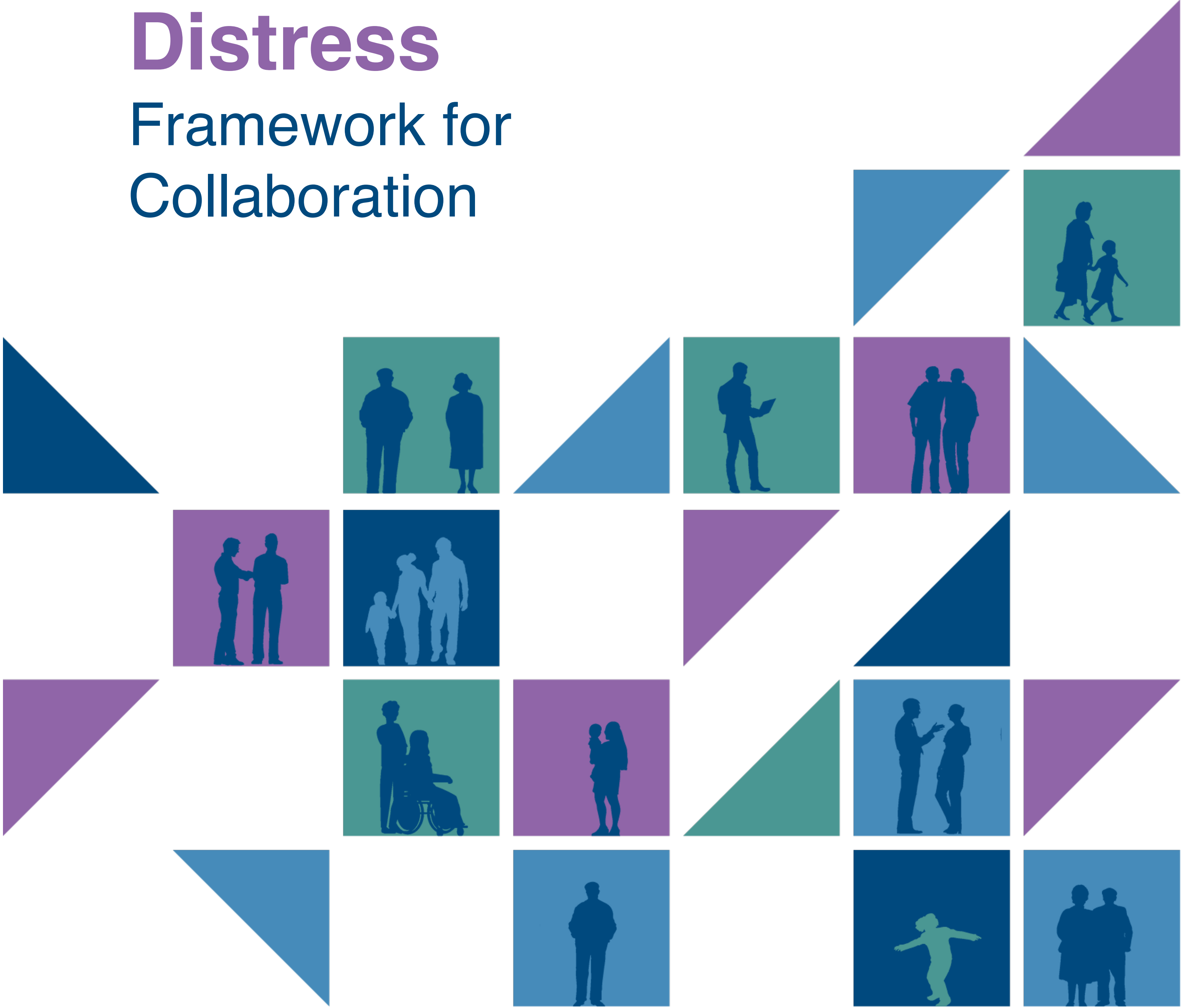
Scotland's Mental Health and Wellbeing
Vision & Priorities

Scottish Government
Riaghaltas na h-Alba

Multi-Agency Partnership Approach to Distress

Framework for Collaboration



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1. Ministerial Foreword

We believe that there should be no wrong door to accessing unplanned or urgent mental health support.

Work has been underway for a number of years at a national and local level, across a range of sectors and partners, to improve the mental health unscheduled care response and to ensure that this happens in a consistent manner. However, we recognise that more work needs to be done to ensure that anyone in need of support must receive the right care, in the right place, at the right time, regardless of where or what time of day they present.

In its thematic review of mental health demand on policing, published on 18 October 2023, His Majesty's Inspectorate of Constabulary in Scotland (HMICS) recognised that mental health is a multifaceted issue that requires an effective whole-system partnership response, and it set out a number of recommendations for Police Scotland, the Scottish Police Authority and the Scottish Government.

As part of our commitment to implement the Review's recommendations, the Scottish Government, Scottish Police Authority and Police Scotland have established a cross-sector Partnership Delivery Group (PDG; Annex A) which grounds itself in partnership working across organisational boundaries to identify and deliver support to individuals that can be delivered in a person centred and trauma informed way.

This Framework has been developed in Collaboration with PDG and has been informed by those who are instrumental in delivering this change, including our third sector partners and the voices of those with lived experience. Its implementation will be supported by the PDG's Collaborative Commitments, and our aspiration is that these documents will support services to work together, across boundaries, to improve the mental health distress and crisis response as well as the interactions with and between our emergency services.

We wish to thank all those who continue to contribute to the delivery of mental health services, including the important role our ambulance, policing, local government and third sector partners play. Discussions over recent months have been wide-ranging, reflective of the breadth and depth of the issues set out here and have shone a bright light on the valuable contribution you play and the need for us all to work together to deliver meaningful change. As the Cabinet Secretary for Justice and the Minister for Social Care, Mental Wellbeing and Sport, we are fully committed to continuing that partnership approach as we work to implement this Framework and deliver on the Collaborative Commitments.

ANGELA CONSTANCE MSP
Cabinet Secretary for Justice and Home Affairs

MAREE TODD MSP
Minister for Social Care, Mental Wellbeing and Sport

2. Definitions

A theme raised when developing this framework was the need for consistency in the language we use and what these terms mean.

The following definitions are included to provide a common understanding and consistency that can be shared across agencies and services. These definitions have been taken from a range of sources including the Mental Health and Wellbeing Strategy and the Mental Health Unscheduled Care Network, and will hopefully ensure that with common understanding, services are best able to meet a person's mental health and wellbeing needs.

- **Mental wellbeing** is a person's internal positive view that they are coping well psychologically with the everyday stresses of life and can work productively and fruitfully. Good mental wellbeing means a person will feel happy and live their life the way they choose.

- **Distress** can be described as a sudden change in wellbeing from regular behaviour patterns with expressions of intense emotions (e.g. anxiety, hopelessness, loneliness). It is an emotional pain which may have led the person to seek help, and which does not require further emergency service involvement.

- **Mental illness** is a health condition that affects emotions, thinking and behaviour, which substantially interferes with or limits our life. If left untreated, mental illnesses can significantly impact daily living, including our ability to work, care for family, and relate and interact with others. Mental illness is a term used to cover several conditions (e.g. depression, post-traumatic stress disorder, schizophrenia) with different symptoms and impacts for varying lengths of time for each person. Mental illnesses can range from mild through to severe illnesses that can be lifelong.

- **Crisis** is a state where a person is unable to cope and they may be a risk to themselves or others. They are likely to require urgent help from others to manage their mental health risks.

- **Mental wellbeing, mental health and mental illness** are linked to a combination of factors covering biology (e.g. genetics, health and neurodiversity), psychology (e.g. thoughts, emotions and beliefs) and social factors (e.g. culture, poverty and discrimination). These three areas combine with a person's life experiences to impact the state of mind. This impact varies over time, does not progress in a straight line and is specific to an individual.

- **Unscheduled Care** is unanticipated, so presentations are unplanned to the services (i.e. where a person did not arrange an appointment). Unscheduled care incidents cannot reasonably be foreseen or planned in advance of contact with relevant services.

- **Urgent Care** is an illness, distress or injury that requires urgent attention but is not necessarily life or limb-threatening. There is an expectation that urgent care is time sensitive to mitigate risk or to prevent the situation from escalating (e.g. a person displaying signs of impaired decision making).

