Call Handling Guidelines for Mental Health Telephone Triage Services

Summary This Guideline is to be read in conjunction with the Mental Health Triage Policy (PD2012_053). This Guideline will assist clinicians undertaking the mental health telephone triage function to manage particular call situations.

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Applies to Local Health Districts, Board Governed Statutory Health Corporations, Chief Executive Governed Statutory Health Corporations, Specialty Network Governed Statutory Health Corporations, Affiliated Health Organisations, Community Health Centres, Public Hospitals

Distributed to Public Health System, Ministry of Health

Audience Directors of Mental Health;Mental Health Clinical Directors;mental health service clinicians

Guideline

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http://www.health.nsw.gov.au/policies/

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Status Active

Director-General

GUIDELINE SUMMARY

CALL HANDLING GUIDELINES FOR NSW HEALTH MENTAL HEALTH TELEPHONE TRIAGE SERVICES

PURPOSE

In *NSW: a new direction for mental health (June 2006)*, a commitment was made to establish a 24 hour state wide mental health telephone advice, triage and referral service, staffed by mental health clinicians and which would link with the National Health Call Centre Network, operating as *healthdirect* Australia. The NSW Ministry of Health developed the State Mental Health Telephone Access Line (SMHTAL) Program to fulfil this commitment.

The aim of the SMHTAL Program is to facilitate access to appropriate mental health services by the people of New South Wales.

The SMHTAL Program is being implemented via an Improvement Project. The Improvement Project will facilitate access to appropriate mental health services through the establishment of a 1800 state wide mental health telephone number operating 24 hours a day, 7 days a week (the 1800 011 511 *NSW Mental health Line*); and by improving the operation of Local Health District / Health Network mental health telephone triage services so that they meet state-wide performance Standards.

The 1800 011 511 *NSW Mental Health Line* provides universal and equitable access to mental health triage and referral to the most appropriate point of care.

This Guideline will assist clinicians undertaking the mental health telephone triage function to manage particular call situations. This Guideline is to be read in conjunction with the Mental Health Triage Policy (PD2012_053). Both the Policy and this Guideline have been developed in collaboration with Local Health Districts / Health Networks.

KEY PRINCIPLES

- Effective and equitable access to mental health services for the people of New South Wales.
- All callers are managed at first point of contact.
- Where a mental health triage indicates that a specialist mental health assessment is required, the Local Health District / Health Network is responsible for ensuring that a mental health assessment is provided within the urgency of response timeframe.
- As an entry point to mental health support and treatment, triage services are to take responsibility for the management of a caller until transfer to the appropriate agency or person for follow-up. This includes:
    - Delivery of timely and consistent services for all people seeking assistance for a mental illness or mental disorder.
    - Facilitation of access to advice and information on other services where a public mental health service intervention is not required.
- To facilitate effective responses across a culturally and linguistically diverse NSW, professional interpreter services are engaged in accordance with Ministry of Health policy requirements.

USE OF THE GUIDELINE

- Local Health District / Health Network policies, procedures, protocols, guidelines and other documents relating to mental health telephone triage must be consistent with the Mental Health Triage Policy (PD2012_ 053) and this Guideline.
- Staff undertaking the mental health telephone triage function are responsible for reading and understanding these guidelines and for complying with Local Health District / Health Network protocols and guidelines in relation to telephone triage services.

REVISION HISTORY

Version	Approved by	Amendment notes
September 2012 GL2012_008)	Deputy Director-General, System Purchasing and Performance	New Guideline.

ATTACHMENTS

1. Caller Complaint Management.
2. Callers from Aboriginal and Torres Strait Islander Backgrounds.
3. Callers from Culturally and Linguistically Diverse Backgrounds.
4. Callers from other Local Health Districts / Health Networks.
5. Callers with a Hearing or Speech Impairment.
6. Child at Risk.
7. Crisis Call Management.
8. Domestic Violence.
9. Drug and Alcohol Withdrawal.
10. Frequent Callers.
11. Handover of Clinical Responsibility of Consumers Accepted for Care.
12. Information or Advice about Medication.
13. Intoxicated Callers.
14. Malicious or Problem Callers.
15. Mental Health Referrals from *healthdirect* Australia.
16. Mobile Phone Callers.
17. Referrals to Other Services.
18. Reports of Sexual Assault of Adults.
19. Third Party Referrals.
20. Threats of Harm to Self and/or Others.
21. Urgency of Response.
22. Urgency of Response Escalation.
23. Weapons Notification.

CALLER COMPLAINT MANAGEMENT

PURPOSE

To assist mental health telephone triage service (MHTTS) clinicians to manage complaints relating to the *NSW Mental Health Line* and / or the Local Health District (LHD) / Health Network MHTTS.

Callers who are unhappy or dissatisfied with triage services are recognised as potential complainants and it is important that their concerns are addressed. These callers should be encouraged to talk about their dissatisfaction openly and make an informed decision if they wish to lodge a complaint.

KEY PRINCIPLES

- NSW Ministry of Health policy on the Management of a Complaint or Concern about a Clinician aims to assist the staff and management of LHDs / Health Networks to deal with complaints or concerns at a local level as a first priority.
- NSW Mental Health Services have adopted the National Standards for Mental Health, which promotes accessible, responsive and fair complaint procedure for consumers and their carers.

USE OF THE GUIDELINE

- All complaints to be managed in accordance with current LHD / Health Network Complaint Management Policy / Protocols.
- Engage the caller to determine if concerns raised can be resolved immediately.
- Complete a 'person to person' 'warm' transfer to the triage service Team Leader / line manager on duty where available, for further consultation if concerns are unable to be resolved immediately.
- Provide the caller with contact details of the Mental Health Service / LHD / Health Network complaints management unit.
- Forward any written complaints to the Mental Health Service / LHD / Health Network complaints management unit.
- Ask the caller if they would like to speak with a mental health consumer advocate and refer them to local service advocate.
- If the caller does not wish to engage the Mental Health Service/LHD/Health Network complaints management unit or wishes to escalate the complaint, provide contact details for the NSW Health Care Complaints Commission. Telephone: **1800 043 159** or www.hccc.nsw.gov.au.
- Callers wishing to make a complaint about a private practitioner (i.e. a non-LHD employee) are to be referred to the NSW Health Care Complaints Commission.
- Document the general nature of any complaint with the caller's permission and collate this information with any relevant clinical record and / or complaints register as per LHD / Health Network complaints management policy.

ASSOCIATED DOCUMENTS

1. NSW Health PD2006_073 Complaint Management Policy.
2. NSW Health GL2006_002 Complaint or Concern about a Clinician – Management Guideline.
3. NSW Health GL2006_023 Complaint Management Guidelines.

CALLERS FROM ABORIGINAL AND TORRES STRAIT ISLANDER BACKGROUNDS

PURPOSE

To assist mental health telephone triage clinicians to manage callers of Aboriginal origin. Within NSW Health the term 'Aboriginal' is generally used in preference to 'Aboriginal and Torres Strait Islander', in recognition that Aboriginal people are the original inhabitants of what is now New South Wales.

KEY PRINCIPLES

Equity of access to mental health care regardless of culture or spoken language.

USE OF THE GUIDELINE

- Aboriginal people may experience poorer physical and emotional wellbeing compared to the wider community. Issues of grief, loss, dislocation and despair in communities are based on historical treatment and current poor health outcomes.
- Aboriginal health and mental health professionals can be contacted for advice and / or assistance when a consumer from an Aboriginal background contacts the service for assistance.
- If a person from an Aboriginal background does not meet service acceptance criteria every attempt should be made to link the person with a service that may best meet their needs.
- When gathering information on a client, mental health staff are required to ask whether the person is of Aboriginal origin.
- The collection and recording of a client's Aboriginal status is mandatory when registering clients.
- The abbreviation ATSI to describe Aboriginal and Torres Strait Islander peoples is not appropriate. Aboriginal and Torres Strait Islander should always be printed in full, and terms such as "ATSI" should on no account be used.

ASSOCIATED DOCUMENTS

1. NSW Health (2005) Aboriginal and Torres Strait Islander Peoples - Preferred Terminology to be used - PD2005_319.
2. NSW Health Aboriginal Mental Health and Well Being Policy 2006-2010 2007/059.
3. Aboriginal and Torres Strait Islander Origin – Recording of Information for Patients and Clients PD2005_547.

CALLERS FROM CULTURALLY AND LINGUISTICALLY DIVERSE (CALD) BACKGROUNDS

PURPOSE

To assist mental health telephone triage clinicians to manage callers from CALD backgrounds.

KEY PRINCIPLES

Equity of access to mental health care regardless of spoken language or culture.

