

**FREMANTLE HOSPITAL AND HEALTH SERVICE  
DIRECTORATE OF MENTAL HEALTH**

**MEMORANDUM OF UNDERSTANDING**

*between*

**FREMANTLE HOSPITAL AND HEALTH SERVICE  
DIRECTORATE OF MENTAL HEALTH**

*and*

**FREMANTLE REGIONAL DIVISION  
OF GENERAL PRACTICE Ltd.**  
(Fremantle GP Network)

*regarding*

**Access to Services, Communication,  
Collaboration and Shared Care**

**March 2006  
(Third Edition)**

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## INTRODUCTION

The Fremantle Mental Health Service (FMHS), known as the Alma St Centre, provides a General Practice Liaison Service across all age groups, led by a GP Liaison Nurse and supported by a GP Consultant. Mental Health Services (MHSs) are state funded to provide specialist and secondary mental health care. FMHS is looking at ways to be involved in illness prevention and health promotion in the delivery of mental health care to the community. One of the most effective ways to achieve this is by collaboration with general practice as General Practitioners (GPs) are the first point of contact for most people with mental health concerns. They manage the majority of people in our community with mental health problems. For a minority of the time this is in conjunction with other services and the GP Liaison Service.

The primary aim of the GP Liaison Service is improved clinical outcomes for clients, whether they see a GP alone, have shared care with FMHS or attend FMHS and have no GP. This aim is achieved by acknowledging and respecting the GPs role, by offering education and support to GPs and by supporting the FMHS staff in their communication, understanding and relationship building with GPs. It is also achieved through enabling clients to maintain their links with primary care through demonstration, education and role modelling, thus ensuring that all involved maintain the GP as a key person in the total health care of the client.

The first version of this Memorandum of Understanding was signed in July 2000. This is the third version. FMHS was the second service in WA to create a MoU. Subsequent to this, funding was released by the Office of Mental Health (OMH) allowing other services to form MoUs with their relevant Divisions of General Practice. This MoU will continued to be reviewed every three years.

The following document describes GP Liaison services as they currently exist. The signing of this document constitutes a commitment both to the ethos expressed and to the prioritising of GP Liaison Services in the FMHS.

**FREMANTLE REGIONAL DIVISION OF GENERAL PRACTICE Ltd.**  
**(Fremantle GP Network)**

Fremantle Regional Division of General Practice Ltd. (Fremantle GP *Network*) together with General Practitioners and GP Liaison at FMHS have recognised the need for additional counselling services for GP patients.

In 2001 Fremantle GP *Network* contracted Kerri Boase-Jelinek, Research Officer of the Primary Care Mental Health Unit, to develop a proposal for Commonwealth Project funding. The proposal was written based on collaborative meetings between Fremantle GP *Network* and the GP Liaison Team, FMHS. Whilst this proposal itself was not individually funded Grace Groom, the then Mental Health Advisor at Australian Divisions of General Practice (ADGP), used it as a template for the Access to Allied Health Services component of the Better Outcomes in Mental Health Care initiative (BOiMHC), the most successful and well received component of BOiMHC.

Fremantle GP *Network* was one of the first Divisions funded by this initiative and has a highly successful Referred Counselling Project.

Following on from this Fremantle GP *Network* also collaborated with St John of God Health Care (SJOG) in planning and establishing a low cost Community Counselling Service based in Fremantle.

Fremantle GP *Network* has been proactive in identifying areas of need and forming partnerships facilitating much greater access to the type of services that are in high demand but MHS can not provide.

### **General Practice Liaison Team**

The FMHS GP Liaison Team consists of:

- Professor Mohan Isaac;
- Clinical Director, Dr Steve Addis;
- GP Consultant, Dr P Carr (Fremantle GP *Network*);
- GP Liaison Nurse, Paula Sheehan;
- Seniors Program Manager;
- Child and Adolescent Mental Health Service (CAMHS) representative; and
- Three Medical Staff from Adult Services for Cockburn, Fremantle and Melville Teams.

This group meets monthly and directs the work of the FMHS GP Liaison Service.

