Written Evidence from the College of Paramedics

This evidence is submitted on behalf of the College of Paramedics for the Home Affairs Committee’s inquiry on Policing and mental health.

INTRODUCTION

- The College of Paramedics is the professional body for paramedics in the UK. Paramedics first voted to become registered in 1999 with the Council of Professions Supplementary to Medicine (CPSM). The CPSM was superseded by the Health Professions Council (HPC) due to statutory legislation, Health Professions Order (2001). In response to this the professional body was set up as the British Paramedic Association (BPA) in 2001. In 2009, the BPA completed a two-year transition to trade solely as the College of Paramedics.

- The College of Paramedics is not a trades union and is one of 16 professions that are members of the Allied Health Professions Federation, regulated by the Health and Care Professions Council. There are almost 6,000 members of the College including around 4,000 paramedic registrants. The College of Paramedics represents the UK’s paramedics and is their primary voice on matters relating to professional practice and the development of the profession.

SUMMARY

The College welcomes the Home Affairs Committee’s inquiry on Policing and mental health and is pleased to have the opportunity to comment on the questions which have been raised.

- Paramedics are often the first point of contact for those with mental health crisis and are well placed to contribute to care.

- There is an increase in the numbers of mental health cases within paramedics' caseload.

- There is general agreement that there should be further education in mental health for paramedics and the police.

- The College of Paramedics believes that in crisis situations the paramedic can play the role of patient advocate; brokering care for patients. By adopting a patient centred approach, through education and support, paramedics would be well placed to agree a ‘care statement’ with patients. This statement would be informed by the physical, emotional, social and mental health needs of the patient, and empower the police, health and social care professionals with an agreed plan of care. Patients would effectively create their own signposts of care; for example patients may not wish to attends the emergency department following a 999 call, but would prefer to use a voluntary service such as telephone help lines, or contact their Community Psychiatric Nurse (CPN).
1 Paramedics and police work closely when caring for people with mental health needs. By far the most challenging are cases involving those enduring a mental health crisis. Such crisis situations can include anxiety disorders, depressive or psychotic episodes. These situations can present many clinical, legal, ethical and professional dilemmas.

2 Whilst paramedics can manage the physical needs of a patient, problems arise in cases where a patient may be perceived as a danger to themselves or others, and the police may be called for the safety of the patient, responders or others.

3 The police may also be utilised to access mental health services, or to consider application of their powers under the Mental Health Act [A]. Such cases are influenced by a wide range of factors which include: the presenting condition, the quality of the initial assessment, patient and relatives’ expectations, understandings and application of the Mental Capacity Act [B] or Mental Health Act [A], referral and support systems for paramedics and police.

4 It is widely recognised and understood that historically and increasingly, paramedics and ambulance services are the first contact point for patients with mental health conditions. These are wide-ranging and can include, for example, the patient with a sudden onset of an acute psychotic episode, perhaps following a bereavement and presenting at an international airport, hearing voices, or the patient with a borderline personality disorder who self-harms every day or the patient with long-lasting depression with suicidal ideation. However, whether it is NHS111, the 999 system, or any other environment where paramedics work, there is certainty that those patients with long-term, chronic mental health illnesses now account for a very significant part of the workload.

5 A recent study led by the Welsh Ambulance Service and Swansea University [C] examined call and service data for 999 callers with mental health problems in the Welsh Ambulance Service NHS Trust (WAST), South East Coast Ambulance NHS Foundation Trust (SECamB) and the East of England Ambulance Service NHS Trust (EEAST). On examining Patient Clinical Records (PCR) they found 10.7% with a narrative relating to mental health problems, and that routine data are likely to underestimate the volume of mental health calls.

6 There are various emerging developments around the country seeing paramedics jointly working with mental health services and police – in some areas providing street triage teams. Elsewhere, paramedics are working alongside mental health practitioners, and jointly providing enabled care in the system.

CURRENT PROBLEMS

7 Along with the growth in mental health cases as part of an already increasing demand on ambulance services, there are other examples of problems within compliance with current legislation and preparedness and awareness amongst responders.

