

# Mental Health and Management of Patients Guidance

## 1.0 Procedure Statement (Purpose / Objectives of the Procedure)

The purpose of this guidance is to provide details of the Trust's position with regard to treatment of patients and/or their carers who may have mental health conditions both diagnosed and underlying.

All staff to familiarise themselves with policies available in relation to the management and treatment of patients who may have mental health issues.

This guidance is for all staff working within The Royal Wolverhampton NHS Trust who are involved in the care, treatment and support of people who are experiencing a mental disorder, relevant to role.

This guidance must be read and followed by all staff who are working for, or on behalf of, the Trust (on a paid or voluntary basis).

This guidance details what mental health care related Standard Operating Procedures are available at the Trust and to clarify the role of the Trust in relation to mental health.

## 2.0 Accountabilities

All staff who are likely to come into contact with a patient and/or their carers must familiarise themselves with this guidance and the various policies of relevance.

The Trust will ensure that this guidance is available to all staff and the guidance will be reviewed every 3 years.

## 3.0 Procedure/Guidelines Detail / Actions

The Royal Wolverhampton NHS Trust (the Trust) is committed to delivering an excellent standard of care to all patients including those with mental disorders/illness, recognising however that it is not a deliverer of direct mental health services or intervention.

It is acknowledged however that there will be times where patients may be admitted as an inpatient or attending appointments or clinics, and who may be suffering from a period of mental health illness Staff will liaise with existing services or refer or signpost to other support services as appropriate.

Poor physical health can lead to an increased risk of developing mental health problems. Similarly, poor mental health can negatively impact on physical health, leading to an increased risk of some conditions.

It is the underlying aim of this guidance, and associated procedures/policies, to ensure that staff are informed of a variety of policies which may relate to patients' treatment, thus ensuring their rights to treatment, dignity and privacy are maintained.

## Escalating Concerns

If there is a concern about a patient and how they are presenting themselves, you may need to contact an approved mental health professional (AMHP).

An approved mental health professional (AMHP) is a mental health worker who has received special training to provide help and give assistance to people who are being treated under the Mental Health Act. Their functions can include helping to assess whether a person needs to be compulsorily detained (sectioned) as part of their treatment.

An approved mental health worker is also responsible for ensuring that the human and civil rights of a person being detained are upheld and respected.

In addition to this, there may be other policies you may need to consider as part of the treatment of the patient.

Some of these may include:

Care of Patients requiring enhanced care policy (CP66)	<a href="https://www.xrwh.nhs.uk/policies/CP66-Policy-For-Care-Of-Patients-Requiring-Enhanced-Care">CP66 Policy For Care Of Patients Requiring Enhanced Care (xrwh.nhs.uk)</a>
Deprivation of Liberty Safeguards (DoLS) Policy (CP02)	<a href="https://www.xrwh.nhs.uk/policies/CP02-Deprivation-of-Liberty-Safeguards-(DoLS)-Policy">CP02 Deprivation of Liberty Safeguards (DoLS) Policy (xrwh.nhs.uk)</a>
Safeguarding Adults at Risk Policy: (CP53)	<a href="https://www.xrwh.nhs.uk/policies/CP53-Safeguarding-Adults-at-Risk">CP53 Safeguarding Adults at Risk (xrwh.nhs.uk)</a>
Policy for prevention of patients at risk of abscond (OP 53)	<a href="https://www.xrwh.nhs.uk/policies/OP53-Missing-Patient-Policy">OP53 Missing Patient Policy (xrwh.nhs.uk)</a>
Management of Self Harm on Presentation to RWT of Young People up to 18th Birthday (CP63)	<a href="https://www.xrwh.nhs.uk/policies/CP63-Management-of-Self-Harm-on-Hospital-Presentation-of-Young-People-up-to-18th-Birthday">CP63 Management of Self-Harm on Hospital Presentation of Young People up to 18th Birthday (xrwh.nhs.uk)</a>
Safeguarding Children CP41	<a href="https://www.xrwh.nhs.uk/policies/CP41-Safeguarding-Children">CP41 Safeguarding Children (xrwh.nhs.uk)</a>
Discharge Policy CP04	<a href="https://www.xrwh.nhs.uk/policies/CP04-Discharge-Policy">CP04 Discharge Policy (xrwh.nhs.uk)</a>
The Safe Management of Sharps, Swabs, Instruments, Needles and other Accountable items used during surgical and interventional procedures (CP65)	<a href="https://www.xrwh.nhs.uk/policies/The-Safe-Management-of-Sharps-Swabs-Instruments-Needles-and-other-Accountable-items-used-during-surgical-and-interventional-procedures">The Safe Management of Sharps, Swabs, Instruments, Needles and other Accountable items used during surgical and interventional p (xrwh.nhs.uk)</a>
Transfer of patients between wards, departments, specialist units and other hospitals (CP05)	<a href="https://www.xrwh.nhs.uk/policies/CP05-Transfer-of-Patients-Between-Wards-Departments-Specialist-Units-and-Other-Hospitals">CP05 Transfer of Patients Between Wards, Departments, Specialist Units and Other Hospitals (xrwh.nhs.uk)</a>
Management of Ligature Risk (CP03)	<a href="https://www.xrwh.nhs.uk/policies/CP03-Management-of-Ligature-Risk">CP03 Management of Ligature Risk (xrwh.nhs.uk)</a>

This list is not exhaustive. Further resources may be found at [NHS England » Resources](#)

For most other purposes, the Mental Capacity Act will continue to apply to a patient detained under the Mental Health Act. This means, for example, that an advance decision to refuse treatment for any illness or condition - other than mental disorder – is not affected; nor is any power an attorney has to consent to such treatment.

It also means that where a detained patient lacks capacity to consent to treatment (other than treatment for mental disorder) the decision-maker will need to act in accordance with the Mental Capacity Act. For more detail on the interface between the Mental Capacity Act and the Mental Health Act 1983 refer to the Code of Practice.

Professionals may need to consider using the MHA to detain and treat a person who lacks the capacity to consent to treatment, instead of the MCA, if:

- It is not possible to give the care or treatment needed without deprivations of liberty (DoLS).
- The person needs treatment that cannot be given under the MCA (for example the person has made an advanced decision to refuse essential treatment for the mental illness).
- The person may need to be restrained in a way not allowed under the MCA.
- The person lacks capacity to decide on some elements of the treatment but has capacity to refuse parts of it and they have done so

or:

- There is some other reason the person might not get treatment and they, or someone else, might suffer as a result.

#### **Information sharing.**

It is recognised that information sharing plays a key role in safe working practice and there is evidence that patients, public or staff have come to harm when services do not openly share the information they have.

The need to distinguish between the principles of confidentiality and the need to share information must be in accordance with legislation and the guidance provided by the Trust.

All staff will adhere to the Trust Confidentiality policy at all times, seeking advice if needed.

#### **4.0 Equipment Required**

None

## 5.0 Training

The policy will be communicated via divisional structures and accessible on the Trust internal website.

## 6.0 Financial Risk Assessment

1	Does the implementation of this document require any additional Capital resources	No
2	Does the implementation of this document require additional revenue resources	No
3	Does the implementation of this document require additional manpower	No
4	Does the implementation of this document release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programs or allocated training times for staff.	No
	Other comments	

## 7.0 Equality Impact Assessment

To be attached

## 8.0 Maintenance

The Head of Patient Experience and Public Involvement will co-ordinate the review of this policy ensuring that it is kept up to date.

The policy committee will approve any changes.

## 9.0 Audit Process

The audit process of this policy will form part of the audits undertaken of those policies noted within.

## 10.0 References - Legal, professional or national guidelines

## Document Control

Mental Health and the management of Patients Guidance	Version 2	<b>Status:</b>  Final		<b>Author: Head of Patient Experience and Public Involvement</b>  <b>For Trust-wide Procedures and Guidelines</b> <b>Director Sponsor: Chief Medical Officer - BM</b>
Version / Amendment History	Version	Date	Author	Reason
	1	04/04/2019	Alison Dowling	New Guidance
	1.1	July 2022	Alison Dowling	Extension applied
	2	16/06/2022	Alison Dowling	Updated guidance
<b>Intended Recipients: All staff and volunteers to familiarise themselves with policies available to patients who may have mental health issues.</b>				
<b>Consultation Group / Role Titles and Date:</b>				
<b>Name and date of group where reviewed</b>		Trust Policy Group – September 2022		
<b>Name and date of final approval committee(if trust-wide document)/ Directorate or other locally approved committee (if local document)</b>		Trust Management Committee – September 2022		
<b>Date of Procedure/Guidelines issue</b>		October 2022		
<b>Review Date and Frequency</b> (standard review frequency is 3 yearly unless otherwise indicated)		3 yearly – September 2025		
<b>Training and Dissemination:</b>				
As and when required by staff involved in the treatment or communication of patients. This will be disseminated via the intranet All Users Bulletin.				

<b>To be read in conjunction with:</b>	
Safeguarding Adults Strategy and Wolverhampton Inter Agency Policy – Safeguarding Children. Mental Capacity Act 2005 and DOLs, Deprivation of Liberty Safeguards (2009) Wolverhampton City Council, Wolverhampton.	
<b>Initial Equality Impact Assessment: Completed Yes / No Full Equality Impact assessment (as required): Completed Yes / No / NA</b> If you require this document in an alternative format e.g., larger print please contact Policy Administrator 8904 for Trust-wide documents or your line manager or Divisional Management office for Local documents.	
<b>Contact for Review</b>	Head of Patient Experience and Public Involvement
<b>Monitoring arrangements</b>	Information not reported to committee, however any concerns would be escalated to Deputy Director of Nursing - Quality & Safety.
<b>Document summary/key issues covered.</b> The purpose of this guidance is to provide details of the Trust's position with regard to treatment of patients and/or their carers who may have mental health conditions both diagnosed and underlying.	
<b>Key words for intranet searching purposes</b>	Mental Health Management of Patients

## IMPLEMENTATION PLAN

To be completed when submitted to the appropriate committee for consideration/approval

Procedure/Guidelines number and version	Mental Health and Management of Patients Guidance	
Reviewing Group		Date reviewed:
Implementation lead: Alison Dowling, Head of Patient Experience and Public Involvement		
Implementation Issue to be considered (add additional issues where necessary)	Action Summary	Action lead / s (Timescale for completion)
Strategy; <b>Consider</b> (if appropriate) 1. Development of a pocket guide of strategy aims for staff 2. Include responsibilities of staff in relation to strategy in pocket guide.	N/A	
Training; <b>Consider</b> 1. Mandatory training approval process 2. Completion of mandatory training form	N/A	
Development of Forms, leaflets etc.; <b>Consider</b> 1. Any forms developed for use and retention within the clinical record <b>MUST</b> be approved by Health Records Group prior to roll out. 2. Type, quantity required, where they will be kept / accessed/stored when completed	N/A	
Procedure/Guidelines communication; <b>Consider</b> 1. Key communication messages from the policy / procedure, who to and how?	To be put on intranet and staff informed through Trust Brief/all user bulletin	Alison Dowling – once guidance approved.
Financial cost implementation <b>Consider</b> Business case development	None	
<b>Other specific issues / actions as required e.g. Risks of failure to implement, gaps or barriers to implementation</b>	None	