### **GP Consultant to Mental Health Services**

The GP Consultant to Fremantle Mental Health Services provides direct GP input to planning and clinical service delivery. Dr Peta Carr has held this position since its inception (1998). The position is provided for 3.5 hours per week and the role assists liaison between Fremantle Regional Division of General Practice, Mental Health Services and all GPs. GPs can contact Dr Carr to advocate for them and their patients with Mental Health Services, to discuss issues of concern, inquire about the best utilisation of Mental Health Services and to lobby for change.

### **Practice Visits**

The GP Liaison service offers sessions by a Consultant Psychiatrist and/or a mental health professional to any GP surgery. These can be for set topic discussion, small group learning, networking, case presentation or other identified needs.

### **Case Conference**

At the request of a GP, client, family/carers or FMHS, a joint review can be arranged to discuss an individual client's care. This is usually at the GP's Practice but can be at the Alma Street Centre.

### **Better Outcomes in Mental Health Initiatives and Team Care Arrangements**

The GP Liaison Nurse supports GPs utilising this initiative and also supports and educates FMHS staff participation in Team Care Arrangements and Case Conferencing initiated by GPs.

### **Mental Health Practice Attachments**

A clinician from the FMHS can be attached to a general practice at the practice's request for the purpose of supporting and assisting the practice to utilise FMHS optimally.

## **PROCEDURES FOR COMMUNICATION BETWEEN FMHS AND GPs**

### **GP Liaison Nurse**

A GP Liaison Nurse was first appointed to FMHS in 1999 under the direction of Dr David Castle. This position is a full time position working out of the Alma Street Centre. The position encompasses the Alma Street Outpatient Clinic and the Inpatient Unit. It coordinates across CAMHS (up to 18 years) Adult (18 – 65 years) and Seniors (65 years +). The position coordinates delivery of clinical services of the three community mental health teams with 47 multidisciplinary clinicians, who service a population of approximately 180 000 with 255 GPs located within the FMHS catchment area.

The GP Liaison Nurse is available to assist GP's in regard to seeking clinical advice and in attaining clinical information about patients or information about the service.

### **Routine Referrals (“Outpatients”)**

Routine referrals to Fremantle Mental Health Service are to be faxed to Alma Street Centre Triage (9431 3479 ADULT, 9317 5605 SENIORS, 9527 5365 CAMHS). These referrals are assessed at the next intake meeting (within a week of referral):

- (i) The referring GP will be advised (by phone call or letter) of the outcome of the intake meeting (ie. acceptance or non-acceptance of the patient) within one week. If the referral is accepted, the patient will be notified of their appointment time within one week. If the referral is not accepted, the GP will be advised why and other suitable services suggested.
- (ii) Following the initial assessment, a report will be forwarded to the GP within two weeks. This report will provide a brief background, diagnosis, management plan (including treatment, medication, next review date and action for the GP to take if s/he has concerns about the patient) and the name and contact details (and, if possible, availability) of a case manager. A medical letter may also be forwarded if the person is assessed by a psychiatrist.
- (iii) Whilst a person remains a client of FMHS, any important changes in management will be communicated to the referring GP. In addition, a three monthly review letter will be provided.
- (iv) When the person is discharged from FMHS, the GP will be contacted in writing regarding ongoing management. This letter will be forwarded within two weeks of discharge.

### **Acute Referrals / Emergencies**

When referrals are of an urgent nature contact is to be made with Mental Health Services through Alma Street Centre Triage (9431 3555). In some instances the person being referred will be requested to attend Triage at Alma Street Centre, this can be arranged by talking directly with the Triage Staff.

### **Medical Assessment at Triage**

The referring GP will be notified by fax of the outcome of an assessment, at the time of assessment.

**Admission to Alma Street Centre**

The Ward Clerk on each ward will notify the nominated or referring GP by fax on the day of admission. A phone call from the Registrar is also encouraged, both to inform the GP of treatment plans and to collect collateral information.

**Discharge Summaries**

Interim Discharge Summaries will be faxed on the day of discharge. Full discharge summaries will be forwarded to the GP within two weeks of discharge.

## **PROCEDURES FOR COMPLAINTS, PROBLEM RESOLUTION, COMPLIMENTS**

Complaints and compliments may be made verbally or in writing to a Fremantle Hospital and Health Service staff member or directly to Customer Relations (☎ 9431 2787). Verbal complaints will be documented by the staff member receiving the complaint.

