

NHS Greater Glasgow and Clyde

Glasgow City Crisis Service

Standard Operating Procedures

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Contents Page

1. Introduction	3
2. Aims	3
3. Core Functions	3
3.1 Home/Community Treatment	3
3.2 Management of access to inpatient beds	3-4
3.3 Support and facilitation of early discharge from hospital	4
4 Service Standards	4
4.1 Hours of operation	4
4.2 Glasgow City Crisis Service referral process & criteria	4-5
4.3 Referral Criteria	5-6
5. Referral Processes	6-7
6. Assessment Processes	7
6.1 Possible Outcomes Following Acute Care Service initial assessment	7-8
7. Intensive Home/Community Treatment	8
7.1 Digital Health Care	8-9
7.2 Discharge from Glasgow City Crisis Service	9
8. Team Structure and staffing	9-10
8.1 Multidisciplinary Team	10
8.2 Clinical Meetings/Care Reviews	10
9. Access to Medical Staff	10-11
9.1 Medication	11
10. Data Collection and Monitoring	11
10.1 Outcome Measures	12
11. Review	12
Appendix 1 - Access to the Service from Mental Health Specialist Services	13-15
Appendix 2 – Managing challenging situations in an ED, MHAU or community setting	16
Appendix 3 - Access to Duty Doctors at Local Mental Health Hospitals within GG&C	17

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1. Introduction

The benefits of offering the least restrictive care are well established and the commitment to provide services that are both accessible and acceptable to service users has been made on a national and local level. This document outlines service provision and provides a framework for the operation of Glasgow City Crisis Service within NHS Greater Glasgow and Clyde. Local procedures specific to localities may be required in order to match service provision to the varying needs that accompany the diverse geographic and demographic circumstances found within the Glasgow City.

2. Aims

The Glasgow City Crisis Service is a comprehensive mental health service whose first goal is to provide mental health care, treatment and support as a credible alternative to hospital admission or prolonged inpatient care. The service delivers a safe alternative to hospital care, promoting emotional strength and reducing the impact of mental health crisis through intervention, education, prevention and community collaboration.

This Standard Operating Procedure details the arrangements for the operation of the Glasgow City Crisis Service whose core functions are to:

- Offer short term intensive community based treatment as a credible alternative to hospital admission.
- Manage all requests for access to inpatient care and provide assessment of suitability for home treatment as an alternative to admission.
- Work in collaboration with Acute Inpatient Mental Health Service to facilitate and support patients on pass and discharges from hospital for individuals that home treatment is deemed to be appropriate for.

3. Core Functions

The Glasgow City Crisis Service offers high quality care and fair access to all people who are experiencing an acute mental health crisis. This includes those presenting with substance misuse and self-harming behaviour and patients with primary diagnoses of learning disability or personality disorder where the presenting problem is related to their mental health.

When it is agreed that support from the Glasgow City Crisis Service will meet an individual's needs, the team will provide a rapid, specialist mental health assessment along with a treatment plan.

3.1 Home/Community treatment

One of the primary functions of the Glasgow City Crisis Service is to make sure that individuals who are at risk of being admitted to hospital are offered treatment safely in a community setting as an alternative to hospital admission.

3.2 Management of access to adult inpatient services.

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The Glasgow City Crisis Service will take lead responsibility for managing access to acute mental health inpatient services and, in collaboration with the Bed Manager, will facilitate all admissions to hospital. Referrals for individuals being assessed for inpatient care must be made to the Glasgow City Crisis Service who will consider whether intensive home treatment is a viable alternative to admission. In situations where admission is clearly indicated (e.g. detention under the Mental Health Act) the Glasgow City Crisis Service must be notified and this should be documented in the care record.

3.3 Supporting early discharge from hospital

The other main function of the Glasgow City Crisis Service is to work to minimise the length of stay in acute inpatient settings by supporting discharge where the clinical risk can be managed within the community. The team will work with inpatient staff to identify individuals whose care needs can be met in a community setting.

The Glasgow City Crisis Service will undertake an in-reach function in the inpatient wards. The purpose of the in-reach role is to promote joint working within the multidisciplinary team, ensure transfers of care between inpatient and community settings are timely, smooth, and provide the least restrictive care option at the earliest opportunity. The in-reach clinician will work to increase the uptake of timely transfer of care to the Glasgow City Crisis Service from inpatient care with the aim of improving the experience of individuals and their families or carers by offering care that is delivered at home or in a homely environment. The in-reach clinician holds a key role in the coordination of care in relation to timely discharge from mental health inpatient services in each locality.

4. Service Standards

4.1 Glasgow City Crisis Service hours of operation

The Glasgow City Crisis Service operates during the following hours:
Monday-Friday: 0900-2000; Saturday, Sunday and Public Holidays 0900-1700.

Out with these hours the Mental Health Assessment Units (MHAU) are available for profession to profession referrals for patients presenting in mental health distress or crisis.

The following can refer directly to MHAU –

Emergency Departments, Police Scotland, British Transport Police, Scottish Ambulance Service, GP Surgeries, GP Out of Hours Service, NHS 24/Mental Health HUB, Compassionate Distress Response Service (CDRS) and Emergency Social Work Services

4.2 Glasgow City Crisis Service Referral Processes and Criteria

Care is available to all adults who require specialist mental health care and treatment regardless of Gender, Race, Disability, Sexual Orientation, Religion and Belief, Age, Pregnancy and Maternity, Marriage and Civil Partnership, Social and Economic Status.

All referrals from within Community or Specialist Mental Health Services must be discussed with a Glasgow City Crisis Service clinician and should be accompanied by an up to date consultation and a completed Clinical Risk Assessment Framework for Teams (CRAFT) if the patient is known to existing mental health services.

