

**Guidelines for Screening
NHS Somerset Talking Therapies Service**

The List:

The list of clients waiting to be screened can be found on IAPTus by allocating the following search filters:

1) Care Pathway – Current Stage = Referral Received

Template:

Screener to use this template for IAPTus screening note(will auto populate on IAPTus clinical contact if screening chosen as appointment purpose) :

Do not use acronyms, as these will not be understood by everyone, write everything in full.

Please see 'Referral Data' and/or 'Documents' tab on IAPTus for full referral detail

Brief Referral Reason:

Risk:

Past Episodes:

IAPT:

CMHS/Secondary Care (RiO):

Any other relevant information:

Plan:

Points to consider:

Brief referral reason: *Referred by who? What does the client/referrer state as the main problem?*

Risk: *Include any current and historic risk information gathered from both the referral and RiO records. Document any actions taken around risk management at screening.*

Past Episodes:

IAPT: *What treatment did they have? Did they recover? What was their engagement like?*

CMHS/Secondary Care (RiO): *When did the client last have contact with CMHS? Include details of any CMHS involvement/intervention where possible.*

Do not copy and paste from Rio. Write a summary of notes/alerts from Rio in screening note and indicate for assessor to check Rio before assessment.

Any other relevant information: *Could include details of any disabilities, LTC's, additional needs, if the client meets TTS priority status, any significant substance use etc.*

Plan: *State if you are allocating to Step 2 or Step 3 for assessment. For any modality other than telephone, mention it here.*

Out of area referrals: *We now accept out of area referrals. Please see guidelines in shared drive*

16+ Referrals – *please used the ‘include children tab’ when searching on Rio. Please see guidelines in shared drive*

Screening Steps:

Open Client on IAPTus and create a clinical contact called 'Screening'. Save contact as a draft (this will help you avoid 'bumping into' anyone else while screening!)

Check RiO for any current or historic involvement with CMHS. Check the following RiO pages and document as necessary under the relevant sections of the screening template:

- 1) Alerts
 - 2) Referrals
 - 3) Progress Notes
 - 4) Medical Summary - Mental Health Consultation Summary
 - 5) Core Assessment- Risk Information.
 - 6) Dialog+
- * If there are no past referrals to CMHS it will not be necessary to check every page.

When screening 16+ years please click on 'include children' tab on Rio. Please 16+ guideline in shared drive.

Go back to IAPTus and check referral for risk. If any risk is indicated in referral (such as a written statement of "suicidal thoughts") attempt to contact to conduct a brief risk assessment call. Attempt to call once. If you are unable to contact the client you should alert the GP by sending the letter titled "Self Referral Screened Risk Letter to GP" and send a Resource List to the client. Document risk information from both referral and RiO and any action taken under the "Risk" section of the template.

Check IAPTus for any past episodes of treatment. If present, record detail of what treatment the client had, their engagement and if recovery was met.

If not suitable for service, please give reason why.

Based on this information, decide if the referral is more suited to a Step 2 or Step 3 assessment using guidance overleaf.

Complete your clinical contact.

Allocate the correct 'Step 2 Assessment' or 'Step 3 Assessment' Label. Add priority labels where appropriate

If client has given permission, send relevant online booking link. Move in care pathway to either 'Screened: Booking Link Sent' or 'Screened'.

Step 2 or Step 3?

The following are only guidelines and a screening decision will be down to clinical judgement. Patients who are seen first at step 2 can still be stepped up and patients seen first at step 3 can be stepped down as they benefit from a step 2 treatment. Patients may fit into both columns so a best fit decision should be made.

Step 2 - 1 st treatment	Step 3 Assessment
<p><i>Most patients will continue to be assessed at step 2. The following are qualities that would be ideal but not always necessary:</i></p> <ul style="list-style-type: none"> -1st episode in service (unless referral problem indicates step 3 intervention) -Presenting problem different to treatment they've already had at step 2. -Engaged and recovered from a step 2 intervention in the past -Goals appropriate and in line with step 2 intervention/suitable for signposting 	<ul style="list-style-type: none"> - Step 3 intervention indicated (for example acute Trauma, PTSD, sexual abuse) - Acute risk within context of severe mental health requiring ongoing management/discussion (to discuss in duty meetings) -Recurrent problem that has not benefited from step 2 and/or step 3 previously completed and successfully engaged. Extra consideration to be given for presentation such as OCD, Social Anxiety and Health Anxiety -Concerns or history of, severe mental illness such as psychosis, bipolar disorder, personality disorder -Step 4 Psychological therapies/ongoing input from CMHT in recent past <p>If multiple referrals to CMHS but is suitable for talking therapy, probably not suitable for S2 assessment and should be moved to S3 assessment</p>

Service exclusion criteria at screening would still apply, this includes but is not limited to:

- Active psychosis needing STEP or CMHT referral
- Current or pending assessment or treatment in secondary care, unless just outpatient medication reviews (discuss at CMHT interface meetings or LLG)
- Patient seeking only reports for court or diagnosis rather than treatment
- BMI less than 17.5
- Has exhausted all offered therapies in service, had step 2, step 3, groups etc with little benefit
- Eating disorder (depending on information provided)