



# Kimberley Mental Health and Drug Service Triage Procedure

Effective: 22 January 2021

## 1. Guiding Principles

The Kimberley Mental Health and Drug Service (KMHDS) is a specialist service that provides ambulatory and inpatient care to people with moderate to severe mental health conditions and alcohol and/or drug problems in the Kimberley region.

KMHDS Community Mental Health and Alcohol and Drug Teams are located in Broome, Derby, Fitzroy Crossing, Halls Creek and Kununurra and Triage services are based at each site.

- In addition to the Community Mental Health Service (CMHS) Triage, the Psychiatric Liaison Nurse (PLN) service at Broome Hospital provides an extended hours service to the region.

Services are provided to the community, hospitals and Remote Area Clinics (RAC).

- Broome site CMHS Triage provides services to the community and Remote Area Clinics and services to the hospital are provided by the Broome Hospital (BH) PLN service.

This procedure is to be read in conjunction with the [WACHS Access and Entry to Community Mental Health Services Policy](#) which requires that:

- Access and entry will be supported through all modes of contact: in person, telephone, written and via telehealth.
- Review of the referral, initial investigations and a course of action initiated on the day of referral receipt or as soon as possible within business hours and without unnecessary delay.
- In instances where a person referred to a mental health service declines an interaction or assessment, the MH service must evaluate the possible outcome of the person not receiving care, and in consultation with the referrer and the carer/significant others take action as per the [WACHS Management of Consumers who Decline Initial Mental Health Assessment Policy](#). Further if an appointment is made but the consumer does not attend, the service will adhere to the [WACHS Management of Consumers Who Do Not Attend Community Mental Health Policy](#).
  - Where there are concerns about risk, a home visit should be arranged to assess the client's welfare and discuss the referral and any further actions, i.e. further appointment, discuss at Multidisciplinary Team (MDT) meeting or relay outcome to referrer.

Clients and their carer/family are partners in the management of all aspects of their treatment, care and recovery planning.

KMHDS implements and maintains ongoing engagement with carers as partners in the delivery of their care.

The Consultant Psychiatrist provides clinical oversight and leadership for Triage, assisted by Medical Officers (MO) and /or Psychiatric Registrars.

The Triage service is the first point of contact for all referrals to KMHDS and provides triage to all age groups excluding Broome Psychiatric Liaison Nurse (PLN) for Broome Hospital referrals and KCADS Cannabis Diversion Program and Indigenous Diversion Program.

- In Broome the Adult Triage clinician is supported by the Acute Assessment Team (AAT)
- Broome Child and Adolescent Mental Health Service (CAMHS) has a designated Triage Officer and is the first point of contact for referrals of 0-18 year's olds.

Triage is conducted face to face, via video conference (VC) or telephone between the client and the Triage clinician.

The first point of contact is the most important time to engage and build rapport with the client and their carer /family.

- Wherever possible, from the first point of contact, Aboriginal and or Torres Strait Islander (ATSI) clients and their carer/family are asked if they would like an Aboriginal Mental Health Worker (AMHW) involved in their care.
- Where indicated and possible, the same gender AMHW is involved in the Triage assessment process.
- Wherever possible AMHW's prioritise Triage duties over Case Management tasks. Scheduled outreach trips will occur as usual.

Outside of Broome, the Triage service coordinates consultation /liaison to regional hospitals. As part of this service Triage provides support to enhance staff confidence and competence in providing equitable and high quality care to patients with a mental health condition or alcohol and or drug problems.

- In Broome this is provided by the PLN service.

KMHDS [Referral and Resource folder](#) includes referral information to referrers and is located in regional hospitals and Remote Area Clinic's (RAC) as well as being located on WACHS Kimberley Mental Health Intranet page.

The Triage /AAT and Broome PLN will:

- prioritise care based on clinical need /risk as identified by MDT discussion and clinical judgement.
- assist clients to access effective and appropriate support from within KMHDS or another service provider
- consider the safety of clients, family and /or carer and the public at all times in relation to the triage process
- provide a respectful and appropriate service to all people
- provide specialist advice and assistance regarding the care of patients with complex or acute presentations.

The Triage Officer or AMHW, is required to identify the client's cultural background and identity on their presentation and factor this into the assessment, treatment and referral, e.g. use of interpreter, traditional healer.

## 2. Procedure

### 2.1 Referral to Triage Service

Referrals are accepted by any individual or organisation who present in person to clinics, in writing by telephone or via the [MRK52A KMHDS Referral form](#).

