



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

1. Purpose

The purpose of this Policy is to ensure that community mental health status assessments undertaken by WA Government-funded healthcare services are conducted by mental health clinicians where required to identify further care needs of mental health patients.

This Policy covers community mental health status assessments in the following situations:

- community outreach by mental health clinicians;
- requests by mental health clinicians for assistance from a police or an ambulance service;
- community mental health status assessments requested by external parties, where there are concerns about the mental health and/or physical state of an individual, regardless of the acuity of the individual.

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.

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

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

2. Applicability

This Policy is applicable to Health Service Providers providing mental health services and Contracted Health Entities providing mental health services to the extent that this Policy forms part of the contract.

3. Policy requirements

3.1 Community Mental Health Status Assessments by Mental Health Clinicians

There are many circumstances in which health services staff will have concerns about a mental health patient in the community, and where community outreach is appropriate. This may include, but is not limited to, circumstances where:

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- there is concern regarding the welfare of a community mental health patient, or a mental health inpatient on approved leave from the hospital; or
 - a community mental health patient misses one or more outpatient appointments and/or cannot be contacted/located at their usual residence; or
 - an inpatient from a mental health service on approved leave from the hospital does not return at the specified time; or
 - an inpatient from a mental health service is missing from the hospital.

As well as a potentially deteriorated mental state or risk, e.g. self-harm / harm to others, concern for the welfare of these patients may also extend to a physical illness, injury or condition. In these cases, patients should be referred to an appropriate provider of health service as soon as practicable for the treatment of the physical illness, injury or condition.

If health service staff identify concerns regarding the mental health 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 must be undertaken by a mental health clinician as soon as practicable.

Where appropriate to do so, health service staff must 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 must make other reasonable attempts to ensure a timely assessment of the patient in order to clarify the need for specific psychiatric or medical intervention.

3.2 Requests by Mental Health Clinicians for Assistance from Police and/or an Ambulance Service

If health service staff have concerns about the current welfare of a patient in the community, but checking on the patient poses a risk to the clinician or to any other person present; they must request police and/or ambulance assistance.

Police and/or ambulance assistance must be requested by the mental health clinician in the following circumstances:

- when there is a genuine and immediate risk of self-harm and injury to any person; or
- a person is violent or threatening towards the clinician or any other person; or
- a person is causing significant damage to property and if not contained, may cause further damage; or
- a person has a relevant known criminal history and/or is believed to have committed an offence; or
- a person present is armed with any weapon, or believed to be armed; or
- there are other parties present who pose a threat; or are abusive or violent towards the clinician or any other person; or
- the clinician has knowledge or experience of a person's recent prior history of violence and a police presence is reasonably necessary for the clinician's safety; or
- the clinician believes that due to the geographical location, isolated location, time of day or nature of the situation, a police presence is reasonably necessary for the safety of all persons involved.

Mental health clinicians must not attempt to conduct a community mental health status assessment in the absence of police attendance if any of the above circumstances exist.

In a life-threatening emergency situation where it is clear that police will reach the location first, mental health clinicians must attempt to join the police promptly, and provide all appropriate assistance as requested by police. Urgent ambulance attendance must be requested by the mental health clinician in life-threatening emergency situations.

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 a clearly articulated local arrangements for persons requiring a Community Mental Health Status Assessment. These arrangements must be documented and understood by all relevant parties, including local police and ambulance services.

3.3 Externally Requested Community Mental Health Status Assessments

When a Community Mental Health Status Assessment is requested by a concerned person or another organisation (e.g. NGOs), the Health Service Providers or Contracted Health Entities must provide all required assistance, as appropriate, to the police, ambulance service, the patient and the associated family/carers.

The form and urgency of assistance will be determined through consultation between the mental health service and the requesting person/organisation.

Assistance may include:

- mental health clinician attendance,
- mental health service coordination,
- the provision of relevant mental health advice,
- attendance by a mental health clinician to conduct a Community Mental Health Status Assessment.

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 requestor, documented by the clinician, and the relevant Community Team Program Manager must be advised of the reasons for the decision.

Clinicians receiving a call from a community member must provide assistance. In cases where it is clear the caller may struggle to facilitate care themselves, and/or where there is significant knowledge of the risk profile of the individual in question, simply advising the caller to contact police or ambulance is not adequate. The health service staff receiving the call must contact the ambulance service or police in instances where the caller's capacity, mental state or proximity to the at-risk patient may make it extremely difficult for them to call or engage the police and/or ambulance.

4. Compliance monitoring

Applicable Health Service Providers are responsible for ensuring and monitoring their own compliance with this Policy. Health Service Providers are also responsible for monitoring

compliance with this Policy by any Contracted Health Entities as part of the Health Service Provider/Contracted Health Entity contractual agreement.

The System Manager will monitor Health Service Providers' compliance with this Policy. As part of this monitoring, the System Manager may:

- Source data from the police on the following performance indicator associated with the requirements of section 3:
 - Number of requests for an acute community mental health status assessment of a person where a mental health clinician did not accompany the police attendance.

The System Manager will periodically evaluate the effectiveness of this policy. As part of these evaluations, the System Manager may:

- Monitor routine data sources that may be already available to the System Manager from the Department of Health's Mental Health Data Collection.
- Evaluate this Policy through surveys of personnel from relevant Health Service Providers, police and ambulance services.

5. Related documents

The following documents are mandatory pursuant to this Policy:

- N/A

6. Supporting information

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

- Office of the State Coroner (WA), Coroner's Report 30 March 2012. Ref No. 27/11, Recommendations 3 – 6.

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.
Mental Health Clinician	A Mental Health Clinician for the purpose of this policy includes Psychiatric Registrars and Consultants and Authorised Mental Health Practitioners.
Community Mental Health Status Assessment	<ul style="list-style-type: none">• A Community Mental Health Status Assessment (sometimes called a 'welfare check' for the purpose of this policy) is an assessment performed by a Mental Health Clinician to determine the presence of a mental health problem or illness and, if there is a significant

	<p>risk to the person or another person if treatment is not provided, whether the person is well enough to be able to make a decision about their own treatment, and whether or not an involuntary treatment order is appropriate in the circumstances, or if there is a less restrictive way of providing treatment.</p> <ul style="list-style-type: none"> • A police conducted welfare check is not a substitute for a Community Mental Health Status Assessment conducted by a mental health clinician.
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8. Policy contact

Enquiries relating to this Policy may be directed to:

Title: Mental Health Unit, Patient Safety & Clinical Quality
 Directorate: Clinical Excellence Division
 Email: mhu.csd@health.wa.gov.au

9. Document Control

Version	Published date	Effective from	Review date	Amendment(s)
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10. Approval

Approval by	Dr David Russell-Weisz, Director General, Department of Health
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