



Entry To Mental Health Service Criteria

Procedure Number
CHC-MHS-0007

Version Nos:
7

1. Purpose

These Entry Criteria (EC) have been developed to provide guidance for the West Coast District Health Board (WCDHB) Mental Health Service (MHS) when considering the entry of an individual into the care of the WCDHB MHS.

2. Application

This procedure is to be followed by all MHS staff throughout WCDHB.

3. Exclusions

These services will not be available to people whose problems are solely:

- violence and/or anger; and/or
- intellectual disability (includes post-head injury) or with behavioural problems; or
- learning difficulties; and/or
- criminal activities; and/or
- parenting activities; and/or
- conduct disorder.

4. Definitions

There are no definitions associated with this procedure.

5. Responsibilities

For the purposes of this Procedure:

District and Unit Managers are required to ensure that:

- i) all staff members they are responsible for are familiar with the relevant EC, and utilise it correctly when engaging with clients;
- ii) an annual audit programme of the application of the EC is undertaken.

WCDHB MHS Staff Members are required to correctly apply the EC when assessing individuals for entry into a specific WCDHB MH service.

6. Process

1.00 All services within the WCDHB MHS will have clearly defined criteria that clearly identifies:

- i) the specific WCDHB MHS service; and
- ii) referral source(s); and
- iii) target population(s); and
- iv) method(s) of referral; and
- v) timeframe; and
- vi) prioritisation methods.

1.01 WCDHB MHS staff members when applying these EC must ensure that:

- i) they are sensitive to the needs of the individual being assessed and their family/Whanau;



Entry To Mental Health Service Criteria

Procedure Number
CHC-MHS-0007

Version Nos:
7

- ii) service resources are targeted at appropriate clientele.
- 1.02 An annual audit programme will be developed by the District Managers/Unit Managers, and a report of this audit programme is to be provided to the Audit Sub-Committee of the WCDHB with 1 month of the completion of the audit programme.
- 1.03 The EC will be reviewed every two years, or sooner depending on:
- i) legislative requirements; or
 - ii) funding requirements; or
 - iii) outcomes of the audit programme.

7. Criteria

AT&R Psychogeriatric Services

Referral Source

- TACT;
- CMH;
- Psychiatrist Clinic;
- Community Contact;
- GP;
- AT & R assessment.

Inclusions

There are a number of client groups that may be included within this service. These are as follows:

- Frail elderly;
- People with psychogeriatric conditions;
- People with neurological conditions including stroke, multiple sclerosis, motor neurone disorder, Parkinson's disease, epilepsy, muscular dystrophy, anterior lateral sclerosis, traumatic brain injury;
- People with physical disabilities;
- People with sensory impairment;
- People with intellectual disabilities and challenging behaviour;
- People with co morbidities.

Exclusions

Any individual:

- whose disability is solely as a result of an accident, trauma or injury and/or who has entitlement for payment under the Accident Insurance Act 1998.
- who has a short term acute illness and is expected to rapidly return to their former level of function.
- who has had surgical intervention and is expected to rapidly return to their former level of function.
- who is severely multiply disabled or terminally ill where it is unlikely that there will be an improvement in the level of the persons function or it is unlikely that the AT&R process will assist carers to care for the person at home.
- who requires maintenance services only and not a multidisciplinary rehabilitation programme.



Entry To Mental Health Service Criteria

Procedure Number
CHC-MHS-0007

Version Nos:
7

- whose service needs are covered under another service specification

Target Population

- Individuals over the age of 65 years;
- Individuals with dementia with associated behavioural problems;
- In special circumstances, and at the discretion of a specialist Psychiatrist, individuals with organic impairments and under 65 years of age may be admitted.

Referral Method

- Written referral from referral source

Timeframe

- Arranged admissions are preferred to enable facilities and personnel to be organised.

Prioritisation

- Prioritisation is to be based on risk, urgency, distress, dysfunction, lack of alternative supports and disability demonstrated by:
 - inability to be managed safely in the community;
 - referrer information;
 - initial assessment;
 - comprehensive assessment;
 - consideration of clinical risk;
 - social, cultural and environmental considerations.

AT&R Outpatient (Domiciliary) Services

This service comprises a contact in the person's residential situation (person's own home or other residential setting) to determine the requirement for or provide treatment or rehabilitation.

This service is to be delivered in the person's residential setting by allied health staff or medical or other specialist staff who belong to the ATR team.

This component of service is most commonly, though not exclusively, the visit of a Medical Specialist, an Occupational Therapists, Physiotherapist and/or Speech and Language Therapist, who is/are working directly with the client to facilitate their rehabilitation goals.

