMH001)</a></li> </ul> </li> </ul>
<b>Related Training Packages</b>	<p>Available from <a href="#">MyLearning</a>:</p> <ul style="list-style-type: none"> <li>• specialty training and competency as required</li> </ul>
<b>Aboriginal Health Impact Statement Declaration (ISD)</b>	ISD Record ID: 4224
<b><a href="#">National Safety and Quality Health Service (NSQHS) Standards</a></b>	4.01, 5.01, 5.04, 5.07, 5.10, 5.11, 5.12, 5.13, 5.14, 8.01, 8.04, 8.06
<b><a href="#">Aged Care Quality Standards</a></b>	Nil
<b><a href="#">Chief Psychiatrist's Standards for Clinical Care</a></b>	<a href="#">Physical Health Care of Mental Health Consumers</a>
<b>Other Standards</b>	<a href="#">National Safety and Quality Mental Health Standards for Community Managed Organisations</a> : 3.06, 3.07, 3.08, 3.31

## 8. Document Control

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

## 9. Approval

<b>Policy Owner</b>	Executive Director of Mental Health
<b>Co-approver</b>	Executive Director of Clinical Excellence Executive Director of Nursing and Midwifery Services
<b>Contact</b>	Program Officer Clinical Practice Standards Mental Health
<b>Business Unit</b>	Mental Health
<b>EDRMS #</b>	ED-CO-25-200416
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