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If the patient is unknown then the Brief Assessment Tool (BAT) should be completed with an up to date CRAFT

The Standard response time of the Glasgow City Crisis Service is within 24hrs of receipt of referral to first appointment. Where a more urgent response time is required, the referrer must provide written details of what is required, the timeframe and details of clinical risks. This information must be recorded in the outcome of MDT discussion/Treatment plan section of the BAT.

Who can refer?

- Community Mental Health Teams
- In-patient services
- Bed Managers
- Discharge Coordinators
- GG&C Adult Mental Health Unscheduled Care Services
- Specialist Mental Health Services
- Other specialist Services: Where there is a specific mental health concern, Alcohol and Drug Recovery Services, Learning Disability Services, Police Custody Mental Health staff and Forensic Community Mental Health Teams.

There are a range of specialist mental health services who can also access the Glasgow City Crisis Service. The specific arrangements have been agreed. Specialist services routinely manage individuals open to their service during normal working hours. Glasgow City Crisis Service support is offered in addition to this during evenings and at weekends. (See Appendix 1)

In-patient services can also access Glasgow City Crisis Service for people who take irregular discharge, unplanned discharges or patients deemed to be at risk or vulnerable but not detainable under the Mental Health (Care and Treatment) (Scotland) Act 2003. Glasgow City Crisis Service support can also be accessed for people who are on pass from hospital.

The overarching principle remains one of ensuring there is a needs-led and responsive approach to service provision, regardless of where the person is receiving care within Mental Health Services

Where appropriate joint work between the Glasgow City Crisis Service and referring services should be undertaken to ensure a consistent approach is maintained.

Referral processes and arrangements for access take into account practices, guidelines outlined in the Psychiatric Emergency Plan (PEP), Interface protocols and specialist service agreements.

4.3 Referral Criteria

Age: 18 years and above (or 16 and above if open to Esteem)

Postcode/HSCP boundaries: the individual must be residing within the Glasgow City boundaries.

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At significant risk of harm to self or others due to mental health problems and likely to need hospital admission or prolonged length of hospital stay if intensive support within the community is not provided.

Referrals to the Glasgow City Crisis Service should be made within 24 hours following a face to face consultation with the patient. If the service referring does not have a duty system there may be on occasions where a telephone/Attend Anywhere assessment may be considered appropriate. This should be discussed with the Crisis Service and a robust assessment/risk assessment should have taken place in keeping with a face to face consultation.

All referrals to the Glasgow City Crisis Service must be discussed with staff during Glasgow City Crisis Service operational hours. Out with these hours, the EMIS task function can be used to notify Glasgow City Crisis Service of a referral from MHAU/In Patient Services. This must be followed up by a telephone call the next morning to ensure the task has been received and actioned. Details to be recorded using EMIS, includes:

- Accurate contact information for the individual being referred
- Details of assessed risk/CRAFT
- Summary of presenting circumstances and the acute concerns
- Relevant mental health history
- Current physical health concerns
- Required response time
- Details of carer support and other supportive networks
- Details of dependents
- Communication issues including the need for an interpreter.
- Action to be taken if patient is uncontactable by Glasgow City Crisis Service.

Referrals to Glasgow City Crisis Service are to be made to the shift co-ordinator/duty person/ a senior staff member on the following numbers:

Glasgow city HSCP North East and East Dunbartonshire: 0141 211 7000

Glasgow City HSCP North West: 0141 211 1430

Glasgow city HSCP South, East Renfrewshire & South Lanarkshire: 0141 232 7060

Inverclyde: 0147 555 8000

Renfrewshire: 0141 618 3333

West Dunbartonshire: 01389 812070

Out with the operating hours of Glasgow City Crisis Service, calls are diverted to NHS 24 111

5. Referral processes

When a referral is received and at the point of discussion between referrer and the Glasgow City Crisis Service, one of the following outcomes will be agreed and documented:

- Accepted for intensive community treatment and/or further assessment.
- Admission indicated; where the need for hospital admission is clearly indicated and the individual already meets criteria for detention in hospital and/or where the level of clinical risk cannot be safely managed in the community following discussion with Glasgow City Crisis Service.

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- If the outcome of a specialist mental health assessment is referral to and follow-up by Glasgow City Crisis Service (following discussion), this should be actioned by the receiving team.
- Out with the operating hours of Glasgow City Crisis Service (e.g. following assessment during the night) it is expected that the referring service will contact Glasgow City Crisis Service at the earliest opportunity to notify them of the referral.

If the referral does not require the intensive input provided by Glasgow City Crisis Service, further discussion should take place and an agreement reached as to the most appropriate services to meet the needs of the individual.

6. Assessment Processes

Glasgow City Crisis Service initial face to face appointments will routinely be carried out by clinicians with an appropriate level of skill and experience.

Initial appointments may be carried out at an individual's own home or at an agreed setting within the community such as a mental health resource centre. If there are concerns about the safety of staff or uncertainty about risks, home visits will not be offered until further information has been obtained and a risk assessment has been completed. Where English is not the service user's first language an interpreter will be part of the assessment to ensure accuracy. Please refer to Managing Challenging Situations in a Community, ED or MHAU Setting (Appendix 2).

Joint working should be considered between Glasgow City Crisis Service, Community Services, and MHAUs wherever possible in order to streamline the patient pathway.

EMIS assessment documentation will include:

- Mental Health Brief Assessment Tool (unless completed by referrer)
- CRAFT
- Safety Plan
- Care Plan
- HONOS

Assessment and formulation of mental health care needs will be done in collaboration with the service user and where appropriate, family and carers, and will support them to identify treatment goals.

