1. Purpose

This Policy outlines the relevant provisions of the *Mental Health Act 2016*, and the Chief Psychiatrist Policy, relating to referral, transportation, admission, treatment and care, and return of people in custodial settings.

2. Scope

This Policy is mandatory for all authorised mental health services (AMHSs). An authorised doctor, authorised mental health practitioner, AMHS administrator, or other person performing a function or exercising a power under the Act must comply with this Policy.

This Policy must be implemented in a way that is consistent with the Objects and Principles of the Act.

3. Authorising Legislation

Section 305 of the *Mental Health Act 2016*.

4. Background

Under the Act (section 65), a person may be transported to an AMHS and become a classified patient (involuntary) if:
- the person is subject to a recommendation for assessment made under Chapter 2 of the Act
- an administrator consent has been made for the person, and
- a custodian consent has been made for the person.

Under the Act (section 66), a person may be transported to an AMHS and become a classified patient (involuntary) if:
- the person is subject to a treatment authority, treatment support order or forensic order (mental health)
- a transfer recommendation has been made for the person
- an administrator consent has been made for the person, and
- a custodian consent has been made for the person.

Under the Act (section 67), a person may be transported to an AMHS and become a classified patient (voluntary) if:
- the person consents to being treated in an AMHS
- a transfer recommendation has been made for the person
- an administrator consent has been made for the person, and
- a custodian consent has been made for the person.

4.1 Chief Psychiatrist consent

If a person is not transported to an AMHS within 72 hours of a recommendation for assessment or recommendation for transfer being made, a doctor or authorised mental health practitioner in the referring service must notify the Chief Psychiatrist. The Chief Psychiatrist may consent to a person being transported to an AMHS after receiving a notice from a doctor or practitioner, or if the Chief Psychiatrist otherwise becomes aware a person has not been transported to a service.
When the Chief Psychiatrist consents to the transport of a person, the AMHS administrator must arrange for a person to be transported to the service as soon as practicable, subject to custodian consent.

4.2 Ceasing to be a classified patient

Under the Act (section 80), a person must be returned to custody if they are a classified patient (voluntary) and they withdraw consent to being treated in an AMHS. However, if a treatment authority is made for the person, the person may continue to be detained in the AMHS as a classified patient (involuntary).

Under the Act (section 81), a person must also be returned to custody if an authority or order for the person is revoked, no subsequent authority or order is made and the person does not become a classified patient (voluntary).

A person must also be returned to custody (under section 82 of the Act) if the Chief Psychiatrist decides that it is not clinically appropriate for the person to receive treatment and care in an AMHS. This may occur on the advice of an authorised doctor or on the Chief Psychiatrist’s own initiative.

If a reference is made to the Mental Health Court, the person stops being a classified patient in relation to the reference when the Court makes its decision (section 80).

On being notified by the Chief Psychiatrist of a person’s return to custody, the custodian must make arrangements for an authorised person to transfer the person from an AMHS within one day.

Under the Act (section 80), a classified patient is to be released from detention in an AMHS when there is no longer a reason for the person to be in lawful custody. Examples include:

- the person is granted bail or the prosecution of the charge is discontinued
- for a person awaiting sentencing, a term of imprisonment is suspended or an order of imprisonment is not made, or
- the person is released on parole or the term of imprisonment ends.

When an AMHS administrator receives notice from the custodian that there is no longer a reason for the person to be in lawful custody, the person ceases to be a classified patient. However, the person can continue to be detained in the AMHS other than as a classified patient.

5. Policy

5.1 Definitions

Clinical director means a senior authorised psychiatrist who has been nominated by the administrator of the AMHS to fulfil the Clinical Director functions and responsibilities outlined in this Policy.

Collateral Material means any relevant material currently available including, but not limited to, clinical notes, medication chart, current risk screen, court and discharges dates, and details of offences.

Recommendation means a recommendation for assessment or transfer recommendation.

Relevant AMHS means:
- where a person requires admission to The Park Centre for Mental Health – High Secure Program (HSIS), the HSIS, or
- where a person does not require admission to the HSIS, the AMHS:
- if it is determined by the referring service that the person is not fit to travel, the closest or, if in South East Queensland, the next closest AMHS
- that is responsible for the person’s a treatment authority, forensic order (mental health) or treatment support order
- where the person has an open service episode, which has not been initiated by the Prison Mental Health Service or Court Liaison Service
- in the locality the person resided, or the person’s last known residential address prior to arrest, or
- where the person has recent or strong treatment links.

