

### Mental Health – St Thomas' Emergency Department

Ensuring that mental health patients receive a high standard of care in an Emergency Department (ED) is recognised to be a significant challenge. The College of Emergency Medicine has published a tool kit to help optimise patient care and patient experience. St Thomas' Emergency Department identifies with many issues that have been raised nationally about the difficulties of optimising patient care in an environment where there are two discrete organisations – Guy's and St Thomas' NHS Foundation Trust (GSTT) and South London and the Maudsley Mental Health Foundation Trust (SLAM) providing assessment and in particular in patient facilities.

[http://www.rcpsych.ac.uk/pdf/CEM6883-Mental-Health-in-EDs---toolkit-\(FINAL-FEB-2013\)-rev1.pdf](http://www.rcpsych.ac.uk/pdf/CEM6883-Mental-Health-in-EDs---toolkit-(FINAL-FEB-2013)-rev1.pdf)

Key issues for the ED are

- The demographics of our patients
- The physical environment of the department
- The access to mental health personnel – community social workers, elderly psychiatry teams and child and adolescent service.
- Access to in patient beds.

### Demographics

The Emergency Department at St Thomas' hospital is served by a diverse population comprising of local residents and a relatively large number of overseas or out of area patients. Due to the central location of our hospital and numerous large transport hubs (Waterloo Station and Victoria coach station) we see a proportionately higher rate of patients who are either new to the country or new to the capital and are not known to local services.

Many of the mental health patients that present at St Thomas have a complex social situation which further complicates the journey of care. Often these patients have multiple complex issues such as :

- Homelessness with high rates of physical health co-morbidities
- Drug addiction
- Alcohol addiction

This further complicates the pathway and treatment decisions.

### The physical environment

The ED can be a very stressful environment for any patient. However if a person is feeling paranoid, psychotic, distraught or suicidal the environment can be frightening and can

escalate symptoms. We have two cubicles within the main department which can be separated from some of the noise and the lights can be dimmed but this is not an ideal solution. Where clinically appropriate, patients will be moved to our emergency medical unit which is a quieter area that provides a more relaxing atmosphere for patients awaiting placement to other hospitals or need a further period of observation. Long delays especially when an in patient bed is needed results in a patient needing to spend a long time in what is not a therapeutic environment.

#### Provision of care within the Emergency Department/ access to mental health professionals

The department has excellent access to the psychiatric liaison nurse (PLN) service which is co-located with our emergency medical unit and is a joint venture between SLAM and GSTT. This service provides a highly responsive service 24/7. Local patients that are known to services can be quickly identified and care packages or plans can be enacted with the support of this team. However at times patients can experience long delays getting an assessment by the home treatment team which would allow safe discharge and outpatient management. The patients are generally moved to the Emergency Medical Unit to wait the arrival of the Home Treatment team.

Both Old age Psychiatry and child and adolescent services run separately from the main adult assessment team and these services are not always able to provide a rapid assessment service.

As identified above we have a high proportion of patients that are unknown to services which provide significant challenges on staffing time.

The provision of registered mental health nurses can be challenging due to unpredictable presentation times of this patient group. The demand can range from 0-6 at any one time and this makes staffing extremely difficult. To support this the Trust have committed to a roll out program of 20 specialty trained Band 3 nurses as a 1 yr pilot to support appropriate patients through their journey and reduce waits for registered mental health nurses (RMNs) and continue to provide safe care on the wards improving the care for deprivation of liberty (DOL's) patients.

#### Access to mental health beds

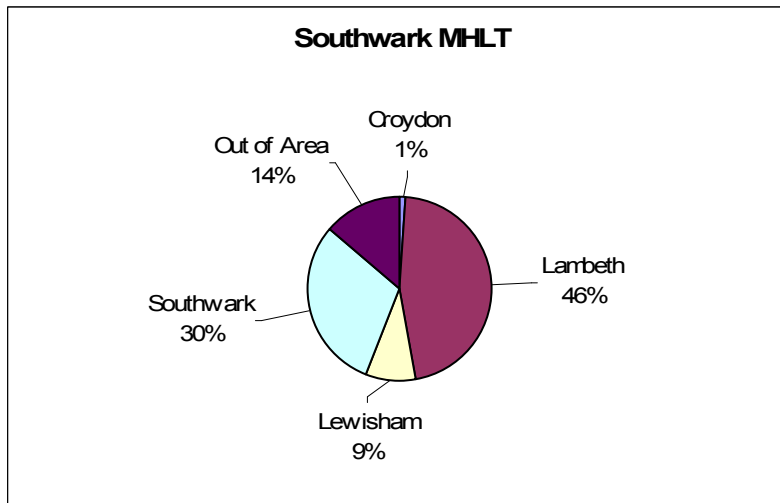
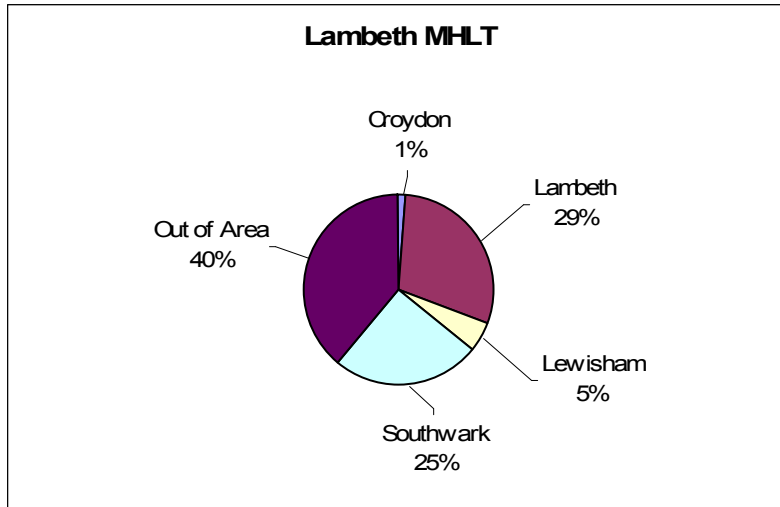
The commissioning structure for the provision of mental health is based on a post code system which provides significant difficulties when trying to organise support or ongoing placement for patients who are not local to Lambeth or Southwark. There is a lack of provision of local mental health beds for the patients we see and enormous logistical difficulties when patients are known to services outside London and so need to be transferred many miles.

This table shows the wide range of areas that patients come from who are seen by our mental health team

**ED Referrals to Lambeth MHLT from Out of Area CCG's - April to August 2013**

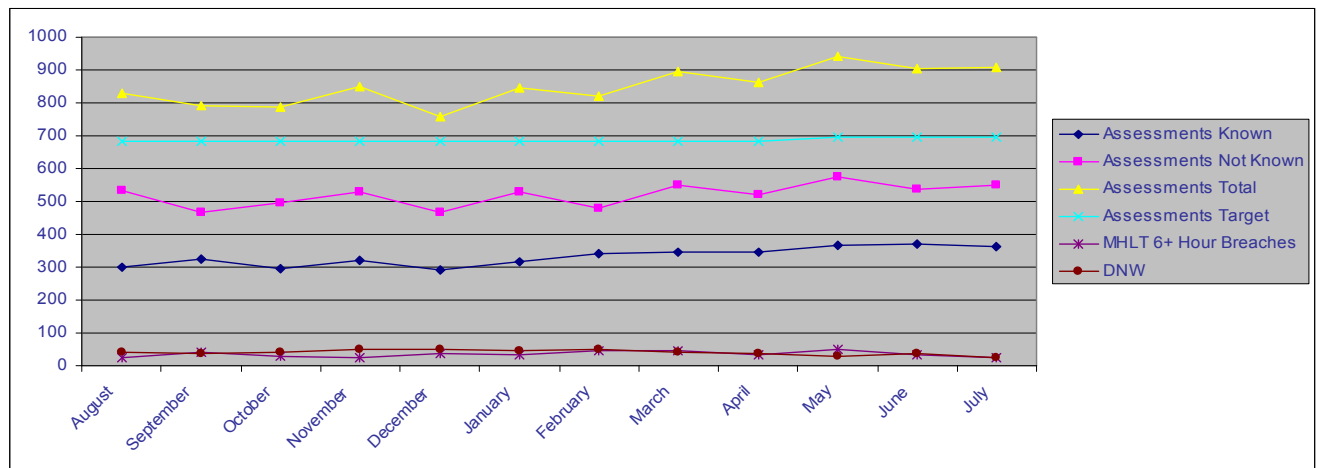
	<b>Abertawe</b>	<b>Barking &amp; Dagenham</b>	<b>Barnet</b>	<b>Bedford</b>	<b>Berkshire East</b>	<b>Bexley</b>	<b>Blank / Unknown</b>	<b>Bournemouth</b>
<b>April</b>		1	3			1	12	1
<b>May</b>			2	1			12	
<b>June</b>			2		3	1	11	
<b>July</b>					2	2	12	
<b>August</b>	1		1	1	1	2	4	
	<b>1</b>	<b>1</b>	<b>8</b>	<b>2</b>	<b>6</b>	<b>6</b>	<b>51</b>	<b>1</b>
	<b>Bradford</b>	<b>Brent</b>	<b>Brighton</b>	<b>Bristol</b>	<b>Bromley</b>	<b>Bucks</b>	<b>Cambridge</b>	
<b>April</b>		1			1			
<b>May</b>	1	2	2	1		1		
<b>June</b>	1	2			1			
<b>July</b>		2		1	1			
<b>August</b>		3		1	2		1	
	<b>2</b>	<b>10</b>	<b>2</b>	<b>3</b>	<b>5</b>	<b>1</b>	<b>1</b>	

MHLT CCG of Origin of Referrals September 2013

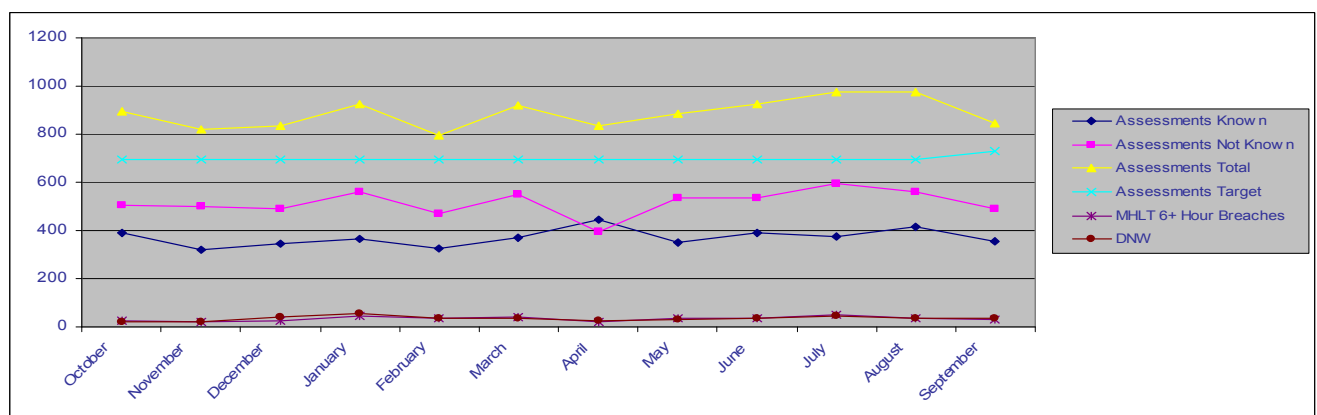


The graphs below show the trend of mental health patients (data includes Kings College Hospital and GSTT) remaining steady with increasing numbers presenting in the summer months.

## Trends in GSTT and Kings 2011/12



## 2012/13



## Current challenge facing the organisation for mental health patients

The main challenge facing mental health patients throughout London is access to mental health beds. Patients can wait for >24 hours to gain access to an appropriate bed in their local area, during this time they are in a suboptimal environment for their condition leading to poor quality of care.

- An example this month showed a patient awaiting placement and the nearest bed was in Manchester. This is not uncommon.
- The result of this is patients being kept in an inappropriate environment for a prolonged period of time that is not good quality care for the patient
- This bed is then not available for a medically appropriate patient and contributes to significant bed pressure within Trusts.
- Financial implications of the management of these patients are material.

### Future plans within GSTT to support mental health patients

The mental health pathway within St Thomas' is an area of focus for the coming year. We are currently in the planning phase of a new rebuild for the emergency floor which is due to begin in early 2014.

The needs of all patients have been carefully considered in the development of the design with particular attention being paid to ensure that the needs of more vulnerable patient groups are considered.

With regard to mental health two specifically designed and located cubicles for the treatment of this patient group are included within the Major Treatment Area. One cubicle will be furnished such that very high risk patients with potential for harming themselves or their immediate environment can be safely treated there. The second cubicle will be furnished in a more informal style with comfortable couches and chairs which facilitates counselling or interviewing.

We recognise the need to create a safe and calm environment for patients requiring a mental health assessment. The new Emergency Floor contains 2 dedicated in-patient beds. Each contains its own en-suite facilities and, similar to the cubicles in the Major Treatment area, both are furnished in such a way that the potential for these patients to cause harm to themselves is minimised. These treatment rooms have been located so that they are slightly away from the busy clinical areas but have been provided with facilities to ensure that they can be fully observed at all times.

Part of the work of the Homelessness project will be to identify the mental health problems of this patient group and try to find consistent organised help for such patients. Physical health needs as well as mental health and substance addiction problems are all frequent concerns amongst our patients so we are keen to join up as many services as possible so we all know what resources are available to help.

Acute Medicine Management Team

November 2013