

REFERRAL & PARTNERSHIP PROTOCOL

Between

Sydney South West Mental Health Services and Home & participating Community Care (HACC) funded agencies in Campbelltown, Camden, Wollondilly, Wingecarribee, Liverpool, Fairfield & Bankstown

This protocol covers provision of services to adult clients under the age of 65. Protocol for clients 65+ to be developed.

FEBRUARY 2006

PROTOCOL AGREEMENT

Home and Community Care (HACC) funded Agencies in the local government areas of Bankstown, Liverpool, Fairfield, Campbelltown, Camden, Wollondilly and Wingecarribee are invited to ratify the Protocol or to provide feedback to facilitate the ratification of the Protocol by their service in the future.

PRIVACY & SHARING OF INFORMATION

Both HACC and mental health services are bound by legislative requirements to protect the privacy and confidentiality of clients. Disclosure of personal client information can only occur with the client's consent, except in some limited situations.

The relevant legislation includes:

1. NSW Health Records and Information Privacy Act (HRIPA) 2002. Information about HRIPA is available at http://www.lawlink.nsw.gov.au/lawlink/privacynsw/l_pnsw.nsf/pages/PNSW_03_hriphdbkindex
2. Section 289 of the Mental Health Act 1990 – Disclosure of Information.

BACKGROUND

This protocol has been developed by the Sydney South West Area Mental Health Service and the participating Home and Community Care (HACC) funded Services in Campbelltown, Camden, Wollondilly, Wingecarribee, Liverpool, Fairfield and Bankstown.

The aim of the protocol is to improve treatment and support for people with a psychiatric disability and their carers, through encouraging, promoting and improving partnerships and referrals between participating mental health and HACC services.

This protocol covers clients with a psychiatric disability or a dual disorder/disability, from 16 – 64 years, and their carers

Mental health and HACC services are provided to people outside of this age range. A formal protocol between Mental Health Services, HACC and Aged Care Services would need to be the subject of a separate protocol.

ACKNOWLEDGEMENTS

The commitment, comments and feedback from many people, including an active involvement by service providers at the local HACC forums, has enabled the development of this protocol over the period from 2000 – 2005. The following people are particularly acknowledged and appreciated:

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Tara Prince	South West Sydney HACC Development Officer
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Kirsten Gridley	Bankstown Mental Health Service
Judy Finch	South Western Sydney Area Mental Health Service
Mila Bogovac	Bankstown Mental Health Service
Eileen Watson	Macarthur Mental Health Service
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DEFINITIONS

1 Disorders and disabilities

1.1 Mental Disorder

The presence of one or more of the following changes in an individual's behaviour, thinking or emotional state¹ could indicate the presence of a mental health problem or disorder for which mental health assessment, advice or treatment may be appropriate:

Symptom or Behaviour Change	Examples
1. Marked Changes of Mood	Unexplained elevated or elated mood, irritability, sullenness, depression, marked lethargy, rapid changes in mood and behaviour
2. Unusual and/or Unexplained Responses to Perceptual Stimuli	The person may hear voices that are not actually there, or they may be seen talking to themselves
3. Fixed False Beliefs About Themselves, or Others, and/or Events or Environmental Cues	The person may believe that they have been tricked or are being followed by someone, or they may believe that their thoughts are being controlled by an outside force, or they may believe that television or radio broadcasts are specifically directed towards them
4. Alterations in Speech or Communication Patterns	The person may slip off the track in conversation or their answers may be unrelated to the questions asked, or their conversation may be brief and empty, or their speech may be loud, rapid, and difficult to interrupt
5. Disorganised or overactive Behaviour	There may be difficulties in organising daily routine tasks (such as maintaining hygiene), or the person may be dressing in an unusual manner (such as wearing clothes that are markedly inappropriate to the weather conditions. The person may also exhibit overactive behaviour.
6. Decreased Ability to Initiate and Persist in Previously Enjoyed Behaviour	The person may sit, apparently preoccupied, for long periods, or remain in bed throughout the day and show little interest in participating in work or social activities
7. Suicidal Thoughts	May include the formulation of an actual plan. Note here, that <i>all</i> threats of suicide should be taken seriously and should activate referral for mental health assessment

¹ Adapted from NSW Department of Health & NSW Police Service (199x). *Memorandum of Understanding Between NSW Police and NSW Health*. Appendix VI Indicators for Referral to Mental Health Services. (pp.36).

8. Self-destructive or High Risk Behaviour	Taking large quantities of un-prescribed medication, or performing acts of self-mutilation, or engaging in persistent unsafe sexual practices
9. Poor Concentration and Distractibility	The person may have trouble concentrating when reading, trouble following another person's conversation, or they may commence many tasks without completing them
10. Confusion and Disorientation	The person may forget who they are or where they are
11. Marked Appetite Changes	The person may be too busy to eat, have little interest in food, or alternatively may eat to excess
12. Marked Sleep Changes	The person may sleep excessively, have difficulty falling asleep, or wake much earlier than usual
13. Persistent and Intense Anxiety	This may occur only in specific circumstances, such as in crowds, remembering past traumatic events or incidents, or it may be general and unrelated to specific events or situations
14. Significant Interference with Social, Occupational or Inter-personal Functioning	The person may have difficulty holding down a job for sustained periods, their educational process may be disrupted, or their general functioning may be clearly below that which had been previously achieved

1.2 Mental Illness, as defined under the Mental Health Act 1990

According to the *NSW Mental Health Act 1990*, a mental illness is a condition which seriously impairs, either temporarily or permanently, the mental functioning of a person and is characterised by the presence in the person of any one or more of the following symptoms: (a) delusions, (b) hallucinations, (c) serious disorder of thought form, (d) a severe disturbance of mood, (e) sustained or repeated irrational behaviour indicating the presence of any one or more of the symptoms referred to in points (a)-(d).

