



Family Nursing & Home Care

Standard Operating Procedures

Mental Health Practitioners

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Document Profile

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Version Control / Changes Made

Date	Version	Summary of changes made
2023	1	New standard operating procedures

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Introduction

These Standard Operating Procedures (SOPs) have been developed to guide the practice of the Mental Health Practitioner role and the processes to be followed from Referral to Discharge.

The post holder(s) will report directly to Child & Family Operations Lead or Deputy Operational Lead

The role holders are also required to have an understanding of the:

- Family Nursing and Home Care Business Plan
- Child & Family Service Level Agreement with Health & Community Services

The Operational Lead/Deputy Lead will ensure that Mental Health Practitioners are aware of the School Nurse Team's 5 point safety plan:

- A weekly off duty is available to view in the School Nurse office and staff are requested to keep EMIS up to date, so their whereabouts can be identified
- All team members have the on call manager's number in their phone and advised to share this with their partners/NOK
- Staff to check EMIS for any alerts prior to first visit and/or, if risks are identified at any visit, risk assessment to be initiated; discuss with line manager; and alert to be added to EMIS
- Staff to highlight concerns regarding alerts and potential risks, with line manager and colleagues
- Staff inform one another if they have a late afternoon appointment and call an agreed colleague to inform them when they are out of the appointment and staff telephone or text if not returning to the office at the end of the day

SOP 1 Referral to Mental Health Practitioner

Purpose

Detail of the process for a referral to the Mental Health Practitioner.

Scope

This SOP covers the following:

1. How and where to send in a referral
2. Who can refer
3. Who receives and screens referrals
4. Who processes referrals
5. Triage meeting

Core Requirements

1. How and where to send in a Referral
 - Referrals to go to School Nurse team using Standard referral Form
 - Referral form to be emailed to schoolnurses@fnhc.org.ie (this includes referrals from the Drop In sessions)
2. Who can send in Referrals
 - Anyone can send in a Referral. Full process must be followed for all referrals, irrespective if assessments have been carried out by other agencies
3. Who Receives and Screens Referrals
 - Referrals are received by the duty registrant on a daily basis
 - The duty registrant will screen for mental health referrals
 - Where risk is considered high, referral to be treated as urgent and to be actioned that day by duty registrant
4. Who Processes Referrals
 - Processed as Inbound Referral by Admin on EMIS
 - Admin to print out and put in the Mental Health Practitioners' Inbound Referrals tray
5. Triage Meeting
 - Mental Health Practitioners to hold a weekly triage meeting, generally on a Monday
 - This meeting needs to have a quorum of 2 MHPs or 1 MHP and Child & Family Operational Lead/Deputy Lead/School Nurse Team Lead
 - At the triage meeting all referrals will be reviewed alongside child's EMIS records
 - Referrals should be assessed to ensure they meet the MHP referral criteria ([Appendix 1](#))

SOP 2 Allocation and Delegation of Referrals

Purpose

MHP to review all referrals and will accept, allocate or delegate the referral. Any referrals that they deem can be held by the School Nurse team will be allocated, or delegated as appropriate and as per FNHC Delegation Policy.

Scope

This SOP covers all referrals not meeting the MHP criteria.

Core Requirements

Referrals for children/young people who meet the MHP criteria will be admitted to the MHP EMIS caseload either by the MHP or by the Administrator

Referrals not meeting the MHP criteria are likely to be considered for allocation or delegation to the School Nurse team

Referral may be delegated with supervision and/or Mental Health Practitioner support for the School Nurse

Delegated tasks would require MHP to develop a care plan with parameters for escalation

The School Nurse may need to refer back to MHP once they have completed the initial assessment, where they identify that a brief intervention by MHP would be beneficial

Triage, MHP or School Nurse may also need to escalate the referral of child/young person to specialist services

SOP 3 Timeframes

Purpose

To ensure all processes are completed in a timely manner.

Scope

This SOP covers the Initial Assessment.

Core Requirements

Telephone or email contact with the child and/or family to be made within 2 weeks of the referral

Duty registrant to acknowledge receipt of the referral by email or phone call

The initial assessment by Mental Health Practitioner to be undertaken with the child/young person within 4 weeks of the triage meeting

SOP 4 Assessment Tool

Purpose

To standardise practice for practitioners completing a holistic assessment.

Scope

This SOP covers the use of an accredited assessment tool

Core Requirements

School Nurse assessment to be completed, if not already done.

MHP to use Beck Youth Inventory Tool as part of holistic assessment.

SOP 5 Liaison with Referrer

Purpose

To liaise with the referrer.

Scope

This SOP covers liaison by the MHP with the referrer.

