

Care pathways related to Scottish Ambulance Service contacts for people with psychiatric or self-harm emergencies

Nadine Dougall

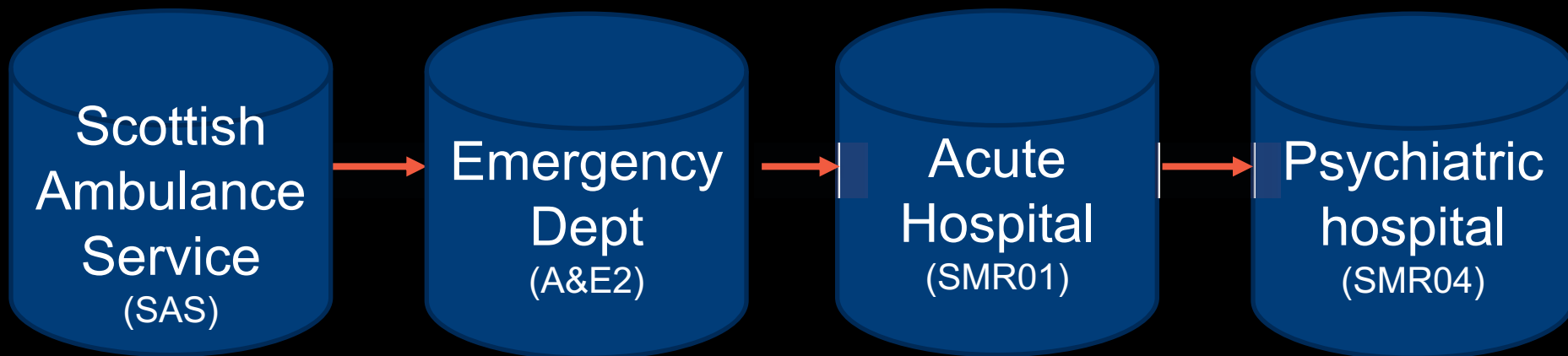
School of Health & Social Care

Care pathways related to Scottish Ambulance Service contacts for people with psychiatric or self-harm emergencies





Unscheduled Care Data Mart Year 2011 & 2012



- **Who are these people?**

- Describe the demographic characteristics from the first record for each person in 2011 (Index incident) .

- **What happens to them?**

- Summarise data by care pathways:

- % calls attended but not transported;
- % calls transported to ED but who self-discharge before being assessed;
- % patients assessed in ED then discharged;
- % patients admitted to ED then admitted to general hospital or transferred to a psychiatric facility.

- **What are their outcomes?**

- What is the % mortality
- And repeat attendance over 12 months since index incident.

Who are these people?

