

# A review of Mental Health Act assessment waiting times in the Psychiatry Liaison Service, Luton

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## Background

- ❖ Patients can wait for prolonged periods of time for Mental Health Act (MHA) assessments in the general hospital.
- ❖ It is not always clear what legal framework, if any, is in place during this time.
- ❖ Legal cases have criticised the time patients wait for Mental Health Act assessments<sup>1</sup>.

## Aim and Hypothesis

- ❖ We aim to review the waiting times for patients detained under the MHA, from referral to MHA assessment, in the general hospital.
- ❖ We hypothesize that longer waiting times are associated with a higher number of incidents and that out of hours assessments would have a longer wait time than those referred to the day team.

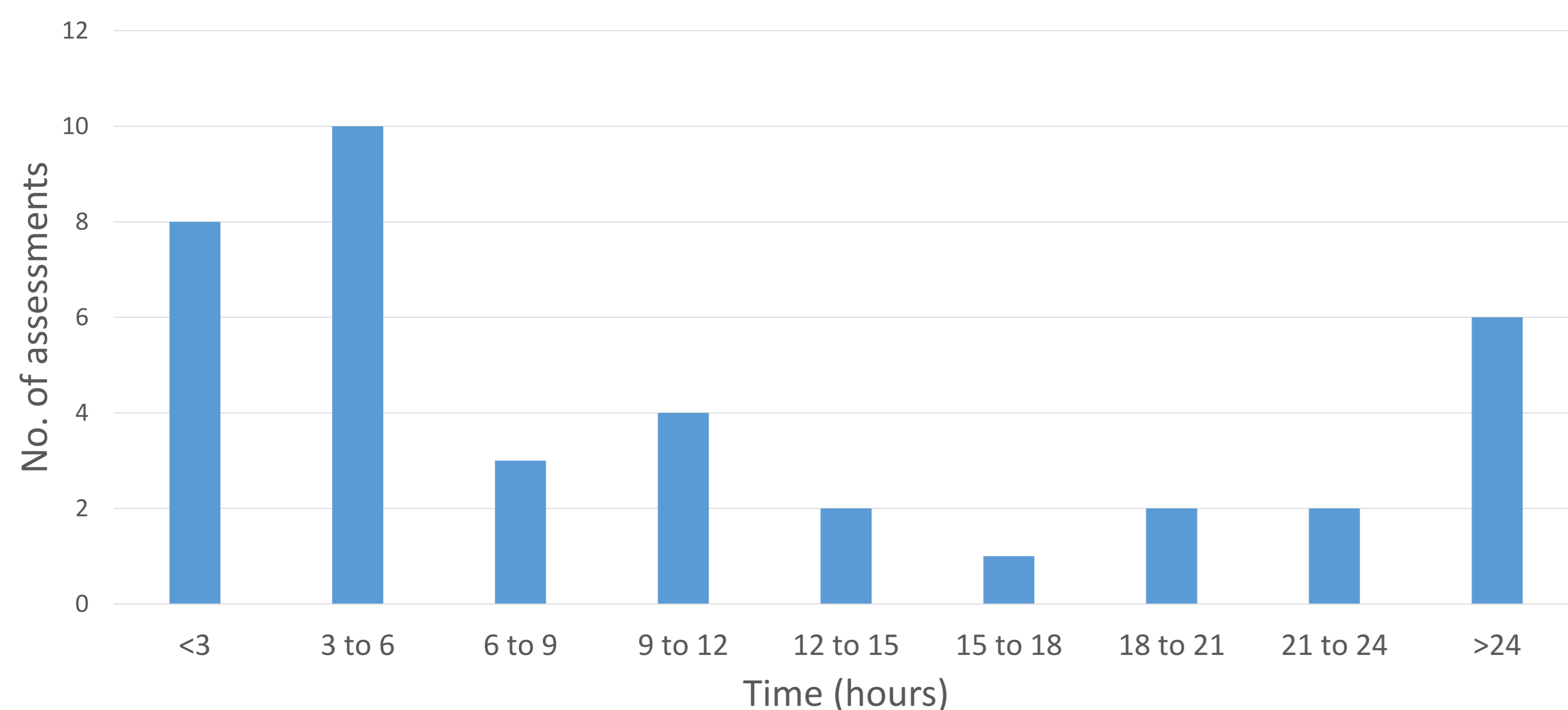
## Methods

- ❖ The Rio (electronic) notes, Approved Mental Health Professional (AMHP) reports and MHA paperwork of patients admitted formally from the Psychiatric Liaison Service (PLS), Luton and Dunstable Hospital, were reviewed by the ST trainee working within the team. Cases were identified from PLS referral and outcome data for the months of December 2021 - February 2022 (3 month period).
- ❖ The following data was gathered: referral location, time between referral and assessment, any legal framework utilised during the waiting period, any reason for delay in assessment, patient incidents during the waiting period, whether the referral was made in or out of hours and the clinical presentation of the patient.
- ❖ We defined a delay as a wait of >3 hours, based on the time frame recommended for MHA assessment in the 136 suite.

