

MENTAL HEALTH ASSESSMENT UNIT AUDIT

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SUMMARY

Introduction: The Mental Health Assessment Unit (MHAU) is a unit set up in 2009 as a gateway between community services and in-patient services. The aim of the MHAU is to provide an acute setting in which to assess patients within 72 hours, with the view to reducing in-patient hospital admissions.

Aim: To ascertain the number of referrals made to the MHAU and admissions during a one month period. The presentation and length of stay was investigated and the diagnosis and follow up plans made were explored.

Method: Data was collated from a one month period, from the 1st June to 2nd July 2010 inclusive. Crisis and home treatment team (CRHT) notes, medical notes and nursing notes were reviewed.

Results: 100 referrals were made to the MHAU; 48 patients were admitted. 25 patients had care coordinators. Despite this, in the majority of cases the source of referral was through the Emergency Department. There was a range of presenting complaints ranged and diagnoses included a wide variety of nature and severity. Average length of stay was 2 nights. Patients deemed to require in-patient management had shorter length of stay with swift transfer to treatment units. Shorter stays were also associated with milder degrees of illness. Longer length of stay was associated with more complex illness. 37 patients were discharged home from the MHAU, 8 were transferred to in-patient treatment units and 3 were transferred to in-patient units elsewhere. The majority of patients discharged home were followed up by the CRHT. 5 patients were admitted to the MHAU more than once. 4 were admitted twice, and one was admitted three times. 4 of these patients were discharged home but one was admitted to in-patient unit on his second admission. This may represent a subgroup of more complex patients.

Conclusion: We recommend further study into patients' experiences with care coordinators particularly at times of need. We also plan to re-audit for a longer time frame with the view to compare data to in-patient admissions and bed occupancy.

Key words: assessment - acute psychiatry – diagnosis - length of stay

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Introduction

The Mental Health Assessment Unit (MHAU) is a seven bed unit set up in November 2009 as a gateway between the community services and psychiatric in-patient services. Service users spend up to a maximum of 72 hours on the unit for assessment of their mental state. Patients are then either admitted to in-patient treatment units or discharged home with some form of follow up in place. The aim of the MHAU is to provide an acute setting in which to assess patients with the view to reducing in-patient hospital admissions.

Aim

Aims of the audit included to ascertain the number of referrals made to the MHAU and the number of admissions during a one month period. The presentation and length of stay was investigated and the diagnosis and follow up plans made were explored.

Method

Data was collated from a one month period, from the 1st June to 2nd July 2010 inclusive. Crisis and home treatment team notes, medical notes and nursing notes were reviewed.

Results

100 referrals were made to the MHAU, and of these 48 patients were admitted. Of the 100 referrals, there

were 42 males and 58 females. 84 of these patients were white British, four were south Asian, four Afro-Caribbean, 5 were mixed ethnicity, and 3 were European other than British. 71 patients were unemployed, 6 were students, five worked in business and the banking sector, 2 worked in co-operatives, 1 was retired, 18 were in other occupations, and in 3 there was no documentation of occupation.

Source of Referral

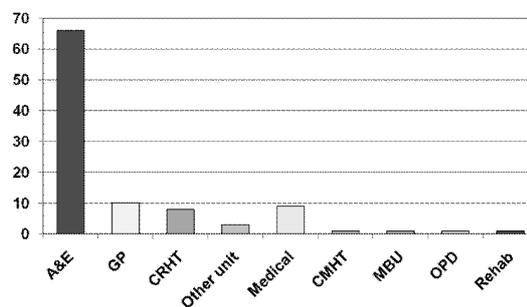


Figure 1. Sources of referral to MHAU

48 patients were admitted to the MHAU. Of these patients, 25 patients had care coordinators.

Despite this, in the majority of cases the source of referral was through the Emergency Department.

Referral source for Admissions.

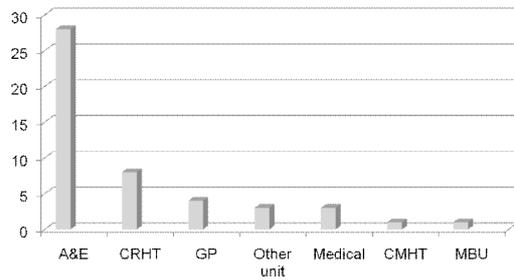


Figure 2. Referral source for patients who were admitted to MHAU

The presenting complaints ranged from suicidal ideation, to deliberate self harm, mood and psychotic symptoms, bizarre behaviour and inability to cope.

