Chief Psychiatrist Standard

Continuity of Mental Health care for People Exiting Prison

Version 1.1
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Government of South Australia
SA Health

Contents

1. Introduction

The *Mental Health Act 2009* (the Act) under Section 89 establishes the position of Chief Psychiatrist and under Section 90 provides the position with powers and functions, including the power to issue Standards.

The development of Standards provides the Chief Psychiatrist with a mechanism to carry statutory functions, such as monitoring the standard of mental health care, the treatment of patients, the use of restrictive practices and the administration of the Act. The implementation of Standards can also provide the Chief Psychiatrist with information including data that will inform other functions, such as promoting the continuous improvement of mental health service delivery and organisation and advising the Minister on issues relating to mental health.

2. Purpose

To define standards of continuity of care of persons in prison who require specialist mental health services, particularly where release from prison is imminent

Prevent serious incidents on release from prison related to mental illness, that may affect the person themselves, those around them, or members of the community. This prevention will be through care planning, preventing gaps in care and allocation of monitoring responsibilities for patients on community treatment orders.

The standard requires planned transfer of care and seeks to prevent the need for urgent and emergency reviews of patients by practitioners who have not received a handover (eg general practitioners and emergency departments.)

3. Scope

This standard applies to voluntary mental health patients, and patients to whom community treatment orders apply, who are also prisoners.

The definition of voluntary patient in this standard is the same as in section 39 (3) (a) of the *Mental Health Act 2009* (the Act).

Patients on community treatment orders are those subject to an order made under sections 10 and 16 of the Act.

People who are in prison and not subject to a community treatment order but are receiving specialist mental health care are a voluntary patient under the Act (in particular, they are a voluntary “community” patient as they are not inpatients).

It is noted that people in these categories are in the custody of the Chief Executive Department for Correctional Services (DCS) and receive primary care health services in prison, through South Australian Prison Health Services.

This standard applies to the mental health care of patients who are remand prisoners or sentenced prisoners.

4. The Standard

1. This Standard describes additional requirements in applying *Part 6 – Treatment and Care Plans* of the Act to patients in prison, and in particular to those who have a planned release from prison and those who are released by courts unexpectedly with

limited planning opportunity for clinicians.

2. With respect to treatment and care plans for voluntary patients, the s39 of the Act describes the requirement for treatment and care to be, as far as practicable governed by a treatment and care plan directed towards the patient's recovery.

3. With respect to treatment and care plans for patients on level 2 community treatment orders, s40 describes the requirements for a plan for such patients.

4. For patients to whom community treatment orders apply sections 14 and 19 of the Act, require that there is a mental health clinician who has ongoing responsibility for monitoring and reporting on the patient's compliance with the order to the Chief Psychiatrist.

5. In addition to these existing statutory requirements, this standard requires the following additional requirements are complied with:

6. For patients on a community treatment order who have a planned release from prison, this standard requires that a copy of the order and the treatment and care plan be provided to the accepting community mental health service prior to the day of release. The standard does not require a specific timeframe, but where possible this should occur 3 days prior to release.

7. For such patients on a community treatment order, this standard requires continuity with respect to the provision of s14 and s19. In particular there will always be a mental health clinician who has responsibility for monitoring and reporting to the Chief Psychiatrist on the patient's compliance with the order. There will be handover of responsibility that occurs on the day of release (except in those situations where the responsible mental health clinician for the patient in prison, also has ongoing responsibilities for monitoring after the patient is released.) .

8. For patients on a community treatment order who have an unplanned release from prison this standard requires that a copy of the order and the treatment and care plan be provided to the accepting community mental health service within two business days following release (or earlier if required for clinical reasons related to an individual's circumstances.) The handover of mental health clinician responsibility will occur on the day of release or as soon as practicable after release to the accepting community mental health team.

9. For voluntary patients in prison, who have a planned release from prison, and who require clinical follow up by a community mental health team, that where practicable, a referral is made prior to the patients release, and that the patient is provided on release with the name of the community mental health team providing follow-up and either a contact clinician or an appointment time[1].

10. For voluntary patients who have an unplanned release from prison this standard requires that similar arrangements as described for voluntary patients who have a planned discharge within 2 days following release from prison (or earlier if required for clinical reasons related to an individual's circumstances.)

[1] While this standard refers to community mental health teams, it is recognised that only a limited group will clinically require community referrals and a larger group will be referred to primary mental health care services. While this standard has not been written to apply to primary mental health care services, it should be followed as a guideline where possible.

5. Document Ownership and History

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For more information

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