

# Transfer of care and shared care

Chief Psychiatrist's guideline – September 2023

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## Purpose and introduction

Ensuring safe and effective transfers of care and shared care arrangements is a priority for Victoria's Chief Psychiatrist. The Chief Psychiatrist has a statutory obligation to provide clinical leadership and guidance to promote continuous quality and safety improvement and uphold human rights.

This Chief Psychiatrist's guideline provides a framework to support safe and effective transfers of care and shared care arrangements. This guideline replaces one called 'Discharge Planning' to emphasise that treatment, care and support happens along a continuum and services overseen by the Chief Psychiatrist have a responsibility to ensure that the transfer of care is an active process and that it does not end with the provision of a document, often called a 'discharge summary'. The guideline provides principles for practice and outlines considerations for different circumstances in which transfers of care or shared care arrangements may occur.

Victoria's mental health and wellbeing services are part of an extensive network of support, including community-based services and private practitioners, who have an obligation to ensure transitions of care are safe and supported. Recognised risks associated with transitions of care include:

- loss of critical information
- disengagement from services
- relapse
- higher rates of re-admission
- increased visits to the emergency department
- adverse medication events
- delays in accessing appropriate treatment, care and support.

These risks are greatest within the first seven days following transfer from an inpatient setting to community-based care, particularly when transferring to another mental health and wellbeing service or different geographical area. Unintended adverse events can lead to tragic outcomes for consumers and their families, carers and supporters. It is therefore critical to ensure all steps are taken to support safe and effective transfers of care and when establishing shared care arrangements.

This guideline has relevance to all mental health and wellbeing services, including private providers, and all disciplines working across the mental health and wellbeing sector. The guideline promotes the important role of the lived and living experience workforce and the ways that peer support can foster approaches to transfers of care and shared care arrangements that are consumer centred and address the holistic needs of consumers, families, carers and supporters.

Some aspects of this guideline - for example processes for transferring treatment orders - apply only to designated mental health services.

Mental health and wellbeing services should use the information in this guideline to inform local policies and procedures about transfers of care and shared care.

This guideline has been developed through extensive consultation with people with lived experience of using mental health services, their families, carers and supporters, mental health clinicians and other stakeholders.

## Key messages

- Transfers of mental health treatment, care and support are an integral part of a consumer's journey in response to their changing needs, their mental health status, stage of life, choices and preferences.
- The mental health and wellbeing principles (part 1.5) and decision-making principles for treatment and interventions (part 3.1) of the Mental Health and Wellbeing Act 2022 (the Act) must be given proper consideration when managing transfers of care and shared care.
- Planning for transfers of care and shared care must start as early as possible.
- There are recognised risks associated with transitions of care.
- Transfers of care must be planned collaboratively with consumers, families, carers and supporters, be well documented and communicated to all involved, and address the holistic needs of consumers to mitigate the risks associated with this point of care.
- During transfers of care and in shared care arrangements the functions, roles, responsibilities and clinical focus provided by each care provider must be identified. It must always be clear which service has clinical accountability and at which point in the process.
- Effective practice around medication safety and reconciliation are critical to safe transfers of care and shared care arrangements.
- Effective communication between service providers is essential to safe transfers of care and shared care arrangements.
- Transfer of care plans or discharge summaries must provide comprehensive information about the episode of care that is ending, and about the follow-up treatment, care and support planned. These plans must be accessible and shared with consumers, families, carers and supporters as well as community-based supports.

## Definitions

**Aboriginal** in this document refers to both Aboriginal and Torres Strait Islander people.

**Authorised psychiatrist** refers to a person appointed by the governing body of a designated mental health and wellbeing service under section 328 of the Act.

**Carer** refers to a person, including a person under the age of 18 years, who provides care to another person with whom he or she is in a care relationship. A 'carer' does not include a parent if the person to whom care is provided is under the aged of 16 years.

**Clinical accountability** is used in this guideline to identify the service or service provider that is responsible for justifying or explaining the clinical decision making that has occurred.

**Clinical mental health service provider** means either, a designated mental health service, a mental health and wellbeing service provider that provides mental health and wellbeing services in a custodial setting, or any other prescribed entity or prescribed class of entity.

**Consumer** refers to any person receiving or seeking mental health and wellbeing services regardless of their legal status.

**Designated mental health service** means a prescribed public hospital, prescribed public health service, prescribed denominational hospital, prescribed privately operated hospital, prescribed private hospital that is registered as a health service establishment under the Act, the Victorian Institute of Forensic Mental Health, a service temporarily declared to be a designated mental health service or a declared operator (per s 3(1) of the Act).

