Humber Teaching
NHS Foundation Trust

# MENTAL HEALTH TRIAGE AND ASSESSMENT TEAM SOP

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| *1.0* | *Jan-22* | *New SOP – approved MH Divisional Practice Network meeting 5-Jan-22* |
| *1.1* | *3 May 2023* | *Reviewed. Added in section on perinatal team pathways which have been agreed in collaboration with the perinatal service. Updated SOP to remove voicemail from triage team, updated referral pathway for East Riding IAPT services, updated triage form and updated hard of hearing/deaf/interpeter requirement section. Updated screening process and triage slots and updated to reflect service/function transferring to planned care. Approved at MH Practice Network meeting (3 May 2023).* |
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## Contents

## 1. INTRODUCTION

The Mental Health Triage and Assessment team (MHTAT) provides routine triage and initial mental health assessments to individuals between the ages of 18 and 64 years (inclusive), with an identified or suspected mental health need from Hull and East Riding. The service operates for routine referrals only, therefore any person identified requiring intervention within a 72 hour period will be managed by the Mental Health Crisis Intervention Team. A SOP is required to support the daily running of this service and will detail the procedures the team will be guided by and who is responsible for various aspects of the service. The SOP further identifies how the MHTAT will interact with other services.

## 2. SCOPE

This document should be used for the daily running and procedural support of the MHTAT and is for all employees of Humber Teaching NHS Foundation Trust who work within the MHTAT substantively and temporarily via the trust bank. The document will cover all staff working within this area including admin (band 2 and 3), registered clinicians (band 5 and 6), clinical leads and team managers (band 7), and service manager and senior clinical lead (band 8a).

## 3. DUTIES AND RESPONSIBILITIES

Service manager – They will have overarching responsibility for the running of the service and ensuring key performance indicators are met. The service manager will oversee any incident investigation and complaints procedures associated with the service. The service manager will delegate day to day running of the service to the clinical leads/team managers.

Senior clinical Lead – They will have responsibility over the clinical aspects of the service, including quality assurance, pathways management and interface with other services. Furthermore, the senior clinical lead will have responsibility over audits, documentation standards and will work with the service manager regarding complaints and investigations.

Team Manager – Working with the service manager, the team manager will support with performance indicators and holds responsibility for recruitment, staff absence monitoring and training requirements for the individuals working in this team.

Clinical leads – The clinical leads will oversee the MHTAT daily and support the general running of the team from a clinical perspective. They will, whilst working with the senior clinical lead, ensure daily targets for triage are met, provide robust multidisciplinary discussion and decision making, and be able to escalate and problem solve when the service is unable to provide the service as agreed. The clinical leads will lead the referral screening process in their localities, recording their outcomes on the electronic referral system (eRS) and identifying appropriate care pathways, both internal and external, which meet the patient's needs.

Registered Clinicians – They will be responsible for the delivery of the planned initial mental health assessments via virtual and face to face appointments. They will be responsible for the completion of all documentation associated with a clinical triage and initial assessment, the identification of care needs and onward referrals to appropriate services. They will be responsible for, in consultation when required with the clinical lead, to agree outcomes for non-attenders and communicate all outcomes and required tasks to the administration team.

Administrators – The administrators will be responsible for the management of the electronic referral system (eRS) and ensuring all outcomes are recorded and communicated back to the GP (general practitioner) or Referrer if other than the GP. The administration team will be responsible for managing the referral process, via email, to the MHTAT from NHS Talking Therapies (previously known as IAPT (improving access to psychological therapy)) services, including other external organisations who refer to the service.
The administration team will also be responsible for completion of electronic referrals indicated following the outcome of the triage call. The administration team will ensure all Lorenzo and monitoring processes are completed, will answer clinical enquiries from referrers (phone and email) and completing ad-hoc administrative duties as required by the team.

# 4. PROCEDURES

## 4.1. Electronic Referral System (eRS) referrals

The triage and assessment team will receive the majority of referrals via the eRS. All locality GP services and the Mental Health Advice and Support Line will have access to eRS to make routine referrals for screening. There will be triage appointments available for booking for 28 days in advance within the eRS system, which can be booked following screening taking place. All urgent referrals should be made via an alternative pathway to the Mental Health Crisis Intervention Team, however any referral received indicating urgent or crisis needs will follow a procedure documented later in the SOP.

When creating a referral via this system, the referrer will send a triage request to the team. The referrer will be required to complete a mandatory referral form and attach it to the triage request.

Once received by the service, the admin and clinical team will follow the process for referral receipt and screening to determine the next action, as per section below. The clinical team will record the outcome of the screening on eRS for action by the admin team.

The admin team will manage the outcomes of the referral screening as per the clinical teams' instructions.

- Should a referral require booking for an eRS available HTFT appointment, the admin team will use eRS to book an appropriate appointment, in discussion with the patient. This process will trigger a background electronic process which will register and create a referral for the patient on Lorenzo/SystmOne, depending on the pathway selected. The admin team will accept the referrals and extract the referral documentation from eRS, which will be uploaded to the patient's electronic record which holds their appointment. The appointment will then be visible in the electronic system in the appropriate clinic.
- The admin team can also redirect a referral to another eRS service, where the referral information will move with the electronic referral. This will close the eRS referral to the service. The patient will not routinely be informed about this, but the clinical team can use their judgement on if this is required.
- Should the referral be screened for signposting to a service which is not available in eRS, the admin team will make this referral on the behalf of the original referrer and the clinical team. The admin team will then decline the referral on eRS to close it. The patient will not routinely be informed about this, but the clinical team can use their judgement on if this is required.

All information entered in eRS both free text and actions against the referral are recorded on the referral and are available to the GP/referrer for communication purposes.

#### 4.1.1. GP generated referrals

GP referrals will be sent to MHTAT via eRS for locality screening and decision to offer triage/assessment appointment in an appropriate pathway, or signposting elsewhere.

This is one available referral route to GPs, and they may choose to make use of other possible referrals routes including PCMHN (Primary care mental health network), discussion with the PCMHN clinical lead, or through the urgent pathway and crisis intervention team if required. GPs are also able to make direct referrals to other non HTFT or non NHS services if this is appropriate.

#### 4.1.2. Mental Health Advice and Support Line/MIND generated referrals

The Mental Health Advice and Support Line/MIND will have access to eRS triage requests in the same way GPs do. The advice line team will have autonomy over the decision to make a request for mental health triage and will not be required to discuss this with a registered professional first. The team will complete a referral form (appendix 1) and upload this to eRS referral.

This team can also signpost referrals to appropriate services at the point of the contact call or can access the crisis intervention team for urgent referrals.

