

 <p>BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI</p>	<p>MENTAL HEALTH & ADDICTION SERVICES ASSESSMENT</p>	<p>Protocol CPM.M5.10</p>
<p>CLINICAL PRACTICE MANUAL</p>		

PURPOSE

It is Bay of Plenty District Health Board (BOPDHB) Mental Health & Addiction Service's (MH&AS) aim that all mental health care, treatment and support provided to clients is based on a comprehensive assessment and completed by a multidisciplinary team (MDT) with appropriate knowledge and skill.

OBJECTIVE

- To ensure all clients of MH&AS receive a comprehensive assessment, which provides the basis for treatment and evaluation of progress.
- To ensure all assessment in mental health is conducted utilising evidence based clinical practice, tools and processes.
- To ensure specific risk assessment is included as part of comprehensive assessment.

STANDARDS TO BE MET

- 1. All clients will receive a comprehensive assessment conducted using accepted evidence-based and culturally appropriate safe methods and tools.**
 - 1.1. Comprehensive evidence-based assessment tools and processes are in place and endorsed by the Clinical Director in the following sub-speciality services:
 - a) Crisis services
 - b) Adult community services
 - c) Adult inpatient services
 - d) Child, adolescent and family services
 - e) Older persons community services
 - f) Older persons inpatient services
 - g) Addiction services
 - 1.1. Comprehensive assessment in community, outpatient or inpatient services must include risk assessment (Refer to CPM.M5.26 Risk Assessment).
 - 1.2. Cultural assessment is made available to all clients via access to staff or community providers with specific cultural knowledge.
- 2. Community / Outpatient Services (includes Adult, Older Persons, Child and Adolescent Services and Community Alcohol & Drug Services)**
 - 2.1. Comprehensive assessment is the responsibility of the MDT that provides the service in the sub-speciality or geographic area.
 - 2.2. Comprehensive assessment will be conducted in a timely manner according to indicated need as identified during referral procedures (refer to CPM.M5.25 Referrals).
 - 2.3. The [CPM.M5.34 Triage Scale](#) provides the criteria and timeframes for urgency of service response that is required. The timeframes should be met for comprehensive assessment. Refer also to protocol CPM.M7.3 Intake.
 - 2.4. All assessments including Comprehensive and Crisis assessments that are not able to be undertaken or completed due to the consumers level of substance induced intoxication will be undertaken at the first practicable opportunity with reference to the above time scales.

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- 2.5. Service users who are re-referred to secondary MH&AS services after an initial referral has been declined entry will receive a comprehensive diagnostic assessment prior to an MDT case review and finalising treatment plan and / or communication with referrer.
- 2.6. Assessments are conducted in a setting agreed to by the person receiving the service wherever possible, and is deemed safe for those involved.
- 2.7. Comprehensive assessment involves the skills of members of the MDT.
 - a) All clients who require assessment will have their referral and identified needs reviewed by an intake / triage co-ordinator.
 - b) Following intake and triage, a staff member or members will be nominated to complete the comprehensive assessment.
 - c) The nominated assessor(s), following completion of the assessment, will provide a summary of the assessment, identified needs and any recommendations to the MDT.
 - d) If, following assessment, the client meets criteria for treatment from the MH&AS, the MDT and Team Leader will, nominate the appropriate treating clinicians (e.g. Doctor, Psychologist, Social Worker etc) including the allocation of a case manager, if applicable, for the client and this will be documented in the MDT meeting minutes.
 - e) The planned service interventions will be based on the clients assessed needs and reflected in a treatment plan that includes identifying which key members of the team will be directly involved with the client.
 - f) The clients assessment and response to the treatment plan will be reviewed by the case manager within 7 days and the MDT within 3 months (90 days) of the client entering the service, or sooner if needed, and at the team's nominated intervals following that.
 - g) It is the responsibility of the nominated case manager to ensure follow-up assessment and MDT review occurs.