3. Introduction

Poor mental health and wellbeing has a significant impact on individuals and on those around them, including the services they often turn to for support. Mental health is as a cross-government priority, building on the partnership between the Scottish and Local Governments. We recognise a huge range of factors can contribute to our mental health and wellbeing, including poverty, employment, housing, our communities and many more. Evolving evidence on intersectionality also highlights that people are not homogenous and that different experiences or aspects of their identity can interact and combine to affect their mental health in ways that are not the case for everyone.

Work to promote positive and reduce poor mental health and wellbeing has been underway at a national and local level for a number of years. It is aimed at supporting individuals and ensuring the range of support, care, and treatment required is available. This includes improvements to the mental health unscheduled care pathway and response, ensuring that people seeking urgent or unplanned mental health support receive the right care, in the right place, at the right time, regardless of how or what time of day they access that support – there should be no wrong door.

We know that individuals experiencing distress or crisis, and who may need an unplanned assessment and care, tend to seek a response from a service that is not best placed to meet their needs. This might be from emergency services, a clinical healthcare setting such as an emergency department, or wider community-based supports and services. Supporting individuals to get the right care they need in a person-centred and trauma-informed way is critical and of high importance for all partners involved.

In developing this Framework, we built on the work already achieved as well as work currently underway through the Mental Health Unscheduled Care Network (Annex B) by bringing together and aligning existing and planned improvements to the mental health unscheduled care response. We also reflected on the feedback heard from partners, those delivering services, and those with lived experience of current provision.

Through this Framework we want to promote a multi-agency collaborative approach to improving local distress pathways, with the person-centred, trauma-informed and no wrong door principles at the heart of the improvement. This is why we see this Framework of being of particular interest to agencies and services supporting the mental health and wellbeing of their local communities, including mental health

services, emergency services (such as the ambulance service and policing), and third sector organisations, particularly those working in the early intervention and prevention space. Recognising that many people experiencing distress need help accessing non-mental health services that contribute to improved mental health and wellbeing, this Framework will also be of interest to partners providing social care, social work, housing, and drug and alcohol support – just to name a few.

We envision that the work achieved through the Mental Health Unscheduled Care Network and the approaches set out in this Framework will provide assistance for these partners to discuss, agree, and implement local distress pathways that ensure that the individual receives the support they need from the most appropriate agency or provider as soon as practicable.

The aspiration that services work together across boundaries to connect people with the service(s) that meet their needs, thereby improving the person's care outcome, is one we all share. We know, however, that the right service to meet the person's need might not be available at the point of their distress; or it simply may not exist either in the local or national mental health unscheduled care pathways. We also recognise that current pressures across services mean that the existing services may also be unable to support the person at the time of their presentation. This is why positive collaborative behaviours, agreed processes, and joint training between agencies and services are important. While these will not resolve the wider issues, our aim is that the principles and processes outlined in this Framework will contribute to minimising boundaries as well as building relationships and trust between services and agencies, ensuring in turn that the individual's experience of accessing support for their distress is improved.

Lastly, it is our aspiration that the Framework's approach to creating multi-agency fora to discuss local pathways and process provides a solid foundation on which to implement the guidance and recommendations resulting from the national review of Psychiatric Emergency Plans.

4. The Strategic Landscape

In this section we have set out the strategic context for delivery of the framework.

The strategies included below, especially those concerning the social determinants of mental health, are not exhaustive. Health Boards and local partners should consider any additional national or local strategies which support the delivery of this framework.

The UN Sustainable Development Goals

The UN Sustainable Development Goals (SDG) are an urgent and universal call to action to create a better world by 2030. The SDGs apply to every country in the world including Scotland and are the responsibility of governments, businesses, civil society and citizens to deliver. Goal 3 aims to 'ensure healthy lives and promote wellbeing for all at all ages' with a specific target (3.4) to 'reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and wellbeing' by 2030.

The National Performance Framework

The National Performance Framework (NPF) is developed and published by the Scottish Government and is Scotland's way to localise the SDGs. It currently sets out 11 National Outcomes with associated indicators which are tracked and publicly reported on. The NPF is for all of Scotland and sets out a vision for collective wellbeing. While we anticipate that this work will contribute to a variety of the National Outcomes, it will have a particular focus on:

- we are healthy and active.
- we respect, protect and fulfil human rights and live free from discrimination.
- we live in communities that are inclusive, empowered, resilient and safe.

Mental Health and Wellbeing Strategy

The Scottish Government and COSLA's joint Mental Health and Wellbeing Strategy, builds on the work of the previous 10-year Strategy through a wider scope and an increased focus on wellbeing and prevention. The Strategy describes what a highly effective and well-functioning, whole-system mental health landscape should look like, with the right support available, in the right place, at the right times, whenever anyone asks for help.

People's needs for mental health care vary enormously. Some people may be able to manage their mental health conditions and emotional distress themselves, especially with support from family members, peer support groups, faith-based organisations, or community providers. Many others will need formal interventions to support their mental health conditions, typically offered through a range of daytime services. In most areas, mental health support is also accessible at out-of-hours primary care centres or via NHS 24.

We know that the current system is not delivering as we would wish despite the efforts of thousands of dedicated and skilled people across Scotland. One of the reasons for publishing a new Strategy was to lay out what we think 'good' looks like and move forward with all partners towards that vision. However, the Strategy acknowledges that there are many challenges to delivering sustainable mental health supports and services in Scotland. The Strategy's Delivery Plan and Mental Health & Wellbeing Workforce Action Plan set out the specific actions that will be taken through a cross-Scotland partnership approach to:

- **promote** positive mental health and wellbeing for the whole population, improving understanding and tackling stigma, inequality and discrimination;
- **prevent** mental health issues occurring or escalating and tackle underlying causes, adversities and inequalities wherever possible; and
- **provide** mental health and wellbeing support and care, ensuring people and communities can access the right information, skills, services and opportunities in the right place at the right time, using a person-centred approach.

Self-Harm Strategy and Action Plan 2023 – 2027

Scotland's first dedicated self-harm strategy and action plan aims for anyone affected by self-harm to receive compassionate, recovery-focused support without fear of stigma or discrimination. It is jointly owned by Scottish Government and COSLA. The approach in this strategy and action plan retains an important connection to the joint work on suicide prevention through the Suicide Prevention Strategy (see below) and to improving population level mental health and prevention through the Mental Health and Wellbeing Strategy and its Delivery Plan.

Priority 2 of the strategy is to continue to build person-centred support and services across Scotland to meet the needs of people affected by self-harm.

Creating Hope Together: Suicide Prevention Strategy 2022 – 2032

Creating Hope Together and accompanying Action Plan were published jointly with COSLA and set out a clear plan to reduce suicides in Scotland and address the inequalities which lead to suicide. The Delivery Plan 2024-2026 sets out the actions for delivery over the remainder of the current Creating Hope Together action plan

The shared aim though this work is for any child, young person or adult who has thoughts of taking their own life, or are affected by suicide, to get the help they need and feel a sense of hope.

To achieve this, all sectors must come together in partnership, and we must support our communities so they become safe, compassionate, inclusive, and free of stigma.

The Vision for Justice in Scotland

The Vision for Justice in Scotland sets out the vision for the future justice system in Scotland, spanning the full journey of criminal, civil and administrative justice, with a focus on creating safer communities and shifting societal attitudes and circumstances which perpetuate crime and harm. This Strategy is underpinned by four core principles: **equality and human rights; evidence based; embedded person centred and trauma informed practices; collaboration and partnership.** It also outlines two transformational priorities: **'Our services, third sector partners and legal profession must be person-centred and trauma-informed'** and **'we must also strive to work across our public services to improve outcomes for individuals, focussing on prevention and early intervention'.**

While the vision has a wider focus on the justice system as a whole; its core principles and overarching priorities speak to the ambitions of this Framework and align with its intended outcomes. It focuses on promoting person-centred justice services and highlights the importance of embedding trauma-informed practice. It seeks to ensure that justice services recognise the prevalence of trauma and adversity, realise where people are affected by trauma and respond in ways that reduce re-traumatisation.

It recognises that the population in contact with the criminal justice system is a vulnerable one in relation to health and wellbeing, with people often experiencing high levels of mental health problems. It also highlights the same key issues set out in the HMICS review: that justice agencies are commonly dealing with situations where the main issues are around mental health and distress, where no offence has been committed; and that the police service are dealing with increasing numbers of people in mental health distress. The vision underlines that we must work across all partners to improve the mental and physical health and wellbeing of those who come into contact with the justice system, which is the key focus of this Framework and the ongoing work around mental health and policing.

