

Patient Matters Manual for Public Health Organisations

Chapter 13 – Mental Health

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Note

Where a number appears at the bottom of an amended page [such as 252 (17/09/15) – amendment number, date] an alteration has been made or new section included. Amendment numbers are sequential, the date represents the date the source document was published on the Policy Distribution System (PDS).

Below is a summary of each policy document. To navigate to the complete policy document, click the hyperlink in the Table of Content or under each policy document title.

Seclusion and Restraint in NSW Health Settings

Document number [PD2020_004](#) rescinds PD2012_035, PD2015_004.

POLICY STATEMENT

NSW Health's commitment to preventing seclusion and restraint aims to improve safety for people accessing public health services and staff.

This Policy Directive outlines the principles, values and procedures that underpin efforts to prevent, reduce and, where safe and possible, eliminate the use of seclusion and restraint in NSW Health settings.

SUMMARY OF POLICY REQUIREMENTS

This policy applies to all NSW Health staff working in all NSW public health settings.

Seclusion and restraint must only be used as a last resort, after less restrictive alternatives have been trialled or considered. The principle of least restrictive practice is common across all settings. It means NSW Health staff will maximise a person's choices, rights and freedom as much as possible while balancing healthcare needs and safety for all.

The safety of staff must be maintained at all times, including during the planning, initiation, undertaking, monitoring and cessation of the seclusion and restraint of a person.

NSW Health services must have systems that:

- minimise and, where possible, eliminate the use of seclusion and restraint
- govern the use of seclusion and restraint in accordance with legislation
- report use of seclusion and restraint to the governing body.

All local health districts, specialty health networks and NSW Ambulance must have local procedures in place that are consistent with the principles and requirements identified in this policy by July 2020.

NSW Health districts and networks and NSW Ambulance must develop, implement and annually review a service level action plan to prevent, reduce and, where safe and possible, eliminate the use of seclusion and restraint, in collaboration with staff, those accessing health services, carers and families.

327 (06/03/20)

Aggression, Seclusion & Restraint in Mental Health Facilities - Guideline Focused Upon Older People

Document number [GL2012_005](#).

Guideline for implementation in mental health settings focussed upon older people

PURPOSE

This document provides guidance about caring for older people whose behaviour can potentially cause harm.

KEY PRINCIPLES

The key principles outlined in the Australian National Seclusion and Restraint Project (2009) *National Suite of Documentation* guide this document. These principles are summarised below and detailed in PD2012_035 Appendix 3.

Principle 1: Protection of fundamental human rights

Principle 2: Protection against inhumane or degrading treatment

Principle 3: Right to highest attainable standards of care

Principle 4: Right to medical examination

Principle 5: Documentation and notification

Principle 6: Right to appropriate review mechanisms

Principle 7: Compliance with legislation and regulations

USE OF THE GUIDELINE

This guideline may be used in mental health facilities in NSW focussed upon older consumers. It can be applied to the care of older people in all mental health units. It is designed to be read in conjunction with PD2012_035 Aggression, seclusion and restraint: Preventing, minimising and managing disturbed behaviour in mental health facilities in NSW.

157 (28/06/12)

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HEALTHPLAN - Mental Health Services Supporting Plan

Document number [GL2012_006](#).

PURPOSE

The attached plan is the NSW Health Mental Health Services Supporting Plan to the NSW Health Services Functional Area Disaster Plan (NSW HEALTHPLAN) developed pursuant to the State Emergency and Rescue Management Act 1989 (as amended).

This plan identifies the emergency management arrangements necessary for the coordination of mental health services at State level when HEALTHPLAN is activated in response to a range of Emergency situations.

The arrangements in this plan will also provide guidance for the preparation of the Local Health Districts.

KEY PRINCIPLES

The plan outlines the agreed roles and functions for the mental health services component of NSW Health being one of the five major contributing health service components that constitutes a whole of health response incorporating an all hazards approach.

The plan identifies recommended actions under four emergency management phases: Prevention, Preparation, Response and Recovery. Actions under the Prevention and Preparation phases are recommended to be carried out on a continual basis. Actions under the Response and Recovery phases are recommended to be carried out once the Mental Health Services Supporting Plan has been activated by the State Health Services Functional Area Coordinator (HSFAC).

USE OF THE GUIDELINE

Responsibilities of key parties are detailed in Part Two of the Mental Health Services Supporting Plan. The plan should be communicated to those with roles and responsibilities under this plan and the HEALTHPLAN.

157 (28/06/12)

158 (05/07/12)

Clinical care of people who may be suicidal

Document number [PD2022_043](#) rescinds PD2016_007.

POLICY STATEMENT

Mental health services and clinicians have a particular responsibility and skills in assessing, advising and implementing effective strategies that aim to prevent suicide, including facilitating access to appropriate care.

The requirements of this Policy Directive apply specifically to the specialist mental health workforce providing clinical care across community, inpatient and emergency settings and in collaboration with other health professionals and the individual's support network.

SUMMARY OF POLICY REQUIREMENTS

NSW Mental Health Services are to implement processes consistent with the requirements of this Policy Directive to ensure the provision of timely evidence-based clinical care of people at risk of suicide in NSW Health services.

All NSW Health staff have a role in identifying and responding to people who may be suicidal.

Local Health District and Specialty Health Network Chief Executives and Health Service Executives need to assign responsibility, personnel and resources to implement and provide line managers with support to mandate this Policy in their areas.

Ensure that local protocols are in place in each facility to support implementation and ensure that all mental health service staff are aware of the requirements.

NSW mental health services and clinicians are to meet minimum standards for the clinical care of people who may be suicidal which includes the key components of:

- Identification: the early identification of suicide risk, including subsequent triage and interim observational management followed by timely and appropriate referral for further assessment.
- Assessment: the comprehensive mental health assessment of people presenting with, or identified as possibly having, suicidal thoughts or behaviour. Assessment includes but is not limited to appropriate supervisory consultation and documentation of mental state, assessment and risk formulation, safety planning, treatment, suicide care planning, review, transition and handover, and any other actions and precautions taken as an outcome of those assessments.
- Formulation: synthesising and documenting information collected during the assessment to develop an understanding of the person and their circumstances to inform care planning such as appropriate interventions and treatment.
- Brief intervention: activities that can be enacted immediately to help to ensure a person is safe and better able to manage suicide risk.
- Treatment: refers to the care, therapies and resources that support a person to address their suicidality directly and is documented in a comprehensive care plan, in consultation with the person and their support system.
- Transition and discharge: Follow-up at transition and post-discharge is to be incorporated into the care plan, including timing, frequency and modality as these stages represent times of potential increase in suicide risk.

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Processes and protocols for the clinical care of people who may be suicidal are to align with requirements for incident management, open disclosure and mental health clinical documentation where applicable.

Local Health District and Specialty Health Network policies, procedures and standards need to be developed in consultation with the Mental Health Branch, NSW Ministry of Health to ensure they are consistent with all relevant state-wide policies, procedures and guidelines referenced in this document.

Health services are to ensure that all staff undertake appropriate education and training.

344 (16/09/22)

Sexual Safety - Responsibilities and Minimum Requirements for Mental Health Services

Document number [PD2013_038](#).

PURPOSE

This Policy Directive outlines the minimum requirements to be met in relation to establishing and maintaining the sexual safety of mental health consumers and responding appropriately to incidents that breach or compromise this safety.

It should be read in conjunction with the NSW Health *Sexual Safety of Mental Health Consumers Guidelines* GL2013_012. The Guidelines, which support this Policy Directive, provide comprehensive information and advice regarding how mental health services can improve the sexual safety of consumers. The Guidelines should be used to ensure the broad, overarching responsibilities of mental health services outlined within this Policy are met.

MANDATORY REQUIREMENTS

Attachment 1 nominates those requirements that are mandatory for mental health services to meet in relation to the sexual safety of mental health consumers.

These requirements provide clear direction to mental health services regarding a baseline for the establishment and maintenance of the sexual safety of the consumers who use their service. All services are required to build on this baseline utilising the *Sexual Safety of Mental Health Consumers Guidelines* GL2013_012.

IMPLEMENTATION

Implementation of this policy and its requirements will be an iterative process over two years, with six-monthly milestones and reporting should occur as per the requirements outlined at 5.2 in the *Responsibilities and Minimum Requirements for Mental Health Services*.

The Local Health District (LHD) has responsibility for ensuring that:

BY JUNE 2014

- All line managers clearly understand they are accountable for effective implementation of the processes required to meet the outlined responsibilities of this Policy Directive.
- Structures are established to appropriately implement this Policy Directive.
- Lead staff member and champions nominated to drive implementation of the Guidelines and Policy Directive at LHD level.
- Consultation is undertaken with staff, consumers and carers to identify training/education needs and this information is provided to the Mental Health and Drug & Alcohol Office (MHDAO).

