

# COVID-19: Liaison psychiatry services

RCPsych, RCN, NHS England and Unite's Mental Health Nurses Association have worked to develop these guidelines which set out the key issues that liaison psychiatry staff teams should be conscious of at this time.

Acute hospitals are rapidly responding to the challenge of COVID-19 with radical operational changes. Corresponding system-wide changes are underway in mental health and social care provision which aim to care for all except the most acutely physically unwell outside of the acute hospital.

Liaison psychiatry services are integral to adapted acute care pathways and will have a key role to play in contributing to system wide planning in their local areas.

Liaison psychiatry services remain essential to the functioning of the acute hospital with a key role in facilitating safe and timely discharges. However services need to be provided safely with teams minimising risk to patients, themselves and other with whom they have contact. Achieving this involves significant alterations to the way services are provided now and planning ahead will be vital to maintain service continuity in the coming months.

Areas will need to find solutions appropriate to their own circumstances, while following the guidance below which addresses four key areas:

Clinical service prioritisation

Alternatives to acute hospital Emergency Departments for patients presenting with primary mental health problems

Service continuity planning

Maintaining staff and patient safety

Mental wellbeing of staff.

This guidance should be applied across the age and range of patient presentations, but specific responses will vary according to clinical need.

**This guidance should be read in conjunction with the broader guidance for psychiatry clinicians recently published by the Royal College of Psychiatrists.**

The Faculty of Liaison Psychiatry has published **Alternatives to emergency departments for mental health assessments during the COVID-19 pandemic** (PDF) (Aug 2020) which makes recommendations to inform the future of alternative care pathways and assessment units.

## Clinical service prioritisation

Prioritise activity which minimises patient exposure to infection risk and minimises delays of discharge. **National guidance has been issued on hospital discharge service requirements while mental health needs are not explicitly covered, this liaison guidance document is consistent with this wider document on discharge.**

Prioritise moving patients with mental health presentations away from high-risk areas such as the emergency department or medical assessment areas to alternative, dedicated space where possible.

If not possible then prioritise minimising risk to those patients whilst their mental health is assessed and managed.

Service to inpatient wards should be maintained in order to minimise delays to safe discharge

Services may consider developing their own local prioritisation processes consistent the principles within this guidance.

# Alternatives to acute hospital Emergency Departments for patients presenting with primary mental health problems

In seeking to moving patients away from EDs and high-risk areas consideration is needed of how to adapt appropriately according to local need and the local configuration of wider mental health services.

Many acute services are rising to the challenge of maintaining patient safety at this time by setting up 24/7 urgent mental health telephone lines that are publicly accessible and these are being integrated with adapted acute care pathways.

Where emergency assessments are undertaken off site, this will need to be planned with the wider mental health services including assessment teams, crisis and home treatment teams and others as relevant.

Newly created off-site mental health emergency departments will require planning for:

Location and facilities, including consideration of what degree of physical comorbidity can be managed

Consideration of how a service can be delivered to both an offsite service and the general hospital, where there are still likely to be cases that require liaison psychiatry assessment and management

Hours of work - 24/7 likely to be most effective where possible

Staffing models – one model would be to have dedicated onsite mental health staffing, as for a ward, with more experienced staff from other services (e.g. CHHTs, Liaison Psychiatry, community assessment teams) undertaking assessments and possibly working across sites

The degree of physical comorbidity and interventions that can be managed and what equipment would need to be available to support this

Access to IT and administrative support

Access to medication

Access to pathology services

Escalation protocol for patients with comorbid physical illness, including access to medical advice and when to transfer patients to an acute hospital

Transport of patients between facility and acute and mental health sites (if not co- located)

Access to assessments under mental health legislation

Access to senior psychiatry advice

## **Service continuity planning**

Liaison psychiatry services vary hugely in size, configuration, working hours, skill mix, and numerous other parameters, so no single document can provide all of the detail needed for every service. This section therefore sets out key overarching principles that services should follow:

Protect and preserve senior liaison psychiatry expertise to the acute hospital in order to deliver the most effective support to hospital services

Every service should design a continuity action plan which sets out how key activities will be safely maintained with reduced staffing numbers whilst preserving quality and skill mix

Continuity action plans will vary depending on local contexts and may require collaboration between two or more acute hospital liaison services and across healthcare providers

## **Maintaining patient and staff safety**

This section sets out principles to optimise ongoing staff capacity and reduce exposure to vulnerable patients and others

Decision to undertake face to face assessment should be made on clinical need. Minimising face to face contact is especially important when patients are in a higher risk category for COVID-19 infection e.g. older patients, those with compromised immunity or significant physical comorbidity.

Where face to face assessment is clinically indicated, liaison psychiatry staff should be supported by their organisation(s) to practice safely. They should be given the same access to relevant PPE as other services in the acute hospital and be supported to follow national and local guidance on safe working practices

Whilst at work maintain social distancing. This will involve changes to working practice likely to include:

Minimising face to face meetings

Reviewing administration processes

Reviewing use of office facilities and enabling remote working

Exploring viability of telephone and video assessments

## Mental wellbeing of staff

It is essential that it is recognised that liaison psychiatry staff and their colleagues in the general hospital are likely to be under significant pressure and to experience stress related to issues at both work and home and will require support.

Within the limits of social distancing measures, liaison psychiatry team members should be encouraged to check how their colleagues are doing and to support each other. Specific team meetings, which may be held virtually, can be used to encourage reflection and provide mutual support.

Senior staff should ensure that other team members are aware of where they can access support services.

Senior staff should also be mindful that they are facing similar stresses to their staff and potentially additional pressures due to their roles and responsibilities. Such staff should role model self-care strategies to mitigate stress.

Liaison psychiatry services may be asked to contribute to the psychological support of hospital colleagues. However, services should be mindful of the stress that their own staff are experiencing and their own team resilience when considering what support they are able to provide for other colleagues.

Essential patient care should take priority over the provision of hospital staff support.

Where liaison psychiatry teams have the staffing and emotional resilience, they should consider using their expertise to either advise on or contribute to the provision of psychological support for other hospital staff, while remaining mindful of the need to also support staff within liaison psychiatry.

Within a hospital, where possible seek to develop a coordinated approach to staff support using liaison psychiatry, staff counselling services, clinical health psychology and the hospital chaplaincy.

**[Information about supporting patients and staff manage psychological impacts of COVID can be found here.](#)**

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