**Family** refers to family of origin or family of choice.

**Families, carers and supporters** refers to the network of people that support consumers with their mental health and wellbeing. Throughout this document practice that is family/carer/supporter inclusion is promoted. This inclusion must always be with the consent of the consumer or aligned to the information sharing principles of the Act.

**Lived and living experience workforce** refers to staff of mental health and wellbeing services who are employed based on their lived or living experience, and which is an essential criterion of their job. They are also expected to have knowledge of lived and living experience perspectives. They are employed across a range of mental health services in direct practice and support and through operational management, leadership, consultation, education, training, research, advocacy and representation.

**Mandatory reporting** refers to the legal requirement of certain professional groups to report a reasonable belief of child physical or sexual abuse to child protection authorities.

**Mental health and wellbeing service** refers to a service performed for the primary purpose of improving or supporting a person's mental health and wellbeing; assessing or providing treatment, care or support to a person for mental illness or psychological distress or providing care or support to a family member, carer or supporter of a person with mental illness or psychological distress.

**Parent** in relation to a person under the age of 18 years, includes a person who has custody or daily care and control of the person; a person who has all the duties, powers, responsibilities and authority (whether conferred by a court or otherwise) which by law parents have in relation to their children; or any other person who has the legal right to make decisions about medical treatment of the person.



**Shared care** refers to an agreement between two or more service providers about providing treatment care and support to a consumer.

**Transfer of care** is when the clinical responsibility for providing treatment, care and support is moved from one service provider to another. This may occur within a service (for example from an inpatient to a community setting) or between different services (for example from a designated mental health service to a GP).

**Referring service** is used in this guideline to describe the service that is ending an episode of care and supporting referral to another provider.

**Receiving service** is used in this guideline to refer to a service that is starting a new episode of care with a consumer.

## Aboriginal support and cultural safety

Cultural factors, such as identity, language and spirituality, as well as connection to Country, to family and to community, have a positive impact on the lives of Aboriginal people.

Cultural safety is a fundamental human right. By law, public agencies must provide a culturally safe workplace. Aboriginal cultural safety is defined as an environment that is safe for Aboriginal people, where there is no assault, challenge or denial of their identity and experience.

In the context of Aboriginal mental health and wellbeing, peer support roles undertake a similar support role to liaison officer roles. These roles, typically staffed by Aboriginal people, improve mental health outcomes for Aboriginal people. They support consumers to navigate and access services and can support services to work more effectively with Aboriginal families through cultural expertise, liaison and co-case management.

Services must be culturally safe for Aboriginal consumers and their families, carers and communities. Services are referred to *Koolin Balit* and the *National strategic framework for Aboriginal and Torres Strait Islander peoples' mental health and social and emotional wellbeing* for specific guidance.

- Consider the following when supporting the safety of Aboriginal consumers in mental health services: Victorian Aboriginal communities are resilient, strong and rich in their culture. But colonisation, racism, discrimination and transgenerational trauma continue to have an impact on Aboriginal health and social and emotional wellbeing. Aboriginal consumers often prefer to deal with staff who are the same gender as them due to cultural protocols.
- Where appropriate and available, Aboriginal consumers should be given the opportunity to engage with local Aboriginal community-led services or Aboriginal staff.
- Aboriginal self-determination, and Aboriginal concepts of health and social and emotional wellbeing, should be respected, upheld and be at the forefront of decision making.

## Principles for practice

This section outlines the principles that guide practice across transfers of care or for establishing shared care arrangements in mental health settings. These principles draw from and align with the mental health and wellbeing principles, and the decision-making principles for treatment and interventions outlined in the Act (parts 1.5 and 3.1 of the Act respectively).

### Mental health and wellbeing principles

The Act sets out 13 mental health and wellbeing principles (part 1.5 of the Act) These principles guide mental health and wellbeing service providers to support the dignity and autonomy of people living with mental illness or psychological distress. Mental health and wellbeing service providers must make all reasonable efforts to comply with them.

### Decision-making principles for treatment and interventions

Part 3.1 of the Act sets out five decision making principles for treatment and interventions. A person who has authority to make a decision or exercise a power in respect of the care or treatment of a patient under Chapters 3 and 4 of the Act must give proper consideration to the decision-making principles for treatment and interventions in the making of that decision or exercise of that power (s 84(1) of the Act. This consideration must be documented and reviewed according to changing needs.

### Information sharing principles

Division 1 of part 17.1 of the Act contains information sharing principles that relevant staff and mental health and wellbeing service providers must give proper consideration to when making a decision to disclose, use or collect health or personal information.

