Mental Health Clinical Documentation

Summary: This Policy Directive requires that all public mental health services use standardised Mental Health Clinical Documentation modules to document care. This includes all public mental health service settings: inpatient, community ambulatory and community residential. It also includes all public mental health service types: Child and Adolescent, Adult and Older People.

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Functional group: Clinical/Patient Services - Records, Mental Health
Applies to: Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Community Health Centres, Public Hospitals
Distributed to: Public Health System, Divisions of General Practice, Government Medical Officers, NSW Ambulance Service, Ministry of Health, Tertiary Education Institutes
Audience: Chief Executives; Area Mental Health Directors; mental health clinical staff; medical records

Secretary, NSW Health
This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is mandatory for NSW Health and is a condition of subsidy for public health organisations.
MENTAL HEALTH CLINICAL DOCUMENTATION

PURPOSE

This Policy Directive requires that all public mental health services use standardised Mental Health Clinical Documentation modules to document care. The modules aim to support the recording, retrieval and sharing of medical record information at all points of care from triage through to discharge. The goal is to improve consumer outcomes by enhancing the clinical information available to inform care.

MANDATORY REQUIREMENTS

The use of the following modules is mandatory for their respective key points of care, for all settings and age groups: Triage, Assessment, Review, Care Plan and Transfer/Discharge Summary.

Additional modules provide support for specific information domains and are available to be used as appropriate to the clinical situation: Physical Examination, Physical Appearance, Risk Assessment, Substance Use Assessment, Family Focused Assessment (COPMI), Functional Assessment, Screening for Domestic Violence, Transcultural Assessment, Cognitive Assessment (RUDAS), Cognitive Assessment (3MS/MMS). In the case of the Risk Assessment module, clinicians are expected to complete the module where clinically appropriate and/or when the screening questions contained in the Triage, Assessment or Review modules indicate the presence of risk.

The modules should be used as tools to record information, with clinical judgement to guide how information is gathered and the appropriate detail to be recorded. Where there are clinical reasons to use alternative documentation, the clinician should ensure that:

(a) the documentation reflects the content of the modules, and
(b) that the format of their documentation is legible and locatable by other clinicians involved in care.

Progress notes can be used to supplement information documented in the modules as appropriate.

IMPLEMENTATION

The implementation of the Mental Health Clinical Documentation modules is supported by Mental Health Clinical Documentation – Redesigned Guideline (GL2008_016), with the Physical Examination module also supported by Provision of Physical Health Care with Mental Health Services Policy (PD2009_027) and the Screening for Domestic Violence supported by Domestic Violence - Identifying and Responding policy (PD2006_084).

Health services are expected to have local guidelines and/or procedures to help clinicians embed the documentation within local clinical practice and business processes, particularly those addressing the sharing of medical records information between services involved in the consumer’s care.
The modules are ordered as per the usual procedure for NSW Health forms, refer to *State Health Forms* PD2009_072 and *Redesigned Mental Health Clinical Documentation: Notification of Availability* IB2008_047.

Area Mental Health Services are required to monitor the use of the modules. NSW Health will develop a file audit framework to aid Areas to undertake this process. Audit findings will be addressed within a governance process overseen by NSW Health’s Mental Health Clinical Advisory Council and Mental Health Program Council.

Any queries concerning the clinical modules should be directed to Ms Neda Dusevic, Project Manager MH-OAT, on (02) 8877 5120 or ndusevic@nsccahs.health.nsw.gov.au

### REVISION HISTORY

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<thead>
<tr>
<th>Version</th>
<th>Approved by</th>
<th>Amendment notes</th>
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<tr>
<td>March 2010</td>
<td>DDG Strategic</td>
<td>Updated to reflect redesigned mental health clinical documentation</td>
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<tr>
<td>(PD2010_018)</td>
<td>Development</td>
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<tr>
<td>January 2005</td>
<td>DDG Strategic</td>
<td>Specified the mandatory implementation of the documentation modules by all public mental health services.</td>
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<tr>
<td>(PD2005_358)</td>
<td>Development</td>
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