

# Mental Health and Substance Use Protocol Programme: National Learning Event

Crisis and Out of Hours Care and Safe Spaces



#### Welcome and introductions

Introduce yourself in the chat box!

Let us know your name and role

#### **Dr Chanpreet Blayney**

Clinical Lead for the Mental Health and Substance Use

Programme at Healthcare Improvement Scotland; Consultant

Psychiatrist, NHS Greater Glasgow and Clyde

#### **Benjamin McElwee**

Senior Improvement Advisor, Mental Health and Substance Use Programme; Healthcare Improvement Scotland

#### Troubleshooting

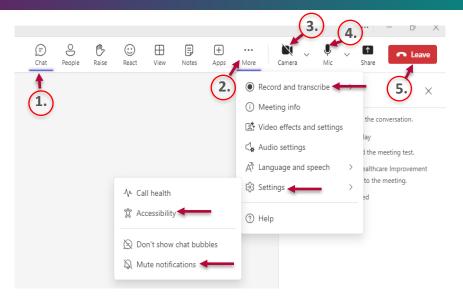


Any technical issues, please contact:

**Abbie Tomlinson** via MS Teams

or <a href="mailto:abbie.tomlinson@nhs.scot">abbie.tomlinson@nhs.scot</a>

#### **MS** Teams Settings

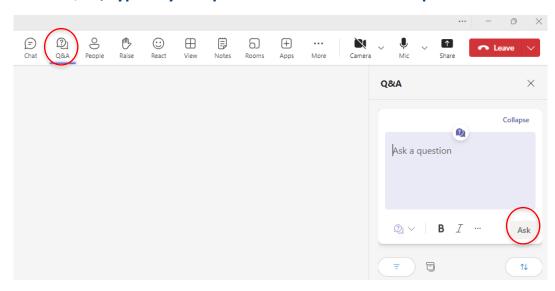


- 1. How to open and close the chat panel use the chat panel to introduce yourself, raise any questions you may have for the speakers and also post comments.
- 2. Under 'more' and then 'record and transcribe' (highlighted with the arrow) you can access a live transcript of the meeting. By clicking 'settings' and 'accessibility' (highlighted with the arrow) you can access some further accessibility features such as live captions and mute notifications including chat and lobby (highlighted with the arrow)
- Your camera will be automatically switched off except during Q&A sessions
- 4. Your **microphone** will be automatically switched **off** except during Q&A sessions
- 5. How to **leave** the meeting

#### MS Teams Settings – Q&A function

Throughout the session, if you have any questions, please use the 'Q&A' function to post your questions and we will answer these during the panel discussion towards the end of the call.

Select Q&A, type in your question and select 'Ask' to post.



- Use the 'vote' option if you would like to hear the answer to another attendee's question and push it to the top of the list
- 2. Use the thumb option to react to other questions
- 3. Use the comment option to respond to other questions

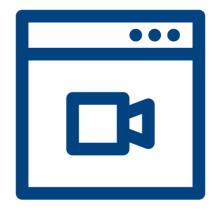


#### MS Teams Settings – recording

#### This session will be recorded

The link will be shared, so those who are unable to join us today can listen to the session.

\*During the panel
discussion and Q&A you
will have the opportunity
to turn your mic and
camera on, please note
the recording will be
stopped and will NOT
capture the camera or
audio of attendees who
speak during this\*



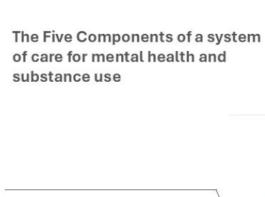
#### Agenda

Time	Topic	Lead
1pm	Welcome and introductions	Dr Chanpreet Blayney, Clinical Lead for the Mental Health and Substance Use Programme at Healthcare Improvement Scotland (HIS); Consultant Psychiatrist, NHS Greater Glasgow and Clyde
1.05pm	The National Mental Health and Substance Use Protocol and unscheduled care	Dr Chanpreet Blayney Benjamin McElwee, Senior Improvement Advisor, HIS
1.15pm	Peer support in crisis and urgent care	Emma Wilson, Senior Service Manager, Penumbra
1.35pm	Mental Health Unscheduled Care and Safe Spaces	Claire McDermott, Mental Health Primary and Unscheduled Care Team Leader, Scottish Government
1.50pm	Q & A / Panel discussion	All
2.15pm	Closing remarks	



# Supporting mental health and substance use in crisis and out of hours care





To develop more joined up approaches in relation to assessment, understanding needs and access to services, roles and responsibilities across services, and how communication should be used to ensure seamless care.

