

RESOURCE HUB

Domestic and Family Violence

During the course of the V-RAM process it may be assessed that a consumer is a victim or possible perpetrator of domestic and family violence. The [Domestic and Family Violence Information Sharing Guidelines](#) and flowchart provide support and guidance to clinicians to with respects to sharing information with agencies external to Queensland Health to facilitate the completion of domestic and family violence risk assessment and/or to make a referral to support services. Whenever it is safe to do so, a consumer's consent should be obtained before disclosing information. The priority however is the safety of victims and children over gaining a perpetrators consent to share relevant information. The provisions within the [Domestic and Family Violence Protection Act \(2012\)](#) provide exemption to the duty of confidentiality.

Information and training resources developed by the Department of Health *Guideline: Health workforce domestic and family violence training* can be found [here](#) or through the QHEPS link: <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/patient-safety/duty-of-care/domestic-family-violence/healthcare-workers>

If a Clinician, whilst conducting a V-RAM identifies that a child has been exposed to domestic and family violence or is at risk of exposure to domestic and family violence, it may also be necessary to report concerns relating to child abuse and neglect to the Department of Child Safety, Youth and Women. In these circumstances clinicians are encouraged to consult with a senior clinician, child protection liaison officer or advisor within their HHS. To make a report to Child Safety, the following link can be accessed: <https://secure.communities.qld.gov.au/cbir/home/Child-Safety#>

Drug and Alcohol Services

There are a range of resources and links that can be accessed to support the clinician to effectively manage violence risk associated with substance use. The following QHEPS website provides information, services, clinical resources and tools that a clinician can utilise in the process of assessing substance use or services and programs to refer a consumer to as part of the risk management planning process.

Follow this link to access a broad range of relevant links relating to alcohol, tobacco and other drugs: <https://www.health.qld.gov.au/public-health/topics/atod>

Additionally, the Alcohol and Drug Information Service can be contacted on 1800 177 833.

For child and youth consumers, the Dovetail website provides a range of resources for clinicians who are treating children and young people who engage in substance use. <http://www.dovetail.org.au/i-want-to/open-the-good-practice-toolkit.aspx>

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Information Sharing

[Information Sharing between Mental Health Staff, Consumers, Family, Carers, Nominated Support Persons and Others, Queensland Health guideline](#)

This guideline provides the framework to support clinicians in decision-making regarding sharing information in certain situations, whilst recognising the consumer's right to confidentiality and privacy. The sharing of information is a fundamental part of consumer centred approach and may be essential when involved in the V-RAM process to protect the health, safety and well-being of the consumer and significant others.

The [2016 Memorandum of Understanding \(Mental Health Collaboration\)](#) recognises how QH and QPS often provide services to the same people who have a Mental Illness and/or are Vulnerable Persons. Each party has respective roles and responsibilities and have agreed to work collaboratively and cooperatively to proactively develop intervention strategies and respond to incidents and situations. The MOU clarifies issues related to confidentiality in specific in relation to PAIP's and AMP's.

In 2013 Queensland Health (The Department of Health and Hospital and Health Services) and the Queensland Police Service (QPS) developed an overarching [Memorandum of Understanding \(MOU\)](#) for Information Exchange between the two agencies. The MOU simplifies and clarifies the process for reporting to the police. It also provides clarity and guidance to staff who may be asked to assist police with investigations. The MOU applies to both the department and the Hospital and Health Services. Further information including a checklist discussing criminal matters at <https://qhps.health.qld.gov.au/hr/corrupt-conduct/criminal-matters>

The Mental Health Intervention Program (MHIP) is a collaborative program between the Queensland Police Service, Queensland Ambulance Service and Queensland Health. The Mental Health Intervention Coordinator's role provides consultation and liaison to stakeholders within the program to increase the capacity of district services to reduce and respond to mental health crisis situations. This is done through communication, collaborative service and community development, assessment and support, crisis intervention, training and evaluation. The Mental Health Intervention Coordinators work with all stakeholders to develop, where necessary, collaborative plans that seek to reduce presentations to the service and provide increased support of all agencies

Access your local HHS Mental Health Intervention Coordinator or Police Liaison Officer

Weapons Licencing Notification: If a professional carer is of the opinion that a person is an unsuitable person to possess a firearm for either of the following reasons; because of the person's mental or physical condition; or because the person may be a danger to himself, herself or someone else. For additional information see the booklet "Health and Weapons: An information brochure".

