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Custodial Mental Health Procedure
Mental Health Helpline

August 2020

Version History

Version	Date	Summary
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Preface

In 2006, NSW Ministry of Health operationalised a 24 hour state-wide mental health telephone advice, triage and referral service specifically for the correctional setting. Justice Health and Forensic Mental Health Network (JHFMHN) provides health care in a unique and complex environment that does not readily fit with the state-wide model to access mental health services.

The Mental Health Helpline (MHHL) was developed to operate within the security limitations of the Criminal Justice System and meet the unique needs of patients in custody. The MHHL ensures people with mental health needs in custody have better access to mental health services and, where appropriate, are triaged and referred to relevant health services in a timely and consistent manner.

This service is offered via a 1800 state-wide mental health telephone number operating 7 days per week, 24 hours per day and is staffed by experienced mental health clinicians (1800 222 472) ([Mental Health Triage Policy PD2012_053](#)).

1. Access

The MHHL is a free of charge, telephone access and referral service for people in contact with the criminal justice system.

The service acts as a central point of contact for:

- Patients housed within custody who seek advice, support or access to local mental health services.
- Family members / significant others who have concerns about their relative who is in contact with the criminal justice system
- Local health districts and community service providers to seek information from, or provide handover to mental health services in custody.
- CSNSW staff who need to raise concerns or refer patients to specialist mental health services.

The service aims to ensure that patients with mental health problems are referred to and access appropriate mental health care in a timely and appropriate manner.

1.1 Contacting the service

Patients in custody / youth detention are able to access the MHHL via the internal telephone services located within the individual correctional centres.

Community callers can access the service via free call 1800 222 472.

1.2 Staffing Arrangements

The MHHL is staffed by senior mental health nurses 24 hours per day, seven days per week as follows:

- Mon-Fri 0700-1530 hours (excluding public holidays) by Custodial Mental Health staff generally located within the MRRC MHSU and available on phone [REDACTED]. The NUM 3 MHSU is responsible for ensuring an appropriate staff members rostered on duty
- Mon-Fri 1530-1900hours and 0700-1900 hours on weekends and public holidays as per the 1800 Team roster
- Seven days per week 1900 to 0700 hours by the Forensic Hospital After Hours Nurse Manager on duty (FHAHNM)

1.3 The Forensic Hospital After-Hours Nurse Manager (FHAHNM) on Duty

All calls to the MHHL are directed to the FHAHNM on duty to a dedicated mobile phone. It is the responsibility of the FHAHNM to divert this phone to the mobile phone of the relevant member of the 1800 team as per the roster seven days per week at 0700hours and undivert the phone at 1900hours.

The FHAHNM will check that the number they have diverted the 1800 line to be answered to ensure it has been diverted to the person rostered on duty and to provide a handover of any calls that are received overnight.

1.4 The 1800 MHHL After-Hours Team Member

The 1800 team after hour's member on duty will divert the mobile phone to the allocated landline of the MRRC each morning Monday to Friday (excluding public holidays) between 0700 and 0730hours.

It is the responsibility of the 1800 team member to ensure the phone has been diverted to the appropriate phone number and that there is a staff member on duty to receive these calls and to provide a handover from the previous day. If no staff member responds to the diversion check call, the 1800 Team member must contact the MHSU NUM 3 on [REDACTED] to determine the reasons for this and arrange for an alternative service provider.

Between 1500 and 1515 hours, the 1800 After-Hours Team member will undivert the mobile phone from the landline and contact the allocated day team member for a handover and to obtain a copy of the 1800 MHHL running sheet.

A copy of the weekly running sheet will be emailed to:

- Mental Health Project Officer
Email: [REDACTED]
- To the person operating the 1800 line during business hours
- To the 1800 After-Hours Team Member rostered to the new week

2. Rosters

The 1800 After-Hours Team Member is rostered for periods of seven (7) days from Monday to Sunday between 0700 until 1900hours and are authorised to carry a mobile phone into a correctional centre as per the CSNSW approved phone list (appendix 1).

Between Monday to Friday excluding public holidays, the 1800 MHHL After-Hours Team member is responsible for answering all calls between 1500 and 1900hours and from 0700 to 1900 on weekends and public holidays.

On weekdays the 1800 MHHL After-Hours Team member will be renumerated as per the relevant aware, e.g. [Public Health System Nurses' and Midwives' \(State\) Award 2019](#). The roster is drawn up by agreement with the After-Hours Team and is located in G/S&P/CMH/1800-Line.

A copy of the roster is provided to [REDACTED] who will in-turn update the relevant staff time sheet and provide a copy to the main gate of the MRRC.

3. Authority to carry Mobile Phone inside a Correctional Centre

All members of the 1800 MHHL After-Hours Team must carry with them written authorisation to carry a mobile phone inside a Correctional Centre and a letter authorised by the CMH Nurse Manager Level 5 (NM5) at all times they have the phone on their person inside a Correctional Centre.

