

**Provision of Mental Health Assessment in
NHS Greater Glasgow and Clyde Acute Hospitals**

STANDARD OPERATING PROCEDURE

Adult Mental Health Liaison Service

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1.0 Introduction

This document outlines the service provision for access to Mental Health assessment for those patients admitted to General Hospital acute short stay units and General Hospital in-patient facilities across NHS GG&C.

- Glasgow Royal Infirmary
- Queen Elizabeth University Hospital
- Gartnavel General Hospital/Beatson West of Scotland Cancer Centre
- Golden Jubilee National Hospital
- Vale of Leven District General Hospital
- Royal Alexandra Hospital
- Inverclyde Royal Hospital
- Prince & Princess of Wales Hospice
- Marie Curie Hospice

The Adult Mental Health Liaison Service (AMHLS) provides mental health assessment, diagnosis and management and after care provisions, to patients with complex mental and physical health presentations. It also provides consultation, teaching and research in the general hospital setting.

The AMHLS is a specialist multidisciplinary service for individuals whose mental health difficulties impact on the delivery of care in acute hospital settings. The service aims to provide patients with high quality clinical care through comprehensive biopsychosocial assessment including mental health risk and recommend suitable evidence based interventions appropriate in acute hospital settings.

2.0 Aims

The Standard Operating procedure will set out the arrangements that will enable:

- Provision of a standardised response time to all clinical acute services from point of referral to Mental Health Services.
- Promotion of supportive joint working ethos & shared responsibility to ensure that people with a Mental Health presentation get the most appropriate care treatment response.
- Provide a single Adult Mental Health Liaison service across Greater Glasgow and Clyde, with designated teams working into each Acute Hospital during working hours, and a coordinated out of hours response via a single point of access for Glasgow Royal Infirmary, Queen Elizabeth University Hospital, Royal Alexandra Hospital and Inverclyde Royal Hospital Emergency Departments 24/7.

3.0 The Role of the Adult Mental Health Liaison Service

AMHLS provides mental health assessment, diagnosis, consultation and advice on managing individuals presenting with mental health symptoms whilst receiving care in an acute hospital between Monday-Friday 0900-2000hrs, Saturday/Sunday and PHs 0900-1700.

The service also arranges support and follow-up, for patients presenting with mental health difficulties as a result of a mental health crisis, suicidal ideation, or self-harm. Providing interventions for inpatients presenting with co-morbid physical/mental health difficulties, and conditions such as delirium and somatisation disorder.

All referrals will be screened and allocated to the most appropriate member of the multidisciplinary team. All referrals to AMHLS are commonly complex in nature with an overlap between physical

and mental health issues in their presentations and frequently require further mental health management or intervention following assessment. AMHLS is supported Monday to Friday, 09:00-1700 by an admin team consisting of a mix of Band 3s and 4s.

3.1 Functions of the Team

- To provide a comprehensive mental health assessment and risk assessment, agree and formulate care plan/safety plan with patient.
- To provide and support the assessment of risk and develop appropriate risk management plans including observation levels for inpatients.
- Liaison across both mental and physical health disciplines to identify whether patients require further mental health management during admission and organise discharge follow-up.
- Review patients experiencing mental health difficulties who are not fit for discharge and update patients' care and treatment plans and support to clinical care teams as required.
- To provide advice and support to colleagues about appropriate interventions when the patient has cognitive difficulties, for example, alcohol related brain damage or hypoxic brain injury, and requires specialist management.
- To offer an opinion on capacity when this assessment is complex.
- To provide advice and support in the management of patients with eating disorders admitted to the acute hospital.
- Offer assessment and provide advice about management to medical or surgical teams to manage patients with challenging behaviour due to poor physical health, for example, encephalitis or brain injury.
- To provide psychiatric input when the neuropsychiatric consequence of physical illness requires joint working with a Consultant Liaison Psychiatrist to guide management.
- Review of any detention under the Mental Health Care and Treatment (Scotland) Act e.g. Emergency Detention Certificates (EDC), placements of Short Term Detention Certificates (STDC) and occasionally Compulsory Treatment Order (CTO).The Liaison Psychiatrist would assume Registered Medical Officer (RMO) responsibility for patients detained under STDC and CTO's.
- Consideration will be given to the relevant legislation e.g. Adult Support and Protection (Scotland) Act and Children and Young People (Scotland) Act, Adults with Incapacity (Scotland) Act
- Monitor, advocate and support mental health patients known to services in the community and provide links between community /inpatient services.
- Monitor, advocate and review the mental state of patients detained under the Mental Health Care and Treatment (Scotland) Act, facilitating safe and seamless transfer to mental health services, when the patient is deemed medically fit for discharge from acute care.
- Contributing to Multi-Disciplinary Team Meetings (MDTM), in care planning for patients with - complex needs or give advice on management plans for repeat presentations.
- Telephone advice – stand alone
- Reduction of stigma and supporting equality of access to services and treatment for patients with mental health problems.

