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Custodial Mental Health Procedure
Outreach Telehealth Service

July 2020

Version History

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Custodial Mental Health Outreach Telehealth Service

Preface

The following guidelines provide an overview of the operations of the Custodial Mental Health Outreach Tele- Health Service (CMH Outreach Tele-health Service) and should be read in conjunction with the [Custodial Mental Health Operational Procedure Manual](#); the [Custodial Mental Health Referral and Case Management Policy 1.443](#); and the [Primary Care Guidelines for the Management of Clinical Level A Patients with Mental Disorder](#).

Part 1- Target Population, services provided and locations serviced

1.1. Target Population

The Custodial Mental Health (CMH) Outreach Telehealth Service provides an off-site mental health service to locations without onsite mental health service. The target population are:

- a) patients with serious and enduring mental illness; these are patients who are identified as being Clinical Level B, as per Mental Health Model of Care (the [Custodial Mental Health Referral and Case Management Policy 1.443](#); and [Primary Care Guidelines for the Management of Clinical Level A Patients with Mental Disorder](#))
- b) To Clinical Level B patients who have clinically deteriorated until they can be transferred to a location with onsite mental health services.
- c) To patients requiring assessment under Section 35 of the NSW Mental Health (Forensic Provisions) Act 1990 when no other appropriate resource is available.
- d) To patients on Forensic Community Treatment Orders (FCTO).[Forensic Community Treatment Orders](#)
- e) To patients managed by the Primary Health Mental Health Consultation Liaison Service and GP, but have deteriorated and require more specialist assessment and advice regarding ongoing management
- f) To patients received at Broken Hill and Tamworth Correctional Centre, as new receptions may require initial assessment by mental health services
- g) To patients being managed and referred by the Risk Intervention Team (RIT) who require a comprehensive mental health assessment (as per the [CSNSW RIT Protocol](#); and Policy on the [Clinical Care of People Who May Be Suicidal](#))

1.1.2. The CMH Outreach telehealth service does not routinely provide services for those patients identified as:

- a) Clinical Level A - these patients are managed by the GPs with the support of the Primary Care Mental Health Consultation Liaison Service
- b) Patients presenting with behavioural disturbances not associated with serious mental illness
- c) 1.1.3 The CMH Outreach telehealth Service does not routinely participate in RIT reviews ([CSNSW RIT Protocol](#); [Clinical Care of People Who May Be Suicidal](#))

1.2. Services provided by CMH Outreach telehealth Service

The CMH telehealth service focuses upon the clinical management of the target population. This includes, clinical review by MHN/NP and Psychiatrist, recharting medications, reviewing pathology results for metabolic monitoring and release planning.

1.3. Centres Serviced by CMH Telehealth Service

The CMH telehealth Service provides a service to the following locations:

- Broken Hill, Cooma, Hunter, Shortland 5/6, Kariong, Kirkconnell, Macquarie , Mannus, Mary Wade, Oberon, St Heliers, Tamworth and Glen Innes by negotiation

Contact details for each centre are as follows:

A 10x4 grid of black bars on a white background. The bars are arranged in 10 rows and 4 columns. The pattern of bars varies across the rows, with some rows containing mostly short bars and others containing longer, more complex bar patterns. The grid is bounded by a thin black border.



All other locations will be considered for emergency presentations or for assessments for the purposes of the Mental Health (Forensic Provisions) Act 1990 by negotiation with the CMH Clinical Director and Service Director.