Referrers are requested to seek consent from the client and/or guardian in regards to the referral, unless they are referred under the Mental Health Act 2014 (MHA)

The following documentation is helpful to support referral:

- current management/treatment plan
- physical assessment and relevant investigation results
- other mental health assessment/s
- paediatrician review and/or school psychologist reports (Child and Adolescent Mental Health Service (CAMHS))

### 2.2 Triage Process

The Triage Officer or PLN is the first point of contact for incoming referrals and is responsible to ensure:

Initial investigation to review the referral and calculate the urgency of response:

- Identify if the client has given consent to referral. If not discuss further with person who completed referral.
- Identify from the referrer
  - Any relevant mental health, Alcohol and other Drugs and general health history
  - other relevant key supports or referral sources agencies (e.g. Centrelink, Department of Housing),
  - Identify if the client is Aboriginal and if a cultural support person or interpreter is required when arranging a time for assessment
- Check the client medical record on Psychiatric Services On Line Information System (PSOLIS)
- Use the [Crisis Triage Rating Scale](#) to support decision making about urgency of response.

Contact with the client - in person or by phone:

- Is the client wanting KMHDS service involvement?
- What type of support /service do they want?
- Three attempts should be made within a one week period.
- If unable to directly contact the client, contact the Next-of-Kin /carer/ support person to obtain any relevant information on client's whereabouts or contact details. Three attempts should be made within a one week period.
- Where a client declines interaction or assessment or does not attend arranged appointment the service will adhere to the [WACHS Management of Consumers Who Do Not Attend Community Mental Health Appointments Policy](#)
- The PSOLIS Triage form is completed.
- The existing KMHDS file is retrieved from medical records or a new health record file number is created by administration staff

- That where safety is an issue e.g. assault, family violence, abuse immediate contact with the relevant statutory agency i.e. Police, Department of Child Protection and Family Services is made.
- That, where the client is discharged from Broome Mental Health Unit (BMHU), post discharge follow up contact within seven days or as soon as practicable occurs. This can be in person or by telephone.
- Where a case managed client presents and the case manager is unavailable, Triage or other available staff are to provide service to the client where possible.
- All referrals are reviewed at Multi-Disciplinary Team (MDT) meetings to determine the required intervention
- MDT discussions are documented by the Medical team and are entered into PSOLIS by administration staff.
- Assessment is arranged where indicated – this can be with the Triage clinician and or with a Psychiatrist /Psychiatric Registrar.
- The following documentation is completed as part of initial assessment:
  - SMHMR902 Mental Health Assessment or CAMHS001 CAMHS Initial Assessment
  - SMHMR905 Risk Assessment Management Plan (RAMP) or CAMHS002 CAMHS RAMP
  - PSOLIS Triage form including initial management plan developed with the client /carer.
  - Alcohol and drug screening tools DUDIT, Audit-C as indicated.
  - FDV951 Assessment for Family and Domestic Violence and FDV952 Referral For Family and Domestic Violence as indicated
  - MRK30A KMHDS Consent To Share Information and Vehicle Transport
  - My Care Plan which is signed by the client or carer and provided to client (copy for file)
  - Where possible the Cultural Information Gathering Tool is commenced on initial assessment for Aboriginal clients.
- The client is provided with (ensuring information is discussed)
  - KMHDS Rights and Responsibilities brochure
  - My Care Plan which is signed by the client or carer. (copy if filed in client health record)
  - KMHDS What We Do brochure
  - For Adults the Your Experience in Service (YES) survey and for CAMHS Experience of Service Questionnaire (ESQ)
  - Kessler 10 (for adults)
  - RuralLink brochure.

### **2.3 Further Care**

Where initial assessment indicates that further follow up is required:

- Triage or Broome AAT may provide these services for up to three face to face contacts
- Clients can be referred for Case Management. Criteria for referral:
  - Client has complex mental health needs
  - Client requires individual coordinated care
  - reside in the catchment area for an extended period of time

- The following documentation is required as part of activation:
  - SMHMR902 Mental Health Assessment or CAMHS001 CAMHS Initial Assessment.
  - SMHMR905 RAMP or CAMHS002 CRAMP.
  - PSOLIS Phase of Care and Outcome Measures (HONOS or HONOSCA).

### **Where no further specialist mental health follow up is required:**

- A referral to an alternative provider may be considered e.g. GP, Boab health Service.
- A Care Transfer Summary (CTS) is provided to external referrers.

