Management of patients with mental health needs

Debbie Goode and colleagues assess whether staff are prepared to offer person-centred care to all people who present to emergency departments.

Abstract

This article presents findings from the first phase of a two-part study that examined the knowledge and experience of emergency department (ED) staff who work with people with mental health needs. In the first part of the study, 19 semi-structured interviews were conducted with multidisciplinary team (MDT) members and the results were analysed. The interviews covered the ED environment, participants’ attitudes towards, ability to communicate with, and knowledge and experience of patients with mental health needs. One of the study’s main findings was that MDT members require more appropriate training to raise their awareness of issues related to mental health. The findings informed the development of a questionnaire, which was distributed to a large cohort of ED staff and social workers.

Keywords

Multidisciplinary team, mental health needs, education

One in seven people who present to EDs in England is thought to have a mental health problem (Andalo 2004). Up to 5% of these people have psychiatric disorders, and between 20% and 30% more present with physical and psychiatric disorders (Andalo 2004).

This article concerns ED and other staff who work with patients with mental health needs. It draws on the results of a literature review for which the authors used the terms ‘patients’, ‘mental health needs’ and ‘accident and emergency’ to search the Medline and CINAHL databases to gather information on staff education, the use of mental health triage or liaison staff and nurse-patient relationships. The authors also gathered data on on ED staff attitudes to patients with mental health issues, including those who deliberately self-harm or attempt suicide. However, the authors found no evidence of research on the role of ED multidisciplinary teams (MDTs) in the assessment and care of patients with mental health needs.

Study

Objectives Following the literature review, the authors conducted a study of ED nurses’ and social workers’ knowledge and experience of the assessment, management and referral of people with mental health problems.

The ED staff worked in two EDs in a single health and social care trust in Northern Ireland. The social workers are members of Gateway, a social work service for children and families. Gateway team members liaise with clients with mental health issues who have been admitted to one of the EDs and require referral to community social work teams.
The authors’ specific study objectives were to examine:

- The two EDs’ policies and guidelines on the management of patients who need mental health care.
- How MDT members perceive such patients.
- How ED staff and social workers manage such patients.
- What ED staff regard as important when managing such patients.
- The relevant educational needs of ED staff and social workers.

To achieve these objectives, the authors undertook qualitative and quantitative methods of data collection. In phase one of the study, they conducted a series of semi-structured interviews with members of the ED MDT, the results of which are presented in this article. In phase two, data from these interviews informed the development of a questionnaire, which was distributed to a cohort of ED staff (n=125). The results of this phase will be presented in a subsequent article submitted to Emergency Nurse.

Data collection The principal author (DG) drew up an interview schedule in line with the aim and objectives of her study (Koch 2006). Some interview questions, based on issues raised in an investigation into the death of a patient with mental health needs (Department of Health, Social Services and Public Safety 2009), concerned staff training and communication, and the security of premises. They also concerned staff awareness of their responsibilities and powers under the Mental Health (Northern Ireland) Order 1986, which governs the management of patients with mental health problems. Other questions, based on the results of the authors’ literature search, concerned staff experience and knowledge of, and their training, confidence and interest in, caring for people with mental health needs who present to EDs.

Participants A manager in each of the EDs identified nursing, medical and auxiliary staff with knowledge and experiences of treating people with mental health problems who could take part in the interviews. Similarly, a senior social worker identified participants from among social workers in some of the Gateway teams. Of those who agreed to participate, the nursing staff had between one and 40 years’ post-registration experience and their grades ranged from 3 to 6. The medical staff had between one and 30 years’ post-registration experience, and their grades ranged from F1 to locum. All of the social workers had been qualified for at least three years.

A purposeful sample of 19 personnel was selected for interview. The sample comprised ten nurses and nursing auxiliaries from a total of 86 such professionals in the workforce, seven doctors from a total of 24 and two social workers from a total of 16. Each participant was interviewed once and time, place and date were arranged to suit the participants. The interviews lasted for approximately an hour and were audio-recorded to ensure an accurate record.

Ethical considerations Informed consent was obtained through participant information letters and confirmed by a signed consent form before the interview. Confidentiality was assured through anonymising the data and adhering to the Office of Research Ethics Committees Northern Ireland (ORECNI). Ethical approval was obtained from ORECNI, the University of Ulster, and the trust’s research and development committee. To undertake the study, the authors obtained an honorary contract with the trust as they are required to do as part of ORECNI’s ethical approval process.

Data analysis and rigour Interview recordings were transcribed verbatim and each participant was identified by a number to ensure his or her anonymity. The principal author read the transcripts for consistency and accuracy, then re-read them while making notes to identify themes. To inform further discussion and reporting, she then categorised the themes according to a cluster-and-label coding process (Newell and Burnard 2006, Burns and Grove 2011).

A selection of transcripts and codes were checked by one of the other authors (AR) to ensure that the principal author’s interpretations of data were: credible, in that they could be said to represent the experiences of the participants; transferable, in that they could apply to other EDs; and confirmable, in that they were made through a thematic coding process (Lincoln and Guba 1985).

