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| KEY TERMS          | State Mental Health Telephone Access Line (SMHTAL), Queue Master, Phone Answer Points (Agents), Intake, Triage, Acute Care |
| SUMMARY            | This Procedure is a guide for clinicians working on the South Eastern Sydney Local Health District (SESLHD) SMHTAL line. |

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY
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Feedback about this document can be sent to [seslhexecutiveservices@sesiahs.health.nsw.gov.au](mailto:seslhexecutiveservices@sesiahs.health.nsw.gov.au)
1. **POLICY STATEMENT**

   NSW Ministry of Health Policy Directive ‘Mental Health Triage’ PD2012_053 defines mental health triage, the mental health triage process and the standards for NSW Health mental health telephone triage services. Its companion document is the NSW Ministry of Health ‘Call Handling Guidelines for Mental Health Telephone Triage Services’ GL2012_008. Each Local Health District in NSW is required to develop a District-wide Procedure to support the overarching State Policy Directive and accompanying Guideline.

2. **BACKGROUND**

   The SMHTAL is a 24-hour, 7-day a week telephone line set up by the NSW Ministry of Health for referral of new clients needing access/information to their local mental health service. The SMHTAL is a State-wide number and calls are directed via the Telstra Cloud to the client’s local mental health service.

   In SESLHD, calls are answered at three sites (Sutherland, St George and Prince of Wales hospitals) by mental health professionals including Psychologists, Registered Nurses, Social Workers and Occupational Therapists. Across SESLHD each of the SMHTAL answer points is attached to an Acute Care Team.

   Calls to SMHTAL are sent by the Telstra Cloud to one of the phone lines in the Queue Master at Sutherland Hospital, and then forwarded to the client’s local mental health service.

   The postcode of where the call originates is identified by Telstra, then sent into the Queue Master by one of three queues, depending on the origin of the call:
   - St Vincent’s 9540 8440
   - Prince of Wales 9540 8441
   - St George/Sutherland 9540 8442

   The line on which the call comes in should correspond to that caller’s local mental health service.

   The Queue Master telephone system is made up of a computer based program called the Desktop program, plus Voice over Internet Protocol/VoIP (see APPENDIX A for Queue Master definitions).

3. **RESPONSIBILITIES**

   **3.1 Clinicians:**
   - Undertake appropriate training in conducting standardised telephone mental health triage.
   - Have a working knowledge of the operating protocols of the SMHTAL.
   - Know how to log on, receive and close off calls and complete follow-up documentation.
3.2 **Acute Care Teams:**
- Act as an initial referral point for all triages, and then refer on to speciality services (such as the Older Persons or Child and Adolescent Mental Health Services) as per local protocols.
- Answer overnight (2230 hours – 0800 hours SMHTAL calls [Prince of Wales Hospital only]).

3.3 **Acute Care Team Leaders:**
- Attend the monthly SESLHD SMHTAL operations meeting.
- Liaise with The Sutherland Hospital Communications Manager in the event of a failure of the Queue Master, notify all SESLHD SMHTAL sites of the problem and inform them when the problem has been rectified (this applies to The Sutherland Hospital MHS Acute Team Leader only; he/she has responsibility as the Queue Master is at The Sutherland Hospital). After hours, this responsibility falls to the In-Charge of Shift of the Acute Care Team.

3.4 **SESLHD MHS Director of Operations, Eastern Suburbs and St George/Sutherland MHS Service Directors, Community Service Managers of each SMHTAL site, St George/Sutherland MHS Triage Team Senior Clinician and SESLHD SMHTAL Coordinator:**
- Attend the monthly SESLHD SMHTAL operations meeting.
- Prepare a quarterly report for the NSW Ministry of Health (to be done by the SESLHD SMHTAL Coordinator) for approval and submission by SESLHD MHS Director of Operations.

4. **PROCEDURE**

4.1 **Getting started**
- Clinicians must log into the Desktop application. The user name is the relevant phone line (which is a prompt on the Desktop program and the telephone’s digital display) and the password is 2222. eg. Username: Sutherland 1 password: 2222.
- Clinicians then click the mouse on the grey figure in the top left corner of the Desktop program. The figure becomes coloured and the red light on the phone becomes green. The clinician is then available to answer calls.
- At the end of the shift the clinician clicks on the coloured figure, the figure becomes grey and the light on the phone goes from green to red. That line is no longer available to take calls.

4.2 **Phone answer points (agents)**
- St Vincent’s Hospital has three lines
- Prince of Wales (POW) has five lines (Acute Care Team office x three, Acute Inpatient Unit x one, Psychiatric Emergency Care Centre/PECC x one)
- Sutherland has four lines (Triage office x three, Acute Care Team office x one)
- St George has one line (Acute Care Team office).
Daytime (0800 - 1700)
Each LHD MHS should have two lines logged into the Desktop program and be logged in to answer incoming calls. These phones should be used for incoming calls only.

After Hours (1700 - 2230) and Weekends (0800 - 2230)
Each LHD MHS should have two lines logged in across the District (from a choice of Sutherland Acute Care Team office, St George, a Prince of Wales Acute Care Team office line and a St Vincent’s line).

