MSc Physician Associate Studies

University of Leeds

CLASSROOM TO CLINIC 2 MODULE

MENTAL HEALTH TUTOR GUIDE

Rotation 0

July/Aug 2025

Contents

Introduction

Thank you for your continued involvement with the Physician Associate (PA) Students from the University of Leeds.

Our students are now reaching the end of their first year and will undertake their first secondary care rotation, which is three weeks in **Mental Health** and three weeks in General Medicine. They will then transition into their second year where they will undertake a variety of different placements at acute trusts and with primary care providers.

In preparation for this placement, students have had focused teaching on mental health through a series of case-based discussions, alongside more formal lectures. They have also had an Introduction to Mental Health Placements talk from a qualified physician associate who works in the speciality.

The aim of this placement is for the students to gain a deeper understanding of mental health care through clinical experience, and develop the skills and attitudes needed to care for these patients.

We recognise that caring for mental health patients may be emotionally challenging. Students may have personal or family experience of mental health issues and may find some of the themes raised particularly difficult.

If there are any issues raised that may jeopardise the students' progress in this placement, then please do contact Dr Katie Cunningham (Programme Director) by email (k.cunningham@leeds.ac.uk).

We thank you for your continued support at this time and please do get in touch if any issues arise or you have any queries.

Best Wishes

The Physician Associate Team

Dr Katie Cunningham, Programme Director, MSc Physician Associate Studies

Sarah Howarth, Academic Lead for Placements, MSc Physician Associate Studies

Placement timetable and attendance

PA students will spend 3 weeks on placement at a mental health trust in July/Aug. Our expectations are students will have 7.5-to-8-hours of timetabled activity each day. The timetable should be created to enable the student to meet the learning outcomes listed below. The student should receive their timetable in advance so they can prepare and be told who their named supervisor is.

Student attendance

Students have their own weekly hours log which they complete and is reviewed by the university at the end of each term. The hours logged for the mental health placement, should be reviewed by the supervisor at the end to make sure they are accurate.

Please note students are told: *Attendance is one of the key professional attributes. We expect students to attend 100% as a mark of respect for their colleagues, staff and particularly patients.*

If they are absent whist on a clinical placement, students should contact the relevant person at the placement and pastudies@leeds.ac.uk to indicate how long they expect to be absent. It is expected that they make any missed hours up.

If it is not possible to make the hours up during the placement, the absence(s) should be noted on their Assessment of Progress form (please see professional portfolio section). If they miss more than 20% (i.e. more than 3 days) and/or do not communicate appropriately about absences, additional days will need to be arranged for the student to progress. This will be picked up by the academic team.

Flexible study days

This rotation is split into two 3-week blocks (for the specific dates, please see the website or visit SPARC).

Students attending in block 1 are allowed 1 flexible study day, which must be agreed with the placement supervisor in advance. This is permitted only if they are not undertaking a resit exam. The Medical Education Team at your Trust will be notified in advance if a student is in this position, and this should then be on the student timetable.

Students attending in block 2 are not allowed a study day as there is a campus day at the end of the 3-weeks.

Learning Outcomes

These are the objectives and intended learning outcomes of the placement and they should be met through clinical experience and wider reading.

By the end of the placement in mental health, physician associate students should be able to:

Attitudes

- Respond empathically to mental illness and psychological distress.
- Understand that psychiatric illness creates problems with stigma, how this affects patients and their families, and recognise their role in combating this stigma.
- Be aware of the ethical dilemmas and controversies involved in the diagnosis and management of mental disorder.
- Treat patients and their carers with professionalism and confidentiality.
- Understand when the patient's wish for confidentiality should be over-ridden.
- Appreciate the inter-relationship between physical and psychological symptoms and the need to be aware of psychological factors in all medical conditions.
- Understand that their emotional responses to patients, and patients' corresponding emotional responses to clinicians, may influence the presentation and management of illness.
- Appreciate the roles and responsibilities of other health and social care professionals and how they work collaboratively to support patients in mental health settings.
- Recognise when it is appropriate to refer a patient to psychiatry and have an understanding of the different referral pathways.

