policy

Health
Justice Health and
Forensic Mental Health Network

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Custodial Mental Health
Referral and Case Management Policy

Policy Number	1.443
Policy Function	Continuum of Care
Issue Date	11 January 2019
Summary	This policy provides criteria for the referral of patients to Custodial Mental Health and guidelines for the case management of patients with severe and enduring mental illness in correctional centres.
Responsible Officer	Executive Director 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 1.443 (March 2017)
Change Summary	• Updated links • Ambulatory Mental Health Nurses incorporated into policy • NDIS section added • Minor typographical and editorial amendments
TRIM Reference	POLJH/1443
Authorised by	Chief Executive, Justice Health and Forensic Mental Health Network

1. Preface

Custodial Mental Health (CMH) is a specialist mental health service within Justice Health and Forensic Mental Health Network (the Network) that provides a range of in-patient and out-patient specialist and sub-specialist mental health services to adults in correctional centres in NSW who present with severe mental disorders with a high degree of clinical complexity, including:

- the Mental Health Screening Unit (MHSU) for males in the Metropolitan Remand and Reception Centre (MRRC) which contains approximately 43 beds;
- the MHSU for females in Silverwater Women's Correctional Centre (SWCC), containing approximately 10 beds;
- Hamden Places of Detention (PODs) 17 and 18 in the MRRC, housing approximately 64 inmates each (refer to section 3.5 and Appendix 1);
- Darcy POD in the MRRC (refer to section 3.6);
- an outreach mental health service to other areas of the MRRC and SWCC (refer to section 3.7);
- the Network *1800 Mental Health Helpline*, which is a service access line for individuals who come into contact with the NSW criminal justice system. It can be accessed free of charge on 1800 222 472 by staff, external providers and all persons in adult or juvenile custody, as well as by their relatives, carers and friends. The Helpline is a 7 day a week, 24 hour service. See policy 1.442 for more details;
- psychiatry and nurse practitioner out-patient clinics both in person and by telehealth in selected correctional centres in NSW. The list of current locations of CMH out-patient clinics is in the CMH Psychiatry Roster which is published on the Network intranet at: Rosters;
- specialist mental health nursing services both in person and by telehealth in selected correctional centres in NSW;
- case management of patients with severe and enduring mental illness and other complex mental health needs;
- case management of forensic patients with mental illness;
- Perinatal and Infant Mental Health Service; and
- Specialist Mental Health Services for Older People.

CMH aims to provide seamless, effective, and efficient care that reflects the whole of a person's health needs, in partnership with the individual, their carers and family, and partner services including Primary Care (PC), Drug and Alcohol specialist services (D&A), Operations and Nursing (O&N), Corrective Services NSW (CSNSW) Specific Needs (SN), CSNSW Psychology and CSNSW Personality and Behavioural Disorders Services (PBDS). (SN includes staff working within the MHSUs and step-down units, Mum Shirl Unit, Acute Crisis Management Units, Additional Support Units, and Statewide Disability Services.)

CMH provides services in accord with the *New Mental Health Model of Care* (refer to Appendix 2) developed by the Medical Administration Directorate in consultation with CMH, PC, and O&N.

CMH does not provide assessment of suitability for, or initiation of, antilibidinal treatment for sex offenders in custody. Where an offender who is currently prescribed antilibidinal therapy in the community is received into custody, the case should be discussed with the Clinical Director CMH (CDCMH) for consideration of

continuation of treatment and referral to a psychiatrist with forensic clinical privileges. Following discussion, the patient may be placed on the appropriate *Patient Administration System* (PAS) waitlist as advised by the CDCMH.

The policy does not apply to Juvenile Justice NSW Centres (JJNSW) or the Forensic Hospital (FH).

This policy should be read in conjunction with the:

- *Custodial Mental Health Operational Procedure Manual*, which is on the Network Intranet at Policies and Procedures>Procedures>Mental Health Procedures; and
- *Operational Manual: Case Management of Forensic Patients in Correctional Centres* (in preparation).

Acronyms

The following acronyms are used throughout this policy:

BDM	Bed Demand Meeting
CCO	Custodial Case Officer (CSNSW)
CDCMH	Clinical Director Custodial Mental Health
CMH	Custodial Mental Health
CSNSW	Corrective Services NSW
CTO	Community Treatment Order
D&A	Drug and Alcohol Services, JH&FMHN
DCDCMH	Deputy Clinical Director Custodial Mental Health
EDRMS	Electronic Document and Records Management System (CSNSW)
FCTO	Forensic Community Treatment Order
FH	Forensic Hospital
FMHLO	Forensic Mental Health Liaison Officer, JH&FMHN
GP	General Practitioner
JHeHS	Justice Health electronic Health Record System
LBH	Long Bay Hospital
LHD	Local Health District
MCMH	Manager Crisis Mental Health (CSNSW)
MDT	Multidisciplinary Team
MHN	Mental Health Nurse JH&FMHN
MHRT	Mental Health Review Tribunal
MHSU	Mental Health Screening Unit
MHU	Mental Health Unit, Long Bay Hospital
MRRC	Metropolitan Remand and Reception Centre
NDIS	National Disability Insurance Scheme
NPMH	Nurse Practitioner Mental Health

