

South Western Sydney Primary Health Network  
(SWSPHN)

# Mental Health Governance Manual

# Operations

## SWSPHN-OP-07

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# Mental Health Governance Manual Introduction

The purpose of the SWSPHN Mental Health Governance Manual (the Manual) is to provide a mental health context to complement the SWSPHN Clinical Governance Framework to facilitate effective governance and consistency in the commissioning and service delivery of clinical and non-clinical mental health services. The Manual provides a quality standard for all SWSPHN commissioned mental health services and it sits alongside the relevant Schedule and Commissioned Service Agreement (CSA) to provide program level details for service delivery. It is expected that all mental health services commissioned by SWSPHN adhere to the Manual.

## Associated documents

### Internal policies and documents:

- Appendix A: Mental Health Service Induction Checklist
- Appendix B: Mental Health File Audit
- Appendix C: Workforce Accreditation and Specialties Record Template
- Appendix D: Guidance on consumer consent for the provision of PMHC MDS data to the Department of Health and Aged Care
- Appendix E: PMHC MDS FAQs for consumers

# Mental Health Service Provider Induction Procedure

## Purpose

This procedure describes the induction process for Service Provider Organisations (SPO) and new mental health services (who may have an already existing SPO) to ensure:

- Safety and quality of care for consumers receiving SWSPHN funded mental health services;
- SWSPHN expectations of the SPOs and their Clinicians or Mental Health Workers are clear and documented;
- Data collection requirements are clear and in place.

## Applicability

This procedure applies to all contracted SPOs and their Clinicians or Mental Health Workers that are commissioned to deliver services, as well as SWSPHN employees responsible for inducting new SPOs.

This procedure should be undertaken when a new commissioned SPO or mental health service commences within one month of their Schedule Execution.

### Procedure

SWSPHN seeks to preserve the quality and capacity of its service delivery through a stringent induction process. A quality induction for SPOs enables better mental health outcomes for consumers and ensures SPOs are clear about the scope of practice required for the mental health service they are delivering.

The following outlines the procedure for inducting SWSPHN SPOs. SPOs are responsible for ensuring they pass on all necessary information and access requirements to their Clinicians or Mental Health Workers.

### 1. Induction of New SPO

After a new Schedule has been executed, the SWSPHN Contract Contact will ensure:

- 1.1 The SPO have read the Manual
- 1.2 The SPO and their Clinicians or Mental Health Workers have access to the appropriate systems as described in the Mental Health Service Induction Checklist (Appendix A);

Induct the authorised representatives of the SPO via a meeting and ensure the SPO's representative completes and signs the Mental Health Service Induction Checklist (Appendix A).

### 2. Induction of New Clinicians or Mental Health Workers

SWSPHN requires all new Clinicians or Mental Health Workers to complete the SWSPHN New Staff Induction Training (NSIT) within three months of commencing their role. This two-hour training course is delivered online and has been developed for frontline staff delivering SWSPHN commissioned mental health services. SWSPHN delivers this online once a quarter if there are sufficient registered attendees. Alternately staff members may watch the training via video recordings which are supplied on request. Access to the NSIT can be arranged by contacting SWSPHN Mental Health Intake [mentalhealthintake@swsphn.com.au](mailto:mentalhealthintake@swsphn.com.au).

# Mental Health Intake and Allocation Procedure

## Purpose

This intake and allocation procedure aims to articulate a clear process that is to be undertaken by SWSPHN Mental Health Intake (MHI), and SPOs who perform this function internally for their MH service by providing:

- A consistent and systematic approach for intake, allocation and delivery of service, commensurate to consumers' mental health needs and within program eligibility criteria; And
- Defined communication pathways between SWSPHN MHI, SPOs, Clinicians or Mental Health Workers and referrers.

## Applicability

This procedure applies to all personnel involved in the intake, allocation and delivery of SWSPHN Commissioned Mental Health Services that utilise SWSPHN consumer information management system (CIMS) or their own CIMS for administrative and Primary Mental Health Care Minimum Data Set (PMHC-MDS) collection purposes.

## Consumer Record Management

SWSPHN provides a CIMS for use by SPOs and their Clinicians or Mental Health Workers to facilitate intake and allocation of referrals, as well as collection of the Australian Government's mandatory PMHC MDS. SPOs are required to have their own CIMS for the propose of recording other consumer information outside of the PMHC MDS which includes clinical and non-clinical case notes related to MH treatment.

SPO's may seek approval from SWSPHN to use their own organisations CIMS, and directly upload their PMHC-MDS data to the Logically portal monthly.

