Justice Health and
Forensic Mental Health Network

Justice Health NSW Procedure

Custodial Mental Health Patient Flow Procedure

Issue Date: 25 October 2024

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Custodial Mental Health Patient Flow Procedure

Procedure Number 6.139

Procedure Function Continuum of Care

Issue Date 25 October 2024

Next Review Date 25 October 2027

Risk Rating High

Summary The patient flow processes outline the referral to and acceptance into an Assertive Mental Health Care Area. It aims to ensure that the right patient is receiving care in the right type of bed placement at the right time.

Responsible Officer Nurse Manager 5, Custodial Mental Health

Applies to
☐ Administration Centres
☐ Community Sites and programs
☒ Health Centres - Adult Correctional Centres or Police Cells
☐ Health Centres - Youth Justice Centres
☒ Long Bay Hospital
☐ Forensic Hospital

CM Reference PROJH/6139

Change summary Added one meeting attendee to be nominated as the scribe. Added expected details of documentation of discussion and outcomes in patient e-progress notes in JHeHS

Authorised by Service Director, Custodial Mental Health

Revision History

#	Issue Date	Number and Name	Change Summary
1.0	November 2021		First issue
1.1	June 2022	6.139 Custodial Mental Health Patient Flow Procedure	• Update to hyperlink to referral form • Renaming of minute to Minutes Custodial Mental Health Patient Flow Committee • Renaming of waitlist to Custodial Mental Health Patient Flow Priority List • Completion and saving of acceptance forms • Out of session priority changes • Correction to the acceptance form link • Addition of daily patient flow summary • Addition of SWW patient flow

			processes • Patients requiring care and treatment at the Forensic Hospital
2.0	April 2023	6.139 Custodial Mental Health Patient Flow Procedure	Significant changes to meeting structures – Introduction of a regular Patient Flow Meeting Referrer updates changes
2.1	May 2024	6.139 Custodial Mental Health Patient Flow Procedure	• Removed reference to 13 Wing due to closure • Added Acceptance and Transfer Processes – Forensic Hospital • Change in language • Inclusion of MHCIFP Act s86 application processes
2.2	September 2024	6.139 Custodial Mental Health Patient Flow Procedure	• Procedure updated 6.132 Forensic Hospital Referrals (Custodial and Civil Patients) – new link added • Added waitlist prioritisation actions for the Forensic Hospital • Added participation in the FHAC meeting
2.3	October 2024	6.139 Custodial Mental Health Patient Flow Procedure	• Update following SAER recommendation • Added one meeting attendee to be nominated as the scribe • Added expected details of documentation of discussion and outcomes in patient e-progress notes in JHeHS • Inclusion of governance section and audit mechanism

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1. Table of Contents

2. Preface

Effective and efficient patient flow processes contributes to ensuring the delivery of high quality, safe and timely care to patients. The patient flow processes outlined in this procedure aims to ensure the right patient is receiving care in the right type of bed placement at the right time. These processes involve Justice Health and Forensic Mental Health Justice Health NSW (Justice Health NSW) and Corrective Services NSW (CSNSW) staff working collaboratively to ensure better patient management, thus improving patient flow.

The Custodial Mental Health Service applies a hub and spoke organisational model. The mental health assertive care hubs are located at the Silverwater Correctional Complex (SCC) and Long Bay Correctional Complex (LBCC). Hubs are used to provide assertive psychiatric care and case management for patients with complex needs, including forensic patients in custody. The spokes of the Service are located at other metropolitan and rural correctional centres. Where Custodial Mental Health do not provide an onsite service, the Outreach Telehealth team provide services to these Correctional Centres.

Mental Health Assertive Care Areas:

- Metropolitan Remand and Reception Centre (MRRC)
  - Mental Health Screening Unit – 43 beds
  - Hamden stepdown POD – 67 beds
- Silverwater Women's Correctional Complex (SWWCC)
  - Silverwater Women's MHSU – 10
  - Silverwater Women's Step-Down Unit – 10 Beds
- Long Bay Hospital
  - Mental Health Unit – 40 beds
- Metropolitan Special Programs Centre Area 2
  - 3 Wing – 67 beds

3. Procedure Content

3.1 Referrals

3.1.1 Patients assessed as requiring psychiatric care in a Mental Health Assertive Care Area must be referred for consideration and prioritisation. Referrals are received primarily from Custodial Mental Health Nurses or Psychiatrists but can be made by any Justice Health NSW clinician or CSNSW Psychologist.

