

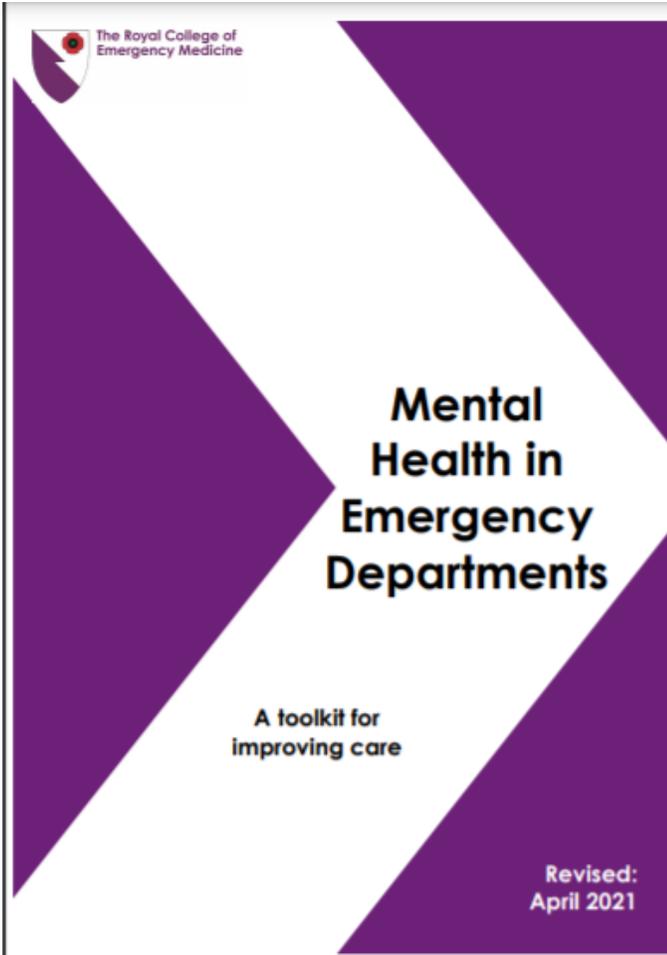


Mental Health in the Emergency Department

Thank you!

Dr Katherine Henderson, President,
Royal College of Emergency
Medicine





Side by side:

A UK-wide consensus statement
on working together to help
patients with mental health needs
in acute hospitals

February 2020



• **SLO 1 – Care for physiologically stable adult patients presenting to acute care across the full range of complexity**

Mental Health

Assess and initially manage patients of all ages presenting with features consistent with mental illness by taking account of their psychiatric and medical history, mental state examination, vital signs and available investigations

Make a competent assessment of a patient's suicide risk, taking into account circumstances and known risk factors

Professionally and compassionately assesses a patient in crisis

Safely manage acutely disturbed behaviour

Manage the patient threatening to abscond

Work collaboratively with Psychiatry Liaison staff and other agencies (including the Police) where necessary when caring for patients with mental health problems

Contribute effectively to multidisciplinary care for frequently attending patients with mental illness

Identify risk factors for suicide and/or absconson and mitigates these by appropriate nursing/security observation

Competently manages the physical/wound care and toxicological consequences of self-harm

Understand safeguarding responsibilities

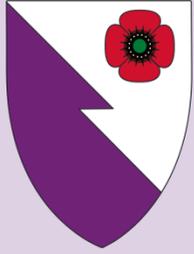
Safely manages aggressive or disturbed behaviour via de-escalation techniques as well as assisting with physical and chemical restraint (rapid tranquilisation) by providing clinical oversight

Communicate effectively with psychiatry liaison colleagues, nursing staff, security and the police when necessary

Understand the legal frameworks underpinning the care of the psychiatric patient, as relevant to the ED and ED observation areas

Respect patient autonomy but understand when a patient lacking capacity should have investigations or treatment made in their best interests





