Can we create some calm within a storm?
A national survey of UK Emergency Departments

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Background:

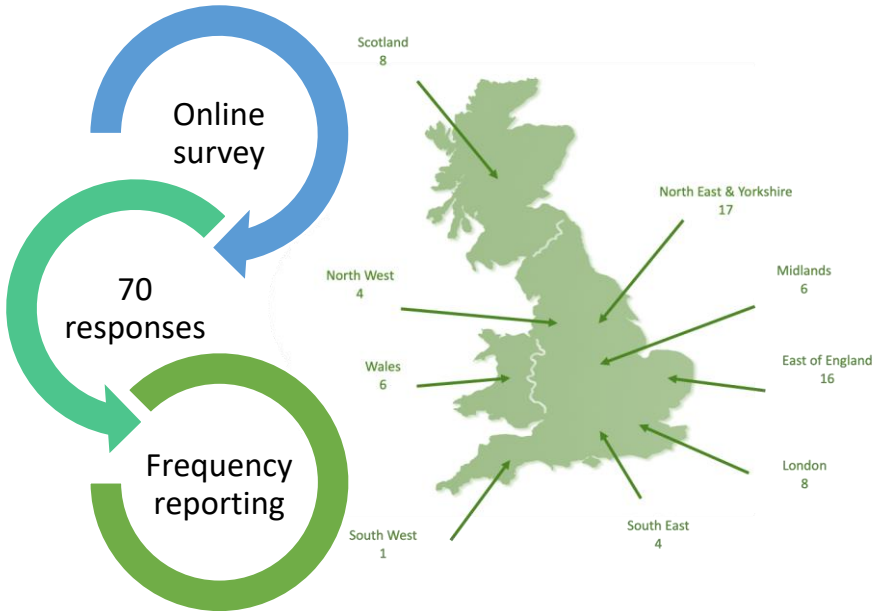
Most likely cause for 12-hour ED breaches is an inability to find IP mental health (MH) beds.[1]

This vulnerable group is rarely advocated for. Once in ED they are believed to be 'safe'. Despite this damaging environment.

Exposure to: noise; uncertainty; unfamiliarity; sleep deprivation; medication disruption; VTE risk; loss of normal rights → further deterioration in MH.

Through identification of strategies used around the country, and detailed in college guidance, we considered that we could improve the experiences within our ED for this group.[2]

What we did:



References:
1) NHS England. Mental Health and A&E pressures. 2018.
2) Royal College of Emergency Medicine. Mental Health in Emergency Departments: a toolkit for improving care 2021.

What we found:

Overview

"In the first six months of the year 1/3 of our majors cubicle capacity was used by patients on a mental health pathway"

- 100% see MH patients daily
- 90% have MH patients remain >24h
  - 88.9% of these are awaiting MH bed / placement
  - 55.6% of these are awaiting MH review
- 51.4% do not have processes in place to reduce lengths of stay
- 48.6% have processes in place to reduce length of stay

Processes in place

- 5.7% provide meal vouchers
- 18.6% provide access to private bathrooms
- 18.6% provide escorted time out of ED
- 11% use mental health triaging tools
  - e.g. "TAG assessment"
- 5.7% stream/directly refer to mental health services
- 4.3% have built or are looking to build mental health rooms

Glimmers of hope

"We have RMN nurses in ED 24/7, involved in the care of high-risk MH patients, offering a better care to our MH patients."

"Our health board also has a distress brief intervention system which is an email referral for those discharged. Patients are contacted within 24 hours, allowing a 2-week bespoke counselling service. Will also address finance / housing issues etc and signpost as required."