Clinical skills

- Conduct a patient history with a mental health focus.
- Carry out an assessment of capacity.
- Explain how mental health conditions can present and how you form a differential diagnosis using the evidence you have.
- Safely and sensitively undertake a mental state examination tailored to the individual.
- Carry out an assessment of suicide risk and risk of harm to others (this includes knowing when and how to seek support and escalate to senior colleagues).
- Explain how to diagnose and manage psychiatric emergencies and the importance of prompt escalation to colleagues for assistance and advice.
- Devise an appropriate investigation list and describe an appropriate management plan.

- Use an interviewing style that is empathic and adaptable to specific situations, including interviewing distressed, disturbed or aggressive patients.
- Describe the role and application of key mental health legislation.

Treatment

- Understand the main principles and applications of cognitive behavioural therapy, counselling and psychotherapy.
- Understand the main indication, contraindications and side effects of:

  a.Typical and atypical antipsychotics

  b. Selective serotonin reuptake inhibitors

  c. Nor adrenaline reuptake inhibitors

  d. Combined reuptake inhibitors

  e. Tricyclic antidepressants

  f. Benzodiazepines

  g. MAOIs

  h. Mood stabilisers

- Understand the importance of interagency partnership working, who some of these agencies are and how they work support patients who have mental illnesses.

Knowledge

Teaching on campus has been designed to address the learning outcomes for newly qualified PAs as outlined within the GMC Physician Associate Registration Assessment (PARA) content map

Each area of clinical practice lists patient presentations and core conditions that a physician associate would be expected to assess and initiate treatment.

The conditions relating to Mental Health are outlined below.

Presentations	Core Conditions
abnormal eating or exercise	eating disorders
acute confusion	delirium
addiction	dementia
anxiety, phobias, obsessive behaviour	emotional and child/elder abuse
behaviour/personality change	mood disorders
delusions	acute psychosis
elation/elated mood	substance misuse and addiction
fatigue	
hallucinations	
learning disability	
loss of libido	
low mood/affective problems	**Uncommon but critical conditions**
memory loss	Mental health issues in pregnancy/post-partum
mental capacity concerns	
pressure of speech	
self-harm	
sleep problems	
somatisation/medically unexplained symptoms	
substance misuse	
suicidal thoughts	
threats to harm others	

Suggested Activities

Students should be provided and timetabled opportunities that enable them to develop the attitudes, skills, treatment knowledge and clinical knowledge listed above. Some specific activities you could encourage them to do are:

- Obtain a thorough background history (which would include past medical, psychiatric, personal and social histories, understanding the social support available to patients and the impact this may have on mental health)
- Take a medication and treatment history (past and current) including compliance, side-effects, reasons for discontinuation etc. For side effects consider structured scales, for example using a LUNSERS
- Complete a mental state examination of a patient and feedback findings to senior.
- Assess and discuss with supervisors the initial management of, for example, depression, substance misuse, withdrawal states, acute reaction to stress and bereavement.
- Assess risk and discuss with supervisors the initial management plan with regards to
    - Suicide and deliberate self-harm
    - Violence /aggression – to and from others
    - Safeguarding/vulnerability
    - Self-neglect/exploitation
- Assess cognition – (both long term and short term) and discuss with supervisors the implications of any findings.
- If appropriate, assess a patient's capacity to make a decision (e.g. for medication) and discuss this with seniors.

They may also have opportunity to:

- Complete the worksheet relevant to that area (see Appendix 1)
- Attend a multidisciplinary ward round.
- Observe use of mental health act.
- Attend clinical case conference or audit meetings.
- Clerk in new admission - out of hours/in hours on wards under supervision
- Draft a discharge summary – to be reviewed and countersigned
- Attend with junior doctor if patient asks to leave ward – be involved in discussions around 5(2) if appropriate
- Have discussions with patients about commencing medications/assessing side effects etc.

Students have been trained to undertake a variety of practical clinical procedures under supervision. There may be opportunities to practice these, but this is not the main aim of this mental health placement.

Student Induction

Administrative

At the start of the placement there should be an administrative induction including the following:

- Patient confidentiality
- Access to IT facilities, and rules regarding appropriate use of PCs/internet
- Student and placement liability, and requirements for appropriate supervision of procedures
- Placement health and safety procedures and risk assessment
- Personal health, social, cultural or religious requirements of the students
- Arrangements for communication in case of sickness or other absences, or emergencies
- Who's who!