Overnight (2230 - 0800)
Calls are answered by a staff member of the Prince of Wales Acute Care Team located in the Mental Health Intensive Care Unit (MHICU).

4.3 Answering calls

• When a call is taken by the SMHTAL it should be triaged as per NSW Ministry of Health Policy PD 2012_053, regardless of the caller’s location (see also NSW Ministry of Health Guidelines GL2012_008).

• The call handling guidelines provide advice about certain types of calls (see APPENDIX B for a list of the types of calls). If the call has originated from the catchment area of the answering site, refer to local intake protocols.

4.4 Handover of a triage to another mental health service

• When the call has not been answered at the client’s local mental health service, the triage should be conducted then handed over to the local LHD MHS using the SESLHD MHS Business Rule ‘Clinical Handover for Mental Health Services (ISBAR)’ SESLHDBR/040. All triages should be referred to the local Intake/Acute Care team, then on to speciality services as required (such as Older Persons or Child and Adolescent mental health services) and as per local protocols.

• Any call received overnight should be handed over by POW at the clinical handover period (0800 – 0830). Each site will receive a detailed handover regarding any calls that were received from their relevant catchment area.

• Following an ISBAR handover the client’s information should be accessed via the electronic Medical Record (eMR) to continue the follow up of these clients (or faxed if the relevant service does not have eMR). Direct phone numbers for the Intake teams are:
  • Sutherland Mental Health Intake 9540 7569
  • St George Hospital Mental Health Intake 9553 2570
  • Prince of Wales Mental Health Intake 9382 2498
  • St Vincent’s Mental Health Intake 8382 1800
• The Fax numbers for the Intake teams are:
  • Sutherland 9540 7107
  • St George 9553 2517
  • Prince of Wales 9382 2944
  • St Vincent’s 8382 1997

• Once a referral has been made to the local mental health service it is the responsibility of the receiving mental health site to follow up that referral by either contacting the client to provide information about local services or to arrange an assessment.

• When clients are going to have ongoing contact with a mental health service they should be given a direct number for the service.

• When an urgent response is required i.e. a response within 12 hours, the local Acute Care team should be paged/phoned via the local hospital switchboard, then handover should occur:
  • Sutherland Hospital 9540 7111
  • St George Hospital 9113 1111
  • Prince of Wales Hospital 9382 2222
  • St Vincent’s Hospital 8382 1111

• For calls received from outside of the SESLHD, a triage should be taken then referred to the relevant local mental health service via 1800 011 511, then select option two and state the client’s suburb of residence. An ISBAR handover should follow, with information faxed through to the relevant service.

• Original documentation should be kept at the site where the call was received, then destroyed after seven days. This avoids clients having duplicate medical records across sites and reduces the possibility of duplicate medical record numbers across the SESLHD.

4.5 Messages between sites

• In a limited number of situations, when a call goes to a different site to the one intended and the client is wanting to get a message through rather than needing a triage completed, eg, needing to change an appointment, the client should be advised of the number to call at the correct site to change an appointment or leave a message.

4.6 Disaster/Back-Up plan

• In the event of an emergency where the Queue Master at Sutherland Hospital fails, notification will be received via phone from the Communications Department. The contingency plan is a second Queue Master located at St George Hospital.

• In the event of a failure of the Queue Master, the Sutherland Acute Care Team Leader (business hours) or the In-Charge of Shift (after hours) is responsible for liaising with
the Sutherland Hospital Communications Manager, notifying all sites of the problem and informing them when the problem has been rectified.

- If the Queue Master fails at Sutherland, clinicians at Sutherland or St George no longer receive calls until the Queue Master at St George is operating. Once the St George Queue Master is operating, staff need to log in again to take calls.

4.7 Reporting

- The SMHTAL service runs across several sites and is the responsibility of each site. A monthly meeting oversees the operation of the service, monitors Key Performance Indicators (KPIs) and addresses problems as they arise (see Section 3.4 for details of attendees).

- Two reports are run from the Desktop program. They are the Queue Performance Report and the Agent Summary Report. These reports are reviewed at the meeting to analyse results against the State KPIs. The minutes of the meeting are tabled at the monthly SESLHD MHS Performance meeting.

5. DOCUMENTATION

See APPENDICES A-C.

6. AUDIT

The SMHTAL has KPIs set by the NSW Ministry of Health. Those KPIs relate to both telephony and non-telephony standards (see APPENDIX C). A quarterly report is prepared by the SESLHD SMHTAL Coordinator for submission to the NSW Ministry of Health by the SESLHD MHS Director of Operations.

