



Shared Care of Mental Health Clients in Remote Area Settings Procedure

1. Guiding Principles

1.1 Remote Area Services

- 1.1.1 WA Country Health Service (WACHS) Kimberley hospitals are located at Broome, Derby, Fitzroy Crossing, Halls Creek, Kununurra and Wyndham.
- 1.1.2 WACHS Kimberley Remote Area Health Service clinics are located at Ardyaloon (One Arm Point); Bayulu, Lombadina /Djarindjin; Looma; Mowanjum; Kalumburu, Noonkanbah, Wangkatjungka, Warmun and Yiyili. Remote Area Nurses (RAN's) work in partnership with the Aboriginal communities, organisations and other health service providers to provide primary health care in remote communities.
- 1.1.3 The Kimberley Aboriginal Medical Services (KAMS) collective represents five independently incorporated Aboriginal Community-Controlled Health Services (ACCHS):
 - Broome Regional Aboriginal Medical Service (BRAMS)
 - Ord Valley Aboriginal Health Service (OVAHS)
 - Derby Aboriginal Health Service (DAHS)
 - Yura Yungi Medical Service (YYMS in Halls Creek)
 - Jurrugk Aboriginal Health Service (JAHS, representing communities along the Gibb River Road)
- 1.1.4 KAMS also provides primary health services in Beagle Bay, Bidyadanga and Kutjungka (Balgo, Mulan and Billiluna) Remote Area Clinics.
- 1.1.5 KAMS Headspace Broome is a youth health service dedicated to supporting young people aged 12-25.

1.2 Kimberley Mental Health and Drug Service (KMHDS)

- 1.2.1 The KMHDS provides specialist mental health (MH) services for all age groups. The service provides a range of high quality, community and acute care client focused MH services to residents and visitors in the Kimberley region.
- 1.2.2 Locally based, multi-disciplinary teams are located in regional centres and includes Broome, Derby, Fitzroy Crossing, Halls Creek and Kununurra. Outreach is provided by each of these teams to surrounding and remote areas.
- 1.2.3 Broome Mental Health Unit/Mabu Liyan is located within the grounds of Broome Hospital and provides acute psychiatric inpatient care to referred patients.
- 1.2.4 KMHDS aims to provide regular consultation and client assessment and care intervention irrespective of geographic location in the Kimberley.

1.3 Model for Shared Care of Mental Health Clients in Remote areas

- 1.3.1** Services to MH clients in remote settings is a cooperative, coordinated and collaborative shared care approach between Primary Health Care services, regional hospitals and the KMHDS. All services maintain their own client /patient health records.
- 1.3.2** Clear referral processes between services must be adopted.
- 1.3.3** Community Mental Health Professional (CMHP) and Child and Adolescent Mental Health Professional (CAMHP) are responsible to facilitate services to remote areas. The CMHP role is to facilitate coordinated care that involves assessment, treatment and support to MH clients and their family /carer. Due to geographic distances and limitations for client follow up, KMHDS provides a liaison and consultation service to remote area communities and health staff supplemented by regular and scheduled outreach visits.
- 1.3.4** Where possible, KMHDS clinicians are to be accompanied by an Aboriginal Mental Health Worker (AMHW) when visiting a remote area.
- 1.3.5** Case review for active MH clients occurs at least three monthly. Documentation of the review is made in the MH client health record and includes:
- psychiatric assessment
 - National Outcome Case Mix Collection (NOCC)
 - updated Psychiatric Services On Line Information System (PSOLIS) Management Plan
 - 'My Wellness Plan' review
- 1.3.6** Metabolic screening is ideally conducted every six months however must be completed a minimum every 12 months and if indicated. Pathology results are automatically uploaded to MMEEx /Communicare.
- 1.3.7** Where the client has consented, a carer, close family member or other personal support person, interpreters and traditional healers are used in the assessment and treatment process. The decision must be communicated to Remote Area Clinic (RAC) staff.
- 1.3.8** RAC staff including visiting medical officers essential training:
- WACHS Learning and Development On line Aggression Management
 - MAYBO Conflict Management training
 - MH assessment including Mental State Examination and Risk Assessment

2. Procedure

2.1 Remote Area Clinics

2.1.1 KMHDS Responsibilities

- 2.1.1.1** Follow up active registered community based clients who have a diagnosed mental illness. This includes clients who have been placed under the WA Mental Health Act 2014 (MHA14).

