



Mental Health Risk Awareness Tool Pilot (LA 383)

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LA383 Hillingdon Mental Health Pilot

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Executive summary:

The Mental Health Risk Awareness Tool (LA383 appendix 1) was piloted within the Hillingdon complex for period commencing March to November 2012. Crew staff at the complex completed the Mental Health e-learning package (via LAS Live) and received training on how to use the Tool when assessing patients with a unknown or known mental health condition (primary mental health disorders and not mental distress secondary to a physical problem). The feedback from crews who received training and used the LA 383 was very positive (appendix 2). Over the 8 month period 150 patient report forms (PRFS) were collected and 100 evaluated. Over 94% had correct documentation for patient identification and physical description (useful when a patient absconds from the ED). Similarly, consideration of medical causes (98%), as well as mental health (94%) and suicide risk assessments (94%) were documented. Comments on the patients' capacity and vulnerability were recorded in 96%.

In conjunction with the standard PRF the Mental Health Risk Awareness (LA 383) improves the information recorded and handed over. It raises the awareness of patient capacity and vulnerability with frontline staff. This will improve patient safety, and reduce risk to the patient and their families. The LA 383 also supports the individual practitioners in this often challenging group of patients and additionally contributes to a reduction in the level of complaints received and risks to the trust.

Introduction/Background:

Mental disorders can be complex to diagnose and triage. Traditionally LAS operational crews have not been provided with extensive training to do so. The prevalence of some forms of mental illness presentations is common (Table 1). Early assessment, identification and accurate documentation that is passed on to secondary (or primary care) should result in improved patient care and outcomes.

Incident code	Per 12 month	Average per month
Alcohol Related	55,614	4,634
Psychiatric condition known	17,821	1,485
Psychiatric Other	13,580	1,132
Poisonings (15-79 years)*	1,728	144
Hanging (15-79 years)	437	36
Total	89,180	7,432

Table 1. Data from LAS management information for a period from 01 01 12 to 31 12 12 for incident codes

*accidental poisonings not excluded

A detailed analysis was beyond the scope of this evaluation. The above gives rough estimates of the numbers involved. Future work in more precise coding of mental disorders will allow more precise statistics of such patients dealt with by London Ambulance Service. The large numbers of alcohol related incidents is a particular area where further research is recommended. (The LA383 may not be appropriate in some alcohol cases).

Physical co-morbidities often co-exist and need to be excluded as the underlying cause(s) of presenting psychiatric behavioural symptoms. For example acute infections such as meningitis or elderly patients with hypoxia or subdural haematomas. Side effects of a range of medications (not just psychotropic) may present as a mental disorder. Frontline staff manage patients with florid acute psychotic symptoms or those who have seriously self harmed yet decline hospital conveyance. Assessing such patients can be very challenging. The LA 383 is intended to assist frontline staff and supplement their mental health training to better manage the above situations. ***It is not a triage/decision making tool.***

Clinical assessments can be tricky and time consuming. A number of serious untoward incidents involving mental health patients have been declared by the Trust. Within the frequent callers (currently defined as 10 or more calls per month) the consensus is a high prevalence of mental health illness that often co exists with physical illness. Use of the LA383 is hoped will lead to reduced untoward incidents and improved management of frequent callers.

Clinical Performance Indicators : There is a need to improve compliance with the mental health CPI currently amber **and lagging behind all other areas.**(CPI data)

<=75%

76-94%

>=95%

Period	1 in 40 PRF Audit		Acute Coronary Syndrome		Cardiac Arrest		Difficulty in Breathing		Glycaemic Emergency		Mental Health		Not Conveyed		Stroke		Overall	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Aug12 - Oct12	65736	98	23552	96	14122	98	10660	95	16066	97	16420	87	113796	96	18560	97	278912	96
Nov12 - Jan13	118310	98	46578	96	29768	98	20812	95	33854	98	30904	88	216736	96	36568	97	533530	96
Feb13 - Apr13	173562	98	69402	96	47492	98	35550	95	47964	98	47090	88	321068	96	56368	97	798496	96
May13 - Jul13	228502	98	91884	96	62744	98	46590	95	63662	98	63416	88	426412	96	75466	97	1058676	96
Jul13	82048	98	32948	96	22460	98	16402	95	23406	98	22936	88	154460	96	27134	97	381794	96

LAS crew staff can use the JRCALC Suicide and Self-Harm Assessment to assess patients suspected at risk of self-harm (soon to be superceded by UK Ambulance Services Clinical Practice Guidelines 2013 section 3a). However, it was considered that a more comprehensive tool could benefit crews' assessment of patients presenting with mental health disorders (MH patient). A mental health risk assessment matrix, that had been implemented in St Georges Hospital emergency department (ED) and Royal United Hospital ED (in Bath), was observed to reduce waiting periods for mental health patients and was received positively by staff, who believed it assisted patient triage. Ref 1, 2

The tool trialled in Bath was adapted for LAS use by an LAS Emergency care practitioner (ECP) and the Assistant Medical Director (south) - the LA383 was produced. This has undergone an equality and impact assessment and peer reviewed by members of the LAS mental health group.