## Procedure

### 1. Timeframes for Mental Health Referrals, Intake and Allocations

- 1.1 SWSPHN MHI assigns and releases referrals to the most appropriate SPO (SPO) that best matches the needs of the consumer. This allocation occurs **within 3 business days of the referral being received. Referrals received** directly by a SPO must also be reviewed **and allocated appropriately within 3 business days.**
- 1.2 The SPO **must accept or decline the referral within 2 working days** of receiving notification through SWSPHN CIMS, or their own CIMS.
- 1.3 The SPO or Clinician or Mental Health Worker must contact the consumer to book the **first appointment within 5 working days of accepting the referral.**
- 1.4 The first session (service contact) is to be conducted within **4 weeks from the date of being accepted.**
- 1.5 If a service contact has not been entered within **12 weeks/90 Days** (consumer disengaged or uncontactable) the episode of care must be closed.

## 2. Timeframes for the Clinical Suicide Prevention Service

SWSPHN MHI assigns and releases referrals to the most appropriate SPO that best matches the needs of the consumer **within 1 working day** of the referral being received.

The SPO must accept or decline the referral, assign the referral to the most suitable Clinician and contact the consumer **within 1 working day**.

The clinician must contact the consumer within 1 working day to assess the level of risk, safety plan and the schedule appointment. This is to be recorded as the first service contact.

The **next session (second service contact)** must occur **within 3 working days** from the date of accepting (or being assigned) the referral.

## 3. Timeframe for a Suicide Flag on any Mental Health Referral

3.1 Any mental health referral with a suicide risk flag must be **assigned and released within 1 working day** of the referral being received.

3.2 The SPO must accept or decline the referral and assign the referral to the most suitable clinician **within 1 working day**.

3.3 The clinician must contact the consumer within 1 working day to assess the level of risk, safety plan and the schedule appointment. This is to be recorded as the first service contact.

3.4 The **next session (second service contact)** must occur within **5 working days** from the clinicians' initial phone call.

## 4. Declining a Referral

A referral may be declined on the grounds of:

4.1 If there is a perceived conflict between the referred person, and the SPO or Clinician or Mental Health Worker that is unable to be managed;

4.2 The SPO assesses the referral as not suitable or eligible for the service based on their eligibility criteria or prescribed model of care as outlined in their funding Schedule. When declining a referral the SPO must:

Provide a detailed rationale for the decline in the CIMS notes, and recommend a suitable alternate referral; and Contact the referrer to advise of the decline of the referral and provide a recommendation for an alternate service to meet the consumers' needs (if service does not go through SWSPHN MHI). When SWSPHN MHI receives a decline from a SPO for a referral they will contact the referrer and recommend an alternate service.

## 5. Expectations on Attempts to Contact a Consumer

5.1 It is expected that reasonable attempts are made to contact consumers by telephone within the timeframe specified above. If the first contact attempt is unsuccessful, at least a further two attempts should be made by telephone over the succeeding two weeks. It may also be acceptable for a text message or letter to be sent to the consumer within this time. The phone call attempts should be documented in the CIMS and the letter uploaded.

- 5.2 Should attempts to contact the consumer not be successful after two (2) weeks from the date the referral was accepted, the SPO or Clinician or Mental Health Worker must advise the referrer in writing (including via email) of the attempts made to contact the consumer, and that the referral will now be closed.
- 5.3 The SPO or clinician or mental health worker should then Add an Admin Note on the referral and Close Referral Episode in the CIMS.
- 5.4 Note: Making a note in the SWSPHN CIMS assists SWSPHN MHI team to justify the SPO attempts at contacting the consumer if/when the consumer or referrer follows up.
- 5.5 If a consumer contacts the referrer or MHI after the Close of the Referral Episode, and wishes to reengage, a new referral should be submitted.

## 6. When to Close Referral Episode Administratively

- 6.1 If a consumer has disengaged from any service for more than 8 weeks, the SPO or clinician or mental health worker is required to make at least three (3) attempts to contact the consumer by telephone and send a letter to the consumer in an attempt to re-engage. The clinician or mental health worker should record these attempts to contact in their CIMS (in rediCASE this is by adding an Admin Note on the referral) and uploading the letter.
- 6.2 If there is no contact from the consumer after a further four (4) weeks, the clinician or mental health worker must advise the referrer in writing (including via email) of the attempts made to contact the consumer, and that the referral will now be closed after a total of **12 weeks/90 days of disengagement**. The Service Provider should record this on their CIMS and Close the Episode of Care.