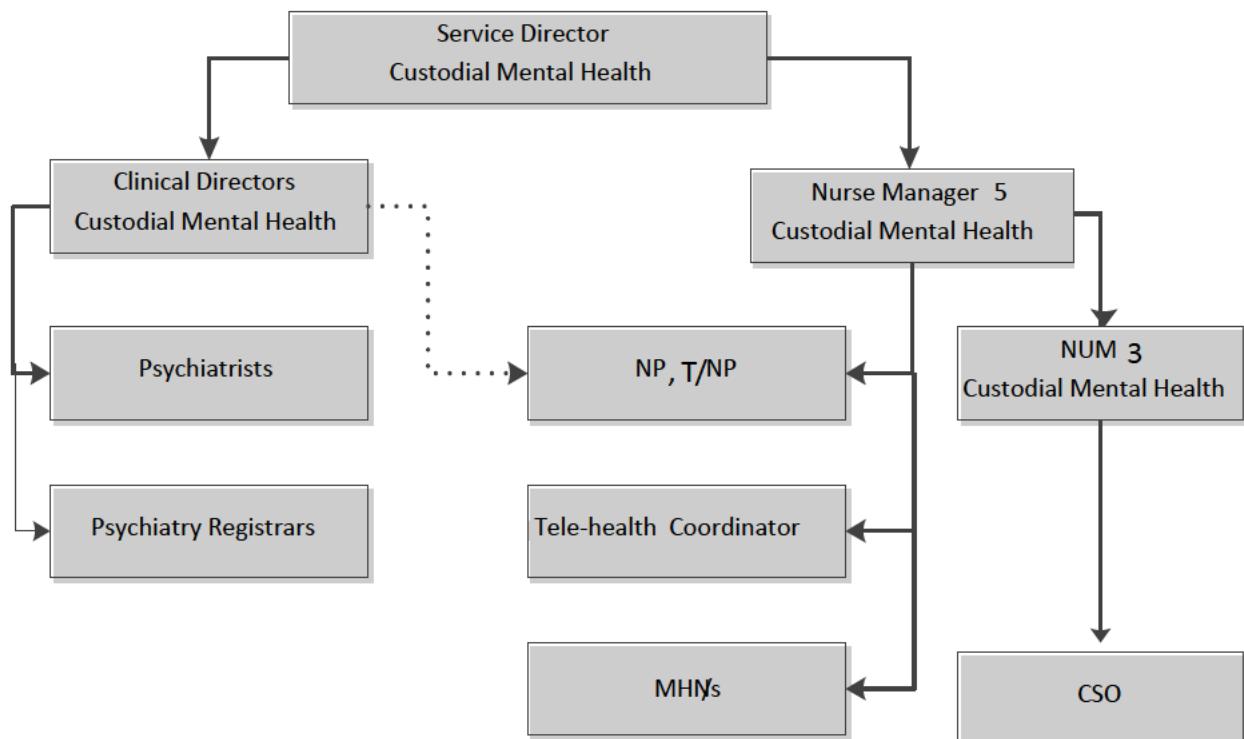
Part 2- CMH Telehealth Contact Details

2.1. Staffing and Reporting Lines

The CMH Outreach Telehealth Service reports to the CMH Service Director via the CMH Clinical Directors and Nurse Manager 5. Limited administration support is provided by the CSO who reports to the NUM 3 Custodial Mental Health.

The staffing Profile includes a minimum of:

- Co-ordinator- Monday to Friday 0.9 FTE
- T/NP- 1.0 FTE
- NPMH 0.2 FTE (when available)
- 0.4FTE Psychiatrist
- 0.1FTE Psychiatry Registrar (when available)
- VMO Psychiatrist (when available).
- Other specialist mental health nurses by arrangement



2.2. Location

The CMH telehealth Service hub is located at JHOP, Level 1. **Contacts**

The Telehealth service can be contacted via email:

- [REDACTED]

2.3. Audio-Visual Links (AVL)

Most often, clinicians complete their clinics from the JHOP Level one. The AVL rooms are booked through the Outlook Calendar. There are occasions where clinicians may complete their clinics at alternate sites (e.g. MRRC, SWCC) by arrangement.

