

Name	Mental Health Service (MHS) Collaboration with, and Communication of Clinical Information to, NSW Health Drug and Alcohol (D&A) Services		
What it is	It is a business rule that details the requirements for shared care and the type and timing of information to be provided by the MHS to NSW Health D&A Services in relation to shared consumers.		
Risk Rating	Medium	Review Date	March 2026
What it is not	It is not a policy, procedure, guideline, safe work practice or standard operating procedure.		
Who it applies to	The business rule applies to all South Eastern Sydney Local Health District (SESLHD) MHS staff.		
What to do	<ul style="list-style-type: none"> • Regular exchange of clinical information should occur between the MHS and the relevant D&A Service. • The MHS and D & A service should collaborate to develop shared management plans with the aim to engage consumers into treatment, and share information about significant changes in the consumer's situation. • The Care Coordinator for each respective service is to be clearly identified in the MHS electronic medical record (eMR) consumer file. • Information is to be provided by the MHS to the D&A Service at the following points in the consumer's care: <ul style="list-style-type: none"> - Date(s) of admission to the service - 13-week review with an invitation for the D&A Care Coordinator to attend - Any change in treatment - Any missed appointments - Change of legal status - Increase in risk status - Deterioration in mental state - Date(s) of discharge from the service and plans for discharge, including transfer of care details. • Efforts should be made by the MHS to obtain the following information from the D&A Service regarding shared consumers: <ul style="list-style-type: none"> - Date(s) of admission to the service - Any change in treatment - Any missed appointments - Increase in risk status - Deterioration in mental state - Date(s) of discharge from the service - Key support people • Communication between MHS and D&A Care Coordinators can occur via eMR documentation, telephone, email, face to face and through attendance at clinical reviews and other relevant meetings. • Arrange a joint care planning conference involving the consumer, carer(s), MHS and D&A Care Coordinator as 		

	<p>early as possible within an episode of care, to develop shared management plans.</p> <ul style="list-style-type: none"> For consumers who are admitted to an acute inpatient MH Unit, ensure that ongoing D&A contact is offered over the period of the admission, and an offer of shared follow up, including information about D & A services and supports available, is repeated immediately prior to discharge to a community setting.
When to use it	The business rule should be used by MHS staff when clients are jointly managed by the MHS and the D&A Service.
How to use it	Business rules are to be made accessible to all staff in their workplace. New staff must be made aware of the location of the business rules for their workplace.
Why the rule is necessary	The business rule aims to ensure optimal care for all shared clients of the MHS and the D&A Service.
Who is responsible	Responsible staff include all MHS staff involved in the care of shared clients of the MHS and the D&A Service.
Ministry of Health / SESLHD reference	<p>NSW Health</p> <ul style="list-style-type: none"> PD2021_039 Mental Health Clinical Documentation PD2019_020 Clinical Handover <p>SESLHD</p> <ul style="list-style-type: none"> SESLHDGL/074 Clinical Document in Mental Health SESLHDBR/040 Clinical Handover for Mental Health Services (ISBAR)
Executive Sponsor	Dr Nicholas Babidge, Clinical Director, Mental Health Service
Author	Chris Hay, Service Director, St George Mental Health Service

Revision and Approval History

Date	Revision Number	Author and Approval
October 2013	0	Chris Hay, St George Hospital Community MHS Service Manager. Intended as a Southern Sector Business Rule but adapted to District-wide BR on the recommendation of SESLHD MHS Director Dr Murray Wright. Forwarded to SESLHD MHS District Document Development and Control Committee (DDDCC) and SESLHD D&A Service Patient Safety and Quality Meeting for further development and agreement on content.
November 2013	0	MHS version of document endorsed by DDDCC.
May/June 2014	1	SESLHD D&A Service provided updated version of document featuring substantial edits and additions (sent by Tess Finch and Lucy Hilferty).
September 2014	2	DDDCC determined not to proceed with joint Business Rule due to significant changes in its scope and intent as a result of SESLHD D&A Service edits/additions. Decision supported by SESLHD MHS Director of Operations. Document redrafted to include only MHS responsibilities.
November 2014	2	Endorsed by SESLHD MHS Clinical Council.
August 2018	3	Completed a minor review by SESLHD MHS Policy Officer. Major review in progress. Endorsed by Executive Sponsor.
October 2018	3	Minor review - Revised by Chris Hay, Clinical Operations Manager, SGH MHS: Included references to eMR. Endorsed by DDDCC, out-of-session. Endorsed by MHS Clinical Council. Endorsed by Executive Sponsor.

November 2018	3	Processed by Executive Services prior to publishing.
December 2021	4	Routine review commenced
October 2022	5	Non-routine review commenced. Circulated to DDCC and D&A for feedback. Feedback incorporated.
December 2022	5.1	Recirculated to DDCC. No further feedback identified. Endorsed out-of-session. Endorsed by Executive Sponsor for publication. Published by SESLHD Policy.