



# Canberra Health Services Procedure Referral, Admission and Transfer of Care to Dhulwa Mental Health Unit & Gawanggal Mental Health Unit

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## Purpose

The purpose of this procedure is to provide staff with information regarding referral, admission and transfer of care to and from Dhulwa Mental Health Unit and Gawanggal Mental Health Unit.

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## Alerts (if applicable)

The *Mental Health Act 2015* and *Mental Health (Secure Facilities) Act 2016* refers to the Director-General as having specific functions, powers and reporting requirements. Canberra Health Services (CHS) uses the title of Chief Executive Officer (CEO) instead of Director-General. In accordance with the *Public Sector Management Act 1994*, the position of CEO of CHS has the same functions and authority as a Director-General.

In this document, all references to the Director-General will be replaced with CEO, to reflect the language used by CHS as the person responsible.

Staff should always refer to the *Mental Health Act 2015* and the *Mental Health (Secure Facilities) Act 2016* for understanding, interpretation and explanation of the applicable legislation, particularly when making any decisions under these Acts.

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## Scope

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This procedure applies to consumers who are being referred, admitted or transferred from or to Dhulwa or Gawanggal.

This document applies to all staff working with consumers who are being considered for referral. It also applies to staff involved in admission processes for new consumers or consumers whose care is being transferred from Dhulwa, Gawanggal, a health services or home.

This can include:

- Dhulwa and Gawanggal Clinical staff.
- Administrative staff.
- Dhulwa Security staff, and
- Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) staff who may refer people to Dhulwa.

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## Section 1 – Admission and Assessment Panel

### 1.1 Role and Function

To ensure transparency and governance of admissions to Dhulwa and Gawanggal mental health facilities the Admission and Assessment Panel (AAP) will review each referral to Dhulwa and Gawanggal on an individual basis and determine if a referral is suitable for admission and compliant with a consumers security risk. The AAP will serve as a single point of access to determine if a referred consumer requires rehabilitative care and/or care in a secure environment. The AAP will consider and inform the referring team decisions regarding consumers movements through mental health services and make recommendations for consideration.

The AAP will meet weekly or as required to review referrals.

The AAP members will include the following (or their delegates):

- Clinical Director, Forensic Mental Health Services (FMHS)
- Assistant Director of Nursing (ADON)
- Clinical Nurse Consultant(s) (CNC)
- Allied Health Manager
- Administration Manager
- Dhulwa Consultant Psychiatrist(s)
- Psychiatry Registrar(s)

Additional people who may be called to attend include:

- The Referring Team
- Aboriginal Liaison Officer (ALO)

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- Nursing Team Representatives
- Allied Health Team Representatives
- Other people as deemed relevant by the AAP Committee

The Aboriginal Liaison Officer may also attend AAP meetings where a referral is of an Aboriginal or Torres Strait Islander person. The Aboriginal Liaison Officer will advise the AAP of the social and emotional wellbeing needs of the consumer, the consumer’s role in their community and culturally appropriate care.

The AAP will review and consider:

- If the admission criteria are met.
- If the consumer should be admitted to Dhulwa or Gawanggal and if a less restrictive option should be considered.
- The urgency of the admission.
- What the consumer’s clinical assessment and treatment needs are.
- The mix of consumer’s currently admitted to Dhulwa or Gawanggal.
- The triaged need of consumers awaiting admission.
- The consumers capacity for rehabilitation.

### 1.2 DUNDRUM TOOLKIT

The AAP will use the DUNDRUM Toolkit which is a validated structured risk assessment tool to assess the least restrictive level of security requirements for consumers.

DUNDRUM 1 - Triage security items provide a structure for deciding the appropriate level of therapeutic security for a consumer.

DUNDRUM 2 - Urgency items provide a structure for deciding admission urgency, taking into account other consumers on a waiting list and consumer’s assigned level of security.

DUNDRUM 3 - Program completion is used to rate consumer’s progress in relation to treatment programs.

DUNDRUM 4 - Recovery items assist decision making when reviewing levels of therapeutic security along the consumer’s recovery pathway.

The DUNDRUM Toolkit may be used in conjunction with the *Historical Clinical Risk Management-20 (HCR-20<sup>v3</sup>)*, a structured set of professional guidelines for the assessment and management of violence risk.