NUM	Nursing Unit Manager
OIMS	Offender Integrated Management System (CSNSW)
O&N	Operations and Nursing
PAS	Patient Administration System JH&FMHN
PBDS	Personality and Behavioural Disorders Services (CSNSW)
PC	Primary Care
PCN	Primary Care Nurse
PIMHS	Perinatal and Infant Mental Health Service, Custodial Mental Health, JH&FMHN
POD	Place of Detention
ROAMS	Remote On-call Afterhours Medical Service
SAPO	Services and Programs Officer (CSNSW)
SCCLS	Statewide Community and Court Liaison Service
SMHSOP	Specialist Mental Health Services for Older People, Custodial Mental Health, JH&FMHN
SN	Specific Needs (CSNSW)
SWCC	Silverwater Women's Correctional Centre

2. Policy Content

2.1 Mandatory Requirements

This policy must be implemented in conjunction with related Ministry of Health (the Ministry) policy and the Network policy and procedures.

Staff must comply with all relevant legislation as detailed in section 5 *Legislation and Related Documents*, including the *Crimes (Administration of Sentences) Act 1999*, *Crimes (Administration of Sentences) Regulation 2014*, *Health Records and Information Privacy Act 2002*, *Mental Health Act 2007* (*MH Act)* and the *Mental Health (Forensic Provisions) Act 1990* (*MHFP Act*).

The MHSUs are not declared mental health facilities. As patients may only be treated involuntarily within a declared mental health facility under the *MH Act*, patients in the MHSUs cannot be treated involuntarily.

The policy and procedures set out a safe and appropriate approach to the care of patients with mental disorders in correctional centres. However, as in any clinical situation, there may be factors which cannot be covered by a single set of procedures. This document provides direction and guidance but it does not replace the need to exercise clinical judgement for each presentation and recognition of the current workplace environment. With increased complexity of mental health presentations, there is a strong need for a multidisciplinary approach. Health professionals from all disciplines need to work closely together to develop and implement a comprehensive care plan for each individual patient..

2.2 Implementation - Roles and Responsibilities

All clinical staff must comply with this policy and the procedures detailed below.

3. Procedure Content

3.1 Referral to Custodial Mental Health

CMH accepts referrals from any health practitioner working within the Network, Local Health Districts (LHD), community general practitioners, private psychiatrists, or psychologists employed by CSNSW, for inmates newly received into custody or who develop a mental illness while in custody. The pathways for the referral of patients who meet the criteria set out in section 3.1.1 below to CMH at the various locations where the Network services are located are as follows.

1. MRRC and SWCC – CMH should arrange an initial assessment of all new receptions into custody who are identified during the Reception Screening Assessment (RSA) (which is done by Primary Care Nurses (PCN)) as meeting the referral criteria set out in paragraph 3.1.1 below. The RSA should use the Mental Health Screening Tool.

   The first specialist assessment will be generally undertaken by a mental health nurse (MHN) or, where indicated, a NPMH, psychiatry registrar or psychiatrist. This assessment must be documented in the patient's health record in accordance with Ministry Guidelines GL2014 002 *Mental Health Clinical Documentation Guidelines*.

   In addition to the PCN, a CSNSW psychologist or any Network clinician may refer patients to the MHN, who may refer the patient to a NPMH or consultant psychiatrist, where indicated. CSNSW staff document referrals and case notes on OIMS and EDRMS in accord with the CSNSW psychology policy.

2. Other correctional centres where there is a MHN, a PCN should refer the patient to the MHN who will generally assess the patient in the first instance and refer to a General Practitioner (GP), NPMH or psychiatrist, as indicated by the findings of the assessment.

3. A CSNSW psychologist, GP, or other specialist medical practitioner may refer the patient directly to the NPMH or consultant psychiatrist.

4. All other the Network clinicians who have concerns about the mental health of an inmate should refer to the MHN in the first instance.

5. Centres where there is no psychiatrist, NPMH, or MHN onsite; where the patient is acutely unwell, a CSNSW psychologist or PCN may refer directly to the MHSU.

   Where a patient is not acutely unwell or at risk but would otherwise meet the CMH referral criteria, the PCN should refer the patient to the MHN for the particular Cluster. The MHN should arrange to review the patient either in person, by telehealth, or by consultation with the referrer or NUM for the referring centre. Following consultation with the MHN, the referrer may arrange for the patient to be transferred, where practicable, to a centre where there is a MHN on-site for assessment in accord with the relevant CSNSW procedures.

   At any time, the referrer may also contact the *1800 Mental Health Helpline* or the on-call psychiatry registrar through ROAMS (Remote On-call Afterhours Medical Services) for advice.