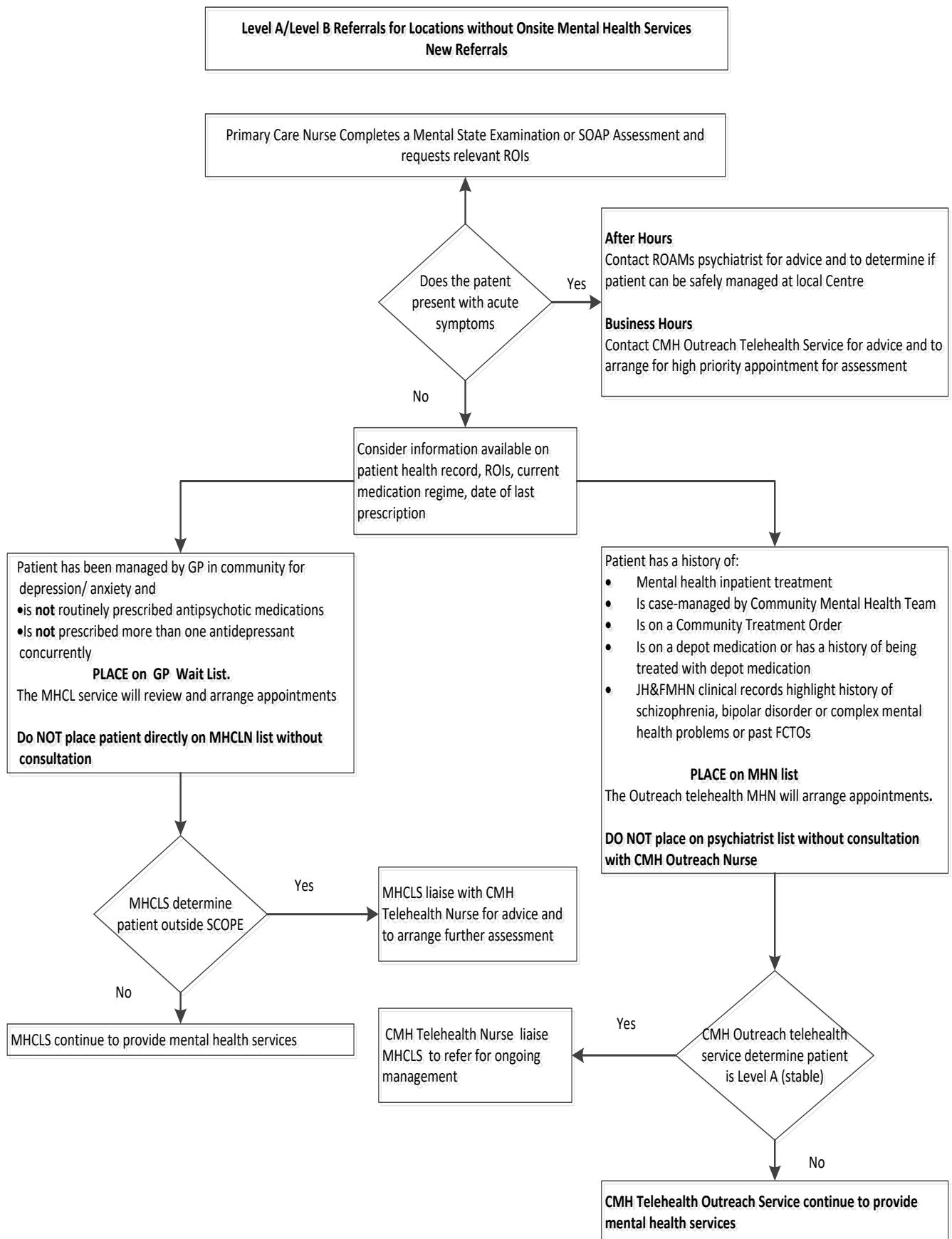
There are occasions when scheduled psychiatry clinics are facilitated from non JH&FMHN locations using Polycom or Pexip facilities by arrangement. When scheduling clinics where Polycom or Pexip technology is to be used, the coordinator needs to be sure that the site of the clinic has technology that supports the use of Polycom technology.

