CORONAVIRUS RESILIENCE PLANNING:

TELEPSYCHIATRY QUICK REFERENCE GUIDE 2

TELEPSYCHIATRY IN THE EMERGENCY SETTING

This document is one of a set of three resources to support use of Near Me for coronavirus resilience in psychiatric settings:

1. Telepsychiatry
2. Telepsychiatry in emergency settings
3. Legal and ethical consideration in telepsychiatry

THIS DOCUMENT IS INTENDED FOR NHS SCOTLAND PSYCHIATRY SERVICES

ACTIONS FOR NHS BOARDS:

1. Ensure all service managers have received this document
2. Inform service managers of any local arrangements that differ from what is described in this document
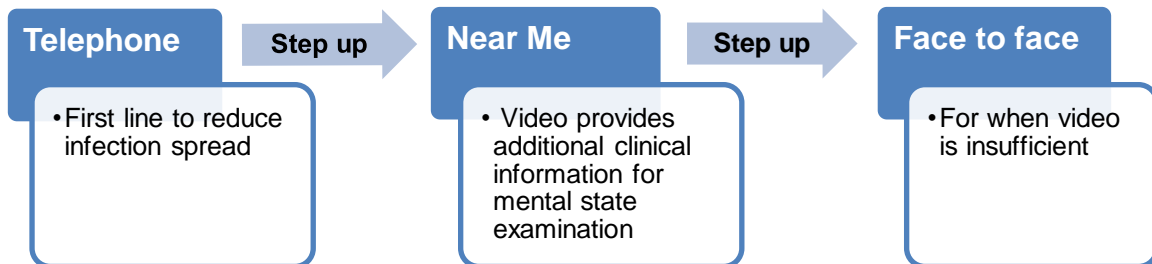3. Support all services to be able to introduce Near Me video consulting

INTRODUCTION

Near Me video consulting (powered by Attend Anywhere) can be used to reduce exposure to coronavirus by enabling both patients and clinicians to consult remotely. It can also be used to reduce footfall in outpatient departments, community mental health team buildings, psychiatric and general hospitals. It can protect the clinical workforce through reduced exposure to risk of infection, and increase resilience by enabling clinical support to be provided from different geographical locations.

Scenarios where video consulting may be beneficial in mental health services include:

- For patients with confirmed coronavirus or quarantined due to contact with an infected person. To continue services while reducing the number of people coming into healthcare premises.
- For patients in mental health with coronavirus, in situations where non hands-on care could be given by video to reduce the number of clinical staff being exposed to infection risk.
- For staff quarantined due to exposure but who are fit to be able to continue working.
- To enable additional health care support to be provided remotely to an area with a significant outbreak of coronavirus (including out of hours, acute and primary care).

Consultations: place of Near Me

Telephone	Step up	Near Me	Step up	Face to face
• First line to reduce infection spread		• Video provides additional clinical information for mental state examination		• For when video is insufficient

USE OF NEAR ME IN PSCYHIATRIC SERVICES

Near Me in Emergency Settings

1	Emergency telepsychiatry involves a patient where there are greater known risks, and also greater uncertainties. Given the urgent and unpredictable nature of an emergency assessment patients should be accompanied. If the patient is refusing a supervised appointment and clinically it is felt this is essential then a face to face review should be arranged. If the assessing mental health clinician feels supervision is not needed, the reasons should be carefully documented and a contingency plan agreed to enable an immediate response if the clinical situation deteriorates.
2	Where on site staff are confident in the decisions made regarding patient care, videoconsultation is not recommended to avoid additional distress to the patient.

Use in Emergency Department

1	A safe, appropriate room should be identified within, or close to, the referring department. This would ensure either minimal disruption to workflow and staff helping with supervised appointments, or an immediate response to a contingency plan in the exceptional circumstances that a supported appointment was being used instead of direct supervision.

Referrals and Information Sharing

1	When referring an urgent case for a telepsychiatry assessment it cannot be assumed that the mental health clinician would have access to all the information available at the peripheral site. Appendix 2 gives an example referral form to telepsychiatry to ensure essential information is shared. This does not replace any documentation used as part of current departmental referrals to mental health teams, but would be a covering document to ensure all the relevant information is considered and shared.
2	There should be clear communication following the mental health assessment regarding the planned outcomes, so the patient and referring clinician are aware of what steps need to be taken next. Appendix 3 is an example of a summary report to be completed by the mental health clinicians for the referring team. It is based on a modified SBAR format. It is recommended that forms are completed and communicated digitally using email, along with scanned copies of any relevant paperwork. The assessing mental health clinician may also want to write up a more detailed record of the consultation.
3	Mental health clinicians must be aware of the mental state of the patient at the end of the videoconsultation and highlight any concerns to onsite staff about patient safety, or safety of others, including peripheral staff if needed.

Process for Emergency Telepsychiatry	
1	During working hours the mental health clinician would share their telepsychiatry clinic waiting room link via email with emergency staff, who would then log in the patient as normal to the Near Me system. Once the central clinician starts the videoconsultation, peripheral staff can help the patient start the review and, unless in exceptional circumstances, would supervise the appointment.
2	Out of hours the mental health clinician should have a direct link for their waiting room that bypasses a receptionist, and they can share this by email with the peripheral clinicians. Contact your local NHS Board Near Me lead to ensure you have a direct link set up for out of hours.

