



**SELF PRESENTATION AT ADULT MENTAL HEALTH PREMISES  
PROTOCOL**

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<b>Documents to read alongside this Protocol</b>	Mental Health Community Mental Health Team Operational Policy Crisis Resolution Home Treatment Team Operational Policy
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## 1. INTRODUCTION

This protocol is intended to provide guidance to staff regarding the management of service users who self present at adult mental health premises.

## 2. AIMS

To ensure a standardised method to manage self presentation and to ensure a safe and effective assessment for service users and staff.

## 3. SCOPE

The protocol relates to adult mental health service users, community mental health team staff and adult in-patient shift co-ordinators by day and night.

## 4. ROLES AND RESPONSIBILITIES

### Community services

The community mental health team duty worker or the Integrated Manager will be responsible for implementation in community premises.

### In-patient services

The adult shift co-ordinator or the night site manager will be responsible for implementation at hospital premises.

## 5. MAIN BODY

The Adult Mental Health Service facilitates assessments through the Community Mental Health Teams (CMHT's) or the Emergency Unit (EU) at UHW.

Emergency Mental Health assessments are provided at CMHT's, Monday - Friday, 9am - 5pm following referral by a GP, and at EU outside of these hours. However, on occasions Service Users will self present wanting a member of staff to assess their current needs. Service Users must be known to Adult Mental Health Services e.g. CMHT / CAU. In this instance the CMHT Duty worker / Integrated Manager or the Shift Coordinator / Night Site Manager will meet with the Service User to assess the urgency of their need and may choose from a range of options to meet these needs. They may only require signposting and suitable advice which may include the Service User utilising an out of hours service e.g. CALL, GP out of hours, EU etc.

However, if a triage assessment is indicated, the assessment will, as a minimum, consider

Presenting problem - why now?

Risk issues

Accommodation status

Clinical Signs and Symptoms  
Unsafe or intolerable behaviour  
Carers / dependent children needs

N.B. Intoxication alone is not a barrier to Triage Assessment although capacity to communicate is essential.

If the Service Users' presentation raises concern for their physical health, the ambulance / Police Service should be called to transport the Service User to EU for assessment of their physical state prior to any subsequent Mental Health assessment. The police should be asked for assistance if the service user's behaviour is unmanageable e.g. Breach of the Peace, and an assessment arranged at an appropriate venue.

All information must be documented on Paris in a case note. Reference should be made to the assessment headings described above. Good practice would indicate that the triage assessment is discussed with a senior Psychiatrist from the sector team or the on call rota. If necessary a referral should be opened, a case note entered and then the referral closed. (Please refer to CMHT Operational Policy).

The options available following assessment are:-

Inform GP (by fax using case note printout).

Notify involved staff if Service User is known to Mental Health Services.

Refer to CRHTT if admission / Home Treatment / Mental Health Act

Assessment is required.

## **6. FURTHER INFORMATION**

References – Community Mental Health Team Operational Policy  
Crisis Resolution & Home Treatment Operational Policy

## **7. EQUALITY IMPACT AND ASSESSMENT**

Possible adverse impact for individuals who use MHSOP, as this protocol only applies to Adult Mental Health Service Users.

## **8. REVIEW**

Review in 3 years