

Mental Health Care in Emergency Departments: Qualitative data analysis

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1. Background to the Research Project:

This research was undertaken as part of the emergency and urgent care review initiated by the Medical & Nursing Director's Group at the Academic Health Science Network, UCLPartners (UCLP). The review was set up to inform future decision making about how best to organise emergency hospital services for mental health patients. Reasons for undertaking the work included:

- Acute trust data shows that a disproportionate number of mental health patients breach the four hour ED target, these patients account for 10% of breaches but only 2% of presentations.
- Mental health breaches have a broad impact on the functioning of the emergency services, affecting the experience and clinical outcomes of all patients, as well as financial consequences for Trusts.
- Evidence shows that 1 in 10 mental health patients in ED abscond and anecdotal evidence from clinicians indicates that many have a poor experience.

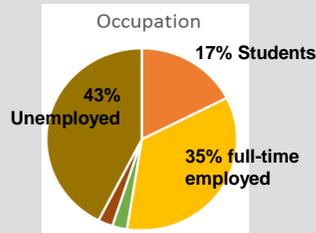
The study involved a case note audit of 632 consecutive patients who attended three separate sites in North London NHS Trusts. This audit was supplemented with a qualitative research study that explored the patient experience of a subgroup of these patients. Semi-structured interviews were conducted between 2 and 5 weeks (average 4.85) after the ED attendance to assess:

- why service users choose to attend ED;
- their care pathway prior to arrival;
- their expectations and experiences of ED;
- their perspective on delays and service complications;
- what alternatives they might prefer should these be available.

2. Demographics:

The final sample was formed of 42 adults, and the average age was 32 years. The sample included 20 males and 22 females. The pattern of ED use prior to this attendance: Ave attendances in last year for mental health (2.70%), attendances for non-mental health (2.85%) and average lifetime attendances (7.64%)

- From the total sample, at the time of interview 85.71% had a mental health condition confirmed by their doctor and 66.67% were receiving some form of mental health treatment. 88.10% had received mental health treatment at some point.
- Two thirds of the sample (28 participants) responded that other people, besides the participant, were involved in the decision to attend ED, with 6 cases involving the police.



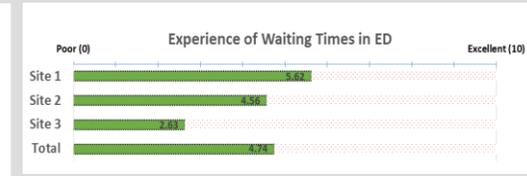
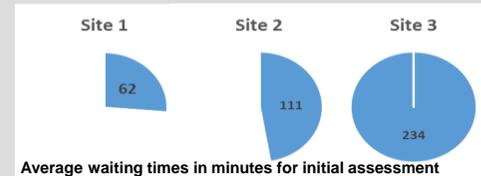
3. Reasons for attending ED:

- Most people attended due to worsening symptoms including feelings of not being able to cope, desperation and suicidal thoughts and ideas which made people feel scared, unsafe and a risk to themselves. These feelings were not necessarily arising in the index patient, but sometimes in people around them.
- Nearly half of those interviewed attended ED because of the feeling imminently suicidal or self-injurious, while 21% attended because of a consummated attempt.
- Those who consulted other services before attending ED tended to use phone helplines like NHS 111, their out-of-hours GP or CMHT phone, or the Samaritans helpline. Where patients did not consult other services it was usually because they knew they were outside operating hours, or they had previously experienced a dissatisfactory out-of-hours response.
- Participants reported attending ED as a last resort, they felt there was no other viable alternative; perceived it as a safe place; and felt it to be the best way to get professional help quickly.

4. The Service User Experience in ED: The Questionnaire asked patients for ratings of different aspects of their ED visit on a scale from 0 (poor) to 10 (excellent) – the bar charts below show average scores from participants' ratings for a number of different elements in the experience.

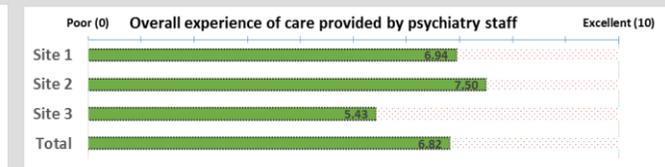
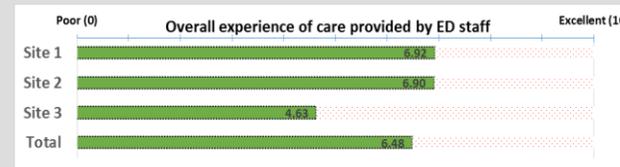
Waiting:

- The total sample had to wait an average of 111 minutes for an initial assessment by a member of the ED staff, although the averages varied significantly between the different sites.
- When talking about their care, the word "wait" and its derivatives was the second most frequently used word (312 appearances).
- Most participants felt that the time they waited seemed too long, but showed awareness of the pressures in ED that might lead to needing to wait and that this might be a bigger problem at certain times of night and day.
- Despite the low ratings regarding waiting times, some patients felt that the time they waited impacted positively on their presenting condition. Further, the frequency of negative and positive comments regarding waiting is similar (16 positive, 18 negative).



Staff Knowledge and attitudes towards Mental Health:

- Participants described feeling that the ED staff who initially assessed them (e.g. triage nurse) did not have a strong knowledge of mental health, suggesting that they seemed more accustomed to managing problems related to physical health
- Low ratings regarding staff attitudes to mental health were related to feelings of being dismissed or not being taken seriously.
- It was generally felt that ED doctors had an acceptable understanding of mental health and they also came out more positively in terms of attitudes compared with other ED staff.
- The great majority of participants (85.71%) proceeded to see the psychiatric liaison team. The Psychiatric staff scored more highly in terms of attitude and knowledge when compared with other staff, although comments were still made regarding the need for more training.



The emergency department: facilities and environment

Positive comments were generally associated with actions performed by ED staff, such as offering a beverage, or providing silent room. Opinions were divided regarding having an isolated space for mental health patients. Some patients complained about the amount of people in corridors making them feel more disturbed and disorganised. While other patients found the presence of other people around having a calming effect. However, noise was always regarded as distressing and is one of the negative consequences of the presence of other patients at the ED. None of the participants mentioned spontaneously that they were (or were not) asked where they would have liked to wait.

Outcomes of ED visit:

Of the outcomes shown in the pie chart to the right, 73.81% were completed at the time of interview. This means that 26.19% of these outcomes were only announced but did not result in an action being taken. This lack of action corresponds either to appointments that were promised to patients and have not come from services yet, or lack of clarity about what the action plan was.

Overall Experience of ED:

Patients' discourse was analysed to obtain an idea of the actual usefulness of ED departments for mental health, based on their last experience. From this analysis, it is possible to see that people do not consider that EDs are a solution to their problems, but at best a place that can contain anxiety or avoid an imminent suicidal attempt. Patients do not expect a concrete solution beyond the time spent at EDs, and do not trust the ability of EDs to propose any real solution (like making a useful referral).

Most Important Factors Identified that would Improve Experience in ED:

Shorter waits to be seen; More training to ED staff regarding mental health; Comfortable, calming place to wait with people to provide support and simple things such as refreshment.