## Results

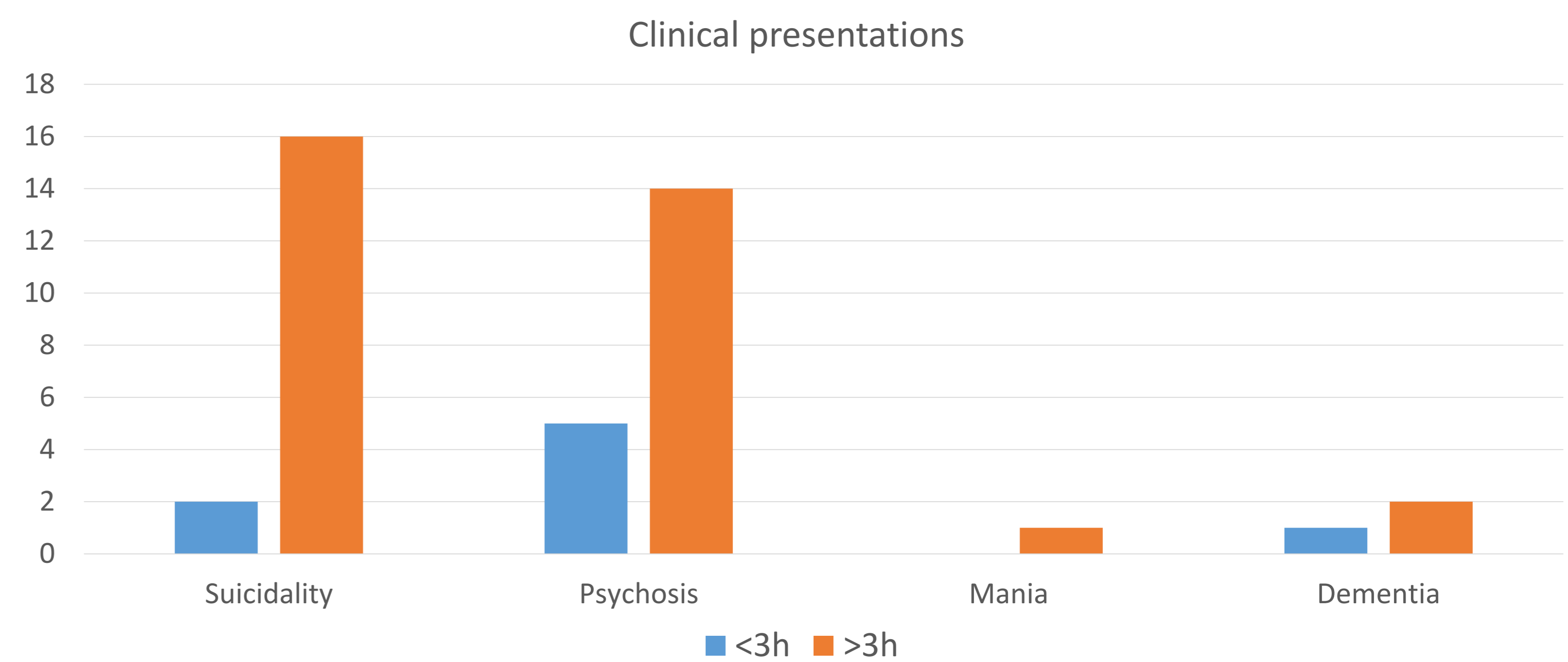
- ❖ 38 patients from the PLS caseload were detained under the MHA during the 3 month period.
- ❖ The waiting times varied from 45 minutes to 10 days.
- ❖ 21% of patients were seen within the 3 hour target.