The 1800 MHHL After-Hours Team member must declare the mobile phone on entering a correctional centre and signed into and out of the Correctional Centres in keeping with CSNSW protocol.

At no time will the 1800 MHH After-Hours Team member allow another person to use the phone. If the phone is lost or misplaced while inside a correctional centre, this must be reported immediately to the local centre management and CMH NM5 (example letter TRIM DG83121/18).

Phone numbers authorised to be taken inside a correctional centre by CSNSW for the 1800 MHL are:



4. Confidentiality and Security

All calls to the MHHL are confidential. Team members must observe JH&FMHN [Clinical Information Management and Release of Health information, Policy No. 4.030.](#)

All enquiries to the service regarding prison movements and placement are to be referred to Corrective Services – New South Wales.

Callers from within the custodial context requesting contact be made with their relatives and friends are to be advised that this would constitute a breach of security and the patient should be directed to approach CSNSW for assistance with this matter.

5. Outcome of calls

5.1 Calls originating from within a custodial context

1800 calls made from a custodial setting may be recorded and are time limited, usually to between 6 and 10 minutes. A recorded message precedes the caller being connected and identifies the location of the caller.

Due to the limited time, it is paramount to identify the name of the caller, establish a rapport and determine the purpose of the call.

Depending upon the nature of the call and any identified risk factors, the 1800 Team member may decide to:

- refer the patient to the local mental health or other relevant service by way of PAS wait list
- refer the patient to local services by phone call and follow up email in addition to the PAS waitlist
- refer the patient to CSNSW custodial and or non-custodial staff directly if contact details are known or via the local NUM or NIC
- Request that either mental health or primary health staff at the correctional centre follow-up the patient, when clinically indicated
- suggest the patient self-refer to services under the management of CSNSW
- provide supportive counselling.

All calls to the service must be recorded on the Mental Health Helpline Caller Record Sheets (appendix 1), PAS and in the patient's e-progress notes and align with NSW Health Policy Directive [PD2012_053 Mental Health Triage.](#)

Any issues and problems that cannot be immediately managed by way of referral and liaison with relevant services should be escalated for advice and actioning:

- during business hours to the CMH NM 5 and CMH Clinical Director
- after-hours to the statewide Nurse Manager on-call.

5.2 Calls originating from the Community

5.2.1. Calls from consumers

Patients known to the 1800 MHHL service that are now released will occasionally call the MHHL for support. These calls are recorded in keeping with calls originating from within the custodial context.

Ideally, the 1800 MHHL team member will identify a patient's address in the community and contact number if able, in case the patient expresses ideas or thoughts suggestive of an increased risk of harm to self and/or others. If risk factors are identified, the patient should be referred to local CMHT for follow up if a community location/ address or contact number is known. Should a more immediate risk be identified, advice should be sought from the CMH NM5 or Clinical Director as to whether emergency services need to be contacted. A record of the call should be included in the patient's e-progress notes, PAS and 1800 running sheet.

Any issues and problems that cannot be immediately managed by way of referral and liaison with relevant services should be escalated for advice and actioning:

- during business hours to the CMH NM 5 and CMH Clinical Director
- after-hours to the state-wide Nurse Manager on call

5.2.2. *Calls from Family/Friends*

Family members, carers and friends of patients often contact the 1800 MHHL to provide information about a patients' mental health needs or to make enquiry as to their family member's health status in custody.

The 1800 MHHL staff are able to accept information and make referrals to local services within custody but are not able to provide the caller with any information about the patient without written consent of the patient ([JH Consent to Liaise form JUS020.035](#)). A signed copy of this form must be scanned and saved in the patients JHeHS file. A record of the call must be included in the patient's e-progress notes, PAS and 1800 running sheet.

The 1800 MHHL staff are able to offer the caller advice in regard to accessing community mental health services, advice regarding the *NSW Mental Health Act 2007* and general support. The 1800 MHHL does not routinely provide a counselling or ongoing support service for the family member but rather directs the caller to local community services.

Any issues and problems that cannot be immediately managed by way of referral and liaison with relevant services should be escalated for advice and actioning:

- during business hours to the CMH NM 5 or CMH Clinical Director
- after-hours to the state-wide Nurse Manager on call

5.2.3. *Calls from Local Health Districts*

The ROAMS On Call service is the central point of contact for calls and enquiries from local health districts. However, the 1800 MHHL will accept calls and provide referrals; feedback should those services call the 1800 MHHL in the first instance. If the LHD is making a referral, every effort should be made to obtain a discharge summary and copy of current medication regime, copies of CTO orders etc. All information received from local health districts must be scanned and sent to the 1800 Team member and saved in the patient's JHeHS e-record.

A record of the call must be included in the patient's e-progress notes, PAS and 1800 running sheet.

