

**P**sychiatric  
**L**iaison  
**A**ccreditation  
**N**etwork (PLAN)



# Quality Standards for Liaison Psychiatry Services

Edited by Lucy Palmer, Melanie Dupin,  
Graham Hinchcliffe and Maureen McGeorge



**A manual of standards written primarily for:**

Professionals who deliver liaison psychiatry services  
Commissioners

**Also of interest to:**

People with physical and mental health problems  
Carers of people with physical and mental health problems  
Non-mental health professionals in the general hospital  
Crisis Resolution/Home Treatment Teams  
Out-of-hours mental health services  
Researchers  
Policy makers

**First Edition September 2009**  
**Publication number: CRTU 083**

**Correspondence:**

Lucy Palmer or Melanie Dupin  
Psychiatric Liaison Accreditation Network  
Royal College of Psychiatrists' Centre for Quality Improvement

**Tel:** 020 7977 6642/6646

**Fax:** 020 7481 4831

**Email:** [plan@cru.rcpsych.ac.uk](mailto:plan@cru.rcpsych.ac.uk)

This document can be downloaded from our website at:

[www.rcpsych.ac.uk/PLAN](http://www.rcpsych.ac.uk/PLAN)

*©Royal College of Psychiatrists 2009.*

# Contents

Section	Page
<b>How to use these standards</b>	4
<b>Introduction</b>	5
<b>Domain 1: Core Standards for all Adult Teams</b>	9
• Core Commissioning and Resources	9
• Referral Procedures	10
• Mental Health Assessment and Care Planning	11
• Involving Service Users and Carers	14
• Collaborative Working in the General Hospital	17
• Interfaces with Other Services	18
• Staffing, Support and Communication	19
• Audit, Quality and Feedback	22
<b>Domain 2: Providing Emergency Mental Health Care to Adults of all Ages</b>	23
<b>Domain 3: Providing Routine Mental Health Care to Working Age Adults</b>	24
<b>Domain 4: Providing Routine Mental Health Care to Older People</b>	25
<b>Domain 5: Providing Interventions</b>	27
<b>Domain 6: Providing Training to Hospital Colleagues</b>	29
<b>Appendix 1: Examples of Liaison Psychiatry Staffing Levels</b>	31
<b>Appendix 2: Key to References</b>	34
<b>Appendix 3: Bibliography</b>	36
<b>Appendix 4: Acknowledgements</b>	41

# How to use these standards

Below is an explanation of the various terms used throughout this document. Should you require further information, please contact the PLAN team on 020 7977 6642/6646.

**Standard:** *this describes the overarching aim or value of a particular group of criteria*

**Criterion:** *a more specific statement explaining what needs to happen. Please note, in order to pass a standard, a team must meet the majority of criteria within it.*

<b>Standard 1: Liaison psychiatry services to general hospitals are adequately planned and commissioned</b>			
<b>No.</b>	<b>Type</b>	<b>Criterion</b>	<b>Ref.</b>
1.1	2	Liaison services are explicitly commissioned against agreed service standards	ACAD
1.2	2	Liaison services are planned, developed and reviewed by a joint planning forum	JOINT
1.3	2	Commissioning includes provision for local advocacy services	GPP

**Type:** *this relates to the rating of the standard i.e:*

**Type 1:** Failure to meet these criteria would result in a significant threat to patient safety, rights or dignity and/or would breach the law

**Type 2:** Criteria that an accredited service would be expected to meet

**Type 3:** Criteria that an excellent service should meet.

Some criteria, though very important, are not the direct responsibility of the liaison team and can therefore only be rated as Type 2 or 3.

**No:** *this relates to the criterion number.*

**Ref:** *this refers to the source that inspired or relates closely to the criterion in question. Please see Appendix 2 on page 34 for full details of the references.*

## Please note

- Where there are notes underneath some criteria (in italics) these are for guidance only and are not intended to be prescriptive.
- The standards and criteria in this document exist to guide best practice and do not override the individual responsibility of a professional to make appropriate decisions on a case-by-case basis.

# Introduction

---

## What is the Psychiatric Liaison Accreditation Network (PLAN)?

**PLAN** is a network of mental health liaison psychiatry services run by a central project team at the Royal College of Psychiatrists' Centre for Quality Improvement (CCQI). Our aim is to facilitate quality improvement and development in liaison psychiatry services through a supportive peer review network. PLAN is open to all liaison psychiatry services in the United Kingdom and Ireland. To speak to a member of the PLAN team, please telephone 020 7977 6642/6646 or email [plan@cru.rcpsych.ac.uk](mailto:plan@cru.rcpsych.ac.uk)

Each year, mental health liaison teams will be evaluated against the PLAN service standards. The quality improvement process is ongoing, rather than a single iteration, and consequently members are expected to take part in self review every year and peer review every two to three years.

The network enables communication between services and the sharing of best practice. Liaison psychiatry touches a wide variety of healthcare professionals and patients, but liaison teams themselves can experience isolation and a lack of recognition. Importantly, some services report a lack of practical and financial support required to really thrive, (or in some cases, a lack of support just to survive). PLAN aims to support members in their endeavors to improve and develop, at a pace that suits the individual service. By applying standards developed from literature reviews and consultations with experts, and using proven quality improvement methods, PLAN will:

- Recognise achievement and identify areas for improvement
- Raise awareness of the value of liaison services
- Encourage services to constantly strive for improvement
- Provide funders with the confidence to invest in accredited liaison services

### The PLAN annual cycle



## How have the standards been developed?

The standards were developed following a review of the literature and a period of consultation with various experts, including:

- Service users and carers
- Liaison mental health professionals, such as nurses, psychiatrists, social workers, therapists and psychologists
- Experts from voluntary sector organisations
- Healthcare professionals from emergency departments, assisted medical units and general hospital wards
- Managers and directors
- Individuals with expertise in quality improvement, research and audit

The consultation process involved a written consultation exercise, expert group meetings, telephone and email discussions and an exercise where people independently rated the standards.

## How will the standards be measured?

The standards will be measured in two stages; the self and peer review.

### **The self review**

During the self review we will ask for the following anonymous questionnaires to be completed, either online or by post:

- A brief questionnaire for all members of the liaison team
- A brief questionnaire for professionals who refer to the liaison team
- A brief questionnaire for patients and carers who have recently been in contact with the liaison team

There will also be an audit of 20 liaison team case notes and a comprehensive checklist for the liaison team to complete.

### **The peer review**

The peer review is a one day visit from a review team made up of other PLAN members as well as a service user or carer. It offers an opportunity for multi-disciplinary and multi-agency discussions, the sharing of ideas, networking and gaining an insight into how other teams function.

The peer review is not an inspection but rather an opportunity to validate the data from the self review and record any additional changes that you may have made between the self review and the visit. Part of the day will involve a multi-agency meeting, where staff who refer patients to the liaison team will be invited to attend and discuss how joint working and communication might be improved by all parties. Service users and carers will also have an opportunity to voice their opinions to the visiting team.

Members of the liaison team will be invited to attend visits to another liaison service. A minimum of three people from each team will be invited to attend a different site each; if more than three members of your team are keen to go on visits, please let us know. Training and support will be provided to all reviewers, so previous experience of conducting reviews is not necessary. However, peer reviewers will need to be strong communicators, genuinely enthusiastic about improving services and able to share ideas with peers in a supportive and encouraging manner.

## How will accreditation be decided?

Data from the self and peer review will be compiled by the central PLAN team into a summary report of the service's strengths and areas for improvement. This will then be considered by an advisory committee which will make a recommendation about the accreditation status of the service. The liaison team in question will be provided with the opportunity to comment on their report before the final accreditation decision is reached.

## How many standards have to be met in order for a team to be accredited?

There are four **categories of accreditation status**:

### **Category 1: "accredited with excellence".**

The service would *at the point of peer review*:

- meet all Type 1 standards;
- meet 95% of Type 2 standards
- meet all or the majority Type 3 standards, with a clear plan for how to achieve the others

### **Category 2: "accredited".**

The service would *at the point of peer review*:

- meet all Type 1 standards;
- meet most Type 2 standards
- meet many Type 3 standards.

