

 <b>BAY OF PLENTY</b> DISTRICT HEALTH BOARD HAUORA A TOI <b>CLINICAL PRACTICE</b> <b>MANUAL</b>	<b>REFERRAL TO MENTAL HEALTH &amp; ADDICTION SERVICES</b>	<b>Protocol</b> <b>CPM.M5.25</b>
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## PURPOSE

It is the Bay of Plenty District Health Board (BOPDHB) Mental Health & Addiction Service's (MH&AS) policy that all referrals are managed in a timely and responsive manner according to priority using the Triage Scale detailed in the [MHAS.A1.53 Triage Scale](#).

## OBJECTIVE

- To maintain service user and community safety.
- To ensure MH&AS are accessible to those meeting the criteria for service.
- To respond in a consistent manner to each referral.
- To ensure compliance with national standards and relevant legislation.

## STANDARDS TO BE MET

### 1. Access

#### 1.1 Acute

Access is available 24 hours a day, seven (7) days of the week.

- Acute staff are available, on a 24 hour roster.
  - Crisis Service access is advertised to clients and the public. Phone numbers are in the local telephone book.
  - Toll free phone numbers are available to assist access to acute service.
- 1.2 In an event when the acute service is not available to answer immediately a voice message system will inform the caller that that someone from the acute team will respond to their call within a 20 minute timeframe. In addition to this the voice message will also inform the caller to ring 111 if their call is an emergency.

#### 1.3 Non acute

- Community MH&AS, of all specialties, are available during defined working hours. All referrals will be sent direct to the Intake service, using the appropriate referral criteria.
- All referrals to the Adult Community Mental Health and Addictions Service will be via the Intake Service.
- All acute or non-acute referrals will be forwarded to the relevant Mental Health & Addiction Service as indicated on the Triage Scale detailed in the [MHAS.A1.53 Triage Scale](#).
- Referrals of service users subject to the Mental Health Compulsory Treatment Act 1992 and amendments require approval of acceptance and assignment of a responsible clinician by the Director of Area Mental Health Services (DAMHS). Mental Health Act documentation needs to be forwarded in a timely manner, prior to acceptance of a referral, to the DAMHS for the DAMHS Administrator.

### 2. Management of referrals

- 2.1 MH&AS Intake Coordinators will assess the referral and assign priority to each referral using the agreed triage categories detailed in the [MHAS.A1.53 Triage Scale](#). Refer to Appendix 1. Referral Process
- 2.2 Referral management of Category D and E ([MHAS.A1.53 Triage Scale](#)) is the responsibility of the sector team leader/ and or clinical lead who will delegate follow up and assessment responsibilities to an assigned team member. This includes the transfer of the primary referral to the appropriate treating team.

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Protocol Steward: Quality & Patient Safety Coordinator, MH&AS	Authorised by: Medical Director	

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- 2.3 Priority will be assigned on the basis of risk and acuity.
- 2.4 Triage categories and timeframes for are detailed in the [MHAS.A1.53 Triage Scale](#).
- 2.6 When a referral for service is declined, this is recorded and referrer is informed. The person and where appropriate, their family/whanau of choice, are also informed of the reason for this and of other options or alternative services.

### 3. Escalation of Repeated Referrals

Service users who are re-referred to secondary MH&AS services after an initial referral was declined entry will:

- 3.1 Receive a comprehensive diagnostic assessment from an appropriate health care professional in the relevant sector team
- 3.2 Have the comprehensive diagnostic assessment reviewed / discussed at the next practicable sector MDT meeting before finalising treatment plan and / or communication with referrer.

### 4. Communication regarding referrals

Response to referrals / acknowledgement of referral by the Intake Service

- 4.1 An acknowledgement of the referral will be sent to referrers and clients on receipt of a referral.
- 4.2 Formal response will be made to the referrer indicating the outcome of the initial assessment and plan for care.
- 4.3 All referrers and clients (including family or whanau where appropriate) will be notified in writing of the outcomes of a referral.
- 4.4 A formal response to referrer and individual will be made to confirm non-acceptance if the referral does not meet as outlined in the [MHAS.A1.53 Triage Scale category](#). The response may indicate alternative providers.
- 4.5 It is the responsibility of the clinician to whom assessment and treatment is allocated to notify the referrer and service user (including family or whanau where appropriate) of assessment arrangements.

### 5. Information and Documentation

Referrers will be encouraged to use the standard forms for referrals.

#### 5.1 Referral documentation and service information

- a) All referral information, assessment, correspondence and handover to teams is recorded accurately and kept by the service.
- b) Information in respect to service users who are accepted into the service will be kept in that individual's health record.
- c) Information and correspondence in respect to referrals of individuals who are not accepted into the service will be kept in a referral file.
- d) Referral management procedures will incorporate attention to special needs, e.g. ethnicity, language, disability, gender, age.
- e) Referrals from Forensic services will be managed as per the guideline for referrals from the Regional Forensic Service to the BOPDHB MH&AS.
- f) The clinical coordinator or delegated staff member(s) will maintain information about how to contact other services which might be of value to patients.

### 6. Customer Service

Clients, family and whanau are responded to in a professional manner, mindful of the distress people accessing the service may be experiencing.

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## REFERENCES

- Health and Disability Services Standard, NZS 8134:2008.
- Mental Health Compulsory Assessment and Treatment Act 1992 and amendments

## ASSOCIATED DOCUMENTS

- [Bay of Plenty District Health Board Mental Health & Addiction Services protocol MHAS.A1.53 Triage Scale](#)
- [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.M7.3 ACMHAS Intake](#)
- [Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M8.1 Access And Referral To Mental Health For Older People Service](#)
- [Operational Protocol – Repatriation of Forensic Clients within General Adult Mental Health System. Regional Forensic Psychiatric services, Health Waikato \(WDHB\) and BOP DHB Mental Health & Addiction Services](#)

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## Appendix 1: Referral Process

