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Guidelines for the assessment and management of psychiatric emergency in young people under 18 years presenting to or admitted to Arrowe Park Hospital, Macclesfield DGH, Countess of Chester, Leighton Hospital

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Type of document	Guidance
Target audience	All clinical staff - CAMHS
Document purpose	This is a clinical guideline covering the management of mental health emergencies in young people under 18 years in CWP catchment. It covers self harm pathways, and emergency responses to young people who present at A&E departments, including assessments under the mental health Act.

Approving meeting	Children and Young People Care Group Governance	Date 13-Nov-19
Implementation date	01-Jan-20	

CWP documents to be read in conjunction with	
MP10	Rapid Tranquillisation Policy
CP40	Safeguarding Children Policy
CP42	Care planning (CPA) and Standard care policy
CP5	Clinical risk assessment policy

Document change history	
What is different?	Updated contact details for services. Minor amendments to processes in managing psychiatric emergencies.
Appendices / electronic forms	N/A
What is the impact of change?	Updated guidance for staff in managing psychiatric emergencies in patients under the age of 18.

Training requirements	No - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA) with Education CWP.
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Document consultation	
Clinical Services	<i>Via policy discussion forum</i>
Corporate services	<i>Via policy discussion forum</i>
External agencies	<i>Via policy discussion forum</i>

Financial resource implications	None
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External references
1. Gillick competency and Fraser guidelines https://learning.nspcc.org.uk/research-resources/briefings/gillick-competency-and-fraser-guidelines/
2. Mental Health Act 1983
3. Mental Health Capacity Act 2005
4. The Children Act 1989

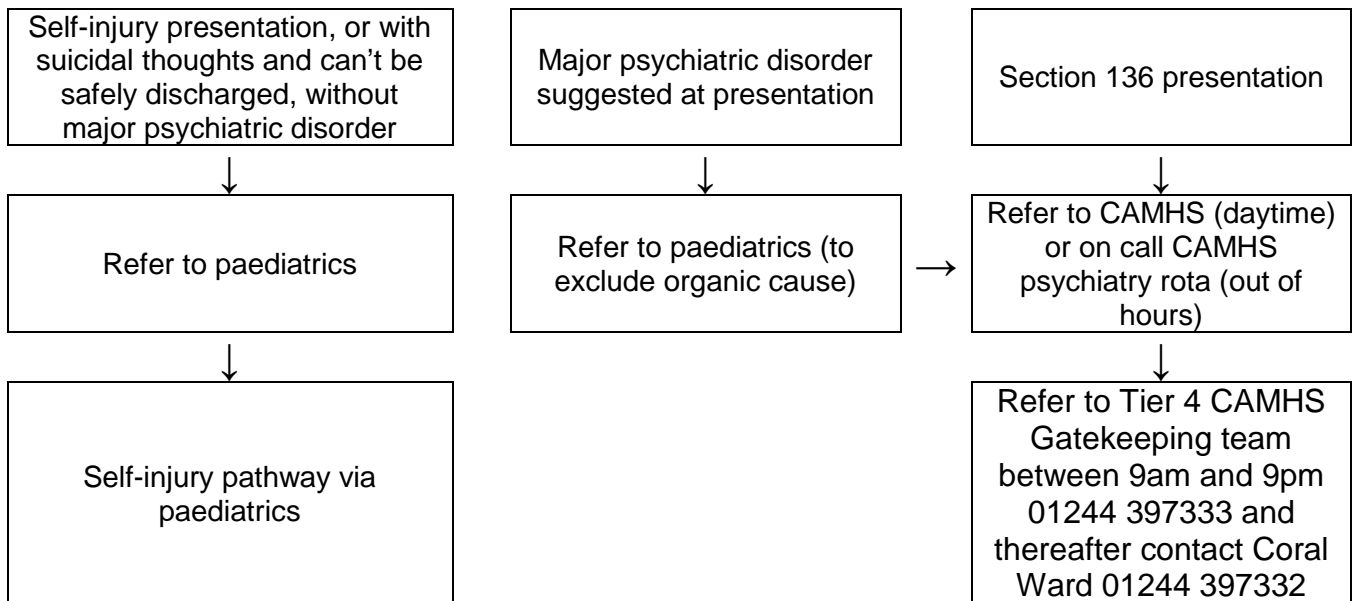
Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
- Race	No	
- Ethnic origins (including gypsies and travellers)	No	
- Nationality	No	
- Gender	No	
- Culture	No	
- Religion or belief	No	
- Sexual orientation including lesbian, gay and bisexual people	No	
- Age	No	
- Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? N/A		
Is the impact of the document likely to be negative?	No	
- If so can the impact be avoided?	N/A	
- What alternatives are there to achieving the document without the impact?	N/A	
- Can we reduce the impact by taking different action?	N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.		
If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact. For advice in respect of answering the above questions, please contact the human resource department.		
Was a full impact assessment required?	No	
What is the level of impact?	Low	

