MENTAL HEALTH SERVICE PROCEDURE COVER SHEET

Health
South Eastern Sydney
Local Health District

NAME OF DOCUMENT	Relationships with External Clinical Care Providers - Mental Health Services
TYPE OF DOCUMENT	Procedure
DOCUMENT NUMBER	SESLHDPR/418
DATE OF PUBLICATION	June 2025
RISK RATING	Medium
LEVEL OF EVIDENCE	National Safety and Quality Health Service Standards, Second Edition: Standard 6 - Communicating for Safety (6.1, 6.4)
REVIEW DATE	October 2027
FORMER REFERENCE(S)	SESIAHS Mental Health Relationships with External Clinical Care Providers 2007/05
EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	Clinical Director, Mental Health Service, SESLHD
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FUNCTIONAL GROUP(S)	Mental Health
KEY TERMS	External Clinical Care Providers, ECCP, partnerships, communication
SUMMARY	This Procedure has been developed as a framework to guide the development of collaborative partnerships with a range of External Clinical Care Providers of services to people with mental health conditions.

Relationships with External Clinical Care Providers – Mental Health Service

SESLHDPR/418

1. POLICY STATEMENT

This Procedure aligns with the principles of integration – as outlined in the National Standards in mental health services – and collaborative partnerships as described in the Strategic Framework for Suicide Prevention in NSW 2022-2027. It respects the privacy of consumers as detailed in NSW Health Privacy Manual for Health Information (Version 3).

2. BACKGROUND

This Procedure has been developed as a framework to guide the development of collaborative partnerships with a range of External Clinical Care Providers (ECCP) of services to people with mental health conditions. ECCP include General Practitioners (GPs), Psychiatrists, Nurses, Allied Health staff, Counsellors and other welfare staff. They may be in private practice, or work for government or non-government agencies external to public mental health services. External Providers also include public sector non-mental health services and Private Hospitals and Clinics.

This document has been developed to outline the roles and responsibilities of the SESLHD Mental Health Service (MHS) staff and a range of ECCP in the referral, assessment and collaborative management of people with mental health conditions. The document aims to promote the delivery of high quality, integrated mental health care to consumers and their families/carers, through more effective collaboration between ECCP and public sector mental health clinicians.

3. RESPONSIBILITIES

3.1 Employees will:

- Follow this Procedure in the development and maintenance of relationships with ECCPs.

3.2 Line Managers will:

- Ensure that this Procedure is circulated and implemented locally.

3.3 District Managers/Service Managers will:

- Circulate this Procedure to the managers of each MHS site/service.

3.4 Medical staff will:

- Follow this Procedure in the development and maintenance of relationships with ECCPs.

4. PROCEDURE

4.1 Clinical Governance

All clinical staff working within SESLHD have clear lines of management responsibility and clinical accountability to managers and senior clinicians within their networks, according to local protocols. Conversely, while ECCPs may work collaboratively and effectively with MHS clinicians and teams, they are not clinically accountable to the MHS, and they have no reporting responsibilities to managers or senior clinicians within the MHS.

Any consumer may choose to receive mental health services from an ECCP, and this should not preclude them from concurrently receiving public sector mental health services, where this is deemed to be appropriate and/or advisable.
All consumers receiving clinical input from a team or service within the MHS must be afforded the same degree of MHS clinical oversight, according to their presentation and the level of input being provided, irrespective of whether or not they additionally receive care from an ECCP.

There is a requirement that a Consultant Psychiatrist from within the MHS oversees the management of each consumer. In the case of consumers with an existing ECCP, this may result, on occasion, in the consumer being under the care of a private psychiatrist as well as a public sector psychiatrist. The process described in this Procedure is designed to ensure that there is an effective mechanism in place to resolve any issues of concern or dispute between public and private care providers. If disputes cannot be resolved after reasonable attempts, this should be escalated to the Community Services Manager and Clinical Director. This would also provide opportunities for a facilitated dialogue between the private psychiatrist, public psychiatrist, Private Hospital or Clinic and any other clinicians involved in the consumer's care, to facilitate the required clinical oversight by the public sector MHS.

4.2 Referral Process

All referrals from ECCP to the MHS need to be processed through the State-Wide Mental Health Telephone Access Line (SMHTAL) and once triaged, handed over to the appropriate service.

Comprehensive referral information is required from the ECCP at the time of referral, as per the Triage section of the electronic Medical Record (eMR). This may include, but is not limited to, the following:

- Specific reason for referral.
- Identifying data and contact details for the consumer and families/carers
- Diagnosis, current and past symptoms.
- Treatment history.
- Current medication.
- Identification of acute/ongoing risk issues.
- Drug and alcohol use.

