Community Mental Health Care Pathway Guideline

MHAPPM/8954

Approved by:	General Manager – Mental Health & Addictions	**First Issued:**	August 2016	HE KAUANUANU RESPECT ĀKINA IMPROVEMENT RARANGATE TIRA PARTNERSHIP TAUWHIRO CARE
Signature:	David Warrington	**Review Date:**	March 2022	
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Purpose

The purpose of this document is to show the guideline for Care Pathway through the Community Mental Health Service.

This document is to be used in conjunction with MHAPPM/8953 – Mental Health Service Policy which outlines the standards and principles to be met in relation to this service.

Scope

All Mental Health Service staff.

All Non-Government Organisations who use the DHBs patient management systems –' Electronic Clinical Application' and 'Clinical Portal'.

Definitions

Refer to the Service-wide Definitions of words and phrases used in the Mental Health Services: \\FS3\share\Public\All Users\MHS Policy review\DEFINITIONS FOR WORDS AND TERMS IN USE WITHIN THE MENTAL HEALTH SERVICE.docx

Term/Abbreviation	Meaning
CMH	Community Mental Health
CCS	Central Coordination Service
NGO	Non-Government Organisation
ECA	Electronic Clinical Application

Roles and Responsibilities

Role	Responsibility
Key Worker	Please refer to MHAPPM/8048 - Key Worker Policy
Kaitakawaenga	Provides cultural support to the clinical team as required during all stages of assessment, treatment and discharge.
Duty Clinician	Responds to presentations made to their team and follow up of active clients in absence of Key Worker during their period of 'duty'.
Mental Health Central Coordination Service Clinician (CCS)	Completes triage activities, coordinates acute assessments of new referrals, and allocate referrals into initial appointments with a Keyworker and / or Psychiatrist.

Guideline

Referrals

Referrals to Community Mental Health may come from any source. The referral must be opened in ECA. Triage activities include (but are not limited to):

- confirm patient details / demographics / confirm phone number(s) & update ECA as required
- establishing consent to the referral
- confirming the urgency of the referral
- risk assessment
- document any barriers to engagement
- involving the family / whānau (where possible)
- identifying cultural needs
- offer Kaupapa Māori services as a choice
- establishing strengths and needs
- review previous health records – also including national mental health (inpatient) visits
- gaining further information as needed
- referral on to other agencies
- give feedback to the referrer (where appropriate)

Eligibility

Eligibility criteria for accessing the Mental Health Services include:

- People with known, emerging or suspected moderate to severe mental illness and / or an addiction problem.
- Aged 18–65, or over 65 who have been previously treated by the Adult Mental Health Services

To assess whether the referral will be accepted **at least one** of the following must be satisfied:

- The person is severely affected by, or has a history of, or are suspected of having a moderate to serious psychiatric disorder and / or substance use – DSM V / ICD10 classification below.
- There is an associated level of disability and / or risk as a result of the disorder:
- Attempted serious self-harm or intent of same
- Voicing suicidal ideation with intent
- Harm towards others or intent of same.
- Incapacitated judgement relating to the psychiatric illness and is without appropriate support
- The service can provide evidenced based treatment (i.e. the client has realistic, measurable and clearly defined treatment objectives and goals) for the person with the disorder.
- Or if the person is:
    - Referred under the Mental Health Compulsory Assessment and Treatment (CAT) Act 1992 or Substance Addiction (Compulsory Assessment and Treatment) Act 2017 and requires assessment or treatment under the provisions of the Act.

The following ICD10 / DSM V disorders are a guide to conditions that may be appropriate for treatment if other criteria above are also met;

- Schizophrenia and related psychotic disorders
- Mood disorders (e.g. Bipolar disorder, Major depression),
- Anxiety Disorders (e.g. Severe obsessive disorder, post-traumatic stress disorder, panic disorder)
- Women of any age who are pregnant or contemplating pregnancy or in the first year postpartum who are severely affected by, or have a history of, or are suspected of a serious psychiatric disorder, risking disruption of the mother infant relationship.
- Head injury with associated serious psychiatric disorder.
- Intellectual disability with serious psychiatric disorder diagnosis
- Adjustment disorder (including situational crisis with serious risk to self or others)
- Factitious and Dissociative disorder associated with high level of disability and/or risk
- Eating disorders
- Substance use disorder combined with serious psychiatric disorder – co-existing problem (CEP)
- People who likely have a likely DSM IV or ICD10 alcohol or other drug diagnosis of moderate to severe substance use disorder. (Nationwide Service Specifications – Alcohol & Drug Service).
- Transfer to Opiate Substitution Program (OST)
- Referrals from GPs for consultation and advice around managing problematic use of prescribed medication where dependence is suspected.
- Referrals for people who need inpatient withdrawal management on a medical ward

