

STANDARD OPERATING PROCEDURE MENTAL HEALTH ED STREAMING

Document currently under review – please continue to use this version until it is replaced by the next approved version

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VALIDITY – All local SOPS should be accessed via the Trust intranet

CHANGE RECORD

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| 1.0 | 03/05/23 | New SOP. Approved at MH Division Practice Network (3 May 2023). |
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1. Introduction

This document outlines the service provision for access to ED Mental Health Streaming service for those patients who attend the Emergency Department at Hull University Teaching Hospital. The Streaming service is intended to provide an alternative base for patients who are experiencing a mental health crisis/distress and require a clinical response in the form of a Specialist Mental Health Assessment and to help reduce the pressure on the Emergency Department. It is also proposed to help reduce the risk of cross contamination of COVID during the pandemic.

This document is the first submission of what is anticipated to develop and evolve over time and will require frequent review to ensure that progresses from the experience and feedback from both staff and service users involved.

2. Aim

Establish a standardised pathway for access to the ED Mental Health Streaming service.

Promote and continue with the supportive joint working ethos and shared responsibility between Humber Mental Health and Hull University Teaching Hospital (HUTH) to ensure that people experiencing distress and with a Mental Health presentation get the most appropriate and timely care treatment response.

3. Existing Services

Many of the existing services set up to assess acute psychiatric presentations are still in place and are operating as normal within the Mental Health Liaison Service. Referrals continue to be accepted from any inpatient ward at either Hull Royal Infirmary and Castle Hill Hospital and there is a Standard Operating Procedure in place as a framework for this part of the service.

4. ED Mental Health Streaming Service

The ED Mental Health Streaming Service is based at The Humber Suite which is situated on the Ground floor adjacent to Emergency Care.

4.1. Operating Times

The ED Mental Health Streaming Service operates 24hours 7 days a week.

4.2. Staffing

There will be staff providing input to the service 24/7. This staffing group will include both Lead Specialist Liaison Practitioners, Specialist Liaison Practitioners and Support Time and Recovery (STR) workers who will be available to support patients whilst they wait for an assessment and during the assessment, if felt necessary. STR workers are an integral part of the service in terms of engaging with the patients and gathering information to inform the assessment process. If it is necessary to delay discharge whilst safety plans are being organised, support will continue to be offered and provided by the STR workers. Senior advice and support will be provided by the consultant psychiatrist based within the Mental Health Liaison Service within normal weekday hours and out of hours support from the on-call medic within Humber NHS Trust- available via switchboard.

There will be administrative support 9-5pm 7 days per week and outside of these hours the clinical team will manage any referrals or clinical queries made to the service.

4.3. Process

The Mental Health Liaison Service should be notified at the earliest opportunity when a referral is required. Referrals into the ED Mental Health Streaming Service will be made by telephone following ED triage by HUTH Clinical staff and where it has been identified that the patient requires an urgent and emergency mental health assessment.

All referrals to be made in the usual manner by calling 01482 226226. Referral to be taken by Admin in working hours and clinical staff out of hours. The referral will be passed to the shift coordinator, when available or other registered members of staff in their absence who will arrange for the patient to be screened using the Screening Tool (appendix A) for appropriateness to transfer to the Streaming department. If appropriate and if there is capacity in the Humber Suite, a MHLS staff member will support in transfer. If there is no current capacity, they will remain in the Emergency Department until there is availability to transfer and this will be closely monitored by the shift lead.

For those patients who don't meet the inclusion criteria for streaming, the assessment will take place in the ED or subsequent ward, however this will be regularly reviewed throughout the patients stay in the ED. Mental Health Streaming Service Patients may be accompanied by friend/carer or relative if deemed appropriate to do so- bearing in mind this will reduce capacity of the Streaming area.

4.3.1. Inclusion/Exclusion

Inclusion

- Everyone over 18 years old who do not fall into any exclusion criteria.

