

5.5 Mental health pioneer service

Aim: to provide an appropriate emergency response to patients who experience a mental health crisis. Our aim is for patients to receive a higher level of care from all paramedics, and appropriate triage, assessment and referral where appropriate by qualified mental health nurses.

999 and NHS 111 are often the first point of care for patients experiencing a mental health crisis. We have a crucial role in risk assessment, and in signposting patients to the most appropriate point of care or service. These calls are often complex, and take time and specialist expertise to manage effectively. Patients experiencing a mental health crisis may also be suffering from substance misuse which compounds the challenges faced by staff in carrying out a full assessment of the patients presenting condition and needs.

We have greatly improved the quality and quantity of mental health training over the past few years and have employed mental health nurses on our clinical hub to provide telephone advice to patients. Our crews sometimes have difficulty accessing appropriate care pathways for patients experiencing a mental health crisis. This is especially true 'out of hours' and often leads to patients being conveyed to an emergency department, which is rarely the correct environment for their effective assessment, management and a positive experience of care, and is often associated with extremely long lengths of stay and escalation of their presenting condition. In 2017/18, 54.3% of our mental health patients were conveyed to an emergency department.

We ran a set of workshops with service users, who identified that they would most value being able to access a specialist mental health clinician at the point of their crisis. Patients experiencing a mental health crisis should have parity of esteem with patients experiencing physical health conditions and should therefore have access to suitable mental health crisis services twenty four hours a day, seven days a week, including appropriate places of safety.

5.5.1 Service summary

Our mental health pioneer service will see a registered mental health nurse (RMN), paired with another ambulance clinician respond to patients who have been identified as experiencing a mental health crisis, or requiring a specialist mental health response.

A registered mental health nurse (RMN) would be able to provide specialist care and support to patients experiencing a mental health crisis. They would also be able to navigate the appropriate mental health pathways, especially out of hours, and would have the skills and knowledge to discuss risk assessments, recommended management plans and presenting condition with approved medical practitioners and mental health units. An RMN providing specialist assessment details can effectively access a wide range of appropriate care pathways. There is the potential to increase the range of medicines available to support safer care and an enhanced patient experience. This will all mean that patients are able to be treated in the most appropriate way to meet their needs.

5.5.2 Service model

Our service model was developed by our clinical experts, drawing on expertise from across the London Ambulance Service. We held a number of workshops attended by external clinical experts, who helped to shape the service model and ensure that it would be appropriate for patients in London.

The service breaks into three components:

Hear and treat/ dispatch	<ul style="list-style-type: none"> • We will continue to have mental health nurses working in our clinical hub providing telephone advice to patients as well as assisting crews but increasing their numbers and coverage to ensure we maximise hear and treat where appropriate • The mental health nurses will also look to identify calls that would be suitable for the mental health pioneer response • The mental health nurses will also support calls from crews on scene and support call handlers with complex 999 calls from patients experiencing a mental health crisis
See and treat	<ul style="list-style-type: none"> • A registered mental health nurse (RMN) would be paired with an ambulance service clinician • The RMN would be able to provide a specialist assessment of the patient’s mental health needs • Patients in mental health crisis may have also sustained a physical injury and the clinician would be able to provide the appropriate care for any physical injuries or illnesses • The RMNs will also have an essential role in delivering training to front-line staff both in the control rooms and on the road
Referrals and additional care	<ul style="list-style-type: none"> • We will, where possible refer patients to their local mental health trusts to ensure continuity of care • The RMN will have knowledge of, and access to all of the local mental health crisis services in order to ensure that the patient receives the most appropriate care for their needs • The mental health pioneer response will links with community organisations or charities that can provide additional ongoing support such as the Samaritans

The people, process and infrastructure implications are as follows:

	Hear and treat/dispatch	See and treat
People	<ul style="list-style-type: none"> • New role of a mental health nurse would be added in the control room. This would be a Band 6 or 7 mental health specialist who would have contacts transferred through to them for specialist triage/assessment 	<ul style="list-style-type: none"> • A mental health nurse in a response car accompanied by a paramedic to be able to assess and treat a range of mental and physical health needs
Process	<ul style="list-style-type: none"> • Process of identifying calls which should be routed through to a mental health nurse • Process of dispatching the right specialist or combination of specialists for a ‘see and treat’ • Process of dispatching the right vehicle for a ‘see and treat’ 	
Infrastructure	<ul style="list-style-type: none"> • Ability to warm transfer to a specialist triage/mental health single point of access 	<ul style="list-style-type: none"> • Mobile device to provide access to summary care records and up to date information on which mental health pathways are open and available for their patients • Response vehicle will have the capability to convey patients, if needed, who are able to sit up for the journey, and provide a safe and private space to safely assess a patient