### Principles of practice for transfers of care and shared care

The following principles are relevant to all transfers of care and shared care arrangements.

- **Supported decision making and upholding the dignity and autonomy** of consumers should ensure consumers' preferences guide decisions on transfers of care and shared care arrangements.
- Transfers of care and shared care arrangements should be **planned at the earliest possible time**, at all transition points. Arrangements should identify clinical and non-clinical supports for the consumer's treatment and care, including families, carers and supporters. Planning must be informed by the **least restrictive approach principle**.
- **Medication safety and reconciliation** principles and practice should be strictly adhered to.
- When a transfer of care or a shared care arrangement is being established the **roles and responsibilities** of all involved parties must be negotiated, documented and clearly communicated. It should be clear which service has **clinical accountability** at any given point, especially in periods of crisis.
- Service providers must ensure all **relevant information and documentation is shared** to support safe transfers of care or establishing shared care arrangements (within the limitations of privacy legislation). It is especially important to ensure that up to date

information about medications is shared immediately. The responsibility to ensure this information sharing occurs sits with both the referring and the receiving services.

- During transfers of care **clinical accountability is retained by the referring service** until it has been confirmed that the receiving service has accepted the transfer of care. Where possible a service provider - for example, a key clinician - should be identified as the co-ordinator throughout the transition.
- Service providers must prioritise **communication** with consumers, families, carers and supporters throughout transfers of care and when establishing shared care arrangements. Information is to be provided verbally and in writing keeping with the Act's **accessibility of information principle** (s 725). This may include being written in accessible language for culturally and linguistically diverse communities or adjusted to accommodate the person's needs related to their age or disability.
- **Families, carers and supporters** are to be included and supported in their role throughout transfers of care and establishing shared care arrangements.
- **Lived and living experience workers** working from a consumer and a family carer perspective should be available to provide peer support and assistance to navigate the mental health and wellbeing system.
- Ensure that consumers' **gender safety** and **cultural safety** needs are considered and responded to throughout transfers of care and when establishing shared care arrangements.

# Transfers of mental health care and shared care

Transfers of mental health care may occur:

- within designated mental health services
- between designated mental health services or between designated mental health services and private or community-based services.

These transfers can take place in response to changing needs (for example, a higher level of care is required for a period) or consumer circumstances (for example, when moving to a new area, or when moving from Infant, Child and Youth Services to Adult Services).

Moving through different parts of the mental health and wellbeing system can be confusing and difficult to navigate due to the system's complexity. The lived and living experience workforce should be engaged to support consumers, families, carers and supporters through transfers of care at each transition point to the greatest extent possible.

## Medication management

- Transfer of care points are particularly prone to avoidable medication errors and omissions. Effective medication reconciliation is therefore required at all transition points.
- **Medication safety** is one of the National Safety and Quality Health Service Standards. Mental health services must have policies in place to optimise medication safety. More information is on the [Australian Commission on Safety and Quality in Health Care](https://www.safetyandquality.gov.au/standards/nsqhs-standards/medication-safety-standard) website <<https://www.safetyandquality.gov.au/standards/nsqhs-standards/medication-safety-standard>>.
- Providing consumers with thorough and accessible information about the medications they are prescribed, and possible side effects supports informed decision making and should be prioritised through transfers of care and when establishing shared care arrangements.
- Ensure the community pharmacy is contacted early in the transfer of care for seamless medication management, particularly for opiate replacement therapies and medicines that need to be taken continuously, either to maintain a therapeutic effect or avoid adverse effects, such as anticonvulsants, steroids and oral contraceptives.
- Further information [medication reconciliation](https://www.safetyandquality.gov.au/our-work/medication-safety/medication-reconciliation) <<https://www.safetyandquality.gov.au/our-work/medication-safety/medication-reconciliation>> on the Australian Commission on Safety and Quality in Health Care website.

## Entering bed-based designated mental health services

Consumers will enter bed-based designated mental health services, including acute inpatient services, prevention and recovery care (PARC) services or community care units (CCUs), in a variety of circumstances. Admissions may be facilitated by another part of the designated mental health service or a private service provider. At other times, consumers might be admitted via the emergency department and have no pre-existing mental health and wellbeing supports.

Some people will be transported to an emergency department when taken into the care and control of an authorised person (police officer or protective services officer). The decision to take a person into care and control under the Act or to release a person from care and control should be health informed by an authorised health professional wherever reasonably practicable (s 228(b)).

When there is a **referring service**, this service has several responsibilities when facilitating an admission including:

- clearly communicating the reason for admission in a timely way.
- ensuring all relevant information is shared with the receiving service in line with consumer preferences, and requirements under the Act.