Exclusion

- Patients aged < 18years
- Patients not booked in at ED
- Patients detained on a section 136
- Patients discharged from HUTH wards
- COVID-19 positive
- COVID-19 suspected (symptoms)
- Significant overdose requiring treatment or monitoring
- Patients who present with intoxication of alcohol or illicit substances and meet additional exclusion criteria.
- Patients deemed vulnerable for alcohol withdrawal and scoring >10 on CIWA–Ar scale (appendix A)
- Where there is an alert present on Humber Lorenzo excluding a person from the Humber suite due to frequent use which is felt to be counter-productive to their recovery.
- Patients deemed as a current risk of harm to others or those that have alerts on the system indicating violence towards others and deemed to be a current factor.
- GCS below 15 with the exception to those who have an altered baseline

- Those requiring monitoring for physical health observation or awaiting any investigations or other speciality reviews
- Anyone who actively requires prescribing for within this episode of care.
- Lacks or presents with fluctuating capacity and an additional aspect of the exclusion criteria.
- Patients presenting following a social care breakdown which would prevent discharge from ED.

5. The Role of the ED Mental Health Streaming Service

The ED Mental Health Streaming Service will offer a face-to-face assessment to individuals presenting with emergency mental health needs who would have attended the Emergency Department at Hull Royal Infirmary. The staff will undertake biopsychosocial assessments for patients who attend the Emergency Department and are streamed. Following assessment, a plan of care will be jointly developed with the service user to ensure that their needs are met and develop a plan for safe discharge.

5.1. Who can refer?

All referrals for the ED Mental Health Streaming Service can be made by clinical staff working within the Emergency Department. Ideally, the referral would be made by the person completing the HUTH Triage assessment. We are mindful that this may not always be possible due to unexpected circumstances, and in these cases an alternative clinician must be made available who is able to engage in a clinical discussion regarding an appropriate plan of joint care for the patient.

5.2. Who cannot refer?

Ambulance crew, police, Inpatient Ward staff.

5.3. MHLS Time Frames in response to referrals made

Refer to the [MHLS SOP](#)

5.4. Capacity of Streaming

It will be at the discretion of the shift lead to manage capacity within the Humber suite taking into consideration, numbers, staffing levels and clinical presentations.

5.5. Escalation

Any issues needing escalation must be discussed with the Band 7 Clinical Shift lead. Further escalations to Clinical and Team Leads in hours and On call Manger (Humber) out of hours.

6. Routes back to the Emergency Department

The designated Emergency Physician in Charge is to remain available for guidance and advice if a patient's physical state deteriorates whilst in the ED Mental Health Streaming area. The patient will be transferred back to the Emergency Department for further physical health care and or medication prescription/administration if required.

Following the Mental Health Assessment if further intervention is required from other disciplines such as the Homeless Team and Renew or they require an admission into HRI or CHH, the patient will be transferred back into the ED to prevent capacity issues within the Humber Suite.

7. References

Nice (2010) Alcohol-use disorders: diagnosis and management of physical complications Clinical guideline [CG100]. Available at <http://www.nice.org.uk/guidance/cg100>

NICE (2016) Achieving Better Access to 24/7 Urgent and Emergency Mental Health Care – Part 2: Implementing the Evidence-based Treatment Pathway for Urgent and Emergency Liaison Mental Health Services for Adults and Older Adults – Guidance.

Sullivan, J.T.; Sykora, K.; Schneiderman, J.; Naranjo, C.A.; and Sellers, E.M. Assessment of alcohol withdrawal: The revised Clinical Institute Withdrawal Assessment for Alcohol scale (**CIWA-Ar**). *British Journal of Addiction* 84:1353-1357, 1989

Appendix A - ED Screening Tool


ED Screening Tool

Name: (automatically populated)

NHS No: (automatically populated)

Time & Date of referral:

Time & Date of screening:

| | |
|--|---|
| Exclusion criteria: |  |
| Aged 17 or below. | |
| Not consenting to referral/assessment. | |
| COVID-19 positive or COVID-19 suspected (symptoms). | |
| Any outstanding medical needs/investigations. | |
| Not medically fit for discharge. | |
| Baseline GCS below 15 (except those with reduced baseline). | |
| Intoxicated of alcohol or illicit substances and meets additional exclusion criteria. | |
| Full occupancy in suite. | |
| Current alert indicating not appropriate for streaming i.e. frequent use. | |
| Vulnerable for alcohol withdrawal and scoring >10 on CIWA–Ar scale. | |
| Deemed as a current risk of harm to others. | |
| Lacks or presents with fluctuating capacity with an additional aspect of the exclusion criteria. | |
| Social care breakdown which would prevent discharge from ED. | |

Does the patient require a further review? Y / N Proposed time frame: 1hr / 2hr / 3hr+

Rationale/other notes or considerations:

Time of transfer:

Name/date stamp of screening practitioner:

Appendix B - Clinical Institute Withdrawal Assessment of Alcohol Scale (Revised)

Clinical Institute Withdrawal Assessment of Alcohol Scale, Revised (CIWA-Ar)

Patient: _____ **Date:** _____ **Time:** _____ (24 hour clock, midnight = 00:00)

Pulse or heart rate, taken for one minute: _____ **Blood pressure:** _____

NAUSEA AND VOMITING -- Ask "Do you feel sick to your stomach? Have you vomited?" Observation.

0 no nausea and no vomiting

1 mild nausea with no vomiting

2

3

4 intermittent nausea with dry heaves

5

6

7 constant nausea, frequent dry heaves and vomiting

TACTILE DISTURBANCES -- Ask "Have you any itching, pins and needles sensations, any burning, any numbness, or do you feel bugs crawling on or under your skin?" Observation.

0 none

1 very mild itching, pins and needles, burning or numbness

2 mild itching, pins and needles, burning or numbness

3 moderate itching, pins and needles, burning or numbness

4 moderately severe hallucinations

5 severe hallucinations

6 extremely severe hallucinations

7 continuous hallucinations

TREMOR -- Arms extended and fingers spread apart.

Observation.

0 no tremor

1 not visible, but can be felt fingertip to fingertip

2

3

4 moderate, with patient's arms extended

5

6

7 severe, even with arms not extended

AUDITORY DISTURBANCES -- Ask "Are you more aware of sounds around you? Are they harsh? Do they frighten you? Are you hearing anything that is disturbing to you? Are you hearing things you know are not there?" Observation.

0 not present

1 very mild harshness or ability to frighten

2 mild harshness or ability to frighten

3 moderate harshness or ability to frighten

4 moderately severe hallucinations

5 severe hallucinations

6 extremely severe hallucinations

7 continuous hallucination

PAROXYSMAL SWEATS -- Observation.

0 no sweat visible

1 barely perceptible sweating, palms moist

2

3

4 beads of sweat obvious on forehead

5

6

7 drenching sweats

VISUAL DISTURBANCES -- Ask "Does the light appear to be too bright? Is its colour different? Does it hurt your eyes? Are you seeing anything that is disturbing to you? Are you seeing things you know are not there?" Observation.

0 not present

1 very mild sensitivity

2 mild sensitivity

3 moderate sensitivity

4 moderately severe hallucinations

5 severe hallucinations

6 extremely severe hallucinations

7 continuous hallucinations

ANXIETY -- Ask "Do you feel nervous?" Observation.

0 no anxiety, at ease

1 mild anxious

2

3

4 moderately anxious, or guarded, so anxiety is inferred

5

6

7 equivalent to acute panic states as seen in severe delirium or acute schizophrenic reactions

HEADACHE, FULLNESS IN HEAD -- Ask "Does your head feel different? Does it feel like there is a band around your head?" Do not rate for dizziness or lightheadedness. Otherwise, rate severity.

0 not present

1 very mild

2 mild

3 moderate

4 moderately severe

5 severe

6 very severe

7 extremely severe

AGITATION -- Observation.

0 normal activity

1 somewhat more than normal activity

2

3

4 moderately fidgety and restless

5

6

7 paces back and forth during most of the interview, or constantly thrashes about

ORIENTATION AND CLOUDING OF SENSORIUM -- Ask

"What day is this? Where are you? Who am I?"

0 oriented and can do serial additions

1 cannot do serial additions or is uncertain about date

2 disoriented for date by no more than 2 calendar days

3 disoriented for date by more than 2 calendar days

4 disoriented for place/or person

Total **CIWA-Ar** Score _____

Rater's Initials _____

Maximum Possible Score 67

The CIWA-Ar is not copyrighted and may be reproduced freely. This assessment for monitoring withdrawal symptoms requires approximately 5 minutes to administer. The maximum score is 67 (see instrument). Patients scoring less than 10 do not usually need additional medication for withdrawal.

Sullivan, J.T.; Sykora, K.; Schneiderman, J.; Naranjo, C.A.; and Sellers, E.M. Assessment of alcohol withdrawal: The revised Clinical Institute Withdrawal Assessment for Alcohol scale (**CIWA-Ar**). *British Journal of Addiction* 84:1353-1357, 1989

Appendix C - Equality Impact Assessment

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: **Mental Health ED Streaming**
2. EIA Reviewer (name, job title, base and contact details): **Kerrie Harrison. Service Manager. 77 Beverley Road Hull. kerrie.harrison@nhs.net. 07716987353**
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? **SOP**

Main Aims of the Document, Process or Service

Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma

| | | |
|--|--|--|
| <p>Equality Target Group</p> <ol style="list-style-type: none"> 1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment | <p>Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?</p> <p>Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)</p> | <p>How have you arrived at the equality impact score?</p> <ol style="list-style-type: none"> a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice |
|--|--|--|

| Equality Target Group | Definitions | Equality Impact Score | Evidence to support Equality Impact Score |
|-----------------------------------|---|-----------------------|---|
| Age | <p>Including specific ages and age groups:</p> <p>Older people Young people Children Early years</p> | Low | MHLS is an ageless service – however withing the ED streaming under 18's will not be streamed but will still receive a service in the ED departments. |
| Disability | <p>Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities:</p> <p>Sensory Physical Learning Mental health</p> <p>(including cancer, HIV, multiple sclerosis)</p> | Low | Disabilities of any description will not prevent use of streaming as long as physical needs can be met. If additional needs prevent streaming the service user will still receive a service in the main ED departments. |
| Sex | <p>Men/Male Women/Female</p> | Low | Streaming covers all genders. |
| Marriage/Civil Partnership | | N/A | N/A |
| Pregnancy/ Maternity | | Low | Pregnancy will not exclude the use of streaming. If additional factors prevent this then the Service User will still receive a service in the ED. |

| Equality Target Group | Definitions | Equality Impact Score | Evidence to support Equality Impact Score |
|----------------------------|---|-----------------------|---|
| Race | Colour Nationality Ethnic/national origins | Low | Race will not influence the use of streaming. |
| Religion or Belief | All religions Including lack of religion or belief and where belief includes any religious or philosophical belief | Low | No religion or philosophical beliefs will be excluded from streaming. If other reasons do exclude from screening, then the service user will receive a service in ED. |
| Sexual Orientation | Lesbian Gay men Bisexual | Low | Sexual orientation does not exclude from streaming. Where other reasons exclude then the service user will receive a service in ED. |
| Gender Reassignment | Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex | Low | Streaming is appropriate for all genders. Where other reasons may exclude – the service user will still receive a service in ED. |

Summary

Please describe the main points/actions arising from your assessment that supports your decision.

Streaming has been developed over the past year with involvement from Service users, stakeholders, HUTH, Humber, MHA representatives.
Streaming will be rigorously reviewed after implementation.

EIA Reviewer: Kerrie Harrison

Date completed: 24.4.23

Signature: *KHarrison*