It includes;

- medical assessment
- direct therapy interventions,
- specialised assessment and recommendations for environmental support services and education for the person, their family whanau and other caregivers about the integration of rehabilitation initiatives into all daily living activities.

Entry criteria for this service are the same as for AT&R Psychogeriatric service.



Entry To Mental Health Service Criteria

Procedure Number
CHC-MHS-0007

Version Nos:
7

Child Adolescent Mental Health Service

Referral Source

- all other WCDHB MHS services;
- Other Agencies;
- Self and Family/Whanau.

Target Population

- Children and Adolescents aged 0 and 18 years, who meet one or more of the following;
 - They have, or are suspected to have a moderate to severe mental illness including severe emotional & behavioural disturbances which require support from specialist psychiatric services
 - Children and Adolescents at risk of alcohol and drug issues.

Disorders accepted include

- Depression
- Complicated Grief reactions Anxiety Disorders
- Phobias
- OCD
- PTSD
- Panic attacks/disorder
- Alcohol & other Drugs/ Dual diagnosis
- Eating disorders
- Deliberate self harm
- Psychotic disorders
- ADHD/ODD
- BiPolar disorder
- Suicidal thoughts/attempts
- Autistic Spectrum
- Attachment disorders
- Reactive
- separation

Method Of Referral

- Verbal or written requests from all referrers
- Self referral
- Family/whanau.

Timeframe

- Based on priority as identified by CAMHS staff member receiving referral, based on risk factors such as:
 - Safety considerations;
 - Urgency;
 - Distress of the client;
 - Staff availability.



Entry To Mental Health Service Criteria

Procedure Number

CHC-MHS-0007

Version Nos:

7

Prioritisation

- Prioritisation is to be based on risk, urgency, distress, dysfunction and disability demonstrated by:
 - referrer information;
 - initial assessment;
 - comprehensive assessment
 - risk considerations;
 - social/environmental considerations;

Exclusions

- These services are not to be provided to persons whose problems are solely as a result of
 - sexual abuse
 - violence and anger
 - intellectual disorders (includes post head injury) with or without behavioural problems
 - learning difficulties
 - criminal activities (antisocial behaviours)
 - parental difficulties
 - conduct disorder
 - truancy

If there is a psychiatric disorder present in combination with one or more of the above conditions, persons are to be seen.



Entry To Mental Health Service Criteria

Procedure Number
CHC-MHS-0007

Version Nos:
7

Crisis Respite Service

Referral Source

- All WCDHB MHS

Target Population

- Clients of Mental Health Services with a psychiatric diagnosis requiring occasional short periods of emergency relief from their usual living situation, and who otherwise might be admitted as an inpatient due to a deterioration in their mental state.
- Individuals assessed as being able to be treated safely in the community;
- Includes persons under the age of 17 years.

Exclusions

- Individuals living in level (3) or (4) residential services;
- Older adults with primary organic disorders;
- Individuals with only social stresses.

Method Of Referral

- Application from Case Manager; to relevant budget holder.

Timeframe

- Within 24 hours of receiving the referral the individual will be assessed for inclusion into the Respite Crisis Service.

Prioritisation

- Prioritisation is to be based on risk, urgency, distress, dysfunction and disability demonstrated by:
 - referrer information;
 - initial assessment;
 - comprehensive assessment;
 - risk considerations;
 - social, cultural and environmental considerations.



Entry To Mental Health Service Criteria

Procedure Number
CHC-MHS-0007

Version Nos:
7

Planned Respite Service

Referral Source

- Case Manager;
- Primary Nurse;
- CAMHS;
- Psychiatrist.

Target Population

- People with psychiatric disability requiring occasional short periods of Planned Respite from their usual living situation, as part of their management plan to avoid exacerbation of the need for admission to the acute inpatient unit and where there may be a need to relieve other caregivers of the sole burden of care.
- Client has a usual abode to which they can return following Planned Respite Care, consideration will be given to those without an abode due to unpredictable events
- Persons under the age of 17 years are also eligible to access this service
- Assessed as being able to be treated safely in community

Exclusions

- Alcohol and Drug diagnosis without psychiatric diagnosis
- Intoxication or Under the influence of Illegal substances
- Diagnosis of Intellectual Disability

Method Of Referral

- Written request from referrer to relevant Budget holder;

Timeframe

- Based on time-frame most appropriate to client, their family/Whanau and/or carers

Prioritisation

- Prioritisation is to be based on risk, urgency, distress, dysfunction and disability demonstrated by:
 - clients perceptions
 - family/Whanau perspective
 - comprehensive psychiatric assessment
 - clinical risk considerations
 - cultural/social/environmental considerations.



Entry To Mental Health Service Criteria

Procedure Number

CHC-MHS-0007

Version Nos:

7

Mental Health Acute/Sub Acute Inpatient Service

Referral Source

- TACT
- WCDHB MHS services
- Consultant Psychiatrist.