BY JUNE 2015

- This Policy Directive is successfully implemented within the LHD, as per the requirements outlined in this Policy Directive at 6 - Implementation.
- Policies and procedures are developed to ensure the requirements of this Policy Directive are met.
- Regular file audits are undertaken to monitor compliance with this Policy Directive.

The Mental Health and Drug and Alcohol Office (MHDAO) has responsibility for ensuring that:

BY JUNE 2014

- Hard copies of the Sexual Safety of Mental Health Consumers Guidelines GL2013_038 are printed and readily available.
- The availability of the above Guidelines, any associated resources and training is promoted to Local Health Districts.
- A training needs assessment is completed with LHDs to support the implementation of this Policy.

BY JUNE 2015

- A training framework is developed and implemented, in consultation with LHDs, to support mental health staff to implement this Policy Directive.
- Implementation of this Policy Directive is monitored, in accordance with the reporting requirements for LHDs.

192 (14/11/13)

Sexual Safety of Mental Health Consumers Guidelines

Document number [GL2013_012](#) rescinds GL2005_049.

PURPOSE

The Sexual Safety of Mental Health Consumers Guidelines provide practical information, advice and strategies to help mental health services maintain the sexual safety of mental health consumers and respond appropriately to incidents that breach or compromise this safety. Sexual safety refers to the recognition, maintenance and mutual respect of the physical (including sexual), psychological, emotional and spiritual boundaries between people.

These Guidelines should be read in conjunction with Policy Directive PD 2013_038, which mandates the minimum requirements that must be met in this regard.

KEY PRINCIPLES

The key principles in these Guidelines, and the associated Policy Directive, are listed below.

1. All mental health consumers are entitled to be sexually safe.
2. Mental health services take appropriate action to prevent and appropriately respond to sexual safety incidents.
3. Mental health services support mental health consumers to adopt practices and behaviours that contribute to their sexual safety, both within the mental health service environment and within the community.
4. Mental health services develop individual sexual safety standards appropriate for their particular setting, in collaboration with all members of the service including staff, consumers, carers, clinicians, advocates etc.
5. The physical environment of the mental health service takes account of the need to support the sexual safety of mental health consumers in its layout and use, particularly in regard to gender sensitivity.
6. Mental health consumers, and their families, carers and advocates, are given access to clear information regarding the consumer's rights, advocacy services, and appropriate mechanisms for complaints and redress regarding sexual safety issues.
7. Mental health service staff and clinicians foster a compassionate and open culture that encourages reporting of incidents relating to the sexual safety of mental health consumers.
8. Disclosures from mental health consumers about incidents that compromise or breach their sexual safety are taken seriously and addressed promptly and empathetically, regardless of the identity or affiliation of the alleged perpetrator, and with the utmost regard for the complainant's privacy and dignity, past trauma, cultural background, gender, religion, sexual identity, age and the nature of their illness.
9. Mental health service staff are provided with training and education to enable them to:
 - a. Effectively promote strategies to support sexual safety and prevent sexual assault and harassment
 - b. Respond appropriately and sensitively to sexual safety issues involving mental health consumers, both within the service environment and within the community
 - c. Integrate trauma-informed care principles into all aspects of treatment.
10. Mental health consumers are supported to access education to enable them to:

- a. Effectively recognise and respond to behaviours, both their own and other people's, that may compromise or breach their own or another person's sexual safety
- b. Develop self-protective behaviours
- c. Establish and maintain good sexual health.

USE OF THE GUIDELINE

These Guidelines apply to NSW Health services providing specialist mental health care in all settings including acute inpatient, non-acute inpatient, rehabilitation and community, and staff working for such services.

Where a service has a mix of acute and non-acute consumers in the one unit or facility, it is the responsibility of the service to ensure they implement these Guidelines and the associated Policy Directive in a way that addresses this mix.

The scope of the Guidelines does not extend to providing practical and detailed guidance about how services can best manage issues relating to sexual activity involving consumers. Services are encouraged to develop their own local policies and protocols in relation to this area, being mindful of the policy approach advocated within these Guidelines regarding the right of consumers to express their sexuality safely and respectfully in the appropriate settings.

The Policy Directive outlines a number of Responsibilities and Minimum Requirements for:

- all Mental Health Services, (pg 11)

with additional Responsibilities and Minimum Requirements specific to:

- acute inpatient mental health settings (pg 13)
- non-acute and residential mental health settings (pg 14)
- community mental health settings (pg 15).

Implementation will be staged over a two year period, and must be completed by June of 2014.

Implementation by individual services should be monitored by each Local Health District via the Individual Service Implementation Monitoring Form at Appendix IV of the associated Policy Directive.

NSW Aboriginal Mental Health and Wellbeing Strategy

Document number [IB2021_002](#) rescinds PD2007_059.

PURPOSE

This Information Bulletin is to advise that the NSW Aboriginal Mental Health and Wellbeing Strategy 2020-2025 has been released. The Strategy is available from the [NSW Health website - Mental Health – Resources](#).

KEY INFORMATION

The Strategy supports and assists NSW Health services in delivering respectful and appropriate mental health services in partnership with Aboriginal services, people and communities.

The Strategy is the foundation for change that will support a future way of working under the national Agreement for Closing the Gap in Aboriginal Health outcomes. The Strategy is supported by three goals:

Goal 1: Holistic, person and family-centred care and healing

Goal 2: Culturally safe, trauma-informed, quality care

Goal 3: Connected care

Each goal is underpinned by several strategic directions. These provide clear guidance for NSW Health services on what actions are required to achieve each goal.

Co-design of local implementation plans

All Districts and Networks are to co-design local implementation plans with Aboriginal stakeholders (including consumers, carers, those with lived experience and families). Implementation Plans are to be co-signed by the Director/Manager of Aboriginal Health and the Director of Mental Health, approved by Chief Executives and submitted to the Mental Health Branch by 30 September 2021 at MOHMentalHealthBranch@health.nsw.gov.au.

The co-design processes are to be based on the five principles identified in the Agency for Clinical Innovation's [A Guide to Build Co-design Capability](#).

Local implementation plans are to provide specific, operational guidance to enable the implementation of the Strategy within the local context.

In developing implementation plans, Districts and Networks will need to consider:

- how key deliverables and actions may be embedded in individual or local performance planning
- how the plans complement existing commitments or activities on Aboriginal engagement and co-design
- how public and community accountability can be best achieved and supported, including through local consultation and reporting
- how a co-design and genuine partnership approach can lead to improved planning, delivery, evaluation and coordination of services.

Monitoring and reporting framework

The Ministry will develop and implement a monitoring and reporting framework with a co-design approach to help Districts and Networks measure progress.

The monitoring and reporting framework will help Districts and Networks to provide data on a regular basis. This will help inform future decisions and drive better outcomes.

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Where possible, the Ministry will develop performance indicators with Districts and Networks to assess performance against the strategic actions in addition to measures already identified in Service Agreements.

Further information

For further information, contact the Mental Health Branch at MOH-MentalHealthBranch@health.nsw.gov.au.

355 (15/01/21)

NSW Older People's Mental Health Services SERVICE PLAN 2017-2027

Document number [GL2017_022](#) rescinds GL2006_013.

PURPOSE

The OPMH Service Plan outlines the purpose, scope and key elements of NSW Older People's Mental Health (OPMH) services, the target group for these services, the context in which they operate, and current developments in the service environment. The Plan identifies evidence-based service models and key strategic priorities for the development, delivery and improvement of these services. It will guide OPMH services over the next ten years, seeking to ensure that OPMH services continue to develop and improve, to meet the needs of older people with mental health problems, and to provide consistent, high-quality services across NSW. More broadly, the Plan also promotes key linkages and partnerships to enhance mental health care and support for older people across NSW.

KEY PRINCIPLES

The Plan recognises and supports the impetus in NSW mental health services towards recovery-oriented care and practice. It is underpinned by the principles of improving the accessibility of OPMH services, promoting consistent good practice in OPMH services, and supporting effective and appropriate care for older people with mental illness.

The Plan has been informed by work being done at the state and national level in the mental health and/or aged care space. It aligns with key national and state standards and policy frameworks.

USE OF THE GUIDELINE

The intended audience of the Plan is OPMH service managers, clinicians, service planners and policy makers. It focuses on the delivery of care for older people with mental illness by inpatient and community OPMH services in NSW Local Health Districts. An implementation plan is proposed to guide the NSW Ministry of Health and LHD OPMH services in pursuing the strategic directions outlined in the Plan over the next ten years.