### 4.2. NHS Talking Therapies referrals

Currently, services in East Riding and Hull will not be able to make referrals using eRS.

As an interim measure, Hull Talking Therapies- services will make routine referrals using a designated email address (hnf-tr.MHTAT@nhs.net) which will be monitored daily by the MHTAT admin team. On receiving a referral, the admin team is required to register the patient on Lorenzo, create a referral, create a clinical chart and using Lorenzo clinics function, book them into the next available triage slot in consultation with the patient. By booking into this Lorenzo triage slot, the corresponding triage appointment on eRS will be removed to avoid double booking. The referral information sent via email will also be uploaded by the admin team onto the patient's record.

East Riding Talking Therapies services will make referrals direct through Lorenzo into the MHTAT triage clinic slots. As a Humber Teaching NHS Foundation Trust service, the East Riding service can use the Lorenzo system as an internal service to the organisation. The Emotional Wellbeing Service will hold the local process for this to occur. For MHTAT, the referral will require no admin procedures prior to the appointment date as the referral will be accepted to MHTAT and referral form uploaded to the record. Once triage takes place, normal procedures apply as set out in further sections.

Services are able to be booked direct for clinical triage without screening as per stepped care approaches and as an appropriate clinical assessment will have taken place in the service prior to the referral to MHTAT being made.

### 4.3. Referrals from other professionals

Professionals can contact the MHTAT via the professional enquiry line (see 4.8). If they wish to make a routine referral to the service, they can do so following enquiry and signposting via the professional line; however, this is not required as a pre-requisite for all routine referrals from other professionals.

The professional can download the referral form (appendix 2) from the external Humber NHS website, which can be found under the MHTAT webpages. Once complete, this form

can be sent to the designated email address (hnf-tr.MHTAT@nhs.net) which is monitored daily by the MHTAT admin team.

On receiving a referral, the admin team is required to register the patient on Lorenzo, create a referral, create a clinical chart and upload the referral form. The admin team member will include any non eRS generated referrals which require screening by the locality teams, along with the eRS generated referrals per locality, daily.

If the outcome of screening is for signposting or onward referral, the admin team will action this and close the referral on Lorenzo once completed. The patient will not routinely be contacted in this circumstance, though the clinical team can exercise their judgement if this is required.

The outcome from screening should be conveyed back to the referrer by email and if an appointment is booked for triage, this should be indicated to the referrer also.

### 4.4. Referral receipt and screening procedures

This section documents the admin and clinical procedures required at this stage or managing a new referral via different entry pathways. The screening process allows for referrals to be reviewed with local knowledge and to be placed into the correct pathway, according to their needs, resulting in quicker routes to treatment.

- When receiving a new referral via eRS, the admin team will generate a list of Unique Booking Reference Numbers (UBRN) broken down by locality (using template in appendix 7), which will be sent to the clinical leads and team managers for each locality. This allows for screening to take place at a local level with local knowledge. Whilst generating this list, the admin team should check all referrals against SystmOne and Lorenzo, to ensure they are not currently in receipt of a HTFT service. If they are already receiving a service, the referral should be declined with a standard response (appendix 6) placed in eRS for the GP to see. If the patient is not currently in receipt of HTFT service, the admin team should include these on the list for locality teams for screening to take place.
- When receiving a new referral via email, the admin team will register and create a referral to MHTAT on Lorenzo. This referral will remain in a created state, whilst screening is taking place, where it will be accepted or closed following this. The NHS numbers of patients requiring screening from email source should also be included with the UBRNs for each locality (appendix 7).
- The list for referral screening should be generated each morning and sent on to the locality teams, for review on the same day. All referrals should be screened on the next working day from when it was received.
- The locality clinical team will have a daily meeting to screen any referrals which may have been made to them on the previous working day. As a minimum, this meeting should include representatives from the secondary care locality team and the primary care mental health network for that area. Other professionals can be consulted as part of the screening process as required, however if this will cause a delay on the outcome of screening a note of this should be made on the eRS or patient record.
- eRS outcomes – The clinical team will complete the outcome next to each UBRN (appendix 7) to indicate what is required from the outcome which will be sent back to the admin team using the dedicated email address (hnf-tr.MHTAT@nhs.net). The outcome of the screening decision will be noted on the eRS record by the admin team for all referrals generated via eRS, and a standard text response (appendix 6) will be used to indicate what the outcome of the referral is. The admin team will be responsible for onward referrals being made and contact with the patient if

appropriate, for signposting, or for booking a triage or initial assessment appointment.

- Email referral outcomes – The outcome of screening decisions will be noted on the patient's Lorenzo record via an MDT communication note by the clinical team. This will be distributed back to the GP by the clinical team also. The clinical team will complete the outcome next to each NHS number (appendix 7) to indicate what is required from the outcome which will be sent back to the admin team using the dedicated email address (hnf-tr.MHTAT@nhs.net). The admin team, once they have received the email communication from the clinical team, will log into the patient records, check the note and carry out any actions required, as stated. Additionally, the admin team will contact the referrer by email to inform them of the outcome of the referral screening.
- Admin procedures for booking of appointments in eRS or redirecting a referral in eRS are noted on the MHTAT process map and help guide. If booking an MHTAT appointment via eRS, or an appointment with another HTFT service via eRS, the patient will be registered and a referral generated in the appropriate clinical system (SystmOne/Lorenzo). Once these have been completed, the eRS component of the screening has been completed.
- The booking of an appointment by the admin team for referrals outside of eRS needs to be completed by directly booking into a clinic slot in Lorenzo for a MHTAT appointment. Other HTFT bookable appointments available on eRS for SystmOne will not be directly bookable for these referrals as the referrals sits outside eRS.
- The return of screening outcomes (appendix 7) will be stored in the MHTAT shared electronic folder as a check and balance, and archive function. This will be completed by the admin team once the outcomes have been actioned.

The UK Mental Health Triage Scale (appendix 4) will be used to support screening decisions and will provide a framework of common language, should a referral need escalating to the MHCIT. All outcomes from screening will be distributed to the GP, via eRS or email from Lorenzo notes. If the referrer is not a GP but another professional via email, they will be informed of the outcome of screening by the admin team.

NHS Talking Therapies referrals are not held under the screening process and will be direct bookable into MHTAT triage slots.

### 4.5. MHTAT Triage slots and procedure

MHTAT Triage slots will sit in Lorenzo and be bookable via eRS or directly in Lorenzo. A comprehensive overview of the clinic structure is available in the clinical system. Only MHTAT triage slots will be considered in this SOP and any other appointments offered which sit in a different service will not.

