

## INITIAL SCREENING TOOL

**Title of pilot being assessed: Mental Health Risk Assessment Pilot Project**

(Please remember that even informal policies & procedures need to be equality analysed.)

**Is it new :** Yes

(If revised, please attach a copy of the original Equality Analysis.)

**Senior Manager Responsible** \_\_\_ Steve Lennox (Director of Health Promotion and Quality).

**Department** \_\_\_ Health Promotion and Quality \_\_\_

**Section** \_\_\_\_\_

**EQUALITY ANALYSIS SCREENING TEAM** (Please enter below the names of the project team members who carried out this initial screening with you and their role in the screening (e.g. team colleague or critical friend).

Name	Department	Role
Helen Lew	Programme & Change Management Office	Project Manager
Daryl Mohammed	Medical Directorate	Assistant Medical Director – South Area
Ricky Lawrence	HR and Organisational Development / Equality & Inclusion.	Equality & Inclusion Officer
Kudakwashe Dimbi	Mental Health Clinical Lead – LAS (Mon, Tue & Thurs)  Mental Health Lead Nurse – North East London NHS Foundation Trust	Critical friend

**Date of screening** 9<sup>th</sup> March 2012

**Please summarise below the aims and objectives of this policy/service/function etc. including any intended outcomes.**

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The adult mental health risk assessment project is a pilot to evaluate the use of LA383 risk assessment form. The aim of the form is to improve the risk assessment of patients presenting with a mental health condition. The pilot is covering the Hillingdon Complex area only in conjunction with Hillingdon Hospital, with a target sample size of 150 forms.

The pilot aims to assess the use of LA383 to enhance the LAS crews assessment of the patient on-scene and in turn provide a more comprehensive handover to the Emergency Department with the intention that patients will receive more appropriate care earlier.

Before an LAS crew can use the pilot form they must undertake Mental Health training. This is divided in two parts; training on the assessment tool itself to develop competence in using the tool and a mental health e-learning module. Training is being delivered by Team Leaders on Complex. Once a staff member has been trained they can then commence using the assessment form. Training commence from February 2012 and will be delivered to approx. 60 staff on Complex.

Please note the pilot is not intended to provide guidance on crews treatment or care response provided to the patient i.e. LA383 is not a guide as to whether the patient is left in care, referred or conveyed to a ACP or conveyed to an A&E.

Fundamentally, the main change is that crews have a greater awareness and understanding of mental health conditions and the training will equip clinical staff at Hillingdon with the skills to ask the appropriate questions to the patient and make observations to complete the assessment form. The assessment form is divided into 3 areas: medical assessment, mental health risk assessment, and suicide risk factors.

Once 150 forms are collected the pilot will be fully evaluated to assess options for future LAS Service roll-out.

**Please state below who is intended to benefit from this policy/service/function etc. and in what way.**

**Clinical staff at Hillingdon Complex** – Staff will receive appropriate and timely training on mental health including; an understanding of common terms used in MH assessment, understanding of the spectrum of MH conditions and an appreciation of medical conditions that may present with symptoms of mental illness.

**Patients** – With LAS crews having a greater understanding and awareness of mental health conditions this will ensure patients receive an appropriate assessment and understanding of their needs. It is intended that as a result of a comprehensive assessment and handover to the A&E department, the patient will receive more appropriate care earlier.

**Hillingdon Hospital** – As part of the clinical handover, the hospital will receive a completed LA383 for patients presenting with mental health conditions providing a comprehensive patient handover.

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Please state in the table below whether the policy/service/function etc. could have any potential impact on anyone from a “protected characteristic” group, whether service users, staff or other stakeholders

“Protected Characteristic Group”	Is there likely to be a positive or neutral impact in regard to:		If the impact is adverse, can this be justified on the grounds of promoting equality of opportunity for a “protected characteristic” group or for another reason?
	Training	Pilot	
Age	Positive	Neutral	<p><b>Training:</b> The training sessions (include a presentation and a mental health e-learning session) will teach LAS staff to recognise and have a greater awareness that certain ‘protected characteristic groups’ are at greater risk of self harm and high incidence of mental health problems (based on national and international evidence).</p> <p>JRCALC Clinical Practice Guidelines: The Joint Royal Colleges Ambulance Liaison Committee Guidelines develops and reviews national clinical practice guidelines for NHS paramedics. The Medical Emergencies Guidelines for Mental Disorder (October 2006) include a suicide and self harm risk assessment. When carrying out a risk assessment, one of the most concerning aspects of the assessment relates to a patients potential for self-harm and possibility suicide. A brief method for assessing these risks is outlined in the JRCALC guidelines and relate to the protected characteristic groups:  <i>Sex:</i> males  <i>Age:</i> Less than 19 year olds or greater than 45 year olds  <i>Marriage and civil partnerships:</i> Separated / divorced / widowed.  <i>Religion or belief:</i> No close / reliable family, job or active religious affiliation.</p> <p><b>The pilot form (LA383):</b> The pilot <u>will not</u> have a negative impact on the protected characteristic groups identified and its impact has been assessed as ‘neutral’. The form is designed to capture information which will be passed on to Hillingdon A&amp;E to provide a comprehensive clinical handover and is not intended to provide guidance on crews treatment or care response provided to the patient.</p>
Disability	Positive	Neutral	
Gender Reassignment	Positive	Neutral	
Marriage and Civil Partnership (duty only applies to elimination of discrimination)	Positive	Neutral	
Pregnancy and Maternity	Positive	Neutral	
Race	Positive	Neutral	
Religion or Belief	Positive	Neutral	
Sex	Positive	Neutral	
Sexual Orientation	Positive	Neutral	