The Plan will also be relevant for adult mental health services and other partner services such as GPs and Primary Health Networks, aged health services and aged care services.

314 (18/10/17)

Specialist Mental Health Services for Older People (SMHSOP) Community Model of Care Guideline

Document number [GL2017_003](#).

PURPOSE

The purpose of this Guideline is to outline a good practice model of care for NSW Specialist Mental Health Services for Older People (SMHSOP) community services. This model of care explains how community mental health services for older people should be delivered. The aims involve providing the right care to people at the right time, by the right team in the right place, with care directed by the consumer and carer with expert clinician assistance alongside. It is intended to guide policy makers, service planners, service managers and clinicians in improving and re-orienting SMHSOP community services in a manner that is evidence-based, recovery-oriented and responds to key themes identified from consumer, carer, clinician and stakeholder consultations.

Both the SMHSOP community and Behavioural Assessment and Intervention Services (BASIS) teams across NSW are in the primary scope of the model of care.

The Guideline focuses on the model of care and relevant recommendations for SMHSOP community teams. Additional detailed information is available in the SMHSOP Community Model of Care Project Report.

KEY PRINCIPLES

This Guideline is guided by the principles of recovery, consumer-directed care and partnering with the consumer, carer(s), GP, and other key services and supports.

The SMHSOP community model of care has been informed by work being done at the state and national level in the mental health and / or aged care space. It aligns with key national and state standards and policy frameworks.

USE OF THE GUIDELINE

This Guideline should be used by SMHSOP community services to assist them to make improvements in service delivery which are based upon the best available evidence. It is to be developed in collaboration with consumers, carers, clinicians, managers, health care partners and other key stakeholders. It will also provide guidance to existing community services and new services, to inform planning and promote the best use of available resources.

314 (18/10/17)

Discharge Planning and Transfer of Care for Consumers of NSW Health Mental Health Services

Document number [PD2019_045](#) rescinds PD2016_056.

PURPOSE

This Policy provides direction to NSW Health mental health services. It applies to NSW Health mental health staff involved in **the assessment, care, discharge planning or transfer of care of a mental health consumer**.

The Policy Directive

- Establishes minimum standards to support effective and safe discharge planning and transfer of care for consumers of NSW Health mental health services.
- Sets out a consistent, coordinated approach to ensure continuity of care and support for the consumer and for their family/carers at the point of transfer of their care.
- Clarifies the role and responsibility of mental health services in discharge planning and transfer of care including their linkages with other health care providers and support services, to meet the needs of mental health consumers and their family/carers.

Key Performance Indicators

This Policy Directive aims to address three key performance indicators to improve mental health outcomes:

- reduce re-admissions within 28 days to any acute mental health unit
- increase community follow-up within 7 days post discharge from an acute mental health unit
- reduce the number of involuntary patients who abscond (Types 1 and 2) from inpatient mental health units.

This Policy Directive supersedes PD2016_056 *Transfer of care from mental health inpatient services*.

MANDATORY REQUIREMENTS

Local Health Districts (LHDs)/Specialty Health Networks (SHNs) have responsibility to ensure that:

- mental health staff are aware of the requirements of this Policy Directive
- mental health staff are trained and supported to implement the requirements of this Policy Directive
- local relevant policies and procedures align to the key principles and procedures in this Policy Directive
- mental health staff are familiar with local procedures, communication and documentation standards for discharge planning and transfer of care within their setting
- discharge planning and transfer of care processes and documentation are routinely monitored and subject to clinical review processes, and the results are provided to clinical staff
- processes are in place to monitor the post-discharge community care indicator (7-day follow up), rates of re-admission to an acute mental health service within 28 days, and the number of involuntary patients who abscond from inpatient mental health units.

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IMPLEMENTATION

Roles and Responsibilities

The Ministry

- provides mandatory requirements for mental health discharge planning and transfer of care
- reviews and takes appropriate follow up action on the implementation reports submitted by Local Health Districts and Specialty Health Networks.

Chief Executives

Ensure that:

- the principles and requirements of this Policy Directive are applied, achieved and sustained
- all relevant staff understand and comply with the requirements of this Policy Directive
- all relevant staff receive education and training to enable them to carry out their roles and responsibilities in relation to the Policy Directive
- the LHD or SHN submits a report on the Policy Directive's implementation for the initial six and 12 month periods. The reports are to be submitted to the Mental Health Branch, Ministry of Health, on the templates provided (see Procedures document Appendix C and D).

Mental Health Staff

- Read, understand and comply with the requirements of this Policy Directive.

314 (26/09/19)

Alcohol and Other Drugs Psychosocial Interventions Practice Guide

Document number [IB2024_008](#) rescinds GL2008_009.

PURPOSE

This Information Bulletin advises all people who work in an alcohol and other drug (AOD) treatment setting [public, non-government organisations (NGOs) and private] about the release of the Alcohol and Other Drugs Psychosocial Interventions - [Practice Guide](#).

KEY INFORMATION

The Practice Guide summarises the guiding principles, professional practice, psychological processes, and psychosocial interventions used within AOD treatment settings. It provides updated evidence on psychosocial interventions, guidance on responding to people with cooccurring concerns and resources for education on AOD service provision.

The Practice Guide states that specialist AOD psychosocial interventions be underpinned by:

- a person-centred, trauma-informed, and evidence-based approach to AOD treatment
- an appreciation for the strengths of each patient through AOD psychosocial interventions, including the recognition of the strength of diversity
- A commitment to engage in ongoing professional development, curiosity, and openness to feedback on patients' experiences of treatment.

The Practice Guide applies to the whole AOD workforce providing psychosocial interventions for people accessing specialist AOD treatment in NSW. The Practice Guide has broader application for professionals in other settings providing Psychosocial support to people who may experience harm from AOD use.

Local Implementation

Local implementation of the Practice Guide is the responsibility of Service Executives and Senior Clinicians and will be supported by the Centre for Alcohol and Other Drugs (CAOD). Key to implementation is a local approach that accounts for how local protocols, models of care or medical procedures are aligned with this Practice Guide.

Further Information

For further information please contact the Centre for Alcohol and Other Drugs Branch via email - MOH-CAOD@health.nsw.gov.au.

349 (13/02/24)

Mental Health Clinical Documentation Guidelines

Document number [GL2014_002](#) rescind GL2008_016.

PURPOSE

This Guideline supports the Policy Directive Mental Health Clinical Documentation (PD2010_018) by outlining the suite of Mental Health Clinical Documentation to be used by NSW Mental Health Services. The primary aim of this Guideline is to provide broad guidance for the use of the modules to document the episode of care from triage through to transfer/discharge. It is not intended as a script or text for conducting a clinical assessment, deciding upon interventions to be undertaken or the application of care.

KEY PRINCIPLES

Mental Health Clinical Documentation is separated into Core (required in all circumstances and clinical settings) and Additional modules (to be undertaken when clinically indicated) to be applied across the episode of care. The modules interrelate such that completion of the Core modules informs what Additional modules to document further assessments are required and such that the clinical record as documented through the clinical documentation forms a coherent narrative about the episode of care.

The suite of Clinical Documentation Modules are to be viewed as a tool for recording assessments and care provided and are not a script for undertaking these procedures. The modules are a place to document clinical information and are not a substitute for clinical skills, training, supervision or judgement.

USE OF THE GUIDELINE

This Guideline should inform the use of the suite by clinicians in mental health and other settings and provides advice on the intent and process of the development of the documents. The Guideline provides advice on when to complete individual Clinical Documents and where the results of a thorough clinical assessment should be recorded to allow consistency across episodes of care and between clinical records.

201 (06/02/14)

Physical Health Care within Mental Health Services

Document number [PD2017_033](#) rescinds PD2009_027.

PURPOSE

This policy supersedes PD2009_027 *Physical Health Care within Mental Health Services*, which was first released in 2009.

It should be read in conjunction with the *NSW Health Physical Health Care of Mental Health Consumers – Guideline* (GL2017_019).

The policy provides direction to NSW mental health services in improving the provision of physical health care to mental health consumers by:

1. Establishing expected standards for the physical health care.
2. Clarifying the role of mental health services, and appropriate linkages with other health care providers, to meet physical health care needs.
3. Developing a consistent, co-ordinated, approach to the physical health care of mental health consumers.

MANDATORY REQUIREMENTS

Mental health services in all settings have responsibility to ensure that:

- Staff are trained and supported to implement the NSW Health Physical Health Care within Mental Health Services.
- Provision and access to physical health care for mental health consumers; or facilitating or advocating for the provision of such care; is recognised as the responsibility of the mental health service.
- Organic causes must be excluded or appropriately treated at first presentation of mental illness or in the event of major changes in mental health presentation.
- Adverse physical health outcomes from mental health treatment are minimised and options discussed with the consumer.

Services are required to develop their own local policies and protocols for mental health settings such as inpatient units, community mental health services and psychiatric emergency care centres.

IMPLEMENTATION

Chief Executives are required to ensure:

- The principles and requirements of this policy and guidelines are applied, achieved and sustained.
- All appropriate staff are made aware of their roles and responsibilities in relation to this policy.
- All appropriate staff receive education and training to enable them to carry out their roles and responsibilities in relation to the policy.

Managers must:

- Ensure that all mental health staff read and understand this document.

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- Monitor compliance with this policy.

Clinicians are required to:

- Read, understand and comply with the requirements of this policy.

NSW Ministry of Health will:

- Review this policy directive at 5 years following the date of publication.

314 (26/09/17)

Physical Health Care for People Living with Mental Health Issues

Document number [GL2021_006](#) rescinds GL2017_019.

GUIDELINE SUMMARY

NSW Health is committed to improving the physical health outcomes and reducing early mortality of people with a lived experience of mental health issues. Local Health Districts (Districts) and Specialty Health Networks (Networks) have a responsibility to provide equitable access to high quality, holistic, person-centred physical health care.

This Guideline builds upon the Fifth National Mental Health and Suicide Prevention Plan and the Equally Well Consensus Statement. It reinforces the expectations of NSW Health and the measures required to deliver a whole of health approach to reduce the physical health inequalities experienced by people with lived experience of mental health issues.

KEY PRINCIPLES

Improving and sustaining the physical health care of people with lived experience is the responsibility of all NSW Health mental health and non-mental health services.

All Services are to review their current policies, procedures and practices against the expectations stated in this Guideline. Local policies and protocols are to be developed to address any identified gaps.

The core expectations of this Guideline are;

- All services in contact with people with lived experience of mental health issues are to offer and support interventions to prevent physical illness and promote and sustain health.
- Mental health services are to complete routine physical health screening as an essential component of care.
- Mental health services are to deliver equitable and timely access to physical health assessment, intervention and review.
- Mental health services are to provide access to equitable, evidence-based interventions that target cardiometabolic and behavioural risk factors.
- Clinicians are to complete routine comprehensive assessment as part of an integrated physical and mental health care plan.
- Clinicians are to support, coordinate and document any additional assessments and/or investigations required.
- Clinicians are to offer routine medication assessment and optimisation to minimise risk and negative medication effects.
- Mental health services are to develop partnerships and pathways with key stakeholders to address identified physical health needs as part of an integrated care plan.
- Clinicians are to use a coordinated team approach to deliver high-quality holistic care.
- District and Networks are to deliver safe and effective physical health assessments, interventions and treatment. These are to support sustained health outcomes and health care experiences that matter to the people who receive them.

338 (30/04/21)

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SAFE START Strategic Policy

Document number [PD2010_016](#).

(A component of the NSW Health / *Families NSW* Supporting Families Early Package)

PURPOSE

This policy provides direction for the provision of coordinated and planned responses by health workers involved in the identification of families at risk of adverse outcomes during the perinatal period. It outlines the core structure and components required by NSW Health services to implement the SAFE START model of universal psychosocial assessment, depression screening and follow-up care and support during the perinatal period.

MANDATORY REQUIREMENTS

All Area Health Services are to develop multidisciplinary and multi-agency systems of family-focused health care for pregnant women and families with infants up to two years age. Implementation of the SAFE START model in each Area Health Service must be focused on early identification of psychosocial risk and depressive symptoms and timely access to appropriate interventions for pregnant women and families with infants up to two years of age. Area Health Services will implement strategies outlined in the policy to enhance the knowledge and skills of health and related workers to deliver psychosocial assessment and depression screening; and in the provision of early mental health interventions for mothers, infants and their families.

IMPLEMENTATION

Chief Executives are to ensure a written local SAFE START action plan, as described in this policy and its associated documents, is in place. Local SAFE START action plans should be developed by local executive lead governance groups comprising representation from maternity, child and family health, mental health, drug & alcohol, Aboriginal and multicultural health services. Local executive lead governance groups will guide development and implementation of multidisciplinary and multi-agency systems of family-focused health care for pregnant women and families with infants up to two years age. Ongoing performance monitoring of the SAFE START model and related reporting will be the responsibility of the local executive lead governance groups and will demonstrate that pregnant women and families with infants up to two years age identified as vulnerable are engaged with appropriate specialist assessment and access to family-focused, integrated health care.

This policy must be read in conjunction with the following documents that comprise the NSW Health / *Families NSW* Supporting Families Early Package.

- GL2010_004 - SAFE START Guidelines: Improving mental health outcomes for parents and infants available at: http://www.health.nsw.gov.au/policies/gl/2010/GL2010_004.html
- PD2010_017 - Maternal and Child Health Primary Health Care Policy available at: http://www.health.nsw.gov.au/policies/pd/2010/PD2010_017.html

82 (04/03/10)

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SAFE START Guidelines: Improving Mental Health Outcomes for Parents & Infants

Document number [GL2010_004](#).

82 (04/03/10)

Electroconvulsive Therapy: ECT Minimum Standard of Practice in NSW

Document number [PD2011_003](#) rescinds PD2010_068.

PURPOSE

This Policy Statement defines minimum requirements that must be met in the delivery of electroconvulsive therapy (ECT) in New South Wales.

These requirements apply to all facets of care, including the indications for treatment, potential risks and strategies to minimise them, issues of consent, facilities, anaesthesia, application of the procedure, and the required quality improvement framework.

MANDATORY REQUIREMENTS

The minimum requirements that must be met by health care providers and the health care system are detailed in Attachment 1.

This policy statement is to be read in conjunction with the Guidelines: ECT Minimum Standards of Practice in NSW (Attachment 2).

IMPLEMENTATION

Roles and responsibilities of the NSW Department of Health:

- Provide advice and assistance for the implementation of this policy.
- Monitor and evaluates the health system implementation of standards for ECT.

Roles and responsibilities of Chief Executives:

- Assign responsibility, personnel and resources to implement the standards for ECT.
- Report on the implementation and evaluation of ECT standards to the NSW Department of Health.

Roles and responsibilities of the health service executives responsible for clinical operations and governance:

- Ensure successful implementation of the ECT standards.
- Monitor and evaluate the implementation of ECT standards across their services and feedback evaluation results to staff.
- Ensure the ECT standards are incorporated into orientation programs for relevant clinical staff.
- Educate relevant clinical staff in the use of the ECT standards.

Roles and responsibilities of hospital, facility, clinical stream, unit managers and heads of departments:

- Locally implement the ECT standards.
- Evaluate compliance with the ECT standards.
- Annually monitor and evaluate local ECT practices and processes in line with the ECT standards.

Roles and responsibilities of all clinicians:

- Ensure their work practices are consistent with the standard for ECT.

Accessing inpatient mental health care for children and adolescents

Document number [IB2023_001](#) rescinds PD2011_016.

PURPOSE

This Information Bulletin advises NSW Health of the release of the framework *Accessing Inpatient Mental Health Care for Children and Adolescents* and the guide *Guide to Understanding Inpatient Mental Health Admissions for Children and Adolescents* that replaces the NSW Health Policy Directive Children and Adolescents with Mental Health Problems Requiring Inpatient Care ([PD2011_016](#)).

KEY INFORMATION

The decision to admit a child or adolescent into inpatient care is challenging due to the limited research evidence, and the diversity of children and adolescents and their ill-health.

Internationally, it has been recognised that inpatient care can be a traumatic experience for children and adolescents (and their families, carers, or close social supports).

In response to new evidence and approaches, as well as a shift in consumer's expectations of appropriate mental health support to children and adolescents, Perinatal Child and Youth, Mental Health Branch, NSW Ministry of Health have developed two new documents to support clinical decision-making and empower decision makers.

[Accessing Inpatient Mental Health Care for Children and Adolescents](#) is a framework for clinicians and health care providers who are involved in decision-making surrounding whether, and under which model of care, to admit children and adolescents into inpatient mental health care.

[Guide to Understanding Inpatient Mental Health Admissions for Children and Adolescents](#) is a resource document for people who are currently involved in or may become involved in caring for a child or adolescent experiencing mental-ill health. This could include families and carers, social workers, Peer Workers, education professionals, adult mental health, and nonmental health clinicians such as paediatricians and emergency department consultants, general practitioners, communities and justice professionals and children and adolescents themselves.

The framework and the guide builds on the key principles outlined in the NSW Health Policy Directive *Children and Adolescents with Mental Health Problems Requiring Inpatient Care* ([PD2011_016](#)) and provides for determining the most appropriate treatment facility for those children and adolescents with mental health problems who require inpatient treatment. This includes admission into specialist child and adolescent mental health service (CAMHS) units, paediatric hospitals and paediatric wards in general hospitals, and Psychiatric Emergency Care Centres (PECCs).

346 (12/01/23)

Chief Psychiatrist Panel Review of Complex Mental Health Treatment Plans

Document number [PD2011_055](#).

PURPOSE

The purpose of this Policy Directive is:

1. To provide an independent high level clinical review of treatment plans that lie outside of usual clinical practice where there is an urgent need.
2. To establish an expert panel chaired by the Chief Psychiatrist that will convene for the purpose of reviewing the treatment plan.
3. To set out a formal procedure to address concerns that have been raised about the clinical management of patients which have been considered to be highly complex and may lie outside usual clinical practice.

MANDATORY REQUIREMENTS

That the attached protocols are established and complied with in all Local Health District Mental Health Services.

IMPLEMENTATION

Chief Executives, Local Health Districts are to ensure that this Policy Directive is implemented in accordance with the attached 'Protocols for the Chief Psychiatrist Panel Review of Complex Mental Health Treatment Plans'.

Any local protocols currently in place must be consistent with the principles contained in the attached Protocols.

The Policy Directive is to be trialled for 2 years and re-assessed in December 2013.

133 (01/09/11)

Monitoring Clozapine-induced Myocarditis

Document number [GL2022_011](#) rescinds PD2012_005.

GUIDELINE SUMMARY

This Guideline provides guidance for NSW Health staff in the monitoring, detection and management of clozapine-induced myocarditis. It includes a threshold and guidance for cessation where clinically indicated.

KEY PRINCIPLES

Clozapine is an effective antipsychotic medication for the management of treatment-resistant schizophrenia. It is associated with various cardiac disorders including myocarditis, cardiomyopathy and death.

Myocarditis is most commonly observed early in treatment. Consumers receiving clozapine must be monitored carefully throughout treatment to minimise the risk of adverse cardiac events.

There is to be a collaborative care approach to monitoring and management of clozapine-induced myocarditis. Treatment must be person-centred and consumers and family/carers are to be actively involved in the provision of care. Consumers must be informed of the benefits of treatment with clozapine as well as the associated risks.

Sound clinical judgement and knowledge are essential in the implementation of this Guideline to ensure safe monitoring and use of clozapine in consumers.

Local Health Districts and Specialty Health Networks must have local procedures in place to establish roles and responsibilities in relation to clozapine monitoring, including pathways for medical escalation, onward referral and transfer of care.

Given the potential success of clozapine, every opportunity for continuation of clozapine is to be taken provided it can occur safely.

344 (17/10/22)

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Forensic Mental Health Services

Document number [PD2012_050](#).

PURPOSE

Forensic mental health services provide assessment, care, treatment, and other services to people with mental illness who are, or have been, in contact with the criminal justice system. The provision of health care services for forensic and correctional patients, and for civil patients who are a high risk of harm to others, requires the coordination of specialist and general mental health services.

The purpose of this policy is to ensure that there are appropriate standards for forensic mental health services and general mental health services that provide care and treatment to forensic patients.

Forensic mental health services are underpinned by the same principles that underpin general mental health services with the addition of specific principles, legislation and processes that are applicable to forensic and correctional patients, including the [Mental Health \(Forensic Provisions\) Act 1990](#). The general principles include those such as the [Charter for Mental Health Services in NSW](#). Forensic mental health services in NSW aim to adhere to the National Statement of Principles for Forensic Mental Health.¹

As with the broader NSW mental health system, an effective and efficient forensic mental health system involves a strong collaborative approach between service providers.

MANDATORY REQUIREMENTS

This policy applies to all Public Health Organisations which provide services to correctional patients, or forensic patients detained in mental health facilities or other places, or conditionally released in the community, and to high risk civil patients that come into, or who are referred to, the forensic mental health system.

IMPLEMENTATION

Local Health District Chief Executives, Health Service Executives, Managers:

- Assign responsibility, personnel and resources to implement this policy.
- Provide line managers with support to mandate this policy in their areas.
- Ensure that local protocols are in place in each facility to support implementation.
- Work together with the Justice and Forensic Mental Health Network (JFMHN) to ensure that Local Health District (LHD) policies, procedures and standards are consistent with statewide policies, procedures and standards set out for the forensic system.
- Report compliance with this policy to the NSW Ministry of Health as required.

Chief Executive and Managers, Justice and Forensic Mental Health Network

- Ensure that the Guidelines for Forensic and Correctional Patient Ground Access, Leave, Handover, Transfer, and Release are reviewed and updated at intervals of no greater than three years.

¹ Australian Health Ministers' Advisory Council, Mental Health Standing Committee (2006) *National Statement of Principles for Forensic Mental Health*.

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- Work together with LHDs, and provide leadership and expertise in relation to the development of system wide policies, procedures and standards for forensic mental health services.

NSW Health Service staff and visiting practitioners providing relevant services:

- Comply with this policy.

162 (06/09/12)

Mental Health Triage Policy

Document number [PD2012_053](#).

PURPOSE

An efficient triage framework is required to provide timely and equitable access to appropriate mental health services in a consistent manner across the State.

This policy has been developed by the NSW Ministry of Health in collaboration with Local Health Districts (LHD) / Health Networks. It defines mental health triage, the mental health triage process and the Standards for NSW Health mental health telephone triage services. It also briefly outlines the main roles and responsibilities of the key stakeholders in supporting the delivery of public mental health triage services.

The 1800 011 511 *NSW Mental Health Line* is a single number, state-wide mental health telephone service operating 24 hours a day, 7 days a week and is staffed by mental health professionals. The Mental Health Line provides universal and equitable access to mental health triage and referral to the most appropriate point of care.

The *NSW Mental Health Line* is one component of the State Mental Health Telephone Access Line (SMHTAL) Program. The other component of the SMHTAL Program is to improve the operation of public mental health telephone triage services so that they meet the Standards for NSW Health mental health triage services (the Standards) (see section 12.3).

MANDATORY REQUIREMENTS

This policy applies to all public mental health telephone triage services operated by Local Health Districts / Health Networks or their equivalent and by private providers contracted to deliver mental health telephone triage services on behalf of Local Health Districts / Health Networks.

This policy is underpinned by the National Standards for Mental Health Services 2010, in particular Standard 10.2 'Access: The mental health service is accessible to the individual and meets the needs of the community in a timely manner'; and Standard 10.3 'Entry: The entry process to the mental health service meets the needs of its community and facilitates timeliness of entry and ongoing assessment', as well as the Standards.

Local Health District / Health Network policies, procedures, protocols, guidelines or other documents relating to mental health triage must be consistent with this policy.

IMPLEMENTATION

The NSW Ministry of Health is responsible for the state-wide development and implementation of the SMHTAL Program, including:

- Providing the corporate governance structure for the SMHTAL Program.
- Establishing and funding the 1800 number.
- Marketing and communication of the SMHTAL Program.
- Funding Local Health Districts/Health Networks to improve their mental health telephone triage services so that they are able to meet the Standards and to support the ongoing operation of the service.
- Developing state-wide policies, protocols and operating guidelines relating to mental health telephone triage.

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- Funding the development and delivery of standardised mental health telephone triage training to mental health clinicians who undertake the mental health telephone triage function.
- Monitoring the performance of mental health telephone triage services to ensure they conform to the Standards.
- Monitoring and quality improving the operation of the SMHTAL Improvement Project.

Local Health Districts / Health Networks and Mental Health Services are responsible for the clinical governance and local corporate governance of the triage policy and associated mental health telephone triage service/s. This includes:

- Implementing the State Mental Health Triage Policy.
- Developing and implementing uniform operating procedures in line with State call handling guidelines (refer Guideline 'Call Handling Guidelines for Mental Health Telephone Triage Services' GL2012_008)
- Monitoring the operation of its mental health telephone triage service/s to achieve the Standards and meeting Ministry of Health reporting requirements.
- Ensuring staff undertaking the triage function receive relevant training and ongoing support.
- Ensuring adequate resource allocation for human resource costs, minor capital works activity and other costs associated with the delivery of triage services.
- Implementing routine evaluation and clinical practice improvement processes, including complaint / incident management.
- Communicating with stakeholders within the Local Health District/Health Network about the operation of its mental health telephone triage services.

Clinical staff are responsible for reading, understanding and complying with the requirements of this policy (Refer Section 2 'Roles and Responsibilities' for additional information).

164 (27/09/12)

Call Handling Guidelines for Mental Health Telephone Triage Services

Document number [GL2012_008](#).

PURPOSE

In *NSW: a new direction for mental health (June 2006)*, a commitment was made to establish a 24 hour state wide mental health telephone advice, triage and referral service, staffed by mental health clinicians and which would link with the National Health Call Centre Network, operating as healthdirect Australia. The NSW Ministry of Health developed the State Mental Health Telephone Access Line (SMHTAL) Program to fulfil this commitment.

The aim of the SMHTAL Program is to facilitate access to appropriate mental health services by the people of New South Wales.

The SMHTAL Program is being implemented via an Improvement Project. The Improvement Project will facilitate access to appropriate mental health services through the establishment of a 1800 state wide mental health telephone number operating 24 hours a day, 7 days a week (the 1800 011 511 *NSW Mental Health Line*); and by improving the operation of Local Health District / Health Network mental health telephone triage services so that they meet state-wide performance Standards.

The 1800 011 511 *NSW Mental Health Line* provides universal and equitable access to mental health triage and referral to the most appropriate point of care.

This Guideline will assist clinicians undertaking the mental health telephone triage function to manage particular call situations. This Guideline is to be read in conjunction with the Mental Health Triage Policy (PD2012_053). Both the Policy and this Guideline have been developed in collaboration with Local Health Districts / Health Networks.

KEY PRINCIPLES

- Effective and equitable access to mental health services for the people of New South Wales.
- All callers are managed at first point of contact.
- Where a mental health triage indicates that a specialist mental health assessment is required, the Local Health District / Health Network is responsible for ensuring that a mental health assessment is provided within the urgency of response timeframe.
- As an entry point to mental health support and treatment, triage services are to take responsibility for the management of a caller until transfer to the appropriate agency or person for follow-up. This includes:
 - Delivery of timely and consistent services for all people seeking assistance for a mental illness or mental disorder.
 - Facilitation of access to advice and information on other services where a public mental health service intervention is not required.
- To facilitate effective responses across a culturally and linguistically diverse NSW, professional interpreter services are engaged in accordance with Ministry of Health policy requirements.

USE OF THE GUIDELINE

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- Local Health District / Health Network policies, procedures, protocols, guidelines and other documents relating to mental health telephone triage must be consistent with the Mental Health Triage Policy (PD2012_ 053) and this Guideline.
- Staff undertaking the mental health telephone triage function are responsible for reading and understanding these guidelines and for complying with Local Health District / Health Network protocols and guidelines in relation to telephone triage services.

164 (27/09/12)

Psychiatric Emergency Care Centre Model of Care Guideline

Document number [GL2015_009](#).

PURPOSE

Psychiatric Emergency Care Centres (PECCs) were introduced in NSW from 2005 as one component of a series of strategies designed to enhance Mental Health (MH) Emergency Care services alongside community mental health teams, Emergency Department mental health clinicians, consultation liaison psychiatry services, psychiatry registrars and consultant psychiatrists.

The earlier version of the PECC Operational Model of Care Guideline attempted to articulate a consensus regarding detailed aspects of PECC operations. The facilities in which PECCs operate differ from each other including with regards to governance, overall mental health resources and how these resources are configured and managed and the physical location and design of the PECC and it has become apparent that it is neither desirable nor possible to standardise resourcing or service delivery arrangements for managing the care of people with mental health problems including those presenting to Emergency Departments (ED).

This updated PECC Model of Care Guideline provides high level guiding principles and basic components from which each service can develop and monitor their own more detailed operating procedures and governance processes which will contribute to best patient care and to the structure of each services' model of care.

KEY PRINCIPLES

MH care in the ED is a collaborative process, with shared responsibility between Emergency Department and MH clinicians and managers and other specialities (e.g. Toxicology, Drug and Alcohol), where relevant. The relative portion of this shared responsibility varies according to individual patient needs and local service arrangements.

PECCs are integrated with a range of community-based and inpatient care options and represent the least restrictive hospital-based inpatient care option. It is intended to be utilised by consumers with low to medium acuity mental health problems for whom less restrictive care (e.g. community based care), is considered inappropriate and unsafe and who are likely to require only a brief (up to 48 hours) period of time in hospital.

The guiding principles for PECCs are:

1. Collaborative decision-making
2. Least restrictive, short-term inpatient care
3. Outcome based monitoring.

USE OF THE GUIDELINE

It is the intention of this guideline that individual PECCs represent a locally determined service collaboration and configuration, based on the guided principles contained within this document. Services should monitor, evaluate and if necessary re-design these agreements by way of carefully chosen outcome and process data reflective of important aspects of mental health emergency care.

This document will assist in the process of establishing, monitoring or reviewing PECC services, their role in the emergency space and in relation to the remainder of community - inpatient MH services.

NSW Older People's Mental Health (OPMH) Acute Inpatient Unit Model of Care Guideline

Document number [GL2022_003](#) rescinds GL2016_016.

GUIDELINE SUMMARY

This Guideline promotes evidence-based good practice in older people's mental health (OPMH) acute inpatient units across NSW, supporting consistent, high quality and safe care. It includes guidance around relationships and processes, clinical interventions, facility design, staffing and performance.

KEY PRINCIPLES

This Guideline reflects current best practice for older people's mental health acute inpatient units and findings from consumer and carer consultation, including a strong preference for direct admission pathways.

It provides recommendations with supporting evidence to guide implementation of a good practice model of care in older people's mental health acute inpatient units. It includes service development guidance to support implementation of core elements of good practice in all units, while informing the development of advanced practice where appropriate.

Emphasises recovery-focused, person-centred, biopsychosocial and trauma-informed care. It promotes timely triage, intake and admission, comprehensive assessment, collaborative care planning with the older person and their carers, and clinical review and transfer of care that maximises consumer engagement, choice and control.

It promotes access to a range of clinical interventions to achieve the older person's treatment goals and support their recover.

It highlights the importance of appropriate care for specific population groups, integrated care (including mental health and physical health care), multidisciplinary staffing and care, minimising seclusion and restraint, and appropriate physical environments.

It promotes alignment of older people's mental health acute inpatient unit practice with national and state practice and performance standards.

This Guideline aligns with NSW Health Guideline *NSW Older People's Mental Health Services Service Plan 2017-2027* ([GL2017_022](#)) and reflects findings from the NSW OPMH Recovery-Oriented Practice Improvement Project (2017).

USE OF THE GUIDELINE

This Guideline is intended to support ongoing quality improvement and service development in existing older people's mental health acute inpatient units and to inform planning of new units.

341 (31/03/22)

Engagement and Observation in Mental Health Inpatient Units

Document number [PD2017_025](#).

PURPOSE

The purpose of the policy is to identify the minimum requirements for mental health inpatient units relating to levels of observation. The policy will guide and direct clinicians in relation to their responsibilities pertaining to observation.

The aims of these requirements are to ensure that observation levels and engagement are adequate to assess and address the risk of harm to patients or others.

MANDATORY REQUIREMENTS

The policy mandates the practice of assessments by Medical Officers to provide direction to nursing staff regarding the level and purpose of observation required for individual patients.

Nursing staff actively contribute to this assessment, and may increase the level of observation for a patient if required.

If a patient's observation level is increased by nursing staff due to clinical deterioration or concern, this must be escalated and result in a medical review as soon as possible.

The policy requires ongoing multidisciplinary reviews of observation and engagement levels for individual patients to ensure they are responsive to the needs of the consumer. The outcomes of patient observation and engagements must be contemporaneously documented to inform the continuing and regular review of the observation level.

Observation levels must take into account other risk mitigation factors of the mental health inpatient unit such as ward programs, allied health programs and the clinical environment.

Local procedures must include an evaluation process that mandates audits of observation and engagement practice. These audits will include random inpatient unit visits.

Reports on the outcomes of these audits should be reported to the mental health director.

IMPLEMENTATION

Chief Executives ensure that mental health directors are aware of the policy directive and have a timeframe for full implementation.

Mental health directors review local procedures and practices to determine alignment with this policy and if differences are found, local procedures are updated or developed that clearly outline mandated responsibilities for medical and nursing staff in accordance with this statewide policy.

Mental health directors ensure that an evaluation process is adhered to to ensure compliance to this policy.