USE OF THE GUIDELINE

- Mental health presentations often include a range of complexities and sensitivities that are exacerbated by the prevalence of additional cultural, language and mental health literacy barriers.
- Calls may be received from people who have limited understanding, comprehension and/or fluency of the English language.
- In such situations the NSW Ministry of Health Care Interpreter Service should be used. For standard procedures in working with health care interpreters refer to NSW Health policy directive: PD2006_053. To book an interpreter, a client's name and contact telephone number is required.
- Should the NSW Ministry of Heath Care Interpreter Service not be able to assist in the immediate provision of a language resource, the Translating & Interpreting Service operated by the Department of Immigration and Citizenship, may be called upon for assistance.
- Ensure the first language and other additional requirements for a specific language interpreter is included in the triage documentation.
- The Multicultural Mental Health Outcomes and Assessment Tools (MH-OAT) Transcultural Referral Guide should be used during the triage of callers from CALD backgrounds. It will assist in the determination of appropriate pathways for clients from CALD backgrounds. The Referral Guide is available via the Transcultural Mental Health Centre website (http://www.dhi.gov.au/Transcultural-Mental-Health-Centre/MulticulturalMHOAT/default.aspx).
- Where a mental health triage referral indicates that a specialist transcultural mental health consultation and assessment is required, the receiving mental health team is responsible for coordinating this specialist service.

INTERPRETER SERVICES

NSW Health Care Interpreter Service	Contact details: **Central & South Eastern Sydney** 02 9515 3222 After Hours: 02 9515 3222 **Northern Sydney** 02 9926 7560 After Hours: 02 9962 5772 **South Western Sydney** 02 9828 6088 After Hours: 02 9616 8111 **Western Sydney & Wentworth** 02 9840 3456 After Hours: 02 9840 3456 **Hunter** 02 4924 6285 After Hours: 02 4921 3000 **Illawarra** 02 4274 4211 After Hours: 4274 4211 **Greater Murray & Southern** 1800 247 272 After Hours: 1800 247 272 **All other country areas of NSW** 1800 674 994 After Hours: 1800 674 994 *Telephone numbers are correct at time of publication*.
Translating & Interpreting Service	13 14 50 – 24 hours Quote LHD Code

ASSOCIATED DOCUMENTS

1. NSW Health Multicultural Mental Health Plan 2008-2012, 2008/067.
2. Interpreters - Standard Procedures for Working with Health Care Interpreters. Document Number PD2006_053.
3. NSW Refugee Health Plan 2011-2016.
4. Multicultural MH-OAT tools: Transcultural Referral Guide, Assessment Checklist and Module - http://www.dhi.gov.au/Transcultural-Mental-Health-Centre/MulticulturalMHOAT/default.aspx

CALLERS FROM OTHER LOCAL HEALTH DISTRICTS / HEALTH NETWORKS

PURPOSE

To provide direction and advice to mental health telephone triage service (MHTTS) clinicians on managing calls from people who reside in a location serviced by another Local Health District (LHD) / Health Network.

To ensure callers seeking assistance are provided with advice and direction on accessing mental health services in their locality.

To ensure an emergency response is activated for callers who are at imminent or immediate risk.

KEY PRINCIPLES

All callers to the *NSW Mental Health Line* are handled at the first point of contact.

USE OF THE GUIDELINE

- All LHDs / Health Networks from time to time receive calls from persons who reside outside their catchment area.
- All callers, irrespective of origin, are to be processed and handled in a professional and timely manner.
- All callers will receive a triage using the NSW Health Mental Health Clinical Documentation Triage module and a risk assessment.
- If there is an immediate or imminent risk call **triple zero (*000)*** to activate NSW Ambulance Service and / or NSW Police Force to take the person to a place of safety where a comprehensive mental health assessment can be conducted.

If the situation does not require an immediate triple zero (*000)* response:

- The caller may be 'warm' (person to person) transferred to the responsible LHD / Health Network using the relevant landline telephone number.
- Advise the caller that their request for mental health care will be forwarded to their local mental health service.
- The completed triage form is to be faxed to the responsible LHD / Health Network immediately for their follow-up action.
- The receiving LHD / Health Network must be advised by telephone, that the triage referral is being faxed.
- Callers who are making general enquiries and are not seeking mental health assistance for themselves or others may not require referral to their local service.
- Report out-of-area callers to your line manager so that a record can be kept. If the volume of out-of-area calls is significant or increases, an investigation and rectification of possible causes may need to be completed.

ATTACHMENT

Local Health District / Health Network mental health telephone triage service landline telephone numbers.

These numbers are to be used when warm transferring calls:

- **Between LHD / Health Network Mental Health Telephone Triage Services AND**
- **From *healthdirect* Australia**

These numbers are not to be given out to callers.

LOCAL HEALTH DISTRICT / HEALTH NETWORK	TEL NUMBER
Far West LHD and Western NSW LHD Bloomfield Hospital, Orange	02 6363 8136
Southern NSW LHD and Murrumbidgee LHD Medibank Health Solutions	02 9425 3988
Northern NSW LHD and Mid North Coast LHD Medibank Health Solutions	02 9425 3881
Hunter New England LHD James Fletcher Hospital, Newcastle.	02 4016 4870
Northern Sydney LHD and Central Coast LHD Gosford Hospital	02 4320 3500
Western Sydney LHD: Cumberland Hospital	02 8836 2919
Nepean Blue Mountains LHD Nepean Hospital	02 4734 3672
Sydney LHD and South Western Sydney LHD Concord Centre for Mental Health, Concord.	02 9767 8768
South Eastern Sydney LHD: Prince of Wales Hospital The Sutherland Hospital	 02 9540 8441 02 9540 8442
Illawarra Shoalhaven LHD Port Kembla District Hospital	02 9540 8443
St Vincent's Health Network St Vincent's Hospital	02 9540 8440

CALLERS WITH A HEARING OR SPEECH IMPAIRMENT

PURPOSE

To assist mental health telephone triage service (MHTTS) clinicians when receiving and making calls to persons who have a hearing and/or speech impairment.

KEY PRINCIPLES

Equity of access to mental health care for callers with a hearing or speech impairment.

USE OF THE GUIDELINE

The National Relay Service is a telephone solution for people who are deaf or have a hearing or speech impairment.

There are four ways the relay service can be used:

1. Speak and read.
2. Type and read.
3. Type and listen.
4. Speak and listen.

A call from the National Relay Service indicates:

- Someone with a hearing or speech impairment is trying to access the service.
- There is a relay officer on the line, relaying the caller's words to you.
- You may hear the voice of the caller or relay officer.
- Calls may take more time than other calls.
- You must accept the call.

Making a call using the National Relay Service:

TTY users: 133 677 (text to telephone)

Speak and listen users: 1300 555 727

Internet relay users: www.relayservice.com.au

Contact Details:

Voice: 1800 555 660

TTY: 1800 555 630 (text to telephone)

Fax: 1800 555 690

SMS: 0416 001 350

Email: helpdesk@relayservice.com.au

CHILD AT RISK

PURPOSE

This guideline is to assist mental health telephone triage service (MHTTS) clinicians to identify and respond to possible risks of harm to children. Consumers with children in their care must be evaluated during the triage process for potential risks of harm.

KEY PRINCIPLES

- All health professionals are bound by "Duty of Care" to assist children at risk of abuse or neglect.
- NSW Ministry of Health employees are classified as "Mandatory Reporters" and are obliged to report **concerns indicating possible** abuse of children. Mandatory reporters are required to identify whether risk of harm to a child or young person is **"significant" or not.** If **significant harm** is suspected the NSW Community Services should be notified immediately **on 133 627**. This includes physical, emotional and sexual abuse, as well as neglect.
- For the purposes of NSW child protection legislation, a "child" is defined as a person up to the age of 16 (i.e. 0- 15 years inclusive).
- Reports of young people at risk who are 16 and 17 years old or relating to an unborn child may be made however such reporting is not mandatory.
- The NSW Health Pre Natal Reporting Guidelines (GL2011_008) provide the principles for reporting risk of significant harm to an unborn child and specify the steps to engage a vulnerable pregnant woman who may be the subject of an Unborn Child High Risk Birth Alert issued by the Department of Family and Community Services, Community Services in the NSW Health System. While reports relating to an unborn child are not mandatory, Health workers with mandatory reporting responsibility should consider the potential benefits of making a report to enable Community Services, NSW Health and other agencies to mobilise services for the benefit of the child and the mother.

USE OF THE GUIDELINE

Determining risk – The Mandatory Reporter Guide is an online interactive tool which aims to support mandatory reporters to make a decision about whether the concern meets the new threshold and provides suggestions on who to contact if the risk is not considered 'significant'.