### **Category 3: "accreditation deferred".**

The service would *at the point of peer review*:

- fail to meet one or more Type 1 standards but demonstrate the capacity to meet these within a reasonable period of time;
- fail to meet a substantial number of Type 2 standards but demonstrate the capacity to meet the majority within a reasonable period of time

### **Category 4: "not accredited".**

The service would *at the point of peer review*:

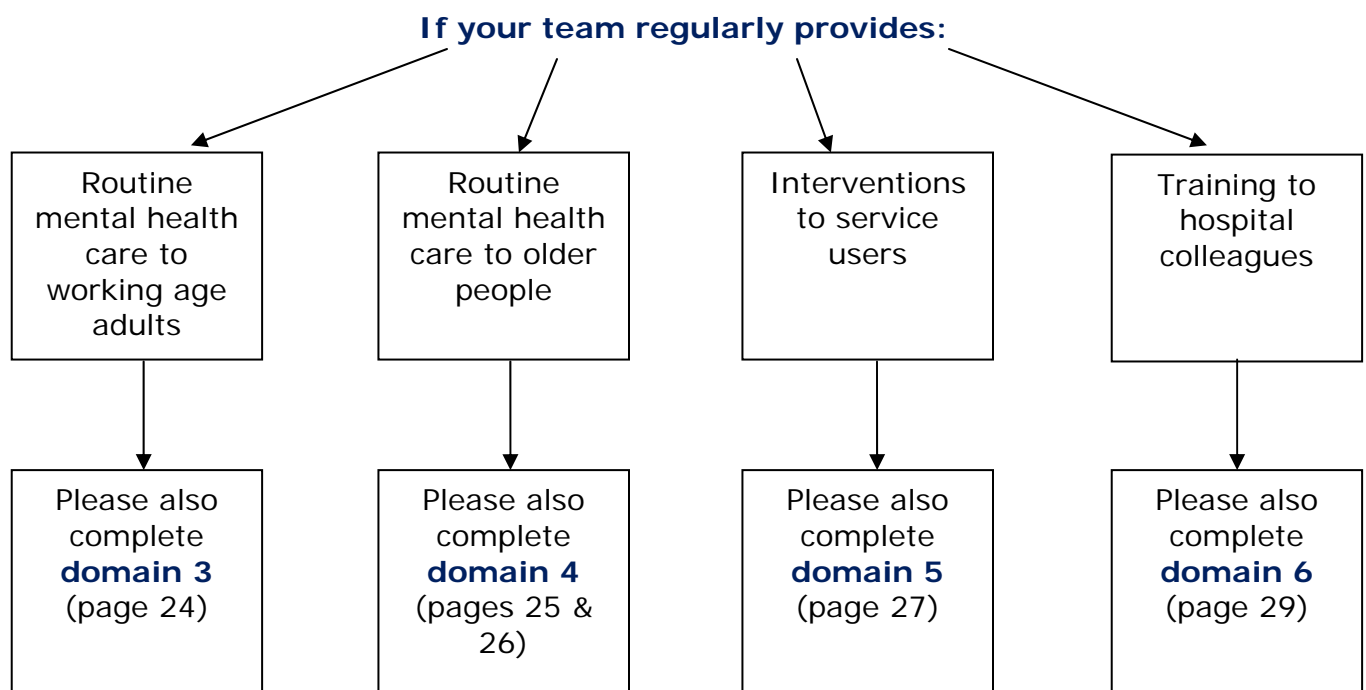
- fail to meet one or more Type 1 standard and not demonstrate the capacity to meet these within a reasonable period of time;
- fail to meet a substantial number of Type 2 standards and not demonstrate the capacity to meet these within a reasonable period of time.

In cases where accreditation cannot be awarded at the first attempt, the central PLAN team will provide the service in question with a list of the standards that need to be addressed. Time and support will be offered to help the team develop an action plan to make positive changes, giving teams the best chance of meeting the standards required. After an agreed period of time, the PLAN team will follow up the work through a further self and peer review, to determine if the service now meets the criteria for Category 2 approval.

## Which standards will teams be measured by?

**All teams** must complete **domain 1** (core standards for all team) and **domain 2** (providing emergency mental health care to adults of all ages) on pages 9-24.

In addition, your team may need to complete as many domains as apply from the following:



---

### Please note:

- If you wish to opt of any of the domains in the boxes above, you will be asked to provide a letter or written document outlining the remit of your liaison team, to demonstrate why you should be exempt from certain domains.
- Accreditation certificates will state which domains each team has and has not been measured against. They will also state that accreditation is for the liaison team, and not any other services, such as out-of-hours services.

## Domain 1: Core Standards for all Adult Teams

---

This includes liaison teams dedicated to working age adults, teams dedicated to older adults, and teams dedicated to both.

Core Commissioning and Resources			
Standard 1: Liaison psychiatry services to general hospitals are adequately planned and commissioned			
No.	Type	Criterion	Ref.
1.1	2	Liaison services are explicitly commissioned against agreed service standards	ACAD
1.2	2	Liaison services are planned, developed and reviewed by a joint planning forum which meets at least quarterly  <i>Note: this should include senior clinicians and managers from mental health and acute trusts and where appropriate, commissioners, service users and carers.</i>	JOINT
1.3	2	Commissioning includes provision for local advocacy services	GPP

**Please note:**

- Standards relating to the commissioning of emergency and urgent mental health care can be found on page 23
- Standards relating to the commissioning of mental health care for working age adults can be found on page 24
- Standards relating to the commissioning of mental health care for older people can be found on page 25

Standard 2: The liaison team has access to the appropriate facilities and resources			
No.	Type	Criterion	Ref.
2.1	1	The liaison team has office space with the essential facilities (i.e. computer equipment, telephone, a fax machine and internet access)	GPP
2.2	2	The liaison team has an additional breakout room for confidential activities such as supervision	PIG
2.3	2	The liaison team's office space is not overcrowded, uncomfortable or unpleasant	GPP

## Referral Procedures

### Standard 3: The liaison team provides an effective service to referrers

No.	Type	Criterion	Ref.
3.1	1	The liaison team provides referrers with guidance on <u>who</u> should be referred to the liaison team	JOINT GPP
3.2	1	The liaison team provides referrers with guidance on <u>how</u> to refer patients to the liaison team  <i>Note: for example, the hospital intranet site might contain a care pathway with phone/bleep numbers or directions to a referral form. On hospital wards, a decision-making flowchart may be available.</i>	GPP
3.3	2	The liaison team provides guidance to referrers about which types of cases will take priority and expected waiting times	GPP
3.4	2	The majority of referrers find the referral system straightforward to use with minimum obstacles	GPP
3.5	2	When accepting a referral, the liaison team informs the referrer how soon they expect to attend, and keeps them well informed if there are any delays	CR118
3.6	2	The majority of referrers do not experience delays in getting a senior opinion and final decision once the initial assessment has been carried out	GPP
3.7	2	The majority of referrers are satisfied with the communication provided by the liaison team whilst waiting for assessment  <i>Note: including updates on waiting times and any delays and telephone advice to the referrer about how to care for the patient whilst waiting for assessment.</i>	GPP
3.8	2	The majority of referrers are satisfied with the communication provided by the liaison team after the assessment	GPP
3.9	3	Liaison professionals proactively seek referrals and raise awareness of the liaison function, for example through staff training and multi-disciplinary meetings  <i>Note: it is acknowledged that this is not practical for teams which are already operating well beyond their means; however this is an aim which teams should aspire to in the long term.</i>	JOINT

## Mental Health Assessment and Care Planning

### Standard 4: Mental health assessments take place in an appropriate and safe environment

- Sufficient private space should exist to ensure that patients and liaison staff do not have to travel far through the hospital to find a room for assessment
- The use of a curtain around a patient's bed does not ensure privacy and should only be used as a last resort, i.e. if there is significant risk and no safe alternative place for assessment, or if it is not physically possible for the patient to be moved to a more private setting

No.	Type	Criterion	Ref.
4.1	2	The liaison team can access sufficient space in the <u>emergency department</u> to conduct assessments in privacy	PIG
4.2	2	The liaison team can access sufficient space in the <u>general hospital</u> to conduct assessments in privacy	PIG
4.3	1	The liaison team has a procedure for determining risk and deciding whether or not a patient should be assessed in a more secure area  <i>Note: written guidance might include a list of rooms and areas which are considered suitable for high risk assessments.</i>	GPP
4.4	1	The liaison team has access to facilities for conducting high risk assessments  <i>Note: facilities suitable for high risk assessments might include:</i> <ul style="list-style-type: none"> <li>• A door which opens both ways and is not lockable from the inside</li> <li>• Means of contacting nearby staff, such as a panic button or alarm system</li> <li>• Polycarbonate (or similar) observation panels in the door</li> <li>• Furniture and fittings which are unlikely to be used to cause harm</li> </ul>	ASS'T GPP
4.5	1	If the emergency department is an allocated 'place of safety', there is a policy in place in line with legislation  <i>Note: the Mental Health Act 1983 (section 136), Mental Health (Care and Treatment) (Scotland) Act 2003.</i>	GPP
4.6	2	The assessment area used for assessing emergency department patients is welcoming and comfortable  <i>Note: this might include comfortable seats and access to tissues for patients who may be upset.</i>	ASS'T GPP
4.7	3	The assessment area used for assessing emergency department patients has lighting which can be controlled from outside the room  <i>Note: this can help to reduce stimuli for patients who are elated.</i>	GPP

**Standard 5: Mental health assessments are comprehensive, supportive and focus on patient needs**

No.	Type	Criterion	Ref.
5.1	2	The liaison team has an agreed and consistent approach to assessment and care planning  <i>Note: if formal assessment tools are used, members of the team are clear about which tools should be used, and how to interpret and act on the results.</i>	PIG
5.2	2	The majority of liaison professionals are satisfied with the length of time they are able to spend on each assessment (including face to face time, reading notes and writing up notes)	PIG GPP
5.3	2	The majority of service users are satisfied with the length of time spent on their mental health assessment	GPP
5.4	1	The assessor produces a formulation or diagnosis which is recorded in the liaison team's case notes	PIG
5.5	1	Case notes demonstrate that the formulation and diagnosis have been used to inform the written care plan  <i>Note: the care plan should aim to overcome the problems identified in the assessment and build on the service user's strengths.</i>	PIG
5.6	2	Liaison professionals make efforts to access and read past notes on the patient, such as risk assessments, serious case reviews, care-plans, crisis and contingency plans	GPP
5.7	1	The assessor ensures that the future care plan/referral details are recorded in the patient's notes	GPP
5.8	2	The assessor asks the service user to chose whether or not a friend, relative or advocate is present during the assessment  <i>Note:</i> <ul style="list-style-type: none"> <li>• <i>The professional should normally speak to the service user alone first, and then ask if they would like others present, only bringing in others if the service user is happy to do so.</i></li> <li>• <i>In other cases, the carer might wish to speak to the assessor in private and this also should be facilitated, provided the service user has given permission.</i></li> </ul>	SH
5.9	1	If a patient has dementia or suspected dementia, the liaison professional establishes whether a specialist assessment is needed, and carries this out or signposts to a service that can complete an assessment  <i>Note: if assessment is needed but the liaison team does not have the necessary expertise, they should refer the patient to liaison services for older people, specialist Community Mental Health Teams, or a local Memory Service.</i>	NICE1 GPP