All consumers entering bed-based services at a designated mental health service must be provided with a statement of rights, a document that sets out the person's rights under the Act (s 36(a)). The consumer's families, carers, and supporters must also be given the statement (s 40). A registered medical practitioner, authorised mental health practitioner, authorised psychiatrist (as the case may be) must take all reasonable steps to ensure that the consumer understands their rights as set out in the statement (s 39).

Relevant staff at a designated mental health service have a responsibility to notify the Independent Mental Health Advocacy (IMHA) Service when certain transitions or interventions occur, including when:

- an inpatient's right to communicate is restricted
- a restrictive intervention is used
- when a temporary treatment order or a treatment order is varied or revoked
- when a consumer is transferred to a secure extended care unit (SECU)
- when a forensic patient is received at a designated mental health service

Consumers may choose to opt out of being contacted by an IMHA advocate (s 51).

**Receiving services** must take all reasonable steps to:

- learn whether a consumer has an advance statement of preferences or has identified a nominated support person (s 32). All reasonable efforts must be made to adhere to the preferences in this document (s 33).
- identify and contact families, carers and supporters and include them in care decisions in line with the information sharing principles of the Act and consumer preferences.
- maintain communication with consumers, families, carers, and supporters so they are always aware of who to go to for help. This includes but is not limited to:
  - ensuring key staff are introduced, and their roles and responsibilities are explained. Providing an orientation to new care environments, including information about safety, offering a tour of the facilities, and introducing them to other consumers. Providing opportunities to access peer support.
  - applying [Safewards](https://www.health.vic.gov.au/videos/discharge-messages) interventions to support consumer safety as they enter bed-based services. Consumers must be supported throughout admissions to maintain or, where required, establish community links, including but not limited to, education, spiritual or cultural links and clinical and non-clinical supports - for example housing and NDIS support.

## Exiting bed-based designated area mental health services

Treating teams in bed-based designated mental health services are responsible for planning in collaboration with consumers, families, carers and supporters, and other service providers for when consumers exit their service. This collaborative planning should start early in the admission and must be based on supported decision making, which is documented accordingly.

It must be clear to all participants in the planning process which service provider or team has clinical accountability at all times. For example, a consumer may leave a bed-based service and be supported by an acute community team for a period before moving back to the ongoing community team.

The following should be considered when consumers are leaving bed-based services:

- Each transfer must be documented and communicated directly between teams.
- Working together with families, carers and supporters to plan for a safe and supported transfer from bed-based to community settings is critical to supporting successful transfers.
- Responsibilities of service providers in the community for example, GPs or mental health and wellbeing supports must be established before the transfer of care.
- Where possible services providing supports on exit should be supported to build rapport and engagement during the inpatient admission, for example Aboriginal Community Controlled Health Organisations, community mental health and wellbeing staff, community lived experience staff, alcohol and other drugs supports
- If a high level of NDIS support is required, the community treating team at the bed-based mental health service should consider how this can occur. This may include:
  - ensuring all NDIS planning and assessments that can occur during admission are facilitated and prioritised
  - supporting NDIS staff to build rapport with consumers and to build necessary capability before discharge.
- When transferring to a community-based team at a designated mental health service the community team must:
  - contact the consumer, preferably via in-person contact but at a minimum via telephone, within seven days
  - provide support for consumers to attend follow up appointments if necessary.

## Transfer of care plans (discharge summaries)

A transfer of care plan, often called a discharge summary, is required for many transfers of care. This includes, when:

- a consumer exits a bed-based service
- a consumer transfers between designated area mental health services,
- an episode of care with a designated mental health service ends.

The transfer of care plan must be prepared by the referring service and shared with relevant service providers, consumers, family, carers, and supporters, in line with consumer preferences and information sharing principles of the Act. This plan must be shared with all relevant parties as soon as practicable (ideally within 48 hours).

Transfer of care plans must include (if relevant):

- Mental Health and Wellbeing Act documents, including the advance statement of preferences and details of the nominated support person
- details of follow-up appointments
- details of prescribed medication, plans for dispensing or administration and the rationale for changes to medication during the inpatient stay
- progress with admission against goals and continuing recovery plans including relapse prevention strategies
- information about incidents that occurred during the admission, for example sexual safety incidents
- information about alcohol and other drug supports
- mental state examination at the time of transfer to provide a baseline for the receiving service
- information about how to access support in a crisis, including afterhours phone numbers and help lines
- information about what the person finds helpful and supportive when experiencing a crisis or acute psychological distress
- contact information for next of kin.



