MENTAL HEALTH ESCALATION MATERNITY AND GYNAECOLOGY - OUTPATIENT

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

1. AIM

- Appropriate assessment and management ensuring safe care of an outpatient woman with acute mental health symptoms

2. PATIENT

- Outpatient woman displaying any of the following acute mental health symptoms:
  - Disorganised behaviour
  - Incoherence
  - Suicidal and/or infanticidal ideation or intention
  - Paranoia/persecutory ideas
  - Mania
  - Confusion
  - Severe depression
  - Psychosis
  - Severe anxiety attack

3. STAFF

- Medical, Midwifery and Nursing staff
- Allied health
- Access and Demand Manager (ADM)
- After Hours Nurse Manager (AHNM)

4. EQUIPMENT

- Nil

5. CLINICAL PRACTICE (see Appendix 1 Flow Chart)

- Identify the unwell woman according to the above criteria
- Assess risk of harm to self or infant/child (see Appendix 2)
- Remove any potential hazards and ensure safety of infant/child
- Inform Midwife/Nurse Unit Manager, ADM (in hours) or AHNM (after hours)
- Activate a Code Blue by dialing '2222' explain exact location and reason for call
- Inform Royal Hospital for Women (RHW) psychiatry team through RHW switchboard (in hours)
- Contact the Perinatal Mental Health Consultant Clinical Midwife (PMH CMC) in-hours for any woman attending the maternity services on page 44049 or mobile 0457733554
- Notify security (ext. 22847) if the woman is at risk to self or others
- Assessment must be undertaken by responding medical officer if RHW psychiatry team are not available. The responding medical officer must carry out a full mental health assessment, this could lead to 3 possibilities:-
  1) <u>Woman meets criteria to be detained under the Mental Health Act (MHA Schedule 1)</u>:
  - Attending RHW medical officer (Obstetrics, Gynaecology, or Psychiatry) to complete Schedule 1, for mentally ill or disordered under NSW Mental Health Act (MHA 2007) (see appendix 3),
  - Provide the woman with the Statement of Rights Schedule 3 (see appendix 4)

MENTAL HEALTH ESCALATION MATERNITY AND GYNAECOLOGY – OUTPATIENT cont'd

- Arrange transfer to a psychiatric facility - RHW psychiatry or, if unavailable, the RHW medical officer to contact RHW Director of Medical Services (DMS) or Executive for the day who will liaise with Eastern Sydney Mental Health Service (ESMHS) Executive (as per RHW & ESMHS 2020 Memorandum Of Understanding (see appendix 5)

2) <u>Woman safe to go home with mental health follow up OR leaves before assessed (and there is concern for mental health wellbeing):</u>
- Discuss with next of kin if appropriate
- Refer to local Acute Care Team (Mental Health) via the 24/7 MH Line **1800 011 511**
- For maternity patients inform PMH CMC who will arrange RHW perinatal psychiatry follow-up

3) <u>Woman absconds after completion of Schedule 1:</u>
- Call Police on **000 if urgent response required for imminent risk**, such as threat to harm/kill self or harm others. Phone Maroubra Police on 9349 9299 for a woman not at imminent risk who needs to be located and transported to a medical facility
- Advise woman's local Acute Care Team (Mental Health) via NSW MH Line **1800 011 511** (depending on her address)

Assessment by a midwife in the home:
- Ensure personal safety and safety of others and minors in the household
- Call Police or Ambulance on 000 if anyone's safety or wellbeing is of great concern
- Contact Acute Mental Health Care team via MH Line 1800 011 511
- Where possible request presence of significant other to provide supervision and secure woman's safety until services arrive

6. DOCUMENTATION
- Medical records
- Schedule 1 Mental Health Act (2007)
- Schedule 3 Statement of Rights (Involuntary patient)
- Schedule 3A Statement of Rights (Voluntary patient)

7. EDCUATIONAL NOTES
<u>Operational Information</u>
- A Schedule 1 (see Appendix 3) can be filled out by **any Medical Officer**. This needs to be completed if there are risks requiring that a woman be detained/treated under the Mental Health Act
- Mandatory RHW Junior Medical Officer (JMO) training in assessment of acute mental health women is provided biannually by RHW psychiatry
- RHW psychiatry are on campus in business hours with some variation. They can be contacted through RHW switchboard
- Where RHW psychiatry are not available, RHW JMO to escalate to DMS and then if needed to RHW executive on for the day. As per ESMHS and RHW 2020 MOU re: urgent psychiatric cover (Appendix 4)

