

FRAMEWORK FOR MENTAL HEALTH SERVICES IN SCOTLAND
SECTION 3: SERVICE PROFILES

SERVICES FOR PEOPLE WHO PRESENT TO A GENERAL HOSPITAL WITH A PHYSICAL ILLNESS WHO HAVE A MENTAL HEALTH PROBLEM (INCLUDING THOSE WHO SELF HARM)¹

Service Element	Description of Needs	Ways in Which Services May Responds
<p>Provision of Psychiatric Assessment to patients in a general hospital.</p>	<p>Psychiatric disorder or mental health problems predispose to a high level of utilisation of general medical facilities. This arises from an increased susceptibility to physical illness, abnormal illness related behaviour and somatisation. Psychological problems will be the cause of chest pain in a third of those presenting to cardiology clinics. More than 30% of an in-patient population in an acute medical ward will have a mental health problem; in fewer than a third of them will the problem be recognised.</p> <p>Support by a liaison service to the general ward team will allow the recognition and appropriate management of co-existing mental health problems. There is evidence to show the outcome of the treatment of the physical problem will improve markedly. The common problems are adjustment disorder (to the illness, to loss of function and any threat to life); organic mental illness; substance (alcohol and drugs) misuse; and depressive illness.</p> <p>One in 600 people harm themselves each year sufficiently to require admission to hospital. Subsequently 1% will commit suicide over the first year.</p>	<ul style="list-style-type: none"> • Provision of a rapid response consultation on the ward or in the out-patient clinic. • Protocols developed for the detection and management of alcohol related problems. • Support to ward nursing and junior medical staff in reorganising mental health problems in their patients. • Fuller assessment and joint management of dysfunctional family relations. • A clinical focus on: <ul style="list-style-type: none"> - chronic pain management; - cardiac and neurological rehabilitation; - gastrointestinal disorders; - chronic fatigue syndrome; - neuro-psychiatric disorders; - withdrawal reactions; - deliberate self harm. • A process of triage by specifically trained staff to detect those who require specific treatment for a mental health problem, and those who require additional community support through a personal crisis.
<p>Provision of training, support and supervision to general trained nurses and junior medical staff, and building up skills held by consultant staff.</p>	<p>General ward staff can be trained in the early recognition of mental health problems and given support in operating protocols for managing straightforward clinical conditions.</p> <p>Staff in high stress areas (ICUs or A&E) may benefit from facilitation by a mental health professional in support or staff groups, as confidence is built up through continued useful contact.</p>	<ul style="list-style-type: none"> • Multi-disciplinary staff input, including: <ul style="list-style-type: none"> - psychiatrists; - clinical mental health nurse practitioner; - clinical psychologist; - occupational therapists. • Use of the GRAG Good Practice Statements for example on the Management of Aggression and delirium Tremens.²

¹"The Psychological Care of Medical Patients: Recognition and Service Provision". (1994) Report of Joint Working Party from the Royal College of Physicians and Psychiatrists

² Listed at the end of section 2.