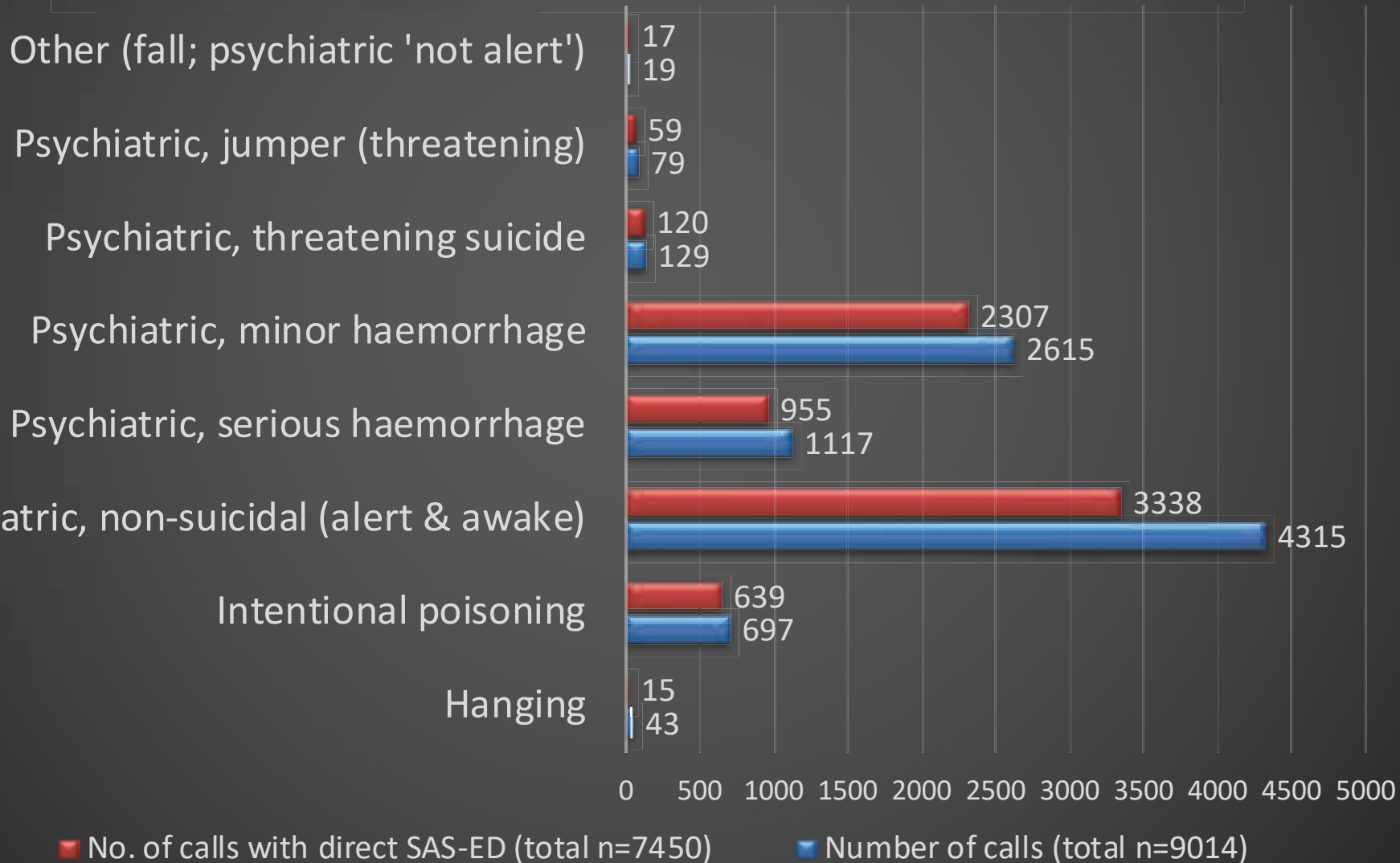
In the year 2011 there were:

- 9,014 psychiatric or self-harm calls.
- 6,802 people.
- Male callers > female callers.
 - male (n= 4,708, 52.2%); female (n= 4306 ,48%)
- Alcohol related calls = 1,816 (20.2%).
- Drugs related calls = 94 (1.0%).