Clinical

There should also be a clinical induction to:

- clarify aims and objectives;
- discuss the proposed learning timetable;
- clarify assessment requirements;
- clarify who the overall educational supervisor is and who is responsible for clinical supervision each day.

Professional Portfolio

To prepare PA students for maintaining a portfolio of attainment post-qualification, we have reviewed the workplace-based assessments that students are asked to complete with their supervisors whilst on placement. These have been adapted to align more closely with the Faculty of Physician Associates ePortfolio and to allow students to demonstrate their development over the course of their studies.

While we are still using PebblePad as the online platform, you will notice some changes to both the requirements and templates. Students are required to complete assessments every term and these are categorised into Direct Observation of Practical Skills (DOPS), MiniCEX, Case Based Discussions and Reflections. These assessments should be reviewed along with the student's attendance record when completing the Assessment of Progress form. There are set requirements for how many and which WBAs should be completed throughout the year. This is outlined in *Workplace-based assessments: Expectations of a Year 2 physician associate student,* which can be found here.

1. **Direct Observation of Practical Skills (DOPS; completed with any suitably qualified healthcare professional)**

Students should have opportunities to be assessed and receive feedback on a range of practical skills (eg venepuncture, intravenous cannulation). They will have received training on campus on how to perform these procedures prior to undertaking them on placement. The DOPS assessment tool is designed to evaluate the student's performance in undertaking the selected practical procedure, against a structured checklist. The assessor can be any healthcare professional who is qualified to perform this procedure.

You will be required to give your overall assessment as to what level of supervision you assess the student as being competent to perform this procedure at:

Level 1 – Observation only

Level 2 – Able to perform under direct supervision

Level 3 – Able to perform under indirect supervision

For more information on DOPS (what they are and what level they should be undertaken at), please see *Workplace-based assessments: Expectations of a Year 2 physician associate student,* which can be found here.

2. **Mini-CEX (completed with any suitably qualified healthcare professional)**

A Mini-Clinical Evaluation Exercise (MiniCEX) is an observed, real-life interaction between the student and a patient. Through observing the interaction, students should be assessed on a number of aspects of the encounter – these will vary according to the MiniCEX chosen and their stage of training but may include history taking skills, physical examination, diagnostic skills, communication and listening skills etc.

For more information on MiniCEX (what they are and what level they should be undertaken at), please see *Workplace-based assessments: Expectations of a Year 2 physician associate student,* which can be found here.

3. **Case Based Discussion (completed with any suitably qualified healthcare professional)**

Case Based Discussions are used to evidence and demonstrate a student's understanding of the assessment and management of a patient and to provide feedback on their clinical reasoning, decision making and the application of medical knowledge in relation to patient care. It also serves as a method to document conversations about and presentations of cases by the student. These may be consultations that they have observed rather than led.

For more information on Case Based Discussions (what they are and what level they should be undertaken at), please see *Workplace-based assessments: Expectations of a Year 2 physician associate student,* which can be found here.

4. Reflections

Students are required to complete a number of reflections based on themes such as patient safety, team working, and self-awareness. These require the student to reflect on an event that took place in a clinical setting, thinking about the impact that this had on patients and colleagues and a focus on what the student has learnt from this experience.

These are not assessed but we would encourage review and discussion of the student's reflection during the end of placement meeting with their supervisor.

For more information on what these interactions should cover, please see *Workplace-based assessments: Expectations of a Year 2 physician associate student,* which can be found here.

5. Assessment of Progress Form (completed in person with the educational supervisor)

A meeting should be scheduled with the student's educational supervisor at the end of every placement block in order to review progress and whether the objectives for the placement have been met (DOPS, MiniCEX, Case Based Discussions, Reflections, attendance should be reviewed). The Assessment of Progress form should be completed to document and evidence what was discussed in the meeting and a personal development plan should be co-created to address any learning needs.

If you would like to discuss problems related to a particular student identified during this meeting, please contact Sarah Howarth (s.d.howarth@leeds.ac.uk).

Evaluation and Feedback

- **Placement evaluation form**

We collect feedback from students after each placement and use it carefully to improve aspects of the PA Studies curriculum and placements. A feedback report will be provided and then discussed with the trust.