Alcohol and Drugs Strategy – Rights, Respect and Recovery

There is significant overlap between mental wellbeing and substance use. The current alcohol and drugs strategy, Rights Respect and Recovery (2018) is being delivered through a National Mission 2021 – 2026 to save and improve lives. The Mission recognises the need for multi-agency interventions to support those with dual diagnosis (mental health and substance use).

The Mission includes the development of a protocol which is being led by Healthcare Improvement Scotland with the aim to develop, test and support implementation of a good practice protocol for how mental health and substance use services should work together.

The Mission also includes the implementation of Medication Assisted Standards (MAT) and standard 9 aims to ensure that all people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery. Implementation of the MAT standards is being supported by a MAT Implementation Support Team (MIST) in Public Health Scotland who publish an annual Benchmarking Report. The Reports include data on how the various contact points for people with dual diagnosis have ensured mental health treatment is included in individual care plans.

The Mission also includes a National Collaborative of people with lived and living experience of substance use. The Collaborative has developed a Charter of Rights, which was launched by the First Minister in December 2024. The Charter will be accompanied by a National Specification for treatment and recovery services which will include alignment with mental health services.

Housing and Homelessness

Tackling homelessness is a priority for the Scottish Government, as set out in the joint Scottish Government/COSLA Ending Homelessness Together Action Plan. The actions set out in that plan recognise the importance of joint working across different policies, sectors and organisations, in line with the objectives of this document. Alongside a commitment to a No Wrong Door approach to delivering homelessness services, new legislative proposals are included in the Housing (Scotland) Bill, introduced to Parliament in March 2024, to better prevent homelessness.

Significantly, the proposed measures include new ‘Ask and Act’ duties on ‘relevant bodies’ named in the Bill, which includes the police service and Health Boards. The proposals are based on the principles of shared public responsibility, earlier intervention and more options through avoiding crisis, to prevent homelessness. The relevant bodies will ask about housing situations as part of their existing functions and act on this information within their existing powers.

While the intention is that relevant bodies do not just default to referring to local authority housing departments when somebody is threatened with homelessness (as opposed to already being homeless), these new duties have the potential to significantly strengthen partnerships both between different relevant bodies and with local authorities in helping to prevent homelessness and repeat homelessness. These new Ask and Act measures will also be accompanied by changes to existing homelessness legislation, so that local authorities act sooner to prevent homelessness.

While no timescale for implementation has been included in the legislation, if it is passed by the Scottish Parliament, these measures will require strong guidance and training, including on the sharing of information and collection of data, and the Scottish Government have committed to working with partners across the relevant bodies and with local authorities to ensure this is fit for purpose.

5. Principles

This Framework aims to promote a ‘no wrong door’ whole system approach to improving and responding to mental health distress.

The following principles provide more detail on what works in relation to delivering a person-centred approach that should underpin our joint approach to service delivery. We have shown their alignment, in the table below, to the three areas of focus from the Mental Health and Wellbeing Strategy: **Promote; Prevent** and **Provide**; and the four justice principles founded in **equality and human rights; evidence based; embedded person centred and trauma informed practices; collaboration and partnership**.

Principles	MHW Strategic Priorities	Justice Principles
No Wrong Door Regardless of which service an individual contacts when in crisis, there should be no wrong door. Effective transfer of care should allow individuals to be better, and more quickly, connected to the support that meets their needs in the right settings.	Provide	Trauma Informed Equality and Human Rights Collaboration and Partnership
Trauma Informed Time, Space, Compassion and Trauma informed principles will underpin how individuals experience care and support, first points of contact should always be compassionate, regardless of whether it is the ‘right’ service.	Promote Provide Prevent	Trauma Informed Equality and Human Rights

Principles	MHW Strategic Priorities	Justice Principles
Free from Stigma and Discrimination Stigma and discrimination in the health and justice systems can prevent people from accessing the information, support, and resources they need, creating mistrust and further exclusion. Services should work together to tackle stigma and discrimination so people with mental health conditions, including those with co-existing health conditions experience improved quality and length of life, free from stigma and discrimination.	Promote	Equality and Human Rights
Getting it Right for Everyone Getting it right for every child (GIRFEC) is our commitment to provide all children, young people and their families with the right support at the right time. This is so that every child and young person in Scotland can reach their full potential. Linked to this a new person-centred working aimed at adults called Getting it Right for Everyone (GIRFE). This proposed multi-agency approach of support and services from young adulthood to end of life care. It will place the person at the centre of all the decision making that affects them, with a joined-up consistent approach regardless of the support needed at any stage of life.	Provent Provide	Person Centred

Principles	MHW Strategic Priorities	Justice Principles
Collaborative Service providers should work in partnership, to integrate service provision and thus improve the outcomes they achieve. This would mean individuals can be better, and more quickly, connected to the support that meets their needs in the right settings, promoting self-management and avoiding escalation.	Promote Provide Prevent	Collaboration and Partnership
Alignment of Services The transfer of care should be seamless to avoid retraumatising individuals by asking them to repeatedly disclose information.	Provide Prevent	Trauma Informed
Signposting and Referral Services will promote and provide access to information about national and local crisis support and services to help individuals access the right care.	Promote	Trauma Informed Person Centred
Responsive People presenting in the Out of Hours period should have access to the full range of options available in hours, cognisant that some options may not be available immediately.	Provide	Equality and Human Rights
Proportionate Response Emergency services should only be deployed to respond to an individual suspected to be vulnerable and/or in emotional distress and/or crisis when there is an immediate risk of significant harm to an individual or others.	Provide Prevent	Equality and Human Rights Person Centred Trauma Informed

Principles	MHW Strategic Priorities	Justice Principles
Data Sharing The duty to share information can be as important as the duty to protect patient confidentiality.	Provide Prevent	Collaboration and Partnership
Positive Risk Taking Services will promote a positive risk-taking approach to supporting individuals in crisis that sees services making decisions in the best interest of the individual. Supporting positive risk taking requires the ability to effectively balance the benefits and positive outcomes against the potential negative outcomes of having measures in place that restrict or seek to avoid risk.	Provide Prevent	Trauma Informed Equality and Human Rights
Continuously Improving Mechanisms for review and evaluation between partners will allow for continuous improvement.	Prevent Provide	Collaboration and Partnership

6. The Mental Health System

The mental health system is wide and varied and involves a range of services, with many key public services supporting those experiencing mental distress and their families. The detail below aims to describe the current service delivery landscape and some of the key roles central or aligned to this work.

Support, Care and Treatment Pathway

People's needs for mental health care vary enormously. Some people may be able to manage their mental health conditions themselves, especially with support from family members, peer support groups, faith-based organisations, or community providers. Many others will need formal interventions to support their mental health conditions, typically offered through a range of daytime services.

The Support, Care and Treatment pathway demonstrates the different tiers of the mental health system, defined primarily based on the individual's risk and need. The supports and services across the tiers are provided by a range of partners and this varies in different local systems. Boundaries between tiers can be blurred and people may require input from different tiers at different times or even from more than one tier at any point in time; their path between tiers may not be linear. The list of services under each tier is not exclusive to what may be available. The tiers provide a useful way of describing a complex interacting system.

