The Royal College of Emergency Medicine

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Newsletter August 2019
Updates in Mental Health

Dear Mental Health Leads,

This is just a quick update to let you know what is happening in Emergency Mental Health nationally, and at RCEM.

Firstly, there is a new version of the **Mental Health Toolkit** on the website.

You are probably aware that **Mental Health is one of the RCEM national QIPs** this year. We are focussing on two areas:

1a. Mental health triage by nurses which should determine a level of observation for patients

1b. Documentation of those observations occurring

2a. Documentation by ED clinicians of a risk assessment for further self-harm and suicide

2b. Documentation of a mental state examination in the notes

This is a response to the HSIB investigation of a woman who left without being seen by a MH team from ED and committed suicide soon after.

RCEM were asked to standardise the initial assessment of a person presenting with a MH emergency. This is tricky, as there are no validated tools for this, so we have given two good examples of Mental Health triage in the new toolkit. If EDs develop other useful models that get encouraging results on the QIP, please let us know and we can add these resources to the toolkit.

The bottom line for this, is that we should be experts in mental health in the same way we are experts at the initial presentation of everything else, and safety should be paramount. Even if a patient is going to be seen by a MH professional, and that patient decides to abscond, we need to have completed a risk assessment as we see them and mental state examination (MSE) helps with this.

Giving your nurses access to the mental health team could be an opportunity to improve MH triage and assessment, providing the patient is fit for assessment and unlikely to stay in. This requires work and training from your MH team, and should get patients the help they need sooner and reduce their time in the ED.

RCEM has been working with RCPsych, RCN and RCP on a consensus statement about side-by-side working by ED, nursing, physician and mental health teams, so that patients do not have to wait to be "medically cleared" before being referred to mental health teams, but can be referred when they are "fit for assessment."

EDs still need to take responsibility for checking out the new psychoses/elderly patients first, but other patients can be managed jointly. This statement should be published soon.

National waiting times for mental health patients are being piloted at the moment. The proposed standard is one hour from referral to being seen by a MH professional in ED. We are working with NHSE on this to see how the pilots go and look at the nitty gritty of which patients fit into this category. It isn't clear at the moment if a patient will be staying in for observation or whether they will be a one-hour response. There will be a number of patients referred who also may not be fit for assessment at referral, which will need some work.

The other new time standard is measuring 12-hour breaches from arrival, not from decision to admit. This will allow us to record long waits for mental health patients more accurately. We met with NHSE, CQC, RCPsych and Cliff Mann from GIRFT recently to discuss long waits in certain areas. The 4 actions around this are:

1. To improve alternatives to ED for patients in a MH crisis
2. To improve timely assessment by MH teams
3. ED and MH to work together
4. For more work to be done around bed management within MH trusts

Essentially, if there is no bed, clinicians should decide with patients where would be the least worst place for them to wait, and this may be a CDU or medical bed.

The RCEM MH committee has become increasingly concerned about the levels of restraint we see in our own EDs and are aware that there is quite a wide variation in practice across the country. Some EDs have helpful, trained security teams, some are asking clinical staff to restrain patients, and some have no trained staff and resort to phoning the police. We would be very grateful if you could fill in this quick survey**.** We hope to use this to highlight safety concerns to NHSE and help develop policy and standards nationally in this area.

Other ongoing work; we continue to meet with CQC as they seek to raise standards for mental health in acute hospitals, we continue to raise issues about CAMH provision with anyone who will listen, and there is a MH CPD event planned for 2020.

Event:
Challenging scenarios in the Emergency Department
Date: Tuesday 5 November 2019
Venue: Engineers' House, Bristol BS8 3NB

This study day aims to improve knowledge and understanding of a wide range of challenging scenarios commonly found in ED, including violence and aggression, recreational drug use, homelessness, frequent attenders and personality disorders.

Programme: view the programme
Registration: click here to register

Thank you so much for being the Mental Health Lead for your department. We know this is not an easy task!

We wish you well with your new cohort of doctors that started recently,

Catherine Hayhurst, RCEM MH committee chair

RCEM MH committee: Kate Swires-Hennessy, Fiona Beech, Mark Buchannan, Dorothy Apakama and Hilary Connor