



# **Time Limited Interventions and Outpatient Work from a Liaison Team's Perspective**

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## Aims

- To discuss the role and input of the Department of Psychological Medicine has for Nottingham University Hospitals and how this may differ to other Liaison teams.

## Familiar aspects of practice

- 1 hour target response time to the Emergency Department
- 24 target Hour response time to wards on two sites
- Full psychosocial assessment of risk and needs to facilitate safe discharge, following NICE (2016) guidelines.

# Additional responsibilities

- Training and support for Hospital staff in working with people with Mental Health issues, including education around working self-harm and people with suicidal ideation
- Both on wards, and in dedicated seminar room
- Support and supervision for staff

# Self-harm

- Self-harm is amongst the top five causes of acute medical admission in the UK each year.
- In the year after attending an emergency department about one in six will self-harm again and nearly 1% will die by suicide.
- The quality of care for those who self-harm depends on the quality of joint working between emergency departments and mental health services

***Better Services for People who Self-Harm: Quality Standards for Healthcare Professionals. Royal College of Psychiatrists, College Research and Training Unit, 2006***

# Self-harm

- Rates of suicide are 16-60 times higher for people who have presented at hospital with self harm, compared to the general population (Owens et al 2011).
- Self-injury, in particular self-cutting, is associated with a greater risk of subsequent suicide (Karasouli et al 2014).

# Self-harm

- People who have not received a psychosocial assessment, after presenting with DSH, are more likely to present with a further episode (Kapur et al, 2013).
- CBT based interventions, or those with an interpersonal focus and targeted on precipitants of self-harm as a protective effect that represents an important public health impact (Hetrick et al 2016)

# Self-harm

- Nice Pathway for identifying and assessing common mental health disorders discusses:
- Considering increasing the level of support for people who present as at a high risk of suicide or potential harm, such as through more frequent direct or telephone contact.
- Considering referral to specialist mental health services.



# Additional responsibilities

- Person-centred one to one follow up for 6 sessions with the aim of self-harm reduction, following assessment in ED or on a hospital ward.
- For people not under services, not suitable for the crisis teams (or preferring to engage with us with a manageable risk), and in need of more rapid input.

# Follow up for self-harm reduction

- This is with the same member of staff, unless otherwise requested or needed.
- Offered as standard to people who self-discharge prior to our assessment, via an opt in basis (two week open appointment).

# Self harm

- Means different things to different people
- Sometimes a singular event or period during a life crisis. For others self-harm may be an established coping strategy.
- Therefore aims for sessions are adjusted based on what the person wants.

# Follow up for self-harm reduction

- Further assessment of needs
- Support with social issues or over difficult periods
- Discussion and development of personal coping strategies; for example Practical or CBT and DBT based strategies

# Follow up for self-harm reduction

- Health education and promotion
- Sleep Hygiene
- Reducing physical vulnerabilities to emotional distress.
- Mindfulness and grounding techniques

# Follow up for self-harm reduction

- Continued assessment
- Point of contact with services
- Referral onwards to appropriate services

# Follow up for self-harm reduction

A safe place to talk

# Liaison referrals from NuH Consultants

- Input and assistance with people presenting with Mental Health needs related to or impacting on their physical health.
- Medically Unexplained Symptoms
- Capacity assessments, related to clinical procedures



# G.P. Liaison referrals from Rushcliffe CCG

- West Bridgford, Ruddington, East Leake, Cotgrave and surrounds
- For Medically Unexplained Symptoms with co-morbid anxiety and depression
- Two year pilot, commissioned by Rushcliffe CCG.

# Questions?...

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