YMCA DOWNSLINK GROUP

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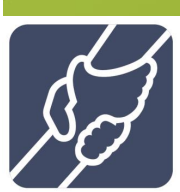
YOUNG HEALTHWATCH

A&E: young people's experiences of using accident and emergency in Brighton & Hove during a mental health crisis.

01 November 2017



YMCA RIGHT HERE

Young people promoting health and wellbeing through education, campaigning and influencing

healthwatch Brighton and Hove

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BACKGROUND

This report is the first in a series of local consultations commissioned by Healthwatch Brighton & Hove, as part of the new **Young Healthwatch** partnership with YMCA Right Here.

The issue of **young people using A&E as a place of safety for mental health emergencies** came from young people and professionals we consulted with as part of our 'Listening Labs' - another consultation exercise performed within Young Healthwatch. Our Listening Labs identified the experience of using A&E as a key issue for young people in crisis.

The Case for Change sets out a clear agenda to "improve crisis planning and crisis service commissioning to reduce confusing entry points into services and unnecessary attendances at A&E departments."
It also mentions prioritising the needs of young people in this area and improving service models to better fit with their needs.

We know from published research, that **approximately 15% of people who go to A&E have mental health problems, and that 5% of people who go to A&E are there because of mental health problems.**

We wanted to know what the experience of using A&E during a mental health crisis was like for young people (aged 16 - 25), and how this experience might be improved in the future.

Simultaneously, Healthwatch and many statutory services were looking ahead to the approaching changes to the law surrounding Section 136 of the Mental Health Act.

These changes include:

1. *Police must consult mental health professionals, if practicable, before using s136.*

2*. Police stations can NEVER be used as a place of safety for under 18's.*

3. *Police stations can only be used as a place of safety in specific "exceptional" circumstances for adults. These circumstances have been described in related regulations.*

4. *There is a reduction in period of detention from 72hrs to 24hrs with the possibility of a 12hr extension under clearly defined circumstances.*

We found the CQC report 'A Safer Place To Be' a very useful read, highlighting some of the reasons for the ongoing change in law around section 136, and some key issues that need addressing: www.cqc.org.uk/sites/default/files/20141021%20CQC_Safer Place_2014_07_FINAL%20for%20WEB.pdf

In this report and throughout our research we use the term 'place of safety', however we are not only looking at the experiences of young people being detained or assessed as part of Section 136, but at all young people who might arrive at A&E due to mental health issues. In Brighton & Hove young people are likely to be taken to The Royal Alexandra Children's Hospital (RACH) if they are under 17, or the Royal Sussex County Hospital (RSCH) if they are 17 or over. We asked about both of these services, as well as talking to young people who may not have experience of attending A&E, but who may be potential users in the future.

METHODOLOGY

In order to gather data from a wide variety of young people Young Healthwatch decided to run an **online survey targeting local 13 – 25 year olds** as potential future users of emergency services. In this survey we aimed to gauge overall awareness, expectations, and confidence in services during mental health emergencies.

Additionally we organised **a focus group for front line professionals** who see young people during mental health emergencies and are potentially part of their journey to A&E. We wanted to discuss what the key issues were on this journey, and what some of the solutions might be.

Lastly, in order to gain a richer picture of what a young persons journey through A&E might look like in these circumstances, we organised **a series of 6 interviews with local young people who had lived experience of being in A&E during a mental health crisis.**

We felt that this mixed methods approach would provide a range of important perspectives and offer ways forward that were realistic, representative, and robust.

Of the sample of young people who completed our survey and engaged with the consultation through interviews, most disclosed experience of using RSCH, however fewer disclosed having accessed A&E at RACH. Not all survey respondents chose to state which A&E they had used. For that reason our data largely evidences themes at RSCH, and we have specified where data specifically refers to RACH.

The Survey:

Our survey successfully gathered qualitative and quantitative data from a sample of 103 13 - 25 year olds across the city with a good range of ages – the average age being 18. **70% of respondents had lived experience of mental health issues, and 35% of respondents had first-hand experience of using A&E during a mental health crisis.** Through this method we identified some strong trends in the data, and our key findings can be found on the following pages.

Our questions were designed to measure several things:

1. *How aware young people were of the services currently available to them during a mental health crisis?*

2. *How happy were young people with the aforementioned services (particularly A&E) and how might they improve them?*

3. *Were there any gaps in provision that young people felt would be an important addition to existing landscape of crisis support?*

YMCA RIGHT HERE

A&E as a Place of Safety

WELCOME

Welcome to Right Here's latest survey!

We will be asking about **your thoughts and ideas** when it comes to **A&E** (accident and emergency) at the **Brighton and Sussex University Hospitals** (That's the Royal Sussex Country Hospital & Royal Alexandra Children's Hospital) - and how young people are using it as a place of safety when they have a mental health crisis. *This could be a whole range of things, from feeling suicidal to having a psychotic episode or ending up in A&E due to self harm or overdose.*

This survey is for anyone living in Brighton & Hove aged 13 - 25.

You don't have to have experience of using A&E, just your ideas and thoughts!

Thank you for taking the time to fill in our short survey. We are working with Healthwatch, and use all of the information we collect to help our local NHS improve their services for young people.

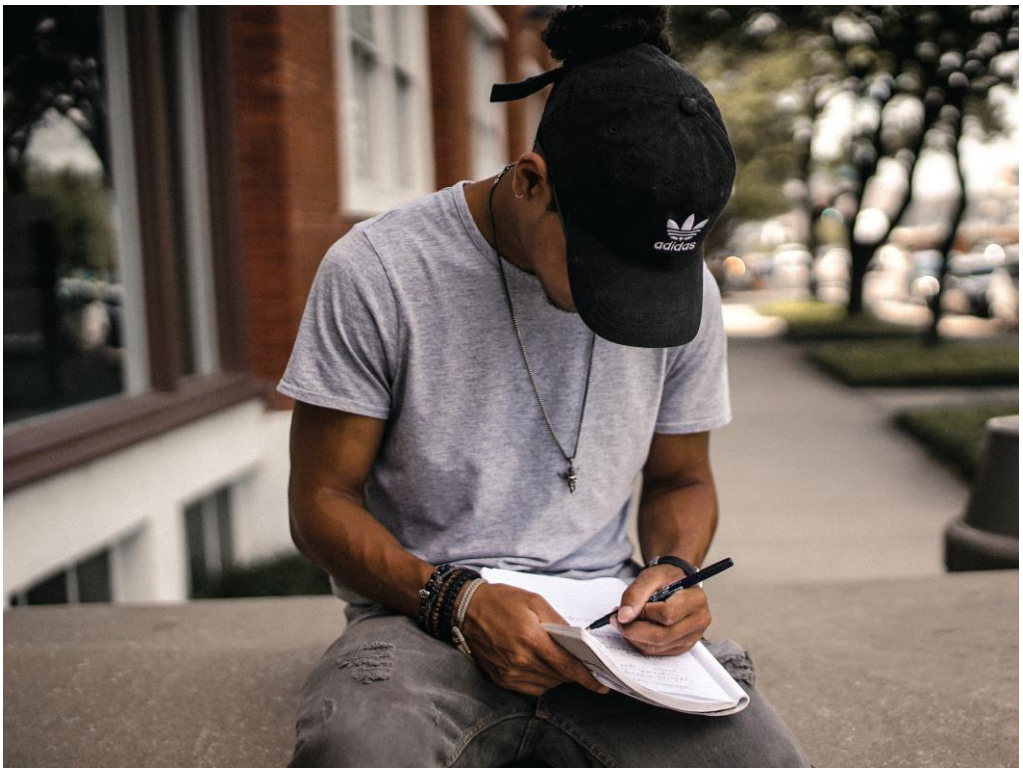
In order to enter the **prizedraw**, you need to complete the survey and enter your email address at the end.