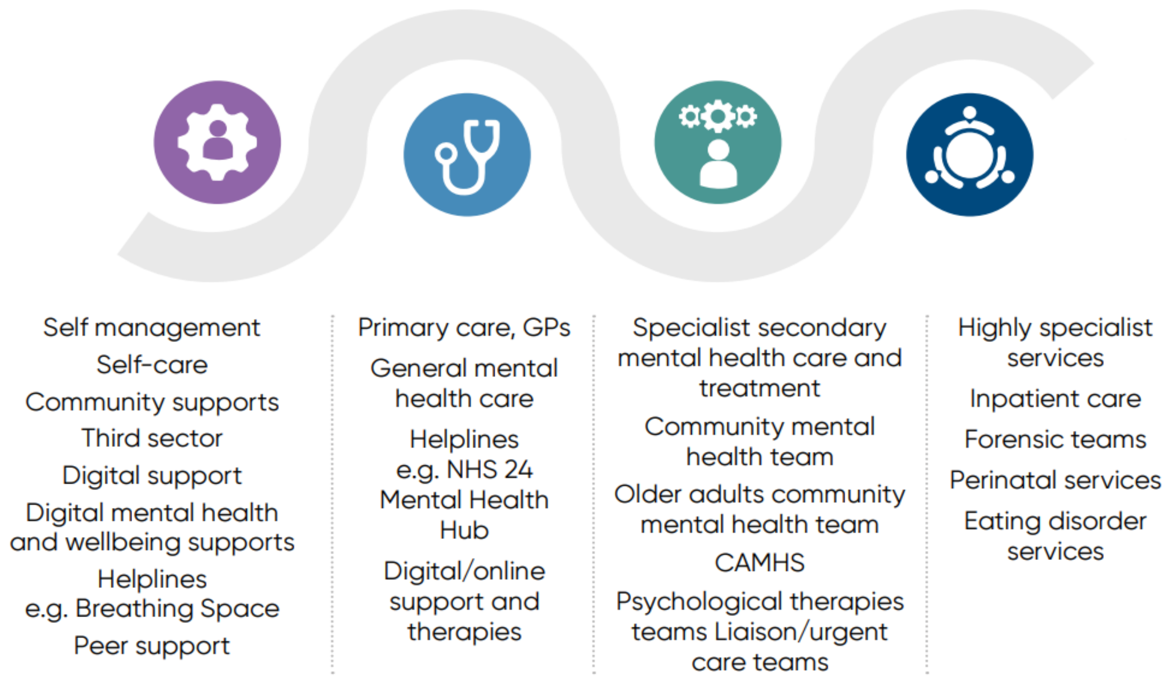

Figure 1: Tiers of the Support, Care and Treatment pathway

Tier One is targeted at people with low support needs, though they may have met the criteria for the other tiers, with the aim of prevention and early intervention, meaning services and support at this level usually support people to stay well and maintain a good level of wellbeing. The services and supports are generally delivered by local authorities and third sector organisations that have been designed or commissioned meet local needs and are directly accessible without requiring a referral. Tier One supports may also include digital supports that are available to members of the public without requiring a referral, such as mindfulness and wellness apps.

Tier Two provides early intervention and is aimed at people seeking further support with managing their health wellbeing or with improving their situation. The services and support in this tier are provided by a range of partners, including Primary Care, Local Authorities and Third Sector. Similar to the previous tier, individuals can usually access these services and supports directly. However, they may require a referral from Primary Care, NHS 24, or emergency services to access certain therapies and services, such as Computerised Cognitive Behavioural Therapy or Distress Brief Intervention.

The wider community-based support provided by Local Authorities, and HSCPs, around the socio-economic determinants of health, including employability, housing, and education are a critical underpinning of both tiers one and two. Social Work also plays a key role in providing advice, care, and support for those in need, such as supporting and protecting vulnerable people because of a mental disorder.

Tier Three are more specialist services which require a referral from Primary Care or another health and/or social care professional. The services and supports are usually based in the community and are aimed at people with more severe concerns and may need an assessment, diagnosis, treatment and/or recovery support. These services and supports are usually provided by the NHS though may also include Third Sector.

Tier Four is targeted at people who have high and/or complex support needs, and consists of very specialist care and treatment, often requiring inpatient or residential care. These services are usually provided by the NHS and require a referral from Primary care or another health and/or social care professional, though the independent and third sectors may also provide some of these services, such as private rehabilitation facilities.

Role of Key Services in Supporting Mental Health and Wellbeing

As outlined in the Mental Health and Wellbeing Workforce Action Plan, the delivery of mental health care is typically associated with the core mental health and wellbeing workforce such as psychiatrists, psychologists, mental health nurses, mental health pharmacists, peer support workers as well as allied health professionals and social work staff who provide mental health support just to name a few. They may work in Primary Care, Community Mental Health Teams, CAMHS, the independent sector, third sector or other specialist mental health services such as those for eating disorders. While not directly employed in providing mental health support, the wider mental health and wellbeing workforce also play an important role in promoting and supporting good mental health, for example community link workers.

In this section we highlight some of the services that also play a key role in supporting mental health and wellbeing in the community, however this list is not exhaustive so Health Boards and local partners are advised to consider other services or agencies that can support a multi-agency response to distress.

NHS 24 Mental Health Hub

The NHS 24 Mental Health Hub (the Hub) is available 24/7 on 111 for anyone in Scotland who is in need of emotional support, is in a state of despair or is feeling distressed or suicidal.

The Hub is staffed by Psychological Wellbeing Practitioners (PWPs) who are specially trained advisers who work in mental health and are supported by Mental

Health Nurses. If a person has an urgent mental health need, the PWPs will help them get the right care in the right place.

Through the development of the Enhanced Mental Health Pathway, the Scottish Ambulance Service and Police Scotland's contact centres can safely pass callers with a mental health need to the Hub, provided the caller consents and only where no immediate risk has been identified. The Enhanced Mental Health Pathway not only ensures that the person is getting the right help, but that resources are deployed appropriately, thereby reducing unnecessary demand on emergency services.

Third Sector

Third sector organisations (which include charities, social enterprises, and voluntary groups) provide many essential services that support a person's mental health and wellbeing and play a vital role in reaching marginalised communities. The services provided by third sector organisations are typically focused on prevention and early intervention, meaning that they are vital in preventing mental health issues from escalating to a crisis point or even from occurring in the first place.

Third sector organisations also provide the relevant knowledge, services, and supports that address wider social factors that may be contributing to a person's distress or crisis. This is why it is crucial that they are involved in the design and implementation of local distress pathways.

Social Workers

Social workers bring a social ecological perspective to the concept of mental health. They work in partnership with colleagues from health, police, the third sector, and others, to provide an effective, holistic service for individuals, families, and communities. Social workers empower people who use services and protect and promote individual Human Rights, as per the Human Rights Act 1998.

Social workers play a significant role in supporting people living with mental illness. Their involvement enables those with complex needs and trauma experiences, including those with forensic mental health involvement, to live as independently as possible in the community. When working with someone experiencing mental illness, the role of the social worker is to try and understand the person's illness in their personal and social context, balancing the rights and needs of the person and others. They work with the individual, family and/or carers to provide support and education regarding the individual's mental illness. Social workers may be part of an integrated team, working alongside colleagues in health, and/or working across a wide range of services that include people with mental ill health; for example, working with people with dual diagnoses in substance use or learning disability services.

Social workers across all teams and age groups will work with people who experience mental distress, but who may not have a formal diagnosis of mental illness.

Mental Health Officers

Mental Health Officers (MHOs) are specially trained social workers who, following a period of specialist training, undertake this statutory role. The training of MHOs needs to reflect the high standard of expertise, legal knowledge and autonomy required to undertake the role.

MHOs have a unique role in supporting and protecting people who are vulnerable because of a mental disorder. At times when a person requires care, treatment and/or detention under the Mental Health (Care & Treatment) (Scotland) Act, the local authority must ensure that an MHO is appointed to work with the individual.

Generally speaking, the MHO's role includes:

- Protecting the individual's health, safety, welfare, finances, and property
- Safeguarding the individual's rights and freedom
- Public protection where this concerns mentally ill offenders
- Letting the Mental Welfare Commission and the individual's Named Person know if the person has been detained or where an application is being made for the individual to be placed on a Compulsory Treatment Order.

Although MHOs work alongside medical and legal professionals, they work and carry out their responsibilities independently.

MHOs also have specific statutory responsibilities for reporting to the courts in relation to certain parts of the Adults with Incapacity (Scotland) Act 2000, such as applications for Intervention or Guardianship Orders.

Police Scotland

Police officers are often the first point of contact during a crisis in the community or at home, and they play a vital role in supporting communities, individuals in distress/crisis, and victims of crime. At times their attendance at mental health incidents can be vital. While Police Scotland have a specific duty to improve the safety and well-being of persons, they should only be deployed when a policing response is appropriate and necessary.

The Mental Health Unscheduled Care Network has been working on providing police officers with access to effective and efficient transfer of care, allowing individuals in distress to get the right care, in the right place, at the right time.

The Scottish Ambulance Service

The Scottish Ambulance Service (SAS) is a national, mobile health service, delivering services locally and in people's home within every community in Scotland, 24 hours a day, 365 days of the year. They support people with mental ill-health who are in crisis and those in emotional distress, though they are normally contacted and/or deployed in an emergency when an individual may need urgent care and/or conveyance to the emergency department. SAS work alongside many other partners including police Scotland, NHS 24 and local health services.