The Royal College of
Emergency Medicine

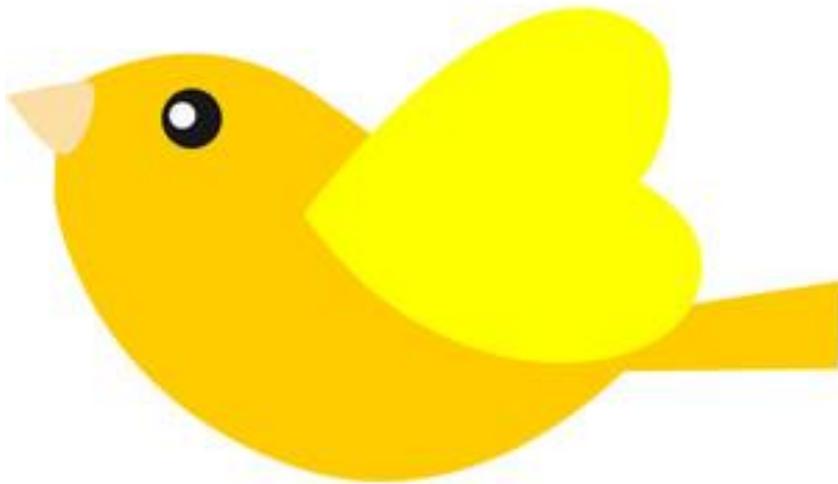
MENTAL HEALTH (SELF-HARM)

QUALITY IMPROVEMENT PROJECT 2019/20

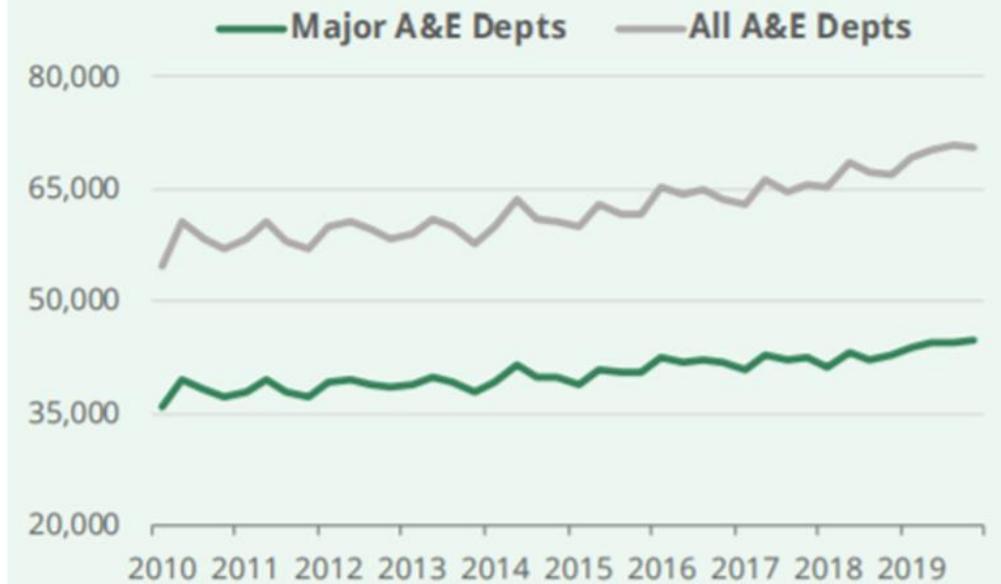
National Results



A safety net, a bottle neck and a canary



Daily attendances at major A&E have increased by 10.6% over five years



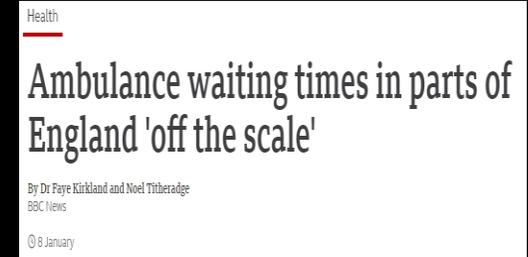
The pressures of the frontline are very public