This survey is **anonymous**, so please be honest - by doing this you are doing your bit to improve the health of young people across Brighton and Hove!

If you are looking for support with your health and wellbeing, you will find links at the end of this survey.

The Interviews:

Young Healthwatch interviewed 6 young people about their experiences with using A&E during a mental health emergency. While we had some key questions, we allowed the interviews to be informal and supportive, in order to ensure that the interviewees felt safe and comfortable throughout. This method allowed us to gain a deeper insight into patient journeys, decisions, feelings, and experiences. We invited each interviewee to share their stories with us before asking further questions such as:



- *What did you feel was good about that?*
- *What, if anything, would you have wanted to have been different?*
- *Did you think about getting support or contacting anywhere else at the time?*
- *If so, what was the reason for your choice to attend A&E?*
- *How did you feel about the care you received afterwards?*
- *What would you like the people who plan emergency support services to know?*
- *Is there anything else you would like to tell us about your time at A&E?*

The Focus Group:

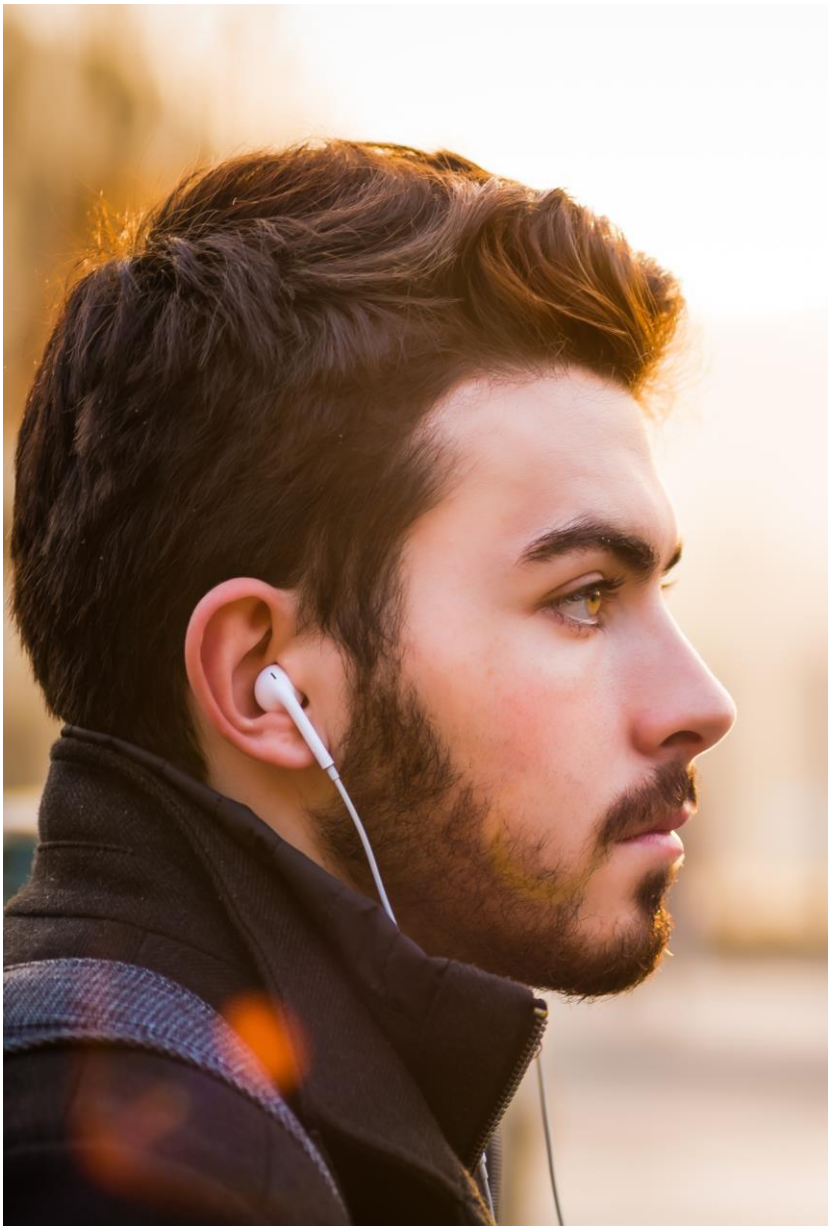
Our professional's focus group consisted of 3 emergency services personnel (SECAmb, Sussex Police), 2 A&E staff from RSCH (senior sister, practice educator), and the YMCA Safe Space project coordinator. The session lasted 2 hours, and was relatively unstructured with a series of activities to provide a framework to the discussion.

We began by asking attendees to introduce themselves, their roles, and explain what their relationship to the topic was. **All staff in attendance felt that they both contributed to, and prevented A&E visits for mental health on various occasions.**

The group was extremely engaged, and discussion soon turned to our question:
What are the key issues with patient experience, and what are some of the solutions?

KEY FINDINGS

- Of the young people with lived experience of attending A&E for a mental health crisis of their own - **only 4% contacted services themselves**. [Survey & Interviews]



- **57.5% of young people said that they 'have no idea what to expect' from A&E** if they went there during a mental health crisis. [Survey]

- Young people were most likely to contact emergency services if a friend or relative was showing signs of psychosis and behaving dangerously due to hearing voices or seeing visions (83.5%), or if they had plans to complete suicide, or were threatening to harm themselves fatally (81.5%). [Survey]

- While 73% of respondents were either 'very', 'fairly', or 'somewhat' happy with the idea of using A&E as a place of safety, all 30 of the comments provided expressed doubts about doing this. The main reasons for these doubts include; not knowing what A&E would do, long waiting times, and a chaotic environment. [Survey]

- We asked young people which services they knew were available in a mental health emergency**. Ambulance service (999) was the most well-known** (71%), followed by the Samaritans and the Police. Non-emergency lines (111/101), the Sussex Mental Health Line, and MHRRS (Mental Health Rapid Response Service) were the least well known. [Survey]

- **50% of young people identified somewhere they would have preferred to have gone to go to than A&E,** whereas 50% said that there wasn't anywhere they would rather have been seen. [Survey]

- When asked what the most important factors of a safe space are, young people told us that **staff friendliness was the most important, along with being communicated with to make sure they clearly understand what is happening and what decisions are being made about their care, and having staff who were experienced and knowledgeable around mental health.** [Survey & Interviews]

- When asked to describe better alternatives to A&E, many **described a mental health specific safe space that was calm and had experienced mental health staff present**. A number specifically mentioned YMCA Safe Space on West St, and at home. [Survey & Interviews]

- We asked young people the same question as the 'friends and family test' – 39% of young people were unlikely to recommend the A&E service, whereas 54% were likely or extremely likely to. [Survey]

- We asked young people who had used A&E in a mental health crisis to score factors such as comfort, staff friendliness, and accessibility – **staff friendliness achieved the best score, with waiting times scoring the most negatively.** [Survey & Interviews]

We asked survey respondents to tell us at what point they would contact emergency services, if a friend or relative was struggling. This was in order to ascertain whether young people had an awareness of when it might be appropriate to use emergency services over other services in the community.

