PATIENTS' FORUM

FOR AMBULANCE SERVICES LONDON

QUALITY ACCOUNT STATEMENT LONDON AMBULANCE SERVICE - 2020 REMEMBERING CAROLINE FLACK

A PATIENT DESCRIBES HER EXPERIENCES OF EMERGENCY CARE

NEXT STEPS FOR THE LAS – PROVIDING RIGHT CARE FIRST TIME TO PREVENT SUICIDE AND SELF-HARM

"A few years ago, I joined Patients' Forum for the LAS, having been a serious casualty due to self-harm and suicide attempts. I wanted to give something back - this led me to a very privileged position, of working as a volunteer with the Forum, helping to monitor the effectiveness of services and the strategic direction of the LAS - especially in relation to its mental health emergency services model."

"In light of the recent tragic death of Caroline Flack, I wanted to highlight the need for the LAS, to approach mental health care, with the same urgency as physical trauma. I am campaigning to help the LAS avoid further systemic failures that have led, and are continuing to lead, to self-harm and death, e.g. if a patient who appears emotionally traumatised refuses to go to hospital, but is physically visibly well, in terms of that patient's welfare advocacy, there should be a mental health specialist on-call and rapidly available to provide face to face care."

"Our 111 call-centre visits included questions and answers on infrastructure (which they were happy to answer and were compliant with in relation to physical health), but unfortunately our questions on mental health were not answered adequately. This situation needs to be addressed urgently."

"We need an open dialogue with the LAS on suicide and care pathways for people with suicidal thoughts. In my personal history there were many failings, which are too lengthy to go into, but the message here is loud and clear; one cannot quantify mental illness as one can physical illness, therefore a patient must be taken very seriously and treated with care when they are in highly vulnerable circumstances."

"Furthermore, there is very little intervention or psychiatric follow-up, when a patient's cognitive functions, speech and appearance appear normal. This element is crucial and could be a missing link in the development of urgent mental health care."

“After 20 or so years, I still have a serious and chronic mental health condition. Living on anti-depressants hasn't cured me. The practice of GP's dishing out tablets needs to change and we need to TALK more. In all my hospital admissions I was rarely allocated a therapist nor did I get a visit from a CPN during or after hospital treatment.”

“Perhaps now, having been able to speak openly and stimulate a debate, some things in the mental health system may at last change. This includes not assuming that a person ‘left at scene’ by the LAS will quickly recover. Many people will need ongoing community mental health support, if the large numbers of patients who tragically self-harm or kill themselves is to be substantially reduced. We need concrete evidence that being left at scene doesn’t mean leaving the person alone and isolated and with no means of benefiting from continuity of care – ongoing support until the crisis is resolved”.

AS – Patients’ Forum Member

RECOMMENDATIONS

1) In responding to patients in a mental health crisis, call handlers should always end the call by guiding the patient onwards. Leaving the patient uncertain about the next steps can be very harmful. The system needs to be preventative.

2) When a patient has suicidal ideation, their level of vulnerability must be understood more clearly by 111 and 999 services, so that a more appropriate and rapid response can be provided. The 111 service should always have mental health professionals to respond to a patient in crisis.

3) All clinical staff in 111 services should have mental health training to assist patients with for example: suicidal ideation, autistic spectrum disorder and bi-polar. Call Handlers create a link with the patient which is important, but onward appropriate referral is essential.

4) 999 LAS capacity for people who are thinking about self-harm needs to be expanded. E.g. a patient might say: “I want somebody to step in and help stop me cutting myself”. The LAS needs to ensure they have the resources to respond to patients in this situation and ensure compliance with the statutory Duty of Candour and their human- rights obligations.

5) When a patient has suicidal ideation, or intends to self-harm, a referral to a GP by the LAS is not usually an adequate pathway. Face to face care with a mental health clinician is usually essential.

6) Patients should know what the range of options are when they have self-harmed or are thinking of doing so. Information should be provided to these patients by the LAS following face to face or telephone responses, e.g. can they be fast tracked to a CPN who is an expert in crisis care, or could they request a further visit by an LAS MH team?

7) The LAS should work with the MH acute sector including local authorities, to ensure that Crisis Lines (hospital and local authority) are functional. Often the responses on these lines are slow and referral capacity minimal. The crisis line system needs to provide an immediate response and a plan for further care and active support during at least a 12-hour period, if the patient is focussed on self-harm. Strict governance of crisis telephone lines – making sure that they answer calls and can provide a real service and referrals when needed is essential.

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