Target Population

This Service will be available to the general adult population for individuals with:

- acute exacerbation of psychiatric illness; or
- first presentation of psychiatric illness that cannot be managed safely and efficiently at home, in residential care, or in respite care by the CMH service.
- Those individuals outside the usual age range for adult (18 – 65 years) mental health services may be admitted provided they meet the criteria as established in DSMIV.
- In special circumstances, and at the discretion of a specialist Psychiatrist, individuals under 18 years of age may be admitted.

Exclusions

- None

Method Of Referral

- Written or verbal request/notification/consultation from all referral sources

Timeframe

- Arranged admissions are preferred to enable facilities and personnel to be organised.

Prioritisation

Prioritisation is to be based on risk, urgency, distress, dysfunction, disability demonstrated by:

- referrer information;
- initial assessment;
- comprehensive assessment;
- risk considerations;
- social, cultural and environmental considerations.



Entry To Mental Health Service Criteria

Procedure Number
CHC-MHS-0007

Version Nos:
7

Mental Health Forensic Service

Referral Source

- WCDHB MHS services;
- Self referral;
- Family/Whanau;
- Department of Courts;
- Ministry of Justice;
- GP's.

Target Population

- Alleged offenders who have been charged with a criminal offence and who have or who are thought to have a psychiatric illness; or
- Offenders who have a psychiatric illness; and
- Are aged 18 years or over.

Exclusions

- None

Method Of Referral

- Written or verbal request/notification/consultation from all referral sources

Timeframe

- Based on priority as identified by Forensic Services staff member receiving referral.

Prioritisation

- Prioritisation is to be based on risk, urgency, distress, dysfunction and disability demonstrated by:
 - referrer information;
 - initial assessment;
 - comprehensive assessment;
 - risk considerations;
 - social, cultural and environmental considerations.



Entry To Mental Health Service Criteria

Procedure Number
CHC-MHS-0007

Version Nos:
7

Alcohol and Drug (A&D) Service

Referral Source

- TACT.
- All other WCDHB MHS services
- Self referral
- Outside agency

Target Population

- Individuals who:
 - have or are at risk of developing a dependency issue; or
 - aspects of client's own or others lifestyle are compromised by substance use or gambling; or
 - physical or psychiatric illness treatment is compromised by substance use or gambling.

Inclusions

- Particularly individuals who have:
 - Poly drug use
 - Dual Diagnosis
 - Recidivist history

Exclusions

- Those whose addiction is nicotine only
- Violence & anger
- Other addictive processes

Method Of Referral

- Referrals from outside agencies which have been screened for appropriate referral to this specialist service
- Self referral where the individual is highly motivated to change as evidenced by self administered screening

Timeframe

- Based on priority as identified by A&D Services staff member receiving referral and MDT.

Prioritisation

- Choice of treatment and prioritisation is to be based on risk, urgency, distress, dysfunction and disability demonstrated by:
 - referrer information;
 - initial assessment;
 - comprehensive assessment;
 - risk considerations;
 - social, cultural and environmental considerations.



Entry To Mental Health Service Criteria

Procedure Number
CHC-MHS-0007

Version Nos:
7

Community Mental Health Service

Referral Source

- TACT;
- All other WCDHB MHS services;
- Self and Family/Whanau Referrals;
- Other agencies;

Target Population

- Individuals who meet one or more of the following:
 - they have, or are suspected to have a moderate to severe mental illness with diagnostic, treatment, rehabilitation and needs which require support from specialist psychiatric services & are
 - Adults aged 18 years or over.

Exclusions

This service is not available to people whose problems are solely:

- Violence & anger; and/or
- Intellectual disability (including post head injury) with or without behavioural problems; and/or
- Learning difficulties; and/or
- Criminal activity (antisocial behaviours); and/or
- Parenting difficulties; and/or
- Alcohol & drug abuse; and/or
- Conduct disorder

Method Of Referral

- Written or verbal request/notification/consultation from all referral sources

Timeframe

- All referrals will be actioned within 48 hours of receipt of the referral, based upon priority as identified by staff member receiving referral

Prioritisation

- Prioritisation is to be based on risk, urgency, distress, dysfunction and disability demonstrated by:
 - Referrer information
 - Initial assessment
 - Comprehensive assessment
 - Risk considerations
 - Social, cultural & environmental considerations



Entry To Mental Health Service Criteria

Procedure Number
CHC-MHS-0007

Version Nos:
7

8. References

Ministry of Health Service Specifications For Mental Health Services
Health & Disability Sector Standards NZS 8134:2008

9. Related Documents

WCDHB MHS Policies and Procedures

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