In 2021 three Mental Health Paramedic Response Units (MHPRU) were commissioned, they are staffed with paramedics who have additional training in mental health and work alongside local mental health clinicians often within mental health assessment units. The current locations of the MHPRUs are Dundee, Glasgow and Inverness.

As with Police Scotland, the Mental Health Unscheduled Care Network has been working on providing SAS' ambulance staff with access to effective and efficient transfer of care, allowing individuals in distress to get the right care, in the right place, at the right time.

Intersectionality

Mental wellbeing, mental health and mental illness are linked to a combination of factors covering biology (e.g. genetics, health, and neurodiversity), psychology (e.g. thoughts, emotions, and beliefs) and social factors (e.g. culture, poverty, and discrimination). Many people experiencing mental health conditions also require help accessing other health services and/or key social services such as housing, employment, education, and welfare. Effective community-based mental health support, care and treatment includes consistency and co-ordination, as well as a careful mix of services and support that are responsive to the person's needs.

Some of the services or agencies that may not sit under the mental health umbrella but may be involved in supporting the individual are listed below.

Adult support and protection

All adults at risk of harm have the right to be safe and protected. Harm means all harm, including self-harm and neglect. The Adult Support and Protection (Scotland) Act 2007 (ASP) requires councils and a range of public bodies to work together to support and protect adults who are unable to safeguard themselves, their property and their rights. The intervention of particular health professionals or emergency services is not at the exclusion of protective pathways via social work and/or the local authorities.

In 2021/22 there were an estimated 41,569 ASP referrals in Scotland where an adult is known or believed to be at risk (albeit an adult can be referred multiple times by different agencies). In 2021/22, the largest source of ASP referrals came from Police Scotland (28%)[1]. Adults at risk of harm experience a wide range of underlying conditions including:

- substance misuse
- mental health problems
- learning disabilities
- physical disabilities, and
- infirmity due to old age.

In 2021/22, 'mental health problem' remained the top client category for people subject to ASP referrals (19%), despite dropping around 1% from the previous year[2].

From the Care Inspectorate's Triennial review of initial case reviews and significant case reviews for adults, 2019-2022, published in 2023, we also know that the circumstances of those affected by mental health and substance misuse were most frequently considered in reviews. Significantly, most adults subject to a review were either not known to ASP services or were but were not being supported/protected by a protection or risk management plan.

The intersection between risk of harm and people affected by mental health underscores the need to take a multi-agency, partnership approach to efficiently and effectively identifying adults at risk and working together to support and protect them.

[1] Adult Support and Protection Scotland: April 2019 to March 2022 – gov.scot (www.gov.scot)
[2] Adult Support and Protection Scotland: April 2019 to March 2022 – gov.scot (www.gov.scot)

Substance Use Services

Although there is a lack of systematically gathered data on the exact prevalence of co-occurring substance use and mental health concerns in Scotland, the overall evidence shows that co-occurring substance use and mental health concerns are a common issue[3].

Concerning drug use specifically, in 2023, 80% of people presenting for MAT were screened for mental health problems by substance use services. Of those screened 68% presented with mild, moderate or severe mental health problems. Of those screened, 38% were already receiving treatment for their mental health problems[4].

The lack of integration between mental health and substance use services is identified as a key barrier to accessing adequate treatment and support. It is also considered a barrier to effective service delivery as the lack of a consistent, joined-up approach results in failures to diagnose or recognise the needs of people with co-occurring substance use and mental health concerns, as well as having negative effects on treatment outcomes.

Housing and Homelessness Services

A 2018 Scottish Government study linking homelessness and datasets for the first time at a national level found that of those who had experienced homelessness at some point, around 30% had evidence of a mental health problem at some point during the study period (with no evidence of drug or alcohol-related conditions at any point). This was higher than in the control groups. Another 19% had evidence of drug and/or alcohol interactions, which was also higher than in the control groups. Of this 19%, 94% also had evidence of mental health issues.

Individuals experiencing mental health distress who are also experiencing or are at risk of homelessness will need a coordinated, responsive approach to their care to ensure their needs are met.

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[3] Drug and alcohol services - co-occurring substance use and mental health concerns: literature and evidence review - gov.scot (www.gov.scot)

[4] National benchmarking report on the implementation of the emdication assisted treament (MAT) standards: Scotland 2023/24 - PHS (www.publichealthscotland.scot)

7. Promoting Multi Agency Partnership Working

In developing this Framework, we worked with partners and stakeholders to explore existing good practice and areas of challenge. In all these engagements we heard the value of multi-agency working and regular multi agency meetings to plan care and responses.

Everyone we have worked with has stressed the importance of an everyday partnership approach which promotes cohesive collaborative working. We have set out the key components and principles that support an effective and collaborative multi-agency approach to distress below.

Local Multi-Agency Forums

Health Boards' mental health unscheduled care (MHUC) service leads will work with local partners on formalising a forum through which the local distress pathways are developed and implemented. The multi-agency forum will also oversee the embedding of the remaining key components laid out in this chapter that underpin effective multi-agency collaborative working.

Health Boards should work with local partners and give consideration to existing groups or structures, such as local Community Planning Partnerships, prior to establishing a new forum. This will mitigate adding capacity constraints on services and support the alignment of this Framework with local needs, improvement plans and resource. Where an existing forum is being used, its membership should be reviewed to support a whole-system approach.

Where a suitable group does not exist, Health Boards will be responsible for establishing the multi-agency forum.

Membership

To support a whole-system approach, it is crucial that emergency, community, and specialist services are involved in the multi-agency forum to ensure a continuum of support around the individual. Therefore, it is essential the forum's membership consists of the local mental health unscheduled care or out of hours service, local

suicide prevention leads, Emergency Department leads, GP Out of Hours, Police Scotland, Scottish Ambulance Services, and community-based and third sector services (e.g. local Distress Brief Intervention (DBI) providers and crisis centres).

Because the local distress pathways should recognise and respond to the factors that can contribute to poor mental health and wellbeing, such as poverty, unemployment, and substance use, it is crucial that membership is wide enough, as required, to encompass all services and agencies who can provide services to support and address the underlying factors contributing to a person's distress. This may include, but is not limited to, social work, drug and alcohol partnerships, and housing and homelessness services.

A confirmed representative to act as each service or agency's contact point should be agreed for each member of the multi-agency forum to ensure continuity at the meetings and, more importantly, to provide fellow members with a single point of contact for any queries between meetings. It is vital that professionals designated to represent their organisation are appropriately skilled and empowered to make decisions. This doesn't necessarily mean a single person; it could be a team that can be contacted via a single contact point.

Frequency

Multi-agency meetings are most effective when they are regular and routine, ensuring timely information sharing, progressing of actions, and review of the local pathway's effectiveness.

Regular attendance and engagement are critical for establishing a sense of partnership as a multi-agency team.

Agreed processes

A key component to ensuring individuals in crisis receive the correct support, is having the appropriate processes in place. We have identified that the following promote a collaborative way of working and ensure a more seamless transfer of care to the correct service:

- Agreement of roles, responsibilities, and local processes. Whether this is in the context of a psychiatric emergency where a multi-agency response may be required to respond to or manage a detention, or in the context of less critical distress and crisis presentations, having a clear understanding of each service or agency's respective roles and responsibilities will support effective multi-agency working and improve care outcomes for the individual.

- Professional-to-professional pathways for agencies to use, such as the Community Triage Pathway between Health Boards’ mental health unscheduled care service and emergency services to avoid automatic conveyances to the Emergency Department.

- Missed opportunity or conflict resolution reviews where partners come together to review instances where the local distress pathways did not work as well as they anticipated. For example, where a referral to a local crisis centre was not progressed, or police felt unable to accept the mental health clinician’s recommendation due to the perceived level of risk. These reviews provide partners with learning and inform the improvement of local pathways.

- Structuring teams in a way that enables effective communication within and between services and will in turn support building relationships and effective ways of collaborative working. An example is included in Annex C.

Behaviours

A key component to an effective multi-agency approach to distress is positive collaborative behaviours. Partners and stakeholders highlighted the following behaviours as critical to establishing and maintaining strong relationships across agencies:

- Open and direct communication between services, allowing services to have direct contact with the appropriate service or team when necessary.
- Promotion of self-management and avoiding escalation in circumstances where it is not necessary or beneficial to the individual in crisis.
- Trust between services, which promotes a positive risk-taking approach and builds confidence in decision making.

Joint Training

A key theme that emerged through engagement was the importance and effectiveness of training, and the potential for joint training to better support understanding of roles and responsibilities and to promote multi agency collaboration.

