

## **Mental Health Liaison Team (RAID Team), A&E Royal London**

### **Enter and View Report**

**Service:** Mental Health Liaison Team (RAID), A&E Royal London

**Provider:** East London Foundation Trust

**Date / Time:** 26<sup>th</sup> July 2016 / 10.00am -12.00pm & Monday 5<sup>th</sup> September 2015, 10-11am

**Healthwatch Tower Hamlets Members:** Claudette Brandon, Iain MacLeod, Ana Figueroa

**Healthwatch Tower Hamlets Staff:** Shamsur Choudhury

**Lead provider contacts for the visit:** Melanie King (Service Manager)

**Address:** RAID Service, A&E, Royal London Hospital, Whitechapel Road, London E1 1BB

### **Purpose of Visit (Background)**

A member of Mental Health Task Group spoke about an experience they had with a friend whilst visiting the RAID service at A&E (Royal London), they had concerns that a monitor (which was placed near a reception desk) displayed recordings of the RAID assessment room and that this monitor is viewable by other patients, she felt that this was an intrusion of privacy to the person sitting in the assessment room. The Task Group member also expressed concerns that the waiting times were long and that the waiting room environment was not conducive to people in mental health crisis. The majority of the Task Group members were unaware of this service and became interested in finding out more, they therefore requested that Healthwatch gather information on this service, undertake an Enter and View visit the service to make observations of the monitor and to gather patient feedback.

The RAID Team undertakes various functions (see attached flow chart on page 7) and the specific focus of this visit was the A&E service based at the Royal London Hospital.

### **Information on the service**

The RAID/Mental Health Liaison service is a team of doctors, nurses and therapists who specialise in the assessment, treatment and management of mental health problems including crisis, anxiety, depression, dementia, memory or existing mental health difficulties. They assess people who come to the emergency department of Royal London Hospital or who are a patient on the wards (Mile End & Royal London & St Bartholomew's Hospitals) who have a physical health problem and who may need additional support due to a mental health difficulty.

The RAID team also manages the Tower Hamlets Crisis Telephone line.

**Outpatient Clinic:** The RAID Team also run a nurse led Outpatient Clinic every Monday from 09:30 to 12pm. This Outpatients Clinic is used for following up on patients after the A&E discharge process to ensure that patients are getting the necessary support to help overcome the issues that resulted in their crisis. They also provide a specialist medically unexplained symptoms clinic, psychodermatology clinic and frequent attenders service.

*Refer to Raid Service Flow Chart for an overall role of the RAID Team (Page 7)*

## Representatives Observations

- The monitors (2) that displays and record camera images of the assessment rooms was still in the same position (near the reception area, facing forward) and can be seen by people/patient passing by (members feel that this is an intrusion of privacy).
- The toilet in the assessment room was not very clean.
- Inside the assessment room, one of the doors 'rattled', representative feel this could be very annoying for somebody that is going through a crisis.
- Waiting area is not ideal for people in mental health crisis.

## Patient Feedback – Outpatient Clinic (Monday 5<sup>th</sup> September 2015, 10-11am)

On the day of the visit to the RAID service (A&E) representatives did not gather any patient feedback as they felt that it was inappropriate to speak to people in crisis, however they did think that acquiring feedback was important as they wanted to find out people's experience of using the service. During representative's discussion with service managers, there was a mention of an Outpatients Clinics, which was used for following up on patients after the discharge process to ensure that patients are getting the necessary support required to get better. Representatives agreed that visiting the Outpatient Clinic would be best option to gather some feedback and therefore necessary arrangement was made for this to happen.