- Trolley waits
- Crowding
- Ambulances unable to offload
- Concerns about privacy and dignity
- Corridor medicine
- Violence and Aggression
- Staff stress



More than half of A&Es provide substandard care, says watchdog

Hospitals struggling to cope with rising numbers of patients who cannot get help elsewhere





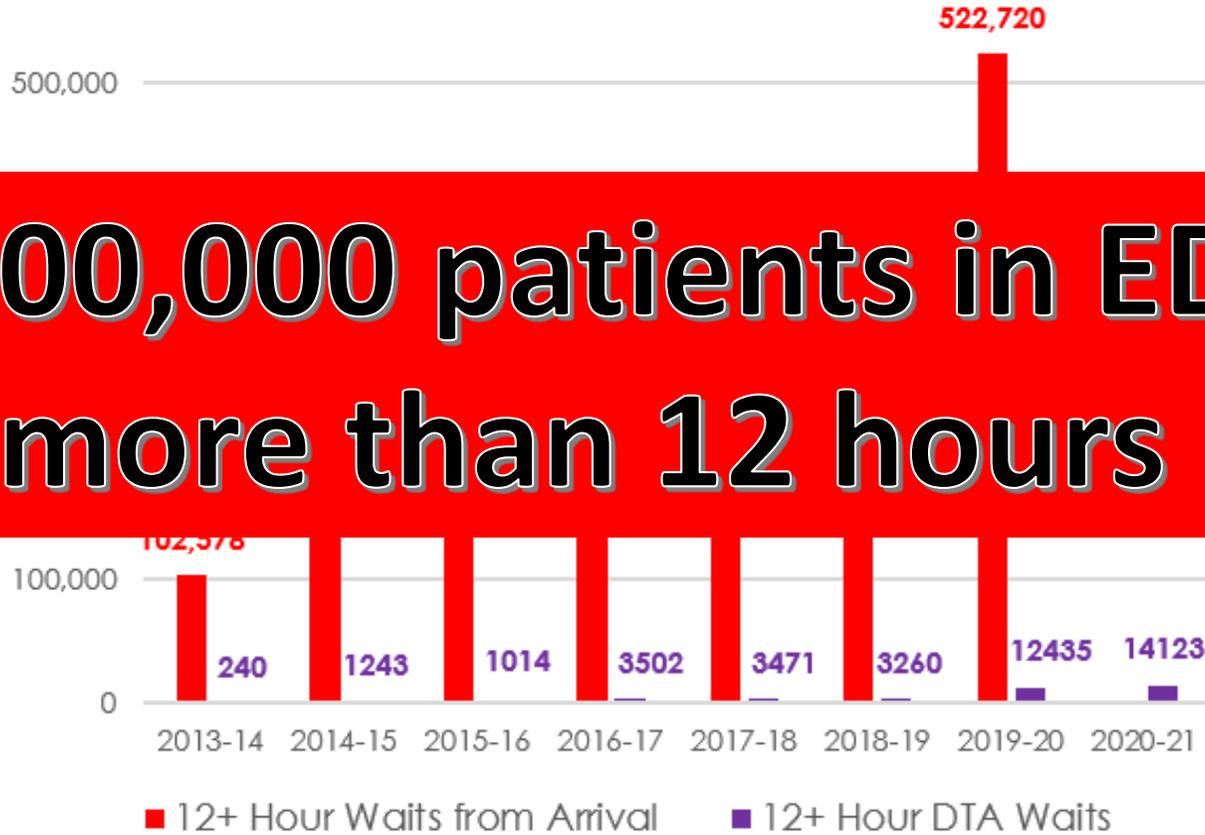
**Crowding and
the ultimate gap in care**

An international problem

Data v real data!