1.3 Psychiatric disability

The National Mental Health Strategy defines a disability as a result of a mental disorder as “any restriction or lack of ability to perform an activity within the expected range for a human being”.

According to the *NSW Disability Services Act (1993)* a person has a psychiatric disability if their mental illness will most likely be permanent (even if episodic) and results in **a significantly reduced capacity in one or more areas of major life activity**. A person with a psychiatric disability needs support to enable them to live independently in the community. A mental illness may not necessarily result in a psychiatric

disability. Any disability needs to be clearly identified before referral to a HACC agency.

1.4 Dual Disorder / Dual Disability

These terms can refer to the existence of any two co-occurring disorders or disabilities. The term dual disorder or dual diagnosis is commonly used in reference to persons with a mental illness and an intellectual disability, or a mental illness and a substance use disorder. Signatories to this protocol acknowledge the importance of trusted key workers / advocates from either sector being involved in supporting the client. This may include HACC staff, upon client's request, attending appointments / meetings with Mental Health Services or vice versa.

2 Clients

2.1 Mental Health Consumer

A mental health consumer is a person who has used public or private mental health services. Not all mental health consumers are current clients of a public mental health service.

2.2 Mental Health Carer

A mental health carer is a person whose life is affected by virtue of a family or close relationship and caring role with a consumer (National Mental Health Plan 2003-2008).

2.3 Involuntary Mental Health Client

An involuntary mental health client is one who is being treated by a mental health service without their consent. They can only be treated involuntarily under certain conditions specified in the NSW Mental Health Act 1990. These conditions include circumstances where the person has a mental illness and there are reasonable grounds for believing that care, treatment or control of the person is necessary:

- For the person's own protection from serious harm, or
- For the protection of others from serious harm

2.4 Voluntary Mental Health Client

A voluntary mental health client is one who consents to be referred to a mental health service and accept treatment. Treatment and intervention will be provided to voluntary mental health patients by public mental health services based on an assessment of need and availability of resources.

2.5 HACC Client

A HACC client is a person who receives HACC funded assistance from an agency. A HACC client may be a frail older person, a person with a disability, a carer, or any combination of the above.

The revised HACC Agreement defines the target group for the program as:

- (a) the target population comprising persons living in the community who, in the absence of basic maintenance and support services provided or to be provided within the scope of the Program, are at risk of premature or inappropriate long term residential care, including –
 - (i) older and frail persons with moderate, severe or profound disabilities;
 - (ii) younger persons with moderate, severe or profound disabilities; and
 - (iii) such other classes of persons as are agreed upon by the Commonwealth Minister and the State Minister; and
- (b) the carers of persons specified in sub-clause (a).

Five special needs groups are identified: people from non-English speaking backgrounds; people living in rural and remote areas; Aboriginal and Torres Strait Islander people; people with dementia; and financially disadvantaged people.

Access to HACC services is based on relative need and the resources available to the agency at any given time. Service providers are guided by their individual access policies.

“The assessment of eligibility (for HACC services) is not diagnosis driven and must reflect the level of basic maintenance/support required, the extent of capacity to undertake tasks of daily living and the level of risk of inappropriate long term residential care.

Clients with a mental illness cannot be excluded from consideration for eligibility unless the request for service:

- relates to an acute or post acute episode only
- is for service or support more appropriately provided through the Mental Health or Disability Services Program (detailed in service description)
- where the requirement for services would be reduced through alternative management of their illness by their general practitioner or Mental Health service (eg when client has not received treatment. Receiving treatment may alleviate the need for a HACC service)

HACC funded case management services provide case management to assist clients with complex HACC care needs and should not duplicate the case management responsibilities of agencies related to the client's principal diagnosis.

HACC cannot fund or provide services which specifically serve clients with psychiatric disorders, provide community mental health services, medical monitoring in respect of mental health or management of behavioural intervention programs" (NSW HACC Statement Clarifying Eligibility: August 2002).

This protocol refers to clients who comply with (a) ii and (b) of the above target group.

3 Services

3.1 Mental Health Service

Mental health services provide specialist mental health treatment and support to people with mental health disorders and/or mental health problems. The range of interventions may include assessment, crisis intervention, acute care, consultation and liaison, case management and rehabilitation.

3.2 HACC Service

HACC services are funded under the Home and Community Care program, which is a State & Commonwealth funded service. The range of HACC service types include Food Services, Social Support, Transport, Case Management, Home Modification, Respite, Day Activities, Personal Care and Domestic Assistance. These services are auspiced by a range of agencies including: Non Government Organisations, Local Councils and NSW Health. As these agencies are individual legal entities each agency has been asked if they wish to ratify this protocol, and participating agencies will be documented at the end of this Protocol.

3.3 HACC Comprehensive Assessment Service

A Comprehensive Assessment Service (CAS) is a local agency endorsed by local HACC providers, which meets the guidelines to provide a comprehensive assessment (CA) to HACC clients with high and/or complex needs. The types of services that may act as Comprehensive Assessment Services include:

- Community Options programs (COPS) – providing CAs for younger people with disabilities
- Aged Care Assessment Teams (ACAT) – providing CAs for frail aged clients

- Brain Injury Rehabilitation Unit – providing CAs for people aged 16 to 65 years who have sustained a traumatic brain injury
- Dept of Ageing, Disability and Home Care (DADHC) Community Support Teams – providing CAs for people with an intellectual disability or multiple disabilities (where intellectual disability is also present)

Agencies endorsed to be CASs and participating in this protocol may vary depending on local area protocols (see Appendix 2 for list of local CASs).

