### WACHS Great Southern Albany Hospital

**Current From: 28 November 2022** 

### Mental Health Consultation and Liaison Service Procedure

# 1. Guiding Principles

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 Hospital. The Consultation Liaison (CL) team for the Albany Hospital 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 throughout the Albany Hospital regarding patients receiving medical or surgical care who have a co-morbid mental illness or who are experiencing symptoms of a psychiatric nature. Clinical governance is provided by a consultant psychiatrist.

The WACHS GS AHC Emergency Department (ED) Assessment of Psychiatric Presentations (<u>Appendix 1</u>) and the WACHS GS MPS ED Assessment of Psychiatric Presentations (<u>Appendix 2</u>) flowcharts provide guidance to ED's of the escalation pathways available for mental health patients.

#### 2.1 Referral Procedure

An Albany Hospital 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 (<u>GS MR 52A</u>) and emailing to <u>GreatSouthernMentalHealth-MHLN@health.wa.gov.au</u> which is monitored seven days per week.

### 2.2 Management of Patients in a non-mental health ward

# Patients with a primary or comorbid mental health diagnosis admitted in Albany Hospital under bed card of a Physician / Senior Medical Practitioner (SMP)

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 patient hard copy file and in Psychiatric Services On-line Information System (PSOLIS). Recommendations may include regular review and/or involvement from the Mental Health team.

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 <u>Clinical Handover Policy</u>) 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.

On discharge, the medical team is responsible for the completion of the Notifications and Clinical Summaries (NaCS) discharge summary.

# APU patients admitted under the bed card of a consultant psychiatrist 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 and the senior medical practitioner of the APU.

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

#### 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 <u>Mental Health Act 2014</u>, 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.

#### 2.3 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 and can be accessed via the MHLN (via reception, dial 9) between the hours of 08:30 to 22:30 daily, or via the APU (extension 2525) between 22:30 and 08:30 daily.

#### 3. Definitions

Nil

# 4. Roles and Responsibilities

**Regional Director of Medical Services**: To develop systems to ensure that all Visiting Medical Practitioners (VMPs), GPs and SMPs are provided with an orientation to the mental health consultation and liaison service.

**Regional Director of Nursing and Midwifery Services**: To assist with the evaluation of the Consultation and Liaison service and relationships with WA Country Health Service (WACHS) Great Southern (GS) stakeholders receiving services from CL.

Clinical Director and Manager GS Mental Health: To develop 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.

**Clinical Director GS Mental Health**: To provide overall clinical governance for the clinical services delivered by employees of the Great Southern Mental Health Service.

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

# 5. Compliance

This procedure included mandatory requirements under the <u>Mental Health Act 2014</u>.

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the <u>Integrity Policy Framework</u> issued pursuant to section 26 of the <u>Health Services Act 2016</u> (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 <u>Health Record Management Policy</u>.

#### 7. Evaluation

Monitoring of compliance with this document is to be carried out by the Clinical Nurse Manager, Authorised Psychiatric Unit, in consultation with key internal stakeholders using audit tools developed by the GSMHS Management Committee in consultation with key internal stakeholders.

#### 8. Standards

National Safety and Quality Health Service Standards - 6.1, 6.8, 8.1, 8.3, 8.7, 8.8 National Standards for Mental Health Services - 1.9, 1.12, 2.3, 2.9, 2.10, 4.5, 6.8, 7.1, 8.9, 9.1, 9.3, 9.5, 10.2.1, 10.2.3, 10.3.1, 10.3.3, 10.3.4, 10.3.6, 10.3.7

## 9. Legislation

Mental Health Act 2014

#### 10. References

Clinicians Practice Guide to the MH Act 2014 Edition 3

#### 11. Related Forms

Inpatient Consolation Request Form (GS MR 52A)

Mental Health Act 2014 Forms

Statewide Standardised Clinical Documentation (SSCD) Suite

# 12. Related Policy Documents

WACHS <u>Adult Psychiatric Inpatient Services – Referral, Admission, Assessment, Care, Treatment and Discharge Policy</u>

WACHS Adults with Impaired Decision Making Capacity Procedure

WACHS Assessment and Management of Interhospital Patient Transfers Policy

**WACHS Medical Practitioners Manual** 

WACHS Mental Health Care in Emergency Departments and General Wards Policy

WACHS Recognising and Responding to Acute Deterioration (RRAD) Policy

WACHS Great Southern <u>Patient Vehicle Access Procedure – Albany Acute Psychiatric</u> Unit

### 13. Related WA Health System Policies

MP 0155/21 <u>State-wide Standardised Clinical Documentation for Mental Health Services</u>

MP 0101/18 <u>Clinical Care Of People With Mental Health Problems Who May Be At Risk of Becoming Violent or Aggressive Policy</u>

MP0074/17 Clinical Care of People Who May Be Suicidal Policy

MP 0095 Clinical Handover Policy

# 14. Policy Framework

Mental Health Policy Framework

# 15. Appendices

Appendix 1: Assessment of Mental Health Presentations to WACHS Great Southern AHC ED

Appendix 2: Assessment of Mental Health Presentations to WACHS Great Southern MPS EDs

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

Contact:	Régional Manager Mental Health Service – Great Southern		
Directorate:	Mental Health	EDRMS Record #	ED-CO-16-80150
Version:	2.00	Date Published:	28 November 2022

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the *Copyright Act 1968*, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.

Printed or saved electronic copies of this policy document are considered uncontrolled. Always source the current version from <u>WACHS HealthPoint Policies</u>.

Date of Last Review: November 2022 Page 5 of 7

# **Appendix 1: 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 Department (ED)

Patient presents to ED and triaged as per the WACHS Clinical Practice Standard-Triage, Assessment and Management in Emergency Departments or admitted patient in AHC to non-mental health bed/unit



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

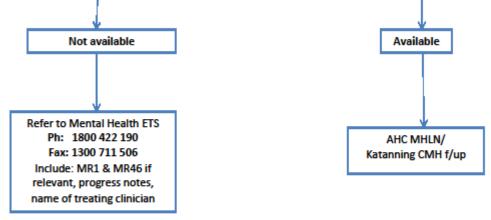
WACHS Mental Health Care in Emergency Departments and General Wards Policy WACHS GS AHC Discharge from the Emergency Department of Patients with Mental Health Symptoms Procedure

Created by: Regional Manager GSMHS 11/08/2022 GSMHS Safety & Quality Governance Committee 11/08/2022 Review Date: 11/08/2024

ED-GS-22-340499

# Appendix 2: 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 Clinical Practice Standard-Triage, Assessment and Management in Emergency Departments Assessment by 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 All MPS sites except Katanning -to contact Albany Health Campus (AHC) Mental Health Liaison Nurse (MHLN) if available (0800 - 2130) ph. 98922322. Katanning ED (during business hrs ) to contact Katanning Community Mental Health (CMH) service.



Created by: M Wells WACHS GS Mental Health Service. Date 13/10/2020

Endorsed: WACHS Great Southern MPS Managers Committee

Date: 4/11/2022

Review Date: 4/11/2022 ED-GS-20-40479

Printed or saved electronic copies of this policy document are considered uncontrolled. Always source the current version from <u>WACHS HealthPoint Policies</u>.

Date of Last Review: November 2022 Page 7 of 7