For PMHC-MDS specifications regarding Episode – Completion Status, [See here](#)

### 1. Communication to General Practitioners

Clinicians or Mental Health Workers are expected to provide written reports to a consumer's General Practitioner (GP) upon initial appointment, outlining the assessment outcome and treatment recommendation, then every three to six months, and/or whenever there is significant change in the consumer's mental state or situation, and when treatment episode concludes. The SPO will ensure that the consumer's information is transmitted securely (see Mental Health Consumer Privacy and Confidentiality). Reports written to GPs should be uploaded to the documents section of the consumer's file within the CIMS.

### 2. Mental Health Treatment Plans and Reviews

Majority of SWSPHN commissioned mental health services require a current [Mental Health Treatment Plan or Review](#) (MHTP) to access the service. This is to be provided to MHI at the time of, or within three service contacts. This is to ensure that the consumers' treating GP is included in their mental health treatment. Once developed, MHTPs are living documents and MHTPs can be reviewed by a GP every three months. Consumers engaged in SWSPHN commissioned mental health services must have a MHTP or MHTP review that is dated within the last 12 months.

SPO are to refer to their Schedule for the specific MHTP requirements of their service.

SWSPHN has MHTP templates available for GPs to download and utilise on the SWSPHN website here:

[GP Mental Health Treatment Plan for Adults](#) and [GP Mental Health Treatment Plan for Children](#).

### **3. The Initial Assessment and Referral Decision Support Tool (IAR-DST)**

The [Initial Assessment and Referral \(IAR\) Decision Support Tool \(DST\)](#), an initiative of the Department of Health and Aged Care, is a nationally consistent, evidence-based and objective approach to initial assessment and referral of consumers seeking mental health support in the primary mental healthcare system. From January 2025 the SWSPHN MHI Smartform will include the IAR- DST as the standardised tool to determine a person's level of care required. This will align with the national Head to Health Phone Service which also utilises the IAR-DST.

SWSPHN offers a two-hour training session on the IAR-DST for clinicians. For further information please refer to the [SWSPHN website](#).

### **4. Monitoring**

Intake (SWSPHN MHI or SPO if completing this function internally) are responsible for processing, assigning and releasing referrals to SPOs or Clinicians or Mental Health Workers within the required timeframes.

SPOs are responsible for ensuring that referrals are accepted or declined, assigned to a Clinician or Mental Health Worker, and consumers receive their first sessions within the time frames required. Additionally, SPOs should regularly monitor and close referrals that have disengaged for an extended period of time.

SWSPHN MHI is able to provide support and training on SWSPHN CIMS and how to SPOs can access this data via reports in the CIMS.

## Procedure – SPO management of referrals when at capacity

SPOs are responsible for monitoring their capacity to accept new referrals and should notify SWSPHN MHI as early as feasible when there are concerns regarding capacity so that demand management strategies can be agreed upon and implemented. When a service capacity issue is raised, the following steps should be activated. These steps outline the 'wait list' procedure.

1. Determine if the referral is suitable for the service and will be accepted or declined;
2. Contact the consumer and advise of the first available appointment;
3. Suggest an alternate referral pathway, if suitable, to meet the consumers' needs e.g., Medicare – Better Access Initiative, other appropriate commissioned SWSPHN Mental Health Services, or suitable community mental health service;
4. If the consumer is happy to wait for the next available appointment, offer 'whilst you wait' options. The below websites provide comprehensive directories of digital mental health supports.
5. If the consumer is not happy to wait for the next available appointment the SPO must offer a suggestion of an alternate service, decline the referral, and advise the referrer in writing.

E-mental health online supports include the below:

- [eMHPrac](#)
- [Head to Health](#)
- [Beacon](#)

Clinicians (with APHRA registration) can access evidence-based online resources by participating in recorded webinars through [Black Dog eMHPracs Webinars](#).

# Mental Health File Audit Procedure

## Purpose

To provide SWSPHN and SPO with clear directions for undertaking a mental health file audit. SWSPHN conducts regular audits of records and processes as part of its commitment to ensuring appropriate, safe and quality mental health services.

## Applicability

This procedure applies to SWSPHN staff conducting mental health file audits, staff who manage contracts for commissioned mental health services or provide intake and allocations services will benefit from understanding how a file audit is conducted. This procedure may also benefit SPOs to develop an understanding of the items being audited.

## Procedure

A file audit is a systematic and objective process used for reviewing processes, performance and measuring an outcome against agreed standards. The process involves comparing information in the records (or files) and other systems against the standards, protocols or specific criteria for the delivery of a given care item, or individual program. The data collected through this process is used to identify what is needed to improve mental health file handling processes and to assess changes over time.