Assessment and management of risk will be documented in line with the GG&C Clinical Risk Screening and Management Policy (MHS 07) and will including safety planning.

CRAFT and Safety Plan should be reviewed and, if required, updated, at every visit/appointment.

Glasgow City Crisis Service clinicians will assess and respond to urgent physical health care needs including those that arise from self-harm or suicidal behaviour.

Glasgow City Crisis Service will also assess the impact that a person's mental health problems have on their ability to manage effectively at home.

6.1 Possible outcomes following Glasgow City Crisis Service initial assessment

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Accepted for intensive community treatment (see section 7)

Admission to hospital - If admission to an acute inpatient setting is required the assessing clinicians will arrange this by contacting the local bed manager and duty doctor. (Appendix 3) Where transfer to inpatient care is required, and it is deemed safe to do so, the Glasgow City Crisis Service clinicians may transport the individual to hospital. (Appendix 4)

If at the time of assessment it is deemed that detention is necessary, it is the responsibility of the assessing clinicians to arrange this by contacting medical staff and where possible, an MHO (See Appendix 5). If an out of hours General Practitioner is required this should be accessed via NHS 24. Once detained, processes detailed in the PEP should be followed.

Not for Glasgow City Crisis Service or admission – An explanation will be provided to the individual along with details of emergency contact numbers and information about other services who may be better placed to meet the presenting needs. A summary of interventions and recommendations will be sent back to the GP or other appropriate service.

7. Intensive Home/ Community Treatment

Glasgow City Crisis Service aims to operate at a capacity that allows for three appointments per patient per day. If a patient requires care, less than twice a week then the discharge arrangements from Glasgow City Crisis Service will be discussed at the Glasgow City Crisis Service daily clinical review meeting and recorded in EMIS.

7.1 Digital Health Care

In line with Scottish government guidelines, GG&C Community Mental Health Services use NHS Attend Anywhere video consulting service. NHS Attend Anywhere appointments take place in the service user's home using their own device and internet connection or at local NHS premises. Where it has been assessed as safe, practical and clinically appropriate service users may be offered appointments via video consultation. Please see link below for guidance documents.

[Guidance Documentation \(scot.nhs.uk\)](https://www.scot.nhs.uk)

The Glasgow City Crisis Service will:

- Provide multi-disciplinary, holistic, person centred, recovery orientated and trauma informed care while monitoring mental state and risk
- Work collaboratively with individuals to develop a formulation and /or establish a diagnosis and a care plan
- Promote and encourage carer involvement and provide support to carers in line with legislation on consent, confidentiality and information sharing.
- Provide brief evidence based psychosocial interventions in order to reduce acute distress, decrease potential for immediate harm and aid resolution of acute social or interpersonal crisis.
- Support improvement in functioning, where this is an identified need, through the development of goals informed by assessment of how an individual's function is impacted by their health, circumstances and environment. Goals will focus on interventions to maximise recovery and stabilisation through early re-establishment of previous habits, routines and behaviours in Activities of Daily Living, leisure and social participation.

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- Initiate, manage and monitor medication. In collaboration with CMHTs the Glasgow City Crisis Service can undertake regular home visits to monitor medication compliance and physical observations thereby avoiding unnecessary hospital admission.
- Where a service user does not consent to carer involvement Glasgow City Crisis Service will be available to listen and provide general advice, support and signposting to carer services.

When accepted for Glasgow City Crisis Service, individuals receiving a service can expect:

- To be given written information about the service including contact details, when required teams can arrange to have correspondence translated into different languages both verbally and written format.
- To have their goals and preferences considered as part of their care and treatment plan.
- To be involved in decisions about care and treatment as fully as possible.
- To have their carers or supports involved in their care if they wish.
- To be supported in developing a staying well plan.

7.2 Discharge from Glasgow City Crisis Service

When no further Mental Health Service follow up is required:

When further Mental Health Service input is not required, Glasgow City Crisis Service will communicate with any ongoing services and GP in order to provide a summary of Glasgow City Crisis Service assessment, treatment and ongoing care recommendations.

When there are ongoing less intensive care needs:

Glasgow City Crisis Service will support access to other services and manage transfers of care to ensure a seamless transition out of the service. Where care is being transferred to another team within mental health services, including teams who can support longer term needs, consideration should be given for a short period of joint working to facilitate a smooth transition. If it is not possible to facilitate joint working, the team receiving the patient should make contact within 7 days of discharge from Glasgow City Crisis Service. Information of transfer of care will be relayed to the patients GP and other active service providers.

When more intensive treatment is required:

Where a transfer of care to inpatient services is, required Glasgow City Crisis Service will facilitate a smooth transition. Informal admissions are to be arranged in collaboration with the inpatient Bed Manager/Nurse page holder and duty doctor.

Decisions about transportation to hospital will be made according to level of clinical risk. Glasgow City Crisis Service staff car or taxi should be considered, transportation by a family member or carer can be also be considered if risk assessed and Glasgow City Crisis Service staff accompany in another car to the hospital.

Detentions should be managed with the support of Mental Health Service medical staff or OOH GP's in accordance with the NHSGG&C Psychiatric Emergency Plan.

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8. Team Structure and Staffing

Core staffing will be defined by the local area and may include:

Band 4 Admin staff

Band 7 Crisis Team Leader

Band 6 Senior Crisis Practitioner

Band 5 Crisis Practitioner

Band 4 Associate Crisis Practitioners

Due to the nature of the Glasgow City Crisis Service and the requirement for medication, monitoring as a key function of the service it is necessary to ensure an appropriate staffing and multidisciplinary skill mix. It is anticipated that the majority of the team will be registered Mental Health Nurses with the remaining positions open to registered health professionals from Occupational Therapy or Social Work backgrounds.