Making a report

There are three avenues of reporting concerns about the wellbeing of a child or young person, depending on the level of concern:

Option 1: If there is evidence of a life-threatening situation involving a child at risk or any situation requiring immediate response from emergency services ring triple zero (*000)* immediately. Then report these concerns to NSW Community Services Helpline on 133 627.

Option 2: If you identify that a child or young person is at risk of "significant harm" you need to report these concerns to NSW Community Services Helpline on 133 627.

Option 3: If there are concerns that a child or young person is at risk of harm you can report your concerns to your Local Health District Child Wellbeing Unit on 1300 480 420 in business hours. You can also email, fax or leave a telephone message after hours.

ASSOCIATED DOCUMENTS

1. Keep Them Safe – A Shared Approach to Child Wellbeing 2009-2014 NSW Health.
2. IB2010_005: KEEP THEM SAFE – Making a Child Protection Report NSW Health.
3. PD2010_013 KEEP THEM SAFE – Information Exchange NSW Health.
4. Children and Young Persons (Care and Protection) Act 1998 & Children Legislation Amendment Act 2009 Chapter 16A.
5. GL2011_008 Prenatal Reporting Guidelines NSW Health.

CRISIS CALL MANAGEMENT

PURPOSE

This guideline is to assist mental health telephone triage service (MHTTS) clinicians when responding to high risk callers.

KEY PRINCIPLES

- To establish an appropriate safety plan in response to the assessed level of risk.
- To ensure that the plan is enacted and a comprehensive face-to-face assessment is organised within the urgency of response time frame.

USE OF THE GUIDELINE

- If there is an immediate risk call **triple zero (*000)*** – activate NSW Ambulance Service and / or NSW Police Force to take the person to a place of safety where a comprehensive mental health assessment can be conducted.

If the situation does not require an immediate triple zero (*000)* response:

- Establish a clearly defined and agreed safety plan in consultation with the caller and / or their carers or trusted third parties.
- The plan should aim for face-to-face contact with a health professional within the urgency of response time frame.
- The plan should identify strategies to remove any known means of harm. Involve the assistance of a carer, family member or trusted third party if possible. (Also refer to the MHTTS guideline “Weapons Notification”).
- Once an agreed safety plan has been established manage the situation until such time as the face-to-face assessment is underway, e.g. if there is an agreement to attend the local ED, contact must be made with the ED to advise the person is on their way, and follow-up contact made with the ED to ensure the person’s arrival.
- Clearly document the occasion of service and ensure to make telephone contact with the local mental health team immediately to advise of the presentation.

DOMESTIC VIOLENCE

PURPOSE

To provide mental health telephone triage clinicians with advice on responding to domestic violence identified on triage.

To ensure any immediate threats of domestic violence are acted on assertively.

KEY PRINCIPLES

Compliance with the NSW Health policy directive on Identifying and Responding to Domestic Violence.

USE OF THE GUIDELINE

- Domestic violence is any behaviour that causes physical, sexual or psychological damage or causes someone to live in fear.
- There are many forms of Domestic Violence, such as emotional abuse, social abuse, financial abuse, sexual abuse, stalking and physical abuse.
- Individuals who suffer violence at the hands of their partner or other family members are often hesitant to disclose this information or unsure about what steps to take to change their situation.
- Providing non-judgmental support is essential to assisting people in violent relationships.
- If a domestic violence situation is disclosed during the course of a call, ask the caller if they are safe. If the caller states that they are at immediate risk of harm, get the callers location details and inform them that the police and / or Ambulance will be contacted to assist.
- Callers should also be advised to contact the Domestic Violence Line on 1800 656 463 (available 24 hours), and / or their local Police Station.
- If a caller discloses that they are in a violent relationship, ascertain if children in their care are also at risk. Get as much information about this as possible and follow the MHTTS “Child at Risk” guideline. Inform the caller that you are obliged to report any child at risk situations to Community Services.
- Clearly document the occasion of service and ensure referral to the local mental health team within the urgency of response time frame.

ASSOCIATED DOCUMENTS

1. 2006: NSW policy directive PD2006_084. Identifying and Responding to Domestic Violence.
2. 2006: NSW police directive PD2006_003. Child Protection Issues for Mental Health Services – Risk of Harm Assessment Checklist Summary.

DRUG AND ALCOHOL WITHDRAWAL

PURPOSE

To assist mental health telephone triage service (MHTTS) clinicians to manage callers who are withdrawing from, or are suspected of withdrawing from drugs and alcohol.

KEY PRINCIPLES

- Mental Health Services aim to provide a comprehensive triage and minimisation of risks associated with drug and alcohol withdrawal.
- All engagements provide an opportunity for the caller to gain health information and insight into the issues of alcohol and other drugs, and support for any current treatment.
- The NSW Health principle of harm minimisation will be facilitated by Mental Health Services to reduce the risk of harm associated with withdrawal.

USE OF THE GUIDELINE

Withdrawal symptoms are dependent on the specific substance used as well as a person's general physical health including the existence of co-morbid conditions, and can range in severity from mildly uncomfortable to life threatening.

Effective early management of withdrawal can prevent progression to severe withdrawal / medical illness and prevent negative impact on other concurrent disorders.

The onset and length of withdrawal depends on the drug taken. The basis of all withdrawal management is a clear and accurate substance use assessment.

- What substance/s the person uses and how often they have been using over the last month;
- When the person had their last dose;
- If the last dose was more than 6-8 hours ago, the possibility of withdrawal should be considered and explored with the person;
- Withdrawal from alcohol and benzodiazepines are considered high risk and can be life threatening.

Actions

- If person reports recent history of, or is currently experiencing significant withdrawal symptoms, advise them to seek medical treatment immediately (GP or Emergency Department).
- If person is experiencing seizures during the telephone call, ring **triple zero (*000*)** immediately and activate the Ambulance Service to transport the person to an emergency department for medical attention.
- Encourage the person to maintain adequate hydration and nutrition to eliminate risk of dehydration, electrolyte and nutritional imbalance.
- Encourage appropriate use of any medication as prescribed by their treating physician to manage withdrawal.
- Refer person to Alcohol and Drug Information Services for more detailed information on the management of withdrawal from any specific substance:

NSW Country: 1800 422 599
Sydney: (02) 9361 8000

- Clearly document the occasion of service. If known consumer or if mental health problem is evident, ensure referral to the local mental health team within the urgency of response time frame.

ASSOCIATED DOCUMENTS

1. NSW Health PD2005_245 Intoxicated Persons Amendment Act 2000 and Proclaimed Places: Protocol.
2. NSW Health GL2008_011 Drug and Alcohol Withdrawal Clinical Practice Guidelines – NSW.
3. Mental Health Telephone Triage Service “Threats of harm to self and/or others” Guideline.

FREQUENT CALLERS

PURPOSE

To assist mental health telephone triage service (MHTTS) clinicians to manage frequent callers to the service.

KEY PRINCIPLES

- All callers are to be triaged to determine eligibility for public mental health care on every contact.
- While reasonable attempts should be made to assist all callers, some callers may contact services repeatedly. Callers presenting with vague concerns, ambivalence, or uncertainty of needs, may be exhibiting these behaviours for a variety of reasons. The behaviour may be symptomatic of a mental illness or there may be physical concerns such as dehydration, stroke, blood sugar fluctuations, or sudden changes in blood pressure.

USE OF THE GUIDELINE

- Endeavour to assist and elicit essential information about the caller's personal details and presenting problem.
- Consumer care plans should be formulated for frequent callers in consultation with local servicing mental health teams.
- If the caller is deemed unsuitable for public mental health care provide the reasons why another service may be more suitable. Assist the caller to engage with a suitable health / social care organisation.
- If the frequent caller is unable to fully articulate the reasons for assistance consider inviting the person in for a face-to-face triage.
- If the caller is demanding assistance invite the caller in for a face-to- face triage.
- Identify if the caller's situation has worsened since the last call.
- Ask if the caller has an appointment with the local mental health service and when.
- Identify if the caller needs a more urgent triage rating.
- If the call becomes life threatening call **triple zero (*000)*** and activate NSW Police and / or Ambulance Service of NSW while the caller remains on the line. If possible keep the person on the line until emergency services arrive.
- Refer to other relevant policies and guidelines if any specific threats are made e.g. firearms – refer to MHTTS guideline "Weapons Notification".
- Advise your line manager of any problem callers.

ASSOCIATED DOCUMENTS

1. Handling of Life threatening and Unwelcome Calls 1999 Australian Communications Industry Forum.
2. NSW Dept of Commerce 2000 Call Centre Operation Guidelines.
3. Zero Tolerance Response to Violence in NSW Health Workplace PD2005_315.