- **Clinical Placement Reporting Tool**

The Clinical Placement Reporting Tool allows staff and students to inform the School about the positive experiences that they've had as well as highlight any problems or issues that they may have encountered.

Staff and students have two options after accessing the Tool – 'leave a commendation' and 'raise a concern'. Commendations are intended to recognise individuals that have made significant contributions to a placement experience through their outstanding teaching, professionalism, or attitude. Both students and staff can submit feedback for one another, and the named individual will be sent the feedback instantly if an email address is provided.

Concerns should be raised if a staff member or student has engaged in behaviour that has either contributed negatively to the placement experience or falls short of the professional standards expected of their role. This includes harassment, bullying and discrimination, as well as any other behaviour that might jeopardise the delivery of safe and equitable healthcare or a supportive and effective learning environment. The School will work with individuals who submit a concern to ensure that issues are fully-investigated and action taken where appropriate.

The placement provider version of the Tool and further information can be found here.

Please remember if you would like to discuss an issue that arises concerning a student (good or bad), the PA team are always happy for you to send an email or call to discuss it further.

Relevant Contacts

If you have any queries, please contact:

Dr Katie Cunningham
Programme Director, MSc Physician Associate Studies
Email k.cunningham@leeds.ac.uk

Sarah Howarth
Academic Lead for Placements, MSc Physician Associate Studies
Email: s.d.howarth@leeds.ac.uk

APPENDIX 1. Worksheets

Worksheets (with thanks and acknowledgement to Liz Roberts at *Tees, Esk and Wear Valleys NHS Foundation Trust,* who kindly permitted these to be shared)

There may be quieter times during your clinical placements, and these cannot be predicted by the clinical teams. For example, patients may unexpectedly fail to attend their appointment, or cancel at short notice. It may be that a patient may want to speak about something distressing or very private to them e.g. abuse and may therefore request on the day not to have extra people in the room, preferring to speak one to one.

If this happens when you attend placement, please use the time wisely. There is still lots you can learn by remaining at the placement and the following worksheets which can be used to complement your inpatient and community experience. Please also bear in mind that in order to get the best experience on placement, you will need to work with all members of the team including physician associates, doctors, nurses and OT's can involve you in their patient appointments and share their knowledge of the clinical area.

In these worksheets you will find a number of suggestions to make the most of any learning opportunities provided by Inpatient Wards, Community Mental Health Teams, Crisis Teams, and Liaison Mental Health Teams including guidance on what areas to explore if the clinical exposure is limited due to unforeseen circumstance.

It is therefore essential that you spend your time during clinical attachments by remaining embedded within the team, so that you can complete this work by:

· Accessing service and team-specific information

· Discussion with team members

· Interviewing any available patients and/or carers

Worksheet 1 - Inpatient Worksheet √

1. What are the different types of inpatient mental health services available within the NHS? What is the “scope” of psychiatry?

2. What is the remit of this ward? What are the criteria for admission, and alternatives to inpatient admission? What is the admission process?

3. What are the roles of the different professions working within the clinical care team? How do they work together to deliver assessment and treatment? Include:

- Clinicians such as Consultant psychiatrist/higher trainees/junior doctors/physician associate
- Nurses
- Social Workers
- Psychologist
- OT
- Support Workers
- Administrators/team secretaries
- AHPs (SALT/Dietician/Physio)

4. Identify an inpatient that you may be able to follow through the initial assessment process, and then either:

a) Follow their journey on the mental health “care pathway” through the acute inpatient services

b) Follow up in the community post-discharge via the crisis team and/or community mental health services

5. Enhancing ability to take a psychiatric history, gather information from relevant sources, and undertake a mental state examination- ask for a member of the team to observe you interviewing a patient and/or carer for the purposes of any of the following:

- New Patient assessment – admission
- Carer assessment (if the opportunity is available)
- Medication Review
- Consultant/clinician review of a patient
- 72 hour review
- Discharge meeting
- Mental Health Act assessment
- Tribunal
- Risk assessment
- Formulation

6. How does the clinical care team assess and manage risk? What framework do they use? How does the service assess and manage risk of suicide and self-harm? What local and national guidelines inform assessment and management?

- Identify any specific risk assessments and undertake one for a service user, either in person or through a review of patient records

7. What impact does capacity and consent have upon the delivery of assessment and care? How does lack of capacity to consent to treatment impact assessment and treatment within an inpatient setting?