6. Inmates may self-refer directly to CMH using the *1800 Mental Health Helpline*, 1800 222 472.

7. LHD staff should refer patients to CMH using the *1800 Mental Health Helpline,* 1800 222 472.

8. Patients who have been previously treated by CMH but who do not have a current open service request with CMH should be referred to CMH or PC as clinically indicated in accord with the levels in the *New*

Mental Health Model of Care (Appendix 2) and pathways 1 to 7 above. Clinicians can check whether the patient has an open service request by checking CHIME where the clinician has access to CHIME or contacting the Mental Health Helpline.

Referrals to CMH from staff within the Network must be made using the waitlist function in PAS. CSNSW staff should refer a patient by discussing the case with the MHN in the first instance who will place the patient on the appropriate waitlist.

All patients referred to CMH at any time during custody will generally be assessed by a MHN in the first instance and the referrer should place the patients name on the MHN PAS Waitlist for the centre where the patient is located. Where indicated, a NPMH, psychiatry registrar, or psychiatrist may assess a patient in the first instance. The referring staff member should record the reason for the referral in the progress notes of the patient's health record and handover to the MHN in accord with Ministry policy PD2009_060.

CMH operates an on-call consultant psychiatrist service during business hours to provide immediate consultation and advice to the NPMH and the Network medical practitioners regarding the management and referral of patients with mental disorders.

The Forensic and Long Bay Hospitals operate an on-call psychiatry registrar service, available by phone via ROAMS on 1300 076 267, for:

- consultation and advice regarding urgent patients with mental disorders, and
- telephone prescription orders for patients at any centre in accord with good clinical practice and the *New Mental Health Model of Care*.

the Network provides an on-call consultant psychiatrist support to the on-call psychiatry registrars.

For centres where there is no on-site CMH psychiatry clinic, staff should follow the current version of the Remote/Offsite/Afterhours Medical Service (ROAMS) Protocol. Clinical staff may contact the Network *Mental Health Helpline* on 1800 222 472 in the first instance for advice.

3.1.1 Referral Criteria

CMH should assess patients presenting with moderate to severe mental disorders with a high degree of clinical complexity, which could include:

- patients facing serious charges, for example, murder
- patients with functional psychoses
- patients with severe affective disorders
- forensic patients
- patients who require the services of an LHD mental health service
- patients subject to a community treatment order or forensic community treatment order
- patients with severe personality disorder presenting an increased risk to self and/or others.

3.1.2 Options Following Initial Assessment by Custodial Mental Health

- Referral on to a psychiatrist or NPMH for further mental health assessment and treatment consideration.
- Short-term case management to stabilise a patient's mental state with handover back to the referrer once stabilised. The referral should be made by noting the referral information in the progress notes, and providing a handover to the referrer in person (which may be by telephone) or, where an in person

handover is not possible, by email, and, where appropriate, placing the patient's name on the PCN PAS waitlist in accord with the relevant PAS business processes.

- Provision of specialist advice to the referrer for ongoing management of patients assessed as stable and low risk. Patients not accepted for case management should be referred back by noting the referral information in the progress notes, providing a handover to the referrer in person (which may be by telephone) or, where an in person handover is not possible, by email, and, where appropriate, placing the patient's name on the PCN PAS waitlist in accord with the relevant PAS business processes.
- Acceptance for ongoing case management by CMH.
- Referral for sub-specialist care, for example, PIMHS or SMHSOP.
- Referral to CSNSW Psychology.
- Referral to D&A specialist services.

3.1.3 Transfer from a Correctional Centre under s55 *Mental Health (Forensic Provisions) Act 1990*

At any stage of the assessment, referral or case management process, and where clinically indicated, staff may consider the use of a section 55 order, especially in cases where the need for involuntary detention is urgent. Under section 55:

1. The Secretary Ministry of Health/delegate may, by order in writing, direct that a person imprisoned in a correctional centre be transferred to a mental health facility.
2. The Secretary Ministry of Health/delegate may make a transfer order on the basis of two certificates about the person's condition issued by two medical practitioners, one of whom is a psychiatrist. The certificates must be in the form set out in Schedule 2 of the Act and are available on the Network Intranet: JUS025.135 *Schedule 2 – Medical Certificate as to Examination of Inmate*.
3. A transfer order may be made without the person's consent if it appears to the Secretary Ministry of Health/delegate, on the basis of the certificates, that the person is a mentally ill person.
4. A transfer order may be made with the person's consent if it appears to the Secretary Ministry of Health/delegate, on the basis of the certificates, that the person is suffering from a mental condition for which treatment is available in a mental health facility.
5. The Secretary Ministry of Health/delegate may revoke a transfer order.
6. The Secretary Ministry of Health/delegate must notify the Tribunal in writing if the Secretary Ministry of Health/delegate makes or revokes a transfer order.

As detailed in the NSW Health *Public Health Delegations Manual*, within the Network the following positions have delegated authority to grant section 55 and 56 orders under the *MHFP Act*:

- Chief Executive, Justice Health and Forensic Mental Health Network
- The Co-Director Forensic Mental Health acting as the Statewide Clinical Director Forensic Mental Health
- Executive Director Clinical Operations
- Service Director Custodial Mental Health.