## Transferring to another designated mental health service

There are additional considerations when consumers are moving from one designated mental health service to another. This advice applies to both voluntary and compulsory patients.

- The receiving service must contact the consumer following transfer in a timely way, determined by the consumer's preferences and clinical need.
- The referring service should not close their episode of care until the consumer has been seen by the receiving service and this has been confirmed.
- Referring and receiving services should work together to ensure necessary supports are established in the new area, for example pharmacy and community services that support the persons recovery goals.
- In circumstances where a patient cannot be contacted following a transfer, the referring service should make all efforts to locate the person via the next of kin, home visits and communicating by phone and in writing. The referring service should make a missing person's report to police if indicated.
- There may be a transition period during which both the referring and receiving services are engaged with the consumer, which can support a safe transfer of care. However, it must always be clear which service holds clinical accountability.
- Services must work together to identify the level of care that will be required when care is transferred to the new area for example, a period of care with the acute community team before moving to the ongoing community team.

## Transfers to and from custodial settings

The advice outlined in this document applies to all mental health and wellbeing services, including those delivered in custodial settings. Additional considerations apply when transferring the care of people to and from forensic settings, including prisons and youth justice centres:

- Comprehensive and timely communication between clinical mental health service providers in custody and in the community supports continuity, and the safe and effective transfer of care for individuals through what is often a high-risk period.
- People with forensic histories can experience stigma and discrimination which can make it difficult to reintegrate into the community and access appropriate support. Comprehensive care planning and communication with mental health and other support services can ensure better access to appropriate care and support.
- People are especially vulnerable within the first weeks of leaving prison or youth justice settings. Supporting a consumer to prepare for their release from custody should include ensuring education about reducing the harms associated with drug and alcohol use is provided.
- If the person is released on an inpatient assessment order, it is important that there is comprehensive communication with the receiving service. Where possible the person should be transported to and assessed at their local area mental health service. Protracted periods in emergency departments and in unfamiliar mental health services can cause significant distress to all and lead to poor outcomes.

## Compulsory treatment orders

When moving into a new catchment area, consumers who are subject to treatment orders under the Act need to be formally transferred to the relevant designated mental health service.

It is especially important during this process that the [mental health and wellbeing principles](https://www.legislation.vic.gov.au/as-made/acts/mental-health-and-wellbeing-act-2022) <<https://www.legislation.vic.gov.au/as-made/acts/mental-health-and-wellbeing-act-2022>> and the [decision making principles for treatment and interventions](https://www.health.vic.gov.au/chief-psychiatrist/decision-making-principles-for-treatment-and-interventions-mental-health-and-wellbeing-act-2022) <<https://www.health.vic.gov.au/chief-psychiatrist/decision-making-principles-for-treatment-and-interventions-mental-health-and-wellbeing-act-2022>> are given proper consideration. Consider how treatment care and support can be provided in the least restrictive way, how supported decision making can guide care planning and promote autonomy, and how the individual needs of each consumer, for example, cultural safety will be attended to.

It is important to recognise that a transfer of care is a high-risk period for consumers, especially those subject to compulsory treatment. Services must ensure appropriate treatment, care and support is provided in a timely way.

In addition to the advice outlined above, the following guidance for consumers subject to compulsory treatment orders should be adhered to:

- provide consumers, families, carers and supporters with clear, accessible information about the transfer process, including the responsibilities that sit with each service and who to contact for support, particularly in a crisis.
- the Variation of Order to Transfer Compulsory Patient (Form MHWA 123) form must be completed.
- the referring service retains clinical accountability until the transfer is formally accepted by the receiving service.
- if a Mental Health Tribunal hearing is scheduled soon after transfer (within 4 weeks), in most instances a report for the Tribunal should be prepared by the referring service. Consideration should be given to which service has had the most contact with the consumer and is best able to ensure the decision making principles are given proper consideration.
- designated mental health services must accept treatment orders for consumers who live in their catchment area at the time of referral. The consultant of the referring service must discuss the transfer of the treatment order with the consultant of the receiving service. Services can make an assessment once the transfer has occurred and revoke the treatment order if required.
- if the consumer on a community treatment order cannot be located, services must decide whether to revoke the treatment order or vary it to an inpatient treatment order. Services should consider making a missing persons report as outlined above. These changes should be made by the referring service.
- interstate transfers for compulsory consumers must be discussed with the authorised psychiatrist. If you cannot resolve the issue locally, [email the Office of the Chief Psychiatrist](mailto:ocp@health.vic.gov.au) <[ocp@health.vic.gov.au](mailto:ocp@health.vic.gov.au)> or phone 1300 767 299.