No single service can provide the support required for individuals in crisis. Joint training allows services to gain a better awareness of the processes and/or role of other services, and an understanding of how other systems work. In so doing it provides an environment where services can train together and joined up working is not something that needs to be contrived but rather becomes second nature. In Annex C, we have provided good practice examples of joint training.

Information and Data Sharing

It is recommended that, wherever possible, local partners develop and implement data sharing agreements which also include provision for psychiatric emergencies. However, regardless of whether a Data Sharing Agreement is in place, data protection laws and the Caldicott Principles allow health organisations to share personal information in an urgent or emergency situation, including to help prevent the loss of life or serious physical, emotional, or mental harm. Sometimes it can be more harmful not to share data. More guidance will be developed on this through the Review of Psychiatric Emergency Plans.

The Scottish Information Sharing Toolkit is aimed at minimising personal and non-personal information risks across organisations. It applies to all public sector organisations, voluntary sector organisations, and those private organisations contracted to deliver relevant services to the public sector and who provide services related to health, wellbeing and safety; specifically those organisations that hold health and care information about individuals and who may consider it appropriate or necessary to share that information with others.

The Toolkit enables service-providing organisations directly concerned with the safeguarding, welfare and protection of the wider public to share personal information between them in a lawful and intelligent way. It complements (rather than replaces) important guidance on sharing personal data issued by the Information Commissioner's Office and builds on previous initiatives that have aimed to standardise personal information sharing agreements.

Health Boards should work with partners to develop and implement data sharing agreements. Wherever possible this should be done through the established multi-agency forum.

Monitoring and Continuous Improvement

The monitoring of processes and working relationships, and commitment to continuous improvement, is essential in order to ensure services are working together in the most effective way possible and providing the best care to those in crisis. This could involve a regular general review of existing processes and outcomes, or 'missed opportunity' reviews to review outcomes when things have not gone to plan or to undertake joint reviews as a result of adverse events. Services should be open and flexible to change in order to create and maintain a system/service that provides the best possible care for individuals.

8. Monitoring Impact and Sharing of Good Practice

The Mental Health Unscheduled Care Network will monitor the implementation and impact of the approach and key components outlined in this Framework through its annual engagement exercise. The Network will also enable Health Boards to share good practice and explore solutions or suggestions to local challenges or barriers.

The Scottish Government is working with Public Health Scotland and the Network on taking an evidenced based approach to understanding how people are accessing and receiving unplanned mental health care. The data will measure impact of the national and local changes to the mental health unscheduled care pathway to date and identify opportunities for further improvements.

9. Additional Resources

The National Trauma Transformation Programme

The National Trauma Transformation Programme website provides access to evidence-based training, tools and guidance to support trauma-informed and responsive systems, organisations and workforces in Scotland. It aims to support everyone, in all sectors of the workforce, to know how to adapt the way we work to make a positive difference to anyone who has been impacted by psychological trauma and adversity.

Time Space Compassion

This introductory guide to Time Space Compassion principles and approach has been developed for use by people and services who regularly come into contact with people experiencing suicidal crisis. However, these principles and approach can be applied more widely to anyone experiencing mental health distress or crisis, regardless of the nature.

Time Space Compassion is about securing better outcomes for people experiencing suicidal crisis. It does this by focusing on people's experience, human connection, and relationships, offering a shared language, resources, and ways to connect and take action together.

Mental Health Improvement to Support People at Risk of Self-Harm and Suicide

These learning resources will support staff across health, social care, and the wider public sector to develop the knowledge and skills needed to promote good mental health and wellbeing across the whole population and to prevent poor mental health that can increase the risk of self-harm, or suicide. It is also about improving the quality and length of life for people who experience poor mental health and addressing the inequalities people can face.

Self-Harm Network Scotland's aim is to develop and deliver informative and accessible training and resources to help improve understanding of self-harm. They have developed a number of different training opportunities that will enable organisations to choose the best option for them and their training needs. Best of all, all of their training is fully funded by the Scottish Government, making it free to access for individuals and organisations.

Health Improvement Scotland's Personality Disorder Improvement Programme

The Personality Disorder Improvement Programme supports NHS boards and health and social care partnerships delivering mental health services to identify improvement opportunities in relation to the service provision for people with a diagnosis of a personality disorder in Scotland.

Mental Health Stigma and Discrimination

Although we have an increased awareness of mental health and wellbeing across Scotland, people continue to experience stigma and discrimination related to mental health. The stigma and discrimination people face within public and private services, including within health and social care, impact on a person's experience of the support or treatment they receive, and also contribute to the person's quality of life.

See Me is Scotland's national programme to end mental health stigma and discrimination. They have helpful guides to support individuals and organisations with better understanding mental health stigma and discrimination, including its impact, people's experiences, and how stigma and discrimination can be challenged.

They also published their Scottish Mental Illness Stigma Study in September 2022 which produced a wealth of data, exploring the impact of stigma in a range of different contexts, including mental healthcare services, healthcare services, legal and justice services, and interpersonal relationships.

To help tackle stigma and discrimination and improve a person's care outcomes, See Me have developed online guidance and resources for the use of health and social care professionals to support them in providing care and support free from stigma and discrimination.

Annex A
The Partnership Delivery Group

Since publication of the HMICS Review, the Scottish Government, Scottish Police Authority and Police Scotland have established a Partnership Delivery Group (PDG) to develop and take forward activity relating to the recommendations made. This cross-sector group meets monthly and grounds itself in partnership working across organisational boundaries to identify and deliver interventions that can deliver in a person centred and trauma informed way.

The PDG membership includes:

- British Transport Police
- COSLA
- NHS 24
- Police Scotland
- SAMH
- Scottish Ambulance Service
- Scottish Government
- Scottish Police Authority
- Voluntary Health Scotland
- VOX

Annex B

Mental Health Unscheduled Care Network

The Mental Health Unscheduled Care (MHUC) Network is formed by clinicians and professionals from services providing unscheduled mental health and wellbeing assessment and care and is working on the development of and improvements to the local and national MHUC pathways. Through the Network, partners are working together to:

- Adopt a standardised approach that provides local flexibility as appropriate to delivering MHUC assessment and care across Scotland;
- Remove barriers and address challenges to partners' delivery of and people's access to MHUC pathway and associated services;
- Identify future opportunities for improvement and share good practice in the delivery and access of MHUC services.

The Network's membership consists of representatives from:

- Territorial Health Boards and Health and Social Care Partnerships
- NHS 24's Mental Health Hub
- Police Scotland
- The Scottish Ambulance Service
- British Transport Police
- Public Health Scotland
- Distress Brief Intervention's (DBI) Central Programme Team
- Three Local DBI Providers

Annex C

Mental Health Engagement Workshops

Police Scotland, the Scottish Police Authority and Scottish Government hosted NHS area workshops to inform this Framework and the development of the principles outlined. The sessions, which took place in Highland on 15 March, Forth Valley on 20 March, and Lanarkshire on 16 April 2024, aimed to understand current models of practice in NHS Boards and to identify good practice and learning which could be shared nationally.

The three areas were chosen specifically to draw on existing good practice and identify practical challenges and solutions which could be applied across the country. The following examples demonstrate our learning from these workshops in relation to effective partnership working, and the positive outcomes achieved as a result:

NHS Highland

- **Clear definition of terminologies and concepts** ensures clarity of response and responsibilities.
- **Consistent approach to triage** to determine the urgency for treatment and the nature of treatment required. This activity has reduced the number of patients taken to hospital for mental health assessment.
- **Mental Health Unscheduled Pathway** used by emergency responders and GPs, which allows consistent access to the Mental Health Assessment Unit (MHAU) who will carry out a telephone assessment and arrange for an onsite assessment if required. In more rural areas within NHS Highland where accessing the MHAU may be more difficult, Police Scotland are able to access nurses in the localities.
- Police Scotland, SAS and NHS 24 all directly accessing **Distress Brief Intervention** for anyone in distress but not in need of a clinical response.
- **Multi-agency daily huddle** allows for a proactive and person-centred discussion similar to an inter-agency referral discussion (IRD for all vulnerable person database referrals received. This is supported by a monthly review meeting.

- **Mental Health Response Car** deployed by Scottish Ambulance Service in Inverness area, staffed by paramedics with advanced mental health training. The paramedics have access to the unscheduled care staff at the MHAU for advice and support and if appropriate will attend in person with them.