Content

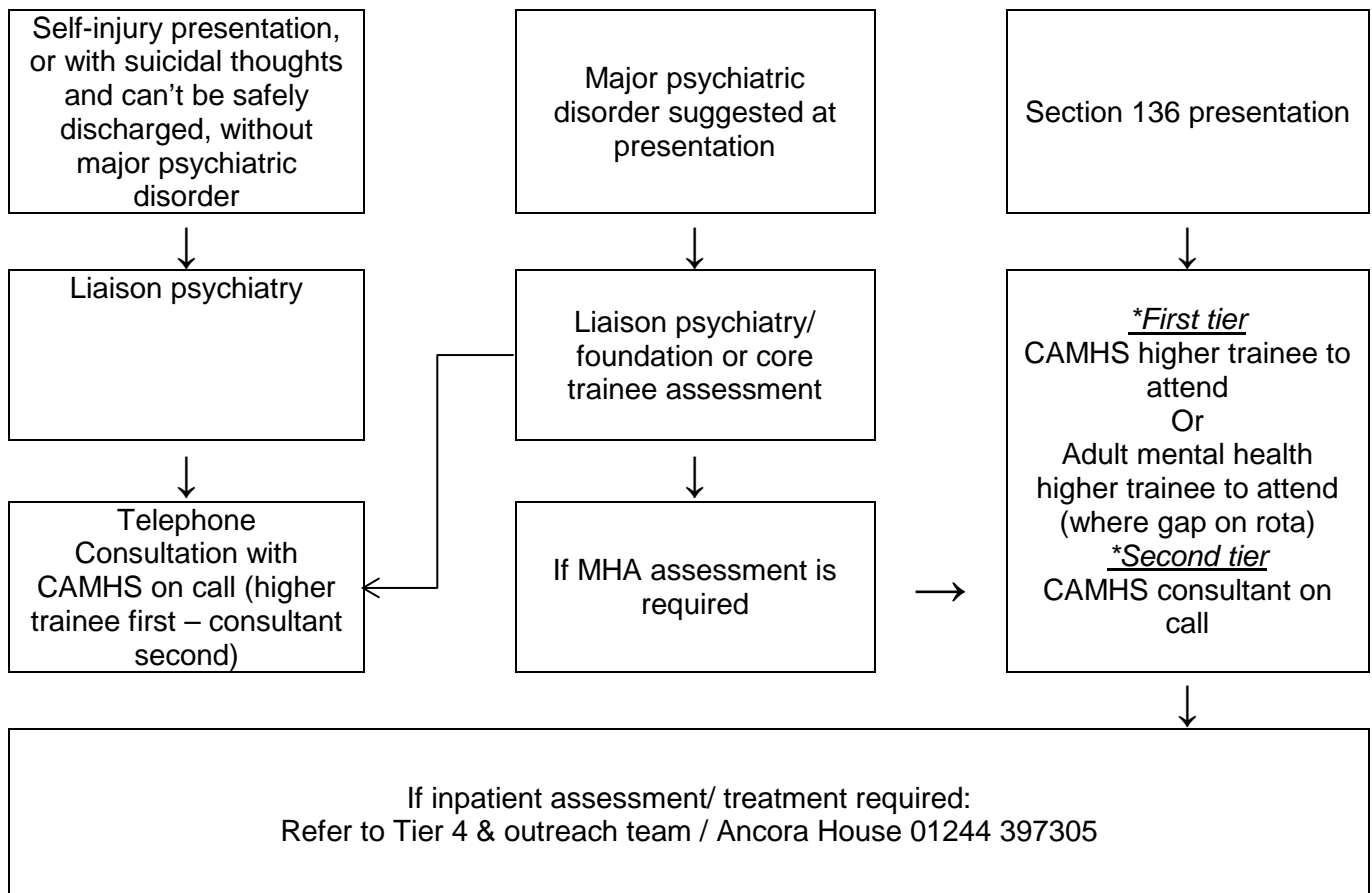
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Quick reference flow charts for psychiatric emergencies

Flowchart for psychiatric emergency presenting to A&E department under 16s



Flow chart for psychiatric emergencies presenting at A and E for 16 and 17 year olds



Any safeguarding issues should be managed via [safeguarding procedures](#), refer to 'what to do if you are concerned about a child flow chart'

1. Introduction

This is a clinical guideline covering the management of mental health emergencies in young people under 18 years in CWP catchment. It covers self-harm pathways, and emergency responses to young people who present at A&E departments, including assessments under the mental health Act. CWP trust provides a comprehensive 24 hour provision for emergency assessment of acute mental health disorders in young people.

2. Definitions

Self-Harm

These local protocols include best practice guidelines in accordance with NICE Guidelines and current Cheshire and Wirral Partnership NHS Foundation Trust (CWP) policies.

Accident and Emergency Department (A&E / ED)

All young people up to the age of sixteen [sixteenth birthday] who present to A&E following an episode of self-injury, or with suicidal thoughts where they can't be safely discharged should be admitted to a paediatric ward or appropriate in-patient bed, regardless of toxicological state. At the acute phase of presentation, emergency assessment of physical condition and any necessary treatment should be undertaken in A&E with appropriately trained children's nurses and doctors and in a designated area for young people where possible. The young person should then be admitted to the paediatric ward and referred to the local CAMHS team for assessment (see local policy). A&E departments now have access to CPIS (child protection information system). This system identifies any child subject to a Child Protection Plan (CPP).

Assessment and management guidelines (Self Harm Presentations) for under 16 years of age

There should be a person centred plan of care in line with CWP ethos of a person's needs strengths and aspirations / goals. Please see [CP42 Care Planning \(CPA and Standard Care\) Policy](#) and [CP5 Clinical Risk assessment policy](#) for more detailed guidance.

3. Locations

3.1 Arrowe Park Hospital (APH)

After triage assessment in A&E Department, the young person should be referred to the A&E doctor, paediatric doctor or Advanced Paediatric Nurse Practitioner (APNP). There needs to be someone with parental responsibility available for the assessment to take place.

They will make the decision to admit / discharge if necessary in consultation with the duty paediatric senior trainee. They can also contact Wirral CAMHS Advice Line on 0151 488 8453 from 9.00-16:30 Monday – Friday for consultation. There is also a CWP out of hours helpline 01244 397644.

Following admission a referral should be made to the CAMHS Risk Assessment Team based at Maple House (0151 488 8450). This should be done once the child or young person is medically fit for discharge. Referrals received by 10am Monday to Friday will be assessed the same day.

Risk assessment team

There should be an adult with parental responsibility (i.e. either a parent or Social Worker) present for the assessment.

If the child or young person presents to APH but is not admitted then they should be followed-up through urgent referral system to CAMHS via Maple House on 0151 488 8453 or if the child is open to CAMHS then contact The Birch Centre on 0151 488 8111.

There will be a post-risk follow-up appointment for all children and young people who have self-harmed. This should take place within 7 days.

Out of hours support is available via CWP protocol for the on call system for Child & Adolescent Psychiatry ([see appendix 1](#)).

3.2 Macclesfield District General Hospital (MDGH) and Leighton Hospital (LH) Paediatric ward

Admitting staff should obtain agreement for a mental health assessment from an adult with parental responsibility and seek their involvement. The nurse in charge should activate a check via CPIS regarding any Child Protection Plan and may need to contact the appropriate professionals, contact Childrens Social Care (CSC) Department or Child Safeguarding if there are concerns of this nature, following full discussion with medical staff in charge and with the parent.

Depending on the nature and severity of the self-harm and the nature of the potential risk, an appropriate bed space will be allocated, either in an adolescent bay or in a side room. The community CAMHS service should be informed of every admission so that arrangements can be made for a full risk assessment to take place.

Leighton - If the person's GP is in the South Cheshire area, refer to Crewe CAMHS. If in Vale Royal and Middlewich please refer to Winsford CAMHS. We will attempt to see referrals made by 10am Monday to Friday the same day. Those made after will be seen the next working day.

The CYP Wellbeing Hub telephone advice line is available for the medical staff in Leighton Hospital ED to discuss any concerns regarding the presentation of the young person, up to the age of 16, and talk through a mental health risk assessment which they will have completed. This is to collaboratively make a decision on risk and where appropriate, support the safe discharge of the young person from the ED and prevent an admission to The Inpatient Paediatric Service.

The CYP Wellbeing Hub will conduct face to face risk assessment and discharge support to Leighton Hospital Inpatient Paediatric Service for children and young people up to the age of 16 whom are admitted on the self-injury pathway through Leighton Hospital Emergency Department, and are **not** open to a mental health service at the time of the risk event. The risk assessments are completed Monday-Friday (Excluding Bank Holidays). Cases which **are** open to CAMHS will be assessed by the CAMHS team duty worker.

Macclesfield Hospital - Please refer to Macclesfield CAMHS. We will attempt to see referrals made by 10am Monday to Friday the same day. Those made late will be seen the next working day.

Vale Royal / Winsford CAMHS	phone 01606 555240	fax 01696555241
Crewe CAMHS	phone 01270 253841	fax 01270 252398
Macclesfield CAMHS	phone 01625 505600	fax 01625 712070
CYP Wellbeing Hub Winsford	phone 01606 555120	

Child & Adolescent Mental Health Service (CAMHS)

Specialist CAMHS assessment and follow up

Staff undertaking the process of assessment and treatment planning should have had training to work with young people and their families in a mental health setting and be skilled in risk assessment. They should have consultation available to them. The young person must be medically stable before an assessment.

The assessment process will involve the young person and their parents / carers. Ward staff will arrange for the appropriate parents / carers to be available at an agreed time. The young person will be offered to be interviewed alone initially; The parents / carers may be interviewed separately. If the risk assessor feels that it is clinically appropriate that another member of staff joins the assessment

then it is the responsibility of the risk assessor to request this. Ideally the interview will take place in an appropriate and private room.

Following the assessment, a clinical view will be offered to senior ward staff or doctor and a written summary made in the medical notes as to the next appropriate steps and suitability for discharge. A CAMHS follow up appointment will be given at this point. This will be within the next seven working days. Should the young person be deemed unfit / unsafe for discharge, the Paediatric ward will keep the young person on the ward until a second opinion has been given by the Child and Adolescent Psychiatrist or another appropriate service.

Where a young person's self-harming behaviour is an indication of and / or contingent upon a failure of care and protection, child safeguarding procedures need to follow "what to do if you think a child is at risk of harm" flow chart. Social care will then be contacted to ensure the young person's safety. Alternative care arrangements may need to be made by the Local authority.

Refusal to comply with agreed protocol / practice

Should the young person or the parent / carer decline admission or refuse to accept the agreed protocol for risk assessment, a referral to social care and contact with the CAMHS team should be considered. The young person may be discharged against medical advice if this is safe, but CAMHS should be notified of the self-injury episode to arrange follow up.

3.3 Countess of Chester Hospital (COCH)

CAMHS currently do the assessments 5 days a week; Monday to Friday at 11.00 hrs. If there is more than one assessment required, the second assessment will be booked in for the early afternoon (this will be negotiated with ward staff).

Ward Staff

- The young person will be admitted to a paediatric bed as indicated on the agreed self-Injury Pathway. If deemed medically fit for discharge ward staff to contact CAMHS 0-16 on 01244 393200, a message can also be left on the clinic answer machine and this will be picked up at 09.00hrs. Referrals received by 10am will be assessed the same working day, later referrals by the following day.
- If the young person is not medically fit then it would be helpful to know of their admission but they will not be assessed until medically fit to be seen. You can contact CAMHS and ask for the frontline clinician who will take details from you as to the current circumstances.
- The ward staff will ask for a parent to be present for the assessment. Ward staff to organise a suitable room for the assessment to take place.
- If a parent refuses to be present then social care should be notified and asked to avail themselves as an assessment cannot be undertaken without a person holding parental responsibility. This does not mean social care would have parental responsibility. There should be a referral to social care as the child is at risk of harm if they don't have an assessment.
- If it is known that social care are involved with the family they should be informed of the child's admission and encouraged to attend the assessment with CAMHS. They can be advised to liaise with CAMHS regarding this.

4. Management of patients that present with a suspected severe psychiatric disorder, (generally psychosis or severe mood disorder)

- The initial assessment should be carried out in an appropriate safe place preferably within the A&E department;
- Support should be sought from Accident and Emergency staff experienced in mental health (when available);
- After initial assessment in the A & E Department, the young person should be referred to on-call paediatric junior doctor;

- The paediatrician on-call will advise when / if to involve the locality CAMHS team or out of hours on-call. See contact names and numbers – [appendix 5](#), see on call protocol for out of hours procedures – [appendix 1](#);
- Appropriate psychiatric assessment and management will be provided.

5. Emergency and management guidelines for young people 16 and 17 years of age

16 and 17 year olds who present to A&E at any of the above hospitals who are not taken to hospital under the auspices of S136 and do not require a MHA assessment, will continue to be seen by Liaison Psychiatry / Crisis Resolution Home Treatment Team or AMH Foundation / Core Trainees who will have access to the CAMHS on call Higher Trainee or CAMHS Consultants.

6. CWP section 136 Policy

6.1 Under 16 year olds presenting on a section 136

These young people will be managed via the CAMHS emergency pathway, when a CAMHS section 12(2) approved clinician will attend in person, or give appropriate advice to a senior CAMHS colleague (ST 4-6 in Child Psychiatry); as they might be travelling from a long distance, local arrangements may need to be in place to manage the situation until they arrive.

6.2 16 and 17 year olds presenting on a section 136

16 and 17 year olds who are taken to A&E within the Trust footprint (Arrowe Park Hospital, Countess of Chester Hospital and Macclesfield District and General Hospital) under the auspices of S136, will be seen by a CAMHS Higher Trainee as the first port of call.

On occasions when a CAMHS higher trainee is not available on the on call rota then AMH Higher Trainees will be the next port of call for 16 & 17 year olds presenting on S136 in localities that they are available in. The CAMHS consultant on call will be available to advise the AMH trainee on these occasions.

Approved Mental Health Practitioners (AMHPs) can be contacted via the Adult Mental Health team who will have the contact details locally.

Contact for S136 CAMHS advice is available via the local community CAMHS teams in daytime hours – request duty psychiatrist (Crewe, Macclesfield, Chester, Wirral). Out of standard hours via any of the DGH switchboards (Arrowe Park Hospital, Macclesfield, Leighton, Countess of Chester) – request on call CAMHS / child and adolescent psychiatrist.

7. Acutely disturbed behaviour

Management of disturbed behaviour not due to a severe psychiatric disorder (behaviour associated with conduct disorder, ADHD, Autistic Spectrum Disorder, emotional and behaviour disorder, behaviour disorder associated with a learning difficulty).

It should be noted that it is very rare for a pre-adolescent child to present as a psychiatric emergency. In the majority of cases an acute presentation of disturbed or aggressive behaviour is not due to a severe psychiatric disorder and a calm behavioural approach, which involves the social network involved in caring for the child, may result in alleviating the immediate presenting issues.

The assessing accident and emergency practitioner can make the decision to discharge or, can consult with the duty paediatrician. The following can be offered:

- To offer advice / reassurance to carers / child as appropriate;
- To advise parents to contact or to contact directly other currently involved relevant agencies such as CAMHS community child health, Childrens Social Care.

- To advise parents about community support systems via primary care services and education supports;
- To consider role of a brief period of medication, only if the situation fails to resolve by other means;
- To refer to CAMHS for advice.
- To involve CAMHS if severe psychiatric disorder is suspected;
- It is seldom appropriate to admit these cases; if admission to a paediatric ward is being considered, careful consideration of the benefits and risks (to the child and others), including appropriate consultation with ward staff, security staff, CAMHS, community child health, social care service or duty managers may be required.

8. Emergency sedation

Please refer to CWP [MP10 Rapid Tranquillisation Policy](#).

9. Placement options for young children / adolescents with severe psychiatric disorder

Following initial assessment and / or emergency treatment, a suitable safe place for ongoing psychiatric assessment, monitoring and further treatment may be necessary.

The nature and severity of the presentation and plan of care will determine the most appropriate placement.

- Discharge to home environment following initial assessment with appropriate supportive networks or referring on as necessary to community CAMHS. However any young person presenting with a severe psychiatric disorder requiring a placement should be **discussed with CAMHS**.
- **Paediatric Ward** – authorised / admitted by on-call paediatrician / nursing staff / with skill mix as appropriate. Any issues around management / placement can be discussed with duty CAMHS psychiatrist;
- **Ancora House Regional Adolescent Unit** (13 years – 18th birthday). In the event of no immediate availability of a bed, senior tier 4 staff will assist in identification of appropriate resource.
- **The Dewi Jones Unit** (under 13 years of age) in Alder Hey Hospital. Generally is unable to offer an immediate transfer. Referrals are via CAMHS team;
- Private sector specialist mental health lead. Needs authorisation by duty Commissioning Manager after involvement of duty / on-call CAMHS consultant and senior tier 4 (CWP) staff.

10. Consent to treatment

Gillick (Fraser) competence is a legal framework, which endorses the rights of the “mature minor” or “Gillick competent” child (under the age of 16 years) to consent to treatment, but not to refuse treatment, nor to override safeguarding risk issues to children. It requires the assessment of a child’s capacity and maturity for a particular type of decision. The **Mental Capacity Act** is not applicable to under 16 year olds, though the assessment of capacity in under 16 year olds is based on the same principles i.e. the child / young person should not be suffering from a temporary or permanent impairment or disturbance affecting the functioning of mind or brain and should be able to a) understand and b) retain information, c) use and weigh that information as part of a decision making process and d) communicate their decisions.

Guidance from the General Medical Council (2007) on consent to treatment in children and young people up to the age of 18 years states that, overriding a competent child’s or young person’s refusal of treatment is complex and legal advice is recommended.

The Children Act 1989 emphasises the concept of parental responsibility, acknowledges that it reduces with the increasing age of the child. The Act allows a child’s refusal of treatment to be overruled by parental permission but does not offer any specific safeguards for young people in this case.

If there is no person with parental responsibility willing to consent to a necessary action or treatment programme for a child who is not competent, under the Children Act consideration must be given to obtaining a specific issue order or asking Childrens Social Care to seek a care order.

The Mental Health Act can be applied regardless of age to any young person who is suffering from a mental disorder and is deemed at risk to self or others. The Mental Health Act better protects the rights of the young person against their wishes, than the Children Act, but detention under the MHA is often more stigmatising.

Appendix 1 - Protocol for the on call system for CAMHS (Child and Adolescent) Psychiatry (under 18s) in CWP.

Introduction

This is an out of hours **three tier** on-call service, specifically for those children and adolescents requiring an emergency out of hours assessment by specialised mental health services. It covers the four district general hospitals situated in Wirral, West, Central and East Cheshire areas of the CWP.

The first tier of the service is provided by the on-call psychiatry foundation doctor (F1-2) or core trainee (CT1-3) who cover the Accident and Emergency departments at APH, COCH, LH, MDGH.

The second tier of the service is provided by the on-call specialist trainee (ST 4-6) in child and adolescent psychiatry who will offer telephone advice to the psychiatry core-trainee at the four hospital sites and where appropriate attend the hospital to provide a child and adolescent psychiatry opinion. The psychiatry foundation / core-trainee should contact the on-call specialist trainee in the first instance. The specialist trainee will have access to the on-call consultant child and adolescent psychiatrist as required. If no specialist trainee in child and adolescent psychiatry is named on the rota the second tier becomes the on-call consultant child and adolescent psychiatrist.

The third tier of the service is provided by one on-call consultant child and adolescent psychiatrist who will offer telephone advice to the on-call specialist trainee in child and adolescent psychiatry and the psychiatry foundation / core-trainee at the four hospital sites and where appropriate attend the hospital to provide a consultant opinion.

Times

The on-call system will provide a service between 5pm-9am Monday- Friday, throughout the weekend and on Public Holidays.

Sites Covered

- Arrowe Park Hospital (APH)
- Countess of Chester Hospital (COCH)
- Leighton Hospital, Crewe (LH)
- Macclesfield District General Hospital (MDGH)
- Young People's Clinic
- Ancora House (Bowmere Hospital) covers admitted patients up to their 18th birthday

Age Range

Children and adolescents up to their 18th birthday

Scope of Service

- Emergency psychiatric assessment of children and adolescents presenting to the hospital Accident and Emergency department with acute onset of suspected serious mental illness e.g. schizophrenia;
- Direct referrals are not taken from outside agencies and the system cannot offer an outreach or domiciliary service;
- Children and adolescents requiring emergency mental health assessments should normally be referred to the out of hours primary care service. The A&E department is an emergency back up to this and may be the first point of contact for walk in cases but is not a replacement for the primary care service;
- Urgent cases seen by the primary care out of hours service are best referred to the usual CAMHS team during the next working day;
- The child psychiatry on-call service does not provide mental health assessment of children and adolescents who have deliberately self-harmed. As per established under 16 protocols, these individuals should be admitted under the care of the paediatricians and assessed by the local daytime CAMHS team the next working day. 16 and 17 year olds follow the usual

Adult MH assessment pathways, unless specialised input / advice is required by CAMHS, or if it is a 136 presentation. In exceptional circumstances a young person's parent or carer may decline to follow the self-harm protocol, and in this situation the Accident and Emergency department clinician / paediatrician will consult with the psychiatry on call service.

Assessment Procedure

- As per standard procedure, the Accident and Emergency doctor or paediatrician should first screen the child or adolescent to exclude any significant acute physical health problem and assess the baseline mental health status;
- If the child or adolescent is felt to require an emergency psychiatric assessment because of suspected serious mental illness, the Accident and Emergency doctor or paediatrician should contact the on-call psychiatry foundation (F1-2) or core trainee (CT1-3);
- Following psychiatric assessment the foundation / core trainee will contact the on-call specialist trainee in child and adolescent psychiatry who will provide telephone advice or if required, attend the hospital to provide an opinion;
- Unless otherwise authorised by the on-call consultant child and adolescent psychiatrist, the psychiatry F1-2 / CT1-3 and the on-call ST4-6 in child and adolescent psychiatry will be the only person(s) who can contact the consultant on-call for child and adolescent psychiatry directly;
- If, following foundation (F1-2) / core-trainee (CT1-3), specialist trainee or consultant psychiatric assessment, admission to a ward is indicated, the child / adolescent will remain the responsibility of the Accident and Emergency department until the child / adolescent is formally admitted to the appropriate inpatient unit. The Accident and Emergency department will be responsible for providing supporting medical, nursing and security services as required until appropriate assessment and subsequent transfer arrangements can be made;
- For all young people who receive an out-of-hours assessment, the local CAMHS team should be contacted at the beginning of the next working day with a summary of the assessment and outcomes;
- For Section 136 MHA assessments see section (5) CA3 Guidelines.
- For 16 and 17 year olds the initial mental health assessment may also be undertaken by psychiatry liaison or Crisis Home Treatment team.
- Please note an exception in Leighton Hospital, for under 16 year olds, the first point of call is to request a CAMHS ST to attend. If there is no available on call duty CAMHS ST then a duty psychiatrist FT-2/ CT1-3 will attend. If the duty psychiatry FT/CT is unable to attend for a prolonged period of time because of urgent duties on the wards at Macclesfield they will contact the CAMHS consultant on call to discuss.

Admission – Principles and Procedures

- Children and adolescents should only be admitted to hospital if their psychiatric condition is such that they cannot be managed safely at home or in any appropriate alternative non-hospital setting;
- It is not the responsibility of the on-call consultant child and adolescent psychiatrist (or paediatrician) to locate an inpatient psychiatric bed. However the consultant will facilitate the process by providing the relevant duty manager for mental health services with details of appropriate facilities;
- It is extremely rare for children (i.e. under age 13) to require emergency psychiatric admission. However in this instance the on-call psychiatrist will discuss with the duty Mental Health Manager. In the case of adolescents, if emergency hospital admission is required they should be referred in the first instance to the nearest specialised adolescent mental health inpatient unit i.e. Ancora House Gatekeeping is via Tier 4 Outreach team, based in Ancora House (01244-397333)
- If no specialised emergency bed is immediately available at the Ancora House, an appropriate placement option should be discussed with the on-call clinician for Ancora house;

- A CWP policy for the admission of young people to adult mental health wards (CP49) sets out guidance for young people under 18. Any admission made under this protocol will be recorded on the Trust's Untoward Incident Reporting Form. The Directorate Manager or 2nd on-call manager will inform an Executive Director or the 3rd Tier on-call manager respectively;
- If no appropriate mental health inpatient facility is available within the resources of the CWP an equivalent will need to be found in a neighbouring NHS Trust or the private sector with the assistance of the duty manager for mental health services.

Rota systems

Core Trainee (CT1-3) / Foundation Trainee (F1-2) Rota

This rota will be organised by the locality CMU for Adults and Older Persons.

Specialist Trainee (ST4-6) Rota

This rota will be organised centrally at Alder Hey hospital, Liverpool and sent to CWP office organising the CWP CAMHS on call rota to be linked to the Consultant Child and Adolescent Psychiatry rota for CWP and distributed to the four hospitals.

Consultant Rota

This will be organised by a nominated consultant and distributed, it is also available on the CWP intranet. The CWP hospital switchboards and the Ancora House will be provided with a copy of the CWP Child Psychiatry duty rota (Specialist Trainee ST4-6 and Consultant tiers) and the relevant contact phone numbers. In the event of a doctor on call being unwell or unavailable due to other unforeseen duties any problems will be relayed to consultant on call and / or duty manager.

Foundation / CT1-3 training

All psychiatric foundation and core-trainees will receive training in child and adolescent emergency psychiatric assessment and related topics. This will be provided by appropriate members of the consultant group and will form part of the trainees induction programme at the relevant hospital.

Appendix 2 - Summary of referral pathways for under 18 year olds

Mental health emergencies presenting at APH (Wirral), COCH Chester, Leighton and Crewe hospitals, A&E departments

Monday - Friday 9 am – 5 pm (excluding Bank Holidays)

Under 16 years

- **Self-harm** – admitted via paediatric junior doctor – seen next working day on paediatric ward by CAMHS risk assessment;
- **Acutely disturbed behaviour** – with no suspected severe psychiatric disorder – discharge or discuss with duty paediatric doctor. Appropriate advice / liaison with relevant professionals, consider referral to CAMHS;
- **Suspected severe psychiatric disorder** – refer to duty paediatric junior doctor initially – decides whether to refer to duty CAMHS professional / psychiatrist;
- **Urgent Mental Health Act (MHA) medical assessment** (sections 136 or 2) – contact CAMHS duty psychiatrist.

16 & 17 year olds

- **Self-harm** – initial medical assessment / treatment – mental health risk assessed via Adult Mental Health (AMH) pathway;
- **Suspected severe psychiatric disorder** – initially assessed by AMH pathway –contact / referral to CAMHS. **Urgent MHA assessments** section 136 or 2 – via CAMHS pathway.

Outside standard hours

Under 16 years

- **Self-harm** – seen by paediatric junior doctor and admitted. Assessed by CAMHS next working day. CYP OOH advice line team do provide a limited number of risk assessments on weekends on paediatric wards- see appendix 4.
- **Suspected severe psychiatric disorder** – seen by duty adult junior psychiatric trainee doctor who will liaise with on call CAMHS ST 4-6 or CAMHS consultant, as per CAMHS on call protocol.
- **Urgent MHA assessment** section 136 – CAMHS on call ST4-6 or CAMHS consultant.

16 & 17 year olds

- **Self-harm** -Via AMH pathway. Consider CAMHS referral
- **Suspected severe psychiatric disorder** – assessed initially by AMH staff, then CAMHS pathway as indicated
- **Urgent MHA assessments** (section 136 or 2) – via CAMHS ST4-6, AMHS ST4-6, CAMHS consultant

Appendix 3 - On call procedures for psychiatry trainees regarding patients under 16 years

As well as your on call duties to the adult psychiatry services, you are expected to assess children and adolescents when required out of hours as part of the trust on call system for child and adolescent psychiatry. (There is a detailed protocol available in Accident and Emergency Departments). The service is only within the district general hospitals in the trust, not the community.

The request to you will come from a doctor in the A&E Department, Paediatrics Department or a Senior Psychiatric Colleague.

The **indications** for emergency on call involvement include:

- Suspected serious mental illness e.g. schizophrenia;
- Extreme behavioural disturbance where severe mental illness needs excluding;
- It does not cover deliberate self-harm as there are other protocols in place, however it may include occasional admitted patients who have self-harm issues and present with suspected serious mental illness;

The **options** for you include:

- Discussion of issues **if in any doubt**, with the on call senior child and adolescent psychiatry colleague (either CAMHS Specialist Trainee, or on call CAMHS Consultant). Contacts are available via DGH switchboard;
- Give advice if appropriate;
- Assessment and further management. When assessing a child under 16 you need to include parent / legal guardian in process. If prescribing, follow consent procedures (see section (9) CA3 Guidelines on Consent to Treatment) and inform parents as appropriate;
- Make follow up contact with local CAMHS team as required (for all young people who receive an out-of-hours assessment, the local CAMHS team should be contacted at the beginning of the next working day with a summary of the assessment and outcomes);
- Contact Childrens Social Care Department (Emergency Duty Team EDT out of standard hours) if there are child safeguarding issues, as per trust procedures.

Appendix 4 - The Children and Young People's Out of Hours Advice line (CYP OOH advice line)

The Children and Young People's Out of Hours Advice line (CYP OOH advice line) provides telephone advice and support; for young people, parents / carers and professionals across the CWP footprint, Monday to Friday 1700 – 2200 hours and Weekends 1200 to 2000 hours. They can be contacted on 01244 397644, and the number can be given to young people, parents / carers and professionals across the CWP footprint. The CYP OOH advice line team can access clinical advice from CWP OOH Child and Adolescent Psychiatry via the Countess of Chester switchboard (01244 365000).

In providing timely advice and support it aims to avoid situations escalating out of hours. Staff can provide advice, resources and call-backs. They can also refer clients to their local CAMHS team for urgent or routine follow up or signpost to alternative services. They will liaise with the CAMHS clinician the next working day, when clients are already open to CAMHS. They will also complete a consultation form that will be attached to Care Notes. For the service to work effectively, CAMHS clinicians should ensure that CPA plans, Care Plans and CARSOs are up to date. If they anticipate that a client might contact the CYP OOH advice line they should inform the CYP OOH advice line team by phone or e mail cypadvice@nhs.uk. CAMHS clinicians can also request a support call over the weekend or evening.

The CYP OOH advice line is not commissioned to manage CYP with psychiatric emergencies, they should follow the CAMHS emergency out of hours pathway.

At weekends, the team also provide a fixed number of self-harm assessments for CYP admitted to the four paediatric wards covering the CWP footprint. Cases will be prioritised as detailed in the Standard Operating Procedure. Inevitably, there will be weekends where demand for self-harm assessments will exceed capacity. Also for complex cases, it may be decided that it is clinically appropriate to do a self-harm assessment during working hours. There is no expectation that OOH Psychiatry will see any of the remaining self-harm cases: they will be managed through the weekday self-harm pathway.

Appendix 5 - CAMHS contact details

<p>Wirral CAMHS (covers APH) Maple House, 3 Cleveland Street, Birkenhead, Wirral, CH41 6ND Tel: 0151-488-8453 / Fax: 0151 488 8461</p>	<p>West Cheshire CAMHS (covers COCH) Marsden House, Brookdale Place, Chester CH1 3DY Tel: 01244 393200 / Fax: 01244 320268</p>
<p>Winsford CAMHS (Covers LH) Hawthorn Centre, Commerce House, Dene Drive, Winsford CW7 1AS Tel: 01606 555240 / Fax: 01606 555241</p>	<p>West 16-19 Team (Covers COCH) C/o Bowmere Hospital, Countess of Chester Health Park, Liverpool Road, Chester Tel: 01244 397555 / Fax 01244 397556</p>
<p>East Cheshire CAMHS (covers LH) Mill Street, Crewe, CW2 7AR Tel: 01270 253841 / Fax: 01270 252398</p>	<p>Macclesfield CAMHS (covers MDGH) Elm House, Leabank Close, Off Chester Road, Macclesfield SK11 AQA Tel: 01625 505600 / Fax: 01625 712070</p>
<p>East 16-19 Service Elm House, Leabank Close, Off Chester Road Macclesfield, Cheshire Tel: 01625 663502 / Fax: 01625 663502</p>	<p><u>CYP OOH advice line</u> <u>01244 397644</u></p> <p><u>CYP Wellbeing Hub</u> <u>Vale House</u> <u>High Street</u> <u>Winsford</u> <u>CW7 2AS</u> <u>Telephone No: 01606 555120 (Advice Line)</u></p>

If needed AMPH's can be contacted via the Adult Mental Health teams who will have the local contact details.