3. Referrals to the Outreach Mental Health Service

3.1 New Referrals

The Primary Care Nurse must complete an initial assessment using SOAP format. The patient should then be referred to the CMH Outreach Telehealth MHN for initial assessment. The Outreach telehealth MHN will determine if the patient is a Level A or Level B Patient. Ideally, before being referred for follow up by GP/ MHCL Service (Level A Patients) or specialty Mental Health Services (Level B patients), the MHN will discuss their clinical findings with the on-call ROAMS to initiate short term medication if required until the patient can be clinically assessed.

[Custodial Mental Health Referral and Case Management Policy 1.443.](#) and [Primary Care Guidelines for the Management of Clinical Level A Patients with Mental Disorder](#)



3.1. Patients transferred from other locations but remain on mental health wait lists

Patients who are already on mental health wait lists when transferred to the receiving location should be either allocated to the GP/Mental Health Consultation Liaison Service (MHCLS) if Level A or to the CMH Outreach telehealth service if Level B. [Custodial Mental Health Referral and Case Management Policy 1.443](#), and [Primary Care Guidelines for the Management of Clinical Level A Patients with Mental Disorder](#)

3.2. Referrals from Mental Health Consultation Liaison Service (MHCLS) and or GPs

The MHCLS provides care and follow for patients who have been placed on the wait list for GPs and present with non-complex mental health problems (Level A patients) in collaboration with the GP. When the MHCL or GP service determines that a Level A patient is outside their scope of practice, the patient should be referred to CMH outreach telehealth Service Psychiatrist/ NPMH. [Custodial Mental Health Referral and Case Management Policy 1.443](#), and [Primary Care Guidelines for the Management of Clinical Level A Patients with Mental Disorder](#).

Ideally, the MHCL service will contact the CMH Outreach tele-health Co-ordinator to handover clinical concerns and allow for the patient to be triaged as higher priority for assessment.

Once assessed, the psychiatrist/ NPMH will determine if the patient can be referred back to the MHCL service, remain under the care of the CMH Outreach Service or recommend the patient is transferred to a location with onsite mental health services for more intensive follow up.

3.3. Mental Health (Forensic Provisions) Act 1990 (MHFP Act) Referrals

The Clinical Director or delegate may request that a CMH telehealth Psychiatrist provide opinion for the purpose of the -MHFP Act assessments [Custodial Mental Health Operational Procedure Manual](#). Appointments related to the MHFP Act will be given priority and scheduled as required.

All relevant documentation related to MHFP Act referrals will be maintained in the CMH Outreach Telehealth Clinic folder and the MHFP Act register should be updated accordingly.

The number of patients on CMH Outreach Telehealth wait lists and activity data will be reported regularly to the Telehealth Meeting.

3.4. Patients requiring urgent mental health assessment

There will be occasions where a patient presents with an acute episode of illness at a location without onsite mental health services. After hours, the local centre should contact the on call ROAMS psychiatrist for clinical advice to will determine if the patient can safely be managed at that location or is required to be transferred to a location with on-site specialist mental health services.

During business hours, the local centre should contact the CMH Outreach telehealth service directly at arrange for the patient to be assessed as soon as practicable and for clinical advice.

4. Assessment

4.1. Patients already on MHN wait list and transferred to locations covered by the CMH Outreach Telehealth Service.

The Outreach telehealth MHN will complete a comprehensive assessment to determine if the patient requires specialist mental health intervention [Custodial Mental Health Referral and Case Management Policy 1.443](#). No patient will be referred directly to the psychiatrist or NPMH without first being assessed by a CMH Outreach Telehealth MHN.