If none of the above criteria apply or the person is homeless, other considerations need to be taken into account, such as location of the court where the person was processed, location of key supports in the community, geographical distance to a proposed service and the patient’s fitness for travel.

Where there is no preferred AMHS based on the above criteria, admission should be negotiated with the nearest most appropriate AMHS.

### 5.2. Referral and Admissions

#### 5.2.1. Referral

When a Recommendation is made by a doctor or authorised mental health practitioner, the Recommendation must be sent via email or CIMHA to the Relevant AMHS. The Recommendation must be sent under a covering referral letter and include any Collateral Material to support the Recommendation. This will provide a more detailed picture of a person’s circumstances for the Relevant AMHS to consider.

All Recommendation and Collateral Material must also be sent to the State-wide Co-ordinator – Classified Patients.

#### 5.2.2. Admission

The administrator of the Relevant AMHS, on receipt of the Recommendation, referral letter and any Collateral Material must respond to the referring service as soon as possible, but within 72 hours of receiving the documentation. The following options apply:

- If a bed is available, the administrator consent is signed and arrangements made for the person’s transport to the AMHS
- If a bed is not currently available, the administrator must advise on the expected timeframe for when a bed will be available. Clinical considerations are to be discussed between the referring service and the AMHS with regard to the timeframe and the suitability of that timeframe given the patient’s treatment and care needs, or
- If a bed will not be available within the 72 hours of receiving the documentation and it is not clinically appropriate for the person to wait for a bed to become available, the administrator must outline the efforts made to contact other Relevant AMHSs to find a bed. The referring service may offer assistance in this regard. The administrator must keep the referring service informed as negotiations proceed.

During the time of reply from the AMHS, the referring service must keep the AMHS up to date with any clinical change to the patient’s status and provide further Collateral Material as it comes to hand.

If, after 72 hours of receiving the documentation, there is not an identified pathway that meets the person’s clinical and risk management needs, the Classified Patient Committee must be notified (see 5.6).
All correspondence via the referring service and the Relevant AMHS must be copied to the State-wide Co-ordinator – Classified patients.

5.2.3. Prioritisation of patients

A referring service, who has made multiple Recommendations to a Relevant AMHS, must advise the Relevant AMHS the order of priority of patients.

The referring service must regularly update the Relevant AMHS if the order of priority changes. Referrals can be sent from a number of different services and those services can only provide priority information for the patients under their care. The Relevant AMHS must take information from all referral services into consideration when determining which patients an administrator consent is to be made for.

5.2.4. Photographs

All classified patients must be photographed. The photograph must be uploaded to CIMHA on admission and as changes to appearance are noted.

5.3. Transport of patients

Patient safety is a priority in the transfer of patients. Clinical considerations should be considered in deciding the mode of transport used to transfer a patient from a corrective services facility, watch house, court, or between AMHSs.

The interagency agreement between Queensland Health, Queensland Ambulance Service and Queensland Police, Safe Transport of People with a Mental Illness, suggests that as a general rule, air travel should be considered for journeys that would take more than two hours (one way) by road.

If a person was admitted to an AMHS that was the closest or next closest AMHS to their custodial facility due to being unfit to travel, and it is later determined that the patient is fit to travel, the patient may be transported to the AMHS that would otherwise be determined as their Relevant AMHS. This would take place only if it was clinically appropriate and reasonable to do so.

5.4. Limited Community Treatment

The Chief Psychiatrist must approve limited community treatment for classified patients (limited to escorted on grounds leave i.e. in the physical presence of a health service employee and limited to the grounds and buildings of the AMHS). The authorised doctor must send a Chief Psychiatrist Approval – Temporary Absences and Limited Community Treatment (LCT) for Particular Patients form for approval by the Chief Psychiatrist prior to the patient accessing the leave.

5.5. Return

If, on an examination of a classified patient, an authorised doctor is satisfied that it is not clinically appropriate for the person to receive treatment and care in an AMHS as a classified patient, the authorised doctor must:

a. give a verbal handover of clinical care to a treating clinician from the service who initiated the referral
b. provide all relevant Collateral Material and a discharge summary to a treating clinician from the service who initiated the referral, and
c. send a Notice Event (Classified Patient) form via email or CIMHA to the Chief Psychiatrist and Administrator of the AMHS.

