**NATIONAL MENTAL HEALTH/LEARNING DISABILITY COORDINATING CENTRE**

**COVID 19 ADULT MH SERVICE SITUATION REPORT**

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| **Service status**  | Blue | Green | Amber | Red |
| Less activity than normal- no service pressure | Normal activity and functioning  | Pressure on service through activity and/or staffing | Extreme pressure on service through activity and/or staffing |

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| **HEALTH BOARD:**  |  |
| **LEAD(S)** |  |
| **DATE:**  |  |

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| **Area** | **Situation** | **Issues**  | **Service status**  | **Specific information** [if available] | **Service Assurance**  (Y or N) |
| **EXAMPLE** | *Stopped routine visits*  | *Glove stocks hard to come by* | *Blue* | Staff absent [%]: 70%Referrals [#]: 45 | *X is happening* | Y |
| *Y is happening* | N |
| *Z is happening* | Y |

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| **OVERALL MH SERVICE**  |  |  |  | Staff absent [%]: Staff with +C19 [#]: Patients with +C19 [#]:  | Face to face interviews by S12 Drs and AMHPs |  |
| Attendance at custody /non-mental health healthcare facilities to assess under the Act & arrange admission if necessary. |  |
| Attendance at custody settings, ED or other clinical environment |  |
| The sourcing and execution of warrants under the MHA |  |
| Monitoring visits for conditionally discharged patients and those on CTOs |  |
| S136 suite remains open |  |
| Consideration of comorbid physical health problems and the impact of mental health care on these conditions |  |
| Multi Agency Public Protection Arrangements /Multi Agency Risk Assessment Conference/Local Safeguarding Concerns Meetings continue  |  |
| PPE available for staff that require it |  |

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| **LOCAL****PRIMARY CARE SUPPORT SERVICE** |  |  |  | Staff absent [%]: *Assessments within 28 days [%]* | The assessment function of primary mental health care services is sustained |  |
| Primary care patients in need are being referred to suitable community services |  |
| Patients in need of secondary care are enabled to receive these services in line with the priority required |  |
| Shared care arrangements continue |  |

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| **Area** | **Situation** | **Issues**  | **Service status**  | **Specific information** [if available] | **Service Assurance**  (Y or N) |
| **CRISIS TEAMS/INTENSIVE TREATMENT TEAMS** |  |  |  | Assessed <24 hrs [%]: | Expanded hours service  |  |
| 24 hour service in place |  |
| 7 day service in place  |  |
| >90% urgent assessments are undertaken within 72 hrs |  |
| Intensive home support continue for high need patients |  |
| Routine mental state and welfare checks continue to re-evaluate triage and risk status with special attention paid to particular groups at raised risk |  |

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| **PSYCHIATRIC LIAISON** |  |  |  | Staff absent [%]: Referrals [#]: | >90% ED assessments undertaken within 4 hours |  |
| Consideration of comorbid physical health problems and the impact of mental health care on these conditions |  |

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| **Area** | **Situation** | **Issues**  | **Service status**  | **Specific information** [if available] | **Service Assurance**  (Y or N) |
| **ADULT COMMUNITY TEAMS** |  |  |  | Staff absent [%]: Referrals [#]: | >90% urgent assessments are undertaken within 7 days |  |
| Face to face assessments undertaken for most urgent cases |  |
| Patients have been prioritised/cohorted and a system to maintain contact is in place for all tiers  |  |
| Lithium clinics continue including phlebotomy and analysis |  |
| Clozaril clinics continue including phlebotomy and analysis |  |
| Regular review of medication  |  |
| Routine prescriptions assured  |  |
| Patients discharged to primary care |  |
| **OPMH COMMUNITY TEAMS** |  |  |  | Staff absent [%]: Referrals [#]: | Urgent dementia assessments undertaken  |  |
| Urgent care home visits undertaken  |  |
| Contact maintained for current cases |  |

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| **SPECIALIST PERINATAL**  |  |  |  | Referrals[#]:Number of new mothers (<12 months from birth) admitted to MH wards [#]: | Women unknown to services with acute deterioration in mental state, or with significant safeguarding issues are assessed post birth and before discharge  |  |
| Women under community perinatal services and who need a post-delivery psychiatric review are seen within 48 hrs on the postnatal ward. |  |
| Women under community perinatal services are reviewed post-discharge the following working day  |  |

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| **EATING DISORDERS** |  |  |  | Referrals[#]: | Physical health checks including bloods BMI monitoring  |  |
| Dietician support continues |  |
| Joint working across mental health and specialist eating disorders teams to deliver monitoring, support and treatment in community and home settings |  |

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| **SUBSTANCE MISUSE** |  |  |  | Referrals[#]: | Methadone and other medication continuity plans in place |  |
| Prescription of injectable longer term opioid substitutes has been considered for appropriate cases  |  |

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| **ADULT/OPMH****INPATIENTS**  |  |  |  | Staff absent [%]: Beds occupancy- Adult [%]:Beds occupancy- OPMH [%]*+C19 cases on OPMH wards [#]:**+C19 cases on adult MH wards [#]:* | Community leave continues for appropriate patients  |  |
| 24 hour medical cover |  |
| Isolation of C19 cases possible within ward |  |
| Isolation of C19 cases possible within hospital |  |
| Section 12 Hospital attendance to detain informal patients and for review, extension and conversion of legal status of detained patients |  |
| Best interest assessments are facilitated  |  |
| Provision of a range of inpatient care settings  |  |
| Care includes a range of medical, nursing and therapeutic interventions designed to promote recovery.  |  |
| Care is provided with levels of security commensurate to ensuring the safety of patients |  |
| Exercise if facilitated within the hospitals for those that cannot go outside |  |
| Nicotine replacements are offered for those that cannot access the designated smoking area  |  |