4 Workers

4.1 Mental Health Worker

A mental health worker provides treatment and clinical interventions for people with mental disorders and/or mental health problems. A case manager or key worker is an identified mental health worker who is responsible for coordinating treatment and support to individual clients and their carers.

4.2 Mental Health Consumer and Carer Consultants / Advocates

Consumer consultants represent the concerns and interests of mental health consumers, as directed by the consumers and may include systemic or individual advocacy. Carer advocates or support workers may also be available.

4.3 HACC Worker

HACC workers, with recognised qualifications and experience, assess the need and eligibility for services and based on priority provide services directly or coordinate a range of services to meet the needs of the client and their carers within the resources available to the agency. Voluntary workers, recruited, trained and supervised by HACC agencies, may also deliver some HACC services.

4.4 Advocates / Key Workers within HACC Agencies

HACC services encourage the use of advocates. Clients may also develop trusted relationships with key workers within agencies. These advocates or key workers can play a major role in providing reassurance and support for a client who may be placed in a new situation (eg. Mental Health Assessment Interview).

4.5 Interpreters

Sydney South West Area Health Service has an interpreting service that also receives HACC funding. Therefore HACC or Mental Health Services can contact the service at anytime to provide assistance with interpreters. This protocol encourages the use of professional interpreters rather than using family members, friends or bi lingual workers.

5 Assessment

5.1 Mental Health Assessment

A mental health assessment includes a comprehensive psychiatric and medical history and mental state examination, identification and evaluation of risk factors to self and others, a corroborative personal and family history and an identification and evaluation of strengths and needs. A mental health assessment may include a psychiatric diagnosis and determine need for referral to other services.

5.2 HACC Service Level Assessment

A HACC service level assessment collects basic information needed to enable a service to be provided. It includes general demographic information, health status, ability to perform tasks of daily living, reliable supports and client preferences. Information is recorded using the Client Information and Referral Record (CIARR, see 6.2) and each service's own specific assessment tools. If the client's needs are episodic HACC agencies may enter into short term agreements for service provision with clearly designated review dates.

5.3 HACC Comprehensive Assessment

A HACC comprehensive assessment (CA) is a holistic assessment for clients within the HACC target group who have complex, multiple or high levels of need. The comprehensive assessment provides a generalist functional and psychosocial assessment, looking not only at the client's needs, but also strengths, abilities, supports and other resources. The assessment covers physical and health characteristics, practical tasks of daily living and environmental characteristics, psychosocial and cultural characteristics, carer and family unit characteristics and areas of vulnerability and risk. The intended outcome of the comprehensive assessment is appropriate and coordinated service delivery for clients.

Clients can be referred for a CA by any agency or service, including mental health services. The key steps of a CA process are:

1. Identifying clients within the Comprehensive Assessment Target Group (referrer other than CAS)

2. Making a referral to a CAS (service other than CAS)
3. Assessment (CAS)
4. Development of a Care Plan in consultation with the client (CAS)
5. Make referrals to Community Care Services (CAS)
6. Appointing a long term Case Manager from another agency if needed (CAS)
7. Case Manager / Key Worker monitors & reviews client and refers for reassessment if needed (service other than CAS)
8. Reassessment is conducted if needed (CAS). A reassessment may occur at any time and be instigated by either the service provider or the client.

5.4 HACC Specialist Assessment

A specialist assessment is an assessment by practitioners with specific skills and expertise and may be part of the comprehensive assessment. Specialist assessment often involves assessors who are not directly involved as HACC service providers. This can include people with particular medical or health knowledge such as mental health workers.

6 Documentation

6.1 MH-OAT

The Mental Health Outcome and Assessment Tools (MH-OAT) is the protocol for standard documentation of clinical assessment, case management, and outcome evaluation in Mental Health Services throughout NSW.

6.2 CIARR

The Client Information And Referral Record (CIARR) is the referral protocol used by the HACC services.

6.3 CA Protocols

The CA Protocols detail the process used by services to refer to a Comprehensive Assessment Service and the commitment of that service to undertake a CA.

7 Case Management (Care Coordination)

7.1 HACC Case Management

Case Management refers to assistance received by a client from a specific worker who is formally responsible for managing the planning, coordination, monitoring and reviewing of the delivery of HACC services and supports across a range of agencies for a client with complex care needs.

This service type is designed to ensure integration and coordination of services in the community. Clients with complex care needs can receive assistance from an agency, which has been formally designated as responsible for ensuring the coordinated and appropriate delivery of services from more than one agency.

HACC funded case management services are not available to clients who receive their basic support services from other government funded programs eg Community Aged Care Packages, people in group homes where basic support services are included within the agency funding.

This kind of service type is largely undertaken by Community Options projects. Community Options services have the primary purpose of ensuring that members of the HACC target group, whose needs are complex and cannot be adequately addressed through the existing service system, are provided with appropriate, flexible and coordinated support and assistance through comprehensive case management and brokerage-supported delivery of HACC service types.

Stages of HACC Case Management:

- Comprehensive Assessment
- Care Planning
- Care Plan Implementation
- Monitoring and Evaluation
- Case Closure and Exit

Clients of all HACC services are regularly reviewed and access to services is determined upon ongoing need and a priority basis.

7.2 Mental Health Case Management

Community Mental Health Services provide clinical case management for some mental health clients. This case management focuses on the monitoring and management of treatment interventions, including medication, to mental health consumers.

Mental health services, including case management, are generally delivered as time-limited interventions known as 'episodes of care'.