HANDOVER OF CLINICAL RESPONSIBILITY OF CONSUMERS ACCEPTED FOR CARE

PURPOSE

To ensure that consumers triaged for public mental health care are safely engaged with local mental health service providers.

KEY PRINCIPLES

To ensure the consumer is safe until face-to-face contact is made by the local mental health team clinician.

USE OF THE GUIDELINE

- Referrals for public mental health care require the completion of the NSW Health Mental Health Clinical Documentation triage document, as per the Mental Health Triage Policy (PD2012_053).
- The triage referral must clearly indicate which service is required to act on the referral e.g. the receiving mental health team.
- All referrals must be forwarded to the receiving mental health team for action as soon as practicable and within the urgency of response time frame.
- Ideally, all triaged referrals require an in-person handover to a responsible clinician on the receiving team. As a minimum, an in-person handover is required for Category A, B and C referrals.

  In the case of Category D, E and F referrals, local processes must be in place to confirm that these referrals have been received by the receiving mental health team.
- If there are delays in handing over a triaged referral to the receiving mental health team, the triage service retains responsibility and care of the consumer until a clinician on the receiving team confirms receipt of the referral.
- All consumers advised to access assistance through local hospital emergency departments must be followed up by the local mental health service.

ASSOCIATED DOCUMENTS

1. Mental Health Telephone Triage Service ”Urgency of Response” Guideline.

INFORMATION OR ADVICE ABOUT MEDICATION

PURPOSE

To assist mental health telephone triage service (MHTTS) clinicians when responding to requests for information or advice regarding medication regimens, effects, side effects, dosages, the taking of non-prescribed medication and / or taking prescribed medication in a non-prescribed way.

KEY PRINCIPLES

- To ensure that callers are referred to a medical practitioner or pharmacist for specific advice regarding medication.
- To ensure callers are advised that mental health telephone triage clinicians are not medically trained and are not able to provide specific advice regarding medication, nor are they permitted to prescribe medication.
- To ensure information given to callers is referenced in the current MIMS and is only of a general nature.

USE OF THE GUIDELINE

- Calls regarding medication that constitute an immediate risk to “self or others” are to be managed according to the MHTTS “Crisis Call Management” guideline. All steps must be undertaken to ensure immediate safety.
- Calls in relation to withdrawal from alcohol or drugs must be managed until a qualified practitioner can provide appropriate advice and assume responsibility (refer to the MHTTS guideline “Drug and Alcohol Withdrawal”).
- Callers are to be advised at the outset that this service does not have staff qualified to give specific advice about medication other than providing them with general information relating to common side effects and / or usual doses. If staff are giving this information it must only be after consulting the current MIMS.
- Callers can be advised to consult the product information leaflet provided with the medication packaging on dispensing.
- Callers must be referred to a medical practitioner should they require advice regarding medication regimens, effects, “uncommon” side effects, “unusual” dosages, the taking of non-prescribed medication and/or taking prescribed medication in a non-prescribed way.
- Clearly document the occasion of service and ensure referral to the local mental health and/or drug and alcohol team is made within urgency of response time frame.

INTOXICATED CALLERS

PURPOSE

To assist mental health telephone triage service (MHTTS) clinicians to manage callers who are suspected of, or, admit to being intoxicated.

KEY PRINCIPLES

- Mental Health Services aim to provide a comprehensive triage and minimisation of risks associated with intoxication.
- All engagements provide an opportunity for the caller to gain health information and insight into the issues of alcohol and other drugs, and support any current treatment.
- The NSW Health principle of harm minimisation will be facilitated by Mental Health Services to reduce the harm associated with substance use for the individual and the community.

USE OF THE GUIDELINE

- If the caller discloses substance use and exhibits any symptoms of cognitive impairment or disturbance, the possibility of intoxication should be considered and explored. Intoxication can mimic or mask serious physical and mental illness. All presentations need to be triaged in accordance with this principle.
- Intoxication increases the risk of potential self harm and / or harm to others and all triages will include assessment for suicide and harm to others.
- If there are serious concerns about the safety of the intoxicated person and/or others, call triple zero (*000)* – activate Ambulance Service of NSW and / or NSW Police so that the person can be brought to an emergency department for medical attention.
- If the situation does not require an immediate triple zero (*000)* response, attempt to identify the next of kin, or carer, or responsible third party to check on the person; or contact the Police Station nearest to where the person is and ask for a welfare check to be conducted.
- Triage should include monitoring cognitive function and level of consciousness. Determine if the intoxicated person has someone present who can provide care and supervision if required. If the intoxicated person appears to be significantly impaired and / or losing consciousness activate an emergency medical response. Call triple zero (*000)* and activate the Ambulance Service of NSW to transport the person to an emergency department for medical attention.
- Where intoxication is secondary to substance use, without evidence of a co-morbid mental health disorder, the contact details for substance use support and treatment services should be provided.
- Clearly document the occasion of service. If a known consumer, or if mental health problem is evident, ensure referral to the local mental health team within the urgency of response timeframe.

ASSOCIATED DOCUMENTS

1. NSW Health PD2005_245 Intoxicated Persons Amendment Act 2000 and Proclaimed Places: Protocol;
2. NSW Health GL2008_011 Drug and Alcohol Withdrawal Clinical Practice Guidelines - NSW
3. Mental Health Telephone Triage Service Guidelines:
   - “Threat of harm to self and / or others”.
   - “Crisis Call Management”.

MALICIOUS OR PROBLEM CALLERS

PURPOSE

To assist mental health telephone triage service (MHTTS) clinicians to manage callers who exhibit unacceptable behaviour. Reasonable attempts should be made to assist all enquires, however, staff have a right to be treated respectfully.

KEY PRINCIPLES

While reasonable attempts should be made to assist all callers, staff have the right to be treated respectfully. Callers presenting as uncooperative, abusive, sexually inappropriate or antagonistic, may be exhibiting these behaviours for a variety of reasons. These behaviours may indicate an underlying health concern, or grievance about previous contact with the mental health service. The behaviour may be symptomatic of a mental illness.

USE OF THE GUIDELINE

- Endeavour to assist and elicit essential information about the caller's personal details, including their location, and presenting problem.
- If the caller is abusive a statement should be given stating that such behaviour will not be tolerated. If the caller continues to be abusive the call can be terminated.
- If threats of harm are made against staff or others, call **triple zero (*000)*** to report the threat to Police.
- If the call becomes life threatening call **triple zero (*000)*** and activate NSW Police and / or Ambulance Service of NSW while the caller remains on the line. If possible keep the person on the line until emergency services arrive. If the caller disengages or the call drops out, activate Call Tracing if available.
- Refer to other relevant Policies and guidelines if any specific threats are made e.g. firearms – refer to MHTTS "Weapons Notification" guideline.
- Take every threat seriously and attempt to elicit as much information as possible about the caller (name, address, phone number) and details of any threat (including time, place, location and intended target).
- Advise your line manager of any problem calls.
- Clearly document the incident and collate with any relevant clinical record.

ASSOCIATED DOCUMENTS

1. Handling of Life threatening and Unwelcome Calls 1999 Australian Communications Industry Forum.
2. NSW Dept of Commerce 2000 Call Centre Operation Guidelines.
3. Zero Tolerance Response to Violence in NSW Health Workplace PD2005_315.

MENTAL HEALTH REFERRALS FROM *healthdirect* AUSTRALIA TO THE NSW MENTAL HEALTH LINE

PURPOSE

To achieve a shared understanding of the interface arrangements between *healthdirect* Australia (hdA) and Local Health District (LHD) / Health Network mental health telephone triage services (MHTTS).

To provide direction and advice to hdA triage nurses for the safe handover of callers to LHD mental health telephone triage services.

KEY PRINCIPLES

- To ensure an emergency response is activated at the first point of contact, for callers who are at immediate and imminent risk.
- To facilitate the safe handover of callers to hdA who are assessed as requiring immediate referral to a specialist mental health service and who are warm transferred to the LHD / Health Network.