Mental health directors ensure that all staff are aware of this policy and procedures which must include random inpatient unit visits and documentation audits.

314 (26/07/17)

Adult Mental Health Intensive Care Networks

Document number [PD2019_024](#).

PURPOSE

This Policy Directive sets out the NSW Mental Health Intensive Care Unit (MHICU) Referral Networks. It defines the referral pathway for Local Health Districts (LHDs) and Specialty Health Networks (SHNs) to access more intensive care for patients experiencing high acuity mental illness and complex needs, within an integrated model of care.

MHICUs are centres of specialist expertise in the management of people presenting with highly acute and complex mental illness. MHICUs operate as supra LHD services, and are state-wide referral facilities. Referral to a MHICU occurs from an inpatient mental health facility as the least restrictive option when the patient can no longer be safely cared for due to the risk that their behaviour poses to themselves or others

Each MHICU is a part of a local clinical referral Network and the state wide integrated Network of clinical services that provide timely access to appropriate care.

This Policy Directive also sets out the principles and procedures each LHD should develop and monitor for the care of consumers requiring mental health intensive care.

MANDATORY REQUIREMENTS

- All options for consumer placement to other mental health facilities should be explored before seeking a referral to a MHICU.
- LHDs to admit consumers with the highest acuity or most complex clinical needs from their designated zone into the MHICU
- MHICUs only provide care to those consumers with the highest acuity or most complex clinical needs.
- Referral and transfer to a MHICU is a time-limited episode of care. On stabilisation of symptoms and/or reduction in the level of clinical risk, consumers will be repatriated to the referring LHD.
- The referring LHD will facilitate the transfer to the MHICU.
- The MHICU will facilitate return transfer back to the referring LHD.
- LHDs must inform relevant clinical staff of this policy directive.

IMPLEMENTATION

- This Policy Directive applies to all adult mental health inpatient facilities.
- LHDs/SHNs must have local policies and procedures in place that are consistent with the principles and procedures identified in this policy by August 2019

Local Health District/Network Chief Executives are responsible for:

- Ensuring implementation of the Policy Directive, with the Chief Executive as the final point of arbitration and escalation.
- Documenting and implementing local governance and escalation plans to ensure the appropriate accommodation of patients who need to access a MHICU bed. This must

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include procedures for clinicians to obtain timely clinical advice and/or support to expedite the review. Escalation plans must include procedures for clinicians to follow in instances where an appropriate bed is not available within the zone or difficulties are experienced with patient acceptance and placement.

- Meeting the MHICU needs of their LHD and linked LHDs including the provision of clinical advice and ensuring access to appropriate treatment.

Local Health District/Network Mental Health Directors are responsible for:

- Ensuring clinical advice and/or support, escalation and referral procedures are documented and implemented to ensure access to definitive care in an appropriate timeframe.
- Ensuring that all options for placement of the referring LHD's patient within the originating LHD have been explored, and that transfer to a MHICU is clinically appropriate.
- Engaging relevant clinicians and ensuring that consistent local protocols or operating procedures are developed and distributed to relevant clinical areas.
- Ensuring timely repatriation. On stabilisation of symptoms and/or reduction in the level of clinical risk, MHICU patients must be repatriated to the referring LHD. Repatriation is the responsibility of the referring LHD.
- Ensuring that compliance with this policy is audited and regularly monitored in collaboration with intra and inter-LHD stakeholders.

Mental Health Intensive Care Units are responsible for:

- Ensuring information in the Patient Flow Portal and/or Emergency Access View is current and correct at each shift handover

Patient Flow Units/Bed/ After Hours Managers are responsible for:

- Facilitating referrals for Statewide MHICU transfers in consultation with the local MHICU

314 (24/06/19)

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Management of patients with Acute Severe Behavioural Disturbance in Emergency Departments

Document number [GL2015_007](#).

PURPOSE

The purpose of this Guideline is to address the management and initial sedation requirements of patients who present to emergency departments (ED) with acute severe behavioural disturbance (ASBD). This Guideline includes information for children, adolescents (children and adolescents includes those under 16 years) and adults under 65 years.

Management of older persons over 65 years is not contained in this Guideline as comprehensive management of these patients is available in other NSW Health documents (please see Section 1.1 Key Documents).

KEY PRINCIPLES

The focus for this Guideline is patients, both adult and paediatric, who are unable to have a medical assessment completed due to the ASBD and may require the administration of sedation before initial assessment can occur.

This document is guided by the principles of least restrictive, collaborative, patient centred care and offers guidance on the following aspects of behavioural management and sedation:

1. Assessment of the patient with ASBD in a safe environment
2. Use of de-escalation techniques that focus on engagement of the person with ASBD to allow for assessment
3. Ensuring that legal requirements are adhered to, particularly in relation to the *Mental Health Act 2007*, the *Guardianship Act 1987*, *The Children and Young Persons (Care and Protection) Act 1998* and the clinician's duty of care to the patient
4. Sedation of the patient whose behaviour puts them or others at immediate risk of serious harm and which is unable to be contained by other means. There is also reference to physical restraint of the patient if required
5. Post sedation care of the patient including observations and documentation
6. Disposition decisions and transport of the patient from the ED to the most appropriate area for continuation of their care.

USE OF THE GUIDELINE

This Guideline supplements [PD2015_004 Principles for Safe Management of Disturbed and/or Aggressive Behaviour and the Use of Restraint](#), however focuses on patients who present to EDs with ASBD. This is a Guideline only and the protocol is based on available scientific evidence of drug safety profiles on sedation of acute behaviour disturbance patients in the ED^{2, 3} and clinical advice.

2 Geoffrey K. Isbister, Leonie A. Calvera, Colin B. Page, Barrie Stokes, Jenni L. Bryant, Michael A. Downes, (2010), Randomized Controlled Trial of Intramuscular Droperidol Versus Midazolam for Violence and Acute Behavioral Disturbance: The DORM Study, *Ann Emerg Med* 2010; 56(4): 392-401 (available)

3 Leonie Calver, Colin B. Page, Michael A. Downes, Betty Chan, Frances Kinnear, Luke Wheatley, David Spain, Geoffrey Kennedy Isbister. The Safety and Effectiveness of Droperidol for Sedation of Acute Behavioral Disturbance in the Emergency Department. *Annals of Emergency Medicine*, 2015; DOI: 10.1016/j.annemergmed.2015.03.016

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This Guideline does not replace clinical judgement; the decision to proceed with emergency sedation is made on clinical grounds and is authorised by appropriately trained medical and / or nursing staff, depending on the type of intervention being ordered. Local decision making and procedures should be developed in conjunction with this Guideline and local stakeholder groups. Further detail on use of this Guideline can be found in the attached Guideline document.

248 (13/08/15)

Supporting Young People During Transition to Adult Mental Health Services

Document number [GL2018_022](#).

PURPOSE

Continuity of care is the cornerstone of good clinical practice. Transitional care is recognised as potential risk factors for anyone receiving health care. In the case of young person with mental health issues or challenges, suboptimal transition can lead to disruption of critical developmental milestones and have adverse impacts on their health, social and educational/vocational outcomes.

This Guideline supports local health districts and specialty networks in developing local policies and protocols that support the optimal transition of young people. In particular, from community-based or inpatient specialist Child and Adolescent Mental Health Service (CAMHS) care or Youth Mental Health Service (YMHS) care to Adult Mental Health Service (AMHS) care.

This Guideline focuses on the ongoing health care needs of young people in the context of their evolving and changing developmental needs and pathways to recovery. It outlines responsibilities of NSW specialist mental health services to ensure continuity of care and safety are maintained during the period of service transition.

KEY PRINCIPLES

The following principles are adapted from NICE guidance on transition for young people⁴ and the NSW Agency for Clinical Innovation/Trapeze key principles⁵.

- Young people and their families and/or carers are listened to, are engaged in and guide the transition process.
- Service delivery, culture and practice incorporate a recovery focus with an emphasis on hope.
- Young people who are likely to require transition should be identified as early as possible in their contact with CAMHS or YMHS and preparation for transition should be included in early care planning.
- Services work closely together to recognise the developmental stage of the young person and to facilitate a transition process between the services that takes account of the pace that the young person is comfortable with and the need they have for the continued age-appropriate involvement of their family/carers.
- Transition planning and support should be developmentally appropriate and flexible, recognising that the young person's circumstances and autonomy are continuing to evolve.
- Transition planning and support should be strengths-based, using a language of hope, empowering, engaging and enabling young people and their families and/or carers while working towards meaningful goals throughout the transition process.
- Transition planning and support should use person-centred approaches with an individualised transition plan for each young person that includes support provided by their family and/or carers, general practitioner, education and other government agencies, Primary Health Networks and other non-government organisations and services providers that are culturally relevant and safe.