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## Section 2 – Referral Processes for Dhulwa and Gawanggal Mental Health Units

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A consumer can be referred to Dhulwa or Gawanggal for assessment by the AAP using the Referral for Admission to Dhulwa and Gawanggal Form available from Dhulwa Administration by emailing [DMHU@act.gov.au](mailto:DMHU@act.gov.au). See Attachment 1

The referral must have the support of the consumer’s Multi-Disciplinary Team (MDT) prior to being submitted and must be discussed with the consumer prior to submission.

It is highly recommended the referring service consults with a member of the Dhulwa clinical team by telephone on 512 41851 prior to making a referral.

The AAP will meet weekly or as required to review a referral for clinical assessment and admission at which point it is expected the referring treating team will attend the next available AAP.

Following the panel’s review of a referral a face-to-face clinical assessment will be arranged by the Dhulwa or Gawanggal Clinical Team in a timely manner and documented in the consumers Digital Health Record (DHR).

A clinical assessment of the consumer may be conducted prior to AAP convening due to the nature or urgency of the referral.

### 2.1 Referral Source

Although the source of referrals can vary, it is anticipated that the majority will be from one of the following categories:

#### Dhulwa

- Sentenced or remand detainees who require ongoing mental health treatment, care or support and require this to be delivered within conditions of a secure mental health unit.
- Consumers in an Adult Mental Health Unit, or in the community, who require admission to a secure mental health unit.
- Referrals will be considered from these settings, where the consumer has:
  - History of significant violence
  - Is at serious risk of absconding and/or has made a serious absconding attempt.

#### Gawanggal

- Consumers referred by an Adult Mental Health Unit or Community Mental Health who have clearly defined rehabilitation goals.

### 2.2 Referral Information Required

The *Referral for Admission to Secure Mental Health* must be comprehensively completed and:

- Saved in the consumer’s DHR and:

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- Emailed to [DMHU@act.gov.au](mailto:DMHU@act.gov.au)

The referral is to provide relevant background and recent clinical history, including behaviour 48 hours prior to admission, for AAP consideration.

### 2.3 Acceptance Criteria for Referral

Consumers will be considered for admission on the following criteria:

- Diagnosis of a mental illness as defined in the Mental Health Act 2015.
- Requires assessment to determine treatment of a mental illness.
- Requires secure care as they are currently a detainee at a correctional centre.
- Presents a risk of significant harm to others and required specialist risk management and treatment interventions.
- Requires a high level of physical, procedural and/or relational security.
- May present a significant risk of absconding from an alternative health care facility.
- Has the potential to benefit from the treatment/assessment provided.
- The treatment provided is likely to prevent deterioration that could be expected to lead to an increased risk of harm.
- Unable to be safely or adequately treated in less restrictive settings.

### 2.4 Exclusion Criteria for Referrals

Consumers may not be considered for admission if:

- They are at risk of harm to others but do not experience a moderate to severe mental illness requiring inpatient care.
- They have a mental illness and do not require a level of secure care.
- They present with disturbed or challenging behaviour involving violent and aggressive behaviours (as distinct from dangerous behaviour alone (see definition of terms) during acute episodes of mental illness, which are likely to be relatively brief and/or responsive to generic intensive mental health treatment, or
- If the predominant risk is of self-harm, except in the case of detainees who may not be able to be treated in a less restrictive environment due to security requirements.

### 2.5 Urgent Referrals

In exceptional circumstances a consumer may require urgent admission to Dhulwa as clinically indicated. AAP may convene as required to facilitate the review and clinical assessment of an urgent referral.

### 2.6 Referral Outcomes

All referral outcomes and clinical assessments will be discussed with the referring agency and documented in DHR by the CNC or delegate. An AAP invite will be extended to discuss the referral outcome and/or provide any recommendations to the referring agency for alternate treatment options for consideration.

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## 2.7 Appeals Process

There may be occasions when the referring agency does not agree with the decision of the AAP. An appeals process will be followed to ensure that consideration has been provided to the needs of the consumer.