8. How do the clinical care team work with the Mental Health Act 1983 (MHA) and the Mental Capacity Act 2005 (MCA) to assess and treat a patient? What safeguards exist for the patient?

9. What impact do ethical issues have upon the role of the Responsible Clinician and the wider MDT within inpatient services?

10. What means exist for a patient to appeal against their detention and treatment? How do the clinical care team support a patient to appeal against detention and treatment?

11. How does the clinical care team support the assessment and management of eating disorders, early-onset psychosis, and personality disorders?

12. How does the clinical care team seek to reduce stigma, and promote social inclusion?

13. How does the clinical care team meet the Safeguarding obligation to patients, carers, families, and the wider community? What role does this team play in MARAC, MAPPA and PREVENT procedures?

14. Formative Assessment from a member of the MDT- ask for a member of the team to observe you interviewing a patient and/or carer for the purposes of both assessment and developing a treatment and management plan.

- Clinician
- Psychologist
- Social Worker
- Nurse
- Occupational Therapist

15. Interface with other inpatient and community-based services to identify the way in which:

- the clinical care team work in partnership with Primary Care health services. What are the specific issues in supporting this?

- the clinical care team work in partnership with other Secondary Care health services. What are the specific issues in supporting this?
- the clinical care team work in partnership with social care services. What are the specific issues in supporting this?
- the clinical care team work in partnership with voluntary agencies
- the clinical care team work in partnership with private-sector services
- any other services working in partnership to promote physical and mental health care, reduce stigma, promote social inclusion, address social care and employment issues, maintain recovery and wellness

16. What biological treatment does the clinical care team deliver and manage?

17. What forms of psychological intervention and support does the team offer?

18. What forms of social intervention and support does the clinical care team offer?

19. How does the clinical care team manage treatment in the form of medication (psychopharmacology)?

20. How does the clinical care team integrate complimentary treatments into the delivery of care?

21. How does the clinical care team manage aspects of cross-cultural psychiatry? What frameworks are in place for supporting the assessment and management in other cultures?

22. What is included in a discharge care plan? What are the standard elements of such a plan? How do NICE guidelines, best practice, national priority and local services influence these discharge plans?

Worksheet 2 - Community Mental Health Team Worksheet √

1. What are the roles of the different professions working within the team? How do they work together to deliver assessment and treatment? Include:

- Clinician such as Consultant psychiatrist/higher trainees/junior doctors/physician associate
- Nurses (Band 5/6/7/8)
- Social Worker
- Psychologist
- OT
- Support Workers
- Administrators/team secretaries
- AHPs (SALT/Dietician/Physio)

2. Identify a patient referred to the team that you may be able to follow through the initial assessment/screening process, and then either:

a) Follow their journey on the mental health “care pathway” through the community mental health team

b) Follow up in the community at a later time via GP (Primary Care)

3. Enhancing ability to take a psychiatric history, gather information from relevant sources, and undertake a mental state examination- ask for a member of the team to observe you interviewing a patient and/or carer for the purposes of any of the following:

- Screening/Triage assessment
- New Patient assessment
- Carer assessment
- Medication Review
- Domiciliary (Home) Visit

4 How does the CMHT assess and manage risk? What framework do they use? How does the service assess and manage risk of suicide and self-harm? What local and national guidelines inform assessment and management?

- Identify any specific risk assessments and undertake one for a service user, either in person or through a review of patient records

5. How does the CMHT support the assessment and management of eating disorders, early-onset psychosis, and personality disorders?

6. What role does the Mental Health Act and Mental Capacity Act play in this team? How does lack of capacity to consent to treatment impact management in the community?

7. What impact do ethical issues have upon the community-focused delivery of assessment and care?

8. How does the service seek to reduce stigma, and promote social inclusion?

9. How does the service meet the Safeguarding obligation to patients, carers, families, and the wider community? What role does this team play in MARAC, MAPPA and PREVENT procedures?

