

## **Response**

Would you kindly disclose any procedure, policy, framework, escalation process or pathway for adults who present in a mental health crisis, threatening suicide, who are refusing attendance to A&E; when community based mental health services are either refusing to become involved/unable to become involved.

## **Response**

The Blue Light Pathway (policy attached) would apply to these situations. This policy is subject to an ongoing multi-agency review.

## Mental Health Assessment Team Diversion Pathway

The Wigan Mental Health Assessment Team have utilised a diversion pathway with both Greater Manchester Police and North West Ambulance Services since 2014 and extended to GMFRS in 2016.

This service offers all blue light services a direct contact with a senior mental health nurse to offer advice, support and information to our blue light colleagues.

The aim of the pathway is to divert unnecessary conveyance to A&E departments and to promote a better service user experience.

A secondary aim is to offer better communications between partnership agencies, one that enables GMP and NWAS, and GMFRS personnel (whom may be the first people on scene during a mental health crisis, but may not feel they have experience to deal with the call) to access specialist advice, particularly in out of hours situations.

For service users who are currently open to a mental health team, the referral should be passed to the team if it's within that teams open hours.

Our first line assessment is a Telephone Triage assessment which can act in most cases as an initial assessment. This usually can last approx. 45 mins and in some circumstances do not require services to remain with the service user.

If a telephone triage isn't appropriate at the time, the practitioner may offer an immediate face to face assessment or arrange an assessment the following working day.

### Confidentiality

With our blue light partners we have information sharing agreements to allow staff to share with confirmed emergency services. The senior nurse is permitted to give out to our colleagues information that is relevant and proportional to the situation presented.

This usually involves known risk to selves or others and to confirm that a person is or isn't known to mental health services, or any relevant information to assist NWAS, GMP or GMFRS to effectively manage the presenting problem.

It is expected that all information calls are identified to the nurse as a "**Bluelight share to care request**". If the practitioner has any concerns that they are not speaking to a genuine call, they must make arrangement to take the callers ID and return the call via a central contact or control room.

It is important to note that Claire House is a community base for a number of services during the day, and at night this is an isolated location with 1

practitioner and 1 nursing assistant to prevent lone working in an isolated area.

Who can be seen at Claire House under the blue light pathway?

- A referral either verbal or written must come from either a police officer, NWAS EMT grade 2 or above or an employee referring on behalf of Greater Manchester Fire and Rescue Service
- The service user consents to attend Claire House either independently, with a friend or relative or conveyed by a blue light service
- For service users who are referred via NWAS, it is expected that an intoxication screen is undertaken to establish suitability for this pathway.

### **Limitations of the service**

Due to the assessment team and blue light pathway being a community based resource for people who require or request a mental health assessment the service is limited to ensure staff and service users are not at any moderate or significant risk

Whilst the assessment can be conducted if the person has consumed alcohol or drugs, either illicit or prescribed, the referrer should consider if the level of impairment is likely to increase the risk of unpredictability, aggression or acts of self-harm. If the risk is greater than low the referral should be conveyed to A&E.

On arrival at Claire House the nurse should conduct an intoxication assessment to ensure the referral is suitable for community base.

If there are any concerns that the service user has any medical issues, including use of illicit drugs, overdose of medication, medical conditions of concern of self-harm then the referral must be conveyed to A&E and RAID team.

The staff at Claire House has no legal powers to compel a service user to attend, or if the service user is at Claire House and chooses to leave, the staff are not legally able to prevent anyone from leaving Claire House.

Due to this, service users who present with a level of aggression, a moderate or higher risk of leaving Claire House and a further attempt at harming themselves or others are not suitable for the Blue light pathway.

Due to the service consisting of only 1 nurse practitioner and 1 support worker the service capacity is 2 service users (including normal business and sec 136 referrals from the police), this consists of 1 patient with the practitioner and 1 waiting with the support worker for assessment.

### **Expected outcomes after contact with the service**

On contact with the mental health assessment team (MHAT) the following options will be available.

- Information only to assist in **blue light assessment**, the staff member can ring and quote:

**“This is a blue light pathway share to care request”**

The MHAT practitioner can then provide any known details regarding the patient (current mental health issues, risk to self or other etc)

- If available the MHAT practitioner will complete a telephone triage at point of referral and can then request the patient to attend Claire House ASAP if required or within 24 hours.
- Request an emergency referral: This will then mean that the patient will receive a telephone triage within a 4hour time frame and if after assessment it remains an emergency a face to face appointment will be offered within 24 hours.
- Following telephone triage if the referral is not deemed as an emergency the service user can be referred onto other services if required or if necessary will receive a face to face appointment within 6 weeks.
- If there is a medical need, or high levels of intoxication then the MHAT will advise to redirect to A&E.
- If no staff are available divert to A&E
- If the bluelight service is at capacity, please inform the referrer of this and then default to A&E.

**At point of referral and acceptance to MHAT, if safe to do so, emergency services are able to leave the scene, whilst triage is completed, if required to convey, MHAT will contact to assist.**

Service suspension (nights)

- 1 Mental health services at night are a night time practitioner at Claire House and a night time practitioner based in A&E (RAID), at times of sudden unplanned absence by a practitioner on either of these services and all attempts to cover this absence haven't been successful referrals will default to A&E.
- 2 Emergency mental health referral via Sec 135 or 136, this requires the nurse practitioner to attend the 136 suite at Atherleigh Park, and the support staff will usually either provide telephone responses or attend with the nurse. In this scenario, the blue light referrals will default to A&E.