Alcohol & Other Drugs Practitioner Protocols for Responding to Psychosis

A Resource from the Comorbidity Improved Services Project, School of Sociology & Social Work at the University of Tasmania and the Salvation Army Bridge Program.

Client demonstrates Abnormal Behaviour

Observe Behaviour and Symptoms:
What are their symptoms? Mild or severe? Are they intoxicated?

Assess Risk and Potential for or Actual Aggression:
Is the client aggressive? Do they pose the risk of harm to themselves or others? What is the duty of care to you, the client, and the agency?
Attempt to calm and de-escalate any tension or heightened behaviour.

Client is Aggressive:
Abnormal Behaviour a Threat/Risk

High Risk
Phone the Police.
Evacuate other clients and staff.
Prioritise your safety

Medium Risk
Remove anything dangerous; isolate client from triggers or embarrassment.

Client is Not Aggressive:
Abnormal Behaviour Not a Threat

Acute Psychosis
Phone ambulance or transport client to hospital. Get clinical MH help quickly.

Mild Psychosis
If able, complete a brief psychosis or MH screening with client (PsyCheck).

De-escalate: Use Crisis Communication Skills
Clients who are psychotic may not respond in the normal manner. Speak calmly with a low voice. Support them, but do not intervene or confront their irrational beliefs. Do not argue with them and don’t ask too many questions. Limit onlookers to avoid embarrassment. Talk about “keeping them safe”

Psych. Triage
Phone MH Services Helpline Triage: 1800 332 388 to get urgent assessment.

Psych. Triage
Phone MH Services Helpline Triage: 1800 332 388 to get client assessed

Document and Debrief: Critical Incident Reporting
Ensure that management are informed in detail of the client’s psychotic episode. Complete a critical incident report form and document everything in case notes/file. Consider accessing debriefing.

Throughcare Follow-up: Ongoing Contact with Client
If the client continues in the service, negotiate safety planning measures with them. Once information sharing protocols are in place, collaborate with client’s medical and psychological practitioners.
Psychosis Emergency Contacts & Potential Referral Options

Emergency Services: Phone 000
Ambulance, Police, or Fire Brigade

Mental Health Services Helpline
Phone 1800 332 388 (24 hrs statewide)
Triage, Referral, Information & Advice

Department of Emergency Medicine, Royal Hobart Hospital
Phone (03) 6222 8423

Department of Emergency Medicine, Launceston General Hospital
Phone (03) 6348 7924

Department of Emergency Medicine, North West Regional Hospital Burnie
Phone (03) 6430 6633

Department of Psychological Medicine Royal Hobart Hospital
Phone (03) 6222 8805

Spencer Clinic Psychiatric Unit, Burnie
Phone (03) 6430 6575

Parkside Community Mental Health
Phone (03) 6434 6434 (Burnie)

Clare House (Child & Adolescent MH)
Phone (03) 6233 8612 (Hobart)

Lifeline Telephone Counselling
Phone 13 11 14 (24 hrs statewide)

Salvo Care Line (Suicide Prevention)
Phone 1300 36 36 22 (24hrs statewide)

ASPIRE Tasmania (Mental Health)
Phone (03) 6224 5247

Anglicare MH Recovery Program
Phone (03) 6213 3555 (Hobart)
Phone (03) 6334 6060 (Launceston)

The Richmond Fellowship
Phone (03) 6243 9466 (Hobart)
Phone (03) 6431 8852 (Burnie)

Phoenix Centre (Refugees, Migrants)
Trauma and Crisis Counselling
Phone (03) 6221 0999 (Hobart)

Sexual Assault Support Service
Phone (03) 6231 1811 (Hobart)
Phone (03) 6334 2740 (Launceston)

Tas. Council of AIDS and Hepatitis Related Diseases (TasCAHRD)
Phone 1800 005 900

Colony 47 Community Central
Phone (03) 6214 1282 or 1800 265 669

Colony 47 Eureka Clubhouse
Phone (03) 6278 9179 (Hobart)

University Psychology Clinic
Phone (03) 6226 2805 (Hobart)

The Link Youth Health Service
Phone (03) 6231 2927 (Hobart)

GROW Tasmania (MH Self Help Groups)
Phone (03) 6223 6284

References: This document was designed around an adapted model from the following resource:
WA Network of Alcohol and Other Drug Agencies (WANADA) (2008) Crisis Referral Tool for AOD Services
Drug and Alcohol Office Workforce Development Branch; Western Australia.

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Disclaimer: This information is provided on the basis that readers will be responsible for making their own assessments of the mental health emergency in question. It is not a substitute for appropriate professional training or qualifications.