

Reference Number: UHB 387 Version Number: 1	Date of Next Review: 14 th Jun 2020 Previous Trust/LHB Reference Number: N/A
Protocol for Crisis Resolution & Home Treatment Teams (CRHTT) Interface with Welsh Ambulance Service Trust (WAST)	
Introduction and Aim	
<p>Allowing WAST direct access to the Crisis Services for clients who are experiencing mental ill health.</p> <p>This protocol is intended to provide guidance to staff regarding the management of patients who are assessed by the Welsh Ambulance Service as an emergency (999) who have no evidence of physical complications that require attendance at the Emergency Unit (EU), but present with apparent mental health needs.</p>	
Objectives	
<ul style="list-style-type: none"> • Faster access to services for the clients • Seeing the right professional and the right time in the right place • Signposting the client to the correct service • Reduce the need for Emergency Unit attendance • Allow WAST staff a quicker 'turn around' time, thus returning them back to attend emergency calls 	
Scope	
<p>This protocol applies to all of our staff in all locations including those with honorary contracts.</p> <p>This protocol is for potential Adult Mental Health Service, North and South Crisis Resolution and Home Treatment Teams, Welsh Ambulance Staff and Adult Acute Shift Co-ordinators, Crisis Assessment Ward.</p>	
Equality and Health Impact Assessment	An Equality and Health Impact Assessment (EHIA) has not been completed as it is not necessary for a protocol.
Documents to read alongside this Procedure	
Approved by	Mental Health Clinical Board
Accountable Executive or Clinical Board Director	Director of Nursing Mental Health Clinical Board
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Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).

Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	14/6/2017	21/02/18	New document

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Introduction

Historically, such patients would have been taken to EU, where they are likely to encounter a lengthy wait to be assessed by a mental health professional, the outcome of which might be referral to mental health services and potential assessment the Crisis Assessment Team which a view to possible admission to hospital.

There is a cohort of people who use ambulance services inappropriately to gain access mental health services, who are taken to EU often experience long delays before they are able to be assessed by a mental health professional. The suggestion is that there are people who might benefit from direct access to assessment by the Crisis Teams via the Emergency Assessment Suite (EAS) at Hafan-Y-Coed University Hospital Llandough and bypass the need to attend EU.

The aim is for the sharing of information to occur in order for the best outcome to be achieved for the patient. This may include an assessment directly at EAS, a home visit, signposting to other services, liaising with CMHT's or indeed that the client still requires an assessment at the Emergency Unit (EU) after telephone discussion between the Ambulance Staff and Mental Health Services.

Patients who are in need of physical intervention e.g. overdose, self harm/ injurious behaviour or intoxication interfering with the ability to communicate or causing physical compromise will need to go to EU directly.

The role of WAST is to ensure the patient is medically fit and not requiring acute assessment / treatment in EU and are agreeing to be seen by Mental Health Services voluntarily. Other processes exist to assess patients who are unwilling to attend assessment by mental health services by utilising the Mental Health Act.

The Crisis Service will receive the referral from the ambulance staff. If both parties agree that assessment is indicated and appropriate, then agree a set time and venue for the assessment to take place. This process would not differ from any other emergency referrals to the crisis teams in that assessment may result in a number of outcomes:

1. Discharge with no further support (inform GP).
2. Signpost to appropriate agency, such as Community Addiction Service, Third sector support etc.
3. Refer on to appropriate Community Mental Health Team.
4. Take on into the care of the Crisis Team for home treatment.
5. Admit to Crisis Assessment Ward.

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It is essential to remember that the Welsh Ambulance Service receive 999 calls from clients who do not need EU / medical interventions, but are experiencing mental health issues which are best served by Mental Health Services and not General Medical Services.

Ambulance staff are qualified and experienced in assessing whether the patient has any acute physical health problems, including deliberate self harm, overdose, delirium and determine whether the patient needs to go to EU or not. It may be that they have mental health needs and acute medical needs, in which case they will clearly need to attend EU directly.

On occasions, there is scope for the patients to be referred directly to the Crisis Team for an assessment of their mental health needs and treat / signpost accordingly. On receiving the 999 call the Ambulance Staff will assess the patient and if they decide the patient appears to have acute mental health needs and that they are physically fit and well enough to be assessed outside of EU they can phone the CRHTT's for advice.

If these factors have been considered and it is deemed appropriate for the patient to be assessed directly by the Crisis Team, the ambulance staff will contact the Crisis Team on **(North) 029 21824950 or (South) 029 21824930**, and the call will be passed to either the North or South Crisis Team, during working hours. Out of hours, this number is the contact number. If the Crisis Team are out of the office on a visit, the call will be directed to the Crisis Team mobile number.

By mutual agreement between the Ambulance Staff and the Mental Health Service that the referral is indicated and appropriate the patient will be seen if the accepting team has the capacity to do so in a timely manner.

If there are any concerns / disagreement then EU will **ALWAYS** be the default position thus protecting the staff and patient.

Once accepted for assessment and delivered to the assessment suite or agreed venue, the ambulance staff may leave and go about their business.

If an Ambulance turns up unannounced, then this will be redirected to EU.

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Ambulance Services

This pathway is restricted to patients over 18 years of age in the Cardiff and Vale Localities. No patients accepted from outside C&V. This is a 24 hour service.

Step1- Conduct Primary and secondary survey

YES

Signs and symptoms Indicate A&E

Step 2- Apply pathway criteria

NO

- Has the Patient taken an overdose?
- Is the patient intoxicated? If the patient has been drinking and can communicate effectively the pathway can used on the guidance of the Crisis Team.
- Does the patient have injuries that require treatment in A&E? This does not include superficial injuries that only require a clean and dress.
- Any acute changes on 12 ECG? (IF INDICATED BY PMH).
- Any other medical condition that may lead to acute confusional state.

YES

Step 3- Contact North / South Crisis Team

NO

The on call Crisis Team Professional will discuss the patient with the referring paramedic. By checking their details the PARIS system, they should identify the patient's current management plan and advise on any crisis and contingency plans, if known, and provide guidance as to their management.

Crisis Resolution and home treatment team phone number (24/7) **029 21824950 North, 029 21824930 South**

The crisis team may also decide to assess the patient at their home address or advise whether the patient should be brought to the assessment suite at Hafan-Y-Coed UHL or be taken to A&E, UHW.

If the Crisis Team are unable to provide an assessment in a timely fashion, the default position should be to take the patient to A&E.

ANY PATIENT NOT MEETING PATHWAY CRITERIA SHOULD BE ADVISED TO ATTEND A&E FOR FURTHER ASSESSMENT.