## Shared care across public and private settings

Shared care agreements are formal agreements that delineate the roles, functions, and areas of clinical focus for health professionals. These agreements, promote communication and collaborative practice and include for example a shared care agreement between:

- a designated mental health service and a private psychiatrist or GP encompassing medication management such as for clozapine
- a private psychiatrist and an acute community team at a designated mental health service at times of increased need.

Shared care arrangements must have clearly documented information that is available to all parties including the consumer and their family, carer and/or supporter that identifies:

- the roles and responsibilities for each service provider
- which service or provider holds clinical accountability at all times
- how to seek help, particularly when in crisis.

All parties to a shared care arrangement must establish clear processes around sharing information. Optimally, all parties will be in regular communication and share information transparently.

Consider the consumer's preference about how information is shared. A consumer's health information can generally only be disclosed to another person or entity with the consumer's content. Consumers may choose to have some, but not all, of their information shared between service providers. In certain circumstances, service providers and designated mental health service providers may share information without a person's consent, if the disclosure is made in accordance with the Health Complaints Commissioner guidelines and it is reasonably necessary to lessen or prevent a serious threat to the person's life, health, safety or welfare (s 30 of the Act). An example of information that is likely to be essential to share, to ensure a robust shared care arrangement, is providing an up-to-date medications list and making explicit who has responsibility for medication prescribing, administering, monitoring and management.

For some consumers, a shared care arrangement may be part of a stepped approach to discharge from a designated mental health service to community-based providers.

Further information about shared care can be found in the document [Best practice referral, communication and shared care arrangements between psychiatrists, general practitioners and psychologists](https://www.ranzcp.org/clinical-guidelines-publications/clinical-guidelines-publications-library/psychiatrists-general-practitioners-and-psychologists) <<https://www.ranzcp.org/clinical-guidelines-publications/clinical-guidelines-publications-library/psychiatrists-general-practitioners-and-psychologists>>

## Ending an episode of care

Transfer of care to a GP, private psychiatrist, or community-based mental health and wellbeing service is a goal for many consumers. Supporting this goal aligns with the principle of providing care in the least restrictive way possible. While this may be a long-term plan for some, working towards this goal can support recovery and a sense of hope. For other consumers, ending an episode of care can be challenging, and may evoke strong emotions and reactions, including a sense of abandonment.

All attempts should be made to ensure the consumer, family, carers and supporters are comfortable with the transfer of care arrangements.

A transfer of care plan or discharge summary must be prepared in line with the advice outlined above. In addition, clear information about how the designated mental health service can be re-engaged, adopting a 'no wrong door' approach, must be provided.

Case closure should only occur after care has been successfully transferred to the new service provider where this is indicated. The process of case closure should be reviewed by the treating team and signed off by the responsible consultant psychiatrist.

## Special circumstances

For some consumers there will be circumstances that require need extra consideration.

### Persons with care responsibilities for children, vulnerable people or animals

Transfers of care for consumers who have caring responsibilities for children, vulnerable people or animals must ensure that appropriate support to meet these responsibilities is available. For more information see the Chief Psychiatrist's guideline on [Working together with families and carers](https://www.health.vic.gov.au/chief-psychiatrist/working-together-with-families-and-carers) <<https://www.health.vic.gov.au/chief-psychiatrist/working-together-with-families-and-carers>>.

Identify and assess the needs of dependent children or vulnerable adults (for example, older people or people with a disability) that the consumer cares for. This is an important part of planning the consumer's treatment, care and support.

Section 28 of the Act states that "the needs, wellbeing and safety of children, young people and other dependants of people receiving mental health and wellbeing services are to be protected."

- Ensure care arrangements are in place if required.
- Recognise that children may be acting as young carers, and carer support should be offered.
- Support the consumer and family to make links with community-based child and family services, including a maternal and child health nurse.
- Consult with Families where a Parent has a Mental Illness (FAPMI), a program that can provide primary or secondary consultation in designated mental health services.
- Include clinical and non-clinical support networks, such as family services, family, carers and supporters in planning for transfers of care throughout the admission or episode of care. Family meetings, or care team meetings should be held to ensure transfer of care plans are safe and comprehensive. Transfer of care plans should identify other supports the consumer may need to support them to safely fulfill their caring responsibilities when they exit a bed-based service.
- If a mental health and wellbeing service's staff member whose profession makes them a mandatory reporter forms a belief on reasonable grounds that a child needs protection from physical injury or sexual abuse, they have an obligation to notify child protection services. Notifications to child protection services should occur with the knowledge of the consumer rather than anonymously whenever possible. Refer to [Mandatory Reporting](https://providers.dffh.vic.gov.au/mandatory-reporting) <<https://providers.dffh.vic.gov.au/mandatory-reporting>> for more information.
- If child protection services are involved, designated mental health services can share information with these services under the Child Information Sharing Scheme. Services should also support the consumer in their interactions with them.
- Support should be provided to consumers who have pets to arrange for their care during admissions.

