

Neuropsychiatry SOP

To be controlled locally if printed

1. Introduction

- 1.1. The Walton Centre NHS Foundation Trust (WCFT) has a duty of care to ensure the safety of patients in its care and takes all possible steps to do so. We aim to provide holistic care and treatment to those accessing our service, including 'parity of esteem' ensuring mental health is given equal priority to physical health.

The Neuropsychiatry Team provide routine psychiatric assessment for inpatient and outpatients, including all wards within The Walton Centre and the two inpatient spoke units of the Cheshire and Merseyside Rehabilitation Network (CMRN) based within Phoenix Unit (Broadgreen Hospital) and Seddon Suite (St Helens Hospital).

This SOP describes how the Trust will recognise and respond to specialist psychiatric need in order to support both inpatients and outpatients of both WCFT and CMRN.

- 1.2. This SOP should be read in conjunction with the following:

- Mental Capacity Act Policy
- Deprivation of Liberty Safeguards Policy
- Ligature Policy
- Safeguarding Adult Policy
- Safeguarding Children Policy
- Management of Violent and Aggressive Individuals Policy
- Restrictive Interventions Policy
- The Mental Health Act (1983) Policy
- Self-Harm SOP

2. Scope

- 2.1. This applies to all staff involved in the care of inpatient and outpatients of WCFT and CMRN.
- 2.2. Referrals are encouraged for patients with identified risk toward self or others, pre-existing diagnosis of mental illness and/or a new acute presentation of mental illness and those whereby the Mental Health Act is indicated.
- 2.3. Patients with complex needs can also be referred for specialist advice/assessment.

3. Service

- 3.1. Service provision is covered by a Consultant Neuropsychiatrists, a Middle Grade Doctor in Psychiatry and a team of Mental Health Nurses with Administration/Medical Secretary cover.
- 3.2. The service provides cover weekdays between 08:00-20:00hrs and weekends 08:00-16:00hrs.

4. Point of Referral

- 4.1. Referrals for inpatients at The Walton Centre NHS Foundation Trust are currently made via ep2 referral 'Neuropsychiatry Referral Form'.
- 4.2. Referrals for inpatients of Cheshire and Merseyside Rehabilitation Network can be made during MDT's and additionally via [REDACTED]
- 4.3. Referrals for Neuropsychiatry outpatient assessment can only be made internally by specialists at the centre, via the ERMS system currently triaged on a weekly basis by the team.
- 4.4. External agencies such as GP's or other organisations outside of The Walton Centre cannot refer directly to the Neuropsychiatry specialist service.
- 4.5. Referrers will be made aware of response time for assessment if this is likely to exceed 72hrs.
- 4.6. The referrer will be informed if a referral is declined.

5. Contacting the Team

- 5.1. Email: [REDACTED]
Telephone: [REDACTED]

6. Outside of Core Hours

- 6.1 Outside of core hour's advice can be sought via escalation to SMART, Unit Bleep Holder, or on-call medical team for WCFT.
- 6.2 For specialist psychiatric advice (regarding MHA or in mental health emergency) the aforementioned professionals can contact Mersey Care NHS Foundation Trust for out of hours provision – [REDACTED] and request the senior registrar on-call for Sefton/North Liverpool. This includes both WCFT and CMRN.

*Please note – this does not replace or provide provision for routine Neuropsychiatry Inpatient Services. *Please note – staff must also send an email to Neuropsychiatry to inform when this service has been used.

7. Use of The Mental Health Act (1983)

- 7.1 When using the MHA – please refer to the Mental Health Act Information File (red folder) in each inpatient ward area or the bleep holder file.
- 7.2 In exceptional circumstances, in-patients at The Walton Centre may require detention under MHA 1983. Such detentions are short-term holding powers to ensure a further specialised assessment can be carried out. In an emergency, the doctor in charge of the treatment can initiate a 72-hour 'holding power' over someone who is already an inpatient in hospital, preventing them from leaving hospital and allowing time for consideration to be given as to whether an application should be made for further detention. This provision is defined as Section 5(2) of the MHA and is more commonly referred to as the DOCTOR'S HOLDING POWER and allows a doctor in charge of the treatment of a hospital in-patient (or their nominated deputy) to prevent someone who is suspected to be suffering from a mental disorder from leaving the hospital for a period

of up to 72 hours in order that an assessment can be made for possible detention under Section 2 or 3 of the Mental Health Act 1983 (MHA).

- 7.3 A section 5(2) can only be applied if the person is receiving care as an informal inpatient, and is requesting to leave the hospital and is assessed as presenting with risk towards self/others caused by mental illness. It is only to be used in an emergency situation when all other least restrictive measures have been tried and failed and when it is not possible or safe to wait for the completion of an assessment for detention under Section 2 or 3. The holding power should only be used immediately after the doctor has **PERSONALLY** examined the patient (Code of Practice, 2015).
- 7.4. In exceptional circumstances the Responsible Clinician (Consultant Neuropsychiatrist) may initiate treatment for a patient under Mental Health Act. This can only be done by a Psychiatrist or Neuropsychiatrist.
- 7.5 Patients who are already detained within another organisation may require treatment at WCFT. In these circumstances, patients will be placed on Section 17 leave by the detaining Trust, who will provide a staff escort or, on occasion, the detention under MHA (relevant section) may be transferred using H4 under MHA. However this can only be approved by receiving Responsible Clinician (WCFT Neuropsychiatrist) following a consultation process.
- 7.6 Any MHA paper work should be photocopied and that copy placed in the patient's notes with original paperwork to be held in the controlled drugs cupboard on the individual ward and accessible to the MHA Lead/Administrator, ward manager or bleep holder when needed.
- 7.7 Patients detained under Mental Health Act for treatment (i.e. Section 2 or 3) must be provided with information related to the Rights under MHA and information to access IMHA (Independent Mental Health Advocate).

8. Emergency Planning

- 8.1 In circumstances outside of core hours or when the Neuropsychiatry Team are unavailable due to leave or absence, advice/support can be sought via the senior nursing team, SMART or medical doctors on-call (via switchboard).
- 8.2 During periods of extreme service pressures prioritisation will be given to inpatient activity. Some outpatient clinics may be suspended for a period determined by the relevant impact and duration of the causal factors precipitating the need for this action to be enforced.

9. References

- Department of Health, Code of Practice, Mental Health Act 1983, (2015).