Formal appeals process is as followed:

- Referring agency to initiate the appeals process
- AAP will notify the Clinical Director, FMHS.
- A second assessment will be completed on the provision of additional information for clinical consideration.
- The second assessment will be discussed between stakeholders at a case conference. If agreement is given for admission to Dhulwa or Gawanggal, the admission will progress as normal.
- If the second assessment determines the admission criteria is not met and/or requires a less restrictive environment the referring agency can refer to the Chief Psychiatrist for arbitration and decision.

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## Section 3 – Admission

Following a decision to admit by the AAP, the CNC or delegate will liaise with the referring agency. The referring agency will notify the consumer. With the consumer’s consent, the referring agency will advise the guardian/family/carer/nominated person of the admission plan.

All admissions to Dhulwa and Gawanggal will be planned and will be facilitated during business hours Monday to Friday. Where clinically possible, admissions should take place at the beginning rather than the end of the week as this provides greater access to MDT staff.

### 3.1 Prior to Admission

For all admissions the care of the consumer for the first 24 to 48 hours will be planned and agreed by the ADON/CNC, Consultant Psychiatrist, Primary/Allocated Nurse, the ALO (where appropriate) and documented in the Treatment, Placement, Restrictions, Implementation, Monitoring (TPRIM) and review Security Classification and Leave Entitlement (SCALE). The TPRIM and SCALE will be documented in the consumer’s DHR and communicated through handover to the MDT. If additional security staff are required, this will be discussed with the Security agency by ADON/CNC/NiC.

Prior to admission the ADON/CNC/NiC will advise Security staff of the expected arrival time and the identity of the consumer to be admitted.

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### 3.2 Transfer of Custody to Dhulwa

In the case of detainee, Dhulwa (through delegates of the CEO) will take on legal custody of the consumer on signature of the Transfer of custody section of *the Request to Transfer a Consumer between a Correctional Facility or Place of Detention and Dhulwa Form* (s. 144A *Mental Health Act 2015*—Transfer of Custody—Secure Mental Health Unit). Please refer to *CHS Dhulwa Transfer of Custody Procedure*.

### 3.3 Consumers on a Mental Health Order or Forensic Mental Health Order

Where the consumer is subject to Mental Health Order or Forensic Mental Health Order the admitting Consultant Psychiatrist will complete a new *Treatment Plan and Location Determination Form* or the *Forensic Treatment Plan and Location Determination Form*, available on DHR, specifying that the consumer requires admission to Dhulwa and Gawanggal.

### 3.4 Clinical Handover

Clinical handover will be provided by the referring agency on admission. The handover will follow the Introduction, Situation, Background, Assessment and Recommendation (ISBAR) format and where possible should be done in person, by the clinician accompanying the consumer and will be documented in the DHR. Where possible the consumer will be involved in the handover.

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## Section 4 – Transfer of Care

### 4.1 Decision to Discharge/Transfer a Consumer

A decision to transfer a consumer from Dhulwa or Gawanggal will be agreed by the MDT in collaboration with the consumer.

Where consent is provided family/carers/guardian/ nominated persons will be included in the planning of discharge/transfer and invited to meet with the treating team. Following this, all discharge planning is tabled for noting at AAP.

### 4.2 Discharge and Transfer

Once discharge or transfer planning has commenced a discharge meeting will occur with all relevant stakeholders including (where consent is provided) family/carers/guardian/nominated persons. The CNC or delegate will liaise stakeholders to negotiate a date and time for discharge/transfer.

Clinical handover will be provided in ISBAR format to the accepting agency.

### 4.3 Consumer on a Mental Health Order

When transferring a consumer on a Mental Health Order from Dhulwa to another CHS mental health facility, community mental health, or other, the discharging Consultant

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Psychiatrist will complete the *Treatment Plan and Location Determination Form* or the *Forensic Treatment Plan and Location Determination Form*, available on DHR.

**4.4 Conditional Release Order**

Please see the Canberra Health Service Procedure, *Care of Persons subject to a Conditional Release Order*

**4.5 Transfer of Detainee within Canberra Health Services**

The transfer of a detainee from Dhulwa to another CHS Health Facility may be required in exceptional circumstances. In this case, the Clinical Director, FMHS as the CEO delegate approves the transfer.

