

# SESLHD PROCEDURE COVER SHEET



**Health**  
South Eastern Sydney  
Local Health District

<b>NAME OF DOCUMENT</b>	State Mental Health Telephone Access Line (SMHTAL) – Mental Health
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<b>FUNCTIONAL GROUP(S)</b>	Mental Health
<b>KEY TERMS</b>	State Mental Health Telephone Access Line (SMHTAL), Touchpoint, Phone Answer Points (Agents), Intake, Triage, Acute Care
<b>SUMMARY</b>	This Procedure is a guide for clinicians working on the South Eastern Sydney Local Health District (SESLHD) SMHTAL line.

## **COMPLIANCE WITH THIS DOCUMENT IS MANDATORY**

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# SESLHD PROCEDURE

## State Mental Health Telephone Access Line (SMHTAL) – Mental Health

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### 1. POLICY STATEMENT

[NSW Health Policy Directive PD2012\\_053 - Mental Health Triage Policy](#) defines mental health triage, the mental health triage process and the standards for NSW Health mental health telephone triage services. Its companion document is the [NSW Health Guideline GL2012\\_008 - Call Handling Guidelines for Mental Health Telephone Triage Services](#). Each Local Health District in NSW is required to develop a district-wide procedure to support the overarching State Policy Directive and accompanying guideline.

### 2. BACKGROUND

SMHTAL is a state-wide, 24-hour central access point to mental health services for callers external to SESLHD. SMHTAL is operated by experienced mental health clinicians who provide; support, telephone triage, relevant information about appropriate services, and/or facilitate referrals to local mental health services.

SESLHD SMHTAL is operated by the Eastern Suburbs Mental Health Service, answering calls on behalf of SESLHD Mental Health Services and St Vincent's Mental Health Service.

### 3. RESPONSIBILITIES

#### 3.1 Employees will:

- follow the procedure and operating protocols of SMHTAL.

#### 3.2 Line Managers will:

Ensure clinical staff members are:

- recruited with the essential requirements outlined within the SMHTAL position descriptions.
- are familiar with the procedure, circulate the procedure document and enable local implementation and orientation and able to demonstrate an ability to use the Touchpoint operating system.
- attend the NSW Health Mental Health Telephone Triage Training where possible.
- ensure non-clinical staff members are also aware of the procedure.

#### 3.3 Service Managers will:

- distribute the procedure within their relevant service.
- ensure that line managers are familiar with the procedure and ensure staff adhere to the procedure.

#### 3.4 Service Directors will:

- monitor the compliance and review of the procedure at the local Clinical Governance Committee, and report to the SESLHD Mental Health Service (MHS) Clinical Governance Committee.

#### 3.5 SESLHD MHS General Manager will:

- report monthly compliance to this procedure and associated NSW KPI's to NSW Ministry of Health.

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### 4. PROCEDURE

#### 4.1 Answering Calls

- When a call is taken by the SMHTAL it should be triaged as per [PD2012\\_053 - Mental Health Triage Policy](#), regardless of the caller's location (see also [GL2012\\_008 - Call Handling Guidelines for Mental Health Telephone Triage Services](#))
- The call handling guidelines provide advice about certain types of calls (see APPENDIX B for a list of the types of calls).
- Complete clinical documentation MH Triage and/or MH Progress Note inclusive of all available information.
- Additional information should be used to obtain collateral from Next of Kin/General Practitioner/Other services to assist with determining risk, priority and appropriateness of referral.
- Conduct a comprehensive risk assessment where appropriate.
- Attempt to contact the consumer (dependent on risk) when undertaking a third-party referral.
- Contact the parent/s or guardian of consumers under the age of 16 years to obtain consent prior to progressing the referral to the relevant mental health service.

#### 4.2 Transfer of care to another mental health service

- Transfer of care to relevant specialty services and/or to local Acute Care Teams should occur as soon as possible as per local processes.
- It is the responsibility of local sites to inform the SMHTAL manager of amendments to local process that might impact SMHTAL referral pathways.
- A transfer of care for calls received overnight must take place the following morning. All handover is to be verbal clinician-to-clinician via Identify, Situation, Background, Assessment and Recommendations (ISBAR) with relevant documentation emailed or faxed and documented via a MH progress note to confirm this verbal and faxed process has been completed. If the urgency of response is immediate the clinician must contact emergency services/redirect consumer to the emergency department. If the urgency of response is within 24 hours a referral should be made to the local Acute Care Service. Please refer to Appendix B for contact details.
- It is the responsibility of the receiving team to provide ongoing care, support and/or information to the caller once a transfer of care has occurred. If further consideration is required regarding the suitability of a referral, this should take place at the local site.
- When the referral has been classified with an "Urgency of Response" within 24hours the local Acute Care Team should be phoned during working hours (0830 - 2200 hours) via the local hospital switchboard, then handover should occur:
  - Sutherland Hospital 9540 7111
  - St George Hospital 9113 1111
  - Prince of Wales Hospital 9382 2222
  - St Vincent's Hospital 8382 1111

