Justice Health and
Forensic Mental Health Network

NSW GOVERNMENT

Justice Health NSW Procedure

Older Peoples Mental Health Service (OPMHS)

Issue Date: 8 May 2024

Together for
Healthier Tomorrows

Older Peoples Mental Health Service

Procedure Number 6.020

Procedure Function Continuum of Care

Issue Date 8 May 2024

Next Review Date 8 May 2027

Risk Rating High

Summary The purpose of this procedure is to guide how this specialist service operates within the custodial environment. The procedure explains what this service does, who it provides care for, how people can access the service, how it can support recovery, key partnerships, and governance structure.

Responsible Officer Clinical Nurse Consultant 2, OPMHS

Applies to
☐ Administration Centres
☐ Community Sites and programs
☒ Health Centres - Adult Correctional Centres or Police Cells
☒ Health Centres - Youth Justice Centres
☒ Long Bay Hospital
☐ Forensic Hospital
Other:

CM Reference PROJH/6020

Change summary More prescriptive guide – update of referral pathways and addition of relevant legislation, policies, documents, and guidelines.

Authorised by Service Director, Custodial Mental Health

Revision History

#	Issue Date	Number and Name	Change Summary
1	13 July 2020	Specialist Mental Health Service for Older People (SMHSOP)	Final version for publication
2	8 December 2023	*6.020 Specialist Mental Health Service for Older People (SMHSOP)*	More prescriptive guide – update of referral pathways. Addition of relevant legislation, policies, documents, and guidelines
3	8 May 2024	*6.020 Older Peoples Mental Health Service*	Name change of service Updated PAS waitlist names

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3. Table of Contents

4. Preface

Older Peoples Mental Health Service
The presentation of mental illness in older age is often atypical and mental illness often co-occurs with other physical conditions. Older people frequently have complex care needs, respond differently to medications compared with younger people and require a longer time for clinical recovery.

Older Peoples Mental Health Service (OPMHS) are a key component of the broader system of care and support for older people with or at risk of mental health problems, providing specialist clinical services.

The Justice Health and Forensic Mental Health Network (Justice Health NSW) OPMHS is a sub-speciality within the Custodial Mental Health Service. The purpose of this procedure is to guide how this specialist service operates within the custodial environment and the Forensic Hospital. The procedure explains what this service does, who it provides care for, how people can access the service, how it can support recovery, key partnerships, and governance structure.

The Justice Health NSW OPMHS aims to enhance the capacity of community correctional mental health and primary health services to manage the care of older people with serious mental health problems and/or Behavioural and Psychological Symptoms of Dementia (BPSD).

3. Procedure Content

3.1 Staffing

The service is provided by 1 FTE Clinical Nurse Consultant (CNC) 2 (0.5 FTE clinical and 0.5 FTE service coordination) and 0.5 FTE Staff Specialist.

OPMHS CNC role includes:

- Consultation liaison with aged care services, correctional centres and the Forensic Hospital.
- Completing comprehensive and ongoing mental health assessments and review of correctional patients with mental illness or dementia with BPSD
- The development and implementation of risk management plans.
- Referral for metabolic monitoring
- Completing standard outcome measures/CHIME standard measures
- Ensuring that correctional patients under OPMHS have regular reviews with a psychiatrist
- Ensuring that correctional patients being case managed by OPMHS have access to appropriate services, for example, cultural/spiritual, interpreter services, drug and alcohol, psychology, inmate support and programmes staff, or chaplain
- Identifying and providing information and support to family and carers
- Collaborating in the development and implementation of risk management plans
- Coordinate the discharge/transfer/planning/referrals of forensic patients to other services
- Providing advice to staff in other correctional centres regarding older adults with mental illness and/or dementia with BPSD
- Providing advice on appropriate pathways for older adults with mental illness and/or dementia with BPSD
- Providing education/training to staff, students, and Corrective Services NSW (CSNSW) staff about mental illness in older adults and dementia with BPSD

- Provide advice with regards release planning to other areas
- Attendance at prescribed meetings

OPMHS Psychiatrist roles include.

