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Implementation of the Mental Health Act 2001 – Important Issues for Irish Emergency Departments

While welcoming enactment of the new Mental Health Act, the Irish Association for Emergency Medicine (IAEM) wishes to highlight deficiencies in the implementation of the Act which are likely to have an adverse impact on the care of patients attending Emergency Departments who require treatment under the Act. The Act has unfortunately been implemented on a background of inadequate services and facilities for patients with Psychiatric Illness who attend Emergency Departments. Furthermore the difficulties outlined are likely to impact adversely on other patients waiting in Emergency Departments.

This document addresses our concerns under the following headings:

1. Impact on Child and Adolescent Services
2. Adult Emergency Psychiatric Services.
3. Summary and Recommendations

1. Child and Adolescent Psychiatric Services:

1.1 Many young people aged 16-18 present in crisis to the country's Emergency Departments. The Act states that all persons under the age of 18, other than those who are married or have been married, should be considered to be children under the Act. However it is recognised that Child and Adolescent Psychiatry services have not been developed to provide an appropriate level of service to children with mental healthcare needs.

1.2 The IAEM is aware of the *Report of the Health Service Executive Service Forum on Child and Adolescent Psychiatric In-patient Capacity*, September 2006 and in particular sections 5.2.13 and 5.2.14 which state that for an interim period the initial assessment, management and in-patient care of 16 and 17 year olds will continue to be provided by the Adult Psychiatric service. However the IAEM require clarification on the timeframe for this interim arrangement.

1.3 It has been determined that, after this interim period, patients aged 16 and 17 years are not to be admitted to Adult Psychiatric Units but to designated Adolescent Units, which do not exist in most parts of the country. This is likely to result in intractable delays for these patients in Emergency Departments, which cannot be considered an appropriate clinical environment for people with psychiatric illness. The majority of patients in this age group will not require admission but need assessment and out-patient follow-up only. Timely assessment and access to follow-up services are unlikely to be available, given the inadequacy of current Child Psychiatry Services.

1.4 In Ireland, any child (up to their 18th birthday) currently may present to an Emergency Department where children and adults are cared for. In the Dublin area, whilst the majority present to Paediatric Emergency Departments, adult Emergency Departments are faced with children from their 14th birthday onwards. In Ireland, currently, there are no consistent pathways of care for children requiring emergency psychiatric assessment during either the normal working week but particularly out-of-hours and at weekends. The IAEM demands that the HSE acts immediately to ensure that a consistent, timely and equitable service becomes available to all children.

1.5 The Act requires that if a patient aged 16-18 is recommended for admission under the act, but parental consent is unavailable or refused, application to the next District Court is required. It is not appropriate that such a patient waits in an Emergency Department until the court sits. The HSE must provide appropriate accommodation for this group of patients.

2. Adult Psychiatric Services

2.1 In adult cases, an Authorised Officer of the HSE may be called upon to sign form 4. At present Authorised Officers are only available from Monday to Friday between 9am and 5pm. This is unacceptable. This service must be available 24 hours a day seven days a week.

2.2 Issues relating to the role of General Practitioners in the implementation of the Act need to be resolved. It is likely that Emergency Department staff will face ongoing and increasing difficulty trying to access general medical practitioners to participate in the process of involuntary admission.

2.3 The Act directs that a patient should be conveyed to an Approved Centre once an application and a recommendation have been made. **Emergency Departments are not Approved Centres.** Therefore, dedicated facilities should be provided in all psychiatric units for the assessment of such patients. This would include patients brought by the Gardai or identified by their General Practitioners as needing involuntary admission. This would clearly be in the best interests of the patient. These patients should **not** be referred to Emergency Departments.

2.4 The Emergency Department is the appropriate place for the assessment of patients presenting as an emergency with undifferentiated illness, which may subsequently be found to be psychiatric in nature. However, the Royal

College of Psychiatrists and British Association for Emergency Medicine has determined standards for the facilities necessary for the assessment of psychiatric patients in Emergency Departments. Most Irish Emergency Departments do not have designated rooms or facilities that comply with such standards of best practice. This inevitably places patients and staff at considerable but avoidable risk. This deficit must also be addressed by the HSE as a matter of urgency.

2.5 Once initial Emergency Department assessment is complete and an acute psychiatric illness requiring in-patient care is identified, it is vital to the patient's well-being and ongoing psychiatric care that they be moved to a dedicated Psychiatric Unit without delay. Emergency Departments are generally overcrowded, highly-stressed environments, which are entirely inappropriate to psychiatric care. It is wrong to consider that an Emergency Department might be a "place of safety". In the absence of appropriate facilities and in the context of Emergency Department overcrowding, many contemporary Irish Emergency Departments are in fact places of high risk for such patients and the staff that care for them.

2.6 Psychiatric Liaison services to Emergency Departments must be adequately resourced. All Emergency Departments need access to teams of Psychiatrists, Psychiatric nurses and Social Workers in addition to Child and Adolescent Psychiatry Care teams to address the care needs of this patient group. Emergency Department staff should be trained in de-escalation techniques to manage disturbed patients and should be supported by specialist teams in managing patients in crisis.

2.7 The current situation whereby Psychiatric Catchment Areas do not correspond to Emergency Department Catchment areas must be addressed. Currently patients who are brought by ambulance for assessment in an Emergency Department, often have to be transferred to their Psychiatric Catchment area hospital for admission. This causes unacceptable delays, additional work in organising transfer for the medical, nursing staff and the Gardai, duplication of assessment, but most importantly, significant risk to patients and staff in transfer. Similar difficulties arise when a patient known to the Psychiatric services in one area of the country attends an Emergency Department elsewhere in the country e.g. while on holidays. The overly rigid application of Catchment areas does not contribute to good patient care.

3. Summary:

- The IAEM wishes to highlight the lack of services for all children requiring emergency psychiatric care. With the introduction of the new Mental Health Act, we need <u>immediate</u> action on the part of the HSE to provide emergency access to psychiatric care for 16 to 18 year olds.

- Emergency Adult and Child Psychiatric Care requires 24 hour seven day a week support from the HSE to provide a safe and equitable service for all patients.

- Emergency Adult and Child Psychiatry Services need appropriate specialist resources to deal effectively with the needs of patients presenting to Emergency Departments with acute psychiatric illness.

- The current situation whereby Psychiatric Catchment Areas do not correspond to Emergency Department Catchment areas must be urgently resolved.

- Adequate facilities for the safe assessment of adult and child patients presenting to Emergency Departments with acute psychiatric illness are required immediately in all Emergency Departments. It is the responsibility of the HSE to provide these facilities.

4. References:

- Mental Health Act, 2001

- Code of Practice Relating to Admission of Children under the Mental Health Act 2001 Reference Number: COP-S33(3)/01/2006

- Second Report of the Working Group on Child and Adolescent Psychiatric Services, 2003.

- Report of the Health Service Executive Service Forum on child and Adolescent Psychiatric In-patient Capacity, September 2006.

- Psychiatric Services to Accident & Emergency Departments, Royal College of Psychiatrists & British Association for Emergency Medicine, 2004.