MENTAL HEALTH SERVICE BUSINESS RULE SESLHDBR/071

<table>
<thead>
<tr>
<th>Name</th>
<th>Consumers in the Community with Complex Needs (including High Risk Civil Clients)</th>
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</thead>
<tbody>
<tr>
<td>What it is</td>
<td>This business rule is to assist local mental health services with the assessment, treatment, risk management, review and transfer of care for consumers with complex needs and high risk civil consumers living in the community.</td>
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<tr>
<td>Risk Rating</td>
<td>Medium</td>
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<td>What it is not</td>
<td>This document does not describe or replace processes already required for triage and assessment, plus outcomes and assessment tools.</td>
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<tr>
<td>Who it applies to</td>
<td>This business rule applies to all nursing, allied health and medical staff working in mental health community settings.</td>
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</table>
| Definitions | **Complex:** Consumers of South Eastern Sydney Local Health District Mental Health Service (SESLHD MHS) with exceptionally complex needs who have two or more of the following:
  - an acquired brain injury
  - an intellectual disability
  - current or past involvement with the criminal justice system
  - a significant substance use problem
  AND
  - pose a significant risk of harm to self or others
  AND/OR
  - their risk is highly changeable due to dynamic risk factors
  - they require intensive support, including coordination of multiple services. |
  **High Risk Civil:** As per 3.4 of the Service Level Agreement regarding forensic and high risk civil patients between the NSW Justice Health and Forensic Mental Health Network (JHFMHN) and SESLHD:

  “A high risk civil patient is a consumer of LHD mental health services. The high risk status is defined by the LHD’s clinical assessment rather than by the courts or by JHFMHN. A high risk civil patient is assessed to have significant ongoing risk of danger to self or others.” |
| What to do | **1.1 Triage and Assessment Process**
a) A bio-psychosocial comprehensive mental health assessment and risk assessment must be undertaken (including outcome measures and additional assessments as required), using the standardised electronic Medical Record (eMR) documentation (see SESLHD MHS Policy) |
b) This initial assessment will inform the process of needs identification and care planning and will clarify whether the consumer is classified as exceptionally complex or high risk civil as early as possible. This includes identification of the most appropriate community service and/or continuing care coordination or rehabilitation treatment.

1.2 Referral
a) A consumer’s suitability for community options provided by SESLHD MHS will be determined at the relevant community referral forum. Once suitability is established, a nominated senior clinician will begin service planning for the consumer until a suitable primary clinician is allocated.

1.3 Treatment Planning, Risk Management and Review
a) All consumers of the MHS require care planning and review every 13 weeks, as per outcomes and assessment tools. **High risk civil consumers** require an updated risk assessment – including a home visit risk assessment stipulating whether the consumer can be home visited or must have centre-based appointments only – and updates to the management plan every 13 weeks, plus a Consultant Psychiatrist medical review every six months. Consider use of the Historical Clinical Risk Management-20 (HCR-20) for consumers identified as extremely high risk of violence. Under the *Forensic Provisions Act*, risk assessments for all forensic consumers must be logged. This log is kept by the SESLHD Access and Service Integration Manager who must be notified of new consumers under the *Forensic Provisions Act*.

b) Consumer **case conferencing** is an important element of effective, multidisciplinary care planning for clients who have complex needs and who have involvement with multiple services. Consumer case conferencing involves bringing together all relevant parties involved in a consumer’s care to identify/review the consumer’s needs and to develop a clear, comprehensive management plan for treatment, with defined roles and responsibilities. Case conferences can be used to: identify or clarify issues regarding a consumer’s status, needs and goals; review activities including progress and barriers towards goals; map roles and responsibilities; resolve conflicts or strategise solutions; prevent critical or adverse events; and adjust current treatment plans. Each site requires a forum for case conferences, with a structured agenda and designated senior staff (such as a Team Leader and/or Clinical Coordinator) to organise them.
c) It is part of the JHFMHN role to provide SESLHD with clinical leadership, training and education regarding high risk civil consumers, as per their Service Level Agreement and **NSW Ministry of Health Policy Directive 'Forensic Mental Health Services' PD2012_050**. **Forensic supervision** is conducted on a monthly basis between each SESLHD site and the Community Forensic Mental Health Service, whereby high risk civil consumers’ current treatments and risks can be discussed and clinical supervision provided. A referral to the Community Forensic Mental Health Service may be an outcome of the supervision, where appropriate. Community MHS managers or delegates at each site are responsible for coordinating this supervision with the Community Forensic Mental Health Service.