3. Inpatient Services (Includes Adult and Older Persons Inpatient Services)

- 3.1. Commencement / completion of comprehensive assessment will occur prior to the decision to admit a client to inpatient services by a Medical Officer and / or appropriately trained mental health professional.
- 3.2. Assessment of immediate needs, including a risk assessment will be completed within 4 hours of admission to the inpatient facility and is the responsibility of the admitting registered nurse (RN).
- 3.3. Physical examination / assessment will occur within 8 hours of admission to the inpatient service and / or prior to medication being administered. It is the responsibility of the client's nominated RN to notify and liaise with the medical officer who is responsible for completing the physical examination / assessment.
- 3.4. Other specialist assessments will be arranged according to client needs e.g. social, cultural, occupational therapist, dietary, etc.
- 3.5. Reassessment and review will occur within 24 hours of admission and on a daily basis thereafter and is the responsibility of the client's SMO / Responsible Clinician and designated RN.
- 3.6. Reassessment and review will occur on a daily basis and is the responsibility of the client's designated RN and responsible Clinician.
- 3.7. MDT review of assessment and treatment will occur weekly for all inpatients.

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4. General Standards (Refers to all Community and Inpatient Services)

- 4.1. Comprehensive assessment, with the consent of the person receiving the service, includes their family, whanāu, other service providers and other people nominated by them or their family, whanāu.
- 4.2. Diagnosis is made using internationally accepted standards by an appropriately qualified and experienced Mental Health professional.
- 4.3. At the point diagnosis is made, each person receiving the service and their family, whanāu with consent, is provided with information on the diagnosis, options for treatment and possible prognosis.

REFERENCES

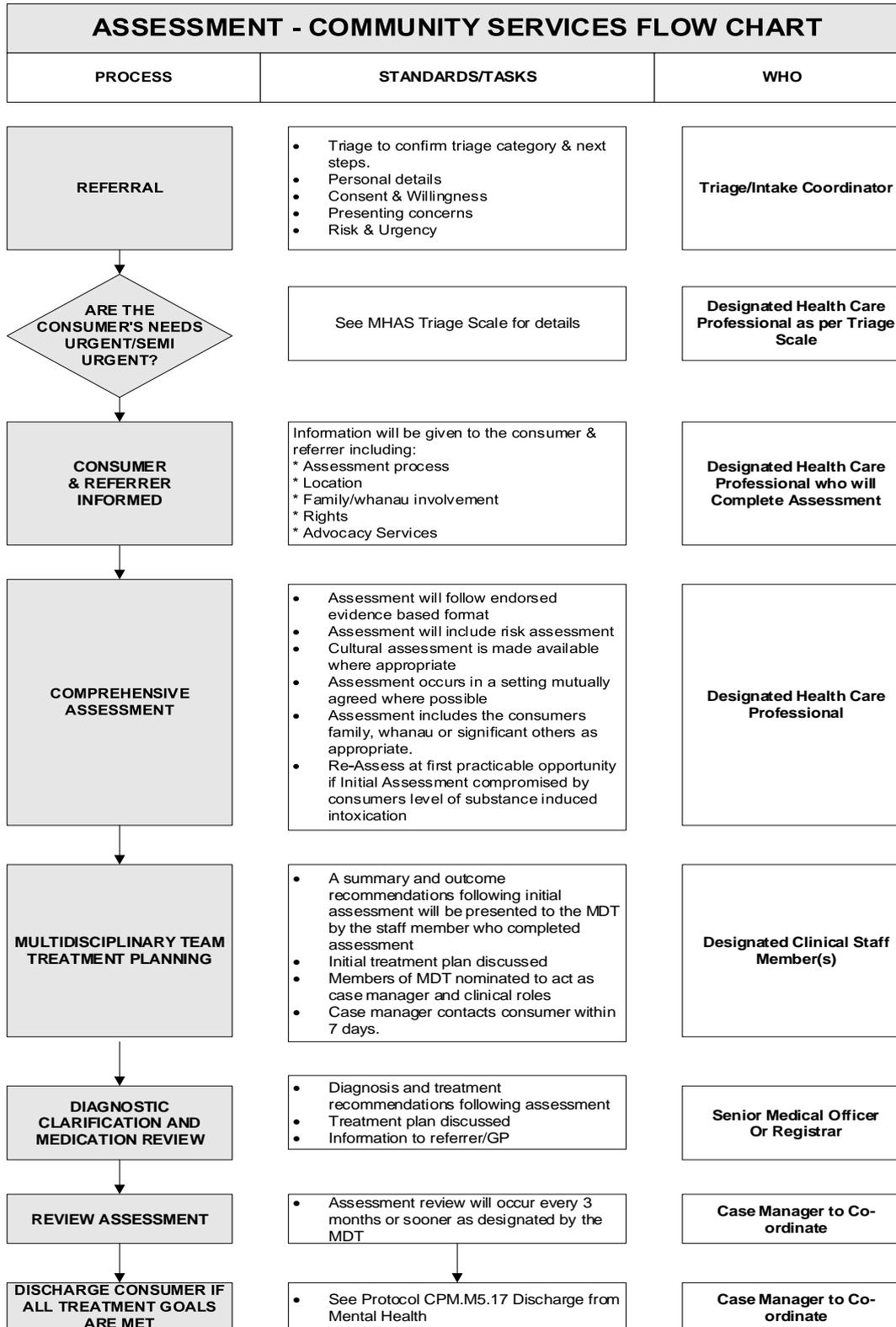
- Mental Health (Compulsory Assessment & Treatment) Act 1992 and Amendments
- Health and Disability Services Standard NZS 8134:2008