## Consumer Confidentiality

Consumer information is always kept confidential during an audit, as per legislative requirements. All information is de-identified before it is submitted to an audit. All consumers receiving mental health services are advised when treatment starts that records are audited for quality purposes and de-identified data is used for quality improvement of mental health programs. If a consumer does not agree to their administration notes being audited, this is noted on file and the consumer's information is excluded from the audit process.

If a consumer has not consented to having their de-identified data being shared, or who have withdrawn their consent, they will not have their de-identified information provided to SWSPHN as part of the file audit.

## Audit Schedule

The SWSPHN Team Leads responsible for the portfolio area (MH service) will set an annual audit schedule. It is recommended that at least one file audit be completed on an annual basis and be included as a part of the Service Review meeting.

## Mental Health File Audit Template

The Mental Health File Audit Template (**Appendix B**) can be used to collect the required data for the file audit.

### Internal File Audit Process

#### Step 1 - Plan the audit

##### 1.1. Identify the type of audit to be implemented

SWSPHN implements two types of file audit processes:

- **Mental Health Intake Level File Audit:** This audit type investigates the data received and forwarded by SWSPHN MHI to identify any barriers or issues that may impact the efficiency of allocating consumers to the most appropriate program.
- **Program Level File Audit:** This audit type supports SWSPHN's responsibilities for ensuring funded services are delivered according to contractual obligations and are adhering to the Mental Health Governance Manual timeframes. It audits a random selection of de-identified files from a funded SPO.

##### 1.2. Identify audit roles and responsibilities

The SWSPHN Mental Health and AOD Team Lead will allocate resources to perform the audit, including:

- 1.2.1 Audit Lead: SWSPHN MH and AOD Team Leads are responsible for coordinating the audit team and the audit activities.
- 1.2.2 Audit Team: SWSPHN employees responsible for supporting the audit activities, in most instances, will be Mental Health Program Coordinators or MH Intake Officers.

##### 1.3. Convene planning meeting

The Audit Lead convenes a meeting with the Audit Team to set the audit parameters including:

- 1.3.1 Consider best practice guidelines, standards and protocols for care and set targets.
- 1.3.2 Identify the target group (SPO and Service) criteria and scope.
- 1.3.3 Determine the data sources and analysis method (this could include referrals, Mental Health Treatment Plans, service contacts, notes and outcome measures).
- 1.3.4 Determine sample size of files requested from each SPO and Service.
- 1.3.5 Discuss any required modifications for the Mental Health File Audit Template (Appendix B) and then set audit schedule.

#### Step 2 - Conduct audit

##### 2.1. Prepare for the audit

The Audit Team will:

- 2.1.1 Document the audit plan and procedure to ensure consistency in auditing and to guide auditors. Four weeks prior to the audit notify the SPO/s or MHI staff of the audit in writing, including the number of files to be audited and a copy of the Mental Health File Audit Template (Appendix B) for

them to complete and return. It is suggested file audit is reviewed at the next Service Review meeting.

2.1.2 Have an agreed number of files and outcome measures to be reviewed against including:

- Compliance with the Mental Health Governance Manual
- The quality and completeness of information service contacts and notes
- The outcomes measures completed
- Compliance with the services Schedule including service model and KPIs

## **2.2. Prepare audit report**

The Audit Lead, with support from the Audit Team, will collate, and analyse the data to identify findings. The team will prepare a report for the Mental Health and Other Drugs Manager, presenting recommendations for addressing issues or concerns.

## **Step 3 - Conclude audit**

### **3.1. Action audit finding**

The Audit Lead will meet with the Mental Health and AOD Manager, and any other relevant managers (e.g. Commissioning Manager) to review SWSPHN response to the audit recommendations. This may include, but is not limited to:

- Implement strategies for individual program level changes in consultation with the SPO and any other relevant parties;
- Implement system level change management strategies through consulting with SPOs, disseminating workforce communications, supervision, training and education, and/or;
- Work with the Commissioning team to address any corrective action with a funded SPO through contract management; and
- Decide and document time for a repeat data collection (for example, 6 months after new strategies or corrective actions have been implemented).

### **3.2. Provide feedback**

The Audit Lead will prepare correspondence for each SPO participating in the Audit, providing feedback on the audit findings, and recommendations, and thanking them for their participation. SWSPHN uses this information (feedback) to improve safety, quality, performance and effectiveness. SWSPHN provides timely information to stakeholders about feedback received, including service successes.

