

Guidelines of Care for Children and Young People with Psychiatric and Psychological Conditions Presenting to the BGH

Principles of assessment / management

1. Our aim is to ensure that all children and young people presenting with psychiatric and psychological conditions are looked after by a team that is well resourced and trained to deliver a high standard of care regardless of the time of the week they may present. This should be in an environment that is safe and age appropriate, whilst remaining cognisant of the balance of needs for the individual patient and those who share the same ward.

The paediatric team are resourced to provide a comprehensive service 24 hours per day, 7 days per week. CAMHS operates Monday - Friday, 0900-1700 - out with these times the adult psychiatric Crisis Team are available to provide advice and support.

2. There are a number of different presentations which may require joint care, which includes:

- Overdose / ingestion of hazardous substances
- Intoxication
- Self Harm
- Suicidal Ideation or Intent
- Vulnerable young person in crisis and requiring emergency place of safety
- Eating Disorders at risk of physiological decompensation
- Acute medical illness in patient with pre-existing psychiatric illness (e.g. learning disability or autistic spectrum disorder)

3. Referral Pathways

Unless the patient is already under active review by the CAMHS team, it is likely that the majority of patients with psychiatric or psychological problems requiring inpatient management will present via A&E or direct referral by their GP.

The first point of contact will be the paediatric middle grade practitioner who is available via Bleep 6015. In normal circumstances, the paediatric team will look after patients up to the age of 16. If the patient is 16 years or older, then they should be assessed by the adult medical team. The first priority is ensuring the patient's immediate health needs are met and any emergency treatment is started promptly.

Early contact should be made with the CAMHS/Crisis team so that once the patient is medically fit for psychiatric interview and assessment, then patient can be reviewed as soon as possible. Patients do not need to be medically fit for discharge before the psychiatry team will come to see the patient.

4. If a patient requires admission to ward 15, then they will be jointly under the care of the Consultant Paediatricians & Psychiatrists. Each team will be responsible for specific aspects of the patient's care as follows, where items straddling columns represent shared responsibilities:

Psychiatry Responsibilities CAMHS/Crisis Team	Paediatric Responsibilities
	Initial medical assessment, stabilisation and emergency treatment
	Access information from TOXBASE
	Prescribe medication and fluids
	Determine if patient known to CAMHS team - information from Crisis Card / EMIS - are they known to community mental health team
	Notify CAMHS team / Crisis team of admission
	Consider IRD +/- liaise with child protection team
	Determine if medically fit for mental health assessment and interview
Mental Health Assessment	
Mental Health Care Plan	
Responsibilities under mental health act - detention, treatment orders	
Risk Assessment of Patient's Behaviour	
Advise on use of psychotropic medication and anxiolytics	
Prescribe One to One supervision	
Ward staffing and supervision of patient	
Determination of most appropriate environment for ongoing care	
Daily psychiatry / medical review whilst remains under inpatient care	
	Determine when medically fit for discharge
Liaise with Social Work Emergency Duty Team, e.g. if requires place of safety	
	Initial discharge letter and TRAK prescription
CAMHS summary of admission and ongoing care	
Update Crisis Card and Borders Risk Assessment Tool	

5. Nursing Staff will be able to refer to either team, as they think appropriate.
6. Middle Grade staff will liaise directly on care of children and families (Paediatric Bleep 6015, CAMHS 01750 23715, Crisis Team via Switchboard)
7. Children may transfer to sole care of Paediatric Team following discussion (as currently).