

## What if the need for assessment is urgent?

Sometimes there is a need to access AMHSs more urgently, such as when offenders attend in mental health 'crisis', and/or express serious suicidal tendencies.

Referrals for assessment and treatment may be in consultation with the CCS location psychologist who can assist by suggesting referral pathways at any relevant stage. This means that crisis situations may be pre-empted. Depending on the presentation there are several options for action:

- CCO de-escalates the level of distress by identifying previous circumstances and by problem solving with the client.
- Referral to a General Practitioner
- Contact AMHS Triage who will contact the CAT service if the CCS client is in psychiatric crisis and at risk of self-harm or suicide
- Police are contacted if the CCS client is threatening violence and it is reasonably likely that the person may cause personal harm, there is genuine and immediate risk of self-harm, is armed with any weapon or a police presence is reasonably necessary for personal safety.

CAT services can be engaged by contacting the AMHS Triage service. CAT are responsible for assessing people at risk of self-harm or suicide, and people in psychiatric crisis. It is important to note that CAT services are not an emergency service and, unlike ambulances, may not always be able to provide an immediate response. In the event of a medical emergency ambulance services should be contacted.

For urgent referrals, the referring CCO will be requested to provide as much information as possible to Triage/CAT clinicians regarding the situation, including:

- The person's current location.
- Presenting problem.
- Behaviour of the person.
- Relevant risk issues to self/others
- Evidence of use of any drugs or alcohol.
- Other services and people involved.
- Presence or availability of family members.

## Confidentiality and Exchange of Information

Consent is the starting point when considering disclosure. Part of clinical work/casework is helping a client understand the benefits or reasons for sharing information in a particular circumstance.

Disclosing any information is a judgement for AMHS and CCS, based on what the law permits, and should take into account the following factors:

- The purpose of the disclosure.
- The legal authority for disclosing the information.
- Whether it can be met in any way other than revealing specific information about an offender.
- Whether the requester is entitled to receive information.
- The minimum amount of information that needs to be disclosed to achieve the purpose.
- That offenders are informed that information about their needs may be communicated.

The Corrections Act (1986) provides that CCS officers must not disclose information except to the extent necessary to perform their official duties (for instance, compliance with a relevant court order). It also specifically preserves the operation of the Health Records Act.

Mental health clinicians are obliged to keep identifying information confidential, unless the person consents to the disclosure of that information to another person or service (in this case CCS), or where there are specific grounds under the Mental Health Act (1986) for disclosure without the person's consent.

This includes, for example, lessening or preventing a serious and imminent threat to the life, health, safety or welfare of a client or any other person.

# Section 4: Protocol between Mental Health Branch and Community Correctional Services

Department of Justice and  
Department of Human Services

Mental health triage  
Call 1300 - regional  
TRIAGE no

Full details of the protocol are available at:  
[www.justice.vic.gov.au](http://www.justice.vic.gov.au)  
[www.health.vic.gov.au/mentalhealth](http://www.health.vic.gov.au/mentalhealth)

## Who should be referred?

The most appropriate service for people, including CCS clients, who are experiencing mental health problems, depends on the severity and complexity of the presenting symptoms. Many offenders involved with CCS who experience mental health problems can be managed by a service provided by a General Practitioner, a private practitioner under the new rebateable MBS items, or a Community Health Service counsellor. In a smaller percentage of more serious cases, referrals to the AMHS will be required. Involvement of an AMHS may be required for problems that:

- cause moderate to severe distress and impairment
- are associated with a greater risk of enduring disability
- are associated with a moderate to high risk of harm
- may involve the presence of a complicating co-morbidity
- require specialist psychiatric treatments or psychosocial interventions.

Importantly clients of CCS should have the same access to AMHS as others in the community, while recognizing that for many CCS clients there is an increased vulnerability to mental health problems. A collaborative approach between the two service sectors, emphasising shared care, is vital. It is also recognised that CCOs develop a sound understanding of their clients through the offender management process and may be well placed to make judgements about their potential need for mental health care. However, CCS staff do not provide direct services such as counselling.

In cases where referral to mental health services is urgent, or access to other health services is limited, direct referral from CCS staff to AMHS triage is encouraged.

AMHS assess and provide treatment for people with a serious mental illness or disorder. The following indicators will assist CCS staff to determine whether a person appears to have a serious mental illness and whether AMHS assessment should be considered. They serve as a guide rather than as factors confirming the presence of a serious mental illness or disorder.

Specific symptoms and signs will vary depending on the mental disorder and the person's age. Psychiatric assessment is required to confirm the diagnosis of mental disorder and determine the level of impairment and treatment needs. The presence of any of the following may be indicators of mental illness:

- Bizarre or unusual thinking.
- Hallucinations.
- Significant changes of mood, such as pronounced depression, pronounced anxiety, or pronounced elevation in mood.
- Restless, agitated and disorganized behaviour, or marked decrease in activity.
- Significant impairment of social, educational and/or occupational functioning.
- Significant impairment in self-care.
- Suicidal thoughts or acts of self-harm.
- Destructive or high risk behaviour.
- Significant memory impairment.
- Confusion and disorientation.

### How to make contact with an AMHS

All AMHS have a 24-hour-a-day/seven-day-a-week triage function that provides an initial clinical assessment over the telephone and the mobilisation of a crisis response if required. Local AMHS details and contact information are located at: [www.health.vic.gov.au/mentalhealth/services/index.htm](http://www.health.vic.gov.au/mentalhealth/services/index.htm)

The first contact with AMHS can be made directly to the service's triage worker. Medical or court referrals are not necessary. The role of the triage clinician is to conduct a preliminary assessment to determine whether it appears that a person has a mental illness or disorder, and the nature and urgency of the response required.

It is expected that AMHS will have procedures for ensuring timely and appropriate responses to referrals and enquiries. Where it is determined that the mental health service is not the most appropriate service, every effort should be made to link the client or referrer to a more suitable service. Where appropriate, the clinician should make contact with this service on behalf of the person requesting the service.

Following this triage assessment, one of the following responses will occur:

**1. Arranging a more detailed assessment:** when triage assessment indicates that AMHS are required, or could possibly be required, the triage worker will arrange or provide a more detailed intake assessment. In most cases, this will involve a face-to-face assessment of the client.

**2. Crisis intervention:** where intervention is time critical, the triage clinician may arrange for a Crisis Assessment and Treatment Service (CAT) to attend to the client in the community or, if this is not possible within an appropriate timeframe, will advise that the person be brought to a hospital emergency department. Major Victorian emergency departments have mental health clinicians available on site or on-call to respond to people in psychiatric crisis.

**3. Telephone advice and referral:** may be given where, on the basis of the information provided to them, the clinician determines that a response from AMHS is not required, or alternative mental health care is more appropriate. Advice about the alternative service options should be given at this point.

Once a client is accepted for assessment, decisions about treatment will be subject to the outcomes of this clinical assessment. The intake assessment may ultimately result in:

- Information and advice only.
- Referral to another organisation within the provisions of Section 120A of the Mental Health Act.
- Secondary consultation and support to the original referrer.
- Acceptance for treatment within AMHS for short or longer-term treatment.