Limitations The authors’ findings provide an interesting perspective on the care of patients with mental health needs in EDs in Northern Ireland but, because the study is small, they may not be generalised to EDs elsewhere, or to other healthcare services or organisations.

Results During analysis, three main themes and subthemes were identified and named:

- Environment, which concerned the ED itself.
- Subthemes included safety, prioritisation and time factors.
■ Emotions, which concerned participants’ personal feelings and attitudes. Subthemes included fears, concerns and frustration.
■ Exposure, which concerned participants’ knowledge, skills and experience. Subthemes included confidence, judgement, perception and support.
■ Communication, which is linked to each of the other three themes.

Environment For all participants, the safety of patients was of paramount concern. When asked, most participants knew that the trust had a policy about managing at-risk patients with mental health problems, but few had read it recently. All participants could describe the referral process for such patients.

The consensus on written guidance in the EDs can be summarised by staff nurse 2: ‘There are a lot of different policies that you never really get a chance to go through, but I know that this is a place of safety and it is your priority to make the person [with mental health problems] safe as best you can.’

Safety in the ED was discussed mainly in terms of physical safety, decision making and risk assessment. Doctor 3 said that, when managing patients with mental health problems: ‘It is hard to know what avenue to go down. Are they safe to discharge? You always want to play it safe but it is inappropriate to bring everyone in, so that is a dodgy area.’

Practice in caring for people with mental health needs was expressed in terms of the unpredictability of work in the ED, how little time is available to spend with each patient, physical illnesses and frequent attendance. In explaining the busy nature of the ED environment, doctor 5 said: ‘You have patients who are physiologically unwell and need your attention, but you have a hundred and one other things bubbling along in the background.’

On the same subject, staff nurse 2 said: ‘You cannot talk to people a lot. I do not even know if we are assessing people’s mental health well at all. Sometimes, it just [involves] pushing them from one area to the next.’

All participants perceived that the number of people with mental health needs presenting to the EDs and the frequency of re-attendance are increasing.

Emotions Participants’ attitudes toward people with mental health problems appeared to be linked with the dynamic nature of work in the ED. For example, doctor 5 said that his interest in caring for such patients ‘varies depending on workload and how genuine I think the patient is. If I have a genuine patient who is not a time waster, I would be interested. If someone is a regular attender, clearly a time waster and a bit aggressive, I would have less interest.’

Doctor 6 said: ‘The problem is – and this is something that a lot of my colleagues would admit to – you sometimes struggle to sort the wheat from the chaff because you see what are almost... I don’t want to say “time wasters”, but maybe they are attention seeking.’

Staff nurse 9 relates the attitude of some staff to the ED environment and the pressure on staff treating physical illnesses: ‘I do not think it is a nice environment for people with mental health issues to come into because it is so busy. I suppose staff would sometimes be unsympathetic to patients who constantly re-attend with the same things when [they are] trying to look after patients who are seriously ill.’

Lack of knowledge about mental illness can lead to fear and concern, as doctor 4 explains: ‘Because I know so little, I am a bit scared of [patients with mental health issues]. I would like to have more information, and more knowledge and skills.’

Staff nurse 8 described assessing and treating a patient with mental health needs: ‘A lot of people with acute mental health problems [present to the ED]. I [am] a little bit scared – not scared of them, but because I know my limitations. I would not really know exactly what to do. So I would not feel confident.’

Exposure Some participants were confident that they could care for people with mental health problems, but most said they required training and support. Few participants had received training in mental health issues since their appointments to the EDs. All wanted such training and requested that programmes should meet the needs of the whole MDT.

There was some overlap in what participants understood to be ‘minor’ and ‘major’ mental health issues. For example, self-harm and depression were described as minor and major issues, depending on the nature of the presentation. Staff nurse 2 said: ‘I would not feel confident [dealing with patients with mental health problems]. It is something that I would like to learn about. If there was a course on how we could help these people, we would really benefit from it.’

Doctor 2 spoke for other medical staff when he said: ‘There is such a variation in the people who present with mental health problems. I think I am probably much more confident at dealing with the drunk, spontaneous, overdose-type person, or the clearly very depressed and highly at-risk person.’
Some participants said that their perceptions of patients with mental health issues in EDs had changed with experience. Doctor 6 said that, if they are not careful, staff can begin to think of people with mental health needs in the same way: ‘When you start to do A&E it is fantastic, but after a time you become cynical. There are times when you pick up a chart and look at a screen, and almost regardless [of what is on them], you [want] to tar them all [with the same brush].’

In discussing knowledge and skills, all participants indicated that further training and education is necessary, and that multidisciplinary education and training would be beneficial. For example, social worker 1 said: ‘Mental health has always been a concern for me and one that kind of scares me. The increasing number of referrals of parents and especially young people with mental health issues is worrying. We definitely need a bit more training on it.’

Participants suggested that further training, online courses, clinical guidelines and assessment tools would enhance the care of people with mental health problems in EDs. Many said that they need to know who to contact when such patients present and what terminology to use when describing patients’ mental health problems. Participants wanted training courses that involve the whole MDT so that team members could understand each other’s roles and perspectives better.

