

## Management of Acute Deterioration in Mental State D/2020/63807

Authorised by: Director Of Medical Services

No. of pages: 8

### Policy Statement

This policy aims to prevent adverse outcomes relating to acute deterioration in a person's mental state through early recognition and effective response. Persons experiencing an acute deterioration in mental state will receive appropriate expert care while ensuring the safety of all patients, staff and visitors within the hospital.

### Scope of Policy

This policy pertains to all clinicians involved in the provision of medical care in the hospital and applies to patients, visitors and staff who may experience deterioration in mental state. It should be applied in conjunction with the policy – Management of patients with cognitive impairment

### Definitions

**Mental state** is refers to a person's intellectual capacity, emotional state, and general mental health based on clinical observations and interviewing. Mental state comprises mood, behaviour, orientation, judgment, memory, problem-solving ability, and contact with reality.

**Deterioration of mental state-** A change for the worse in a person's mental state, compared with the most recent information available for that person, which may indicate the need for additional care.

### Roles & Responsibilities

Visiting Medical Officers (VMOs)

- Are responsible for assessing patients at risk of acute deterioration in mental state prior to admission where possible (prior history of acute deterioration in mental state, diagnosed mental illness with current reported change in mental state). They should ensure an action plan has been provided by the patient's regular provider of mental health care prior to admission to hospital.
- **VMOs should be aware that any patient already presenting with elevated risk to self, others or property should not be admitted to the Mater hospital until these issues have been addressed at a facility with appropriate psychiatric services.**

Medical officers and Nursing staff on the ward

- Are responsible for identifying and tracking changes in a patient's mental state and ensuring urgent assessment and appropriate management.

### General Guidelines/Procedure

#### Appropriate Admission

- Patients at risk of harm to self or others should be assessed in a facility that can provide immediate on-site specialist mental health review and management. Admission to the Mater should occur only when the patient is deemed safe for transfer to a hospital without acute mental health services.
- When a patient at elevated risk of harm to self or others also requires urgent medical or surgical care there should be appropriate handover of this care to a clinician who can attend the patient in the facility that is providing the specialist mental health management.

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### Appropriate continuous assessment

- There are no clear signs indicative of acute deterioration in mental state (equivalent to those observations that can be used to detect physiological deterioration) and not all patients at risk of acute deterioration in mental state will have a prior history that may indicate this risk.
- If a patient does have known early warning signs of deterioration in mental state include these flags in an individualised monitoring plan which must be organised with the patient's mental health provider prior to admission and included in the patient record.
- It is recommended that clinicians determine a baseline assessment of a patient's mental state in order to track and detect changes that may indicate the requirement for further assessment and management.
- Some of the signs that may represent deterioration in mental state include
  - **Reported Change-** the person, their family/carer or someone who knows the patient well reports that their mental state is changing for the worse.
  - **Distress-**the person or someone involved in their care shows signs of distress
  - **Loss of touch with reality or consequences of behaviour-** delusions, hallucinations, unusual behaviour, appearance of confusion.
  - **Loss of function-** loss of ability to think clearly, communicate or engage in normal activity, loss of skills, poor daily self-care
  - **Elevated risk to self and others or property-** verbal or physical threats to self or others, disengagement from treatment.

### Appropriate review and management

Any patient noted to be at risk of or experiencing an acute change in mental state should be reviewed urgently by an on-site clinician.

### The patient should be initially assessed for safety

1. If the patient exhibits any of the conditions below they should be assessed and transferred to a hospital with specialist psychiatric services that can manage the patient with appropriate supervision and expert psychiatric care.
  - **Definite danger to life (self or others):** Patient exhibits severe behavioural disorder with immediate threat of dangerous violence or
  - **Probable risk of danger to self and others:** Patient exhibits violent or aggressive behaviour with:
    - immediate threat to self or others
    - Requires or has required restraint
    - Severe agitation or aggression
  - **Possible danger to self and others:** patient exhibits moderate behavioural disturbance and severe distress with:
    - Very distressed, risk of self-harm
    - Acutely psychotic or thought-disordered
    - Situational crisis, deliberate self-harm
    - Agitated/ withdrawn

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If the patient will not undergo transfer voluntarily they will require to be transported as an **involuntary patient**. A clinician must fill in a Schedule 1 form (see Appendix 1) and the patient will need to be transported to a Declared Mental Health Facility for review and management by experts in mental health. The patient must be supervised constantly while awaiting this transport and the safety of the patient, staff, visitors and other patients must be assured. If there are serious concerns relating to the safety of the patient or other persons while the patient is being taken to a mental health unit they should be escorted with the assistance of a police officer ( fill in part 2 of Schedule 1).