**4.6 Discharge of Care to a Correctional Centre or Place of Detention**

Where the MDT determines a detainee or young detainee is clinically appropriate for discharge back to Alexander Maconchie Centre (AMC) or Bimberi Youth Justice Centre (BYJC), stakeholders will also be invited to discuss the discharge planning, such as members of custodial mental health team.

The ACT Corrective Services or BYJC General Manager (or delegate) will liaise with the Dhulwa ADON or CNC or delegate to negotiate a suitable date and time for the transfer of the consumer from Dhulwa to a correctional centre or place of detention.

Please refer to CHS Dhulwa Mental Health Unit - *Transfer of Custody Procedure*

**4.7 Transition between Wards of Dhulwa**

The MDT will determine the most appropriate placement of the consumer within Dhulwa on the basis of the individual consumer’s clinical need. The MDT will determine the transfer between wards, and this will be tabled for noting at the next AAP meeting.

Clear guidance on the time and date of any transfer will be agreed at MDT. The MDT may seek a gradual and staged transfer with the consumer initially undertaking day visits prior to a full transfer.

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**Evaluation**

**Outcome**

- Referrals for admission to Dhulwa and Gawanggal are processed as soon as practicable.
- To ensure legislative requirements are met.
- To provide clear guidelines on the referral, admission, and transfer of care.
- To ensure safe admission and transfer of care.

**Measures**

- Evaluation of the number of referral and admissions.

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- Evaluation of clinical content provided in the referral.
- Evaluation of Dhulwa and Gawanggal staff feedback.
- The transfer of care to other inpatient or community facilities.

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## Related Policies, Procedures, Guidelines and Legislation

*What ACT Health policies/procedures/guidelines and ACT legislation are related to this body of work*

### Policies

- Informed Consent – Clinical
- Work Health and Safety Policy
- Incident Management Policy

### Procedures

- Patient Identification and Procedure Matching
- Incident Management Procedure
- Clinical Handover Procedure
- Consumer Privacy
- Sharing Information with Carers – MHJHADS Adult Inpatient Units
- Use of Mandatory National Outcome Measures – MHJHADS Procedure
- Dhulwa Mental Health Unit Transfer of Custody Procedure
- Leave Management for consumers admitted to Dhulwa or Gawanggal Procedure
- Discharge Summary Completion – Inpatient
- Dhulwa Mental Health Unit Procedure
- Care of Persons subject to a Conditional Release Order

### Guidelines

### Legislation

- Mental Health Act 2015
- Mental Health (Secure Facilities) Act 2016
- Children and Young People Act 2008
- Public Advocate Act 2005
- Human Rights Act 2004
- Health Records (Privacy & Access) Act 1997
- Guardianship and Management of Property Act 1991
- Discrimination Act 1991
- Work Health and Safety Act 2011
- Corrections Management Act 2007
- Territory Records Act 2002

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- Working with Vulnerable People (Background Checking) Act 2011
- Carers Recognition Act 2021
- the *Privacy Act 1988*

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### Definition of Terms (if applicable)

**Aggressive** behaviour is an interaction that is a hostile behaviour with the intention of inflicting damage or harm.

**Dangerous behaviour:** behaviour that endangers self or others which may not specifically have violent or aggressive intent (e.g. swallowing razor blades, walking in front of traffic). A behaviour may be considered both dangerous and violent/aggressive, but dangerous behaviour on its own is not considered sufficient for a referral to Dhulwa.

**Violent behavior** is any behavior that causes another person any injury to the body that interferes with a person’s health or comfort, or that places them in fear of being injured.

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### Search Terms

Admission, Referral, Transfer of Care, Dhulwa, Gawanggal, Correctional Patient, Forensic Mental Health, DMHU, GMHU, Detainee

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## Attachments

### Attachment 1 – Referral for admission to Dhulwa and Gawanggal Mental Health Units

## Referral for Admission to Dhulwa or Gawanggal Mental Health Units



## Referral ISBAR

**Introduction:**

- Full name, DOB and MRN:
- Purpose of Admission:

**Situation:**

- Diagnosis and Co-Morbid Conditions:
- Current Medications:

**Background:**

**Forensic History:**

- Seriousness of violence
- Immediacy of risk of violence
- Absconding/eloping
- Victim Sensitivity/public confidence issues
- Current legal proceedings

