



Guidelines for Consultation Liaison Psychiatry Services

Consultation-Liaison Psychiatry Services provide a crucial link between physical and mental health care, operating in a range of settings such as hospital emergency departments, general wards and outpatient services. Multidisciplinary Consultation Liaison teams provide mental health expertise and support to general hospital teams in managing a wide range of conditions, some of which may require onward referral or liaison with mental health services.

1.1 Referral to a mental health service

Where the Consultation-Liaison Service confirms that the consumer is experiencing a mental health problem requiring onward referral to a mental health service, the minimum data set of information required, should take into account:

- a) Presenting problems
- b) History (both psychiatric and medical/surgical history, e.g. past diagnoses, interventions, information on family history)
- c) Current treatments: both psychiatric and medical/surgical treatments, e.g. medications (including new medications or changes made during this episode of care), psychological interventions, complementary/alternative interventions, providers/services involved
- d) Overall Assessment of Risk (e.g. Suicide, Self-harm, violence/aggression, vulnerability, absconding and Family and Domestic Violence)
- e) Mental State Examination (physical appearance, behaviour, speech, mood/affect, thought stream, thought content, thought form, perception, cognition, insight)
- f) Formulation
- g) Diagnosis
- h) Action Plan (including management of risks identified, issues and follow up plans).

Consultation-Liaison Services may use a variety of mechanisms to document, communicate and make available the information to the mental health service. Use of specific Consultation-Liaison documentation or the Mental Health Statewide Standardise Clinical Documentation (SSCD) is encouraged for referral, such as Triage (or Assessment document), Risk Assessment and Management Plan and Care Transfer Summary (or alternative electronic discharge summaries such as Notification and Clinical Summaries).

All health services should develop their own procedures and processes to determine the best way for their Consultation-Liaison Psychiatry Services to document, communicate and make available the information to mental health services.

1.2 Non-referral to a mental health service

If the Consultation-Liaison Psychiatry Service determines that further assessment and referral to a mental health service is not required, determining what information to provide should consider:

- i. What has the referrer requested?
- ii. What information does the receiving team require?
- iii. What extra information can the mental health clinician provide?
- iv. How best to document and communicate the information; and
- v. The minimum data set of information required, taking into account:
 - a. Presenting problems
 - b. History (both psychiatric and medical/surgical history, e.g. past diagnoses, interventions, information on family history)
 - c. Current treatments: both psychiatric and medical/surgical treatments, e.g. medications (including new medications or changes made during this episode of care), psychological interventions, complementary/alternative interventions, providers/services involved
 - d. Overall Assessment of Risk (e.g. Suicide, Self-harm, violence/aggression, vulnerability, absconding and Family and Domestic Violence)
 - e. Mental State Examination (physical appearance, behaviour, speech, mood/affect, thought stream, thought content, thought form, perception, cognition, insight)
 - f. Formulation
 - g. Diagnosis
 - h. Action Plan (including management of risks identified, issues and follow up plans).

All health services should develop their own procedures and processes to determine the best way for their Consultation-Liaison Psychiatry Services to document, communicate and make available the information to the referrer and to provide written and/or verbal handover to the community mental health team that is case managing the consumer (where relevant).

This document can be made available in alternative formats on request for a person with a disability.

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