Triages which require an interpreter or patients who have additional communication needs should be booked as a double slot to allow for the extra complexity of the triage completion.

#### 4.5.1. Triage team structure

The triage team will run 5 days a week from 08:00hrs to 20:00hrs. Monday to Friday. The team will consist of registered clinicians (band 5 and 6) and 1 floating Clinical Lead (band 7).

#### 4.5.2. Triage procedure

Each day, the clinical team will be required to log into Lorenzo to view their clinic bookings for the session they are covering.

The triage should include but is not limited to:

- Review referral information prior to call
- Arrange telephone interpreter if required
- Contact patient on preferred number
- Ensure identity is confirmed with patient
- Discuss use of information, confidentiality and consent
- Fully complete triage and referral form (appendix 3) in discussion with the patient
- Ascertain the patients desired outcome and views of carer/family if applicable
- Discuss outcome of triage in ad-hoc multidisciplinary team (MDT) meeting with the Clinical Lead
- Consider liaison with specialist services if necessary
- Convey outcome to the patient via call
- Book for routine initial assessment appointment if required via Lorenzo clinics and agree time and date with patient via phone. See 4.4
- Log outcome on triage and referral form (appendix 3) and upload to Lorenzo
- Distribute outcome to GP from Lorenzo documentation (referral and triage form or another document)
- Send email to the designated email address (hnf-tr.MHTAT@nhs.net) with the outcome of the triage for the admin team to action.

If the patient needs to return the call or professional liaison requires further information to be gathered, preference should be given for the use of the Mental Health Advice and Support Line (0800 138 0990) for all patient contacts. However, if required, the number for the MHTAT can be provided at the clinicians' discretion (01482 617562). This number will not be routinely advertised, and a risk assessment of its use should be considered before providing it. The line will not be routinely monitored can have a voicemail function enabled on it for when it is unable to be answered if required, which will require checking at regular intervals by the MHTAT/admin team (to be decided each day).

Furthermore, the MHTAT email address can be used for professional liaison should this be required as part of the triage process (hnf-tr.MHTAT@nhs.net).

### 4.5.3. Triage DNA

Should the patient not answer for their triage appointment at the designated time, the clinician can either autonomously make a decision on the next steps, or an ad-hoc MDT discussion can occur with the Clinical Lead to ascertain levels or risk and possible harm. An outcome should then be agreed which can include a further appointment being booked, escalation to the MHCIT or discharge from service. The discussion between the clinical team and outcome should be logged on a communication sheet on the patient record and the outcome should be shared with the GP as standard. They may wish to utilise other pathways such as the Mental Health Advice and Guidance Line, GP, signposting or escalation to the MHCIT. This should be determined using relevant historical information, referral information and current presenting risk, to support decision making. Should another triage appointment be offered with the MHTAT, a clinic slot should be allocated for this to occur at a mutually agreed upon time with the patient, where possible, or the use of SMS can be considered to inform the patient of this new appointment.

If the patient is to be discharged they should be sent a standard letter (appendix 5) advising of the failed contact, including the Mental Health Advice and Support Line number for them to contact should they wish to.

The outcome of the DNA and plan for the referral should be communication to the MHTAT admin team via the designated email address (hnf-tr.MHTAT@nhs.net), where they can complete any actions required.

If the patient has been recorded as a DNA on Lorenzo Clinics, this will generate an action in eRS under 'referrals for booking' for the service. The admin team should manage the referral in eRS as per the guidance set by the registered clinican.

A pathway has been but in place with the Mental Health Advice and Support Line where the team can email the details of the patient to the MHTAT email address, should the patient have contacted within 7 days of their booked appointment and wish to have this appointment rebooked. The MHTAT admin team should forward this on to the clinician whom the patient was booked in with to agree if another appointment should be booked or the clinician to give advice back to the admin team of an appropriate outcome to this request. The admin team can reopen the referral and book another appointment as required. Any DNA after 7 days will be regarded as a new referral.

### 4.6. MHTAT Initial mental health assessment booking

Initial mental health assessments will be booked via Lorenzo clinics and should be booked in agreement of the date and time with the patient during point of triage/admin call. There are three routes to assessment booking: internally via the MHTAT, internally via the MHCIT and via the PCMHN. At point of triage/admin call, the medium via which the patient will be assessed should be agreed, and the screening by the locality clinical team should also indicate how the patient should be assessed if direct booking to assessment occurs.

Most assessment appointments should be completed virtually, however any assessment requiring a face-to-face appointment, should be indicated to the MHTAT admin team to book an appropriate space for this to occur. The admin team should also consider which registered clinician is most appropriate to carry out this assessment regarding their distance from the venue, transport and other diary commitments.

#### 4.6.1. MHTAT/MHCIT

Following the referral screening by the locality clinical team or triage outcome (from MHTAT or MHCIT), admin should identify the next available appropriate assessment appointment, convenient to the patient via Lorenzo clinics.

An appointment letter will not automatically be generated, however if this is required this can be complete by the admin team and distributed via email to the patient or posted.

If the patient is to be seen by upstream, the admin who has booked the appointment will be required to book the upstream appointment into the clinician's upstream diary.

#### 4.6.2. PCMHN

Following triage of the patient via the PCMHN an internal referral form will be completed and electronic referral made to the MHTAT via Lorenzo. The referral form must be uploaded to the patients record.

The clinician who has completed the triage at the PCMHN will be required to identify the next available assessment appointment, convenient to the patient via Lorenzo clinics.

The clinician should book the patient into the desired slot and ensure the patient has made a note of the date and time of the assessment.
An appointment letter will not automatically be generated, however if this is required this can be generated by the clinician and distributed via email to the patient or posted

If the patient is to be seen by upstream, the clinician who has booked the appointment will be required to book the upstream appointment into the clinician's upstream diary.

### 4.7. MHTAT Initial mental health assessment

All initial mental health assessments will be booked via Lorenzo Clinics to named individuals or generic slots which have not yet been assigned. Depending upon which clinician is completing the assessment slots will determine how many slots are offered per day and at what times. These assessment slots are fluid and open for change, so will not be documented in the SOP. Assessments however will be offered during normal working hours, Monday - Friday.

The clinician should log into their Lorenzo diary to identify who has been booked to see them on their working day. Should assessments be booked for upstream, they will also be required to log in to this software and should double check both diaries to identify any discrepancies.

All assessments should include the following steps:

- Review of the referral and triage information
- Review of any other clinically relevant records time permitting and at the assessor's discretion
- Contact with the patient via agreed medium at the correct date and time
- Completion of a holistic assessment with the patient and any other professional, carer or family member as appropriate
- Completed with the patient monitoring scales including AUDIT, DAST, ReQoL, and PHQ9 and GAD7 if referral is likely to be sent on to MHS Talking Therapies Service
- Completion of the initial mental health assessment form, FACE risk assessment and mental health cluster tool
- Agreement of the outcome with the patient
- Appropriate referrals made via the clinician if required
- Outcome distributed to the GP for their records
- Outcome advised to the admin team via email (hnf-tr.MHTAT@nhs.net) and any further action required

If the patient does not attend for their appointment, the clinician should review the information and make a risk assessment if the patient should be offered a further appointment. If a further appointment is not indicated, the standard letter advising of failed contact with the Mental Health Advice and Support Line number should be sent to the patient.

All outcomes from assessments should be conveyed to the admin team for onward referral and discharge purposes.

Onward referrals following initial assessment are the responsibility of the assessing clinician. Humber Teaching NHS Foundation Trust internal services each have different criteria and requirements of referral, therefore the assessing clinician should make themselves aware of any requirements for the referral before closing the referral to MHTAT down and discharging

the patient from the service. Referrals to the locality mental health teams following initial assessment are completed under the 'trusted assessor' framework and do not require direct discussion with the team unless this would be of added value to the transfer, however not all internal services work with the 'trusted assessor' framework and will potentially require a discussion with the team before the referral is made. Assessors are also responsible in the same was as discussed for transfers to external services and ensuring all requirements are met before closing the referral to MHTAT.

#### 4.7.1. Assessment DNA

Should the patient not attend their virtual or face to face appointment at the agreed upon date and time, efforts should be made by the assessing clinician to contact the patient to ascertain the reason for the non-attendance and to complete a brief risk assessment.

It is at the discretion of the assessing clinician, with or without discussion with the clinical lead/MDT as to whether a further appointment is offered. This decision should be based upon presenting issues, referral and triage information, risk and previous engagement levels. Consideration must also be given for escalation to the locality duty team or MHCIT should there be evidence of potential risk.

The rationale for any decision whether to offer a further assessment or discharge from the team should be clearly documented in the clinical record.

Should the patient contact the team following the DNA and request a further appointment for assessment, this should be completed at the discretion of the clinical lead on duty as to whether a further appointment is offered, considering the points above to support decision making.

If the patient has been recorded as a DNA on Lorenzo Clinics, this will generate an action in eRS under 'referrals for booking' for the service. The admin team should manage the referral in eRS as per the guidance set by the registered clinican.

A pathway has been but in place with the Mental Health Advice and Support Line where the team can email the details of the patient to the MHTAT email address, should the patient have contacted within 7 days of their booked appointment and wish to have this appointment rebooked. The MHTAT admin team should forward this on to the clinician whom the patient was booked in with to agree if another appointment should be booked or the clinician to give advice back to the admin team of an appropriate outcome to this request. The admin team can reopen the referral and book another appointment as required. Any DNA after 7 days will be regarded as a new referral.

### 4.8. Onward referrals and discharge – admin processes

The admin team can use the MHTAT email address to make onward referrals as required (hnf-tr.MHTAT@nhs.net).

#### 4.8.1. Triage outcomes and discharge

The admin team should be guided by the triage outcome as shared with them via email from the registered clinician, for actions for each patient at point of triage.

Signposting – Onward referrals advised by the clinical team should be made by the admin team and close the Lorenzo referral once completed.

Initial assessment – If the patient is for initial assessment, the admin team should accept the referral and ensure a planned contact has been established and the patient is booked correctly into a Lorenzo clinic.

DNA – Communication via email with the admin team by the registered clinician should identify who should receive a DNA standard letter (appendix 5), which will be generated and printed by the admin team, sent to the patient and distributed to the GP. Then to proceed with closing the referral on Lorenzo.

### 4.8.2. Assessment outcomes and discharge

The admin team should be guided by the outcomes of the initial assessments as provided to them by the assessing clinicians via email.

Internal referrals to Humber services – The admin team should complete an internal electronic Lorenzo referral and close the referral to MHTAT once complete.

Discharge to external services – The admin team should forward on all require referral materials to the accepting team, as required and close the referral on Lorenzo to the MHTAT once complete.

DNA without further appointment – The standard DNA letter (appendix 5) should be generated by the team and sent to the patient and distributed to the GP. The referral on Lorenzo for the MHTAT should be closed one completed.

DNA with further appointment – A new appointment should be booked via Lorenzo clinics, appointment letter generated and printed to be sent to the patient and electronically distributed to the GP. The team may also wish to send an SMS regarding the appointment. The referral should remain open and accepted to the MHTAT.

## 4.9. Interface with the Mental Health Crisis Intervention Team and Mental Health Liaison Service

**MHCIT**

The interface with MHCIT may occur at screening, triage or assessment stages. It has been agreed between the MHTAT and MHCIT to continue a trusted assessor model and to use a common language in the UK Mental Health Triage Scale (appendix 4).

- **Screening by MHTAT** – if at the point of screening the locality clinical team determine the referral indicates a crisis/urgent response (< 72hours), MHTAT are required to register the patient on Lorenzo, complete a clinical note explaining the decision for escalation, upload the referral documentation and create a referral to MHCIT. Furthermore, a task should be generated on the system to the MHCIT. Once with the MHCIT, the referral will be triaged and managed by MHCIT as per their SOP.
  At this stage, if the MHCIT determine a routine mental health assessment is appropriate following their triage of the screened referral, they are able to book directly into an assessment appointment with the MHTAT. MHCIT will generate a referral to MHTAT, upload the triage documentation and book an agreed upon slot with the patient, for their assessment to be completed by MHTAT.

- **Triage by MHTAT** – If at the point of triage by MHTAT, the outcome is an assessment needs completing in < 72 hours, the process above should be followed, however the MHCIT will carry out the assessment as indicated by the MHTAT registered clinician and will not be re-triaged and passed back to MHTAT.

- **Assessment by MHTAT** – If at the point of assessment by MHTAT, the patient requires acute service interventions, the registered clinician should complete a referral to the team as per their processes.

- **Triage by MHCIT** – If at the point of telephone triage by MHCIT a routine assessment by MHTAT is indicated, this can be booked by MHCIT. MHCIT will generate a referral to MHTAT, upload the triage documentation and book an agreed upon slot with the patient, for their assessment to be completed by MHTAT. There will be exceptions to this, including when a patient is seen under Section 136, or have an informal triage/assessment following emergency services referral. A routine mental health assessment should not be used as a substitute for good practice or where an unnecessary delay would be caused.

- Following assessment by MHCIT, there should be no identified requirement for the patient to be referred back to MHTAT as a decision for onward care should be made.

**MHLS**
MHTAT will also interface with MHLS at different points including the following:

- **Screening/triage/assessment by MHTAT** – If following these functions the patient is deemed to be at significant and imminent risk from a medical issue, the registered clinician should contact emergency services and consider if A&E attendance is advised. A&E should only be used by a mental health patient if they also have a significant and imminent medical need and should not be advised as a place of safety.

- **Did not wait by MHLS** – If a patient attends the A&E department and does not wait, this starts a procedure held by MHLS. Should MHLS complete a triage following the 'did not wait' and a routine mental health assessment is advised, they are able to book directly for an assessment slot. MHLS will generate a referral to MHTAT, upload the triage documentation and book an agreed upon slot with the patient, for their assessment to be completed by MHTAT. Should the patient needs be such that they need an assessment in <72 hours, this should be escalated to the MHCIT as per the MHLS usual process.

- **Exceptions** – The outcome of a face-to-face triage or assessment by MHLS should not generate a referral to MHTAT. MHLS should complete all necessary interventions following the presentation of the patient and make onward referrals and recommendations.

The above is not an exhaustive list and should any further interface difficulties arise, they should be addressed where possible between the registered clinicians and then escalated to the band 7 clinical leads if they remain unresolved. At the centre of any service interface issues is the patient and their needs should be prioritised at all times.

### 4.10. Perinatal pathway

The Perinatal Mental Health Team operate a direct referral system for professionals to make routine referrals. All urgent referrals for perinatal related presentation should be made to the MHCIT as any other urgent referral would be made.
Should a routine referral for a perinatal presentation be made to MHTAT and is screened by the locality clinical team, the clinician should review the referral information and determine if there are risk factors which increase the urgency of the referral. If the judgement of the team determines the referral is routine in nature and can wait for up to 2 weeks to be actioned by the Perinatal Mental Health Team, then a transfer of the referral can be made to the Perinatal Mental Health Team by either redirecting the referral on eRS or if the referral source is outside of eRS, by completing a Lorenzo referral and follow up call or email to the

team also. A courtesy call should be made to the patient to inform them of the outcome and provide safety netting information to them in the interim.

If the referral is outside of eRS a communication note should be written with the rational for decision on Lorenzo and distributed to the GP. The referrer should also be informed of the outcome if this is not the GP.

If the referral is deemed to contain information which is suggestive of a more urgent response being required, the MHTAT will escalate the referral to the MHCIT as per process in the SOP. If the patient requires an urgent assessment, usual process for escalation to the MHCIT is appropriate, where the processes under the MHCIT SOP would take over.

### 4.11. Professional enquiry line

The professional enquiry line is a function of the MHCIT. This line will be used for professionals who wish to make an enquiry about a referral to the service, who do not have direct access to the MHCIT or eRS booking. The line will enable professionals to make an enquiry as to what pathway to take with a patient and may result in signposting, advice and support to the professional, crisis team involvement or advice.
The MHCIT may advise the enquirer regarding the routine referral pathway both via email or eRS depending on their availability to clinical systems.

### 4.12. Accessibility and communication needs

Any accessibility and communication needs should be identified at the earliest opportunity to support the patient to engage with the team to help identify their needs and appropriate care pathways. Efforts should be made at the point of initial triage to identify any accessibility or communication needs the patient may have. The Directory of Service (DoS) on eRS requests the referrer to inform MHTAT via eRS should there be additional communication needs, a required interpretation service or if the patient is deaf/hard of hearing. Additionally, EWS are requested to inform via email, as they are booking directly into Lorenzo clinics, if there is a patient who requires interpretation, is deaf/hard of hearing or has additional communication needs so this request can be managed at the start of the triage process. Any additional communication needs should be discussed with the clinical lead to determine the best course of action including the use of language line, virtual appointment, or face to face appointment, however this is not exhaustive. This can be further expanded on during the initial mental health assessment and use of the accessible information standard built into the initial mental health assessment on Lorenzo.

- For those who English is not a first language: If a patient has no or limited communication in English an interpreter should be offered to support triage and assessment. Family members should not be used for this role where possible, unless all other options have been exhausted. If an interpreter is required for triage appointment, a double consecutive slot should be booked for this, due to the added complexities of this type of interaction.
- For those who are deaf or hard of hearing: If a patient is deaf or hard of hearing, this should be identified as early as possible to understand how they prefer to communicate. Virtual options to explore include the use of video call with captions via MS Teams, video call with instant messaging via MS Teams or Upstream. Email and SMS communication should be considered last options due to the delays this can cause and the need to escalate risk management processes should the patient not reply. In person options include written communication, lip reading, or the use of the video interpretation service is the patient uses British Sign Language.

  Should a deaf or hard of hearing patient be booked for triage or an initial assessment appointment, a double consecutive slot should be booked for this, due to the added complexities of this type of interaction.

- For patients with additional communication needs including speech problems, processing difficulties, or those on the autistic spectrum, the team will need to work with them, their families and other professionals involved (if appropriate) to determine how best to complete the triage and initial assessment in a way which is patient centred and comfortable for them. This may require MDT discussion, involvement of other professionals, longer appointment slots, or multiple appointments over a period.
- For those with mobility needs or patients who are housebound: These needs should be identified at the earliest possibility and discussions with the patient about how they would prefer to engage with the team, whether this be on a Trust premises, another health site such as GP practice or at home etc. Patients should be seen as close to their home as possible, and the use of virtual appointments should be considered to support with treatment delivery if required and this is acceptable to the patient. Consideration of risk the patient, family or environment may pose to the team should be made and lone working procedures/infection control policies via the crisis team and Humber Teaching NHS Foundation Trust policies should be consulted.

The above list is not exhaustive but considers the most common accessibility and communication needs which may be encountered. Each patient and their needs should be considered individually on how best to support them with their triage and assessment, ensuring they are part of any decision making which occurs.

### 4.13. Consent and capacity

All referrals received for routine triage which do not indicate consent from the patient to be processed, or which may question capacity will be closed and passed back to the referrer. Patients who may not be able to consent or have capacity to consent should always be discussed directly with the MHCIT due to the potential added risks and complexities.

### 4.14. Safety huddle and escalations

The MHTAT will have access to a daily safety huddle meeting in the morning prior to clinic commencement. This meeting will be an opportunity to discuss any matters for escalation, safeguarding concerns, outcomes or DNAs. This meeting should be attended by all clinical teams members on duty that day, plus the Clinical Lead covering the team and an admin team member. A floating Clinical Lead rostered to cover the MHTAT will be available daily for escalation and discussion should the team require this. The Team Manager, Service Manager and Senior Clinical Lead will also be available as required by the team depending on the nature of the query.

### 4.15. Clinical Audit

The Senior Clinical Lead will be responsible for the instigation of audit procedures in the team and will delegate responsibility for their completion to the appropriate senior clinicians. The Senior Clinican Lead will retain oversight over this process and action any issues that are identified.

## 5. REFERENCES

Reference should be made here to any other associated relevant Trust strategies/policies/guidelines or documents.

## Appendix 1 - MHTAT referral form – GP/Talking Therapies/MHASL

<table>
<tr><td colspan="2">Date of referral:<br><br>Service being referred for Adult Mental Health ☐ Older Peoples MH Services ☐</td></tr>
<tr><td>First name:<br><br>Preferred name if different:</td><td>Last name:<br><br>Preferred name if different:</td></tr>
<tr><td>NHS Number:</td><td>Date of birth:</td></tr>
<tr><td>Current Address of patient:</td><td>Patient’s telephone/mobile telephone:<br><br>(Please ensure this number is working and able to receive calls)</td></tr>
<tr><td>Next of kin:</td><td>Is the patient aware of and consenting to the referral?<br><br>(Please note, if answered no, the referral may be rejected. If the patient does not have capacity to consent to the referral, please contact the service by phone)</td></tr>
<tr><td>Referrer details<br>Name:<br>Role:<br>Contact address and Telephone Number:</td><td>GP details (if different from referrer)</td></tr>
<tr><td colspan="2"><u>Referrer priority status</u><br><br>Please use referral from for routine referrals only. If your referral is urgent, you must contact the team directly to refer on 01482 205555 for adults or 01482 205520 for older adults</td></tr>
<tr><td colspan="2">Mental health presentation (include signs and symptoms, including historical presentation)</td></tr>
<tr><td colspan="2">Risk of harm to self (include intentional/unintentional harm)</td></tr>
</table>

**Social factors (include social network, employment, children, carers)**

**Relevant physical health needs and <u>ALL</u> prescribed medication – *For older adults please include results of MSU, FBC, TSH, U+E, LFT, Cholesterol, Hba1C (where the patient is not already diagnosed with diabetes), folate, B12 from within the last 4 weeks to avoid delay in referral being processed.***

**<u>Please indicate the support you and/or the person being referred is seeking:</u>**

- **Primary care talking therapies (Let's Talk/EWS)** ☐
- **For medication advice only** ☐
- **Secondary care mental health assessment** ☐
- **Community mental health team** ☐
- **Early intervention in psychosis** ☐
- **Memory assessment** ☐
- **ADHD assessment (Hull GPs only to refer)** ☐
- **Drug & alcohol services – Refer to ReNew or East Riding Partnership (this includes if there is some moderate mental health needs)**
- **Social care assessment – Refer to local authority**

**Any other relevant information/other agencies involved**

**Appendix 2 - MHTAT referral form – other professionals**

# Mental Health Triage and Assessment Team
# Routine referral triage request

**Please read the following before proceeding with your referral:**

- *This service is for routine referrals only, if your query is urgent or there is an imminent risk of harm, please contact the service on the professional enquiry line (01482 216624), available 24/7 or emergency services.*
- *Please note this service is for adults aged 18 to 64 years only, with a Hull or East Riding GP.*
- *Please complete all fields of the form as it will not be processed if there is missing information. Only referrals received on this form will be processed and other documentation should only be sent as supplementary to this.*
- *Once complete, please forward this form by email to hnf-tr.mhtat@nhs.net*
- *Once received by the service, the referral will be screened, and you will be advised of the outcome. If the referral does not require further triage you will be informed of this and the most appropriate service if applicable. If the patient is booked for a routine triage appointment, you will be made aware of the date and time of this and you (the referrer) need to inform the patient of this appointment.*

| | |
|---|---|
| **First name:**<br><br>Preferred name if different: | **Last name:**<br><br>Preferred name if different: |
| **NHS Number:** | **Date of birth:** |
| **Current Address of patient:** | **Patients telephone/mobile telephone:**<br><br>(Please ensure this number is working and able to receive calls) |
| **Next of kin**<br>Name:<br>Relationship to patient:<br>Address:<br><br>Telephone number: | **GP details**<br>Practice name:<br>Named GP is applicable:<br>Address:<br><br>Telephone number: |
| **Referrer details**<br>Name:<br>Role:<br>Address:<br><br>Telephone number:<br>Email address: | **Details of other services involved with the patient:** |

***Expand sections as required***

| | |
|---|---|
| **Is the patient aware of and consenting to the referral?**<br><br>**Y/N (please indicate)** | Yes – please continue with referral<br>No – if the patient is not aware of the referral or consenting to it, the referral will not be processed. Please phone the professional enquiry line for discussion. |
| ***Please indicate any preferred days and times the patient is available for telephone triage:*** | |
| ***Current mental health presentation (please include risk to self or others):*** | |
| ***Current and historical mental health involvement/treatment/interventions:*** | |
| ***Current social factors impacting on situation:*** | |
| ***Current and historical substance use:*** | |
| ***Please indicate any significant medical history, allergies and <u>all</u> current prescribed medication:*** | |
| ***Any other information you feel is important to the referral:*** | |
| ***Please indicate what you and/or the patient is seeking from the referral:*** | |

**Appendix 3 - Referral and triage form**

# Referral information and triage form

*Items underlined are required for admin to log onto Lorenzo record of patient. All should be completed.*

| | | | |
|---|---|---|---|
| Name: including any previous names/aliases | | DOB: | NHS Number |
| Date and Time of Referral: | | Name/designation/team of person taking referral: | |
| Current location of person being referred: | | | |
| Address:<br><br>Postcode: | | | Preferred telephone number: |
| Can video link be used to conduct assessment? *Yes / No* | | Can voicemail be left: *Yes / No* | Armed Forces: *Yes / No*<br>*Current / Ex* |
| Gender:<br><br>Preferred pronoun: | Sexuality: | Occupation / Employment Status: | Do they work in a position of trust or with vulnerable people? |
| Ethnicity: | Marital Status: | Accommodation Status: | Religion: |

| | |
|---|---|
| Spoken Language:<br>Interpreter required: *Yes / No* | Overseas Status: *Not Applicable / other* |
| Is the person aware of the referral?<br>*Yes / No* | Does the person have a Lasting Power of Attorney / Court appointed deputy?<br><br>*Yes / No / Don't Know*<br><br>Does the person have an Advance Decision:<br>*Yes / No*<br><br>Legal (legal status / Care orders / In / recently in looked after system / police or court involvement) |
| Is patient consenting to referral?<br>*Yes / No* | |
| Does the patient have any accessibility/communication needs?<br>*Yes / No*<br>Details: | |
| Name and contact details of referrer (if not GP or patient):<br><br>Address:<br><br>Tel Number:<br>Relationship or designation of referrer: | GP details, including practice:<br><br>Tel Number: |
| Other professionals/agencies involved (if applicable): | Next of Kin / Nearest Relative details:<br>Name:<br>Address:<br><br>Tel Number:<br><br>Can this person be contacted in an emergency?<br>*Yes / No* |