8.1 Multidisciplinary Team

In addition to core staffing, the Glasgow City Crisis Service will have access to Medical Staff, Psychologists, Social Workers, Support Workers, Pharmacists, non-medical prescribers as part of the CMHT multidisciplinary teams.

Glasgow City Crisis Service staff will have the necessary training, knowledge and skills to carry out their jobs competently, safely, and with regard to their wellbeing as practitioners. Training and development needs will be identified through line management supervision and recorded in staff appraisals and professional development plans on TURAS.

Clinical Governance

8.2 Clinical Meetings/Care reviews

Glasgow City Crisis Service clinical meetings will take place daily, Monday- Friday, where the care of everyone receiving treatment from the service will be discussed. All new referrals and potential transfers of care from inpatient services will also be discussed.

All documentation and record keeping will meet the standards and criteria set out in national and local guidelines. Practice will be in line with profession specific codes of conduct and will take account of other Clinical/care standards and legislation such as Mental Health Act, Data Protection Act, and GDPR. Regular individual supervision, caseload review and management meetings and team meetings will ensure reflection on individual practice and team performance.

9. Access to medical staff

Non-Emergency Access

Not all patients being seen by the Glasgow City Crisis Service will require to be seen by medical staff. The Glasgow City Crisis Service has access to the CMHT multidisciplinary team meeting to discuss any new referrals and or complex presentations that require an MDT approach.

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There are occasions when a medical assessment is deemed appropriate. This would be around issues such as diagnosis, medication or the need for detention under the Mental Health (Care & Treatment) (Scotland) Act 2003. Patients are not required to be seen by medical staff prior to a decision being made by the Glasgow City Crisis Service that assessment for admission is required, but it would be expected that medical staff would be informed and, where possible, involved in the decision.

Any concerns about a patient's physical health would usually be dealt with by the General Practitioner. The vast majority of patients seen by the Glasgow City Crisis Service are already known to Community Mental Health Teams and it is expected that the majority of patients will already have an allocated Consultant and would already be seeing a member of medical staff. Requests for routine or urgent psychiatric appointments for individuals would be through the usual local pathways.

Emergency Access

There are occasions when emergency, i.e. same day access, is required to medical staff. This would usually be if the patients required to be assessed for a detention under the Mental Health Act, there has been a significant change in risk and/or require medication. The Hospital Duty Doctor is an important backup, but it expected that they should only be contacted if no medical staff are available from the local CMHT. It would be expected that each locality put in place procedures so that this would be an unusual occurrence, i.e. duty doctor system.

Access to medical staff would be through the normal pathways for the individual CMHTs. It is expected that the senior member of the Glasgow City Crisis Service on duty would have been contacted before referral to medical staff. There is an expectation that a senior member of medical staff from the CMHT should be contactable within duty hours and respond appropriately to requests for urgent assessment from the Glasgow City Crisis Service.

Out of hours, if medical advice is required, this can be accessed via the Out of Hours GP Service or Hospital Duty Doctor.

9.1 Medication

All psychiatric medication prescriptions will be overseen by medical staff within the local CMHTs. Full details of prescribed medication will be communicated to relevant health care professionals and uploaded onto EMIS.

Patient Group Directions (PGD's)

PGDs have been introduced to support better access to urgent medicines for individuals seen by the Glasgow City Crisis Service. A list of medication agreed for this is below:

- Diazepam 2mgs tablets for short-term treatment of anxiety and agitation which is not responsive to simple behavioural methods
- Promethazine hydrochloride 25mg tablets for short-term treatment of anxiety and agitation which is not responsive to simple behavioural methods
- Zopiclone 7.5mg tablets for sleep disturbance

10. Data Collection and Monitoring

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Clinical activity and interventions will be recorded on EMIS in line with the standards and criteria set out in national and local guidance. Local Glasgow City Crisis Service audits will review clinical documentation.

Referral and activity reports are available via the Mental Health Dashboard, these include:

- Glasgow City Crisis Service activity data – e.g. referrals, caseload, contacts
- Mental Health Act activity for Glasgow City Crisis Service and in-patient areas
- Diagnostic coding at the point of discharge from Glasgow City Crisis Service
- Hospital admissions, readmissions and length of stay data
- Audit of any Significant Adverse Events, investigations and complaints.

10.1 Outcome Measures

Glasgow City Crisis Service will use HONOS at the point of assessment and discharge.

Service User and carer feedback will be collected in the form of questionnaires that are based on the Scottish Recovery Indicator. This will be in the form of a QR code on the back of the patient information leaflet, patient also have access to leave feedback on the NHS Care Opinion website. Qualitative feedback will be collected on an annual basis via GG&C 'Tell us how is...' cards

A recovery-oriented measure as agreed by Glasgow City will be used for service evaluation and improvement purposes.

11. Review arrangements

Performance indicators as agreed by local HSCPs will be used to monitor and evaluate the Glasgow City Crisis Service. These will be in keeping with Board wide Unscheduled Care KPIs.