3.2 Advice on Appropriate Interventions

- Suggest appropriate investigations.
- Pharmacological interventions.
- Provide brief psychological interventions based on the patient's needs and biopsychosocial formulation, aimed at addressing barriers preventing engagement with hospital treatment/discharge.
- Provide psychoeducation about common mental health problems to acute hospital staff.

3.3 GG&C Adult Mental Health Liaison Service (AMHLS)

Adult Mental Health Liaison Services across GGC operate at the following times

Operating Times: - Monday - Friday – 09:00 hrs - 20:00hrs; Saturday, Sunday and Public Holidays – 09:00hrs - 17:00hrs.

4.0 The Maternity Liaison Service

The maternity liaison service is provided by members of the community perinatal mental health team. It is responsible for the assessment and treatment of women under the care of NHS GGC maternity inpatient hospitals – antenatal and postnatal wards, where they have, or are at risk of having, significant mental disorder. The CPMHT will take into account the need to respond in a way that takes into account the particular needs presented of individual cases

5.0 Response Standard to Emergency Departments

The standard target response time will be to initiate a face to face mental health assessment within **1 hour from point of receipt of referral** (time of initial telephone call).

Prioritisation of all referrals are based on factors including individual patient risk factors, current demand/activity within the service; current risk factors within the Emergency Department (ED), medical fitness, ability to engage in mental health assessment due to substance intoxication, availability of interpreting services.

Out with AMHLS operational hours the emergency department will continue to receive a standard 1 hour response. This will be provided by the Mental Health Assessment Units (MHAU)

Mental Health Assessment Units

The MHAUs are based in:

The Nevis Building, Stobhill Hospital, 133 Balornock Road, G21 3UW – [Tel:- 0141 201 3136](tel:01412013136) (ext 13136)

The MacLeod Centre, Leverndale Hospital, 510 Crookston Road, G53 7TU. Tel 0141 211 6627

The MHAUs are operational 24hrs / 7 days a week

Monday to Sunday – 4-5 staff per site

This staffing group will include at least one senior RMN. There will be administrative support provided during normal working hours.

The MHAU will offer a face to face assessment to individuals, **who are risk assessed to be safe to transfer**, presenting in mental health crisis/distress who would have ordinarily attended GRI, QEUH, RAH and IRH Emergency Departments. If the patient is considered too high risk to leave ED during the OOH period, MHAU staff will deploy staff to attend ED to carry out the mental health assessment. During normal working hours, if the patient is deemed not suitable to transfer these patients would continue to be seen by AMHLS in the dept.

6.0 Handover between AMHLS and MHAUs

AMHLS will aim to respond immediately to any work in ED handed over by services at commencement and throughout the shift. The shift co-ordinator from each service will be responsible for accessing EMIS at commencement of shift and searching relevant tasks outlining referrals at ED. This will be followed up by a handover telephone call from AMHLS to MHAU to give relevant detail including time of the initial referral. The shift co-ordinator will then be responsible for immediately deploying members of staff to attend ED.

If at the handover period there are multiple requests for assessments at ED from different sites, staff will be deployed as soon as available to attend and calls will be prioritised where necessary. **The shift co-ordinator will confirm with each ED the expected arrival time of assessment team.**

6.1 Referral Cut Off Times Between Services

Cut off time for referrals is necessary to allow time for information gathering, travel time, assessment, arrangement of ongoing care, completing and providing relevant documentation. If a patient cannot be seen due to responding to other calls this will be passed to the next service coming on duty.