USE OF THE GUIDELINE

- hdA will receive calls from the *NSW Mental Health Line* when a caller selects Option 3. Option 3 is for callers wanting general health advice or information; however callers may be re-directed to hdA who are seeking mental health assistance, or callers may have inadvertently selected Option 3 or the caller did not select an Option.
- Callers to hdA who are seeking mental health assistance will be triaged according to hdA policies and protocols.
- For callers who present with imminent risk issues requiring an immediate response from emergency services, the hdA triage nurse will call triple zero (*000)* to activate NSW Ambulance Service and/or NSW Police Force, to take the person to a place of safety where a comprehensive mental health assessment can be conducted.
- Where the hdA triage nurse assesses the situation as requiring the person to *'See Mental Health Provider Immediately'*, the caller will be warm transferred (3 person conference) to the relevant LHD / Health Network using the relevant landline telephone number (see attached). These numbers are not to be provided to callers.
- When the hdA triage nurse warm transfers a caller to a LHD / Health Network, the following information will be provided to the LHD / Health Network mental health triage clinician:
  - The hdA triage nurse will introduce themselves by name and identify themselves as being a hdA triage nurse.
  - The hdA triage nurse will advise that they are warm transferring a caller.
  - The hdA triage nurse will remain on the line until the LHD / Health Network mental health triage clinician has obtained from the caller, the caller's name, address and call back number.
  - When the LHD / Health Network mental health clinician has this information, the hdA triage nurse will hang up.

Note: Should the caller disengage or the call drop out for any reason before the caller has provided the LHD / Health Network triage clinician with their details, the hdA nurse will be responsible for calling the caller back and re-establishing the warm transfer.

If the caller drops out after the transfer of caller information to the LHD / Health Network triage clinician, the LHD / Health Network triage clinician will be responsible for calling the caller back.

- The LHD / Health Network mental health triage clinician will then question the caller to ascertain the reason for the call.

- Where the hdA triage nurse assesses that the situation does not require immediate mental health service intervention and instructs the caller to follow up with their local mental health service, the hdA triage nurse will provide the caller with the number of the *NSW Mental Health Line* - 1800 011 511 and advise them to select Option 1.
- The hdA triage nurse will assist callers who are seeking general health advice or information.

ATTACHMENTS

1. Local Health District / Health Network mental health telephone triage service telephone numbers.
2. *healthdirect* Australia / NSW Mental Health Line process flow.

24/7 TELEPHONE NUMBERS FOR PURPOSES OF WARM TRANSFER OF CALLS:

- Between LHD / health network mental health telephone triage services

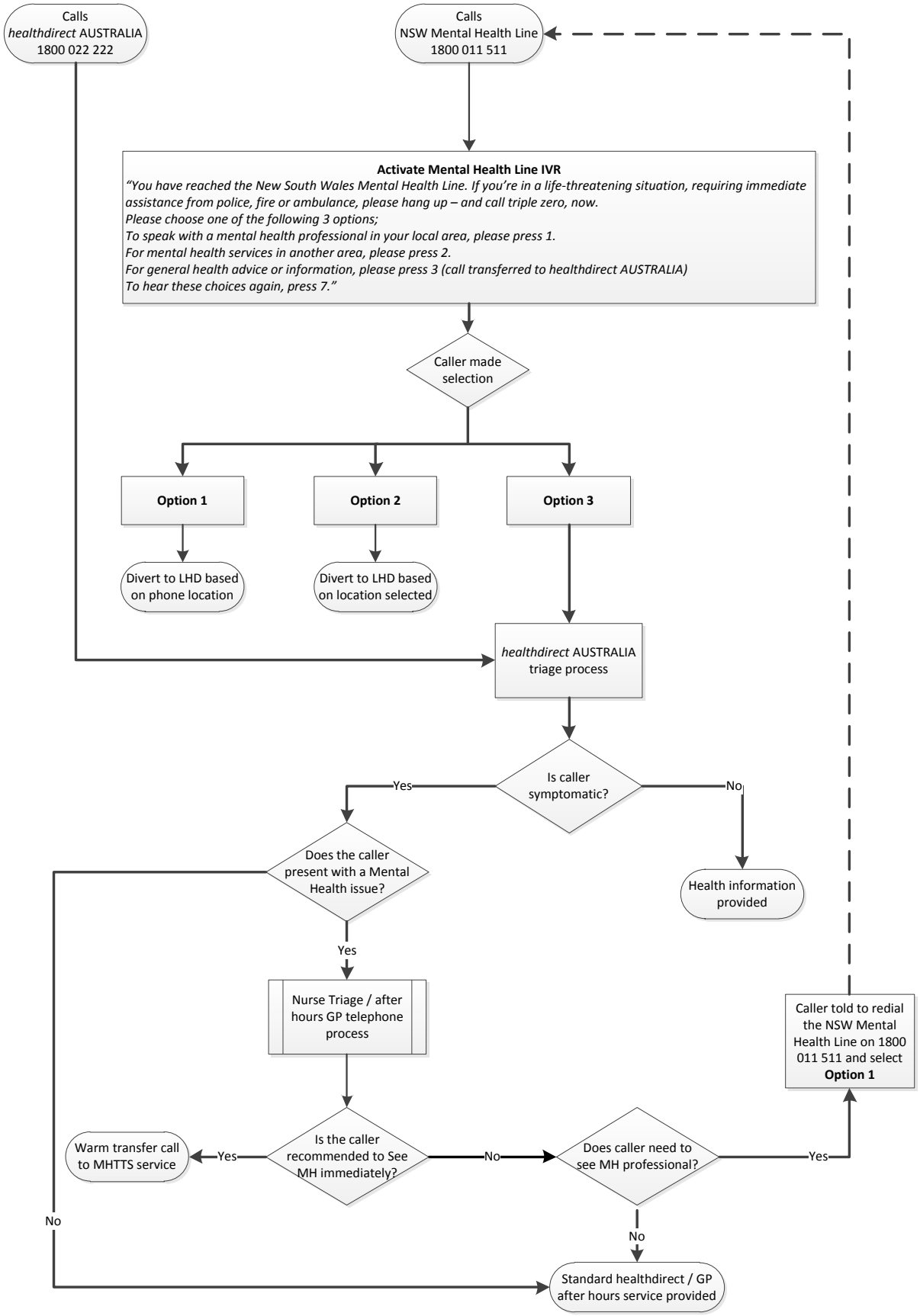
And

- From *healthdirect* Australia

These numbers are not to be given out to callers.

LHD / HEALTH NETWORK	TELEPHONE NUMBER
Far West LHD and Western NSW LHD Bloomfield Hospital, Orange	02 6363 8136
Southern NSW LHD and Murrumbidgee LHD Medibank Health Solutions	02 9425 3988
Northern NSW LHD and Mid North Coast LHD Medibank Health Solutions	02 9425 3881
Hunter New England LHD James Fletcher Hospital, Newcastle	02 4016 4870
Northern Sydney LHD and Central Coast LHD Gosford Hospital	02 4320 3500
Western Sydney LHD Cumberland Hospital	02 8836 2919
Nepean Blue Mountains LHD Nepean Hospital	02 4734 3672
Sydney LHD and South Western Sydney LHD Concord Mental Health Centre	02 9767 8768
South Eastern Sydney LHD Prince of Wales Hospital The Sutherland Hospital	 02 9540 8441 02 9540 8442
Illawarra Shoalhaven LHD Port Kembla District Hospital	02 9540 8443
St Vincent's Health Network St Vincent's Hospital	02 9540 8440

healthdirect Australia / NSW Mental Health Line Process Flow



MOBILE PHONES CALLERS

PURPOSE

To assist mental health telephone triage clinicians to manage calls originating from mobile phones.

KEY PRINCIPLES

- Calls may not be readily identifiable as originating from mobile or landline phones.
- Call charges may apply to mobile phone users.
- There may be reception problems with mobile phones or phone plans.
- All identified mobile phone callers are to be offered a return call.
- Mobile phone callers can request a return call.

USE OF THE GUIDELINE

- Elicit essential information about the caller's personal telephone contact details including mobile and landline numbers where possible. This will assist to re-contact the caller if the call is lost e.g. due to poor mobile reception.
- A number of issues may compromise the quality and continuance of mobile phone communication e.g. poor mobile reception, mobile phone plan.
- If callers identify they are calling from a mobile phone, confirm they are in a position to continue with the call and offer an immediate return call.
- Mobile phone callers may elect to use a landline phone to re-contact services or request a call back e.g. because of poor mobile reception.

REFERRALS TO OTHER SERVICES

PURPOSE

To ensure all callers are offered healthcare assistance where indicated irrespective of the need for public mental health care.

KEY PRINCIPLES

- The mental health triage service will endeavour to assist all callers with healthcare concerns.
- The level of assistance or advice provided to callers on healthcare matters may be limited by mental health services' scope of knowledge and practice.
- Callers who are making general enquiries and are not seeking mental health assistance for themselves or others must be treated appropriately and provided with information on other services to meet their needs at the time.