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**Can the policy/service/function etc. be used to advance equality and foster good relations, including for example, participation in public life? If so, how?**

The London Ambulance Service attended over 30,000 incidents for patients presenting with mental health conditions (diagnosed or undiagnosed) in 2011 (CARU Mental Health Audit, April 2012) where the crew had documented illness codes of 40 (psychiatric problems – diagnosed) or 41 (psychiatric problems – undiagnosed). Patients with a diagnosed or suspected mental health disorder can present to the LAS in a number of ways. Possible presentations may include:

**- Drug overdose: 18,239 total incidents**

Of the incidents attended by the LAS during 2011, 51% were for females and 48% were for males.

In females, the age group with the highest incident rate were the 20-24 years and for males this is the 25-29 year olds.

**- Hanging: 479 total incidents**

The LAS attended more incidents for males hanging in 2011 (68%) in comparison to females (28%).

Males aged 30-24 had the highest incident rate, and for women the 25-29 age group had the highest incident rate.

**- Psychiatric: 19,046 total incidents**

Of the incidents attended by the LAS during 2011, 50% were for females and 49% were for males.

The 40-44 age group for males and females experienced the highest incident rate for psychiatric incidents, representing 12% of total incidents.

**- Psychiatric problems (diagnosed): 18, 999 total incidents**

Of the incidents attended by the LAS during 2011, 51% were for females and 47% were for males.

Both males and females aged 40-44 had the highest incident rate of diagnostic psychiatric problems.

**- Psychiatric problems (other): 13,088 total incidents**

Of the incidents attended by the LAS during 2011, 48% were for females and 50% were for males.

Both males and females aged 25-29 had the highest incident rate of psychiatric problems (other).

**- Hyperventilation / panic attack: 21,439 total incidents**

The LAS attended more incidents for females (66%) having hyperventilation / panic attacks during 2011, than males (33%)

The 20-24 age range for both males and females had the highest incident rate during 2011, accounting for 15.87% of total incidents for hyperventilation / panic attacks.

**Data source:** Management Information, 2011 – please note the data above cannot be broken down by ethnicity or disability as this information is not captured.

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At this stage this is a pilot, but the benefit of Hillingdon crews having a greater awareness of mental health conditions will support good relations between the LAS crews, patients presenting with a mental health condition and Hillingdon Hospital by understanding the needs of the patient and ensuring patients receive more appropriate care earlier.

The teaching will have a positive impact as it will enable LAS staff to recognise and have a greater awareness that certain 'protected characteristic groups' are at greater risk of self harm and high incidence of mental health problems (based on national and international evidence).

**Please provide and summarise below any relevant evidence for your declaration above, including any engagement activities – this could include for example the results of specific consultations, complaints or compliments, customer satisfaction or other surveys, service monitoring and take-up, comments from stakeholders and demographic data.**

The development of the LA383 form has emerged from a number of reiterations:

The original risk assessment tool and matrix was developed by Chris Hart, Nurse Consultant for Mental Health and Lead Lecturer for Mental Health at St Georges University of London. This tool has been adopted by many Emergency Departments for non-Mental Health Practitioners to use and identify risk as recommended by NICE.

The form was developed further by David Barton (Emergency Care Practitioner /Paramedic) and Henry Dom (Community Resuscitation Training Officer). During the development stages of LA383, Beverly Chip (Mental Health Service User) was involved in reviewing the risk assessment form and providing additional amendments to enhance the form. Steve Lennox thanked Beverly for significantly enhancing the quality of the form and this has been minuted at the Mental Health Committee meeting of 23<sup>rd</sup> November 2011.

The LAS Mental Health Committee meet monthly and the forms development and finalisation has been discussed at Committee Group meetings.

The pilot is monitored by the Project Board and also reports monthly updates to the MH Committee meeting.

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Are there any gaps in the evidence you have which make it difficult for you to determine whether there would be an adverse impact?

No

If yes, please state below how you intend to acquire this evidence and your timescales for doing so.

Not applicable.

You must complete a full Equality Analysis if you have identified a positive or negative potential impact for any "protected characteristic" group, which is not legal or justifiable or if you have identified any gaps in evidence which make it difficult for you to determine whether there would be adverse impact. Please insert below any issues you have identified/recommendations for the full Equality Analysis.

No issues identified or adverse impact.

If you have only identified a neutral or positive impact on any "protected characteristic" group then no further action is required, other than having your Director sign off this form, a copy stored on the shared drive and sent to Communications for publication on the Trust's website.

Name of Director: STEVE LENOIX

Signature:



Date: 11-MAY-12

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