Current access to face to face assessments in ED, are subject to following referral cut off times for each service.

Mon - Fri

	Day time	OOH
• GRI / QEUH	19:00hrs	and 08:00hrs
• RAH	19:00hrs	and 08:00hrs
• IRH	19:00hrs	and 07:00hrs*

** Between the hours of 07:00 hrs and 09:00hrs Mental Health Assessment defaults to 1st On-call for Psychiatry for IRH.*

Sat/Sun and PHs

	Day time	OOH
• GRI/QEUH	16:00 hrs	and 08:00hrs
• RAH	16:00 hrs	and 08:00hrs
• IRH	16:00 hrs	and 07:00hrs

The MHAU will have the ability to offer emergency medication and treat minor injuries occurring in the context of the individual's mental health needs. Any significant self-harm or overdose with requirement for medical intervention should continue to be referred to local Emergency Departments for treatment.

7.0 Declaration of a Major incident

The AMHLS will deploy staff to base themselves in the ED of the hospitals affected to help triage patients presenting with mental health/distress.

8.0 Standards

8.1 Mental Health Response to ED

- Standard 1 hour response time from point of referral to initiating face to face MH assessment.
- Standard response time will be extended if referral received during service handover time.
- Prioritisation of calls based on risk by shift coordinator.
- Expected time of arrival of MH services given at point of referral by shift co-ordinator.
- Shift Co-ordinator will provide updates on Expected Time of Arrival to EDs where a delay in response is anticipated or a reprioritisation of calls has occurred.
- If admission to a Mental Health hospital is required - refer to Appendix 1
- GG&C patients will be referred for admission to the Mental Health Hospital whose catchment area covers the patient's home address.
- As part of the unscheduled care service there is a need to consider all activity across the system and ensure there is a joint decision making process and route of escalation during times of peak demand. In exceptional circumstances, where the Liaison/MHAU does not have capacity to accept a referral from ED and attend within a reasonable timeframe, AMHLS/ MHAU will discuss the referral directly with the Mental Health duty doctor to facilitate the mental health assessment. If the duty doctor does not have capacity to assess the patient within a reasonable time frame they should liaise with a senior on call psychiatrist for guidance and/or assistance to clarify priorities.

8.2 Emergency Department Response to MH presentations

- All patients referred for assessment must have a completed Mental Health Triage and Risk Assessment Tool (MHTRAT). For patients who are being transferred for assessment to the MHAU the ED card and MHTRAT should be uploaded to clinical portal prior to the patient leaving.
- If the patient is being assessed in the ED a suitable location/ room to carry out an emergency MH assessment to respect patient dignity and confidentiality should be sought.
- ED Staff to have emergency response protocols in place if assistance required.
- Patients must be able to participate in assessment process.
- Referring Doctor or designated staff member should be available to discuss assessment outcome to limit delays within the department.
- Medical investigation results where it is likely to impact on outcome should be completed and available.
- MH assessment should not be delayed where the patient has capacity to participate and where medical investigation results are pending which will not impact on decisions relating to medical admission or are likely to be negative.
- Where English is not the first language, a discussion should take place at point of referral about the need for an interpreter.

9.0 Acute Departments Response to Mental Health Presentation

- A suitable location/room should be made available to carry out mental health assessment to respect patients' dignity and confidentiality.
- Patients must be able to participate in assessment process (Appendix 2)

- The referring staff member should be available to discuss the assessment and outcome or have a named person in their absence to receive this information.
- Medical investigation results where it is likely to impact on the outcome should be noted on referral form and information provided at point of assessment for patients in the acute wards.
- Mental health assessment should not be delayed where the patient has capacity to participate and where Medical investigations result are pending which will not impact on decisions relating
- Where English is not the first language a discussion should take place at point of referral about the need for an interpreter.

10.0 Referral Criteria for Short Stay Units and Acute In-Patient Wards

Referrals will be accepted from acute hospital consultants, junior medical staff and other hospital healthcare professionals. Referrals may also be accepted from consultant psychiatrists where the clinical problem is such that specialist liaison mental health skills are felt to be appropriate.