**Reason for referral/triggers/significant events:** (What has precipitated the referral and what factors are impacting on the person currently)

**Mental health information** (Subjective report from the patient and objective signs and symptoms. Consider the following areas regarding symptoms: Behaviour (has this changed?), Speech (flow, rate, pressure, rapport), Mood (low/high in mood, changes in appetite, sleep, libido, concentration, enjoyment), Thoughts (obsessive, hypervigilant, suicidal. Flow, rate, and pattern of thoughts), Perceptions (Hallucinations). Consider historical presentations and treatment also)

**Substance use**

Historical *Yes / No*

Current *Yes / No*

If yes, details (pattern of use, how long using for, any periods when not using, how do they think this affects them):

**Physical health**

Significant medical history *Yes / No*

Current or ongoing physical health issues *Yes / No*

Is the patient pregnant? *Yes / No*

If yes, details (what are the problems, what was the treatment, are they still having support with this, how does it impact on their life):

**Medications – Please check against SCR/GP Connect**

Is the patient currently prescribed any medication? *Yes / No*

Does the patient take any over the counter or herbal remedies? *Yes / No*

If yes, details (name of medication, dose, and frequency. Do they get any benefit or any problems from taking it?):

Are they taking their medications as prescribed (right does/time etc)? *Yes / No*

If no, details:

Is there any evidence of overdose of medications? *Yes / No*

If yes, details (medication name, dosage, number of tablets). Discuss with nurse/prescriber if clarification needed regarding dosing. Consider medical intervention and consulting toxbase if risk of harm present:

**Social circumstances** (Who does the patient live with? Is their housing settled? Financial situation. How is the problem affecting their life?)

Is family/carer worried about the patient? *Yes / No*
What are the family and/or carer views:

Does the patient have any dependents or contact with under 18s? *Yes / No*
If yes, details (name, DOB, school attended):

**RISK SCREENING – Please record details of historical risk even if not current**

| | |
|---|---|
| **Risk of violence or harm to others Y/N**<br>Details of current and historical risk: | **Risk of severe self-neglect Y/N**<br>Details of current and historical risk: |
| **Risk of suicide Y/N**<br>Details of current and historical risk: | **Risk of abuse, exploitation, or domestic violence Y/N**<br>Details of current and historical risk: |
| **Risk of accidental self-harm Y/N**<br>Details of current and historical risk: | **Risk related to physical condition Y/N**<br>Details of current and historical risk: |
| **Risk of deliberate self-harm Y/N**<br>Details of current and historical risk: | **Risk related to distress or acute symptoms of mental illness** (not already categorised) **Y/N** |

**Protective factors** (explore ways that the patient maintains their safety and positive aspects of their life they wish to preserve):

**Summary and formulation of referral:**

**Plan:**

| Triage Outcome<br>Refer to the Decision-Making Matrix and service provision guidelines | | | | | |
|---|---|---|---|---|---|
| **Emergency response** | **Within 4hr response** | **Within 24hr response** | **Within 72hr response** | **Within 4 weeks response** | **Talking therapies service** (See their criteria) |
| Initial mental health assessments are an intervention to identify need and possible onward referrals to support the mental health of the patient. Assessments should be purposeful to the patient. Priority should be based on risk and need as follows:<br>• **Emergency** – Emergency service response<br>• **4hr/Very urgent assessment**- Very high risk of imminent harm to self or others<br>• **24hr/Urgent assessment**- High risk of harm to self or others and/or high distress especially in absence of capable supports<br>• **72hr/Semi-urgent assessment** – Moderate risk of harm and/or significant distress<br>• **4 weeks/Routine assessment** – Low risk of harm in short term or moderate risk with good support/stabilising factors<br><br>***If the disability, distress, or risk cannot be managed safely in the timeframe for assessment, the patient should receive a higher-level intervention.***<br><br>***To be used in conjunction with the UK Mental Health Triage Scale – see MHCIT SOP*** | | | | | **Services provide steps 2 and 3 care for a range or mild to moderate psychological problems. Consider the following exclusion criteria before referral to these services:**<br>• Severe and enduring mental illness<br>• Reported current symptoms of psychosis/bi-polar disorder<br>• Personality disorder<br>• Severe Self Harm thoughts/plans and high levels of risk<br>• Drug and alcohol use which would disrupt engagement in therapy<br>• Multiple Trauma PTSD<br>• Complex PTSD |

| | | | |
|---|---|---|---|
| Name of clinician completing triage: | Designation: | Band: | |
| Signature: | Date: | Time call ended: | Duration: |
| Name of clinician triage discussed with (if not registered): | Designation and banding:<br><br>Date and time: | Signature: | |

## Appendix 4 - UK Mental Health Triage Scale

Available from: [UK Mental Health Triage Scale and Guidelines – UK Mental Health Triage Scale]