Appendix 1 Access to the Service from Mental Health Specialist Services:

Perinatal Mental Health (PMHS)

PMHS provide services to pregnant and postnatal women, their babies and families from Monday to Friday 9-5pm. The service provides a high level of support for patients and also facilitates early discharge from the Mother & Baby Unit (MBU). PMHS may be able to manage crisis support within working hours, however circumstances may arise where the intensity of support requires input of the crisis service. Where it is necessary to involve the crisis service, and where possible, joint assessment would occur during working hours to ensure continuity of care, good communication and the provision/availability of specialist advice from the referring service. If a first presentation is made via the crisis service and appears appropriate for the PMHS, the perinatal service should be contacted on the next working day and arrangements made for a joint assessment with the PMHS within the next 2 working days.

ESTEEM

ESTEEM, first episode psychosis service works on the basis of assertive outreach principles and will usually be expected to manage crisis support within working hours, however circumstances may arise that where the intensity of support requires input from the crisis service. Where it is necessary to involve the crisis service, where possible, joint assessment would occur during working hours to ensure continuity of care, good communication and the provision/availability of specialist advice from the referring service. If a first presentation is made via the crisis service and appears appropriate for the ESTEEM service, the ESTEEM service should be contacted on the next working day and arrangements made for a joint assessment with the ESTEEM service within the next 2 working days if this is not possible then the Crisis Service should seek advice/assessment from CMHT medical staff.

Complex Needs Service

The Complex Needs Service provides direct access to homeless/complex needs people and provides assessment and treatment for mental health problems within this population. Many people are difficult to engage due to their chaotic and often transient lifestyles. The service operates on a pro-active assertive outreach basis. Homeless people's mental health problems are often complex and there is a high level of co-morbidity within this group. The service operates between the hours of Monday to Friday 9-5pm. The service would attempt to deal with and manage crisis presentations within these hours. Out with these hours there may be occasions when referral to the crisis service is necessary. The crisis service involvement with

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homeless people would be to provide an alternative to an in-patient admission in the evenings or weekends. The Complex Needs Service would resume working with the person the next day or on the Monday.

Forensic Mental Health

The Directorate of Forensic Mental Health provides a range of services including in-patient services at Leverndale Hospital and Rowanbank clinic at Stobhill. Rowanbank Clinic provides dedicated admission beds for people requiring a level of security greater than that currently provided within adult admission wards and IPCU's.

The Forensic Directorate also provides an out-patient and community service for those people continuing to require the input of a Forensic Psychiatrist, which may or may not include input from the rest of the multi-disciplinary team. However, this service only operates between the hours of Monday to Friday 9-5pm. Whilst it is anticipated that crisis presentations will be managed by the Forensic service within these hours there may be occasions where referral to the crisis service may be made out with these hours. All out-patients who have a CPN attached to their care will have relapse plans indicating appropriate options in the event of the patients presenting to the crisis service. All forensic patients who only attend a single discipline as an out-patient will have a suitable alert placed on EMIS indicating minimal levels of risk. This will enable crisis service to respond appropriately and in confidence.

It is expected that in these circumstances, the role of the crisis service will be to liaise with the Forensic services, either through the on-call Forensic Consultant rota and/or through accessing the relevant electronic patient information and relapse plan to inform and effect the most appropriate access to the required service arrangement for the individual. It is anticipated that the crisis services primary function will be to provide an appropriate signposting and referral on function for this group of individuals. It is not expected that the crisis service would provide support and direct intervention beyond a weekend and or public holiday and even during that time the on-call forensic psychiatrist is available for advice. The Directorate of Forensic Mental Health is committed to effective joint working and have agreed with the crisis service to implement joint training initiatives to support this.

Adult Mental Health Liaison Service (AMHLS)

AMHLS provides a service to people within the acute hospital setting. The service provides specialist mental health assessment for patients presenting at Emergency Departments, admitted into acute beds following an episode of Self Harm and for complex physical and mental health concerns.

AMHLS operational hours are Monday to Friday 9am to 8pm, Saturday, Sunday and Public Holidays 9am to 5pm.

Out with these hours access for same day emergency mental health assessment for patient presenting at Emergency Departments would be via the Mental Health Assessment Units.

AMHLS and Crisis Service will work together to prevent hospital admissions. AMHLS following assessment can refer direct to Crisis Services for next day follow up following hospital discharge. It is expected that the Crisis Service will contact AMHLS when a patient on their caseload is admitted to an Acute Hospital. The AMHLS can follow the person up while they remain an inpatient within that acute hospital. The benefit of this joint working will ensure the

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person has a full psychosocial assessment / risk assessment carried out prior to discharge from acute hospital.

Alcohol Drugs & Recover Service (ADRS)

ADRS are integrated services comprising of social care staff, RGN, RMN nursing staff, psychology, occupational therapy and medical staff. The service operates Monday to Friday 9am to 5pm covering Glasgow City, Clyde, East Dunbartonshire, West Dunbartonshire and East Renfrewshire.

The service is targeted at people with problems with alcohol and illicit drug use with mild to moderate mental health needs. On occasion, there will be people who present with acute mental health problems such as suicidal ideation, cognitive impairment and psychosis. ADRS deal with delirium as medical emergencies.

There may be occasions where joint working with the Crisis Service is required and the provision of a joint package of care to prevent psychiatric hospital admission.

It is expected that the RMN within the ADRS would ensure that a comprehensive drug, alcohol and mental health assessment is provided to the Crisis Service on request for access. This is to ensure that interventions are initiated on the basis of efficient communication, which identifies and addresses the needs of the person.

Glasgow Psychological Trauma Services (GPTS)

GPTS provide a service from Monday to Friday 9 – 5 pm. The teams sit at Tier 3 in the mental health network, are Psychology led and are aimed at people with moderate to severe mental health problems who are suffering psychological/psychiatric problems as a consequence of complex traumatic events. The teams provide consultation, training and shared assessment to staff working with these clients. The teams also provide therapy to clients who are often concurrently attending their local CMHT and may have a history of in-patient admission. GPTS work closely with CMHT's. There are no psychiatrists in GPTS and in the event of a psychiatric emergency; there will be a need to link in with existing provision through the CMHT/Crisis Service structure.