**Communication** The nurses emphasised the importance of communicating with people with mental health needs but said that this is difficult in a busy working environment, especially given their lack of relevant training.

For example, staff nurse 2 said of working in an ED: ‘It is so busy you get frazzled and sometimes you are a bit sharper, which is going to make things worse.’ On the need for training, staff nurse 2 said: ‘Just teach us how to communicate effectively.’ Referring to people with mental health issues in EDs, nursing auxiliary 2 requested training in ‘how to be with them without putting myself in danger, and to keep treating them and know how to speak to them’.

Asked what kind of training she wanted, staff nurse 7 referred to an experience of caring for a person who had taken an overdose: ‘I would like training in knowing what to say. You do not know what to say in that situation. All you can do is reassure them. You just to treat them the way you treat every other patient, and just give them that care.’

Medical staff linked communication with the need to find out what had happened to the patients concerned. Doctor 2 said that, in EDs, this process is difficult ‘because you do not have the same rapport [with the patient] as a GP would have, and you do not have that quiet space’.

In this context, MDT members who have been trained in mental health issues can advise on best practice and up-to-date evidence. Social worker 1, who had worked with such a ‘mental health champion’, said: ‘Going on a visit with the mental health social worker was absolutely great. It helped me with my assessment because she asked questions that I would not have thought of asking.’

**Discussion**

Many of the themes that emerged from the authors’ study, such as the difficulties involved in delivering person-centred care in EDs given constraints of time, resources and the physical workplace, can be found in the literature (Reet and Brendon 2001, Hart et al 2005, McCormack and McCance 2010).

Crowley (2000) notes a conflict between the perception of EDs as clinical health areas, in which staff require in-depth knowledge of physiology, and the perception of EDs as mental health areas, in which staff require skills in listening and talking. Many participants said that staff need more training in interacting with patients with mental health needs but that, when EDs are busy, patients tend to be moved through them quickly and there is no time to use such skills.

Studies of ED staff attitudes toward patients who present with suicidal behaviour (Anderson et al 2003, Suominen et al 2007) and who deliberately self-harm (Commons-Treloar and Lewis 2008a, Hadfield et al 2009, McCarthy and Gijbels 2010) reveal a lack of knowledge among nurses about learning disabilities and mental health problems.

In this context, Jones and Avies-Jones (2007) propose appropriate training for all staff likely to encounter people with mental health needs. Meanwhile, Stuhlmiller et al (2004) have developed an educational package to address nurses’ lack of confidence, concerns about personal safety and fears about working with patients with mental health issues in EDs, all of which they found to be rooted in a lack of relevant knowledge.

Stuhlmiller et al (2004) found that ED nurses tended to have differing views about national policies and local protocols for treating and
referring patients with mental health needs: some had read them, some had not and others were not sure if they existed.

To help ensure that patients with mental health needs are assessed appropriately, and so enhance patient and staff experience, trusts can introduce mental health liaison (Duffin 2000, Reet and Brendon 2001, McDonough et al 2004, Hart et al 2005) or mental health nurse practitioner (Wand and Happell 2001, Nicholls et al 2011) posts in EDs.

The post-holders can improve access to services for people with mental health needs, work collaboratively with the MDT to follow up patients and support ED staff, for example during triage.


All members of the MDT interviewed by the authors reported that ED staff lack the training to work with people with mental health needs. Their knowledge, skills and attitudes appear to depend on their clinical experience or on what they learned during undergraduate training. Targeted education programmes to improve ED staff members’ ability to communicate with patients with mental health problems, for example by actively listening to them, could be beneficial (Stuhlmiller 2004, Commons-Treloar and Lewis 2008b, McAllister et al 2009, Sivakumar et al 2011, Brunero et al 2012, Gerdtz et al 2012).

It became clear that some staff make judgements about patients with mental health needs. For example, one participant distinguished between...
'genuine' and other patients and another perceived a need to 'sort the wheat from the chaff', which shows that some professionals doubt the validity of some patients' mental health problems. This lack of trust may be due to insufficient training or to the stigmatisation of people with mental health problems, an issue widely discussed in the literature, especially in relation to self-harm (Friedman et al 2006, McCann et al 2006, Hadfield et al 2009, Ross and Goldner 2009, Taylor et al 2009).

**Conclusion**

Results from the authors' study suggest that, among members of the MDT, views on patients with mental health needs who present at EDs differ according to each team member's experience and training. Some team members have concerns about their levels of knowledge and skills.

The study suggests that further research into the provision of person-centred care for people with mental health issues in EDs, and how this form of care is delivered by pre- and post-registration nurses, is vital.

There is also a need for the development of an education and training programme to meet the needs of all disciplines of staff who care for this client group, and to address negative attitudes towards patients with mental health issues. Meanwhile, the extent of training in mental health care included in under- and post-graduate education programmes for all disciplines should be assessed.

Issues of training and awareness in the MDT are likely to become more important as the lack of time and resources in EDs continues to affect services in what is an already stretched healthcare system.