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- For calls received **from outside of the SESLHD SMHTAL catchment area**, consumer demographic information and a brief summary of the situation should be taken then referred to the relevant local mental health service via a warm transfer. An ISBAR handover should follow, with information transferred to the relevant service. This process is outlined in more detail in NSW Ministry of Health [PD2012\\_053 Mental Health Triage Policy](#).

#### 4.3 Reporting Faults with SMHTAL

**In the event a fault occurs the SMHTAL Clinical Manager (business hours) or the SMHTAL Clinician (after hours) is responsible for undertaking the following process:**

- Contact Statewide Service Desk (SWSD) on 1300 28 55 33
- Quote KB0019461-SWSD should then immediately escalate to eHealth Fixed Voice services.
- eHealth will contact the staff member who reported the fault within 15 minutes and begin fault diagnosis escalation.
- If the staff member does not receive a call from eHealth within 15 minutes, SWSD should be contacted again.
- If the staff member does not receive a call from eHealth within a further 15 minutes, please escalate to the following people, as well as the on-call manager (after hours) Richard Pedler, Enterprise Voice Services Manager on 0434 564 972 or James Pill, Senior Support Engineer, Telecommunications on 0426 880 172
- Email SMHTAL Clinical Manager to advise of time and duration of fault (after hours)

#### 4.4 Reporting

- Data on the call activity, call answering performance and compliance with the key performance indicators is gathered and analysed from the SMHTAL Operating system on a monthly basis.
- This is documented in a monthly report, which also summarises qualitative standards and any complaints, or incidents which may have occurred.
- The report is prepared by the SMHTAL Clinical Manager for submission to the NSW Ministry of Health by the SESLHD MHS General Manager
- See Appendix C for template of SMHTAL Reporting Template

### 5. DOCUMENTATION

MH Triage

MH Progress Note

### 6. AUDIT

QARS Audit - SESLHD\_MH\_SMHTAL\_Triage\_Audit – 10 per month

NSW KPI Compliance:

SMHTAL has KPIs set by the NSW Ministry of Health. Those KPIs relate to both telephony and non-telephony standards (see APPENDIX C).

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A monthly report is prepared by the SESLHD SMHTAL for submission to SESLHD MHS Clinical Governance Committee and then to the NSW Ministry of Health by the SESLHD MHS General Manager

### 7. REFERENCES

#### NSW Ministry of Health

- [PD2012\\_053 - Mental Health Triage Policy](#)
- [GL2012\\_008 - Call Handling Guidelines for Mental Health Telephone Triage Services](#)

#### SESLHD

- [SESLHDBR/040 - Clinical Handover for Mental Health Services \(ISBAR\)](#)
- [SESLHDGL/074 - Clinical Documentation in Mental Health](#)

### 8. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
July 2013	0v1	Document drafted by Sutherland Mental Health Service Clinical Nurse Consultant Duncan Howard. Edits received by St George/Sutherland MHS Service Director Evelyn Chandler.
Aug 2013	0v2	Draft document converted from Business Rule to Procedure by SESLHD MHS Policy Officer Victoria Civils-Wood.
Feb 2016	0v3	Draft document updated by Duncan Howard and Victoria Civils-Wood to reflect new terminology and policy documents. Endorsed by SESLHD MHS Clinical Council.
March 2016	0	Executive Services registered document with new number and published.
May 2019	1	Review conducted by SMHTAL Clinical Manager, ESMHS
June 2019	1.1	Feedback incorporated from COMs, Community Service Managers and ACT Team Leaders Circulated to DDCC for review
July 2019	1.2	Incorporates feedback from DDCC
August 2019	1.2	Minor review. Physical relocation of the service from TSH campus to the POWH campus. Approved by the Executive Sponsor. Endorsed by SESLHD MHS DDCC Endorsed by SESLHD MHS Clinical Council. Published by Executive Services.
January 2021	2	Updated reference table to include NSW Health GL2020_008 Complaint Management Guidelines and removal of reference to EQulP standards
February 2021	2	Endorsed by SESLHD MHS DDCC Endorsed by SESLHD MHS Clinical Council.
March 2021	2	Approved by Executive Sponsor
3 April 2024	2.1	SESLHD MHS SMHTAL Working Group updated procedure and created QARS audit tool, updated KPI reporting as per current format and reports to go through governance committees. Awaiting MoH PD publication to make UoR and eMR changes. Endorsed MHS DDCC and MHS Clinical Council and Executive Sponsor.