Refer to policy 1.030 *Referrals for Admission Long Bay Hospital Mental Health Unit (Adults)* for further information.

3.2 Case Management

3.2.1 Components of Case Management

Multiple case management models exist to coordinate services and provide individually-targeted mental health care for individuals experiencing frequent or persistent challenges to their recovery. The functions of case management in the care of long-term patients correspond closely to nine principles of continuity of care that transcend specific case management styles. The nine principles are:

- an administrative climate supportive of long-term patients,
- ready access by patients to the services they need,
- provision of a full array of services,
- individually tailored treatments,
- flexible program offerings,
- linkage among agencies serving the patient,
- a continuing relationship between patient and caregiver,
- patient involvement in service planning, and
- recognition of cultural factors affecting treatment (Bachrach, 1993).

The underlying tasks of case management form a 5-stage cycle:

1. assessment of the individual's needs and strengths
2. care planning
3. plan implementation
4. progress monitoring
5. regular review and reassessment

3.2.2 Case Management Criteria

CMH will case manage patients presenting with moderate to severe mental disorders with a high degree of clinical complexity, which includes:

- patients facing serious charges, for example, murder
- patients with functional psychoses
- patients subject to, or requiring an application for, a community treatment order (CTO) or forensic community treatment order (FCTO)
- patients with severe affective disorders
- forensic patients where the Network is the primary agency under policy 1.192 *Primary Agency for Forensic Patients in Custody (Adults)*
- patients who require specialist mental health input, or
- other patients identified as requiring CMH case management, in consultation with other Network clinical streams.

Note: in accord with Ministry policy PD2012 050 *Forensic Mental Health Services*, all forensic patients must have a named consultant psychiatrist, who is responsible for the provision of psychiatric services for the patient and a named clinician who is responsible for the coordination of any care, treatment and other services provided for the patient.

The nominated case manager for a patient who is being case managed by CMH must have an open service request in CHIME for the patient.

For case managed patients, the CMH case manager should consider whether a medical hold is necessary in accord with policy 1.263.

3.2.3 NDIS Referrals

For every patient under case management, the CMH case manager should consider whether the patient is eligible or likely to be eligible for services that could be provided under the NDIS and requires or is likely to require such services either in custody or after release.

Refer to the CMH Operational Procedure Manual for more information on how to apply to the NDIS and to the Network intranet at http://intranetjh/Pages/National-Disability-Insurance-Scheme.aspx

3.3 Referral to Mental Health Screening Unit MRRC (MHSU)

3.3.1 Referral Procedure

Patients may be referred to the MHSU by the Network clinicians using the pathways set out in the *Custodial Mental Health Operational Procedure Manual.* Consideration will be given to urgent referrals in consultation with the management team of MHSU.

Patients requiring admission to the MHSU should be assessed by a MHN, NPMH and/or psychiatrist, if available. At centres where mental health staff are not available, then an RN or CSNSW psychologist may refer to the MHSU either solely or in collaboration with the local NUM. Both the RN and the psychologist should inform each other and the NUM of the referral and should continue to liaise throughout the case management process.

The Custodial Mental Health Referral Form JUS200.072 should be completed and faxed to the MHSU at **Fax: 9289 5103** or emailed to mrrc.mhsu@justicehealth.nsw.gov.au All movements into, out of, and within the MHSU must be accompanied by a current *Health Problem Notification Form* (HPNF) JUS005.001. Staff should refer to policy 1.231 *Health Problem Notification Form (Adults).*

3.3.2 Mental Health Screening Unit Waitlist

On receipt of the referral form, the MHSU NUM will place the patient on the PAS waitlist for admission to the MHSU. The referral will be logged by the Manager Crisis, Mental Health (MCMH) on CSNSW OIMS system as support accommodation required in the MHSU. The decision to admit and discharge patients from the unit is made by the MDT.

3.3.3 Clinical Management of Patients on the Mental Health Screening Unit Waitlist

When there is no bed immediately available in the MHSU, an interim management plan must be developed by the referring team, in conjunction with CMH, and implemented until such time as the patient is transferred to the MHSU. The referring team should review the patient at clinically indicated intervals and report their findings to the Bed Demand Meeting as set out in 3.3.4 below.

3.3.4 Bed Demand Meeting (BDM)

A weekly multidisciplinary BDM is held by teleconference to assess the clinical priority and suitability of all referrals. Acceptance is based on a number of factors, including the individual's current clinical presentation and management issues. A clinical staff member, who should be either the referrer or the NUM, from the referring centre is required to participate in the BDM. CSNSW psychologists are encouraged to participate in the BDM together with JH&MHN if the inmate is known to them. This enables the prioritisation of the patients according to clinical requirements. The referrer should present the following information to the BDM:

- reason for referral,
- current presentation,
- risk status, and
- availability of services in the referring centre.