3.1.2 Referrers must complete form JUS200.072 Custodial Mental Health Referral Form and email to [redacted]

3.1.3 On receipt of the referral, the allocated Administration Officer (AO) will email the referrer receipt of the referral.

3.1.4 The AO will add the referral details to the *Custodial Mental Health Patient Flow Priority List*, upload a copy to TRIM in the *CMH Amalgamated Patient Flow & Bed Demand* container, and create a waitlist on PAS.

3.1.5 Where the patient is assessed as requiring involuntary treatment in a mental health facility, the relevant Mental Health and Cognitive Impairment Forensic Provisions Act (**MHCIFP Act**) must be completed as per the following:

- The treating psychiatrist on assessment of the patient must complete a Schedule 1 Medical Certificate as per section 86 of the MHCIFP Act.
- A second assessment must be completed by a Medical Officer (MO) and a Schedule 1 Medical Certificate completed.

- The treating psychiatrist must completed a psychiatrist report outlining the patients current presentation, risks, medication compliance and relevant collateral and historical information.
- The Mental Health Nurse must complete the JUS025.136 Profile Form Mental Health And Cognitive Impairment Forensic Provisions Act 2020.
- The Mental Health Nurse must forward the documentation [redacted]

3.1.6 The MHCIFP Act paperwork will be reviewed by the Delegate and outcome provided to the local team managing the patient. Where the patient has been granted a S86 under the MHCIFP Act this information will be considered through the Patient Flow Meeting and Waitlist Prioritisation Committee

3.2 Patient Flow Meeting

3.2.1 The Patient Flow Meeting occurs 3 times a week (Mon, Wed & Fri) and functions to ensure timely review of referrals and maintenance of efficient patient flow in Mental Health Assertive Care Areas.

3.2.2 Patient Flow Meeting Membership:

- Nurse Manager Custodial Mental Health (Chair)
- All Nursing Unit Managers
- Clinical Director Custodial Mental Health (optional)

3.2.3 The AO must distribute the *Custodial Mental Health Patient Flow Priority List* and any new referral forms to the members prior to the meeting.

3.2.4 The purpose of the meeting is to:

- Review new referrals and allocate patients to the most appropriate Mental Health Assertive Care Area, including accepting patients for transfer where there are vacant beds and no waiting list.
- Update current bed availability and ensure efficient and effective flow through prompt and proactive patient acceptance, in order that vacant bed days are minimised.
- Update waiting lists for patients who have arrived, been accepted or released.
- Escalate any patient transfer issues or patients of concern.

3.2.5 A member will be allocated to present new referrals including available information in JHeHS.

3.2.6 All members will consider the available information and contribute to discussion ensuring a collaborative and robust decision-making mechanism.

3.2.7 In the event of conflict, further discussion should occur with the aim of resolution. The assertive care area NUM can utilise veto powers if they do not agree with the consensus, with a decision to be deferred and the matter tabled at the weekly waitlist priority committee.

3.2.8 A member will be allocated to document the discussions related to referred patients in JHeHS e-progress notes, this will also include the plan for each discussed patient. See Section 3.6 Documentation.

3.2.9 The AO will update relevant information on the Custodial Mental Health Patient Flow Priority List.

3.2.10 Following the meeting, the NUMs must commence the transfer process for patients accepted to vacant beds (as outlined in section 4 below) and email their team outlining the patients accepted to a Mental Health Assertive Care Area. Where a NUM is absent from the meeting, the NUM3/NM must delegate this task to another NUM for completion.

3.2.11 Post meeting the AO must email the Custodial Mental Health Patient Flow Priority List to the Clinical Director Custodial Mental Health and members and update the PAS waitlist.

3.3 Waitlist Prioritisation Committee

3.3.1 A weekly Custodial Mental Health Waitlist Prioritisation Committee is held to prioritise patients on a waitlist for an assertive care area.

3.3.2 Patient Flow Committee Membership:

- Clinical Director Custodial Mental Health (Chair)
- Nurse Manager Custodial Mental Health
- All Nursing Unit Managers
- CMH Administration Officer (Administrative support)
- CSNSW Manager Crisis Mental Health
- CSNSW Functional Managers (Mental Health Assertive Care Areas)

3.3.3 To ensure the Waitlist Prioritisation Committee can prioritise patients effectively and accurately, the clinician responsible is responsible for providing updates on referred patients in JHeHS.

3.3.4 The AO must forward the *Custodial Mental Health Patient Flow Priority List* to the members prior to the meeting.

3.3.5 The purpose of the meeting is to:

- Review the placement and priority of all patients on a waitlist for a Mental Health Assertive Care Area. NUMs are responsible for providing an update on all patients awaiting transfer to their area of responsibility. Where indicated, NUMs will present a recommendation to the committee for endorsement.
- The committee must consider all available information including; the referral form (for new referrals), current presentation as outlined in JHeHS and other relevant clinical and security related information (Appendix 1).
- Patient prioritisation for Mental Health Assertive Care Area beds - This will consider; treatment compliance, acuity and level of functioning, risks and whether current management is effective, current placement, legal status and the availability of resources.

3.3.6 An entry must be made in the medical record of each patient discussed. One NUM will be allocated this task and must ensure a clear plan and rationale is documented, prior to discussion of the next patient.

3.3.7 The AO will document the prioritisation on the *Custodial Mental Health Patient Flow Spreadsheet*.

3.3.8 A NUM may be allocated to liaise with the CNC Custodial Diversion where the Committee has determined a court diversion pathway may be available to a patient.

3.3.9 On the day of the meeting, the NUMs must commence the transfer process for patients accepted to vacant beds (as outlined in section 4 below) and email the team outlining relevant patient information. Where a NUM is absent from the meeting, the NUM3/NM must delegate this task to another NUM for completion.

3.3.10 Post meeting, the AO will collate and forward to relevant staff the *Custodial Mental Health Patient Flow Priority List* and update the PAS waitlist.

3.3.11 Where the re-prioritisation of a patient is made outside of this meeting these changes must be discussed and approved by the Clinical Director Custodial Mental Health. Any out of session changes must also be documented in the patients' health records and noted on the *Custodial Mental Health Patient Flow Priority List.*

3.3.12 All relevant documentation in relation to the *Custodial Mental Health Patient Flow Committee* must be saved in the appropriate Content Manager container.

3.4 Acceptance and Transfer Processes – Mental Health Assertive Care Area

3.4.1 Where it is anticipated that a bed will become available in one of the Mental Health Assertive Care Area, the NUM must refer to the *Custodial Mental Health Patient Flow Priority List* to determine the relevant patient for admission.

3.4.2 The NUM or delegate, must complete the JUS025.401 *Custodial Mental Health Acceptance Form* and forward via email to the Justice Health NSW team where the patient is being housed.

3.4.3 The Justice Health NSW team at the centre where the patient is being housed must forward the JUS025.401 *Custodial Mental Health Acceptance Form* to the local correctional centre's Manager of Security /Functional Manager for processing.

3.4.4 The Functional Manager or CSNSW delegate will generate a *Section 23 Transfer Order* and liaise with Inmate Transfer to arrange the patient transport to the relevant Mental Health Assertive Care Area.

3.4.5 The Manager of Security/Functional Manager and Inmate Transfer will liaise with the local team in relation to the timeframe of transfer of the patient.

3.4.6 The local Justice Health NSW team must liaise with the relevant Hub team to inform them of the estimated transfer details.

3.4.7 A verbal handover between the referring treating team and receiving should occur at least 24 hrs prior to transfer. This handover should be recorded in the patients' health record and share with nursing staff providing direct patient care.

3.5 Identification and Preliminary Prioritisation – Forensic Hospital Correctional Patients

3.5.1 Please refer to the following procedure 6.132 Forensic Hospital Referrals (Correctional and Civil Patients).

3.5.2 Patients in custody who require involuntary treatment or are likely to require involuntary treatment are identified and discussed and prioritised by the Waitlist Prioritisation Committee. This may include:

- Patients in assertive care areas with S86 applications approved or awaiting approval.
- Patients in correctional centres subject to S25 assessments where they are found to be, or are likely to be found to be, a mentally ill person.
- Patients referred to assertive care areas, who are known to the service, and where it is in the best interest of the patient to promptly explore an involuntary treatment pathway.

3.5.3 A NUM will be allocated to document, in JHeHS, the discussions and agreed plan for each patient discussed. This must include details where the patients require to be reallocated to another area, or their priority is altered.

3.5.4 A Custodial mental Health representative must attend the (FHAC) to present new referrals and provide updates on existing CMH patients to the Waitlist Prioritisation Committee.

3.5.5 The Custodial Mental Health treating psychiatrist retains the decision-making authority for referral of a Correctional Patient to the Forensic Hospital, and the responsibility for consideration of referrals.

3.6 Documentation

3.6.1 A member will be allocated to document the discussions related to referred patients in the JHeHS e-progress notes.

3.6.2 The member writes:

- "CMH Patient Flow Committee Meeting" – heading for the e-progress note
- "Members Present" - list all attendees
- "Discussed:" – heading for the section of meeting discussion

- "Brief summary:" – A brief summary of pertinent patient information such as diagnosis, current mental health and risk issues, previous management factors such as CTOs
- "Medication Adherence"
    - Non-adherent with prescribed medication
    - Partially adherent with prescribed medication
    - Adherent with prescribed medication
- "Placement"
    - Subject to Segregation Order as per CSNSW
    - Subject to PRNA Order as per CSNSW
    - On RIT
    - Housed in clinic
    - Exercising alone
    - Housed in main population
    - Mixing with others
- "Acuity"
    - Acutely unwell
    - Residual psychotic symptoms
    - Acute behavioural concerns
    - At increased risk of harm to self
    - At increased risk of harm to others
    - At increased risk of harm of suicide
    - Currently on hunger strike
- "Outcome of Referral"
    - Referral accepted and suitable for placement in assertive mental health area
    - Referral prioritised for LBH MHU G ward
    - Referral prioritised for LBH MHU E/F ward
    - Referral prioritised for MRRC MHSU HDU Camera Cell
    - Referral prioritised for MRRC MHSU HDU Non-Camera Cell
    - Referral prioritised for MRRC MHSU Subacute Area
    - Referral prioritised for MRRC Hamden Mental Health Accommodation Area
    - Referral prioritised for MSPC 2 3 Wing Mental Health Accommodation Area
    - Referral prioritised for Silverwater Women's Mental Health Screening Unit
    - Referral ceased as placement is no longer clinically indicated
    - Referral ceased as placement in assertive mental health area cannot be supported due to CSNSW security concerns
    - Referral ceased as patient has been released from custody

3.7 Governance

3.7.1 Patient flow matters report into the Custodial Mental Health Clinical Governance Committee.

3.7.2 Clinical matters unable to be resolved by the Custodial Mental Health Waitlist Prioritisation Committee are escalated by the CMH Clinical Director to the Statewide Clinical Director, Forensic Mental Health.

3.7.3 Audit of compliance with the documentation requirements outlined in this procedure must occur every 3 months and include a random sample of 20 patients referred to a CMH assertive care area over the last 3 months.

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. Related documents

Legislations	*Mental Health Act 2007* (NSW) *Mental Health and Cognitive Impairment Forensic Provisions Act 2020* (NSW) *Mental Health and Cognitive Impairment Forensic Provisions Regulation 2021* (NSW)
Justice Health NSW Policies, Guidelines and Procedures	1.231 *Health Problem Notification Form (Adults)* 1.263 *Medical Holds* 1.336 *Referral (Adults and Adolescents) Forensic Hospital* 1.380 *Clinical Care of People Who May Be Suicidal* 1.395 *Transfer and Transport of Patients* 6.132 *Forensic Hospital Referrals (Correctional and Civil Patients)*
Justice Health NSW Forms	JUS025.401 *Custodial Mental Health Acceptance Form* JUS025.136 *Profile Form Mental Health and Cognitive Impairment Forensic Provisions Act 2020*
NSW Health Policy Directives and Guidelines	PD2012_053 *Mental Health Triage Policy* PD2019_020 *Clinical Handover*
Other documents and resources	Schedule 1 Medical Certificate

6. Appendix

6.1 – Custodial Mental Health Hub Area Clinical and Security Considerations

Area	Admission Criteria	MHA Status	Cell Placements	Classification
Acute – Mental Health Unit LBH	1. Acute symptoms/unstable mental state. 2. Immediate risks-resulting in increased security measures and restrictions mixing with others. 3. Non-adherent with medication or limited response to treatment. 4. High levels of monitoring required. 5. Comprehensive assessment required. 6. Complex presentation with medical issues necessitating higher nursing input.	Involuntary Patients Forensic Patient Consenting patients.	**G Ward** 10 x camera cells	Sentenced Remand
Subacute-Mental Health Unit LBH	1. Stabilising symptoms. 2. At least partial adherence with treatment ideal. 3. Can mix with others.	Involuntary Patients Forensic Patient Consenting patients.	**E & F Ward** **E** – 14 x 1 out non camera cells 1 x 1 out camera cell (52) **F** -14 x 1 out non camera cells 1 x 1 out camera cell (67)	Sentenced Remand
Acute – MRRC Mental Health Screening Unit	1. Acute symptoms/unstable mental state. 2. Immediate risks- resulting in increased security measures and restrictions mixing	Consenting patients.	**POD 21** 5 Assessment Cells	Sentenced Remand