All complaints will be managed through the Fremantle Hospital and Health Service Complaints Management System. A copy of the Complaints Policy is available by contacting Customer Relations (☎ 9431 2787).

All complaints will be formally acknowledged within 24 hours of receipt and resolved within one week.

In addition to this complaint management process, there are other avenues of complaint, including the Ombudsman, the Minister for Health and the Office of Health Review.

Dr Peta Carr, GP Consultant to the Directorate of Mental Health Services (☎ 9364 6444 / 0403 302 501), may be contacted for: informal discussion regarding experience of Mental Health Services; to assist with complaints or problem resolution; or accessing information.

## Signatures

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**Dr Hilary Fine**

Chairperson

Fremantle Regional Division of General Practice Ltd.

Date: \_\_\_\_\_

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**Dr Steve Addis**

Clinical Director Fremantle Mental Health Service

Fremantle Hospital and Health Service

Date: \_\_\_\_\_

**CONTACT NAMES AND NUMBERS**

**GP LIAISON NURSE**

Alma Street Centre

PH 9431 3563

Fax: 9431 3514

Mobile: 0404 890 131

**GP CONSULTANT TO FMHS**

Dr Peta Carr

FHHS

PO Box 480 Fremantle WA 6959

Applecross Medical Group

PH 9364 6444

Mob: 0403302501

**ALMA STREET CENTRE TRIAGE**

FHHS

Alma Street Centre

PO Box 480 Fremantle WA 6959

PHONE 9431 3555

FAX 9431 3479

**SENIORS MENTAL HEALTH SERVICE FREMANTLE**

Suite 5

275 Marmion Street, Melville WA

PHONE 9317 5600

FAX 9317 6422

**CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS)**

Triage Officer (Fremantle and Rockingham/Kwinana) FREE CALL 1800 280 555

FREMANTLE CAMHS

1 Stirling Street

FREMANTLE WA 6160

PHONE 9336 3099

FAX 9335 3228

ROCKINGHAM CAMHS

PO Box 288

ROCKINGHAM WA 6968

PHONE 9528 0555

FAX 9527 5365

**FREMANTLE DIVISION OF GENERAL PRACTICE Ltd (Fremantle GP Network)**

PO Box 4186, Myaree Business Centre

Myaree WA 6960

Phone 9319 0555

Fax 9339 8335

## RESOURCE BOOK

A resource book has been produced by the GP Liaison Nurse for use by GPs. This has been widely distributed. It contains information on catchment areas, referral processes, access criteria, Group Program, Program for Seniors, Care Planning and Case Conferencing. It also contains information about the *Duty To Care* document and the *HealthRight* response.

This book can be obtained by contacting the GP Liaison Nurse on 9431 3563.



**SENIORS MENTAL HEALTH SERVICE**

Phone: (08) 9317 5605

Facsimile : (08) 9329 9066

**GP Referral Form to MENTAL HEALTH SERVICE***Fremantle Hospital and Health Service***Alma Street Centre**

PO Box 480, Fremantle. WA 6959

Fax No: 9431 3479 Telephone No: 9431 3555

**Up to 17 years ⇒ Use CAMHS Referral Form****18 – 64 years ⇒ This Form****65 years + ⇒ This Form****Primarily alcohol / drug problem****⇒ Refer to Alcohol / Drug Service**

Surname	Hospital UMRN <i>(if known)</i>
Given Names	
Gender	DOB
Address	
	Postcode

Referral Date \_\_\_\_\_

Is this referral: Urgent  Routine **Other Client Details**

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Marital Status: S / M / W / D / Sep / De Facto

Ethnic Identity \_\_\_\_\_

Interpreter Required: Yes  No  Language \_\_\_\_\_

Preferred Interpreter \_\_\_\_\_

Is client aware that this referral is to a psychiatric clinic: Yes  No 

Next of Kin / Primary care giver / Contact person \_\_\_\_\_

Relationship \_\_\_\_\_ Contact Telephone \_\_\_\_\_

Case Manager (if involved with another agency) \_\_\_\_\_

**Referring Doctor** (stamp or print)

Name \_\_\_\_\_ Provider No \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Are you the clients usual GP? Yes  No **Reason for Referral**

