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Staff Accessing a Mental Health Assessment Protocol

Introduction and Aim

This protocol is intended to provide guidance to Cardiff and Vale UHB staff regarding employees of Cardiff and Vale UHB accessing a mental Health Assessment. The aim is to ensure that any staff requiring a mental health assessment can access this via Gp, A & E department or Police

Objectives

- To provide guidance to Cardiff And Vale UHB employees when undertaking an assessment of another employee of the Cardiff & Vale UHB

Scope

This procedure applies to all of our staff in all locations including those with honorary contracts [Or replace with a more specific grouping if not UHB wide]

Equality and Health Impact Assessment

An Equality and Health Impact Assessment (EHIA) has not been completed.

Documents to read alongside this Procedure

Mental Health Act 1983 and associated Code of Practice for Wales
Mental Capacity Act 2005 and associated Code of Practice
NMC code of conduct
Mental Health (Wales) Measure 2010
Crisis Resolution and Home Treatment Team Operational Policy
CMHT Operational Policy
WAST Policy

Accountable Executive or Clinical Board Director

Mental Health Clinical Board

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Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).

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| Summary of reviews/amendments | | | |
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1. Confidentiality and initial assessment

UHB employees have a duty of confidentiality towards personal data in their possession (Data Protection Policy & Legislation)

As part of the assessment Consent to Share information should be discussed and sought from the patient where practicable.

In the event that a patient objects to the sharing of information, it should be explained in order to receive a safe service, then information will need to be shared on a need to know basis with other health professionals involved in their care. Information may need to be shared regardless, if there is an identified risk. The information shared should be proportionate to the need/purpose. There are policies and procedures in place regarding inappropriate accessing of PARIS notes.

Information is rarely shared with an Employer without the express permission of the patient. Anyone who presents with mental health problems and is a health professional of Cardiff & Vale UHB who discloses fitness to practise issues will need to be discussed in a wider forum, and advice sought.

Advising the patient that they should be open with their Employer/Professional body will hopefully result in them notifying their Employer.

If we have strong reason to suspect that they have not informed their Employer and were continuing to practice in a potentially dangerous way then we might consider breaking confidentiality after much careful consideration and involvement of very senior staff.

Mental health assessments are provided in a number of different settings/venues. Staff may in the first instance be guided towards attending the Occupational Health Department.

2. Occupational Health Guidelines

If staff in the Occupational Health department are concerned about a staff members mental health, they need to consider the concerns/risks presented before them.

In the first instance, Occupational Health staff should encourage the member of staff to attend their Gp practice – whereby the appropriate support, guidance and treatment may be offered.

If, however, Occupational Health have heightened concerns regarding the staff member's risk to self, and the staff member is voicing suicidal ideation or plans, then the staff member should be directed to attend the A & E department, whereby they may be referred to the Psychiatric Liaison Service.

Staff can access their Gp to discuss their mental health needs. Depending on the nature of their problem, the Gp may be able to deal with the presenting complaint, or may choose to refer on to secondary mental health services. (Please refer to the Operational Policies for CMHTs and Crisis Resolution Home Treatment Teams)

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3. Out of area guidelines

Where practicable it may be appropriate to refer staff on to secondary services provided by a neighbouring UHB, if further assessment or treatment is required. This will need to be considered on a case by case basis, giving consideration to risk and availability of out of area services.

ie.

Cwm Taf UHB

Abertawe Bro Morgannwg (ABM) UHB

Aneurin Bevan UHB

This is a negotiated informal agreement that obviously considers the practicalities of travelling distance if home treatment is required.

This informal agreement has been agreed by the above health boards (see appendix)

4. Presentation to A & E

A staff member may experience a mental health crisis or emergency and require an admission to the A & E department. Access to A & E may be via an ambulance (please refer to the Welsh Ambulance Service Trust Policy), or the staff member may self present to the department. The staff member may be referred to Liaison Psychiatry within the A & E department. Further assessment may then be undertaken by one of the Specialist Liaison Psychiatric Nurse's or the On Call SHO for psychiatry as appropriate.

All staff members assessed will have a formal assessment. The information will be documented/processed onto the computer system – PARIS. Notes on PARIS will not be "locked down" Notes may only be accessed by professionals involved in the staff members care.

Police may occasionally be called to attend a scene especially if the client poses a serious risk to themselves or others. If Police feel that a person may be suffering from a mental disorder they may consider detaining the client under Section 136 MHA.

5. Mental Health and Capacity

Whether or not a person is detainable will be determined by the criteria set out within the Mental Health Act (1983). For the purposes of this protocol, the most likely detaining sections will be Section 2 or Section 3 as detailed within Part 2 of the Act. If a person has been assessed and an application for compulsory admission completed, the issue of capacity is not in itself a determining factor in identifying the place of admission/treatment. It may be desirable however, to facilitate admission to an out of area bed if appropriate and feasible on a case by case basis.

Persons lacking capacity (the threshold is low within current case law regarding capacity to consent to informal admission) will need to be detained via a legal mechanism which addresses deprivation of liberty safeguards. In practical terms, within the scope of this protocol, this will probably be the Mental Health Act. Again, the issue of capacity will not be a factor regarding place of admission or treatment, but it may be desirable to facilitate admission to an out of area bed if feasible and appropriate, on a case by case basis.

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6. Nearest relative/next of kin

The next of kin's views would be addressed equally regardless of whether the patient is an employee of Cardiff and Vale UHB or not. The assessing team will have the necessary skills/knowledge to give appropriate consideration to these views.

Similarly, the views of the Nearest Relative (per S26 MHA) will be considered within the legal framework of the Act. The status of the patient as an employee would be irrelevant. The AMHP would communicate with the Nearest Relative as required by the Act, and the rights of the Nearest Relative would apply regardless of whether the patient is an employee or not.

7. Advance Directive

An Advance Directive/Decision is only relevant when the person who has made the decision loses capacity. The Mental Health Act may override an advance directive or advance statement regarding admission and treatment. It may be desirable however, to facilitate admission to an out of area bed if appropriate and feasible on a case by case basis. Staff with ongoing mental health problems requiring treatment should be supported to make an advanced directive.

Choices for non – Cardiff residents employed by Cardiff and Vale UHB regarding place of treatment should be addressed in the same way as choices made by members of the general public. Custom and practice has generally been that “out of area” patients are transferred to their home area as soon as possible. However, if a staff member requests the option for treatment in the Cardiff area, a negotiated informal agreement considering the practicalities if home treatment is required can be considered.