8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP
- Memo of Understanding RHW & Eastern Sydney Mental Health Service for Urgent Psychiatric Review (2020)- Appendix 4
- Mental Health Escalation policy Maternity & Gynecology –Inpatient
- Care Coordination; Planning from Admission to Transfer of Care in NSW Public Hospitals Procedures. PO2011_015

MENTAL HEALTH ESCALATION MATERNITY AND GYNAECOLOGY – OUTPATIENT cont'd

- NSW Health Admission Policy PD2017_015
- Inter-facility Transfer Process for Adults Requiring Specialist Care. PD2011_031
- RHW Clinical Emergency Response System (CERS). Management of the Deteriorating Patient LOP
- SESLHD PR283 Deteriorating Patient – Clinical Emergency Response System for the Management of Adult and Maternity inpatients November 2019
- NSW Ministry of Health Policy Directive. PD2020_015. Recognition & Management of Patients who are Clinically Deteriorating. May 2020.
- NSW Health Policy Directive PD2009_060 Clinical Handover Standard Key Principles

9. RISK RATING

- High

10. NATIONAL STANDARD

- Standard 5 – Comprehensive Care
- Standard 8 – Recognising and responding to acute deterioration

REVISION & APPROVAL HISTORY
Reviewed and endorsed Maternity Services LOPs 23/3/21
Previously titled '*Mental Health Escalation – Maternity Outpatient*'
Approved Quality & Patient Care Committee 21/6/18
Reviewed and endorsed Maternity Services Ops 19/6/18
Approved Quality & Patient Safety Committee 20/2/14
Appendix 2 updated March 2014
Endorsed Obstetrics LOPs 28/1/14

FOR REVIEW : APRIL 2023

…./Appendices

Appendix 1

FLOW CHART – Mental Health Escalation –RHW OUTPATIENTS

Clinician to **identify unwell woman** and assess immediate safety of woman (& infant/child)

- Remove *any hazards* if woman at risk to self/others
- Inform Midwife/Nurse Unit Manager
- Call RHW Psychiatry team via RHW switchboard to attend where possible
- Inform RHW Manager Demand & Access (ADM) in hours OR After Hours Nurse Manager (AHNM)
- Activate a Code Blue via 2222
- For Maternity patients call Perinatal MH CMC on page 44049 or mobile 0457733554 (in hours)
- Notify security (ext. 22847) if the woman is at risk to self or others or at risk of absconding

↓

Inform family and next of kin

↓

Responding RHW JMO undertakes a brief Mental Health assessment and discusses with:

- **In hours** RHW psychiatry; if unavailable call RHW Director Medical Services (DMS or Executive on for the day
- **After hours***:* POWH Psychiatry Registrar via POW switch (20000)

Responding JMO to Complete Schedule 1, if detainable under NSW Mental Health Act

↓

Not detainable under MHA

↓

Arrange **RHW Psychiatry review** ASAP at next available clinic.
Contact woman's local **Acute MH Care team** via Mental Health Line **1800 011 511** and handover for short term monitoring in community till RHW Psychiatry clinic review

↓

Absconds

↓

- Call **Police** on 000 if at imminent risk.
- Phone Maroubra police on 93499299 for woman not at imminent risk.
- Advise woman's local acute **Mental Health Team** via Mental Health Line **1800 011**

↓

Detained under Schedule 1 of MHA

↓

Organise Nursing/Midwifery Special or Security to remain with woman 24/7
-Organize *Transfer* to POWH Emergency for further Mental Health assessment and possible transfer to MH Facility

In Hours call-
- RHW Manager Access Demand
-RHW Psychiatry (RHW Switch)

A/Hours JMO to discuss transfer with:
- RHW AHNM
- POW Psychiatry via POW

↓

Document in medical record

Appendix 2

ASSESSMENT OF RISK OF HARM TO SELF OR INFANT
as part of overall safety assessment

Developed from the recommendations in SESLHD PD 2006/5 Clinical Risk Assessment and Management Policy

Explore risk of harm to self or baby as part of woman's safety assessment

AREAS TO CONSIDER AND DISCUSS WHERE POSSIBLE

- How hopeless is she feeling about the future or her situation?
- Does she feel life is not worth living?
- Does she have thoughts of self-harm or harm to baby?
- Does she think of ending her life?
- If so, how often is the thought present?
- Has she got a plan? How lethal is it?
- Has she made any past attempt to harm herself? When? How?
- What would stop her from acting on her thoughts (e.g. child, husband)?

