

Transport & Mental Health Policy/Best Practice 17 Dec 2015

David Pugh

Independent Consultant MCA & MHA

david.pugh@gloucestershire.gov.uk



Content

- Primary evidence/research
- NICE search
- Crisis Concordat
- MHA Code of Practice Chapter 17
- CQC



References to MH Transport

- MINDs '*Listening to Experience*' 2010 – NO ref
- MINDs '*Guide to Crisis Services*' (2012) – No ref
- The '*Triangle of Care*' – No ref
- '*Closing the Gap: Priorities for Essential Change in MH*' (DH 2014) – no ref

Google:

- List of private transport providers
- MH & well-being of ambulance staff



Police & Transport

Independent Commission on MH & Policing (2013):

- Broad agreement people in acute MH crisis should not be transported in police vehicles

NSUN(2015):

- Use of police vans – '*criminalise a MH crisis*', people subject to stigma, isolation & bullying post discharge'



NICE Search – 143 papers but...

- 2005 study: Being Afro-Caribbean positively associated with formal use of ambulance, ref to ED + those with psychosis overrepresented in police & ambulance refs
- 1992 USA study: Issue of involvement of family in planning transition, provision of timely info & availability & support of staff
- Investigation of MH emergency calls in WAST (2012)
 - 5.8% a MH condition
 - 80% conversion rate
 - Underestimate of MH emergency calls by nearly 50%



MH Crisis Care Concordat

'I statement' under Urgent & emergency access to crisis care: *'...I am supported to travel safely, in suitable transport, to where the right help is available'*

B12: *'...conveyed in a safe, appropriate & timely way'*. Responsibility of commissioners to ensure above

B13: National protocol for S136



MHA Code of Practice Ch 17

- *17.3 Patients should be transported in the manner which is most likely to preserve their dignity & privacy consistent with managing any risk to their health & safety/other people'. Patients should be informed of reasons for transfer...views taken into A/C...'discuss with carers...'*
- *17.22/23 CCGs responsibility '...should ensure '...appropriate transport made available in a timely way...'*
- *17.26 '...agree joint local policies & procedures...'*



MHA CoP 17.6 – Factors to take into account

- Availability of transport options
- Wishes & view of the patient
- Patients age & gender
- Cultural sensitivities
- Any physical disability
- Likelihood of patient behaving in a violent or dangerous manner
- Likelihood patient may abscond
- The impact that any particular method of transporting the patient will have on the patients relationship with the community to which they will return



'Right her, right now' (CQC June 2015)

- In comparison to A&E & specialist MH services GP, ambulance & police seen as more caring & empathetic to people in crisis
- Emphasis on importance of MHA CoP guidance
- Ref to a private ambulance service in Hampshire (Medisec) used for S136
- Local partners should focus on privacy & dignity of person being transported



Thank you for listening

Please contact us if you have thoughts & ideas to share

david.pugh@gloucestershire.gov.uk

Mob: 07905238573