- Consultation liaison role with aged care services, correctional centres, and the Forensic Hospital
- Completing comprehensive and ongoing mental health assessment and review of correctional patients with mental illness or dementia with BPSD
- Referral for other treatment/pathology/scans and interpreting relevant investigations
- Initiating treatment and monitoring the effectiveness of treatment
- The development and implementation of risk management plans
- Referral for additional medical/mental health interventions as required
- Consultation with legal teams, court liaison services, OPMH LHDs, aged care service providers
- Provision of trauma therapy to OPMHS patients as indicated
- Supervise forensic advanced trainees in old age forensic cases
- Teach medical students on rotation from University of New South Wales (UNSW)
- Attendance at prescribed meetings

3.2 Patient group

Within the custodial setting OPMHS services are generally provided to people aged 55 years and over and 45 years and over for Aboriginal and/or Torres Strait Islanders people.

Referral Criteria

- A chronic or recurring mental illness (e.g., a diagnosis of schizophrenia/major affective disorder) and are experiencing ***aged-related*** problems. (For e.g., frailty, difficulty with Activities of Daily Living (ADL's) and incontinence)
- A suspected mental health problem or impaired cognition which requires a second opinion
- Behavioural and psychological symptoms of dementia (e.g., depression, delusions, shadowing, hoarding)
- The use of cholinesterase inhibitors is envisaged

The service is generally not suitable for patients who do not meet the age specific referral criteria or who present with a disability or health problem that can be managed by other services. OPMHS does not generally provide services for older people with a primary diagnosis of drug and alcohol disorder or delirium, as drug and alcohol service and geriatric medical services respectively, have the primary expertise and responsibility for managing these patients. However, OPMHS will exercise appropriate flexibility in providing assessment for older people with complex and unclear aetiology

3.3 Core functions

The Core functions of OPMHS are:

- Delivery of an outreach service within the custodial environment, including the metropolitan and rural areas, via onsite clinics, telehealth and MyVC appointments.
- Case management of older forensic patients that meet the OPMHS criteria
- A state-wide consultation-liaison service within the custodial environment and the Forensic Hospital – providing specialist mental health advice to the referrer for ongoing management of patients assessed as stable and low risk

- To promote culturally appropriate assessments and health care screening within the custodial environment for older people
- Preparation of reports for older forensic patients for Mental Health Review Tribunal (MHRT)
- Acceptance for short-term case management to stabilise a patient's mental state with handover back to the appropriate service once stabilised
- Referral to the appropriate speciality services Drug and Alcohol (D&A), State-wide Disability Services (SDS) and National Disability Insurance Scheme (NDIS)
- To assist with discharge planning from initial consultation, assisting with referrals to appropriate services such as the Aged Care Assessment Team (ACAT), NDIS, and NSW Civil & Administrative Tribunal (NCAT) – Guardianship/Financial Trustee
- Development of pathways to support discharge planning for the forensic patient and older people within the custodial setting
- Provision of advice to other key stakeholders for older people with co-existing mental health problems that may or may not be the primary focus of care, and long-standing mental health problems but no acute symptoms
- Ability to admit patients to the Aged Care & Rehabilitation Unit (ACRU), the Kevin Waller Unit (KWU) and the Aged and Frail Unit MRRC following referral and acceptance via the Aged Care Bed Demand Meeting
- Provide support and psychoeducation to carers and families of OPMHS patients
- Provision of education to Justice Health NSW and CSNSW staff
- Provide a point of referral and communication for OPMH services in the community that are transferring care or receiving care of older people with mental illness in custody
- Meet and discuss OPMHS forensic patient care with Mental Health Official Visitors

3.4 Referral

Referrals to the service must be made via completion of the SMHSOP referral form JUS200.78A and sent to the OPMHS generic email address: [redacted]

The referring team should ensure that the following assessments and investigations have been completed within the last 6 weeks prior to referral and the last review information and results are available through JHeHS:

- Review by the General Practitioner, Nurse Practitioner, Mental Health Nurse and/or Psychiatrist
- FBC's, EUC, LFT, B12, Folate, CaPO4, fasting bloods (Glucose, Lipids, Cholesterol), Syphilis, HIV, Urine MCS, drug screen

3.5 Triage

The triage process involves:

- The OPMHS team reviews all referrals and assessing against the referral criteria
- The OPMHS CNC communicates the outcome of the referral to the referrer or referring team and documents the outcome in the patients progress notes in JHeHS
- Where the patient referral is accepted, the OPMHS CNC places the patient on the OPMHS Patient Administration Service (PAS) waitlist utilising the PAS Mental Health Triage categories. For example MRRC waitlist/clinic – MRR-JCL-OPMHS (psychiatrist) and MRR-JCL-OPMHS-N (OPMHS CNC)
- Where the patient is housed in a Correctional Centre that is not a usual clinic, the CNC OPMHS must contact myIT and request a clinic is created on PAS
- The OPMHS CNC triages and prioritises their PAS waitlist and coordinates with the relevant clinic NUM &/or administration staff to coordinate the assessment.

- The Assessment/clinical review may take place face to face, via myVC or tele-health.
- If necessary, the OPMHS CNC will coordinate with interpreter service as per Policy 1.230 *Health Care Interpreter Services – Culturally and Linguistically*
- *Diverse and d/Deaf Patients*

3.6 Assessment

The OPMHS clinicians must complete a comprehensive assessment which includes:

- Review of JHeHS, ROI's, pathology, scans, appointments
- Mental health assessment and risk assessment completed in JHeHS using:
    - Mental Health Current Assessment
    - Mental Health Discharge Transfer
    - Mental Health Physical Appearance
    - Mental Health Physical Examination
    - Mental Health Review
    - Mental Health Substance Use
    - Mental Health Triage
    - Mental State Examination
- Care planning with patient and NUM of area and documented in the MDT Care Plan section in JHeHS
- Complete a JUS020.035 Consent to Liaise form and JUS020.015 Consent to Release Health Information as required prior to engagement with other service providers.
- Seek collateral information, care planning and/or discharge planning with other service providers
- Complete screening tools as required and all completed assessment forms to be uploaded in JHeHS under their respective names in 2. Observations and Assessments. These screening tools may be
  Cognitive screens - Falls screen, Pain screen, Confusions Assessment Method (CAM)
- Review medication regime in reference to treatment and risk of delirium
- OPMHS CNC to complete follow up reviews via PAS and CHIME
- Update the Health Problem Notification Form (HPNF) (JUS005.001) as required
- Complete all relevant documentation through JHeHS
- Summary of assessment/review/HPNF discussed and emailed to NUM of ward/clinic area.

3.7 Referral to Relevant Services

Referrals may be made to the following services – referrals are the responsibility of the OPMHS CNC however, they may require input from the OPMHS Psychiatrist

- CMH for more intensive mental health follow up – Custodial Mental Health Referral Form and email to [redacted]
- Nurse Practitioner Aged Care via PAS
- Allied health services via PAS (e.g., Physiotherapist, Podiatrist, Occupational Therapist, Speech pathology, Dietician)
- Palliative care team via PAS
- Integrated Care Services via PAS
- Drug and Alcohol Service via PAS
- Referrals to culturally appropriate service providers for those that identify as Aboriginal &/or Torres Strait islander and/or from culturally and Linguistically Diverse Backgrounds (CALD) Trans cultural mental health

- Religious services and other interagency service providers requested by the patient or deemed appropriate for the patient – CSNSW referrals
- General Practitioner Mental Health Consultation Liaison Team (GP MHCLT) via PAS.
- Community Forensic Mental Health Services (CFMHS).
- External service providers e.g., Prince of Wales Hospital Aged Care Assessment Team (POWH ACAT), Dementia Behaviour Management Advisory Service , Older Persons Mental Health Local Health Districts (contact Mental Health Line 1800 011 511), Aged Care Services in LHD's, Residential Aged Care Facilities (RACF's)

3.8 Interventions

- Collateral information and collaboration with primary health team, CSNSW.
- Advice given on referrals for aged care placements within the custodial setting
- Liaise with service providers in the community e.g., Department of Housing, Public Guardian, NDIS provider, Community health teams,
- Provision of informal and formal education
- Coordinate, organise access and attend assessments as required by community service providers (e.g., ACAT, RACF's, DB MAS) within the custodial setting
- Applications for National Disability Insurance Scheme
- Applications (on behalf of Justice Health and Forensic Mental Health Network) and preparation of reports for Guardianship and/or Financial Trustee.
- Contact with patient's families and carers.
- Providing support – for the family member if the patient had been their carer prior to coming into custody