# Mental Health Workforce Accreditation Policy and Procedure

## Purpose

The purpose of this policy and related procedures is to ensure that:

- SWSPHN expectations of commissioned SPOs and Clinician or Mental Health Workers are clear and documented.
- SPOs employ or contract staff who have the necessary skills, experience and professional qualifications, and values to fulfil their role.
- SPOs have current evidence of clearance to work with vulnerable people, including National Police Checks and, where relevant, Working with Children Checks.
- SPOs ensure non-discriminatory practices and equitable access to services by monitoring and responding to performance issues associated with prejudice, bias and discrimination in the workforce.

## Policy

SWSPHN seeks to preserve the quality, safety and capacity of its mental health service delivery through stringent workforce accreditation processes that complement service agreements.

Workforce accreditation ensures Service Provider practice is within the bounds of their scope of work (scope of practice) and competency, and within the capacity of the SPOs in which they are working.

Workforce accreditation enables better health outcomes for consumers, risk mitigation for the organisation, and implementation of high standard practice delivery. Workforce accreditation is an integral part of program governance.

SWSPHN and Australian Government program guidelines specify the accreditation criteria for the workforce delivering mental health services through specific funded programs.

SWSPHN service agreements contain common clauses mandating an accredited workforce that delivers services commensurate with consumer need.

All SPOs must be suitably qualified and meet accreditation requirements according to their:

- Commissioned Service Agreement (Service Agreement), and
- Schedule (or Statement of Work) of their Service Agreement

## Service Provider Credentials and Specialities Procedure

### 1. Qualifications and Specialities Identification

This policy and procedure ensure SPO and SP are appropriately accredited to provide mental health services within a stepped care model and are re-accredited each year for specific expiring documentation.

- 1.1. During the establishment phase, the SPO is required to complete the **Workforce Accreditation and Specialities Record (Appendix C)** for each employed or subcontracted SP who will be providing commissioned mental health services.
- 1.2. By completing and submitting the template, the authorised person of a SPO warrants that they have sighted evidence supporting the workforce accreditation claims recorded.
- 1.3. Thereafter, the SPO is to ensure the Workforce Accreditation and Specialities Record (Appendix C) is kept up to date and **is to be provided to SWSPHN upon request.**

# Mental Health Consumer Privacy and Confidentiality

## Informed Consent Policy and Procedure

SWSPHN is committed to implementing processes to enable partnership with consumers in decisions about their care, including informed consent to treatment. All SPO are to follow the SWSPHN Informed Consent Policy and Procedure (appendix F)

## Managing Consumer Mental Health Records

This procedure outlines how consumer health records are managed by SWSPHN to preserve legislative compliance and the privacy and confidentiality of consumers and providers. Health records may include referrals, Mental Health Treatment Plans (MHTP), referrer accompanying notes, consumer health records and data held in the SWSPHN CIMS.

### 1. Collecting Consumer Health Information

SWSPHN will only collect personal information necessary to perform intake and allocations to mental health programs and for the purposes of the PMHC MDS collection and required demographic statistical collection. SWSPHN will ensure that consumers providing personal information consent to sharing this information with their mental health treatment team, and are informed about and understand:

- The purpose of collecting the information,
- To whom or under what circumstances their personal information may be disclosed to another party,
- How they can access the information held about them by SWSPHN, and
- Who will have access to the information.

SWSPHN takes reasonable steps to make sure that personal information it collects, uses or discloses during intake and allocation functions is accurate, complete and up to date in order to ensure timely and appropriate service delivery.

### 2. Use and Disclosure of Confidential Information.

SWSPHN MHI and SPOs should only use or disclose information for the purpose it was collected unless:

- The person has consented;
- The person is underage and requires carer involvement;
- The person is considered 'at risk' and requires carer involvement;
- The person has identified a carer to be involved in their recovery plan;
- The secondary purpose is related to the primary purpose and a person would reasonably expect such use, or
- In circumstances related to public interest such as law enforcement and public or individual health and safety.

### 3. Storing Consumer Health Records

SWSPHN MHI and SPOs using their own CIMS should protect the personal information it holds against loss, unauthorised access, use, modification or disclosure. All personal information held by SWSPHN CIMS or SPOs using their own CIMS should be:

- Accessible by staff only on a “need-to-know” basis, with access restricted to staff involved in the applicable program activities;
- Entered and/or uploaded accurately and promptly into SWSPHN CIMS;
- If in electronic form, health records are saved in a restricted file using the naming convention of Case ID and consumer initials e.g. – 123456 – AB. SWSPHN electronic servers are password and firewall protected;
- If in paper form, received and stored in a secure, lockable cabinet. Retaining consumer health records in paper form is discouraged.
- Not taken from the SWSPHN or SPO offices unless authorised and for a specified purpose.