	with others and/or requiring an assessment/camera cell. 3. Adherent or non-adherent with medication. 4. High levels of monitoring required. 5. Comprehensive assessment required. 6. Assertive treatment required. 7. Segregated patients.	Forensic Patient	8 One-out non-camera cells	
Subacute – MRRC Mental Health Screening Unit	1. Stabilising symptoms. 2. Mixing with others. 3. At least partial adherence with treatment ideal. 4. Also step-up for patients needing diagnostic clarification or enhanced mental health support.	Consenting patients. Forensic Patient	**POD 19/20** One out Two out Normal	Sentenced Remand
MRRC: Sub-acute/Step down/Step-up	1. Adherent with medication and treatment. 2. No immediate risks. 3. Stable mental state. 4. Moderate levels of monitoring required. 5. Stable treatment regime.	Consenting patients. Forensic Patient Patients on FCTO	**Hamden 16** One out cells Two out cells	Remand Remand or sentenced (SMAP protection status)
Silverwater Women's MHSU	1. Acute symptoms/unstable mental state. 2. Immediate risks- resulting in increased security measures and restrictions. mixing with others and/or requiring an assessment/camera cell. 3. Adherent or non-adherent with medication. 4. High levels of monitoring required. 5. Comprehensive assessment required. 6. Assertive treatment required.	Consenting patients. Forensic Patient Patients on FCTO	10x One out Camera cells	Sentenced Remand

Silverwater Women's Step Down/Step up Unit	1. Adherent with medication and treatment. 2. No immediate risks. 3. Stable mental state. 4. Moderate levels of monitoring required. 5. Nil camera cell requirement. 6. Stable treatment regime. 7. Can mix with others.	Consenting patients. Forensic Patient Patients on FCTO	6 x One out cells 2 x Two out cells	Sentenced Remand
3 Wing: Step Down/Step up Unit	1. Adherent with medication and treatment. 2. No immediate risks. 3. Stable mental state. 4. Moderate levels of monitoring required. 5. Stable treatment regime.	Consenting patients. Forensic Patient Patients on FCTO	One out 51 Two out 9	Sentenced

6.2 CMH Patient Flow Committee Meeting - Consideration of New Referral Proforma

CMH Patient Flow Committee Meeting

Members present:
List of attendees

Discussed:

Brief summary:

Medication Adherence
- Non-adherent with prescribed medication
- Partially adherent with prescribed medication
- Adherent with prescribed medication

Placement
- Subject to Segregation Order as per CSNSW
- Subject to PRNA Order as per CSNSW
- On RIT
- Housed in clinic
- Exercising alone
- Housed in main population
- Mixing with others

Acuity
- Acutely unwell
- Residual psychotic symptoms
- Acute behavioural concerns
- At increased risk of harm to self
- At increased risk of harm to others
- At increased risk of harm of suicide
- Currently on hunger strike

Outcome of referral
- Referral accepted and suitable for placement in assertive mental health area
- Referral prioritised for LBH MHU G ward
- Referral prioritised for LBH MHU E/F ward
- Referral prioritised for MRRC MHSU HDU Camera Cell
- Referral prioritised for MRRC MHSU HDU Non-Camera Cell
- Referral prioritised for MRRC MHSU Subacute Area
- Referral prioritised for MRRC Hamden Mental Health Accommodation Area
- Referral prioritised for MSPC 2 3 Wing Mental Health Accommodation Area
- Referral prioritised for Silverwater Women's Mental Health Screening Unit
- Referral ceased as placement is no longer clinically indicated
- Referral ceased as placement in assertive mental health area cannot be supported due to CSNSW security concerns
- Referral ceased as patient has been released from custody

6.3 Example of e-progress note of discussion CMH Patient Flow Committee Meeting

CMH Patient Flow Committee Meeting

Members present

Discussed:
Brief summary: 24 y.o with Schizophrenia. Previously on CTO. Acutely psychotic. Requires assertive care.

Medication Adherence
Partially adherent with prescribed medication

Placement
On RIT
Housed in clinic

Acuity
Acutely unwell
Residual psychotic symptoms
Acute behavioural concerns
At increased risk of harm to self
Currently on hunger strike

Outcome of referral
Referral accepted and suitable for placement in assertive mental health area
Referral prioritised for MRRC MHSU HDU Camera Cell