To align activity and priorities with strategies and change occurring within the health and care system.

Whole system planning and delivery

Leadership and culture change To create strong leadership that supports ongoing implementation and improvement across services, and a collaborative and enabling culture is actively fostered.

To ensure that processes and changes are embedded and sustained through the development of positive relationships across services and a strong, skilled workforce.

Enabling better care

management system

Quality

Joint decision making, joint working and

transitions

To develop an accountable governance structure focused on learning with robust oversight and auditing, that includes governance systems and processes which are people-led and promote shared decision-making.

#### **Opportunities**

- Identifying risk
- Assertive outreach
- Interagency collaboration

Learning and improvement

#### Crisis pathways that are...

- Inclusive
- Holistic, and
- Maximise intervention opportunities

Learning and improvement



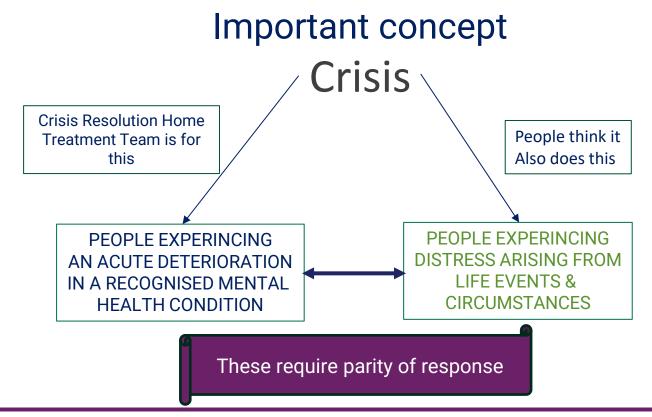
## Peer Support in Crisis & Urgent Care

Emma Wilson – Senior Service Manager Hope Point, Dundee Wellbeing Support





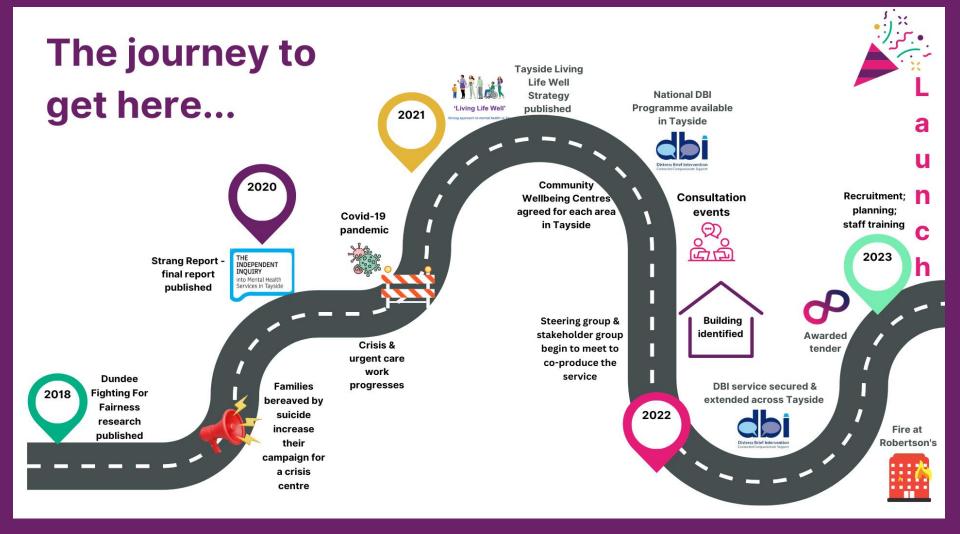
Crisis & Urgent Care redesign in Tayside comprising of 5 main component parts: Responses for people experiencing emotional distress being explored...