8 Police and paramedics may unknowingly resort to breaching legislation and professional codes of practice to safeguard patients in their care. Michael Brown [D] recently cited Webley v St
George (2014) where a person experiencing suicidal ideas was detained by the police in his home for affray, whist in Seal v Chief Constable of South Wales Police the person was detained in the home to prevent a breach of the peace, then when outside they were detained under section 136 of the Mental Health Act; this was ruled to be unlawful.

9 Such practices are not only an affront to patients’ autonomy, they may add to the hidden numbers of people who self harm or hold suicidal thoughts and do not contact health professionals through fear of such events occurring.

10 In the survey by the National Collaborating Centre for Mental Health [E] 43% of service users said that they had avoided emergency services in the past because of previous negative experiences and the same number had avoided services for fear of being ‘sectioned’ (detained under the Mental Health Act) cited in RCP 2008 [F].

11 The College of Paramedics would therefore not support legislation that discourages patients with mental health needs from accessing services through paramedics or any other professional group.

12 A survey of the membership of the College of Paramedics indicated that paramedics across the country do not feel that they currently have the necessary skills and knowledge to meet the needs of mental health patients and that the services set up to help them (both patients and service providers) are not effective. The survey results are summarised below:

- Of 723 respondents, 86% (622) stated they were familiar with sections 135 and 136 of the Mental Health Act 1983;
- Of 613 respondents, 67% (414) stated they understand sections 135 and 136 of the Mental Health Act 1983;
- Of 609 respondents, only 37% (229) believe there is a good level of understanding amongst police officers in regards sections 135 and 136 of the Mental Health Act 1983;
- Of 623 respondents, almost 98% (609) believe there should be more education and training for paramedics in mental health conditions - the highest component of which was for training in how to manage mental health patients safely (581);
- Out of 457 respondents, there was no clear support for additional powers for paramedics through legislation with 267 (58%) in favour of being able to detain; 56% (255) in favour of being able to restrain; and 70% (322) in favour of being able to treat patients with mental health illnesses and conditions;
- Whilst 83% (456 of 546 respondents stated that paramedics are put at risk when dealing with mental health illnesses and conditions, there were a number of comments emphasising that the risk is no higher than the general level of risk encountered across all types of cases paramedics deal with; and,
• Of the 546 respondents, 94% (513) believe that the numbers of mental cases are increasing

COMMENTS ON SURVEY

13 The survey represents only a snapshot of views from a relatively small number of the UK 20,000 paramedics, but there would need to be structured research to ensure academic rigour and scientific validity. It is suggested that the survey provides the following insights:

• There is a higher level of awareness of sections 135 and 136 of the Mental Health Act 1983 than there is of understanding amongst paramedics responding to the survey;

• The paramedics respondents believe the level of understanding of sections 135 and 136 of the Mental Health Act 1983 amongst the police is fairly low;

• There is a resounding call amongst the respondents for further education and training in mental health for paramedics;

• There was a small majority of paramedics who felt there was a need for additional powers through legislation for paramedics but there was clear evidence to have further treatments available for paramedics to provide this group of patients (however, more research would be need to specify what those treatments could be);

• There is both perceived and actual risk to paramedics when dealing with some patients with mental health illnesses but again this would need further research to determine the extent and level of the risk; and

• Mental health cases are increasing as a proportion of the workload for paramedics.

WIDER RECOGNITION FOR FURTHER EDUCATION AND DEVELOPMENT OF A SPECIALIST PARAMEDIC ROLE

14 The College of Paramedics welcomes the Future National Clinical Priorities as set out by the National Ambulance Service Medical Directors (NASMeD) on behalf of the Association of Ambulance Chief Executives (AACE) [G]. The report identifies seven clinical priorities for ambulance services in England, one of which is mental health (section 3 of the report).

15 Sections 3.3 and 3.4 recognise the need for further education since current education is 'very limited and variable' and that consideration should be given to the development of a specialist mental health paramedic practitioner role.

16 The College of Paramedics details the components required for paramedic education in its Curriculum Guidance Third Edition 2013 and identifies the competencies that should be demonstrated by all paramedic graduates to registration level in its Career Framework and Competencies Framework Third Edition (due for publication in late 2014).

