OBJECTIVE

Referrals management is a function of the adult service that receives both acute and non-acute referrals to the service, determines the urgency of the response, provides support to the referrer and manages the handing on of the referral to the appropriate component of the service

All referrals to the Adult Community Mental Health and Addiction Service (ACMHAS) are processed based on the categorisation of acuity and risk. This protocol will align with Bay of Plenty District Health Board (BOPDHB) Mental Health & Addiction Service's (MH&AS) policy, Health and Disability Services Standards and Ministry of Health guidelines.

PURPOSE OF THE REFERRALS MANAGEMENT

The Referrals Management protocol has been developed to:

1. Ensure there is a professional, therapeutic, rapid response that is appropriate to the person's level of clinical acuity and risk
2. Provide an easily identified point of entry into the service (at each of the 2 geographical hubs)
3. Be a referral portal that proactively links people to the right assessment, care and/or support
4. Enhance relationships with primary care and other referrers
5. Ensure that there is minimal wait for an assessment
6. Be capable of meeting future service needs (be able to see more people)
7. Manage enquiries which may not result in a referral

EXCLUSIONS

- Maternal, Infant Child and Adolescent Mental Health Services
- Mental Health Services for Older Persons

STANDARDS TO BE MET

1. Referrals Management Role And Responsibilities

1.1 Referrals to community mental health teams are received from self, family/whanau, General Practitioners, Police, Emergency Departments, other mental health services and community sources.

1.2 The Intake Service function in the community mental health teams operates between 8.30am to 5pm, (or 8am to 4.30pm depending on the service) Monday to Friday.

1.3 All clinical staff performing referrals management functions are expected to use the standard BOPDHB templates for forms and documents

2. Intake And Triage

2.1 The primary function of the Intake Service is to triage and process all non urgent referrals to ACMHAS during business hours. The Intake Service provides a clinical first point of contact with a telephonic clinical response and information to referrers

and members of the public who request a secondary psychiatric services response.

2.2 The Intake Service is responsible for the co-ordination of referral information, and ensures continuation of follow-up for incoming referrals.

2.3 Triage information may be collected from a range of sources, including the referrer, the referred person, and their family / whanau where appropriate.

2.4 The CPM.M5.34 Triage Scale MH&AS is the scale that has been mandated for use in BOPDHB Mental Health & Addicion Services referrals management (See Appendix 1).

2.5 The triage urgency category is assigned only after the entire triage process is complete.

3. Referrals Management Procedure

	ACTION
3.1	• Incoming written referrals are initially date stamped in CMH reception by admin support and passed onto intake. • Non-urgent phone calls and referrals are directed to the Intake service.
3.2	Upon receiving a referral the Intake Co-ordinator will: • Enter information electronically on WebPAS • Check WebPAS / MCP for past psychiatric contacts and include this information with the new referral.
3.3	The Intake Co-ordinator: • Contacts the client, and using the Triage form, gains further information to clarify the appropriateness, urgency, main presenting issues and assigns a triage priority (refer to CPM.M5.34.Triage Scale MH&AS) • Processes all written referrals, self-presentations, and phone calls. • Transfers calls and self-presentations meeting triage category levels A to emergency services • Transfers calls and self-presentations meeting triage category levels B, C and D to crisis staff. • Completes a triage form for triage category E referrals and transfers to Appropriate Sector team Leader for consideration of serivice via sector referral MDT. • For patients at triage levels F or G, communicates with the referrer and patient regarding the service criteria and the reason that they are not for service; and provides information about appropriate services or treatment options
3.4	• All referral outcomes will be electronically documented on assignment of clinician by sector administration staff
3.5	• Referrals may be declined if the presenting issue does not meet ACMHAS entry criteria (see appendix 1) • If a referral is declined, recommendations will be made to the referrer to discuss with their client. • Where possible, clients will be redirected to more appropriate services

4. Access Criteria

4.1 The BOPDHB Adult Community Mental Health & Addiction Service (ACMHAS) aims to facilitate optimal evidence based care for people with moderate to severe mental health and/or addiction problems / disorders, including those with associated risk and/or reduced functioning, who require input from specialist mental health services. Further guidance is provided in Appendix 3. below.

4.2 The referral for an assessment will be accepted when the following criteria are satisfied:

a) A person who is:
   i. Over the age of 18
   ii. The service user lives within the geographical boundaries serviced by BOPDHB (refer to 6.1.2 Protocol 6 MH&AS Transfers of Care to Other DHB or Other Service Providers Protocol for variations)
   iii. There are indications of:

b) Severe mental health issues

c) Severe substance use with substance dependency

d) Assessment and treatment required is beyond the scope of the primary provider

4.3 Consideration is given to referrals where the associated level of risk and/or distress can't be managed by the person on their own or with supports or by the primary care provider.

