Birmingham and Solihull Mental Health NHS Foundation Trust

Liaison Psychiatry
Standard Operational Procedure

SOP NUMBER	AUC03	
VERSION NO & DATE	3	**Date:** October 2021
SOP LEAD	XXXX	
SOP AUTHOR	XXXX	
APPROVED VIA:	Urgent Care Clinical Governance Committee	
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SOP STATEMENT

The purpose of the SOP is to set out the procedure for delivering the Liaison Psychiatry service in Acute (General) Hospitals in Birmingham & Solihull.

1. Introduction

1.1 Rationale

The Royal College of Psychiatrists defines liaison psychiatry as the "sub-specialty which provides psychiatric treatment to patients attending general hospitals, whether they attend out-patient clinics, accident & emergency departments or are admitted to inpatient wards. Therefore, it deals with the interface between physical and psychological health."[1] This Standard Operational Procedure (SOP) outlines how Liaison Psychiatry services are delivered by Birmingham & Solihull Mental Health Trust in Acute (General) hospitals in Birmingham and Solihull.

1.2 Scope

1.2.1 The service will provide a 24-hour single point of access mental health service for all inpatients and people (aged 16 and over) who attend Accident and Emergency at the General hospital.

1.2.2 The service will provide timely advice and support, as well as comprehensive multidisciplinary assessments of people with mental health care needs in the hospital where necessary. The response times are:

Location of Patient	Response Time
Accident & Emergency	<1 hour
AMU/CDU	< 4 hours
Ward	< 24 hours
Urgent Ward Referral *(risk or immediate harm to self or others)*	<1 hour

[1] Liaison psychiatry faculty | Royal College of Psychiatrists (rcpsych.ac.uk), Accessed 22nd July 2021

1.2.3 The service will support clinicians in the acute hospital in the identification and management of psychological factors and the impacts on physical illnesses.

1.2.4 Training and teaching will be provided to clinicians within acute hospitals on mental disorder in older and younger adults and advise on ensuring compliance with mental health legislation.

1.3 Principles

1.3.1 To provide an integrated 24-hour equitable mental health service to all inpatients and patients (over 16 years of age) presenting to A&E departments of acute hospitals.

1.3.2 To reduce stigma around mental health issues within acute hospitals.

1.3.3 To improve attitude and acceptance and thereby the level of care by general hospital staff towards patients with mental health needs.

1.3.4 To improve identification and acceptance of mental health needs of patients in general hospitals amongst general hospital staff and thereby improve services to patients.

1.3.5 To improve the mental health of adults within the hospital and promote dignity and person-centred care.

1.3.6 To provide timely and appropriate treatment where clinically indicated while an individual is within the general acute setting.

1.3.7 When appropriate, to work with carers and service users when to develop services.

1.3.8 To work with carers as part of mental health assessments and when making discharge plans.

1.3.9 To act as a bridge between BSMHFT and general hospitals.

1.3.10 To ensure sound clinical governance via processes such as audit and routine service evaluation.

1.3.11 To maintain links with universities and training establishments to develop skills within the team and contribute to and actively support research initiatives.

1.3.12 To signpost acute hospital staff in situations where the service cannot directly intervene (e.g., patients under 16 years of age, learning disability).

1.3.13 The service will seek to develop further pathways with individual departments within the general hospital where needs are identified and supported with business case.

2. Function of Service

2.1 Overview of Service

The key function of this SOP is to make clear how the service will function. The core function of this service is to:

- Develop and operate an integrated in-house psychiatric liaison service in the acute hospital with a single point of access for the target group of patients.
- Offer proactive signposting assessment and assistance with management for patients with mental health needs in the acute hospital.
- Reduce the time spent waiting for psychiatric intervention in the acute hospital.
- Reduce the length of stay in the acute hospital for patients needing psychiatric liaison input by establishing the correct pathway in the community at the earliest opportunity.
- Help prevent inappropriate presentations or admissions for patients with mental health need to the acute hospital.

- Build a seamless pathway for the patients' journey by linking with agencies involved in care of the broader mental health need.
- Screen and triage all referrals for the level of clinical response and urgency.

2.2 Key features of Service:

The key features of the Psychiatric Liaison service are:

- Assessment and advice on management of patients with mental health problems in A&E and on inpatient wards.
- Specialist assessment by mental health clinicians with experience in substance misuse by psychiatry within Solihull, old age psychiatry and general adult liaison psychiatry.
- Interface with other psychiatric services (internal and external), including crisis intervention/Home Treatment Teams, CMHTs, substance misuse and old age services, to facilitate follow-up or to arrange admission to an appropriate psychiatric bed. A clear pathway is in place with Forward Thinking Birmingham (FTB) to support care provided for service users aged 16-25 in Birmingham, and BSMHFT SOLAR for Solihull.
- Interface with other services to divert individuals away from admission to hospital and prevent readmission by providing, facilitating and navigating to more appropriate services including support around the catalysts of poor mental health e.g., risk of homelessness, social isolation, lack of funds, domestic violence, poverty, substance use etc.
- Attend multidisciplinary case conferences to provide psychiatric input as appropriate.
- Working with staff from the general hospital to assess risk and formulate appropriate risk management plans in patients with mental health problems.
- Support acute hospitals with regards to application and clinical intervention under the Mental Health Act.
- Follow-up visits, as agreed, to support ward staff, monitor the mental health of patients and assess the impact of any interventions that have been recommended.
- Training and teaching to staff at the general hospital provided on a formal and informal basis.
- To provide supportive supervision for general hospital staff on a case-by-case basis for challenging patients with mental health problems.
- To ensure that clinical information obtained, and plans made by the Liaison Psychiatry team are clearly documented in both the acute Trust notes and the mental health Trust electronic care records.