4.2. Post assessment by the CMH Outreach Telehealth MHN

Following assessment by the CMH Outreach tele-health service, outcomes could include:

- a) Commencement or titration of treatment and booked for follow up by the CMH Outreach tele-health service psychiatrist/ NPMH (Level B patients)
- b) Ideally, the CMH Outreach telehealth MHN will provide follow up reviews as requested by the prescriber and at a minimum of every 13 weeks for completion of mental health outcome measures (Level B patients)
- c) Commencement of treatment and recommended for transfer to a location with on-site mental health services – this may or may not include referral to the Hamden POD or Mental Health Screening Unit (MHSU) (Level B patients) [Custodial Mental Health Referral and Case Management Policy 1.443.](#)
- d) Commencement of treatment and referred for follow up by the GP or MHCL service by way of direct referral to the MHCL team (Level A patients) [Primary Care Guidelines for the Management of Clinical Level A Patients with Mental Disorder.](#)
- e) Referral for non-pharmacological interventions such as CSNSW psychology or SAPO (level A and Level B)
- f) No further action

4.3. Patient already on Wait list for Psychiatrist/ NP and transferred to locations covered.

Patients who are already on wait lists for assessment by the psychiatrist or NPMH will be triaged and assessed as per current protocol. There is no need for the CMH Outreach Telehealth MHN to review the patient prior to booking these appointments.

5. Recommending patients are moved to locations with onsite mental health services

There will be times where the CMH Outreach telehealth service are unable to manage the patient's level of care via telehealth. These situations may include:

- Refusal to be seen by the CMH outreach telehealth service
- Complex presentations requiring more thorough assessment and follow up
- Patients with acute symptoms and increased risk factors requiring better access to mental health service
- On FTCO and non-adherent with treatment plan
- Patients referred to and awaiting acceptance for transfer to the MHSUs or Hamden POD/ Silverwater Women's Step Down Wing located in the Silverwater Complex while awaiting
- Patients at high risk of suicide, harm to self and or harm to others and deemed not to be able to safely managed at that location i.e. may require referral to ACMU

In these instances, the clinical documentation should clearly reflect the recommendation to transfer the patient to a location with onsite mental health services and this recommendation must be discussed with the local NUM/NIC. Further, the HPNF should be updated and forward to the local NUM/NIC for sign off by CSNSW ([Health Problem Notification](#)).

The CMH Outreach telehealth service will maintain a register of at risk patients that have been recommended for transfer to locations with onsite mental health services. Patient transfers should be monitored by the CMH Outreach telehealth service and together with local NUMs. If the patient is not transferred in a timely manner, the local NUM should IIMs the delay and together with the Telehealth team, escalate the delay to the CMH Clinical Director, Service Director and NM 5.

CMH Outreach telehealth recommendations for transfer should be recorded in the Transfer-Out Spread sheet and are to be reported at the regular Telehealth meeting.

6. Preparing Outreach Clinics

6.1. Scheduling Clinics

Prior to booking a clinic via telehealth, local sites should be contacted to ensure that AVL resource and clinics schedule can accommodate a planned CMH Outreach clinic. Patients are prioritised after considering PAS wait list triage categories, PAS wait list comments and recommendations by the local centres and treating clinicians.

Ideally, the clinician will be allocated one location on any given day but this may be expanded to two (2) locations as required. Locations with extensive wait lists will be given fortnightly psychiatry/NP, T/NP, clinics while those with lower waitlist numbers will be allocated a clinic every 4 -6 weeks.

Mental Health Nurse Clinics should be allocated weekly to locations with high numbers and second weekly to those with low numbers. The frequency of MHN clinics will allow for patients to be clinically reviewed between psychiatrist/ NP reviews.

The booked clinics should be recorded in the CMH-Outreach Group diary along with the name of clinician, location of centre being serviced, time of clinics, the AVL room number or if the clinician is working from home using polycom.

For example

- Dr X; Kirkconnell 0930-1200 and Mannus 1300 to 1430, Level 1 room 1C

6.2. Booking and Preparing Clinics

6.2.1. Custom Clinic Bookings in PAS

Once the clinic time is scheduled and confirmed, a custom clinic needs to be booked in PAS per standard PAS business processes ([Custom Clinic Tip Sheet](#)).

Once a clinic is confirmed, an e-folder will be made for the practitioner completing the clinic and all relevant information for that clinic will be placed in that folder (G:\S&P\CMH\Telehealth Clinic)

6.2.2. Booking Patients

The CMH Outreach Telehealth clinical co-ordinator will review wait lists and book patients according to clinical need based on the PAS clinical comments.