- **Joint Risk Assessment** used in responding to incidents which increases confidence of all agencies in the collective decision made and action taken.

- While NHS Highland don't have digital patient records, a system has been put in place to **facilitate information sharing** across agencies involved in a person's care. Care plans are shared for high-risk people and **weekly tele-conferences** are held to make and record joint decisions on each agency's system.

- **Peer to Peer module** aims to empower the community to offer support to those in need by providing 'low-level first aid training' to locals.

- **Crisis Centre/community hub model** is recognised as the best multiagency and person-centred model for responding to distress and/or crisis. A hub model at the centre of the community, staffed by those relevant community services (third and statutory) that are proven to break the cycle of emergency/unscheduled crisis gives a solution not currently available

NHS Lanarkshire

- **Telephone based triage provision available 24/**7 following a period of piloting and developing tests of change.

- Calls are filtered through the wider **Flow Navigation Centre to support consistent coordination** across the NHS system and referred to Psychiatric Liaison Nurses (PLNS) at all acute sites as appropriate.

- Out of hours calls are directed to the Out of Hours Hub staffed by PLNS who offer a **response to requests within one hour**.

- Police officers are able to **call for advice** while on scene with an individual in distress/ crisis, which removes the need to transport the majority of individuals to a hospital setting. Although face to face assessment can be offered if deemed necessary by all involved.

- **All PLNS staff on the call have access to case records** to allow fully informed advice and decision making as well as notification to other practitioners involved with the individuals.

- **Clinical feedback used to update Police Scotland toolkit** to support risk positive decision making based on clinical advice.

- **Direct referral can be made for DBI** or into out of hours social work, social prescribing, and other supports. Though some people in distress want only a clinical intervention despite clinical advice on alternatives.

- **Missed Opportunity Reviews** carried out jointly to identify examples where a risk averse decision was taken, this informs practice and training going forward.

- NHS Lanarkshire gather a range of **metrics on the triage service** and how it is used, providing useful insights for sharing practice in other areas.

- Both NHS Lanarkshire and Police Scotland have identified **a single point of contact for any concerns** raised by staff in either organisation. This has been instrumental in identifying further opportunities for improving/enhancing the service.

- Review model developed for **high resource users** of the service to ensure a response which suits individual needs.

- **Multi-agency discussion model** allows for a proactive and person-centred discussion like IRD for all vulnerable person database referrals.

- Recognise that **Police Scotland guidelines need to be updated** in relation to individuals affected by substances, as currently police officers are required to seek an ambulance or hospital response rather than leaving the person in the care of a friend of family member.

- While **a community hub may be beneficial for those who need a form of support but don't need clinical intervention**, there needs to be a discussion on consistent threshold, resourcing, and sustainability of these

NHS Forth Valley

- **Risk aversion continues to be a challenge** across services with NHS and Police colleagues tending to take risk avoiding decisions which result in unnecessary interventions to mitigate for a 'what if' worry.

- **Joint Risk Assessment** (JAR), used in responding to incidents and making decisions on risk and responsibility, increase confidence of all agencies in the collective decision made and action taken.

- **Triage line in place** to a telephone assessment and advice. However intoxication and effect of substances means that many individuals are referred to ED anyway.

- Many calls through triage are referred for DBI as no face-to-face assessment is required. Looking to put in place a **'no wrong door' approach** to referrals.

- **Multi-agency meeting model** to allow for a professional discission and shared, informed, judgement on appropriate responses on a case-by-case basis.

- Working to develop a protocol for responding to / reporting **high risk missing persons** as all agencies recognise the time demand caused by this particular client/user group.

- NHSFV and Police Scotland are working to create pathways for assessment, and **alternatives to ED/place of safety** such as involving family members / friends to support individuals in distress/ crisis.

Annex D
Good Practice Examples

1. NHS Ayrshire and Arran Joint Training Good Practice Example

Since creation of the original Police pathway in 2017 attempts had been made to engage in a process of training and improved awareness between partnership services with limited success. In 2019, a further scoping exercise was undertaken within the Scottish ambulance Service (SAS) to widen access and service remit. This led to a small team being created with the dedicated purpose of managing Police and SAS generated unscheduled mental health activity. The dedicated resource allowed for the development of more regular and stable relations with partners within both Police and SAS.

Within Ayrshire and Arran, police are separated across three primary stations, each with multiple shifts, making full engagement a significant difficulty. Similarly, SAS have primary bases within the three localities but multiple satellite stations, again with multiple shift groups.

The first stage of improving input was identifying key stakeholders within both organisations. For Police Scotland, this was the liaison Sergeant operating as part of the Partnerships and Community Wellbeing team. He was able to create links with the Operational Learning and Development Unit who worked to create a schedule of inputs, initially for the purpose of revisiting overview and service purpose but also offering wider ability to identify learning and development themes. The goal for these sessions is to create an avenue for the officers to gain awareness of the regular presenting problems, why these present that way, how best to approach these situations and importantly, why mental health services make, what can often be perceived as higher-risk management decisions.

So far, inputs have primarily targeted the “boots on the ground” officers however additional input has been provided to the Inspector’s forum to allow communication of future plans and developments to improve engagement and create hierarchy sponsorship. These include joint development of individualised and bespoke management plans for people identified as presenting frequently across services, as well as the anticipated improvements brought by the Mental Health Unscheduled Care Assessment HUB, such as providing an alternative location for section 297/298

assessment and streamlining of process for admission or clinical setting assessments.

The connection with the liaison sergeant has also provided an avenue for direct escalation of any issues, concerns or requests between the two services.

Within SAS, identification of key stakeholder has been slower, due to management structure changes, however, have now been stabilised with the introduction of the Clinical Effectiveness Lead for Mental Health. Although behind developments with police, it is anticipated a similar initial process of offering refresher on service remit and referral process would be followed by more presentation and management specific training.

Feedback from Partners on benefits of dedicated ESMPH

“For me this process is win, win, win. The person in crisis wins as they are getting the support they need at the time they need it, by professionals and they are not being put under more stress by police escorting them to A&E, or arrested which has also happened in the past. We also have better understanding of what is happening for the person. The police win as we can be there providing initial support, handing the person over to professionals and standing down far quicker than in the past, which allows us to be there for our community. NHS win, as police are not clogging up the A&E department. It’s been really useful to get training and advice directly from specialists. We’re getting to know the team better now which makes it easier to ask questions and get an understanding of what they’re doing and why. Understanding their decision making and the way people are behaving helps us deal with things in a better way.”

Police Scotland

“Working for the Ambulance service we regularly attend Mental Health Calls within the community and the pathway has been a great help to ensure that these patients are receiving the right care at the right time. Prior to the introduction of this pathway many of our patients living with mental health and in crisis required to be transported to hospital emergency departments for support. Even just the ability to phone someone who specialises in mental health to ask their advice and guidance when treating a patient is definitely beneficial.”

The Scottish Ambulance Service

> **"It's been great for us and the patients. A busy ED isn't the place for someone in mental health crisis; it's busy, clinical and everything moves at pace, meaning people just don't get the help they need. Before the pathway, we'd have police in almost every day, waiting hours to be seen and getting in the way. Now they get people the help they need quickly, without all the extra steps."**

Emergency Department Clinician

2. Composite Examples of Local Distress Pathways

The scenarios provided below are composites based on the good practice examples provided to us by partners. They are not designed to designate what services can and should be available in each locality; they simply illustrate a multi-agency approach to responding to distress following a collaborative approach to the development and implementation of local distress pathways.

Example 1

The Scottish Ambulance Service attend an incident at a private residence concerning an individual complaining of chest pain and shortness of breath. Following an examination and discussion with the individual and the family present at the time, they attribute the symptoms to distress resulting from recent challenging life experiences, such as financial troubles, a recent bereavement, and a stressful work environment. The paramedics provide the individual with a compassionate response and listen to their story while they identify an appropriate way forward. The paramedics are trained in level 1 DBI, however they are uncertain whether the person would benefit from a mental health assessment too.

The paramedics use the community triage pathway to get the mental health clinician's advice. They provide the clinician with an overview of the individual's situation before providing the individual with the opportunity to speak to the mental health clinician directly. Following a discussion, it is agreed that a referral to level 2 DBI would be the most appropriate way forward for the individual's need. The paramedics explain to the individual what DBI is, including that they will receive a phone call from the service within 24 hours. They also instruct the individual to call NHS 24's Mental Health Hub or their GP should their distress worsen before they receive the call.