3. Service Overview

3.1 Hours of Operation

3.1.1 The service will operate 24 hours a day, 7 days a week in Queen Elizabeth, Heartlands, Good Hope and City hospitals.

3.1.2 There will be senior medical cover from within the program from Monday to Friday, 9am to 5pm.

3.1.3 Out of Hours medical cover is provided by the BSMHFT medical on-call rota. This is accessed via the Northcroft switchboard on 0121 301 5500 or Reaside switchboard 0121 301 3000.

3.1.4 Out of Hours staff on duty will have support from staff from other Liaison Psychiatry units as well as the medical on-call support from BSMHFT for consultation and second opinion.

3.1.5 Out of hours Liaison Psychiatry is supported by the Urgent Care Coordinator who are available for advice, support and staffing or complex issues.

3.1.6 Clinical leads will be available for advice, support and for complex issues on Saturday & Sunday, 8am-6pm.

3.1.7 The service can be accessed by a site-specific single point of access during normal working hours and through a single duty contact point at any other time.

3.2 Service Access Criteria

3.2.1 Anyone aged 16 and over who presents with signs or symptoms of mental illness to A&E at the acute hospital or is an in-patient on any of the wards at the hospital can be referred to Liaison Psychiatry team.

3.2.2 Patients in out-patients departments, and relatives attending the hospital needing urgent psychiatric input from the team may be redirected to the A&E for referral to Liaison Psychiatry.

3.2.3 When patients from other BSMHFT clinical teams get admitted/present to acute hospitals, the parent team clinician may liaise with Liaison Psychiatry to make them aware of the patient. However, direct intervention in their care must be prompted by a referral from the acute hospital.

3.2.4 Each area has specific arrangements for accessing joint mental health/perinatal support via the acute trust. Arrangements for joint working with Perinatal services are detailed in Appendix 6.

3.2.5 The Liaison Psychiatry service is not currently commissioned to provide drug and alcohol interventions where there is no mental health related component. Referrals should be made to the commissioned service via the agreed pathway.

3.3 Care Pathway

3.3.1 Inpatients and those being treated in the A & E department remain the overall clinical responsibility of the acute hospital whilst on their site.

3.3.2 Where a referral has been made to Liaison Psychiatry, mental health input will be on an integrated care basis and Liaison Psychiatry clinicians remain accountable via the governance, policy, and supervision systems of BSMHFT by whom they are directly employed.

3.4 Referrals Procedure

3.4.1 All acute hospitals have access to the Liaison Psychiatry referral process.

3.4.2 When referral has been received from the acute hospital, Liaison Psychiatry will advise on treatment and management of patients alongside liaison for any acute hospital patients already under the care of BSMHFT. Liaison Psychiatry can either link the acute team to the community services directly or act *in de facto* for the community team.

3.4.3 Advice and assessment are also provided for individuals registered outside of Birmingham who access Birmingham and Solihull hospitals.

3.4.4 All referrals accepted by the Liaison Psychiatry team will be registered on BSMHFT patient record system to be dealt with appropriately.

3.4.5 Referral pathways are specific to the patient location in the hospital:

	Referral Process
A&E	*Local procedures are present in each acute hospital to ensure that timely referrals are made.* Referrals from A&E should be made with an electronic referral and direct conversation with the Liaison Psychiatry team. Patients can be referred prior to being 'medically fit' if they are considered well enough to undergo a psychiatric assessment. All patients seen by Liaison Psychiatry mist be seen by an A&E Clinician prior to discharge, regardless of presenting problem. Patients presenting to A&E with deliberate self-harm should be referred for a physical health assessment and a brief risk & psychosocial assessment. A full psychiatric interview & care-plan will follow when the patient is medically stable and fit for interview, which needs to be prior to discharge from A&E. Patients who are referred from A&E whilst intoxicated will be initially screened to assess suitability for thorough psychiatric interview. If the Liaison Psychiatry clinician feels the patient is not fit for assessment at that time, they will discuss this with the A&E clinician and agree a review plan.

Inpatients	Any qualified member of the multidisciplinary team treating the patient can refer. Referral should be discussed with the patient. Where capacity to give consent is impaired, clinical risk will override consent. Referrers are encouraged to discuss the referral with a clinical member of the Liaison Psychiatry team beforehand if they are unsure. If the referral is deemed urgent, the referrer should ring the Liaison Psychiatry team to discuss the case.
Outpatients	Patients in out-patients departments and relatives attending the hospital who need urgent psychiatric input should be redirected to A&E for referral to Liaison Psychiatry.

3.5 Allocation process

3.5.1 Referrals to the service are screened and triaged by the Liaison Psychiatry team to identify what level of response is required. Allocation for signposting or assessment is identified according to clinical priority, suitability, and clinician availability. Face to face assessment may not be indicated. Allocations are completed based on the written and verbal information provided by the referrer and are categorised as follows:

Location of Patient	Response Time
Accident & Emergency	<1 hour
AMU/CDU	< 4 hours
Ward	< 24 hours
Urgent Ward Referral *(risk or immediate harm to self or others)*	<1 hour

3.5.2 All referrals will be dealt with based on a multidisciplinary approach and clinical priority. The initial assessment will be allocated to Liaison Psychiatry clinicians according to case complexity, although preferably to those with particular skills in that psychiatric sub-specialty.

3.5.3 Where there are large numbers of referrals to the service, the team will clinically prioritise cases. If it is not possible to see a patient within the target time frame, a member of the team will contact the referrer to let them

know when the patient can expect to be seen and ensure that no urgent issues have been overlooked in the meantime.

3.5.4 Where it is not possible to complete a comprehensive assessment, due to lack of information, investigation, patient's readiness etc., an assessment of need and risk will be attempted, and an intermediate care plan will be drawn out with the Acute hospital staff to the manage patient in the interim.

3.6 Social Recovery Workers

3.6.1 Liaison Psychiatry services are supported by Social Recovery Workers (employed by Mind Birmingham) who work within the Acute Hospitals to support to de-escalate crisis and develop community resource connections to mitigate hardship.

3.6.2 The Social Recovery Workers will identify, assess, and support individuals whose psychological distress is because of social and/or environmental factors. They will support Liaison Psychiatry staff with diverting individuals away from admission to hospital by providing, facilitating and navigating to more appropriate services including support around the catalysts of poor mental health that might include social crisis issues.

3.6.3 The Social Recovery Workers will give full advice, guidance and emotional support on different issues which are likely to include a few of the following areas: mental health, homelessness and housing, substance misuse and recovery, offending and the criminal justice system, domestic abuse, relationship breakdown, welfare and housing benefits, debt, employment. This will include helping individuals to access a range of community-based interventions including counselling, access to IAPT, wellbeing services, debt and housing advice, domestic violence, financial hardship, and where necessary bereavement support.

3.6.4 An outline of how the Social Recovery Workers work within the Liaison Psychiatry teams is included in Appendix 7.

3.7 Follow-up in Hospital

3.7.1 The Team's clinical handover meeting ensures that inpatients with more complex mental and physical comorbidity will then be followed-up by a clinician with relevant expertise or seniority and in a timely manner where required. This individual is known as the 'Lead Clinician' and will coordinate the patient's follow-up care. Ward based patients will be reviewed regularly by the respective specialist clinician and where appropriate other Liaison Psychiatry team staff.

Patients within an acute setting who are awaiting a psychiatric bed need to be reviewed face to face daily by the Liaison Psychiatry team to ensure that the patient still needs to be admitted, assess risk and ensure that the acute wards are fully aware of the plan Liaison Psychiatry have

devised. Deviation from this standard should be agreed by the multidisciplinary team and documented.

3.7.2 Teams will have a weekly MDT; these regular reviews aim to ensure that inpatients who are receiving on-going care from the Liaison Psychiatry team are discussed in more depth or reviewed by a consultant on a regular basis so that decisions about diagnosis, treatment and discharge planning are made.

3.8 Discharge

3.8.1 Patients will be discharged from Liaison Psychiatry when clinically appropriate.

3.8.2 At discharge, Liaison Psychiatry will ensure the following:

- General hospital staff, and where appropriate patients and carers, will be given a management plan which includes follow up options.
- A discharge letter will be sent to the patients GP and any other relevant agencies. These letters will usually be sent within 72 hours of discharge from the Psychiatric Liaison team.
- At the point of discharge each patient will receive an individualised discharge plan which includes an onward pathway. Examples of these pathways are outlined in Appendix 2.

3.9 Risk Management & Documentation

3.9.1 The Liaison Psychiatry team will keep records of patients seen within the Electronic Patient Records system of BSMHFT. Relevant clinical notes about consultation will be entered in the relevant clinical records of the Acute Hospital. Information sharing protocols are in place.

3.9.2 Normally, patients while under assessment under the Liaison Psychiatry team will not be subject to Care Program Approach unless they are also being managed by other secondary care psychiatric services.

3.9.3 The acute Trust environment provides its own challenges in terms of assessment and management of risks both in A&E, AMU and on acute wards. All staff are expected to complete the BSMHFT risk assessment training and adhere to the guidance included in the relevant Risk Management and Care Records policies. Staff should work with the Acute Trust to devise a cohesive risk management plan.

3.9.4 The team will assess risk of every patient seen by the team on an ongoing basis and liaise with appropriate services. Once risk is identified, the assessing clinician will manage risk by co-ordinating with the general hospital staff by drawing up an agreed plan for the time the patient remains in hospital. This may include level of observation, physical environment where patients are managed and contingency plans, including medication.

3.9.5 The team will liaise with local risk management team to develop protocols and plans to manage appropriate risk of patients.

3.9.6 All staff should consider and adhere to the BSMHFT *'Safeguarding Adults'* Policy as part of the risk management process.

3.10 Staff Safety

The Liaison Psychiatry team will follow BSMHFT's policies to ensure staffs' safety during their work at a general hospital. Staff will have access to appropriate, safe facilities for conducting assessments. Where staff feel a patient poses a significant risk, staff will utilize appropriate nursing or/and security staff from Acute hospital to ensure the safety of the patient, themselves, and the safety of others. Safety issues will be regularly reviewed in supervision. All critical incidents will be documented and reported in accordance with the Birmingham and Solihull Mental Health NHS Foundation Trust policies, and policies governing the acute hospital.

3.11 Working Environment

Within the general hospital, the Liaison Psychiatry staff will have access to the appropriate facilities for conducting psychiatric assessments. They will be provided with office space, and appropriate ICT support, for the completion of necessary documentation and administrative work and should have access to essential facilities including telephone, computer, and scanner. Staff will also have rooms provided which can be used for confidential discussions, including supervision.