The decision whether to accept a patient is made by the MHSU joint management team. A joint management plan should be developed by the MHSU management team prior to accepting a patient who presents a high risk of harm to others. If the referring centre is unable to participate in the weekly BDM, then a handover detailing the referral's current presentation must be sent by email to the MHSU NUM prior to the BDM.

The BDMs are held every Tuesday.

When a bed is available in the MHSU and the patient has been approved by the MDT, an acceptance form will be forwarded to the referring correctional centre, Inmate Transfers and the MRRC Movement Coordinator. The referring centre must ensure that an appropriate HPNF is completed, including reference to acceptance by the MHSU and any specific accommodation requirements.

The MCMH must liaise with the MRRC Movement Coordinator and enter a case note on OIMS.

3.4 Referral to Mental Health Screening Unit SWCC

Referral to the MHSU at SWCC operates according to the same procedures as in the MRRC. The referral should be made by completing the Custodial Mental Health Referral Form JUS200.072 and sending it to:

Fax: 9289 5519 or emailed to mrrc.mhsu@justicehealth.nsw.gov.au.

The CMH clinical staffing in this MHSU includes the NUM, RNs, and a consultant psychiatrist. The NUM coordinates a weekly multidisciplinary bed demand meeting for the MHSU. All decisions to admit or discharge inmates from the MHSU are made by the multidisciplinary team.

3.5 Hamden Place of Detention (POD)

Referral to Hamden POD for patients meeting the criteria set out in section 3.5.1 below should be made by completing the Custodial Mental Health Referral Form JUS200.072 and sending it to:

Fax: 9289 5836 (virtual fax) or emailed to mrrc.mhsu@justicehealth.nsw.gov.au.

The NUM CMH Hamden runs a weekly multidisciplinary BDM to prioritise referrals. All decisions to admit or discharge inmates from the MHSU are made by the multidisciplinary team.

The Hamden POD consists of two identical PODs 17 and 18, each housing approximately 64 patients. the Network staff include psychiatrists, a NUM, senior career medical officer in psychiatry, a clinical nurse consultant and mental health nurses. CSNSW provides a MCMH, psychologists and SAPOs.

Hamden does not provide long-term accommodation as its services are in high-demand as a result of its location in a remand centre. Exceptions to the short-term care model include forensic patients with legal orders to remain in Hamden, patients who have complex mental health needs and who are unable to function in the mainstream correctional environment, and patients needing complex planning for imminent release.

3.5.1 Referral Criteria

Patients eligible for referral to Hamden include those who:

- are transferred from the MRRC MHSU or LBH to Hamden as a step-down from intensive mental health care following an acute episode of mental illness;
- are vulnerable as a result of mental illness and require ongoing care and treatment in an environment which is more supportive than that in the mainstream correctional centres;
- are forensic patients requiring assertive case management;
- are on FCTOs and require case management;
- have been prescribed clozapine medication and are in the initial 18-week treatment period; or
- have complex discharge needs, such as HASI Plus clients, patients on CTOs and patients with Probation and Parole mental health issues.

Patients who may not be suitable for management by Hamden but who may be considered on a case-by-case basis include those who:

- have a primary diagnosis of behavioural or personality disorder;
- have a primary diagnosis of substance use disorder;
- are non-compliant with prescribed medication;
- are awaiting diagnostic clarification;
- are on an active Risk Intervention Team (RIT) management plan or
- have not had their pre-existing community treatment commenced in custody. This should be reviewed and commenced as part of the reception/screening process, with compliance confirmed before transfer to Hamden.

When considering referrals to Hamden, the treating team should note that the unit is located in a maximum security prison, which operates on a routine of extended period in cells (usually from 1530 hours until 0830 hours). In addition, there is very limited access to CSNSW education and rehabilitation programs, work opportunities and some privileges, which are available in sentenced and lower security correctional centres. Patients with a mental illness housed in Hamden may receive a lower security CSNSW classification during remand or once sentenced and therefore become eligible for transfer to less restrictive centres with a wide range of programs and privileges. These advantages must be considered when deciding to hold a patient in Hamden.

3.5.2 Roles and Responsibilities of the Network Staff

Network clinicians working in Hamden should:

- conduct comprehensive mental health and risk assessments of a patient as soon as possible after the patient's admission to Hamden, and at regular intervals thereafter;

- conduct an assessment of the patient's medical history, current condition(s) and treatment;
- obtain corroborative history;
- administer, monitor, and ensure patient compliance with medication;
- coordinate services with general practitioners, psychiatrists and other health professionals;
- liaise with the patient's family, carers, significant community contacts, LHD community mental health services and other external agencies to facilitate continuity of care upon leaving custody;
- liaise with Statewide Community and Court Liaison Service (SCCLS) to assist with the diversion of patients with a mental illness; and
- coordinate and participate in the Mental Health Review Tribunal hearings.

