

Brief guide: assessing mental health care in the emergency department

Context

Up to 30% of attendees in the emergency department (ED) have a significant mental health problem. People with mental illness may attend the ED for a number of reasons including:

- seeking help where the mental illness is the primary issue
- self-harm requiring urgent medical treatment but with underlying serious mental illness that requires evaluation
- mental illness incidental to a primary physical complaint
- as a place of safety under s136 of the Mental Health Act (MHA).

Evidence required and reporting

Safe

- ED staff who triage patients have received mental health training and use a standard tool to assess patients' mental health.
(Ref: HSIB, Investigation into the provision of mental health care to patients presenting at the Emergency Department 2017/006, Nov 2018)
- Liaison psychiatry team and ED team jointly undertake risk assessments and devise risk management plans for patients in the ED (parallel working).
- *(Ref: NHS England 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 – Appendices and Helpful Resources, 2016)*
- Clear observation policy: suitable staff available to provide 1:1 for patients at serious risk?
Note: it may be necessary for security staff to observe people for brief periods but skilled nursing (RMN or HCA) should be available for 1:1 observations.
- Training: security staff called upon to observe patients suitably trained?
- Environmental safety: assessment rooms suitable (lack of ligature points, equipment etc.)?
- Access to rapid tranquilisation (RT): clear post-RT monitoring and a policy in place and audited?
- Staff understand rights, under Mental Capacity Act (MCA) and MHA, and responsibilities if at-risk patient attempts to leave ED. All patients who have harmed themselves have a psychosocial assessment before being discharged from the ED.
(Ref: HSIB, Investigation into the provision of mental health care to patients presenting at the Emergency Department 2017/006, Nov 2018; NICE, Self-harm in over 8's Short-term management and prevention of recurrence, 2004)

Effective

- Good links with the hospital liaison team. Consider skills and leadership of liaison team and evidence of joint working, location of liaison team office.
- Clear s136 pathways - prompt access to S12 doctors and Approved Mental Health Professional.
- Good links with local mental health trust for onward admission of patients. Proper management of patients detained - receipt of papers, reading rights etc.
- Clinical record keeping. **Note:** liaison team may use different case records to ED - how is this managed?

Brief guides are a learning resource for CQC inspectors. They provide information, references, links to professional guidance, legal requirements or recognised best practice guidance about particular topics in order to assist inspection teams. They do **not** provide guidance to registered persons about complying with any of the regulations made pursuant to s 20 of the Health and Social Care Act 2008 **nor** are they further indicators of assessment pursuant to s 46 of the Health and Social Care Act 2008.

- Access to CAMHS services including out-of-hours advice.
- Staff understanding and training in application of MCA.

Caring

- Dedicated rooms for people with mental illness that are suitable and safe.
- Access to food and drink and toilet facilities.
- ED staff have caring approach to patients.
- Families and carers involved in decision making when appropriate.

Responsive

- Consider response times (1 hour for urgent referrals) by liaison teams. Does the liaison psychiatry team undertake risk assessments or mental health assessments of patients whilst patients are receiving care for their physical health (parallel working)?
(Ref: *NHS England 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 – Appendices and Helpful Resources, 2016*)
- Access to interpreter services.
- Suitable facilities for children and patients with confusion.
- Waiting areas for patients are appropriately sited and comfortable.
- Consider waiting times for patients requiring admission.

Well-led

- Service level agreement between acute trust and mental health trust which is reviewed regularly.
- Evidence of joint strategic working between ED and liaison service (policy review, environment etc).
- Board level oversight of mental health issues in ED.

Intelligence

The provider information request (PIR) gives information relating to detentions under Mental Health Act including application and monitoring of s136. It considers complex needs and planned care. What systems and processes are in place to support those with complex needs? Review the trust response from the PIR in respect of the dementia and LD Strategies. Review the trust's guidance for on-call health managers for management of out-of-hour's mental health crisis admissions. What does the PIR say about CAMHS/details of paediatric transition services? Review the minutes of the last three psychiatric liaison meetings.

Policy position

- [National Institute for Health and Care Excellence - Clinical guideline short-term management of self-harm](#)
- [National Institute for Health and Care Excellence - Clinical guideline short-term management of violence and aggression](#)
- [NHS England Achieving better access to 24/7 Urgent and Emergency Mental Health Care](#)

Link to regulations

Regulation 9 person centred care; Regulation 10 dignity and respect; Regulation 11 need for consent; Regulation 12 safe care and treatment; Regulation 13, safeguarding service users from abuse and improper treatment; Regulation 14, meeting nutritional and hydration needs, Regulation 15 premises and equipment.

Brief guides are a learning resource for CQC inspectors. They provide information, references, links to professional guidance, legal requirements or recognised best practice guidance about particular topics in order to assist inspection teams. They do **not** provide guidance to registered persons about complying with any of the regulations made pursuant to s 20 of the Health and Social Care Act 2008 **nor** are they further indicators of assessment pursuant to s 46 of the Health and Social Care Act 2008.