- 2.1.1.2** Outreach visits are organised by mental health clinicians and are:
- arranged in advance in consultation with the Remote Area Nurse (RAN) /Generalist
 - scheduled at regular intervals.
- Outreach trips with CMHP/CAMHP and psychiatrist or psychiatric registrar visits are arranged at regular intervals. Where possible, an AMHW is to accompany clinicians on outreach trips.
- 2.1.1.3** Between outreach visits, MH clinicians:
- are available to provide services of consultation and support to RAC staff.
 - make regular phone contact with RAN /generalist to provide general support, consultation, ensure administration of medication and to make enquiry regarding MH clients' wellbeing.
- 2.1.1.4** The MH clinician /psychiatrist must inform the relevant medical officer by letter/ phone /Communicare /MMEx regarding any planned treatment changes or recommendations to the client's medication regime.
- 2.1.1.5** Active MH clients have a current Consumer Wellness Plan MRK121, which includes a crisis awareness plan and early warning signs and a Management Plan in PSOLIS) . As part of case review, these plans are reviewed on a minimum three monthly basis. With a client's consent this must be done in conjunction with a carer, close family member or other personal support person. A consent form signed by the client must be completed in order to share information. A copy of the current plan is to be:
- given to the client and family /carer whenever the plan is reviewed and updated
 - held in RAC client health record
 - available on PSOLIS data base
 - held in the KMHDS client health record
 - available on MMEx /Communicare.
- 2.1.1.6** Where a client has been discharged from a metropolitan inpatient facility, and is referred for MHS follow up, the CMHP is to ensure that discharge documentation is provided to the RAC.
- 2.1.1.7** Where a client is discharged from Mabu Liyan / Broome Mental Health Unit (BMHU), BMHU staff are responsible to provide discharge documentation to the RAC. [Patient Discharge Procedure – Broome Mental Health Unit \(Mabu Liyan\)](#).
- 2.1.1.8** CMHP is responsible to ensure that where appropriate:
- the client's medications are as per the psychiatrist / psychiatric registrar's current prescription
 - injectable medication has been administered and recorded on PSOLIS
 - where a client has been placed under the MHA14, that he / she is abiding by the Community Treatment Order (CTO) conditions

- follow up contact of client is made within seven days following discharge from Mabu Liyan /BMHU. This can occur face to face or by telephone and can include liaison with the RAC
- that metabolic screening occurs a minimum every 12 months and if indicated, as per the [General Screening Tool MRK 118](#). This form is filed in the MH client health record and a copy is held in the RAC client health record
- facilitate completion of pathology forms by the treating psychiatrist /psychiatric registrar
- organise a 'recall' list of clients with the RAN /generalist in preparation for outreach visit as required
- MH Case review occurs every three months
- all documentation is completed in the MH client health record and a copy is held in the RAC client health record

2.1.1.9 The psychiatrist /psychiatric registrar is responsible to ensure:

- the client's current prescription is provided by letter /fax /MMEx /Communicare to the treating MO /RAC
- if requesting metabolic screening, required pathology forms are completed and provided by letter /fax /MMEx /Communicare
- review of pathology results and where any abnormalities are detected, inform the medical officer /RAN /generalist including follow up recommendations
- routine examination of client's on Community Treatment Order (CTO) as per MHA14.

2.1.2 WA Mental Health Act 2014 (MHA14)

2.1.2.1 Individuals who reside in the community and have been placed under the MHA e.g. CTO are the responsibility of the KMHDS supervising Psychiatrist and Treating Practitioner. Orders under the MHA are time limited to three months however can be extended by the Supervising Psychiatrist.

2.1.2.2 When a CTO order lapses, it may be reviewed to assess the need for further involuntary treatment.

2.1.2.3 The CMHP is responsible to ensure that the RAC receive copies of any relevant MHA14 forms.

2.1.2.4 Where a MHA14 approved form prompts the making of a notification to at least one personal support person refer [Mental Health Act 2014 Information for Referring Practitioners](#).

2.1.3 New referrals to KMHDS from RAC

2.1.3.1 The first point of contact is the local KMHDS triage officer, usually by telephone.

2.1.3.2 Minimum documentation to accompany a referral includes:

- completed [KMHDS Client Referral form MRK52A](#)
- completed [Brief Risk Assessment MRK119](#).