When a patient must be transferred to ensure safety of themselves or others and ongoing psychiatric care the Admitting VMO should transfer medical or surgical care to an appropriate clinician at the admitting hospital. This will ensure ongoing management of the patient's concomitant medical or surgical issues until they can be safely readmitted to the Mater.

2. If the patient exhibits **mild to moderate distress** and **no danger to self or others** they should be assessed for potential medical causes of the acute deterioration in mental state – see the policy Management of Patients with Cognitive Impairment and the Delirium Assessment Checklist for Medical Officers. Staff should also consider calling the NSW Mental Health Line to discuss management and potential treatment if required – see below

### NSW Mental Health Line

All patients with acute deterioration in mental health can be discussed with Mental health professionals using the **Mental Health Line – 1800 011 511**. They can offer advice about referral to local mental health services and can be used by patients, carers and medical professionals. To select the service required from a hospital phone press # # before selecting the number required.

### Visitors and staff experiencing an acute deterioration in mental state.

Visitors and staff should be referred to the local Emergency Department (Royal North Shore Hospital) if they experience an acute deterioration in mental state. They should be transported in a manner that ensures their and other persons safety. Visitors and staff members who experience an acute deterioration in mental state should not be managed on site.

### Evaluation

Compliance with policy will be reviewed by the Morbidity Subcommittee through Riskman reports.

### National Safety & Quality Health Service Standards (NSQHS)

Standard 5 Comprehensive Care Standard

Standard 8 Recognising and Responding to acute Deterioration

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## References

Gaskin C, Dagley G. **Recognising Signs of Deterioration in a Person's Mental State.** Sydney: ACSQHC; 2018

Mental Health Act 2007 –Schedule 1 Medical Certificate as to the examination or Observation of a person  
[http://www5.austlii.edu.au/au/legis/nsw/consol\\_act/mha2007128/sch1.html](http://www5.austlii.edu.au/au/legis/nsw/consol_act/mha2007128/sch1.html) Accessed 03/10/2020

Mental Health Triage Tool  
<https://www1.health.gov.au/internet/publications/publishing.nsf/Content/triageqrg~triageqrg-mh> Accessed 03/10/2020

## Revision History

Date Written: 03/10/2020

Date of Last Review: 03/10/2020

Date of Next Review: November 2023

Reviewed By: Deputy Director of Medical Services

Committee Approval: Medical Advisory Committee


Date: 17/11/2020

Approved by: Director of Medical Services


Date: 17/11/2020

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| <b>Management of Acute Deterioration in Mental State</b> |                 |
| <b>D/2020/63807</b>                                      |                 |
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## Appendix 1



SMR020.100

|   |  |   |
|---|--|---|
|  <b>NSW Health</b> | FAMILY NAME                                      | MRN   |
|   | GIVEN NAME                                       | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| Facility:   | D.O.B. ____/____/____                            | M.O.  |
| <b>SCHEDULE 1 – MEDICAL<br/>CERTIFICATE AS TO EXAMINATION<br/>OR OBSERVATION OF PERSON</b>          | ADDRESS  |   |
|   | LOCATION   |   |
|   | COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE |   |
|   | <b>MENTAL HEALTH ACT 2007<br/>(SECTION 19)</b>   |   |

**PART 1**

I, \_\_\_\_\_ (Medical Practitioner/Accredited person)  
(name in full – use block letters)  
 of \_\_\_\_\_ certify that  
 on \_\_\_\_\_ 20\_\_\_\_, immediately before or shortly before completing  
(date)  
 this certificate, at \_\_\_\_\_  
(state place where examination/observation took place)

