

Clinical Audit of the Timeframe in which Mental Health Act Assessments take place in the Emergency Department at the Royal Cornwall Hospital Treliske (RCHT)

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Aims and objectives

We aimed to obtain objective measures and causes of delays of Mental Health Act Assessments (MHAA's) carried out in the Emergency Department (ED) in RCHT in order to improve standards

Standard measured against

NICE Guidance: Achieving Better Access to 24/7 Urgent and Emergency Mental Health Care – Part 2: Implementing the Evidence-based Treatment Pathway for Urgent and Emergency Liaison Mental Health Services for Adults and Older Adults – Guidance:

'Within 4 hours of the patient arriving in the ED they must receive a full biopsychosocial assessment or Mental Health Act assessment if appropriate'



Methodology

- Step 1** 54 record sheets were completed by the Liaison Psychiatry team between 1st July and 30th November 2020 with the times recorded that MHAA's were requested and commenced for patients admitted to ED (via either route)
- Step 2** Record sheets were analysed onto the Data Analysis Tool. Time from request to commencement of the MHAA was calculated for each record and compared to the 4hr standard
- Step 3** Records were analysed by the location that the MHAA was carried out (ED, wards, S136 suite) and reasons for delay recorded, e.g. patients transferred to wards for medical treatment or from ED to 136 suite
- Step 4** The MHAA outcomes were analysed, i.e. into those who were detained vs not detained, overall and by location.

Discussion and Conclusions:

- Overall, more than half of all patients undergoing a MHAA in ED were **not detained**
- 60.9% of MHAA's requested by the Liaison Psychiatry Service resulted in the patient being detained (plus one patient admitted informally)
- 10% (1 patient) of the patients held on Police Section 136 were detained following MHAA
- Carrying out MHAA's as soon as possible can help reduce the anxiety and frustration of patients in crisis, plus reduce potential risks, such as transmission of Covid-19, to both patients and hospital staff working in ED
- This audit highlights the need to commence MHAA's as soon as possible in order to discharge those patients who are not detained and could be discharged from ED sooner

Recommendations:

- Commence MHAA's in ED as soon as possible, with the first doctor and AMHP, even if the second doctor is not immediately available (unless there is an agreed indication for requiring 2 doctors present)
- If there is no available Section 12 approved doctor, consider alternatives such as a senior hospital doctor who has already assessed the patient
- If MHAA is likely to be significantly delayed, assess the patient's capacity to stay in ED, consider making a Best Interests decision for patients who do not have capacity and are unwilling to stay
- Consider ways to increase pool of S12 approved doctors/AMHP's

Background

- 'The Five Year Forward View for Mental Health' report produced by the Mental Health Taskforce (Feb 2016), commissioned by Sir Simon Stevens on behalf of the NHS, set out recommendations to improve the access to healthcare and experiences of mental health patients over a ten year period
- This led to the 'Achieving Better Access to Mental Health Services' programme which includes the 'Pathway for Emergency Response from Liaison Mental Health Services' (standard used in this audit)
- ED can be a distressing place for vulnerable patients in a mental health crisis, often involving staff from several teams (security, ED, Liaison Psychiatry, the Police)
- Some long delays for patients awaiting MHAA's to be commenced in ED at RCHT were identified, highlighting long patient waiting times whilst not under a legal framework (if not detained on S136)
- Routes taken by patients in ED requiring a MHAA are either:
 - via the usual admission process to ED (Liaison Psychiatry request MHAA)
 - or via the Police under Section 136 (Police request MHAA)

Results

Overall analysis of all MHAA's requested (in all settings at RCHT):		
	Number	% of total
MHAA's carried out in <4hr window ⁺	16	29.6%
MHAA's carried out in >4hr window ⁺	24	44.4%
Other*	14	25.9%
Total	54	100%

⁺ Includes: MHAA's taking place in ED and RCHT wards

* Includes: Transfers out of ED before MHAA took place, MHAA's that took place in 136 suite, patient detained on S136 in ED, MHAA stepped down
'Other' figures are not included in further analysis

Analysis of MHAA's by location (not including 'Other'):

Breakdown of MHAA's <4hr by location		Breakdown of MHAA's >4hrs by location	
Requested by Liaison Psychiatry in ED (not S136)	8	Requested by Liaison Psychiatry in ED (not S136)	15
Requested by Police in ED (S136)	5	Requested by Police in ED (S136)	5
MHAA's carried out on wards	3	MHAA's carried out on wards	4
Total	16	Total	24

MHAA's carried out in ED - requested by Liaison Psychiatry vs the Police:

	Total	Requested by Liaison Psychiatry	% of total	Requested by the Police (S136)	% of total
ED < 4hr	13	8	34.8%	5	50%
ED > 4hr	20	15	65.2%	5	50%
Total	33	23	100%	10	100%

Analysis of MHAA's that took place in ED – Detained vs Not Detained:

	Total no. of MHAA's requested in ED	MHAA's requested by Liaison Psychiatry	MHAA's requested by the Police (S136)
Detained	15	14 (60.9%)	1 (10%)
Not Detained	18	9* (39.1%)	9 (90%)
Total	33	23 (100%)	10 (100%)

* 1 of the 9 patients not detained did accept informal admission to hospital

Reasons for delays to MHAA's commencing in ED (S136 & non-S136) included:

- No doctor/second doctor, AMHP, team, beds available
 - MHAA delayed due to patient requiring further treatment/assembling team
 - 136 suite being used for other purpose, e.g. seclusion or already occupied
- 5 MHAA's in ED were delayed > 12 hrs and 4 MHAA's were delayed 8 – 12 hrs**

References:

Mental Health Taskforce (2016) *The five year forward view for health*. Available at: <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf> [Accessed Nov 2020]

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