2.1.3.3 Referral information must be faxed to the local KMHDS Triage service.

- 2.1.3.4 Client care management is prioritised depending on the level of urgency identified by RAN /generalist and triage officer.
- 2.1.3.5 Where urgency is identified, transfer to the nearest hospital or KMHDS clinic can be negotiated for CMHP assessment.
- 2.1.3.6 Next scheduled outreach visit will indicate when the visiting clinician is to conduct a face to face MH assessment.
- 2.1.3.7 Where Video Conferencing (VC) is available, this may provide opportunity for client assessment if suitable.

2.1.4 New Referrals to RAC from KMHDS

- 2.1.4.1 New referrals are made to the appropriate RAN/generalist by telephone. Minimum referral documentation includes:
 - Referral letter
 - current Medication Chart
 - current PSOLIS Management Plan
 - current Risk Assessment Management Plan (RAMP) SMHMR905
 - completed consent form MRK30A
 - MHA14 forms if applicable
 - current prescription to the treating MO

2.1.5 Clients who do not want KMHDS contact

- 2.1.5.1 Individuals who have a mental illness and who do not want KMHDS contact may be managed by RAN /generalist /medical officer in consultation with KMHDS.

2.1.6 Remote Area Clinic responsibilities

2.1.6.1 Medication

The RAN /generalist is responsible to ensure:

- current and ongoing medications (where no change in prescription) are available and managed by RAC staff
- current medication charts are held in RAC on MMEEx / Communicare
- that once prescribed and received by the RAN /generalist, documentation relating to client medications and Webster packs are held on MMEEx /Communicare
- that medications including depot orders are supplied and administered to clients as per the current prescription.

2.1.6.2 Metabolic Screening

The RAN/generalist is responsible to:

- assist CMHP with metabolic screening as required.

Where RAN /generalist detect abnormalities in the first instance, they are to inform the MO and CMHP.

2.1.7 Acute presentation or deteriorating mental state in a remote area setting

Where a person has an acute presentation or their MH is deteriorating and the situation requires urgent consultation and/or emergency evacuation:

Office Hours

- 2.1.7.1 The first point of contact for the RAN /generalist is the local Community Mental Health Service (CMHS). The client's CMHP/CAMHP or Triage service is to consult the psychiatrist or psychiatric registrar.

- 2.1.7.2** A management plan is developed in consultation with the RAN/generalist which may include:
- safety plan
 - medication adjustment e.g. PRN administration
 - unscheduled CMHS outreach trip
 - transfer of client for admission to local hospital
 - police intervention
 - [Emergency Psychiatric Treatment](#) under the MHA
 - in an emergency situation, RFDS evacuation.
- 2.1.7.3** MMEEx medication review or verbal telephone order (VTO) by psychiatrist /medical officer as required.

After Hours

- 2.1.7.4** The first point of contact for the RAN/generalist
- Sat – Sun 0800 - 1630hr is Broome Mental Health Liaison Nurse (MHLN) who is available to provide triage, liaison and consultation services including background information regarding known clients.
Phone: 0467 764 949
 - Mon – Sun 1630 – 0800hr is the on-call Consultant Psychiatrist.
[KMHDS Triage Procedure](#)
- 2.1.7.5** Where MHLN is not available, the first point of contact is RuralLink. This service has state wide access to the Psychiatric On Line Information System (PSOLIS) which provides information for all known and active mental health clients.
Phone: 1800 552 002
- 2.1.7.6** Contact the on call district medical officer (DMO) on call for the RAC who is able to consult the on call psychiatrist as needed via the Broome Hospital switchboard.
- 2.1.7.7** In consultation with the RAN/generalist, a management plan is developed to manage the client which may include:
- safety plan
 - medication adjustment
 - client admission to local hospital
 - police intervention
 - [Emergency Psychiatric Treatment](#) under the MHA
 - In an emergency situation, RFDS evacuation.

2.1.8 Escalation and Communication

- 2.1.8.1** Where the RAN/generalist is unable to contact the on call DMO, they may escalate the situation via the line management reporting process:

Office hours:

- Remote Clinic Coordinator; if unable to contact then
- KPHU Director
- Other contacts if escalation required and/or unable to contact above listed staff:
- Regional Nurse Manager
- Regional Medical Director

After hours:

- Executive on call **1800 669 229**
- Should staff above be unavailable, or there is a need to escalate an issue contact the Regional Director.

