



Mental Health Emergency and Follow Up Information on Discharge from Hospital Emergency Departments Policy

1. Purpose

The *Mental Health Emergency and Follow Up Information on Discharge from Hospital Emergency Departments Policy* (the Policy) ensures that patients who present to Hospital Emergency Departments for mental health reasons are offered written mental health emergency and follow up information on discharge.

The purpose of this Policy is to fulfil three of the Deputy State Coroner's Recommendations included in the "*Review of admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia*" (Stokes, 2012):

- 7.10.4: Where a person has undergone risk assessment in an ED [hospital emergency department] and is not to be admitted to any facility but referred to a CMHS (community mental health service), the person and their carer are to be provided with written advice as to their relevant CMHS and contact numbers and their proposed management plan and relevant time frames.
- 7.10.5: The contact numbers should include 24-hour service emergency numbers and people should be advised that these can be accessed by anybody at any time and trained workers, who have the ability to call out emergency teams if necessary, will respond. These should be a reality.
- 7.10.7: No person should leave an ED without being provided with written advice as to who to contact in case of crisis.

This Policy supersedes *Provision of Mental Health Emergency, Crisis and Follow Up Information on Discharge from Hospital Emergency Departments Information Circular 0223/15* and is a mandatory requirement under the *Mental Health Policy Framework*.

2. Applicability

This Policy is applicable to Hospital Emergency Department services provided by the North Metropolitan Health Service, South Metropolitan Health Service, East Metropolitan Health Service, Child and Adolescent Health Service, Western Australian Country Health Service and Contracted Health Entities providing Hospital Emergency Department services to the extent that this Policy forms part of the contract.

3. Policy requirements

Relevant Health Service Providers and Contracted Health Entities are required to develop their own procedures to address the requirements of this Policy.

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Relevant Health Service Providers and Contracted Health Entities providing Hospital Emergency Department services must offer the following patients with written mental health emergency and follow up information on discharge from Hospital Emergency Departments:

1. Patients who present to the emergency department for mental health assessment.
2. Patients who present to the emergency department for mental health treatment.
3. Patients who present to the emergency department with mental health-related concerns.

The written mental health emergency and follow up information must include the following:

- The contact numbers for 24 hour specialised mental health emergency response services.
- If the individual is being referred to another service for mental health care, the name and contact details of that service and, if possible, written information regarding an appointment date and time.
- If an appointment with the referred service for mental health care cannot be made at discharge, the name, contact number, address and normal opening hours of that service.
- A space for a health professional or patient to record a future appointment date and time.

The above written mental health emergency and follow up information should also be offered to the patient's carer or family member, if they also present with the person at a Hospital Emergency Department. However, personal information must only be provided to the patient's carer or family member if the patient has consented to this disclosure, or where this disclosure is permitted by law.

A brief summary of the actions taken in relation to this Policy's requirements must be documented within the patient record by the responsible health professional. If the responsible health professional decides that it is inappropriate to provide the patient and/or their carer or family member with written information, the reasons for this must also be documented within the patient record.

4. Compliance, monitoring and evaluation

Relevant Health Service Providers and Contracted Health Entities are responsible for implementing this Policy and monitoring compliance.

The System Manager may audit Health Service Providers to assess compliance with this Policy by requesting information about the written emergency and the follow up information provided to patients on discharge from Hospital Emergency Departments and the procedures developed to implement this Policy's requirements.

The System Manager may evaluate the effectiveness of this Policy via a survey with Hospital Emergency Department mental health staff.

5. Related documents

The following documents are required to give affect to this policy (i.e. the documents included are mandatory):

- N/A

6. Supporting information

The following documents inform this policy (i.e. documents that are not mandatory to the implementation of this policy but may support the implementation of the policy):

- *Review of admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia* (Stokes Review, 2012).

7. Definitions

The following definitions are relevant to this policy.

Term	Definition
Mental Health Emergency Response Services	Services providing individuals, families/carers, members of the general public or health professionals involved in a mental health emergency with support, specialist intervention, assessment and referral to a local mental health service.
Health Professional	A person who is a health practitioner registered under the <i>Health Practitioner Regulation National Law (WA) Act 2010</i> or is in a class of persons prescribed as a health professional under the <i>Health Services Act 2016</i> (section 6).
Patient	Means a person who has been, is being, or will or may be provided with health treatment or care under the <i>Health Services Act 2016</i> (section 6).

8. Policy owner

Assistant Director General System Policy and Planning

Enquiries relating to this policy may be directed to:

Title: Program Manager, Mental Health Unit

Division: System Policy and Planning

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9. Review

This mandatory policy will be reviewed and evaluated as required to ensure relevance and recency. At a minimum it will be reviewed within 3 years after first issue and at least every 3 years thereafter.

Version	Effective from	Effective to	Amendment(s)
MP0070/17	04 October 2017	04 October 2020	Original version

The review table indicates previous versions of the mandatory policy and any significant changes.

10. Approval

This mandatory policy has been approved and issued by the Director General of the Department of Health.

Approval by	Rebecca Brown, Acting Director General, Department of Health
Approval date	2, October, 2017
Published date	4, October, 2017
RMR#	F-AA-54146

Before referencing this mandatory policy please ensure you have the latest version from the [Policy Frameworks](#) website.



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