3.12 Performance Management and Review

The Liaison Psychiatry Programme recognizes the importance of monitoring performance in order to identify areas of strengths and weakness and assist in future developments of the service. The Liaison Psychiatry teams will work with staff from acute hospital, service users, and carers, to collect data and feedback about the activity and quality of the service which they will report at least annually. The service will collect data about key performance indicators as required by BSMHFT, acute hospital trusts and other commissioning agencies. Staff working within the Liaison Psychiatry team will be encouraged to actively participate in audit and clinical governance. All data collected will be in accordance with the Data Protection Act.

3.13 Complaints

The Liaison Psychiatry Team will maintain and follow the complaints procedure in accordance with current policies and procedures of BMSHFT. Where appropriate, the Liaison Psychiatry team will liaise and provide information to acute hospital colleagues and complaints departments.

3.14 Disputes

Any disputes arising between Liaison Psychiatry and other services will be brought to the attention of the relevant managers of those teams. Any disputes not resolved by the relevant team manager will be brought to the attention of senior management within BSMHFT immediately via email. A record of such disputes will be kept by the team manager and discussed further if appropriate at interface meetings.

4. Reference documents

- BSMHFT Safeguarding Adults Policy (R&S 26, August 2018)

5. Appendices

5.1 Appendix 1: Equality Analysis Screening Form

Equality Analysis Screening Form

Title of Proposal	**Liaison Psychiatry SOP**		
Person Completing this proposal	XXXX	**Role or title**	**Operational Manager**
Division	**Acute & Urgent Care**	**Service Area**	**Acute & Urgent Care**
Date Started	**July 2021**	**Date completed**	**July 2021**
Main purpose and aims of the proposal and how it fits in with the wider strategic aims and objectives of the organisation.			
The purpose of the SOP is to set out the procedure for delivering the Liaison Psychiatry service in Acute (General) Hospitals in Birmingham & Solihull.			
Who will benefit from the proposal?			
Service users of Liaison Psychiatry services.			
Impacts on different Personal Protected Characteristics – *Helpful Questions:*			

Does this proposal promote equality of opportunity? *Eliminate discrimination?* *Eliminate harassment?* *Eliminate victimisation?*	*Promote good community relations?* *Promote positive attitudes towards disabled people?* *Consider more favourable treatment of disabled people?* *Promote involvement and consultation?* *Protect and promote human rights?*

Please click in the relevant impact box or leave blank if you feel there is no particular impact.				
Personal Protected Characteristic	**No/Minimum Impact**	**Negative Impact**	**Positive Impact**	**Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.**
Age	**X**			Service is for 16+ years. Alternative provision outside of Liaison Psychiatry services are provided for patients under 16.
Including children and people over 65 Is it easy for someone of any age to find out about your service or ac cess your proposal? Are you able to justify the legal or lawful reasons when your service excludes certain age groups				
Disability				

Including those with physical or sensory impairments, those with ning disabilities and those with mental health issues lear Do you currently monitor who has a disability so that you know how vell your service is being used by people with a disabilit /? Are you making reasonable adjustment to meet the needs of the f, service users, carers and families? staf				
Gender				
This can include male and female or someone who has completed t ıe gender reassignment process from one sex to anothe Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your proposal?				
Marriage or Civil Partnerships				
People who are in a Civil Partnerships must be treated equally to m rried couples on a wide range of legal matters Are the documents and information provided for your service reflecti ıg the appropriate terminology for marriage and civil partnerships?				
Pregnancy or Maternity				
This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and post n ıtal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect tion in to pregnancy and maternity? rela				
Race or Ethnicity				