### 4. Transmitting Consumer Health Records

SWSPHN MHI takes steps to reduce the risk of interception or loss when consumer health records are transmitted between General Practitioners (GPs), SPOs, and MHI. Referrals are only to be received by secure means such as electronic fax (E-fax), via HealthLink, or through a secure nominated CIMS portal.

Email correspondence between referrers, SPO, clinicians or mental health workers and SWSPHN should only contain de-identified information and use clear ID numbers (the SWS number from rediCASE). No identifiable or personal information should be transmitted or stored in email systems.

The following methods of transmission of mental health referrals or referral information are approved by SWSPHN, and **no other methods of transmission are allowed**:

- 4.1. Facsimile: GPs and SPs must transmit referrals and consumer health records via the secure mental health eFax on 02 4623 1796. Health records are not to be sent to the general SWSPHN facsimile line.
- 4.2. Secure messaging: Consumer referrals and health records may only be transmitted through authorised secure messaging system HealthLink via EDI: swsphn#mh
- 4.3. SWSPHN CIMS and Head to Health Intake Portal: Consumer referral and health records can be transferred securely via the SWSPHN CIMS ([rediCASE Smartform](#)) or Head to Health Intake Portal.

# PMHC MDS Privacy and Consent Clauses

Provision of information via the PMHC MDS to the Australian Government and state and territory health departments/agencies is necessary for governments to undertake their role in funding, monitoring, and planning future national service delivery. The Commonwealth Privacy Act 1988 (Privacy Act), including the Australian Privacy Principles (APPs) in Schedule 1 of that Act, set the overarching requirements for the collection and use of all personal information by organisations and entities involved in the PMHC MDS. A key feature to the operation of the PMHC MDS is based on obtaining consumer consent to the collection, use and disclosure of their personal information.

Guidance on consumer consent for the provision of PMHC MDS data to the Department of Health and Aged Care and state and territory health departments/agencies is provided as **(Appendix D)** in this Mental Health Governance Manual. SWSPHN are compliant with these documents for our Mental Health Intake process and CIMS. If a SPO utilises their own mental health intake and CIMS they must ensure that they are compliant with these documents.

A FAQ document **(Appendix E)** was developed by the DoHAC for PHNs and their commissioned Clinician or Mental Health Workers to share with consumers to explain the Primary Mental Health Care Minimum Data Set (PMHC MDS) and how data are collected, stored and used. SWSPHN have this available publicly (via a hyperlink) on the rediCASE Smartform in the Consent Section. If a SPO utilises their own mental health intake and CIMS they must ensure that this document is available for consumers.

## Adherence To Relevant National Mental Health Standards

### National Safety and Quality Digital Mental Health

PHN commissioned **digital** mental health, suicide prevention, and AOD services are required to achieve accreditation status of 'accredited' or 'working towards accreditation' for the National Safety and Quality Digital Mental Health (NSQDMH) Standards by 30 June 2025. SWSPHN encourages all SPO delivering telehealth or services to consumers by other digital means to commence this accreditation.

The three NSQDMH Standards include 59 actions related to clinical and technical aspects of digital mental health services. They describe the level of care and the safeguards that a digital mental health service should provide.

It is expected that accreditation will be achieved by June 2026.

For further information visit <https://www.safetyandquality.gov.au/standards/national-safety-and-quality-digital-mental-health-standards>

### National Safety and Quality Mental Health Standards for Community Managed Organisations

The National Safety and Quality Mental Health Standards for Community Managed Organisations (NSQMHCMO) Standards provide safety and quality assurance for consumers, their families and carers, and best practice guidance for community managed Clinicians or Mental Health Workers.

The primary aims of the NSQMHCMO Standards are to protect the public from harm and to continuously improve the quality-of-service provision. The NSQMHCMO Standards will provide a nationally consistent statement about the level of care consumers, families and carers can expect from a community managed mental health service. They will also provide a quality assurance mechanism, which tests whether relevant safety and quality systems are in place.

SWSPHN encourages all commissioned CMOs to work towards this accreditation, it is expected that accreditation will be achieved by June 2026.

For further information visit [National Safety and Quality Mental Health Standards for Community Managed Organisations \(2022\) | Australian Commission on Safety and Quality in Health Care.](#)

### National Standards for Mental Health Services 2010

All SWSPHN commissioned mental health services are to be consistent with the National Practice Standards for the Mental Health Services 2010.

For further information visit <https://www.health.gov.au/resources/publications/national-standards-for-mental-health-services-2010-and-implementation-guidelines?language=en>

## National Practice Standards for Mental Health Workforce 2013

All SWSPHN commissioned mental health services are to be consistent with the National Practice Standards for the Mental Health Workforce, 2013.

