



The Royal College of Emergency Medicine

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Position Statement

ED Doctors performing Mental Health Act assessments in England and Wales

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Background

Increasingly, Emergency Departments are responsible for treating patients presenting with acute mental illness or crisis. A proportion of these patients subsequently require detention under the Mental Health Act (MHA). The time taken to assemble the personnel to perform a Mental Health Act Assessment (MHAA) can be a number of hours, although the recommendation is no longer than 4 hours. Excessive time spent waiting in an ED for such patients can add to their distress.

In a few English hospitals ED senior medical staff have started to undertake the role of a second doctor in MHA assessments, in the same way that a GP might do this in the community. RCEM has considered this, in consultation with the MHA Code of Practice.

The MHA Code of Practice states:

14.3 *An application for detention may only be made where the grounds in either section 2 or section 3 of the Act are met*
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/435512/MHA_Code_of_Practice.PDF Chapter 14

14.73 *Where practicable, at least one of the medical recommendations must be provided by a doctor with previous acquaintance with the patient. Preferably, this should be a doctor who has personally treated the patient. It is sufficient for the doctor to have had some previous knowledge of the patient's case.*

14.74 *It is preferable that a doctor who does not have previous acquaintance with the patient be approved under section 12 of the Act. The Act requires that at least one of the doctors must be so approved.*

RCEM acknowledges that certain Emergency Physicians will have a special interest in Mental Health and may choose to become trained as a S12 approved doctor, enabling them to perform this role.

Whilst the MHA code of practice would allow for the treating ED doctor to assess a patient alongside a section 12 approved doctor under the MHA, there are other considerations. Most EDs within England and Wales (where the MHA applies) are

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busy and crowded, and the priority of a senior decision maker is to manage the department, not to be diverted away to undertake a MHAA. Therefore, RCEM provides the following guidance relating to ED senior doctors forming part of a MHAA team within an ED:

- 1) Certain Emergency Physicians may choose to undertake S12 training as an additional area of expertise and this should not be discouraged – in keeping with RCEM's support of portfolio careers, sub-specialty interests and wellbeing.
- 2) Emergency Physicians with suitable training *may* form part of a MHAA team as a second doctor to assess a patient who is currently in an ED, but this should be part of an extra or extended role for that doctor. Mental Health Liaison teams should not expect an ED doctor to routinely be available for participation in a MHAA during their usual clinical shifts.
- 3) Taking part in a MHAA should not be expected of the ED Consultant in charge of running the department, even if suitably trained. An alternative S12 approved doctor should be sought. RCEM recognises that removing the Emergency Physician in charge for 30-60 minutes to undertake an assessment is detrimental to the functioning and safety of the department as a whole.
- 4) It is recognised that long waits for psychiatric beds is an additional issue for this patient group, and use of ED doctors to facilitate MHAA may not have a significant impact on the actual length of stay of a patient in an ED. ED doctors' involvement in MHAA should therefore not be seen to be the answer to a problem lying outside of the scope of the ED.
- 5) A conflict of interest could arise whereby the need to discharge or keep the patient in the ED may influence the decision to detain the patient by the Emergency Physician. This should be acknowledged and avoided.

Position Statement prepared by the RCEM Mental Health Subcommittee.