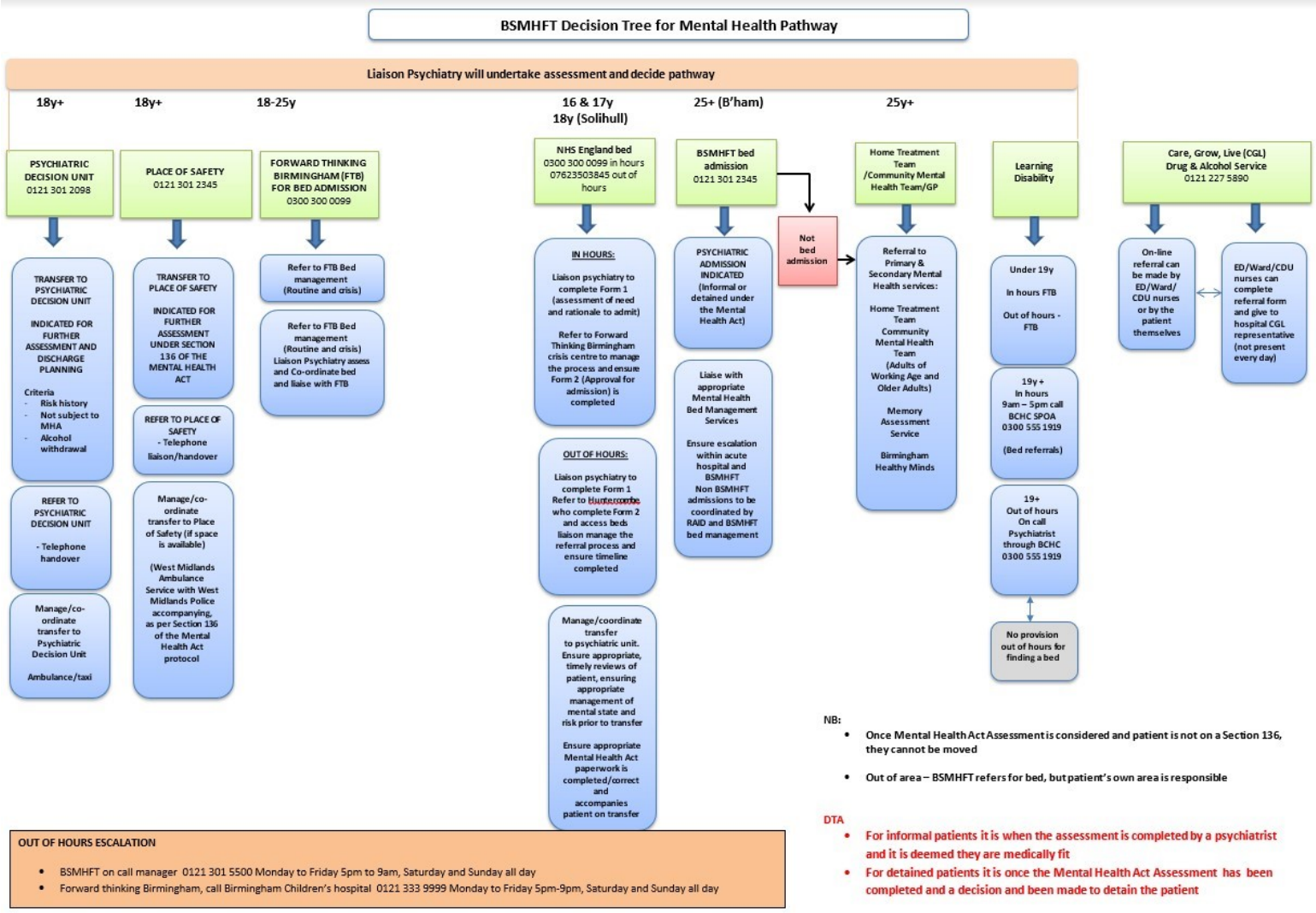
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
Religion or Belief				

Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
Sexual Orientation				
Including gay men, lesbians and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				
Transgender or Gender Reassignment				
This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your proposal or service?				
Human Rights				
Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				

If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)				
	Yes	**No**		
What do you consider the level of negative impact to be?	**High Impact**	**Medium Impact**	**Low Impact**	**No Impact**
				X

If the impact could be discriminatory in law, please contact the **Equality and Diversity Lead** immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required. If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the **Equality and Diversity Lead** before proceeding. If the proposal does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the **Equality and Diversity Lead.**
Action Planning:
How could you minimise or remove any negative impact identified even if this is of low significance?
No negative impact identified in this Screening assessment
How will any impact or planned actions be monitored and reviewed?
No action
How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.
Please save and keep one copy and then send a copy with a copy of the proposal to the Equality and Diversity Lead Bina Saini. The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis.

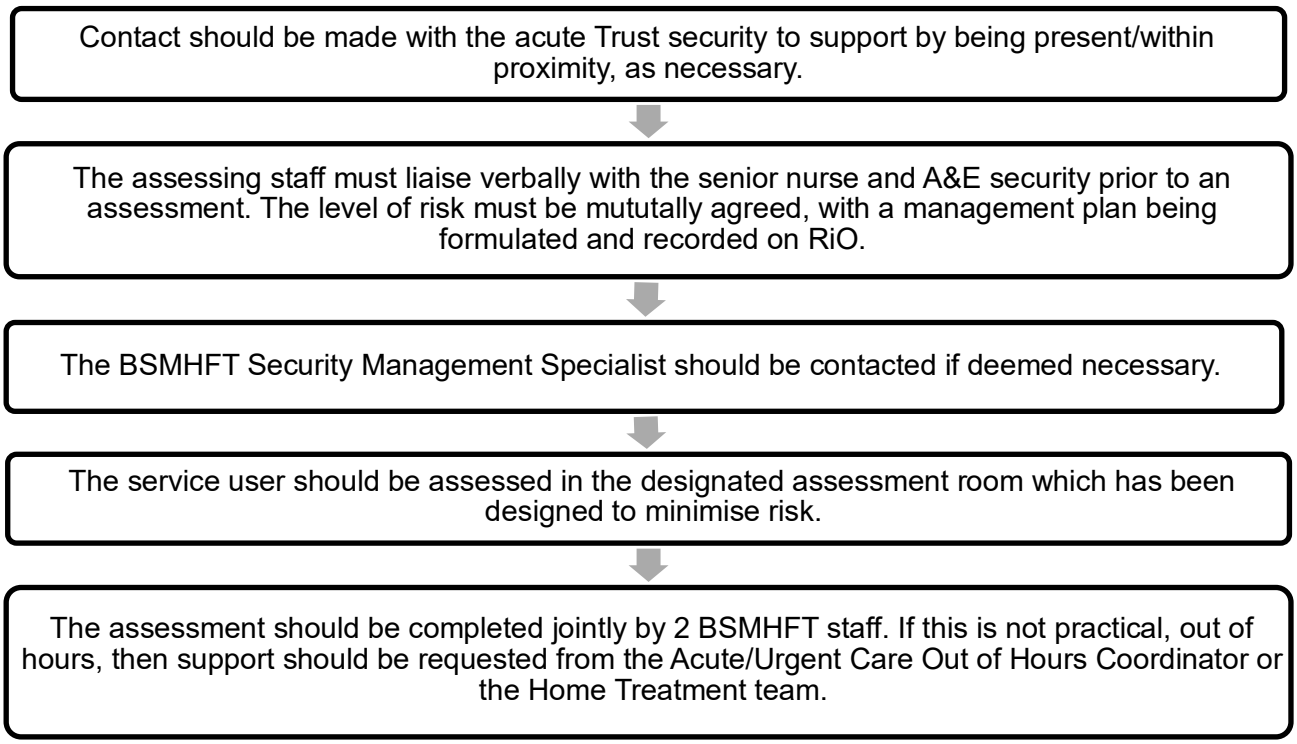
5.2 Appendix 2: Onward Pathways from Liaison Psychiatry



Appendix

5.3 3

Procedure for managing service users deeming to be high risk and arrangement for alerting acute colleagues



Guidance on frequency of observation and checks

1. If the service users are deemed high risk, then the negotiation with the Acute Trust should commence immediately to secure appropriate staffing to observe.

2. The service user should be informed of the arrangements and appropriate measures should be taken whilst additional staffing is secured when 1:1 observations are deemed necessary.

3. Liaison Psychiatry should review the observations as deemed clinically appropriate with detailed handover from observing staff and the updated plan should be recorded on Rio.

4. The responsibility for providing observations remains with the Acute Trust, but all appropriate clinical advice and support will be given by Liaison Psychiatry.

Appendix

5.4 4

Description of high-risk assessment room based within Acute Trusts

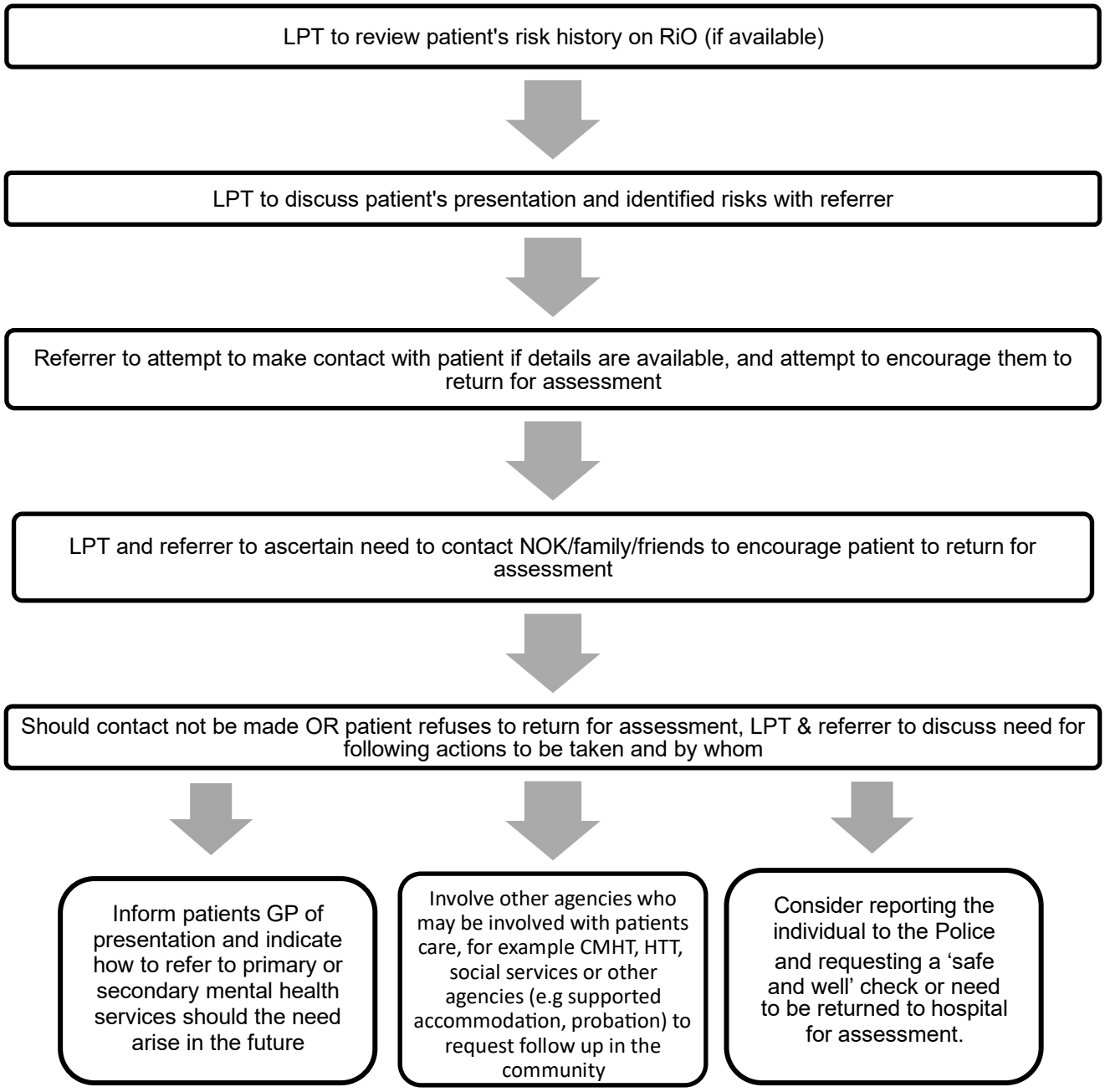
Whilst the responsibility for the provision of the high-risk assessment room sits with the Acute Trust, the elements of this should include the following:

- Situated in the A&E Department
- Two doors that have viewing panes, and are 2-way exit
- Panic alarm built into wall
- Room contains heavy set furniture
- No ligature points in the room
- Room has CCTV cameras installed with the monitor for this placed on the main desk beside the A&E Coordinator

Appendix 5.5 5

Guidelines for actions to be taken when individuals referred to Liaison Psychiatry leave the Acute hospital against the advice of their medical team or prior to the formulation of a discharge plan

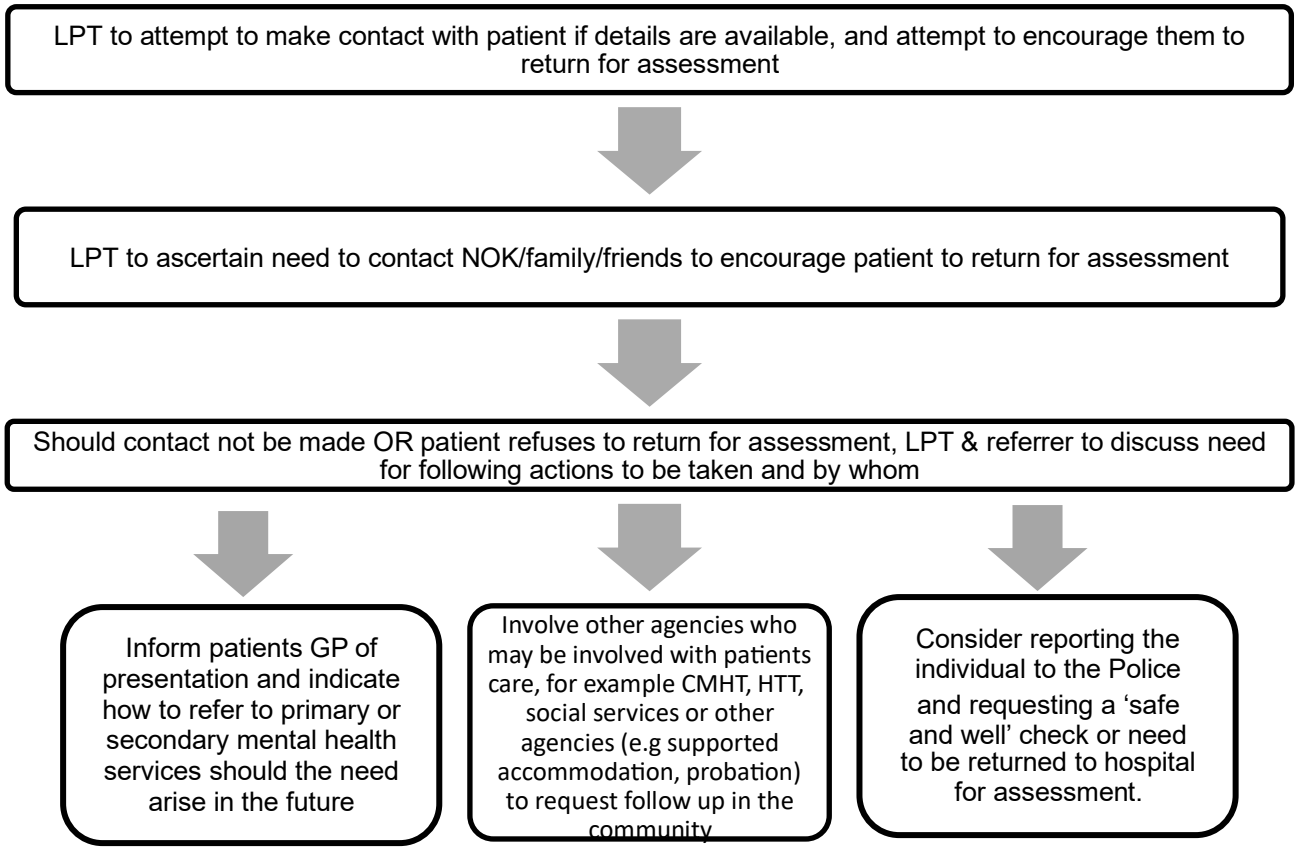
Each Acute trust will have their own guidelines regarding this and therefore managers need to confirm that this guidance compliments the guidance of the Acute trust.



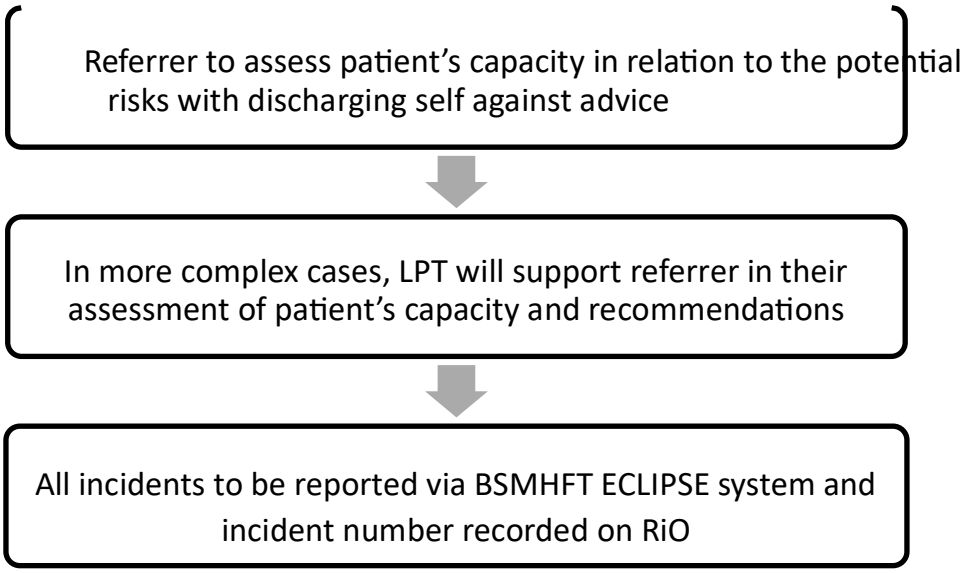
If patient leaves ED/ward prior to Liaison Psychiatry Team (LPT) assessment:

Appendix

If patient leaves ED/ward following LPT assessment but prior to formulation of safe discharge plan:



If patient requests to self-discharge either prior to or post assessment:



5.6 Appendix 6

Liaison Psychiatry and Perinatal community teams joint working:

LP will work closely with BSMHFT perinatal services. If a service user is currently under a community perinatal team and deemed not to require urgent/crisis response from services, then LP will ensure:

- That the appropriate perinatal team are informed of the woman giving birth (if not already aware).
- That the perinatal high risk care plan is referred to during the assessment process (located on RiO within Clinical Documentation - uploaded documents). • That the relevant team are informed of the service users' presentation, and any recommendations made regarding future care.
- That a referral to SS is completed if deemed appropriate:

Sandwell and West Birmingham GP	bsmhft.perinatal.swb@nhs.net	0121 301 6184
Sutton, North/East Birmingham GP	bsmhft.perinataleast@nhs.net	0121 301 0990
South and Central Birmingham and Solihull GP	bsmhft.perinatalmhbwh@nhs.net	0121 335 8117
Solihull GP	bsmhft.perinatal.solihull@nhs.net	0121 301 5867

Urgent/crisis presentation for women within the perinatal period:

For service users presenting with crisis/urgent presentation, or for service users known to perinatal teams that present out of hours, LP can approach the Perinatal Outreach service to make a direct referral or request management advice/support.

The Birmingham MBU Outreach Service, as a prescribed component of the Specialist Perinatal Services, functions to ensure women in the perinatal period who are vulnerable to needing admission to hospital or are vulnerable to admission and therefore require a rapid response from urgent care services, are provided with specialist perinatal expertise, either via direct assessment or, if not possible prompt specialist advice to non-perinatal mental health services.

Referral Criteria:

The MBU Outreach Service accepts referrals for mothers and expectant mothers who would benefit from an admission to a MBU (Mother & Baby Unit) and includes women:

- From 32 weeks pregnant up to 12 months postnatal (referrals received beyond 9 months will require special consideration as to the benefit of an MBU admission).
- Experiencing (or at very high risk of developing) an acute and severe mental illness in the perinatal period which cannot be safely supported by existing local services with the following conditions: ○ Postpartum psychosis
    - Bipolar affective disorder
    - Schizoaffective disorder/ other psychosis ○ Severe depressive/anxiety disorder
    - Severe bonding or attachment difficulties with baby secondary to maternal perinatal mental illness.
- Young women aged between 16 and 18, if there is significant perinatal mental illness and they are likely to be the principal carer of the baby.
- Women discharged from an MBU or when an MBU would have been appropriate, but a bed was not available.
- Women who are pregnant, or in the first 12 months postnatal who require assessment and/or treatment by a general urgent care services (Adult inpatient unit, psychiatric liaison, or crisis home treatment) but are not suitable for an MBU. For example:
    - Are less than 32 weeks gestation ○ Where an MBU bed is not available
    - Are not going to be the primary carer for their baby, once born or where the baby is going to be removed by SS at birth. The MBU Outreach Team would assist in ensuring a robust management plan was in place for the remainder of the pregnancy and for the birth if a Perinatal CMHT was not already involved.
    - Their presenting risks are of a nature that make MBU admission unsafe (i.e., women admitted to acute or PICU)
    - Have not consented (or where another individual with parental consent has not consented to MBU admission) ***MBU Outreach Triage:***

If a referral is accepted, the Duty Perinatal Outreach Practitioner will triage and identify the appropriate pathway based on the urgency:

Emergency	Urgent	Non-urgent

Assessment by a mental health professional within 4 hours. Where possible this may be conducted jointly with a member of the MBU Outreach Team and may if needed take place by video link in collaboration with psychiatric liaison. The MBU Outreach Team would support with identifying a MBU bed be that in Birmingham or the wider region. Available MBU beds nationally can be found on nhswebeds.co.uk	Assessment by a mental health professional by the end of the next working day.	This will be redirected to the appropriate specialist perinatal community team

NB: Initial Assessment should be conducted in line with Liaison Psychiatry expectations, and not delayed whilst awaiting support from perinatal outreach. The MBU Outreach Team is in addition to Liaison Psychiatry and not instead of. Medical responsibility remains with the LP team whilst the service user is in a general hospital setting.

Contact:

The Perinatal Outreach team can be contacted 7 days a week 9am-9pm to discuss referral and/or request advice on 0121 301 2237 OR bsmhft.barberry.perinatal@nhs.net

Outside these hours if a MBU bed is required call the MBU on 0121 301 2190.

5.7 Appendix 7: Flowchart detailing how Social Recovery Workers work within Liaison Psychiatry