⁴ <https://www.nice.org.uk/guidance/ng43/chapter/Recommendations#overarching-principles>

⁵ http://www.aci.health.nsw.gov.au/data/assets/pdf_file/0011/251696/Key_Principles_for_Transition.pdf

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- Local CAMHS/YMHS and AMHS should partner in the development and review of transition protocols, communication processes and tools and the identification of transition coordinators/facilitators.
- Young people and their families and/or carers should be involved in service design, delivery and evaluation related to transition and in planning and coproducing transition policies, supporting materials and tools.

USE OF THE GUIDELINE

This Guideline outlines the principles and actions that aim to optimise the outcomes and experiences of young people and their families and carers during periods of service transition. Services are encouraged to develop their own local policies and protocols for the period of service transition for young people.

This Guideline provides a framework and, where available, evidence based guidance to assist NSW Health mental health services to:

- support a safe and effective transition for young people (Section 2)
- manage essential components and phases of transition (Section 3)
- select from a range of evidence informed approaches and implementation resources that support transition (Section 4 and 5)

325 (12/10/18)

Use of Audio-Visual Link for Mental Health Assessments under the Mental Health Act 2007

Document number [GL2022_007](#).

GUIDELINE SUMMARY

This Guideline provides guidance on the use of audio-visual link to conduct mental health assessments under section 19A and section 27A of the [Mental Health Act 2007](#) (NSW). This Guideline provides information on clinical considerations when using audio-visual links.

KEY PRINCIPLES

The *Mental Health Act 2007* (NSW) allows for mental health assessments under section 19A and section 27A to be conducted via audio-visual link when it is not reasonably practicable for the examination to occur in-person as per the requirements under section 19 and section 27.

This Guideline provides information about factors clinicians can consider when deciding whether it is not reasonably practicable for the examination to be conducted in-person including clinician availability, the impact of a delayed assessment and risk assessment principles.

It provides information about the key principles that clinicians are to consider when conducting an assessment via audio-visual link which includes:

- The principles of care and treatment under the *Mental Health Act 2007* (NSW).
- Maintaining the dignity and privacy of the person undergoing the assessment.
- Maintaining the safety of staff and the person undergoing assessment.
- Seeking consent from persons undergoing assessment where possible.
- Carers are to be consulted where reasonably practicable.
- Mental health services are to offer and support interventions to promote and sustain a person's physical health.
- Provision of culturally appropriate and safe care to Aboriginal people.
- Audio-visual link must be carried out using secure channels approved by NSW Health.

Local Health Districts and Specialty Health Networks are responsible for ensuring staff are trained to conduct assessments via audio-visual link.

Monitoring data and information is to be recorded and stored in the person's medical record. Monitoring and data collection directives must be adhered to.

342 (12/07/22)

Forensic Patient Electronic Monitoring

Document number [GL2022_008](#).

GUIDELINE SUMMARY

This Guideline is for treating teams applying for and managing forensic patients with an order for electronic monitoring. It has been issued based on sections 85(1) and 94(4) of the *Mental Health and Cognitive Impairment Forensic Provisions Act 2020* (NSW).

KEY PRINCIPLES

Electronic monitoring is defined as the use of an electronic device to monitor or track the location of a person at any given time, including by Global Positioning System.

The purpose of electronic monitoring is to focus on improving community safety and improving outcomes for forensic patients.

The *Mental Health and Cognitive Impairment Forensic Provisions Act 2020* (NSW) expressly allows the Mental Health Review Tribunal to order electronic monitoring as a condition of a forensic patient's leave or conditional release.

When considering making an application to the Mental Health Review Tribunal for electronic monitoring, the treating team are to adhere to the following key principles:

- Be the least restrictive practice in the patient's circumstances.
- Not become routine practice.
- Facilitate leave or release opportunities.
- Facilitate consent-based approaches by all parties.
- Be one of a suite of options available to monitor the patient.
- Have a clear planned approach and a clear purpose.
- Be determined by a risk assessment.
- Incorporate an agreed evaluation process for monitoring and reporting.

Monitoring data and information is to be recorded and stored in the patient's health record.

Use of the Guideline

This Guideline is a resource to support treating teams when considering and/or implementing electronic monitoring for forensic patients on leave or release across Local Health Districts and Specialty Health Networks.

This Guideline details each of these principles in more depth, guiding Local Health Districts and Specialty Health Networks to better align their services with the principles to deliver safe care for forensic patients and the community when undertaking electronic monitoring.

342 (14/07/22)

Domestic Violence Routine Screening

Document number [PD2023_009](#).

POLICY STATEMENT

NSW Health is committed to early identification of domestic violence and promoting awareness of the health impacts of violence. Domestic violence routine screening is mandatory for all women and girls accessing maternity and child and family services, and women 16 years and over accessing mental health and alcohol and other drug services.

Other appropriate NSW Health services, following NSW Ministry of Health approval, can implement domestic violence routine screening with all women 16 years and over in line with this Policy Directive.

SUMMARY OF POLICY REQUIREMENTS

Domestic violence routine screening is conducted through five phases: delivering the domestic violence routine screening preamble; asking the screening questions; taking appropriate actions in response to the woman's answers; explaining and offering the domestic violence Z-card; and documenting screening and outcomes in medical records.

Health workers are to take account of clients' broader social context and be responsive to clients' needs, including by addressing additional barriers that women from priority populations may face.

All clinical staff and Aboriginal Health Workers who conduct screening must complete the four-hour mandatory face-to-face Domestic Violence Routine Screening Training. In participating health services, staff must complete the training before conducting screening.

Screening must occur with all eligible women, except in the following circumstances: others are present; the woman is not well enough to answer the screening questions; or the woman has made a recent disclosure of domestic violence.

Where domestic violence is identified prior to screening health workers are to respond in line with the requirements of this Policy and related NSW Health policies.

Domestic violence routine screening must be conducted at face-to-face appointments in a safe and private space, not via telehealth. Where privacy cannot be assured, domestic violence routine screening is not to proceed. Where health services are delivering services through a mix of face-to-face and telehealth, health services must prioritise domestic violence routine screening at face-to-face appointments.

If domestic violence routine screening cannot be conducted when initially scheduled, attempts must be made at subsequent appointments or on subsequent occasions of service until the domestic violence routine screening is completed.

Health workers must read out the preamble on the Domestic Violence Routine Screening form before asking the screening questions and then ask the screening questions, in full and as instructed, on the Domestic Violence Routine Screening form.

Responses to disclosures of domestic violence must include risk assessment and safety planning. All women who disclose domestic violence are to be offered a referral to a counsellor, social worker, or other appropriate trained psychosocial worker within NSW Health or relevant specialist services.

Health workers must also address the safety, health, and wellbeing needs of children and young people. Workers are to respond to suspected risk of significant harm and take action that promotes the safety of both adult and child victims of domestic violence. This includes identifying

responses to assist women to continue to care for their children in a safer environment where possible.

Where a woman or where children are identified as being at serious threat, workers must prioritise action to reduce the threat.

All women must be offered a Z-card, and have its contents explained, regardless of the outcome of the domestic violence routine screening.

Where a woman discloses other forms of violence and abuse, including family violence, health workers will respond in line with this Policy's procedures and other relevant NSW Health policies.

Responses to screening questions and subsequent actions must be documented in the woman's medical record, including if they do not disclose violence. This includes completing the Domestic Violence Routine Screening form. Domestic Violence Routine Screening forms must be completed in the electronic medical record where available.

Local Health Districts and Specialty Health Networks are to support health workers to deliver domestic violence routine screening by:

- Ensuring that Domestic Violence Routine Screening Training is provided to clinical staff and Aboriginal Health Workers whose role involves delivery of domestic violence routine screening.
- Identifying appropriate staff to complete the Domestic Violence Routine Screening Facilitator Training so that they can deliver the Domestic Violence Routine Screening Training within their Local Health District or Specialty Health Network.
- Ensuring workers who conduct screening and respond to disclosures have access to support. This includes promoting awareness of and access to domestic and family violence leave provisions, and other supports for workers who may themselves be experiencing domestic and family violence.
- Promoting screening practices that are accessible, safe and respectful to all women, including women from priority populations.
- Establishing and maintaining consultation and referral pathways from screening services to specialist violence, abuse and neglect practitioners and services both within and beyond NSW Health.
- Monitoring and reporting on the implementation of domestic violence routine screening and training as required.

347 (03/04/23)