3.6 Darcy Place of Detention (POD)

3.6.1 Mental Health Triage and Assessment

All patients entering the MRRC who are referred to CMH, and not referred to the MHSU from other correctional centres, should transit through Darcy POD to ensure all aspects of their assessment have been completed prior to progression to other locations. Additionally, Darcy contains several assessment or safe cells to accommodate patients awaiting review by the Risk Intervention Team (RIT). If a patient is accepted on referral to the MHSU, then he should be housed in Darcy until a MHSU bed becomes available.

Darcy is staffed by a MHN seven days a week from 0700 to 1500 hours. Additionally, a psychiatrist is employed in Darcy at least four days a week and a NPMH according to the needs of the unit. The focus of care is on triage, referral and short-term management of patients.

3.7 Outreach Mental Health Services at MRRC and SWCC

CMH operates outreach mental health services with a consultation-liaison model of care, which provide mental health advice for inmates housed in Fordwick and Goldsmith PODs (two of the five units housing inmates at the MRRC) and SWCC. The objectives of this service are to:

- ensure that patients with mental health problems are triaged and referred to appropriate services in a timely manner;
- advise CSNSW regarding suitable accommodation; and
- inform CSNSW regarding correctional centres which have health resources in place appropriate to the needs of each patient.

Outreach does not provide individual case management.

3.8 Custodial Mental Health Forensic Patient and Forensic Community Treatment Order (FCTO) Case Management Meeting

The overarching aims of this meeting are to ensure effective coordination of forensic patients and patients on FCTOs and to optimise continuity of care both within custody and on release. The meeting is chaired by the Clinical Director CMH.

3.8.1 Objectives

To achieve the principal aims, staff should ensure that:

- timely allocation of patients to appropriate clinicians occurs;
- patient locations are up to date;
- the FMHLO has been notified of the admission, transfer and discharge of all forensic patients and patients on FCTOs;
- effective handover of information takes place at points of transfer in the patient journey;
- there are release plans for both forensic patients and those on FCTOs; and
- the waiting list of patients under the care of CMH awaiting transfer to the FH is prioritised.

3.8.2 Frequency

Meetings are held monthly prior to the NSW Forensic Patient Flow Committee Meeting.

3.9 Transfer of Care

Transfer of care for patients admitted to either of the MHSUs should, as far as practicable within the custodial environment, be in accord with Ministry policy PD2016_056 *Transfer of Care from Mental Health Inpatient Services*

Where a patient in Hamden is transferred to a correctional centre with a CMH outpatient clinic, the Hamden CMH nurse must:

- transfer the patient in accord with policy 1.395 *Transfer and Transport of Patients*,
- advise the MHN and psychiatrist at the receiving centre by email.

3.10 Clinical Escalation of Patients

A clinician who is concerned with the clinical management of the mental condition of a patient should attempt to resolve their concern through discussion with the relevant clinician in the first instance. Following discussion, if the concern still exists then the matter should be escalated to the relevant line manager, which in the case of an on-call psychiatry registrar, should be the on-call consultant psychiatrist, and in the case of other CMH clinicians, should be the Nurse Manager Custodial Mental Health, DCDCMH, or CDCMH, as appropriate to the case, and in the case of any other clinician should be the relevant Clinical Director.

4. Definitions

Must

Indicates a mandatory action or requirement.

Should

Indicates a recommended action that needs to be followed unless there are sound reasons for taking a different course of action.