I personally/by audio visual link examined / personally/by audio visual link observed  
 \_\_\_\_\_  
(name of person in full)  
 for a period of \_\_\_\_\_  
(state length of examination/observation)

I certify the following matters:

1. I am of the opinion that the person examined/observed by me is *[strike out alternative that is not applicable]*:
  - (a) a mentally ill person suffering from a mental illness and that owing to that illness there are reasonable grounds for believing that care, treatment or control of the person is necessary for the person's own protection from serious harm or for the protection of others from serious harm,
  - (b) a mentally disordered person whose behaviour for the time being is so irrational as to justify a conclusion on reasonable grounds that temporary care, treatment or control of the person is necessary for the person's own protection from serious physical harm or for the protection of others from serious physical harm.
2. I have satisfied myself, by such inquiry as is reasonable having regard to the circumstances of the case, that the person's involuntary admission to and detention in a mental health facility are necessary and that no other care of a less restrictive kind is appropriate and reasonably available to the person.
3. Incidents and/or abnormalities of behaviour and conduct (a) observed by myself and (b) communicated to me by others (state name, relationship and address of each informant) are:
  - (a) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  - (b) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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SCHEDULE 1 – MEDICAL CERTIFICATE AS TO EXAMINATION OR OBSERVATION OF PERSON

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|--|--|---|
|   | FAMILY NAME  | MRN   |
|  | GIVEN NAME   | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| Facility:  | D.O.B. ____/____/____  | M.O.  |
| <b>SCHEDULE 1 – MEDICAL<br/>CERTIFICATE AS TO EXAMINATION<br/>OR OBSERVATION OF PERSON</b>   | ADDRESS  |   |
|  | LOCATION   |   |
|  | COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE   |   |
|  | <p>4. The general medical and/or surgical condition of the person is as follows:</p> <hr/> <hr/> <hr/> <hr/> |   |
| <p>5. The following medication (if any) has been administered for purposes of psychiatric therapy or sedation:</p> <hr/> <hr/> <hr/> <hr/>   |  |   |
| <p>6. I am not a near relative or a designated carer or the principal care provider of the person.</p>   |  |   |
| <p>7. I have/do not have a pecuniary interest, directly or indirectly, in a private mental health facility. I have/do not have a near relative/partner/assistant who has such an interest. Particulars of the interest are as follows:</p> <hr/> <hr/> <hr/> <hr/>   |  |   |
| <p>Made and signed this _____ day of _____ 20_____</p> <p>Signature: _____</p>   |  |   |
| <p><b>PART 2</b></p> <p>The following persons may transport a person to a mental health facility: a member of staff of the NSW Health Service, an ambulance officer, a police officer.</p> <p>If the assistance of a police officer is required, this Part of the Form must be completed.</p> <p><b>YOU SHOULD NOT REQUEST THIS ASSISTANCE UNLESS THERE ARE SERIOUS CONCERNS RELATING TO THE SAFETY OF THE PERSON OR OTHER PERSONS IF THE PERSON IS TAKEN TO A MENTAL HEALTH FACILITY WITHOUT THE ASSISTANCE OF A POLICE OFFICER</b></p> <p>I have assessed the risk and I am of the opinion, in relation to</p> <p align="center">_____</p> <p align="center"><small>(name of person in full)</small></p> <p>that there are serious concerns relating to the safety of the person or other persons if the person is taken to a mental health facility without the assistance of a police officer. The reason for me being of this opinion is</p> <hr/> <hr/> <p align="center"><small>(include any information known about the patient relevant to the risk)</small></p> <p>Made and signed _____ 20_____ Signature _____</p> |  |   |