ANSWER CHOICES	RESPONSES	
If they were feeling down and I was worried about them (1)	5.83%	6
If they were intoxicated and distressed or behaving erratically and I was worried for their safety (2)	63.11%	65
If they had mentioned wanting to self harm (3)	19.42%	20
If I discovered they were self harming (4)	26.21%	27
If they had mentioned feeling suicidal (5)	28.16%	29
If I was worried they were about to to seriously injure, harm, poison themselves on purpose (6)	76.70%	79
If they had mentioned hearing voices or seeing visions (7)	28.16%	29
If they had plans to go through with suicide, or were threatening to harm themselves fatally (8)	81.55%	84
If they were behaving dangerously due to hearing voices, seeing visions, or having other signs of psychosis (9)	83.50%	86
None of the above (10)	3.88%	4
If I saw them self harm in front of me (11)	56.31%	58
Total Respondents: 103		

Both the data and the comments support a trend toward being most likely to contact emergency services when mental health issues endangered others, risked serious injury, or became life threatening. However, there were a number (4%) of respondents who told us that they would not use emergency services for any of the circumstances above. Some respondents would contact emergency services if a friend was feeling down, had mentioned self-harm, or mentioned hearing voices or seeing visions.

The concern here is that while there are some avoidable calls made to emergency services, there are also young people potentially not contacting emergency services for urgent and life threatening mental health emergencies.

We gave young people the option to comment on their choice around when to contact emergency services. Below is a sample of comments that represent the most common thoughts and concerns expressed.

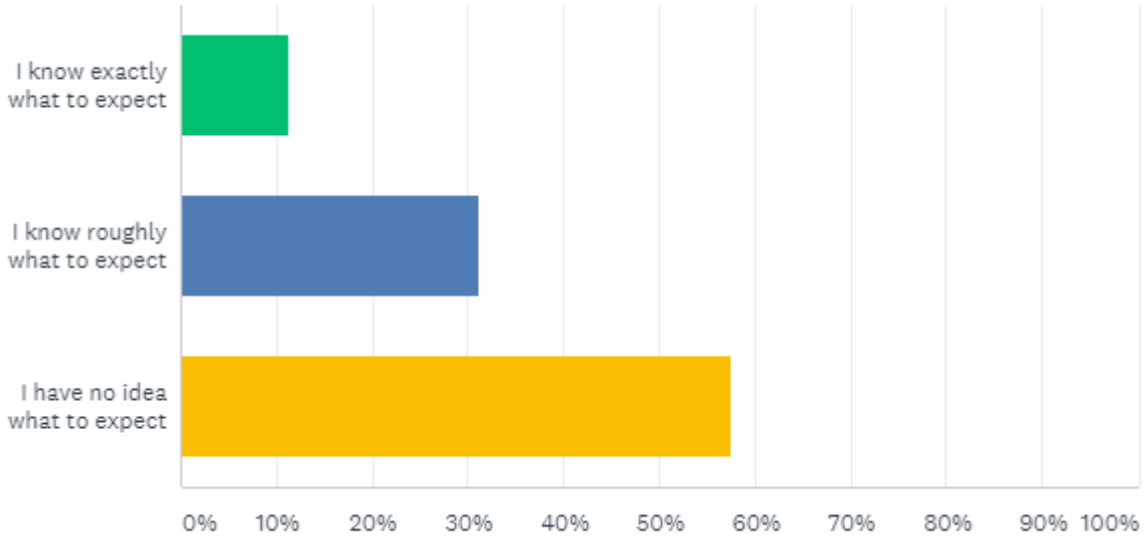
"A&E is so busy and we hear about how full it is all of the time and we are told that emergency services are reserved for literal life and death situations."

"I feel like A&E is so stretched at the moment, well the whole NHS is, and I would be judged by the doctors/staff there and be made to feel like I was existing [sp] resources when 'it really should have been a GP appointment'."

"It could just make things worse by getting more people involved."

"Emergency services can be super traumatising to a person in crisis. I would only contact them when absolutely necessary and often because I would no longer be able to care for the person."

Further to our mixed findings about when and why someone might contact emergency services, we also found that the majority **(57.5%) of young people who took our survey had 'no idea what to expect'** if they accessed A&E during a mental health crisis.



While 35% of respondents said they had lived experience of using A&E during a mental health crisis, only 11% of all respondents told us that they knew exactly what to expect when accessing A&E. This suggests that even some returning patients would be unsure.

67% of the comments following this question mentioned expecting that they would be spoken to by an on-duty nurse or doctor. This was the most common expectation, followed by being given medication (42%), medical attention for any injuries or overdoses was the next most mentioned (35%). 33% of comments also mentioned having to wait for a long time to be seen, and there were quite a few mentions of being referred to other services, or simply being discharged after a while.

While **73% of survey respondents were either 'very', 'fairly', or 'somewhat' happy with the idea of using A&E** as a place of safety, all 30 of the comments provided expressed doubts about doing this. The main reasons for these **doubts include; not knowing what A&E would do, long waiting times, and a chaotic environment.**

How happy do you feel about the idea of using A&E as a place of safety for a mental health crisis?

"It's a place known for trust and it's familiarity which is important in a mental health crisis."

"Seeing as there aren't many other places for suicidal people to go immediately to be safe, A&E is the best available option. Rapid response and assessments are good in these situations."

"I would go there if I didn't know where else to go, but since A&E isn't really talked about as a place for mental health issues as much as physical issues I would be uncertain of what to expect and therefore unsure whether it would be the right place to go."

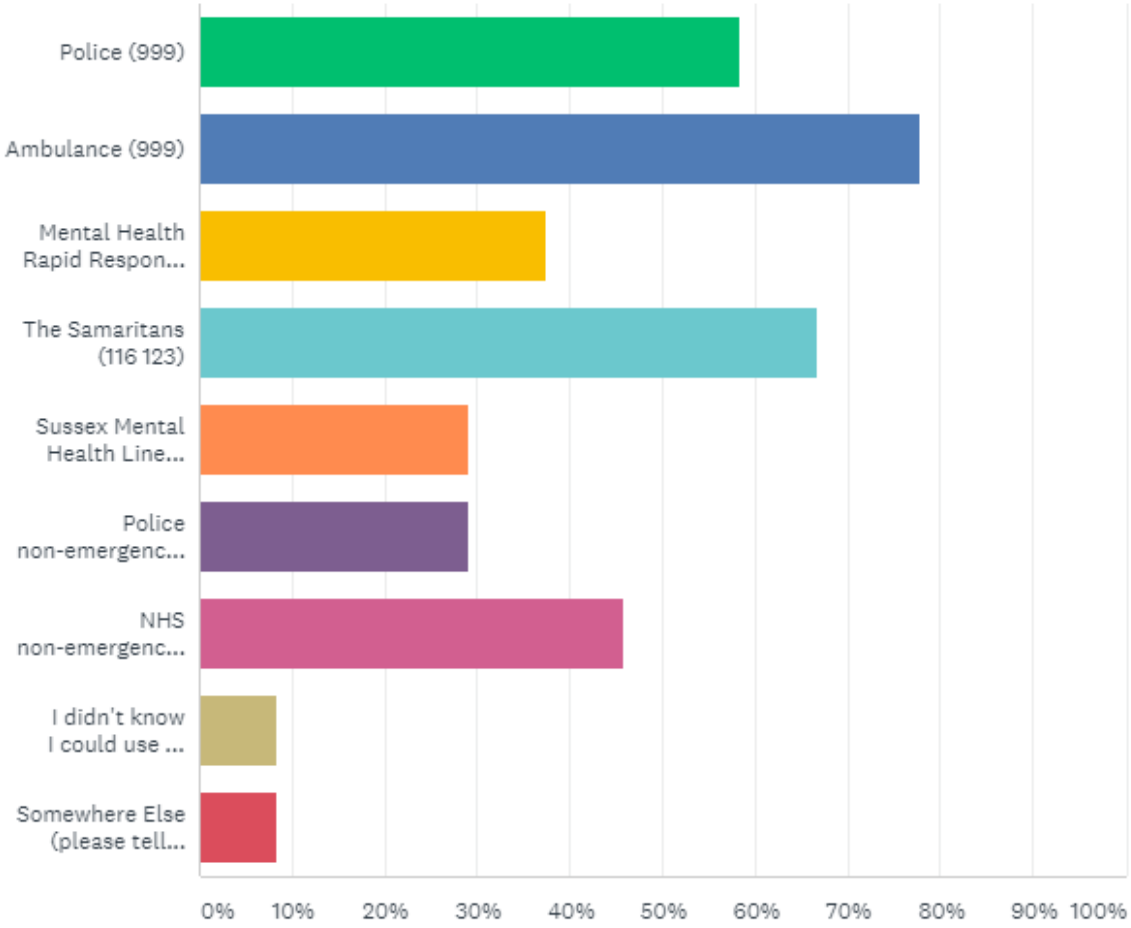
"They are unsuitable for mental health and geared up to support medical needs such as broken limbs and poorly babies."

"A&E is a very hectic place, which I feel is not beneficial for individuals experiencing a mental health crisis. A&E is also predominantly staffed with those trained in physical health, with very little knowledge of mental health difficulties. People are also often left without vital information, due to under staffing and the busy environment of A&E."

"A necessary place to be medically sometimes, although physically safe, does not feel emotionally safe, not the kindest environment."

"I feel as though A&E is the best possible place that we currently have, however if a place that was more tailored to the needs of a mental health crisis was available this would be better."

We asked young people to tell us which services they knew were available in a mental health crisis.



Ambulance service was the best known service, followed by The Samaritans and The Police. Childline and the GP were also mentioned as options.

Young people felt most confident and were most likely to access Ambulance services, and least confident and likely to contact the police, which was the only service with a net negative weighted average score.

Ambulance scored most highly, with 59% feeling very confident or confident about using them. MHRRS scored second most highly, however people commented that this was in large part to the name, and many hadn't heard of the service before.

We gave young people the option to comment on their answers around awareness of, and attitudes towards services:

"I've never heard or known of anyone contacting the police during a mental health crisis, so I would never have thought of it as an option. I have no idea what the police would do in the situation, unless the situation involves someone trying to hurt others or themselves. I would feel most confident contacting an ambulance or mental health rapid response service, but the later I actually know nothing of, but from the name it seems like a good option."

"I have used these services and they ALL just say go to A&E if you don't feel safe. 111 service were terrible and accused my parents of being unsupportive."

"Past experience for both me and friends. Samaritans are always there and they are helpful, but they are limited in that they cannot prescribe treatment (obviously). Ambulance and Police fairly good response but due to current financial constraints my faith in these services has dwindled a bit, simply because they can't always get there, especially the police. I've never used the mental health rapid response team for myself or anyone, I imagine they're good at what they do, however I do know their numbers are limited, so if you have a couple of people in crisis at the same time, they might not get to you. I have very little confidence in 111."

"The Ambulance service & NHS non-emergency just seem like go-to services, and I see a lot of adverts for the Samaritans - they always seem to say to get in touch whenever you need help. I wouldn't feel confident contacting police because firstly I'm not convinced that they would be the relevant service (when compared to ambulance) but also even if they were, I don't believe that they would have necessary skills or training to know how to properly deal with someone with suffering a mental health crisis."

"The MHRRS service have been very cold over the phone and very unhelpful. I'm not sure what that service is actually meant to do. I would expect the police to be hostile and the ambulance to either not turn up or take a very very long time. The Samaritans can only listen and can not take action to keep someone safe in a crisis."

What, if anything would you like to be different about the services on offer for people in crisis?

"More information and "advertisement" that these services can help you in a mental health crisis, and perhaps how they can help you."

"More validation and respect, not feeling as though I am wasting their time."

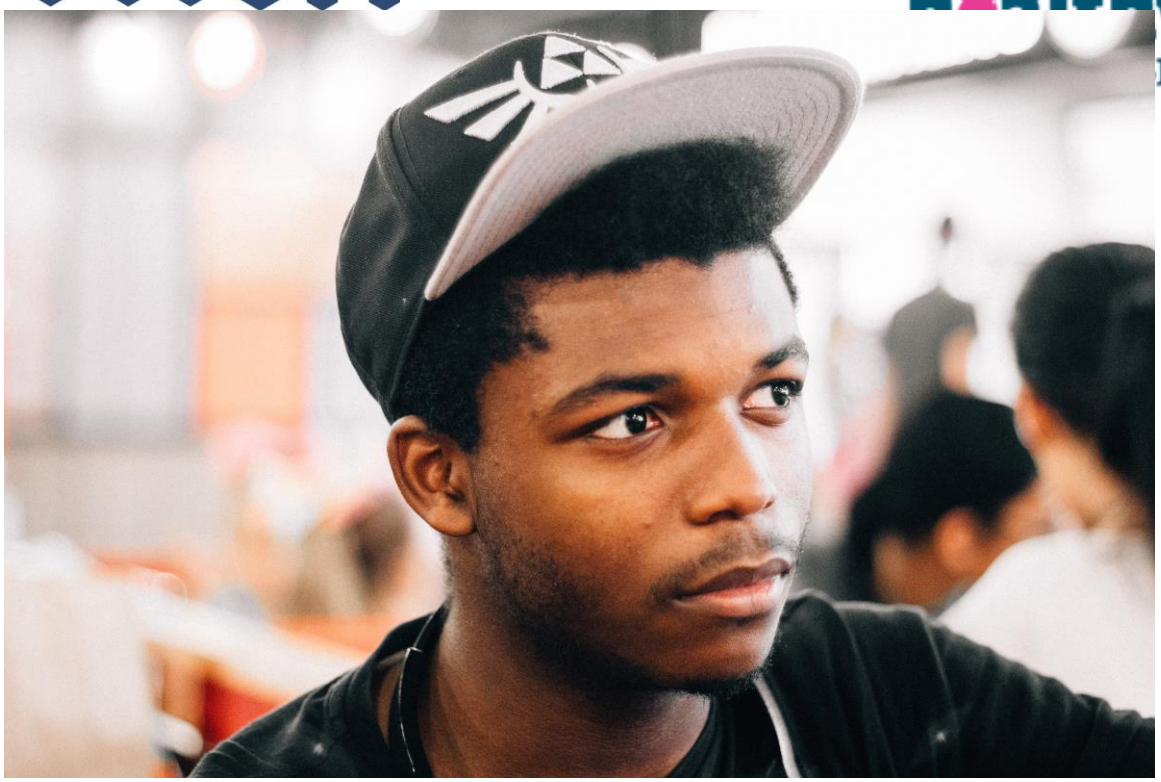
"Alternate place of safety in a more appropriate environment - maybe at Milliew, or Brighton station health centre or even the fracture clinic used by out of hours GPs?"
"Somewhere safe to be - a place that is calm and quiet, available at all hours with someone there."

