# 08

# Access to Crisis Mental Health Assessment by a Community Mental Health Team

## 8.1 Urgent referrals to the CMHTs

The Model of Care (HSE 2016) states that each CMHT must ensure it has the capacity to respond to urgent referrals of new and existing patients on the same day. The complex and busy environment of ED is not the optimal environment for assessing patients with mental illness or psychosocial crisis. For those with a severe mental illness, who require input from a CMHT, there is a need for a service outside the ED. The Emergency Medicine Programme emphasises that the ED is a site for assessing undifferentiated health presentations, whether medical or psychiatric, and that patients with known conditions are directed, for example, to acute chest pain clinics, etc, rather than to the ED. As noted in *A Vision for Change*, a fundamental component of mental health care is to clarify arrangements for the provision of 24-hour crisis response capacity. The working-day crisis response service is provided by CMHTs. There is a need to ensure that each team is adequately resourced to respond to urgent referrals of new and existing patients on the same day.

Development of SCAN services, as described in Chapter 7, has been shown to reduce referrals to CMHTs, and provide timely and appropriate assessments for GP patients who have suicidal ideation or who have self-harmed and do not require physical intervention in the ED. The SCAN service is appropriate when suicidal patients do not present an imminent risk or do not have a severe mental illness.

Services have been encouraged to develop 24/7 services for people known to mental health services (HSE 2018). Some services are using home-based teams to respond to the needs of people with acute mental disorders whose needs cannot be met by community interventions of less intensity (O'Keeffe and Russell 2019). A number of CMHTs provide same-day assessments, as outlined in Walsh et al (2013). *A Vision for Change* recommended establishing consultation liaison services with GPs, as described by Wright and Russell (2003).

## 8.2 Primary and secondary mental health services working together

*A Vision for Change* noted the need to provide an evidence-based, flexible model of working together for the configuration of primary care and mental health services. It described the use of the Consultation Liaison model and the need to develop close links between the primary care team and the mental health team in order to reduce rather than increase referrals of milder mental health problems, selectively encourage referral of serious mental illness and enhance GPs' skills in detecting and managing mental illness (Fig. 8.1). *A Vision for Change* noted that this recommendation on developing a close relationship between primary care and mental health teams had been made in *Planning for the Future* in 1984, but had not been followed up to any significant extent in a formal way. While communication between primary care and specialist mental health teams has improved in many areas, there is room for improvement. Where such liaison has been developed, improved patient outcomes have been reported (Wright and Russell 2007, McFarland 2010.) This aligns with Sláintecare and current policies of introducing integrated care pathways.

As discussed in detail in Chapter 7, a number of services are available at primary care and secondary care level (Fig. 8.2).

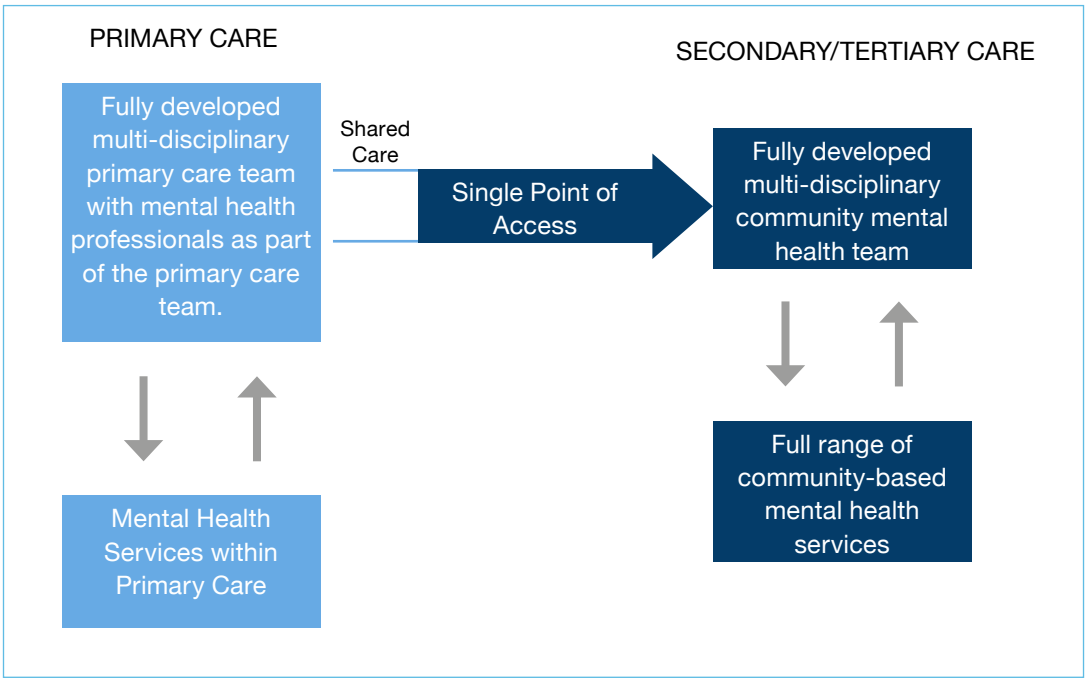


FIG. 8.1 MODEL FOR SHARED MENTAL HEALTH CARE (A VISION FOR CHANGE, DOHC 2006)