Client's Full Name: \_\_\_\_\_

**Current Treatment / Management Plan**

Please list client's current medication / treatment

Medication/Treatment	Commenced	Dosage	Frequency

Allergies / Drug Reactions / Special Needs / Requirements

**Presenting Problem** Please use guide on the left and elaborate

<p><b>Duration &amp; History Of Problem</b></p> <ul style="list-style-type: none"><li>• Mood</li><li>• Appetite</li><li>• Sleep</li><li>• Thinking</li><li>• Perception</li><li>• Speech</li><li>• Memory</li></ul> <p><b>Risk Factors</b></p> <ul style="list-style-type: none"><li>• Suicide Intent</li><li>• Threats to/from others</li><li>• Aggression/Violence</li><li>• Forensic History</li><li>• Wandering</li><li>• Confusion</li><li>• Self Neglect</li></ul> <p><b>Medical</b></p> <ul style="list-style-type: none"><li>• Conditions</li><li>• Recent Examinations</li><li>• Recent Investigations</li><li>• Previous psychotic Medications</li></ul> <p><b>History</b></p> <ul style="list-style-type: none"><li>• Family &amp; Personal Psychiatric History</li><li>• Past &amp; Current</li><li>• Alcohol / Illicit Drug Misuse</li></ul> <p><b>Recent Stressors</b></p> <ul style="list-style-type: none"><li>• Family</li><li>• Relationships</li><li>• Financial</li><li>• Accommodation</li><li>• Employment</li></ul> <p><b>Any Other Services Involved</b></p>	
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This referral will be discussed at the team intake meeting. You will be informed of the outcome.

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_



Department of Health  
**SOUTH METROPOLITAN  
 CHILD & ADOLESCENT MENTAL HEALTH SERVICE**

**REFERRAL FORM**  
**STRICTLY CONFIDENTIAL**

**ALL REFERRALS MUST BE MADE BY A PRIMARY HEALTH CARE PROFESSIONAL WHO HAS CARRIED OUT AN INITIAL ASSESSMENT UPON WHICH THIS REFERRAL IS BASED.**

*Triage Officer is available to discuss referrals - freecall 1800 280 555 - 9.30am to 4.00pm Monday – Friday*

**CLIENT DETAILS:**

CHILD'S TITLE: \_\_\_\_\_ CHILD'S GENDER: (Please tick) FEMALE  MALE:

CHILD'S SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

IS CHILD KNOWN BY ANY OTHER NAME: \_\_\_\_\_ CHILD'S DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

CHILD'S CURRENT ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ STATE: \_\_\_\_\_ P/CODE \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

PLEASE INDICATE DAY TIME CONTACT NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**PARENTS/GUARDIAN'S DETAILS:**

*PLEASE TICK WHO CHILD IS CURRENTLY LIVING WITH AT TIME OF THIS REFERRAL*

FATHER'S SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

MOTHER'S SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

LEGAL GUARDIAN'S SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

GUARDIAN'S RELATIONSHIP TO CHILD: \_\_\_\_\_

1. Is the child's current address temporary or permanent? Temporary  Permanent
2. How long has the child been residing at this address? \_\_\_\_\_ weeks \_\_\_\_\_ months \_\_\_\_\_ years \_\_\_\_\_
3. Have parent/s or guardian been notified of this referral? YES  NO
4. Current School child is attending: \_\_\_\_\_ Phone: \_\_\_\_\_
5. Address of School attending: \_\_\_\_\_



**RELEVANT FAMILY INFORMATION**

**Please tick family's current structure:**

- Nuclear Family       Comments: \_\_\_\_\_
- Single Parent       Comments: \_\_\_\_\_
- Blended Family       Comments: \_\_\_\_\_

**CLIENT'S HISTORY OF HEALTH PROBLEMS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CURRENT MEDICATIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERRER'S DETAILS**

**(Please use block letters)**

REFERRER'S NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

PRACTICE/AGENCY NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PLEASE INDICATE HOW LONG YOU HAVE KNOWN/TREATED THIS CLIENT: \_\_\_\_\_

**PLEASE INDICATE DATE OF LAST CONTACT WITH THE REFERRED CHILD: (Box space provided for stamp address details if applicable)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_

STATE: \_\_\_\_\_ P/CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

**Please return referral form to: The Triage Officer either by fax or postal address for [Rockingham CAMHS](#) (address provided at top of this referral form)**



Applicable to: Child and Adolescent Mental Health Services

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**TITLE: ACCESS CRITERIA IN CAMHS**

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**1.0 PURPOSE & PRINCIPLES**

To ensure there is clarity about access to CAMHS

**2.0 POLICY**

**Inclusion Criteria**

**1. Residence**

Fremantle CAMHS provides services to the residents of the Cities of Fremantle, Melville, Cockburn and the Towns of East Fremantle.