**Other:**

- Seriousness of self-harm
- Immediacy of risk of suicide/self-harm
- Substance use history
- Past personal/family medical history

**Assessment:**

**Criterion 1:** Does the consumer experience a mental illness as defined in the *Mental Health Act 2015* which is of a nature and/or degree warranting involuntary admission to an approved mental health facility under the *Mental Health Act 2015*, **OR** requires assessment to determine the presence of a mental illness, i.e. an Assessment Order **YES / NO (Delete as Required)**

**Criterion 2:** Does the consumer require secure care as they are currently a detainee of a correctional facility **OR** Require a period of secure care following being found NGMI or unfit to plead in relation to a serious indictable offence **OR** Present a risk of significant harm and is likely to harm others such that the management of the risk requires secure inpatient care, specialist risk management procedures and specialist treatment interventions **YES / NO (Delete as Required)**

**Criterion 3:** Does the consumer require a high level of physical, procedural and or therapeutic relational security to manage their risk of harm to others (includes public safety) **OR** Cannot be

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## Referral for Admission to Dhulwa or Gawanggal Mental Health Units



safely managed in conditions of lesser restrictions **OR** May present a significant risk of escape from an alternative facility that could be expected to lead to an increased risk of harm

**YES / NO (Delete as Required)**

**Criterion 4:** Does the consumer have the potential to benefit from the treatment/assessment provided **OR** The treatment provided is likely to prevent deterioration that could be expected to lead to an increased risk of harm

**YES / NO (Delete as Required)**

**Recommendation:**

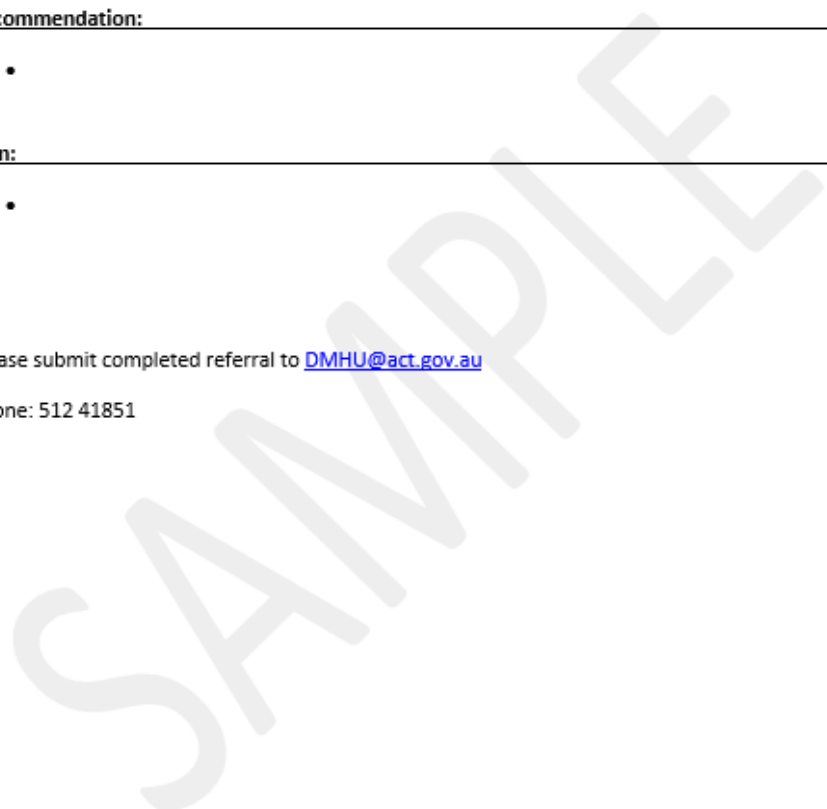
- 

**Plan:**

- 

Please submit completed referral to [DMHU@act.gov.au](mailto:DMHU@act.gov.au)

Phone: 512 41851



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*These could include any supporting information that would be useful to staff such as information sheets or flow charts*

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*Policy Team ONLY to complete the following:*

<i>Date Amended</i>	<i>Section Amended</i>	<i>Divisional Approval</i>	<i>Final Approval</i>

*This document supersedes the following:*

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