

Mental Health Helpline

Policy Number 1.442

Policy Function Continuum of Care

Issue Date 31 March 2022

Summary The Justice Health and Forensic Mental Health Network 1800 Mental Health Helpline is a service access line set up to assist individuals who come into contact with the New South Wales criminal justice system.

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 (Youth Justice NSW)
- ☒ Long Bay Hospital
- ☒ Forensic Hospital

Previous Issue(s) Policy 1.442 (April 2017; May 2018)

Change Summary

- Updated and new information added
- Reconfiguration to align with current policy template
- Updated links to Procedure Manual and policies
- Updated to roles and responsibilities

HPRM Reference POLJH/1442

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

1. Preface

The Justice Health and Forensic Mental Health Network (the Network) Mental Health Helpline (for the purpose of the policy it will be referred to as the Helpline) is a service access line for individuals who come into contact with the New South Wales (NSW) public criminal justice system as well as Junee Correctional Centre, which is a privately-operated correctional centre.

The Helpline is a seven day a week, 24 hour service which is provided by experienced mental health clinicians. The Helpline can be accessed free of charge by adults or young people in custody on the Common Auto Dial List (CADL). The Helpline provides professional advice, supportive counselling and referral to the most appropriate service. Relatives, carers, friends out of custody and the general public can access the Helpline on 1800 222 472, this is advertised through the Networks Intranet and Internet Website pages. The Helpline can also provide support to Network and Corrective Services NSW (CSNSW) staff in managing patients with a lived experience of mental health issues. The Helpline is also a first point of contact for referrals and enquires from the NSW Fixated Threat Assessment Centre (FTAC) and ReINVEST program.

Staff from Local Health Districts (LHD) should be advised to refer patients via the Remote Offsite Afterhours Medical Service (ROAMS) which is available during and outside business hours. The service can be contacted on 1300 076 267; however, to ensure delivery of timely care, clinicians will accept the referrals from LHD and other community service providers.

This policy should be read in conjunction with the [Custodial Mental Health Procedure - Mental Health Helpline](#) available via the Intranet.

2. Policy Content

2.1. Mandatory Requirements

This policy is underpinned by:

- [National Standards for Mental Health Services 2010](#), in particular Standard 10.2 Access: 'The Mental Health Service (MHS) is accessible to the individual and meets the needs of its community in a timely manner'.
- The [National Safety and Quality Health Service \(NSQHS\) Standards](#), in particular Standard 1 - Governance for Safety and Quality in Health Service Organisations and Standard 6 – Clinical Handover.
- Standards developed by the [Royal Australian Collage of General Practitioners \(RACGP\)](#) for health services in Australian prisons against which the Network's accreditation is measured. In particular the following standards are relevant: Access to care, information about the health service, continuity of care, and management of health information.

This policy is also related to, but not guided by, the Ministry of Health (Ministry) [PD2012 053 Mental Health Triage Policy](#). This policy outlines the State Mental Health Telephone Access Line (SMHTAL) service.

Mental health clinicians who manage the Helpline must be an experienced mental health clinician with current Australian Health Practitioner Regulation Agency (AHPRA) registration. While there is no explicit definition of “experienced mental health clinicians”, for the purposes of this policy, “experienced” means having at least three years’ experience working in acute mental health settings and conducting initial mental health assessments. Mental health clinicians must have access to appropriate supervision, and to senior staff for consultation and support, and clinicians should receive training before managing the Helpline for the first time.

2.2. Implementation - Roles & Responsibilities

Service Director, CMH is responsible for:

- ensuring compliance with all relevant legislation, Ministry of Health (MoH) and Network policies and procedures.

Nurse Manager, CMH is responsible for:

- developing and maintaining the roster of Helpline clinicians. A copy is saved in [G:\S&P\CMH Ambulatory Care\1800](#) and forwarded to all clinicians as well as the FFAHNM;
- ensuring that the clinicians allocated to manage the Helpline follow the clinical standards of care provided in the [Mental Health Helpline Procedure Manual](#);
- rostering, resourcing and replacing staff;
- ensuring that staff are provided with adequate and appropriate training and support to implement this policy;
- ensuring that adequate resources are provided to clinicians to undertake their duties e.g. phone, computer, permission to carry the phone;
- ensuring that sound clinical governance structures are in place; and
- chairing the Mental Health Helpline Committee meetings.

