

MENTAL HEALTH SERVICE BUSINESS RULE SESLHDBR/039

Name	Accredited Persons in Mental Health Ambulatory Care Settings		
What it is	It is a business rule to ensure Accredited Persons exercise their duties in accordance with the legal and clinical parameters of the role.		
Risk rating	Medium	Review date	January 2028
What it is not	It is not a description of scope of practice for Accredited Persons.		
Who it applies to	The business rule applies to all South Eastern Sydney Local Health District (SESLHD) Mental Health Service (MHS) staff appointed to exercise duties as an Accredited Person under the NSW Mental Health Act (2007) (Section 136), Community Service Managers, Acute Community Team Managers and Sector Directors.		
What to do	<ol style="list-style-type: none"> 1. Accredited Persons are suitably qualified senior mental health practitioners, appointed by the Secretary NSW Health under the NSW Mental Health Act (2007) (Section 136) following completion of a specific training program. 2. Appointments are made for a period of three years and re-accreditation can be obtained following completion of online refresher training administered through Health Education and Training Institute (HETI). 3. Accredited Persons are authorised to conduct mental health assessments, to liaise directly with admitting psychiatrists and to complete documentation required for admission to a declared mental health facility. 4. Accredited Persons are empowered to write section 19 Schedule 1 certificates which enable someone to be taken to a declared mental health facility against their will if necessary for the purpose of an assessment. 5. Under section 27A of the NSW Mental Health Act (2007) Accredited Persons may also be authorised by the medical superintendent of a declared mental health facility to conduct assessments at the facility to determine whether someone requires detention under section 27 of the NSW Mental Health Act (2007) and to complete the Form 1. 6. It is essential that Accredited Persons and their managers familiarise themselves with the nature and extent of their powers and the constraints imposed by law for the protection of others. The legal and clinical framework within which Accredited Persons exercise their duties and responsibilities is outlined in the Accredited Person's Handbook 2022. 7. To minimise confusion and distress for the person being 		

taken to a declared mental health facility, each accredited person must be:

- a. Familiar with the admission protocols of the declared mental health facilities in their service.
 - b. Able to liaise with the relevant facility to minimise admission difficulties.
 - c. Able to explain the process simply to the person being scheduled and to relevant carers.
8. In order to maintain the functions of an Accredited Person, SESLHD MHS is required to:
- a. Maintain a local register of all Accredited Persons in SESLHD and ensure it is up-to-date.
 - b. Indicate the status 'Accredited Person' on relevant staff identification cards.
 - c. Establish a process for routine monitoring of Accredited Persons' documentation and outcomes to ensure they meet SESLHD and NSW Mental Health Act (2007) standards.
 - d. Effectively manage issues related to the performance of individual Accredited Persons.
 - e. Establish a process to monitor and prevent expiry of three-year appointments, including enrolment in, and completion of, the online refresher training. Advise the NSW Mental Health Branch in writing of any requests for Accredited Persons to transfer their Accredited Person status from another Local Health District to SESLHD.
 - f. Advise the NSW Mental Health Branch of any Accredited Persons who are no longer working for SESLHD, and advise if they have moved to another LHD.
9. Prior to requesting a mental health assessment by an Accredited Person, non-accredited clinicians should collect and collate the following information through a home visit or centre-based assessment where possible:
- a. Clinical assessment within the electronic medical record or on relevant NSW Mental Health Outcomes and Assessment Tools (MH-OAT) forms, detailing the current mental state of the client.
 - b. Any difficulties in therapeutic engagement.
 - c. Evidence of immediate risks:
 - i. To the client
 - ii. To others
 - iii. Continued deterioration in mental state
 - iv. Potential to leave the immediate area.
 - d. A clinical plan to minimise immediate risk.
 - e. Corroborating evidence from:
 - i. Family/friends/carers
 - ii. Neighbours, if appropriate
 - iii. General Practitioner or private psychiatrist
 - iv. Others.
 - g. A clinical impression and rationale for assessment by an accredited person.