### 1.4 Transfer of Care/Discharge

| a) | Consumers with complex needs and high risk civil consumers may require transfer of information to multiple agencies at points of transition. Methods of communication could include case conferencing, clinical handover (using **ISBAR principles**), eMR and – where consumer consent is given – sharing of relevant assessments and plans with other supports, such as community managed organisations. |

**When to use it**  
This business rule is to be used in mental health community settings when a person has been identified as an exceptionally complex and/or high risk civil consumer.

**Why the rule is necessary**  
This business rule is necessary to achieve:
- effective and efficient determination of need for community services for complex and high risk civil consumers
- effective and efficient prioritisation of referrals for consumers assigned with complex needs and for high risk civil consumers
- continuous active management of consumers
- efficient and effective matching of consumer needs to available clinical resources
- accurate and consistent documentation, transfer of information and data collection in eMR
- informed consumers and staff, who understand their roles and responsibilities
- regular system evaluation, monitoring and improvement.

**Who is responsible**  
Responsible staff are those of all disciplines working in mental health community settings.

**Ministry of Health / SESLHD reference**  
**SESLHD**
- [SESLHD MHS Policy 'Clinical Risk Assessment and Management' SESLHD/291](#)
- [SESLHD MHS Business Rule 'Clinical Handover for Mental Health Services (ISBAR)' SESLHD/040](#)
- [SESLHD MHS Procedure 'Mental Health Clinical Documentation' SESLHDPR/152](#)
• SESLHD MHS Business Rule ‘Mental Health Consumer Rights & Responsibilities’ SESLHDBR/010

NSW Ministry of Health
• NSW Ministry of Health Guideline ‘Mental Health Clinical Documentation’ GL2014_002
• NSW Health ‘Framework for Suicide Risk Assessment and Management for NSW Health Staff’

Other
• ‘Clinical Risk Assessment and Management: A Practical Manual for Mental Health Clinicians’ (Justice Health, NSW Health and the Centre for Forensic Behavioural Science)
• Independent Hospital Pricing Authority (IHPA)
• Historical Clinical Risk Management-20 (HCR-20) v3
• National Standards for Mental Health Services 2010: Standard 9. Integration (9.4); Standard 10. Delivery of Care (10.3.3, 10.5.9)

Executive Sponsor
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Author
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Revision and Approval History

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<thead>
<tr>
<th>Date</th>
<th>Revision Number</th>
<th>Author and Approval</th>
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<tbody>
<tr>
<td>Sept-Nov 2015</td>
<td>0v1/0v2</td>
<td>Original draft prepared by TSH MHS staff in response to Clinical Incident Review (CIR) and circulated broadly for feedback, with some comments incorporated.</td>
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<tr>
<td>Dec 2015</td>
<td>0v3</td>
<td>SESLHD MHS District Document Development and Control Committee (DDDCC) requests referral back to author and Ellen McFarlane, STG/TSH MHS Quality Manager, to ensure appropriate definitions are included, ensure review by Chief Psychiatrists and to conduct a closer examination of whether CIR requirements could be fulfilled by amending an existing policy document.</td>
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<tr>
<td>Feb 2016</td>
<td>0v4</td>
<td>Document reassigned to SESLHD MHS Risk Manager by DDDCC due to staff movements. Further consultation with Community MHS Managers and Staff Specialists requested.</td>
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<tr>
<td>Mar 2016</td>
<td>0v5</td>
<td>Frontline staff report that a separate document is required – one which assists in fulfilling requirements for this consumer cohort as per SESLHD Service Level Agreement with the NSW Justice Health &amp; Forensic Mental Health Network. Two further rounds of consultation conducted; no further comments received.</td>
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<tr>
<td>May 2016</td>
<td>0v5</td>
<td>Endorsed by SESLHD MHS Clinical Council.</td>
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<tr>
<td>May 2019</td>
<td>v1.0</td>
<td>Confirmed correct template. All references to “District” have been replaced with “SESLHD”</td>
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<tr>
<td>May 2019</td>
<td>v1.1</td>
<td>Circulated for routine review to relevant stakeholders: Service Directors, Clinical Directors, Clinical Operations Managers, SESLHD MHS Clinical Director for Child and Adolescent, Community Service Managers, Pathways to Community Living Clinician, TSH Clinical Nurse Consultant MH ID Co-ordinator, Consumer Partnerships co-ordinator- no comments received.</td>
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<td>Date</td>
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<td>Description</td>
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<tr>
<td>June 2019</td>
<td>v1.2</td>
<td>Minor Review – addition of reference to Historical Clinical Risk Management-20 (HCR-20) added to document</td>
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<tr>
<td>July 2019</td>
<td>1.2</td>
<td>Processed by Executive Services prior to publishing.</td>
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