Mental Health Clinicians allocated to manage the Helpline are responsible for:

- reading and understanding the guidance provided in this policy and in the [Mental Health Helpline Procedure Manual](#);
- managing callers in line with Ministry and Network policies and procedures, including Ministry [PD2015_049 NSW Health Code of Conduct](#) and Network Policy [2.010 Code of Conduct](#);
- completing brief assessment, triage, referral, escalation (where appropriate) and documentation processes;
- providing supportive counselling as appropriate;
- managing the Repeat Callers list, this includes developing a plan to manage the repeat callers and presenting it during the Mental Health Helpline Line meetings. The Repeat Callers list is managed by the Monday to Friday CMH clinicians and the template is available on [G:\S&P\CMH Ambulatory Care\1800](#); and
- forwarding Caller Record Sheets to the Mental Health Project Officer.

Mental Health Project Officer is responsible for:

- collation of data from the Caller Record Sheets and provision of monthly reports; and
- save documents to Content Manager, collate and trend the data. The data will be tabled and discussed during the Mental Health Helpline meetings.

3. Procedure Content

3.1. Call Response

3.1.1 Correctional and Youth Justice NSW Settings

Calls from patients within custodial settings are time limited (approx. 10 minutes) by the CSNSW and Youth Justice NSW (YJNSW) telephone systems, so it is essential to establish the purpose of the call at the outset. The caller may request to be seen by a mental health clinician, which should be actioned through checking the Patient Administration System (PAS) Mental Health waitlist. Calls not related to mental health should be placed on the most relevant PAS wait list e.g. D&A, Primary Care and Population Health staff.

Any issues which require immediate resolving such as, risk of harm to self or harm to others, serious medication issues or serious physical issues, must be immediately reported to relevant clinician which may be one of the following: local NUM, clinic staff, Cluster Nurse Manager, Nurse Manager Custodial Mental Health (NM CMH), CD CMH (via email). State-wide AHNM, as well as the Psychiatric Registrar can also be contacted via ROAMS (select option 1 or 4 respectively).

Any other significant clinical issues should be reported to the NUM of the centre in which the patient is housed by phone and email.

All enquiries to the Helpline regarding prison placement and movements, as well as requests for contact with friends and relatives must be advised to contact CSNSW and YJNSW.

Clinicians must notify, the local NUM, CSNSW or YJNSW centre staff, or the AHNM, if the caller discloses warnings or information that is either, suspicious, places the centre at risk or in breach of security.

Staff contact details are available through the Networks Intranet pages.

3.1.2 Forensic Hospital

Patients calling from within the Forensic Hospital (FH) should be first encouraged to discuss any issues with their treating team.

After the call, the clinician should inform the relevant NUM of the FH unit in which the patient is residing by phone of any significant clinical issues.

3.1.3 Confidentiality

Patient confidentiality must be maintained, except when there is a duty to disclose in accord with the [NSW Health Privacy Manual for Health Information](#), and in accordance with Part 18 of the [Crimes \(Administration of Sentences\) Regulation 2014](#) which refers to patients at risk of harm to

self or others. Clinicians must also comply with Network Policy [4.030 Requesting and Disclosing Health Information](#).

A Consent to Liaise form [JUS020.035](#) should be signed by the patient when discussing patient personal health information with a third party.

