

RCEM's response to the HSCC Expert panel

October 2021

About the Royal College of Emergency Medicine

The Royal College of Emergency Medicine (RCEM) is the single authoritative body for Emergency Medicine in the UK. Emergency Medicine is the medical specialty which provides doctors and consultants to Emergency Departments in the NHS in the UK and other healthcare systems across the world.

Workforce

The Mental Health workforce for crisis care has grown, sometimes this has been at the expense of community service workforce. Nurses providing crisis care work shifts, get paid more and so it attracts nurses from other services.

The introduction of telephone triage and advice services has improved crisis care for patients and has provided helpful alternatives to the Emergency Department (ED). This was seen in Cambridge and Peterborough when there was an increase in telephone contacts to NHS 111 option 2 in summer 2020, but no increase in ED attendances.

CAMH has struggled to recruit nurses to work in its expanding crisis and intensive support teams as there just are not enough people who are trained yet. Some regions are recruiting from overseas to fill these gaps, which is not without its problems.

Crisis Resolution Home Treatment teams

These are functioning to provide an alternative to admission. There appears to be some improvement in the "trusted assessor model." Previously CRHTT nurses would come and repeat an assessment done by a Psychiatrist or Liaison Psychiatry nurse in ED to decide whether to admit a patient or treat at home. This still happens some of the time, but less often than previously.

The delays that mostly affect patients in the ED are those waiting for MHA assessments. Most places do not have a 24-hour service, waits for MHA assessment are long – 8-12 hours. This is due to a lack of section 12 doctors and AMHPs.

There is no equity of care between patients who get admitted fairly quickly to a Mental Health bed via CRHTT route and those that get admitted under a section or voluntarily after a much-delayed MHA assessment.

Children and Young People's Mental Health

In most cases the provision for a child in crisis in the Emergency Department is still unfortunately poor.

RCEM did a survey of its members asking about CAMH provision for the ED in 2018 and have repeated this in Oct 2021. We are able to share our provisional results. Our full results will be available at the end of October. We envisage having more respondents by then.

A comparison of responses from a survey of ED clinicians on CAMH provision

	2018	2021
Respondents (of a possible 240 EDs in the UK)	93 / 240	48/240
CAMH service to the ED rated as excellent or good	8%	23%
CAM service to the ED rated as poor or awful	53%	54%
CAMH services available at least until 2000 every day	21%	38%

CAMH services available 24/7	8%	21%
CAMH services only available Mon-fri 9-5		30%
If a CYP were to present between 15-1900 how long would they wait to be seen by a decision maker?		
- 12-24 hrs	49%	49%
- Less than 4 hrs	15%	23%
If a patient needs admission to a CAMH bed, how long do you estimate that they will wait?		
- More than 48 hrs	41%	48%
- 24-48 hrs	10%	22%
- Less than 24 hrs	40%	31%

Whilst there is welcome evidence of improvement in a few places, unfortunately 75% responded that the service overall was no better or indeed worse than when questioned in 2018.

66% of departments who responded had access to a telephone crisis line, which is a great improvement and will help triage and screen some patients away from the ED.

Patients that need face to face assessment are still often waiting a long time to be seen. 30% of respondents reported specialist services being available less than 8 hours a day Monday to Friday, despite the most attendances of children and young people with mental health problems being after 3pm. There has been a slight improvement in the number of services reporting having some evening cover (21% to 38% reported cover until 2000) and 24/7 services being available in 23% of cases now compared to 8% in 2018.

In Adult Mental Health there is a standard of being seen by a mental health professional within 1 hour of referral. Whilst this is referenced in the clinically-led review of standards for mental health, it is still a long way off in most places. It feels uncomfortable comparing the standard of care that a patient will get when they are 16 years old to when they are 18 years old.

Where services are not available, some patients will be admitted overnight but others, especially 16 year olds may be faced with bedding down in the ED overnight.

RCEM would like to see published National data on the number of children and young people coming to EDs with a mental health presentation. It is not clear yet if there has been an increase above and beyond the pre-pandemic rise. What is recognised is an increase in the number of patients with complex presentations including eating disorders who are staying longer on Paediatric wards whilst awaiting a CAMH bed. A few of these patients end up waiting in EDs which is not a position that RCEM accepts. Estimates for how long a patient will wait for a CAMH bed unfortunately have not improved with 48% of respondents reckoning that patients wait >48 hrs.

ED, adult, and paediatric ward staff have more training in mental health than they did in 2018, but our environment remain a challenge to care for patients in. EDs are particularly crowded and busy currently, which leads to safety concerns for patients at risk of further self-harm.

RCEM acknowledges that there is a will to improve CAMH crisis services and that this is proving difficult due to the lack of trained professionals. However, in the meantime patients are still getting a raw deal and ED staff feel uncomfortable with the poor care being provided in our departments.