**Standard 6: Assessment includes consideration of issues around risk and mental capacity**

No.	Type	Criterion	Ref.
6.1	1	<p>The person conducting the assessment assesses risk</p> <p><i>Note: this is likely to include some of the following:</i></p> <ul style="list-style-type: none"> <li>• Harm to self - i.e. current suicidal intent, hopelessness, depression and self neglect</li> <li>• Vulnerability - e.g. risk factors for older people and the protection of vulnerable adults, including people with learning disabilities</li> <li>• Triggers to symptoms and behaviours</li> <li>• Deterioration</li> <li>• Absconding</li> <li>• Non-adherence to treatment</li> <li>• Harm to others, including child protection issues</li> </ul>	PIG GPP
6.2	1	The liaison team has a written policy on managing different levels of risk	PIG
6.3	1	If risk has been established, the assessor records a risk management plan in the case notes and communicates this with relevant colleagues	GPP
6.4	1	<p>Liaison professionals are able and available to advise colleagues on issues around mental capacity</p> <p><i>Note: it is not the sole responsibility of the liaison team to assess mental capacity; this should be undertaken by the medical professional proposing the action being taken. However, in complex or borderline cases, the liaison professional may be able to offer valuable insight, and should endeavour to do so.</i></p>	PIG

**Standard 7: When a person is being discharged from the liaison team and/or referred onwards, the team shares all relevant information**

No.	Type	Criterion	Ref.
7.1	1	The assessor communicates the outcome of the assessment and any discharge or care plan with relevant services	GPP
7.2	2	<p>The outcome of the assessment and care plan is communicated to other services in a timely manner</p> <p><i>Note: when contacting GPs regarding high risk cases (for example post self-harm), a telephone call or fax on the day of discharge is advisable. Otherwise, a letter within 7 working days is advised.</i></p>	PIG GPP
7.3	2	The majority of referrers are satisfied with the communication provided by the liaison team post-discharge	GPP
7.4	1	<p>The liaison team has a policy on confidentiality and information sharing</p> <p><i>Note: this includes informing service users about where information about them is being sent, and why.</i></p>	GPP

## Involving Service Users and Carers

### Standard 8: Service users are fully involved in, and informed about, all aspects of their care

*Note: It is acknowledged that there may be occasions where patients cannot be fully involved and informed (i.e. where it would cause distress to the patient, or where the patient lacks the capacity or cognitive ability to understand what is being said or written, even with support). However, the default position should always be to involve the patient as fully as possible.*

No.	Type	Criterion	Ref.
8.1	2	The majority of service users report that they were treated with respect, understanding and warmth by liaison professionals	NICE
8.2	1	The assessor involves the service user in discussions about their problems and the different treatments or interventions available  <i>Note: this includes encouraging individuals to express preferences and involving them as fully as possible in all decisions about onward care. For those patients with emergency care plans, crisis cards or advance directives, the contents of these should be taken into account when deciding when and how to intervene.</i>	NICE
8.3	2	The liaison professional ensures that a written summary of the assessment, discharge/care plan is offered to the service user or carer	NICE
8.4	2	The liaison team ensures that the service user is copied into written communication between the liaison team and other services	DH
8.5	2	Where appropriate (and with the service user's permission) the appointed carer is copied into written communication between the liaison team and other services	DH
8.6	2	If ongoing care is to be provided (whether by the liaison team or another service) the liaison professional provides basic information about that service  <i>Note: this is likely to include:</i> <ul style="list-style-type: none"> <li>• <i>The name and contact details of a link person at the service</i></li> <li>• <i>In broad terms, what to expect from the other service and the purpose of referral</i></li> </ul>	PIG

**Standard 9: The liaison team provides service users and carers with information appropriate to their needs**

No.	Type	Criterion	Ref.
9.1	1	The liaison team provides information on how to access emergency out-of-hours help  <i>Note: this might also include helping the service user draw up an action plan for future mental health crises (if this has not already been undertaken by another mental health team).</i>	PIG
9.2	2	The liaison team provides information about any mental disorder being diagnosed	GPP
9.3	2	The liaison team provides information on how to access further support through other health services, social services, advocacy and voluntary sector services  <i>Note: this might include local community mental health teams, memory clinics, dementia services, substance misuse services, eating disorder services, housing and accommodation services, self harm support, voluntary sector organisations and user groups and advocacy services.</i>	GPP
9.4	2	The liaison team helps the service user access help with any urgent practical needs (such as the need to replace clothes or shoes, or gain access to accommodation)  <i>Note: hospital social workers, ward staff or crisis resolution teams are likely to be able to help with such problems. If needed, the liaison team should help the service user to make contact with the relevant professional.</i>	PIG
9.5	2	The majority of service users and carers are satisfied with the information provided by the liaison team	GPP

**Standard 10: The liaison team considers the needs and views of carers**

No.	Type	Criterion	Ref.
10.1	3	The liaison team advises carers on how to access further support, for example, how to access an assessment of their own needs and how to contact services	CCQI 2
10.2	2	The liaison team involves the carer in decisions about the service user's care and treatment, provided that the service user has given permission	NICE
10.3	2	The majority of relatives/friends/carers report that the liaison team were supportive and helpful	NICE

**Standard 11: The liaison team has the resources required to communicate effectively with service users and carers**

11.1	2	<p>The liaison team can access information in a range of formats</p> <p><i>Note: the hospital Trust/health board should be able to access key information in languages other than English, and for people with sight, hearing, learning or literacy difficulties.</i></p>	JOINT GPP
11.2	2	<p>The liaison team can access professional interpreters through the provider Trust</p> <p><i>Notes:</i></p> <ul style="list-style-type: none"> <li>• <i>Relatives should not be used as sole interpreters</i></li> <li>• <i>Ideally the interpreter should have some knowledge of the needs of people with mental health problems</i></li> <li>• <i>Telephone interpreters should not be used for initial assessments, but may be used for follow up visits if a live interpreter is not available</i></li> </ul>	CCQI 1 GPP
11.3	2	<p>Liaison professionals can access equipment to facilitate communication with people with visual and/or hearing impairments, cognitive impairment, or learning disability</p> <p><i>Note: this might include a white board, marker pen and other visual aids, a hearing amplifier and similar aids</i></p>	GPP

## Collaborative Working in the General Hospital

### Standard 12: There is effective collaboration between the team and general hospital staff

No.	Type	Criterion	Ref.
12.1	2	The liaison team and general hospital staff have an agreed system which allows both parties to alert each other to service users who are at risk	CR118
12.2	2	If the liaison team provides a service to the emergency department, a member of the liaison team meets with emergency department staff at least quarterly	GPP
12.3	2	If the liaison team provides a service to the general hospital, a member of the liaison team meets with relevant hospital staff at least quarterly	GPP
12.4	1	Liaison professionals can access the physical health records of their patients	JOINT
12.5	3	The acute and mental health Trusts ensure that acute and mental health IT systems are compatible	GPP
12.6	3	Liaison and acute managers ensure that there is a forum or procedure which allows the liaison team and acute staff to discuss differences of clinical opinion	GPP

### Standard 13: Unless the liaison team provides 24 hour cover, there is effective collaboration between the liaison team and out-of-hours services (e.g. Crisis Resolution Home Treatment teams, on-call staff etc)

No.	Type	Criterion	Ref.
13.1	1	<p>Joint protocols for out-of-hours cover are in place with the relevant service(s)</p> <p><i>Note: the policy should be developed in consultation with out-of-hours staff and is likely to include guidance on:</i></p> <ul style="list-style-type: none"> <li>• <i>The working hours and days of the liaison service and the out-of-hours team(s)</i></li> <li>• <i>The clinical responsibilities of each service</i></li> <li>• <i>The handover responsibilities of each service</i></li> </ul>	ACAD PIG
13.2	2	The liaison team and out-of-hours services ensure that joint care pathways are in place	GPP
13.3	3	The liaison team and out-of-hours services have shared strategies for patients who attend regularly	GPP
13.4	1	<p>The team has working arrangements detailing who is responsible for assessing patients who may need to be detained under mental health legislation</p> <p><i>Note: e.g. approved mental health professionals and/or Section 12 (England) and Section 20 (Scotland) doctors, or the Crisis Resolution Home Treatment team. Details of how to contact Independent Mental Health/Mental Capacity Advocates should also be included.</i></p>	CR118 GPP

## Interfaces with Other Services

### Standard 14: The liaison team has written guidance with relevant services

*Note: where liaison teams deal with dozens of services, they could not be expected to have strong links with every one of them, but the liaison service should have written guidance for those services it deals with on a regular basis. Written guidance is likely to include:*

