# Adult mental health: Written Submission from Tracey McKigen, Services Director Royal Edinburgh and Associated Services, NHS Lothian – 7 December 2023

## East Lothian H&SCP MH and SUS examples for Public Audit meeting response

### IHTT and police joint working:

- Facilitate urgent mental health assessment for police, this can be face to face or over the phone.
- Police support with welfare visits when requested (IHTT reached limit of what they can achieve in terms of making contact).
- Police support with mental health detention (risk of V&A, refusal to transport to hospital)

# SUS and police joint working:

- Current test of change whereby VDP's involving substances are sent directed to EL SUS for screening rather than via SW.
- Police support around welfare concerns.
- Police representation at MELDAP DRD meetings to support communication/share learning.
- Local Police stations have Contact Service cards and posters.

# **CAMHS Unscheduled Care interface with Police Scotland**

- CAMHS Unscheduled Care has very regular contact with Police Scotland. Police contacts make up around a quarter of referrals to this service. Police officers regularly contact CAMHS USC by phone to discuss a young person they are concerned about. There are 3 possible outcomes of this:
- -Advice is given to officers with no further action required.
- -The officers support a telephone assessment for the young person.
- -Where there is significant risk and it is agreed that a face to face assessment is required, the officers are invited to bring the young person to the Melville Unit, RHCYP. Alternatively, if the young person requires a physical health assessment, they are requested to bring them to the appropriate Emergency Department.
- Routinely, Police Officers will attend ED with a young person in crisis. They remain with them **if they are considered to be high risk**, for example, through disturbed or aggressive behaviour, or because they are a possible flight risk. CAMHS USC will carry out an assessment over this period and involve officers in discussion about the needs of the young person, their experience of them and to gather any background information that officers hold about the situation.
- CAMHS USC has involved Police Scotland in meetings about young people who are considered to be frequent attenders of the service. On occasion,

multi-agency care plans are devised and information is put on Police Scotland systems, in order that officers have an understanding of how to best deal with a young person who repeatedly presents, in mental health crisis. These young people may be care experienced and are often resident in local authority Young People's Centres. We have had contact with the Police Scotland Missing Person's Coordinator to discuss young people such as this.

• For the most part, CAMHS USC has a very positive relationship with Police Scotland. We are aware of the pressures on this service and try to see young people who are in the care of officers as quickly as we can.

### Mental Health Assessment Service at Royal Edinburgh Hospital

 MHAS continue to work with the police to triage patients who are in the community and present with mental health problems and risks. We will take triages and discuss outcome with the patients and contact other services who might be involved. There is an option to come to REH for assessment too. We also take patients on a section 297 (place of Safety)> This avoids anyone who doesn't have a concurrent physical health need having to attend ED and wait there

#### Crisis Navigator service

- Emotional support to help the person manage their current feelings of distress in the here and now including coping strategies to use in the future.
- Linking people into activities and interests of their choice in order to assist people from becoming isolated including educational, voluntary or employment opportunities
- Support to attend initial appointments
- Support to access other services, i.e. counselling, debt and welfare advice including the Thrive Collective Services/Thrive Welcome Team

This has proved helpful to MHAS with an average of 5 referrals per week with scope to increase the service in the future

The Crisis Navigators have spent time in MHAS to promote the service and regular dialogue with the service manager