### Patient 1

*The ambulance brought me to A&E, I had become suicidal on that day (a week ago) and started drinking and was also stabbed myself (not deeply, just a cut), my husband called the ambulance after finding me unconscious...I later found out that police arrested him as they thought he stabbed me...when I arrived at A&E I was still unconscious, they did x-rays and did the necessary checks, they took good care of me...they kept me in a cubicle at A&E, whilst waiting there, a mental health doctor came to me see (RAID staff), they were very nice, they spoke to me about how I was feeling and spoke about the different options available to me such as Psychological Therapy, Medication, Talking Therapy...I said I was not up to making a decision at that moment as I was still feeling unwell...the A&E team transferred me to another ward at the hospital, I think it was 11F (I was there a further two days)...The next day the RAID staff (a nurse and doctor) came and visited me again at the ward to review how I was and how they could help me....at this moment I had realised what I had done and I felt sorry as I had hurt my family through my actions. The RAID team was very helpful, they made an appointment for me to see my GP (gave me a letter) and also referred me for Talking Therapies in Waltham Forest, they also gave my details to Waltham Forest Crisis Team. The Waltham Forest Crisis Team have also been very helpful; they rang me twice when I was home to see how I was getting along.... The doctor prescribed me medicine, but I refused it take it due to the possible side effects.*

*Throughout this experience the RAID team have been very professional, I received a lot of support from them...I am very happy that the support was organised straight away and I did not feel like I was on my own, the nurse from the RAID team also called me when I went home to see how I was...I was also glad that they shared information very quickly and ensured that local professionals in Waltham Forest was in touch with me. I feel I received the best care I can get. The aftercare from the RAID team is also very good, today I came to see a nurse for a follow up appointment (Outpatient Clinic), they asked how I was, how I have coping and if they could help*

*me further...he said I can call him anytime if I want... I think it's important to see someone face to face, it provides reassurance and a feeling that people are making sure that you are ok.*

*I feel that I have been directed to get the right support, I am now waiting to go the Talking Therapies sessions (maybe 6-8 sessions) ...*

*I was in the situation I was in due to the pressures of life, working long hours, lack of social life. There was no time for myself and it got to me...I feel when people feel this way it is important for them to be able to talk to someone...maybe talking to someone would have stopped me from falling into a crisis situation...it's important that they promote services or telephone to talk to people about your feelings...talking to someone can help a lot.*

Female/ 28/ Romanian

## **Patient 2**

*I came to A&E two days ago (Saturday), I was feeling suicidal...I did not know where to get help for the way I was feeling and just came to A&E, I did not know that a specialist team was based there, it was random...when I first approached the receptionist at A&E, I just told her how I was feeling, she did not ask too many questions.... I went to see a nurse/ doctor initially, they checked me out and took us to another waiting room, they did not inform me who I was going to see and how long I would wait for, I had no idea that I would be seeing someone from the RAID team...also no one from the RAID team spoke to me whilst I was waiting. The waiting room was not ideal...we heard nurses joking and laughing and also mimicking a Chinese lady, they were very disrespectful, very rude and misbehaving...we did not want to be there...the environment of A&E and Barts staff made me feel fidgety and anxious...*

*After waiting for an hour, Paul (RAID Nurse) came up to us to introduce himself and role of the RAID team, he was very informative...he took me to an assessment room, the room seemed calming especially after coming from a busy A&E waiting area...Paul listened and he seemed very interested, he went in-depth about discussing what could have triggered me to feeling this way, he was trying to find out the causes...he seemed very professional, seemed to care, he made me feel comfortable...talking to him made me feel better and to think about solutions to overcoming my feelings. Paul spoke about a plan to help me and then he got another doctor to speak to me about the plans...they felt that I should be on medication and prescribed me medication on a short term basis until I saw my GP...I have been taking this medication but it has not helped (told Paul about this today), I am still having problems sleeping and having panic attacks...*

*The RAID team has been great, they seem to care about you and they listen...the appointment today was very helpful, we spoke about the medication that was given at A&E and he offered to give me something different for the short term...today he has also made an appointment for me to see my GP to review medication for this Wednesday, I am surprised he managed to get me an appointment so quickly, usually it is very difficult to get an appointment at Harford Health Centre... I am very thankful for that!! Paul has also referred me to the Crisis Intervention Team, I will wait for their call and see how they can help, I think they will offer me counselling session/ talking therapy sessions.*

*I are very happy with the RAID service; I know what is going to happen to help me get better...they are top notch service and definitely a lifesaving service.*