If there are any immediate concerns regarding access to any kind of weapon phone 000 or local police station.

Police and Ambulance Intervention Plans: Is a plan ideally developed in consultation with the Consumer, the Mental Health Treating Team and other stakeholders including the QPS. It extrapolates considerations for intervention and outlines potential risks as a means to support both the Consumer and police officers to safely resolve a Mental Health Incident.

[PAIP Form](#)

Information Systems

CIMHA	Consumer Integrated Mental Health Application
ATOD-IS	Alcohol Tobacco and Other Drugs Information System [Access required]
The Viewer	
leMR	Integrated Electronic Medical Record
EDIS	Emergency Department Information System
HBCIS	Hospital-Based Corporate Information System [local access]

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Legislation and Relevant Reports

[Hospital Health Boards Act \(2011\)](#)

The Hospital and Health Boards Regulation 2012 prescribes a Memorandum of Understanding (MOU) which provides the primary mechanism under which information is shared between QH and the QPS in respect of mental health crises occurring in the community. This MOU - the Memorandum of Understanding between the State of Queensland through Queensland Health and the State of Queensland through the Queensland Police Service, Mental Health Collaboration 2016 – enables clinicians providing support to the QPS to provide health information as part of that support.

Relevantly, the MOU permits the disclosure of confidential information by delegated QH staff (including clinicians) in circumstances where there is a mental health crises situation.

Staff providing information to the QPS under this model of service will primarily seek information through accessing the Consumer Integrated Mental Health Application (CIMHA); the Queensland statewide mental health information system. Information on this system is essentially limited to services provided by QH public sector mental health services. Information will also be able to be obtained about QH public sector alcohol and drug treatment services through the QH ATOD-IS information system.

In addition, limited consolidated clinical information from other QH information systems may be accessed by the QFMHS staff (by way of The Viewer). This information is also essentially limited to information that is recorded by Queensland public sector health services.

[Child Protection Act \(1999\)](#)

Under Child Protection legislation the main focus is on transmission of information to the Child Safety Services (CSS) to ensure appropriate actions are taken to ensure child safety. Under Section 13E(1) of the Act, a doctor and registered nurse are mandated to provide a written report immediately to CSS of their reasonable suspicion if they suspect a child has suffered or is at unacceptable risk of suffering significant harm caused by physical and sexual abuse and may not have a parent able and willing to protect them from harm. [Reporting a Reasonable / Reportable Suspicion of Child Abuse and Neglect Guideline](#)

Note in relation to sharing information: The Child Protection Act 1999, chapter 5A, allows the sharing of relevant information between government agencies, and between government agencies and non-government service providers, who provide services to children and families. For further information requesting information from CSS contact a relevant [Child safety service centre](#)

For emergencies outside of working hours contact the [Child Safety After Hours Service Centre](#) on 1800 177 135.

The Mental Health Child Protection form must be completed if the consumer has responsibility for, or contact with, children through shared residence or visits (available on CIMHA).

[Information Privacy Act \(2009\)](#)

[Domestic and Family Violence Protection Act \(2012\)](#) Refer to *Domestic and Family Violence*

[Weapons Act \(1990\)](#)

Under the weapons licencing act (Section 10 B) a person must be a “fit and proper” person to be issued a weapons licence (in addition to a number of other requirements. The definition of “unfit” includes conviction (of a Queensland Court or another court outside Queensland), within 5 years for misuse of drugs, use or threatening use of violence, having a weapon or being under a Domestic Violence Order (again 5 years).

[Guardianship and Administration Act \(2000\)](#)

[Powers of Attorney Act \(1998\)](#)

The Guardianship and Administration Act 2000 (Qld) and the Powers of Attorney Act 1998 (Qld) provide a framework for decision-making by and for adults with impaired decision-making capacity. These Acts contain a set of General Principles for substitute decision-making which must be applied when a power or a function under the legislation is exercised or performed in relation to the adult. They also contain a Health Care Principle which is to be applied by substitute decision-makers when making decisions about an adult’s health matters or special health matters. Together, these principles form the philosophical underpinning for substitute decision-making under the legislation. The Acts also contain provisions dealing with decision-making capacity. Among other things, these Acts set out criteria for determining when an adult has the capacity to make his or her own decisions for a matter. An adult who does not satisfy these criteria in relation to a matter has impaired capacity for that matter. The legislation also sets out the test of capacity for making an enduring power of attorney or advance health directive.

The context of the Guardianship and Administration Act 2000 (Qld) and the Powers of Attorney Act 1998 (Qld) is the presence or absence of V-RAM static and dynamic factors related to cognitive impairment and the considerations that may be required within the formation of the violence risk management plan including notification of identified person/s.

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Policies and Other Documentation

[Chief Psychiatrist Policy on Treatment and Care of Forensic Order, TSO and High Risk Voluntary patients](#)

This policy establishes a clinical governance framework for the management of patients subject to a forensic order, treatment support order and patients whose risk profile is assessed as high by their treating team. The framework operates as a clinical peer review that strengthens the assessment and risk management of these patients.

[ARMC Terms of Reference \(attachment 1\)](#)

This document outlines the role and function of the Assessment and Risk Management Committee (ARMC), membership and responsibilities of the members. The ARMC may be involved in reviewing and making recommendations about the consumer's treatment and care if they are subject to a forensic order, treatment support order and or assessed as high risk consumers by their treating team.

CFOS Referral Form (no referral form on QHEPS). Here is the link to the Queensland Forensic Mental Health [Services](#). The referral form is to be completed once a decision has been made by a multidisciplinary team about the need for a specialised violence risk assessment in relation to an adult consumer.

[Queensland Health Guide to Informed Decision Making in Healthcare](#)

This guide has been developed as a reference tool to support clinicians in understanding the complex ethical and legal requirements surrounding informed decision-making about health

Services

Queensland Forensic Mental Health Service (QFMHS)

Community Forensic Outreach Service (CFOS)

Child and Youth Forensic Outreach Service (CYFOS)

Police Communications Centre Mental Health Liaison Service (PCC MHL Service)

Queensland Fixated Threat Assessment Centre (QFTAC)

Mental Health Intervention Co-ordinator (MHIC)

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Specific Populations

This section provides resources and information for specific populations of consumers to assist the clinician to engage the consumer in the V-RAM process.

- **Aboriginal and Torres Strait Islander Consumers**

There are a number of key resources that can be utilised to support the clinician to engage and communicate with Aboriginal and Torres Strait Islander consumers and their families in culturally safe ways, and thereby enhancing the quality and accuracy the V-RAM. The [Queensland Health Aboriginal and Torres Strait Islander Patient Care Guidelines](#) provides information to understand the cultural and historical factors potentially impacting on the health and wellbeing of an Aboriginal and Torres Strait Islander consumer.

Clinicians are also encouraged to collaborate with the Indigenous Health Workers in their Hospital and Health Services to better meet the needs of Aboriginal and Torres Strait Islander consumers. In addition to this an Aboriginal and Torres Strait Islander Health Worker may complete the [Aboriginal and Torres Strait Islander Cultural Information Gathering tool](#) with the consumer to assist the clinician to understand and assess whether cultural factors may contribute to violence (e.g., involvement in payback and/or the consumers obligations under tribal lore). It may also provide the clinician with information about cultural connections, beliefs and supports that could be leveraged to mitigate the risk of violence.

Specific resources to support the social and emotional wellbeing of Aboriginal and Torres Strait Islander consumers can also be found in QHEPS, under [Resources for Health Professionals](#) and through the [Aboriginal and Torres Strait Islander cultural capability site within QHEPS](#)

- **Child and Youth Consumers (0-18 years)**

Child and Youth specific factors for risk are contained within the V-RAM. The process of conducting a risk assessment with young people should also take into consideration issues of consent and guardianship.

Consent

The capacity of the Child or Young person to consent to assessment and treatment:

- Typically, if a young person is under 18 years of age, the appropriate person to give consent is their parent/legal guardian.
- A child can consent to treatment if they have a sufficient understanding and intelligence to enable them to understand fully what is proposed and the consequences of it.

In QLD, rule of thumb is as follows:

- a young person aged between 16 and 18 is most likely able to consent
- a young person aged between 14 and 16 is reasonably likely to be able to consent
- a child under the age of 14 may not have the capacity to consent, except for healthcare that does not carry significant risk

Guardianship

Identifying and/or clarifying who the child/young person's legal guardian is for the purposes of assessment and treatment is an important medico-legal consideration. For some young consumers this may be the Chief Executive of the Department of Child Safety, Youth and Women. In these circumstances the manager of the relevant service centre (which case manages the child or young people) is the delegate who can provide the legal authority for assessment and treatment.

Involving families and/or carers throughout the V-RAM process is essential as they provide important sources of collateral information and can be utilised to assist with risk management strategies.

The ["Guide to Informed Decision-making in Health Care. 2nd Edition"](#) provides further information regarding obtaining consent for assessment and treatment of infants, children and young people.

The Child and Youth Forensic Outreach Service (CYFOS) and the North Queensland Adolescent Forensic Mental Health Service (NQAMHS), based in Townsville and servicing HHSs in North Queensland, are available to provide consultation to mental health clinicians working with consumers who are involved in, or at risk of being involved in the youth justice system. Clinicians may wish consult with CYFOS or NQAMHS during the VRAM process to obtain further guidance around risk management strategies and/or services or interventions that may be effective as part of managing the risk violence. Should the multidisciplinary team decide that a specialist risk assessment is required (e.g., for sexual violence, animal cruelty, arson, threat) a referral can be made to these services.

An information brochure and contact details for the Child and Youth Forensic Outreach Service can be found [here](#). An overview and contact details of the North Queensland Adolescent Forensic Mental Health Service (NQWAFMHS) can be found through this [link](#).

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Specific Populations

- Culturally and Linguistically Diverse background (CALD) consumers

Consumers from culturally and linguistically diverse backgrounds often experience a range of barriers to accessing mental health services, including stigma and shame relating to accessing these services. Additionally language and cultural values may also impact on a consumers capacity to engage in the V-RAM process. An interpreter may be required when interviewing the consumer and to assist with gathering collateral from family/relatives or community members. An interpreter can be booked through the [Interpreter Service Coordinator](#) located within the Hospital and Health service or through the [Interpreter Service Information System](#).

Qld Transcultural Mental Health Centre and/or the multicultural mental health clinician within the Hospital and Health service may be contacted to assist with gathering socio-cultural information about a consumer. This information may assist the clinician to assess whether there are additional risk factors and/or protective factors that may be incorporated into the VRAM. Further information about the [Queensland Transcultural Mental Health Centre](#) can be found on QHEPS. Additional multicultural health resources can be found here: https://qheps.health.qld.gov.au/multicultural/support_tools/support_tools. Referrals may also be made to the Queensland Program of Assistance to Survivors of Torture and Trauma <http://qpastt.org.au/> to support consumers from CALD backgrounds with a range of programs including: counselling, social groups and home work clubs.

- Lesbian, Gay, Bisexual, Intersex, Queer/Questioning (LGBTIQ+) Consumers

When working with consumers who identify as lesbian, gay, bisexual, intersex queer/questioning (LGBTIQ+) it is important that a clinicians interactions and use of terminology are inclusive and non-discriminatory. For example, it is important to avoid making assumptions relating to a persons' sexuality or gender based on how they look or act. In addition it is recommended that a clinician utilise terms that are sexuality and gender neutral e.g., use the word "partner", rather than "girlfriend/boyfriend". Additional information that can assist the clinician to engage in culturally safe ways with an LBGBTIQ+ consumer can be found in this guideline from Mental Health First Aid Australia <https://mhfa.com.au/sites/default/files/considerations-when-providing-MHFA-to-an-LGBTIQ-person.pdf> or by accessing the True Relationships website: <https://www.true.org.au/>

Services that support child and young people include: [Open Doors Youth Service](#)

- Older Persons (65+)

Older persons can have specific needs and comorbidities which need to be considered in risk assessment. In particular, explore whether there is a physical health condition, as rapid onset of mental disorder symptoms may indicate coexisting physical illness or delirium requiring medical intervention. It is worthwhile exploring if violent behaviour has been a long standing issue or is a recent occurrence which is out of character. Managing violence risk may be effected by the minimisation of symptoms. Further information can be sought from the Older Persons Mental Health Service in your HH or by contacting the [Statewide Older Person's Health Clinical Network \(SOPHCN\)](#) or the [Statewide Dementia Clinical Network \(SCDN\)](#)

- Rural and Remote consumers

There are additional challenges for consumers with respects to accessing services in rural and remote locations given the geographical isolation and limited resources. The rural and remote clinical support unit <https://qheps.health.qld.gov.au/rrcsu> seeks to support the rural and remote health workforce with clinical advice and guidelines, education and learning support to ensure that health and mental health care is provided to consumers.