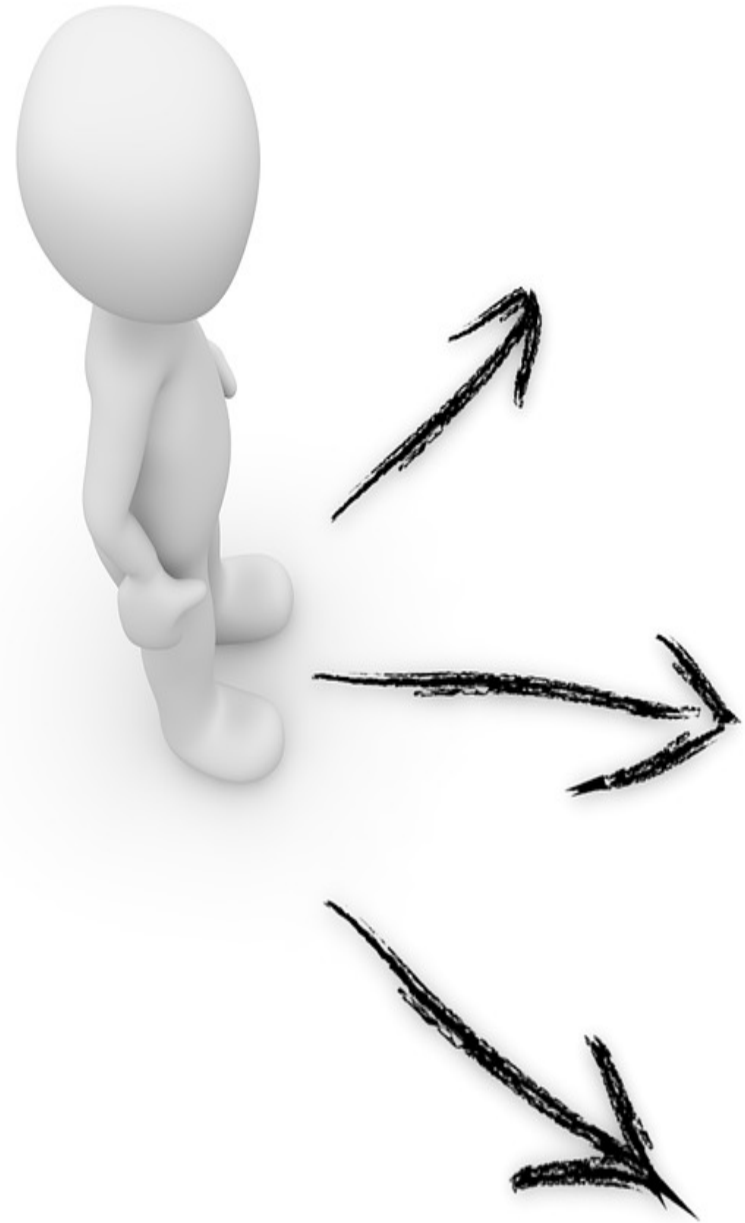


Who are these people?

'AMPDS' paramedic 'working diagnosis' for 9,014 calls to Scottish Ambulance Service