7. REFERENCES

- NSW Ministry of Health Policy Directive ‘Mental Health Triage’ PD2012_053
- NSW Ministry of Health ‘Call Handling Guidelines for Mental Health Telephone Triage Services’ GL2012_008
- SESLHD MHS Business Rule ‘Clinical Handover for Mental Health Services (ISBAR)’ SESLHDBR/040
- SESLHD Procedure ‘Mental Health – Clinical Documentation’ SESLHDPD/152 (under review)
- NSW Ministry of Health ‘Complaint Management Guidelines’ GL2006_023
- National Safety and Quality Health Service (NSQHS): Standard 1. Governance for Safety and Quality in Health Service Organisations (1.8.1)
- EQuIPNational: Standard 11. Service Delivery (11.2)
- National Standards for Mental Health Services 2010: Standard 10. Delivery of Care (10.2.3)
8. REVISION AND APPROVAL HISTORY

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APPENDIX A: DEFINITIONS FROM THE QUEUE MASTER

Supervisor Break Mode
When a phone is put into Supervisor Break mode by the Queue Master, three things happen on the Desktop program:

- A red or blue coffee cup will appear next to the phone line that the clinician is logged into.
- The green light on the phone will flash.
- At the bottom of the computer screen, a textbox will appear telling the user that he/she is in Supervisor Break Mode.

Supervisor Break Mode has been set up so that calls are not bouncing between two lines that have been left logged in, even though there is no clinician there to answer the call. This recovering of calls can lead to an increase in call wait times and an increase in abandoned calls.

Recovered Call
These are calls that go unanswered and are then transferred by the Queue Master to another logged in phone line.

Work Time Break
After a call has been answered and completed by a clinician, the Queue Master automatically puts the phone into Work Time Break mode to allow clinicians to complete paperwork from the call they have just received. This work time is set for five minutes and will appear as a clock next to the phone line that took the call.

Abandoned Call
This is a call that is not answered by any site, regardless of whether the call is recovered and sent to another line and the caller hangs up the phone.

Queue
Queue is the line on which the calls come from the Telstra Cloud, regardless of where the call may be answered.

Agents
These are individual answer points. eg, Sutherland 1 is an agent.

Chat Function
This is where a message is able to be sent to one of the other agents via the Desktop application. This function is not to be used for clinical handover.

Desktop
The Desktop is the computer program that runs the Queue Master and allows staff to see, in real time, what calls are coming into the Queue Master and where these calls are coming from. It has an in-built ‘Help’ program.

Unanswered Call
This is a call that comes directly to a phone extension, not via the Queue Master, and is not answered. Such calls cannot be recovered like the calls that come from the Queue Master when the phone is not answered.
APPENDIX B:

WHAT TYPE OF CALLS?

The NSW Ministry of Health ‘Call Handling Guidelines for Mental Health Telephone Triage Services’ GL2012_008 provide advice about the following types of calls:

1. Caller Complaint Management.
2. Callers from Aboriginal and Torres Strait Islander Backgrounds.
3. Callers from Culturally and Linguistically Diverse Backgrounds.
4. Callers from other Local Health Districts.
5. Callers with a Hearing or Speech Impairment.
7. Crisis Call Management.
8. Domestic Violence.
10. Frequent Callers.
11. Handover of Clinical Responsibility of Consumers Accepted for Care.
12. Information or Advice about Medication.
13. Intoxicated Callers.
14. Malicious or Problem Callers.
15. Mental Health Referrals from healthdirect Australia.
16. Mobile Phone Callers.
17. Referrals to Other Services.
18. Reports of Sexual Assault of Adults.
20. Threats of Harm to Self and/or Others.
22. Urgency of Response Escalation.
23. Weapons Notification.
APPENDIX C:

SMHTAL STANDARDS (KEY PERFORMANCE INDICATORS)

a) Telephony Standards
1. Grade of Service
   (70% of calls answered in 30 seconds averaged over a calendar month. Measured by percentage of calls answered in 30 seconds or less per month)
2. Maximum Speed to Answer (MSA)
   (Not more than 1% of calls waiting over two minutes) (Percentage of calls waiting over two minutes per month)
3. Call Abandonment rate
   (Not more than 5% of calls are abandoned) (Percentage of calls abandoned)

b) Non-Telephony Standards
1. Callers across NSW are able to access mental health (MH) services by calling a one number, state-wide MH telephone triage service. This service is to operate 24/7.
2. Mental Health Telephone Triage Service (MHTTS) operators are experienced MH clinicians who are appropriately trained in conducting standardised telephone MH triage and have a working knowledge of the operating protocols of the service.
3. MHTTS operators have, when possible, access to the history and recent status of current and past clients of the MHTTS, and access to resources about referral points. In the interim, they are to have access to the record of clients’ previous contact with MHTTS.
4. Each MHTTS is governed by detailed polices and operational protocols, which can be reliably interpreted.
5. Each MHTTS systematically monitors the accuracy of the telephone triage decision.
6. Each MHTTS is integrated with local services and permitted to mobilise emergency assistance and local MH assessments within the specified response time.
7. Each MHTTS is able to:
   (a) Provide advice and information relating to the availability of public or private MH services.
   (b) Provide direction to callers who raise non-MH concerns.

c) Quality Monitoring
Each MHTTS conducts routine quality monitoring and improvement processes. Performance against standards, complaints monitoring and outcomes, benchmarks and other quality improvement activities are made publicly available. Each MHTTS is subject to sophisticated cost and output determination to measure its efficiency.
1. Call Activity
2. Complaints
3. Incidents
For further details refer to the SMHTAL Reporting Template (see page 21).