Personality Disorder and Homelessness Team

Between the hours of 9am-5pm the Personality Disorder and Homelessness Team would be expected to manage a crisis presentation of a known patient, with any emergency psychiatric input required accessed from the patient's CMHT or the Complex Needs Service. If a person known to the Personality Disorder and Homelessness Team presents to the Crisis Service out with working hours, the Personality Disorder and Homelessness Team will resume contact with the person once the crisis has been resolved. It is expected that the Crisis Service and the Personality Disorder and Homelessness Team will liaise on these occasions to ensure good communication, joint working and continuity of care.

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Appendix 2 Managing Challenging Situations in a Community or ED/MHAU Setting

Aide Memoire

This aid memoire has been written following some learning from an Adverse Event and should be read in conjunction with the Psychiatric Emergency Plan.

Staff can be presented with challenging, difficult, uncooperative or aggressive behaviours for several reasons during assessment, which then creates challenges for staff. It is important to remember that people tend to present in such a way for some the following reasons:

- Being unwell or in pain
- Alcohol/substance misuse/withdrawal states
- Hallucinations/delusional beliefs
- Delirium
- Fear, anxiety or distress
- Communication or language difficulties
- Unrealistic expectations
- Previous poor experience
- Frustration
- Heightened emotional response that they didn't get their family member help sooner
- Experience of trauma

Whilst it can be difficult to manage these situations, patients must not be denied necessary treatment even though they may present as aggressive or violent. As highlighted above, the very presentation of challenging behaviours may be an indicator of the patient being unwell. Treatment must always be based on clinical need, and full assessment to determine need is required.

However, staff should never feel unsafe and if you feel threatened or at risk, it may be necessary to consider alternative arrangements for assessment and/or treatment:

- It may be necessary to pause the assessment to de-escalate the situation
- It may be necessary to leave the area whilst a plan is made on how to manage the situation.
- It may be necessary to seek senior advice.
- It may be necessary to seek medical advice
- It may be necessary to discuss with an Advanced Nurse Practitioner.

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- It may be necessary to utilise 'as required' medication
- It may be necessary to ask the Police to attend before continuing

Staff should always seek senior advice if you are unable to complete an assessment or treatment plan. The violence reduction policy for GG&C highlights that all staff should attend mandatory violence reduction training. This to protect both staff and patients. The level of training provided depends on the risk of violence in terms of the setting in which you are based. The levels of training are e learning (Learn Pro module), breakaway and safe holding. The current training is a ½ day breakaway and a 1-day safe holding emergency measures course. Any staff who feel that they require further training should discuss with your line manager.

Learn Pro module -

003 Reducing Risks of Violence & Aggression – within the mandatory training section

LH Specialist Services Clinical Governance Group
07/11/2022

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Appendix 3 Access to Duty Doctors at Local Mental Health Hospitals within GG&C

For those people who self-present at Emergency Departments, or are escorted by Police Scotland/British Transport Police/Scottish Ambulance Service) for access to same day emergency mental health assessment within Greater Glasgow & Clyde 24/7 the following arrangements exist:

- Two Mental Health Assessment Units (MHAU) are operational 24/7 based within Leverndale and Stobhill Hospitals.
- Access to the MHAU's is profession to profession via GP surgery, Out of Hours GP, Emergency Departments (ED's), Police Scotland, British Transport Police, NHS24, NHS24 Mental Health Hub, Compassionate Distress Response Service (CDRS) and Scottish Ambulance Service (SAS).
- For patients who present at ED's and are not able to be transferred to the MHAU's, Adult Mental Health Liaison Service (AMHLS) will provide one hour response to ED's for assessment between the hours of Monday to Friday 09:00 to 20:00, Saturday and Sunday (including Public Holidays) 09:00 to 17:00. Out with these hours this provision will be covered by the MHAU staff.

Following assessment and there is a requirement to access the Duty Doctors the following arrangement exists:

- MHAU staff will contact the patient's locality hospital accessing the appropriate Duty Doctor.
- If the patient is homeless, temporary or resident out with GG&C the MHAU staff will contact the Hospital Duty Doctor/ Bed Manager/Page holder who covers the place from where the patient's contact originated (i.e. walk in to E.D, located by Police Scotland/British Transport Police/Scottish Ambulance Service)
- **Exceptions** – following MHAU assessment and the patient requires review by the Duty Doctor for possible detention the MHAU will contact the Duty Doctor on the MHAU Hospital Site.

