

## Child and Adolescent Mental Health Services (CAMHS)

### Out of Hours on call service update

Please be advised that CAMHS Out of Hours on call service is changing with effect from Monday 21<sup>st</sup> January 2019.

The provision of a Face to Face assessment throughout the 24 hour period will be replaced with an Emergency Out of Hours (OOH) On Call telephone service from 23:00 hours.

Please find a summary of the CAMHS Out of Hours offer below prior to future circulation of a revised Standard Operating Procedure.

### 1 INTRODUCTION

Out of Hours is defined as Monday to Friday 17:00 until 09.00 the next day. At weekends and Bank Holidays it is 09.00 until 09.00 the following day.

A telephone response will be provided by the First On call clinician between the hours of 23:00 and 09:00 hours across the 7 day offer.

The telephone service replaces the face to face assessment by the first on call clinician between the hours of 23:00 and 09:00.

### 2 SCOPE OF SERVICE

The Out of Hours service is for Emergency referrals only. Where the CAMHS first on call clinician establishes via the telephone call that a routine CAMHS referral is required they should advise the caller of their responsibility in making a referral to CAMHS within hours.

Where a telephone call is received up to and including 22:59 hours and the agreed criteria for a face to face assessment is met a clinician can attend. This will mean that the actual face to face assessment may start after 23:00 hours. Where a telephone call is received from 23:00 hours until 08:59 hours the FIRST ON CALL clinician can offer telephone consultation and support.

Telephone consultation and support is offered to professionals only and it is not expected that it will be necessary that the first on call clinician offers direct discussion with the child or family.

The purpose of the telephone consultation call is to support colleagues to make a joint decision about the best options for the child in the presenting situation on a case by case basis.

Where a call is received during the hours 17:00 to 22:59, the referred child should be 'Medically fit for mental health assessment' for a face to face assessment to be progressed. This is described as having completed relevant tests and treatment

pertinent to the presenting problem and being suitably alert to participate in the assessment. Where the child is not medically fit for mental health assessment at the time of the telephone call the referrer should be advised to re contact the service. The purpose of this is to prevent an assessment 'pre booking' system developing in advance of 23:00 hours. The referrer should also be advised at the time of the initial call that a telephone consultation service is offered from 23:00 hours as this will enable the referrer to pre plan for admission / discharge in line with the scope of the service after 23:00 hours.

### 3 PROCEDURE

Telephone consultation, advice and risk management planning can be offered by telephone in the first instance at all times within the 'out of hours on call' service with face to face assessment also only taking place when indicated between 17:00 and 23:00.

Planning will be on the basis of the information available and presented by the referring professional and a record of discussions and decisions will be documented on the Patient Electronic Record. The first on call clinician may direct the referrer to establish key facts from the child / family as part of the telephone consultation, advice and to inform risk management planning. This will enable the on first on call clinician to offer informed advice about the options available to the referring clinician and also whether they themselves require additional consultation from an on call psychiatrist or on call manager to support decision making.

A child may be discharged from the setting to which they are admitted by the provider hospital trust (e.g. Accident and Emergency Department, Medical Assessment Unit). Not all referrals / telephone calls to the out of hours service will require an emergency response.

A child may be admitted to a paediatric ward without a face to face CAMHS assessment including following an act of deliberate self-harm in accordance with NICE guidelines (see Best Practice Guidance Self-Harm). It will be necessary for those young people who are deemed medically fit for discharge but needs admission for further mental health assessment, for the first on call CAMHS Clinician to undertake a Telephone discussion with the child and their family prior to admission to the paediatric ward to help determine the risk posed to this patient and other inpatients and staff.

The child will then be seen the following day by the Locality CAMHS duty team.

The CAMHS clinician can support the referrer to consider what would be helpful in a safety plan whereby the caller can then share this with the child and family. This may include recommending that a carer / corporate parent remain with the child in the setting to which they are admitted. In some cases we may advise about best practice, processes/protocols and NICE guidelines.

If the child leaves the department and the caller is concerned for their safety they should be advised to follow their own organisational policy which may include contacting the police. Where safeguarding concerns are identified during the telephone call it is the referring professional's responsibility to make any referral and the first on clinician should advise and record that this formed part of the agreed actions. In some cases we may advise about best practice, processes/protocols and NICE guidelines.

In the event that the presenting information given during the telephone call suggests assessment under the Mental Health Act is indicated the first on call clinician is required to liaise with the Psychiatrist to agree what action is to be taken including gaining further information.