- *Contact details of the other service*
- *Referral procedures and relevant forms*
- *Defined responsibilities of the referrers and the onward service*
- *Expected follow up times*

No.	Type	Criterion	Ref.
14.1	2	The liaison team has written guidance regarding referral/discharge to local mental health services (i.e. community mental health teams, inpatient units, home treatment teams etc).	GPP
14.2	2	The liaison team has written guidance regarding referral/discharge to local primary care services	GPP
14.3	2	The liaison team has written guidance regarding referral/discharge to specialist mental health services for older people  <i>Note: decision to refer someone to services for older people should be based on need and not just age</i>	JOINT
14.4	2	Members of the liaison team have access to the Trust's dementia care pathway	NDS (England)
14.5	2	The liaison team has written guidance regarding referral/discharge to local social services departments, according to local practice	PIG
14.6	2	There is written agreement stating when it is appropriate for an adolescent patient to be seen by the working age adult liaison team  <i>Note: this should be based on need and not just the person's age.</i>	GPP
14.7	3	Liaison professionals actively follow up referrals to other services to ensure that action has been taken	GPP

### Standard 15: Liaison professionals know how to contact and (if necessary) make referrals to other relevant services in its catchment area, including:

No.	Type	Criterion	Ref.
15.1	2	Learning disability services	GPP
15.2	2	Eating disorder services	GPP
15.3	2	Child and adolescent mental health services	GPP
15.4	2	Specialist services for older people	GPP
15.5	2	Services for people who misuse drugs or alcohol	GPP
15.6	2	Non-statutory agencies and local service user and carer-led groups, such as the Samaritans, Mind, Rethink, Hearing Voices groups, Age Concern, Help the Aged, the Alzheimer's Society etc.	PIG
15.7	2	Police services	PIG
15.8	2	Ambulance services	PIG
15.9	3	Prison staff and probation officers	PIG
15.10	3	Criminal justice liaison services	PIG

## Staffing, Support and Communication

<b>Standard 16: The service is adequately staffed by a skilled team</b>			
No.	Type	Criterion	Ref.
16.1	1	The liaison team comprises a number of staff that is proportionate to the size and throughput (see tables in appendix 1 for some examples of suggested staffing levels)	PIG GPP
16.2	2	Staffing levels allow for cover to be provided in the event of absence, including sickness, maternity or annual leave	CCQI 1
<b>Standard 17: Structures are in place to provide clear lines of accountability and adequate staff supervision</b>			
No.	Type	Criterion	Ref.
17.1	2	There are up-to-date documents which state the managerial and clinical responsibility and accountability of staff	CCQI 3
17.2	2	All staff have up-to-date job descriptions and job roles	CCQI 3
17.3	1	All members of the liaison team are clear about what their responsibilities are and who they are accountable to	CCQI 2
17.4	2	All staff receive an annual appraisal	CCQI 1
17.5	1	All staff are able to contact a senior colleague at any time	CCQI 2
17.6	2	All staff are able to meet with their peers for support	CCQI 3
17.7	1	There are debriefing opportunities for staff after traumatic incidents	GPP
17.8	2	Clinical supervisors provide staff with at least one hour's supervision every six weeks  <i>Note: this is a minimum target; for some professional groups it will often be appropriate to provide more frequent supervision</i>	CCQI 1
17.9	1	Supervision allows staff to reflect on their emotional responses to their work	SH
17.10	2	The majority of staff are satisfied with the quality and frequency of the supervision they receive	GPP
17.11	1	Liaison professionals can access legal advice when necessary (i.e. on the use of legal frameworks, capacity and consent issues etc)	JOINT
<b>Standard 18: There is clear communication within the liaison team</b>			
No.	Type	Criterion	Ref.
18.1	1	The liaison team meets regularly (e.g. daily contact and handover, and weekly meetings)	PIG
18.2	2	The liaison team uses one set of integrated multi-professional healthcare notes  <i>Note: if social workers within the team use a different set of notes, these should be communicated and made available to colleagues.</i>	PIG
18.3	2	The majority of the liaison team agree that communication within the team is effective	GPP

**Standard 19: Structures are in place to ensure that the liaison team has access to training, education and guidance**

No.	Type	Criterion	Ref.
19.1	2	Liaison staff are asked about their training needs at least annually	GPP
19.2	2	Staff are not routinely denied training due a lack of funding	CCQI 2
19.3	2	Staff are not routinely denied training due a lack of staff cover	CCQI 2
19.4	3	There is a rolling training programme for liaison professionals which is repeated to account for staff rotation and changes	GPP
19.5	2	All liaison staff know how to access the team's policies, procedures and written guidance	CCQI 1
19.6	3	Liaison staff can access the intranet of their provider Trust or organisation	CCQI 2
19.7	3	Liaison staff can access online journals, reference guides or text books	CCQI 2
19.8	3	There are opportunities for liaison staff to shadow colleagues or attend placements in other areas of the hospital (e.g. emergency department, assisted medical units, general medical wards)	PIG
19.9	3	There are opportunities for liaison staff to shadow colleagues from crisis resolution/home treatment teams	GPP
19.10	2	The liaison service provides an induction to new team members	GPP
19.11	2	The majority of staff who received an induction found it satisfactory	GPP

**Standard 20: Clinical and non-clinical members of the liaison team have access to training and education in:**

No.	Type	Criterion	Ref.
20.1	1	A basic awareness of common mental health problems	SH
20.2	1	A basic awareness of risk  <i>Note: including safety issues relating to the hospital environment, such as ensuring that service users are not isolated for long periods and staff knowing when to alert colleagues to potential hazards.)</i>	SH
20.3	1	Information-sharing and confidentiality	CCQI 1
20.4	2	Culturally sensitive practice, disability awareness and other diversity and equality issues	CCQI 1
20.5	2	Mental health and stigma	GPP
20.6	2	Ageism and stigma	GPP
20.7	2	Recognising special needs and knowing how to provide/access support for people with visual, hearing, literacy or learning disabilities	GPP

**Standard 21: Clinical members of the liaison team have access to training, learning and development opportunities appropriate to the service users they work with. This includes:**

No.	Type	Criterion	Ref.
21.1	1	Working with 16-18 year olds, if relevant	GPP
21.2	1	Working with older people, if relevant, including the detection and management of dementia, delirium and depression	GPP
21.3	1	Conducting mental health assessments in people with complex physical and psychological problems	PIG
21.4	1	Assessing and managing a patient's risk to self and others	PIG
21.5	1	The use of legal frameworks, such as conducting assessments, deprivation of liberty, assessing capacity and providing medico-legal advice to colleagues	PIG
21.6	1	Detecting and managing acute disturbance in physically ill people of all ages (e.g. delirium, psychosis etc) including the use of rapid tranquilisation, if used	GPP
21.7	1	The protection of vulnerable adults and child protection issues, including responding to suspected abuse or domestic violence	CCQI 1
21.8	1	Understanding why people self-harm and the difference between self-harm and acts of suicidal intent (for working age adults and for older people)	SH
21.9	1	Suicide awareness, prevention techniques and approaches	PIG
21.10	1	Preventing and managing challenging behaviour	PIG
21.11	1	Detecting the misuse of alcohol	GPP
21.12	1	Detecting the misuse of drugs	GPP
21.13	2	Recognising and managing emotional responses to trauma	JOINT
21.14	2	Recognising and managing medically unexplained symptoms	GPP
21.15	2	Recognising and managing organic mental health disorders	GPP
21.16	2	Person-centred care planning	GPP
21.17	2	The use of therapeutic approaches in the assessment process, such as motivational interviewing, cognitive behavioural therapy techniques, or psychotherapeutic or systemic theories	GPP
21.18	2	Awareness of the processes involved in adjusting to illness, including issues of non-adherence and phobic responses to illness	JOINT GPP
21.19	2	Working with people diagnosed with personality disorder	GPP
21.20	2	The impact of cultural differences on mental health and use of services	SH ACAD
21.21	2	The needs of people with learning disabilities	ACAD
21.22	2	Awareness of the liaison team's role following major incidents	CR118
21.23	2	Referral pathways and joint working arrangements with the hospital and other services	PIG

**Standard 22: Liaison team training is planned and delivered in collaboration with key partners**

No.	Type	Criterion	Ref.
22.1	2	Service users/carers are involved in the <u>planning</u> of training	PIG
22.2	2	Service users/ carers are involved in the <u>delivery</u> of training	PIG
22.3	2	Training includes input from acute hospital staff	PIG
22.4	2	There is an ongoing programme of training which is planned and delivered jointly by acute and mental health staff	ACAD

**Quality, Audit and Feedback**

**Standard 23: The liaison service is regularly reviewed**

No.	Type	Criterion	Ref.
23.1	2	The liaison team has undertaken at least one clinical audit or service review in the past twelve months	PIG
23.2	3	The liaison team has monitored its performance against clinical outcome measures or performance indicators in the past twelve months	GPP
23.3	2	The liaison team has involved service users and carers in reviews of the service in the past twelve months	PIG
23.4	2	Information is available to service users and carers about how to give feedback to the team, including positive comments and complaints	PIG
23.5	2	There is evidence of action and feedback from comments and complaints	CCQI 2
23.6	3	The liaison team has a written document detailing key performance indicators  <i>Note: (for example response times to referrals)</i>	GPP

## Domain 2: Providing Emergency Mental Health Care to Adults of all Ages

### Definitions of 'emergency' and 'urgent' referrals

**Emergency:** An acute disturbance of mental state and/or behaviour which poses a significant, imminent risk to the patient or others.