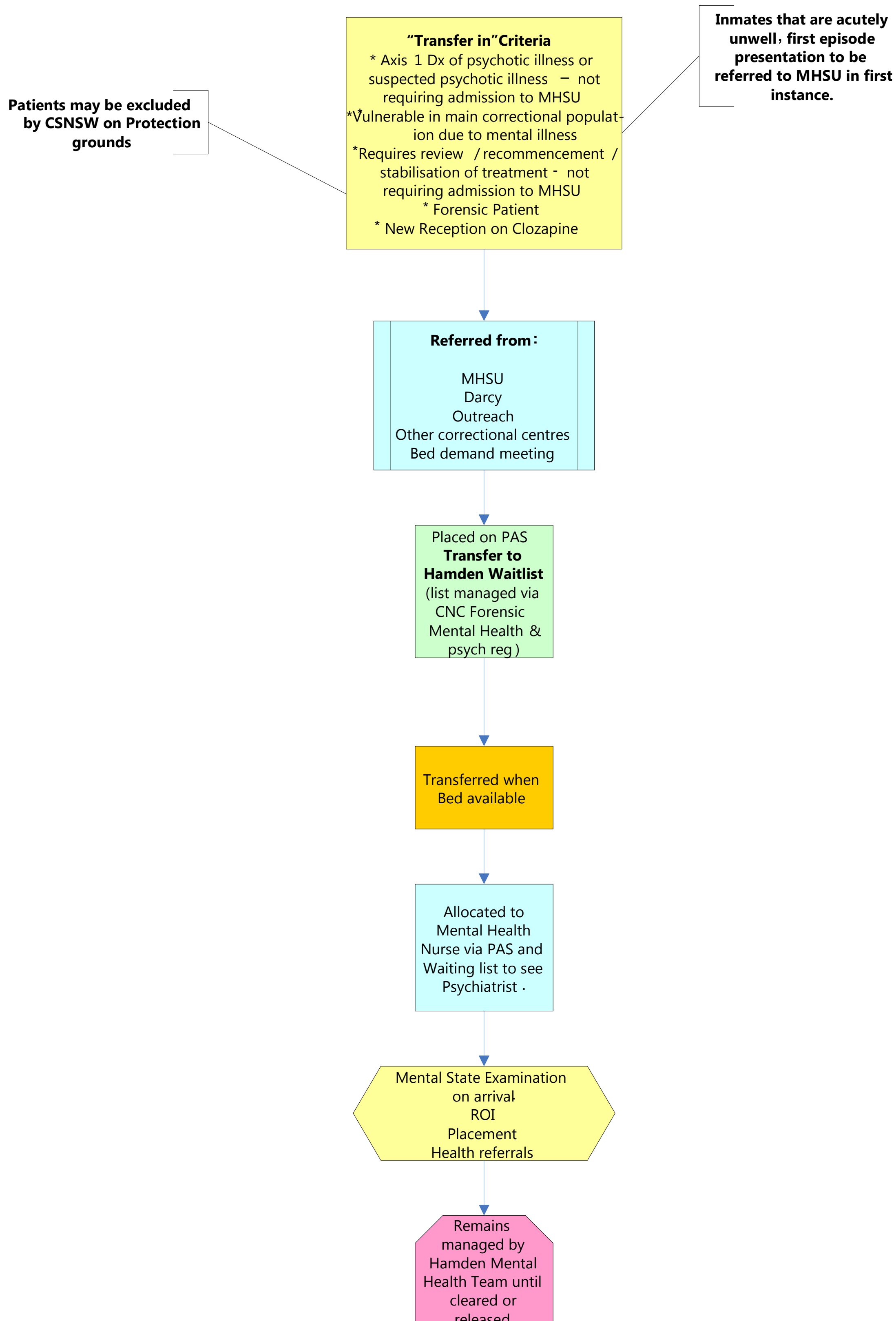
5. Legislation and Related Documents

Legislation	*Crimes (Administration of Sentences) Act 1999*

	Crimes (Administration of Sentences) Regulation 2014 *Health Records and Information Privacy Act 2002* *Mental Health Act 2007* *Mental Health (Forensic Provisions) Act 1990*
Ministry of Health Policy Directives and Guidelines	PD2009_060 *Clinical Handover – Standard Key Principles* PD2012_050 *Forensic Mental Health Services* GL2014_002 *Mental Health Clinical Documentation Guidelines* PD2016_056 *Transfer of Care from Mental Health Inpatient Services* *Public Health Delegations Manual*
Network Policy and Procedures	1.075 *Clinical Handover Implementation Guide – Ministry of Health PD2009_060* 1.192 *Primary Agency for Forensic Patients in Custody (Adults)* 1.231 *Health Problem Notification Form (Adults)* 1.300 *Remote Off-site and After Hours Clinical Services Policy* 1.331 *Referrals between Corrective Services NSW and Justice Health & Forensic Mental Health Network (Adults)* 1.380 *Implementation Guide: Suicide and Suicidal Behaviour Risk Management* 1.442 *Mental Health Helpline* 4.030 *Requesting and Disclosing Health Information* *Guidelines on the Use and Disclosure of Inmate/Patient Medical Records and Other Health Information,* Established by the Chief Executive of Justice Health and Forensic Mental Health Network, Pursuant to Regulation 288 of the *Crimes (Administration of Sentences) Regulation 2014* – January 2018 *Custodial Mental Health Operational Procedure Manual* *Remote/Offsite/Afterhours Medical Service (ROAMS) Protocol* *Procedure - Forensic Community Treatment Orders (Adults)*
Network Forms	JUS005.001 *Health Problem Notification Form* JUS210.005 *Adult Referral between CSNSW and JH&FMHN* JUS200.072 *Custodial Mental Health Referral Form*
Other	*National Standards for Mental Health Services 2010* Bachrach, L.L. *Continuity of Care and Approaches to Case Management for Long-Term Mentally Ill Patients* Psychiatric Services, Vol 44, Issue 5, May 1993, pp 465 – 468.

Appendix 1

Process for Transfer and Admission to Hamden Mental Health Step-Down PODs



Appendix 2

Important Notice 19828 – A New Mental Health Model of Care

A new Mental Health Model of Care has been developed to clarify responsibilities for the management of patients with mental health issues across all Network sites.

The aim of the exercise was to '*Develop a Model of Care which leads to clearly defined roles which improves communication and leads to safe optimal patient care and improved efficiencies*'.

In the new model you will need to:

1. Know the location of the patient
    a. Police Cells (L1)
    b. Custodial Centres without Custodial Mental Health Cover (L2)

        These are centres where there are no staff psychiatrists or visiting psychiatrists.

    c. Custodial Centre with Custodial Mental Health Cover (L3)

        These are centres where there are staff psychiatrists or visiting psychiatrists.

    d. Mental Health Centres (L4)

        These are specific units which are staffed and led by Custodial Mental Health.