For further information visit <https://www.health.gov.au/resources/publications/national-practice-standards-for-the-mental-health-workforce-2013?language=en>

## Other Associated Standards, Policies and Guidelines

- Workplace Health and Safety Act 2011
- Fair Work Act 2009
- ISO 9001:2016 – Quality Management Systems
- Commonwealth Privacy Act 1988 and relevant state and territory legislation
- ISO 27001: (2024/2025) – Quality Management Systems

# Complaints, Risk and Incident Management

## Complaints

SPOs are responsible for implementing their own complaints management policy and procedures. The SPO's process for consumers to make complaints should be communicated early during engagement of service.

Consumers are encouraged to contact the SPO directly to make a complaint about SWSPHN commissioned services, however, should they wish to escalate the complaint to SWSPHN, complaints can be lodged via an online feedback form available on the SWSPHN website here: <https://swsphn.com.au/what-we-do/commissioning-healthcare-2/provide-feedback-on-our-services/>

Feedback received will be handled with respect to privacy and confidentiality, and be used to identify and address issues, and improve effectiveness and efficiency within commissioned services.

When SWSPHN receives a complaint, this is shared with the SPO in writing for comment and to resolve. The complaint will also be recorded against the relevant contract. Depending on the severity of the complaint or if multiple complaints are made regarding the same or similar issues, SWSPHN may request that the service provider identifies any actions to be taken, a Root Cause Analysis be completed or a Remedial Action Plan may be initiated.

If the complainant has requested to be contacted, SWSPHN will contact the complainant to provide feedback on how their complaint was handled and identified actions.

Please refer to the [PHN Program Complaints Policy](#) for further details about lodging a complaint. Alternatively, a person can lodge a complaint to the [Health Care Complaints Commission](#).

## Risk and Incident Reporting

SPOs are responsible for implementing their own comprehensive risk management policy and procedures for the identification and mitigation of risk for their mental health service. SPOs are to refer to the Commissioning Incident Management Policy and Procedure attached to their relevant Schedules or Contract for further information on the mandatory requirements associated with incident reporting.

## Roles and Responsibilities

Audit Lead	Usually will be a Mental Health and AOD Team Lead.
Audit Team	Usually will be Mental Health Program Coordinators or Mental Health Intake Officers
Director of Planning and Performance	Owner of this Manual, and oversight of its implementation
Mental Health and AOD Manager	Oversight of this Manuals implementation across the Mental Health and AOD Team and across all SWSPHN Commissioned Mental Health Services
Mental Health Team Lead	Oversight and support of this Manuals implementation across the Mental Health and AOD Team Program Coordinators and Intake Officers and across SWSPHN Commissioned Mental Health Services within their relevant portfolio areas  Leads file auditing process.
Mental Health Program Coordinator	<ul style="list-style-type: none"> <li>Ensures Commissioned Service Provider Organisation has received this Manual and understands it's requirements.</li> <li>Advice on referral eligibility/allocation that might be outside of program guidelines.</li> <li>Monitors data and reporting to identify trends and understand program outcomes.</li> <li>Liases with service provider regarding ongoing issues around intake, allocation and data entry.</li> <li>Part of the file audit team.</li> </ul>
Mental Health Intake Officer (Clinical and non-Clinical)	<ul style="list-style-type: none"> <li>First point of contact for referral submission and enquiries for programs that utilise SWSPHN CIMS</li> <li>Reviews referrals to ensure eligibility</li> <li>Allocates referrals to most appropriate mental health service provider and stream.</li> <li>Enters referral and program data into SWSPHN CIMS</li> <li>Delivers Head to Health Phone Service Referral Spoke alongside Initial Assessment Hub.</li> </ul>

## Definitions

CIMS	Client Information Management System
Clinician or mental health worker	The mental health professional engaged by the SPO to deliver the commissioned mental health service to consumers.
Confidentiality	Confidentiality ensures that information is accessible only to those authorised to have access and is protected throughout its lifecycle. Confidential information may be marked as such or deemed confidential by its nature; for example, it is information that is not available in the public domain.
Consent	Consent means voluntary agreement to some act, practice or purpose. Consent has two elements: knowledge of the matter agreed to, and voluntary agreement.

