

Exclusion Criteria

CAMHS Patients

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Owner - Barny Guthrie, CEO



Clinical Partners
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1. Introduction

This policy and procedure sets out which patients are not suitable for Clinical Partners care.

The appointment has been booked based on the information given today. If there are any significant changes about any aspect of the child's mood or health before the appointment parents/carers have a duty to inform us. This is so that we can be sure that they are referred to the right person to provide safe and effective treatment. This might mean that the patient then meets our exclusion criteria.

2. Purpose

The purpose of this document is to ensure that any patient who may pose an excessive risk to themselves or others does not receive treatment from Clinical Partners where we are not able to provide the appropriate type and level of care for their needs.

3. Scope

This policy and procedure are to be followed by all of our staff and Partners working with children and adolescents. For the purposes of this document, a child / adolescent is someone 18 years of younger.

4. Duties and responsibilities

- 4.1 The CEO is responsible for ensuring that the exclusion criteria are applied.
- 4.2 These criteria set out which patients the Clinical Partners triage team may or may not accept. The triage team are not authorised to accept any patient who meets the exclusion criteria.
- 4.3 Each clinician is separately responsible for which patients they do or do not accept as a referral from Clinical Partners. There is no obligation whatsoever for a clinician to accept a referral from us.
- 4.4 All of our Clinical Partners should ensure that they are aware of the exclusion criteria.
- 4.5 All Clinical Partners own staff are responsible for making sure that they understand and adhere to this policy. If you are unsure about any aspect, then please discuss it with the Head of Triage.

5. Policy for patient exclusions

- 5.1 It is our policy not to offer care to patients who require a higher level of care, or who may pose an excessive risk to themselves or others.
- 5.2 Many criteria may not make a patient unsuitable if they are relatively mild but may make them unsuitable if they are severe. For example, a patient who has some level of suicidal ideation without intent may not be judged a serious risk to themselves. However, a patient who has intent, means and a plan is likely to be judged unsuitable. The Triage team will ask your opinion before you take on a patient if they are in doubt.
- 5.3 Patients and their referrers will sometimes not be entirely honest about the severity of the situation, so you must be vigilant for subtle clues that suggest greater severity than is being disclosed.
- 5.4 Patients will periodically move in and out of wellness and may become unsuitable. If this happens then they should be carefully managed into the correct level of care by the Clinical Partner who is looking after them. The triage person who arranged their treatment is usually able to support this process.
- 5.5 All Clinical Partners triage staff have clinical training, and it is for them to use their best judgement to establish the level of risk that an individual patient may pose. If you are ever unsure what to do then you should discuss the case with your manager before doing anything.
- 5.6 Below is a list of definite exclusions and possible exclusions subject to further information:

5.7 Definite exclusions: Patients who:

- 5.7.1 present a current risk of harm to others, which can include severe behavioural disturbances, i.e. a child who is unable to attend an appointment because there is a significant risk of them behaving violently.
- 5.7.2 Presents with severe behavioural disturbances and is unable to engage.
- 5.7.3 are currently psychotic
- 5.7.4 have severe eating disorders. If we are unsure about a child, we will consult the clinician and may ask to see medical records before confirming we are the right service.
- 5.7.5 are actively abusing alcohol or under the influence of narcotics
- 5.7.6 If the parent or guardian informs you that the person has been actively suicidal (in the last three months) or are judged as likely to become so soon
- 5.7.7 have had a suicide attempt in the last 3 months
- 5.7.8 If a parent or guardian is verbally abusive on the telephone (OK to hang up)
- 5.7.9 are currently self-harming to an extent that is more than superficial cutting or burning
- 5.7.10 are currently under a section of the Mental Health Act (except for medico legal)
- 5.7.11 have current or recent convictions for violence, sexual offences including abuse, or arson (except for medico legal / forensic)
- 5.7.12 are asking for assisted fees or payment plans
- 5.7.13 are aged under 18 and who do not have a parent or legal guardian involved in their care.

5.8 Possible exclusions (subject to further information):

Patients who:

- have previously been detained under the Mental Health Act (except for medico legal cases) – in these cases we need to know why were they detained, when, and to what extent their condition has improved since. The discharge summary from the most recent treating hospital should be sought by the family / patient / referrer.
- are actively being treated by the NHS. In these cases, we should be wary of creating confusion and / or difficulties with those already giving what may be very good care.
- are very complex patients who have chronic or enduring mental health problems and who are likely to require long term care, possibly including periods of in patient. These patients are most likely best cared for by the NHS.
- Have had a suicide attempt over three months ago – in such cases we need to know how and when this attempt happened and make an informed decision about the current level of risk. Gather all information and do not make this decision on your own. Check with Caroline Scott or Barny Guthrie in Caroline's absence as to whether we will work with the new client.
- are medico legal cases regarding asylum seekers where the contact is not from a solicitor
- are involved in court proceedings except where it is an instruction from a solicitor or when applying for Educational Health Care Plan (EHCP)
- are involved with social services except where we have been fully informed and there is not a conflict with the social services work
- LAC / fostered / adopted children- a higher risk may be tolerated as there will be multiple clinicians involved, this will be dealt with on a case by case basis

- Present with severe learning disability, we would need to consult with the treating clinician first.

6. Procedure

6.1 For the triage team:

If you receive a call from an individual who is under 18 you need to terminate the call and suggest they request a parent or adult to ring on their behalf. If a parent or guardian tells you that they or the person on whose behalf they are arranging treatment fits any of the above definite exclusion criteria then you should explain to them that we are not able to help, and suggest that they contact their NHS GP, CMHT, solicitor, or other appropriate person or body.

If you receive a call from an individual who tells you that they or the person on whose behalf, they are arranging treatment fits any of the above possible exclusion criteria then you should explore the issues in more detail until you are satisfied if the patient is suitable or not. If you are still not sure then let the patient know you will need to speak with your manager to check that we can help.

6.2 For clinicians:

It is your responsibility to manage your own private practice and the patients you agree to see. You are under no obligation to take on any patient we refer to you. The above are the exclusion criteria that the triage team are trained to work to and aimed to ensure that only patients suitable for the setting we can offer will be passed to you. As you will be aware, patients do not always fully disclose when they book appointments. If you ever have any concern about the safety of any person connected with Clinical Partners then you should let us know that immediately by contacting any member of Clinical Partners staff.

7. Process for monitoring compliance with the policy:

Noncompliance with this policy will be monitored closely. Any incidents concerning inappropriate referrals, incidents in consulting rooms where the client turns out not to have the symptoms previously declared and are unsuitable to be treated in a non-urgent setting will be recorded as an Incident on the appropriate form. These forms are presented to the Clinical Governance meeting where all incidents are reviewed. Preventative action following an incident will be immediate if thought to affect client or clinician safety.