REFERRAL PROCESS

1 Referral by a HACC service to a mental health service

1.1 General referral process

A worker from any HACC Service, who is concerned about the mental health of a HACC client as described in 4.1, can refer the client, with his/her consent to the local mental health service or a private medical practitioner during normal business hours. **A client may be referred without his or her consent if there are immediate concerns for the safety of the client or others eg if the person is suicidal.** In an emergency, the mental health service / hospital emergency department can be contacted out of hours.

Mental health services will triage all emergency and non-emergency referrals to determine urgency of response. The outcome of triage may be a variety of responses, including:

- appointment for face-to-face assessment
- recommendation to call police or ambulance
- clinical outpatient treatment
- recommendation to seek further assistance from a private medical practitioner.
- no action required

Information about the client to be provided to the intake officer should include:

- Name, address and telephone number
- Age, date of birth, gender
- Cultural background and language
- Consent for referral (except in case of emergency)
- Reasons for referral – **in an emergency, please be specific about reasons for concern about the client's risk of harm to self or others.**
- Nature of the current problem, including signs and symptoms of mental illness (delusions, hallucinations, depression, suicidality etc)
- All current medications, if known
- Name and address of General Practitioner

Mental health services can provide information regarding the outcome of the referral to the referring agency or CAS if the client provides consent through the completion of a 'Release of Information' form. The mental health services acknowledge the importance of this feedback and will encourage clients to provide this consent. Feedback will include information that is reasonably required for the ongoing care of the person.

1.2 Referral for a Specialist Assessment

A HACC Comprehensive Assessment Service will refer a client to the mental health service for a specialist assessment if there is concern about a client's mental health as described in Section 4.1. If mental health care is being provided to the client by a general practitioner or private psychiatrist, the specialist assessment should be provided by that practitioner.

2 Referral by a mental health service to a HACC service

2.1 General referral process

A mental health service can refer a client, or carer, for a specific HACC service as required, if the client fits within the HACC target group, ie has significant functional disability associated with their mental illness. Carers may be referred to HACC services in their own right. Mental health clients with a psychiatric disability can be referred directly to a HACC service. However, if the client's needs are complex, a comprehensive assessment is recommended (see Appendix 5 for Indicators of Complex Need).

Referral should be by a fully completed Client Information and Referral Record (CIARR), faxed to the relevant service. Information about the client to be provided to the HACC service should include:

- Name, Address and telephone number
- Age, date of birth, gender
- Cultural background and language
- Name and contact details of formal guardian or carer (if applicable)
- What other services are currently being received
- Information about functional disability (eg work, living skills, social)
- Type of support needed

Clients provide consent, when assessed by a HACC service allowing exchange of information with identified parties. It is part of the referral and assessment protocols for HACC services to provide feedback to referring agencies regarding the outcome of the referral.

2.2 Referral for a HACC Comprehensive Assessment

A mental health service may refer a client, or a carer, directly to a comprehensive assessment service for an assessment, if the case manager of the client considers that the client has high or complex needs. This referral should be made electronically using the CIARR if possible. The CAS will assess the mix of services that the client requires and facilitate referrals to other HACC services.

SPECIALIST ASSESSMENT

1 Specialist Assessment – Roles and Responsibilities

In referring a client to a mental health service for a specialist assessment, the referring CAS will provide information from the CIARR, and information from the comprehensive assessment already undertaken.

The specialist assessment may be carried out by the mental health service, or as a joint assessment, involving a member of the CAS and the Mental Health Service.

The specialist assessment provided by the mental health service for HACC clients will be a mental health assessment. The Mental Health Service will undertake to provide the assessment and communicate information derived from that assessment to the client and referring agency in a timely and efficient manner. The feedback to the referring CAS would include a written summary of the assessment and treatment recommendations.

Outcomes of the mental health specialist assessment may include:

- Treatment and/or case management to be provided by the mental health service
- Referral to another practitioner for treatment of a mental disorder
- Development of a 'care plan' involving the identifying of early warning signs
- Referral to the mental health clinical rehabilitation service for further assessment and/or a rehabilitation intervention.
- Consultation and liaison by a mental health worker with HACC services
- Recommendations about HACC services required
- Information concerning service delivery, including strategies for managing difficult behaviours

2 Joint case management

If clinical treatment is provided by the mental health service to the client following a specialist assessment, then the mental health service may engage in collaborative case management with the appropriate HACC agencies, with the client's consent. Collaborative case management may include joint case reviews and re-assessment, where appropriate.

COMMUNICATION AND LIAISON

1 Confidentiality

Both HACC and mental health services are bound by legislative requirements to protect the privacy and confidentiality of clients. Disclosure of personal client information can only occur with the client's consent, except in some limited situations (see introductory information).

The sharing of information with caregivers, including service providers, is important to the ongoing care of a client. Both sectors acknowledge the importance of, and positive client outcomes, that can be achieved by effective collaborative relationships between services and make a commitment to encourage clients to give approval for the sharing of information to ensure the most appropriate services can be provided.

2 Liaison Officers and General Information Flow

Both HACC and mental health services will appoint a HACC / mental health liaison officer to facilitate communication at the service and regional levels. These officers will:

- provide up-to-date and timely information, which will be disseminated to workers within their own sector about developments within the other sectors
- provide clarification regarding services and processes
- provide an informal link between the sectors
- jointly assist in the identification of unmet need, planning and service development
- monitor and evaluate the effectiveness of this protocol

Each HACC region has a HACC forum, which is the meeting where HACC service providers share information and discuss information relevant to HACC services. It is recommended that the HACC liaison officers within mental health should attend these meetings.

