

Accident & Emergency Department Mental Health Assessment Form

Patient's name:	
Date of birth:	Number:
Name of assessor(s):	
Date:	Time:

Factors to be considered when undertaking an initial assessment of a person with a suspected mental health problem:

- Has a physical cause for the problem(s) been ruled out?
- Has drug and/or alcohol intoxication been ruled out as a cause?
- Is the person physically well enough (eg: not sedated, intoxicated, vomiting or in pain) to undertake a detailed interview with mental health staff?
- If the person has a known mental health history, always check the mental health folder (located in the liaison cupboard in Majors) for background assessment and care planning information.

Assessment categories		
	Yes	No
1. Background history and general observations	Yes	No
• Is the person currently aggressive and/or threatening?		
• Does the person pose an immediate risk to self, you or others?		
• Does he/she have specific ideas or plans to harm anyone else?		
• Does the person have any immediate (ie: within the next few minutes or hours) plans to harm self?		
• Is there any suggestion, or does it appear likely that the person may try and abscond?		
• Does he/she have a history of violence?		
• Has the person got a history of self-harm?		
• Does the person have a history of mental health problems or psychiatric illness?		
• Does the person appear to be experiencing any delusions or hallucinations?		
• Does the person feel controlled or influenced by external forces?		
If yes to any of the above, record details below:		
2. Appearance and behaviour	Yes	No
• Is the person obviously distressed, markedly anxious or highly aroused?		
• Is the person behaving inappropriately to the situation?		
• Is the person quiet and withdrawn?		
• Is the person attentive and co-operative?		

2. Appearance and behaviour (continued)
If yes to any of the above, record details below:

3. Issues explored through brief questioning

- Why is the person presenting now? Give details below:

- What recent event(s) precipitated or triggered this presentation? Give details below:

- What is the person's level of social support and status (ie: employment and housing status, partner/significant other, family members, friends)?
Give brief details below:

4. Suicide risk screen - greater number of positive responses suggests greater level of risk

	yes	no	d/k		yes	no	d/k
Previous self-harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family history of suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous use of violent methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unemployed/retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicide plan/expressed intent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Male gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current suicidal thoughts/ideation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Separated/widowed/divorced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hopelessness/helplessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lack of social support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family concerned about risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of psychosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disengaged from services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol and/or drug misuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poor adherence to psychiatric Tx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic physical illness/pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access to lethal means of harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Patient Description:

Formulation of assessment

Refer to the risk assessment matrix below and summarise:

- What is the key problem?
- What is the level of risk – eg: low, medium, high, very high? Refer to matrix
- Is referral to the mental health liaison team or duty psychiatric SHO indicated?

Summary of assessment and initial risk screen:

Low	What category of overall risk do you think most applies to this patient?
Medium	
High	
Very High	

Action plan and outcomes:

Signed:

Designation:

Print Name:

Date:

Mental Health Assessment Risk Assessment Matrix			
Level of risk	Key risk factors	Action	Timescale
Low Risk	<ul style="list-style-type: none"> Minor mental health problems may be present but no thoughts or plans regarding risk behaviours to self or others, or unlikely to act upon them; No evidence of immediate or short term risk or vulnerability. 	<ul style="list-style-type: none"> Treatment and follow up arrangements managed by A&E team. Possible referral to primary care services e.g. GP or practice nurse; May benefit from mental health advice e.g. safe alcohol consumption or non statutory counselling services. 	<ul style="list-style-type: none"> Referral to Liaison Psychiatry team not necessary. Advice on further referral and/or management may be sought from Liaison Psychiatry Service.
Medium Risk	<ul style="list-style-type: none"> Mental health problems present and/or has non specific ideas or plans regarding risk behaviours to self or others. These either not dangerous or no plans to act upon them. Potentially vulnerable in certain circumstances. 	<ul style="list-style-type: none"> Should have specialist mental health assessment but no further action required if patient doesn't wish to engage. Should be advised to seek further help if necessary e.g. from GP. Liaison team and GP to be informed as well as mental health services if already known. 	<ul style="list-style-type: none"> Non urgent referral to Liaison Psychiatry team so person can be seen within 2 hours of arrival. Out of hours should be either seen by duty psychiatrist or referred to Liaison team for next day follow up.
High Risk	<ul style="list-style-type: none"> Serious mental health problems present, including possible psychotic features; And/or has clear ideas or plans regarding risk behaviours to self or others. May have already self harmed. Mental state may deteriorate if left untreated and potentially vulnerable. 	<ul style="list-style-type: none"> Urgent mental health assessment required and an action plan to be drawn up to address immediate and short term risk factors. Key clinicians/others likely to be involved should be informed. Liaison Psychiatry assessment required before discharge can occur. 	<ul style="list-style-type: none"> Urgent referral to Liaison Psychiatry team to enable person to be seen within 1.5 hours of arrival. Attempts should be made to stop patient leaving department before mental health assessment. Police to be informed if patient absconds. Out of hours should be seen by duty psychiatrist.
Very High Risk	<ul style="list-style-type: none"> Serious mental health problems present, including possible psychotic features; And/or has strong and immediate plans or ideas regarding risk behaviours to self or others. May have already self harmed. Mental state likely to deteriorate if left untreated. Almost certainly vulnerable. 	<ul style="list-style-type: none"> Immediate action needed, including urgent mental health assessment. Action plan addressing immediate and short term risk factors, including an ongoing treatment and care package. If patient is not willing to engage, a Mental Health Act assessment should be arranged before person leaves the Department. 	<ul style="list-style-type: none"> Urgent referral to Liaison Psychiatry team, or duty psychiatrist out of hours to enable the person to be seen at the earliest opportunity but within 1 hour of arrival. Attempts should be made to stop patient leaving department before mental health assessment. Police to be informed if patient absconds.

© 2004 Chris Hart, Rachael Colley and Anthony Harrison: South West London and St. George's Mental Health NHS Trust, Kingston University and St George's Hospital Medical School, Avon & Wiltshire Mental Health Partnership NHS Trust - not to be reproduced without written permission. Contact: chart@hcs.sghms.ac.uk