## Children and young people as consumers

In addition to the principles and practice outlined above there are extra considerations, and legal obligations, when transferring a child or young person's treatment and care. This includes obligations under the Act, *Children Youth and Families Act 2005*, *the Medical Treatment Planning and Decision Act 2016*, *Child Safety Standards Victoria* and *the Family Law Act 1975 (Cth)*.

The Act establishes the wellbeing of young people principle under section 24, stating that:

- The health, wellbeing and autonomy of children and young people receiving mental health and wellbeing services are to be promoted and supported, including by providing treatment and support in age and developmentally appropriate settings and ways. It is recognised that their lived experience makes them valuable leaders and active partners in the mental health and wellbeing service system.
- Mental health and wellbeing service providers must be clear about who is/are the parent(s) (refer to above definitions section) and/or guardian, as well as any Family Court parenting orders.
- Parents, families, carers, supporters and/or guardians must be involved in treatment decisions, respecting the child and/or young person's right to supported decision-making. This should be done in a developmentally and family centred way.
- Mental health and wellbeing service providers must ensure health and personal information is only shared with consumers' consent, or under the information sharing principles of the Act (See part 17.1 of the Act). Section 722(e) states that the disclosure, use and collection of personal information or health information about a consumer should, if the circumstances are appropriate, through engagement and inclusion, supporting family, carers and supporters of the person to fulfil their role in relation to the person. The Act allows for information to be shared with these individuals with the consumer's consent (s 729(1)), or without consent in some circumstances (s 730(2)), such as when the disclosure is made to a parent of the person and the person is under 16 years old, or the disclosure is made of the DFHH Secretary who is responsible for the person under a child protection order.
- Specific professional groups are legally obliged to report a reasonable belief of child physical injury or sexual abuse to child protection authorities (See: [Mandatory reporting](https://providers.dffh.vic.gov.au/mandatory-reporting) <<https://providers.dffh.vic.gov.au/mandatory-reporting>>)
- Service providers who are not mandatory reporters should also make a report to Child Protection if they have formed a reasonable belief that a child has suffered or is likely to suffer significant harm because of abuse or neglect and their parent has not or is unlikely to protect them from harm of that type. [Child Protection](https://services.dffh.vic.gov.au/child-protection) <<https://services.dffh.vic.gov.au/child-protection>>
- Mental health and wellbeing service providers must comply with the [Victoria's Child Safe Standards](https://ccyp.vic.gov.au/child-safe-standards/) <<https://ccyp.vic.gov.au/child-safe-standards/>> and ensure they have policies, procedures, and practices in place to keep children and young people safe.

## Family violence

Mental health and wellbeing services should provide a safe space for consumers to disclose family violence and respond appropriately to disclosures. The [Family Violence Multi-Agency Risk Assessment and Management Framework \(MARAM\)](https://www.vic.gov.au/maram-practice-guides-and-resources) <<https://www.vic.gov.au/maram-practice-guides-and-resources>> provides guidance to support services in identifying, assessing and managing family violence risk.

- Mental health and wellbeing services need to ensure they do not unwittingly collude with perpetrators or increase the risk of family violence.
- Section 31 in part 1.6 of the Act establishes that a person who is required or authorised under the Act to give or disclose personal information must not do so if they reasonably believe that by doing so there is a risk that a person may be subjected to family violence or other serious harm. This applies even when a consumer has provided consent for information to be shared (s 31(3))
- Consider alternative accommodation options, and referral to family violence support in line with the consumer's preferences.
- Specialist family violence advisors or local family violence services should be consulted when family violence is suspected.
- Mental health and wellbeing services may provide treatment, care and support to consumers who are perpetrators of family violence. When planning transfers of care for these consumers, services must be aware of potential risks and ensure they share relevant information with family, carers, and supporters in line with the Act. Carer support should be offered to ensure appropriate community supports are in place.
- When there are concerns about family violence consider the safety of all family members including children and young people (outlined) above.
- Designated mental health services can share information with other prescribed services under the Family Violence Information Sharing Scheme, which enables the sharing of information for family violence risk assessment or risk management in relation to both children and adults.

## Homelessness and insecure housing

Many consumers experience homelessness and insecure housing at some time in their life.

