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# Mental Health Consultation and Liaison Service Procedure

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## 1. Purpose

The Great Southern Mental Health Service (GSMHS) provides a mental health consultation and liaison service to patients admitted to the general medical and surgical wards of the Albany Health Campus (AHC). The Consultation Liaison (CL) team comprises of mental health liaison nurses (MHLN), consultant psychiatrist and a psychiatric registrar.

## 2. Procedure

The CL service is generally provided during community mental health clinic hours Monday to Friday from 0830 to 1630 by the psychiatric registrar (under the supervision of a consultant psychiatrist) or the MHLN. After hours CL is available via the MHLNs who can also facilitate access to the on-call consultant psychiatrist or the Acute Psychiatric Unit (APU) Saturday morning medical roster.

For general hospital inpatient consultations, both the MHLNs and/or the psychiatric registrar are available to undertake assessments and provide management advice to nursing and medical teams regarding patients receiving medical or surgical care who have a co-morbid mental illness or who are experiencing symptoms of a psychiatric nature. Aboriginal admitted patients are offered support from Aboriginal Mental Health staff. Clinical governance is provided by a consultant psychiatrist.

The WACHS GS AHC Emergency Department (ED) Assessment of Psychiatric Presentations ([Appendix A](#)) and the WACHS GS MPS ED Assessment of Psychiatric Presentations ([Appendix B](#)) flowcharts provide guidance to ED's of the escalation pathways available for mental health patients.

### 2.1 Referral Procedure

A medical or surgical patient requiring referral to CL psychiatry or MHLN services can be referred via a mental health consultation request either by phone or by completing an Inpatient Consultation Request/Report Form ([GS MR52A](#)) and emailing to: [GreatSouthernMentalHealth-MHLN@health.wa.gov.au](mailto:GreatSouthernMentalHealth-MHLN@health.wa.gov.au) which is monitored seven days per week. CL or MHLN are responsible for informing Aboriginal Mental Health staff of any requests for cultural support.

### 2.2 Management of Patients not in the APU

A mental health consultation can be requested for patients of any age. If MHLN or psychiatric registrar involvement is required, the referring practitioner must discuss any referral to the mental health team with the patient prior to a referral being made.

Any consultation is usually a one-off assessment. The MHLN or psychiatric registrar is to document the assessment of the patient and recommendations for treatment/management in the patient's medical record. The MHLN is required to complete this documentation in both the Digital Medical Record (DMR) and in Psychiatric Services On-line Information System (PSOLIS). Recommendations may include regular review and/or involvement from

the Mental Health team. Any involvement from the Aboriginal Mental Health Staff will be documented in the DMR.

If at any time the patient's mental health deteriorates and management of the patient requires specialist psychiatric care, a doctor-to-doctor handover is required either in writing, in person or by telephone (see MP 0095/18 [Clinical Handover Policy](#)) to facilitate admission under the bed card of a consultant psychiatrist.

Once handover for admission is accepted by the consultant psychiatrist, the patient is admitted under their bed card. The consultant psychiatrist is then responsible for all aspects of the patient's care until they are discharged at the completion of the specialist mental health treatment and medical treatment. Discharge in this instance is either from hospital to outpatient General Practitioner (GP) care or return as an inpatient to the care and bed card of the referring medical team.

Discharge planning from hospital or back to the medical team is the responsibility of the MHLN and psychiatric registrar in consultation with the treating consultant psychiatrist.

The treating team of the patient at the date of discharge is responsible for the completion of the Notifications and Clinical Summaries (NaCS) discharge summary and responsible for ensuring the inclusion of clinical input from any additional teams accessed during the admission.

### **2.3 APU patients admitted in a non-Mental Health (outlying) ward**

The MHLN is to be actively involved in the development of the mental health nursing management plan and is involved daily in risk assessment and management of APU patients admitted under a consultant psychiatrist in an outlying bed. The inpatient psychiatry team remain responsible for the care of APU patients in outlying wards.

Discharge planning for all APU outlying mental health patients (i.e. those with a primary mental health diagnosis who require admission or return to the APU or who have a primary mental health diagnosis and secondary medical problem) is the responsibility of the APU Transition Nurse in consultation with the treating psychiatrist, the senior medical practitioner of the APU and Aboriginal Mental Health staff as appropriate.

On discharge, the Mental Health Medical Team is responsible for the completion of the NaCS discharge summary.

### **2.4 Involuntary Mental Health patients in a non-Mental Health (outlying) ward**

If the patient in an outlying ward under the bed card of a consultant psychiatrist is an involuntary patient under the Mental Health Act 2014, for example treated under a Form 6B, it is the responsibility of MHLN to ensure notification to the Mental Health Advocacy Service and the Mental Health Tribunal.

### **2.5 After Hours On-Call Consultant Psychiatry**

The after-hours on-call consultant psychiatry service is responsible for all patients admitted under the bed card of the psychiatry team whether on a general ward or in the APU. The on-call psychiatrist is also available for all psychiatric enquiries for any patient and can be accessed via the switchboard (dial 9) at any time.

### 3. Roles and Responsibilities

**Directors of Medical Services** are responsible for developing systems to ensure that all medical practitioners are provided with an orientation to the mental health consultation and liaison service.

**Regional Director of Nursing and Midwifery Services** are responsible for:

- ensuring orientation to nursing staff.

**Clinical Director and Manager GS Mental Health** are responsible for:

- developing systems to ensure that psychiatric liaison nursing, psychiatry registrar, and consultant psychiatry coverage for the consultation and liaison service is maintained, evaluated, governed and compliant with relevant legislation and procedures
- assisting with the evaluation of the Consultation and Liaison service and relationships with WACHS GS stakeholders receiving services from CL

**Clinical Director GS Mental Health** are responsible for providing overall clinical governance for the clinical services delivered by employees of the GSMHS.