*"There needs to be more resources available to address the rise in mental health users. Also a designated safe space is ideal, you can't imagine the perceived 'stigma' people feel when they're taking up a space in A&E, already feeling s**t about themselves, and they're surrounded by people with 'normal' injuries, i.e injuries that are visible. "*

"Some services take a while to respond and start helping, so maybe get more staff to help out."

"Less scary!!! More accessible, a quicker response, More promotion on what they are there for. They need to be less patronising and more approachable."

"To show more advertisement and have more awareness so you have more ideas of who to call."



"A bigger, better, mental health team for people who use A&E as a place of safety, with the wider A&E multi-disciplinary team members receiving more training/experience with mental health."

"Able to have somewhere separate in A&E for mental health to wait... with a bed if the wait is long... away from drunk or loud people. Somewhere "safe" and relaxing."

"Less of a stigma, and the stress that you're being annoying. Also guidelines on what a mental crisis could look like."

"How well-known they are to those in crisis, and exactly how they would help. Also, make it clear there is no judgement, consequences, intense questioning, etc. that might make someone anxious to use these services."

"Not sure. I really feel like there needs to be something more specialised and available for mental health crises. MHRRS are useless and never answer the phone and often don't take people seriously."

Can you think of any better alternatives to using A&E as a place of safety in a mental health crisis?

"I would personally think it would be important to come to a nice, homely environment that feels safe, but I don't know if such a place exists."

"Would be better if someone could come to you, or could go to somewhere more relaxing whilst waiting."

"University - could housing services provide somewhere safe for students in crisis? Millview - maybe there could be a space made there for a place of safety?"

"Cafe type situation with trained counsellors."

"Simply build a specialised area, nearby or within the existing A&E (to account for those who will inevitably turn up there anyway), where it is staffed with mental health trained professionals, has a calming and supportive environment. Every other acute specialty has a dedicated ward within the Royal Sussex, except mental health."

"I think a new type of A&E specifically for these crisis would be brilliant- where staff are prepared to not rush and be manic trying to stop someone vomiting or bleeding all over the floor. If it was calm and private and safe then people would go knowing they could be safe and get support. But people may become too reliant which might be an issue."

"Maybe home, so if an ambulance is called and first seen by paramedics, instead of being brought into hospital maybe having a crisis team the ambulance staff can bring to the patient."

"Safe Space on West Street."

What features do you think are most important when it comes to a 'place of safety'?

1. How friendly the staff are
2. Being communicated with to make sure you clearly understand what is happening, and what decisions are being made
3. How much the staff know about mental health
4. How easy the place is to contact, find, and get to
5. Whether the place is open late at night
6. How the environment makes you feel (warm, calm, quiet, colourful, etc.)
7. How long you have to wait to be seen
8. How much support you get from them after your visit
9. How involved you are in making choices about your care
10. How comfortable it is (comfy places to sit or relax)
11. How busy the area is
12. Whether the service involves your friends and family in thinking about your care

[Ranked from most important to least important]

The Interviews

35% (36) of our survey sample said they had lived experience of using A&E during a mental health crisis. Within the survey, we asked them some further questions about their experience, and organised interviews over the phone, email, Skype, and in person.

Of the 36, 6 **young people agreed to a formal interview**, while another 17 gave us further information anonymously online.

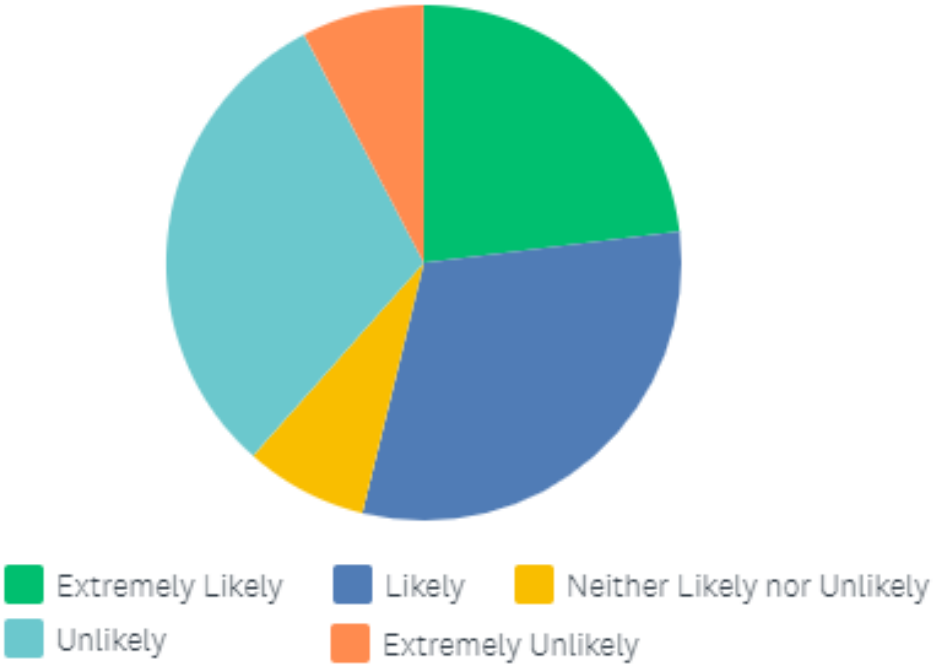
Our sample was broad, with ages ranging from 17 to 25. We felt that it was important to be **flexible about the interview format** to ensure that young people felt safe as participants, patients, and people with lived experience that might be distressing to share.

We would like to thank the unnamed participants who shared their stories and gave their time to inform this research.

We asked all 36 young people with lived experience of using A&E during a mental health crisis the same question as the NHS 'friends and family test'.

"Thinking about your experience with using A&E as a place of safety during a mental health crisis, how likely are you to recommend the service to friends or family if they were in a similar situation?"