When homelessness or insecure housing is identified during an episode of care, mental health and wellbeing services should provide the following supports as part of their transfer of care planning:

- identify the most appropriate staff member to assist with housing. For example, the hospital social worker, case manager or key clinician.
- link consumers with local housing service and facilitate or support appointments as required.
- assist the consumer to address any barriers to housing, such as ensuring appropriate income support is established for example, Centrelink sickness benefits.
- work with consumers, families, carers and supporters to ensure admissions to bed-based services do not disrupt rental or mortgage payments and cause arrears.
- if a consumer is discharged from a bed-based service into inappropriate or insecure accommodation extra support in the community may be required. Community based teams, or specialist homelessness teams should be linked in.

## Supported residential services

Supported residential services (SRS) are private businesses that provide accommodation, meals and basic support 24 hours a day, 7 days a week with the activities of daily living.

If a consumer is being transferred to an SRS, develop a plan for ongoing treatment, care and support that identifies NDIS, My Aged Care supports, and mental health and wellbeing supports. Please refer to the information sharing principles to ensure that information is shared appropriately between mental health and wellbeing service providers and SRS staff (part 17.1 of the Act).



## References and resources

[Australian Commission on Safety and Quality in Health Care: Medication safety standard](https://www.safetyandquality.gov.au/standards/nsqhs-standards/medication-safety-standard)

<<https://www.safetyandquality.gov.au/standards/nsqhs-standards/medication-safety-standard>>

[Australian Commission on Safety and Quality in Health Care: Medication reconciliation](https://www.safetyandquality.gov.au/our-work/medication-safety/medication-reconciliation)

<<https://www.safetyandquality.gov.au/our-work/medication-safety/medication-reconciliation>>

[Australian Commission on Safety and Quality in Health Care: Partnering with consumers standard](https://www.safetyandquality.gov.au/standards/nsqhs-standards/partnering-consumers-standard)

<<https://www.safetyandquality.gov.au/standards/nsqhs-standards/partnering-consumers-standard>>

[Best practice referral, communication and shared care arrangements between psychiatrists, general practitioners and psychologists](https://www.ranzcp.org/clinical-guidelines-publications/clinical-guidelines-publications-library/psychiatrists-general-practitioners-and-psychologists)

<<https://www.ranzcp.org/clinical-guidelines-publications/clinical-guidelines-publications-library/psychiatrists-general-practitioners-and-psychologists>>

[Commission for Children and Young People: The Child Safe Standards](https://ccyp.vic.gov.au/child-safe-standards)

<<https://ccyp.vic.gov.au/child-safe-standards>>

[Family Violence Multi-Agency Risk Assessment and Management Framework \(MARAM\)](https://www.vic.gov.au/maram-practice-guides-and-resources)

<<https://www.vic.gov.au/maram-practice-guides-and-resources>>

[Local adult and older adult mental health and wellbeing services](https://www.health.vic.gov.au/mental-health-reform/local-adult-and-older-adult-mental-health-and-wellbeing-services)

<<https://www.health.vic.gov.au/mental-health-reform/local-adult-and-older-adult-mental-health-and-wellbeing-services>>

[Medical Treatment Planning and Decisions Act 2016 \(Victoria\)](https://www.legislation.vic.gov.au/in-force/acts/medical-treatment-planning-and-decisions-act-2016)

<<https://www.legislation.vic.gov.au/in-force/acts/medical-treatment-planning-and-decisions-act-2016>>

[Mental health services and supported residential services - A guideline to promote the collaborative support of residents](https://providers.dffh.vic.gov.au/mental-health-services-and-supported-residential-services-guideline-promote-collaborative-support)

<<https://providers.dffh.vic.gov.au/mental-health-services-and-supported-residential-services-guideline-promote-collaborative-support>>

[Safewards Victoria](https://www.health.vic.gov.au/practice-and-service-quality/safewards-victoria)

<<https://www.health.vic.gov.au/practice-and-service-quality/safewards-victoria>>

[State of Victoria, Department of Families, Fairness and Housing: Mandatory reporting](https://providers.dffh.vic.gov.au/mandatory-reporting)

<<https://providers.dffh.vic.gov.au/mandatory-reporting>>

[Working across service boundaries](https://www.health.vic.gov.au/practice-and-service-quality/working-across-service-boundaries)

<<https://www.health.vic.gov.au/practice-and-service-quality/working-across-service-boundaries>>

[Working together with families and carers](https://www.health.vic.gov.au/chief-psychiatrist/working-together-with-families-and-carers)

<<https://www.health.vic.gov.au/chief-psychiatrist/working-together-with-families-and-carers>>