NHS Digital (2020). Hospital Accident and Emergency Activity 2019-20. Link [here](#).

>500,000 patients in EDs more than 12 hours



Consequences
of
Crowding
and **Exit**
block

Increased patient mortality

Increased length of stay of admitted patients

Delayed time-critical intervention Less frequent and less adequate pain relief
Delayed antibiotic administration

Increased risk of adverse events

Decreased departmental function 'Under triage', inferior care in terms of standard performance measures, increased left without treatment rates, blockage to ambulance off-load

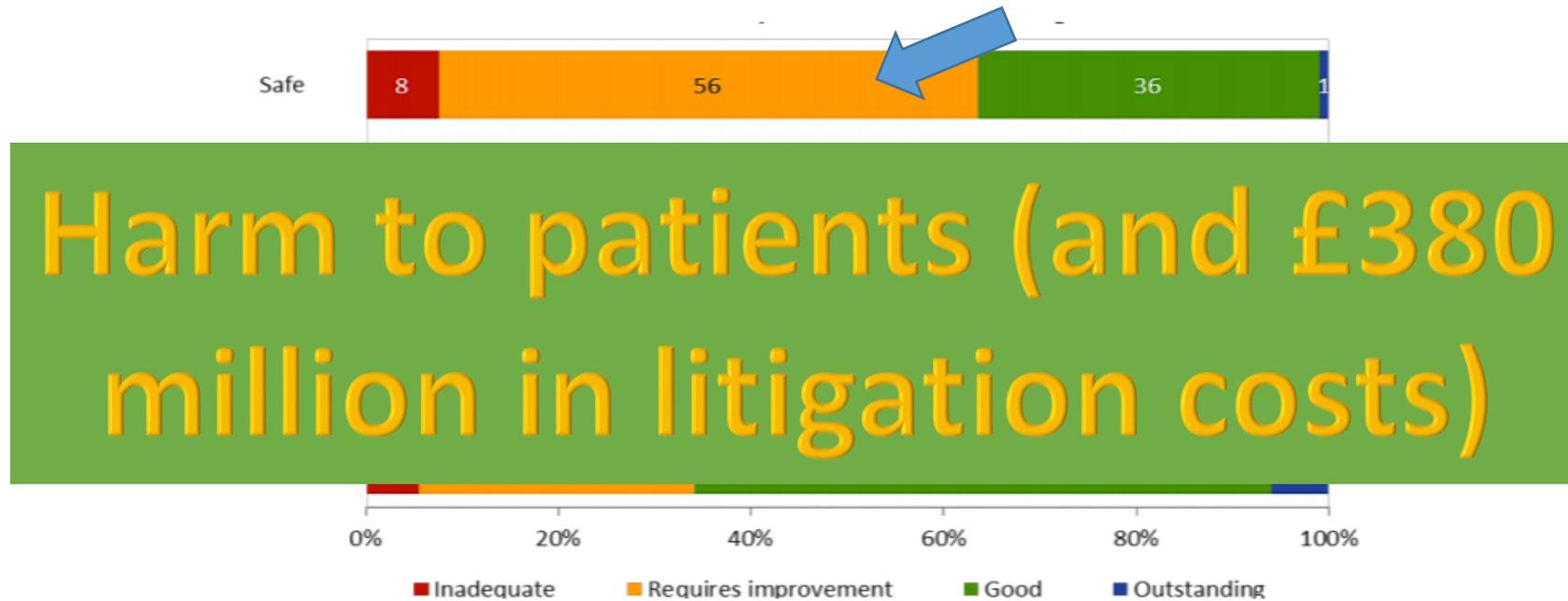
Decreased patient satisfaction

Increased staff stress and burnout

Less direct supervision and training of junior clinical staff

SAFETY

Figure 2 – NHS acute hospital A&E ratings by key question⁶



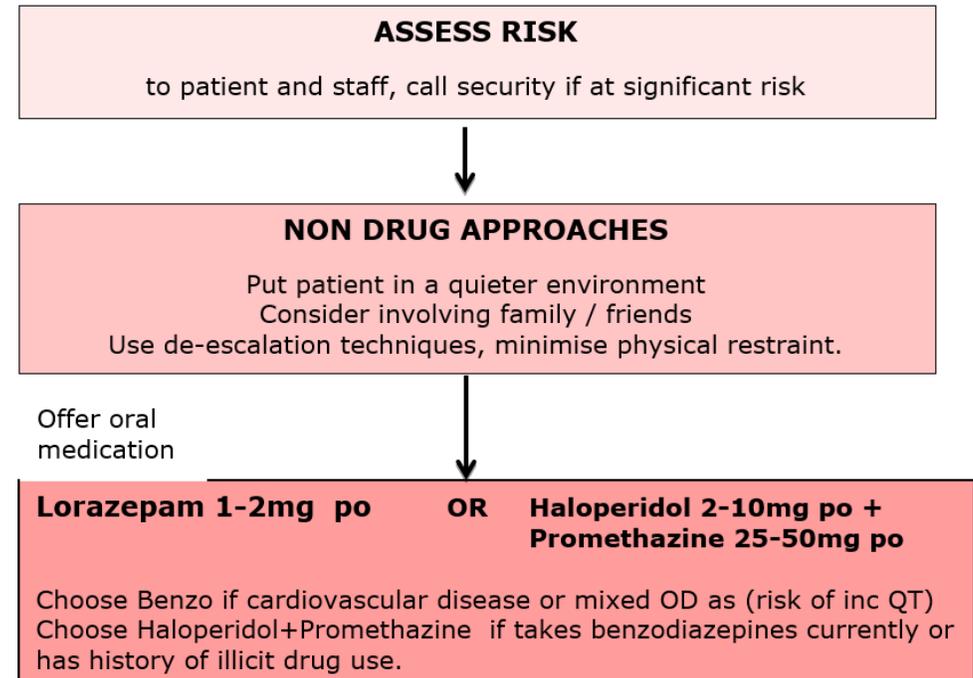