The LA383 assists MH patient assessment on-scene, primarily by looking to identify patients that are at high risk of **harm to themselves** or others. It also reminds clinicians to consider physical causes and prompts the clinician to think about the patient's **capacity** and **vulnerability**. With the crews undertaking an improved assessment and with the results of that assessment being handed over to the receiving A&E staff member, it is intended that the patient will receive more appropriate care earlier. Unlike the risk assessment matrix the main aim is to raise awareness with ambulance staff and to capture and pass on valuable information.

The LA383 is one sided and has 5 key areas:

1 Patient identification – CAD, PRF, Date, Patients Name, DOB, Gender, Physical Description

(Important if patient absconds from A/E after conveyance).

2 Consideration that a physical cause has been excluded * Raises awareness of a physical illness

Is there an underlying physical cause for the presentation?

Do you feel drug / alcohol intoxication is significant enough to impede assessment?

Has there been a lapse in essential medication?

* highlighted in training

3 Mental Health Risk Assessment * 11 questions with yes/no responses

Does the patient appear to pose an immediate risk to self?

Is the patient expressing specific ideas or plans to harm anyone else?

Is the patient willing and able to communicate themselves?

Does the patient appear to be neglecting their hygiene, dress or appearance?

Any suggestion that the patient may try to abscond?

Any apparent delusions, hallucinations or psychosis?

Does the patient feel controlled by external forces?

Is the person behaving inappropriately or bizarrely to the situation?

Is the person overly quiet and withdrawn?

Is the person in a state of fear, distress, markedly anxious or highly aroused?

Does the patient live in squalor or are they hoarding at home?

4 Suicide Risk factors

These questions have had an equality impact assessment

	Y	N	Not asked		Y	N	Not asked
Previously attempted suicide				Regular excessive Alcohol / Drugs			
History of significant self-harm				Chronic illness or pain			
History of mental health problems				Any suicides of someone close to patient?			
Previous use of violent methods				Transgender or Intersex			
Set suicide plan or expressed real intent				Recent separation from loved one			
Aged over 45				Recent end of a relationship			
Hate crime victim or feeling bullied				Housing problem or homeless			
Debts or benefit problems				Excessive stress at work / overwork			
Current Depression				Disengaged from services			
Recent change of employment status				Recent loss of carer or care services			
Not keeping up with prescribed medication or therapy appointments				Crisis in faith, belief system or related community			
Bereavement a factor				Identifies as having a disability			
Perceived Lack of support from friends and/or family				Pregnant now or recently			
Recent traumatic event							

5 Patient capacity and vulnerability

DO YOU HAVE CONCERNS ABOUT THE PATIENTS CAPACITY?

No Yes

Refer to LA5

DO YOU CONSIDER THE PATIENT VULNERABLE?

No Yes Refer to LA280

Description:

This pilot was undertaken at Hillingdon ambulance station – 8 months from March 2012

1 Inclusions

- i) EMT3+ (Paramedics, Student Paramedics Level 3, EMT3+) crew staff at Hillingdon complete the Mental Health e-learning training packaged
- ii) Training to the use of the Tool is designed and delivered to all Hillingdon Team Leaders who then trained all EMT3+ Hillingdon crew staff (approx 66)
- iii) Training included case studies of MH cases and proposals of how to respond in such cases
- iv) LA383 forms were distributed to all trained Hillingdon crew staff
- v) LA383 used by trained Hillingdon crew staff when assessing patients with known or suspected mental health condition or illness, acting as a guide to crew staff on patient assessment
- vi) Copies of completed LA383 handed over to receiving staff at A&E (A/E staff met local LAS lead and the Assistant Medical Director to discuss this project)
- vii) Used LA383 forms collated with both copies of the PRF, and retained by the LAS
- viii) LA 383 Tool forms collected and stored securely

2 Exclusions

- i) The Tool will not act as an explicit triage tool to direct the care response given to patients. Instead the Tool will be used as an aid to crews' assessment of patients presenting with mental health issues. The Tool will be used in conjunction with the crews' clinical training and holistic view of the patient, and on that basis a care response will be decided. (Very important concept)
- ii) The project does not include training on LAS consent and capacity procedures
- iii) The pilot's evaluation will be managed as a separate but related project
- iv) The Mental e-learning package was created independently of this project
- v) MH ACP development
- vi) LAS wide roll-out / implementation
- vii) A&E processes once receiving the completed LA383
- viii) Hospitals other than Hillingdon ED not included

Evaluation will look at 5 key aspects of the pilot:

1. Training:

- a. Feedback forms at the end of the training;
- b. Follow-up questionnaire to staff after experience of operational use;

2. Evaluation of LA383 operational use and content analysis:

- a. Staff experience in using the LA383 in practice;
- b. Operational impact from Management Information data;
- c. LA383 content analysis;
- d. PRF evaluation in context of corresponding LA383;
- e. Review of a sample of PRFs pre and post pilot to identify pattern differences.