*In terms of improving the service:*

- 1. At A&E it would be useful for us to be told who you will be seeing and how long you would have to wait.*
- 2. It would be helpful if someone from the RAID team speak to patients whilst waiting at A&E to let them know how long they would have to wait and to give information on the service.*
- 3. The A&E waiting area was not appropriate, especially with all the on goings of staff, it was like a social gathering for them and it made me feel uncomfortable. Their behaviour was shocking!!*
- 4. We did not know about this service, they should inform people about this service...I went to A&E on the off chance I would get help as it was an emergency, I did not think that such a service existed...if people knew about it, then it would potentially help a lot more people in crisis.*

*I think if I had the opportunity to talk to people beforehand then maybe I would not be in the position I found myself on Saturday...it's very important to provide opportunities to talk to people when in crisis or feeling down.*

Female/ 20's /Bangladeshi

### **Summary** (based on patient & representative feedback and observations)

- Overall the RAID service seems like an extremely invaluable service, the two patients that gave feedback though the service was 'lifesaving' as they felt it made a significant difference to helping them to deal with the feelings they experienced in their crisis situation.
- There was very positive feedback on the RAID staff (nurses), the patients commented that the staff are very attentive in listening, seem caring and very helpful in ensuring that they received the necessary support.
- The follow up support provided by the RAID team was also commended highly as the patients commented that the RAID team linked them up to local support mechanisms such as GPs, Crisis Intervention Team very quickly and this had made them feel like that they were getting the right help and not feeling alone in dealing with the aftermath of the crisis.
- The Outpatient Clinics is very important as it provides a good avenue to review patient support/ plans and provides reassurance to patients that they are getting the right support.
- The monitors displaying recording of the RAID assessment room is still in the same position (facing the reception area), which members feel is an intrusion of privacy.
- There is an issue of lengthy waiting times (up to 1-2 hours) to see the RAID Team once inside the A&E waiting area.
- It seems as though the 'Assistant Liaison Practitioner', who is supposedly be interacting with patients in the waiting area was not available on the day that one of the patients was waiting to be seen by the service.
- Both patients mentioned that it would have been helpful for them to speak to someone about their feelings prior to leading up to a crisis situation.

## Concerns

- Few of the members were concerned that patients had to wait for long hours in the A&E waiting room without much interaction or support from the RAID team. In response the service manager said that they are piloting a scheme where a staff member has been recruited to engage with the RAID patients in the waiting area, e.g. they go and speak to the patients and offer them tea/coffee. Members felt that this was a very positive initiative by the service, their only concern was that this initiative was a short-term scheme (finishing October 2016).
- Members feel that the A&E waiting area is not conducive for people in mental health crisis- it can get very busy and this can make patients feel more anxious.
- The 'Crisis Line' is not funded as a separate service, currently staff have to juggle seeing patients at A&E and answering the Crisis Line. If a staff member is on the phone supporting someone on the phone with a crisis, this tends to create longer waiting times for people at A&E.
- Barts staff interacting with each other (laughing, socialising, etc.) in the waiting area can make patients feel uncomfortable.

## Recommendations

- We strongly urge Barts to change the positioning of the two monitors recording the Raid Assessment Room– they should be placed on the front desks facing backward and not on the back desks facing forward. This concern needs to be highlighted by ELFT to Barts. If this cannot be resolved, we would advise RAID service managers to inform Healthwatch. Healthwatch would be happy to raise this issue with Barts senior management.
- Representatives feel that the 'Tower Hamlet Crisis Line' should be a separately funded service with dedicated staff members to man the phones, essentially this will possibly help to reduce waiting times at A&E; there will be more focussed support to help people over the phone in a crisis and staff won't have to feel that they juggling two roles and need to prioritise patients that need their support. We feel the Crisis Line can play a vital role in helping people to deal with their crisis and should be promoted more widely as a separate service, both patients we spoke with mentioned that if they had opportunities to speak to someone maybe this would have helped them deal with their situation in a different way.
- We would recommend that all Barts frontline staff working at A&E should be trained in Mental Health First Aid, this will ensure that patients arriving at A&E for mental health support will get a better experience as the frontline staff will be trained to support them with the right attitude.
- We would strongly suggest that the 'Assistant Liaison Practitioner' post becomes a permanent post; we feel this is a vital link whilst patients are waiting in A&E to be seen by the RAID staff. Also, we feel the working hours of this post should be determined by busy times for the service e.g. weekends and evenings.
- Representative would suggest that ELFT promote the A&E and Crisis line element of the service more widely in the community as not many people are aware of this service.
- Improve the waiting area experience of patients at A&E e.g. better information sharing to patients, create a more conducive environment, educate Barts staff on how their behavior can affect people in a mental health crisis.

