

**Provision of Mental Health Assessment Units
MacKinnon House/Leverndale Hospital**

STANDARD OPERATING PROCEDURE

Document Reference Number:	Version 1
Supersedes:	N/A
Document Prepared By:	Gillian Reilly, Specialist Services Manager
To Be Approved By:	Katrina Phillips
Issue Date:	
Review Date:	

Contents	Page No
1.0. Introduction	3
2.0. Aims	3
3.0. Mental Health Assessment Units (MHAU) operating times and staffing	3
4.0 The Role of the MHAU	
4.1 Who can refer?	4
4.2 Processing of referrals	4
5.0. Standards	
5.1 Emergency Department Response to MHAU	4
5.2 Police Scotland Response to MHAU	5
5.3 SAS Response to MHAU	5
6.0 6.0 Data Collection & Monitoring	5
Appendix 1: Mental Assessment Capacity	6
Appendix 2: Mental Health Triage & Risk Assessment Tool	7-8
Appendix 3: Mental Health Hospital Contact Numbers for Scotland	9-10

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 and the RAH. This is to provide an alternative base for patients who are experiencing a mental health crisis/distress to be assessed by mental health professionals 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 The aims of this document:

- Establish a standardised pathway for access to the MHAU's for GRI, QEH, RAH 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.

3.0 Mental Health Assessment Units (MHAU)

The MHAU will be based in:

The Nevis Building, Stobhill Hospital 133 Balornock Road, G21 3UW – Mental Health campus opposite Mackinnon House and Construction of New Build Wards. Tel:- 0141 201 3136 (ext 13136)

The MacLeod Suite, Leverndale Hospital, 510 Crookston Road, G53 7TU located at rear of ward 2 telephone number 0141 2116627

Operating Times: - 24hrs 7 days a week

Staffing

Monday to Sunday - 4 staff per site

Medical input to the MHAS will be provided by a rota populated by dedicated medical staff resident in the unit. Senior advice will be provided by the consultant on call for each site. There will be three member 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 Emergency Department staff and Out of Hours Nursing Service.

4.0 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 attend the GRI, QEUH and RAH Emergency Departments. 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.

4.1 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 AMHAU 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.
- The Court Liaison Service can, if required; divert assessments to the MHAU for individuals on remand following Forensic CPN triage. Transport will be provided by Geoamey and supervision regarding these assessments will be provided via the Forensic Consultant on call.

- **4.2 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
Mental health presentation
Friend or Relatives with patient
Method of transport to MHAU
Primary Language

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

Mental Health Triage and Risk Assessment Tool (MHTRAT) completed
Medically fit for transfer
Ability to engage in psychiatric assessment
No covid symptoms
Safe method of transport (Family/friend/taxi)

Exclusion criteria are as follows:

- COVID-19 positive
- COVID-19 suspected (symptoms)
- Significant overdoses 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 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, OOH nursing team and the Emergency Department. There is an expectation that capacity issues would be discussed with the consultant with on call responsibilities for the unit and that they would support the service to ensure it continues to accept referrals.

Following an assessment being completed within the MHAU staff will complete an SBAR and CRAFT on EMIS and medical/ nursing staff will complete an Immediate Discharge Letter on Clinical Portal. Staff will be able to dispense emergency anxiolytic medication to patient presenting in distress. 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 staff will contact the page holder at the agreed admitting hospital site and inform them of outcome of assessment and admission plan. The patient will be transported directly to the agreed admitting hospital site. There is an expectation that admission will occur on the site of the MHAU regardless of the point of origin of the patient or their residential postcode. If the patient is detained under the Mental Health Care and Treatment (Scotland) Act please refer to Psychiatric Emergency Plan.
- If the outcome is to return home with appropriate follow-up arrangements (Crisis/CMHT/GP) agreed then a taxi will be provided for the patient. This will include patients who have been referred by Police Scotland and the SAS.

5.0 Standards

5.1 Emergency Department Response to MHAU

- All patients referred for MHAU must have a completed Mental Health Triage and Risk Assessment Tool (MHTRAT) and a telephone referral to provide details as outlined above telephone discussion with mental health staff prior to attending AMHAU.
- Patients must be able to participate in assessment process. (Please see Appendix 1) 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** the contact number for this support is **0141 452 2828** and for referrals from the **GRI** the contact number is **0141 451 1394**
- 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

5.2 Police Scotland Response to MHAU

- Following the completion of a face to face intervention by Police Scotland and when there is significant concern for the patient's safety or welling being with no evidence of a significant physical health condition which would require attendance at an Emergency Department a direct referral can be made to the MHAU.
- Patients must be able to participate in assessment process. (Please see Appendix 1)
- Police will escort all referral to the MHAU and remain with the patients until the outcome of the assessment.
- In certain circumstances Police can prioritise their presence if there are already Police Officers in the MHAU.
- Police will not be responsible for escorting the patient back home if the outcome of the assessment is discharge home.