3.2. Suicide and self-harm calls

3.2.1 Correctional and Youth Justice NSW Settings

The callers identified as potentially at risk of suicidal behaviour must be immediately referred to the clinical staff in the local centre. The Helpline clinician must contact and advise the health centre clinical staff to immediately review patient as per Network Policy [1.380 Clinical Care of People Who May Be Suicidal \(ImpG\)](#). In case that clinic staff cannot be contacted, the Helpline staff must contact the [CSNSW](#) in local centre, speak to a senior officer and inform them of the call and need for caller to be assessed by clinic staff in accordance with the Custodial Operations Policy and Procedures 3.7 [Management of inmates at risk of self-harm or suicide](#). The caller must also be placed on PAS mental health waitlist for a mental health assessment. A clinical judgement should be used in prioritising the PAS waitlist.

3.2.2 Forensic Hospital

The callers from FH who have been identified as potentially at risk of suicidal behaviour must be immediately referred the Nurse in Charge (NiC) of the unit in which the caller is residing.

3.2.3 Community calls

Community callers who disclose suicidal thoughts should be provided with supportive counselling and encouraged to get professional help such as GP, Mental Health Intake Line, Lifeline or other help services. Try to engage the person and obtain as much information as possible. If someone is in crisis, and they divulge information relating to their location, you may need to seek help from mental health, ambulance or police services.

3.3. Diverting Telephone

The FHAHNM is responsible for receiving and diverting the Helpline during their on call period as per the [Mental Health Helpline Procedure Manual](#).

3.4. Security

Helpline clinicians must carry their allocated mobile telephones when rostered to this service on their person at all times and declare them to CSNSW and YJNSW officers when entering and leaving all centres.

For Helpline clinicians managing the Helpline from a correctional centre based phone, the local CMH NUM must arrange for another clinician to manage the phone during lunch and comfort breaks.

3.5. Documentation

The Helpline clinician must record/document call information on the following:

- **Mental Health Helpline Caller Record Sheet** (Template available [G:\S&P\CMH\Ambulatory Care\1800](#)) and should include, where known:
 - date and time
 - caller details including: name; MIN; location
 - who called e.g. relative/friend or Network/CSNSW/YJNSW/LHD staff
 - type of service enquiry e.g. MH; D&A
 - length of call
 - outcome and referral as appropriate
- **JHeHS** where the caller provided the name or MIN of a patient.
- **PAS** must be completed as arrived/departed where the caller provided a name or MIN.
- Any additional, clinically relevant information must be uploaded to JHeHS in an appropriate section or copied to patient health records.

3.6. Referrals

- All relevant referrals to services must be actioned by completing a PAS waitlist and phone or email to local NUM as appropriate.
- All referrals must be documented in patients' health records in JHeHS.
- All referrals/enquires from the Fixated Treat Assessment Centre must be emailed to the Clinical Director, Custodial Mental Health and PA Clinical Directors for tracking purposes.

3.7. Activity Data

For collation of data and preparation of monthly reports the completed Mental Health Helpline Caller Record Sheets will be forwarded to the Mental Health Project Officer. This will be completed by the CMH clinician finishing the Helpline duty on Sunday.

Mental Health Helpline Caller Record Sheet must be saved to [G:\S&P\CMH\Ambulatory Care\1800](#) weekly by Monday morning.

Activity Data is tabled and discussed at the Helpline Meeting.

3.8. Clinical Handover

The clinicians must handover to the next rostered clinician at the end of their shift by phone or email. Mental Health Helpline Caller Record Sheet must also be emailed to the next rostered clinician.

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.

5. Legislation and Related Documents

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| Legislations | Crimes (Administration of Sentences) Regulation 2014 |
| The Network Policies and Procedures | 4.030 Requesting and Disclosing Health Information. 1.380 Clinical Care of People Who May Be Suicidal (ImpG) 2.010 Code of Conduct 1800 Mental Health Helpline Procedure Manual Custodial Operations Policy and Procedures 3.7 Management of inmates at risk of self-harm or suicide |
| The Network Forms | G\S&P\CMH\Ambulatory Care\1800 Consent to Liaise form JUS020.035 |
| NSW Health Policy Directives, and Guidelines | PD2019_020 Clinical Handover Standard Key Principles PD2010_018 Mental Health Clinical Documentation PD2012_050 Forensic Mental Health Services PD2012_053 Mental Health Triage Policy |