



**Mental Health Assessment Units
Nevis Building Stobhill Hospital
Macleod Centre Leverndale Hospital**

OPERATIONAL POLICY

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1.0 Introduction

This document outlines the service provision for access to Mental Health Assessment Unit (MHAU) for those patients who ordinarily attend the Emergency Departments of the GRI, QEUH, IRH and the RAH. This is to provide an alternative base for patients who are experiencing a mental health crisis/distress and require a clinical response in the form of a Specialist Mental Health Assessment to help reduce the pressure on our Emergency Departments.

The MHAU is a specialist service which will provide an assessment, diagnosis and management to patients who are presenting in mental health crisis/distress and would have sought assistance through self-presenting at an Emergency Department or accessed assistance via Police Scotland or Scottish Ambulance Service. This was introduced as a direct response to the extraordinary service pressures on existing resources within Emergency Departments because of the Covid-19 pandemic. The MHAUs are now a permanent service to offer one point of access 24/7 for emergency same day profession to profession mental health assessment.

The service aims to provide patients with a full psychiatric evaluation including mental health risk assessment with appropriate treatment and follow-up arrangements.

2.0 Aims:

- Establish a standardised pathway for access to the MHAU's for GRI, QEH, RAH and IRH 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), GCHSCP Urgent Care OOH's Services and Crisis Outreach Service (COS)
- Promote supportive joint working ethos and shared responsibility to ensure that people experiencing distress and with a Mental Health presentation get the most appropriate and timely care treatment response.
- Describe the scope of the MHAU and of joint working with Emergency services including the Emergency Departments, Scottish Ambulance Service and Police Scotland.
- Describe the scope of the MHAU and joint working with the Out of Hours G.P service, NHS 24/Mental Health Hub, the flow, and navigation centre and the GCHSCP Urgent Care OOH 's Services.
- Describe the introduction and pathway for joint working with MHAU staff and the Scottish Ambulance Service to provide a first responder service for mental health assessment within patient's home.
- Describe the introduction of Consultant Connect for joint working with the MHAU staff and G.P surgeries across GG&C to access same day mental health assessment for patients presenting in mental health crisis.
- Describe the pathway and joint working between the MHAU and the Compassionate Distress Response Service (CDRS).

3.0 Existing Services

Many of the existing services set up to assess acute psychiatric presentations are still in place and are operating as normal. If you are not Police Scotland, British Transport Police the Scottish Ambulance Service (SAS), ED at RAH, QEUH, GRI and IRH, G.P Out of Hours, NHS24/NHS24 Mental Health Hub, G.P Surgeries, CDRS, GCHSCP Urgent Care OOH 's Services then your usual referral pathways for mental health are unchanged:

- Adult Mental Health Liaison Service

- Intensive Home Treatment Team (IHTT) (Renfrewshire)
- Community Response Service (CRS) (Inverclyde)
- Crisis teams
- Community Mental Health Team (CMHT) desk duty
- Child and Adolescent Mental Health Services (CAMHS)
- Alcohol and Drug Rehabilitation Services (ADRS)
- Police Custody Nursing Service
- Court Liaison Service

Normal processes for patients presenting less acutely with mental health difficulties are also still in place:

- GP Surgeries
- G.P Out of Hours
- NHS 24/NHS 24 Mental Health Hub
- CDRS

Additionally, patients with mental health problems will continue to present for reasons other than their mental health, e.g. poor physical health, alcohol/drug withdrawal or acute intoxication and services continue to be in place to manage these:

- ED
- GP
- G.P Out of Hours

In general, all services except Police Scotland, British Transport Police SAS, ED at RAH, QEUH, IRH and GRI, NHS24/NHS24 MHH, G.P Out of Hours, G.P Surgeries, Flow and Navigation Centre, GCHSCP Urgent Care OOH 's Services and the Compassionate Distress Response Service, should follow their usual referral pathways:

- GPs refer to the CMHT for urgent 5 day and routine referrals.
- Police custody RMN refer to CMHT/Crisis/CRS/IHTT
- CMHT / Crisis / IHTT/CRS would admit directly to the wards as usual.

4.0 Mental Health Assessment Units (MHAUs)

The MHAUs are based in:

The Nevis Building, Stobhill Hospital, 133 Balornock Road, G21 3UW – Mental Health Campus. Tel:- 0141 201 3136 (ext. 13136)

The MacLeod Centre, Leverndale Hospital, 510 Crookston Road, G53 7TU located at rear of Ward 2 Telephone number 0141 211 6627.

Operating Times

The MHAUs are operational 24hrs / 7 days a week.

Staffing

Monday to Sunday – 4-5 staff per site

There is an allocated Consultant Psychiatrist to the MHAU. There will be four members of nursing staff providing input to the service 24/7. This staffing group will include at least one senior RMN. There will be administrative support provided during normal working hours. All staff will receive guidance on management of minor injuries. No member of staff will be asked to work beyond their established competencies. The senior RMN will have a coordination responsibility for managing activity on the unit and liaising with ED staff, SAS, Police Scotland, G.P Out of Hours and In-patient services.

4.1 Nurse Line Management Supervision

The purpose of Nurse Line Management Supervision is to review management of workloads including prioritisation of work and adherence to departmental policies and procedures. Provide an opportunity to reflect and problem solve. Furthermore, this is an opportunity to contribute to the development of the service and ensure that the service and organisation objectives are met.

NLM Supervision should take place a minimum of every 8 weeks. It is suggested that this should happen more often for new Nurses and those who are on a supportive or capability plan. The session should include discussion on the workload within the service and a review of completed clinical work. This review allows discussion regarding the prioritisation of workload and review of resources available, whilst adhering to departmental policies and procedures. It also provides an opportunity to reflect, and problem solve with a more senior practitioner. Any issues affecting the immediate care of patients should be dealt with promptly and not wait until the next NLM Supervision meeting. Please refer to the MHS 55 Nurse Line Management Supervision Guidance below.



MHS 55 - Nurse
Line Management Supervision

4.2 Training

There is a rolling training programme for MHAU staff which is updated and contributed to throughout the year. All training is recorded where possible to allow staff who have been unable to attend to listen to this at a later date. All training is recorded within a training log and staff are encouraged to identify and contribute to learning topics and case-based learning throughout the year. It is the responsibility of staff to ensure that they complete the training programme. As well as the rolling programme of training staff are also reminded to keep up to date with all mandatory training.

5.0 The Role of the MHAU

The MHAU will offer a face-to-face assessment to individuals presenting in mental health crisis/distress who would have ordinarily attended GRI, QEUH, RAH and IRH Emergency Departments. The MHAU staff will offer Consultant Connect which is an app-based service in which GP's can directly access advice and support from the Senior Nurse in the MHAU. This service will be accessible to all G.P surgeries across GG&C for patients 18 years and over presenting with urgent mental health needs requiring an emergency same day response. For patients known to the CMHTs and/or who do not require an emergency same day response should be referred to their local CMHT in the normal way using existing referral routes. (Appendix 1)

For patients aged 65 and over GP referrals for emergency same day response, 5 day urgent and routine will be managed by the Older People's Community Mental Health Team. (Appendix 2) There may be occasions due to significant challenges with OPCMHTs and the ability to respond to emergency same day assessments at this point there should be discussion between MHAU and OPCMHT team leaders to make a request for assistance.

Patients aged 16–17 years should be referred to their local CAMHS Service by GP Surgeries. Patients aged 16-17 can be referred directly to the MHAU from Emergency Services.

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.

5.1 Who can refer?

- Referrals into the unit will be by telephone following ED triage and completion of the Mental Health Triage & Risk Assessment Tool (MHTRAT Appendix 3) where it has been identified that the patient requires an emergency mental health assessment ED will then upload the completed ED card onto Clinical Portal and then organise the transfer of the patient to the MHAU if safe to do so.
- Police Scotland, British Transport Police and Scottish Ambulance will refer into the MHAU by telephone those individuals deemed at risk due to their mental health presentation following a call out by their services. This would only occur when they have identified that there is no requirement for immediate medical treatment at an Emergency Department. These services also have direct access to CDRS for patients in distress who do not require a clinical response.
- G.P Out of Hours will refer into the MHAU by telephone or by digital referral via Adastra. This will be sent to the MHAU secure mailbox which will be monitored by staff for patients who are known/unknown to mental health services who are experiencing mental health crisis/distress.
- NHS24/NHS24 Mental Health Hub will refer into the MHAU by digital referral via Adastra. This will be sent to the MHAU secure mailbox which will be monitored by staff for patients who are known/unknown to mental health services who are experiencing mental health crisis/distress.
- The GP in hour's service is offered Monday to Friday from 08.30 to 18.00 hours, which will provide a substantive and robust service offering direct access for G.P's whose patient is experiencing urgent mental health needs requiring an emergency same day response. Where an emergency assessment is required, the team will agree with the GP via the Consultant Connect call in the first instance, if the outcome of this discussion is same day referral the GP should complete and submit a referral via SCI Gateway. (Appendix 2) It can then be agreed whether the patient can self-present to the MHAU, requires transport to attend and return home from the MHAU or a home visit is required. The service aims to provide patients with a full psychiatric evaluation including mental health risk assessment with appropriate treatment and follow-up arrangements.
- GCHSCP Urgent Care OOH 's Services - Social Work Emergency Services, District Nursing and Home Care Alarms (Cordia). Referrals would be via telephone call direct to the MHAU.
- For patients known to the CMHTs/ CAMHS who require an emergency same day response this would be provided by their local CMHTs/CAMHS in the normal way using existing referral routes.

5.2 Patients who present as Intoxicated.

The presence of alcohol and/or drug intoxication does not preclude early assessment, although it may indicate the need for further assessment when the person is no longer intoxicated. When a request for assessment is received, it is not appropriate to insist that the person be free from the effects of alcohol and/or drugs. This includes requests by police for assessment of persons held in police cells when there is a concern that mental illness or risk of suicide is present in a person who is also intoxicated. The coexistence of intoxication does not prevent assessment by MHAU.

Staff should familiarise themselves with ADRS in their local area to facilitate appropriate referral and collaborative interventions.

Treatment options

Treatment options available to clinical staff where a person is assessed as drug and/or alcohol intoxicated include:

- Admission to a mental health service if there is concern regarding mental state or suicidality.
- Referral to an accident and emergency department where there is concern regarding physical condition.
- Referral to police in the setting of offending or aggressive behaviour.
- Return home with provision of carer support and or Crisis Services.

5.3 Processing referrals

The MHAU staff will complete a telephone referral form to gather information and risk assess the situation prior to patients attending the MHAU. The telephone referral form will be upload to EMIS (Please see MHAU Digital SOP). The MHAU staff will document information as follows:

- Patient details – name and CHI
- Police Incident number if Police Referral
- Mental health presentation
- Friend or Relatives with patient
- Method of transport to MHAU
- Primary Language

G.P Out of Hours and NHS24/NHS24 MHH digital referrals - staff will monitor the MHAU secure mailbox and action the referrals according to digital SOP.

G.P Surgeries will refer via Consultant Connect (18 year and above) to discuss the referral and agree appropriate course of action. If it is agreed that the patient requires same day mental health assessment this will be followed up with a SCI gateway referral to MHAU's. All SCI Gateway referrals will be screened and allocated by Medical Records Monday-Friday 9am-5pm.

For patients who need seen routinely referrals would be made to the relevant CMHT using existing referral routes.

Clarify that criteria for referral have been met. The criteria for referral are as follows:

- Mental Health Triage and Risk Assessment Tool (MHTRAT) completed and uploaded to Clinical Portal - ED (Appendix 3)
- Medically fit for transfer – All
- Ability to engage in psychiatric assessment - All.
- Safe method of transport (Family/friend/taxi) – All
- Consultant Connect /SCI Gateway – G.P Surgeries
- G.P Out of Hours, NHS24/NHS24 MHH – ADAstra via MHAU secure mailbox

Exclusion criteria are as follows:

- Significant overdose requiring treatment or ECG monitoring.
- Significant DSH wounds requiring multiple sutures or obvious onward speciality referral.
- Patient unable to undertake assessment.
- Patients assessed at triage as being too high a risk of significant self-harm and absconding to facilitate safe transfer.
- GCS below 15

Both MHAU's should have ability to divert referrals to each other dependent on clinical activity in the individual unit. The Senior RMN in each unit will have a role in managing capacity on each site and ensuring capacity within each individual unit is not exceeded (estimated at 4 assessments ongoing at one time) If capacity is becoming critical liaison should be undertaken with the other MHAU and the Emergency Department. There is an expectation that capacity issues would be discussed with the senior nurse responsible for the unit and they would support the service to ensure it continues to accept referrals.

All referrals to the MHAU that have been accepted for assessment, are seen face to face.

If a clinical decision is made that a telephone assessment is appropriate, then the rationale for why a face to face is not required will be documented within the EMIS consultation. If the person is unknown/closed to mental health services and a telephone assessment is completed, this will be documented on the Brief Assessment Tool and a CRAFT will be completed.

If the person is open to mental health services and a telephone consultation has taken place, an SBAR and updated CRAFT will be completed. Please see appendix 4

All face-to-face assessments will be completed using the Brief Assessment Tool and accompanied by a CRAFT.

Following an assessment being completed within the MHAU, staff will complete the Brief Assessment Tool (BAT) and CRAFT on EMIS. Staff will be able to dispense emergency anxiolytic medication to patient presenting in distress. This will be documented in the Brief Assessment Tool as per staff guidance. This will be limited, and ongoing prescribing will remain the responsibility of the GP/locality team.

Following outcome of assessment:

- 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 appropriate duty doctor and site page holder who will assist to facilitate admission. If the patient is detained under the Mental Health Care and Treatment (Scotland) Act 2003 please refer to Psychiatric Emergency Plan (PEP). (See Appendix 5 Unscheduled Care Admission Procedure).
- MHAU staff can detain using the nurses holding power under the Mental Health Care and Treatment (Scotland) Act 2003.
- For all admissions via the MHAU the Bed Manager/site page holder should be contacted to facilitate safe transfer. If clinical activity allows the MHAU staff will assist with on/off site transfers.
- If required for the safe transfer of a patient, the use of Euro Cabs should be considered for both on/off site transfers.
- If the outcome is to return home with appropriate follow-up arrangements (IHHT/CRS/Crisis/CMHT/GP) agreed, then a taxi will be provided for the patient.

Following assessment and there is a requirement to access the Duty Doctors the following arrangement exists: See Appendix 6

- 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 detention the MHAU will contact the Duty Doctor on the MHAU Hospital Site.

5.4 Carers, Consent and Confidentiality

When people are unwell, it can often be difficult for them to explain to professionals how they feel. It is important for professionals to be able to speak to someone who knows the individual well. Families can often describe concerns about the person's behaviour, recent events and provide background information to help to inform their loved one's support, care, and treatment. Involving family members wherever possible means it is less likely that vital information will be missed and helps families to maintain a supportive relationship with the individual.

Maintaining confidentiality and keeping the best interests of the person in mind is vital, and so is having clear, open channels of communication with those who care for them. People must be able to trust in the professionals treating them and be confident they are acting in their best interests. Effectively engaging with relatives in these circumstances is a core skill for professionals. One of the most important things staff can do is **listen** to families and carers. This equally applies where the individual has not given their consent to share information and where there is no power of attorney or guardianship order in place. It is important to recognise that families have a unique knowledge of their relative and have vital information that could help with diagnosis and treatment that the person is unable to give themselves.

Breaching confidentiality

Maintaining confidentiality in clinical, social work and social care settings is a priority for all professionals. However, the complexity of cases and challenges faced by staff mean situations can arise that are unclear. In situations where there may be a risk to the person or to someone else it can be appropriate to breach a person's confidentiality. When there is doubt about breaching a person's confidentiality, professionals should consult with their managers and senior staff and record the discussion, decision, and rationale for the decision. This should be clearly documented and placed in the person's file.

Process for information sharing flow chart (Appendix 7)

(Carers, Consent and Confidentiality – Mental Welfare Commission Report 2024)

[CarersConsentAndConfidentiality_2024.pdf \(SECURED\) \(mwcscot.org.uk\)](#)

6.0 Standards

6.1 Emergency Department Response to MHAU

- All patients referred to the MHAU must have a completed Mental Health Triage and Risk Assessment Tool (MHTRAT) and a telephone referral to provide details as outlined above. Prior to attending MHAU the MHTRAT should be uploaded to clinical portal along with any other relevant documents Patients can be transported to the MHAU via taxi unaccompanied if staff feel it is safe for the patient to do so. Patients may also be accompanied by friend/carer or relative. (Please see Appendix 8 Telephone Referral Form)
- Patients must be able to participate in assessment process. (Please see Appendix 9 Mental Capacity Assessment) It is important that individuals are not turned away from accessing either mental health services and or ADRS due to their coexisting illness. One of our main principal's re-entry points into services should be 'no wrong door.'
- Managing patients who become challenging during assessment (Please see Appendix 10)
- Patients who have been referred from a community setting or ED senior medical staff in the Emergency Department are available for guidance and advice should the patient's physical state deteriorate during the assessment. For referrals from the **QEUH** and **RAH** the contact number for this support is **0141 452 2828**, for referrals from the **GRI** the contact number is **0141 451 1394** and referrals from **IRH 01475 504 351**
- Medical investigation results where it is likely to impact on outcome should be completed and available.

- Mental health assessment should not be delayed when 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.
- Information should be provided re any language/communication difficulties.
- ED referral pathway (Please see Appendix 11)

6.2 Police Scotland & British Transport Police Response to MHAU

24/7 – For patients who would otherwise have required to be transferred to ED's

- Police Scotland and British Transport Police can make a referral to the MHAU where there is significant concern for the patient's safety or wellbeing and when officers from Police Scotland and British Transport Police have conducted initial face to face contact with the patient.
- Patients do not need to be known to MH services to be referred by Police to the MHAU's for either face to face or telephone contact.
- Where patients do not require or wish to transfer to the MHAU, telephone contact can be made by Police to the MHAU for a telephone assessment.
- Patients must be able to participate in assessment process. (Please see Appendix 8 Mental Capacity Assessment) It is important that individuals are not turned away from accessing either mental health services and or ADRS due to their coexisting illness. One of our main principal's re-entry points into services should be 'no wrong door.'
- Patients cannot be referred or assessed where there is significant incapacity due to alcohol or drug consumption that impacts on their ability to participate in an assessment.
- There must be no evidence of a significant physical health condition which would require attendance at an Emergency Department with any referral to MHAU.
- Police will escort referrals to the MHAU and will conduct a joint risk assessment as to the requirement to remain with the patient until the outcome of the assessment.
- If following discussion and agreement with nursing staff there is no requirement for continued Police presence, Police can leave the unit, however, if nursing staff request Police presence they should remain until outcome of assessment known.
- Police may also prioritise their presence if there are already sufficient Police Officers in the MHAU to ensure the safety of the patient and others within.
- Where patients are at home and do not wish to transfer to MHAU but following telephone assessment by MHAU staff it is deemed they require a face-to-face home assessment this will be provided by the MHAU staff. In exceptional circumstances the MHAU nurse in charge may contact the local CMHACS staff to assist in home assessment.
- Police/SAS referral pathway (Appendix 12)
- Please refer to section 6.4 for a detailed guide on accessing assistance from health professionals

6.3 Scottish Ambulance Service Response to MHAU

- Following SAS conducting a face-to-face intervention and where there is significant concern for the patient's safety or wellbeing with no evidence of a significant physical health condition which would require immediate attendance at an Emergency Department, they can refer directly to the MHAU.
- Patients must be able to participate in assessment process. (Please see Appendix 9 Mental Capacity Assessment) It is important that individuals are not turned away from accessing either mental health services and or ADRS due to their coexisting illness. One of our main principal's re-entry points into services should be 'no wrong door.'
- SAS will escort all referrals to the MHAU and agree the transfer of the patient before leaving the patient in the care of mental health staff.

- Police/SAS referral pathway (Appendix 12)

6.4 General Practitioner’s Service Response to MHAU (Mon-Fri 8.30am – 6pm)

- Following a G.P consultation, where it has been identified by the G.P that there is a requirement for a same day urgent mental health assessment contact should be made to the MHAU via Consultant Connect.
- Following a discussion with a senior nurse in the MHAU an agreement will be reached to accept the patient as requiring same day urgent mental health assessment.
- If the discussion results in a decision the patient does not require same day urgent mental health assessment, then the G.P should complete a SCI gateway referral to the local CMHT for 5 day urgent or routine assessment.
- If the decision is for assessment by MHAU the G.P will be advised of the most appropriate MHAU (Stobhill/Leverdale) to lead on the assessment, the G.P will then complete a SCI Gateway referral and send to the appropriate MHAU via secure email.
- If during the discussion, there is a concern that the patient may require to be detained under the Mental Health Scotland (2003) Act and is **not** open to mental health services then a joint home visit with the G.P and the MHAU staff should be considered and co-ordinated at this point. However, if the patient is currently **open** to mental health services, then the local team should be contacted and advised of the situation to co-ordinate a review of the patient’s mental health.
- If the patient is new to mental health services and the outcome of the G.P same day urgent mental health assessment by MHAU staff in the patients home is to consider detention under the Mental Health Scotland (2003) Act, the G.P should be contacted to provide emergency detention and should also co-ordinate an MHO to attend the home.
- Following detention of a patient in community MHAU staff would co-ordinate pathway into hospital following the Psychiatric Emergency Plan (PEP).

6.5 CMHT/CRISIS/IHTT/CRS response where patient is refusing transfer to MHAU.

If Police Scotland/British Transport Police /SAS deem the patient is too vulnerable to be left alone and they are refusing transfer to MHAU then MHAU staff will attempt to assess the patient over the phone.

Following this assessment, if Police Scotland/British Transport Police /SAS or MHAU staff are still concerned the following options are available depending on the time of day and whether the patient is open to a community mental health team (CMHT):

	Open to CMHT/Pending Appointment	Not open to CMHT
Mon-Fri 9am-5pm	MHAU staff can contact local CMHT/Crisis Team/IHTT/CRS who will attend patient at home	Police Scotland/British Transport Police/SAS should contact MHAU
Mon-Fri 5pm-8pm Sat-Sun 9am-5pm (Incl. public holidays)	MHAU staff can contact local CMHT/Crisis Team who will attend patient at home	Police Scotland/British Transport Police/SAS should contact MHAU
Mon-Fri 8pm-9am Sat-Sun 5pm-9am (Incl. public holidays)	MHAU should be contacted to provide a response to facilitate assessment within the patient’s home.	Police Scotland/British Transport Police/SAS should contact MHAU

6.6 Adult Mental Health Liaison Service (AMHLS)

Any patient requiring mental health assessment, within ED and deemed not suitable for transfer to MHAU, due to risk factors should be referred onto AMHLS for urgent review, within the Emergency Department.

The standard target response time will be to initiate a face-to-face mental health assessment remains 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.

AMHLS Operating Times: - Monday - Friday – 09:00 hrs - 17:00hrs; Saturday, Sunday, and Public Holidays – 09:00hrs - 17:00hrs. (Out with these hours please contact the MHAU who will provide cover to EDs).

6.7 NHS 24/NHS 24 Mental Health Hub

Any referrals from NHS24/NHS24 Mental Health Hub into the MHAU will have been screened and assessed as suitable for an emergency Specialist Mental Health assessment. The correspondence/assessment documentation will be sent via the secure mailbox, using the ADASTRA system (see MHAU digital SOP)

6.8 Compassionate Distress Response Service (CDRS)/ GCHSCP Urgent Care OOH's Services

CDRS/ GCHSCP Urgent Care OOH's Services can refer by telephone to the MHAU following a consultation with an individual, where they feel a same day clinical response is required from a specialist mental health service.

6.9 Crisis Outreach Service (COS)

COS is based within the MHAU, and they have a joint working approach to patient care. If the patient has a comorbid presentation, then a joint assessment between MHAU and COS will be undertaken on the first instance.

7.0 Data Collection & Monitoring

Mental Health Services will collate information on referral sources and assessment outcomes which will be broken down to individual referring services. The aim is to use 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.

8.0 Clinical Research Trials

There is a 24/7 requirement to provide medical cover for patients in mental health research trials, the MHAU at Leverdale will provide the OOH cover for this.

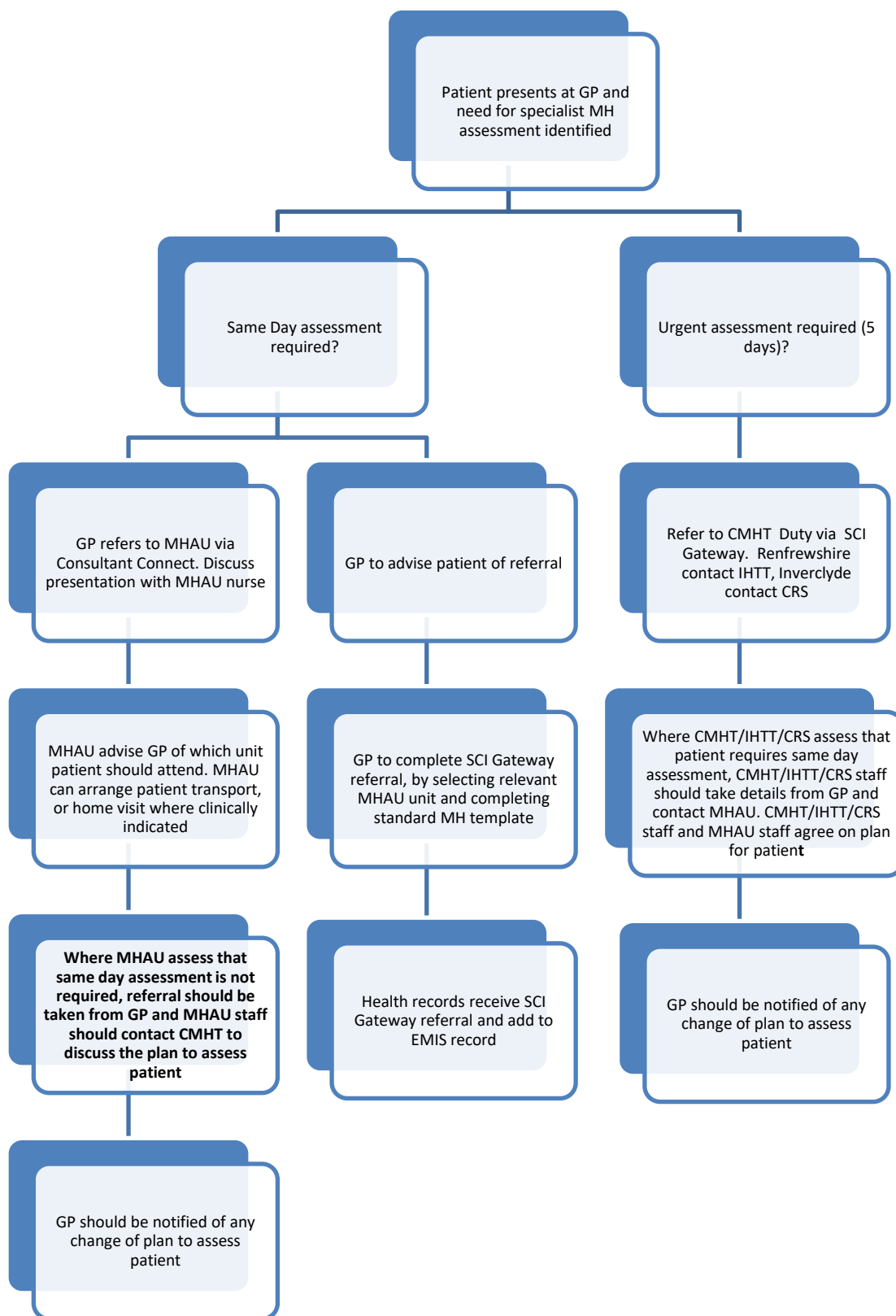
Patients engaged in clinical trials are issued with a study alert card. Alert cards contain CRF number for 8-5 contact, and an out of hours contact number, the OOH number is logged with switchboard. For MH trials this is MHAU South team based at Leverdale.

MHAU team direct number will not be shared, with participants directly, it is expected that only trial related concerns out of hours would be directed to MHAU. Participants are known to GG&C services so usual care queries should continue to be directed through direct care team as normal. The team may be contacted with the following queries:

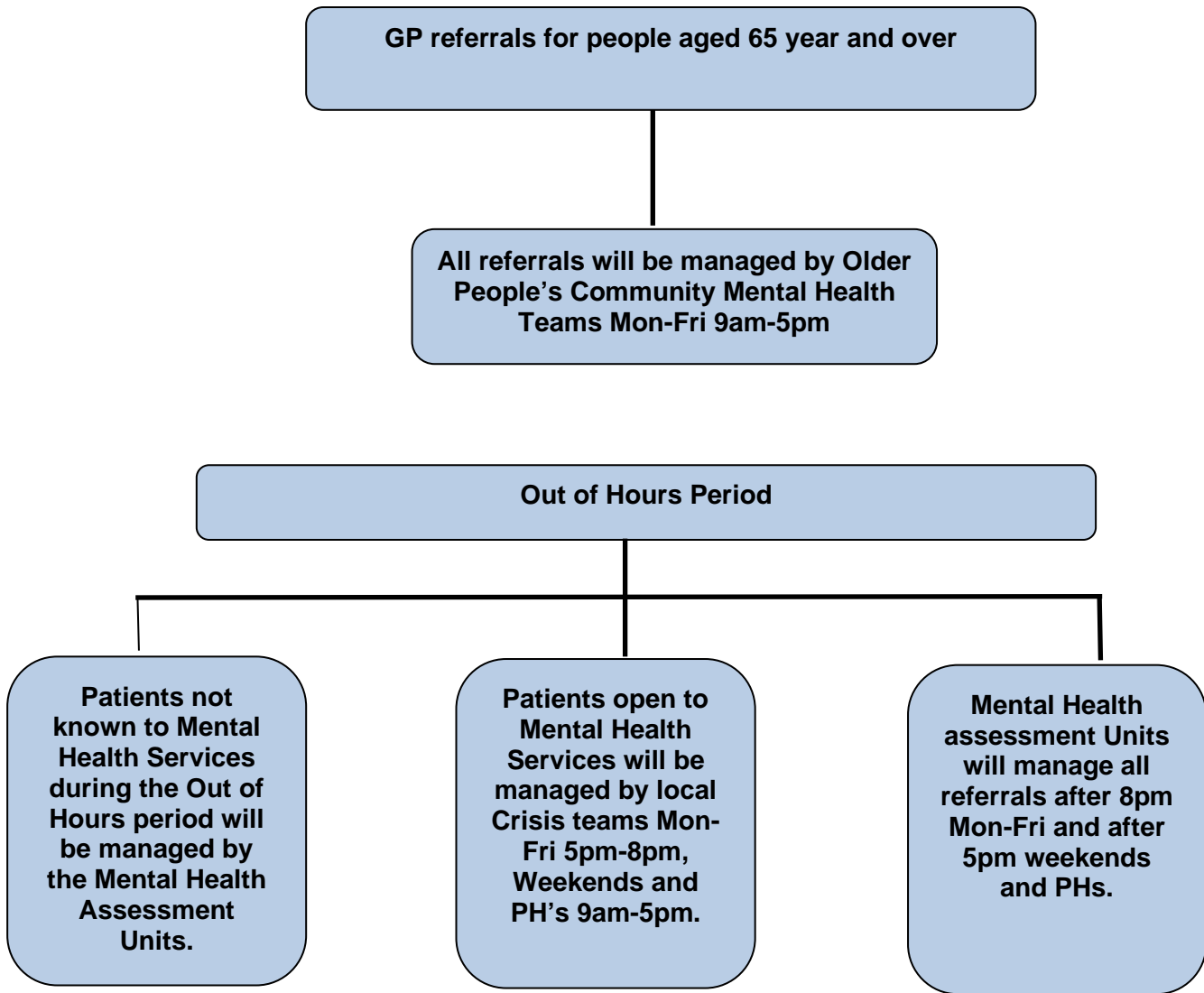
- Medication queries
- Missing doses of medication and what to do.
- Medication side effects
- Potential adverse events.
- Covid queries.
- Questions about what to do about any changes in their mental health.

In an emergency, where it is necessary for the treating health care professional to know which drug the participant is receiving before the participant is treated, the decision to break the blind resides solely with the treating clinic.

APPENDIX 1 In Hours GP referrals for Same Day or Urgent Specialist Mental Health Referrals



***As highlighted above, GP referrals should not be passed back where urgent/same day assessment is required – MHAU and CMHT staff should take referral details from GP and directly discuss assessment requirements with colleagues.



APPENDIX 3 Greater Glasgow & Clyde Emergency Departments' Mental Health Triage and Risk Assessment Tool

Greater Glasgow & Clyde Emergency Departments' Mental Health Triage and Risk Assessment Tool



Part One - Nursing Triage triage nurse to complete this page

Patient name _____
CHI _____

Triage Observations <small>document physiological measurements</small>						
GCS	BM	HR	BP	RR	SaO ²	Temp

accompanied by name, relationship, particular concerns

--

Outline of Presentation <small>tick all the categories which apply</small>	
Overdose (will also require medical assessment)	
Self-injury (will also require wound management)	
Other Mental Health Presentation	

Describe the appearance/clothing of those attending alone, as they may leave before review.

Is the patient a young person in foster care or in a residential care placement? **YES/NO**

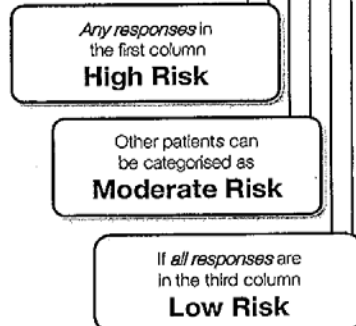
Is the patient a carer for a child or a dependent adult? **YES/NO**

Is there a child protection concern or concern for a vulnerable adult at risk? **YES/NO**

Initial Presentation, Appearance and Behaviour	<small>respond yes or no to each question, in any order which seems appropriate</small>		
Is the patient violent, aggressive or threatening?	Y		N
Is the patient obviously distressed, markedly anxious or highly aroused?		Y	N
Is the patient preoccupied, erratic or impulsive?	Y		N
Is the patient quiet and withdrawn?		Y	N
Do you think the patient is behaving inappropriately to their situation?		Y	N
Do you think the patient presents an immediate risk to you, to others, or to themselves?	Y		N
Do you think the patient is likely to abscond prior to assessment?	Y		N
Do you think the patient's presentation suggests either hallucinations or delusions?*	Y		N
Do you think the patient feels their actions are being controlled?	Y		N
Are you aware of a history of mental health problems or psychiatric illness?		Y	N
Are you aware of a history of violence or self-harm?		Y	N
Is the patient currently expressing suicidal thoughts?	Y		N
Is the patient currently intoxicated, with alcohol, or other substances?		Y	N

*Delusions; false but firmly held views and ideas. Hallucinations; false external stimuli (for example, visual or vocal) the patient thinks are real

Triage Risk Assessment <small>identify an initial category of risk, select one or more risks</small>	
<h3>High / Moderate / Low – risk</h3> <p>of self-harm / violence / absconding</p>	
Triage Category	High risk – accompanied and in the clinical area. Moderate risk – accompanied or in the clinical area. Low risk – can be asked to wait if necessary .
Immediate management <small>print toxbase information, and in paracetamol overdose, note 4-hour time for blood sample.</small>	
Patient location, accompanied by...	Summary
Blood sample time?	
Toxbase info printed? Y/N	
GMAWS considered? Y/N	



name/grade _____
signature _____
date and time _____

Part Two - Mental Health Assessment

medical staff to complete this page

Patient name _____
CHI _____

outline of current presentation and precipitating factors

current and previous mental health problems, self-harm episodes, problematic alcohol and/or drug use, contacts with mental health services

other relevant information, (relationships, finances, employment, housing, physical health, childcare responsibilities, current medications, etc) - protective factors (beliefs, relationships, plans for future) - views of relatives/carers/significant others'

Risk Factors

(this is not an exhaustive list)

alcohol or drug use	
planning or concealment	
evidence of psychosis	
ongoing suicidal intent	
family concern about risk	
access to lethal means	
lack of social support	
age and gender	
chronic illness/pain	
family history of suicide	
disengaged/noncompliant	
unemployed/retired	
previous violent methods	
history of self-harm	
current psychiatric treatment	
previous psychiatric treatment	

Appearance

Behaviour

Speech

Mood

Thought

Insight

Careful consideration should be given to patients who may present particular risks, including patients who may have post-natal depression, or patients with 'first presentations' of mental health problems, especially in adolescence or old age.

Risk Assessment

based on clinical assessment indicate a category of risk for a further episode of self-harm in the short term (48hrs) - consider protective as well as precipitating factors.

High / Moderate / Low

Discharge Advice and Plan for Further Assessment

Indicate the follow-up plan - referral to Liaison Psychiatry, duty doctor, out-of-hours CPN service, CMHT, GP, addiction services, SW, etc - indicate the advice given to the patient, and identities of others informed.

summary

follow up and advice given

service referred to

name/relationship of carer informed

consultant/middle-grade involved in decision or review

If young people in foster care or residential care are assessed, their social work team should be informed (via stand-by SW if out-of-hours) as well as giving information and advice to carers present.

name/grade

signature

date and time

Appendix 4 Guidance on Mental Health Assessments Methods within the Mental Health Assessment Unit (MHAU)

All referrals into the MHAU should be screened and careful consideration should be given around offering a face-to-face assessment either in the patients home/ED or within the MHAU if assessed as safe to transfer.

If the clinical decision is that a telephone assessment is a more appropriate course of action, the rationale as to why a face to face is not required must be documented within the EMIS consultation.

- If the person is unknown/closed to mental health services and a telephone assessment is completed, this should be documented on the Brief Assessment Tool and a CRAFT should be completed.
- If the person is open to mental health services and a telephone consultation has taken place, an SBAR and CRAFT should be completed.
- If a person is found within a public place by emergency services, the person should automatically be offered a face-to-face assessment. If the person refuses this should be clearly documented in the chronological account of care and a plan should be formulated with the Nurse in charge to ensure the best possible outcome for the person. This should also be documented in the chronological account of care and who engaged in the discussion, including what organisation they represented e.g. Police Scotland.

All face-to-face assessments should be completed using the Brief Assessment Tool and accompanied by a CRAFT.

GP Referrals

- Referrals should be accepted or declined at the point of initial discussion with the GP.
- If agreed that the referral does not require a same day urgent response from the MHAU then if appropriate, the GP should submit a SCI Gateway CMHT 5 day urgent or routine referral.
- During the triage process and if the GP is unclear if a same day emergency assessment is required, staff should inform the GP that they will contact the patient to ascertain whether the referral does meet same day criteria.
- When engaged with the referred person during telephone triage of GP referrals, staff must ensure sufficient information is gained to allow confident decision making. The BAT and CRAFT must be completed if an assessment has taken place. **Please record reason for telephone assessment instead of face to face.** The recommendation back to GP must be evidenced through the assessment process and fed back verbally to the GP as well as electronically sending the BAT and CRAFT.

Referral to CMHT for 5 day urgent or routine

- SCI gateway referrals should be forwarded to the relevant CMHT via medical records and discussion should take place with the CMHT duty system and an Emis task should be sent to the CMHT duty system.

Alcohol Drug Recovery Service (ADRS)

- Where staff have agreed with the GP that ADRS is the most appropriate service, there should be communication with the ADRS team to ensure assessment will be conducted by their service in the first instance. If the patient is known, the ADRS team should be called, and an email should be forwarded to Swinbox. Where patients are unknown, referral should be completed using the referral paperwork as directed by the service and a telephone call should also be made to ADRS. Where ADRS input is indicated, a referral to the service should be completed by the clinician at the MHAU. The patient should never be asked to self-refer.

Patients 65 and over

- Patients in this age group who are not open to Mental Health Services, should be assessed by OPCMHT.
- If a referral is received via Consultant Connect, staff should obtain the details and contact the appropriate OPCMHT team.
- There may be occasions where joint working is required, and this will be negotiated on a case-by-case basis with the nurse in charge.

At no point should staff re direct GPs to other Mental Health Services. This should be led by MHAU. Mental Health Services should also not direct GPs to call MHAU, this should be done profession to profession within services.

Appendix 5 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) – detailed pathway**
- **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 CMHACS 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.

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 to GG&C Hospital sites

Informal Patients (for detained patients, see the PEP)

Following assessment at the MHAU, if a patient is identified as requiring hospital admission by nursing staff, the following steps should be taken:

- MHAU nursing staff contact the duty doctor at the patient's locality hospital and discuss the requirement for hospital admission.
- MHAU nursing staff then contact the bed manager/page-holder at the patient's locality hospital and request a bed. If there is no bed within the patient's own locality hospital, it is the responsibility of the bed manager/page-holder to source a bed.
- If the patient resides in the MHAU (Stobhill or Leverndale) catchment area and there is a bed available at the MHAU base hospital, the patient is clerked in by the MHAU base hospital duty doctor on the receiving ward at the earliest opportunity. If the duty doctor is not immediately available at handover from MHAU staff, the handover is given to the nurse in charge of the receiving ward who accepts responsibility for the patient until the duty doctor is able to complete an assessment/admission process.
- If the patient is from out with the MHAU catchment area, or from the MHAU catchment area when there are no beds in the MHAU base hospital, the reason for admission is discussed with the duty doctor on the MHAU base hospital site. Any identified risks with transferring to another identified hospital are explored. If such risks are identified, the duty doctor on the MHAU site attends the MHAU to assess the patient face to face.
- If the duty doctor from the locality hospital agrees that admission is appropriate, and the nursing BAT and CRAFT have been completed, MHAU staff then contact the duty doctor at the receiving hospital to inform them of the assessment and agreement for admission. The duty doctor at the receiving hospital then completes the clerk-in and physical examination at the earliest opportunity. If the duty doctor is not immediately available at handover from MHAU staff, the handover is given to the nurse in charge of the receiving ward who accepts responsibility for the patient until the duty doctor is able to complete an assessment/admission process.
- In all scenarios, the duty doctor has the authority to consider options other than admission, but this requires discussion with the senior medic on call. The 'patient journey' should always be considered. If the patient is acutely distressed or disturbed, then consideration should be given to the nearest available bed or an identified safe space where medication could be administered.
- It is important to remember that the MHAU is not a safe environment in which to manage patients in urgent need of medication. MHAU staff will contact the MHAU site duty doctor if urgent, on-site medical assessment is required. This may be indicated if there is:
 - Immediate risk of self-harm/absconding
 - MHA consideration
 - Signs of delirium
 - Recent head injury
 - Alternating/reducing GCS
 - Acute psychosis
 - Abnormal NEWS
 - Acute intoxication
- MHAU staff can detain using the nurse's power to detain 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 function 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. Please note that if the patients are 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 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 conducted 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 to be 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 conduct 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.

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.

Appendix 6 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:

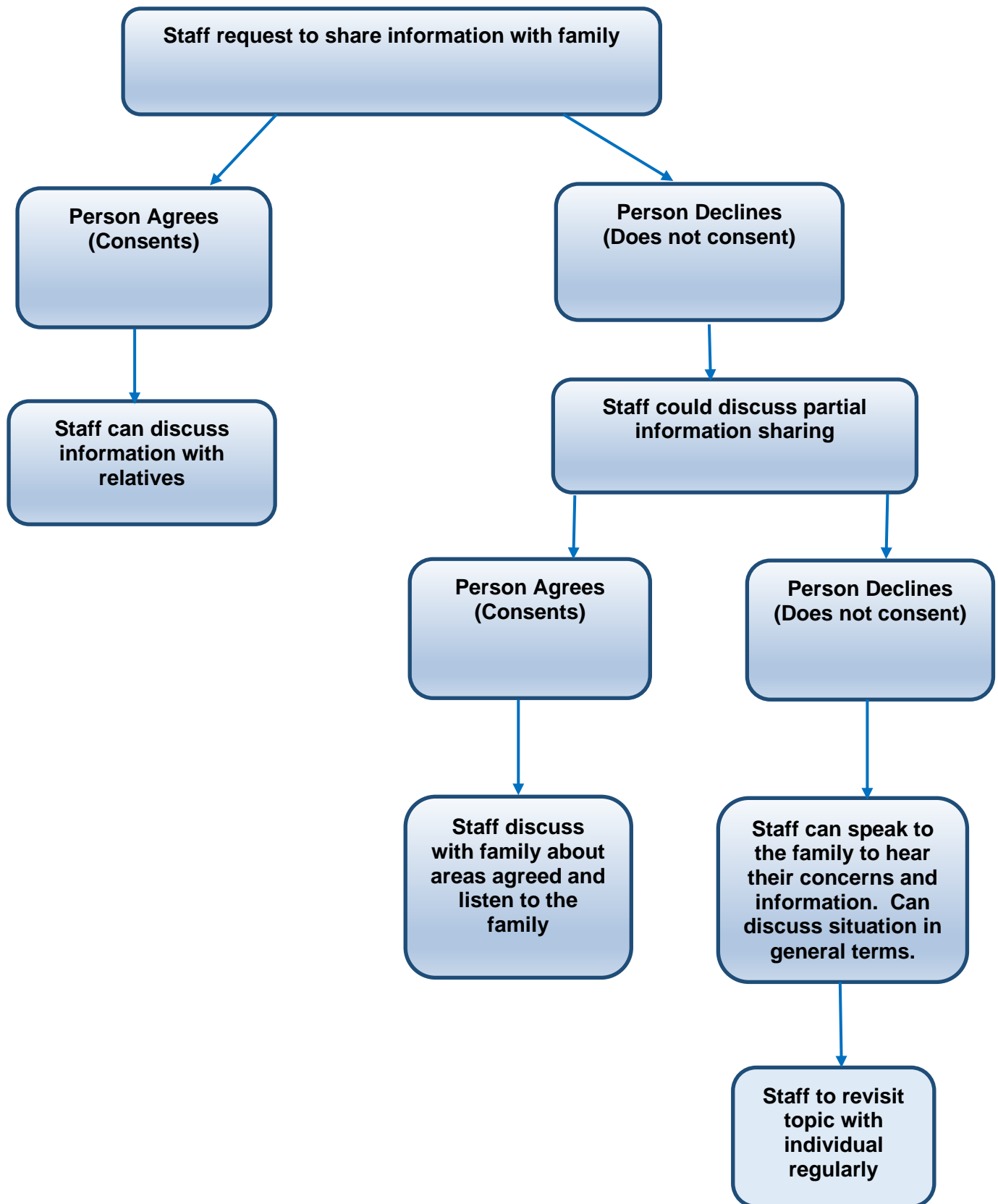
- Two Mental Health Assessment Units (MHAU) are operational 24/7 based within Leverndale and Stobhill Hospitals.
- Access to the MHAU's is profession to profession via GP surgery, Out of Hours GP, Emergency Departments (ED's), Police Scotland, British Transport Police, NHS24, NHS24 Mental Health Hub, 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 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

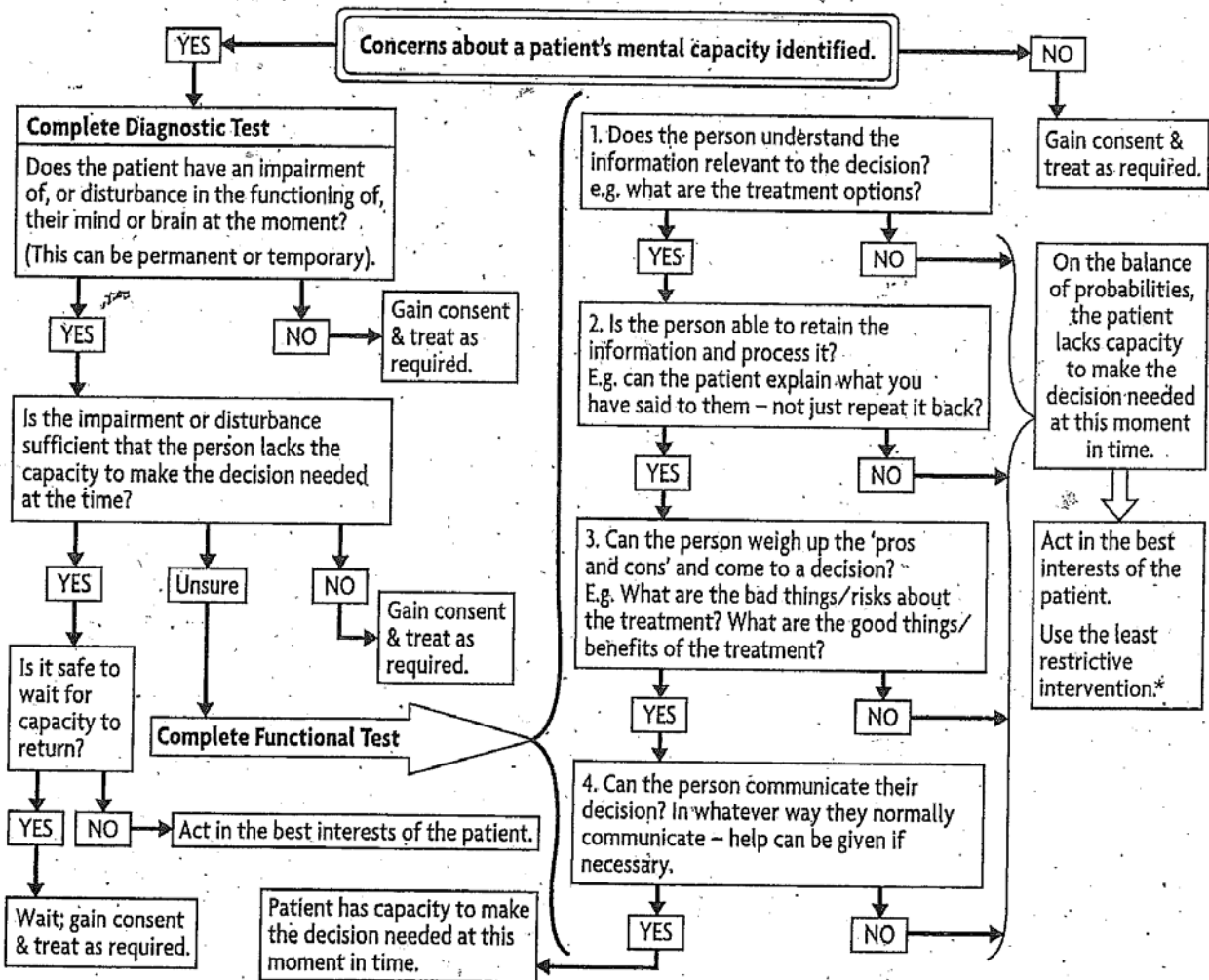
Appendix 7 Carers, Consent and Confidentiality Flow Chart



APPENDIX 8 TELEPHONE REFERRAL FORM

Referrer Name			Contact Number	
Date:	Time:			
Police Incident No & Shoulder No:	<i>(If applicable)</i>			
Patients Name:				
D.O.B:		Tel No:		
CHI				
Address:			Postcode:	
Temperature (if appropriate)				
Do you wish to receive feedback following the completion of the MHAU assessment? (ED Referrals only)			Yes	No
Friend/ relative accompanying patient N.B Covid restrictions apply to 1-2 person only			Yes	
If assessed as appropriate for transfer to MHAU- safe method of transport:			Taxi	
			Ambulance	
			Police	
			Own Transport	
Primary Language:				
Mental Health triage and risk assessment tool completed (from ED only)			Y	N
Medically fit for transfer?			Y	N
Ability to engage in assessment (drugs/alcohol intoxication)?			Y	N
Are there any Covid symptoms evident?			Y	N
Has the patient disclosed possible overdose?			Y	N
Any minor wounds requiring treatment?			Y	N
Glasgow Coma Scale below 15 (ED/SAS Only)			Y	N
Presenting Complaint: <i>Please tick only one box</i>				
Episode of Self Harm		Other Mental Health Issues		Alcohol/ Drugs
Addiction Issues		Social Stressors/ Distress		
Presentation/comments:				
Outcome of Assessment	Contact Type:	Telephone	Face to face	
Alcohol/Drugs Involved			Y	N
Time In		Time Assessed	Time Left	
Completed by:		Date:	Time:	

Mental Capacity Assessment



Appendix 10 Managing challenging patients 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.

Patients, and sometimes their carers, can present 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 did not 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.

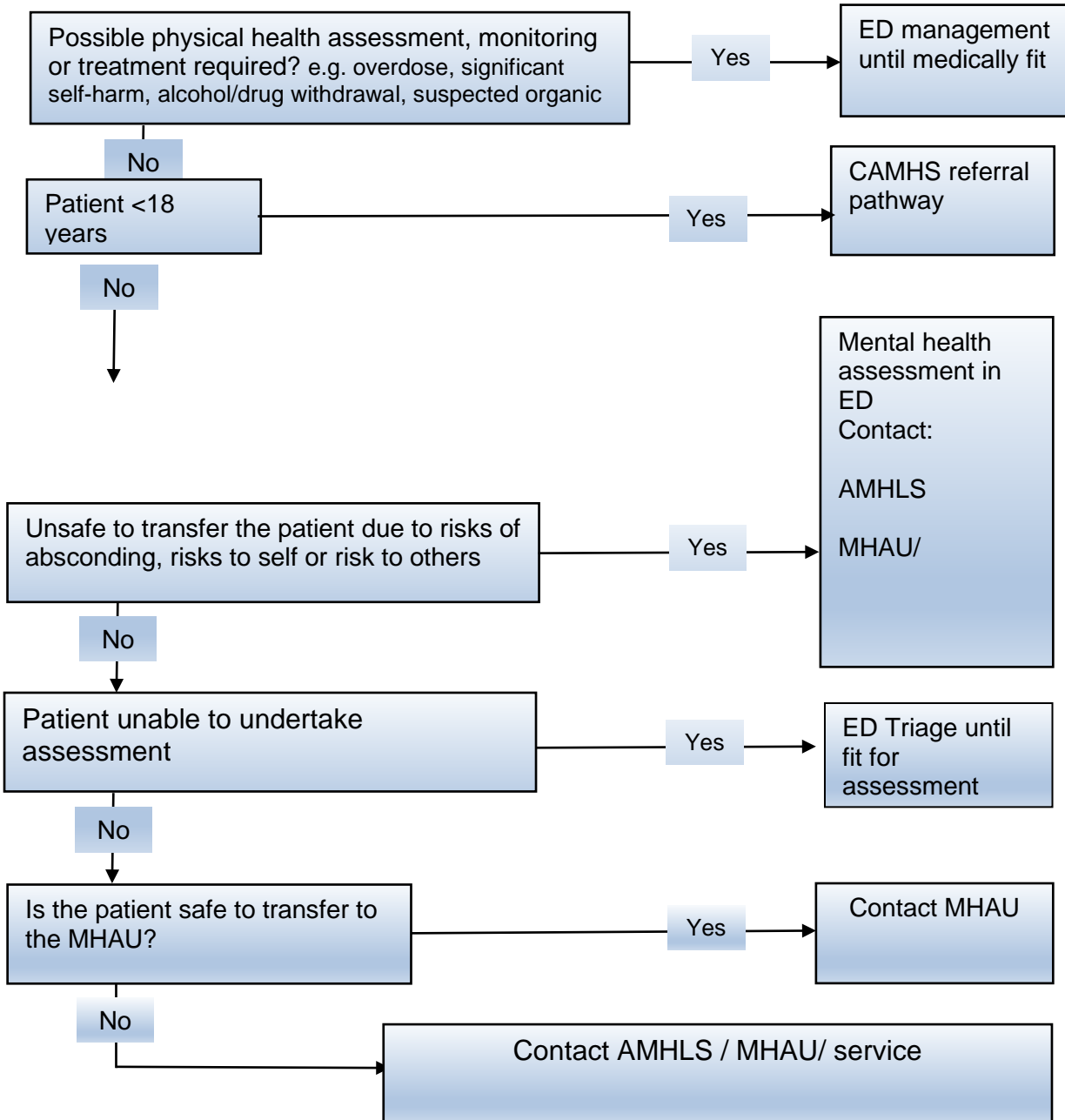
However, staff should never feel unsafe and if you feel threatened or at risk, it may be necessary to consider alternative arrangements for assessment and/or treatment:

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

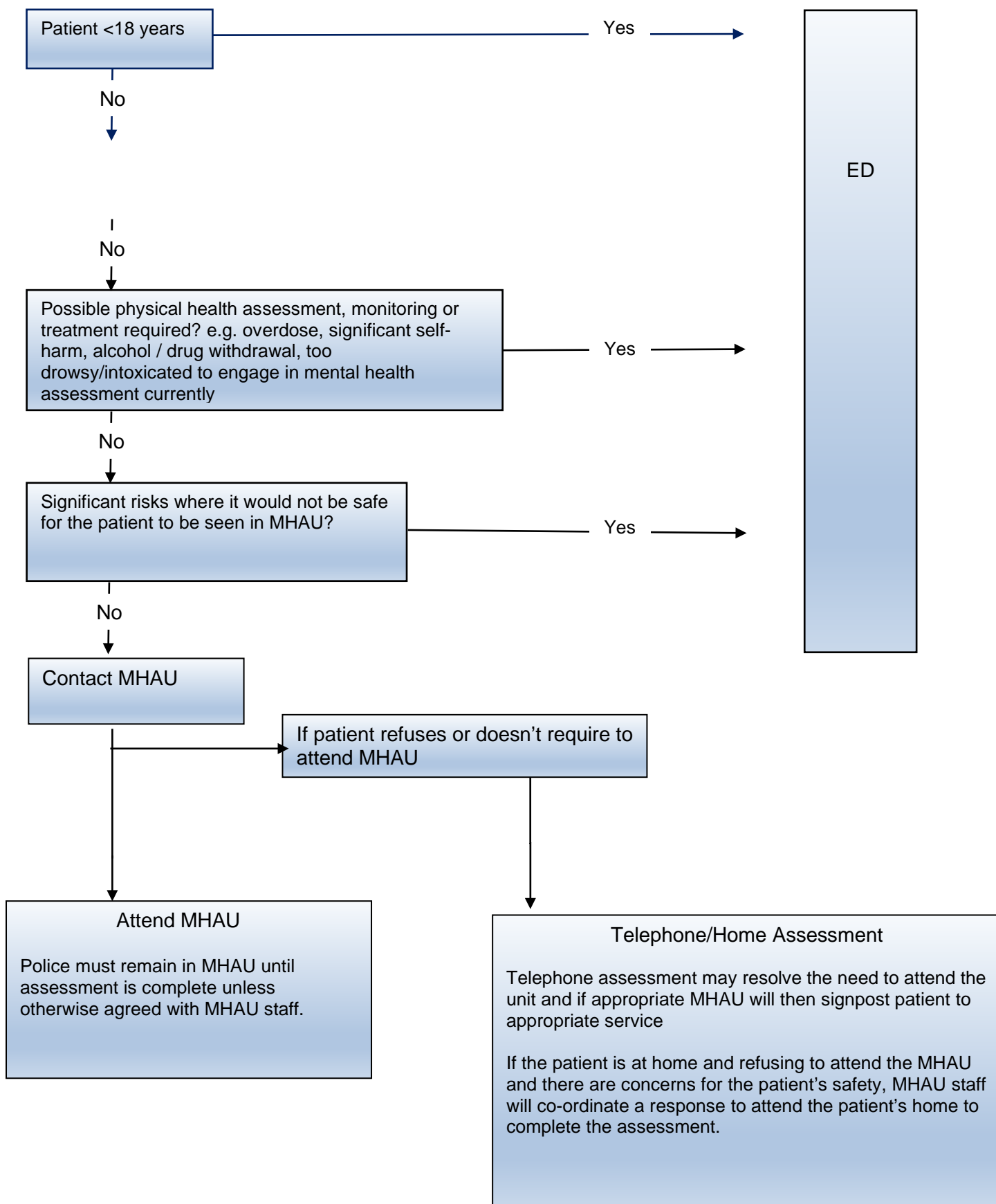
Staff should always seek senior advice if you are unable to complete an assessment or treatment plan. The violence reduction policy for GG&C highlights that all staff should attend mandatory violence reduction training. This to protect both staff and patients. The level of training provided depends on 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 11 ED referral pathway for Acute Mental Health Services (RAH, QEUH, GRI and IRH)



APPENDIX 12 Police / SAS referral pathway for Acute Mental Health services



Appendix 13 - MENTAL HEALTH HOSPITALS CONTACT NUMBERS (SCOTLAND)

Area	Hospital / ward	Contact number /person
GG&C	Stobhill McKinnon House	0141 531 3100-page holder
GG&C	Gartnavel	0141 211 3600-page holder
GG&C	Leverndale	0141 211 6400-page holder
GG&C	Dykebar Lev 3b/South ward	0141 314 4033 duty nurse Dykebar
GG&C	Inverclyde AAU	01475 504424
Lanarkshire	Hairmyres Ward 19 Ward 20	01355 220 292 NIC 01355 585 201
	Wishaw ward 1 Ward2	01698 361100 NIC
Livingston	St John's Ward 17	01506 523000 coordinator Bleep 3064
Falkirk	Ward 2 Ward 3	01324 567014 01324 566170
Edinburgh	Royal Edinburgh	0131 2869304 Bed manager Adult bleep 7222
Ayrshire and Arran	Woodland view	01292 610556 link page 1500
Argyll & Bute	Lochgilphead	01546 602323
Stratheden	Cupar	01592 643355 ext 23999
Kirkcaldy Whiteman's Brae		01592 643355 ext 23999
Dunfermline	Queen Margaret Ward 2	01592 643355 ext 23999
Perth	Murray Royal Hospital	01738 621151-page holder
Dundee	Ninewells	01382 660111-page holder
Dundee	Carsview	01382 878 700-page holder
Dundee	Royal Dundee Liff Hosp	01382 423000-page holder
Aberdeen	Royal Cornhill	01224 557201 Bed Flow 07773221624
Dumfries	Crichton Royal	01387 244000-page holder
Galashiels	Huntlyburn	01896 827181-page holder
IPCU		
Stobhill	Portree ward	0141 531 3235
Gartnavel Royal	IPCU	0141 211 3601
Leverndale	Ward 1	0141 211 6582
Inverclyde	IPCU	01475 504458

Lanarkshire	Wishaw	01698 366150
Livingstone	St John's IPCU	01506 523000 bleep holder
Forth Valley	Wd1	01324 566172
Ayr	Woodland View	01292 610556 link page 1500
Edinburgh	Blakeford	0131 537 6519
Stratheden Cupar		01334 652 611
Dundee		01382 878 703
Aberdeen	Royal Cornhill Blair unit	01224 663131
Inverness	Affric Ward NewCraigs	01463 704000