Source: CQC ratings data, April 2018

Exit block

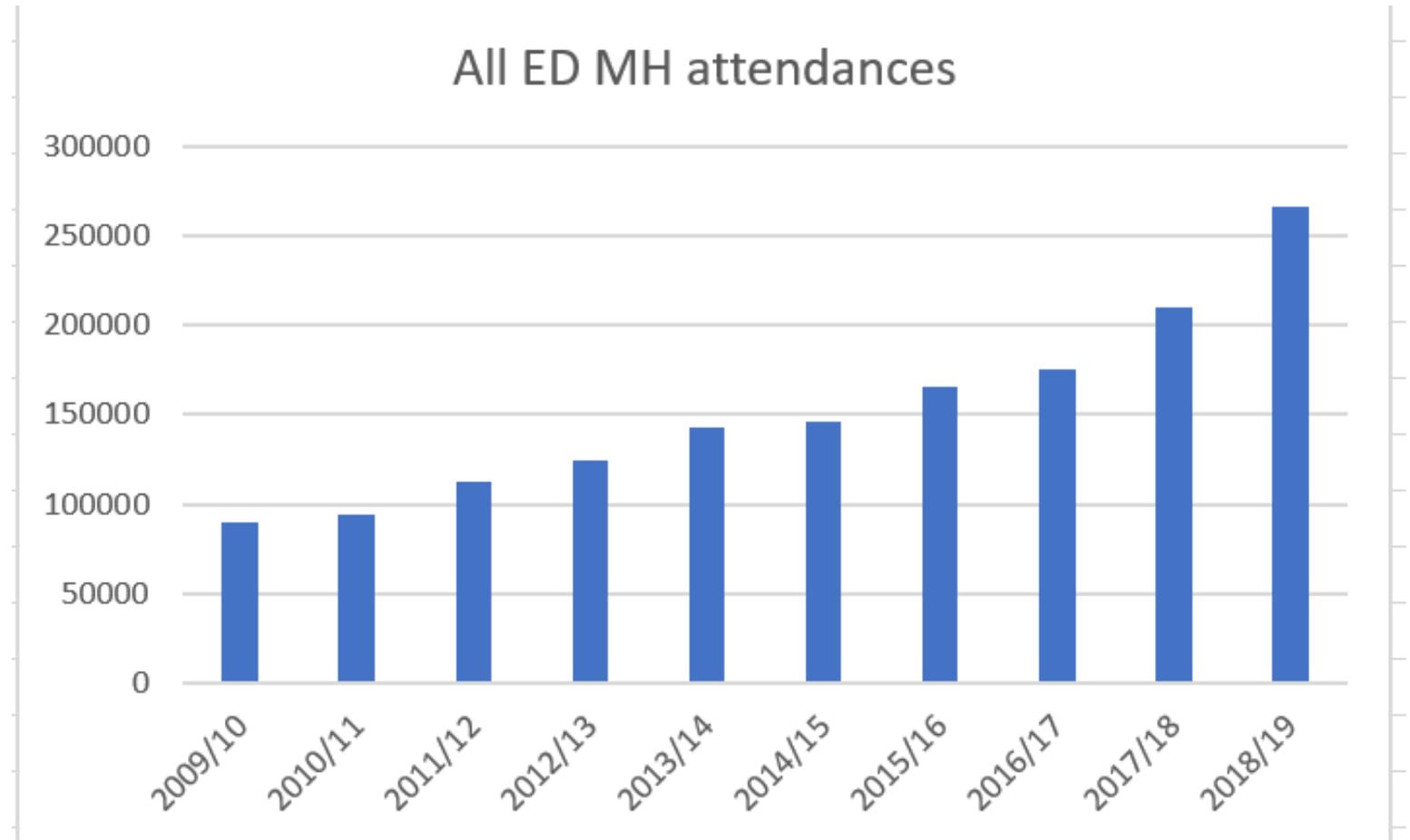
•Moral Injury



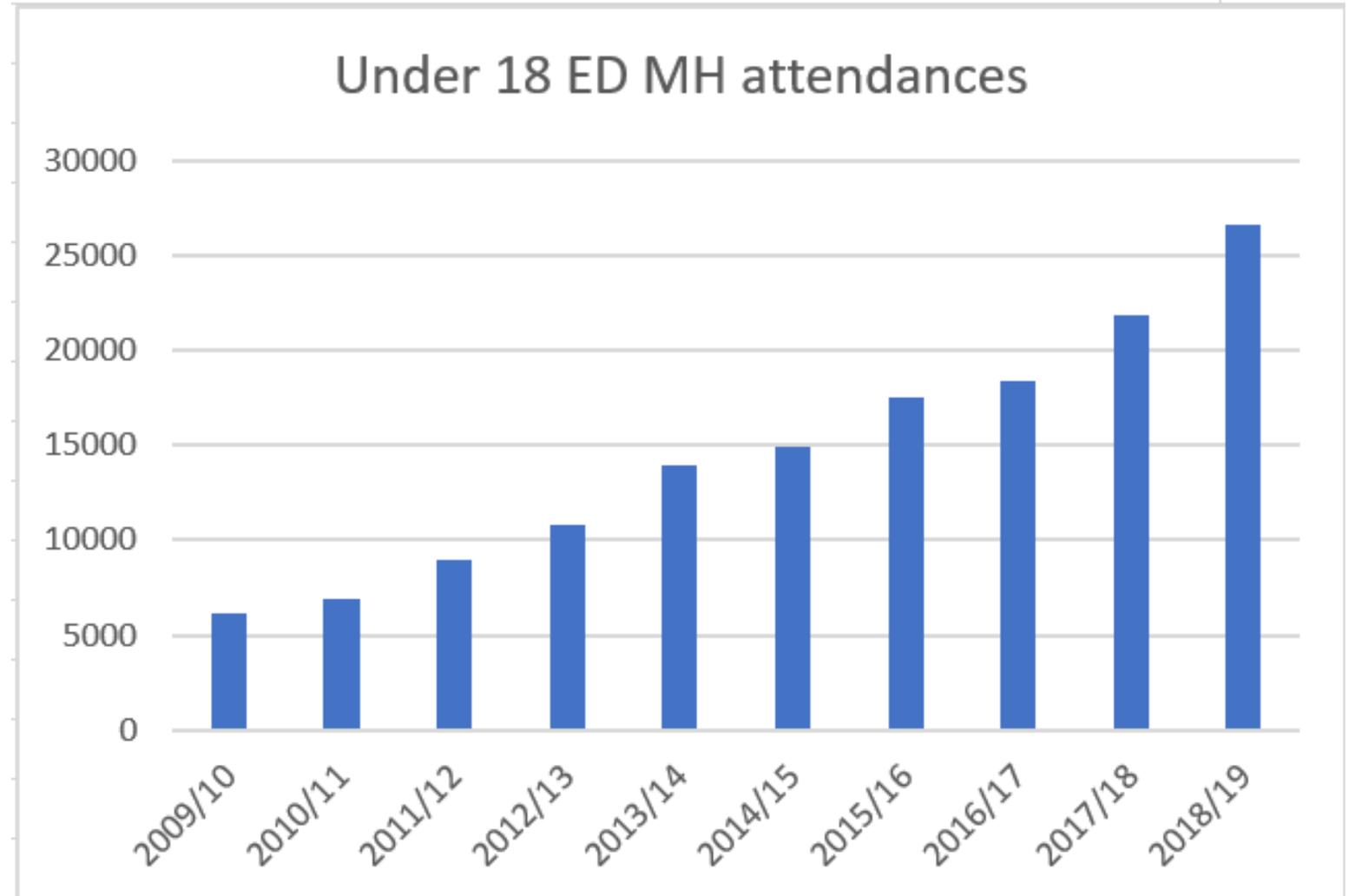
Protocol for Rapid tranquilisation for Adults



The workload



CAMH Services



Increased risk of harm

SUMMARY REPORT

INVESTIGATION INTO THE PROVISION OF MENTAL HEALTH CARE TO PATIENTS PRESENTING AT THE EMERGENCY DEPARTMENT

I2017/006

Independent report by the
Healthcare Safety Investigation Branch

November 2018 Edition

Coroner query

HALTH secretary Matt Hancock has been given 56 days to explain why there appears to be no national policy to co-ordinate the transfer of mental health patients who suffer a serious crisis away from their home.

Durham and Darlington Coroner, James Thompson took the unusual step of serving Hancock with a “prevention of future deaths” notice following loopholes exposed at the inquest