Referrals will be allocated for assessment to a team member with appropriate skills for the person's stated needs.

AMHLS provides a service for patients aged 18 and above. However, it should be noted that there is a specialist mental health liaison service for older adults working Monday to Friday 9am-5pm within the Acute Hospitals which offers services to patients 65 and over. There is also Acute Addiction Liaison Nurse service, working within the acute hospitals, who operate Mon-Fri 0830-1630. Out with these hours there is a 24 hour answerphone. There is also a specialist paediatric liaison services for patients aged 0 to 17 and their families if open to Royal Hospital for Children which works 9am-5pm, after 5pm they have an OOH service which can be contacted at Skye House, Stobhill Hospital.

11.0 Access and Referral System

11.1 Availability of Service

- Mental Health Assessment to Emergency departments Monday - Sunday 24hrs
- Mental Health Crisis/ Self harm assessment Monday – Friday 9am-5pm, Saturday and Sunday, including P/H 9am-5pm
- Liaison Mental Health Assessments Monday to Friday 9am to 5pm.

11.2. Referrers

- Referrals are accepted from clinicians from the acute general hospital sites including Addiction Liaison Services.
- CMHT's and Mental Health inpatients can refer if there is considered to be an appropriate role for AMHLS

11.3 Processing of referrals

A referral to AMHLS for same day or within 24hrs should be telephoned direct to the service for crisis/self-harm assessment. If the referral required medical input an electronic referral should be generated and clearly marked urgent or routine and include in depth information to assist the service in co-ordinating a timely response.

11.4 Response Standard Time for Referrals from Short Stay Unit (Including Ward 46 GRI)

Response to referrals will be same day if the referral is received before 3pm.

GRI – Specialist Assessment Treatment Area (SATTA) which was previous known as Acute Receiving Unit. (Due to covid-19 some ED patients continue to be sent to SATTA, for social distancing purposes only, however this is currently being reviewed)

QEUH – Initial Assessment Unit

RAH - Medical Assessment units

IRH – Acute Medical Receiving Unit

11.5 Response Standard Time for Referrals from Acute In-Patient Services

- Response to referrals will be within 24 hours for patients experiencing mental health crisis/self-harm

11.6 Response Standards Times for Liaison Referrals (Medical/Psychology Input Required)

- Response to referrals will be within 72hrs. If the referral is urgent it is expected that the referrer contacts the AMHLS directly to discuss and agree treatment plan.

The standard target response time will be to initiate a face to face mental health assessment. Prioritisation of all referrals are based on factors including individual patient risk, current demand/activity within the service; medical fitness, ability to engage in mental health assessment due to substance intoxication and availability of interpreting services.

12.0 Accessing mental health inpatient beds

- 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 (Appendix 3)

12.1 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 (Appendix 2)

12.2 AMHLS Staffing Profile

Medical	6 WTE
Psychology	2 WTE
Nursing Team Leaders	4 WTE
Nursing	13 WTE

12.3 Medical cover OOH

AMHLS nursing staff will review detained patients on a daily basis and support acute wards with the management of the patient's mental health.

On Call Consultant Psychiatrist for emergency assessment and review of detentions can be arranged through AMHLS. There is no Psychology cover available at the weekends or public holidays.

12.4 Data Collection & Monitoring

Mental Health Services will collate information on referral sources which will be broken down to individual hospital sites, response times, clinical presentations and outcomes. The aim is to utilise this for identification of issues and resolution as they arise and to compile a data analysis for service development/governance. This will be collected through EMIS and monthly reports are available from Business Intelligence Service.

Appendix 1

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:

- **Community Mental Health Acute Care Service (CMHACS)**
- **Mental Health Assessment Unit (MHAU)**
- **Police Custody Health Care (PCHC)**
- **Adult Mental Health Liaison (AMHLS)**

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, 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.

CMHACS

- On arrival at the ward, the CMHACS 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.
- 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.
- 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.

- 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 also 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.

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.

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.

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.
- 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

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,
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, G20 0, G20 6, G20 7, G20 8, G20 9, G21 1, G21 3, G21 4, G22 5, G22 6, G22 7, G23 5, G3 6, G3 7, G3 8, G33 6, G4 9, 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