10. Formative Assessment from a member of the MDT- ask for a member of the team to observe you interviewing a patient and/or carer for the purposes of both assessment, and developing a treatment and management plan

- Clinician such as doctor or physician associate
- Psychologist
- Social Worker
- Nurse
- Occupational Therapist

11. Interface with other inpatient and community-based services identify the way in which:

- the CMHT work in partnership with Primary Care health services. What are the specific issues in supporting this?
- the CMHT work in partnership with other Secondary Care health services. What are the specific issues in supporting this?
- the CMHT work in partnership with social care services. What are the specific issues in supporting this?
- the CMHT work in partnership with voluntary agencies
- the CMHT work in partnership with private-sector services
- other services work in partnership to promote physical and mental health care, reduce stigma, promote social inclusion, address social care and employment issues, maintain recovery and wellness

12. What biological treatment does the CMHT deliver and manage?

13. What forms of social intervention and support does the CMHT offer?

14. What forms of psychological intervention and support does the team offer?

15. How does the CMHT manage treatment in the form of medication (psychopharmacology)?

16. How does the CMHT integrate complimentary treatments into the delivery of care?

17. How does the CMHT manage aspects of cross-cultural psychiatry? What frameworks are in place for supporting the assessment and management of patients in other cultures?

18 EXERCISE: Think a case that you have observed on one of the inpatient wards. Complete the following.

a) How would the team respond if that patient contacted them to discuss exactly the same presenting complaint? How could the team have responded to each of the patient's needs that were identified?

b) What issues would the team have to consider as part of a carer needs assessment, and an assessment of risk to others?

c) If the patient's symptoms became worse, and the patient contacted the team to report a crisis, how would the team respond? How might this change if the patient contacted the team and they were due to close for the weekend?

Worksheet 3 - Crisis Team (CRT) Worksheet √

1. What is the role of the team as part of the NHS mental health services? Who may contact the team directly? What sort of patients are referred to the team? What is the team expected to deal with? What is meant by a mental health “crisis”?

2. What are the roles of the different professions working within the team? Include:.

- Clinican such as Consultant psychiatrist/higher trainees/junior doctors/physician associate
- Nurses
- Social Workers
- Psychologist
- OT
- Support Workers
- Administrators/team secretaries
- AHPs (SALT/Dietician/Physio)

How do they work together to triage and assess a referral? How do they coordinate the delivery of treatment to support a patient though a crisis?

3. Identify a patient referred to the team (including any possible street triage if available) that you may be able to follow through the initial assessment process, and then either:

a) Follow their journey on the mental health “care pathway” through the crisis team and onto acute mental health services for admission

b) Follow up in the community at a later time via GP (Primary Care) and/or community mental health services

4. Enhancing ability to take a psychiatric history, gather information from relevant sources, and undertake a mental state examination- ask for a member of the team to observe you interviewing a patient and/or carer for the purposes of any of the following: ·

- Screening/Triage assessment
- New Patient assessment
- Carer assessment
- Medication Review
- Domiciliary (Home) Visit

5. How does the team assess and manage risk? What framework do they use? How does the service assess and manage risk of suicide and self-harm? What local and national guidelines inform assessment and management?

- Identify any specific risk assessments and undertake one for a service user, either in person or through a review of patient records

6. How does the team support the assessment and management of eating disorders, early-onset psychosis, and personality disorders?

7. What role does the Mental Health Act and Mental Capacity Act play in this team? What impact does capacity and consent have upon community-focused delivery of assessment and crisis treatment? How does lack of capacity to consent to treatment impact management in the community?

8 What impact do ethical issues have upon the community-focused delivery of assessment and care?

9. How does the service seek to reduce stigma, and promote social inclusion?

1.0 How does the service meet the Safeguarding obligation to patients, carers, families, and the wider community? What role does this team play in MARAC, MAPPA and PREVENT procedures?

11. Formative Assessment from a member of the MDT- ask for a member of the team to observe you interviewing a patient and/or carer for the purposes of both assessment, and developing a treatment and management plan.

- Clinician such as doctor or physican associate
- Psychologist
- Social Worker
- Nurse

12. Identify how the interface with other inpatient and community-based services allows the team to · work in partnership with Primary Care health services. What are the specific issues in supporting this?

- work in partnership with other Secondary Care health services. What are the specific issues in supporting this?
- work in partnership with social care services. What are the specific issues in supporting this?
- work in partnership with voluntary agencies
- work in partnership with private-sector services
- promote physical and mental health care, address social care and employment issues, maintain recovery and wellness

13. How does the team interface with criminal justice services, such as the police, prison service, or Probation Service?

