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

Q&A

1. Q: How do you balance the need for safety alongside providing a non-clinical setting?

A: It is a tricky balance to strike and there are a number of things to take into consideration. Considering risk to staff - people are there to seek support and therefore escalation of risk to staff has been minimum. Not risk assessed to a clinical standard as that is not what is being provided. People are not left unattended.

2. A) Q: Re: gender divide at Hope Point, it looked like a proportionately high number of 'other' responses compared to gender divide in the wider population, are staff trained in LGBTQ+ issues and able to support this population?

B) Great to hear the service is trauma aware. We see increasing amounts of patients who have a ND diagnosis. Is there equal amounts of awareness regarding this? How is this accommodated?

A: Both on radar and looking to be addressed. Minority of those who identify are LGBTQ+ and we are linked in with local transgender group. Keen to be as inclusive as we can and make that known. Neurodevelopmental - see a high volume of people come through, peer element comes through strongly. People in team undergo training to support people and have a range of resources. Connected into colleagues at Autism Scotland, people at any stage in their journey are offered a hub and drop in so Hope Point links in there. They have seen people attend in crisis and have then brought them to Hope Point and

vice versa. Have a learning exchange (training) coming up. It is about local connections.

3. Q: Do you think this model could be expanded to support children and young people too?

A: Children and young people part of unscheduled care programme. Service response not as consistent as it is for adults, producing framework for crisis for children and young people. CAHMs working to expand out of hours provision for children and young people. NHS 24 MH Hub is not designed to meet the need of children but it will take calls and provide support for children, young people and parents.

4. Q: If they are heavily intoxicated, how much input would you have ? How is capacity to engage understood/discussed/actioned?

A: Not in black and white as a policy but has to be consistent threshold within the team. If someone comes in and is unable to walk or being carried, they can't see that person as it is not safe. If someone is displaying sign of aggression/heavily intoxicated then give them the information leaflet and ask them to return. Sometimes the service can see people who get a lot worse as they are there due to a non-fatal overdose and need naloxone or other interventions.

Comes up frequently in unscheduled care network, it is a clinical judgement on each occasion. Ability to understand questions, capacity to answer, could be something we return to - something around clinical judgement with ability to engage that also supports human rights. Something we would like to come back to.

5. Q: Is there any instances where you would be unable to support someone in this service? Is there specialist psychological support available?

A: Not psychology or clinical support on site. Initial stages had Tayside clinical lead heavily involved in planning and implementation and was here in initial weeks, identifying thresholds etc. They provided round the clock advice in person and on the phone if needed, quickly established it was not needed that often. In Dundee there are other services we can connect other people in with, e.g. patient assessment liaison service in GP practices etc.

If someone is under the influence we are able to spend time with them and allow them to sober up and if needed to be escalated then after some time we are able to escalate if there is a clinical need, but give them the time initially to receive support there if at all possible.

6. Q: Where is the community wellbeing hub in Perth and Kinross please?

A: It is called The Neuk - there is broad information and contacts here: https://www.pkavs.org.uk/directory-listing/the-neuk/ and there has been an independent evaluation of it which can be read here: https://www.researchgate.net/publication/368830480_A_safe_place_The_Neuk_Independent_evaluation

7. Q: Has there been any communication with the Scottish Prison Service (SPS)/Local Justice Services to catch those people being released from custody back into the community?

A: Not been picked up in unscheduled care work as that is focussed on police and community - have been asked to expand unscheduled mental health care clinical triage index to people in police custody. The unscheduled care pathways should be available to everyone including those released from custody. Piece of work around public protection more generally. Claire will look into that, if helpful.

A: Prior to launching, the team at Hope Point visited prisons in the surrounding area to raise of awareness of the support for people being released. We'd be keen to build on this now we're more established. We also liaise with Community Criminal Justice Service, who are based in very close proximity.

8. Q: Though Hope point is a fabulous resource in a central area, I'm wondering if anyone has had any experience of implementing this in more remote & rural areas? A barrier we encounter often is accessing appropriate services/3rd sector supports due to a lack of public transport, an assumption that people can travel over 100 miles to attend somewhere.

A: One of the biggest challenges coming through in the report. One of the things the report suggested whether providers within local cities could support digital out of hours support with in hour support available locally. Still need urgent response for those individuals during the out of hours period, cost benefit analysis keen for geographical/demand issues to be covered.

It will be reliant on technology and need to consider digital exclusion. Angus setting up their wellbeing centre so there will be learning from that. People working in more remote areas are keen to explore what they are doing and how to adapt.

Questions which were not answered during the webinar

Q: I wonder if a reliance on technology is having a negative impact on supporting individuals engaging with services? Often clients are reporting to us that they struggle to engage with assessments via Near me or similar IT assessments.

A: Our unscheduled care clinicians have a preference for face-to-face mental health assessment (particularly for first presentation in crisis) due to the risk involved when supporting people in crisis. NHS 24 Mental Health Hub is a telephone only national pathway but can connect or refer to additional

supports/services. Safe Spaces provide a valuable in-person support option with digital options through choice.

A: There is no doubt in the benefit of being in a room with someone and assessing their need based on their presentation. It's not uncommon for people we see at Hope Point not to have access to a phone. We were keen to make the support as accessible as possible for all hence the drop-in, phone and text provision available round the clock.

Q: How do i find out what my area has to offer?

A: There is a list of safe spaces available in the Annex to the safe space report. Anyone can contact NHS 24 on 111 if they require urgent mental health support during the out of hours.

A: Many local areas have developed their own directory. A national example is ALISS

Q: Can Hope point directly refer into local crisis team?

A: Yes, we have an agreed pathway with The Crisis Team, and if the individual consents, our team are able to accompany them throughout the duration of an assessment.

Q: So in different local authorities are all the well being Hubs very different ? As I am not aware our hubs are 24/7 and has strict criteria for who is appropriate and how long they can be supported ?

A: There are diverse range of models and only a few are 24/7.

A: There does appear to be differences in what is available, I suspect due to local need and funding arrangements. Across Tayside, the provision in each area operates differently and with differing opening hours.

Q: I have heard anecdotal evidence from a paramedic in SAS that when they have called the mental health hub for advice for a mental health related job, the hub has been rejecting referral to mental health services if someone has

co-occurring substance use and have specifically advised to simply to take the person to the local ED- so is co-occurring substance use an exclusion criteria for mental health support?

Q: How do you manage those who attend in crisis frequently? have you a policy re repeat attendees

A: We are scoping a piece of work with emergency service partners to better support people frequently presenting in crisis, learning from the model the Scottish Ambulance Service already offer.

A: We have a process whereby people attending frequently will be raised with management and a discussion surrounding their circumstances had. This may include arranging to speak with the individual to further explore their needs; implementing more structured input; liaising with other services who may be involved in their care. Hope Point staff regularly attend case conferences and risk management meetings.