

## Appendix 6a

# Investigation into the Provision of Mental Health Care to Patients Presenting at the Emergency Department

## Independent report by the Healthcare Safety Investigation Branch

The Healthcare Safety Investigations Branch's (HSIB's) **latest report** presents the findings of an independent investigation into liaison mental healthcare services in the emergency department (ED). The suicide of a patient named Diane following her absconding from an ED provides the reference incident for HSIB's examination of the pathways of care and communication between acute hospital services, GP services, liaison psychiatry and community mental health teams in the safety of care for people with mental health problems who present at hospital EDs. HSIB's recommendations are focused on structural and systemic changes to improve the provision and quality of liaison psychiatric services in EDs, to which the government must respond within three months. The briefing summarises the key findings and recommendations from the report, and the NHS Providers media statement. To provide feedback or comments on the briefing or HSIB's report please contact Cassandra Cameron, Policy Advisor, [Cassandra.Cameron@nhsproviders.org](mailto:Cassandra.Cameron@nhsproviders.org).

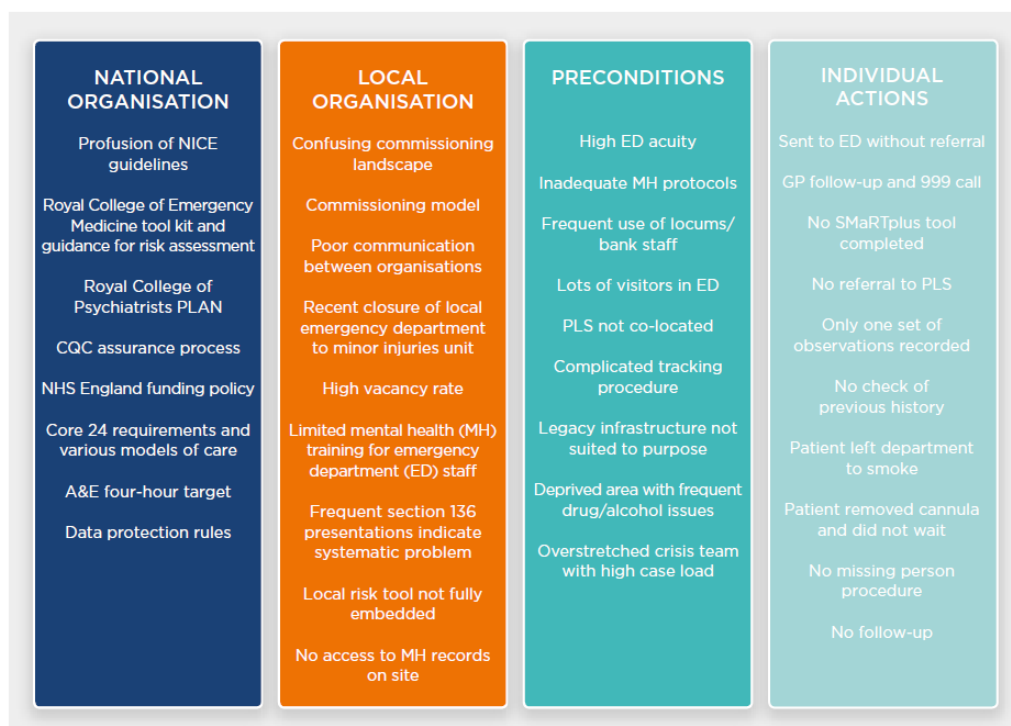
### Key Findings

- The provision of liaison mental health services in EDs is variable, with no consensus on commissioning models.
- Liaison mental health services had a positive influence on managing the care of patients in the ED and were most effective when services had a permanent integrated presence in the ED.
- The benefits of liaison mental health services were difficult to quantify in financial terms for commissioners. However, they were broad and stemmed from the integration of mental health professionals in the general hospital and the consequent shift in attitudes towards understanding the complexities of mental health.
- The process for triage and initial assessment completed by emergency department nurses was effective at identifying physical health problems but lacked structure when assessing mental state.
- There is potential for misunderstanding in the National Institute for Health and Care Excellence (NICE) guidance around interpretation and use of the Australian mental health triage tool.
- The national guidance for ED staff for the initial assessment of people who have self-harmed lack coherence between documents and did not consistently describe a detailed process.
- In the absence of clear national guidance on the conduct of initial assessments, EDs continue to use locally developed, unvalidated tools of varying standards.

The investigation classified evidence in the reference event timeline into four categories (Figure 1) and analyse the efficacy of safety barriers, arriving at themes for national-level recommendations:

- Individual actions - Discreet events associated with decisions or actions by individuals.
- Preconditions - Environment or contextual factors that influenced the outcome.
- Local organisation - Factors in the local system which influenced the provision of care.
- National organisation - Factors on a strategic level that influenced the provision of care.

**FIG 1 CLASSIFICATION OF EVIDENCE FROM THE SCOPING INVESTIGATION**



## Recommendations

- 1 NHS England ensures there is a sustainable funding model to support 24/7 urgent and emergency mental health liaison services in acute general hospitals with emergency departments.
- 2 The National Institute for Health and Care Excellence review and amend guidance for the management of self-harm in the emergency department.
- 3 The Royal College of Emergency Medicine, in conjunction with the Royal College of Psychiatrists, develops and disseminates national guidance for emergency department practitioners to standardise the initial assessment of a person presenting following a mental health emergency.
- 4 The Care Quality Commission reviews and updates its inspections criteria for emergency departments to ensure equal weight is given to the quality of care provided to people with urgent mental health problems as they do to people with urgent physical health. This would be consistent with its commitment to parity of esteem for mental health.

## Safety Observations

- HISB also noted that the data regarding mental health presentations is not sufficiently robust to allow for demand for mental health services to be adequately assessed and the impact of service provision to be measured.
- Furthermore, Initial assessment of patients on arrival at an emergency department may benefit from inclusion of key factors from the Royal College of Emergency Medicine's Best Practice Guideline - The Patient Who Absconds, dated 2018.

## Safety Actions

In response to the findings of HSIB's investigation, NICE has changed the wording of clinical guideline CG16: *Consideration should be given to introducing the Australian Mental Health Triage Scale, as it is a comprehensive assessment scale that provides an effective process for rating clinical urgency so that patients are seen in a timely manner. The Australian Mental Health Triage Scale should not be used to predict future suicide or repetition of self-harm.*

## NHS Providers Media Statement

### Mental health services within emergency departments have positive role to play

Responding to *Investigation into the provision of mental health care to patients presenting at the emergency department* by the Healthcare Safety Investigation Branch, the deputy chief executive of NHS Providers, Saffron Cordery said:

"We welcome this review by the Healthcare Safety Investigation Branch (HSIB) which points to the positive role that 24/7 mental health liaison services within A&E departments can play in supporting the care needs of emergency patients.

"As the report signals access to these services is not available across all emergency departments and local commissioners are not compelled to fund these services. However, the findings show that these services can help reduce emergency admissions and improve access to services earlier.

"Better access to mental health care will be a focus of the long-term plan for the NHS. To achieve this, we need a sustainable funding model for these services which ensures that the money reaches the frontline. It is also vital that we have the plans in place to recruit, train and retain the mental health workforce that we need."

Ends.

**NHS Providers**  
**23 November 2018**