2. Know the type of problem
    a. Clinical Level A

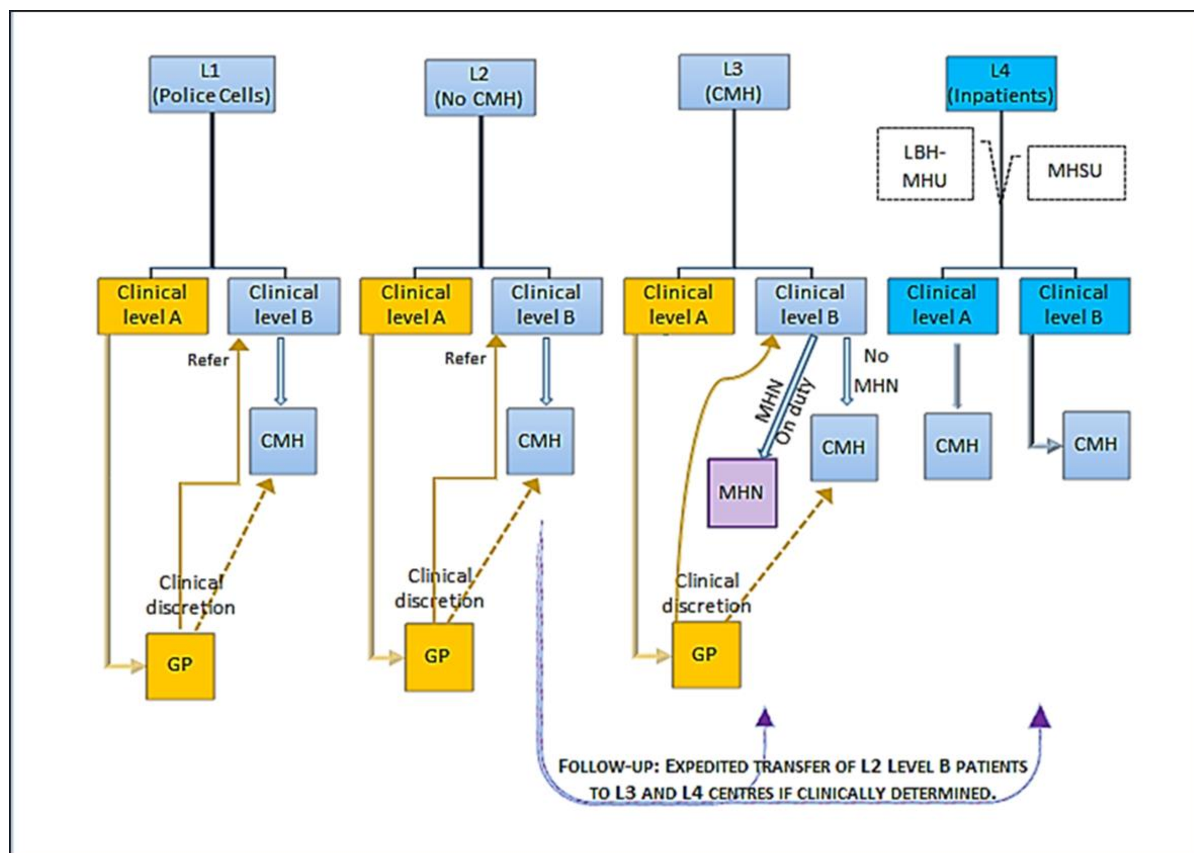
        A patient with stable or non-acute deterioration in their mental health status requiring either:

        - continuation of their current psychotropic medications, or
        - possible adjustment or initiation of non-complex psychotropic medications.

    b. Clinical Level B

        A patient who is assessed as having unstable or acute deterioration of their mental health status.

3. Follow the Model Diagram



Important differences are:

- **GPs will be managing Clinical Level A patients (stable or with non-acute deterioration)** in all facilities (except specified mental health units). This management can include prescribing all medicines EXCEPT complex psychotropics (*complex psychotropics are: Clozapine, any psychotropics being used off-label, psychostimulants or medications for ADHD, and anti-libidinal medications*).
- If a GP feels the problem is out of their ability the patient should be referred on to Custodial Mental Health (CMH). It is at the GP's discretion to advise site nursing staff to contact CMH or to contact CMH directly themselves.
- **Where there are Clinical Level B patients (unstable) or patients on complex psychotropics** the nurse should ring CMH for patients in Police Cells or a non-CMH Facility, or call the Mental Health Nurse if the patient is in a CMH Facility.
- In the event that CMH determines that the patient requires ongoing specialist mental health care, CMH will advise the required follow-up as well as whether the patient should be transferred to a different custodial centre. Otherwise the patient continues to be managed locally with care coordinated by health centre nursing staff.
- **No patient requiring ongoing specialist mental health review should remain housed in a custodial centre which has no regular on-site CMH service (i.e. no visiting specialist psychiatrists).**