Each mental health sector within Sydney South West (Western Zone) has a Community Consultative Committee. At this meeting, the mental health service updates committee members on developments and committee members can raise issues for discussion. It is recommended that the mental health liaison officer within HACC attend these meetings.

3 Advice about Mental Health

Mental health intake or liaison officers are able to provide general advice to HACC workers. This may include:

- Clarification of need for referral
- Alternative options for service provision
- Suggestions for behavioural management
- Identification of symptoms
- Concern about exacerbation of symptoms

4 Advice about HACC Services

HACC Development Officers are able to provide generalist information regarding HACC services and eligibility. Each area also has Information and Referral Services to provide information regarding the availability of services (see Appendix 2).

5 Staff Training

Workers in HACC services do not receive specialist training in mental health. Mental health staff do not necessarily have a welfare background or orientation, and may not be familiar with community-based services.

Regular ongoing education and training of both mental health and HACC workers about client groups and services, and partnership protocols is essential for coordinated care. Education and training can occur both formally (eg workshops, forums) and informally (eg case conferences, consultation). In particular, it is recommended that HACC staff receive training in the identification of early warning signs of deterioration in mental condition. Attendance by staff at forums and training is encouraged. Annual planning should include consideration of training requirements.

6 Grievance Procedure

The complaints process for the relevant service should be pursued in the event of a grievance.

REVIEW OF THE PROTOCOL

This protocol will be reviewed in 12 months, including evaluation of the following outcomes:

- Increase in number and type of referrals between services
- Increased access to services by Aboriginal and Torres Strait Islander communities and people from culturally and linguistically diverse backgrounds
- Satisfaction of services with the protocol arrangements
- Identification of gaps in service provision or areas of unmet need

Comments or feedback about the protocol can be provided to Mr Barry Kinnaird, Deputy Director, Mental Health Services, SSWAHS (email Barry.Kinnaird@swsahs.nsw.gov.au) or to the HACC Development Officer in your local area.

APPENDIX 1

Referral Information for Local Mental Health Services

In general, referrals should be made to mental health services during business hours (Monday to Friday 8.30 – 4.30). In an emergency, after hours referrals can be made to the Emergency Department of the local hospital.

Bankstown Mental Health Service

Business hours: 9780 2777

After hours: 9722 8000 (Emergency Dept at Bankstown Hospital)

Fairfield and Liverpool Division of Mental Health

Business hours: 9616 4037 or 1300 787 799 Fax: 9602 5087

After hours: 9828 3000 (page Mental Health worker)

Monday to Friday until 9.30pm

Saturday, Sunday and Public Holidays between 10.00am and 6.00pm

At other times: 9828 3000 (Emergency Dept at Liverpool Hospital)

Macarthur Mental Health Service (Campbelltown, Camden & Wollondilly)

Macarthur Community Mental Health Service: 4629 5400

For all enquiries and after hours diversions to mental health worker and/or Campbelltown Hospital Emergency Dept 4634 3000

Wingecarribee Mental Health Service (including Community Mental Health in the Southern Wollondilly)

Business hours: 4861 8000 (Bowral Community Health Centre)

After hours: 4861 0216 (Bowral Hospital Emergency Dept)

APPENDIX 2

HACC Information / Referral and Comprehensive Assessment Services

Bankstown

Carelink Information and Referral 1800 052 222

Comprehensive Assessment Services:
Community Options 02 9796 4688
Brain Injury Rehabilitation Unit 02 9828 5510
DADHC Community Support Teams 02 8732 1304

Liverpool

Carelink Information and Referral 1800 052 222

Comprehensive Assessment Services:
Community Options 02 9821 3499
Brain Injury Rehabilitation Unit 02 9828 5510
DADHC Community Support Teams 02 8732 1304

Fairfield

Carelink Information and Referral 1800 052 222

Comprehensive Assessment Services:
Community Options 02 9821 3499
Brain Injury Rehabilitation Unit 02 9828 5510
DADHC Community Support Teams 02 8732 1304

Macarthur (Campbelltown, Camden and Wollondilly)

HACC Information & Referral Service 1800 683 232.

Comprehensive Assessment Services:
Community Options 02 4628 3143

Wingecarribee

Commonwealth Carelink Centre 1800 052 222

Comprehensive Assessment Services:
Interchange Wingecarribee 02 4862 2644

APPENDIX 3

Flow Charts for referral of HACC client to Mental Health Services

MENTAL HEALTH INTAKE PROCESS – Emergency referral

REFERRAL

FOR USE WHEN:

Client is mentally ill and you are concerned that there is

- Risk of harm to self OR
- Risk of harm to others

* Client consent not required

Ring relevant Mental Health Service business or out of hours number with the following information:

- Name, Address and telephone number
- Clarify that it is an emergency
- Age, date of birth, gender
- Cultural background and language
- **Nature of the current problem especially indicators of risk of harm and mental illness**
- All current medications
- Name and address of General Practitioner



TRIAGE

Decision by mental health worker about

- Degree of urgency of response
- Need for further assessment or follow-up
- Process for accessing client

* HACC worker to clarify process for feedback on assessment with mental health worker



