

Community Forensic Mental Health Service

Remit of Services

Policy Number 1.439

Policy Function Continuum of Care

Issue Date 8 November 2018

Summary The policy sets out the remit of the Community Forensic Mental Health Service. Program clarity on service boundaries will ensure that the service operates within its remit and will assist Justice Health and Forensic Mental Health Network (JH&FMHN) and external stakeholders to better understand the scope of services that can be provided by the Community Forensic Mental Health Service.

Responsible Officer ED Clinical Operations

Applicable Sites

- Administration Centres
- Community Sites (e.g. Court Liaison Service, Community Integration Team, etc.)
- Health Centres (Adult Correctional Centres or Police Cells)
- Health Centres (Juvenile Justice Centres)
- Long Bay Hospital
- Forensic Hospital

Previous Issue(s) Policy 1.439 (April 2017)

Change Summary

- *Clarification that the remit of the CFMHS cannot extend to patients with a sole diagnosis of dementia. Patients with co-morbid mental illness are accepted by the CFMHS and are accounted for in this Policy.*

HPRM Reference POLJH/1439

Authorised by Chief Executive, Justice Health and Forensic Mental Health Network

1. Preface

This policy sets out the remit of the Community Forensic Mental Health Service (CFMHS). Clarity on service boundaries will ensure that the CFMHS operates within its remit and will assist Justice Health and Forensic Mental Health Network (JH&FMHN) to better understand the scope of services that can be provided by the CFMHS.

The CFMHS assists services in the public mental health system in the safe care of forensic and high-risk civil patients. It is a consultation and liaison service and does not assume primary responsibility for the treatment and case management of patients.

The CFMHS is frequently called upon to assist with patients who present with complex clinical and behavioural needs; this can, at times, extend the service beyond its remit.

Similarly, the availability of specialised services, offered by the CFMHS to inform the resolution of complex decisions regarding safe patient care within the Forensic Mental Health Network, may be overlooked if the scope of the CFMHS is not clarified.

While exceptions may need to be made in the interest of patient and community safety, a clear service remit provides a basis from which to govern service delivery, measure performance, and responsibly develop services. This policy underpins CFMHS operations, service commitment, and accountabilities. Its application will ensure appropriate patient referrals, the efficient use of clinical resources, and strategic planning. The policy also informs intra-service negotiations regarding safe patient care.

2. Policy Content

The CFMHS is accessible to all NSW Health Local Health District (LHD) mental health services. The CFMHS is also available to services within JH&FMHN to provide risk assessments and management reports to assist in decision-making about safe patient care in the least restrictive setting. The policy outlines methods of service delivery and referral pathways. It also details existing mandates for service delivery.

2.1. Mandatory Requirements

CFMHS clinical and administrative staff must only offer or provide services which fit within the scope of CFMHS service delivery set out in this policy, unless it is determined that an exception is warranted (refer to section [2.2](#)).

CFMHS core business includes the provision of consultation risk assessment and management reports to mental health services.

It is a requirement that any patient with whom the CFMHS is engaged for the purpose of a consultation report must be in receipt of, or eligible to receive, treatment and case management by a public mental health service. Patients referred to the CFMHS should, therefore, have a diagnosable major mental illness.

All patient referrals to the CFMHS must be made by one of the following referrers:

- LHD mental health services
- JH&FMHN
- Co-Director Forensic Mental Health, or

- NSW District or Supreme Courts
- Interstate Forensic Mental Health Services

All referrals must be accompanied by a completed referral form and a letter by the referred patient's treating psychiatrist explaining the reason for referral.

Clinical staff receiving referrals must ensure that all referrals are made through the appropriate pathways, that the appropriate referral paperwork has been completed, and that the patients referred meet criteria identified under the mandatory requirements.

All consultation reports provided by the CFMHS must examine risk of harm and, in turn, provide recommendations for safe patient care. All risk assessment reports must, at a minimum, utilise the HCR-20v3 as part of the Structured Professional Judgement (SPJ) approach to forming an opinion. Other relevant SPJ or actuarial tools that would add empirical value to the CFMHS assessment should also be used when a patient's problematic behaviour suggests such a need.

Any auxiliary treatment services to address patients' violence, or to support their safe transition back to the community, must only be offered to patients who are eligible for consultation risk management reports from the CFMHS.

In line with [PD2012 050 Forensic Mental Health Services](#) and associated Service Level Agreements between JH&FMHN and LHDs, the CFMHS also provides support via the Specialist Supervision Program. Service engagement in the Specialist Supervision Program must be guided by a service level *Supervision Agreement*, which sets out the roles and responsibilities of the parties engaged in the Program.