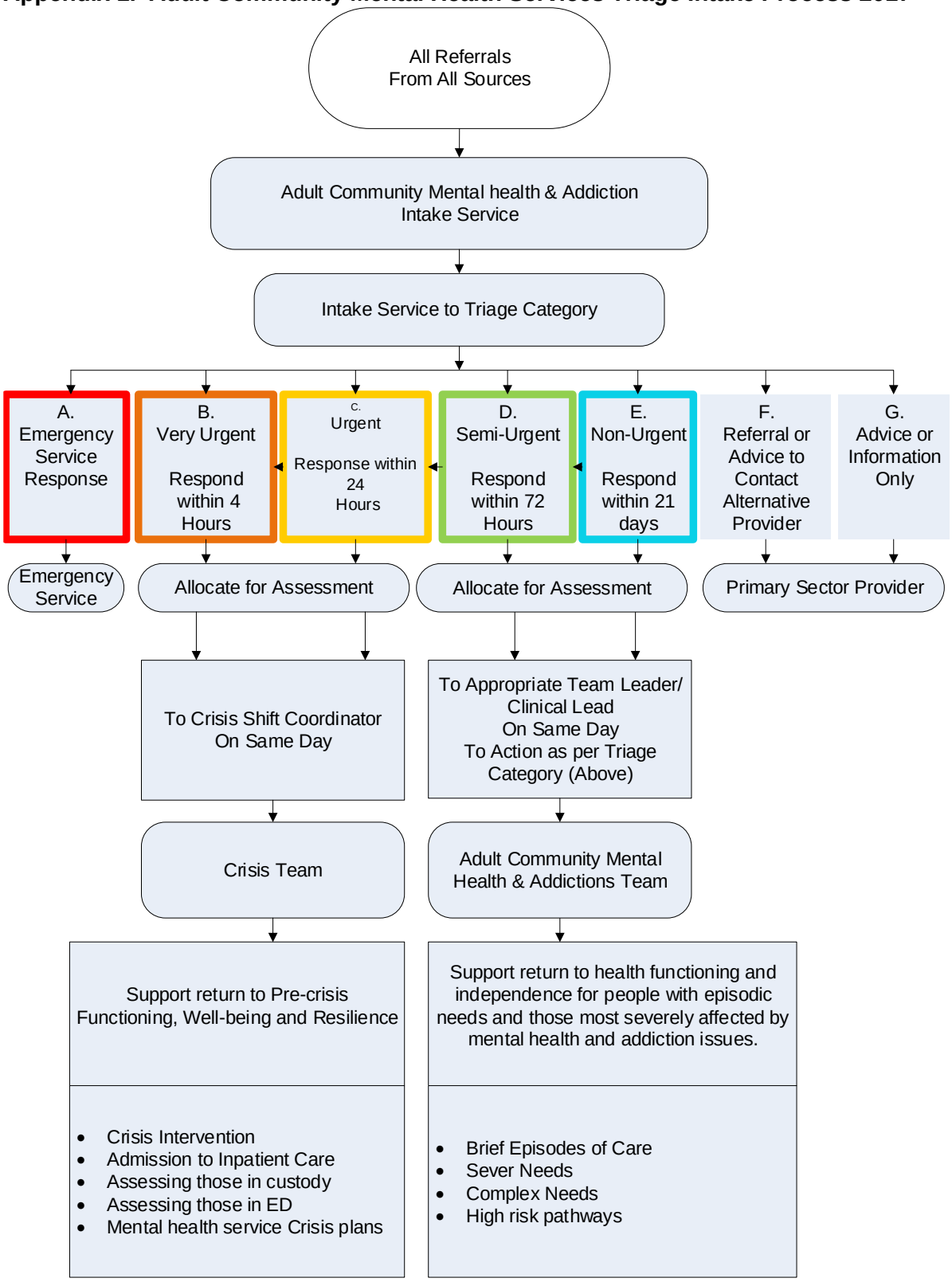
REFERENCES

- NZS 8134:2021 Nga paerewa Health and Disbility Service Standards
- Sands, N., Elsom, S. & Colgate, R. (2015). *UK Mental Health Triage Scale Guidelines.* UK Mental Health Triage Scale Project. Wales

ASSOCIATED DOCUMENTS

- Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M5.10 Assessment
- Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M5.34 Triage Scale MH&AS
- Bay of Plenty District Health Board Clinical Practice Manual protocol CPM M5.25 Referral To Mental Health and Addiction Services