OUTCOME OF TRIAGE

1. Referrer to contact police or ambulance

OR

2. Client to present to Emergency dept / mental health service for further assessment

OR

3. Follow-up action by referrer or client recommended eg Referral to GP



FURTHER ASSESSMENT

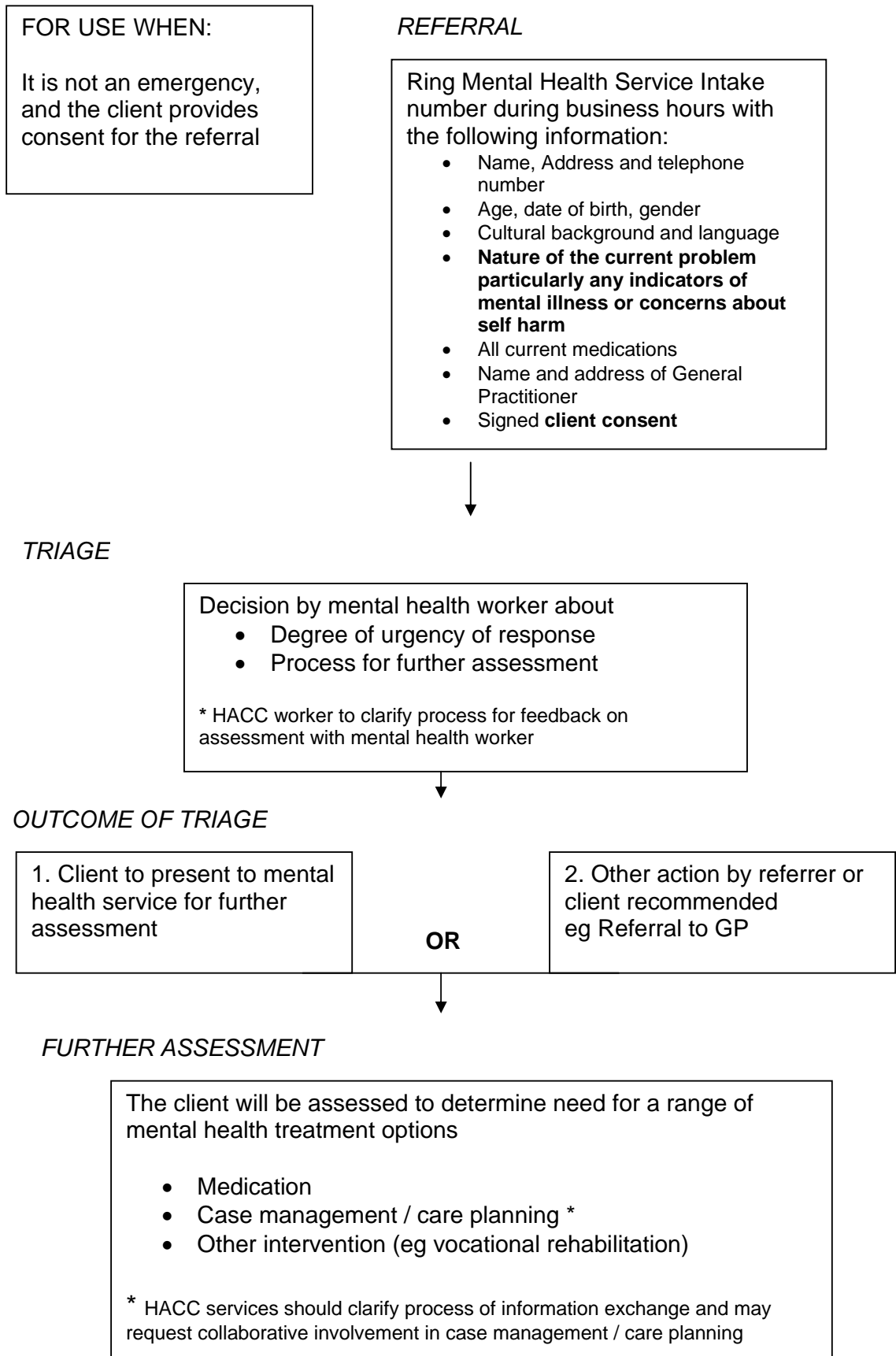
Further assessment will determine need for

- Admission to acute unit – usually short stay
- Other mental health service

* HACC services can request involvement in discharge and care planning and notification of date of discharge