Enquiries from LHDs regarding a patient's release planning, closing of occasions of service, should be directed to the local custodial mental health service if the patient remains in custody. Alternatively, information can be accessed via JHeHS or the caller can be referred to HIRS for additional information via email. Again, a record of the call must be included in the patient's e-progress notes, PAS and 1800 running sheet.

Any issues and problems that cannot be immediately managed by way of referral and liaison with relevant services should be escalated for advice and actioning:

- during business hours to the CMH NM 5 and CMH Clinical Director
- after-hours to the state-wide Nurse Manager on call

5.2.4. Calls relating to Parklea and Clarence Correctional Centres

(Please note 1800 MHHL provides services to Junee Correctional Centre)

The 1800 MHHL does not provide services to Parklea or Clarence Correctional Centres. Any call from a patient or pertaining to a patient housed at Parklea or Clarence Correctional Centre should be referred back to the local centre.

The patient should be directed to approach frontline staff and community callers given contact numbers for the relevant location.

Parklea CC

[REDACTED]

Clarence CC

[REDACTED]

6. Clinical Governance

6.1. Line Management

The NM5 is responsible for the management of the service and team members within the mental health clinical stream. Experienced mental health staff who are employed to provide after-hours service to the 1800 MHHL but are not a member of the custodial mental health service report to the NM5 for the purposes of the 1800 MHHL only.

6.2. Team meetings and clinical escalation processes

The 1800 MHHL team will meet with the NM5 Custodial Mental Health and CMH Clinical Director monthly to raise issues relating to the functioning and operation of the service. Ideally, the meeting time allows for representative from FNAHM team to attend/participate.

The meeting will be chaired by the NM 5 and must be attended by the Clinical Director CMH. All members of the 1800 team should be invited to attend. The FNAHM may decide to send a representative on behalf of the overnight service providers.

General administrative and clinical issues, which require escalation, must be raised at the team meetings and a resolution sought from the CMH senior management team.

In particular, a record must be maintained about patients who contact the MHHL repeatedly. The appropriate management/care plan for such patients must be discussed and endorsed by the CMH Clinical Director, noted in the meeting minutes and patients' e-progress notes, so that a consistent care approach is adopted.

In instances where a patient has called the MHHL more than once, but not received any face-to-face health support since their reception screening assessment, the MHHL staff must contact the onsite mental health nurse or NUM at the centre where the patient is housed and advise them of the need for face-to-face follow up. Such intervention must also be noted in the patient's e-progress notes, followed-up and noted at the MHHL team meetings.

6.3. Data Collection and Reports

6.3.1. Quantitative Reports

The mental health Project Officer will collate information from the caller –running sheets and provide a data report that notes the number of calls:

- for the month
- from individual locations
- repeated callers
- per time 4 hour time frame
- from consumers, families/ friends, LHD and other community callers such as ambulance service, CSNSW, staff members, etc.
- nuisance calls and the location the calls are originating from trends

A copy of the monthly quantitative analysis report will be included in the 1800 MHHL Team meeting minutes.

6.3.2. Qualitative Report- Patients of concern

The 1800 team will take an active role in providing a qualitative analysis of callers to the service and report back to the 1800 meeting at four week intervals. Any patient that has called repeatedly and not been delivered an appropriate service despite the efforts of the 1800 team will be discussed at the regular 1800 meeting. The NM5 may be required to escalate concerns to relevant services if the issues cannot be addressed by the 1800 MHHL team member.

The 1800 MHHL After-Hours Team will rotate the responsibility of the qualitative data analysis and allocate the responsible staff member at each 1800 MHHL team meeting. The allocation of qualitative data analysis report will be determined at the 1800 Team meeting.

A copy of the four week qualitative analysis will be included in the 1800 MHHL Team meeting minutes.

6.3.3. Storage of Running Sheets

All running sheets should be stored in TRIM G754/20 (1800 Caller Record Sheets).

Copies of weekly running sheets should be used as a clinical handover tool between weekly change in roster and a copy sent to the MH project officer to collate into quantitative analysis and the 1800 After-Hours Team member designated to complete the qualitative analysis / patient of concern report.

Appendix 1.Letter- Person Authorised to take a mobile phone into a Correctional Centre

Persons Authorised to take a mobile phone into a Correctional Centre		
Centre	Role	Phone details
Statewide	Mental Health Helpline	
	Access and Demand Management Nurse Manager	
Metropolitan Region	After Hours Nurse Manager	
	Integrated Care	
MHRT Members Silverwater	Mental Health Review Tribunal - Panel Members	
	Mental Health Review Tribunal - Administration Staff	

Persons Authorised to carry a PAGER only into a Correctional Centre		
Centre	Name	Position
Note: The Assistant Commissioner Custodial Corrections has approved for all staff from JH & FMHN to carry a pager into a Correctional Centre or other place of Detention. Refer to AC CC Memorandum 2014/05 - Pagers can only be used to receive messages and JH & FMHN are able to deactivate any pagers that are lost or stolen.		

All persons who are permitted to take a pager into a correctional centre or other place of detention must: