

Minister for Social Care, Mental Wellbeing and Sport submission of 28 November 2023

PE1871/N: Full review of mental health services

I would like to thank the Committee for the opportunity to provide further information on the Mental Health Assessment Units (MHAUs) and the journey through the Mental Health Unscheduled Care (MHUC) pathway to support your consideration of the above petition.

The Scottish Government understands that anyone who has not been in Ms McKeown's position may be unable to fully understand what she and her family have experienced. Through the information that was previously provided by Ms McKeown, I understand why she continues to call for this petition to be considered. Every suicide is an enormous tragedy with a far-reaching impact on family, friends, and the wider community, which is why, in addition to the work on suicide prevention which was outlined in a previous submission, we are fully committed to ensuring that anyone requiring urgent or unplanned mental health support is able to get the right care, in the right place, the first time regardless of when or how they access care.

I would like to begin by providing a point of clarity on the MHAU in NHS Lothian: there are four mental health units that operate at Health and Social Care Partnership level in the NHS Lothian Health Board area. I would like to reassure the Committee that this does not impact on the information included in the 16 March 2023 response.

The User Journey Through the MHUC Pathway

To better explain the Scottish Government's evaluation plans for the MHUC Pathway, including the MHAUs where these are available, I believe it would be better to begin by responding to the Committee's second request regarding clarifying the user-journey journey.

At the onset of the MHUC programme, a roadmap was developed with our stakeholders to provide an overview of the typical pathways that people could follow when accessing unscheduled mental health and wellbeing support. I have included this roadmap in Annex A as a visual aid to the explanation provided below.

As illustrated by the roadmap, there are several potential entry points for people first accessing unscheduled care, various available services to triage and assess those individuals, and a range of onwards referral/care options that an individual may be supported to engage with. The roadmap is not designed to be prescriptive; it covers the critical components required while also recognising that a 'one size fits all' approach would not meet local needs. In

summary, the key components that are required to support the delivery of the MHUC objectives are: an in-hours GP service, the NHS 24 Mental Health Hub, a professional-to-professional pathway for the Scottish Ambulance Service (SAS) and Police Scotland, and a Senior Clinical Decision Maker (SCDM) who is available 24 hours a day, seven days a week and is able to receive referrals from the previously listed services.

For the purpose of comparing the MHAUs to the repurposed existing services, the scenarios below are based on the most straightforward user-journey through the MHUC pathway.

In the first scenario, an individual living in the Greater Glasgow and Clyde Health Board area calls the NHS 24 Mental Health Hub on 111 because they are in crisis. After listening to the Automatic Voice Response system, the individual selects option one for Mental Health and they are connected to a Psychological Wellbeing Practitioner (PWP) who is a specially trained member of staff within the Mental Health Hub's multidisciplinary team. The individual is asked a number of questions which will help the PWP assess the person's psychosocial situation and determine the most appropriate form of support. The PWP may seek input or advice from one of the registered Mental Health Nurses based within the Mental Health Hub before determining the most appropriate care outcome to meet the individual's need. In this scenario, the PWP identifies that a referral for an urgent specialist assessment is needed so they will arrange for a callback from the NHS Greater Glasgow and Clyde MHAU. The individual is told that they should expect a callback from the SCDM in their Health Board within a specified amount of time and they are reassured that they can call the Mental Health Hub back at any time should their situation worsen.

The PWP will email the callback referral and a copy of the individual's psychosocial assessment to a secure mailbox which is monitored 24 hours a day, seven days a week by staff based at the MHAU. After reviewing the information contained in the email, the SCDM will contact the individual and, in this scenario, arranges an appointment for a further assessment at the MHAU. Once the individual arrives at the MHAU, they are seen and assessed by the SCDM and, based on the outcome of the assessment, the SCDM will identify the most appropriate care option. In this example, the person may be referred to the Community Mental Health Team (CMHT), Distress Brief Intervention (DBI), or a specialist secondary mental health service, however several care and support options are available.

In the second scenario, the individual is living in the Fife Health Board area and, likewise, accesses support through the NHS 24 Mental Health Hub. Following the psychosocial assessment, the PWP will send the referral to NHS Fife's Unscheduled Care Assessment Team (UCAT) which is based at the Whyteman's Brae Hospital. Similar to the first example, the SCDM will review the information provided to them and contact the individual to arrange a further assessment. The in-person assessment may either be conducted in the

Emergency Department (ED) at the Victoria Hospital or in the Dunnikier Resource Centre located within Whyteman's Brae Hospital, with the location depending on its appropriateness for the individual's presenting concerns. As with the first example, the individual is referred to the most appropriate care option following the completion of the assessment with the SCDM. This may once again be a referral to the CMHT, DBI, or another service more suited to the individual's needs.

As demonstrated by the scenarios above, the user journeys are similar in both Health Boards, with the exception of the location within which the SCDM is based and the specialist mental health assessment is performed. It should be noted that for the purpose of comparing the two models, the assessments in these scenarios were performed in-person but the SCDM based in the MHAU and/or the comparable assessment service may offer a virtual assessment by telephone or Near Me instead if an initial risk assessment determines that those are suitable alternatives to an in-person assessment.

It should also be noted that these scenarios do not reflect the journey of every caller to the NHS 24 Mental Health Hub. The Mental Health Hub will refer a person to the Health Board's SCDM only if they determine that the person requires an urgent specialist mental health assessment or an urgent referral to local specialist mental health services. Where this is not required, the Mental Health Hub may advise a person to contact their GP, signpost them to NHS Inform's self-help guides, refer them to DBI, or even refer them to A&E or 999 if the person's situation is life-threatening.

I also ask the Committee to take into account the local variations in the pathway and provided services, particularly in the remote and rural areas of Scotland. This notwithstanding, all Health Boards have the key components in place to receive referrals and provide urgent mental health assessments and support.

I note in your committee session of 25 October that was reference to the role of Police Scotland as often required to respond when people are in crisis. As noted above, one of the key components is a professional-to-professional pathway for SAS and Police Scotland, allowing them to directly contact the SCDM in their operating Health Board. The aim of this pathway is to provide guidance and support to SAS clinicians and police officers with the decision-making process around managing risk while supporting people in mental health crisis. The SCDM may undertake further triage by telephone while the clinician or police officer are with an individual, and they can advise on whether the person is safe to leave at home or if a person should be brought in for a mental health assessment and where that person should be conveyed to.

NHS Lanarkshire introduced the first iteration of this professional-to-professional pathway for Police Scotland in 2019, and their data show that the continued improvements to the support provided to Police Scotland through their local MHUC pathway developments has resulted in an 81% reduction in

police conveyance to EDs over a five-year period. This is because the professional-to-professional pathway has enabled the SCDM to assess a person over the telephone and provide them with advice and/or a referral to another service while allowing the person to remain closer to home and avoid attending ED. Although this pathway is not suitable where there is an immediate threat to life, this is progress towards reducing pressures on police officers' time as well as supporting our aims of ensuring that anyone needing urgent mental health support is able to get the right care, in the right place, the first time regardless of when or how they access care.

MHAU Evaluation and Lessons Learned

As mentioned in the letter of 16 March 2023, the MHAUs and the wider changes to the MHUC Pathways (including the repurposing of existing services) were established in 2020 in response to the COVID-19 pandemic and the need to reduce presentations to EDs. Due to the system pressures resulting from the pandemic and the time taken to get each of these components implemented in every health board area, the changes to the MHUC pathways have not yet been evaluated, however I am pleased to inform the Committee that this is currently in development.

The Scottish Government is working with Health Boards and Public Health Scotland (PHS) on taking an evidence based approach to understanding how people are accessing and receiving unplanned mental health care. A core set of data indicators and measures have been identified, and once Health Boards are in a position gather and share this data, the data will measure the impact of the changes to the MHUC pathway to date and identify opportunities for further improvements. The lead-in work will commence in 2024, ensuring that further improvements to unplanned and urgent mental health care are underpinned by robust data.

In addition to the work that the Scottish Government is doing with PHS and the Health Boards, we regularly receive performance data from the NHS 24 Mental Health Hub, including data on the number of calls received, answered, and abandoned, as well as data on the average time to answer a call. NHS 24 also conducted an evaluation of its Mental Health Hub between May and June 2023 by gathering feedback from individuals who sought support for mental health concerns. The survey provided insights on the experiences and perceptions of individuals who used the Mental Health Hub, with the results predominantly indicating a positive perception and highlighting the Mental Health Hub's successful provision of support. Although there were limitations to consider when reviewing the survey results, the Mental Health Hub has already identified eight potential areas for improvement. Unfortunately, the findings from this survey have not yet been published, but I will provide the Committee with a copy once it is.

I am happy to provide the Committee and/or Scottish Parliament with an update on these developments in due course.

The Mental Health and Wellbeing Strategy and Delivery Plan

Lastly, in relation to Ms McKeown's call for a review of Mental Health services, I would like to highlight the new Mental Health and Wellbeing Strategy which was published earlier this year in partnership with the Convention of Scottish Local Authorities (COSLA). The strategy reflects views from more than 18 months of consultation, with a particular focus on the voices of lived experience and the role of inequalities. It details the standard of help people can expect, and outlines that it should be available locally where possible. It also recognises that specialist services are a crucial part of a high-functioning mental health system.

The Strategy seeks to look ahead to ensure that we are doing the right things to meet the changing mental health needs over the coming years, as well as to promote the whole system, whole person approach by helping partners to work together and removing barriers faced by marginalised groups when accessing services. The first Delivery Plan which accompanies the Strategy describes the work that we, together with our partners, will undertake over the next 18 months to achieve the long-term vision and approach laid out in the Strategy. We recognise that action is needed across portfolios to address the underlying causes of poor mental health, as well as ensuring the provision of the right support for those who need it. This is why the actions in the Plan cover a wide spectrum, from maintaining good mental wellbeing to support in the community, to ensuring that specialist services are available whenever needed.

The Plan also includes commitments to build on the success of our community-based supports which benefitted over 45,000 children, young people, and carers in the second half of 2022 alone. It also includes work to improve access to mental health support by developing multi-disciplinary teams around General Practice and by maximising the role of community mental health teams, digital services, and NHS 24.

Together with COSLA, we will establish a new Mental Health and Leadership Board which will include representation from a range of Scottish Government portfolio areas, Local Government, NHS Boards, Integrated Joint Boards, and the Third Sector. The Leadership Board will oversee implementation and oversee progress.

I would like to thank the Committee again for the opportunity to provide further information on the MHUC pathways and the Scottish Government's plans to use an evidence-based approach to our continuous improvement work. I trust that this response was sufficiently comprehensive to support your consideration of the petition.

Maree Todd MSP

Roadmap for Unscheduled Mental Health Presentations: Right Care, Right Place, Right Time, First Time, optimising self care at all times

Orange line indicates Mental Health Enhanced Pathway
 * Direct referral to Local Mental Health Services possible