The Patient who Absconds



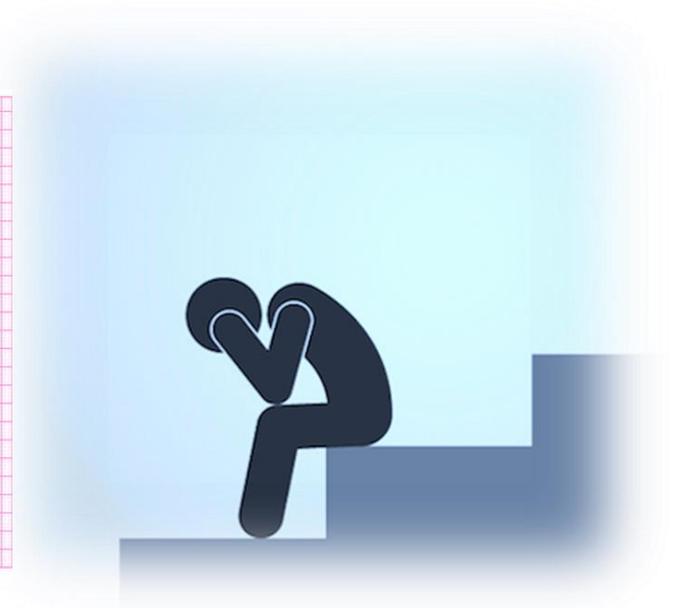
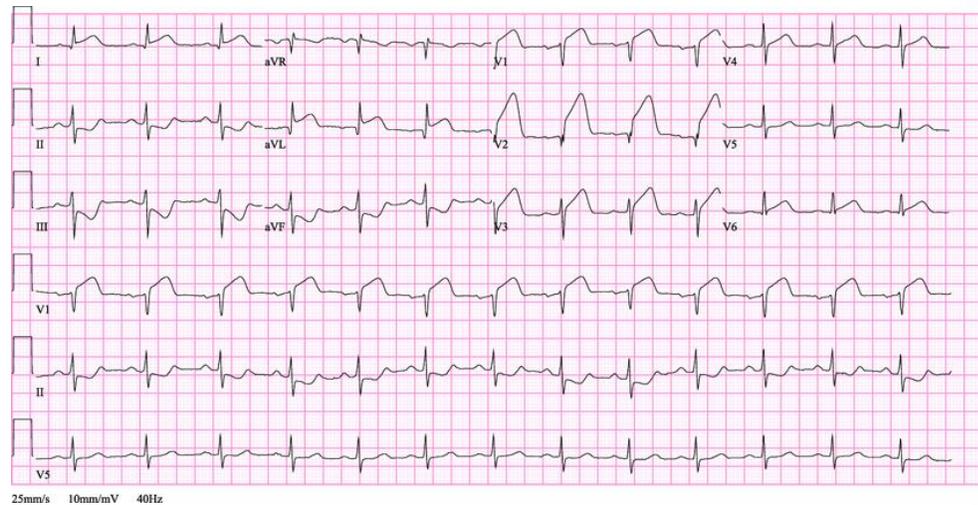
One man who was sent three hours away from home, says the distance made him feel worse than when he had tried to take his own life.

Dave, not his real name, had spent four days in A&E on the Wirral because there were no mental health beds anywhere in the country.

In the end, he was sent 145 miles away to a private hospital in Darlington.

Difficult to deal with risk for an EM team

Not local v no local beds



We need to improve



Long delays to get a bed adds
to the patient's treatment
but adds risk

Performance metrics should help!

- Admission processes



Looking after the carers...

Psychological Distress and Trauma in Doctors Providing Frontline Care During the COVID-19 Pandemic in the United Kingdom and Ireland: A Prospective Longitudinal Survey Cohort Study

- 
- Almost 50% of frontline doctors suffered from psychological distress during the first wave
 - One-third suffered from psychological distress at the peak of the first wave and after
 - Around one in eight frontline doctors suffered from PTSD at the peak of the first wave
- 

+

•

○

Ahead

- Fabulous recruitment numbers to Psychiatry- congratulations
- The elective backlog domination
- Woeful bed numbers and inadequate estate
- Health inequalities rhetoric v reality- deprivation and Emergency Department utilisation
- New challenge – MHA/MCA reforms -Emergency powers in the Mental Health and Mental Capacity Acts

Working
together

- Avoid need for A&E- 'sensory and social overload'
- In A&E- 24/7 access to psych link, ED, Safe, calm assessment, mental health, CAMHS provided, side principles.
- Admissions capacity
- Workforce - AMHPs and s.12 officers respond to Mental Health Act assessments

Build trust and respect

Advocacy and campaigning together for some of the most vulnerable people in society

‘the standard you walk past is the standard you accept’