2.2 Regional Hospitals

- 2.2.1** With the support of KMHDS staff, hospitals may provide primary health care services to mental health clients including:
- 2.2.1.1** prescribing, dispensing administration of medications except Clozapine which is managed by KMHDS
 - 2.2.1.2** physical health needs e.g. metabolic screening and pathology
 - 2.2.1.3** following physical health screening for MH patients, hospitals MO/nursing staff are to communicate to the CMHP of any abnormalities and provide relevant documentation to KMHDS for the client health record
- 2.2.2** KMHDS CMHP provides in-reach services of consultation, patient assessment, treatment and patient management planning to regional hospitals.
- 2.2.3** Where relevant, following mental health assessment of a referred patient, the CMHP and or the Consultant Psychiatrist or Psychiatric Registrar is to communicate findings and provide documentation to the hospital Medical Officer and or nursing staff.
- 2.2.4** Where relevant, MH staff have regular meetings with MO /nursing staff regarding community MH clients.
- 2.2.5** See WACHS [Assessment, Admission, Treatment and Discharge of Mental Health Patients in Emergency Departments and General Wards Guideline](#).
- 2.2.6** See Mabu Liyan /BMHU [Patient Bed Flow Procedure for patients referred for admission to BMHU /Mabu Liyan](#).

2.3 Kimberley Aged and Community Service (KACS)

- 2.3.1** KACS arrange assessment by the Older Aged Psychiatrist for aged care clients with non-acute mental health conditions such as suspected dementia, behaviours relating to dementia, or for assessment regarding capacity to make decisions.
- 2.3.2** The Older Aged Psychiatrist visits the Kimberley three times per year.
- 2.3.3** Completed referrals are sent to kacs@health.wa.gov.au on the KACS Referral For Service form which is located on the [Aged Care section](#) of the WACHS Kimberley Intranet page.
- 2.3.4** Prior to assessment for dementia, all clients must have blood screening to exclude delirium (information on requirements is available through Aged Care Assessment Team). **Phone: 9192 0333**
- 2.3.5** The Older Aged Psychiatrist provides a written report to the referring doctor and or to ACAT following assessment of referred client.

2.4 Partnerships with Aboriginal Medical Services

2.4.1 Broome Regional Aboriginal Medical Service (BRAMS)

- 2.4.1.1** Clinics are held at BRAMS every second Wednesday from 0830hr to 1200hr. Two clinics run concurrently which are the BRAMS Mental Health Well-being Clinic (BMHWBC) and the Physical Health Clinic. Clinics are attended by the consultant psychiatrist and Aboriginal Mental Health Worker (AMHW).

2.4.1.2 Mental Health Well-Being Clinic

- Triage AMHW receives all new referral information from BRAMS i.e. completed referral form (MRK52A) and Brief Risk Assessment (BRA) (MRK119)
- Referral acuity and appropriateness for this clinic is determined at the Triage morning meeting. The referral details are entered into PSOLIS and allocated to Triage AMHW who is running the clinic.
- New MH referrals and pending referrals are seen by the consultant psychiatrist and, where possible, the AMHW
- Where possible, the same gender AMHW is to be available for interview
- KMHDS AMHW maintains the BRAMS Pending Referral folder. All new referrals and client health records are held in this folder
- When a new referral is received, the AMHW enters client details in the Triage Intake Register.
- All clients are reviewed through Triage clinical review meetings
- The consultant psychiatrist documents all client assessments on MMEEx and a copy is made available to the AMHW for the KMHDS client health record.
- AMHW send a short messaging service (SMS) to clients to remind them of arranged appointment time and date

2.4.1.3 Physical Health Clinic

- The clinic is conducted by a BRAMS MO and KMHDS AMHW.
- BRAMS provides the AMHW with a list of KMHDS Broome active clients who are due for physical health check-up e.g. fasting bloods, referral to specialist.
- KMHDS AMHW provides client transport to and from BRAMS to assist client attendance for the Physical Health Clinic.
- BRAMS MO documents client information on MMEEx, and provides a copy to AMHW for the KMHDS client health record.
- The AMHW enters client data into PSOLIS.

