

 <p>BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI</p>	<p><b>REFERRAL</b></p>	<p><b>Protocol MHAS.A1.43</b></p>
<p><b>MENTAL HEALTH &amp; ADDICTION SERVICES PROTOCOL</b></p>		

## STANDARD

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

## OBJECTIVE

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

## STANDARDS TO BE MET

### 1. Access

#### 1.1 Acute

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

- a) Acute staff are available, on a 24 hour roster.
- b) Crisis Service access is advertised to clients and the public. Phone numbers are in the local telephone book.
- c) Toll free phone numbers are available to assist access to acute service.

1.2 In an event when the acute service is not available to answer immediately a voice message system will inform the caller that that someone from the acute team will respond to their call within a 20 minute timeframe. In addition to this the voice message will also inform the caller to ring 111 if their call is an emergency.

#### 1.3 Non acute

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

### 2. Management of referrals

2.1 MH&AS Intake Coordinators will assess the referral and assign priority to each referral using the agreed triage categories detailed in the [MHAS.A1.53 Triage Scale](#). Refer to Appendix 1. Referral Process

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<p>Protocol Steward: Quality &amp; Patient Safety Coordinator, MH&amp;AS</p>	<p>Authorised by: Business Leader &amp; Clinical Director, MH&amp;AS</p>	

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2.2 Referral management of Category D and E ([MHAS.A1.53 Triage Scale](#)) is the responsibility of the sector team leader/ and or clinical lead who will delegate follow up and assessment responsibilities to an assigned team member. This includes the transfer of the primary referral to the appropriate treating team.

2.3 Priority will be assigned on the basis of risk and acuity.

2.4 Triage categories and timeframes for are detailed in the [MHAS.A1.53 Triage Scale](#).

2.6 When a referral for service is declined, this is recorded and referrer is informed. The person and where appropriate, their family/whanau of choice, are also informed of the reason for this and of other options or alternative services.

### 3. Escalation of Repeated Referrals

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

3.1 Receive a comprehensive diagnostic assessment from an appropriate health care professional in the relevant sector team

3.2 Have the comprehensive diagnostic assessment reviewed / discussed at the next practicable sector MDT meeting before finalising treatment plan and / or communication with referrer.

### 4. Communication regarding referrals

Response to referrals / acknowledgement of referral by the Intake Service

4.1 An acknowledgement of the referral will be sent to referrers and clients on receipt of a referral.

4.2 Formal response will be made to the referrer indicating the outcome of the initial assessment and plan for care.

4.3 All referrers and clients (including family or whanau where appropriate) will be notified in writing of the outcomes of a referral.

4.4 A formal response to referrer and individual will be made to confirm non-acceptance if the referral does not meet as outlined in the [MHAS.A1.53 Triage Scale category](#). The response may indicate alternative providers.

4.5 It is the responsibility of the clinician to whom assessment and treatment is allocated to notify the referrer and service user (including family or whanau where appropriate) of assessment arrangements.

### 5. Information and Documentation

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

#### 5.1 Referral documentation and service information

a) All referral information, assessment, correspondence and handover to teams is recorded accurately and kept by the service.

b) Information in respect to service users who are accepted into the service will be kept in that individual's health record.

c) Information and correspondence in respect to referrals of individuals who are not accepted into the service will be kept in a referral file.

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- d) Referral management procedures will incorporate attention to special needs, e.g. ethnicity, language, disability, gender, age.
- e) Referrals from Forensic services will be managed as per the guideline for referrals from the Regional Forensic Service to the BOPDHB MH&AS.
- f) The clinical coordinator or delegated staff member(s) will maintain information about how to contact other services which might be of value to patients.

## 6. Customer Service

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

## REFERENCES

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

## ASSOCIATED DOCUMENTS

- [Bay of Plenty District Health Board Mental Health & Addiction Services protocol MHAS.A1.53 Triage Scale](#)
- [Bay of Plenty District Health Board Mental Health & Addiction Services protocol MHAS.A1.23 Assessment](#)
- [Bay of Plenty District Health Board Mental Health & Addiction Services protocol MHAS.C1.6 ACMHAS Intake](#)
- [Bay of Plenty District Health Board Mental Health & Addiction Services protocol MHAS.D1.1 Access And Referral To Mental Health For Older People Service](#)
- [Operational Protocol – Repatriation of Forensic Clients within General Adult Mental Health System. Regional Forensic Psychiatric services, Health Waikato \(WDHB\) and BOP DHB Mental Health & Addiction Services](#)

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**Appendix 1: Referral Process**