PARK CAMHS provides services to the residents of Rockingham and Kwinana

Peel CAMHS serves the population of the City of Mandurah and the Shires of Murray and Waroona.

Armadale CAMHS covers the Armadale Health Service catchment area, which includes parts of the local government areas of Armadale, Gosnells, Canning and Serpentine-Jarrahdale.

See Appendix C for Catchment area postcodes and suburbs.

**2. Age**

Infants, children and adolescents up to 18 years of age may be referred to CAMHS.

**3. Presenting Problem**

Priority for acceptance into CAMHS is given to children or adolescents:

- whose presenting difficulties constitute serious emotional disturbance as diagnosed under ICD 10AM classification and
- are exhibiting severe symptoms, coupled with substantial impairment in functioning.

Children and adolescents often present with complex, multifactorial problems. The reason for referral to CAMHS must relate to mental health problems, although other concurrent and/or associated difficulties may exist.

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NSMHS Ref: 11.2.2, 11.1.2, 11.1.3, 11.1.7, 11.1.8, 11.2.2, 11.2.13	EQuIP Ref: 1.2	Doc. No. 1.2.1
Prepared by: CAMHS P&P Committee	Authorised by: P. Marwick Specialty Co-ordinator, CAMHS	
Created : April 1996	Revisions: September 1999, August 2000, May 2003	Next Review: 2005

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## APPENDIX – I

The range of presenting problems usually considered for referral include:

- Persisting suicidal ideation and/or behaviour
- Depressed, sad and/or agitated mood
- Severe and persisting behavioural and conduct disturbance
- Severe and persisting peer and/or family problems leading to significant emotional distress and/or behavioural problems
- Persisting and severe school avoidance and/or phobia where school based services have been involved
- Psychotic phenomena
- Secondary enuresis and/or encopresis
- Anxiety, fearfulness and phobic behaviours
- Obsessions and compulsive rituals
- Sequelae to child sexual, physical and emotional abuse where protective issues have been appropriately managed
- Psychosexual concerns and problems
- Eating and body image disturbances
- Assessments for co-morbid psychiatric disorders for children/adolescents with primary problems related to substance abuse or intellectual disability.

A considerable degree of impairment of daily functioning at home and/or at school / work would generally be expected to warrant a referral.

### Exclusion Criteria

1. Any child or adolescent presenting with a problem which would be more appropriately managed by another department or agency, for example, those for whom the primary problem is:
  - protective or child maltreatment issues
  - sexual assault
  - anti-social or illegal behaviour
  - acquired brain injury organic difficulties
  - developmental delay
  - relationship discord between parents or parenting difficulties
  - socio-economic or financial difficulties
  - educational and learning difficulties unless significant co-morbid emotional disturbance is present
  - primary substance abuse
  - primary intellectual disability.
2. A child or adolescent whose referral primarily relates to assessment for family law, pending medico-legal or forensic matters.

## Guidelines on specific matters

### **1. Attention Disorders**

CAMHS recommend referral to a Paediatrician for children and adolescents who are the subject of concerns regarding attention disorders. Paediatricians may refer patients to CAMHS where there are concerns regarding co-morbidity of emotional, psychological, behavioural and psychiatric disorders.

Referring Paediatricians are expected to assume continuing care with CAMHS consultation and liaison as necessary.

### **2. Child Protection**

CAMHS is generally unable to accept referrals with immediate or ongoing concerns regarding risk of physical, sexual or emotional abuse or neglect. These should be directed to Department of Community Development.