**Urgent:** A disturbance of mental state and/or behaviour which poses a risk to the patient or others, but does not require immediate mental health involvement. Or, patients who are judged medically fit for discharge from an acute hospital but require a mental health assessment before leaving.

<b>Standard 24: Emergency liaison psychiatry services to general hospitals are adequately planned and commissioned</b>			
No.	Type	Criterion	Ref.
24.1	2	The liaison service is commissioned to provide emergency/urgent assessment and treatment to adults throughout the hospital (including older people)	GPP
24.2	2	The liaison service is commissioned to provide urgent care to all service users, regardless of the service user's address	GPP
<b>Standard 25: People with mental health needs are assessed within the appropriate timescales</b>			
<i>Important notes:</i>			
<ul style="list-style-type: none"> <li>• The following standards relate to the responsiveness of the liaison team within its usual operating hours and <u>not</u> the response of other services such as out-of-hours teams.</li> <li>• When standards relating to response times are being measured, the process will take into account legitimate reasons for delayed assessment (such as unfit patients).</li> <li>• The definitions of 'emergency' and 'urgent' referrals above are provided for the purpose of the standards only. We are not suggesting that each team adopts this system of classification.</li> </ul>			
No.	Type	Criterion	Ref.
25.1	1	Service users who are referred for <u>emergency</u> mental health care are seen within 60 minutes  <i>Note: if the liaison team is not based on site and unable to respond to emergency assessments, there are clear arrangements regarding whose responsibility it is to do so. There should also be clear arrangements for immediate telephone advice to the referrer.</i>	CR118 GPP
25.2	1	Service users who are referred for <u>urgent</u> mental health care are seen within the same working day	GPP
25.3	2	The majority of referrers are satisfied with the liaison team's speed of response to <u>emergency</u> referrals	GPP
25.4	2	The majority of referrers are satisfied with the liaison team's speed of response to <u>urgent</u> referrals	GPP

## Domain 3: Providing Routine Mental Health Care to Working Age Adults

---

**Emergency:** an acute disturbance of mental state and/or behaviour which poses a significant, imminent risk to the patient or others.

**Urgent:** a disturbance of mental state and/or behaviour which poses a risk to the patient or others, but does not require immediate mental health involvement. Or, patients who are judged medically fit for discharge from an acute hospital but require a mental health assessment before leaving.

**Routine:** all other referrals, including patients who require mental health assessment, but do not pose a significant risk to themselves or others, and are not medically fit for discharge.

### Standard 26: Liaison psychiatry services for the routine care of working age adults are adequately planned and commissioned

*Note: 'routine' refers to all cases which are not emergency or urgent referrals.*

No.	Type	Criterion	Ref.
26.1	2	The liaison service is commissioned to provide routine assessment and care to working age adults throughout the hospital	GPP
26.2	2	The liaison service is commissioned to provide routine assessment and care to all working age adults, regardless of the service user's address	GPP

### Standard 27: People with non-urgent mental health needs are assessed within the appropriate timescales

No.	Type	Criterion	Ref.
27.1	1	Service users who are referred for <u>routine</u> mental healthcare are seen within two working days	GPP
27.2	2	The majority of referrers are satisfied with the liaison team's speed of response to routine referrals for working age adults	GPP
27.3	3	(For more developed teams, which are striving for an 'excellent' accreditation status): the two day target is consistently bettered	GPP

## Domain 4: Providing Routine Mental Health Care to Older People

**Emergency:** an acute disturbance of mental state and/or behaviour which poses a significant, imminent risk to the patient or others.

**Urgent:** a disturbance of mental state and/or behaviour which poses a risk to the patient or others, but does not require immediate mental health involvement. Or, patients who are judged medically fit for discharge from an acute hospital but require a mental health assessment before leaving.

**Routine:** all other referrals, including patients who require mental health assessment, but do not pose a significant risk to themselves or others, and are not medically fit for discharge.

### Standard 28: Liaison psychiatry services for older people are adequately planned, commissioned and managed

No.	Type	Criterion	Ref.
28.1	2	The liaison service is commissioned to provide routine assessment and care to older people throughout the hospital	GPP
28.2	2	The liaison service is commissioned to provide routine assessment and care to all older people, regardless of the service user's address	GPP
28.3	2	The liaison team has a designated lead for older people's mental health who attends management meetings at least quarterly	WCW
28.4	2	A designated lead for older people's mental health meets with emergency department staff at least quarterly	GPP
28.5	2	A designated lead for older people's mental health meets with general hospital staff at least quarterly	GPP
28.6	2	A designated lead for older people's mental health meets with colleagues from Care of the Elderly wards at least quarterly	GPP
28.7	3	The liaison team has a policy on its role in shared care agreements, if relevant	GPP

### Standard 29: The liaison team responds promptly to routine referrals for older people

No.	Type	Criterion	Ref.
29.1	1	Service users who are referred for <u>routine</u> mental healthcare are seen within two working days	GPP
29.2	2	The majority of referrers are satisfied with the liaison team's speed of response to routine referrals for older people	GPP
29.3	3	(For more developed teams, which are striving for an 'excellent' accreditation status): the two day target is consistently bettered	GPP

**Standard 30: Liaison teams which regularly provide assessment and care to older people have access to training, learning and development opportunities in:**

No.	Type	Criterion	Ref.
30.1	1	Detecting and managing <u>dementia</u> in older people	GPP
30.2	1	Detecting and managing <u>delirium</u> in older people	GPP
30.3	1	Detecting and managing <u>depression</u> in older people	GPP
30.4	1	Undertaking specialist assessments for older people	GPP
30.5	1	Assessing capacity in older people	GPP
30.6	2	Referral pathways and joint working arrangements with local health services for older people	GPP
30.7	2	Signposting service users and carers to voluntary organisations, service user and carer groups for older people	GPP

## Domain 5: Providing Interventions

Standard 31: The liaison team is able to provide effective interventions, where needed			
No.	Type	Criterion	Ref.
31.1	2	The liaison service is commissioned to provide follow-up services for patients	NIHME
31.2	2	The liaison team is able to provide brief, time-limited interventions  <i>Note: sessions are likely to involve supporting the service user develop problem solving skills and coping mechanisms. Sessions might incorporate cognitive behavioural therapy techniques, psychodynamic approaches and others. See overleaf for interventions recommended by NICE</i>	PIG GPP
31.3	3	The liaison team is able to provide longer term, more intensive therapeutic interventions	NICE
31.4	1	The liaison team has a policy regarding the use of medication (if the team prescribes medication)  <i>Note: this should be in line with local medicines management and include:</i> <ul style="list-style-type: none"> <li>• The teams agreed use of different medication</li> <li>• The importance of checking contraindications between different medications being taken for mental and physical problems</li> <li>• The importance of monitoring side effects and advising the patient on self-monitoring, where appropriate</li> <li>• The different responses to medication in different age groups</li> <li>• The importance of the safe administration and storage of medication</li> <li>• How to access a pharmacist</li> </ul>	PIG GPP
31.5	2	The liaison team has access to a substance misuse worker to provide drug and alcohol assessments, interventions and signposting	GPP
31.6	3	There is expertise <u>within</u> the liaison team to provide assessments, interventions and signposting to people who may be misusing drugs	GPP
31.7	3	There is expertise <u>within</u> the liaison team to provide assessments, interventions and signposting to people who may be misusing alcohol	GPP
31.8	2	Liaison professionals actively follow up service users when an appointment with the liaison team has been missed	NICE
31.9	1	Liaison professionals have received training in the therapeutic interventions they provide	PIG
31.10	1	Liaison professionals receive supervision relating to the therapeutic interventions they provide	GPP

## Examples of interventions recommended by NICE

**Anxiety:** <http://guidance.nice.org.uk/CG22/Guidance/pdf/English>

- Cognitive Behavioural Therapy (CBT)
- Structured problem solving

**Dementia:** <http://www.nice.org.uk/nicemedia/pdf/CG042NICEGuideline.pdf>

For those who have depression and/or anxiety:

- CBT
- Reminiscence therapy
- Multisensory stimulation

**Depression:** <http://www.nice.org.uk/nicemedia/pdf/CG23fullguideline.pdf>

- Structured problem solving (mild-moderate depression)
- Brief CBT
- Counselling
- Interpersonal therapy (IPT) (moderate –severe depression)
- Psychodynamic therapy (complex co-morbidities)

**Depression with a chronic physical health problem—guideline in development:**  
<http://www.nice.org.uk/nicemedia/pdf/DCHPPPCFullGuideline.pdf> pg 215

- Group-based CBT or individual CBT for patients who decline group-based CBT or for whom it is not appropriate, or where a group is not available
- Couples therapy
- For patients with initial presentation of severe depression and a chronic physical health problem, consider offering a combination of individual CBT and an antidepressant.

**Drug misuse:** <http://guidance.nice.org.uk/CG51/NiceGuidance/pdf/English>

- Group based psycho-educational interventions
- Contingency management
- Behavioural couples therapy
- CBT for co-morbid depression and anxiety

**Schizophrenia:** <http://www.nice.org.uk/nicemedia/pdf/CG82FullGuideline.pdf>

- Cognitive Behavioural Therapy
- Arts therapy

**Self-harm:** <http://guidance.nice.org.uk/CG16/Guidance/pdf/English>

- Dialectical behavioural therapy (DBT)

## Domain 6: Providing Training to Hospital Colleagues

<b>Standard 32: Formal structures are in place to allow the liaison team to provide training to other hospital professionals</b>			
No.	Type	Criterion	Ref.
32.1	2	The liaison service is funded to deliver mental health training to staff in the Emergency Department	ACAD
32.2	2	The liaison service is funded to deliver mental health training to staff in the general hospital (wards, ACUs and so on)	ACAD
32.3	3	The liaison team has a rolling programme of training for Emergency Department staff which is repeated to account for staff changes	CR118
32.4	3	The liaison team has a rolling programme of training for general hospital staff which is repeated to account for staff changes	GPP
32.5	3	The liaison team records details of the training it provides, such as the curriculum, a list of attendees and a summary of feedback	GPP
32.6	3	The liaison team has developed the training programme in consultation with training participants	GPP
<b>Standard 33: The liaison team provides a comprehensive range of appropriate mental health training to other hospital professionals, including, where relevant:</b>			
No.	Type	Criterion	Ref.
33.1	2	How to make an initial mental health assessment	CR118
33.2	2	Working with adults aged over 65, including the detection and management of dementia, delirium and depression	GPP
33.3	2	How to assess and manage the patient's risk to self and others	CR118
33.4	2	The use of mental health legislation	CR118
33.5	2	Detecting and responding to acute disturbance in physically ill people of all ages e.g. delirium, psychosis etc	CR118
33.6	2	Understanding why people self-harm and the difference between self-harm and acts of suicidal intent (including for older people)	NICE
33.7	2	Suicide awareness, prevention techniques and approaches	PIG
33.8	2	Preventing and managing challenging behaviour	PIG
33.9	2	Recognising and responding to organic mental health disorders	GPP
33.10	3	Detecting the misuse of alcohol	JOINT
33.11	3	Detecting the misuse of drugs	JOINT
33.12	3	Recognising and responding to emotional responses to trauma	JOINT
33.13	3	Recognising and responding to medically unexplained symptoms	GPP
33.14	3	Awareness of the processes involved in adjusting to illness, including issues of non-adherence and phobic responses to illness	GPP
33.15	3	The impact of cultural differences on mental health and use of services	ACAD SH
33.16	3	Mental health and stigma	GPP
33.17	3	Ageism and stigma	GPP
33.18	3	Working with people diagnosed with personality disorder	GPP

**Standard 34: The liaison team provides support and supervision to non-mental health colleagues, including:**

No.	Type	Criterion	Ref.
34.1	2	Providing supervision to Emergency Department staff	CR118
34.2	2	Providing supervision to general hospital department staff	GPP
34.3	2	Providing supervision to trainee psychiatrists and doctors	JOINT
34.4	2	Providing support and advice about mental health issues on an ad-hoc basis	PIG

# Appendix 1: Examples of Liaison Psychiatry Staffing Levels

---

Three tables are provided here, giving recommended staffing levels for liaison teams. The first table is from the Mental Health Policy Implementation Guide, and the second and third tables are from the Faculty of Old Age Psychiatry report into psychiatric services for older people.

To many experts, the staffing levels in the first table represent **minimum numbers** and additional cover would almost certainly be required, depending on the population served, for example:

1. To provide a comprehensive liaison service which caters for the special needs of older adults and/or people with complex needs and dementia, greater numbers of staff are required and further disciplines are needed. Occupational therapy, social work, sessions from a support worker and additional administrative support would also be required.
2. Additional staffing would be required if the team's remit includes the management of patients with alcohol problems in the general hospital.
3. If liaison professionals are to provide teaching, training and support to colleagues within their team and throughout the general hospital, staffing would need to be increased to allow for this.
4. Finally, the tables that follow do not include child and adolescent mental health services (CAMHS) to general hospitals.

## **Guidance from the Policy Implementation Guide**

Different team structures agreed locally will require different staffing structures and there can be a degree of flexibility. For example, the proportions of nurses and psychologists may vary depending on staff availability.

## **Guidance from the joint report by the Royal College of Psychiatrists and the College of Emergency Medicine (formerly BAEM)**

Teaching hospitals require increased staffing levels to cope with demands from tertiary medical services. Some hospitals have developed special liaison services to manage patients following self-harm and those with alcohol and drug problems. These developments should be supported.

**Table 1: Example of suggested levels and skill mix for a team serving a general hospital with 650 beds and 750 new self-harm patients per year (Mental Health Policy Implementation Guide, Liaison Psychiatry and Psychological Medicine in the General Hospital, 2008)**

<b>Role</b>	<b>Grade</b>	<b>Time</b>	<b>Comment</b>
Medical	Consultant	10 PA (programmed activity/sessions)	Accessible consultant leadership is essential to team functioning.
Nursing	Band 8	Whole time	One of the nursing roles should be as team leader.
Nursing	Band 7	3 x whole time	The nurses operate as autonomous practitioners.
Clinical Psychology	Band 8	1	May be provided from health psychology team.
Team PA	Band 4	1.5 x whole time	Core to referral management, information gathering and communication.

**If providing service for people with learning disabilities, the Policy Implementation Guide also recommends the following additional staff:**

<b>Role</b>	<b>Grade</b>	<b>Time</b>	<b>Comment</b>
Nursing	Band 7	Whole time	Increased bed side work load, managing communication and hand holding in outpatients and during investigations.

**If providing training, the Policy Implementation Guide also recommends the following additional staff:**

<b>Role</b>	<b>Grade</b>	<b>Time</b>	<b>Comment</b>
Medical	ST 4 - 6	8 PA	Trainees of all disciplines enrich the team but should be planned to be supernumerary to the core team.
Medical	F1 /2	1 - 2 whole time	Foundation trainees can provide basic medical skills and learn from the nurse practitioners.

**Table 2: Example of suggested staffing for a liaison service for older people in a hospital with 300-500 beds (2006 report of Old Age Psychiatry Faculty 'Specialist services for older people with mental illness')**

<b>Role</b>	<b>Time</b>	<b>Comment</b>
Registered Mental Health Nurses	2 x whole time	
Senior Occupational Therapist	1 x whole time	
Social Workers	1.5 x whole time	Ideally able to fulfil responsibilities of mental health legislation.
Support Worker or Technical Instructor	1 x whole time	
Old-age Consultant Psychiatrist	Dedicated weekly sessions	
Medical Secretary	1 x whole time	
Clinical Psychology	Equivalent to 1 weekly session	

**Table 3: Example of suggested staffing for a liaison service for older people in a large teaching hospital with 500-1000 beds (2006 report of Old Age Psychiatry Faculty 'Specialist services for older people with mental illness')**

<b>Role</b>	<b>Time</b>	<b>Comment</b>
Registered Mental Health Nurses	3 x whole time	
Senior Occupational Therapist	2 x whole time	1 Senior 1 grade and 1 Senior 2 grade.
Social Workers	2.5 x whole time	Ideally able to fulfil responsibilities of mental health legislation.
Support Worker or Technical Instructor	2 x whole time	
Old-age Consultant Psychiatrist	3 dedicated weekly sessions	
Medical Secretary	1 x whole time	
Administration secretarial support	1 x whole time	
Clinical Psychology	Equivalent to 2 weekly sessions	

## Appendix 2: Key to References

---

The documents listed below demonstrate those which inspired, or those which closely relate to, the various PLAN criteria. Although many of the PLAN criteria map closely to these documents, some criteria have been adapted and revised slightly, and should therefore not necessarily be interpreted as direct quotes from the source documents.

ACAD	Academy of Medical Royal Colleges (2008). Managing urgent mental health needs in the acute trust. A guide by practitioners, for managers and commissioners in England and Wales. <a href="http://www.aomrc.org.uk/aomrc/admin/reports/docs/MHdoc.pdf">http://www.aomrc.org.uk/aomrc/admin/reports/docs/MHdoc.pdf</a>
ASS'T	Royal College of Psychiatrists (2004). Assessment following self-harm in adults. Council report CR122. <a href="http://www.rcpsych.ac.uk/files/pdfversion/cr122.pdf">http://www.rcpsych.ac.uk/files/pdfversion/cr122.pdf</a>
CCQI 1	Royal College of Psychiatrists (2009). Inpatient services for people with learning disabilities standards. <a href="http://www.rcpsych.ac.uk/pdf/LD%20standards_Pilot%20version.pdf">http://www.rcpsych.ac.uk/pdf/LD%20standards_Pilot%20version.pdf</a>
CCQI 2	Royal College of Psychiatrists (2009). Standards for Acute Inpatient Wards – Working Age Adults. <a href="http://www.rcpsych.ac.uk/pdf/Standards%20for%20Acute%20Inpatient%20Wards%20-%20Third%20Edition.pdf">http://www.rcpsych.ac.uk/pdf/Standards%20for%20Acute%20Inpatient%20Wards%20-%20Third%20Edition.pdf</a>
CCQI 3	Royal College of Psychiatrists (2008). Quality Improvement Network for Multi-Agency CAMHS: Service Standards (second edition). <a href="http://www.rcpsych.ac.uk/pdf/QINMAC%20Standards%202nd%20Edition%202008%20.pdf">http://www.rcpsych.ac.uk/pdf/QINMAC%20Standards%202nd%20Edition%202008%20.pdf</a>
CR118	Royal College of Psychiatrists and British Association for Accident and Emergency Medicine London (2004). Psychiatric services to accident and emergency departments. Council report CR118. <a href="http://www.rcpsych.ac.uk/files/pdfversion/cr118.pdf">http://www.rcpsych.ac.uk/files/pdfversion/cr118.pdf</a>
GPP	'Good Practice Principle': established by expert consensus, July 2009 (see acknowledgements on page 41 for details of those who contributed).
JOINT	Royal College of Psychiatrists and the Royal College of Physicians (2003). The psychological care of medical patients: A practical guide. College report CR108. <a href="http://www.rcpsych.ac.uk/files/pdfversion/cr108.pdf">http://www.rcpsych.ac.uk/files/pdfversion/cr108.pdf</a>
NDS	Department of Health (2009). Living well with dementia: A National Dementia Strategy <a href="http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_094051.pdf">http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_094051.pdf</a>
NICE	National Institute of Clinical Excellence (NICE) and the National Collaborating Centre for Mental Health (2004). The short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care. <a href="http://www.nice.org.uk/nicemedia/pdf/CG16FullGuideline.pdf">http://www.nice.org.uk/nicemedia/pdf/CG16FullGuideline.pdf</a>
NICE1	National Institute for Health and Clinical Excellence (2006). Dementia: The NICE-SCIE guideline on supporting people with dementia and their carers in health and social care. <a href="http://www.nice.org.uk/nicemedia/pdf/CG42Dementiafinal.pdf">http://www.nice.org.uk/nicemedia/pdf/CG42Dementiafinal.pdf</a>

NIHME	Stuart-Smith, M and Foster-Smith, D (2006). Mapping report of accident & emergency self-harm services across the South East region.
NO-H	Royal College of Psychiatrists and Academy of Medical Royal Colleges (2009). No health without mental health: the supporting evidence. <a href="http://www.rcpsych.ac.uk/pdf/No%20Health%20without%20mental%20health%20the%20Evidence.pdf">http://www.rcpsych.ac.uk/pdf/No%20Health%20without%20mental%20health%20the%20Evidence.pdf</a>
NSF	Department of Health (1999). National Service Framework for mental health: modern standards and service model. <a href="http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4077209.pdf">http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4077209.pdf</a>
PIG	Aitken, P (2007). Mental health Policy Implementation Guide: Liaison psychiatric and psychological medicine in the general hospital. <a href="http://www.rcpsych.ac.uk/pdf/Policy%20Implementation%20Guide%20-%20Liaison%20Psychiatry.pdf">http://www.rcpsych.ac.uk/pdf/Policy%20Implementation%20Guide%20-%20Liaison%20Psychiatry.pdf</a>
SH	Royal College of Psychiatrists (2006). Better services for people who self-harm: Quality standards for healthcare professionals. <a href="http://www.rcpsych.ac.uk/PDF/Self-Harm%20Quality%20Standards.pdf">http://www.rcpsych.ac.uk/PDF/Self-Harm%20Quality%20Standards.pdf</a>

## Appendix 3: Bibliography

---

Academy of Medical Royal Colleges (2009). *No Health without Mental Health: the ALERT summary report*.

[http://www.aomrc.org.uk/aomrc/admin/reports/docs/NMMH\\_EMAIL.pdf](http://www.aomrc.org.uk/aomrc/admin/reports/docs/NMMH_EMAIL.pdf)

Archinard M, Dumont P & de Tonnac N. Guidelines and evaluation: improving the quality of consultation-liaison psychiatry. *Psychosomatics* 2005; 46, 425-430.

<http://psy.psychiatryonline.org/cgi/content/abstract/46/5/425>

Audit Commission. *Acute Hospital Portfolio. Review of National Findings. Accident and Emergency*. Audit Commission, 2001.

<http://www.audit-commission.gov.uk/SiteCollectionDocuments/AuditCommissionReports/NationalStudies/aande.pdf>

Bell G, Reinstein DZ, Rajiyah G & Rosser R. Psychiatric screening of admissions to an accident and emergency ward. *Br J Psychiatry* 1991; 158, 554-557.

<http://bjp.rcpsych.org/cgi/content/abstract/158/4/554>

Bolton J & Kaneza N. Benchmarking a Liaison Psychiatry Service [correspondence]. *Psychiatr Bull* 2007; 31, 467.

<http://pb.rcpsych.org/cgi/reprint/31/12/467-a>

British Geriatrics Society, the British Association of Accident and Emergency Medicine, and the Royal College of Nursing (2001). The older person in the accident and emergency department.

[http://www.bgs.org.uk/Publications/Compendium/compend\\_3-2.htm](http://www.bgs.org.uk/Publications/Compendium/compend_3-2.htm)

Burlinson S & Guthrie E. Senior house officer training in liaison psychiatry – are college guidelines being implemented? *Psychiatr Bull* 2001; 25, 191-193.

<http://pb.rcpsych.org/cgi/reprint/25/5/191>

Crawford MJ & Wessely S. Does initial management affect the rate of repetition of deliberate self harm? Cohort study. *BMJ* 1998; 317, 985-990.

<http://www.bmj.com/cgi/content/full/317/7164/985>

Davies M. Towards the development of a reciprocal liaison service. *Psychiatr Bull* 2000; 24, 379-381.

<http://pb.rcpsych.org/cgi/reprint/24/10/379>

Department of Health. *A new ambition for old age. Next steps in implementing the national service framework for older people*. DH, 2006.

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4133947.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4133947.pdf)

Department of Health. *Checklist: Improving the management of patients with ill mental health in emergency care settings - Checklist*. DH, 2004.

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4089197.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4089197.pdf)

Department of Health. *Copying letters to patients. Good practice guidelines.* DH, 2003.

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4064281.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4064281.pdf)

Department of Health. *Everybody's business: Integrating mental health services for older adults: a service development guide.* DH, 2005.

<http://www.mentalhealthequalities.org.uk/silo/files/everybodys-business-development-guide.pdf>

Department of Health. *Fast-forwarding primary care mental health: Graduate primary care mental health workers – best practice guidance.* DH, 2003.

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4005784](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4005784)

Department of Health. *National service framework for older people.* DH, 2001.

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4071283.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4071283.pdf)

Department of Health. *Providing patients with better information in emergency departments' – Toolkit.* DH, 2004.

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4081348.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4081348.pdf)

Department of Health. *Report of the high level group on clinical effectiveness.* DH, 2007.

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_079814.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_079814.pdf)

Department of Health. *Saving Lives: Our Healthier Nation.* DH, 1999.

<http://www.archive.official-documents.co.uk/document/cm43/4386/4386.htm>

Department of Health. *8 tips for quick wins - improving responses for older people.* DH, 2005.

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4112224.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4112224.pdf)

Dutta R, Bolton J, Heerah H & Turner E. Should liaison psychiatry change its name? *Psychiatr Bull* 2005; 29, 470.

<http://pb.rcpsych.org/cgi/reprint/29/12/470>

Guthrie G & Creed F. *Seminars in Liaison Psychiatry.* London; Gaskell, 2006.

Guthrie, E. (1998). Development of liaison psychiatry. Real expansion or a bubble that is about to burst? *Psychiatr Bull*, 22; 291-293.

<http://pb.rcpsych.org/cgi/reprint/22/5/291>

Hawton K, Arensman E, Townsend E, Bremner S, Feldman E, Goldney R et al. Deliberate self harm: systematic review of efficacy of psychosocial and pharmacological treatments in preventing repetition. *BMJ* 1998; 317, 441-447.  
<http://www.bmj.com/cgi/content/full/317/7156/441>

Howe A, Hendry J & Potokar J. A survey of liaison psychiatry services in the south-west of England. *Psychiatr Bull* 2003; 27, 90-92.  
<http://pb.rcpsych.org/cgi/reprint/27/3/90>

Isacsson G & Rich CL. Management of patients who deliberately harm themselves. *BMJ* 2001; 322, 213-215.  
<http://www.bmj.com/cgi/content/extract/322/7280/213>

Joint Royal Colleges Ambulance Liaison Committee (2006). UK ambulance service clinical practice guidelines.  
[http://www2.warwick.ac.uk/fac/med/research/hsri/emergencycare/prehospitalcare/jrcalcstakeholderwebsite/guidelines/clinical\\_guidelines\\_2006.pdf](http://www2.warwick.ac.uk/fac/med/research/hsri/emergencycare/prehospitalcare/jrcalcstakeholderwebsite/guidelines/clinical_guidelines_2006.pdf)

Kendell RE. The distinction between mental and physical illness. *Br J Psychiatry* 2001; 178, 490-493.  
<http://bjp.rcpsych.org/cgi/reprint/178/6/490>

Kewley T & Bolton J. A survey of liaison psychiatry services in general hospitals and accident and emergency departments: do we have the balance right? *Psychiatr Bull* 2006; 30, 260-263.  
<http://pb.rcpsych.org/cgi/reprint/30/7/260>

Kingdon D & Young AH. Research into putative biological mechanisms of mental disorders has been of no value to clinical psychiatry. *Br J Psychiatry* 2007; 191, 285-290.  
<http://bjp.rcpsych.org/cgi/reprint/191/4/285>

Lloyd GG. Origins of a section: liaison psychiatry in the college. *Psychiatr Bull* 2001; 25, 313-315.  
<http://pb.rcpsych.org/cgi/reprint/25/8/313>

Lloyd GG & Mayou RA. Liaison psychiatry or psychological medicine? *The British Journal of Psychiatry* 2003; 183, 5-7.  
<http://bjp.rcpsych.org/cgi/reprint/183/1/5>

Lloyd GG & Guthrie E. *Handbook of Liaison Psychiatry*. Cambridge: Cambridge University Press, 2007.

London Liaison Mental Health Nurses Special Interest Group. *A Competence Framework for Liaison Mental Health Nursing*. Edited by Chris Hart and Sarah Eales, 2004.

Masterton, G. Liaison psychiatry and general hospital management. *Br J Psychiatry* Oct 2003; 183, 366.  
<http://bjp.rcpsych.org/cgi/content/full/183/4/366-a>

Molodynski A, Bolton J & Guest L. Is liaison psychiatry a separate speciality? Comparison of referrals to a liaison psychiatry service and a community mental health team. *Psychiatr Bull* 2005; 29, 342-345.  
<http://pb.rcpsych.org/cgi/reprint/29/9/342>

Morgan JF & Killoughery M. Hospital doctors' management of psychological problems – Mayou & Smith revisited. *Br J Psychiatry* 2003; 182, 153-157.  
<http://bjp.rcpsych.org/cgi/reprint/182/2/153>

Mujic F, Hanlon C, Sullivan D, Waters G & Prince M. Comparison of liaison psychiatric service models for older patients. *Psychiatr Bull* 2004; 28, 171-173.  
<http://pb.rcpsych.org/cgi/reprint/28/5/171>

National Service Framework. *A national service framework for mental health*. NHS, 1999.  
[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4077209.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4077209.pdf)

NHS Centre for Reviews and Dissemination, University of York (1998). *Effective Health Care: Deliberate Self-Harm*.  
<http://www.york.ac.uk/inst/crd/EHC/ehc46.pdf>

NHS. *The NHS cancer plan a plan for investment. A plan for reform*. NHS, 2000.  
[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4014513.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4014513.pdf)

National Institute of Clinical Excellence (NICE) and the National Collaborating Centre for Mental Health. *The short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care*. NICE CG16, 2004.  
<http://www.nice.org.uk/nicemedia/pdf/CG016NICEguideline.pdf>

O'Keeffe N, Ramaiah US, Nomani E, Fitzpatrick M & Ranjith G. Benchmarking a liaison psychiatry service: a prospective 6-month study of quality indicators. *Psychiatr Bull* 2007; 31, 345-347.  
<http://pb.rcpsych.org/cgi/reprint/31/9/345>

Picker Institute, Europe (2004). *Improving Patient's Experience. Sharing Good Practice/ Improving the Emergency Department Experience*.  
[http://www.pickereurope.org/Filestore/Quality/Factsheets/emergency\\_dept\\_newsletter\\_nov04.pdf](http://www.pickereurope.org/Filestore/Quality/Factsheets/emergency_dept_newsletter_nov04.pdf)

Price A, Hotopf M, Higginson IJ, Monroe B & Henderson M. Psychological services in hospices in the UK and Republic of Ireland. *Journal of the Royal Society of Medicine* 2006; 99, 637-639.  
<http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1676317>

Royal College of Paediatrics and Child Health, 2002. *Children's Attendance at a Minor Injury / Illness Service (MIS)*.  
<http://www.rcpch.ac.uk/Publications/Publications-list-by-title#C>

Royal College of Psychiatrists. *Assessment following self-harm in adults. College Report CR122*. RCPsych, 2004.

<http://www.rcpsych.ac.uk/files/pdfversion/cr122.pdf>

Royal College of Psychiatrists. *Good Psychiatric Practice: Council Report CR83*. RCPsych, 2000.

<http://pb.rcpsych.org/cgi/reprint/26/7/278>

Royal College of Psychiatrists. *Managing deliberate self-harm in young people*. RCPsych, 1998.

<http://www.rcpsych.ac.uk/files/pdfversion/cr64.pdf>

Royal College of Psychiatrists. *Psychiatric services to accident and emergency departments. Council Report CR118*. RCPsych, 2004.

<http://www.rcpsych.ac.uk/files/pdfversion/cr118.pdf>

Royal College of Psychiatrists. *Raising the standard: Specialist services for older people with mental illness*. RCPsych, 2006.

<http://www.rcpsych.ac.uk/PDF/RaisingtheStandardOAPwebsite.pdf>

Royal College of Psychiatrists. *Who cares wins. Improving the outcome for older people admitted to the general hospital: Guidelines for the development of Liaison Mental Health Services for older people*. RCPsych, 2005.

<http://www.bgs.org.uk/PDF%20Downloads/WhoCaresWins.pdf>

Royal College of Psychiatrists and the Royal College of Physicians, 2003. *The psychological care of medical patients; a practical guide*.

<http://www.rcplondon.ac.uk/pubs/contents/75859822-65a2-4c9e-8110-887a7c820f59.pdf>

Solomons L, Thachil A, Burgess C, Hopper A, Glen-Day V, Ranjith G and Hodgkiss A (2009). *From Liaison Psychiatry to Integrated Acute Services: referrer perceptions of an inpatient Liaison Psychiatry Service* (manuscript in preparation).

## Appendix 4: Acknowledgements

---

We would like to thank the following people for their continued advice and support in compiling and editing these standards:

### Steering Group

Simon Baston	Co-chair PLAN steering group Mental Health Liaison Nurse, Emergency Care Directorate, Sheffield Teaching Hospitals NHS Foundation Trust
Else Guthrie	Co-chair PLAN steering group Honorary Professor of Psychological Medicine and Medical Psychotherapy, University of Manchester
Janey Antoniou	Service User Advisor
Derek Bell	RCP representative/Professor of Acute Medicine at Imperial College/Consultant Physician at Chelsea and Westminster Hospital NHS Foundation Trust
Jim Bolton	Consultant Liaison Psychiatrist/Honorary Senior Lecturer, St. Helier Hospital, Surrey, and St. George's University of London
Paul Gill	Consultant Liaison Psychiatrist, Sheffield Health and Social Care NHS Foundation Trust
John Holmes	Senior Lecturer in Old Age Liaison Psychiatry, University of Leeds
Jackie Macklin	Service User Advisor/Patient Experience Diversity Manager, Kingston Hospital Trust
Satveer Nijjar	Service User Advisor
Richard Pacitti	Chief Executive of Mind in Croydon
Guy Sanders	Consultant in Emergency Medicine, Mental Health Lead for the Brighton and Sussex University Hospitals NHS Trust, Brighton and Hove
Barbara Woodworth	Liaison Nurse/Clinical Service Manager Liaison Psychiatry, Cheshire and Wirral Partnership Foundation NHS Trust

## Other contributors

Deborah Agulnik	Quality Improvement Worker, Royal College of Psychiatrists' Centre for Quality Improvement
Dave Anderson	Associate Medical Director/Consultant Old Age Psychiatrist, Mersey Care NHS Trust
Stephen Burton	Consultant in Old Age Liaison Psychiatry, South London and Maudsley NHS Foundation Trust
Janet Butler	Consultant Liaison Psychiatrist, Hampshire Partnership Foundation Trust
J.B	Carer, London
Lisa Carden	Team Manager Wrexham Liaison Psychiatry, North East Wales NHS Trust
Sarah Eales	Lecturer in Mental Health, City University London
Tim Farmer	Team Manager, Mental Health Liaison, 2gether NHS Foundation Trust
Jane Glossop	Mental Health Social Worker, Liaison Psychiatry, Sheffield Health and Social Care NHS Foundation Trust
Lesley Herbert	Service User/Consumer Advisor, Hampshire Partnership NHS Foundation Trust
Jez Hill	Clinical Nurse Specialist, Liaison Psychiatry, South Staffordshire and Shropshire Healthcare NHS Foundation Trust
Alison Langford	Mental Health Social Worker, Liaison Psychiatry, Sheffield Health and Social Care NHS Foundation Trust
Paul Lelliott	Director, Royal College of Psychiatrists' Research Unit
Jamie Middleton	Mental Health Social Worker, Liaison Psychiatry, Sheffield Health and Social Care NHS Foundation Trust
Paul Morris	Lead Nurse - Mental Health, Chelsea and Westminster Hospital NHS Foundation Trust
Angela Nicholl	Clinical Nurse Manager, NHS Greater Glasgow and Clyde
Elena Riseborough	Consultant Liaison Psychiatrist, Brighton and Sussex University Hospitals NHS Trust, Brighton and Hove

Angharad Ruttley

Consultant Liaison Psychiatrist, Imperial College  
Healthcare NHS Trust

Luke Solomons

Locum Consultant Psychiatrist, South London and  
Maudsley NHS Foundation Trust

Lynn Tourle

Service User Advisor

Members of the London Liaison Mental Health Nurse's Special Interest Group

Psychiatric Liaison Accreditation Network (PLAN)  
Royal College of Psychiatrists' Centre for Quality Improvement  
4<sup>th</sup> Floor Standon House  
21 Mansell Street  
London  
E1 8AA

Registered Charity  
Number 228636