Leverndale Hospital	G41 1, G41 2, G41 3, G41 4, G41 5, G42 0, G42 7, G42 8, G42 9, G43 1, G43 2, G44 3, G44 4, G44 5, G45 0, G45 9, G46 6, G46 7, G46 8, G5 0, G5 8, G5 9, G51 1, G51 2, G51 3, G51 4, G52 1, G52 2, G52 3, G52 4, G53 5, G53 6, G53 7, G72 6, G72 7, G72 8, G72 9, G73 1, G73 2, G73 3, G73 4, G73 5, G76 0, G76 7, G76 8, G76 9, G77 5, G77 6, G78 1, G78 2, G78 3, G78 4
Gartnavel Royal Hospital	G11 5, G11 6, G11 7, G12 0, G12 8, G12 9, G13 1, G13 2, G13 3, G13 4, G14 0, G14 9, G15 6, G15 7, G15 8, G60 5, G61 1, G61 2, G61 3, G61 4, G62 6, G62 7, G62 8, G63 0, G81 1, G81 2, G81 3, G81 4, G81 5, G81 6, G82 1, G82 2, G82 3, G82 4, G82 5, G83 0, G83 8, G83 9, G20 0, G20 6, G20 7, G20 8, G20 9, G23 5, G3 6, G3 7, G3 8, G4 9
Stobhill Hospital	G1 1, G1 2, , G1 3, G1 4, G1 5, G2 1, G2 2, G2 3, G2 4, G2 5, G2 6, G2 7, G2 8, G2 9, G21 2, G31 1, G31 2, G31 3, G31 4, G31 5, G32 0, G32 6, G32 7, G32 8, G32 9, G33 1, G33 2, G33 3, G33 4, G33 5, G34 0, G34 9, G4 0, G40 1, G40 2, G40 3, G40 4, G69 6, G69 7, G71 7 G21 1, G21 3, G21 4, G22 5, G22 6, G22 7, G33 6, G64 1, G64 2, G64 3, ,G64 4, G65 0, G65 9, G66 1, G66 2, G66 3, G66 4, G66 5, G66 7, G66 8, G67 4, G68 9, G69 0, G69 8, G69 9

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Appendix 4 Unscheduled Care Admission Procedure

In NHS GG&C Mental Health Services, all patients who are referred to the ward by the Unscheduled Care Teams will be considered for potential admission.

The unscheduled care teams will only bring a patient for admission where they can offer no further alternative option to maintain the patients' safety in the community. If this referral is being made following assessment by:

- **Glasgow City Crisis Service**
- **Mental Health Assessment Unit (MHAU)**
- **Adult Mental Health Liaison (AMHLS)**
- **Police Custody Health Care (PCHC)**
- **Courts**

Where assessment and discussion has taken place to determine that home treatment has been actively considered and there is no alternative to hospital admission to maintain patient safety, the process should involve collaboration between the Duty Doctor, site page holder/bed manager, admitting ward and the referring team.

Please note this paper describes informal admissions into hospital. During working hours Mon–Fri 9am–8pm, Sat–Sun including P/H 9am–5pm all potential admissions should be discussed with Glasgow City Crisis Service to assess for suitability for intensive home treatment prior to considering hospital admission. However if the patient is under a detention certificate then the Psychiatric Emergency Plan will apply and the Duty Doctor and site page holder/bed manager for RECEIVING hospital should be contacted.

Process for all Unscheduled Care Admissions

- The referring team, following assessment will contact the Duty Doctor and site page holder on the patient's locality site to discuss their assessment and reasons for seeking admission. A ward will be identified on the patient's locality site by the site page-holder and formal handover of the patient will take place. If there are, no beds available in the locality ward the nurse in charge of the ward identified by the site page holder will accept handover of the patient. The site page holder will source an available bed and facilitate escort.
- The Duty Doctor will complete the admission process at the earliest opportunity, however following their medical assessment and discussion with the 2nd on call Doctor; they may take the decision to overturn the requirement for admission from Unscheduled Care Services.

Glasgow City Crisis Service

- On arrival at the ward, the Glasgow City Crisis Service will discuss their assessment with the Duty Doctor and nursing staff, a member of the ward nursing team will accompany the Duty Doctor in their assessment/clerk in and if not already done so the referring team will complete their assessment and CRAFT on EMIS prior to leaving the unit.
- If the Duty Doctor is delayed, and cannot complete the admission procedure the referring team will attempt to contact the Duty Doctor and advise of the formal handover of the patient's care to the nurse in charge of the ward.

MHAU's

- If admission to a Psychiatric hospital is required, the MHAU staff will contact the Bed Manager (Mon-Fri 9am-5pm) who will facilitate admission to appropriate site. Out with these hours and including public holidays, the MHAU staff will contact the site page holder for the patient's locality who will facilitate admission to appropriate site.

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- MHAU staff can detain using the nurses holding power under the Mental Health Care and Treatment (Scotland) Act to allow time for the Duty Doctor on site to assess for further need for detention.
- If the patient is detained under, the Mental Health Care and Treatment (Scotland) Act please refer to Psychiatric Emergency Plan thereafter.
- For all admissions from the MHAU the Bed Manager/site page holder should be contacted to facilitate safe transfer. Where clinical activity allows the MHAU staff will assist with transfers. For safe transfer of a patient the use of Euro Cabs should be considered for on and off site patient transfer.

AMHLS

- If admission to a psychiatric hospital is required the AMHLS staff will contact the Duty Doctor and Bed Manager (Mon-Fri 9am-5pm) at their earliest convenience and either place the patient on a waiting list for admission – assuming the patient is still receiving treatment/monitoring for their physical health or provide a handover to the Duty Doctor and Bed Manager regarding clinical presentation and risks.
- AMHLS staff should liaise between Acute and Mental Health In-Patient Services to provide details of safe transfer minimising any delays where possible.
- The Duty Doctor and Bed Manager will facilitate admission to appropriate site, once the patient has been deemed, fit for discharge home, by acute colleagues. Out with these hours and including public holidays, the AMHLS staff will contact the receiving hospital page holder for the patients' locality who will facilitate admission.

Delayed Transfer of Care from General Acute Beds to Adult Mental Health In-Patients

AMHLS will continue to review the patient daily until a bed has been identified.