Appendix 3

NSW GOVERNMENT Health

Facility:

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____ / _____ / _____	M.O.
ADDRESS	
LOCATION	
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	

SCHEDULE 1 – MEDICAL CERTIFICATE AS TO EXAMINATION OR OBSERVATION OF PERSON

SMR020100

MENTAL HEALTH ACT 2007

(SECTION 19)

PART 1

I, _____ (Medical Practitioner/Accredited person)
(name in full – use block letters)

of _____ certify that

on _____ 20____ immediately before or shortly before completing
(date)

this certificate, at _____
(state place where examination/observation took place)

I personally/by audio visual link examined / personally/by audio visual link observed

_____
(name of person in full)

for a period of _____
(state length of examination/observation)

I certify the following matters:

1. I am of the opinion that the person examined/observed by me is *[strike out alternative that is not applicable]*:
   (a) a mentally ill person suffering from a mental illness and that owing to that illness there are reasonable grounds for believing that care, treatment or control of the person is necessary for the person's own protection from serious harm or for the protection of others from serious harm,
   (b) a mentally disordered person whose behaviour for the time being is so irrational as to justify a conclusion on reasonable grounds that temporary care, treatment or control of the person is necessary for the person's own protection from serious physical harm or for the protection of others from serious physical harm.

2. I have satisfied myself, by such inquiry as is reasonable having regard to the circumstances of the case, that the person's involuntary admission to and detention in a mental health facility are necessary and that no other care of a less restrictive kind is appropriate and reasonably available to the person.

3. Incidents and/or abnormalities of behaviour and conduct (a) observed by myself and (b) communicated to me by others (state name, relationship and address of each informant) are:

(a) _____

_____

_____

_____

_____

(b) _____

_____

_____

_____

Holes Punched as per AS2828.1: 2012
BINDING MARGIN - NO WRITING

NH600900A 051015

SCHEDULE 1 – MEDICAL CERTIFICATE AS TO EXAMINATION OR OBSERVATION OF PERSON SMR020.100

NSW GOVERNMENT Health

Facility:

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____ / _____ / _____	M.O.
ADDRESS	
LOCATION	
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	

SCHEDULE 1 – MEDICAL CERTIFICATE AS TO EXAMINATION OR OBSERVATION OF PERSON

4. The general medical and/or surgical condition of the person is as follows:

_____

_____

_____

5. The following medication (if any) has been administered for purposes of psychiatric therapy or sedation:

_____

_____

_____

6. I am not a near relative or a designated carer or the principal care provider of the person.

7. I have/do not have a pecuniary interest, directly or indirectly, in a private mental health facility. I have/do not have a near relative/partner/assistant who has such an interest. Particulars of the interest are as follows:

_____

_____

_____

Made and signed this _____ day of _____ 20____

Signature: _____

PART 2

The following persons may transport a person to a mental health facility: a member of staff of the NSW Health Service, an ambulance officer, a police officer.

If the assistance of a police officer is required, this Part of the Form must be completed.

YOU SHOULD NOT REQUEST THIS ASSISTANCE UNLESS THERE ARE SERIOUS CONCERNS RELATING TO THE SAFETY OF THE PERSON OR OTHER PERSONS IF THE PERSON IS TAKEN TO A MENTAL HEALTH FACILITY WITHOUT THE ASSISTANCE OF A POLICE OFFICER

I have assessed the risk and I am of the opinion, in relation to

_____

(name of person in full)

that there are serious concerns relating to the safety of the person or other persons if the person is taken to a mental health facility without the assistance of a police officer. The reason for me being of this opinion is

_____

_____

(include any information known about the patient relevant to the risk)