## Questions

- Are frontline main reception staff at A&E (Barts) trained in knowing how to handle people in crisis or mental health patients?
- Once patients are assessed by Barts Staff (initial assessment), do they inform RAID patients that they will be seeing the RAID team, procedures and possible length of wait?
- How many days does the Assistant Liaison Practitioner work? Does this include weekends?

## Requested data on the Raid service

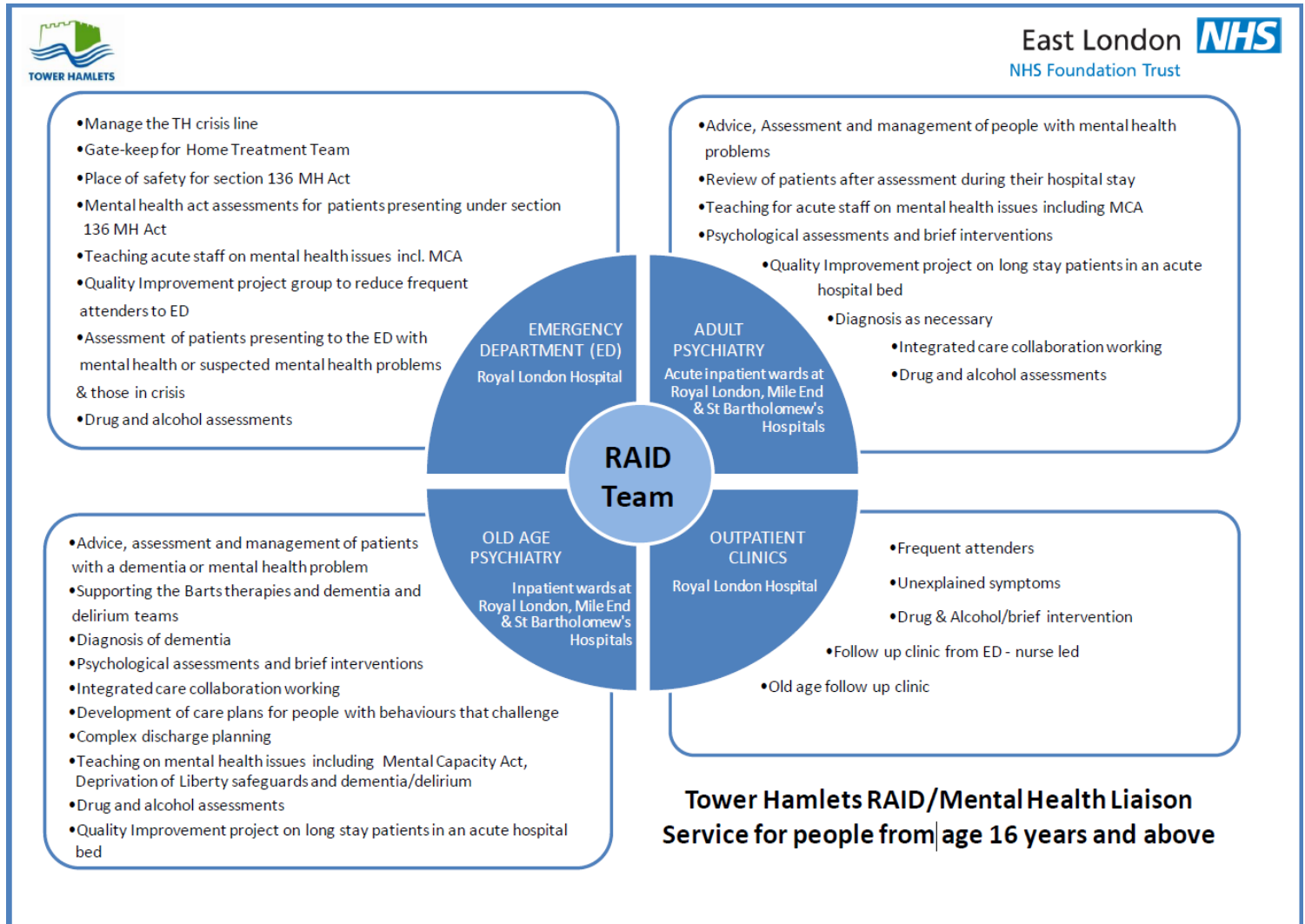
Data on number of people using the RAID service (April, May and June 2016)

