



PSYCHIATRIC LIAISON ACCREDITATION NETWORK SPRING NEWSLETTER

ISSUE 12 • AUGUST 2021

WELCOME

Welcome to the 12th edition of the PLAN newsletter. It has now been over 18 months since the PLAN team began working at home. In August, we had our own team away day, which was a wonderful opportunity for the team to (safely) get together, and for some it meant seeing our office at 21 Prescott Street for the first time.

We have also just completed all the peer-review visits for September 2021 to June 2022. It has been a learning curve moving these online, and is not something I could have imagined doing prior to the pandemic. We have received positive feedback on how these are going, but of course understand people miss the face-to-face visits. We are continuing to hold all activities online, and in 2022 are looking to have face-to-face peer-review visits again, with a mix for our events.

Since our last newsletter in April, we have had a Lunch and Learn session on Psych Liaison in ICUs and held our annual forum. The recordings for these are on Knowledge Hub. One topic that is regularly discussed during peer-review visits is liaison teams relationship with their acute colleagues. In light of this, and the CQC AMSAT report, we are holding a Lunch and Learn session on 14 October on 'Developing an Acute Hospital Mental Health Strategy'. The session is open to acute colleagues as well as our PLAN members. You can find out more about this session and how to book on page 9.

I would also like to thank all of our members and patient and carer representatives for the continued support for the network.

Cassie Baugh, Programme Manager, PLAN



EDITOR: TIA THOMPSON

TABLE OF CONTENTS

New Ways of Working - The Introduction of the Mental Health Assessment Area, Our Experience • Pgs. 2 - 3
Survivor (Poem) • Pgs. 4 - 5
The Impact of long COVID - Blog Pgs. 4 - 6
Delirium Liaison Pathway Evaluation of a pilot ran at Sunderland and South Tyneside Psychiatric Liaison Teams. • Pgs 7 - 8
60 Seconds with... Karishma Talwar, PLAN Deputy Programme Manager • Pg. 8 - 9
Upcoming PLAN Events • Pg. 9
Establishing a liaison psychiatry education programme. A Quality Improvement initiative to evaluate the impact of education on knowledge, skills, and attitudes when working with mental health patients. • Pgs. 10 - 11
PLAN Annual Forum and Upcoming Peer Review Opportunities • Pg. 12
Contact Us • Pg 13

New Ways of Working - The Introduction of the Mental Health Assessment Area, Our Experience

Authors: Dr. Melissa Haddleton (Foundation Doctor), Dr. Itunu Ayeni (Consultant Liaison Psychiatrist), Jeanne Pretorius (Team Manager)

The COVID-19 pandemic has had a significant impact on mental health services and challenged our ways of working. Mental Health services have had to rapidly respond with radical operational changes and a focus on diverting people away from Emergency Departments (1). In 2020, The Faculty of Liaison Psychiatry published guidance on alternatives to acute hospital Emergency departments (2). In August 2020, a survey found that 82% of emergency departments had established alternative care pathways (3) for patients presenting with mental health needs.

In response to the recommendations from NHS England, Queen Elizabeth Hospital in Woolwich created the Mental Health Assessment Area. This was a designated area within the Emergency Department aimed to prioritise clinical activity and crucially minimise patient exposure to the COVID-19 infection. This space was formally a physiotherapy outpatient department and was initially for a temporary brief period with no extra funding and no substantive staff. The mental health assessment area has five designated spaces for patients and is run by a mental health team with input from the liaison psychiatry, staffed by registered mental health nurses, HCAs, support workers and input from lived experienced practitioners (LXPs). After more than a year, we conducted feedback of the benefits and drawbacks for staff in the Liaison Psychiatry team at QEH and we

wanted to share our experience of the Mental Health Assessment Area.

The main benefits we experienced were that the area provided a more appropriate environment to assess patients in mental health crisis, which simultaneously produced a calming effect on patients and therefore allowed for a short intervention. This was in line with the most perceived benefit of a 'more appropriate environment for patient care' in the survey undertaken in August 2020 (3). Another advantage of having an assessment area within the emergency department was that it enabled any physical health needs to be addressed due to the close proximity to A&E. This comes in contrast to the main drawback proposed in the survey, which found that physical health problems may be overlooked in 34% of patients. In addition to this, we also witnessed an improvement in patient safety, with patients nursed by registered mental health nurses in a space away from the emergency department.

Like any new approach, there are often challenges. Simple and easily addressed drawbacks pertain to the aesthetics of the area and the facilities contained within it. There has been a lot of work put in place and in collaboration with our Emergency Department colleagues and LXPs, we are working to ensure the space is more patient focused with adequate lighting and colour. The area was temporarily created in response to the early stages of the pandemic; this has made recruitment of permanent staff difficult. The shortage of mental health beds nationally remains an ongoing challenge.

Although the Mental Health Assessment Area was predominantly established as an alternative care pathway for the assessment of mental health patients to limit exposure to COVID-19, we have identified a range of benefits outside of infection control.

Furthermore, despite the less-than-ideal environment and lack of substantive staff, both acute and mental health trusts have found there are benefits to this area for patients and staff. This new initiative remains a work in progress but we would recommend a permanent bespoke mental health area addressing the issues highlighted above.

References:

National Health Service. NHS England and NHS Improvement South East. Natl Heal Serv. 2021;(March):2020.

COVID-19 - Liaison psychiatry services| Royal College of Psychiatrists [Internet]. [cited 2021 Jul 31]. Available from: <https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/community-and-inpatient-services/liaison-psychiatry-services>

Parmar N, Bolton J. Alternatives to emergency departments for mental health assessments during the COVID-19 pandemic. 2020;

CONGRATULATIONS!

RCPsych Future Archives Competition Shortlisted entry

A huge congratulations to one of PLAN's patient representatives, Leanne Walker! Leanne was shortlisted for the RCPsych Future Archives Competition.

The competition aimed to 'provide a broad perspective for future generations'. People were invited to contribute their thoughts and impressions of psychiatry and mental health services today and help create the RCPsych 'Future Archives'

Leanne wrote a powerful and touching poem called "Hello. Can you hear me?" about her journey to psychotherapy in the NHS.

Leannes' poem can be found on the RCPsych website, please click [here](#) to read.

The Impact of Long COVID - Blog

Author: Kate Miller, Clinical Lead,
Psychiatric Liaison, South Tyneside

March 2020, I remember watching the news of the pandemic enveloping the world and steeling myself for what would unfold here in the UK. Even as a mental health nurse of over 20 years, and working in a busy emergency department, nothing could have prepared us for what flooded through the doors. It was “all hands-on deck”, with guidance around PPE changing every day and flimsy masks and plastic aprons were our main “barrier”, I wasn’t surprised when I began to feel unwell at the end of April. But, I was 39, fit, healthy and with no pre-existing health conditions, “I’ll get through this no bother” I thought. And I did. I’d had worse colds. I had just moved in with my partner Dale, so was busy packing and unpacking, digging the garden over and doing Pilates.

After a few weeks my fellow “infected” colleagues recovered and returned to work, yet I was feeling pretty shabby. By mid-May, I had pneumonia, kidney infections, conjunctivitis and crippling fatigue. As the summer crept over I developed a tremor, hair loss, vision loss and my blood pressure was very unstable, at one point resulting in me passing out at the top of the stairs and bouncing backwards and slamming my head off a stone floor. I forgot words, couldn’t think straight and slept the clock round. I had no idea what was happening to me, and worryingly, neither did the medical profession. All my blood tests and investigations came back “normal”.

I felt anything but normal.

I will be eternally grateful to a colleague who told me to look up “Covid Long Haulers” (or Long Covid as its now been termed). I found a Facebook group (Positive Path to Wellness) and discovered there were hundreds of us all in the same boat, with more joining every day. Every story the same, but a myriad of different, weird and wonderful symptoms and experiences. I felt like I’d found my people and I wasn’t alone! All of us were being

Survivor

Author: Emmy Jane, Service User
Instagram: @emmyj1991

I am a survivor.
Although at times it may seem
That to be alive Is not my dream,
I am a survivor.
This hurt inside
It brings me down
Feelings so deep
That I could drown,
But I’ve found a way
To stay afloat
Hurting myself
Is a little row boat.
A way to bring me
to the shore
On seas of turmoil
I row my oar.
I direct my pain
Towards myself
Even though sometimes
It damages my health,
But it soothes the rocky sea
That crashes
and splashes
Inside of me.
The thing is you see
When you are alone
Rowing in circles
Won’t get you home,
One oar and one man
Can only do so much
But this oar has become
Somewhat of a crutch.
Like the house on the cliff
It’s a beacon of light,
A way to guide me
Though the night.
Where the sky is dark
And the stars are shining
Lighting up the clouds
With their silver linings,
Marshmallows of hope

told there was nothing medically wrong and to only phone 111 “when our lips turned blue”.

When I contacted my GP to say my hair was falling out, I was covered in unexplained bruising, my veins around my ankle kept “popping”, and I was having weird hallucinations, I was met with “Have you tried mindfulness?” as a response. By then my fellow Long Covid Facebookers and I realised we were on our own and started sharing tips and advice as to what we thought helped.

More than 1 million people in the UK are experiencing Long Covid. Symptoms generally include fatigue, chest pain/ tightness and “brain fog”. It generally gifts itself to folk who had “mild” Covid and really fancies middle aged, fit and healthy women! Woo hoo!

Its only really this week, a whopping 371 days since I first got Covid, that I can (cautiously!) say that I feel pretty much recovered. It's been a long, exhausting, scary, inspiring, reflective and restorative old trek! Here's my take-aways from it all....

Give up!

I mean, not literally, but accept that you're unwell, your body knows what to do but it needs time, space and rest - and A LOT of it. Stop trying to push through and make time for bed rest, give yourself time to adjust mentally and physically and allow the world to stop for a while. The more you push, the more Covid will push back. Let the washing pile up, get someone to help you change the bed and don't feel guilty. You're busy trying to battle through a pretty horrible disease.

Don't compare yourself and your recovery to anyone else.

Ohh Long Covid is so beautifully unique to everyone, it's a crazy, evil genius of a virus. Just when you think you've got rid of one symptom, 4 pop up in its place. Like some really sinister game of “whack-a-mole”. Others might have been through the same thing, but what worked for them invariably won't work for you! Just know that you're doing your best, even when you're in bed with greasy hair and 3-day old pyjamas on. You're doing your best. You'll get there.

that drift through the sky.
Please, if you see me
Don't pass me by
Throw out a rope
Hand me a line
Please, don't let this
Be the last time.
Help keep me safe
From the rocks by the shore.
Quick climb aboard,
Here, take an oar!
Paddle my boat with me
Through stormy seas
Under blankets of black skies
Journey with me, please.
For with you by my side
To help keep me safe
I can heal and get better
At my own pace.
I can find support
In ways that don't hurt
A new course of direction,
Let's call it a divert.
And softly, slowly
We'll row to shore,
You and me
And my self-harm oar.
And perhaps when we're there
I'll throw it away
Because, hopefully I won't need it
another day
For I am a survivor
And although at times it may seem
That to be alive Is not my dream
I am a survivor.

Listen to your body.

It knows what it's doing. Covid is ingenious but the human body is awe inspiring. Covid attacks you at a cellular level, give your body a break while it regenerates. If you feel you need to sleep, SLEEP! If you feel you need to cry, CRY! Big snort bubble, wailing really helps! Be quiet, sit and listen to your body.

Accept that the Medical profession don't understand this all yet.

I'm sure they will, in time, but instead I turned to Chinese medicine and a wardrobe full of vitamins and supplements when I realised this wasn't going to be a quick or easy fix. Intuitively, I felt I needed to help my body rebalance itself and nourish it with good food and refuel it with vitamins. Pilates and breathing exercises were invaluable throughout- keep mobile and connected with your breath, body and soul. Check in with your GP often though, they need to keep an eye on you! But remember, you are your greatest advocate and the most accomplished expert on your body.

Don't soak yourself in news about Covid/ Long Covid

Sure, read about your symptoms from trustworthy sources but don't get lost down Facebook wormholes! Your symptoms are so dominant in your life right now, you don't need your thoughts to be saturated with it too.

Keep your thoughts as positive as you feel you can, meditation really helps and laugh as often as possible. Celebrate the small wins and think about if you can turn this into something positive. The time off work made me really reflect on my life values and priorities, did I really want to be working 50-hour weeks until I'm 68? Or do I want to start planning a move to Crete and live a slower pace of life? I want a Cretan Donkey sanctuary!

Sack Negative Nigel's off!

Family and friends struggle to understand what you're going through - you look "normal" so why don't you just pull your socks up! I've let contact with many "negative" or unsupportive friends and family "dry up" and I feel so much better. If you think about someone, and your heart sinks a bit, surely, it's got to be easier to let those folk drift out of your life? Our energy and time are so precious, let's not waste it. The people we choose to spend time with should fill you with warmth and laughter.

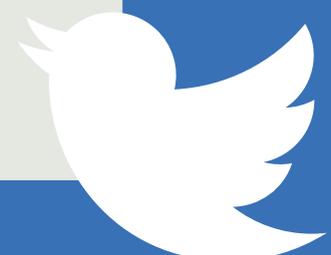
Vaccine

If you can get it, do. I think it massively helped my recovery from Long Covid. And it's a wonderful thing to do - protect our vulnerable folk and contribute to ending the pandemic. Just make sure you get it in your 'non-sleeping on' arm!

Stay safe and well folks,
Kate x

Follow us on twitter to keep updated with the latest news and events from the network and the College:

@rcpsychCCQI
#ccqiplan



Piloting a Delirium Pathway in Liaison Psychiatry

Author: Imogen Byrne – Higher Research Assistant at Sunderland Psychiatric Liaison Team.

The literature suggests that delirium affects up to 30% of hospital inpatients aged over 65 (Johansson, 2018) and that a substantial proportion of delirium remains unresolved at discharge (Cole et al., 2008). People who experience delirium are also more likely to experience an accelerated cognitive decline, with follow-up data indicating an increased risk of dementia (Fong et al., 2015). Each experienced episode of delirium is associated with a recurring delirium, higher hospital re-admission rates, increased rates of long-term institutionalization, and excess mortality (Johansson, 2018).

NICE guidelines advise that people with delirium should be treated in familiar environments by staff known to them, and that any changes during the period of their confusion should be limited. There is also a focus on providing a rapid community response within Ageing Well as part of NHS England's Long Term Plan.

A gap was identified in Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust's commissioned provisions for follow-up of delirium presentations in the community to enable timely discharge and care within the home. In response to this, the Psychiatric Liaison Teams based at Sunderland Royal Hospital (SRH) and South Tyneside District Hospital (STDH) piloted a Delirium Liaison Pathway (DLP) through January – March 2021.

The pathway proposed to support Primary Care Networks (PCN) by providing appropriate training, identification, assessment and management of delirium. The DLP was staffed by nurses, medics and occupational therapy with input from management, pharmacy and research.

The main aims of the pathway were to: provide delirium care planning; provide preventative input into care homes; provide early identification of, and transition into, appropriate physical and mental health pathways; reduce the likelihood of a recurring delirium; reduce hospital (re)admissions; and support the implementation of appropriate interventions. The DLP aimed to act as an expert interface between medical and social care whilst providing education on early detection, behaviour management and risks associated with delirium.

During the pilot, the DLP received 65 referrals with 42% coming from the community. The patients' ages ranged from 60 to 97 years ($M = 85$, $SD = 7.6$) and 52% were female. Around 80% of patients had a recent hospital admission, and the most common reasons for referral were delirium, confusion or recurrent delirium. Patients had an average of four contacts with staff and these included face-to-face assessments or support in the hospital or community, in addition to support provided to their primary caregivers. The majority of patients spent up to a week on the pathway, with a number of individuals being involved for over a month. Most patients were discharged back to their GP to resume normal care, with others being referred on to their community mental health team (CMHT).

Case studies demonstrated that the DLP was successful in preventing a 97 year old gentlemen with a cognitive decline and a suspected dementia from being admitted to hospital. After the GP made a referral to the team, staff were able to honour his and his family's wishes to keep him out of hospital, in consideration of his age and COVID-19. The DLP assessed the patient; monitored his delirium; liaised with other healthcare professionals including audiology, occupational therapy, optometry and psychiatry; and supported his family, who were his main carers, by offering advice and education on delirium. In addition to avoiding a hospital admission and not incurring a length of stay, the patient was referred to the CMHT and a physiotherapist.

Feedback and testimonies were collected from carers and PCN staff. This data indicated a significant level of satisfaction with regards to DLP staff acting with compassion, dignity and respect; with the DLP being helpful; with the multidisciplinary approach being useful to patients and staff; and with its potential to meet an identified gap in current care provision.

South Tyneside PLT were successful in receiving funding to continue the pathway on a permanent basis, and Sunderland are looking to reapply in the near future. The DLP is an innovative approach to bridging the gap between the acute and mental health trusts; a gap which vulnerable patients are at risk of falling into and a gap that, if filled, could improve patient and carer outcomes in accordance with parity of esteem.

60 seconds with... Karishma Talwar, PLAN Deputy Programme manager

Job Title:

Deputy Programme Manager

When you joined the College:

December 2018

Tell us a little bit about your role:

I work across two quality networks; PLAN and QNCRHTT (HTAS). My role is to support the project team and our Programme Manager, Cassie, in overseeing various aspects of the networks, as well as keep in touch with our member services and lead peer-reviews.

What were you doing before you joined the College?

I was completing an MSc in Integrative Counselling and Coaching at the University of East London.



If you could learn anything new, what would it be?

I've owned a guitar for about 10 years and spent about 10 minutes trying to learn it, so probably that.

What superpower would you like to have and why?

Teleportation, easily. To be able to travel the world without leaving a mark and get to places without the long-haul flights, and avoid the train!

What was the title of the last book you read?

I have had three on the go for months. I finally finished Pursuit of Love recently though - a classic.

What is your favourite comfort food and when was the last time you had it?

Any and all fried Indian snacks, and about 4 days ago...

What three things would you take with you if you were stranded on a desert island?

A Kindle, an inflatable kayak, and a pillow.

Tell us an interesting fact about yourself that few people would know about:

I once climbed a mountain overnight to see the sunrise. It was completely foggy when we finally made it up, and the climb down was less fun – still beautiful though!

What is the one thing you wish people knew more about?

How to speak to your friends/family who might be struggling with their mental health

What is your favourite quote/saying?

“One person’s annoying is another person’s inspiring and heroic” – Leslie Knope, Parks and Recreation

UPCOMING PLAN EVENTS



Lunch and Learn - Self-Harm in 16-17 year olds

[Click here to view advert](#)

Date: 10 September 2021

Time: 12:00pm-1:00pm

Location: Online via Zoom

Booking: To register, please complete our [short online booking form](#). Once approved, you will receive a confirmation email from Zoom.

PLAN Special Interest Day - Eating Disorders

Date: 16 November 2021

Time: 10:00am-4:00pm

Location: Online via Zoom

Booking: To register, please complete our [short online booking form](#). Once approved, you will receive a confirmation email from Zoom.

Lunch and Learn - Liaison Services Mental Health Strategy

Date: 14 October 2021

Time: 12:00pm- 1:00pm

Location: Online via Zoom

Booking: To register, please complete our [short online booking form](#). Once approved, you will receive a confirmation email from Zoom.

PLAN Peer-Reviewer Training

Date: 03 December 2021

Time: 10:30am- 1:00pm

Location: Online via Zoom

Booking: Keep an eye out for booking to open!

Establishing a liaison psychiatry education programme. A Quality Improvement initiative to evaluate the impact of education on knowledge, skills, and attitudes when working with mental health patients.

Author: Stephen Marks, Advanced Nurse Practitioner Trainee, Manchester Royal Infirmary

Background:

The Greater Manchester Mental Health (GMMH) Mental Health Liaison Team (MHLT) at the Manchester Royal Infirmary (MRI) is a busy MDT serving the Manchester Foundation Trust (MFT) hospital site with approximately 1500 inpatient beds. The service receives 400 – 500 ward referrals each month, and 20-30 A&E referrals per day. The teaching day timetable was developed in line with the PLAN (2020) standards and tailored to match the training priorities for A&E staff and the local population. A unique aspect of this education day was that several of the sessions were delivered by the senior A&E nurses, and included updates on department policy, learning from recent incident reviews, and very practical skills on how to use ligature cutters. Other sessions included suicide awareness & prevention, risk assessment, trauma informed care, legislation (MHA and MCA), personality disorder, stigma, and psychosis (including organic causes of bizarre behaviour).

Project Aim & Design:

In order to evaluate the quality and impact of the education programme, it was important to utilise a QI methodology. We wanted to evaluate what impact the training had on the knowledge, skills and attitudes of MFT staff when working with mental health patients. A Likert self-assessment tool was developed using evidence-based survey design.

Training Service Evaluation Survey

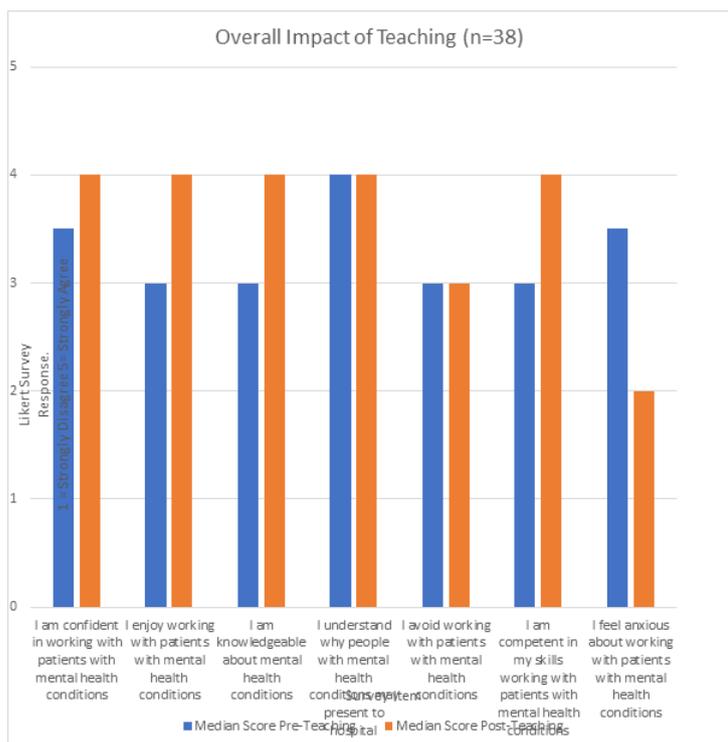
To evaluate this training day, we would like you to answer the following questions regarding the training day. Your answers are anonymous and are only being used to evaluate the impact of the training day. Your participation can help us gain useful feedback and improve future training.

1) Please complete these questions at the beginning of the day before the training has begun.

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
I am confident in working with patients with mental health conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoy working with patients with mental health conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am knowledgeable about mental health conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understand why people with mental health conditions may present in different ways to hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I avoid working with patients with mental health conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am competent in my skills working with patients with mental health conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel anxious about working with patients with mental health conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The items regarding feeling anxious or avoidant were included to gain an understanding of any unconscious biases or stigma towards mental health patients. The survey was completed anonymously pre- and post-teaching intervention. The post-teaching survey also invited staff to provide positive feedback and suggestions for improvement which was used to refine subsequent sessions. Participants were also asked to indicate how useful, engaging and meaningful the training was.

RESULTS: The training programme was found to have a positive impact on the knowledge, skills and attitudes of acute hospital staff. Staff reported positive changes in 5 of the 7 survey items as a result of the training. The median values across of 5 teaching days showed a reduction in anxiety, and an increase in knowledge, skills and competence when working with mental health patients.



Inferential analysis showed with statistical significance that changes occurred as a direct result of the education programme. We looked at various department metrics to see if there was any correlation between the training and KPIs such as length of stay (LOS) or number of adverse incidents. No relationship was identified however the period in question was subject to unprecedented levels of acuity and referrals, which likely impacted on increased LOS and may have reduced the impact of the education programme.

Conclusions:

Implementation of a liaison psychiatry education programme resulted in positive changes to the skills, knowledge and behaviours of acute hospital staff. The intervention resulted in significantly less anxiety, more confidence, and more competence when working with mental health patients. The programme has proven sustainable, with sessions booked for the remainder of 2021. Training has been opened to all of MFT, not just A&E. The process has been incredibly valuable in improving relations and communication between GMMH and MFT. Both Trusts are now actively involved in changing the culture of waiting until 'medically fit' before referring someone to the MHLT. This work is ongoing, but patients who present with DSH or attempt suicide are more frequently referred to the MHLT at the point of arrival. High risk patients will be added to the team caseload immediately to ensure that assessment is not delayed or missed when a patient is admitted to a medical ward. This gives the MHLT team safe oversight of the most unwell and vulnerable patients in the hospital.

Would you like to feature in one of our upcoming newsletters?

Articles may be:

- Area of good practice
- An achievement/award
- A quality improvement plan
- An area of research
- Response and learning during COVID
- Experience working with PLAN

If you would like to contribute to the newsletter please email us at:

PLAN@rcpsych.ac.uk

PLAN ANNUAL FORUM 2021



On Wednesday 30 June, PLAN hosted their 2021 Annual Forum. Over 70 delegates tuned in to the event. The event included a variety of thoughtful and engaging presentations around three topics; working with the third sector, capacity and legal frameworks and supporting patients. A huge thank you to all those who attended and presented, we hope to see you at our upcoming events.

PLAN members can access recordings of the presentations of knowledgHub.



UPCOMING PEER REVIEW OPPORTUNITIES

We are currently looking for peer reviewers to take part in these upcoming virtual peer reviews.

Team	Trust	PR Date
North Tyneside Mental Health Services for Older People	Northumbria Healthcare Foundation Trust	23/09/2021
Jersey Mental Health Department (Health & Social Services)	Acute Community Mental Health and Liaison Team	30/09/2021
North Staffordshire Combined Healthcare NHS Trust	Harplands Hospital Mental Health Liaison Team	19/10/2021
Northumberland, Tyne and Wear NHS Foundation Trust	Newcastle Psychiatric Liaison Team	02/11/2021
Pennine Care NHS Foundation Trust	Stockport Mental Health Liaison Team	03/11/2021

If you are a trained peer reviewer and would like to attend any of these reviews then please email us at PLAN@rcpsych.ac.uk.

Useful links

Department of Health
www.doh.gov.uk

Institute of Psychiatry
www.iop.kcl.ac.uk

National Institute for Health and
Clinical Excellence
www.nice.org.uk

Centre for Mental Health
<https://www.centreformentalhealth.org.uk/>

College Training
<https://www.rcpsych.ac.uk/training>
Offers courses for professional
development in mental health care.

CARS
www.cars.rcpsych.ac.uk



Contact the team

We love hearing from our members and helping to facilitate communication amongst our teams — after all, it's what being part of a network is all about!

PLAN shared mailbox:
PLAN@rcpsych.ac.uk

You can reach us on:
0208 618 4210

College Address:
21 Prescott Street
Whitechapel
London
E1 8BB

Find all updates related to the network, including upcoming events, published reports and webinars on the [College website](#).

KnowledgeHub

The Psychiatric Liaison Accreditation Network discussion forum has now moved to Knowledge Hub! On this platform members can share ideas, post threads, and learn from colleagues by directly posting queries and information.

To join the KHub simply email 'Join' to PLAN@rcpsych.ac.uk