2.4.2 Derby Aboriginal Medical Service (DAHS)

2.4.2.1 With the support of KMHDS staff, DAHS provide primary health care services to mental health clients including:

- Prescribing, dispensing and administration of medications except Clozapine which is managed by KMHDS.
- Physical health needs including metabolic screening and pathology.
- Following mental health assessment of a referred patient, the CMHP and or the Consultant Psychiatrist or Psychiatric Registrar is to communicate findings and provide documentation to DAHS MO and or the relevant nursing staff.
- CMHP enters client data into PSOLIS.

2.4.3 Yuri Yungi Medical Service (YYMS)

- 2.4.3.1** With the support of KMHDS staff, YYMS provide primary health care services to mental health clients including:
- Prescribing, dispensing and administration of medications except Clozapine which is managed by KMHDS.
 - Physical health needs including metabolic screening and pathology.
 - Following mental health assessment of a referred patient, the CMHP and or the Consultant Psychiatrist or Psychiatric Registrar is to communicate findings and provide documentation to YYMS MO and or the relevant nursing staff.
 - CMHP enters client data into PSOLIS.

2.4.4 Headspace – Broome

- 2.4.4.1** KMHDS psychiatric services are provided to headspace clients by the consultant psychiatrist and where trained, the psychiatric registrar on a four weekly basis.
- 2.4.4.2** Referrals are received by the consultant psychiatrist direct from the headspace GP who completes a Mental Health Treatment Plan via MMEEx.
- 2.4.4.3** The headspace Senior Mental Health Worker is responsible for managing all psychiatric referrals.
- 2.4.4.4** The referring GP is responsible for the ongoing monitoring of the client and the administration of any changes to or recommendations regarding medication
- 2.4.4.5** All clinical documentation is held in MMEEx
- 2.4.4.6** The consultant psychiatrist is responsible to sign off on any letters to be sent back to the referrer by the psychiatric registrar.
- 2.4.4.7** The consultant psychiatrist and or psychiatric registrar is responsible to:
- Inform headspace of any client who does not attend for appointment (DNA) via MMEX
 - complete a comprehensive psychiatric assessment
 - ensure clinical documentation is uploaded onto the MMEX database
 - provide a letter back to the referrer
 - attend headspace review meetings on a monthly basis
 - facilitate the creation of a KMHDS community medical record by providing documentation to Triage
 - facilitate electronic record keeping for all client contacts on the Psychiatric Services On Line Information System (PSOLIS)
 - Involve a KMHDS Aboriginal Mental Health Worker or Headspace Cultural Consultant where indicated and possible.

3. Definitions

RuralLink	Specialist after hours mental health telephone service for rural and remote communities of Western Australia.
Psychiatric Services On Line Information System (PSOLIS)	PSOLIS is the Mental Health Clinical Information system and is designed to collect demographic information and treatment related history from clients of public mental health services in order to support the provision of optimum care and treatment.
MMEEx	Web based electronic health platform for secure information sharing and clinical client management.
Communicare	Software program providing a fully integrated electronic health and practice management system.
Personal Support Person	Can be any of the following people who are supporting someone who is experiencing mental illness – close family member, carer, nominated person, the parent or guardian of a child and any guardian or enduring guardian of an adult (s. 7. MHA14)

4. Roles and Responsibilities

- 4.1 **KMHDS Clinical Director** has overall responsibility for ensuring that services are delivered in accordance with this procedure.
- 4.2 **Kimberley Population Health Unit (KPHU) Remote Clinic Coordinators** are responsible for the implementation of this procedure.
- 4.3 **All Staff** are required to work within this procedure to make sure that the Kimberley is a safe, equitable and positive place to be.

5. Compliance

It is a requirement of the WA Health [Code of Conduct](#) that employees “comply with all applicable WA Health policy frameworks.”

A breach of the Code may result in Improvement Action or Disciplinary Action in accordance with the WA Health [Misconduct Policy](#) or Breach of Discipline under Part 5 of the Public Sector Management Act.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Evaluation

This procedure will be reviewed every two years.

7. Standards

[National Safety and Quality Health Care Standards](#): 1.8.1; 1.9.1; 4.6.2; 4.12.1; 4.14.1; 6.2.1; 9.4.1; 9.5.1; 9.7.1

[EQulPNational Standards](#): 11.5.1; 11.7.2; 12.3.1; 12.8.2;

[National Standards for Mental Health Services](#): 4.3; 4.4; 6.7; 10.5.9

[National Standards for Disability Services](#): 2.6; 3.5; 5.7; 6.2.