Made and signed _____ 20____ Signature _____

NO WRITING

NSW GOVERNMENT Health

Facility:

FAMILY NAME		MRN
GIVEN NAME		☐ MALE ☐ FEMALE
D.O.B. _____ / _____ / _____	M.O.	
ADDRESS		
LOCATION		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

SCHEDULE 1 – MEDICAL CERTIFICATE AS TO EXAMINATION OR OBSERVATION OF PERSON

Notes

1 Sections 13–16 of the *Mental Health Act 2007* state:

13 **Criteria for involuntary admission etc as mentally ill person or mentally disordered person**

A person is a mentally ill person or a mentally disordered person for the purpose of:

(a) the involuntary admission of the person to a mental health facility or the detention of the person in a facility under this Act, or

(b) determining whether the person should be subject to a community treatment order or be detained or continue to be detained involuntarily in a mental health facility,

if, and only if, the person satisfies the relevant criteria set out in this Part.

14 **Mentally ill persons**

(1) A person is a mentally ill person if the person is suffering from mental illness and, owing to that illness, there are reasonable grounds for believing that care, treatment or control of the person is necessary:

(a) for the person's own protection from serious harm, or

(b) for the protection of others from serious harm.

(2) In considering whether a person is a mentally ill person, the continuing condition of the person, including any likely deterioration in the person's condition and the likely effects of any such deterioration, are to be taken into account.

15 **Mentally disordered persons**

A person (whether or not the person is suffering from mental illness) is a mentally disordered person if the person's behaviour for the time being is so irrational as to justify a conclusion on reasonable grounds that temporary care, treatment or control of the person is necessary:

(a) for the person's own protection from serious physical harm, or

(b) for the protection of others from serious physical harm.

16 **Certain words or conduct may not indicate mental illness or disorder**

(1) A person is not a mentally ill person or a mentally disordered person merely because of any one or more of the following:

(a) the person expresses or refuses or fails to express or has expressed or refused or failed to express a particular political opinion or belief,

(b) the person expresses or refuses or fails to express or has expressed or refused or failed to express a particular religious opinion or belief,

(c) the person expresses or refuses or fails to express or has expressed or refused or failed to express a particular philosophy,

(d) the person expresses or refuses or fails to express or has expressed or refused or failed to express a particular sexual preference or sexual orientation,

(e) the person engages in or refuses or fails to engage in, or has engaged in or refused or failed to engage in, a particular political activity,

(f) the person engages in or refuses or fails to engage in, or has engaged in or refused or failed to engage in, a particular religious activity,

(g) the person engages in or has engaged in a particular sexual activity or sexual promiscuity,

(h) the person engages in or has engaged in immoral conduct,

(i) the person engages in or has engaged in illegal conduct,

(j) the person has an intellectual disability or developmental disability,

(k) the person takes or has taken alcohol or any other drug,

(l) the person engages in or has engaged in anti-social behaviour,

(m) the person has a particular economic or social status or is a member of a particular cultural or racial group.

(2) Nothing in this Part prevents, in relation to a person who takes or has taken alcohol or any other drug, the serious or permanent physiological, biochemical or psychological effects of drug taking from being regarded as an indication that a person is suffering from mental illness or other condition of disability of mind.

2 In addition to matters ascertained as a consequence of personally/by audio visual link examining or observing the person, account may be taken of other matters not so ascertained where those matters:

(a) arise from a previous examination of the person, or

(b) are communicated by a reasonably credible informant.

NSW GOVERNMENT Health

Facility:

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____/_____/_____	M.O.
ADDRESS	
LOCATION	
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	

SCHEDULE 1 – MEDICAL CERTIFICATE AS TO EXAMINATION OR OBSERVATION OF PERSON

3 In the *Mental Health Act 2007*, ***mental illness*** is defined as follows:

mental illness means a condition that seriously impairs, either temporarily or permanently, the mental functioning of a person and is characterised by the presence in the person of any one or more of the following symptoms:

(a) delusions,
(b) hallucinations,
(c) serious disorder of thought form,
(d) a severe disturbance of mood,
(e) sustained or repeated irrational behaviour indicating the presence of any one or more of the symptoms referred to in paragraphs (a)–(d).