	<p>10. Under the NSW Mental Health Act (2007) the Accredited Person must comply with the following:</p> <ol style="list-style-type: none"> a. Personally examine or personally observe the person. b. Be of the opinion that the person is either mentally ill or mentally disordered. The Accredited Person's decision must not be based upon undue influence. c. Be satisfied that no other appropriate means for dealing with the person are reasonably available and that involuntary transportation and detention in a declared mental health facility are necessary. d. Must not be a designated carer, principal care provider, near relative or primary carer of the person. e. Must use the prescribed form (Schedule 1 certificate). f. Must declare any pecuniary interest (either direct or indirect) held by them, near relatives, a partner or assistant in any authorised hospital. <p>11. For NSW Police and/or NSW Ambulance assistance, Part 2 of the Schedule 1 certificate must be completed and signed by the Accredited Person. The usual procedure for seeking Police assistance as per the NSW Health – NSW Police Force Memorandum of Understanding 2018 is to be followed. Transport should, where possible, be undertaken during business hours when Police resources are more available.</p> <p>12. When considering transfer to and detention in a declared mental health facility, clinicians are to ensure the proposed plan is communicated to the client and family/carers wherever possible.</p> <p>13. When considering transfer to and detention in a declared mental health facility, clinicians are to ensure adequate communication with relevant health service personnel as per SESLHDGL/051 Access and Patient Flow Operational Framework for Mental Health Service.</p> <p>14. Comprehensive documentation in the client's medical record must include all of the above information and activities.</p> <p>15. Where an Accredited Person is not immediately available, the requesting clinician may refer to the SESLHD Mental Health Service Accredited Persons List and seek assistance and advice from the relevant Acute Community Team Manager or Community Service Manager in obtaining access to an alternative Accredited Person.</p> <p>16. Accredited Persons may be deployed to other Local Health Districts within NSW if there is a need for their functions in the other Local Health District. An Accredited Person can only be deployed in another Local Health District if directed to do so by SESLHD during the course of their employment with SESLHD. The deployed Accredited Person must be doing their work for SESLHD and as part of their employment in SESLHD. The period of deployment must be communicated to the NSW Mental Health Branch by SESLHD.</p>
When to use it	The business rule must be used whenever an Accredited

	Person is required to assess a person and exercise their authority under the NSW Mental Health Act (2007).
Why the rule is necessary	<p>The business rule is necessary to ensure that:</p> <ul style="list-style-type: none"> • Accredited Persons enact their duties in accordance with the legal and clinical parameters of the role. • Clients are treated with dignity and receive care in the least restrictive environment consistent with their needs. • People requiring involuntary transport and detention in a declared mental health facility and their families/carers are involved in the planning and management of their health care needs wherever possible. • Expectations of the role and function of Accredited Persons are consistent throughout the SESLHD MHS. • Inpatient Units and Emergency Departments are provided with timely referral and clinical information prior to transfer of clients to a declared mental health facility, wherever possible.
Who is responsible	Responsible staff include all SESLHD MHS clinicians (including Accredited Persons), Nursing Unit Managers, Inpatient Service Managers, Clinical Operations Managers and Service Directors.
Ministry of Health/ SESLHD reference	NSW Mental Health Act 2007 NSW Mental Health Act 2007 Guidebook NSW Health – NSW Police Force Memorandum of Understanding 2018 Accredited Person’s Handbook 2022 NSQHS second edition: Standard 2 Partnering with consumers; 2.5 Healthcare rights and informed consent and 2.6 Sharing decisions and planning care SESLHDGL/082 Clinical Risk Assessment and Management – Mental Health SESLHDGL/051 Access and Patient Flow Operational Framework for Mental Health Service SESLHD Mental Health Service Accredited Persons List
Functional Group	Mental Health
Executive Sponsor	Dr Nicholas Babidge Clinical Director, Mental Health Service
Author	Director of Nursing, Mental Health Service

Version and Approval History

Date	Version Number	Author and approval notes
Dec 2010	0	Michelle Bradley, SESLHD MHS Clinical Nurse Manager.
Jan 2014	1	Redrafted by Natalie Cutler, SESLHD MHS Essentials of Care & Practice Development Project Coordinator. Scheduled review.
March 2014	1	Endorsed by SESLHD MHS Clinical Council.
September 2016	1	Executive Services made minor changes to links.
April 2017	2	Scheduled Review Clinical Nurse Manager SESLHD MHS
May 2017	3	Review by Assistant Policy Officer, Regulatory Services, Mental Health Branch.
July 2017	4	Reviewed by District MHS Consultant Psychiatrist, Clinical Nurse Manager, and Policy Officer.
August 2017	4	Revised by District MHS Consultant Psychiatrist with minor changes to ‘What to do’; included Point 3 and updated Point 5.

		Endorsed by DDDCC.
September 2017	4	Formatting reviewed by Executive Services
January 2020	5	Updated AP Handbook to 2019 version. Updated Health/Police MOU to 2018 agreement. Removed references to SESLHDGL/022 as it has been rescinded by SESLHDGL/051 Access and Patient Flow Operational Framework for MHS. Updated Executive Sponsor.
May 2020	5.1	Incorporates feedback from the NSW MoH MH Branch
December 2021	5.2	Minor review. Incorporates DDCC feedback.
January 2022	5.3	Aligned to NSQHS second edition. Endorsed Document Development and Control Committee. Endorsed by Executive Sponsor.
15 January 2025	5.4	Routine review commenced. Accredited Persons handbook updated from 2019 to 2022 edition. Noting that the release of an AP Policy Directive from MoH is imminent, no further changes identified. Endorsed by Executive Sponsor for publication with a 12 month review period.