3.9 Discharge from OPMHS service

Following assessment, treatment and stabilization of the patient's mental state and discussion within the team, OPMHS may discharge the patient. The SMHOP team may refer the patient for follow up with the Mental Health Consultation Liaison Nurse (MHCLN) General Practitioner (GP) service. Where no further intervention is required, the patient will be referred to primary care with advice to re-refer if necessary

3.10 Release Planning for patient's leaving custody

Release Planning for patient's leaving custody includes:

- Complete with patient Consent to release health information
- Refer to Justice Health NSW Policy Release planning and transfer of care policy – Adult to External Providers
- Referrals to prospective Residential Aged Care Facilities
  -Initial telephone referral and then forward the ACAT support plan and referral code via email for their consideration
- Organise for management of prospective Residential Aged Care Facilities to meet with patient in person or via tele-health
- Organise access for management of Residential Aged Care facilities when visiting Correctional centres to assess patients
- Liaise with other internal service providers e.g., Parole, Service and Programmes Officers, Correctional Services NSW
- Liaise with external service providers Residential Aged Care Facilities. Local Health Districts Older Persons Mental Health, Services Australia – Incarcerated Customer Services:
  NSWACT.INCARCERATED.CUSTOMER.SERVICING@servicesaustralia.gov.au
  NSW Patient transport

- Liaise with family/carers.

4. Forensic Patients under OPMHS

A forensic patient is a person who have been found unfit to be tried or, unfit to be tried and given a limiting term following a special hearing or, received a special verdict of Act Proven but Not Criminally Responsible (APNCR). In accord with MoH Policy Directive PD2021 050 Forensic Mental Health Services, all forensic patients must have a named Consultant Psychiatrist, who is responsible for the provision of psychiatric services for the patient and a named clinician who is responsible for the case management and coordination of any care for the patient. A forensic patient with a mental illness or a mental condition detained in a correctional centre should be under the care of a psychiatrist employed by Justice Health and Forensic Mental Health Network.

4.1 The OPMHS CNC Roles and Responsibilities

The CNC OPMHS provides case management of forensic patients in conjunction with the OPMHS Psychiatrist.

Duties include:

- Provision of the Tribunal to all forensic patients
- Completing comprehensive and ongoing mental health assessment and review of forensic patients
- Completing standard outcome measures
- Coordination of psychiatrist reviews for all forensic patient under case management
- Ensuring that forensic patients have access to appropriate services, for example, cultural/spiritual, interpreter services, drug and alcohol, psychology, inmate support and programmes staff, or chaplain
- Coordination of MHRT recommendations from previous hearings
- Preparing and providing the MHRT with reports relating to the patient's presentation and progress.
- To email reports to the Forensic Mental Health Liaison Officer (FMHLO) and Tribunal.
- Discussing the upcoming hearing with the patient.
- Co-ordinating the booking of an interpreter if necessary.
- Co-ordinating and participating in MHRT Hearings.
- Informing the MHRT of any significant changes in the patient's circumstances.
- Providing information and details of hearings to designated carers/family.
- Providing advice and support to staff in correctional centres regarding forensic patients.
- Complete, coordinate and plan the discharge, transfer, and referrals to other services.
- Participation in the Custodial Mental Health Forensic Patients and Forensic Community treatment Orders (FCTO) Case Management meetings.
- Coordinating services being provided, arranging resources, including transportation and escort.
- Maintaining patients records by reviewing case notes, logging events and progress.
- Providing education to Justice Health NSW and CSNSW staff in relation to forensic mental health.
- Liaising with other service providers.
- Updating designated carer(s) and/or principal care provider(s) of events affecting a patient in accordance with s. 78 of the MH ACT.
- Conditional release application process
- Preparation of Briefs as required.