### **3. Acute Response / Emergencies**

CAMHS are unable to provide Acute Response Level 1 (contact within 2 hours) but may have the capacity to provide Acute Response Level 2 (contact within 24 hours) during office hours. Referrals for Acute Response Level 1 should be forwarded to the Princess Margaret Hospital Emergency Department, other hospital emergency departments (Fremantle Hospital, Peel Health Campus, Rockingham District Hospital, or Armadale Hospital) or the Psychiatric Emergency Team (PET). See also Policy 1.2.4 Acute Response.

### **3.0 KEYWORDS**

Access  
Criteria

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Title: ACCESS CRITERIA - CAMHS

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**SOUTH METROPOLITAN MENTAL HEALTH SERVICE  
Policies and Procedures Manual**

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Applicable to: Child and Adolescent Mental Health Services

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**TITLE: ACUTE RESPONSE IN CAMHS**

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**1.0 PURPOSE & PRINCIPLES**

To ensure there is clarity about acute response capacity of CAMHS

**2.0 DEFINITION**

All mental health services in the South Metropolitan Area Mental Health Service have adopted the following definitions for mental health emergencies in the community:

- Acute Response Level 1 (Emergency)  
- is a situation in need of *immediate* response (within two hours) because of serious risk to self or others, or unpredictability / disorganisation / acute disturbance.
- Acute Response Level 2 (Crisis)  
- is a situation in need of *rapid* response (same day or within 24 hours), because of harm / severity of crisis / level of distress / benefits of early intervention.
- Acute Response Level 3 (Urgent)  
- is a situation in need of *timely* response (within 48 hours) because while there is no immediate risk there is a high level of distress / greatly decreased level of functioning / benefits of early intervention to prevent crisis.

A routine referral will be presented at the next intake meeting for allocation for a non-acute assessment and if necessary ongoing case management.

*Response* does not mean face to face intervention in all situations.

**3.0 POLICY**

CAMHS can provide Acute Response Level 3 during office hours to children and adolescents presenting in a crisis.

**3.0 PROCEDURE**

**Acute Response Level 1**

Children and adolescents under fifteen years of age requiring Acute Response Level 1 should be referred to the Princess Margaret Hospital (PMH) Emergency Department.

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NSMHS Ref: 11.2.9, 11.2.12	EquiP Ref: 1.2	Doc. No. 1.2.4
Prepared by: CAMHS P&P Committee	Authorised by: P. Marwick Specialty Co-ordinator, CAMHS	
Created : April 1996	Revisions: September 1999, August 2000, May 2003	Next Review: 2005

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Adolescents between the ages of fifteen and eighteen years of age requiring Acute Response Level 1 should be referred to the Fremantle Hospital Emergency Department, Peel Health Campus, Rockingham Hospital or Armadale Emergency Department.

Children and adolescents who require protective arrangements and/or have been the subject of physical, sexual and/or emotional abuse will be referred directly to Family and Children's Services, PMH Child Abuse Unit and/or the Police Child Abuse Unit.

### **Acute Response Level 2 or 3**

Where degree of risk of harm to self or others is high, the Intake Officer should take immediate action to involve the Community Mental Health Nurse or SIO (refer also to 1.3.4 Assessment and Management of Harm policy) and to inform the Clinical Coordinator/Program Manager of the urgent referral.

The role of the Community Mental Health Nurse/SIO is to:

- provide advice and support to the Intake Officer in determining level of acuity and need for Acute Response
- undertake a domiciliary assessment where appropriate.

The domiciliary assessment will be undertaken in the least intrusive manner in the most appropriate location (eg. the child/adolescent's home, GP practice, school, neighbour or friend's house). This assessment will, where possible, occur within twenty four hours of the referral and will assist in clarifying:

- whether an inpatient referral is required
- whether the referral should be considered by the intake meeting
- whether the referral should be directed to another service
- appropriate management of the level of risk of self harm or harm to others.

In attending Acute Responses in the community, clinicians are expected to consider the safety of themselves and clients (refer to *Protective Arrangements for Staff* and *Aggressive Behaviour* policies).

If a domiciliary assessment is not possible within 48 hours, then the Intake Officer will inform the referrer, who may then choose to refer the client to hospital for immediate assessment.

## **4.0 KEYWORDS**

Acute  
Response

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Title: ACUTE RESPONSE - CAMHS

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