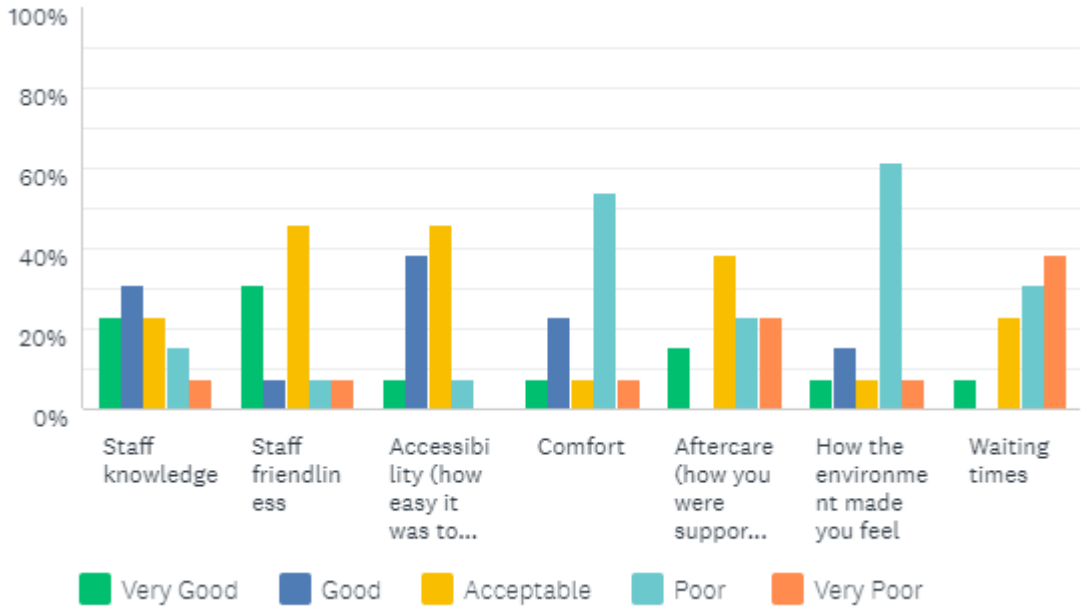
Overall, 39% of young people were unlikely to recommend the local A&E services, whereas 54% were likely or extremely likely. Of patients who had used the Royal Alexandra Children's Hospital, 56% were likely or very likely to recommend the A&E service, however a greater number (55%) would have preferred to go elsewhere.



This suggests that despite a better overall A&E experience, children and young people accessing both RACH and RSCH still feel there are more appropriate places to be seen.

1/3 of respondents would be likely to recommend as they feel there was 'no other choice' during a mental health crisis. 1/3 of respondents would be unlikely to recommend as they felt A&E was not 'set up' for mental health emergencies.

We also asked young people who had used A&E in a mental health crisis to score factors such as comfort, staff friendliness, and accessibility.



Staff knowledge and staff friendliness achieved the best average score, followed by accessibility. **Waiting times scored the lowest** by a significant margin, followed by how the environment made young people feel.

Overall, of the young people we spoke to who had used A&E for a mental health emergency, 54% would have preferred to go elsewhere. Throughout our research two places emerged across the board as preferred environments to be triaged, assessed, or supported. These were at home, and in a specialist mental health area.

Jayden's Story (17)

What's your story?

"I've been admitted to A&E a few times for suicide attempts, starting from when I was about 15 and going to the Children's hospital, where I was told that I was too young to be 'professionally seen by a mental health specialist'. When I turned 16, I was too old to be seen by the Children's, so they sent me to the general A&E. Here I was told I was too young to be treated by the mental health team. My most recent experience, I was taken to A&E via ambulance service, and through the whole journey I was told how silly I was to have done what I did, as well as how I "couldn't really want to die, I'm too young". Finally arriving at A&E, I was seen and treated within 2 hours, and once deemed fit, I was sent home without any checks or follow ups."

What were the good things that happened (if any)?

I encountered a very sweet doctor who checked my obs every half an hour for my time there, who was very sweet and understanding, and stayed with me when I told him I was afraid to be alone.

What were the bad, or not so good things that happened (if any)?

Not being seen by the right people, not having any follow ups or giving me somewhere to go to or someone to talk to (besides crisis lines who I've had bad experiences with in my past - again due to being "too young" to have any mental health difficulties).

What do you think would have made your visit better?

Being seen by someone who knows how to handle sensitive issues and emotionally fragile patients. Also, not being told that I "didn't really want to die" 30 minutes after trying to end my own life.

Can you remember why you chose to visit A&E over any other services?

It was an emergency, and I needed to be seen by medical professionals. There also isn't anywhere else for situations like this, and is where I've always been told to go when I feel I am a risk to myself.

Did you think about getting support anywhere else at this time?

No. I have however used other services such as MHRRS, which also left me on hold for 3 hours after telling them I was planning on ending my life that night.

After you left A&E were you satisfied with the support or care you got going forwards?

Not really. I ended up going to my doctors and basically begged for help, and got referred to something called STEPPS which really helped me.

This piece of research is all about improving young people's experiences of A&E and other services they might use during a mental health emergency.
Is there anything else you would like to add?

Never stop going to your doctor until you're satisfied with the treatment you're offered. If it's not right, don't wait it out and risk relapsing.

Rob's Story (21)

What's your story?

"I went in [to A&E] once. During my darker periods my parents kept trying to talk me into going but I thought that it just meant you get instantly sectioned. I didn't want to go and when the paramedics turned up I wasn't expecting it. They weren't horrible or anything but they were really stern and talked down to me, I felt. Made me feel bad saying 'look at your poor parents'. Just made me want to top myself even more in honesty. Once I got there the lady was well nice. I think if I'd had to sit in the main waiting room then, well I just couldn't of done that. I just couldn't. I did end up seeing a service that helped with feeling paranoid and suicidal. The experience itself is never going to be a pleasant one is it? If anything, I just think emergency services are too stressed out, too stressed out to be what you need when you're in that frame of mind."

What were the good things that happened (if any)?

People were good and in the end I got the help I needed, I suppose you could call it a successful treatment. The lady - I don't know if it was a nurse or doctor - that I saw, she was great, I was just so aggravated and she just calmed me right down. I was really angry with my parents for calling and thought I was going to be admitted to Millview but she explained that wasn't always what happened and kind of reasoned with me to think why my parents called 999 in the first place.

What were the bad, or not so good things that happened (if any)?

"Everyone was proper in a rush and I was already angry with my parents and I was just left to my own devices for ages, Like, why am I even here, what was the point in them getting them to bring me here? I felt like I could just be sitting at home not in here next to a car crash victim or whatever. It didn't help but I suppose it was the step towards a referral. "

What do you think would have made your visit better?

"Couldn't they just have come to me? The time it took and all the staff involved along the way, surely it isn't that much harder to bring a mental health worker to you at home. I'm on my sofa, i've got my cigarettes, i'm not in with a bunch of other people all stressed out. Then it's actually space to think and you can make better decisions when you are in your own space. When I got home it was a mess, my room was a mess, it felt like I was returning to the bad place where it all started, instead of the place where I had made positive choices and got help."

Did you think about getting support anywhere else at this time?

"I just felt like there was nothing for me, i'd had counselling before but I felt like being a guy and not being good at talking, back then anyway, I just thought being paranoid and having these ideas, there wasn't really anything for that specifically. Talking about my feelings wasn't going to help really and I didn't see the GP as a place for that stuff either. No I guess not. "

After you left A&E were you satisfied with the support or care you got going forwards?

"I didn't get support going forwards from anyone I saw on that day. It would be nice to connect with the same person or people but I went via my GP, got referred in and that was that. It was just one day and nothing came from it directly really if you think about it."

The Focus Group

We began our focus group by asking all participants to introduce themselves and their relationship to the topic. We established that all services, (Police, Ambulance, YMCA Safe Space) had played a role in both preventing A&E visits, as well as contributing to them.

Our first activity required participants to write the issues, barriers, and shortcomings of young people's patient journeys (that included A&E for mental health reasons) on red apples.

