

SWLStG Mental Health Emergency Service

S ummary	<p>The Trust has established an emergency service for patients with primary mental health problems who would otherwise have had to go to A&E. This is a short-term response to Covid-19.</p> <p>It is hoped to begin accepting patients to the new MHES from 1pm on Monday 30th March 2020.</p>
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W ho is the service for?	<p>The MHES will accept patients of all ages, including children.</p> <p>The potential client group is made up of people <u>presenting in crisis</u> who have a wide range of mental health problems, ranging from serious mental illness to psychological difficulties in the context of physical illness. Examples include:</p> <ul style="list-style-type: none">▪ Psychotic illnesses, including schizophrenia and delusional disorder;▪ Bipolar affective disorder;▪ Depressive disorders;▪ Anxiety-related disorders;▪ Adjustment disorders;▪ Medically unexplained symptoms, including somatoform, health anxiety and dissociative-conversion disorders;▪ Eating disorders;▪ Perinatal mental illness▪ Personality disorders;▪ Abnormal psychological reactions to physical illness;▪ Self-harm;▪ Alcohol and substance misuse;▪ Organic mental disorders, including delirium, dementia and consequences of brain injury;▪ Behavioural problems related to mental illness; and▪ Factitious disorder. <p>Patients must not need urgent healthcare for serious medical conditions that the MHES would be unable to manage: these patients must be treated in the acute hospital first, and then transferred to the MHES when safe to do so. See below for the comorbid medical conditions that the MHES can manage independently (in some cases with advice from acute hospital colleagues).</p> <p>This is not a service for routine referrals – they will go to the relevant Single Point of Access in the Trust as at present.</p>
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<p>Referral route</p>	<p>Patients cannot self-present at the MHES. They must first be screened in one of two ways (chiefly to ensure they do not have an urgent serious medical condition that the MHES would be unable to treat):</p> <ol style="list-style-type: none"> 1. If the London Ambulance Service or NHS111 is involved, they can screen the patient according to their joint protocol agreed with SWLStG, and call the MHES, then convey the patient there; 2. In all other cases, the patient, family/friends or other agency (e.g. police) must first call the Trust's 24-hour screening line, and answer brief screening questions to confirm that the patient can safely be treated at the MHES. The screening line (MHSL) number will be communicated shortly. <p>Colleagues at acute hospital EDs are invited to change their processes and signage so that any patients presenting to A&E with primary mental health issues and no urgent serious medical condition are directed not to enter the ED, but to telephone the 24-hour screening line (MHSL) instead, and then to attend the MHES if advised to do so.</p>
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<p>Medical conditions that the MHES can safely assess</p>	<p>From the first day of opening, the MHES will be able to assess patients with the following comorbid medical conditions occurring alongside mental health issues:</p> <ul style="list-style-type: none"> • Lacerations/cuts that only require steristrips • Ligature injuries except those resulting from suspension/hanging • Minor overdoses not requiring NAC/activated charcoal etc. • Intoxication, provided the patient can weight-bear and has no head injury • Asthma, unless severe • COPD or other respiratory conditions, unless severe or requiring oxygen • Dehydration not requiring intravenous fluids • Infections treatable with oral antibiotics • Covid-19, meeting acute hospital criteria for discharge • Mild oversedation • Mild non-cardiac chest pain • Mild clozapine-induced neutropenia (but not agranulocytosis) <p>Once additional staff training has been completed, it aims to be able to manage the following range of conditions:</p> <ul style="list-style-type: none"> • Lacerations requiring suturing • Overdoses requiring NAC/activated charcoal etc. • Dehydration requiring intravenous fluids • Lithium or clozapine toxicity, unless severe (e.g. requiring haemodialysis) • Intermittent seizures (i.e. not status epilepticus)
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More severe conditions will still require initial treatment in A&E. Examples of those that **will not be accepted** by MHES following screening include:

- Head injury (other than minor cuts/abrasions)
- Neuroleptic malignant syndrome
- Stroke/CVA
- Elderly patients who have fallen
- Cardiac arrest
- Respiratory depression
- Hyperglycaemia/Diabetic ketoacidosis
- Wernicke's encephalopathy
- Agranulocytosis
- Anaphylaxis