Clinical Risk Assessment and Management (CRAM) training and related workshops are also delivered by the CFMHS, as part of the responsibilities entered into by JH&FMHN in the Service Level Agreements with LHDs.

2.2. Implementation - Roles & Responsibilities

The Co-Directors Forensic Mental Health, Service Director Courts and Community Mental Health and the CFMHS Management are responsible for ensuring compliance with this policy.

The Clinical Director CFMHS and Operations Manager CFMHS are responsible for:

- overseeing the appropriate use of referral pathways;
- ensuring that clinical services offered by CFMHS fit within its remit; and
- determining whether an exception should be made to provide care beyond the boundaries of mandated service provision.

Staff operating, or committing to operate, outside the Service remit specified in this policy, would be subject to performance management.

3. Procedure Content

The service provides independent advice and support (both clinical and educative) to LHDs on the safe management of forensic patients. Reports or other advice provided by the CFMHS may be used by LHDs

to inform the Mental Health Review Tribunal (MHRT) in its decision-making regarding the Conditional and Unconditional Release of forensic patients.

The CFMHS also provides equivalent advice and support to LHDs regarding civil patients who present an increased risk of harm to others. Such patients may be, at times, subject to Parole Orders and, on occasion, Extended Supervision Orders (ESOs).

CFMHS reports must endorse placement in high-security or medium-security care before civil patients and forensic patients on conditional release can access such facilities via the NSW Forensic Patient Flow Committee.

The CFMHS' provision of advice and support to LHDs is specified in the [PD2012_050 Forensic Mental Health Services](#) and associated Service Level Agreements between JH&FMHN and LHDs.

As the CFMHS interfaces between JH&FMHN and LHDs, it maintains close partnerships with community mental health services. The CFMHS also engages with the MHRT on an ongoing basis regarding forensic patients, as well as various community stakeholders (including Non-Government Organisations). To a lesser degree, the CFMHS may liaise with the Department of Justice in relation to patients whose safe care and management are of mutual interest to Justice and Health services.

Civil or forensic patients referred to CFMHS present with either histories of indictable offending or are at increased risk of such offending; including general violence, sexual offending, stalking, homicidal threats, extremist violence and deliberate fire setting. The patients also often display complex clinical needs. Therefore, consideration of patient needs alongside that of registered victims and community safety, demand a highly specialised clinical service from the CFMHS. All CFMHS reports must adhere to a Structured Professional Judgement approach and address all known issues pertaining to safe patient care.

4. Definitions

Must

Indicates a mandatory action to be complied with.

Should

Indicates a recommended action to be complied with unless there are sound reasons for taking a different course of action.

Forensic Patient

A forensic patient refers to a person who has been found Not Guilty by Reason of Mental Illness (NGMI), or found Unfit to stand trial under the [Mental Health \(Forensic Provisions\) Act 1990](#). The term forensic patient does not include persons who are subject to Bail Orders pending a determination regarding their fitness or NGMI verdict. Civil patients with a mental illness who are in contact with the criminal justice system are not referred to as forensic.

High-risk Civil Patient

The term high-risk civil patient is not a legal term. It refers to patients who are identified as posing an increased risk of harm to others.

Risk

Risk refers to the probability of a negative outcome in the form of a problematic behaviour that would result in harm to others. The term 'risk' encapsulates the probability of harm recurring (or persisting) as well as the severity of harm.

Independent Advice

In line with the [Mental Health \(Forensic Provisions\) Act 1990](#), independent advice or an independent report refers to that provided by a forensic psychiatrist or other person of a class prescribed by the regulations, who is not currently involved in treating the patient.

Conditional Release

Refers to the discharge of a forensic patient, from a mental health facility or directly from Court, with conditions that specify the nature of the patient's treatment and care under the [Mental Health \(Forensic Provisions\) Act 1990](#).

Unconditional Release

Refers to the discharge of a forensic patient from their mandated treatment and care under the [Mental Health \(Forensic Provisions\) Act 1990](#). Once unconditionally released, a patient is no longer a 'forensic patient'.

5. Legislation and Related Documents

Legislation

[Health Records and Information Privacy Act 2002](#) [Health Services Act 1997](#)
[Mental Health Act 2007](#)
[Mental Health \(Forensic Provisions\) Act 1990](#).

JH&FMHN Policies and Procedures

[2.010 Code of Conduct](#)
[4.030 Requesting and Disclosing Health Information](#)
[Guidelines on the use and disclosure of inmate/patient medical records and other health information](#)

NSW Health Policy Directives, and Guidelines

[PD2012_050 Forensic Mental Health Services](#)