The referring ECCP should be asked to provide any additional information, particularly comprehensive assessment documentation if available, to SMHTAL as soon as practicable via telephone, fax and/or e-mail.

SMHTAL decision-making should utilise all available information and clinical practice protocols – including local triage/assessment procedures, SESLHDGL/082 - Clinical Risk Assessment and Management – Mental Health and NSW Health PD2022_043 - Clinical care of people who may be suicidal – to determine the suitability of the referral to acute care or non-acute/ongoing care options provided by the MHS.

A clear indication as to whether the consumer is aware of the referral is also required. Triage and management planning should be collaborative and include the active input of the MHS, the ECCP, the consumer and their family/carer, and other key stakeholders, where possible. The appropriate and timely flow of clinical information should be balanced with the need to respect confidentiality.

4.3 Referrals for MHS Acute Care Services

Following referral, all consumers accepted by a MHS Acute Care Team require a documented acute management plan, including those consumers with an ECCP. Within the plan, risk factors should be identified as well as interventions to manage the identified risks. The roles and responsibilities of both the MHS and ECCP need to be clearly delineated and documented as part of the ongoing care plan. This should include issues such as adjustments to medication, ongoing risk assessments and the administration of depot medication. The development of this plan is a collaborative responsibility between MHS staff and the ECCP. MHS staff must be satisfied that the plan is appropriate and able to be implemented.

If MHS staff assess that the consumer's risk to self or others is high and immediate, a MHS staff member must put measures in place to manage that risk effectively as per clinical risk protocols. Communication with the ECCP is to occur as soon as practicable.

In cases where it is considered that the consumer of an ECCP would benefit from a mental health admission and the consumer is in agreement, the option of admission to a private facility should be considered, where appropriate.

If admission on an involuntary basis is necessary and the ECCP is a private medical practitioner, a Section 19 (request for an assessment to consider involuntary admission) should be completed by the ECCP, where it is practicable to do so. There may be occasions when the ECCP must negotiate with the MHS regarding a process by which assessment and involuntary detention may proceed. Following assessment, the decision to admit to a public mental health facility is to follow the usual process for admissions.

4.4 Referrals for Non-Acute/Continuing Care

The MHS is to determine the consumer's suitability for acute or non-acute treatment and/or continuing care coordination based on a combination of factors, including the comprehensive assessment information provided by the ECCP, and further supplementary information elicited by the MHS during the assessment.

The decision to accept the referral, and allocate a consumer to a mental health clinician for the delivery of non-acute treatment, is to be based upon several factors including assessed clinical need, level of risk and disability and the availability of appropriate clinical resources across the public and private sectors (see SESLHDBR/058 - Referral, Prioritisation and Allocation for Non-Acute Community Services (including Priority Grid).

Following allocation for ongoing treatment and care, the consumer will require a management plan with clear lines of accountability for all aspects of management. This

management plan should be developed collaboratively by the MHS, the ECCP, the consumer and their family/carer.

Processes for the effective exchange/communication of information need to be agreed as part of the management plan (taking into account relevant privacy legislation as well as PD2015_049 - NSW Health Code of Conduct), and should aim to facilitate the appropriate flow of clinical information among all care providers. MHS clinicians should ensure they communicate regularly with ECCP who they know are involved with a consumer. MHS clinicians should enquire about consumer contacts with relevant ECCP (eg. recent GP appointments) as part of their routine ongoing reviews with consumers to inform themselves of ECCP who may need to be contacted to share information.

The management plan and associated roles and responsibilities should be reviewed regularly (at least once every 13 weeks).

4.5 Discharge

At the conclusion of the episode of care (public sector inpatient or community), a discharge plan must be completed and provided to the ECCP (see PD2019_045 - Discharge Planning and Transfer of Care for Consumers of NSW Health Mental Health Services. The discharge plan must specify key risks and strategies to manage these risks, arrangements for ongoing monitoring and review, and provisions for potential re-referral to the relevant service should this be requested or required. The designated roles and responsibilities of all care providers should be delineated with respect to the above.

Engaging GPs and other ECCPs is an essential part of discharge planning. All MHS staff must ensure that GP contact details recorded in the consumer's records are accurate, checked and updated on each episode of care. GPs must be contacted by MHS staff during discharge planning to strengthen collaborative care planning for physical health issues, updates on medication reviews, and any other relevant issues. This is to ensure that tasks for GPs and MHS staff are clearly understood and agreed upon. On transfer of care a written discharge summary is to be sent to the GP.