Presenting complaint

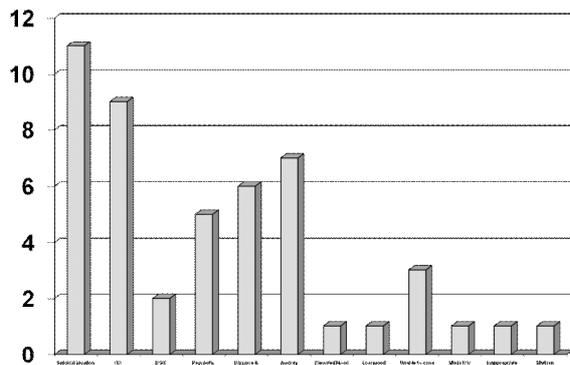


Figure 3. Presenting complaints of patients admitted to MHAU

Diagnoses similarly included a wide range of nature and severity.

Diagnosis

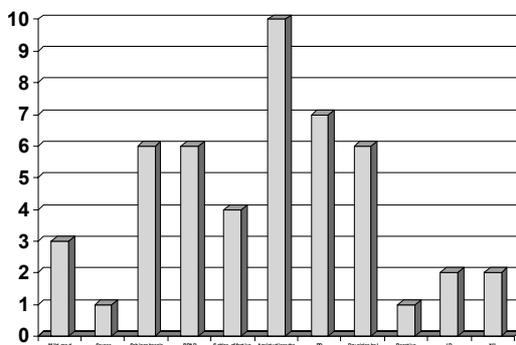


Figure 4. Diagnosis of patients admitted to MHAU

Length of stay varied from nil nights to 6 nights, but averaged to 2 nights stay. Patients who were deemed to require in-patient management usually had shorter

length of stay on the MHAU with swift transfer to treatment units. Shorter stays were also associated with milder degrees of illness including mild anxiety or depressive disorder, personality disorder, and drug and alcohol misuse. These patients were discharged home. Longer length of stay was associated with more complex illness including diagnoses such as moderate to severe anxiety or depressive disorder, schizophrenia and high risk personality disordered patients.

Length of stay

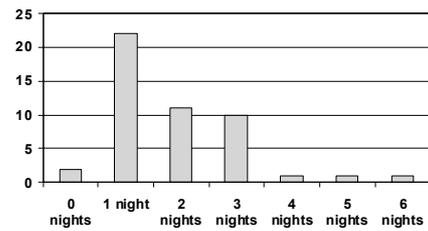


Figure 5. Length of stay of patients admitted to MHAU

37 patients were discharged home from the MHAU, 8 were transferred to in-patient treatment units and 3 were transferred to in-patient units elsewhere. The majority of patients discharged home were followed up by the CRHT. Other modes of follow up included GP only, healthlink, CANS and AOT.

Discharge from MHAU

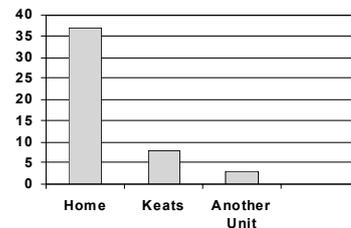


Figure 6. Discharge routes for patients admitted to MHAU

Follow up

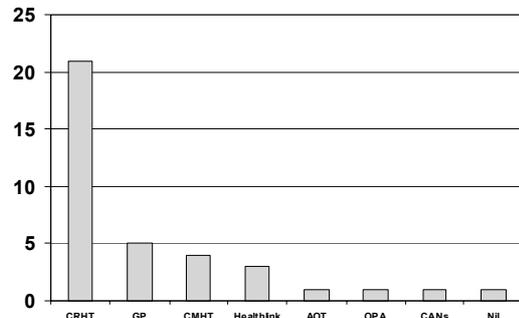


Figure 7. Modes of follow up of patients discharged from MHAU

5 patients were admitted to the MHAU more than once during this audit period. 4 patients were admitted twice, and one was admitted three times. 4 of these patients were discharged home but one was admitted to in-patient unit on his second admission. Their diagnoses ranged from personality disorder, anxiety disorder and obsessive compulsive disorder, schizophrenia and a possible bipolar affective disorder. This may represent a subgroup of more complex patients.

No serious untoward incidents occurred throughout the period studied.

Discussion

The MHAU had a range of referrals and admissions and a variety of presentations and diagnoses. The commonest mode of referral is via the Emergency department despite large numbers of patients having care coordinators. The average length of stay was 2.7.

nights. The majority of patients are discharged home with CRHT follow up. The MHAU is an innovative method of assessing patients who present in crisis in a safe and pleasant environment. This is also achieved by ensuring that all patients are assessed by a senior psychiatrist within 24 hours of admission, so that a full diagnosis is made.

Conclusion

We recommend further study into patients' experiences with care coordinators particularly at times of need. We also plan to re-audit for a longer time frame with the view to compare data to in-patient admissions and bed occupancy.

References

1. www.sept.nhs.uk

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