14. What biological treatment does the team deliver and manage?

15. What forms of social intervention and support does the team offer?

16. What forms of psychological intervention and support does the team offer?

17. How does the team integrate complimentary treatments into the delivery of care?

18. How does the team manage aspects of cross-cultural psychiatry? What frameworks are in place for supporting the assessment and management of patients from other cultures?

19. What role does the team play in promoting recovery?

20. What role does the team play in developing and supporting crisis plans, and Wellness Recovery Action Plans (WRAP)?

21. What is the discharge process for this team? What are the criteria for discharge, and what onward support is offered?

22 EXERCISE: Think about a case that you have observed on one of the inpatient wards. Complete the following.

a) How would the crisis team respond if that patient contacted them to discuss exactly the same presenting complaint?

b) If the patient's symptoms had become worse, and the patient contacted the team to report a crisis, how could the team have responded to each of the patient's needs that were identified?

c) What issues would the crisis team have to consider as part of a carer needs assessment, and an assessment of risk to others?

Worksheet 4 - Liaison Mental Health Team Worksheet √

1 What is the role of the team as part of the NHS mental health services? What are the roles of the different professions working within the psychiatric liaison service? How do they work together to support colleagues in acute health care? How do they coordinate with each other to carry out an assessment in acute health care? Include:

- Clinician such as Consultant psychiatrist/higher trainees/junior doctors/physician associate
- Nurses
- Social Workers
- Psychologist
- OT
- Support Workers
- Administrators/team secretaries
- AHPs (SALT/Dietician/Physio)

2. Identify a patient referred to the team that you may be able to follow through the initial assessment process, and then either:

a) Follow the start of their journey on the mental health “care pathway” whilst they also possibly receive treatment from other health and social care services

b) Follow up in the community at a later time via GP (Primary Care) and/or community mental health services

3 Enhancing ability to take a psychiatric history, gather information from relevant sources, and undertake a mental state examination- ask for a member of the team to observe you interviewing a patient and/or carer for the purposes of any of the following:

- Screening/Triage assessment
- New Patient assessment
- Carer assessment
- Consultant/SHO review of a patient

4. How does the psychiatric liaison service assess and manage risk? What framework do they use? How does the service assess and manage risk of suicide and self-harm? What local and national guidelines inform assessment and management?

- Identify any specific risk assessments and undertake one for a service user, either in person or through a review of patient records

5. How does the psychiatric liaison service support the assessment and management of eating disorders, early-onset psychosis, and personality disorders?

6. What role does the Mental Health Act and Mental Capacity Act play in this team? What impact does capacity and consent have upon the role of the psychiatric liaison service?

7. What impact do ethical issues have upon the role of the psychiatric liaison service?

8 .How does the service seek to reduce stigma? How can their role reduce stigma within health and social care services?

9 How does the service meet the Safeguarding obligation to patients, carers, families, and the wider community? What role does this team play in MARAC, MAPPA and PREVENT procedures?

10. Interface with other inpatient and community-based services to identify the way in which the psychiatric liaison service work in partnership with:

- Acute Secondary Care health services. What are the specific issues in supporting this?
- Primary Care health services. What are the specific issues in supporting this? Other Secondary Care health services. What are the specific issues in supporting this?
- Social care services. What are the specific issues in supporting this?
- Voluntary agencies · the psychiatric liaison service work in partnership with private-sector services

11. What biological treatment does the psychiatric liaison service deliver and manage? How do they coordinate this with acute health care services?

12. What forms of social intervention and support does the psychiatric liaison service offer? How do they coordinate this with acute health care services?

13. What forms of psychological intervention and support does the team offer?

14. How does the psychiatric liaison service manage treatment in the form of medication (psychopharmacology)? How do they coordinate this with acute health care services?

15. How does the psychiatric liaison service manage aspects of cross-cultural psychiatry? What frameworks are in place for supporting the assessment and management of patients from other cultures?

16. What is the discharge process for this team? What are the criteria for discharge, and what onward support is offered?

17 EXERCISE: Think about a case that you have observed on one of the inpatient wards. Complete the following.

How would the psychiatric liaison service respond if staff in an acute hospital contacted them to report that this patient had been admitted for a physical problem or injury?