



<b>POLICY INFORMATION (Policy no CS038)</b>	
<b>Subject</b>	<b>Mental Health Policy</b> <i>(This policy is non-contractual and is subject to periodic review and will be amended according to service development needs).</i>
<b>Applicable to</b>	All care staff of Nottinghamshire Hospice
<b>Target Audience</b>	Others such as agents, consultants and other representatives of Nottinghamshire Hospice may be required to comply with the policy as a condition of appointment.
<b>Date issued</b>	15 October 2024
<b>Next review date</b>	15 October 2025
<b>Lead responsible for Policy</b>	Director of Care
<b>Policy written by</b>	Governance Lead
<b>Notified to (when)</b>	Quality and Safety Committee 15 Oct 2024
<b>Authorised by (when)</b>	Quality and Safety Committee 15 Oct 2024
<b>CQC Standard if applicable</b>	
<b>Links to other Hospice Policies</b>	Suicide and Self-harm Policy CS035
<b>Links to external policies</b>	
<b>Summary</b>	This policy focuses on patients 'mental health. It provides guidance for staff on what mental health issues they may come across and who to refer the patient to for additional support.
<b>This policy replaces</b>	N/A

### **IMPORTANT NOTICE**

Staff should refer to the Hospice Intranet for the most up to date Policy. If the review date has passed it is still valid for 3 months. After that staff should seek advice from their clinical lead or manager.

<b>VERSION CONTROL</b>		
<b>Status</b>	<b>Date</b>	<b>Review date</b>
Original policy written by Governance Lead	August 2024	
Policy reviewed by Care Leadership Team	August 2024	
Policy notified to Quality and Safety Committee	<b>15 Oct 2024</b>	
Policy authorised by Quality and Safety Committee	<b>15 Oct 2024</b>	<b>15 Oct 2025</b>
Updated control sheet and published on Intranet	<b>Oct 2024</b>	

<b>INDEX</b>		
<b>Section</b>	<b>Contents Title</b>	<b>Page</b>
<b>1.</b>	Introduction	4
<b>2.</b>	Policy Statement	5
<b>3.</b>	Scope	5
<b>4.</b>	Responsibilities	5
<b>5.</b>	Supporting Adults with Mental Health Issues	5
<b>6.</b>	Support for Patients and Carers	6
<b>7.</b>	Bereavement	7
<b>8.</b>	Training	8
<b>9.</b>	Actions/Referrals	10
<b>10.</b>	Equality Impact Assessment (EIA)	10
<b>11.</b>	References	10

<b>APPENDICES</b>		
<b>Appendix</b>	<b>Appendix Title</b>	<b>Page</b>
<b>1.</b>	<b>UK Mental Health Triage Scale</b>	11
<b>2.</b>	<b>Contact/Referral Information</b>	12

## 1. Introduction

Mental illnesses are common, with 1 in 6 adults reporting a common mental health disorder (1.) such as anxiety, and there are close to 551,000 people in England with more severe mental illness (SMI) such as schizophrenia or bipolar disorder (2.).

Promoting good mental health can impact on physical health and many other aspects of people's lives.

Anyone can experience mental ill-health but some groups are more likely to be affected. See examples below:

- People who identify as LGBTQIA+ are between 2–3 times more likely than heterosexual people to report having a mental health problem in England (3).
- 23% of Black or Black British people will experience a common mental health problem in their lifetime compared to 17% of White British people (4).
- Over a quarter (26%) of young women aged between 16–24 years old experience common mental illnesses compared to 17% of adults
- Around 40% of people in England who experience multiple problems such as homelessness, substance misuse and contact with the criminal justice system also have a mental illness (5). (This is sometimes called facing 'multiple disadvantage'.)

Those with diagnosed mental illnesses tend to die earlier and are more likely to develop terminal and chronic illnesses. They tend to suffer from isolation and loneliness which increases the likelihood of mortality by 26%, poor diet and exercise which increases the likelihood of heart and lung problems, and an increase in impulsivity which can increase the likelihood of substance misuse and resulting long-term health problems such as cancer.

<p><b>2.</b></p>	<p><b>Policy Statement</b></p> <p>This Policy provides guidance to care staff on mental health conditions they may encounter in patients and what to do in these circumstances.</p>
<p><b>3.</b></p>	<p><b>Scope</b></p> <p>This Policy is for all Care Staff.</p>
<p><b>4.</b></p>	<p><b>Responsibilities</b></p> <p><b>Director of Care</b></p> <p>To ensure that staff are aware of the policy and their responsibilities.</p> <p><b>Leadership Team</b></p> <p>To ensure staff are following the policy, attending appropriate training and recording and reporting identified risks.</p> <p><b>Staff</b></p> <p>To follow the guidance in this policy, attend appropriate training and to ensure they record and report all risks in a timely manner.</p>
<p><b>5.</b></p>	<p><b>Supporting Adults with Mental Health Issues</b></p> <p>Staff can provide advice and support to people of all ages (presenting with any issue) and work to:</p> <ul style="list-style-type: none"> <li>• meet the patient’s mental health and wellbeing needs</li> <li>• help identify those at risk of poor mental health</li> <li>• help to reduce the risk of mental illnesses developing or worsening</li> <li>• help reduce the risk of suicide</li> </ul> <p>When working with patients who have existing mental health issues, staff can:</p> <ul style="list-style-type: none"> <li>• ensure their physical health needs are met</li> <li>• support their social needs</li> </ul> <p>They can also:</p> <ul style="list-style-type: none"> <li>• take every opportunity to have conversations with people about making positive changes</li> <li>• incorporate psychological aspects of care within all care pathways</li> </ul>

- identify risk factors and symptoms of mental ill-health (Appendix 1)
- signpost and refer appropriately (Appendix 2)
- identify risk factors and indicators for potential self-harm and suicide and support individuals who may present with suicidal thoughts and refer appropriately (see Suicide and Self-harm Policy)
- guide individuals with existing mental health problems through health promotion advice and support them to access services to improve their physical health and wellbeing (screening, health checks)
- use basic coaching techniques to support an individual who may be experiencing mental distress.

**6. Support for Patients and Carers**

In order to support patients and carers who are dealing with life limiting illnesses the following are things Hospice Care staff should do to that help their mental wellbeing:

**Advanced Care Planning**

Ensuring that individuals know that their end of life choices will be respected and followed. Discussing their Care Plan.

**Finances**

Supporting individuals to access organisations that will assist them to identify their eligibility for any additional financial support that may be available, write a will, or take any other supportive measures that may be available to relieve some of the worry both regarding their current financial circumstances and what will happen to their loved ones after they have died.

**Psychological support**

Helping the person approaching end of life and their carers deal with difficult emotions, enabling them to discuss issues such as worries about how people will cope after death.

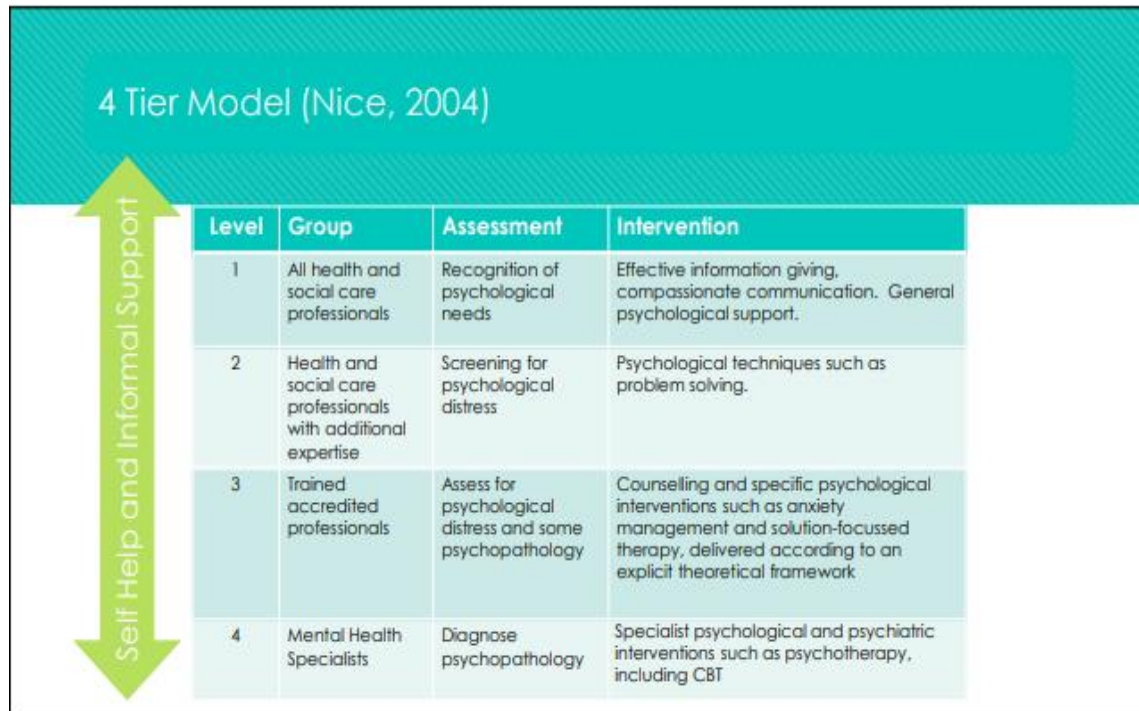
Explaining what will happen when the individual is approaching end of life.

	<p>Ensuring they have support if they wish from a minister of religion/local faith leader.</p> <p>Family members who don't accept someone is dying may need additional support.</p> <p><b>Making informed choices</b></p> <p>Ensuring their questions are answered and what is happening is explained to them if they want to be involved / know. Listening to their concerns and responding appropriately.</p> <p><b>Children</b></p> <p>Parents and grandparents may wish to protect children by not discussing what is taking place. However it may be beneficial to the child to be included in preparations.</p>
<p><b>7.</b></p>	<p><b>Bereavement</b></p> <p>The Hospice Bereavement Support Services works with individuals at pre and post bereavement and can support patients and carers with some of the issues that concern them and may impact on their mental health.</p> <p>Referrals into Bereavement Support Services can be made on behalf of patients and relatives with their consent.</p> <p>There may be times that Bereavement Support Services are unable to work with an individual due to complex mental health issues and in these cases they would signpost the individual to a more specialist service.</p>
<p><b>8.</b></p>	<p><b>Training</b></p> <p>All care staff are required to complete the modules below on Bluestream Academy online learning platform:</p> <ul style="list-style-type: none"> <li>• Mental Health Awareness</li> <li>• Mental Capacity Act</li> </ul>

- Suicide Awareness
- Safeguarding Adults
- Conflict Resolution

RN Leads and contracted RNs will be offered the opportunity to attend Dying to Communicate (Advanced Communications skills) at Hayward House and/or

- Level Two Psychological Skills training which includes:



1. Routinely asking about distress, using screening measures to 'give people permission'.
2. Having (short) helpful conversations with people to explore their distress.
3. If possible, helping people solve problems that contribute to their distress.
4. If the case is complex, referring the person to another service.

**9. Actions/Referrals**

If a member of staff is concerned about a patient's mental wellbeing they should do the following:

- Ensure that the patient is safe and urgent action is taken if required e.g. call 999. This may also mean that a referral to their GP or to the Mental Health Crisis Team is undertaken.



	<ul style="list-style-type: none"> <li>• Report it to their line manager (after ensuring the patient is safe and any appropriate referral has been made)</li> <li>• Discuss with their line manager if it should be recorded as an Incident on Vantage</li> <li>• Record it on SystmOne/lizuka</li> </ul> <p><b>Referrals</b></p> <p>Following a discussion with management a decision may be made to alert/refer to other Healthcare professionals. This can include GPs, District Nurses, specialist agencies (Appendix 2).</p> <p>If staff have any ongoing concerns they can discuss this with their line manager or clinical supervisor.</p> <p>Staff also can access the BHSF Employee Assistance Programme which offers rapid access to counselling services</p>
<p><b>10.</b></p>	<p><b>Equality Impact Assessment (EIA)</b></p> <p>An EIA has been completed.</p>
<p><b>11.</b></p>	<p><b>References</b></p> <ol style="list-style-type: none"> <li>1. <a href="#">Hard Edges: Mapping severe and multiple disadvantage</a>, Lankelly Chase Foundation (2015)</li> <li>2. <a href="#">Adult Psychiatric Morbidity Survey (NHS England 2014)</a></li> <li>3. Sexual Minorities in England Have Poorer Health and Worse Health Care Experiences: A National Survey, Journal of General Internal Medicine (2015)</li> <li>4. <a href="#">Mental health and wellbeing in England: Adult psychiatric morbidity survey 2014</a>, McManus S, Bebbington P, Jenkins R, Brugha T. (eds.) (2016).</li> <li>5. <a href="#">Quality and Outcomes Framework 2017-18</a></li> </ol>

6. [All Our Health](#)

7. NG142 End of Life Care for Adults: service delivery NICE

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

## Contact/Referral Information

### Mental Health CRISIS line - NHS Foundation Trust

**The Mental Health Crisis Line Number is a Freephone Number 0808 196 3779**

The service is available to anyone in mental health crisis at anytime, anywhere across Nottingham and Nottinghamshire and is available **24 hours a day, seven-days a week, the Freephone number, 0808 196 3779** is the number to call if you are experiencing a mental health crisis and need immediate help. It's open to people of all ages who need urgent mental health support.

### For children and young people

Call the CAMHS Crisis number: **0115 844 0560**

### I'm already a patient, how do I get help in a crisis?

If you, or the person you are concerned about are already being seen by our services, regardless of age, or you feel you need emergency treatment:

During office hours call the local number for your area:

- Nottingham City: **0300 300 0065**
- South Nottinghamshire (Broxtowe, Gedling, Rushcliffe, Hucknall area): **0300 123 2901**
- Mansfield and Ashfield: **0115 956 0860**
- Bassetlaw: **0300 123 1804** (7.30am – 9pm) or **0115 956 0860** (9pm – 7.30am)
- Newark and Sherwood: **0300 3000 131**

For more information about mental health support in Nottinghamshire and in a crisis: please visit:

[www.nottinghamshirehealthcare.nhs.uk/help-in-a-crisis](http://www.nottinghamshirehealthcare.nhs.uk/help-in-a-crisis)

### Nottinghamshire Crisis Sanctuaries

Tel **0330 822 4100**

Normal opening hours: 4pm to 11pm Monday to Sunday

<https://www.nottinghamshirecrisisanctuaries.tv/visit>

### Samaritans

Call 116 123

<https://www.samaritans.org/how-we-can-help/contact-samaritan/>