We discussed each red apple in turn in order to allow the whole group to contribute and have a dialogue around these issues. Lastly, we asked participants to add leaves to the apples - with solution focused suggestions as to what some of the answers might be to improving the patient journey.

"[SECAmb] get 2 days mandatory training a year, and I deliver all of it, and the topics can be slightly irrelevant. What we need to do is mental health, what we need to do is maternity, what we need to do is trauma, what we need to do is cardiac arrest. But no, I'm teaching staff how to make a delayed conveyance."

"There was a study done in 2015, and the two groups of professionals that came out best for mental health were the police and the ambulance. Because we'd arrive on scene, chat to them for an hour, they calm down. A lot of them don't need to go at that point. We're having a lot of conversations about not taking mental health patients to the hospital at the moment. Because we hang out and chat to them, we're a victim of our own success. They stop calling the mental health team and they call us [Ambulance]."

"I hate to use this terminology, but A&E tends to be used as a dumping ground. I feel that if we could give paramedics more training on a few small topics – we could avoid A&E a lot more."

"It's difficult for young people who go from the relative calm and quiet atmosphere at the Royal Alex to the chaos of the county A&E."

"As soon as they're 17 they bat them back to us, even if they're being seen by the paediatric mental health team in the community. We could put them in a quiet room but we don't have the staff to supervise 1 to 1 with them."

"From an ambulance point of view, during the day 9-5, if we feel we could safely let them do so we tell them to speak to their GP. Speaking to Millview, from my experience, has been pretty pointless. You speak to them, and most of the time they'll say, 'just take them to A&E."

Red Apples: What Issues Did Professionals Identify?

"From experience, when you take young people in they freak out a bit, because it's not the right place for them to be and there's lots of other stuff happening. It's that environmental thing, it is overrun, it is overwhelming. Other patients get really freaked out just by our [the police] presence, and you get drunk people, violent people, people who've come from West Street and had a fight, and distressed people, and it's not nice for them [the mental health patient], if they are in an emotional state and not thinking clearly and need help, to witness that. It could impact them emotionally more and damage them more."

"When you ask 'who would always take a mental health patient to hospital?', most of them [paramedics] will say yes. But, all of them would then agree, it's probably the most inappropriate place for them. It's because we don't know where to take them, we don't know what to do."

"Say you put a mental health patient in the visible cubicles because you're worried about them, but unfortunately those cubicles are also the ones that have the sickest patients in them, so they don't have time to deal with this patient that is really really ill, and then to sit there and deal with this one cause they need to talk... I can understand the frustration that the nurses feel. You don't have the time, you have to make this decision; On one hand you have someone who could physically die, on the other you have someone who could get frustrated and go into the bathroom and try to hang themselves."

"It's so different isn't it. We've [SECAmb] got the time but we don't have the training, you [A&E] can offer the training but you don't have the time."

Our SECAMB representative also wanted to add:

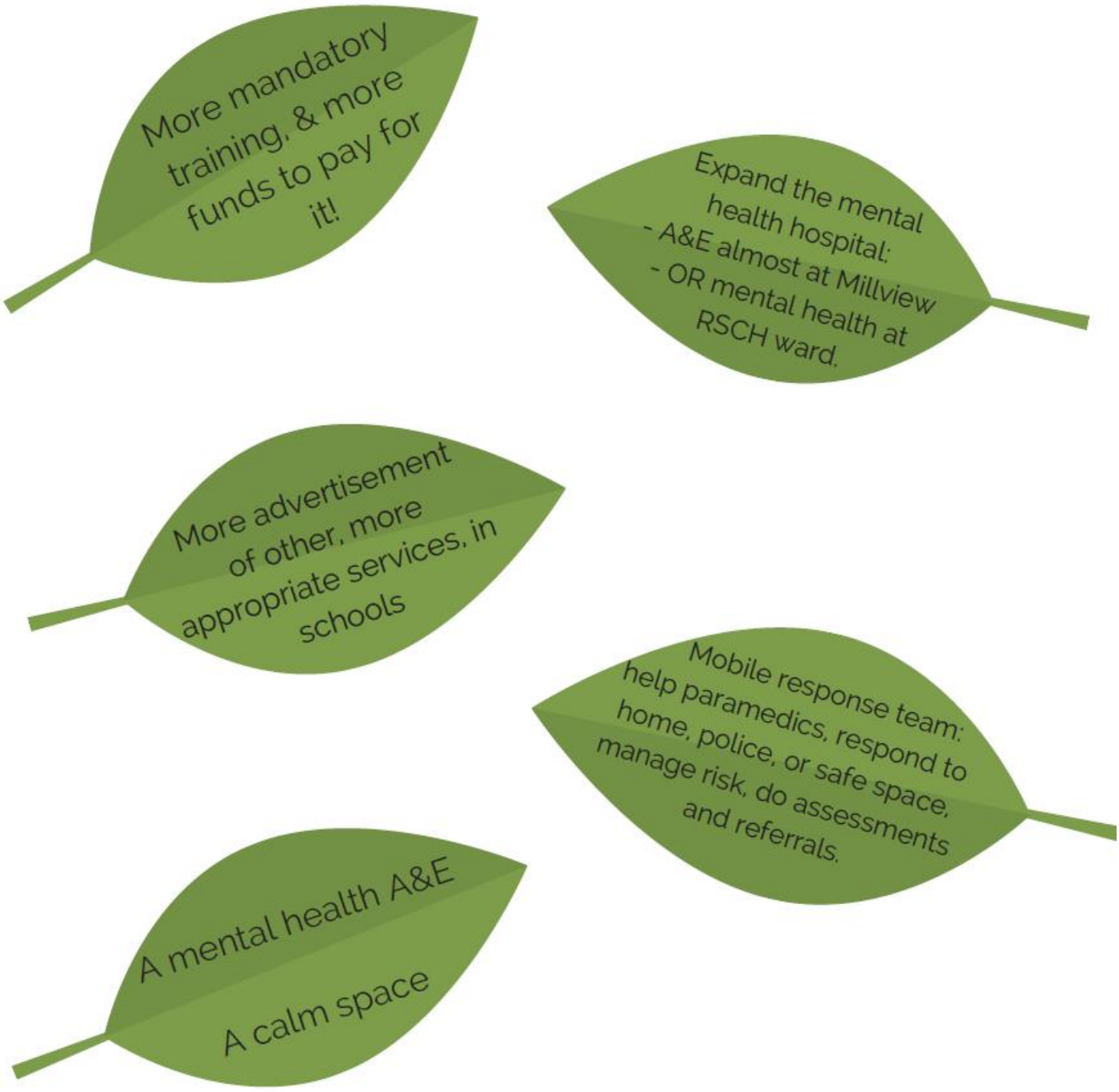
"Ambulance staff receive mandatory training on an annual basis and a proportion of this is mental health. This does however compete with a variety of other clinical training requirements and in addition to this policy and procedure updates. Front line staff are keen to develop their skills in mental health to enable them to provide a more effective service to patients who experience mental health problems. The service is move forward as we now have a Mental Health Education Lead to manage this process.

In recent years, a study has highlighted that Police and Ambulance Services have had a positive impact in their interactions with patients experiencing a mental health crisis. This is in part, as a result of us taking the time to listen to the patient's views of their difficulties, giving them the opportunity to release their frustration and therefore de-escalate tensions.

