SESLHD POLICY COVER SHEET

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FUNCTIONAL GROUP(S)	Mental Health
KEY TERMS	Consultant Psychiatrist, second opinion
SUMMARY	This policy attempts to provide clear guidelines around which situations should automatically trigger a second opinion from a Consultant Psychiatrist – and where it is recommended but remains at the discretion of the requesting Consultant Psychiatrist.

Health
South Eastern Sydney
Local Health District

Obtaining a Second Opinion from a Consultant Psychiatrist within Acute Inpatient Mental Health Units

SESLHDPD/269

1. POLICY STATEMENT

It is recognised that there are a range of clinical scenarios where a Consultant Psychiatrist may seek an opinion from a Psychiatrist colleague – diagnostic clarification, advice regarding management, review of inpatient length of stay, statutory requirements under the NSW Mental Health Act (2007) (eg Consultant Form 1), or to verify the appropriateness of a proposed treatment (eg Electroconvulsive Therapy (ECT)).

2. AIMS

This policy aims to provide clear guidelines around which situations should automatically trigger a second opinion from a Consultant Psychiatrist within an Acute Inpatient Mental Health Unit – and where it is recommended, but remains at the discretion of the requesting Consultant Psychiatrist.

3. TARGET AUDIENCE

This policy applies to all inpatient and community-based multidisciplinary mental health staff involved in second opinion processes as part of treatment and care in the Mental Health Service (MHS). In particular, this may include Clinical Directors Consultant Psychiatrists, Psychiatric Registrars, Clinical Operations Managers, Inpatient Mental Health Clinicians, Community Mental Health Clinicians and Patient Flow Coordinators.

4. RESPONSIBILITIES

It is the responsibility of Service Directors, Clinical Directors, Consultant Psychiatrists, Psychiatric Registrars, Clinical Operations Managers, Inpatient Mental Health Clinicians, Community Mental Health Clinicians and Patient Flow Coordinators to ensure compliance with this policy.

5. POLICY COMPONENTS

5.1 The following are situations that should trigger a routine request for a second Consultant Psychiatrist opinion or review:

- Where it is mandated under the NSW Mental Health Act (2007) – Form 1: Clinical Report as to Mental State of a Detained Person, where the treating Consultant Psychiatrist has already completed the Schedule 1, or a third medical opinion is required under Section 27.
- For any person receiving Electroconvulsive Therapy (ECT), refer to SESLHDPR/310 - Practice of Electroconvulsive Therapy (ECT) – Mental Health Service.
- Where the person or the person's family initiates a request for a second opinion regarding their diagnosis or treatment.

5.2 There should be a graded sequence of opinions sought in relation to lengths of stay in Acute Inpatient Mental Health Units exceeding specific thresholds. This sequence is:

- LOS >= 28 days. A second opinion is required. This opinion may be sought from another Consultant Psychiatrist within the unit, or within the service. The treating team is responsible for arranging the second opinion, which is to occur upon the person being in hospital for 28 days. The review is to be documented in the person's electronic Medical Record (eMR).
- LOS>= 49 days. A further second opinion is required. This is to be sought from the Clinical Director/Medical Superintendent of that hospital, or from another hospital within SESLHD. The further second opinion should involve a 'face-to-face' review, in addition to a review of the person's medical record and consultation with the treating team. The opinion must be documented in the person's eMR by the Consultant Psychiatrist providing the opinion.
- LOS>= 75 days. Any acute inpatient with a LOS>75 days requires a site Complex Case Review. The review is to take place at site level and be reported to the relevant Clinical Governance Committee. Where resolution of the complex care requirements has not been achieved at a site level, the case is to be referred to the SESLHD MHS Complex Care Review Committee as per SESLHBR/029 - Referral to the Mental Health Service (MHS) Complex Care Review Committee.

There should be a graded sequence of opinions sought in relation to lengths of stay in Acute Older Persons Mental Health Units, exceeding specific thresholds. This sequence is:

- LOS >= 49 days. A second opinion is required. This opinion may be sought from another Consultant Psychiatrist within the unit or within the service. The treating team is responsible for arranging the second opinion, which is to occur upon the person being in hospital for 49 days. The review is to be documented in the person's eMR.
- LOS>= 75 days. A further second opinion is required. This is to be sought from the Clinical Directors/Medical Superintendent of that hospital, or from another hospital within SESLHD. The further second opinion should involve a 'face-to-face' review, in addition to a review of the person's eMR and consultation with the treating team. The opinion must be documented in the person's medical record by the Consultant Psychiatrist providing the opinion. Any acute older person inpatient with a LOS>75 days also qualifies for a site Complex Case Review, if required. This review is to take place at site level and be reported to the relevant Clinical Governance Committee. Where resolution of the complex care requirements has not been achieved at a site level, the case is to be referred to the SESLHD MHS Complex Care Review Committee as per SESLHBR/029 - Referral to the Mental Health Service (MHS) Complex Care Review Committee.