It is advisable for staff to confirm by telephone that the GP has received the discharge summary where specific actions for the GP are required in the discharge plan.

At the conclusion of an episode of care in a Private Hospital or Clinic all attempts should be made to identify medications prescribed and key risks, and strategies to manage these risks, either from the consumer, or from the Private Hospital or Clinic after consent for contact has been obtained from the consumer. This information should be documented in the consumer's eMR.

4.6 'Non-Referred' Consumers of External Providers

In the case of consumers of ECCPs who may present to acute health services, (e.g. Emergency Department, Acute Care Teams) without their ECCPs being aware of the presentation, or explicitly arranging a referral, MHS staff are to follow usual procedures i.e. conduct triage/assessment and develop a care plan. Communication with the ECCP must occur at the earliest opportunity by telephone and via follow up fax or letter.

Similarly, consumers of ECCPs may also present to non-acute mental health services without the knowledge of, or referral by, the ECCP. Again, MHS staff are to follow usual procedures for this type of self-referral.

5. DOCUMENTATION

All contact with ECCPs must be documented in the consumer's eMR.

6. AUDIT

Compliance with this Procedure is to be monitored via an annual review facilitated by SESLHD MHS local Clinical Governance Committees.

7. REFERENCES

- Strategic Framework for Suicide Prevention in NSW 2022-2027
- NSW Health Privacy Manual for Health Information (Version 3)
- PD2015_049 - NSW Health Code of Conduct
- PD2022_043 - Clinical Care of People Who May Be Suicidal
- PD2019_045 - Discharge Planning and Transfer of Care for Consumers of NSW Health Mental Health Services
- SESLHDGL/082 - Clinical Risk Assessment and Management – Mental Health
- SESLHDBR/058 - Referral, Prioritisation and Allocation for Non-Acute Community Services (including Priority Grid)
- SESLHDPR/735 - Admission and Discharge/Transfer of Care Processes for Acute Mental Health Inpatient Units (including Direct Admissions for Consumers linked with Community Mental Health)

8. VERSION AND APPROVAL HISTORY

Date	Version No.	Author and approval notes
July 2007	0	Endorsed by Area Mental Health Executive
June 2009	1	Scheduled review
October 2014	2	Scheduled review conducted by Ian Wilson, SESLHD MHS Quality Manager. Edited and reformatted into correct template by Victoria Civils-Wood, SESLHD MHS Policy and Document Development Officer
January 2015	2	Sent for external review by South Eastern Sydney Medicare Local
April 2015	2	Document endorsed by SESLHD MHS Clinical Council.
February 2020	3.0	Document endorsed for routine-review by the SESLHD MHS Document Development and Control Committee Links checked and updated
July 2020	3.1	Circulated to DDCC for feedback, minor amendments made.
August 2020	3.1	Tabled at Document Development and Control Committee for endorsement. Not endorsed. More work required including engagement of Clinical Directors.
May 2021	3.2	Document ready for Clinical Director consultation. Clinical Directors reviewed, minor feedback noted.
June 2021	3.2	Vulnerability identified regarding receiving communication from ECCP into the MHS. Discussion at August 2021 Clinical

		Governance required. Document to continue to progress while opportunities to improve communication received from ECCPs identified. Document to then be reviewed out-of-session to incorporate findings.
July 2021	3.3	Endorsed SESLHD MHS Document Development & Control Committee Endorsed SESLHD MHS Clinical Council Publication held due to late review
November 2021	3.3	No further changes identified, document endorsed for progression to publication.
November 2021	3.3	Processed by SESLHD Policy following minor review: Minor changes to phrases “case manager” changed to “care coordinator” etc. Executive Sponsor updated to SESLHD Clinical Director, Mental Health Services. Endorsed by Executive Sponsor.
July 2022	4.0	Minor review. Scope of document extended to include public sector non-mental health services, and Private Hospitals and Clinics. Minor changes to language - “patient” and “client” have been replaced with “consumer”. Links checked and updated.
August 2022	4.0	Circulated for review. Endorsed out-of-session DDCC.
September 2022	4.0	Endorsed for publication by Executive Sponsor
September 2024	5.0	Review commenced to address SAER 23/7 Recommendation 3 and CIR INC788511.
September 2024	5.1	Reviewed by Clinical Director and Clinical Governance and Risk Manager. Circulated to DDCC for review and comment. DDCC endorsed out-of-session.
10 October 2024	5.1	Endorsed out-of-session by the MH Clinical Council. Endorsed for publication Executive Sponsor. Document published.
12 June 2025	5.2	Risk rating upgraded from “Low” to “Medium” as per DDCC and Clinical Council request. Review date adjusted accordingly.