6.2.3. Psychiatrist Clinics

As a general rule, a new assessment will require approximately a 75 minute time slot while clinical reviews will require a 45 minute time slot. This will ensure there is sufficient time allocated for pre and post clinical review administrative tasks i.e. review relevant clinical documentation and completion of clinical documentation.

6.2.4. MHN, NP clinics

When booking clinics for nursing staff, be mindful that nursing staff complete their own data entry in PAS and CHIME therefore may not be able to assess as many patients as the psychiatrist. For nursing staff, please allocate 90 minutes per new assessment and 45-60 minutes per clinical review.

6.2.5. Obtaining clinical information that is not available on JHeHS

When patients are booked for a clinical contact in the first instance, the CMH Outreach Telehealth co-ordinator will review PAS appointments for the preceding 5-10 years to

determine if the patient has had previous contact with psychiatrists or mental health nurse. Names of clinician and dates of clinical assessment should be recorded and these clinical notes requested from the patient location. If the local service does not have access to all volumes of the hard copy health record, the information should be requested from HIRS. Further to this, a copy of any clinical documentation between May and December 2019 should be requested. Most recent clinical information from December 2020 is now available in JHeHS e-progress notes and should be considered by the clinician.

The local centre must provide the following documentation:

- current medication charts
- recently expired medication charts (if working from a verbal order)
- verbal orders and short term orders
- a copy of the patients methadone/ Suboxone/ OSP treatment sheet with sufficient detail to inform the mental health staff if the patient is collecting opiate substitution medication regularly, increasing or decreasing dose or if there have been concerns regarding possible diversion.
- A completed Kessler 10 form

The above noted information should be provided to the CMH-Outreach service at least 2 days prior to the scheduled clinic.

The telehealth co-ordinator will review the clinical documentation to ensure appropriate information has been provided and save this in the patient's individual folder in the telehealth Clinic.

6.2.6. Running Sheet

Once the clinic has been confirmed and additional information that is required has been identified, the administration officer will complete the clinic running sheet.

The running sheet template will include:

- Location and contact number for the local clinics, polycom number as appropriate
- Times allocated for the clinic
- The name of the clinician
- Patient name, MIN number, DOB, earliest release date and sentence expiry, future court dates
- Note any clinical alerts and conditions as per JHeHS
- List the clinical documents that the local centre are to provide to the outreach service

Clinic running sheet template example (see appendix 1 for actual template).

Clinician Name	Date		
LOCATION	TIME	Phone	
Contact Person Name			
Patient MIN Name DOB ERD, Sentence Expiry Next Court date	REASON FOR REFERRAL • Comment off PAS wait list Alerts and allergies per JHeHS Clinical Conditions per JHeHS	Documents requested • List documents requested Copy of treatment sheet including methadone Signed permission slip Completed Kessler 10	Comments This is for the psychiatrist to complete to allow for ready reference for the recommendation of management plan and follow up

6.3. Local clinic requests to include patients not scheduled for clinics

There will be times when on the day of the scheduled clinic the local NUMS/ NIC will approach the clinician directly to request a patient be seen as a priority above those lists for review. This is not an ideal situation as the clinician will not have access to relevant clinical information.

If local clinics request that a patient is added to an already scheduled appointment list, the local centre should nominate who, in their opinion, can be removed from the list and rescheduled for a later date. The local NUM/NIC will ensure that clinical information for the new patient is provided no later than 2 days prior to the scheduled clinic.

6.4. Requests for urgent assessment

If the patient requires urgent assessment/ clinical review, the local NUM/NIC should liaise with the ROAMS on call registrar for immediate advice if issue occurs outside normal business hours. During business hours, the local NUM/NIC is able to contact the CMH Outreach Telehealth co-ordinator for clinical advice and to arrange for an urgent assessment by the CMH Outreach telehealth service as appropriate.