ASSOCIATED DOCUMENTS

- [Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M5.53 Triage Scale](#)
- [Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M7.3 CMH Intake Procedure](#)
- [Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M5.9 Admission to Acute Inpatient Unit](#)
- [Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M5.25 Referral](#)
- [Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M5.26 Risk Assessment](#)
- [Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M5.30 Treatment Plan](#)
- [Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M5.17 Discharge from Mental Health & Addiction Services I](#)
- [Bay of Plenty District Health Board policy 2.5.2 Health Records Management](#)

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APPENDIX 1: PROCEDURE



ASSESSMENT

INPATIENT SERVICES FLOW CHART

PROCESS	STANDARDS/TASKS	WHO
COMPREHENSIVE ASSESSMENT	<ul style="list-style-type: none"> Commences prior to decision to admit client to inpatient service 	Medical Officer and/or appropriately trained mental health professional
ADMISSION TO INPATIENT SERVICE	<ul style="list-style-type: none"> See Admission Protocol CPM.M5.9 	Designated Admitting Nurse and medical Officer
ASSESSMENT OF IMMEDIATE NEEDS AND RISK	<ul style="list-style-type: none"> Risk Assessment Protocol CPM.M5.26 	Designated Admitting Registered Nurse
PHYSICAL EXAMINATION ASSESSMENT	<ul style="list-style-type: none"> Will occur within 8 hours of admission and /or prior to medication being administered 	Medical Officer
REASSESSMENT AND REVIEW	<ul style="list-style-type: none"> Occurs daily Repeat risk assessment according to Protocol CPM.M5.25 	Nominated Nurse Responsible Clinician
OTHER SPECIALIST ASSESSMENTS	<ul style="list-style-type: none"> Arranged according to client's needs 	Medical Officer Designated Nurse
MULTIDISCIPLINARY REVIEW OF ASSESSMENT AND TREATMENT PLAN	<ul style="list-style-type: none"> Occurs weekly Includes Community Case-manager and Designated Inpatient Nurse 	Designated Nurse to Coordinate
DISCHARGE WHEN ASSESSED TO HAVE MET INPATIENT TREATMENT GOALS	<ul style="list-style-type: none"> Review for discharge should include Senior Medical Officer and designated nurse or delegates. 	Psychiatrist & Designated Nurse