4.2 The OPMHS Psychiatrist

The OPMHS Psychiatrist in conjunction with the OPMHS CNC is responsible for

- Regular mental health assessments and reviews.
- Initiating treatment and monitoring the effectiveness of treatment.
- The development and implementation of risk management plans.
- Referral for additional medical/mental health interventions as required.
- Preparing and providing the MHRT with reports relating to the patient's presentation, progress, and risk.
- Completing MHRT's recommendations from the previous hearing.
- Participation in the MHRT hearings.
- Participation in regular CMH Forensic Patient's Case Management meetings.

4.3 Nomination of Designated Carer and Principal Care Provider

Staff must refer to the following sections of the MH ACT and Mental Health regulation 2013 to direct practice in relation to the nomination of Designated Carer (s).

- S. 71of the MH Act – definition of Designated Carer(s)
- S. 72 of the MH Act – nomination requirements.
- Clause 42 of the Mental health regulation 2013 – the period for which a nomination of a Designated carer remains in force is 12 months. At this time, the nomination must be reviewed.
- The OPMHS psychiatrist must ensure that, in accord with s. 71 of the MH Act where there is no nomination in force and where the patient has declined to nominate or exclude a designated carer, that reasonable steps are taken to identify a person who might act in the capacity of the designated carer and principal care provider for the purposes of the act.

Staff must refer to the following sections of the MH Act to direct practice in relation to the nomination of Principle Care Provider(s):

- S. 72(a) of the MH Act – nomination of a Principal Care Provider.

4.4 Mental Health Review Tribunal (MHRT)

Prior to the MHRT hearing the OPMHS team must complete the following:

The OPMHS CNC must complete the Notice of Intent following consultation with OPMHS Psychiatrist 6 weeks prior to MHRT hearing.

The OPMHS psychiatrist must complete MHRT reports as requested no less than 2 weeks before the scheduled hearing, this report should include, at a minimum the following information:

- A summary of the patient's history
  - General background
  - Diagnosis
  - Life, activities, work prior to the index offence.
  - Past forensic and offending history
  - Any drug and alcohol history
  - Index offence
- Progress since the last tribunal hearing if relevant
- Current presentation
- Current medication and compliance
- Current risk assessment
- Future plans and recommendations by treating team.

Where the person is unfit to stand trial – the psychiatric report should address the following.

- Whether the person currently meets the criteria in R v Presser (1958) VR 45 and Kesavarajah v The Queen (1994) 181 CLR 230 for fitness, having regard to the offence with which the person has been charged, and the likely nature of a trial for that offence.
- Available treatment options.
- Whether the implementation of those options is likely, on the balance of probabilities to lead to the person becoming fit to stand trial within 12 months of the date of the court order
- Whether the person is suffering from a mental condition for which treatment is available in a mental health facility. If yes to the above, the report should include whether the person objects to being detained in a mental health facility.

A nursing report should be provided by the OPMHS CNC and should include the following.

- Mental State examination
- Activities/employment if any
- Family/primary carer involvement
- Random urine drug screens if any
- Nursing recommendations for placement and care.

Following the hearing a forensic patient should be provided with a copy of his or her forensic order and the OPMHS CNC and/or OPMHS psychiatrist should explain and discuss each condition with the person in terms that the person can understand.

The OPMHS CNC must ensure placement of the forensic patient in accordance with the MHRT's order.

5. Release Planning

5.1 Forensic Patients

Detention of forensic patient in an "other place"

In 2019 because of the R v Wilson case the NSW Supreme Court set a precedent which allows for the detention of an aged forensic patient in a suitable Residential Aged Care Facility. The requirements for a court (and by analogy the MHRT) to be satisfied that a person was able to be detained in an "other place" include.

- The place must be where a person can be detained.
- The person is not free to leave and if they were to elude staff and leave then steps would be taken to return the person, if necessary, through police involvement.
- A public aged care facility could also be a place of detention, if there were sufficient security measures in place. A private aged care facility may also reach this threshold.
- Whether there is sufficient security in place to amount to a place of detention is a matter of evidence.
- As the court must be satisfied that the level of security at a particular place amount to detention, it cannot make a general order that a person be detained at "an aged care facility" but must specify the aged care facility.

The MHRT has informed Justice Health NSW that this allows for transfer of a forensic patient to a locked aged care facility to continue their detention in that setting, without the need for leave or conditional release.

5.2 Medium Sub-Acute Units (MSU)

The referral of a forensic patient to a medium or low security mental health facility or other placement, for example Drug and Alcohol rehabilitation program, must have the support of

the Clinical Director Custodial Mental Health. The referral is sent via email using the Medium Secure Unit referral form. If supported, the referral is forwarded to the NSW Forensic Patient Flow Committee. The committee will discuss the referral at their next meeting and, if considered appropriate, the treating team can then proceed with the referral.

5.3 Forensic Hospital

Patients under OPMHS can be referred to the Forensic Hospital as per Policy 1.336 Referral (Adults and adolescents) Forensic Hospital .

5.4 Conditional release of forensic patients

A forensic patient who is on a conditional release must have a designated case manager and a psychiatrist as the patient is required to attend regular appointments with these specialists.

- Therefore, an LHD must agree to follow up with the forensic patient if the patient is to be conditionally released back to the community.
- Patients must initially be accepted by an RACF prior to referral to the LHD.
- Both the RACF's and LHD need to accept care and then remain actively involved in the patient's transition back to the community.
- The Community Forensic Mental Health Service (CFMHS) will provide expert advice, assistance, and reports to LHD's managing forensic patients who have been found Act Proven APNCR;. Patients with a primary diagnosis of dementia and BPSD are not eligible for CFMHS risk assessments.

6. Family and Carers

6.1 Long Bay Aged Care Rehabilitation Unit (ACRU) and Kevin Waller Unit (KWU) Family and carers

Where a patient under the care of the OPMHS team is housed in the ACRU or KWU, the OPMHS CNC is responsible for working in conjunction with the NUM to ensure the following:

- Functioning as a point of contact and liaison for family and carers.
- Fulfilling a key role in developing the relationship between the ACRU/KWU and the families and carers of its patients under OPMHS
- Ensuring that the patient and his/her family and/or designated carer(s) and principal care provider are involved in transfer planning as far as possible in the correctional context; and
- Ensuring that the patient and, with the patients consent, his or her designated carer(s) and principal care provider and/or family (including children where relevant), are verbally informed of the transfer of care plan, as appropriate within security constraints.

6.2 Patient and carer Experience

Patient and carer experience feedback is a continual process and used to inform care and treatment for the older person. This can be done through regular review processes with the patient and collaboration with family and carers and also through the use of:

- Your Experience of Service Survey (YES)

- Carer Experience Survey (CES)

7. Governance

OPMHS are guided by NSW Older People's Mental Health Services SERVICE PLAN 2017-2027 . This Plan outlines the purpose, scope and key elements of NSW OPMH services, the target group for these services, the context in which they operate and current developments in the service environment.

The OPMHS CNC and/or Psychiatrist attends the Older Persons Mental Health Advisory Group (OPMHAG) meetings which are held quarterly throughout the year. This ensures alignment of OPMHS/SMHSOP services with NSW State OPMH strategic directions.

The OPMHS CNC annually completes The Older Persons Community Services Mental Health Self Audit Tool, this tool is accompanied by Older Persons Bench Marking Manual and provided by the Older Person's Mental Health Policy Unit of the Mental Health Branch, NSW Ministry of Health. On completion the tool is returned to the OPMH policy unit.

The OPMHS CNC and/or Psychiatrist attends the OPMHAG Bench Marking Forum – workforce and practice - which is held bi-annually.

The NSW official visitor's programme visits the ACRU of Long Bay Hospital and speak with forensic patients.

The OPMHS CNC is a member of the Aboriginal Older Person's Mental Health Working Group (AOPMHWG). The AOPMHWG provides a forum and network for improving NSW Health's response to the mental health needs of older Aboriginal and/or Torres Strait Islander people through the implementation of the key principles of care.

The AOPMHWG also provides advice to the NSW Health Older People's Mental Health Policy Unit and the OPMHAG regarding strategic policy, planning and development issues for mental health services for older Aboriginal and/or Torres Strait Islander people at the local health district, Clinical Support Divisions, and state level. The AOPMHWG meetings are held quarterly throughout the year.

7.1 **Local governance**

A OPMHS business meeting is held bi-monthly to monitor and guide service delivery and service improvement within Custodial Mental Health.

8. Definitions

Must
Indicates a mandatory action to be complied with.

Should
Indicates a recommended action to be complied with unless there are sound reasons for taking a different course of action.

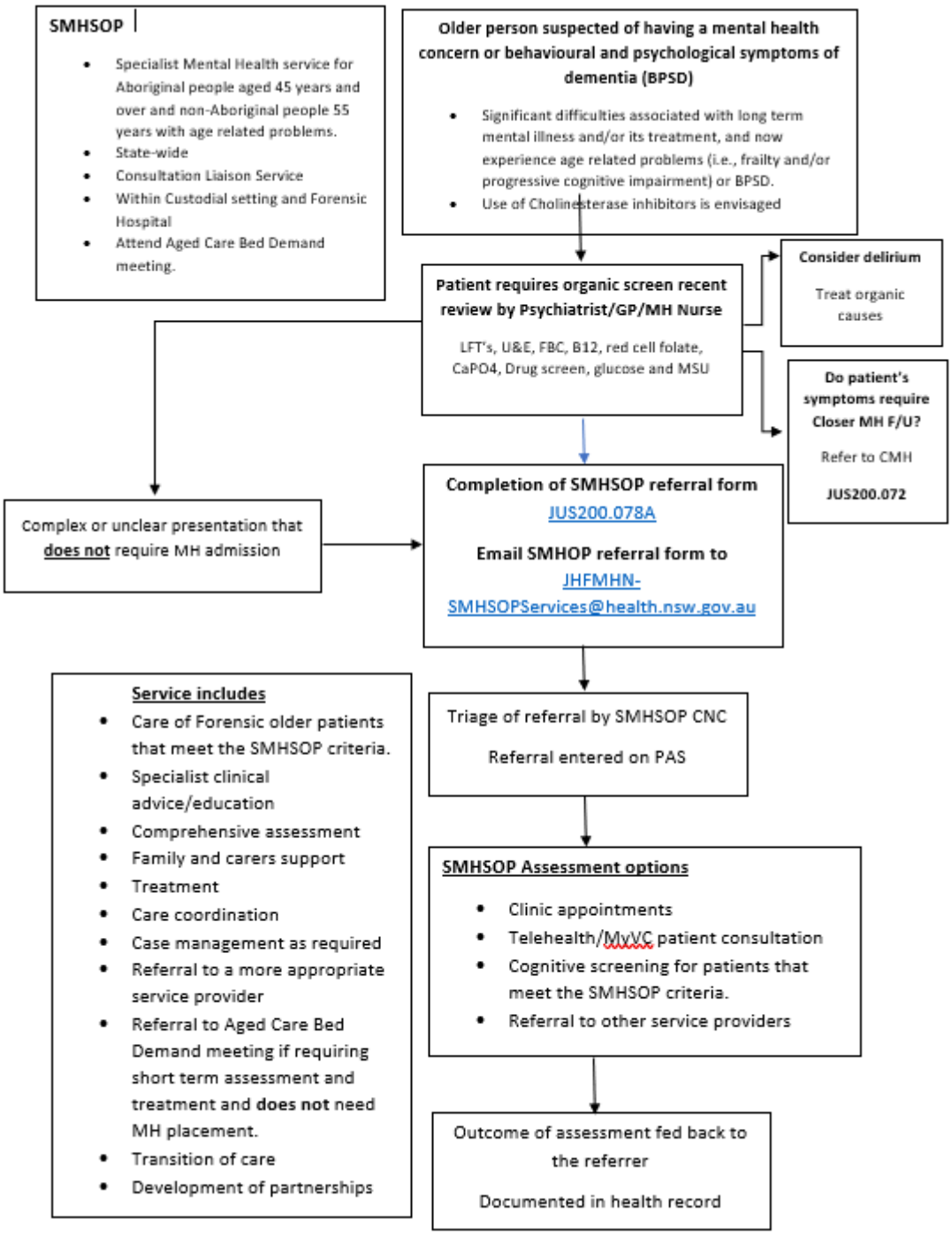
9. Related documents

Legislations	Guardianship Act 1987 Mental Health Act 2007 (NSW) Mental Health and Cognitive Impairment Forensic Provisions Act 2020 No 12 (NSW) Mental Health and Cognitive Impairment Forensic Provisions Regulation 2021 (NSW)
Justice Health NSW Policies, Guidelines and Procedures	1.230 Health Care Interpreter Services – Culturally and Linguistically Diverse and d/Deaf Patients 1.434 Working with Carers and Families 1.407 Transfer of Forensic Patients from Long Bay Hospital, Metropolitan Remand and Reception Centre and Silverwater Women's Correctional Centre 06 2022 1.192 Primary Agency for Forensic Patients in Custody (adults). 6.013 Forensic Community Treatment Order. CMH Procedure Management of Forensic Patients in Correctional Centres Custodial Mental Health Referral and Case Management Policy 0119 Custodial Mental Health Patient Flow Procedure Custodial Mental Health Procedure Forensic Community Treatment Order May 23 Custodial Mental Health Hub Area NDIS Procedure v1.1 Custodial Mental Health Operations Manual. Primary Care Guidelines for the Management of Clinical Level A Patients with Mental Disorders
Justice Health NSW Forms	Specialised Mental Health Services for Older People/Referral JUS200.078A JUS210.005 Referral between CSNSW and Justice Health JUS020.015 *Consent to Release Health Information* JUS020.083A *Consent to Obtain Health Information for Continuation of Care* Aged Care Bed Demand Referral JUS060.816 Custodial Mental Health Referral Form JUS200.072 Ontario Modified Stratify (Sydney scoring) Falls Risk Screen

NSW Health Policy Directives and Guidelines	Forensic Mental Health Services NSW Older People's Mental Health Services SERVICE PLAN 2017-2027
Other documents and resources	Montreal Cognitive Assessment Cognitive screening tool Functions as a test used to detect mild cognitive decline and early signs of dementia. Rowland Universal dementia Assessment Scale (RUDAS) Functions as a multi-cultural mini-mental state exam. Frontal Assessment Battery (FAB) A brief cognitive and behavioural tool to assess frontal lobe function and screen for frontotemporal dementia Addenbrookes Cognitive Examination (ACE-III) Is an extended screening test developed to incorporate tests of five cognitive domains. Kimberley Indigenous Cognitive Assessment Tool (KICA) Regional and Urban KICA accompanying pictures An instrument to assess dementia in older Aboriginal people in regional and urban settings. Confusion Assessment method (CAM) A diagnostic tool recommended for detection of delirium. Abbey Pain scale A scale used for the measurement of pain in people who cannot verbalise.

10. Appendix

10.1 Pathway for Referral


SMHSOP
Specialist Mental Health service for Aboriginal people aged 45 years and over and non-Aboriginal people 55 years with age related problems.
State-wide
Consultation Liaison Service
Within Custodial setting and Forensic Hospital
Attend Aged Care Bed Demand meeting.
Older person suspected of having a mental health concern or behavioural and psychological symptoms of dementia (BPSD)
Significant difficulties associated with long term mental illness and/or its treatment, and now experience age related problems (i.e., frailty and/or progressive cognitive impairment) or BPSD.
Use of Cholinesterase inhibitors is envisaged
Patient requires organic screen recent review by Psychiatrist/GP/MH Nurse
LFT's, U&E, FBC, B12, red cell folate, CaPO4, Drug screen, glucose and MSU
Consider delirium
Treat organic causes
Do patient's symptoms require Closer MH F/U?
Refer to CMH
JUS200.072
Complex or unclear presentation that does not require MH admission
Completion of SMHSOP referral form
JUS200.078A
Email SMHOP referral form to
JHFMHN-SMHSOPServices@health.nsw.gov.au
Service includes
Care of Forensic older patients that meet the SMHSOP criteria.
Specialist clinical advice/education
Comprehensive assessment
Family and carers support
Treatment
Care coordination
Case management as required
Referral to a more appropriate service provider
Referral to Aged Care Bed Demand meeting if requiring short term assessment and treatment and does not need MH placement.
Transition of care
Development of partnerships
Triage of referral by SMHSOP CNC
Referral entered on PAS
SMHSOP Assessment options
Clinic appointments
Telehealth/MyVC patient consultation
Cognitive screening for patients that meet the SMHSOP criteria.
Referral to other service providers
Outcome of assessment fed back to the referrer
Documented in health record