| UK Mental Health Triage Scale | | | | |
|---|---|---|---|---|
| **Triage Code /description** | **Response type/ time to face-to-face contact** | **Typical presentations** | **Mental health service action/response** | **Additional actions to be considered** |
| **A Emergency** | **IMMEDIATE REFERRAL Emergency service response** | Current actions endangering self or others<br>Overdose / suicide attempt / violent aggression<br>Possession of a weapon | **Triage clinician to notify ambulance, police and/or fire service** | Keeping caller on line until emergency services arrive / inform others<br><br>Telephone Support. |
| **B Very high risk of imminent harm to self or to others** | **WITHIN 4 HOURS Very urgent mental health response** | Acute suicidal ideation or risk of harm to others with clear plan or means<br>Ongoing history of self harm or aggression with intent<br>Very high risk behaviour associated with perceptual or thought disturbance, delirium, dementia, or impaired impulse control<br>Urgent assessment under Mental Health Act<br><br>Initial service response to A & E and 'front of hospital' ward areas | **Crisis Team/Liaison/ face-to-face assessment AND/OR Triage clinician advice to attend a hospital A&E department** (where the person requires medical assessment/ treatment) | Recruit additional support and collate relevant information<br><br>Telephone Support.<br><br>Point of contact if situation changes |
| **C High risk of harm to self or others and/or high distress, especially in absence of capable supports** | **WITHIN 24 HOURS Urgent mental health response** | Suicidal ideation with no plan or ongoing history of suicidal ideas with possible intent<br>Rapidly increasing symptoms of psychosis and / or severe mood disorder<br>High risk behaviour associated with perceptual or thought disturbance, delirium, dementia, or impaired impulse control<br><br>Overt / unprovoked aggression in care home or hospital ward setting<br>Wandering at night (community)<br>Vulnerable isolation or abuse | **Crisis Team/Liaison/ Community Mental Health Team (CMHT) face-to-face assessment** | Contact same day with a view to following day review in some cases<br><br>Obtain and collate additional relevant information<br><br>Point of contact if situation changes<br><br>Telephone support and advice to manage wait period |
| **D Moderate risk of harm and/or significant distress** | **WITHIN 72 HOURS Semi-urgent mental health response** | Significant patient / carer distress associated with severe mental illness (but not suicidal)<br>Absent insight /early symptoms of psychosis<br>Resistive aggression / obstructed care delivery<br>Wandering (hospital) or during the day (community)<br>Isolation / failing carer or known situation requiring priority intervention or assessment | **Liaison/CMHT face-to-face assessment** | Telephone support and advice<br><br>Secondary consultation to manage wait period<br><br>Point of contact if situation changes |
| **E Low risk of harm in short term or moderate risk with good support/ stabilising factors** | **WITHIN 4 WEEKS Non-urgent mental health response** | Requires specialist mental health assessment but is stable and at low risk of harm during waiting period<br>Other services able to manage the person until mental health service assessment (+/- telephone advice)<br>Known service user requiring non-urgent review adjustment of treatment or follow-up<br>Referral for diagnosis (see below)<br>Requests for capacity assessment, service access for dementia or service review / carer support | **Out-patient clinic or CMHT face-to-face assessment** | Telephone support and advice<br><br>Secondary consultation to manage wait period<br><br>Point of contact if situation changes |
| **F Referral not requiring face-to-face response from mental health** | **Referral or advice to contact alternative provider** | Other services (outside mental health) more appropriate to current situation or need | **Triage clinician to provide advice, support Advice to contact other provider and/or phone referral to alternative service provider** (with or without formal written referral) | Assist and/or facilitate transfer to alternative service provider<br><br>Telephone support and advice |
| **G Advice, consultation, information** | **Advice or information only OR More information needed** | Patient or carer requiring advice or information<br>Service provider providing information (collateral)<br>Initial notification pending further information or detail | **Triage clinician to provide advice, support, and/or collect further information** | Consider courtesy follow up telephone contact<br><br>Telephone support and advice |

Sands, N. Elsom, E, Colgate, R & Haylor, H. (2016) Development and inter-rater reliability of the UK Mental Health Triage Scale (In Press). *International Journal of Mental Health Nursing.*

## Appendix 5 - Standard wording for missed contact letter

Dear ……..

The Mental Health Triage and Assessment Team have attempted to contact you for your planned telephone triage/assessment, however have been unsuccessful in reaching you. Your referral to the team has now been closed, therefore please see your GP or contact the Mental Health Advice and Support Line on 0800 138 0990, should you need further support.

Yours sincerely,

The Mental Health Triage and Assessment Team

## Appendix 6 - Standard responses for use on eRS

**Escalation to crisis team:** Thank you for your recent referral to the Mental Health Triage and Assessment Service. The referral has now been redirected to the Mental Health Crisis Intervention Team following screening of the referral information. The Mental Health Crisis Intervention Team will now manage this referral and inform you of the outcome in due course. Should you need to speak to the Mental Health Crisis Intervention Team about the referral, please contact them on 01482 205555.

**Patient Out of Area:** Thank you for your recent referral to the Mental Health Triage and Assessment Service. The referral has been declined as the patient is registered with a GP practice outside of our service area. Please note, only patients with a registered GP in Hull and East Riding are able to access this service.

**Missing or out of date information:** Thank you for your recent referral to the Mental Health Triage and Assessment Service. Unfortunately, the information provided in the attachments to the referral is incomplete and/or out of date. The referral has been declined, however please re-refer once this information is updated if required.
*Clinical/admin team to add any specific requirements of information required to the above*

**Unsuitable referral not for signposting:** Thank you for your recent referral to the Mental Health Triage and Assessment Service. The referral has been declined due to……
*Clinical/admin team to add reason as to the reason the referral is declined and not for signposting*

**Duplicate referral already with HTFT:** Thank you for your recent referral to the Mental Health Triage and Assessment Service. The referral has been declined as the patient is already receiving a service with Humber Teaching NHS Foundation Trust. We have forwarded your referral information for their attention. The service they are seeing is…… and you can contact them on……
*Clinical/admin team to add what service they are open to and contact details*

**Signpost (non HTFT service):** Thank you for your recent referral to the Mental Health Triage and Assessment Service. The referral has now been redirected following the screening of the referral information. The referral has been forwarded on to…….
*Clinical team to indicate what team they are forwarding the referral on to and if the patient has been informed*

**Redirected to another HFTF service (including other eRS service):** Thank you for your recent referral to the Mental Health Triage and Assessment Service. The referral has now been redirected following the screening of the referral information. The referral has been forwarded on to…….
*Clinical team to indicate what team they are forwarding the referral on to and if the patient has been informed*

**Accept for MHTAT triage:** Thank you for your recent referral to the Mental Health Triage and Assessment Service. The referral has been accepted for a Mental Health Triage appointment with one of our clinicians. The appointment booking will be available to you via the eRS record. The clinician will share further information with you once the triage has concluded.

**Accept for MHTAT assessment:** Thank you for your recent referral to the Mental Health Triage and Assessment Service. The referral has been accepted for a Mental Health Assessment appointment with one of our clinicians. The appointment booking will be available to you via the eRS record. The clinician will share further information with you once the assessment has concluded.

## Appendix 7 - Screening matrix

| **Locality team:** | **Date:** | |
|---|---|---|
| **UBRN/NHS number** | **Clinical Screen outcome** (indicate as per outcome standard responses in appendix 6 MHTAT SOP, with specific actions for admin team) | **Admin completed outcome** (initial when completed) |
| | | |
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Admin name completing list for screening:

Clinician name logging outcomes from screening:

Admin name completing actions from screening: