



Community Mental Health Status Assessments: Role of Mental Health Clinician Policy

1 Purpose

The purpose of this Policy is to ensure that all mental health assessments undertaken in the community are conducted by mental health clinicians where it is safe to do so. Where it is unsafe for mental health clinicians to conduct a community mental health assessment, the Health Service Provider must provide all required assistance to the police, the ambulance service, Transport Officers, the patient and the associated family/carers to ensure that the required mental health assessment is made by a mental health clinician.

This Policy also addresses recommendations made by the WA State Coroner to the Department of Health (the Department) that community mental health status assessments should be conducted by mental health clinicians.

Mental health clinicians must have regard to the National Safety and Quality Health Service Standards (2nd Edition) (NSQHSS) and the Chief Psychiatrist's Standards for Clinical Care, particularly the Assessment standard item 5, 'Assessments are conducted by mental health clinicians and where possible in the consumer's preferred setting with consideration for the safety of all involved'; and the Risk Assessment and Management standard.

This Policy is a mandatory requirement under the *Mental Health Policy Framework* pursuant to section 26(2)(a) and (c) of the *Health Services Act 2016*.

This Policy supersedes OD 0644/16 – *Community Mental Health Welfare Checks: Role of Mental Health Clinicians*.

This policy must be read in conjunction with the following:

- MP 0086/18 *Recognising and Responding to Acute Deterioration Policy*.
- MP 0074/17 *Clinical Care of People Who May Be Suicidal Policy*.
- MP 0101/18 *Clinical Care of People With Mental Health Problems Who May Be At Risk of Becoming Violent or Aggressive Policy*.
- MP 0012/16 *Missing Person Policy*.
- MP 0155/21 *State-wide Standardised Clinical Documentation for Mental Health Services*.
- MP 0063/17 *Requesting Road-Based Transport for Mental Health Patients Subject to Transport Orders Policy*.

2 Applicability

This Policy is applicable to the Child and Adolescent Health Service, East Metropolitan Health Service, North Metropolitan Health Service, South Metropolitan Health Service and WA Country Health Service.

To the extent that the requirements contained within this Policy are applicable to the mental health services purchased from contracted health entities, all Health Service Providers providing mental health services are responsible for ensuring these requirements are accurately reflected in the relevant contract and managed accordingly.

3 Policy requirements

3.1 Community mental health assessment

Where a mental health clinician conducting a community mental health assessment identifies risks in relation to self, to others and/or from others (in accordance with the Chief Psychiatrist's Risk Assessment and Management standard item 1), the person must be provided with appropriate treatment, or referred to an appropriate health or support service to access appropriate physical treatment or social support, in a timeframe appropriate to the level of risk and urgency of the identified need.

If health service staff identify concerns regarding the mental state of a patient in the community, they must make a referral for the relevant mental health service in the relevant provider/catchment to undertake a community mental health status assessment. This assessment should be undertaken by a mental health clinician as soon as practicable.

Where appropriate to do so, health service staff should attempt to contact the patient and suitable family/next of kin. If initial contact cannot be made or is inappropriate to be made via telephone or electronic means, health service staff should make other reasonable attempts to ensure a timely mental health assessment.

3.2 Requests by Mental Health Clinicians for Assistance from Transport Officers, Police and Ambulance Services (if required).

Where a mental health clinician forms a reasonable belief that a patient being treated in the community is at significant risk of harm to self or others (including mental health staff), the mental health clinician must take all appropriate steps to prevent significant harm and treat the matter as a high priority.

- Transport officer, ambulance services and police assistance must be requested as appropriate to the identified risk and clinical need.
- WA Police Force assistance must only be requested when the patient continues to pose a significant imminent risk of harm to themselves or to another person after the application of appropriate clinical management strategies to mitigate significant transport risks.
- The requesting mental health clinician must manage identified transport risks while awaiting attendance by the WA Police Force.
- A mental health clinician must place high priority on working in coordination with the transport officer, ambulance services and police to provide all appropriate assistance in effecting the mental health assessment of the patient without placing themselves at risk.

If a mental health clinician conducting a community mental health assessment makes a Referral for Examination by Psychiatrist (Form 1A) order under the *Mental Health Act 2014*, or causes one to be made, transport for the person subject to the Form 1A must be arranged in accordance with MP 0063/17.

In regional or remote settings where there may not be a mental health clinician permanently stationed in the area, or where there are no designated after-hours outreach mental health services, the WA Country Health Service must have clearly articulated arrangements for persons in the community requiring a mental health assessment to be assessed by a mental health clinician. These arrangements must be developed and documented in collaboration with all relevant parties, including but not limited to the WA Police Force and local health services and ambulance services.

3.3 Externally Requested Community Mental Health Status Assessments

When a mental health assessment of a person is requested by a third party (including, but not limited to an individual or organisation in the community), a 'person-centred' response to the referrer (in accordance with the intent of NSQHSS Standard 2, Partnering with consumers) must be provided within response times appropriate to the identified clinical risk and urgency of clinical need.

The understanding of the third-party referrer must be given appropriate weight. Thus, if a knowledgeable third-party referrer (e.g. a family member or carer who knows the person very well) expresses significant concern regarding the person's risk of harm to self or others and states that the matter is urgent, the mental health clinician receiving the request must afford this information significant weight in prioritising an urgent service response. In most cases, this will involve an urgent face to face mental health assessment.

Where a third-party referrer expresses inability to transport the person to a place of assessment in the case of significant concern, the responsibility sits with the mental health clinician receiving the request to facilitate an urgent mental health assessment.

In many cases, simply advising the third-party referrer to call the police or an ambulance is inappropriate except in a physical medical emergency or when there is an immediate risk of harm to others. The mental health clinician receiving the request must consider the capacity of the third-party referrer to contact the police or ambulance. If the third-party referrer will face significant barriers to calling emergency services, the mental health clinician receiving the third-party referral must contact the ambulance service or police on behalf of the referrer. Mental health services must make every effort to ensure timely mental health co-attendance at the site with the police or ambulance, unless the situation is a physical emergency requiring an immediate high priority transfer or a situation where a mental health clinician's presence may be inappropriate (e.g. a siege).

If the mental health clinician determines that a community mental health assessment is not required, the reasons for that decision must be explained to the third-party referrer, documented appropriately (in accordance with MP 0155/21), and the relevant Community Team Leader/Clinical Director must be advised of the reasons for the decision. The mental health clinician must provide the third-party referrer with assistance in arranging further assessment, treatment and/or referral to other services as appropriate.

4 Compliance monitoring

Health Service Providers must ensure compliance with this Policy. Health Service Providers must provide the following information on an annual basis by the end of June via email to the Mental Health Unit, Clinical Excellence Division; mhu@health.wa.gov.au:

- A copy of Health Service Provider Policy(ies) and procedure(s) relating to the management of community mental health status assessments.
- A copy of the evidence of compliance with the above policies and procedures that is supplied to the Health Service Provider's Board.

The Mental Health Unit may, from time to time, source information from collateral sources (e.g. the Department of Health's Purchasing and Contracting Unit, the WA Police Force, and the Office of the Chief Psychiatrist) to evaluate the effectiveness of this Policy.

5 Related documents

N/A

6 Supporting information

The following information is not mandatory but informs and/or supports the implementation of this Policy:

- [Coroner's Court of Western Australia, Record of Investigation into Death 30 March 2012. Ref No. 27/11. Recommendations 3-6 \(Office of the State Coroner Annual Report 2011-12, pages 51-57\)](#)

7 Definitions

The following definition(s) are relevant to this Policy.

Term	Definition
Ambulance service	Delivery of pre-hospital emergency care to those with acute medical problems and for non-emergency transportation of patients. Includes St John Ambulance and Wilson Medic One.
Mental health clinician	A mental health clinician for the purpose of this guideline includes psychiatric registrars; consultant psychiatrists; authorised mental health practitioners; and community mental health multi-disciplinary team members.
Mental Health Status Assessment	A Mental Health Status Assessment for the purpose of this Policy is undertaken to determine: if there is a significant risk to the person or another person if treatment was not provided, whether the person is well enough to be able to make a decision about their own treatment, whether or not an involuntary treatment order is appropriate in the circumstances, or if there is a less restrictive way of providing treatment.
Police	Western Australia Police Force

8 Policy contact

Enquiries relating to this Policy may be directed to:

Title: Program Manager, Mental Health Unit
Directorate: Governance and System Support
Email: mhu@health.wa.gov.au

9 Document control

Version	Published date	Effective from	Review date	Amendment(s)
MP 0099/18	22 November 2018	22 November 2018	May 2020	Minor
MP 0099/18 v.2.0	17 June 2021	17 June 2021	June 2024	Major Amendment (details below)
<ul style="list-style-type: none">• Included references to the National Safety and Quality Health Service Standards, the Chief Psychiatrist's Standards for Clinical Care and to six other mandatory policies within the <i>Mental Health Policy Framework</i>.• Specify which HSP's the Policy applies to;• Specify the role of Transport Officers and;• Strengthen the System Manager's monitoring of Policy compliance.• As a full Policy review was undertaken, a new review cycle will now begin.				
MP 0099/18 v.2.1	23 August 2023	23 August 2023	June 2024	Amendments as listed below.
Policy contact updated from Patient Safety and Clinical Quality Directorate to Governance and System Support Directorate due to the Mental Health Unit transferring from the Clinical Excellence Division to the Strategy and Governance Division.				

10 Approval

Initial approval	Dr David Russell-Weisz, Director General, Department of Health
	13 November 2018
Current version approved	Dr James Williamson, Assistant Director General, Clinical Excellence Division, Department of Health
	8 June 2021

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