5.3 On occasion, people are admitted to an Acute Inpatient Unit within SESLHD when they reside outside of the SESLHD and are unable to be repatriated. If they are also assessed as being at high risk of harm to self/others and where it is assessed that these risks are long term and are likely to remain high at the point of discharge, then the treating Psychiatrist may seek a second opinion from another Consultant Psychiatrist in relation to discharge planning and follow-up care.

5.4 The following are situations where a second Consultant Psychiatrist opinion is recommended but remains at the discretion of the treating consultant:

- Diagnostic clarification – this is usually best sought from another individual Psychiatrist.
- Management of acute or long-term high risk – this may be best sought through a case conference or peer review process. However, an individual Psychiatrist's second opinion may also be appropriate.
- Lack of treatment effectiveness – this may be best managed through referral to a tertiary referral service under the following circumstances:
    - Required for complex psychopharmacological management (eg use of three mood stabilisers concurrently, use of four or more regular psychotropic medications concurrently, use of clozapine in presence of relative contraindications).
    - Development of care pathways for people with comorbidities and/or complex psychosocial needs.

5.5 A second opinion can be sought from the following sources:

- another Psychiatrist within the service unit
- another Psychiatrist within the SESLHD MHS

When a Case Conference has been held, and/or the site Clinical Director has been consulted and it is determined that a second opinion needs to be sought from outside of SESLHD, consideration needs to be given to consent, release of information and documentation.

5.6 When seeking an opinion from another Psychiatrist within the site service/SESLHD MHS, the following guidelines apply:

- Where the person is an adult, the opinion of a specialist Adult Psychiatrist should be obtained.
- Where an Adult Psychiatrist is seeking a second opinion on a person who falls within the adolescent (12-17 years) or older adult (>65 years) age group, consideration should be given to seeking that opinion from a Child/Adolescent Psychiatrist or an Older Adult Psychiatrist respectively. As the second opinion, the subspecialty Psychiatrist should review the consumer prior to referring to the subspecialty Clinical Director.
- Where a Child/Adolescent Psychiatrist or the Older Adult Psychiatrist is seeking a second opinion, they may obtain it either from an Adult

Psychiatrist within the local service, or from another Consultant Psychiatrist from their subspecialty within the SESLHD MHS. This decision may depend on the reason for obtaining the opinion and the availability of subspecialty Psychiatrists. As the subspecialty Psychiatrist providing a second opinion, they may consult with the corresponding subspecialty Clinical Director before a full referral is conducted.

5.7 The preferred mode of requesting a second opinion is for the requesting Consultant Psychiatrist to liaise directly with the Consultant Psychiatrist whose opinion is being sought, rather than the Psychiatric Registrar requesting the referral. On occasion, particularly for routine second opinions, as defined in 5.1, the team Registrar may liaise directly with the receiving Consultant Psychiatrist. For more complex second opinions, the requesting Consultant Psychiatrist (and team) needs to provide a detailed written summary to assist the receiving Consultant Psychiatrist to formulate an opinion.

If a second opinion is requested and overdue and directly impacting timely discharge, it is to be noted in the Electronic Patient Journey Board (EPJB) in the 'Waiting for what' section by the nominated 'Waiting for What' site based champion. Any significant delays in obtaining a second opinion should be escalated to the relevant site's Clinical Directors for their direct assistance.

5.8 The process of carrying out a request for a second opinion is as follows:

- The receiving Consultant Psychiatrist should clarify the time frame during which the second opinion must be provided, and inform the requesting Consultant Psychiatrist of their availability.
- If the receiving Consultant Psychiatrist is available and agreeable to provide a second opinion, they should arrange a suitable time to perform the assessment, liaising with the inpatient staff or primary clinician as required.
- Having completed the assessment, the receiving Consultant Psychiatrist must document their opinion in the person's eMR and, where appropriate, discuss the outcome of the assessment with the requesting Consultant Psychiatrist. The level and detail of the opinion provided may differ, depending on the reason for obtaining the opinion.
- If, following the second opinion, there is a disagreement between the two Consultant Psychiatrists with respect to any significant aspect of a person's clinical management, the matter needs to be referred to the site's Clinical Directors and, if necessary, the SESLHD MHS Complex Care Review Committee as per SESLHBR/029 - Referral to the Mental Health Service (MHS) Complex Care Review Committee.