### Co-production/Lived experience



- Commissioning & Procurement
- Steering Group
- Stakeholder Group
- Workstreams
- Contract monitoring
- Becoming operational











- Launched 31<sup>st</sup> July 2023
- ○Open 24/7
- No referral required
- Drop in; Freephone; text support















**Safe Spaces Scoping Report:** 'Right Care, Right Place, **Right Time'** 











#### What works



#thepowerofpeer











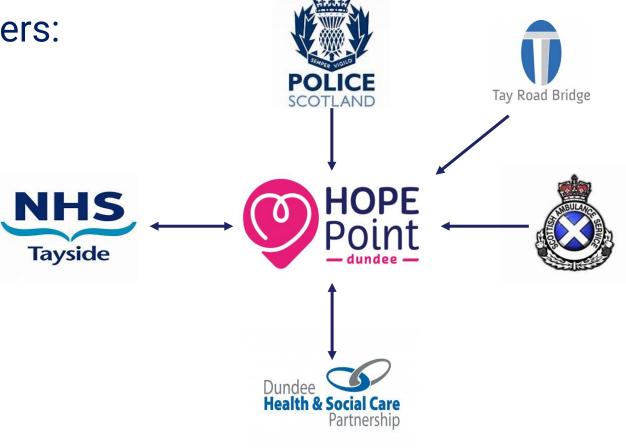








#### Partners:

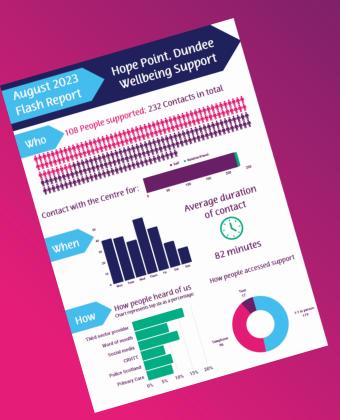


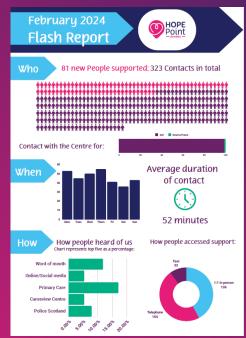






#### Our Impact reported quarterly to wide range of Stakeholders







#### Some key stats & demographics

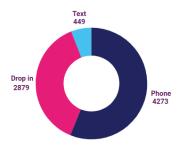


1, 602 people supported

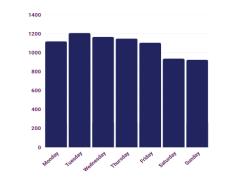


7, 601 Contacts in total

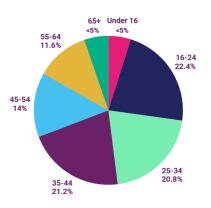
Supports carried out via drop-in, phone and text











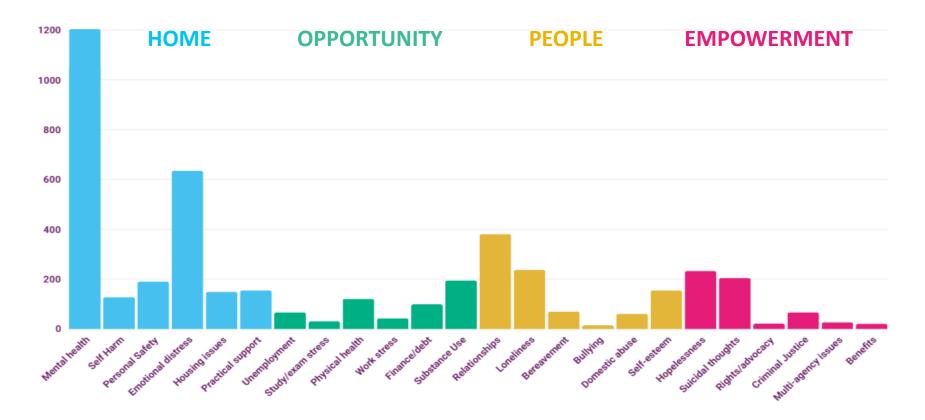








#### Reason for contact:











**Measuring impact:** 

"The fact that the staff are peers helps with trust"

"Exactly what I needed at the time, not someone trying to fix me, just being there, understanding and caring"

Just what we as a family needed as we were all very worried about our relative. Thank you:)"



271 people completed feedback questionnaires

99.6% felt able to access support when they needed it.