USE OF THE GUIDELINE

- During the process of referral to another service if evidence of immediate risk arises, emergency services are to be activated to take the person to a place of safety where a comprehensive mental health assessment can be conducted.
- The MHTTS guideline 'Third Party Referrals' will be adhered to for all relevant triages and referrals to other services.
- The decision to make a referral to another service or to provide the referral information to the caller will be made in collaboration with the caller. Some services request consumers to self refer e.g. Drug and Alcohol, and this will need to be explained to the caller.
- Decisions made to refer consumers to other healthcare organisations will be recorded for future reference and contribution to care planning as required.
- Advise the caller that if they experience problems or difficulties engaging with other services, they should call back to discuss other service options.

ASSOCIATED DOCUMENTS

1. NSW Dept of Commerce 2000 Call Centre Operation Guidelines.
2. Mental Health Triage Policy (PD2012_053).
3. Mental Health Telephone Triage Service "Third Party Referral" Guideline.

REPORTS OF SEXUAL ASSAULT OF ADULTS

PURPOSE

To assist mental health telephone triage service (MHTTS) clinicians to respond to disclosure of sexual assault of adults on triage.

This guideline does not apply to the sexual assault of children or young people. Specific policies exist for the management and reporting of allegations of sexual abuse against children or young people (refer to MHTTS "Child at Risk" guideline).

KEY PRINCIPLES

- Mental Health Services may be contacted for assistance by people who have been sexually assaulted recently or in the past.
- Mental health services have a duty to provide information on individuals' rights, and on where and how to access help and support.
- Establishing safety is vital. It must be established that the alleged perpetrator is separated from the victim.
- Sexual assault is a criminal offence. For the protection of all concerned, and in the event that medical records are subpoenaed, clinicians should ensure that documentation meets the standards described in the policy on NSW Health Medical Records in Hospitals and Community Care Centres.

USE OF THE GUIDELINE

- Determine the level of risk.
- If there is an immediate risk call **triple zero (*000)*** – activate NSW Ambulance Service and / or NSW Police to take the person to a place of safety where a comprehensive assessment can be conducted.
- Establish if the experience is a current or previous experience.
- Acknowledge the caller's trauma and feelings (shame, fear, guilt, anger).
- Identify if the caller is currently receiving support from someone; ask the caller if they have any strategies they implement when they feel like this; ask the caller how you can help them maintain a sense of control.

Where the Mental Health Service is to be the primary service and the situation does not require an immediate triple zero (*000)* response:

- Establish clearly defined and agreed to safety plans in consultation with the caller and / or family or carers until local services can complete a comprehensive face-to-face assessment.
- Ensure the interim plan is practical, reasonable and safe.
- The triage must specify that:
    - local senior management is to be informed without delay as they will be responsible for organising an immediate and ongoing response.

- local services are to make contact with sexual assault services if the caller would like to speak to a sexual assault counsellor, or for consultation.
- local services are to arrange interagency meetings between mental health services, the local sexual assault service and the NSW Police (where applicable).
- Document all actions taken and who was informed.

If the Mental Health Service is not required:

- Refer the person to appropriate support services, .e.g. local Sexual Assault Service, the Victims Support Line (1800 633 063) or NSW Rape Crisis Centre (1800 424 017) or Domestic Violence Line (1800 656 463 – 24 hours).
- Document referral provided to the person.

ASSOCIATED DOCUMENTS

1. NSW Police, Health and Office of the Director of Public Prosecutions Guidelines for responding to adult victims of Sexual Assault http://internal.health.nsw.gov.au/pubs/2006/pdf/av_sexual_assault.pdf
2. Guidelines for the promotion of sexual safety in NSW mental health services *(second edition)* 2004
3. Medical Records in Hospitals and Community Care Centres PD2005_004.

THIRD PARTY REFERRALS

PURPOSE

To provide guidance to mental health telephone triage service (MHTTS) clinicians when referrals are made by persons on behalf of others.

To ensure consumer participation in the referral process to mental health services where practicable.

KEY PRINCIPLES

- Equity of access.
- Consumer and carer participation in mental health care.

USE OF THE GUIDELINE

- Referral to the mental health service can be made by anyone on behalf of another person. This is often by a concerned family member, friend, employer, or health professional.
- Clarify whether the person knows that they are being referred to a mental health service.
- Referrals should include consumer participation and consent where practicable.
- A person making a referral on another person's behalf may be afraid of contacting the person concerned or of having the person concern know that they have lodged the call.
- People with mental health problems may have impaired judgement and understanding of their condition and fail to recognise the need for assistance.
- Health professionals and emergency services personnel may be authorised under the Mental Health Act (NSW) 2007 to transport a person suspected of having a mental illness or disorder to a declared facility for assessment.
- Children under 16 years of age require parental or guardian consent as part of the referral process.
- Referrals can be accepted and actioned without the knowledge of the consumer if there are signs of a mental illness or mental disorder AND the consumer's current behaviour is considered dangerous to themselves and/or others. Emergency services may be contacted on triple zero (*000)* if imminent risks are identified.
- Triage clinicians may elect to contact the consumer directly to discuss the concerns reported by others. This would usually be in collaboration with the referring person / agent.
- Clearly document the occasions of service and ensure referral to the local mental health team within the urgency of response time frame.

ASSOCIATED DOCUMENTS

1. NSW Mental Health Act 2007.

THREATS OF HARM TO SELF AND/OR OTHERS

PURPOSE

To assist mental health telephone triage service (MHTTS) clinicians to manage callers who threaten harm to themselves and / or others.

KEY PRINCIPLES

- All MHTTS clinicians have a duty of care to the public.
- All callers will receive a timely and thorough assessment of any immediate or potential risk that may be posed directly or indirectly to themselves or others.

USE OF THE GUIDELINE

- Assess the level of risk and assign an urgency of response category.
- If the caller is a referring agent a risk assessment will be completed for the consumer using the information provided. Risk assessments based on the information of a referring agent will be clearly documented as having been based on information provided about the consumer by the referring agent.

Determining Level of Risk

The consumer or referring agent may initially deny any risk of harm to self or others. It is important to obtain a comprehensive picture of the current state of risk by checking with family and carers where possible, and throughout the triage for congruence and consistency in information provided.

The following factors should be considered when determining the level of risk during a triage:

HIGH RISK	MEDIUM RISK	LOW RISK
• Frequent or constant ideation; • Specific plans; • Access to Means (or plan to access); • Intent to act on plan; • Preparations (such as preparing a will).	• Frequent ideation; • Non-specific plan; OR • Specific plan but no access to means (or no plan to access means); • Nil intent.	• Presence of ideation with no specific plan or intent.

Harm to Self

The assessment of harm to self should include simple and direct questions about:

- Feelings of hopelessness or sadness;
- Preoccupation with thoughts about death or self harm;
- History of suicidal behaviour in self, family member(s) and / or friend(s);
- Formulation of specific plans, including time frame and means;

- Access to chosen means (consider lethality of chosen means);
- Presence of any protective factors;
- Presence of auditory hallucinations or delusions that may be "telling" the person to act in a violent / harmful manner to self.

Harm to Others

The assessment of harm to others should include simple and direct questions about:

- Specific plans, including identity of intended victim, time frame and means;
- Access to chosen means (consider lethality of chosen means);
- History of violent behaviour in self, family member(s) and / or friend(s);
- Presence of any protective factors;
- Presence of auditory hallucinations or delusions that may be "telling" the person to act in a violent / harmful manner to others or property;

Management / Care Plan

- Current, immediate and long term risks of harm to self and/or others need to be identified and addressed;
- Safety of consumer and potential intended victim of harm need to be addressed;
- If the consumer is at immediate or imminent risk of harm to themselves, or if there is evidence of high risk of harm to another person, call **triple zero (*000)*** to activate an emergency response by NSW Police Force.

Clearly document the occasion of service and ensure the local mental health team is immediately informed of the management / care plan.

ASSOCIATED DOCUMENTS

1. NSW Health MH-OAT documentation: Triage SMR025000 / Risk Assessment SMR025020.
2. NSW Health PD2005_121 Suicidal Behaviour – Management of Patients with Possible Suicidal Behaviour.
3. NSW Health PD2006_084 Domestic Violence – Identifying and Responding.

URGENCY OF RESPONSE

PURPOSE

The crisis triage rating scale (CTRS) may be used by mental health telephone triage clinicians as a guide to determine urgency of response and timely assistance.

This rating scale is a screening of risk tool that evaluates consumers by assessing their dangerousness, support systems and ability to cooperate with services.

KEY PRINCIPLES

- Ratings can be made following a telephone triage assessment.
- Ratings can be assessed with other relevant findings or information in determining a service response.
- The CTRS score should not be the sole determinant when planning a timely service response.
- The CTRS should be used to support clinical judgement.
- Emergency services should be contacted when imminent or immediate risks are identified.
- The CTRS rating should reflect clinical judgement as to the required urgency of response to address the needs of the consumer, and not the local health services' ability to respond.