6. DEFINITIONS

A ***second opinion*** is a medical opinion provided by a second medical specialist/expert or subsequent to an initial opinion provided by a medical specialist/expert. It is usually, but not always, obtained with the patient's consent and it may serve a multitude of purposes including clarifying diagnosis, assisting with management planning and fulfilling medico-legal requirements. In the context of this policy, the medical specialist is to be a Psychiatrist unless otherwise stated.

A ***Requesting Consultant Psychiatrist*** is the Consultant Psychiatrist requesting the second opinion.

A ***Receiving Consultant Psychiatrist*** is the Consultant Psychiatrist providing the second opinion.

Repatriation refers to the return of a person to their location of origin.

7. DOCUMENTATION

- SESLHDPR/310 - Practice of Electroconvulsive Therapy (ECT) – Mental Health Service
- SESLHBR/029 - Referral to the Mental Health Service (MHS) Complex Care Review Committee
- NSW Ministry of Health Guideline GL2017_013 - The Guardianship Application Process for Adult Inpatients of NSW Health Facilities
- NSW Mental Health Act (2007)
- NSW Mental Health Act (2007) Form 1: Clinical Report as to Mental State of a Detained Person

8. REFERENCES

- NSW Mental Health Act (2007)
- NSW Mental Health Act (2007) Form 1: Clinical Report as to Mental State of a Detained Person
- SESLHDGL/051 - Access and Patient Flow Operational Framework for Mental Health Service
- SESLHDGL/082 - Clinical Risk Assessment and Management – Mental Health
- SESLHDPR/310 - Electroconvulsive Therapy (ECT) Practice – Mental Health Service
- SESLHDBR/029 - Referral to the Mental Health Service (MHS) Complex Care Review Committee
- SESLHDPR/418 - Relationships with External Clinical Care Providers - Mental Health Services
- NSW Ministry of Health Policy Directive PD2019_045 - Discharge Planning and Transfer of Care for Consumers of NSW Health Mental Health Services

- NSW Ministry of Health Guideline GL2017_013 - The Guardianship Application Process for Adult Inpatients of NSW Health Facilities
- Ahuja, A. Survey of a Second Opinion Clinic in Child & Adolescent Psychiatry. Irish Journal of Psychological Medicine, Vol. 23 No. 3 Sept 2006 (pp107-109)
- National Safety and Quality Health Service (NSQHS) Second Edition: Standard 1 Clinical Governance (1.3)

9. REVISION & APPROVAL HISTORY

Date	Revision No.	Author and Approval
July 2007	0	Director of Clinical Governance SESIH MHS, in consultation with the Senior Psychiatrists and Mental Health Executives of each site.
June 2009	1	Director Clinical Governance Mental Health.
April 2010	2	Updated to reflect NSW Health Malingering Policy. Endorsed by Area Mental Health Executive.
July 2012	3	Ratified at the SESLHD MHS Clinical Council 26 July 2012.
September 2013	4	Endorsed by SESLHD MHS Clinical Council.
June 2015	5	Endorsed by SESLHD MHS Clinical Council.
September 2016	6	Scheduled review. Document sent to Service Directors, MHS Clinical Nurse Manager, Chief Psychiatrists, Inpatient Services Managers, Clinical Operations Managers, Nursing Unit Managers, Bed Flow Coordinator and Medical Superintendent. No comments received. Document updated by SESLHD MHS Access and Service Integration Manager, including change in risk rating from 'Extreme' to 'High' plus new references to the interface of the Electronic Patient Journey Board (EPJB) and 'Waiting for what?' in Section 5.7.
October 2016	6	Endorsed by SESLHD MHS Clinical Council.
November 2016	6	Endorsed by Executive Sponsor.
May 2018	6	Risk rating changed from High to Medium – approved by Executive Sponsor.
October 2019	7	Minor Review approved by Executive Sponsor. Aligned to NSQHS Second Edition. Links checked and updated. Chief Psychiatrist replaced with Clinical Director Edited to be gender neutral.
October 2019	7.1	Incorporates feedback from working party.
November 2019	7.2	Incorporates feedback regarding escalation to subspecialty Clinical Directors. Endorsed by SESLHD MHS Document Development & Control Committee Endorsed by SESLHD MHS Clinical Council
December 2019	7.2	Published by Executive Services.

October 2022	8.0	Routine review commenced. Document moved into new Policy template. Links checked and updated.
November 2022	8.1	References to “Malingering” removed inline with NSW Health Policy. Minor change to waiting for what to reflect ePJB usage.
December 2022	8.2	Amended to include factors for consideration if a second opinion is to be sought external to SESLHD. Endorsed out-of-session by the DDCC. Endorsed for publication by the Executive Sponsor.