

Justice Health NSW Guideline

Guidelines for the Management of Primary Care Mental Health Patients

Issue Date: 01 April 2025

Guidelines For Management of Primary Care Mental Health Patients

Guideline Number	6.177
Guideline Function	Continuum of Care
Issue Date	01/04/2025
Next Review Date	01/04/2030
Risk Rating	Low
Summary	The Primary Care Mental Health Service Guidelines aim to offer Justice Health NSW staff clear, concise, and thorough guidance concerning service provision, referrals, prescribing medications, and addressing concerns related to declining mental health. These guidelines are founded on best practices and are mandatory for adherence by all Justice Health NSW staff members.
Responsible Officer	Service Director Primary Care
Applies to	<input type="checkbox"/> Administration Centres <input type="checkbox"/> Community Sites and programs <input checked="" type="checkbox"/> Health Centres - Adult Correctional Centres or Police Cells <input type="checkbox"/> Health Centres - Youth Justice Centres <input type="checkbox"/> Long Bay Hospital <input type="checkbox"/> Forensic Hospital
CM Reference	GUIJH/6177
Change summary	New Guideline created. Replaced Guideline 6.011 Primary Care Guidelines for the Management of Clinical Level A Patients with Mental Disorders. Primary Care Mental Health Service changed terminology and simplified the guidelines to be more reader friendly excluding information found already on intranet.
Authorised by	General Manager Primary Care

Revision History

#	Issue Date	Number and Name	Change Summary
1	Apr 25	6.177 Guidelines For Management of Primary Care Mental Health Patients	New Guideline created. Replaced Guideline 6.011 Primary Care Guidelines for the Management of Clinical Level A Patients with Mental Disorders. Primary Care Mental Health Service changed terminology and simplified the guidelines to be more reader friendly excluding information found already on intranet.

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2. Preface

The Primary Care Mental Health Service (PCMHS) involves the provision of mental health care within the primary care setting in adult Correctional Centres. The following guideline offers a comprehensive overview of best practice, standards, and protocols for this service.

The Mental Health Consultation-Liaison Nurse (MHCLN) within the PCMHS is responsible for conducting comprehensive mental health assessments, co-ordinating a plan of care in collaboration with patients, and ensuring that appropriate referrals are completed to other relevant services to enhance optimal patient outcomes.

This approach reflects outcomes 1, 2 and 3 of the strategic objectives in the [Justice Health and Forensic Mental Health Network 10 Year Strategic Plan 2023-2032 - Together for Healthier Tomorrows](#)

3. Guideline Content

3.1 Mental Health Consultation-Liaison Nurse (MHCLN) within the Primary Care Mental Health Service (PCMHS)

The MHCLN provides evidence-based, best practice, care, assessment and follow up to patients in custody, who have been appropriately triaged and referred to the PCMHS according to priority with time sensitivity.

The MHCLN enhances the effectiveness and utilisation of General Practitioner (GP) resources with the aim of improving access to healthcare for patients who have mental health issues by providing an expert patient-centred nursing assessment and care coordination of patients throughout the state.

The MHCLN participates in patient care provision to patients state-wide and liaises with clinicians from all streams throughout Justice Health and Forensic Mental Health Network (Justice Health NSW).

4. Management of Primary care Mental Health Patients

4.1 Primary Care Mental Health Patients can be defined as:

A patient presenting with non-complex mental health conditions requiring review for initiation, adjustment, or continuation of antidepressant medications (see [Appendix 5.1](#) for definition of non-complex).

It's important to note that the distinction between non-complex and complex mental health patients can be fluid, and the needs of any individual can change over time. Treatment plans should be tailored to each person's specific circumstances and adjusted as necessary. Due to the complexity of mental health cases within the custodial setting, referrals based on the absence of a mental illness, or a presentation deemed manageable by a community GP does not guarantee automatic acceptance into the PCMHS. Each patient will be assessed individually, with their complexities addressed accordingly.

4.2 Referrals to the Primary Care Mental Health Service

The Custodial Mental Health (CMH) team is required to complete a triage or assessment for every patient before referring them to Primary Care (refer to [Appendix 5.2](#) for definitions of triage and assessment). Subsequently, a referral to the GP can be initiated through the appropriate PAS Waitlist. It is imperative that the patient's electronic medical record on JHeHS contains a documented mental health triage or assessment.