The individual receives a call the following afternoon, and after going over the individual's recent experiences the impact it has had on their wellbeing, the DBI provider suggests a plan to support the individual to manage their distress as well as address some of the underlying issues. The individual continues to receive support

from their local DBI provider over a 14-day period, following which, the individual's GP is notified of the outcome.

Example 2

Police are called to an incident of erratic behaviour at a community park. The individual presents as confused and is displaying signs of crisis. The individual does not recognise the impact their actions has had on others, including children at the park.

There is mixed corroboration on what happened at the park from witnesses. Police Scotland check the vulnerable persons database but see they are not listed. The police determine that the person's behaviour is likely a result of their alcohol consumption rather than a specific mental health concern, so the police seek the individual's consent to take bring them to a crisis service. Once consent is received, the police escort the individual to the service and provide them with a verbal handover.

The staff at the crisis service offer the individual a compassionate response and once the crisis has subsided, they work with the individual on developing a plan, including safely signposting to other community services that provide alcohol treatment. The crisis service staff offer support with making an appointment with the relevant service and, with the individual's consent, offer to write to the GP with the outcome of the referral.

Annex E
Legislative Landscape

The European Convention on Human Rights and the Human Rights Act 1998

The European Convention on Human Rights (ECHR; though formally known as the Convention for the Protection of Human Rights and Fundamental Freedoms) is an international convention to protect human rights and political freedoms in Europe. It was incorporated into British law as the Human Rights Act 1998 and came into force into the UK in October 2000. The Act sets out people's human rights in a series of 'Articles' which were all taken from the ECHR.

Article 2: Right to Life

This means that nobody, including the Government, can try to end a person's life. It also means the Government should take appropriate measures to safeguard life by making laws to protect people and, in some circumstances, taking steps to protect them if their life is at risk. Public authorities should also consider a person's right to life when making decisions that might put them in danger or effect their life expectancy.

Article 2 is often referred to as an 'absolute right,' meaning that these can never be interfered with by the Government or public authorities. However, there are situations when this does not apply, for example when the police use necessary force to stop an individual from carrying out unlawful violence or to make a lawful arrest.

A right to life does not include a right to die.

Article 3: Freedom from Torture and Inhuman or Degrading Treatment

This article protects people from mental and/or physical torture and inhuman or degrading treatment or punishment. This means that public authorities must not inflict this type of treatment on an individual. Public authorities must also protect a person in circumstances where this is being inflicted on them by another person and/or group of people, meaning that, if they are aware that this right is being breached, they should intervene to stop it. They must also investigate credible allegations of such treatment.

The Mental Health (Care and Treatment) (Scotland) Act 2003

The Mental Health (Care and Treatment) (Scotland) Act came into force in 2005. It increases the rights and protection of people with mental health conditions. This includes:

- mental illness
- learning disability
- personality disorder

The Act places role and duties on health boards, the state hospitals, and councils to provide care and support services for people with mental health conditions. It also provides Place of Safety and other emergency related powers to Police Scotland. However, these can only be used when particular criteria have been met and not when a person agrees to voluntarily attend a Place of Safety.

The provisions of this Act are intended to ensure that care and compulsory measures of detention can be used only when there is a significant risk to the safety or welfare of the patient or other people.

In 2019, the Scottish Mental Health Law Review was commissioned and tasked with considered ways to better realise and protect human rights through the mental health, incapacity and adult support and protection legislation. The Review also looked at ways to remove barriers to care and support for people currently covered by the legislation. In 2023, the Scottish Government published a response to the Scottish Mental Health Review and now intends to establish a new Mental Health and Capacity Reform programme to deliver on the ambitions of the Review.

Psychiatric Emergency Plans

Although not mandated by the Act, it is best practice for all relevant local agencies and service providers who might potentially be involved in psychiatric emergencies to work together to develop and agree on a ‘Psychiatric Emergency Plan’ (PEPs) as a means of comprehensively addressing the roles, responsibilities, and process in a manner which best reflects local circumstances.

The aim of a PEP is to agree on procedures which manage the transfer and detention process in a manner which minimises distress, disturbance, and risk for the individual and others while ensuring a person-centred and human rights approach.

The professionals involved in the drawing up of a PEP should include, but should not necessarily be limited to, general practitioners, approved medical practitioners, Mental Health Officers, other social workers, social care workers, Community Psychiatric Nurses, ward nursing staff, independent service providers, police officers, and ambulance personnel. It is also important to have input from mental health service users and carers.

A review of the PEPs is currently underway with the aim of improving consistency of the PEPs across all 14 Health Boards and ensuring that the roles and responsibilities of all local agencies and service providers are clearly articulated and as consistent as possible while still allowing for local flexibility. The review will also look at safe transfer of care between agencies, safety and crisis planning, and information sharing guidance, among others, and is expected to be complete by November 2024 with guidance and a national template to be developed in 2025.

Adults with Incapacity (Scotland) Act 2000

The Adults with Incapacity (Scotland) Act 2000 introduced a system for safeguarding the welfare and managing the finances and property of adults who lack capacity to make some or all decisions for themselves. It is underpinned by the Scottish Government's 2019 principles publication, which anyone taking action under the Act must apply when deciding which measure will be the most suitable for meeting the needs of the individual. The principles must also be used whenever decisions need to be made on behalf of the adult.

The Scottish Government wants to ensure that those with responsibilities under the Act are fully supported to carry out their duties effectively. We are doing this by ensuring that adults with incapacity legislation, policy and practice is reviewed and current practice is improved and effective.

Adult Support and Protection (Scotland) Act 2007

The Adult Support and Protection (Scotland) Act 2007 (ASP) is designed to protect people (aged 16 years or over) who are at risk of harm; are unable to safeguard their own well-being, property, rights or other interests; and they are affected by disability, mental disorder, illness, physical or mental infirmity that makes them more vulnerable to being harmed than adults who are not so affected. A diagnosis is not required.

The Act provides ways of protecting adults at risk of harm. Behaviours that constitute 'harm' to a person can be physical, sexual, psychological, financial, or a combination of these. 'Harm' also includes self-harm, neglect, and self-neglect. The harm can be

accidental, intentional, or as a result of self-neglect or neglect by a carer. Harm can happen anywhere, including within a private home, in hospital or a care home, at work, or in a public place.

The ASP Act places a duty on local authorities to make inquiries about a person's well-being and property or financial affairs if it knows, or believes, that the person is an adult at risk and that it might need to intervene in order to protect the person's well-being, property or financial affairs.

The adult at risk may not be able to identify or report safeguarding concerns themselves. It is crucial that those who identify adults at risk report these concerns to the local authority/Health and Social Care Partnership social work services as soon as possible. Statutory responsibility for undertaking Adult Support and Protection inquiries rests with the local authority where the adult who may be at risk of harm is. Aligned with the principles of this Framework, inquiries should involve all key agencies to support and protect the adult and any service or professional can make a referral. In the context of ASP, it is everyone’s business to help identify and safeguard adults at risk of harm.

The policy and practice landscape has changed significantly over the past 16 years since the introduction of the ASP Act[5]. Stewart (2012) describes the ASP Act as aiming to fill a perceived gap between general welfare law and mental health and mental capacity law; of trying to find the right balance between personal autonomy and protective intervention[6&7]. Revision of the ASP Code or Practice in 2022 and a raft of other updated guidance published in 2022 recognises the potential impact of trauma on one’s safeguarding ability, with a greater appreciation of the breadth of work that can fall within the provisions of ASP.

[5] Adult Support and Protection: everyone's business - Iriss (www.iriss.org.uk)

[6] Adult Support and Protection: everyone's business - Iriss (www.iriss.org.uk)

[7] Stewart A (2012) Supporting Vulnerable Adults: Citizenship, Capacity and Choice, Policy and Practice in Health and Social Care No. 13. Dunedin Academic Press Limited, Edinburgh

Section 32 of the Police and Fire Reform (Scotland) Act 2012

Section 32 of the Police and Fire Reform (Scotland) Act 2012 outlines the policing principles, which are:

- that the main purpose of policing is to improve the safety and well-being of persons, localities and communities in Scotland, and
- that the Police Service, working in collaboration with others where appropriate, should seek to achieve that main purpose by policing in a way which —
  - (i) is accessible to, and engaged with, local communities, and
  - (ii) promotes measures to prevent crime, harm and disorder.

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