Core Requirements

MHP will send a letter to the referrer to inform them an appointment has been offered and accepted ([Appendix 2](#))

Or

MHP will send a letter to the referrer to inform them an appointment has been offered but declined ([Appendix 3](#))

SOP 6 Intervention

Purpose

The Mental Health Practitioner (MHP) will work with young people who have mild to moderate mental health difficulties, to do brief intervention work which will be a low intensity psychological approach, taking into account clinical indicators & treatment planning.

Scope

This SOP will show what interventions can be offered and number of sessions.

Core Requirements

Key targets for brief intervention in children and young person's include the following:

- coping with emotions and stress - this will include emotional regulation and distress tolerance work
- problem solving
- effective communication
- interpersonal relationship skills
- physical activity as a standalone or, add on intervention for low mood and anxiety (to achieve therapeutic effect current evidence supports intensive supervised exercise)

The emotional gym is an additional or alternative offer. These are group sessions, incorporating the mind and body link. A low to medium level bio-psycho-social approach of six sessions with 10 to 12 attendees at each session.

SOP 7 Supervision

Purpose

To ensure the School Nurses have the appropriate support and guidance on cases allocated or delegated to them by the Mental Health Practitioners.

Scope

Regular supervision will be held between the MHP and School Nurses where they are working with young people experiencing emotional and/or mental health problems.

Core Requirements

All staff will have attended supervisor/supervisee training.

Supervision should be a formal meeting.

Supervision should be held a minimum of quarterly.

Additional meetings may be needed at times for extra support or guidance.

Supervision should be documented in client records on EMIS using a Supervision Template ([Appendix 4](#)).

Safeguarding supervision will be accessed and carried out as per FNHC Safeguarding Supervision policy.

In line with the FNHC Delegation Policy, the MHP should consider if the delegation of the child/young person's care remains appropriate.

SOP 8 Discharge From Mental Health Practitioner Caseload.

Purpose

The process to follow when brief intervention work has been completed.

Scope

This SOP details the process for reviewing the Mental Health Practitioners' caseload with a view to discharging patients or, making alternative plans for care where necessary.

Core Requirements

Discharge Meeting to be held every 2 months.

This meeting needs to have a quorum of 2 MHPs or 1 MHP and Child & Family Operational Lead/Deputy Lead/School Nurse Team Lead.

At the discharge meeting the decision will be made to discharge, re-allocate to School Nurse, delegate or escalate.

All clients under the care of the MHP will need to be discharged and returned to the appropriate caseload on completion of brief intervention work.

Once decision is made, MHP needs to advise the Administrator to move the case to the appropriate caseload.

MHP will write to inform the referrer that the brief intervention work has been completed and the young person has been transferred back to the named School Nurse ([Appendix 5](#)).

Appendix 1 Criteria for Referral to Mental Health Practitioner:

Significant disturbance in a child's cognition, emotional regulation and behaviour

Significant distress, impairment in functioning, or risk of self-harm (if identified as high risk of life-threatening self-harm / suicidality, escalation to more appropriate service should occur immediately)

Child/young person under care of CAMHS or awaiting CAMHS appointment will not meet criteria for MHP intervention

Appendix 2: Liaison with Referrer Letter - Appointment Accepted



Date

Address

Dear (referrer's name)

I write to advise you that following your referral for (name of child/young person), I have offered them an appointment on which they have accepted.

If there are any immediate concerns, or risks identified, please follow your emergency pathway process or safeguarding policy.

Yours sincerely,

Mental Health Practitioner
School Nurse Team
Family Nursing & Home Care

Appendix 3: Liaison with Referrer Letter – Appointment Declined



Date

Address

Dear (referrer's name)

I write to advise you that following your Referral for (name of child/young person), I have offered them an appointment but this has been declined.

As this has been declined, we advise that you follow your emergency pathway process or safeguarding policy if concerns persist, or as necessary.

Yours sincerely,

Mental Health Practitioner
School Nurse Team
Family Nursing & Home Care

Appendix 4 Supervision Session Form

Name of Supervisee:	Name of Supervisor:
Date of Session:	Duration of Session:
Mode of clinical oversight: Online / Telephone / In Person (highlight/circle the correct one)	
Client:	
What work has been undertaken/completed?	
What are the risks, if any?	
Voice of the child/young person	
What is working and what is not	
What are the complicating factors?	
What changes have you seen? Progress/Some change/deteriorating	
Is there anything else we can do?	
Do we need to escalate? Yes/No	Date of next Review
Supervisor Signature	Date
Supervisee Signature	Date

Appendix 5: Brief Intervention Work Completed Letter



Date

Address

Dear (referrer's name)

I write to advise you that I have completed the brief intervention work with (name of child/young person) and have transferred them back to the care of my colleague, (name of School Nurse).

If you continue to have concerns we advise that you follow your emergency pathway process or safeguarding policy, as necessary.

Yours sincerely,

Mental Health Practitioner
School Nurse Team
Family Nursing & Home Care