Wait time from referral to assessment

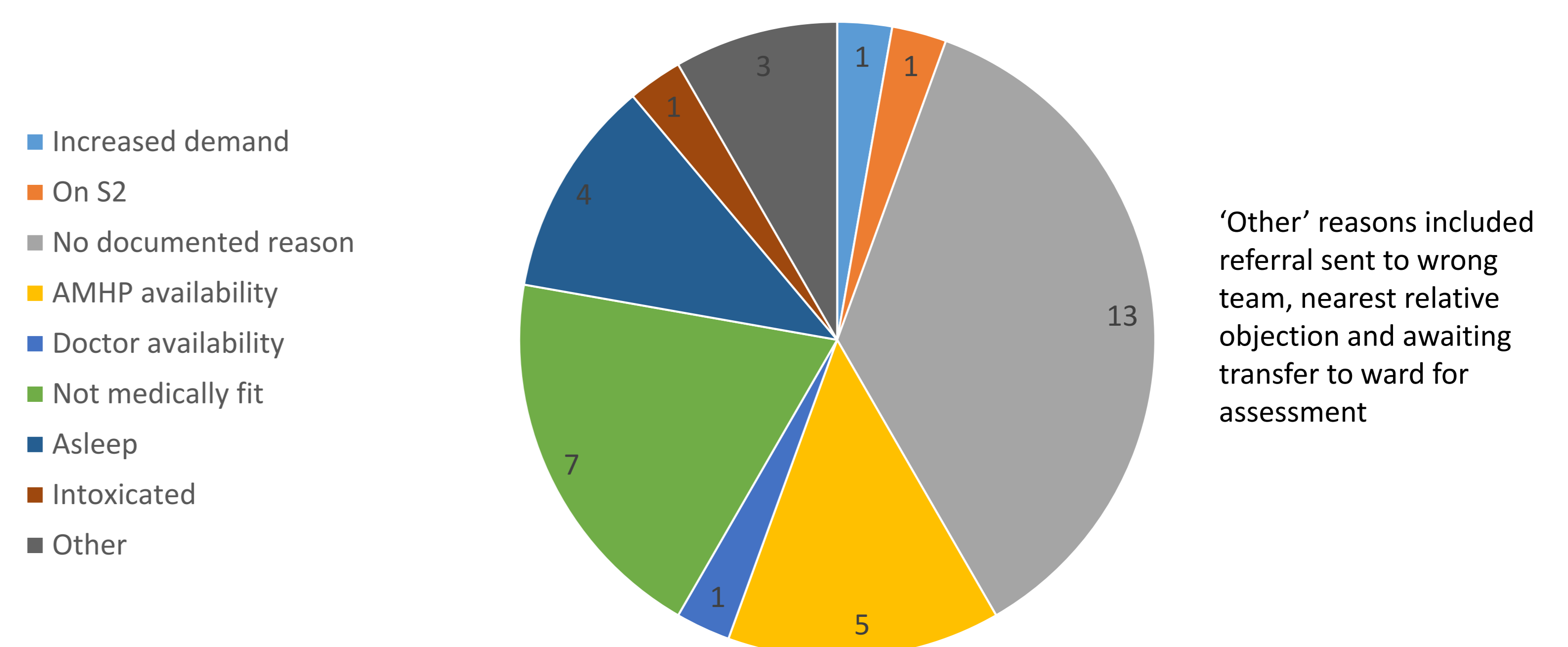


- ❖ Surprisingly, a greater proportion of assessments completed within the target time were those referred to the out of hours team.
- ❖ Patients referred from wards waited longer than those referred from the Emergency Department (ED) or Emergency Assessment Units.
- ❖ Of those waiting >3h, 20% were on a section of the MHA: 2, 5(2), 136. 70% were deemed to lack capacity (Mental Capacity Act) and 10% had neither framework mentioned.
- ❖ The number of incidents was increased in those waiting more than 3 hours for assessment. Type of incidents included absconscion, rapid tranquilisation, continuous observation, physical aggression, self-harm and restraint.

## Results (continued)



Reasons for delay



## Discussion

- ❖ A deprivation of liberty occurs where someone is under continuous supervision and control, is not free to leave and is confined to a restricted place for a non-negligible period of time<sup>2</sup>. We believe this definition would apply to many of the patients where a delay in their assessment has occurred.
- ❖ We found that a significant number of assessments were taking place in excess of 3 hours, and that a number of incidents occurred during this waiting period, posing a risk to both patients and others, as well as use of a medical bed in times of significant bed pressures.
- ❖ Reasons for delay in assessment can be grouped into patient-related and staff-related factors. In particular, AMHP availability during the day and patients being deemed not medically fit for assessment. However for the majority, there was no documented reason.
- ❖ A limitation in our data was that we were unable to identify those referred for MHA assessment but not detained after the assessment.
- ❖ There was a majority response to the recent Government consultation<sup>3</sup> on 'Reforming the Mental Health Act' favouring the extension of Section 5 into the ED setting.

## Conclusions and Next Steps

- ❖ We aim to work together with general hospital colleagues to review the relational, physical and procedural security in the general hospital.
- ❖ We suggest professionals should consider whether appropriate MHA sections, such as 5(2), 136, 4, or even Deprivation of Liberty Safeguards (DoLS) are applicable when such delays become apparent.
- ❖ We note the majority response of extending Section 5 powers into the ED setting and await Government's decision on this.
- ❖ We aim to share the results of our review with the local crisis pathway and AMHP services to look at how assessments can be conducted earlier and which situations require assessment most urgently.

### References:

1. *Sessay, R (on the application of) v South London & Maudsley NHS Foundation Trust & Anor [2011] EWHC 2617 (QB) (13 October 2011)*
2. *British Medical Association: Deprivation of Liberty Safeguards (14 December 2021)*
3. *Department of Health and Social Care: Consultation outcome, Reforming the Mental Health Act: government response (24 August 2021)*