4 In the *Mental Health Act 2007*, ***designated carer*** and ***principal care provider*** are defined as follows:

71 **Designated carers**

(1) The ***designated carer*** of a person (the ***patient***) for the purposes of this Act is:
(a) the guardian of the patient, or
(b) the parent of a patient who is a child (subject to any nomination by a patient referred to in paragraph (c)), or
(c) if the patient is over the age of 14 years and is not a person under guardianship, a person nominated by the patient as a designated carer under this Part under a nomination that is in force, or
(d) if the patient is not a patient referred to in paragraph (a) or (b) or there is no nomination in force as referred to in paragraph (c):
(i) the spouse of the patient, if any, if the relationship between the patient and the spouse is close and continuing, or
(ii) any individual who is primarily responsible for providing support or care to the patient (other than wholly or substantially on a commercial basis), or
(iii) a close friend or relative of the patient.

(2) In this section:
close friend or relative of a patient means a friend or relative of the patient who maintains both a close personal relationship with the patient through frequent personal contact and a personal interest in the patient's welfare and who does not provide support to the patient wholly or substantially on a commercial basis.
relative of a patient who is an Aboriginal person or a Torres Strait Islander includes a person who is part of the extended family or kin of the patient according to the indigenous kinship system of the patient's culture.

72A **Principal care providers**

(1) The ***principal care provider*** of a person for the purposes of this Act is the individual who is primarily responsible for providing support or care to the person (other than wholly or substantially on a commercial basis).
(2) An authorised medical officer at a mental health facility or a director of community treatment may, for the purposes of complying with a provision of this Act or the regulations, determine who is the principal care provider of a person.
(3) The authorised medical officer or the director of community treatment must not determine that a person is the principal care provider of another person if the person is excluded from being given notice or information about the other person under this Act.
(4) An authorised medical officer or a director of community treatment is not required to give effect to a requirement relating to a principal care provider of a person under this Act or the regulations if the officer or director reasonably believes that to do so may put the person or the principal care provider at risk of serious harm.
(5) A principal care provider of a person may also be a designated carer of the person.

5 For admission purposes, this certificate is valid only for a period of 5 days, in the case of a person who is a mentally ill person, or 1 day, in the case of a person who is a mentally disordered person, after the date on which the certificate is given.

6 An examination or observation may be carried out by audio visual link by a medical practitioner or accredited person if it is not reasonably practicable for a medical practitioner or accredited person to personally examine or observe a person for the purposes of this form.

Appendix 4

NSW GOVERNMENT Health

Facility:

SURNAME	MRN
OTHER NAMES	☐ MALE ☐ FEMALE
D.O.B. _____ / _____ / _____	M.O.
ADDRESS	
LOCATION	
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	

SCHEDULE 3
STATEMENT OF RIGHTS FOR PERSONS DETAINED IN MENTAL HEALTH FACILITY

SMR025105

MENTAL HEALTH ACT 2007
SECTION 74 (3) AND SCHEDULE 3

Your rights
You should read the questions and answers below to find out your rights and what may happen to you after you are brought to a mental health facility.

What happens after I arrive at a mental health facility?
You must be seen by a facility doctor not later than 12 hours after you arrive at the mental health facility.

If you are a person who is already in a mental health facility as a voluntary patient, and you have been told you are now to be kept in the facility against your will, you must be seen by a facility doctor not later than 12 hours after it is decided to keep you in the facility.

When can I be kept in a mental health facility against my will?
You can be kept in a mental health facility against your will if you are certified by the facility doctor as a mentally ill person or a mentally disordered person. The doctor will decide whether or not you are a mentally ill person or a mentally disordered person.

A mentally ill person is someone who has a mental illness and who needs to be kept in a mental health facility for his or her own protection or to protect other people. A mentally disordered person is someone whose behaviour shows that he or she needs to be kept in a mental health facility for a short time for his or her own protection or to protect other people.

The facility cannot continue to keep you against your will unless at least one other doctor also finds that you are a mentally ill person or a mentally disordered person. At least one of the doctors who sees you must be a psychiatrist.

How long can I be kept in a mental health facility against my will?
If you are found to be a mentally disordered person, you can only be kept in a mental health facility for up to 3 DAYS (weekends and public holidays are not counted in this time). During this time you must be seen by a doctor at least once every 24 hours. You cannot be detained as a mentally disordered person more than 3 times in any month.