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|---|--|------------|---|-----------------------|------|---------|--|----------|--|--|--|
|  <p><b>Health</b></p>  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">GIVEN NAME</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> MALE   <input type="checkbox"/> FEMALE</td> </tr> <tr> <td>D.O.B. ____/____/____</td> <td>M.O.</td> </tr> <tr> <td colspan="2">ADDRESS</td> </tr> <tr> <td colspan="2">LOCATION</td> </tr> <tr> <td colspan="2" style="text-align: center;">COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE</td> </tr> </table> | GIVEN NAME | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | D.O.B. ____/____/____ | M.O. | ADDRESS |  | LOCATION |  | COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE |  |
| GIVEN NAME  | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE  |            |   |                       |      |         |  |          |  |  |  |
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| COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE  |  |            |   |                       |      |         |  |          |  |  |  |
| <p><b>SCHEDULE 1 – MEDICAL<br/>CERTIFICATE AS TO EXAMINATION<br/>OR OBSERVATION OF PERSON</b></p>   |  |            |   |                       |      |         |  |          |  |  |  |
| <p><b>Notes</b></p> <p>1 Sections 13–16 of the <i>Mental Health Act 2007</i> state:</p> <p><b>13 Criteria for involuntary admission etc as mentally ill person or mentally disordered person</b><br/>A person is a mentally ill person or a mentally disordered person for the purpose of:</p> <ul style="list-style-type: none"> <li>(a) the involuntary admission of the person to a mental health facility or the detention of the person in a facility under this Act, or</li> <li>(b) determining whether the person should be subject to a community treatment order or be detained or continue to be detained involuntarily in a mental health facility,</li> </ul> <p>if, and only if, the person satisfies the relevant criteria set out in this Part.</p> <p><b>14 Mentally ill persons</b></p> <p>(1) A person is a mentally ill person if the person is suffering from mental illness and, owing to that illness, there are reasonable grounds for believing that care, treatment or control of the person is necessary:</p> <ul style="list-style-type: none"> <li>(a) for the person’s own protection from serious harm, or</li> <li>(b) for the protection of others from serious harm.</li> </ul> <p>(2) In considering whether a person is a mentally ill person, the continuing condition of the person, including any likely deterioration in the person’s condition and the likely effects of any such deterioration, are to be taken into account.</p> <p><b>15 Mentally disordered persons</b></p> <p>A person (whether or not the person is suffering from mental illness) is a mentally disordered person if the person’s behaviour for the time being is so irrational as to justify a conclusion on reasonable grounds that temporary care, treatment or control of the person is necessary:</p> <ul style="list-style-type: none"> <li>(a) for the person’s own protection from serious physical harm, or</li> <li>(b) for the protection of others from serious physical harm.</li> </ul> <p><b>16 Certain words or conduct may not indicate mental illness or disorder</b></p> <p>(1) A person is not a mentally ill person or a mentally disordered person merely because of any one or more of the following:</p> <ul style="list-style-type: none"> <li>(a) the person expresses or refuses or fails to express or has expressed or refused or failed to express a particular political opinion or belief,</li> <li>(b) the person expresses or refuses or fails to express or has expressed or refused or failed to express a particular religious opinion or belief,</li> <li>(c) the person expresses or refuses or fails to express or has expressed or refused or failed to express a particular philosophy,</li> <li>(d) the person expresses or refuses or fails to express or has expressed or refused or failed to express a particular sexual preference or sexual orientation,</li> <li>(e) the person engages in or refuses or fails to engage in, or has engaged in or refused or failed to engage in, a particular political activity,</li> <li>(f) the person engages in or refuses or fails to engage in, or has engaged in or refused or failed to engage in, a particular religious activity,</li> <li>(g) the person engages in or has engaged in a particular sexual activity or sexual promiscuity,</li> <li>(h) the person engages in or has engaged in immoral conduct,</li> <li>(i) the person engages in or has engaged in illegal conduct,</li> <li>(j) the person has an intellectual disability or developmental disability,</li> <li>(k) the person takes or has taken alcohol or any other drug,</li> <li>(l) the person engages in or has engaged in anti-social behaviour,</li> <li>(m) the person has a particular economic or social status or is a member of a particular cultural or racial group.</li> </ul> <p>(2) Nothing in this Part prevents, in relation to a person who takes or has taken alcohol or any other drug, the serious or permanent physiological, biochemical or psychological effects of drug taking from being regarded as an indication that a person is suffering from mental illness or other condition of disability of mind.</p> <p><b>2</b> In addition to matters ascertained as a consequence of personally/by audio visual link examining or observing the person, account may be taken of other matters not so ascertained where those matters:</p> <ul style="list-style-type: none"> <li>(a) arise from a previous examination of the person, or</li> <li>(b) are communicated by a reasonably credible informant.</li> </ul> |  |            |   |                       |      |         |  |          |  |  |  |