APPENDIX 1: FURTHER INFORMATION

Further information about setting up Near Me is available if required. The aim of this document is to enable fast set up: previous documentation was designed around a slower timescale so is more detailed.

1. Resource Centre with information about the underpinning platform (Attend Anywhere): https://tec.scot

2. Clinician Near Me user guide

   Practice Clinician
   Near Me User Guide.p

3. Posters for clinician walls

   Quickstart
   poster.pdf

   Call Screen
   Poster.pdf

4. Guidance developed and authored by Dr Idris Thomas, Locum Psychiatrist, NHS Highland idristhomas@nhs.net, supported by Clare Morrison, National Near Me Lead and Chris Wright, National Advisor for Digital Mental Health chris.wright@gov.scot.

Contact details for further information:

For technical queries:
https://www.vc.scot.nhs.uk/attendanywhere/

For process queries: in the first instance, please contact the Near Me Lead in your NHS Board/HSCP

URGENT TELEPSYCHIARY REFERRAL FORM

Name of Patient:	Referring Clinician and Grade/Role:
Address of Patient:	Department/Ward and Hospital Address:
CHI:	
	Contact number:
Date of Birth: Age:	Contact email:
Contact Number of Patient:	

BEFORE REFERRING THE PATIENT FOR A TELEPSYCHIATRY APPOINTMENT CONSIDER THE FOLLOWING POTENTIAL EXCLUSION CRITERIA FOR EMERGENCY TELEPSYCHIATRY:

	YES	NO
• Is the patient medically unstable?	☐	☐
• Is the patient intoxicated?	☐	☐
• Does the patient lack capacity to consent to a telepsychiatry assessment?	☐	☐
• Is the patient unable to engage using telepsychiatry equipment (either as the result of sensory difficulties or illness)?	☐	☐
• Has the patient declined a telepsychiatry appointment?	☐	☐
• Is the patient actively aggressive?	☐	☐

If you answered YES to any of the above questions then completing the assessment via telepsychiatry may not be appropriate and the referral should instead be discussed with mental health team.

Complete Following Referral:

Name and grade/role of mental health clinician contacted: Location: Contact number: Contact email:	Date of contact: Time:
Telepsychiatry referral accepted? YES ☐ NO ☐	Estimated date and time of telepsychiatry assessment:
If patient has exclusion criteria but the case has been discussed and accepted please explain reasons:	Planned peripheral location of telepsychiatry assessment:
	Who will be in attendance with patient at peripheral location?
Referring Clinician Signature:	

APPENDIX 2 – EXAMPLE URGENT TELEPSYCHIATRY REFERRAL FORM

Patient Name:	CHI:

PLEASE NOTE THE INFORMATION PROVIDED ON THIS FORM IS SPECIFIC INFORMATION TO ENABLE A TELEPSYCHIATRIC REFERRAL, AND TO SUPPLEMENT THE CLINICAL INFORMATION ON YOUR STANDARD REFERRAL PAPERWORK, NOT TO REPLACE IT.

Relevant Physical Findings	
Alcohol level	Relevant findings from physical examination
Overdose screen	
Blood work	ECG normal? YES ☐ NO ☐ QTc interval:

Essential Background Information		
History of mental health contact?	YES ☐	NO ☐
Previous mental health diagnoses?	YES ☐	NO ☐
Is the mental health team currently involved in the treatment of this patient?	YES ☐	NO ☐
Is the patient on CPA	YES ☐	NO ☐

If yes to above points please summarise:

Is background paperwork available and accessible to the central location? YES ☐   NO ☐

If **NO** please attached most recent CPA and/or outpatient letter to this form. INFORMATION ATTACHED ☐

Legal Status of the Patient	
Is the patient detained under the The Mental Health (Care and Treatment) (Scotland) Act 2003?	YES ☐ NO ☐
If **YES** please attach the paperwork to this document and complete following information:	
What order is the patient detained under?	
What is the expiry date and time?	

Patient support		
Is a family member or friend in attendance with the patient?	YES ☐	NO ☐
Has the patient consented to their involvement in the consultation?	YES ☐	NO ☐

GP name and contact details:

URGENT TELEPSYCHIARY ASSESSMENT SUMMARY REPORT

Name of Patient: **Address of Patient:** **CHI:** **Date of Birth:** **Age:**	**Assessment date:** **Name of assessor:** **Assessor's location:** **Contact number:** **Contact email:**
Contact Number of Patient:	**GP details:**
Does patient have a carer/next of kin? **Name:** **Contact details:**	**Referring Department and Hospital Address:**

Situation
Background
Assessment
Risk
Recommendations including diagnosis (ICD 10) if appropriate

CMHT Input	Yes / No	Discussed with referrer	Yes / No
REFFERAL DATE:		**ASSESSMENT DATE:**	
Name		Name	
Designation		Designation	
Signature		Signature	
Date		Date	