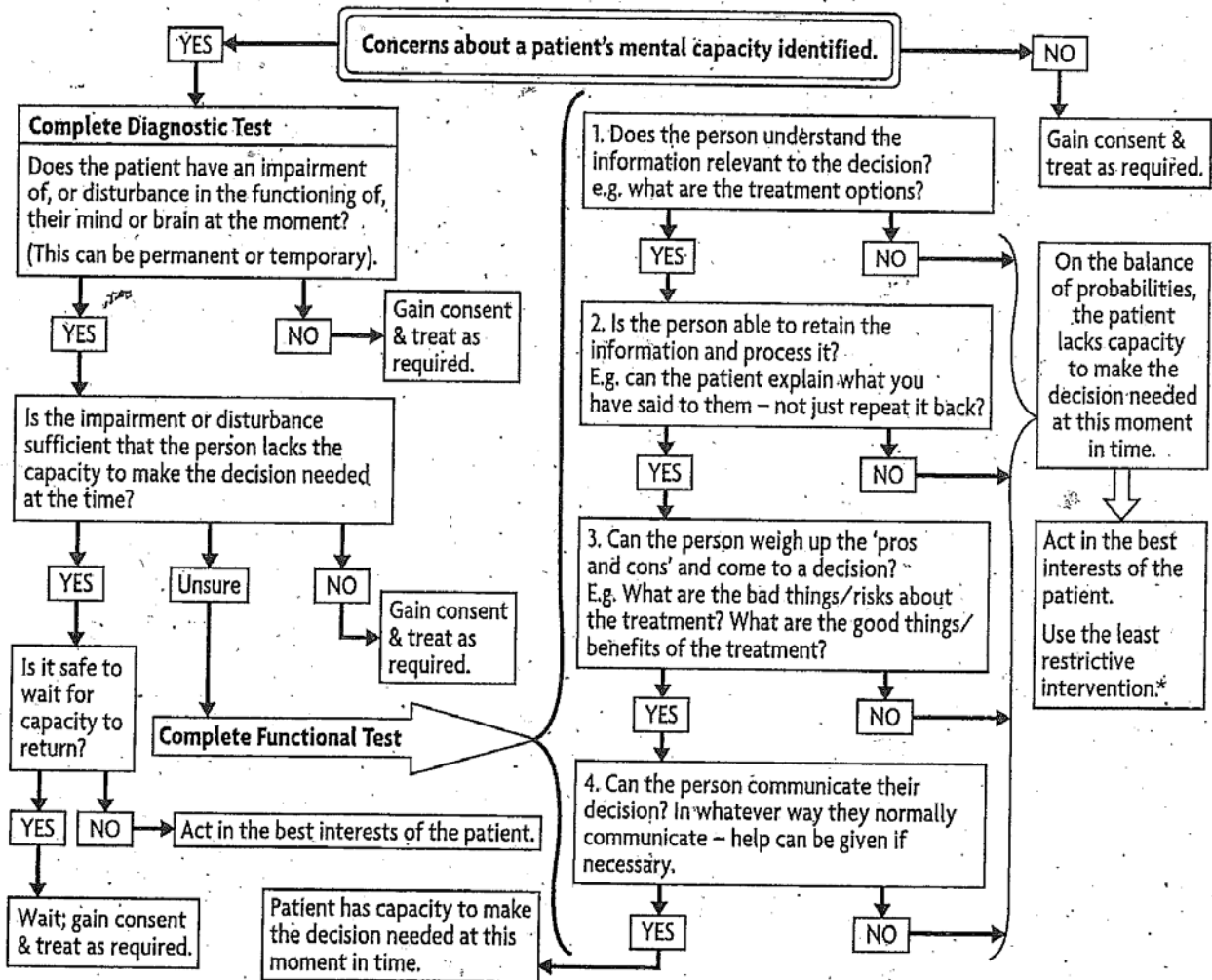
5.3 SAS Response to MHAU

- Following SAS carrying out a face to face intervention and when there is significant concern for the patient's safety or welling being 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 1)
- SAS will escort all referral to the MHAU and agree the transfer of the patient before leaving the patient in the care of mental health staff.

6.0 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.

Mental Capacity Assessment



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 respond yes or no to each question, in any order which seems appropriate

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

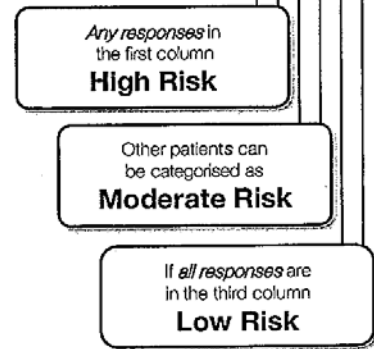
Triage Risk Assessment Identify an initial category of risk, select one or more risks

High / Moderate / Low – risk
of self-harm / violence / absconding

Triage Category	High risk – accompanied <i>and</i> in the clinical area. Moderate risk – accompanied <i>or</i> in the clinical area. Low risk – can be asked to wait <i>if necessary</i> .
-----------------	--

Immediate management print toxbase information, and in paracetamol overdose, note 4-hour time for blood sample.

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 _____