If you are found to be a mentally ill person, you will be kept in the mental health facility until you see the Mental Health Review Tribunal who will hold a mental health inquiry to decide what will happen to you.

How can I get out of a mental health facility?
You, or a friend or relative, may at any time ask the medical superintendent or another authorised medical officer to let you out. You must be let out if you are not a mentally ill person or a mentally disordered person or if the medical superintendent or another authorised medical officer thinks that there is other appropriate care reasonably available to you. You or a person who asks for you to be let out may appeal to the Mental Health Review Tribunal against a refusal by the medical superintendent or another authorised medical officer to let you out.

Can I be treated against my will?
The facility staff may give you appropriate medical treatment, even if you do not want it, for your mental condition or in an emergency to save your life or prevent serious damage to your health. The facility staff must tell you what your medical treatment is if you ask. You must not be given excessive or inappropriate medication. You may be operated on if a person who is your designated carer and the Secretary of the Ministry of Health agree if you do not consent to the operation, but only if it is in your interests to have the operation.

Can I be given electro convulsive therapy (ECT) against my will?
Yes, but only if the Mental Health Review Tribunal determines at a hearing that it is necessary or desirable for your safety or welfare. You have a right to attend that hearing.

CONTINUE OVERLEAF

NH606724A 120815

SCHEDULE 3 - STATEMENT OF RIGHTS FOR PERSONS DETAINED IN MENTAL HEALTH FACILITY
SMR025.105

NSW GOVERNMENT Health

Facility:

SCHEDULE 3
STATEMENT OF RIGHTS FOR PERSONS DETAINED IN MENTAL HEALTH FACILITY

SURNAME	MRN
OTHER NAMES	☐ MALE ☐ FEMALE
D.O.B. _____ / _____ / _____	M.O.
ADDRESS	
LOCATION	
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	

SMR025105

Holes Punched as per AS2828.1: 2012

BINDING MARGIN - NO WRITING

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The facility cannot continue to keep you against your will unless at least one other doctor also finds that you are a mentally ill person or a mentally disordered person. At least one of the doctors who sees you must be a psychiatrist.

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Can I be treated against my will?
The facility staff may give you appropriate medical treatment, even if you do not want it, for your mental condition or in an emergency to save your life or prevent serious damage to your health. The facility staff must tell you what your medical treatment is if you ask. You must not be given excessive or inappropriate medication. You may be operated on if a person who is your designated carer and the Secretary of the Ministry of Health agree if you do not consent to the operation, but only if it is in your interests to have the operation.

Can I be given electro convulsive therapy (ECT) against my will?
Yes, but only if the Mental Health Review Tribunal determines at a hearing that it is necessary or desirable for your safety or welfare. You have a right to attend that hearing.

CONTINUE OVERLEAF

NH606724A 120815

Appendix 5

SESLHD MOU for ESMHS URGENT PSYCHAITRIC COVER TO RHW 2020

Health
South Eastern Sydney
Local Health District

Memorandum of Understanding

Between

The Royal Hospital for Women
ABN 70 442 041 439 of Barker Street, Randwick NSW 2031
And
Eastern Suburbs Mental Health Services

Introduction

This *Memorandum of Understanding* between The Royal Hospital for Women and Eastern Suburbs Mental Health Service (ESMHS) guides the Royal Hospital for Women referral and escalation pathways, for seeking specialist mental health clinical advice and/or arranging mental health admission within ESMHS for emergency mental health care.

Principles

The values that underpin this document are collaboration, collegiality and efficient resource allocation that support the mental health needs of the local families living in SELSHD.

Background

The Royal Hospital for Women (RHW) delivers in hours mental health services in the form of clinics and inpatient consultations. There is a medical staffing establishment of two part-time 0.4 FTE Staff Specialists who each work two days per week. There is usually a full-time or part-time Registrar, dependent on ESMHS psychiatry Registrar allocation. On **extraordinary** occasions (e.g. unplanned leave) there may be neither in hours RHW rostered Staff Specialist or Registrar such that mental health emergencies cannot be addressed by RHW. It is these occasions that the "*Key principles of Business Hours activity*" address (see below).