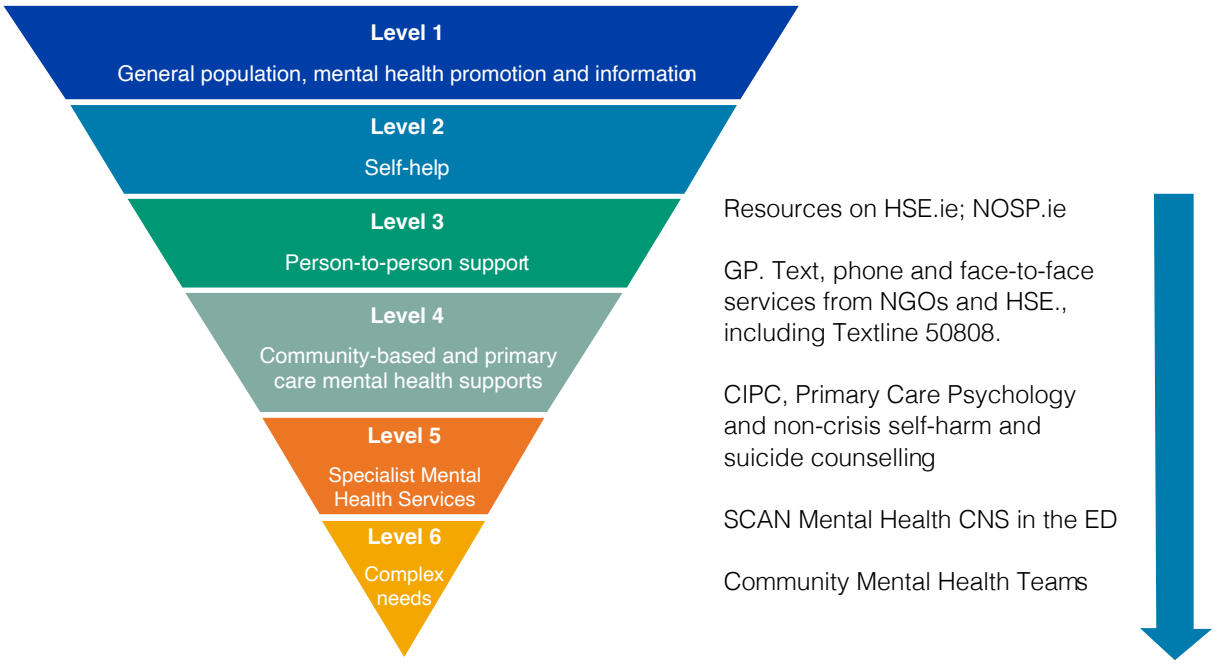


FIG. 8.2 SERVICES FOR SELF-HARM AND SUICIDE-RELATED IDEATION

Effective communication between the GP and the mental health service can ensure that this service works efficiently.

Table 8.1 gives examples of ways of improving communication between GPs and specialist mental health teams, as advised in Planning for the Future (DoH 1984), *A Vision for Change* (DoHC 2006) and Sláintecare.

The GP is best placed to act as gatekeeper between primary care and secondary care. Regular clinical meetings between the Consultant-led CMHTs can support the development of referral protocols and offer opportunities for training. These meetings can build effective and mutually supportive working relationships, and have been shown to reduce the numbers of inappropriate referrals, improve the integration of care pathways and lead to better patient outcomes (Wright and Russell 2003, McFarland et al 2010).

TABLE 8.1 RECOMMENDATIONS ON IMPROVING LIAISON BETWEEN GPS AND CMHTS

- Improve communication between GP referrers and CMHTS.
- Develop protocols on referrals, documentation and how to deal with a crisis, co-produced by GPs and the CMHT
- Identify a team member to provide liaison between the GP and the CMHT.
- Provide GPs with a SPA (single point of access) person. This SPA can be a team co-ordinator or a nominated MDT member who would be the specific contact person for referrals. All referrals and requests for advice would be discussed with the SPA person, rather than with individual members of the team.
- Provide GPs with the contact details of the CMHT SPA member and/or central email and postal address for all referrals.
- Arrange regular clinical meetings between consultant psychiatrists and GPs.

Urgent mental healthcare does not fit neatly into primary or secondary care. Along with a stepped care approach, there is a need for co-produced integrated pathways of care. The two professional groups that hold clinical responsibility for urgent mental health care are the GP and the Consultant Psychiatrist. This Model of Care update provides a template for management of self-harm and suicide-related ideation. Identifying where a person is best treated continues to rest with the GP and Consultant Psychiatrist. There is a need for a forum of the relevant stakeholders to develop integrated pathways of care that can align with the recommendations in this Model of Care.

## 8.3 Summary and recommendations

- Mental health services should be resourced to ensure that CMHTs can develop effective liaison with general practice and primary care.
- Each CMHT must ensure it has the capacity to deal with urgent referrals of new and existing patients on the same day.
- The development of the SCAN service, as described in Chapter 7, has been shown to reduce referrals to CMHTs.
- Improved liaison between GPs and CMHTs will reduce duplication of work and improve outcomes for patients.
- There is a need for a forum to develop integrated pathways of care that can align with the recommendations in this Model of Care. This forum should be led by the Department of Health and the HSE, and include all relevant stakeholders.