A crucial element of our work to improve outcomes and experiences for our mental health patients is by working closely with mental health trusts across London to strengthen links with their crisis services, single points of access, places of safety and new services such as crisis cafes and clinical decision units as well as their local mental health and crisis teams. While we are building our mental health expertise within our organisation, wherever possible we want to ensure that those patients

already known to mental health services are linked back to their mental health trust supporting their care to ensure their ongoing needs are met.

5.5.3 Summary of potential benefits

Table 9 shows the potential benefits resulting from a single example of our modelled scenarios for the patient cohort we have identified could receive this pioneer service, based on figures from 2017 incident data classification. The table describes the maximum benefit to patients and healthcare systems in London. We describe in Section 7 our assumptions about how much of this is achievable and the associated economic benefits.

Table 9: *Mental health pioneer service – summary of potential benefits*

Quantitative benefits (projected for 2023)	Qualitative benefits
<p>84,600 patients could benefit from this service (based on figures from 2017 incident data classification), of which:</p> <ul style="list-style-type: none"> • 1,900 (2.2%) would receive 'hear and treat' discharge (over current) • 56,300 (66.5%) would receive 'see and treat'/be referred • 26,400 (31.2%) would be conveyed • 20,200 (23.9%) would be conveyed to emergency department <p>Performance</p> <p>A reduction in emergency department conveyance rate from 54.3% to 23.9% for a selected cohort</p>	<ul style="list-style-type: none"> • Specialist mental health response consistently seven days a week • A wider range of responses available to patients who need one such as face to face assessments, in the same way that we provide a specialist response for those with physical health needs • Patients less likely to be conveyed unnecessarily to an acute hospital when that is not the best place to meet their needs • Better referral to appropriate mental health pathways

5.5.4 Robert's story – a mental health case study

Robert is a 45-year-old IT specialist with a history of personality disorder. Unfortunately, he's just been fired following a long-running disciplinary and has met with his old friend Anna on Saturday evening for a drink. Anna quickly realises that Robert is struggling to cope and acting strangely. She calls 111 for advice.

Control room

The call handler listens to the problem and quickly transfers the call to Louise, a mental health nurse in iCAT London. Louise asks Anna some questions and quickly identifies that Robert is experiencing a mental health crisis. Louise dispatches the mental health pioneer service and gives Anna advice on how to make sure that Robert remains calm and safe. Louise finds Robert's summary care record which she sends electronically to the crew's tablet so that they can see Robert's mental health history.

Assessment and clinical intervention

Monique and John, the mental health nurse and another London Ambulance Service clinician, arrive on scene and assess both his mental and physical condition. Robert has a minor cut on his hand from breaking a glass, which John treats, while Monique starts talking to Robert and assessing his mental health needs. Monique is able to use her advanced skills as an experienced mental health nurse to carry out a full mental state examination, risk assessment and use brief psychological interventions. Robert is very anxious about going to hospital, but Monique reassures him that following her assessment that he is safe to stay in his own home.

Referrals and further care

Monique phones the local mental healthcare provider and agrees with them that they will arrange a follow up with Robert within 24 hours. Monique explains this to Robert and discusses a range of services available to him prior to that follow up, or in the future, should he find himself in a similar situation. Monique leaves a pack of information including details of the local crisis café, mental health crisis line phone numbers and charities such as the Samaritans.

Monique makes a note of the support they've provided in Robert's summary care record, so his mental health team and GP will be able to see it later.

Robert's story

"It's not the first time I've got myself into a state of panic in public; but it's the first time a mental health nurse has come out to me. I was so grateful that Monique really understood me and the problems I was having. She helped me there and then, and she spoke to my mental health team on my behalf to arrange a follow up for the next day. I've been taken to an emergency department in the past, and on a Saturday night it's not a particularly great place for someone in mental health crisis. I was so glad Monique and John helped me in the way they did."