



Family / carer involvement in care, treatment and discharge planning of patients under the mental health liaison team

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AIMS

This audit was completed during the second wave of COVID-19 when visitors were not permitted on the wards. However, family and carer input is valued highly and were involved by telephone, video call and video MDT. We recognised that family and carers play a major role in providing support and care to people with mental illness as well as providing us with collateral information.

PLAN (Psychiatric Liaison Accreditation Network) Quality Standards used as the standard for this audit: Families/carers, with patient consent, are involved in discussions and decisions about the patient's care, treatment and discharge planning

The aim was to improve family and carer involvement in care of patients being assessed by the mental health liaison team (MHLT) at University College London Hospital (UCLH).

- Target of 80% of family/carers should be involved in discussions and decisions about the patient's care, treatment and discharge planning.
- Target of 100% of cases in which consent is gained when involving family/carers or adequate reason documented if not.

Exceptions: Patient has no family/carers or safeguarding open or did not give consent

METHOD

Initial retrospective audit included patients aged over 18 years of age admitted to UCLH who were referred to UCLH MHLT and discharged from the team between 1st – 5th February 2021. This was a sample size of 14 patients during time period audited. Data was collected from patients' electronic case notes (Carenotes & EPIC) and was inputted into and analysed using Microsoft Excel.

Action plan included reminding all MHLT staff of this standard and introducing a new heading on the new assessment pro-forma used by the team.

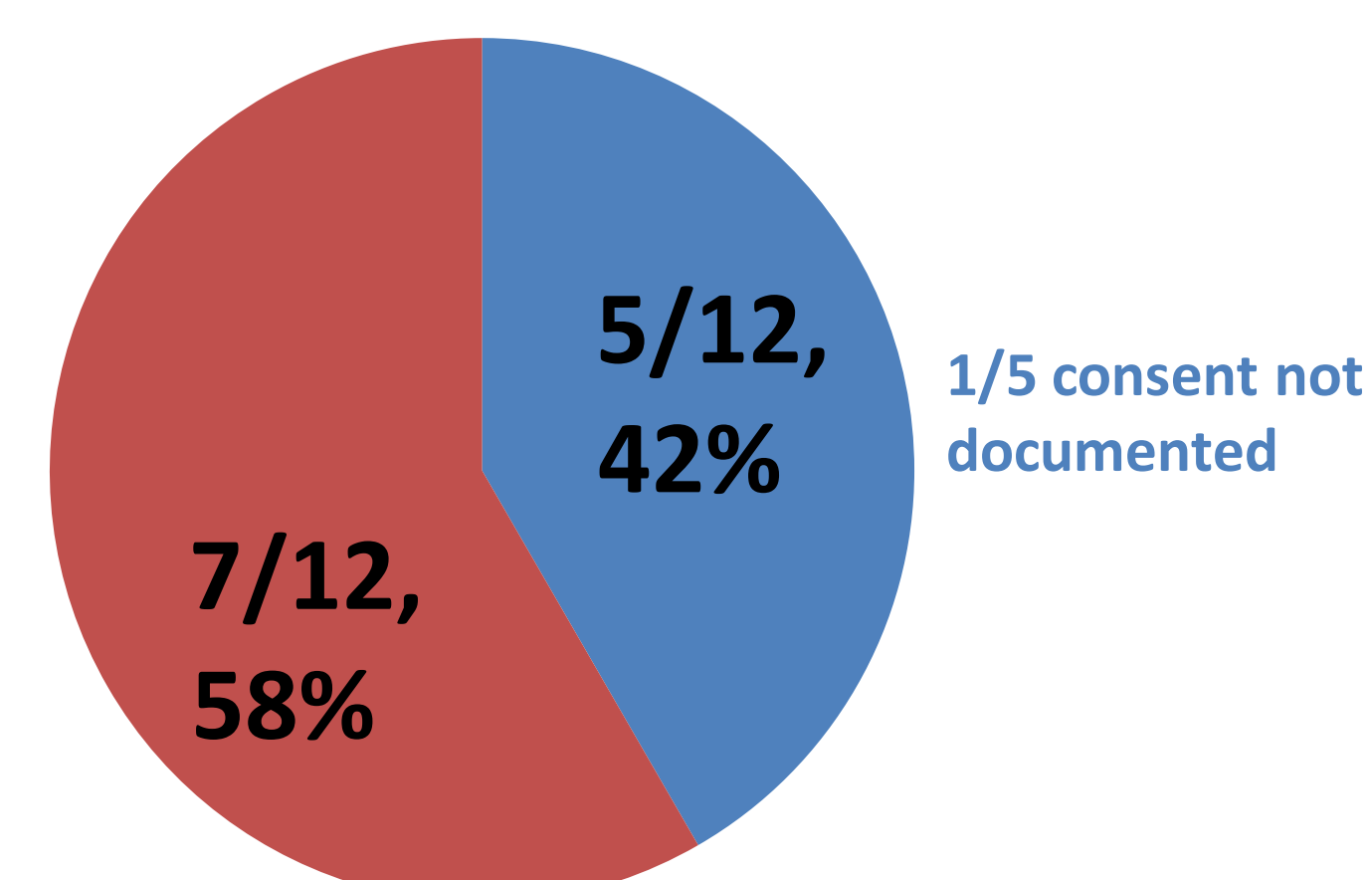
The re-audit included the same population of patients but was a retrospective audit of all patients discharged from the team between 22nd – 26th February 2021. This was a sample size of 14 patients during the time period audited. Data was collected, inputted and analysed as per the initial audit.

RESULT

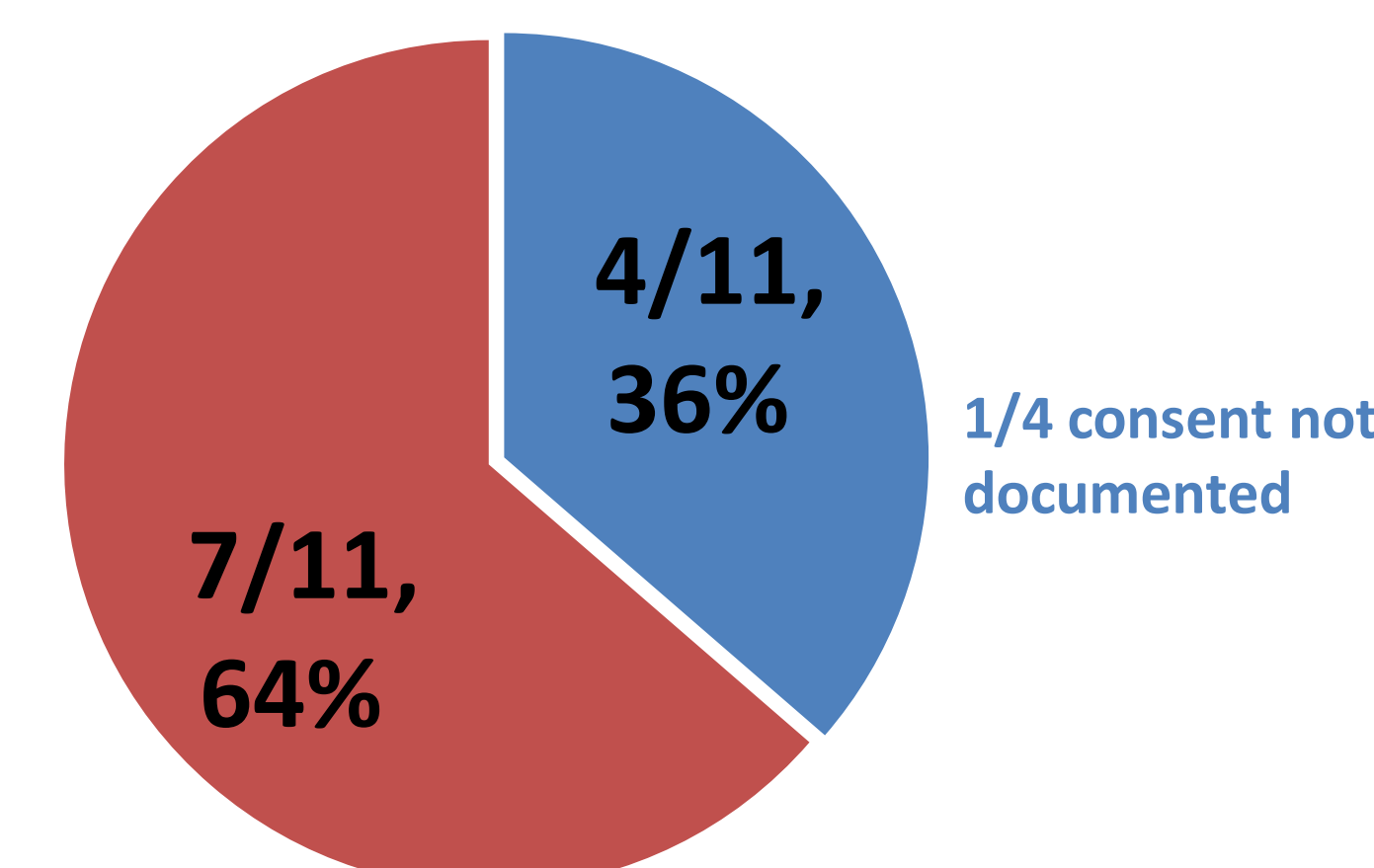
In 5/12 (42%) in the initial audit compared to 4/11 (36%) in the re-audit involved family/carers in discussions and decisions about the patient's care, treatment and discharge planning. In 4/5 (80%) in the initial audit compared to 3/4 (75%) in the re-audit had documented gaining consent from the patient for involving family/carers or documented an adequate reason if not. In 5/9 (56%) in the initial audit compared to 3/10 (30%) in the re-audit, there was no clear reason for not involving the family/carers. In the initial audit, for the patients who were under a CMHT, we liaised with 4/5 (80%) and in the re-audit we liaised with 2/4 (50%).

Limitations: this was an audit of psychiatry notes for this episode of care only and did not take into account previous assessments or contact with carers by other professionals.

Initial audit
Number of family/carers involved



Re-audit
Number of family/carers involved



CONCLUSION

We should continue efforts on improving involvement of family/carers in discussions and decisions about the patient's care, treatment and discharge planning and improve documentation on whether consent was gained to involve family/carers or the reasons if involving family/carers without consent. Further projects could include discussions by family liaison staff in the acute hospital with family/carers and whether this includes updates on their mental health.