Consumer	A mental health consumer is a person who has a lived experience of a mental illness or mental disorder. They can also be a person who is receiving treatment from a mental health service, either voluntarily or involuntarily.
Consumer health record	<p>Personal information that is information or an opinion about:</p> <ul style="list-style-type: none"> <li>• The physical or mental health or a disability (at any time) of an individual</li> <li>• A health service provided, or to be provided, to an individual,</li> <li>• Other personal information collected to provide, or in providing, a health service,</li> <li>• Other personal information that is genetic information about an individual arising from a health service provided to the individual in a form that is or could be predictive of the health (at any time) of the individual or of any sibling, relative or descendant of the individual, or healthcare identifiers</li> <li>• Be signed and dated.</li> </ul>
Episode of Care	<p>An Episode of Care is defined as a more or less continuous period of contact between a consumer and a PHN-commissioned provider organisation/clinician that starts at the point of first contact, and concludes at discharge. Episodes comprise a series of one or more Service Contacts</p> <p>For more information about this definition for PMHC MDS purposes see: <a href="https://docs.pmhc-mds.com/projects/data-specification/en/v4/data-model-and-specifications.html#episode">https://docs.pmhc-mds.com/projects/data-specification/en/v4/data-model-and-specifications.html#episode</a></p>
File audit	The file audit involves a systematic, regular review of a random sample of consumer records for compliance with SWSPHN program delivery requirements. The auditor systematically reviews a random sample of their consumer records, and rates each against the criteria outlined in File Audit Data Collection Template. The results are then discussed with a suitably qualified clinical supervisor at an agreed time. This will occur at least once a year.
IAR-DST	Initial Assessment and Referral Decision Support Tool
Individual	Individual means any person such as a consumer, employee, Director, contractor or a member of the public.
Induction	The process used by SWSPHN to welcome new employees and SPOs and prepare them for their role delivering mental health services for SWSPHN.
Low Income	Consumers are deemed 'low income' when they cannot afford to contribute a small co-payment or gap fee.
Mental Health Service	Relates to all services delivered through commissioned services on behalf of SWSPHN.
Personal information	Personal information means information or an opinion (including information or an opinion forming part of a database) about an individual (Office of the Federal Privacy Commissioner, 2001). It may include information such as names, addresses, bank account

	<p>details and health conditions. The use of personal information is guided by the <i>Privacy Act 1988</i>.</p>
PMHC MDS	<p>The Primary Mental Health Care Minimum Data Set (PMHC MDS) is a mandatory data set for PHN commissioned mental health services and provides the basis for PHNs and the Department of Health and Aged Care to monitor and report on the quantity and quality of service delivery, and to inform future improvements in the planning and funding of primary mental health care services funded by the Australian Government. The data reported by PHNs through the PMHC MDS will form the basis for production of key performance indicators used to monitor services delivered across the 31 PHN regions covered by PHNs.</p>
Privacy provisions	<p>Privacy provisions of the <i>Privacy Act 1988</i> govern the collection, protection and disclosure of personal information provided to SWSPHN Alliance by consumers, Directors and employees.</p>
Public domain	<p>The public domain in relation to confidentiality is “common knowledge”; that is, information that can be accessed by the general public.</p>
Referrals, Intake & Allocation Audit	<p>An audit of the referral, intake and allocation process through review of the documentation that drives decision making around service provision</p>
Service Contact	<ul style="list-style-type: none"> <li>• A service contact must involve at least two persons, one of whom must be a specialised mental health service provider.</li> <li>• Mobile and outreach services and consultation and liaison services are included as service contacts.</li> <li>• Service contacts are not restricted to in person communication but can include telephone, video link or other forms of direct communication.</li> <li>• Service contacts can either be with a consumer, or with a third party such as a carer or family member, other professional or mental health worker or other service provider.</li> </ul> <p>For more information about this definition for PMHC MDS purposes see: <a href="https://docs.pmhc-mds.com/projects/data-specification/en/v4/data-model-and-specifications.html#service-contact">https://docs.pmhc-mds.com/projects/data-specification/en/v4/data-model-and-specifications.html#service-contact</a></p>
Service Provider Organisation (SPO)	<p>SPO is the entity contracted by SWSPHN to deliver the commissioned mental health services.</p>

## Document control

Policy review every (choose most applicable)  1 year  2 years  3 years

Version	Date Commenced	Policy Owner	Change Description	Review Date	Authorising Executive
V1.0	November 2017	Mental Health Manager	New Policy	November 2020	Director of Planning and Performance
V2.0	February 2019	Mental Health Manager	Policy Review	February 2022	Director of Planning and Performance
V3.0	November 2021	Mental Health Manager	Policy Review	November 2024	Director of Planning and Performance
V4.0	April 2025	Mental Health Manager	Policy Review	April 2028	Director of Planning and Performance

***This form will remain in effect until replaced.***