99.6% felt the environment made them feel comfortable.

96.3% felt valued & respected by our team.

99.6% felt they could make contact in the future if requiring support.

Distress scale: average 3.8 - reduced distress rating







### Thank you

#### **Contact:**

emma.wilson@penumbra.org.uk









Unscheduled Care and Safe Spaces





#### Policy Background

- Mental Health Unscheduled Care Network
- NHS 24 Mental Health Hub and Enhanced Mental Health Pathway
- Urgent Assessment and Triage
- Links across the Mental Health System: Funding additional workforce, DBI, Children and Young people, suicide prevention, self harm, dementia and more
- Developing:
  - Data
  - Psychiatric Emergency Plan Review
  - Framework for Collaboration/Collaborative Commitments



#### Substance Use

- Mental Health Unscheduled Care Network
  - Too intoxicated to participate in assessment
  - Based on capacity to participle rather than being substance affected
  - Proactive Follow-up
    - Psychiatric Emergency Plan Review
    - People frequently presenting in crisis
    - Safe Spaces



#### Safe Spaces Scoping Report: Right Care, Right Place, Right Time

#### Purpose

 explores the feasibility of implementing an additional safe space as an alternative to people being conveyed to an Emergency Department (ED) and as community led crisis services.

#### Definition of a Safe Space

- Not intended to not replace clinical mental health interventions.
- Purpose needs to be considered alongside the needs of those requiring a safe space.



#### Safe Spaces Scoping Report: Right Care, Right Place, Right Time

• **Function:** reduce the need for statutory measures, mitigating disproportionate and unnecessary infringement of rights due to the voluntary nature in which a safe space could operate and provide better outcomes for individuals bridging the gap between hospital admission and safe to be at home/discharge home.

#### Who:

- Adults
- Children and Young People
- Substance affected and in crisis (inc. C&YP)
- Exclusions: Physical health intervention, consent



#### Safe Spaces Scoping Report: Right Care, Right Place, Right Time

- **Protocols:** Safe Handover, Proactive follow-up, Information Sharing, Consent, Deprivation of Liberty, Escalation processes and Access routes to urgent physical health treatment, Significant risk to safety, history of violence, Access to medication /prescribing, Staffing Ratio, Access to security, Access routes to urgent physical health treatment.
- Geographical Demand: significant variation in demand across Scotland
- Conclusion and Next Steps: Report published, Toolkit, Cost Benefit Analysis
- Good Practice Examples: A sample of safe spaces across Scotland, including Hope Point



#### Keep in touch

Claire McDermott, Mental Health Unscheduled and Primary Care

Email: <a href="mailto:mhworkforceunscheduledprimarycare@gov.scot">mhworkforceunscheduledprimarycare@gov.scot</a>

Web:

www.gov.scot/publications/safe-spaces-scoping-report/

Scottish Government Riaghaltas na h-Alba

www.gov.scot/policies/mental-health/mental-health-

unscheduled-care/

#### Open Discussion and Q&A



#### Feedback

Use the link in the chat box or scan the QR code

Mental Health and Substance
Use: Crisis and Out of Hours Care
and Safe Spaces



#### **Next Steps**





Use the link in the chat box to sign up to our distribution list to ensure you receive all communication around future mental health and substance use events, including how to register

#### Keep in touch

Twitter: @online\_his

Email: his.transformationalchangementalhealth@nhs.scot

Web: healthcareimprovementscotland.scot

Find out more: <a href="https://ihub.scot/improvement-">https://ihub.scot/improvement-</a>
<a href="programmes/mental-health-portfolio/mental-health-and-">programmes/mental-health-portfolio/mental-health-and-</a>
<a href="mailto:substance-use-programme/">substance-use-programme/</a>