URGENCY OF RESPONSE SCALE

Category A (CTRS 3–9)	Extreme Urgency - Immediate response requiring Police / Ambulance or Other Service (e.g. overdose, siege, imminent violence)
Category B (CTRS 10)	High Urgency - see within 2 hours / present to Psychiatric Emergency Service or Emergency Department in General Hospital (e.g. acute suicidality, threatening violence, acute severe non-recurrent stress)
Category C (CTRS 11)	Medium Urgency – see within 12 hours (e.g. distressed, suicidal ideation of moderate to severe nature, disturbed behavior)
Category D (CTRS 12–13)	Low Urgency – see within 48 hours (e.g. moderate distress, has some supports in place but situation becoming more tenuous)
Category E (CTRS 14-15)	Non Urgent - see within 2 weeks
Category F	Requires further triage contact/follow-up
Category G	No further action required (specify)

- The initial Management Plan must clearly indicate which service is required to act on the Urgency of Response. It is vital that there is no confusion as to which service is responsible for acting on the Urgency of Response.
- Consumers who are accepted for care into the mental health service should be advised of the anticipated timeframe for response by the receiving mental health team including the option to call back if the situation changes or escalates.
- This guideline should be read in conjunction with the Mental Health Telephone Triage Service "Urgency of Response Escalation" guideline.

ATTACHMENT

1. Crisis Triage Rating Scale.

ASSOCIATED DOCUMENTS

1 Mental Health Triage Policy (PD2012_053).

2. Mental Health Telephone Triage Service "Urgency of Response Escalation" Guideline.

CRISIS TRIAGE RATING SCALE

The **Crisis Triage Rating Scale** (CTRS) may be used by clinicians as a guide in the determination of urgency of response.

Definition: The CTRS is a brief rating scale developed to screen emergency psychiatric consumers rapidly. It helps differentiate between consumers who require hospitalisation from those who are suitable for outpatient crisis intervention treatment (Bengelsdorf et al., 1984). The scale evaluates the consumers according to three factors: (A) whether they are a danger to themselves or others, (B) their support system and (C) their ability to cooperate. The clinician chooses the appropriate number under each scale that best describes the consumer's presentation. The total score (A+B+C) can be useful in predicting whether hospitalisation would be required. For example, a consumer scoring below 9 requires hospitalisation, whereas for those scoring above 9 another intervention could be recommended. The Scale was originally based on a telephone triage scale and has been modified and expanded to cover a broader range of response options in inpatient and community services. This Scale should be used by a clinician in conjunction with the available triage information to make an informed decision about the urgency of response.

RATING A: Dangerousness

1	Expresses or hallucinates (hears commands) suicidal/homicidal ideas or has made a serious attempt in present episode of illness. Unpredictable, impulsive, violent.
2	Expresses or hallucinates suicidal/homicidal ideas, without conviction, or the behaviour is somewhat dependent on the stress in the environment. History of violence or impulsive behaviour, but no current signs of this.
3	Expresses suicidal/homicidal ideas with ambivalence, or made only ineffectual gestures. Questionable impulse control.
4	Some suicidal/homicidal ideation or behaviour, or history of same, but clearly wishes and is able to control behaviour.
5	No suicidal/homicidal ideation/behaviour. No history of violence or impulsive behaviour.

RATING B: Support system

1	No family, friends or others. Agencies cannot provide the immediate support needed.
2	Some support can be mobilised, but its effectiveness will be limited.
3	Support system potentially available, but significant difficulties exist in mobilising it.
4	Interested family, friends or others, but some question exists of ability or willingness to provide support needed.
5	Interested family, friends or others able and willing to provide support needed.

RATING C: Ability to cooperate

1	Unable to cooperate or actively refuses.
2	Shows little interest or comprehension of efforts made on their behalf.
3	Passively accepts intervention strategies.
4	Wants help but is ambivalent or motivation is not strong.
5	Actively seeks treatment, willing and able to cooperate.

Ascertainment guidelines: The clinician may make the rating following a brief assessment over the telephone. It is recommended that if the score is equal to or less than 9, the response to the consumer should be one of extreme urgency, with appropriate documentation in the *Triage's* 'Action Plan' and 'Urgency of response' on page 2.

URGENCY OF RESPONSE SCALE (CTRS: A+B+C)

Category A 3 — 9	Extreme Urgency	Immediate response requiring Police/Ambulance or Other Service (e.g. overdose, siege, imminent violence)
Category B 10	High Urgency	See within 2 hours/present to Psychiatric Emergency Service or Emergency Department in General Hospital (e.g. acute suicidality, threatening violence, acute severe non-recurrent stress)
Category C 11	Medium Urgency	See within 12 hours (e.g. distressed, suicidal ideation of moderate to severe nature, disturbed behaviour)
Category D 12 — 13	Low Urgency	See within 48 hours (e.g. moderate distress, has some supports in place but situation becoming more tenuous)
Category E 14 — 15	Non Urgent	See within 2 weeks
Category F		Requires further triage contact/follow up
Category G		No further action required

MENTAL HEALTH
CRISIS TRIAGE RATING SCALE

URGENCY OF RESPONSE ESCALATION

PURPOSE

The Urgency of Response (UoR) escalation guideline is to be used when the receiving Mental Health (MH) Service cannot meet the assessed UoR category time frame.

KEY PRINCIPLES

- To ensure that local MH services have an escalation plan in place in the event they are unable to meet the allocated UoR time frame.
- To ensure the caller is managed safely until a comprehensive assessment can be conducted by a mental health team clinician in person or via video conference.
- The UoR determines how quickly a mental health clinician needs to have face-to-face contact with the consumer.
- The UoR category must be based on clinical need and not on service availability.

USE OF THE GUIDELINE

- The triage referral should clearly indicate which service, for example the receiving MH team, is required to act on the UoR.
- There may be occasions when the receiving MH team is unable to respond within the assessed urgency of response time frame.
- If the receiving MH Team is unable to respond within the assessed urgency of response time frame, the mental health service must ensure that alternative processes are in place to manage and support the consumer until such time as the local mental health team is able to assume responsibility and make face-to-face contact with the consumer. This may include the triage service providing telephone support to the consumer, or the implementation of an interim management plan.
- The key principle is to ensure the consumer is safe until face-to-face contact is made by the local mental health team clinician.
- During the management / support phase it may be necessary to upgrade the UoR category if there is evidence of clinical deterioration.
- Where the triage clinician has low assessment confidence, the clinician will indicate this clearly on the faxed or electronic triage / handover report under the risk formulation box and upgrade the UOR, e.g. upgrade from a D to a C.
- Clearly document the occasions of service provided during the interim period, i.e. whilst waiting for the local MH team to respond, and ensure this information is handed over to the team.

ASSOCIATED DOCUMENTS

1. Mental Health Triage Policy (PD2012_053).
2. Mental Health Telephone Triage Service “Urgency of Response” Guideline.

WEAPONS NOTIFICATION

PURPOSE

To assist mental health telephone triage clinicians when they are advised of a potential weapons hazard. Weapons can include firearms, swords, capsicum spray, explosive devices and or other dangerous objects that have the potential to cause serious harm.

Notification of weapon hazards to police is required when a clinician is made aware that the caller may pose a risk to themselves or to others if in possession of a firearm or prohibited weapon.

KEY PRINCIPLES

Section 79 of the Firearms Act 1996 and Section 38 of the Weapons Prohibition Act 1998 provides protection from civil or criminal liability that may otherwise arise, including a breach of any duty of confidentiality, when a health professional discloses information to the NSW Commissioner of Police where they are of the opinion that a person they are treating may pose a risk to public safety or to the person's own safety if in possession of a firearm or prohibited weapon.

USE OF THE GUIDELINE

- A clinician who has had direct or third party contact with a consumer who presents with intent to harm themselves or others and is suspected of having access to firearms and who presents an immediate threat is required to notify the police IMMEDIATELY by ringing triple zero (*000)*.
- It is a requirement to gather details such as the consumer's name, date of birth, telephone number, their current address and the location of the firearm/s.
- Appropriate documentation (e.g. a triage) should be completed and an appropriate management plan made for the consumer.
- The clinician is required to complete the 'Notification to NSW Police/Firearms Registry' form (refer to NSW Police Force Fact Sheet, March 2012), and fax it to the local police station in which the consumer resides. The local police should also be contacted by telephone prior to the form being faxed to advise and seek direction.
- The form is then to be faxed to the NSW Firearms Registry (02 6670 8550) - this fax number is also printed on the form.
- Clearly document the occasion of service and ensure the relevant mental health team is immediately advised of the presentation.

ATTACHMENT

1. NSW Police Force Fact Sheet March 2012 'Disclosure of Information by Health Professionals, Section 79 of the Firearms Act 1996 and Section 38 of the Weapons Prohibition Act 1998.

ASSOCIATED DOCUMENTS

1. Firearms Security GL2005_009.
2. Zero Tolerance Response to Violence in NSW Health Workplace PD2005_315

NSW POLICE FORCE FACT SHEET

NSW Police Force
www.police.nsw.gov.au

FIREARMS REGISTRY

Disclosure of Information by Health Professionals

Section 79 of the *Firearms Act 1996* & section 38 of the *Weapons Prohibition Act 1998*

S79

This FACT sheet provides information on the notification process for health professionals where the health professional is of the opinion that a person they are treating may pose a risk to public safety or the person's own safety if in possession of a firearm or prohibited weapon.

What does the legislation provide?

Section 79 of the *Firearms Act 1996* & section 38 of the *Weapons Prohibition Act 1998* provide protection from civil or criminal liability that may otherwise arise, including a breach of any duty of confidentiality, when a health professional discloses information about a person they are treating to the Commissioner of Police.

What is meant by a health professional?

A health professional, is defined in S79 (3) of the *Firearms Act 1996* as any of the following:

* A medical practitioner, or
* Psychologist, or
* Nurse or social worker, or
* A professional counsellor.

The above definition of a health professional also applies for the purpose of section 38 of the *Weapons Prohibition Act 1998*.

Where do I access the form?

The notification form is attached to this FACT Sheet. The link is found on the Home Page of the Firearms Registry Internet site under 'Additional Forms' or by phoning the Firearms Registry.

Under what circumstances would the health professional notify the Commissioner?

It is a matter of exercising your discretion once an opinion is formed.

For example, if you are treating a person and that person has made threats of self harm or harm to others, or you have reason to believe that person may be a risk to their own safety or public safety if in possession of a firearm or prohibited weapon, you should notify the Commissioner of Police.

You may be aware that the person either holds a firearms licence or has access to firearms or prohibited weapons. Or, the person may have threatened harm with a firearm/prohibited weapon. Reporting to the Commissioner allows police and the Firearms Registry to check if the person holds a firearms licence or if there are firearms or weapons kept at their address. The Firearms Registry and the police can then take the appropriate action.

How does the health professional notify the Commissioner?

Complete the notification form and fax to the police station nearest the residential address of the person. The form must also be faxed to the Firearms Registry.

The Firearms Registry treats all notifications of this nature as a priority and will liaise directly with police.

If the notification is urgent & it is outside business hours, ring the Police Assistance Line 131444 or 000.

What will the police do?

Police will check to see is the person holds a firearms licence/permit and has possession of firearms or prohibited weapons. Police will also check to see if there are firearms or prohibited weapons stored, by other persons, at that address.

If the person <u>does not</u> hold a firearms licence or permit and there are no firearms or prohibited weapons at the address, police may take no action except to satisfy themselves of the safety of all concerned.

If the person <u>does not</u> hold a licence or permit but there are firearms or prohibited weapons stored by another licence/permit holder at the address, police will need to be satisfied that the firearms/prohibited weapons are secure and that no unauthorised access is possible.

If the person <u>does</u> hold a firearms licence or permit, that licence or permit may be suspended and the firearms/ prohibited weapons seized as a public safety precaution.

What happens if the person has their licence or permit suspended and firearms/weapons seized?

Suspension of a licence or permit is temporary. It is usually in response to an urgent situation where firearms/prohibited weapons need to be seized. Once suspended, a person may be requested to provide an opinion from a doctor, either a GP or specialist, to determine if the person may continue to hold a firearms licence/permit or if the person should have their licence or permit revoked.

The determination and decision on the course of action to be taken is made by the Firearms Registry.

All consideration is given and the matter is handled in a sensitive and confidential manner.

What if the person I am treating is in hospital?

If the person is currently in hospital, notification should be sent to the Firearms Registry and police as soon as practicable before the patient is discharged.

What information is required?

The form requires the following information:

* The name of the person, and
* Address and phone number, and
* Date of Birth.

Indicate on the form where the person is currently located - home, hospital etc.

If the person is in care at a location other than their residential address, indicate the address where the person will be staying when discharged.

There is a section on the form for comment on the circumstances of the case and why you hold concerns that the person may have access to firearms/ prohibited weapons.

You may insert here how the information was relayed, what that information was and any observations you have made concerning the case that may be relevant to the police or the Firearms Registry.

There is a section for you to insert your details as the person reporting. This is so that police or the Firearms Registry may make contact with you to discuss the information supplied, if necessary.

All information supplied is treated in the strictest confidence.

What do I do when the form is complete?

Fax the form to the Firearms Registry on the Fax number provided - Phone: 02 66708526.

Also Fax the form to the Duty Officer at the police station nearest where the person resides or will reside when released.

If you do not know the closest police station, call the Police Assistance Line on 131444 and they will direct your call to the closest Police station where you can speak to an officer and obtain the Fax number for the station.

If the situation is urgent call the Police Assistance Line on 131444 or call 000 to report the matter.

Where can I get more information?

Call the Firearms Registry on 1300 362 562 and ask to speak to the Team Leader Licensing.

Firearms Registry

Address
Locked Bag 1
Murwillumbah NSW 2484

Telephone
1300362562

Interstate
02 66708590

Fax
02 66708526

Email
firearmsenq@police.nsw.gov.au

Website
www.police.nsw.gov.au/firearms

Where can I find more information?

The information provided in the FACT Sheet is for general guidance only. Applicants and licensees should familiarise themselves with the *Firearms Act 1996* and the *Firearms Regulation 2006*, which are available on the NSW Legislation website - www.legislation.nsw.gov.au.

NSW Police Force
www.police.nsw.gov.au

www.police.nsw.gov.au
ABN 43 408 613 180

NSW POLICE FORCE - FIREARMS REGISTRY

Disclosure of Information by Health Professionals

Section 79 of the *Firearms Act 1996* & section 38 of the *Weapons Prohibition Act 1998*

Section 79 of the *Firearms Act 1996* & section 38 of the *Weapons Prohibition Act 1998* protect disclosures of information to the NSW Commissioner of Police by health professionals where they are of the opinion that a person they are treating may pose a risk to public safety or to the person's own safety if in possession of a firearm or prohibited weapon. Of particular interest are high risk mental health patients known to have access to firearms.

Sections 79 of the *Firearms Act 1996* & section 38 of the *Weapons Prohibition Act 1998* provide protection from civil or criminal liability, that may otherwise arise including a breach of confidentiality, when disclosing information to the Commissioner of Police.

A health professional, is defined in S79 of the *Firearms Act 1996* and for the purposes of section 38 of the *Weapons Prohibition Act 1998*, as any of the following persons:
A medical practitioner, psychologist, nurse , social worker or a professional counsellor.

PROCESS TO FOLLOW

1. Complete the form and Fax to: 0266 708526 and mark 'Attention - Team Leader Licensing', AND
2. Fax this form to the police station nearest the residential address of the patient. If you are unsure of the nearest police station, ring the Police Assistance Line on 131444.

PATIENT INFORMATION

LAST NAME | FIRST NAME

DATE OF BIRTH | TELEPHONE

HOME ADDRESS

Where is the patient currently located? eg inpatient, Accident and Emergency, at residential address etc.

If in hospital, anticipated date of discharge. To ensure safety issues can be addressed, please give at least 6 hours notice to Police. DATE OF DISCHARGE

ADDRESS WHERE PATIENT WILL BE DISCHARGED (if different from residential address).

Describe the circumstances that lead you to believe that the person may pose a threat if in possession of a firearm/prohibited weapon. Include relevant conversation, observations, circumstances, effect of medical condition or treatment on person's capacity etc.

Does the person have access to their own firearms/prohibited weapons? ☐ YES ☐ NO ☐ UNKNOWN

Does the person have access to other firearms/prohibited weapons? ☐ YES ☐ NO ☐ UNKNOWN

If 'YES' indicate below the address where the firearms/prohibited weapons are located?
For example, with friends, neighbours, spouse or other relative.

HEALTH PROVIDER INFORMATION

☐ Medical Practitioner ☐ Psychologist ☐ Reg/Enrolled Nurse ☐ Social Worker ☐ Counsellor

NAME | CONTACT NUMBER

SIGNATURE | DATE

ALL INFORMATION SUPPLIED IS TREATED IN THE STRICTEST CONFIDENCE