8. Legislation

[Mental Health Act 2014](#)

9. References

[KMHDS Resource and Referral Pack](#)

KMHDS Multidisciplinary Team Meeting Terms of Reference

10. Related Forms

[KMHDS Physical Health Screening Tool](#)

11. Related Policy Documents

WACHS [Sedation for Mental Health Patients Awaiting RFDS Transfer from Remote Regions Guideline](#)

WACHS [Referral for Examination by a Psychiatrist Policy](#)

WACHS Kimberley [Recognition and Response to Clinical Deterioration at Remote Area Clinics](#)

[KMHDS Triage Procedure](#)

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

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SHARED CARE OF MENTAL HEALTH CLIENTS IN REMOTE AREA SETTINGS

KMHDS Broome (Mon – Fri 0800 to 1630hr P: 9194 2640; Weekends and Public Holidays 0800 to 1630hr P: 0467 764 949; – F: 9192 3489)
 Mon – Fri: Derby (P: 9193 3605 – F: 9193 3607) Fitzroy Crossing (P: 9194 2867 – F: 9191 5111) Kununurra and East Kimberley (P: 9166 4350 – F: 9166 4363)

New Referral to KMHDS from RAC

- RAC staff contact local KMHDS Triage by phone regarding referral and
- **Fax** KMHDS Client Referral form MRK52A and Brief Risk Assessment MRK119
- KMHDS Triage discuss with Psych and RAN re referral and prioritisation is determined
- Where needs are not triaged as urgent, client is scheduled for assessment next KMHDS outreach trip

New Referral to RAC from KMHDS

- KMHDS staff contact RAC by phone regarding referral
 Referral documentation is faxed and includes
- Referral letter; current Brief Risk Assessment MRK119
 - Current prescription to MO and KMHDS current Medication Chart
 - Current PSOLIS Management Plan; Completed Consent form MRK30A
 - MHA forms if applicable

Where the client has an acute presentation or deteriorating mental state in a remote setting

Business Hours

- RAN/Generalist contact KMHDS Triage
- Management plan is developed which may include:
 - Safety plan
 - Medication adjustment
 - Unscheduled CMH outreach trip
 - Video conferencing assessment/review (where available/possible)
 - Transfer of client to local hospital
 - Police intervention
 - Emergency Psychiatric Treatment under MHA
 - In emergency situation, RFDS evacuation
- Medication review or verbal telephone order (VTO)

After Hours (note KMHDS Broome Triage availability and phone number)

- RAN /Generalist contact KMHDS Broome MH Liaison Nurse
 - Outside Triage hours, phone RuralLink **1800 552002** for client history
 - Video conferencing assessment/review (where available/possible)
 - Contact DMO on-call who is able to consult the on-call Psychiatrist
 - In consultation with RAN/Generalist a management plan is developed (as per business hours)
 - Medication review or verbal telephone order (VTO)
- Where RAN / Generalist is unable to contact DMO:
- escalate the situation via the line management reporting process

KMHDS responsibilities:

- Clinician arranges regular outreach trips and f/up of registered clients
- Provide services of consultation and support to RAC staff
- Clinician contact re clients mental state and administration of medications
- Clinician/Psych inform relevant MO re planned changes or recommendations to client's medication regime
- Clinician ensures client has metabolic screening 12 monthly or if indicated
- Clinician facilitates completion of pathology forms by treating Psych
- Clinician facilitates client case review three monthly
- Clinician provides current Consumer Wellness Plan MRK121 to RAN for client file
- If discharged from Mabu Liyan, provide discharge documentation to RAC
- Treating Psych provide current prescription
- Treating Psych review pathology results and inform MO/RAN of abnormalities if required

RAC responsibilities:

- Current and ongoing medications are available
- Current medication chart is held in RAC client file
- Medications are supplied and administered to client as per current prescription
- Assist MH clinician with metabolic screening of client
- If first to review pathology results inform MO/CMHP of abnormalities if required
- Clients with mental illness who do want KMHDS contact may be managed by RAN/Generalist/Medical Officer in consultation with KMHDS