All return documentation and Collateral Material must also be sent to the State-wide Co-ordinator - Classified Patients.

5.6. Classified Patient Committee (CPC)

The purpose and structure of the CPC is described in its Terms of Reference (Attachment 1).

A referral must be made to the CPC if:
- after 72 hours there is not an identified pathway that meets the person’s clinical and risk management needs in accordance with section 5.2.2 of this Policy, or
- there is an issue or concern with a return of a patient to custody, and after the escalation pathway has been followed (see section 5.7) the issue or concern is not resolved.

Referral to the CPC can be made by a staff member of the referring service, the Relevant AMHS, another AMHS involved in the negotiation of admission of a person, the State-wide Co-ordinator for Classified Patients, the Prison Mental Health Service or Court Liaison Service, or the Chief Psychiatrist.

5.7. Escalation Pathways

When a concern or dispute arises between services:
- the matter is to be escalated to the Clinical Directors of each service, and
- if the concern or dispute is not resolved within a reasonable timeframe, the matter is to be escalated to the Chief Psychiatrist, who may convene a meeting of the CPC with the relevant parties.

6. Documentation

All relevant correspondence, Collateral Material, notes of verbal discussions and discharge summaries must be uploaded to CIMHA.

7. Supporting documents

- Attachment 1: Terms of Reference for Classified Patient Committee

Issued under section 305 of the Mental Health Act 2016

Assoc. Prof John Allan
Chief Psychiatrist, Queensland Health
5 March 2017
Terms of Reference for Classified Patient Committee

1. Purpose
The purpose of the Classified Patient Committee (CPC) is to provide a forum for discussion, review and resolution of issues, and provision of advice, in relation to the Chief Psychiatrist Policy for Classified Patients regarding the transportation, admission, treatment and care, and return of Classified Patients.

2. Functions
The CPC will:

1. At least four times per year, as a whole committee, review:
   - referrals made in the preceding three months
   - policy and operational processes
   - complex cases, and
   - the agreed number of minimum State-wide beds and the breakup of those beds across AMHSs; the CPC may recommend to the Chief Psychiatrist a change to the State-wide bed numbers and the breakup of those beds across AMHSs.

2. Meet on an ‘as needed’ basis with the relevant members to resolve a referral, admission or return concern. When a matter cannot be resolved the matter is to be referred to the Chief Psychiatrist to make a determination.

3. Membership
The CPC comprises the Executive Directors of each AMHS, the Director of Queensland Forensic Mental Health Service, Clinical Directors of the Court Liaison Service, Clinical Directors of the Prison Mental Health Service (including relevant counterparts in the northern Queensland services), and the State-wide Co-ordinator – Classified Patients.

The Chief Psychiatrist reserves the right to attend or receive updates from the CPC at any time.

4. Member responsibilities
It is expected that all members will:
   - attend and contribute to meetings or nominate a proxy
   - ensure any nominated proxy is briefed about the purpose and functions of the committee and is given the authority to make decisions on behalf of the member, and
   - represent the perspectives of the specific service they represent.

5. Proxy
Members may nominate a proxy to attend a meeting on their behalf. When a proxy is nominated, the member is to notify the secretariat of the nomination prior to the meeting.
6. Governance
The CPC is governed by the Chief Psychiatrist.

The CPC will be chaired by the Chief Psychiatrist or nominated proxy. The chair will ensure the committee focuses on matters relevant to its function and considers each matter with propriety.

Secretariat support will be provided by the Queensland Forensic Mental Health Service. The secretariat will be responsible for:
   a. compiling and sending agenda and minutes
   b. coordinating and preparing background information, and
   c. coordinating and facilitating meeting requirements.

7. Frequency of meetings
The CPC is required to meet four times a year as a whole committee and on an as needed basis with the relevant members.

8. Quorum
Whole committee meetings will proceed on the basis that a quorum of half of the member services are represented.

Meetings on an as needed basis can proceed when at least the relevant Executive Director of the AMHS, Clinical Director of the referring service and the Director of Queensland Forensic Mental Health is in attendance.

9. Review of Terms of Reference
The Terms of Reference may be amended at any time by the Chief Psychiatrist or by a majority agreement of the CPC and approval by the Chief Psychiatrist.