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|---|--|---|
|    | FAMILY NAME                                      | MRN   |
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| Facility:   | D.O.B. ____ / ____ / ____                        | M.O.  |
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|   | LOCATION   |   |
|   | COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE |   |
| <p><b>3</b> In the <i>Mental Health Act 2007</i>, <i>mental illness</i> is defined as follows:<br/> <i>mental illness</i> means a condition that seriously impairs, either temporarily or permanently, the mental functioning of a person and is characterised by the presence in the person of any one or more of the following symptoms:</p> <ul style="list-style-type: none"> <li>(a) delusions,</li> <li>(b) hallucinations,</li> <li>(c) serious disorder of thought form,</li> <li>(d) a severe disturbance of mood,</li> <li>(e) sustained or repeated irrational behaviour indicating the presence of any one or more of the symptoms referred to in paragraphs (a)–(d).</li> </ul> <p><b>4</b> In the <i>Mental Health Act 2007</i>, <i>designated carer</i> and <i>principal care provider</i> are defined as follows:</p> <p><b>71 Designated carers</b></p> <p>(1) The <i>designated carer</i> of a person (the <i>patient</i>) for the purposes of this Act is:</p> <ul style="list-style-type: none"> <li>(a) the guardian of the patient, or</li> <li>(b) the parent of a patient who is a child (subject to any nomination by a patient referred to in paragraph (c)), or</li> <li>(c) if the patient is over the age of 14 years and is not a person under guardianship, a person nominated by the patient as a designated carer under this Part under a nomination that is in force, or</li> <li>(d) if the patient is not a patient referred to in paragraph (a) or (b) or there is no nomination in force as referred to in paragraph (c):             <ul style="list-style-type: none"> <li>(i) the spouse of the patient, if any, if the relationship between the patient and the spouse is close and continuing, or</li> <li>(ii) any individual who is primarily responsible for providing support or care to the patient (other than wholly or substantially on a commercial basis), or</li> <li>(iii) a close friend or relative of the patient.</li> </ul> </li> </ul> <p>(2) In this section:<br/> <i>close friend or relative</i> of a patient means a friend or relative of the patient who maintains both a close personal relationship with the patient through frequent personal contact and a personal interest in the patient's welfare and who does not provide support to the patient wholly or substantially on a commercial basis.<br/> <i>relative</i> of a patient who is an Aboriginal person or a Torres Strait Islander includes a person who is part of the extended family or kin of the patient according to the indigenous kinship system of the patient's culture.</p> <p><b>72A Principal care providers</b></p> <ul style="list-style-type: none"> <li>(1) The <i>principal care provider</i> of a person for the purposes of this Act is the individual who is primarily responsible for providing support or care to the person (other than wholly or substantially on a commercial basis).</li> <li>(2) An authorised medical officer at a mental health facility or a director of community treatment may, for the purposes of complying with a provision of this Act or the regulations, determine who is the principal care provider of a person.</li> <li>(3) The authorised medical officer or the director of community treatment must not determine that a person is the principal care provider of another person if the person is excluded from being given notice or information about the other person under this Act.</li> <li>(4) An authorised medical officer or a director of community treatment is not required to give effect to a requirement relating to a principal care provider of a person under this Act or the regulations if the officer or director reasonably believes that to do so may put the person or the principal care provider at risk of serious harm.</li> <li>(5) A principal care provider of a person may also be a designated carer of the person.</li> </ul> <p><b>5</b> For admission purposes, this certificate is valid only for a period of 5 days, in the case of a person who is a mentally ill person, or 1 day, in the case of a person who is a mentally disordered person, after the date on which the certificate is given.</p> <p><b>6</b> An examination or observation may be carried out by audio visual link by a medical practitioner or accredited person if it is not reasonably practicable for a medical practitioner or accredited person to personally examine or observe a person for the purposes of this form.</p> |  |   |

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