**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

Monitoring of compliance with this document is to be carried out by the Nurse Unit Manager, Authorised Psychiatric Unit, in consultation with key internal stakeholders using audit tools developed by the GSMHS Management Committee. Evaluation of this policy is to be carried out by the Great Southern Mental Health Service management committee.

Evaluation methods and tools may include:

- Staff feedback/consultation
- Carer and consumer feedback/consultation
- Survey
- Compliance monitoring
- Benchmarking
- Reporting against organisational targets

### 5. References

[Clinicians Practice Guide to the MH Act 2014](#) Edition 3

### 6. Definitions

Nil

## 7. Document Summary

<b>Coverage</b>	Albany Health Campus
<b>Audience</b>	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)
<b>Related Mandatory Policies / Frameworks</b>	<ul style="list-style-type: none"> <li>• MP 0155/21 <a href="#">State-wide Standardised Clinical Documentation for Mental Health Services</a></li> <li>• MP 0095/18 <a href="#">Clinical Handover Policy</a></li> <li>• MP 181/24 <a href="#">Safety Planning for Mental Health Consumers Policy</a></li> <li>• <a href="#">Clinical Governance, Safety and Quality Framework</a></li> <li>• <a href="#">Mental Health Policy Framework</a></li> </ul>
<b>Related WACHS Policy Documents</b>	<ul style="list-style-type: none"> <li>• <a href="#">Adult Psychiatric Inpatient Services – Referral, Admission, Assessment, Care, Treatment and Discharge Policy</a></li> <li>• <a href="#">Adults with Impaired Decision Making Capacity Procedure</a></li> <li>• <a href="#">Assessment and Management of Interhospital Patient Transfers Policy</a></li> <li>• <a href="#">Mental Health Care in Emergency Departments and General Wards Policy</a></li> <li>• <a href="#">Recognising and Responding to Acute Deterioration (RRAD) Policy</a></li> <li>• <a href="#">Patient Vehicle Access Procedure – Albany Hospital Acute Psychiatric Unit</a></li> </ul>
<b>Other Related Documents</b>	Nil
<b>Related Forms</b>	<ul style="list-style-type: none"> <li>• <a href="#">Inpatient Consultation Request Form (GS MR52A)</a></li> <li>• <a href="#">Mental Health Act 2014 Forms</a></li> <li>• <a href="#">DoH Statewide Standardised Clinical Documentation (SSCD) Suite</a></li> </ul>
<b>Related Training Packages</b>	Nil
<b>Aboriginal Health Impact Statement Declaration (ISD)</b>	ISD Record ID: 3450
<b>National Safety and Quality Health Service (NSQHS) Standards</b>	6.1, 6.8, 8.1, 8.3, 8.7, 8.8
<b>Aged Care Quality Standards</b>	Nil
<b>Chief Psychiatrist's Standards for Clinical Care</b>	<ul style="list-style-type: none"> <li>• Aboriginal Practice</li> <li>• Assessment</li> <li>• Care Planning</li> <li>• Risk Assessment and Management</li> </ul>

## 8. Document Control

Version	Published date	Current from	Summary of changes
3.00	11 June 2025	11 June 2025	<ul style="list-style-type: none"> <li>review of appendices to reflect current requirements of ETS</li> <li>inclusion of Aboriginal Mental Health services</li> </ul>

## 9. Approval

<b>Policy Owner</b>	Executive Director Great Southern
<b>Co-approver</b>	Executive Director Clinical Excellence Executive Director Mental Health
<b>Contact</b>	Regional Manager Mental Health
<b>Business Unit</b>	Great Southern Mental Health Service
<b>EDRMS #</b>	ED-CO-16-80150
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**This document can be made available in alternative formats on request.**

## Appendix A: Assessment of Mental Health Presentations to WACHS Great Southern AHC ED

### WA COUNTRY HEALTH SERVICE

#### Assessment of Mental Health Presentations to WACHS Great Southern Albany Health Campus (AHC) Emergency Departments (ED)

Patient presents to ED or admitted patient in a non-mental health bed and is triaged as per the **WACHS Patient Assessment and Management in the Emergency Department Policy** and **Safety Planning for Mental Health Consumers Policy**.



Assessment by responsible nurse and/or medical officer in ED/non-mental health unit.  
A physical and basic mental health assessment to be undertaken and documented.



Between hours 0800-2100 Monday to Friday contact the AHC Mental Health Liaison Nurse (MHLN) on **9892 2322**. If unavailable, contact the Consultation & Liaison Registrar or Consultant via switch between 0800-1700 weekdays



After hours or if there is no MHLN rostered then complete: a **Mental State Assessment and the Suicide Risk Assessment and Safety Plan Form (MR 46)**



Need for additional mental health assessment/advice identified then contact the on-call Consultant Psychiatrist via switch.

## Appendix B: Assessment of Mental Health Presentations to WACHS Great Southern MPS EDs

### WA COUNTRY HEALTH SERVICE

#### Assessment of Mental Health Presentations to WACHS Great Southern Multi-purpose Service (MPS) Emergency Departments (ED)

Patient presents to ED and triaged as per the **WACHS Patient Assessment and Management in the Emergency Department Policy** and **Safety Planning for Mental Health Consumers Policy**.



Assessment by responsible nurse and/or medical officer in ED.  
A physical and basic mental health assessment to be undertaken and documented.  
Mental State Assessment and Suicide Risk Assessment and Safety Plan Form (MR 46) are to be completed.



Need for additional mental health assessment/advice identified



Refer to Mental Health ETS  
Ph: 1800 422 190  
Fax: 1300 711 506  
Include: MR1 & MR46 if relevant, progress notes, name of treating clinician.