Access to Community Mental Health Services Policy

1. Purpose

This policy aims to ensure equitable and timely access to care in WACHS Community Mental Health Service settings for all consumers in WACHS catchment areas by:

- defining baseline standards and timeframes
- clarifying role expectations for service providers
- standardising language and definitions and
- providing links to other relevant information.

Services are required to develop and maintain local process to meet the care needs of consumers and carers in accordance with this document, the Charter of Mental Health Care Principles, the WACHS Cultural Governance Framework and the Chief Psychiatrists Standards for Clinical Care.

This policy applies to all Community Mental Health Services in WACHS including remote services and Infant Child and Adolescent Mental Health Services (ICAMHS).

This Policy does not include Inpatient Mental Health Services, Emergency Departments or Emergency Telehealth Services.

2. Policy

The service must have clearly communicated, safe and appropriate points of contact to access care.

2.1 Referrals

Referrals may be carried out by professionals from other services, a carer or the consumer seeking care themselves, in person, via phone, email, fax or letter.

Services will review a referral, perform initial investigations and determine a course of action on the day of referral receipt, where practicable or without unreasonable delay.

All contact and attempts at contact with a referred consumer are to be documented in accordance with Non-Admitted Patient Activity Data Business Rules.

Where Clinicians are unable to respond in a timely and risk appropriate way to referrals an exception should be documented and discussed in the Services Multidisciplinary Team (MDT) Meeting or similar. These exceptions must be reviewed by Service Managers and Clinical Directors to factor into future service planning.

2.2 Assessment:

The Service will contact the consumer (or their carer/parent/guardian as appropriate) no later than 5 days from receipt of the referral to schedule Assessment.

CAMHS Services may only require the completion of an Initial Assessment as appropriate.

Local process for Assessment must meet the requirements defined in:

- Chief Psychiatrists Standard for Clinical Care and
- Triage to Discharge' Mental Health Framework for Statewide Standardised Clinical Documentation
- MP 0099/18 - Community Mental Health Status Assessments: Role of Mental Health Clinicians Policy.

Information will be provided to consumers and their carer/support person about the Service (including access to Lived Experience and Aboriginal workers), health care rights, consumer experience of service surveys, what to do if a crisis occurs and other support services available.

2.3 Cultural Support

It is mandatory to offer the services of an Aboriginal Mental Health Worker (AMHW) to all consumers who identify as being Aboriginal. If the Aboriginal consumer and family accept the involvement of the AMHW, the clinician and AMHW are to maintain an inclusive therapeutic partnership with a view to meeting the needs of the individual consumer, their family and community needs. This, and other ways of working effectively with Aboriginal consumers is further detailed in the Aboriginal Mental Health Consultation Guideline.

2.4 Closing Referrals

Referral should only be closed after assessment.

In circumstances where a consumer is continuously uncontactable* and/or declines assessment the service must evaluate the possible outcome of the patient not receiving care, and in consultation with the referring party and any involved carers/guardians, develop, document and enact an action plan.

* A consumer may be deemed continuously uncontactable if they fail to respond to all attempts at contact, having utilised all provided means of communication. Means of communication could include a phone call, text message, email, Next of Kin, or referrer. Each attempt at contact, including the time, date, methodology, and outcome of that attempt, must be documented.

If investigation and assessment reveal that the consumer's needs could be better addressed by another service provider, the Service will assist the person in accessing that support in a way that matches their clinical requirements.

2.5 Response to Crisis/Emergency

In any case where an involved clinician identifies significant concern and/or risk; the clinician will work in partnership with emergency service providers to action an appropriate response.

Services must comply with MP 0181/24 - Safety Planning for Mental Health Consumers Policy. Further supporting information may be found in Principles and Best Practice for the Care of People Who May Be Suicidal and Principles for the Care of People Who May Be at Risk of Violent or Aggressive Behaviour.

3. Roles and Responsibilities

Mental Health Regional Managers and Team Leaders are responsible for:

- developing and implementing local service processes and as necessary, procedures to meet the requirements in this document
- allocating resources as necessary to meet the requirements of this policy
- aligning all other inter-service or inter-agency agreements relating to services provided (e.g. Service Level Agreements, MOU's, Aboriginal Community Controlled Health Organisation (ACCHO)) with this policy
- reviewing incidences where local services are unable to meet the requirements set out in this policy and conduct quality improvement, staff training or service redesign work as necessary.

WACHS Mental Health Clinicians and Service Providers are required to work to the parameters set out in this policy and raise any incidents of non-compliance or barriers to safe practice with their line manager.

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

All staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

4. Monitoring and Evaluation

4.1 Monitoring

WACHS Community Mental Health Services will collect, monitor and analyse data with regards to access. Consumers, carers, families and community stakeholders will participate in design and improvement of local Service access processes.

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Services will complete the Community Mental Health Service Self-Audit Checklist (Appendix A) annually and report results to their regional Mental Health Safety & Quality Committee and Mental Health Central Office.

4.2 Evaluation

The WACHS Mental Health Policy Committee is responsible for evaluating compliance with this policy via the following activities:

- review of:
  - regional procedures and resourcing to ensure local process aligns with this policy
  - relevant SAC 1 incidents where access to Community Mental Health Service (CMHS) is identified as a contributing factor
  - existing clinical documentation audit results relevant to access
  - any relevant complaints at a Service level relevant to access
  - PSOLIS for Service performance for "Average days between referral and first consumer present contact"
- survey clinical and administrative staff in services to obtain feedback on this Policy and local processes

- consult with:
  - ICAMHS Director of Psychiatry and Program Manager to review the amalgamation of this Policy to include ICAMHS.
  - community representatives to obtain feedback on access to services.

5. Compliance

This policy is a mandatory requirement under the *Health Services Act 2016* (WA).

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the Integrity Policy Framework issued pursuant to Section 26 of the *Health Services Act 2016* and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

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

6. References

Levesque, JF., Harris, M.F. & Russell, G. Patient-centred access to health care: conceptualising access at the interface of health systems and populations. *Int J Equity Health* **12**, 18 (2013). https://equityhealthj.biomedcentral.com/articles/10.1186/1475-9276-12-18

Orygen (2018). Key principles underpinning youth mental health models: factsheet. Available from: https://orygen.org.au/Training/Resources/Service-knowledge-and-development/Fact-sheets/principles_youth-mental-health-models/Orygen-Key_principles_underpin_YMH_models_factshee?ext=.

The Office of the Chief Psychiatrist (2015). Charter of Mental Health Care Rights. Available from: https://www.chiefpsychiatrist.wa.gov.au/wp-content/uploads/2015/11/OMH-Charter_of_Mental_Health_Brochure.pdf

UNICEF [Internet]. Convention on the Rights of the Child. Available from: https://www.unicef.org/child-rights-convention

7. Definitions

Term	Definition
Access	The process by which individuals can seek, obtain, and utilise CMHS. Access involves the identification of available services, referral mechanisms, and the pathways through which individuals can connect with these services. Service access includes referral, first contact, initial assessment, intake, eligibility determination, appointment scheduling, and service allocation. The aim of service access is to ensure that individuals can easily find and receive the mental health services they require in a fair and efficient manner.
Assessment	The process by which the characteristics and needs of a consumer and their family or carer are evaluated and determined so that they can receive care. Assessment is a collaborative process and forms the basis of treatment, care and recovery planning.
Care	Information, consultation, assessment, treatment, and or advocacy provided by the CMHS as appropriate to the needs of the individual.
Consumer	A person who has used, or may potentially use, mental health services
Continuously Uncontactable	An individual may be deemed continuously uncontactable if they fail to respond to at least three (3) attempts at contact, having utilized ALL provided means of communication over a period of two business weeks. Means of communication could include a phone call, text message, email, Next of Kin, or referrer. Each attempt at contact, including the time, date, methodology, and outcome of that attempt, must be documented.
Point of Contact	A point of contact refers to any way in which a consumer or Carer may communicate with a Service. This could be through an email address, phone number, website or through an employee such as a receptionist, Aboriginal Mental Health Worker or Case Manager
Referral	The means by which an agent on behalf on an individual, or the individual themselves contacts a health service to seek mental health care. A referral is a type of contact that can occur via any point of contact at any time.

8. 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	*Health Services Act 2016* (WA) *Mental Health Act 2014* (WA) Carers Recognition Act 2004 (WA)
Related Mandatory Policies / Frameworks	• MP 0183/24 – Access to Care for Country Residents Policy • MP 0099/18 - Community Mental Health Status Assessments: Role of Mental Health Clinicians Policy • MP 0181/24 - Safety Planning for Mental Health Consumers Policy • MP 0164/21 - Patient Activity Data • MP 0155/21 - State-wide Standardised Clinical Documentation for Mental Health Services • Mental Health Policy Framework
Related WACHS Policy Documents	• Aboriginal Mental Health Consultation Guideline • Child and Adolescent Mental Health Service (CAMHS) Resources – Endorsed for Use in Clinical Practice Policy • Management of Consumers Who Do Not Attend Community Mental Health Appointments Policy • Mental Health Case Management Policy
Other Related Documents	• Charter of Mental Health Care Principles • My rights as a carer (information to support the *Carers Recognition Act 2004* (WA)) • Non-Admitted Patient Activity Data Business Rules • Principles for the Care of People Who May Be at Risk of Violent or Aggressive Behaviour • Principles and Best Practice for the Care of People Who May Be Suicidal • Triage to Discharge' Mental Health Framework for Statewide Standardised Clinical Documentation • WACHS Cultural Governance Framework
Related Forms	• Mental Health Assessment (SMHMR902) & (CAMHS001)
Related Training Packages	NIL
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 3121
National Safety and Quality Health Service (NSQHS) Standards	1.15, 5.7a

Aged Care Quality Standards	Nil
Chief Psychiatrist's Standards for Clinical Care	• Aboriginal Practice: 1.1 • Assessment: 6,7 • Consumer and Carer Involvement in Individual Care: 2.1, 2.2, 2.5, 3.1

9. Document Control

Version	Published date	Current from	Summary of changes

4.00	13 June 2024	13 June 2024	• change of title
			• less procedural with a focused statement of mandatory principles
			• inclusion of:
			  ○ mandatory requirement for AMHW support
			  ○ self-auditing and reporting annually
			  ○ ICAMHS in policy coverage
			• audit checklist added as an appendix
			• changes to roles & responsibilities to ensure clinical and managerial processes and accountability are in place
			• definitions section updated
			• updated to reflect new Safety Planning for Mental Health Consumers Policy and associated best practice guidelines

4.01	19 February 2026	13 June 2024	• minor amendment
			  ○ updated title in header
			  ○ some grammatical corrections

10. 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-14-5669

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

Appendix A: Community Mental Health Service Self-Audit Checklist

Information:

- Is the following information clearly available to consumers carers, staff and other services:
  - a straightforward description of the service including catchment area and hours of operation
  - how to make a referral, including self-referral and self-presentation
  - clear clinical pathways describing access and discharge (and how to navigate them)
  - main interventions and treatments available
  - contact details for the service, including emergency and out of hours details
  - what to do in the event of a crisis
- Do consumers and carers routinely receive this written information early in their care journey? (I.e. Welcome packs sent out)

Accessibility:

- Is the facility easily accessible to individuals with disabilities?
- Are there adequate parking and transportation options available for clients?
- Are the services opening hours and contact details clearly signposted on the door and available online?
- Does the service provide outreach to remote/isolated/at-risk areas?
- Does the service provide care via Tele-health?
- In cases or self-referral by phone or in-person is there someone available during opening hours who can receive the referral?

Safety:

- Are there security measures in place to ensure the safety of clients, staff, and visitors?
- Are emergency procedures in place and clearly communicated to all staff and clients?
- Is there a process or procedure in place to support staff to act in situations where High Risk is identified and/or emergency services may be required?

Staff training:

- Are all point-of-access staff trained in:
  - de-escalation techniques?
  - Aboriginal Cultural Awareness?
  - inclusive care for members of the LGBTIQA+SB community?

NOTE: It is also suggested that services offer training in Trauma Informed Care and Suicide Intervention where possible.

Client privacy:

- Is there an appropriate, private place to conduct in-person referrals?

Timeliness

- Are referrals reviewed every business day?
- Are consumers (or their carer/parent/guardian as appropriate) routinely contacted to schedule Assessment within 5 days from receipt of the referral?
- Are referrers routinely contacted to discuss the progress/outcome of referrals?

Consumer Support and engagement:

- Are consumers provided with information about the services available to them?
- Are consumers supported to receive the care they need?
- Are Assessments carried out for all referrals?
- Is there a system in place for client feedback and input to improve the service?

Carer Support & Engagement:

- Are carers routinely identified and engaged in access/triage procedures?
- Are carers routinely included in Assessments and communications regarding care?
- Are carers routinely provided with resources and provided with information for their own support?
- Are carers routinely encouraged to provide feedback on care and systems improvements?

Cultural sensitivity and inclusivity:

- Are there accommodations in place to meet the needs of clients from diverse backgrounds?
- Are Aboriginal Mental Health Workers routinely consulted for Aboriginal consumer care?
- Are there visual materials displayed in waiting areas and service entryways to demonstrate inclusivity? (E.g. flags and artworks)

Collaborative care:

- Is there a system in place for collaboration and communication between the mental health service and other healthcare providers involved in client care?

Opportunities and Actions identified from self-audit:

Threats or Concerns identified from self-audit:
