

MEDICAL STAFF HANDBOOK

Mental Health Services within the Southern Health and Social Care Trust

Updated December 2021

Overview

This handbook was originally developed by staff in 2004, revised in 2012 and 2018 and updated in 2021. It is hoped this will provide a useful resource for Junior doctors working in psychiatry within the Southern Trust.

Contents

Overview of psychiatry services within the Southern Trust	4
The role of the F2/GP/Core trainee within the Southern Trust <ul style="list-style-type: none">• The team• The duty doctor• The F2/GP/Core trainee rota: The long day and the 24 hour partial shift• On call duties• Psychiatric liaison<ul style="list-style-type: none">○ Alcohol and liaison○ CAMHS liaison○ ID Liaison	7
The mental health order	14
Leave arrangements	15
Education	16
Contact Numbers	18
Personal Safety	21
Appendices: <ul style="list-style-type: none">• Mental health assessment form• Mental health reassessment form• Risk assessment• Folstein Mini mental state examination• Forms 5 and 7	

Overview of Psychiatric Services within the Southern Trust

INPATIENT SERVICES

Bluestone: Inpatient treatment is provided for those who have severe mental health problems requiring intensive treatment that cannot be provided in the community setting. Inpatient services are provided at the Bluestone Unit, Craigavon Area Hospital. Bluestone opened in 2007 and consists of four wards. Patients are assigned to one of the four wards usually based on address and age.

- Bronte – Craigavon and Banbridge
- Silverwood – Armagh and Dungannon
- Cloughmore – Newry and Mourne
- Willows – over 65 year olds
- Dorsy Unit – Learning disability inpatient unit
- Rosebrook - PICU

St Luke's Hospital Site: There are a number of outpatient/ community facilities still based on the St Luke's site but only one inpatient unit, Mullinure Health and Wellbeing Centre houses the **Gillis dementia assessment unit**.

COMMUNITY SERVICES

Unscheduled Care:

The Crisis Response Home Treatment Team provides intensive home treatment and high level support to adults experiencing severe mental health problems who would otherwise have no option but to be admitted to hospital. There are three teams covering three different localities; Newry and Mourne, Armagh and Dungannon and Craigavon and Banbridge. The teams provide Crisis Response and Home Treatment services from 9am – 9pm 7 days a week and Crisis Response services/ED liaison from 9pm-9am (from early Jan 2022 the Liaison team are covering ED 24/7). Home treatment are also the gatekeepers for admissions to Bluestone.

The Psychiatry Liaison team (Integrated Liaison) focuses on the interface between general acute care and psychiatric departments, to address the psychological needs and their impact on the physical health of the acute hospital patients. The core team work 9am-1am 7 days a week on both the Craigavon Area Hospital and Daisy Hill Hospital sites. Trainees gain experience in Liaison via the Long day shift which is 5pm-9pm weekdays and 9am-9pm weekends/BH. From January 2022 the Liaison team will be 24 hours a day. ILS are based on the admin floor in the main Craigavon Area Hospital, accessed via the main CAH entrance and going up the stairs in the left of the atrium. The code to get in is 1,3,5. The Liaison team has some provision for follow up clinics – if referrals need to be made into these please discuss directly with the team.

Primary Mental Healthcare:

Primary Mental Health Care Services provide out-patient care for a range of psychiatric illnesses for a time limited period. There are three teams geographically located in Newry and Mourne, Armagh and Dungannon and Craigavon and Banbridge. Each team is multidisciplinary, including a Consultant Psychiatrist, and offers a range of interventions including brief psychological interventions, CBT and medication management. The majority of patients will be suffering from mild to moderate, non-complex mental illnesses such as anxiety disorders and depression. Patients seen in this setting with ongoing mental health difficulties may graduate to support and recovery services after a period of assessment and treatment. They operate from 9.00am - 5.00pm (Monday to Friday).

Support and Recovery Services:

Support and Recovery (S&R) Services provide out-patient care for more chronic, complex and/ or severe mental health problems. These patients mostly have a diagnosis of severe and enduring mental illness such as Bipolar affective disorder, Schizophrenia or Severe Depression. S&R can provide for those patients with mental health needs requiring intensive long term inputs often involving multiple services. Each team is multidisciplinary, including a Consultant Psychiatrist. They operate from 9am-5pm Monday to Friday. Patients known to support and recovery

teams presenting in crisis during working hours should be referred to their own team in the first instance.

Addictions services:

The Community Addictions Team provides services for both drug and alcohol addictions including substitute prescribing for opiates, on an outpatient basis. Community addictions services can be accessed via referral through the Mental Health Booking centre. Inpatient addiction beds are now accessed via the CAT and are based in the SE, Northern and Western Trusts.

Specialist services:

Primary mental health and Support and Recovery teams co-ordinate referrals to specialist services. These include the Eating Disorders Service, Clinical Psychology, Resource centres, Personality Disorders Service and Forensic Services. These are available Monday to Friday 9.00am to 5.00pm.

CAMHS:

The Child and Adolescent Mental Health Service (CAMHS) provides assessment and treatment to young people up to 18 years of age regardless of educational status.

They work in the three localities in the Southern Trust, based in Bocumbra (C&B), Daisy Hill Hospital (Newry) and South Tyrone Hospital (Dungannon).

Under 18 year olds referred from any part of the healthcare system are seen by the CAMHS service – including those referred via the Emergency department.

Intellectual Disability:

The Intellectual disability team offer both inpatient and outpatient treatment. The inpatient unit is based in Dorsy, Bluestone site. Many of the patients have co-morbid physical health problems and may present the duty doctors with medical difficulties when on-call.

Role of an F2/GP/CORE TRAINEE in Mental Health within the Southern Trust

F2/GP/Core trainees are attached to a consultant. Work patterns vary including inpatient work, outpatient work and community work. Out of hours, F2/GP/Core trainees are expected to cover either a long day shift in for Liaison or 24hr partial shift for St Luke's and Bluestone wards. F2/GP/Core trainees will also cover a rolling rota for a 9 – 5 ward cover in Bluestone (duty doctor) and ECT.

Team Responsibilities: Where possible admissions, physical examinations and investigations should be done by the patients own team. Because of the multi-site way of working this is not always practical, however routine bloods, non-urgent medical queries, work ups for ECT etc should be carried out by the team F2/GP/Core trainee. If urgent investigations have been ordered then it is the responsibility of the team F2/GP/Core trainee to either check the results themselves or handover this task to the duty doctor.

Please avoid leaving your work for others if possible.

Outpatient Clinics: F2/GP/Core trainees will often undertake supervised outpatient clinics. A letter should be dictated for every patient following attendance at clinic to the GP and any other relevant health care professional (medical consultant, CPN). Medication changes are relayed to the GP via hand written script pads – these should be available in clinic rooms. Dictation is now via G2 digital dictation software – your consultant's secretary can book you training for this.

ECT – Tuesday and Friday morning: All psychiatry F2/GP/Core trainees are part of the ECT rota at Bluestone. F2/GP/Core trainees can provide emergency medical cover if needed in the ECT setting. They will have the opportunity to gain exposure and experience first-hand of ECT. The rota can be found in the junior doctor's office in the out-patient area (code 2 + 4 together and 3) and is also available from Dr Connolly's secretary.

Child protection: All health professionals should remain vigilant to any possible risk posed to any children. This could include children in contact with a patient that is being assessed as a liaison in the ED or on the ward. A UNOCINI should be completed as appropriate.

Level of ward observation

The level of observation is decided on admission and may vary throughout a patient's stay. Patients are usually assigned to 'general observations' which is a check every 15 minutes. If patients are thought to be at a higher risk for whatever reason, then special observations can be considered this can be one or two members of staff staying near the patient at any one time. These decisions are best taken together with nursing staff and the patient's own medical team.

The 'Duty doctor' – Bleep 1278

The purpose of naming a duty Doctor is to ensure there is a doctor available from 9am – 5pm for urgent ward duties. This may include reviewing patients who are acutely agitated or physically unwell. At 5pm, this bleep is handed over to the F2/GP/Core trainee covering the overnight shift in Bluestone. St Lukes cover during the working day is provided by a Speciality Doctor, her leave is covered by the trainees working in POA.

Non urgent ward work should be carried out by a patient's own medical team.

There is a duty bleep rota for the unit. **TO BE SUPPLIED AT INDUCTION**

The F2/GP/Core trainee out of hours rota

There are two rotas coexisting. F2/GP/Core trainees cover 'long days' at Bluestone and a 24 hr partial shift (see below for details).

The long day

Long day – 9am-9pm. This shift, during a week day runs 5-9pm with the day time work staying within your own team and at the weekends this shift is 9am-9pm. It is expected that you join the Liaison team on the admin floor, above reception in CAH, to gain experience in Liaison. Please ensure that you take a break during this shift and finish at 9! If it is quiet in Liaison and very busy in Bluestone then it is understood that you may have to leave ILS and help out on the wards. Natural breaks for a full shift rota mean that you should have 30 minutes for each 4 hours worked.

Comment [TR1]: the admin floor, above reception in CAH, at 5pm

The 'On-call' shift

This shift, during the week starts at 5pm and at the weekend 9am. This is for ward cover across the Bluestone site and Gillis Memory Centre in Armagh. Natural breaks should be taken every 4 hours during the day. It is expected that you get 6 hours total rest in the 24 hours, with 4 hours continuous rest between 10pm and 8am. To achieve this it is expected that the only work done after 9pm is emergency ward work!

Comment [TR2]: Add: On Saturday and Sunday, you will work with ILS from 9am to 9pm. The same principles apply to breaks. There is also the same understanding that if ILS is not busy but you are required to assist your colleague on Bluestone, you can leave to do this.

Comment [TR3]: Make sure to include cover Bluestone and Gillis

Comment [TR4]: done

At 9pm, the duty doctor should hand the bleep to the night co-ordinator, who will triage any bleeps overnight.

At this time, the duty doctor should visit or call all wards, to check if there are outstanding duties. It is not expected that routine work be completed after 9pm, this includes voluntary admissions, even if the patient arrived in the unit before 9pm. However, if specific medical tasks are required (kardex, review NEWS) this should be completed.

Once the bleep has been handed over, please ensure the Nurse in charge knows how to contact you i.e. by the on-call room phone/ mobile etc.

Comment [TR5]: Be more prescriptive – you're too nice:
At 9pm, the duty doctor should hand the bleep to the night co-ordinator, who will triage any bleeps overnight.
At this time, the duty doctor should visit or call all wards, to check if there are outstanding duties. It is not expected that routine work be completed after 9pm, this includes voluntary admissions, even if the patient arrived in the unit before 9pm. However, if specific medical tasks are required (kardex, review NEWS) this should be completed.
Once the duty bleep... as is

Reasons to be contacted after 9pm

- Medical emergencies: acutely unwell patient requiring urgent or emergency medical attention
- Critical medication prescription e.g. clozapine, insulin
- Acutely agitated patient requiring rapid tranquilisation/ restraint
- Detained admission
- Patient requiring review under MHO (consider use of Form 6)

Following an **overnight** shift you are off from 9am the next day – **any clinics or other commitments must be cancelled/ swapped with advance notice.**

NB The shift ends at 9am!!

Handover

Good practice would indicate an appropriate handover at the start and end of shifts is essential.

Any medical issues/ ward issues should be made known to the nurse in charge overnight on bleep 1377. For the on-call shift as the hospitals are based across numerous sites, handover can be done via telephone contact i.e. at 5pm and 9pm on a weekday and 9am at the weekends, in recent rotations a WhatsApp group has been used to help communicate. Any communications must not include identifiable patient details.

On call accommodation

This is a voluntary residential rota and therefore you can leave the hospital site if not required. If leaving please inform the Bleep holder on 1377 and explain how they can contact you – i.e. mobile/ land line.

F2/GP/Core trainees should be within **20 minutes** of **St Luke's hospital** when on-call (from 5pm – 9am on a week day and 9am Saturday morning to 9am on a Monday morning).

If you live further away on-call accommodation is available on both sites.

The accommodation on the St Luke's site is in the Nurses Home. Keys to this accommodation can be picked up from Gillis.

