


# Older Persons Mental Health Service Referral Procedure

## MHAPPM/8966

<b>Approved by:</b>	General Manager – Mental Health & Addiction Group	<b>First Issued:</b>	September 2012	 <b>HE</b> KAUANUANU RESPECT <b>ĀKINA</b> IMPROVEMENT <b>RARANGATE TIRA</b> PARTNERSHIP <b>TAUWHIRO</b> CARE
<b>Signature:</b>	Frances Oliver	<b>Review Date:</b>	August 2024	
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## Purpose

The purpose of this document is to clearly outline the procedural steps to be undertaken by Health New Zealand Te Whatu Ora, Te Matau a Māui Older Persons Mental Health Service (OPMHS) when:

- Processing request for referral to the OPMHS, ensuring criteria for access are met.

## Principles

All Health NZ Hawke's Bay documents are guided by the health sector principles of Te Mauri o Rongo and link back to our values: **He Kāwanuano** (respect), **Ākina** (improvement), **Raranga Te Tira** (partnership) and **Tauwhiro** (care), and are detailed so all persons are provided with clear information on the way they are expected to practise and undertake tasks in support of creating a more equitable, accessible, cohesive and people-centered system to improving health outcomes of New Zealanders.

The following New Zealand Legislation and Standards are applicable to this document:

- [The Treaty of Waitangi Act 1975](#)
- [Pae Ora \(Healthy Futures\) Act 2022](#)
- [Ngā paerewa Health and Disability Services Standard](#)

The principles of Te Tiriti o Waitangi are key drivers in health service intervention; in collaboration with whānau, hapū and communities in acknowledgement and active protection of mātauranga Māori throughout the health and disability system.

Activities and Interventions shall be in accordance with the Pae Ora Act, Te Pae Tata and Ngā paerewa, health and disability services standard, including the code of expectations for health entities' engagement with consumers and whānau.

## Scope

All Older Persons Mental Health Staff

## Definitions

Term/Abbreviation	Meaning
OPMHS	Older Person Mental Health Service
Routine Referral	Suggests there is no urgency to the concerns raised within the referral.
High priority / urgent referral	A client who is exhibiting behaviours that are placing themselves or others at risk of harm.
Client / Tāngata whai ora	Refers to the person receiving treatment from OPMHS.

	May also be known as the patient.
Uncomplicated Dementia	Often referred to as mild or early-stage dementia, and is characterised by cognitive decline that is noticeable but does not significantly interfere with daily functioning. This is triaged in the initial referral and discussed with referrer

## Roles and Responsibilities

Role	Responsibility
Registered Clinicians of OPMHS	If appropriate, referrals will be initially assessed in their place of residence. Clients will be assigned to the most appropriate team member for case management and coordination.
Key Worker	Monitor and assess client on an ongoing basis. Coordinate planned care and services for an individual.

## Background

OPMHS is a community based multidisciplinary team who work Monday – Friday; 0800 – 1700 hours (excluding public holidays).

The team includes; Registered Nurses, Consultant Psychogeriatrician, Medical Officers, Social Workers, Psychologist, Occupational Therapist and Social Work Assistant.

## Referral Criteria

- People who are in the community
- Over 65 with late onset mental illnesses *and*
- Diagnosed dementia and associated behavioural disorders *or*
- Requiring an assessment to determine appropriate level of dementia care, including secure environments (Stage 3 and 5 beds)

Referrals are not accepted for the following:

- New referrals that are outside of OPMHS working hours and/or deemed as high priority/urgent are referred to the Emergency Mental Health Service (EMHS).
- Referrals from adult inpatient services are to be referred to the Mental Health Consult Liaison Service. MHCL referral forms are available to all wards; can be discussed by phone and all referrals are triaged by the team Exception: Geriatricians can liaise directly with our psychiatrists to discuss referrals.
- Uncomplicated dementia patients with significant physical assessment requirements: refer to Older Persons Service.
- Persons in may be in a state of acute confusional states (delirium): refer to General Medicine or Older Persons Service.

## Procedure

### 1. Submitted Referrals:

The management of referrals include triage, screening and acceptance of referral from a range of sources. These include; General Practitioner, Older Persons Service, Medical Specialists, NASC Hawke's Bay, other health professionals.

- 1.1 Referrals will be accepted for consideration from: General Practitioner, Older Persons Service, Mental Health and Addiction Services, Hospital Medical Specialists, NASC Hawke's Bay, other health professionals.
- 1.2 Referrals will initially be viewed and screened / triaged by a Psychogeriatrician, or a delegated member of the OPMH team.
- 1.3 Referrals will be prioritised by the OPMH multidisciplinary team.
  - a. High priority referrals will have telephone contact within 24 hours (during business hours) and face-to-face contact within two working days.
  - b. A routine referral will have face-to-face contact within 14 working days.
- 1.4 A key worker will be appointed for individual clients.

### 2. Referrals to Other Services:

- 2.1 When a client is identified as having needs which would be better met by another department or service, a written referral to that service will be sent by an OPMH team member at their earliest convenience.
- 2.2 The referral will clearly state what is requested for the client.
- 2.3 The client/whānau or caregiver, as appropriate, will be notified by a team member that the referral is being sent and to whom.
- 2.4 Copies of the referral will be sent to relevant parties e.g. General Practitioner, original referrer, NASC Hawke's Bay etc.
- 2.5 All referral and triage information is documented in the client's clinical record as per Documentation Policy.

### 3. Exit/Transfer Procedure:

- 3.1 Stated goals have been achieved or revised, or
- 3.2 Reason for referral is shown to be incorrect (e.g. wrong diagnosis) and case has been referred to another service/agency or back to referrer, or
- 3.3 Another agency is identified as being more appropriate to provide service and client / tāngata whai ora and agency accept this recommendation, or
- 3.4 Client / tāngata whai ora no longer wants OPMHS to be involved and OPMHS believe it is safe to close the case, or
- 3.5 Because of client / tāngata whai ora and/or family / whānau behaviour, it is inappropriate for OPMHS to remain involved, and
- 3.6 Documentation, including the letter to the referrer is completed.

## Risks and Hazards to Staff

Risk/Hazard	Control
Unpredictable situation	OPM/097 - Working Safely in the Community Policy

## Measurable Outcomes

Regular audits will be conducted on service feedback and event reviews.

## Related Documents

MHAPPM/8953 – Mental Health Service Policy

MHAPPM/8048 - Key Worker Procedure

HBDHB/CPG/035 – Did Not Attend (DNA) – Guidance Policy

## References

No references

## Keywords

OPMH

Pathway

Referral

Criteria

***For further information please contact the Clinical Manager of Older Persons Mental Health Service***