Exclusions

Services will not be provided to people whose problems are solely;

- Dependency on nicotine
- Violence and anger
- Other addictive processes i.e. Gambling etc – where these problems do not occur in association with alcohol or drug use
- Substance use that does not meet DSM V / ICD 10 criteria for a diagnosis of moderate to severe substance use disorder (appropriate screening tools used)
- Criminal activity
- Parenting difficulties
- Care and protection issues primarily
- Requesting counselling or grief counselling
- People requiring family health counselling services
- Requiring psychological testing primarily
- Court reports related to custody & children's matters or addiction related offending
- Drug seeking behaviour
- Homelessness / financial distress / social / relationship problems without a serious mental illness / addiction problem

If the referral is considered **not** to meet eligibility criteria then the person is to be referred back to Primary Care/referrer or referred on to appropriate service with person's consent.

Referral Triage

Referrals are to be given a priority in ECA:

- Immediate: see and assess within 4 hours
- Urgent: see and assess with 8 hours
- Semi-urgent: see and assess with 72 hours
- Routine: see and assess within 21 days

The triage priority will be based on the assessing clinicians judgement, taking into account factors such as :

- clinical assessment regarding the person's needs and the severity of the mental illness and or addiction problem.
- the likely impact the mental illness and / or addiction will have on the person's ability to participate in activities of daily living, work, education, community life and their role as a family / whānau member.
- relevant legal requirements including the Mental Health (Compulsory Assessment and Treatment) Act 1992, Substance Addiction (Compulsory Assessment and Treatment) Act 2017.
- the safety of the individual and / or others

Entry to Service

On entry to the Service, the most appropriate course of action will be discussed in consultation with the Service User and (where possible) their family and whānau.

If a referral is 'Immediate' or 'Urgent', then the clinician who receives the referral will coordinate the face to face assessment.

Outcomes

Outcomes may include:

- if further care is required, then the coordinating clinician will identify any additional interventions and action further referral(s) in collaboration with the person.
- if further care is not required, then the person is to be referred on to other agencies and / or General Practitioner as appropriate. The assessing clinician will complete a 'Comprehensive Assessment' (to be visible in Clinical Portal) and then close the Primary referral in ECA.

If a clinic appointment is the appropriate intervention, then the clinician will arrange an appointment using the clinic scheduler in ECA - the assessing clinician will transfer the Primary referral in ECA to the new Key Worker. Prior to the appointment, the Keyworker will make contact with the patient and discuss what will happen at the meeting and any additional requirements / activities (e.g. whether whānau/family or support person, or kaitakawaenga presence is sought by the patient).

Following the initial assessment, the person will be discussed in a multi-disciplinary team meeting.

Discharge

Discharge timeframes and process are discussed and wherever possible agreed upon between the Keyworker, ideally from the first session. A copy of the completed 'Comprehensive Assessment' and the person's 'Go To Plan' is to be given to the person, their General Practitioner and any other significant others on the day of discharge from the Mental Health Service. If discharging back to Primary Care/GP, consider attending the initial appointment to provide a handover alongside the person/whānau.

Risks and Hazards to Staff

Risk/Hazard	Control
Unpredictable situation	OPM/097 - Working Safely in the Community Policy

Measurable Outcome

This policy will be subject to regular internal audit and must be completed at least once a year.

Documentation is completed within agreed timeframes.

All people have plans that are accurate, complete and dated.

Related Documents

MHAPPM/8953 – Mental Health Service Policy

MHAPPM/8048 - Key Worker Procedure

HBDHB/CPG/035 – Did Not Attend (DNA) – Guidance Policy

References

Mental Health (Compulsory Assessment and Treatment) Act 1992

Substance Addiction (Compulsory Assessment and Treatment) Act 2017

Mental health and addiction : National service specifications : Mental health and addiction service specifications | Nationwide Service Framework Library

Keywords

Community
Referral
Pathway

For further information please contact the Clinical Manager - Community Mental Health (North)