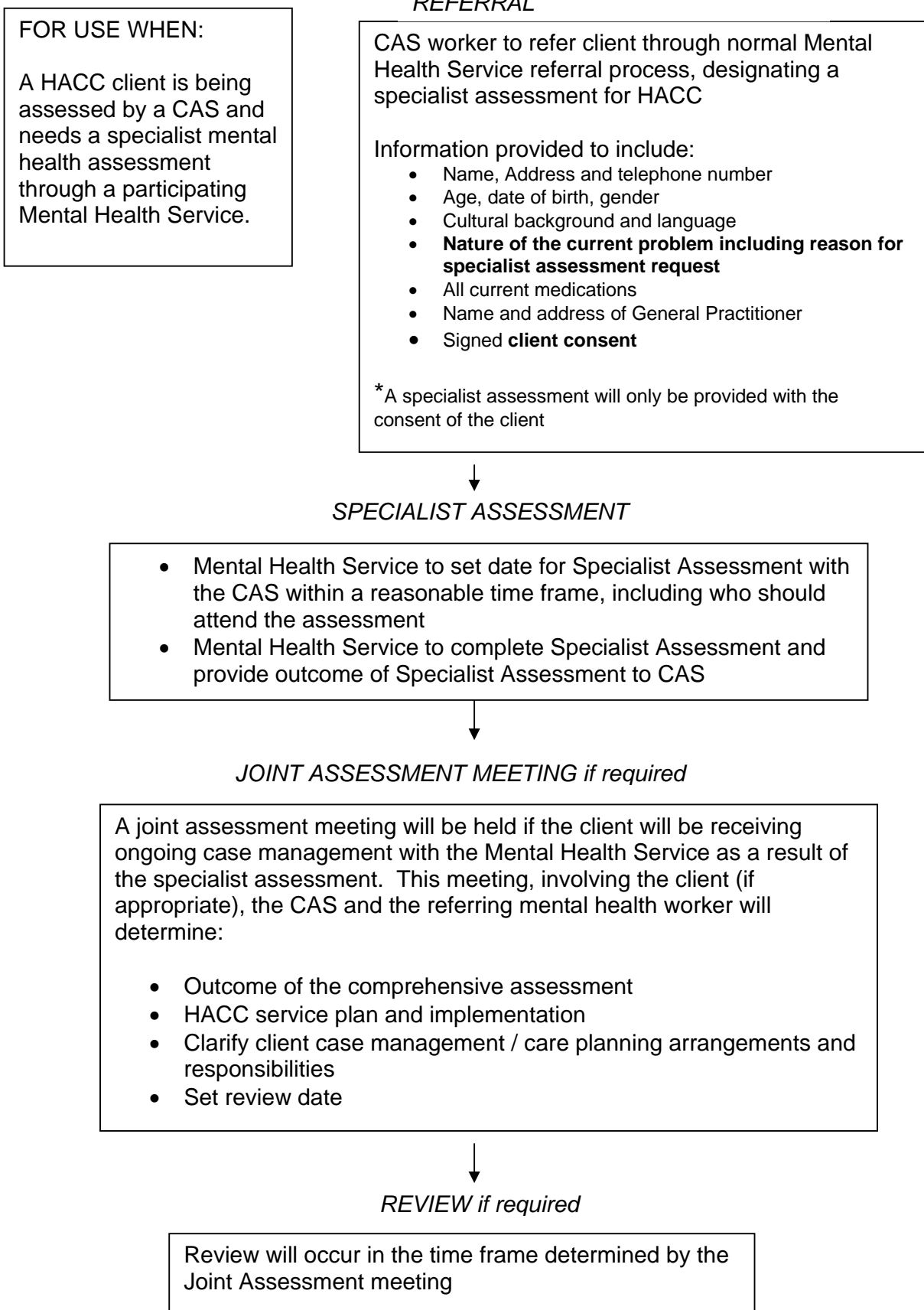
MENTAL HEALTH INTAKE PROCESS

Non-emergency referral



MENTAL HEALTH REFERRAL PROCESS

Specialist Assessment



APPENDIX 4

Flow Charts for Referral of Mental Health Clients to HACC services

HACC INTAKE PROCESS – Simple referral

FOR USE WHEN:

Client or carer has need for just one HACC service and does not have complex needs

REFERRAL

By mental health worker

- Complete CIARR (or electronic CIARR) and send through to relevant agency

*With consent of the HACC client (consumer or carer)

or

By client

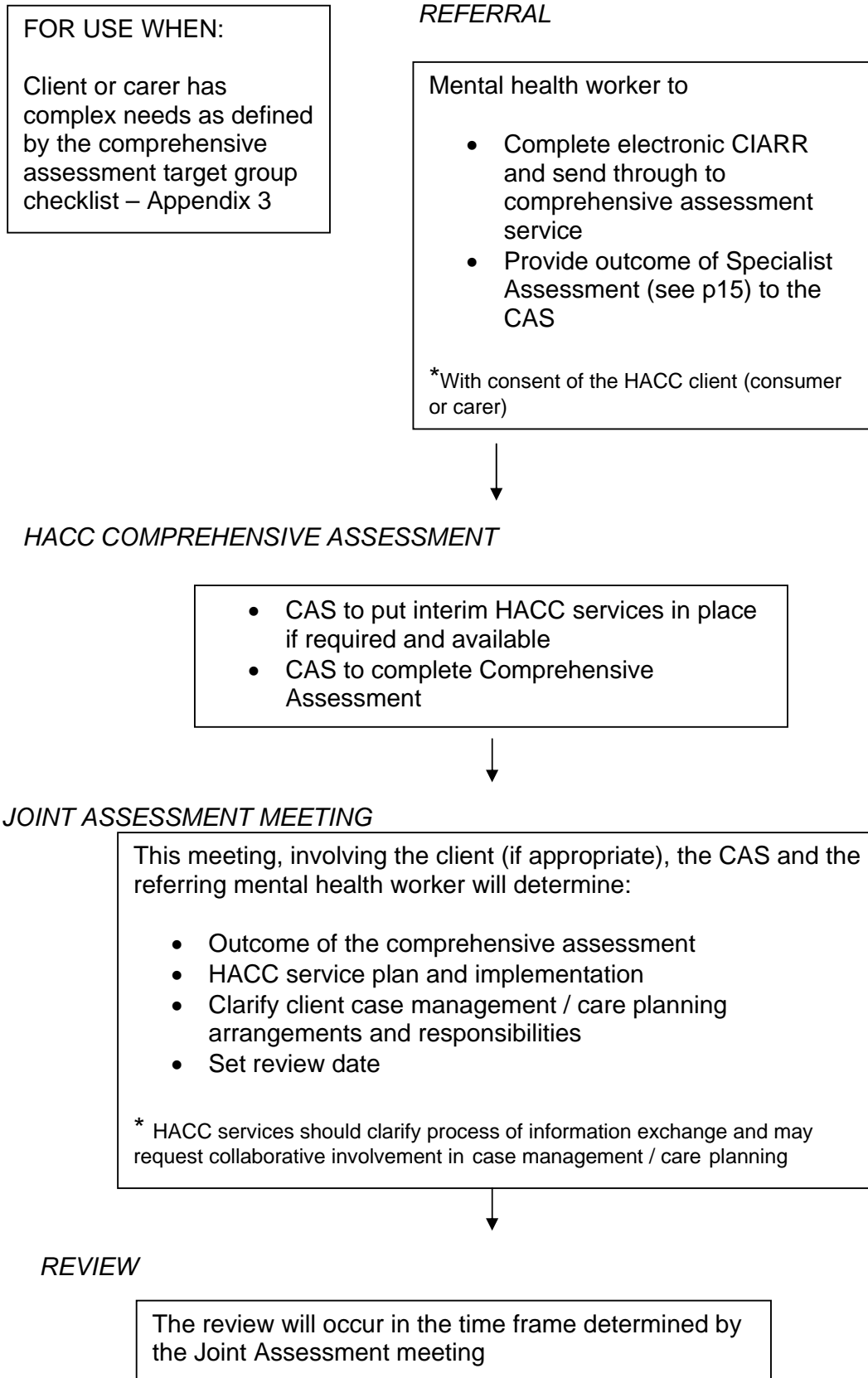
- Ring HACC Intake and Referral number or the specific service required during business hours, and make arrangements to complete the CIARR