	April 2016	May 2016	June 2016
ED referrals	323	319	319
Clinical Decision Unit referrals	40	37	44
Inpatient ward referrals (not including contacts as patients on wards will be seen more than once)	193	257	250
Total (excl. additional ward contacts)	656	613	613

## Tower Hamlets Crisis Line

Although the RAID team are trying to keep a log of all calls, not all calls are logged due to time constraints and staff multitasking. Also each call takes a varied amount of time e.g. from 10 minutes to 45 minutes depending on the nature of the call. the number of phone calls received to the liaison office for the month of June 2016 and the **average** number of **calls per day** are **79**. A proportion of these will be crisis calls plus calls from a wide range of other professionals and organisations.

## Overview of RAID Service (Flow Chart)



## Response from provider

### **This is a joint response from Melanie King, RAID Service Manager (ELFT) and Nina Mclean, A&E Matron (Barts Health)**

1. Are frontline main reception staff at A&E (Barts) trained in knowing how to handle people in crisis or mental health patients?
2. Once patients are assessed by Barts Staff (initial assessment), do they inform RAID patients that they will be seeing the RAID team, procedures and possible length of wait?
3. How many days does the Assistant Liaison Practitioner work? Does this include weekends?

1. Frontline main reception staff are not trained in mental health as they are not making an assessment at this point in the patient's journey through A&E. In the event a patient is in need of urgent attention for a mental health need then reception staff alert A&E clinical staff for them to deal with the issue. There are plans in place for RAID staff to provide mental health training for the clinical staff in A&E.
2. The initial assessment determines if there are any physical health problems which need investigating/resolving to make sure the patient is safe from a physical health perspective. If a mental health need is identified this is referred to the RAID team at the earliest opportunity, by A&E staff completing an electronic referral form and A&E staff discussing the referral directly with RAID staff. If the physical health problem is still being dealt with, a parallel assessment is carried out by A&E and RAID staff together. If the patient is medically cleared so has no outstanding physical health problem they are seen by the RAID team for a mental health assessment. Wherever possible patients are informed of the referral to RAID and timeframe within when they will be seen. This is completed on a case by case basis as in some instances it may not be appropriate to provide the patient with information on when they will be seen particularly when there are patients to be seen ahead of them with no certainty as to how long that assessment will take. A&E staff are implementing a 15-minute assessment target which will reduce waiting times for a physical health assessment.
3. The funding for this post has now ended as of 4<sup>th</sup> October 2016 and has not been continued as part of the resilience funding for next year. When in post the Assistant Liaison Practitioner worked one shift a day, Monday to Sunday, from 19:00 to 07:00hrs to cover the hours when staffing resources and referral activity are higher. Where there was annual leave, sick leave or study leave there was not always available cover for that day.



## **Recommendations Response from RAID Management (Melanie King- Service Manager)**

- **Tower Hamlets Crisis Line:**

I have copied Isabel into this as she has just been appointed the commissioner to manage the funding for this so may be in a position to add more than I can from the CCG perspective. The RAID staff continue to manage the 24-hour crisis line until such time an alternative, suitable arrangement is considered.

- **Barts frontline staff training:**

This would be for Barts to respond to. The RAID service provides mental health training to Barts staff although the 'mental health first aid' training is provided separately so Barts would need to take this forward.

- **Assistant Liaison Practitioner role:**

This post was funded using the resilience money from last year. I submitted a proposal to the CCG to extend the funding but this has not been granted, unfortunately.

- **Promoting the A/E crisis line service:**

As soon as the details of the funding are agreed ELFT can certainly take this forward. The RAID patient/carer leaflet does list

## **Response from Barts Management (Nina Mclean -Matron A&E Department)**

- The nursing staff will be receiving mental health training from The RAID Team, they will be organising dates for the near future. I hope this helps.