- **Internal** (Patients residing within GG&C)
Within normal working hours, the AMHLS will contact the Bed Manager of the locality hospital for the patient once the patient has been assessment as physically fit for transfer and is no longer receiving treatment requiring a general adult bed. The Bed Manager will monitor the bed situation locally and if there are, no available beds will attempt to source a bed within GG&C. If there are no available beds within GG&C AMHLS will alert the Specialist Services Manager who will co-ordinate a response to the Heads of Service for Mental Health to advise of the situation. Out with normal working hours, escalation should be made to the Lead Nurse on call and the on-call Consultant Psychiatrist.
- **External** (Patients residing out with GG&C)
For patients who reside out with GG&C and within normal working hours the AMHLS will contact the patients' own locality hospital Bed Manager to source the next available bed within the patients' board area. If there is no bed availability AMHLS will alert the Specialist Services Manager who will co-ordinate a response to the Heads of Service for Mental Health to advise of the situation and discuss potential bed availability within GG&C. Out with normal working hours, escalation should be made to the Lead Nurse on call and the on-call Consultant Psychiatrist

PCHC

- When a referral is made by Police Scotland to PCHC for a mental health assessment the initial information provided would be entered on Adastra and passed on to the duty mental health nurse, who will act as the single point of contact for all mental health assessments and onward referral.

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- The mental health nurse will check all available systems to verify information provided and if appropriate contact the teams involved in the patients care to discuss the presentation.
- The patient will be assessed by a Police Custody Mental Health Nurse who will upload assessment on Adastra and EMIS along with CRAFT.
- If admission to hospital is deemed necessary, the Mental Health Nurse within PCHC will contact the Duty Doctor and site page holder/bed manager for the patient's locality hospital to discuss their assessment and reasons for seeking admission. Please note that if the patient is in the Renfrewshire Area then in the first instance contact the Dykebar Higher Trainee Doctor or the Duty Consultant to discuss potential admission prior to contacting Duty Doctor or Page holder.
- The Mental Health Nurse will ensure the Police Custody Sergeant has a full understanding that the patient will be released from Police Custody in order to receive mental health in-patient care.
- The Site Page Holder will be contacted and advised of the situation. A ward will be identified on the locality site by the Site Page Holder/Bed Manager for Police Scotland to escort the patient for admission.
- If there are no beds available in the locality ward the Site Page Holder/Bed Manager will source an available bed and inform the Mental Health Nurse where Police Scotland should take the patient for admission.
- The Mental Health Nurse will then contact the Nurse in Charge of the admitting ward and the Duty Doctor to inform them of the pending admission and Police Scotland will hand over the care of the patient on arrival at the ward.

COURT

- Referral to court service will result in a triage process taking place, mental health nurse, FCPN, will check all available systems to verify information provided by referrer and where appropriate contact care team involved with individual to discuss current personation and concerns.
- Initial assessment is carried out by mental health nurse who may then refer onto the Doctor on call for the courts for further assessment.
- Following their assessment on call doctor will then liaise with Procurator Fiscal to advise of the outcome of the assessment, whether individual requires further assessment in hospital, dependant of charges against individual this can be achieved using a detention order or informal admission.
- Where Criminal Procedure (Scotland) Act 1995 order is used Geo-Amey will transfer individual to identified hospital.
- If detained under Mental health Care and Treatment (Scotland) Act please refer to the Psychiatric Emergency plan.
- Informal admission would normally be sought where the charges against the individual are deemed minor and not in the public interest to pursue and are dropped by Procurator Fiscal.
- Assessing Doctor is responsible for contacting the bed manager of the individual's locality hospital to discuss the assessment and reasons for seeking admission in all instances.

No Fixed Abode

- If the patient is of NFA and open to Mental Health Homeless Services, Stobhill should be contacted to access a bed in the first instance.
- If the patient is of NFA and picked up by Police and taken directly to MHAU for assessment, the area the patient was picked up by Police will determine which locality hospital the patient will be directed to for admission.
- If the patient is of NFA and in Police Custody the Police Custody Health Care team should be contacted to carry out a mental health assessment in the police station. If the patient requires admission, the Police Custody Health Care team will direct to the nearest Mental Health Hospital to that police station.

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All Unscheduled Care Admissions

- As soon as the patient has arrived on the ward, the nursing staff have a duty to ensure that the patient is safe. The patient has been formally handed over and is now under the care of in-patient services.
- If the patient intimates a wish to leave the ward immediately, the nursing staff should consider using their powers to detain the patient under Section 299 of the Mental Health Act (Scotland) (Care and Treatment) Act 2003. Following the decision by the Duty Doctor that admission is appropriate they will complete their own assessment and a physical examination, order investigations, and formulate a treatment and management plan and update CRAFT jointly in agreement with nursing staff.
- A level of observation should be considered according to the results of the joint medical/nursing and referring teams' assessment and risk management plan as recorded on EMIS
- As soon as possible, the nursing staff should proceed to complete the admission process and inform the patient of their rights to access Advocacy, named person and access advance statements.
- Consideration with patient regarding communication with nominated person(s), next of kin/ family.

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Appendix 5 Contact details for Mental Health Officer (MHO)

Within working hours

(8:45 am- 4:45 pm Monday – Thursday 8:45 am – 3.55 pm Friday)

Glasgow City North East Sector	0141 276 4202
South Sector	0141 276 8735
North West Sector	0791 779 0028
South Lanarkshire	0303 123 1008
Renfrewshire	0300 300 1380
Inverclyde	0147 555 8000
East Dunbartonshire	0141 232 8217
West Dunbartonshire	0138 981 2070
East Renfrewshire	0141 800 7840

Out of hours

(5pm – 9am Monday – Friday / all day Saturday & Sunday and public holidays)

Glasgow & Partners Social Work Emergency Services	0141 305 6705
South Lanarkshire	0303 123 1008