Purpose

The purpose of this *Memorandum of Understanding* is to:

a. Ensure people receive care in the least restrictive environment, consistent with their needs and available resources.
b. Formalise processes for requests for business hours and after hours psychiatry support by ESMHS to RHW including face to face and consultation liaison or where the presentation is considered to be acute or urgent.
c. Formalise processes for RHW staff to access ESMHS psychiatric beds (for women placed under the Mental Health Act).
d. Minimise preventable delays in communication and to provide a pathway for negotiation, discussion and resolution of disputes regarding care requirements during business hours and after hours.

Workforce

The RHW will continue to routinely and proactively manage medical workforce availability including planned leave arrangements to ensure all planned leave is covered via appropriate locum arrangements.

RHW Psychiatry team will be responsible for planning around anticipated gaps in clinical service within normal business hours. Specifically, pre-emptive clinical care planning ahead of days where the RHW Staff Specialist and RHW Psychiatry Registrar are on Rostered Days Off or Nights.

For those terms (6 month periods) when the Registrar position is unfilled, there is no in hours RHW psychiatry cover on Tuesdays and the RHW Psychiatry team will be responsible for planning around anticipated gaps in clinical service within normal business hours.

Additionally in these instances, routine clinical governance arrangements for RHW perinatal mental health support staff such as Clinical Psychologist, Clinical Midwifery Consultant are initially escalated to the RHW Director of Medical Services in the event that the RHW psychiatry team is unavailable.

Key principles of Business Hours activity

During business hours, if there is a RHW inpatient experiencing **acute psychiatric deterioration** (in the absence of RHW psychiatric staff) which requires a specialist mental health emergency response, the RHW Director of Medical Services will escalate to the General Manager RHW.

The General Manager RHW's initial **business hours** point of contact is the General Manager Mental Health Services to discuss ESMHS support as appropriate.

Where an RHW patient is experiencing **acute psychiatric deterioration** and is deemed to require admission to an ESMHS inpatient facility, the RHW Psychiatric Consultant will discuss the case with the ESMHS Consultant of the Day in collaboration with the ESMHS Clinical Operations Manager, with transfer to ESMHS for mental health admission or transfer to an appropriate mental health facility for patients who are out of area as deemed appropriate.

RHW patients who have experienced **acute psychiatric deterioration** who require admission to ESMHS will continue to be provided specialist Perinatal and Infant Mental Health in-reach by the ESMHS PIMH Team.

Key principles of After Hour's activity

For RHW in-patients with **acute psychiatric deterioration**, the RHW JMO who assessed the woman will liaise with, and be supported by, the ESMHS on-call Registrar and Consultant of the day.

The RHW is supported **after hours** by the ESMHS via on-call Registrar and Consultant, via phone initially. This support can include consultation on medication review, application of the MH Act, and if needed plans for face to face review by the ESMHS on call psychiatry team.

Governance

At least **three monthly**, the RHW and ESMHS will meet as the RHW/ESMHS Liaison Committee co-chaired by the General Manager MHS and General Manager RHW to monitor the effectiveness of this agreement. This committee will act as a coordinating and planning function between services but will in itself have no authority to overrule the responsibilities of each of its individual members.

Disputes

In the event that: specific patient management cannot be resolved to the satisfaction of all parties the matter(s) will be escalated to the relevant on-call Executive for their resolution.

If the matter remains unresolved, escalation to the relevant General Manager (RHW General Manager and General Manager Mental Health) is required.

Future Direction

This MOU is the foundation of future collaborative planning and work between specialist mental health clinicians on campus who work with vulnerable families throughout the perinatal period.

Executive Member Contacts for this Memorandum of Understanding

a. The Royal Hospital for Women:
General Manager Ph. 0410 687 243

b. Mental Health Services, SESLHD
General Manager Ph. 0429 457 345

Term of Agreement

The agreement between RHW and ESMHS is to be initially reviewed **three monthly** and then annually

EXECUTED by the parties

Signed for and on behalf of:

Health Service/Facility	Signature	Name and Position	Date
Royal Hospital for Women -		General Manager	
Mental Health Services, South Eastern Sydney Local Health District	Angela Kaveer	General Manager	20 March 2020
Eastern Suburbs Mental Health Service		Service Director	

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