The accommodation in the Bluestone unit is down the Support services corridor - where the tea room is. The code for the door is 2 and 4 together and then 3.

Likely duties on-call

- Psychiatric admissions – patients who come to the unit before 9pm should be clerked in by the F2/GP/Core trainee. However, if the work load does not permit all admissions to be completed before 9 it is anticipated that the patients most in need of medical input be prioritised. Please don't start voluntary admissions at 10pm just because they got to the unit at 8!
- Medical problems – acute medical issues should be dealt with on-call – routine or chronic issues can be left for the patients own team to address.
- Urgent psychiatric problems – e.g. acute agitation, patients wishing to leave CTMA, concerns about mental state
- Psychiatric liaisons - Patients who present to the ED with acute mental health difficulties are referred to the psychiatric liaison service for psychosocial assessment. During normal working hours (Monday to Friday), these patients are seen by members of the psychiatric liaison team within Craigavon and Daisy Hill hospital. In CAH, on a weekday, from 5pm to 9pm the F2/GP/Core trainee covering the Long day in Bluestone assists with these assessments. Following assessment, patients are either discharged from the ED, with signposting or onward referral where appropriate, or discussed with the Home Treatment Team if admission is considered. Appropriate emergency contacts should be given to the patient including various voluntary organisations.

If one doctor is very busy and the other quiet it is expected that you help one another out.

2nd on-call/ Consultant on-call

There is a full 2nd on-call (Reg) rota and Consultant rota. If you have any concerns/ queries contact the Reg in the first instance via Switch board. You can see who is on via Rota watch on the trust home page.

PARIS

The computerised notes system, PARIS, has now been implemented in all service areas. In the inpatient wards and for liaison all assessments and case notes are computerised, there is still some cross over with paper notes in outpatients. Training and log ins will be provided at induction.

DSH Assessments and Liaisons

During the working week the Liaison team take all referrals. At weekends one of the Liaison practitioners will be on-site and will assess referrals with the help of the F2/GP/Core trainee on the long day.

For each patient seen you will complete an assessment/ risk assessment/ case note and audit form. A letter can be generated from your assessment for GP etc.

Training on PARIS will run through this and the processes will be discussed at induction.

CAMHS Liaison

If a patient under 18 years presents to the ED requiring a mental health assessment, they are referred to the CAMHS service. The CAMHS team operate an assessment service into the acute hospital 7 days per week but currently only between 9am and 5pm. This often means that those under 18 are admitted to a medical ward or short stay unit overnight so they can be assessed by a member of the CAMHS team the following morning.

Adult mental health services do not assess patients under 18 years. There is an agreed protocol with the acute hospital that advice can be sought from Adult mental health services if an under 18 year old presents as seriously mentally ill and psychiatric admission is warranted.

Very occasionally patients under 18 are admitted to an adult mental health bed in the Bluestone unit when no bed is available in Beechcroft (the regional CAMHS inpatient unit). If this occurs it is deemed as a serious adverse incident. They are reviewed by the CAMHS consultant on the adult ward.

ID Liaison

Any patient open to Intellectual Disability Services within the southern trust who requires a liaison assessment should be referred to the Intellectual Disability Crisis team.

The Mental Health Order

Patients are admitted either on a voluntary basis or detained. The Mental Health (NI) Order 1986 makes provision for the detention, guardianship or care and treatment of patients suffering from "mental disorder".

To detain a patient they must meet two criteria:

1. They must be suffering from a Mental disorder of a nature or degree which warrants detention in hospital for assessment (which may be followed by medical treatment)

But NOT solely Personality disorder, Promiscuity or immoral conduct
Sexual deviation, Drug alcohol misuse

AND

2. Failure to so detain the patient would create a substantial likelihood of serious physical harm to themselves or others. This includes the risk of self-harm and risk of self-neglect, aggression and violence.

Detention from the community requires a medical recommendation (preferably patients own GP) and a recommendation made by the patients advocate – usually an Approved Social Worker but could be the Nearest Relative. The 'community' includes the Emergency department and out-patients.

On admission to the ward, the patient has to be assessed by a psychiatrist, often the duty F2/GP/Core trainee and if the detention is deemed appropriate, then a form 7 is signed.