Due to mental health presentations often being complex, ambulance professionals will often convey to hospital, as this is the safest clinical option. In addition, mental health services like many branches of the NHS are under pressure that can result in us finding it difficult to obtain a timely response to our referrals. This will often result in a default admission to A&E.

With more training, joint working with our colleagues in mental health services and potential to seek advice with mental health professionals (who will in the future be based in our control rooms), we are more likely to be able to support such individuals in their homes, where on some occasions they can remain if assessed as clinically safe to do so."

Green Leaves: What Solutions Did professionals Identify?



"From the moment of us arriving to dropping off our patient is generally speaking about an hour. We give them an hour of talking to, and that's a large proportion of what these people need. So we've started to introduce mental health training, granted at a very low level, to try and encourage staff to try and leave more people at home. Because actually, the safest place for them is at home."

"I don't see why we can't all get together, open it [the training] up and have Elaine [Riseborough] deliver an inter-disciplinary training session."

"I think we all know what the solutions are, but they are never going to happen. It's not like someone is going to open a big purse string, and open up Millview larger with more facilities. "

"It would be good if there was a dedicated area for them [mental health patients] in the A&E. How it works in America is that they have a mental health nurse who is trained in mental health, that deals with these patients."

"Mental health nurses were going out with the police to triage people out of hours, and in essence trying to leave them where they were to reduce the impact on us and other services . They still run it everywhere in Sussex, other than Brighton and Hove, which is probably the biggest for mental health. We ran a long trial, it worked really well, and was reviewed by an independent watchdog with nothing to do with the trial. Perhaps your report will reinforce the need for it."

The issues and solutions identified by the group of professionals we spoke with echoed very closely those of the young people we had engaged with.

Key issues were those of staff capacity and training, and appropriate environments for young people in distress. One surprising finding from our focus group is that **in no statutory service are staff receiving mandatory or consistent training around mental health**. This was of great concern to those in attendance who felt there was a definite training need, but services were limited by the small amount of time given to training, and the urgent priorities of the service.

SECAmb had two days per year of training allocated in which to cover everything from resuscitation to burns to mental health. A&E staff were offered training but this was to be attended, unpaid, in peoples spare time meaning take-up was poor. YMCA Safe Space were the only service where all workers were consistently and mandatorily trained in mental health skills such as suicide prevention. **This had prevented a number of A&E visits and successfully kept people safe until they could access non-emergency services.** Additionally, **Safe Space were the only service to offer direct aftercare, with a follow up phone call.**

The focus group ended with the same priorities as our survey; to have mental health professionals with police and ambulance crews after hours, able to attend and assess people at home, and to have a specific after-hours space in Brighton & Hove for people in crisis to relax, receive appropriate support, and be kept safe until a daytime service could continue their care in a joined up way.

REFLECTIONS & RECOMMENDATIONS

Both professionals and young people were in agreement about the key issues when it comes to young people using RSCH A&E during a mental health emergency.

These were:

- Inappropriate, chaotic, and stressful environment in A&E compounding distress.
- Staff not feeling/being able to provide appropriate mental health support due to both capacity and training needs.
- Long waiting times.
- Young people not receiving the service or support that they expected or hoped for at A&E.
- The feeling among young people and emergency services that there are currently no other options for people in crisis.

We also picked up on a number of key issues through our results:

- Young people don't know what to expect from A&E if they go; additionally, the Case for Change outlines that one in seventy over a quarter of service users in contact with secondary mental health services report that they do not know what to do in a crisis.
- Young people have wide ranging and inconsistent views on when it is appropriate to involve emergency services when they have mental health questions or concerns.
- Professionals in emergency services have very little, if any specific mandatory training on mental health issues, despite this being an increasingly large part of their work.
- MHRRS are not a trusted source of support for many young people.
- Young people who present at A&E or to other emergency services with mental health needs don't appear to receive any follow up or aftercare, and daytime services such as CAMHS or GP's do not seem to be joined up with these services in order to receive notes or information.

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Both professionals and young people were in agreement about the main solutions that they would like to see in response to these identified issues:

- A specific mental health space or out-of-hours 'sanctuary' for people in crisis to go for support and supervision. This would be calm, friendly, and staffed by people with training in mental health support skills such as suicide intervention training.

- A new specialist mobile mental health triage service for people in crisis out of hours, accompanying police or ambulance services and reducing A&E visits by making a plan with people in their own homes or another safe place where possible.

- More information about which service is appropriate and when, to avoid confusion around who to call, and to avoid inappropriate call outs for emergency services.

ADDITIONAL YOUNG HEALTHWATCH RECOMMENDATIONS:

- More **flexibility** around taking 17 year olds, and young people who are being seen by paediatric teams at the time, to RACH rather than the main A&E.

- **Expanding capacity** of MHRRS, and ensuring that they can find appropriate support in a joined up way for those who may not meet their thresholds.

- **Ongoing promotion of FindGetGive.com in order to provide clear information** for young people, all in one place, about a variety of community and statutory services you can access during a mental health crisis, both in the day and at night.

- **More funded and prioritised training around mental health for frontline emergency services professionals.** We noted that young people, in a number of comments and interviews, mentioned the comments and conduct of ambulance crew or paramedics. Many young people felt this was unhelpful or upsetting, and most experiences we collected involved a blaming or judgmental response.

- All of the emergency services staff we spoke to felt that more training would be beneficial. We recommend that going forward some **awareness raising is done In the professional community** so that staff think not only about the crisis in hand when young people contact the service, but also the **additional insecurities they might be carrying - such as confidentiality, not knowing what to expect, or being a burden on the NHS -and look to address these.**

- Exploring levels of consistency and compliance when it comes to **contacting GP's and other statutory support services a young person might be engaged with** after they present at A&E with mental health needs.

- Providing some **aftercare** mechanism to pick up young people who may not be pro-active about seeking the recommended routes for mental health support after an A&E visit.

- The CCG revisiting the idea of a **mobile mental health triage service** in order to prevent A&E visits through at-home assessments and interventions.

- Exploring the idea of **an after-hours sanctuary** for people in crisis to be supported until daytime services commence, and/or properly commissioned, established, and resourced Places of Safety in dedicated facilities which operate to nationally agreed standards.

- The strategic framework for change consistently highlights reducing inpatient activity, including in A&E throughout its impact goals. Non-medicalised safe places such as **YMCA Safe Space should be robustly supported to continue their work** as they prevent many A&E visits for mental health, but also things like broken ankles, and other nightlife related issues.

- Information and literacy: more information for young people about what to do in a crisis. This could list options, reasons to choose one over the other, and allaying insecurities about doing so. **Ensuring all young people using mental health services have a crisis plan in place that they trust and understand.**

The strategic framework for change identifies young people as an improvement area, and identifies issues such as suicide prevention, access to psychological therapies, diversion from A&E, and better crisis intervention as key areas for improvement. These areas of need are strongly corroborated by the findings of Young Healthwatch within this consultation but also through our Listening Labs.

YMCA

young healthwatch Brighton and Hove

YMCA RIGHT HERE

Young people promoting health and wellbeing through education, campaigning and influencing

SUPPORT & ADVICE | ACCOMMODATION | FAMILY WORK | HEALTH & WELLBEING | TRAINING & EDUCATION