If the GP determines a patient referred to PCMHS is outside of their scope of practice, in the first instance please contact the Clinical Director Primary Care and MHCLN team for input regarding appropriate management.

Patients must be waitlisted to the GP and not directly to the MHCLN waitlist. The MHCLN will review all referrals for acceptance and transfer to the appropriate GP waitlist. Waitlists are regularly monitored for referrals and movements by PCMHS. Patients should not have a waitlist for both CMH and the PCMHS.

After the triage or assessment process is completed and there is a clinical indication to continue antidepressant therapy, provided the patient has a current prescription (issued within the last six months), they should be commenced on medication prior to referral to the GP. This approach ensures continuity of care and optimises outcomes for the patient.

Patients presenting with insomnia, not secondary to a medical condition, should not be referred to the GP as a first line of treatment. If appropriate, patients should be provided with [sleep hygiene information](#).

4.3 Prescribing

4.3.1 Possible initiation or adjustment of antidepressant medications

Once triage is attended and a patient is assessed to require initiation or adjustment of antidepressant therapy, this should be attended at the earliest available opportunity by the relevant clinician to avoid delay in treatment.

4.3.2 Continuation of antidepressant medication

Once a patient is accepted by the PCMHS, the responsibility for continuing their medication management sits with Primary Care.

4.3.3 Single therapy treatment

Once clinically indicated the GP will prescribe single antidepressant therapy, as prescribing multiple medications is considered indicative of a more complex presentation.

4.4 Clinical Escalation of Patients

Any clinician, who is concerned with the clinical management of a patient, should attempt to resolve their concern through discussion with the relevant clinician in the first instance. A second opinion can also be sought from the CMH team. If the concern still exists, then the matter should be escalated to the relevant line manager. The line manager of the MHCLN is the Operations Manager Specialty Services.

Clinicians concerned about the acute deterioration in a patient's mental health status should liaise with and refer to the Custodial Mental Health Nurse (CMHN) or Psychiatrist at the centre for further advice. If there is no on-site CMH support, staff should contact the Psychiatry Remote On-Call After Hours Medical Service or the Mental Health Helpline can be contacted on 1800 222 472 for instructions.

5. Appendix

5.1 Non-complex mental health definition for Primary Care Mental Health Service

Non-complex mental health conditions refer to mental health issues that are managed within the Primary Care Service. These conditions typically involve a single diagnosis, mild to moderate symptoms, and minimal risk factors. They respond well to standard treatment protocols, such as single-therapy medication or brief interventions and do not require specialised or intensive mental health services.

Key characteristics that PCMHS define as non-complex mental health patients, are:

Single Diagnosis: These patients usually have one primary mental health diagnosis, such as mild depression or anxiety, without significant comorbid conditions.

Mild to Moderate Symptoms: The symptoms experienced by these patients are typically mild to moderate in severity and do not cause significant impairment in daily functioning.

Short-Term or Episodic Treatment: Their mental health issues often respond well to short-term or episodic treatment, which may include therapy, medication, or a combination of both.

Minimal Risk: These patients usually pose minimal risk to themselves or others and are less likely to engage in self-harm or risky behaviours compared to those with more complex mental health needs, such as patients being managed on active RIT's..

Good Prognosis: With appropriate treatment and support, non-complex mental health patients often have a good prognosis and are likely to achieve significant improvement or recovery.

5.2 Definition of Triage and Assessment for Primary Care Mental Health Service

Mental Health Triage

Immediate Evaluation: Triage is the process of quickly evaluating a patient's immediate mental health needs to determine the level of urgency and the appropriate type of care.

Prioritisation: It prioritises patients based on the severity of their condition and the immediacy of their needs, ensuring that those in crisis or with severe symptoms receive prompt attention.

Mental Health Assessment

Comprehensive Evaluation: Assessment is a more thorough and detailed evaluation of a patient's mental health, including their psychological, emotional, and social functioning.

Diagnosis and Treatment Planning: It aims to understand the patient's condition fully, leading to a formal diagnosis and the development of a detailed treatment plan.