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#### **APPENDIX A: WHAT TYPE OF CALLS?**

The [GL2012\\_008 - Call Handling Guidelines for Mental Health Telephone Triage Services](#) provide advice about the following types of calls:

1. Caller Complaint Management.
2. Callers from Aboriginal and Torres Strait Islander Backgrounds.
3. Callers from Culturally and Linguistically Diverse Backgrounds.
4. Callers from other Local Health Districts.
5. Callers with a Hearing or Speech Impairment.
6. Child at Risk.
7. Crisis Call Management.
8. Domestic Violence.
9. Drug and Alcohol Withdrawal.
10. Frequent Callers.
11. Handover of Clinical Responsibility of Consumers Accepted for Care.
12. Information or Advice about Medication.
13. Intoxicated Callers.
14. Malicious or Problem Callers.
15. Mental Health Referrals from *healthdirect* Australia.
16. Mobile Phone Callers.
17. Referrals to Other Services.
18. Reports of Sexual Assault of Adults.
19. Third Party Referrals.
20. Threats of Harm to Self and/or Others.
21. Urgency of Response.
22. Urgency of Response Escalation.
23. Weapons Notification

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### APPENDIX B:

TEAM	PHONE NUMBER	FAX NUMBER	ESCALATION NUMBER
TSH ACT	9540 7831	9540 7107	TEAM: 0414 788 873 TEAM CLINICAL MANAGER: 0427 334 682
STG ACT	9553 2595	9553 2517	TEAM CLINICAL MANAGER: 0414 898 757
POWH ACT	9382 9497	9382 0950	TEAM: 0407 475 226 TEAM CLINICAL MANAGER: 0438 066 150
ST VINCENT'S ACT	OFFICE HRS: 8382 1302/03 AFTER HRS: 8382 1111	8382 1997	TEAM: 0405 131 432 TEAM CLINICAL MANAGER: 0418 732 775



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#### APPENDIX C: SMHTAL STANDARDS (KEY PERFORMANCE INDICATORS)

##### a) Telephony Standards

1. Grade of Service  
(70% of calls answered in 30 seconds)  
Percent of all calls answered in 30 seconds or less)
2. Maximum Speed to Answer (MSA)  
(Not more than 5% of calls wait over two minutes. The time to answer a call is measured from the time the call is transferred to the local health district system to when it is answered by a MH clinician; not from the time the call is placed in a call queue)  
Percent of all calls not answered within 2 minutes.
3. Call Abandonment rate  
(Not more than 5% of calls are abandoned. A call is abandoned if the caller terminates the call having waited at least 60 seconds from the completion of the local health district announcement message)  
Percent of all calls that are abandoned.

##### b) Non-Telephony Standards

1. Callers across NSW are able to access Mental Health services by calling a one number, state-wide MH telephone triage service. This service is to operate 24/7.
2. Mental Health Telephone Triage Service (MHTTS) operators are experienced MH clinicians who are appropriately trained in conducting standardised telephone MH triage and have a working knowledge of the operating protocols of the service.
3. MHTTS operators have, when possible, access to the history and recent status of current and past clients of the MHTTS, and access to resources about referral points. In the interim, they are to have access to the record of clients' previous contact with MHTTS.
4. Each MHTTS is governed by detailed policies and operational protocols, which can be reliably interpreted.
5. Each MHTTS systematically monitors the accuracy of the telephone triage decision.
6. Each MHTTS is integrated with local services and permitted to mobilise emergency assistance and local MH assessments within the specified response time.
7. Each MHTTS is able to:
  - (a) Provide advice and information relating to the availability of public or private MH services.
  - (b) Provide direction to callers who raise non-MH concerns.

##### c) Quality Monitoring

Each MHTTS conducts routine quality monitoring and improvement processes. Performance against standards, complaints monitoring, and outcomes, benchmarks and other quality improvement activities are made publicly available.



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Each MHTTS is subject to sophisticated cost and output determination to measure its efficiency.

1. Call Activity
2. Complaints
3. Incidents

For further details refer to the [SMHTAL Reporting Template](#) (see page 21).