

**Provision of Mental Health Assessment Units**

**Nevis Building Stobhill Hospital**

**Macleod Centre Leverndale Hospital**

**STANDARD OPERATING PROCEDURE**

|  |  |
| --- | --- |
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# 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 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 risk of cross contamination for patients and staff whilst also reducing 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 has been introduced as a direct response to the extraordinary service pressures on existing resources within Emergency Departments as a result of the Covid-19 pandemic and will be subject to regular review.

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 and Scottish Ambulance Service.
* 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 and NHS 24 Mental Health Hub, the Flow and Navigation Hub and the Urgent Resource Care Hub (URCH)
* 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 patients 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, 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 or the Urgent Resource Care Hub (URCH) then your usual referral pathways for mental health are likely 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, COVID-19 symptoms and services continue to be in place to manage these:

* ED
* GP
* G.P Out of Hours

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

* GPs refer to the CMHT
* Police custody RMNrefer 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 opposite Mackinnon House New Build Wards Elgin and Appin. 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

Medical input to the MHAU will be provided by a rota supported with medical staff. Senior advice will be provided by the consultant on call for each site. 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.

**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 and the service is available to patients 18 years and older 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)

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 2) where it has been identified that the patient requires an emergency mental health assessment ED will then organise the transfer of the patient to the MHAU if safe to do so.
* Police Scotland and Scottish Ambulance will refer into the MHAU by telephone individuals deemed at risk due to their mental health needs 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.
* 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 from 08.30 to 18.00, 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, 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. This service is available to patients 18 years and older 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. GPs can contact the MHAUs via Consultant Connect with any presenting issues that would benefit from discussion with a senior member of the Mental Health clinical team. Where the outcome of this discussion is same day referral the GP can then submit referral via SCI Gateway. (Appendix 1)

**5.2 Processing referrals**

The MHAU staff will complete a telephone referral form in order to gather information and risk assess the situation prior to patients attending the MHAU. 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 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.

The service is available to patients 18 years and older who require urgent specialist mental health assessment that day. For patients who need seen soon or routinely referrals would be made to the relevant CMHT using existing referral routes.

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

Mental Health Triage and Risk Assessment Tool (MHTRAT) completed – ED (Appendix 2)

Medically fit for transfer – All

Ability to engage in psychiatric assessment - All

No COVID symptoms - 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 mail box

**Exclusion criteria are as follows:**

* COVID-19 positive
* COVID-19 suspected (symptoms)
* Significant overdose requiring treatment or ECG monitoring
* Significant DSH wounds requiring multiple sutures or obvious onward specialty referral
* Patient unable to undertake assessment
* Patient unable to mobilise
* 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.

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).
* 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 (IHTT/CRS/Crisis/CMHT/GP) agreed then a taxi will be provided for the patient.

# 6.0 Standards

# 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 this document should be scanned and emailed to the nurse in charge of the unit. Patients can be transported to the MHAU via taxi unaccompanied if staff feel it is safe for patient to do so. Patients may also be accompanied by friend/carer or relative. (Please see Appendix 3)
* Patients must be able to participate in assessment process. (Please see Appendix 4)

Designated senior medical staff in Emergency Department are available for guidance and advice if patient’s physical state deteriorates during the assessment period in the MHAU. 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 XXXX**

* 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. (Please see Appendix 5)
* Information should be provided re any language/communication difficulties
* ED referral pathway (Please see Appendix 4)

**6.2 Police Scotland Response to MHAU**

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

* Police Scotland 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 have carried out 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 5)
* 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 carry out 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 6)
* 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 carrying out 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 5 )
* 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 6)

**6.4** **CMHT/CRISIS/IHTT/CRS response where patient is refusing transfer to MHAU**

If Police Scotland/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/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** | **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/SAS should contact MHAU |
| Mon-Fri 5pm-8pmSat-Sun 9am-5pm(Incl. public holidays) | MHAU staff can contact local CMHT/Crisis Team who will attend patient at home | Police Scotland/SAS should contact MHAU |
| Mon-Fri 8pm-9amSat-Sun 5pm-9am(Incl. public holidays) | MHAU should be contacted to provide a response to facilitate assessment within the patient’s home. | Police Scotland/SAS should contact MHAU |

**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 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 Consultant Connect**





**APPENDIX 2 Greater Glasgow & Clyde Emergency Departments’ Mental Health Triage and Risk Assessment Tool**



**APPENDIX 3**

TELEPHONE REFERRAL FORM

|  |  |
| --- | --- |
| **Referrer Name/ Contact Number** |  |
| **Date:** | Time: |
| **Police Incident No:** |  |
| **Patients Name:** |  |
| **D.O.B:** |  | Tel No: |
| **CHI**  |  |
| Friend/ relative accompanying patient N.B COVID restrictions apply to 1-2 person only | Yes | No |
| 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  | Y | N |
| No 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 |
| 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:** |

**APPENDIX 4**

ED referral pathway for Acute Mental Health Services (RAH, QEUH, GRI and IRH)

No

Possible physical health assessment, monitoring or treatment required? e.g. overdose, significant self-harm, alcohol/drug withdrawal, suspected organic cause

ED management until medically fit

Yes

Contact liaison psychiatry / MHAU/OOH CPN service

ED Triage until fit for assessment

Mental health assessment in ED

Contact:

Liaison psychiatry

MHAU/OOH CPN service

Is the patient safe to transfer to the MHAU?

Contact MHAU

No

Yes

Patient unable to undertake assessment

No

Yes

Unsafe to transfer the patient due to risks of absconding, risks to self or risk to others

No

Yes

COVID-19 positive or suspected (e.g. persistent cough, shortness of breath, temperature)?

No

Yes

Patient <18 years

CAMHS referral pathway

No

Yes

**APPENDIX 5**



**APPENDIX 6**

Police / SAS referral pathway for Acute Mental Health services

ED

v

Patient <18 years

Yes

Yes

Yes

No

Significant risks where it would not be safe for the patient to be seen in MHAU?

No

Possible physical health assessment, monitoring or treatment required? e.g. overdose, significant self-harm, alcohol / drug withdrawal, too drowsy/intoxicated to engage in mental health assessment currently

No

No

 Attend MHAU

Police must remain in MHAU until assessment is complete unless otherwise agreed with MHAU staff.

Telephone/Home Assessment

Telephone assessment may resolve the need to attend the unit and if appropriate MHAU will then signpost patient to appropriate service

If the patient is at home and refusing to attend the MHAU and there are concerns for the patient’s safety, MHAU staff will co-ordinate a response to attend the patient’s home to complete the assessment.

If patient refuses or doesn’t require to attend MHAU

Contact MHAU

COVID-19 positive or suspected (e.g. persistent cough, shortness of breath, temperature)?

Yes

**Appendix 7 - 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 19Ward 20 | 01355 220 292 NIC01355 585 201 |
|  | Wishaw ward 1Ward2 | 01698 361100 NIC |
| Livingston | St John’s Ward 17 | 01506 523000 coordinator Bleep 3064 |
| Falkirk | Ward 2Ward 3 | 01324 56701401324 566170 |
| Edinburgh | Royal Edinburgh | 0131 2869304 Bed managerAdult 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 Flow07773221624 |
| 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 |