The Royal College of Emergency Medicine

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Newsletter for Mental Health Leads - June 2020

A quick update on mental health care in EDs

Dear Mental Health Leads,

Below is a brief update from Catherine Hayhurst and the RCEM Mental Health Committee:

New pathways in and out of ED

As levels of ED attendances rise after the first pandemic peak, we are keen that a good standard of care is provided for mental health patients as well as working with mental health providers to deliver alternatives to EDs for patients with no medical problems. Many of these alternatives have been rapidly put together with variable success, and you may be involved with evaluation of these alternatives. It is now clear that these alternatives will be needed for a long time to come.

Reduced space and need for social distancing in ED mean that patients must be dealt with promptly and delays in good care should be investigated. We cannot go back to ED crowding or the inability to offload ambulances. However, we should also be careful that mental health patients are not made to feel unwelcome, as they may already feel that their needs are not so important during a pandemic. Our continued kindness is more important than ever.

RCEM suggest 5 principles for good quality Emergency Mental Health care

1. Divert patients with no medical need to alternative sites than the ED where possible.
2. Patients with both mental health and physical health needs should be assessed in parallel. The joint Colleges' side-by-side statement is even more important now.
3. A "trusted assessment" – patients should have one assessment that other mental health colleagues use to help decide what help is needed, not multiple assessments, which are unhelpful for patients and create delays. The exception to this is if the patient is very complex and needs a consultant review.
4. There should always be a mental health bed available locally to take a patient from the ED, even if this is a bridge to a bed elsewhere.
5. There should be transport available to transfer patients who need admission elsewhere promptly.

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Clearly, there is work to do to achieve some of these. If there are particularly good or poor examples of new processes in your region, **please let us know**, as there may be opportunities to affect national guidelines: mhchair@rcem.ac.uk and/or alison.ives@rcem.ac.uk

MHA assessments

RCEM has produced a position statement regarding ED clinicians taking part in MHA assessments. Whilst it is accepted by the MHA code of practice for any doctor to be a second doctor in a MHA assessment, RCEM does not recommend that this becomes the role of ED doctors on shift due to the impact on ED workload and flow. Doctors should also be suitably trained. Read the full statement here.

You may be interested to hear a patient's perspective on what it is like to be looked after by professionals wearing PPE.

Lastly, we hope you are continuing to look after yourselves and colleagues as well as patients!

Kind Regards,

RCEM Mental Health Committee
Catherine Hayhurst (Chair), Mark Buchannan, Kate Swires-Hennessy, Hilary Conor, Barbara Cleaver, Ruth Blackburn (lay rep), Josephine JoYee Mo (trainee rep)