Any voluntary patient already admitted to Bluestone who wishes to leave (CTMA) needs to be assessed by a duty F2/GP/Core trainee. If the patient is felt to be a risk to themselves or others because of a mental disorder then a form 5 is completed. This gives 48 hours for the rest of the detention process to be completed i.e. review by the patients GP and an ASW to assess the need for detention.

Copies of forms 5 and 7 are in the appendices.

For more information and flow charts see: <http://www.gain-ni.org/flowcharts/>

Leave Arrangements

Annual/ study leave

F2/GP/Core trainees should discuss any annual/study leave this with their own team first to ensure appropriate medical cover exists within the team and if appropriate, allow time for clinics to be modified (clinics can be booked up to 6 weeks in advance). The availability of other trainees within Bluestone should also be considered, to ensure safe levels of cover, particularly around popular times such as Christmas.

Once leave is approved within the team, an annual leave approval form can be sought from the secretary's office in the Bluestone unit. Once completed, these are forwarded to Dr Minay's secretary for confirmation of leave approval.

Please ensure that any on-calls/ long shifts are swapped out of for the duration of your leave and that any duty bleep sessions/ ECT sessions are also covered.

Sick leave

As per the terms of employment for junior doctors F2/GP/Core trainees are expected to cover the first three days of fellow F2/GP/Core trainee's sick leave, after which time the shifts will be available to cover for locum pay.

If you are off sick please let us know ASAP and inform your team secretary and consultant of any other responsibilities you have i.e. duty bleep/ ECT/ on-call.

Education/ CPD

Clinical Supervision

All trainees have a clinical supervisor – their consultant. As well as being responsible for completing the majority of work place based assessments 1 hour per week should be set aside for supervision. This supervision session should cover a wide range of topics and not be used solely for clinical case discussion.

Educational Supervision

Psychiatry trainees will be allocated to an educational supervisor. It is expected that you will meet with them 2-3 times during your attachment to set educational goals and assess progress through training.

GP/F2 trainees continue to receive educational supervision from their existing supervisor.

MRCPsych Lectures/ Psychotherapy training

A programme of lectures takes place on a Wednesday during term time in Belfast for the Psychiatry trainees. Attendance at these is expected except when on-call/ on leave.

Diploma of Mental Health

Queens runs a diploma in mental health with courses starting promptly in September and February. Any trainees are welcome to apply for this and encouraged to do so. Lectures for this are within Queens and run on a Wednesday afternoon.

<https://www.qub.ac.uk/courses/postgraduate-taught/mental-health-pgdip/>

Academic teaching programme

Weekly teaching takes place on Friday afternoon from 2pm in the Bluestone unit Conference room for all medical staff working within psychiatry in the trust (currently via Zoom). Teaching usually includes case presentations, journal club and audit meetings. A rolling rota exists for each medical team in the trust to present at the teaching. Multidisciplinary meetings replace the weekly slot every 4 weeks these are usually held in the MEC CAH at 2.15pm (again currently via Zoom).

Balint Group

“Perhaps the essence of Balint Groups has always been to share experiences and enable people to observe and rethink aspects of their relationships with patients and their work as doctors.”

Enid Balint (1992) The Doctor, the Patient and the Group

Dr Thornbury and Dr Bannon run a Balint group on Friday mornings most weeks at 9.30-10.30am in the Conference room, Bluestone. All trainees are welcome to attend. Dates TBC.

Royal College of Psychiatrists

The local division of RCPsych holds regular educational events for psychiatry trainees. There are also many educational resources on the RCPsych website, including free CPD modules. All psychiatry trainees will be Pre-membership Psychiatric Trainees. Foundation trainees may register as Foundation Doctor Associates of the college, free of charge.

Southern Health & Social Care Trust Area Contact Numbers

Bleep numbers	Dial 8 wait for advice, then bleep number followed by #, then extension and #, dial 2 and hang up
Bluestone Bed Manager	1377/ 07799629439
F2/GP/Core trainee Bleep	Ward/Duty Bleep 1278 Liaison1208
Liaison Bleep	CAH 1208 DHH 4550
Pharmacy Bleep	1760
Medical Referral	Reg 1858
Radiology	1365, ext 60140
Porters (Bluestone)	1338

Hospitals	Telephone
Craigavon Area Hospital	028 3833 4444 – internal from Bluestone 3900
Daisy Hill Hospital	028 3083 5000
Bluestone Unit – Acute Psychiatry	028 37567600 – internal from bluestone 67600

Wards Bluestone/SLH	Telephone
Bronte	028 37567630 Ext 67630 / 67631
Cloughmore	028 37567635 Ext 67635
Silverwood	028 37567645 Ext 67645 / 67646
Willows	028 37567640 Ext 67640 / 67641
Rosebrook	Ext 61607/ 67663
Dorsy	Ext 67690 / 67691
Gillis	Ext 65262/65259

If phoning from outside line – call 028 375 followed by 5 digit extension number

Other numbers on intranet:

<http://vsrintranet.southerntrust.local/SHSCT/phonebook/phonebook.htm>

Numbers can also be accessed via the Induction App

<https://inductionhealthcare.com/switch/>

Useful Numbers	Telephone
GP Out of Hours service	028 3839 9201
Crisis Response/ Home Treatment Team	C+B 02838311722/ 07990136844 A+D 02837414501/ 07990136851 N+M 02830257984/ 07990137969
Liaison Psychiatry CAH (Mon-Fri 9-5)	028 37566460 Ext 66460
Liaison Psychiatry DHH (Mon-Fri 9-5)	028 37562589 Ext 62589 / 62585
Booking centre (single point of referral)	028 37563430

Community Mental Health Teams	
There are four Adult Mental Health Teams covering different areas across the Trust. These teams provide a service from 9.00am - 5.00pm Monday to Friday.	
Craigavon/ Banbridge CMHT	028 3834 7537
Armagh CMHT	028 3752 7776
Dungannon CMHT	028 8772 2821
Newry/ Mourne CMHT	028 3083 5026

Child & Adolescent Mental Health Services	
These teams provide a service for under 18s with mental health concerns. Hours of service are 9.00am - 5.00pm Monday to Friday.	
Craigavon/ Banbridge	028 3839 2112
Armagh/ Dungannon	028 8771 3494
Newry/ Mourne	028 3083 5400

Specialist Mental Health Services	
Addiction Services All referrals come via Single Point of Referral	028 3741 2409
Eating Disorder Service All referrals come via Primary Mental Health or Support and Recovery Services	028 3831 1741

Hospital Social Work Teams	
Craigavon Area Hospital via Craigavon Area Switchboard	028 3833 4444
Daisy Hill Hospital via Craigavon Area Switchboard	028 3833 4444
Out of Hours Emergency Social Work Service	028 3833 4444

Gateway Teams	Telephone
Craigavon/ Banbridge	028 3834 3011
Armagh/ Dungannon	028 8772 2821
Newry/ Mourne	028 3082 5000
Out of Hours Emergency Service	028 3833 4444
Gateway service Freephone	0800 783 7745

Labs	Telephone
In hours-reception	Ext 60841
Microbiology	Ext 60848
Biochemistry	Ext 60846
Haematology	Ext 60847
OOH	Contact via switchboard 3900

Ordering imaging

- All x rays and scans are requested through NIECR – go to orders tab and follow steps

Personal Safety

Consider your own safety before every patient contact and ensure:

- Appropriate seating arrangements i.e. arrange to sit closest to the door
- Remove potential projectiles
- Be aware of the location of the emergency call button – if not in the room consider getting an attack alarm
- Always consider if you need another member of staff to accompany you

In the Emergency department if you feel in any way threatened or uncomfortable in the company of a patient consider asking for security to be called. Sometimes you will be directed to rooms a distance away from the main ED to see patients – if you feel this is inappropriate stay put!!

On the St Lukes site whilst in the grounds travelling between wards take an attack alarm with you if you are concerned – Rape alarms that give out a very loud noise are available from Noleen Campbell – she is based in the Staff Services corridor (near the conference room).

The trust has a lone worker policy available on the intranet. If you have any concerns travelling between sites/ to see patients/ around St Lukes – let someone know where you are going, let them know when you get there and when you are leaving.