3. Hillingdon Hospital perspective

4. Patient experience

5. Pilot logistics

Daryl Mohammed and trust mental health lead Kuda Dimbi gave structured questionnaire to gain feedback from Hillingdon crews on the usefulness of training and use of the LA 383.

Results of Mental Health Risk Awareness post use evaluation form:

A mental health Risk Awareness "post use" evaluation form was filled in by paramedics who took part in the Hillingdon pilot project. An analysis of the results has helped us to focus on improved risk assessments and improving the care our frontline staff give to patients presenting in a mental health crisis.

A total of 14 respondents returned their evaluation forms. In addition to the figures there was also free text available allowing the respondents to express their thoughts and experiences about using the Risk awareness tool (LA383)

The questions asked were:

- Did the LAS live MH e-learning help using LA383?
- Did the classroom teaching support how to use the MHRA LA383 form?
- Was the content of the LA383 form useful in patient assessment?
- Suicide risk screen-did this help you?
- Did use of LA383 raise your awareness of patient capacity?
- Did use of LA383 raise your awareness of adult/child vulnerability?
- Overall comments on ease of use?

Summary results

- 50 % of the respondents felt that the LAS Live e-learning course helped meet most of their needs. 21.4% had not taken part in the e learning and this was not applicable to them. Of the remaining 21.4%, 7.2% felt that the training exceeded their needs, 7.2% felt that the training met some of their needs and 7.2% felt that the training did not address their needs.
- The majority of respondents felt that the classroom teaching supported how to use the LA383 with the largest percentage 35% feeling that it met all of their needs. None of the respondents felt that the classroom teaching did not meet their needs and a small percentage 7.2% did not take part in the teaching.
- Of the 93% of respondents who felt that the content of the LA383 form was useful in patient assessment, only 7.2% felt that the content of the form did not address their needs. The majority of respondents felt that the suicide risk screen had helped them.
- 85.7% of participants felt that the LA383 raised their awareness of patient capacity.

Operational impact

No operational impacts were reported. (150 cases over 9 months are small numbers)

The Hillingdon Hospital perspective and Patient experience – no feedback received

Pilot logistics

The enthusiasm of the local Hillingdon staff - operational, managerial and administrative at Hillingdon was key to this pilot. The ADO (West) was very supportive. A local lead to drive the pilot and liaise with the central project leads was essential. Centrally the staff from Change Management worked with management information to identify the PRFS for evaluation.

PRFs were identified by management information and reviewed by DKM and KD. Total 150-of which 100 reviewed.

Aspect of care :
Identification and physical description
Medical assessment
Mental health risk
Suicide risk assessment
Capacity considered
Vulnerability considered
Reviewers overall impression – very helpful, helpful, neutral, unhelpful

Results:

	Yes	No	Partial	All		
Identification	96%	4%				
Physical desc.	94%	6%				
Medical asses.	98%	2%				
Mental asses.		2%	4%	94%		
Suicide asses.		2%	4%	94%		
Capacity documented	96% Filled in 383	11% concerns	LA5 40% done	89% No concerns	4% Not filled in on 383	
Vulnerability documented	96% Filled in 383	30% concerns	LA280 78% done	70% No concerns	4% Not filled in on 383	
Impression	Very helpful 60%		Helpful 32%	Neutral 8%	Unhelpful 0%	

The average time on scene was about 30minutes

In 96% of PRFs identification was completed, with physical descriptions (94%) and medical assessments (98%) similarly having high recordings. The mental and suicide assessments were recorded in 94% - 4% partially filled in and only 2% not completed.

Capacity assessment was filled in 96%. In 11% of these concerns were expressed about capacity yet LA5's were only completed in 40%.

Vulnerability assessment was filled in 96% and in 30% where there were concerns about patient vulnerability an LA 280 was completed in 78% (and not done in 22%).

The overall impression was a subjective reflection on the usefulness of the LA383 with the PRF that was recorded after reviewing each PRF and LA383. 60% very helpful and 32% helpful.

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Management Information London Ambulance Service

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Tim Edwards Team Leader Brent

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Accident Emergency Staff Hillingdon Hospital

References:

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CHRIS HART, RACHAEL COLLEY and ANTHONY HARRISON describe the development of a mental health risk assessment framework for use in emergency departments

2. Emerg Med J. 2009 Jan;26(1):11-4. doi: 10.1136/emj.2007.058388.

Evaluation of the risk assessment matrix: a mental health triage tool

Appendices:

