The Royal College of Emergency Medicine

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Newsletter for Mental Health Leads October 2019

Dear Mental Health Leads,

This is a quick update to let you know what is happening in Emergency Mental Health nationally, and at the Royal College of Emergency Medicine (RCEM).

Mental Health Day, 10 October

Firstly, today is World Mental Health Day and this provides an opportunity for us all to add to the wider conversation that will be occurring on social media and elsewhere.

Throughout the course of today RCEM will be using twitter to highlight the work that is being carried out on this very important topic, some of which is mentioned below.

Mental Health Toolkit

There is a new version of the **Mental Health Toolkit in Emergency Departments** on the website.

Mental Health RCEM national Quality Improvement Programme (QIP)

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 (MH) triage by ED nurses which should determine a level of observation for patients
- 1b. Documentation of those observations
- 2 Documentation by Emergency Department (ED) clinicians of a risk assessment for further self-harm and suicide
- This is a response to the Healthcare Safety Investigation Branch (HSIB) investigation of a patient who left without being seen by a MH team from ED and committed suicide soon after.

Unfortunately, there have been a couple of errors in the translation of the audit questions into the software, so mental state exam appears as if it is a risk assessment "tool". RCEM is looking to fix this asap. If you are involved in the RCEM QUIP, please ignore the MSE question for now and we will be in touch with more advice on the QUIP soon. Also please be aware that we are auditing the ED risk assessment not your mental health team's assessment!

Standardisation of a person presenting with a MH emergency

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. Mhchair@rcem.ac.uk

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, if that patient decides to abscond, we need to have completed a risk assessment in order to decide what to do next.

Improving MH triage and assessment by your nurses may be a good opportunity to get them referring to your mental health team from triage (if the patient is fit for assessment and unlikely to stay in.) This requires work and training from your MH team, should get patients the help they need sooner and reduce their time in the ED.

Side-by-side working

RCEM has been working with Royal College of Psychiatrists (RCPsych), Royal College of Nursing (RCN) and Royal College of Physicians (RCP).

We are producing a consensus statement about side-by-side working of ED, nursing, physician and mental health teams, so 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 patients with new psychoses or elderly patients first, but other patients can be managed jointly. This statement will be published very soon.

Pilot on national waiting times

National waiting times for mental health patients are being piloted now. The proposed standard is one-hour from referral to being seen by a MH professional in ED. We are working with NHS England (NHSE) to assess the pilots including clarifying which patients will be included in the one-hour referral. It isn't clear at the moment if a patient will be staying in for observation whether they will require a one-hour response. There will be a proportion of patients referred who also may not be fit for assessment at referral, which will need some work.

The other new ED 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, Care Quality Commission (CQC), RCPsych and Cliff Mann from Getting It Right First Time (GIRFT) recently to discuss long waits in ED for mental health patients some areas. The four 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 mental health bed available, 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. WE are pushing for a time standard around time to admission to a mental health bed so the problem is not hidden by admission to an acute hospital bed.

Concern over increasing levels of restraint

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 are working with NICE on a revision of the self-harm guidance and we continue to raise issues about Child and Adolescent Mental Health (CAMH) provision with anyone who will listen!

Forthcoming Study Days

1) 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

2) Legal, Ethical, and Clinical Challenges in MH
Date: 23 June 2020
Programme: further details to be announced nearer the time

We are encouraging trainees to get more involved in MH EM and we would like to invite trainees to present, either a successful component of the MH QUIP or an interesting case. Please contact mhchair@RCEM.ac.uk

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

Catherine Hayhurst, RCEM Mental Health Committee Chair

RCEM Mental Health Committee Members: Kate Swires-Hennessy, Fiona Beech, Mark Buchannan, Dorothy Apakama and Hilary Connor