6.5. Storing scanned copies of clinical information that is not available in JHeHS.

The CMH Outreach Tele-health Clinic Folder is located on:

G:\S&P\CMH\Telehealth Clinic

Only the Clinical Directors, Service Director, Nurse Manager 5 Custodial Mental Health, and members of the CMH Outreach telehealth Service have access to this folder.

A copy of the patient's hard copy clinical information and medication charts are stored in individual patient folders and these are copied and placed in individual clinician folders on the relevant clinic days.

Clinician clinics are organised in a folder under their individual names.

6.6. On the day of the telehealth clinic.

Clinic lists and relevant information will be available for each clinician in their folder on the group drive. Individual clinicians are responsible for reviewing available clinical information as well as accessing information available in JHeHS.

If the psychiatrist/ registrar are on site, ensure they have access to a hard copy of the clinic running sheet, auxiliary treatment sheets, MHSU referral form, HoNOS forms/ HoNOS glossary and documentation relevant to the Mental Health Act as required.

6.7. Following Clinic

All clinic outcomes will be documented on the CHIME database. Outcome measures will be entered by way of established business processes.

The need for follow up appointments will be entered on the relevant PAS wait list. A meaningful comment must be entered to enable appropriate triage. The comment should include an estimated date / time frame for review, a diagnosis, a comment about current mental state. For example:

"Review due March 2020, schizophrenia, stable on depot and oral medications, last seen by psychiatrist October 2019".

Appointments will be booked directly from the PAS wait list after a clinic session has been scheduled and booked.

All clinicians will complete clinical documentation in keeping with standard mental health clinical documentation protocols. All clinicians are required to complete a HoNOS using the HoNOS glossary.

Revised medication charts will be scanned and saved to individual patient folders. Electronic copies of medication charts are to be emailed to the relevant NUM/NIC with the original hard copy to be posted to the relevant location in a timely manner. The post box for JHOP is located on Level 2.

If working from remote location, the psychiatrist/ psychiatry registrar will ensure that copies of any auxiliary medication chart and relevant clinical information (e.g. schedules, completed HoNOS) are scanned and emailed to the relevant clinic as well as to the CMH telehealth co-ordinator via email - [REDACTED] - and ensure that original copies of medication charts must be posted to the local centre in a timely manner via Australian Post if unable to post from a HH&FMHN location.

All clinicians will complete the comments section of the clinic running sheet to indicate the diagnosis, comment on current mental state and date / time frame recommended for review. A scanned copy of the running sheet will be retained in each clinic folder. Data from the running sheet will be used to enter follow up appointments in PAS.

All appointments and clinical outcome measures will be actioned and entered in CHIME.

Chime and PS for psychiatrists are entered by the CSO while nursing staff are required to attend their own data entry.

6.8. Data Base

Numbers of patients seen in each clinic should be entered on the telehealth data base and the CMH outlook diary. This should include the numbers of patients seen and if they were new assessment or for review.

6.9. Activity Data and wait list management

After each clinic, the activity data should be updated in actual numbers including those who have been referred for follow up, GP, NFA or referred to MHSU etc.

Issues impacting on clinic such as problems with connectivity should also be recorded.

All wait lists are reviewed monthly and numbers should be collated to trend the demand for service.

7. Telehealth and interpreter service

A virtual meeting room is available for those patients requiring the interpreter service during clinical interview. Ideally, the telephone interpreter will be booked in advance and are able to dial into the virtual meeting room.

JH video conferencing: 62004
Interpreter Service phone: 9694 4004

Clinician Name	Date
LOCATION	TIME
Contact Person Name	Phone
Patient MIN Name DOB ERD, Sentence Expiry Next Court date	REASON FOR REFERRAL <ul style="list-style-type: none"> Comment off PAS wait list Alerts and allergies per JHeHS Clinical Conditions per JHeHS
	Documents requested <ul style="list-style-type: none"> List documents requested Copy of treatment sheet including methadone Completed Kessler 10
	Comments This is for the psychiatrist to complete to allow for ready reference for the recommendation of management plan and follow up