### **Referral to Kimberley Community Alcohol & Drug Service (KCADS):**

- Clients presenting with drug and or alcohol problems are triaged by the Triage officer or PLN. PSOLIS is checked for past MH history or risk issues and are referred to KCADS unless assessed to have an acute mental health condition.
- Where indicated, the alcohol and drug screening tools Dudit and AuditC are to be completed by either Triage or KCADS
- The referral is to be discussed at the MDT meeting and documentation and closure occurs as for any other referral.
- Clients can also be referred to KCADS following initial mental health assessment according to the KCADS Referral Pathway.
- Department of Corrective Services referrals including Diversionary referral are processed by Triage as per 3.4.1
- Referrals for Cannabis Diversion Program and Indigenous Diversion Program are provided directly to KCADS.

### **Referral to Child and Adolescent Mental Health Service**

- Clients can be referred to CAMHS following receipt of referral by Triage Officer according to the CAMHS referral process.  
[Child and Adolescent Mental Health Access Criteria Policy](#)

### **Referral to Broome Mental Health Unit (BMHU)**

- Clients can be referred to BMHU following triage assessment according to the BMHU referral process.  
[Broome Mental Health Unit Patient Bed Flow Procedure](#)

### **Additional services to hospitals**

- Outside of Broome, consultation and liaison services are provided to local regional hospitals. This may include advice regarding the WA Mental Health Act 2014 (MHA)

### **2.4 Triage Multidisciplinary Team (MDT) Meetings**

Standing items for discussion are to include:

- New client assessments
- Clients in local hospitals
- Challenging clinical issues
- Determination of ongoing need for service and discharge planning

Frequency of Triage Multidisciplinary Team Meetings:

- Outside of Broome Triage MDT meetings are held weekly.
- In Broome Triage MDT meetings are held daily.
- CAMHS Broome, Kununurra and Halls Creek Triage MDT meetings are held weekly.
- CAMHS Derby and Fitzroy Crossing Triage MDT meetings are held every two weeks or more frequently when needed.

### **2.5 Triage Service Availability**

All Sites Triage Service hours: Mon-Fri 0800-1600hr

Broome Hospital based Psychiatric Liaison Nurse (PLN)

- Available Mon- Fri 0800hrs to 2130hrs and weekends and public holidays 0800-1630hr via phone **0467 764 949**
- Telephone MH consultation is available to all hospitals and Remote Area Clinics in the Kimberley.

### **2.6 Consultant Psychiatrist Service Hours**

BMHU and CMHS Consultant Psychiatrists are available:

- Business Hours: Mon-Thurs 0800-1630hr
- After Hours (includes public holidays): The on call Psychiatrist is available via Broome Hospital switchboard: 9194 2222
- Mon-Thur 1630-0800hr and Fri 1630 – Mon 0800hrs

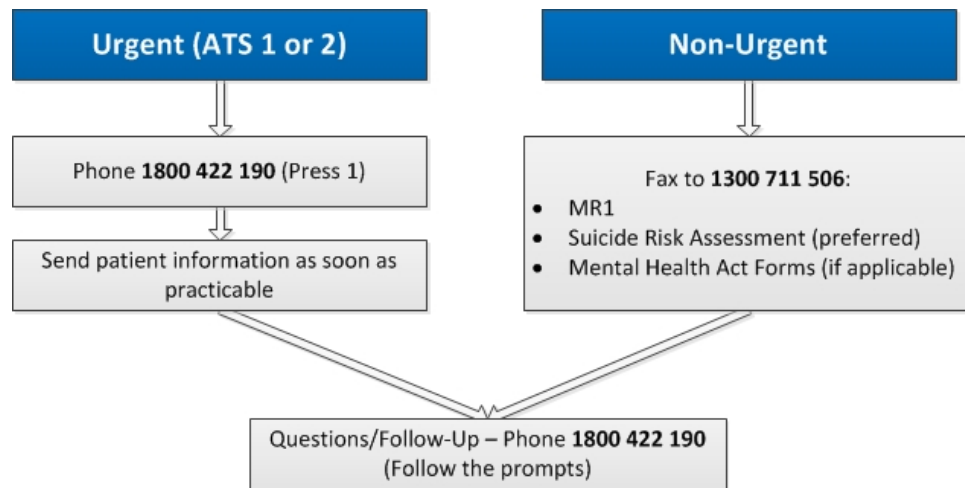
### **2.7 RuralLink**

After hours, when the PLN is not available, RuralLink can be contacted for patient information. Phone: 1800 552 002

### **2.8 Mental Health Emergency Telehealth Service**

The WACHS Mental Health Emergency Telehealth Service (MH ETS) provides WACHS clinicians with 24 hour access to psychiatric liaison nurses and psychiatrists.

- In the Kimberley the agreed process involves discussion with the local mental health service (i.e. triage during office hours and PLN/on call Psychiatrist after hours) in the first instance.



### 3. Definitions

<b>Mental Health Triage</b>	Triage is the process of initial assessment to determine the need for service and the nature and urgency of the care required
<b>Psychiatric Services On Line Information System (PSOLIS)</b>	PSOLIS is the Mental Health Clinical Information system and is designed to collect information and treatment related history from clients of public Mental Health Services  PSOLIS – Health of the Nations Outcome Score (HONOS) is a scale to measure health and social functioning of people

### 4. Roles and Responsibilities

**Clinical Director**

Has overall responsibility for ensuring that services are delivered in accordance with this procedure.

**Consultant Psychiatrist**

Is responsible for the management of clients in accordance with this procedure.

**Regional Manager Mental Health**

Is responsible for the implementation of this procedure.

**All Staff**

All relevant staff are responsible for adhering to this procedure

## 5. Compliance

Failure to comply with this procedure 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](#) (WA) 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 is mandatory.

## 6. Records Management

All WACHS clinical records must be managed in accordance with [Health Record Management Policy](#).

## 7. Evaluation

The Clinical Documentation audit is conducted annually.

This procedure is to be reviewed in twelve months.

## 8. Standards

[National Safety and Quality Healthcare Standards](#)

1.2, 1.6, 1.10c, 1.15, 1.23a, 1.25, 1.27a, 1.30a, 2.1.a, 2.1.b, 2.2b, 2.4, 2.5, 2.6, 2.7, 2.8, 2.10, 4.3, 4.7, 4.8, 4.11, 5.1b, 5.2, 5.3, 5.4, 5.5, 5.6, 5.7, 5.8, 5.10, 5.11, 5.12, 5.13, 5.14, 5.29, 5.31, 5.32, 5.34, 6.3, 6.4, 6.6, 6.7, 6.9, 6.11, 8.1a, 8.3, 8.5, 8.7, 8.10, 8.13

[National Standards for Mental Health Services](#) - 1.3, 1.4, 1.5, 2.11, 4.1, 6.3, 6.7, 6.13, 7.1, 7.4, 7.5, 9.3, 10.2.1, 10.3.3, 10.3.4, 10.4.2, 10.5.5, 10.5.9, 10.6.1, 10.6.8

[National Standards for Disability Services](#) - 1.3, 1.8, 3.2, 3.4, 4.2, 5.4, 6.2,

## 9. Legislation

[Mental Health Act 2014](#)

[Western Australian Carers Recognition Act 2004](#)

[Western Australian Children and Community Services Act 2004](#)

## 10. References

[A National Framework for Recovery-Oriented Mental Health Services 2013](#)

[Statewide Standardised Clinical Documentation \(SSCD\)](#)

[PSOLIS Business Rules](#)



## 11. Related Forms

[FDV951 Assessment for Family and Domestic Violence](#)

[FDV952 Referral For Family and Domestic Violence](#)

[Statewide Standardised Clinical Documentation \(SSCD\)](#)

## 12. Related Policy Documents

[WACHS Management of Consumers who Decline Initial Mental Health Assessment Policy](#)

[WACHS Management of Consumers who Decline Mental Health Assessment Policy](#)

[WACHS Management of Consumers Who Do Not Attend Community Mental Health Policy](#)

[WACHS Child and Adolescent Mental Health Access Criteria Policy](#)

[Identifying and Responding to Family Domestic Violence Policy](#)

[Mental Health Care in Emergency Departments and General Wards Policy](#)

[Broome Mental Health Unit Patient Bed Flow Procedure](#)

[Referral and Transfer of Patients between ED and Community Mental Health Procedure](#)

## 13. Related WA Health System Policies

[Chief Psychiatrist's Standards for Clinical Care](#)

[Clinical Handover Policy](#)

[Clinical Care of People Who May Be Suicidal Policy](#)

[Clinical Care of People With Mental Health Problems Who May Be At Risk of Becoming Violent or Aggressive Policy](#)

[Consent to Treatment Policy](#)

[Community Mental Health Status Assessments Role of Mental Health Clinicians](#)

[Mental Health Consumer Medication Information Policy](#)

[State-wide Standardised Clinical Documentation SSCD for Mental Health Services](#)

## 14. Policy Framework

[Mental Health](#)

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

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<b>Directorate:</b>	Operations Kimberley	<b>EDRMS Record #</b>	ED-CO-14-56035
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