FOLLOW UP

Mental Health worker and HACC service provider, in consultation with the client, should clarify process of information exchange. HACC service provider may be included in collaborative case management / care planning if appropriate

HACC INTAKE PROCESS – Complex needs referral



APPENDIX 5

Comprehensive Assessment Protocol Target Group Checklist

Please tick the relevant boxes before referring to a Comprehensive Assessment Service (CAS) to ensure that the client does fall into the target group

Client Name _____

Service Provider Name _____

The following guidelines describe indicators or identifying characteristics of people who should receive a HACC Comprehensive Assessment.

Anyone who falls within one or more of these Areas should receive a comprehensive assessment.

In principle the guidelines are not exclusive. Anyone who has complex or complicated circumstances and who would be better assisted through having a comprehensive Assessment but does fit within the guidelines should not be excluded.

Area 1: Self Care Capacity and Health

The client has multiple areas of disability and/or physical, intellectual or mental health issues & which make them highly dependent on others for support and assistance.

Key Indicators are:

Needs direct practical “hands on” assistance (as compared to supervision only) with any of the following: eating, getting in and out of bed, bathing/showering, moving around the house, personal hygiene and continence management	
The client has unstable physical health combined with multiple health-related problems resulting in frequent, recent visits to hospital and/or severely limiting the capacity for self-care.	
Client has memory problems, confusion and/or significant mental health issues, which greatly limits self-care capacity, requires intensive supervision and/or frequent changes to support.	
The client is a child or young person with high support needs due to physical or intellectual disability and needs skilled assistance or nursing care.	

Area 2: Vulnerability or Risks

<p>People within the HACC target population whose circumstances, behaviour or characteristics (other than physical dependency or health problems) make them vulnerable and place at considerable risk their safety, health, well being or ability to continue to live in the community.</p> <p>Key Indicators are:</p>	
Behaviour: disruptive, difficult, aggressive or dangerous behaviours (to self or others)	
Self-neglect: significant self neglect (e.g. personal care, safety, nutrition problems)	
Service Refusal: significant self neglect (e.g. personal care, safety, nutrition problems)	
Social Isolation: care at home is placed at extreme risk due to severe social isolation and lack of family support or reliable support form friends or neighbours	
Abuse: risk of/ or suspected or confirmed abuse	
Stressed Caring Situation: caring situation is under major stress and could breakdown, for example through conflict, carer's stress, frailty or ill health	
Financial Hardship: significant financial hardship which jeopardises use of needed services and client's capacity to purchase items and services essential for supporting their care at home.	
Inadequate housing: standard or type of housing or lack of secure housing significantly compromises their health and well-being and potential to remain living in the community	
Language and/or cultural: cultural issues which require carefully tailored responses which are not readily available from existing services.	
Geographic isolation: people whose capacity to live at home is at significant risk because of difficulties with providing effective support services due to geographic isolation	

Area 3: Carers

The carer is providing high levels of support and needs a thorough assessment of the situation to identify appropriate services to support the caring role	
There is a breakdown or potential breakdown of the caring situation due to changes in carer availability, conflict, stress, frailty or ill health of the carer.	

Area 4: Significant Change in Circumstances or Capacities

An existing HACC Client or HACC eligible person who has never used HACC services who experiences a major potentially long term change in circumstances or capacities which significantly threatens their ability to continue to live at home and requires a comprehensive HACC assessment to ensure appropriate support responses can be identified. Key indicators include situations where:	
There has been a significant change in the care available from family or friends: for example a carer has died; a carer's capacity has been greatly reduced through an event such as illness, injury, moving house, or new competing responsibilities; or a carer is no longer willing or emotionally capable of providing the same level of care	
The self-care capacities of the client have been significantly reduced through illness, surgery, injury or other circumstances	

Area 5: High Levels of Service Usage

Receiving or likely to need high levels of higher cost services on a weekly and ongoing basis.	
10 hours or more of one or any combination of the following: home nursing, personal care, home help, in-home respite	

Area 6: Difficulties with Service Co-ordination

<p>A person using or needing multiple forms of assistance whose safety, health and/or care at home is jeopardised or made more difficult because of lack of effective co-ordination between services to supporting the client and/or the carer.</p> <p>Indicators include:</p>	
The client is likely to use multiple services, cannot organise these services and there are concerns about co-ordination of these services	
There is a problem or complexity in co-ordinating multiple services	
The client needs assistance different from that usually provided by community care agencies.	
The client's needs & eligibility for assistance crosses different funding programs and effective co-ordination across these boundaries is difficult.	
There is disagreement about whether the client should be living at home or in residential care.	