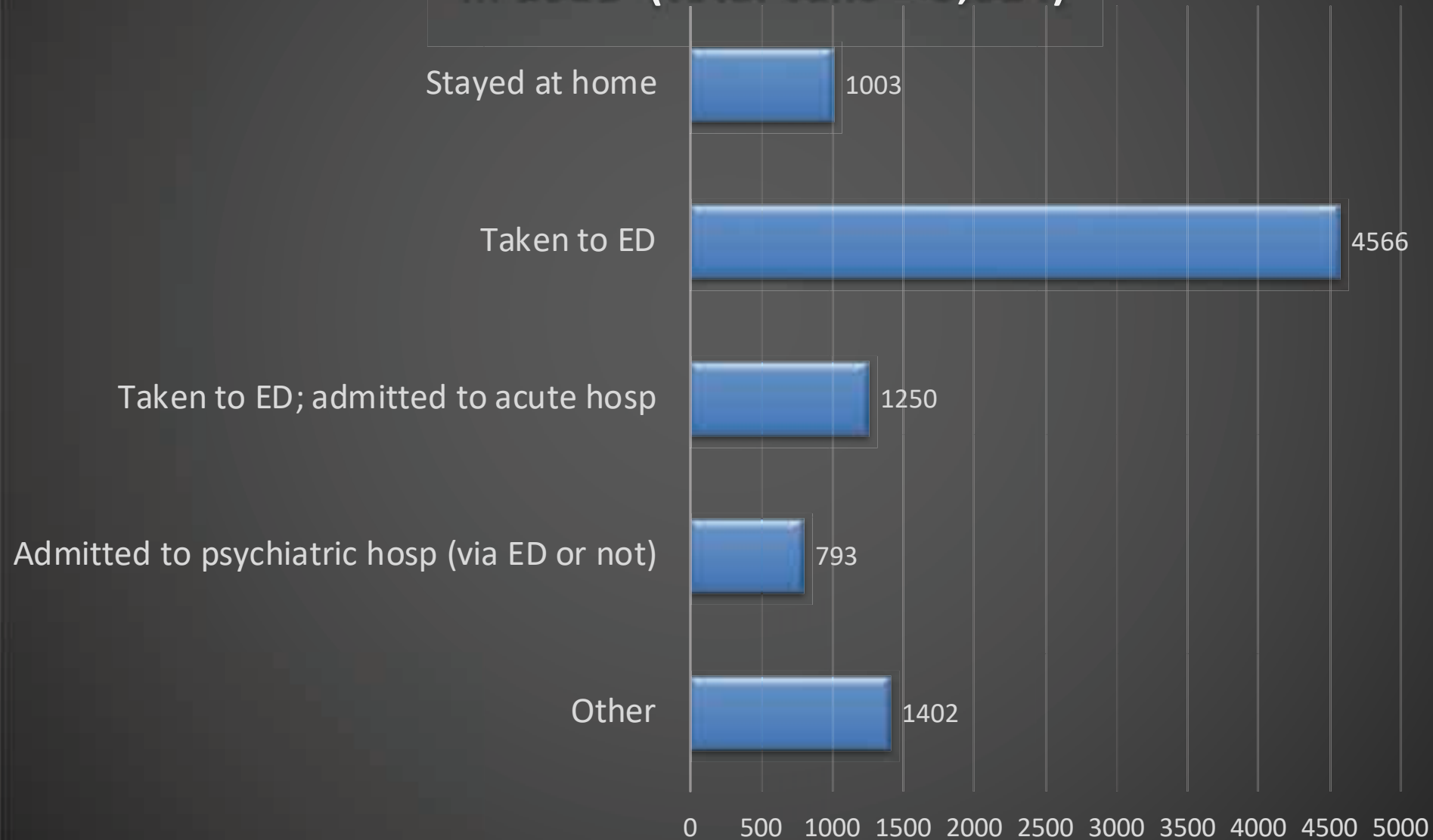


What happens
to them?



What happens to them?

Number of calls for the most common pathways
in 2011 (total calls = 9,014)



Time in transit

Median time from call to arrival at ED under an hour

- All calls median time 52 mins (IQR 42 to 68)

Median time from ED arrival to discharge/ transfer

- All calls median time 153 minutes (IQR 94 to 214)

Median days spent in hospital

- 1 day for acute hospital admission (IQR 0 to 1)
- 8 days for psychiatric hospital admission (IQR 3 to 23)
- 6 days for other pathways (IQR 2 to 23)

**What are their
outcomes?**



What were their outcomes?

Mortality...

- 279 (4.1%) were dead within one year
 - Just over one third of these deaths were confirmed suicide (n=97; 35%).
 - ‘accidents’ and ‘mental and behavioural disorders’ (n=64; 23%)
 - long term conditions with co-morbid psychological distress. (n=118; 42%)
- 240 people died >1 day and < 1 year of first SAS attendance

What are their outcomes?

Repeat calls...

- 3,564 people (52%) = one call.
- 3,238 people (48%) attended > 1 time
 - Making two mental health emergency calls within 12 months was relatively common (19%, n=1,294)
 - 100 people (1.5%) were attended by the ambulance service more than 16 times

Next steps

- Ambulance service and emergency departments are currently missing opportunities to provide better care for this vulnerable population
- Police Scotland data will provide a broader perspective of pressure on resources (PhD studentship in progress summarizing MH distress contacts on Vulnerable Persons Database)
- This will enable evidence-informed opportunities for upstream interventions

Next steps: the BIG picture

Blue lights data platform

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- Consortia: Administrative Data Research Centre and Police Scotland, Scottish Ambulance Service, and Fire & Rescue Service in providing a **national data solution**
 - Brings societal perspective of pressure on resources
 - Will provide joined up thinking in approaches to people with available services
 - Can assess impact of tests of change in real time
 - Offers opportunities for saving resources for services

Care pathways related to Scottish Ambulance Service contacts for people with psychiatric or self-harm emergencies

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<http://www.farrinstitute.org/public-engagement-involvement/100-ways-of-using-data-to-make-lives-better/case-study/how-data-can-help-find-new-ways-to-help-people-in-psychiatric-emergencies>

THANK YOU

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