Appendix 1. Adult Community Mental Health Services Triage Intake Process 2017



Appendix 2. Adult Community Mental Health Services Triage Intake Task Flowchart

ADULT MENTAL HEALTH INTAKE TASK

FLOW CHART

PHASE	STANDARDS TASKS	ELECTRONIC ENTRIES	BY WHOM
REFERRAL RECEIVED AND LOGGED	Date Stamp all referrals	In Webpas: Create new primary referral for mental health if none open or re-activate if previous one was closed within last 3 months. Create linked referral for case team if none is open	**Admin Support / Intake worker / Crisis Shift Coordinator**
TRIAGE / INTAKE	Contact referrer, elicit relevant health history and information Facilitate Consumer engagement Check demographics, address & contact details, consent, expectations Provide information	In Webpas: Enter notes against linked referral of case team	**Intake/Triage Worker Crisis worker**
TRIAGE A,B,C,D,E,F,G REFER MHAS.A1.53	• A Emergency • B Very Urgent • C Urgent • D Semi-Urgent • E Non-Urgent • F+G Not for service	In WebPAS enter: triage category A-G In primary referral comment field. Contact: use codes T01, T08, T32, T42 Location - phone or physical location for face to face contacts	**Intake/Triage Worker Crisis worker**
A-CRISIS	**REQUIRES IMMEDIATE RESPONSE REFER TO EMERGENCY SERVICES INFORM CRISIS WORKERS /DAO's**	Type Assessment & Risk Ass. and email to admin for uploading to CIS. Enter Outcomes scores. Enter encounter in Webpas and make Webpas notes.	**Intake refer to Crisis service or Responsible health care professional [if known client] for direct contact and assessment**
B- VERY URGENT	**Requires direct contact + assessment in 4 hours**		
C-URGENT	**Requires direct contact +assessment in 24 hours**		
D -SEMI URGENT	**Requires RHCP allocation by Team Leader RHCP does assessment in 72 hours**		**Intake refers to Team Leader RHCP does assessment**
E- NON-URGENT	Requires RHCP allocation by Team Leader RHCP makes contact in 1 week & does assessment in 3 weeks		
F+G NOT MEETING MENTAL HEALTH SERVICE CRITERIA OR FOR INFORMATION ONLY	Requires written response in 10 days. Provide consumer and referrer with information on alternate services that match health needs	Record against linked referral. Close linked and primary referrals	**Intake/ Triage worker**
MDT MEETING + FEEDBACK, CONFIRM ACCEPTANCE OR DECLINE INTO SERVICE RHCP / CASE MANAGER DIAGNOSIS TREATMENT PLAN	Use Assessment form for presentation to MDT Record decisions on form Treatment Plan documented Referrer and client summary letter MDT Review Form filed Treatment Plan updated	Declined:Close linked and primary referrals Accepted RHCP transfer in WebPAS	**MDT member allocated this task**
DOCUMENTATION COMPLETED			

Appendix 3. Criteria For Acceptance Of Referrals:

1. Severe Mental Health and/or Addiction problems or Disorder;
2. Associated level of disability and/or risk (acuity);
3. 1. and 2. to the extent that specialist psychiatric services are required at the time of assessment;
4. The service can provide appropriate treatment/intervention for the person with the disorder.

Criteria 1. Severe Mental Health & Addiction Problems Or Disorder *(Guidelines)*

- Schizophrenic and related psychotic disorders
- Severe personality disorders (emotionally unstable, anti-social, etc.)
- Severe Mood disorders (e.g. bipolar disorder, major depression)
- Severe Anxiety disorders (e.g. severe obsessive-compulsive disorder, post traumatic stress disorder, panic disorder)
- Severe psychiatric disorder associated with head injury (where not covered by ACC)
- Dual diagnosis of severe psychiatric disorder and intellectual disability
- Diagnosis of severe psychiatric disorder and substance use disorder
- Adjustment disorders (including situational crises with risk to self or others)
- Factitious and dissociative disorder
- Disorders with onset usually in childhood (e.g. severe attention deficit disorder, Tourettes disorder).
- Eating disorders (when acute and/or at risk and when able to deliver appropriate service)
- Severe Substance dependency (e.g. Alcohol, Opiates, Other Prescription and illegal drugs)
- Somatization disorders

Cultural Phenomenology

Maori
From time to time Maori will present with psychopathology, which is the result of cultural phenomenology, such as (for Maori) Matekite, Mate Maori or Makutu.

Other cultures
people and people from other cultures will present with psychopathology, which is the result of cultural phenomenology,

Appropriate assessment and / or consultation will be provided to ensure a suitable service response.

Criteria 2. Associated Level Of Impairment And/Or Risk *(Acuity Guidelines)*
GAF score on Axis IV of DSMIV may be a guideline

- Actual or imminent risk of self harm or suicide
- Actual or imminent risk of harm to others
- Incapacitated judgement
- Inability to take responsibility for self care

Criteria 3. Specialist Psychiatric Service Required
This is defined as:

The severity, urgency of the mental illness combined with the degree of disability and/or risk for the individual is such that specialist psychiatric assessment and intervention is required.

The following must be considered for all referrals:

a) Can treatment/intervention be provided effectively by the primary provider, such as counselling or other service?

b) Can the treatment / intervention be provided by the primary provider with consultation/liaison support and advice from the Specialist Mental Health Service?

Criteria for Declining Refrrals

ABSENCE *of a mental disorder and:*

- Intellectual Disability
- Autistic spectrum disorders
- Aspergers Syndrome
- Anger Management Issues
- Accommodation Need
- Anti-social behaviour
- Sexual or other abuse
- Uncomplicated bereavement
- Social Issues
- Forensic Issues
- Process addictions e,g, Gaming, gambling, sexual addiction