17 As advocates for improved patient care and safety and increased efficiencies through the development of the paramedic profession, the College of Paramedics promotes the expansion of
specialist and advanced paramedics and believes that there is a clear role for a paramedic practitioner in mental health.

18 The College has worked with NHS England to prepare a business case for independent paramedic prescribing which has recently received ministerial approval for preparatory work to progress the project to public consultation. This is a significant development which if eventually formally implemented, may contribute towards such a practitioner role through access to a wide range of medication for this group of patients.

CONCLUSIONS

19 In the event there is a predominant clinical approach to mental health patients rather than a law-enforcement response, the clinical responsibility of paramedics would increase. But this should not result in the absence of police involvement where necessary which can be tantamount to the safety of public, paramedics and patients. And this cannot occur without additional education for all levels of paramedic and joint developments with the police;

20 There are significant problems with lower acuity and chronic mental health patients where paramedics struggle to access crisis services for patients, especially where drugs and alcohol are involved. It is important to note that in many cases where their chronic conditions are failed in terms of crisis management, patients can often end up in the Section 136 category through a failure of the system to meet the needs of such patient in the preceding presentations to service providers in the NHS and more widely;

21 There is specific recognition that positional asphyxia through mechanical restraint (deprivation of liberty) is a specific patient risk and has led to death in patients restrained by the police under the Mental Health Act;

22 It is felt that with paramedic clinical oversight in such restraint and the potential introduction of appropriate pharmacological sedation (currently largely unavailable) that safety could be significantly improved. However, neither this point nor this aspect of developing a specialist paramedic in mental health should be allowed to mask the need for additional education and training in mental health for all paramedics.

RECOMMENDATIONS

23 While the problems are complex there are a number of practical steps that should be considered in more detail and which would help to address the issue and raise the quality of care for patients.

24 Mental health assessment and treatment in pre hospital and emergency care presents many clinical, legal and ethical dilemmas for paramedics and police. When considering policing and reform of the Mental Health Act the College of Paramedics advocates continuation of the principles within the Mental Capacity Act (2005), in that the patients autonomy should be respected;
There should be a continued focus on greater understanding and education for paramedics in relation to mental health, legislation and treating patients with respect and dignity, thus reframing perceptions of mental health emergencies. We believe such an approach would limit the inappropriate use of legislation, give greater confidence to both the police and paramedics in caring for people in such crisis situations;

Further education for paramedics should include the skills, knowledge and competences to assess, diagnose manage, treat and refer or discharge within the community. There should also be greater use of interdisciplinary and multi-professional education with courses explicitly targeting a range of scenarios involving patients who have self harmed or have suicidal thoughts or appear to be suffering from a mental condition;

The College of Paramedics believe that the current powers in terms of deprivation of liberties afforded under the Mental Capacity Act are sufficient, but neither well understood nor, in general, sufficiently enabled in terms of paramedic and police joint working.

There should be detailed research into the effectiveness of increased powers in ambulance services overseas where such legislation has been enacted and there should be provision made to opening access to appropriately competent specialist paramedics for access to the Approved Mental Health Practitioner status to enable paramedics to operate within the full scope of the Mental Health Act;

The College of Paramedics advocates legislation and guidelines in which the patient is at the centre of decision making, and this can be helped by a greater range of referral options other than the emergency department such as crisis teams, telephone help lines, GP, social workers;

The College of Paramedics would like consideration given over what role they can play in the provision of psychosocial assessments. The possibility of an emergency psychosocial assessment tool for paramedics with referral options should be considered;

The College of Paramedics calls for further high quality research focussing on paramedics and police encounters with mental health emergencies. Such research should focus on application of the Mental Health and Mental Capacities Acts and the more accurate directing of educational and organisational resources to ensure they are adequately prepared to deal with these issues;

Since paramedics are frequently the first point of contact with the health care system for mental health patients, there should be consideration given to the development of a paramedic mental health practitioner;

There needs to be clarity in the law around deprivation of liberties in patients own homes, as currently the system fails patients, but at the same time safeguarding people's rights; and,

The College of Paramedics calls for increased awareness of the systematic and system-wide failings in terms of crisis and in particular out of hours access to specialist mental health services that it believes contribute to the increased prevalence of crisis and unnecessary deterioration in patients' health.
REFERENCES


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