

# Clinical Network session one: Mental Health Crises

Mental health and substance use team &  
Mental health paramedic response unit

Improvement Hub  
Enabling health and  
social care improvement

# Agenda

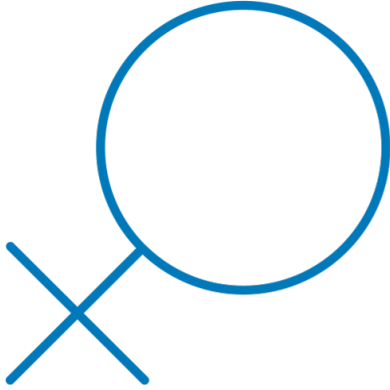
Time	Item
12:00 – 12:05	Welcome
12:05 – 12:10	Introduction to session and speakers
12:10 – 12:30	Didactic with MHPRU
12:30 – 12:55	Case Study 1
12:55 – 13:15	Case Study 2
13:15 – 13:55	Group discussion
13:55 – 14:00	Close and evaluation

# Welcome and introductions

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**Lauren Sloey**  
MHSU Clinical Lead

# Case study 1

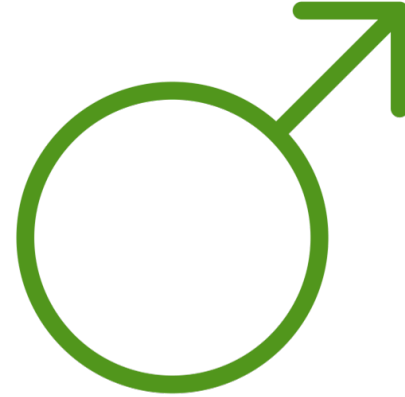


## Person 1

- Middle aged
- Alcohol dependence
- High achieving professional
- Bipolar diagnosis in the past changed to complex trauma

## Person 2

- 18 years old
- Butane gas addiction
- Mild learning difficulties
- Violent behaviours
- Cognitive impairment
- Epilepsy



## Person 3

- 30 years old
- Poly substance use on methadone
- In and out of acute hospitals with injection abscesses
- Several deceased siblings from drug related deaths
- Residential rehab
- Sober for 4 years and works in mutual peer support setting

## INTRODUCTION

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### INTRODUCTION

The case study details collective experiences gathered from individuals with lived experience of co-occurring needs and staff from various parts of service provision who regularly see presentations of mental health crisis.

This case study follows 2 individuals with identical experiences other than that one person uses substances daily.

The setting is Glasgow City Centre and the case study navigates the current system.



# PATIENT MEDICAL HISTORY

AGE: 33

GENDER: Female

MENTAL HEALTH DIAGNOSIS: None

LAST MH ASSESSMENT: A&E- Psychiatry liaison-outcome; Safety planning completed and advised to make contact with GP for medication review.

PRESCRIBED MEDICATIONS: Sertraline via GP

SERVICE ACCESS: No current allocations

SUBSTANCE USE: None

AGE: 33

GENDER: Female

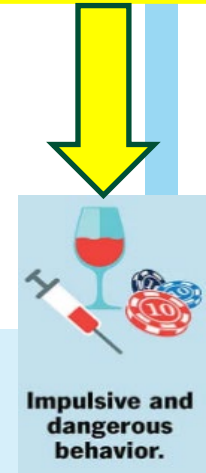
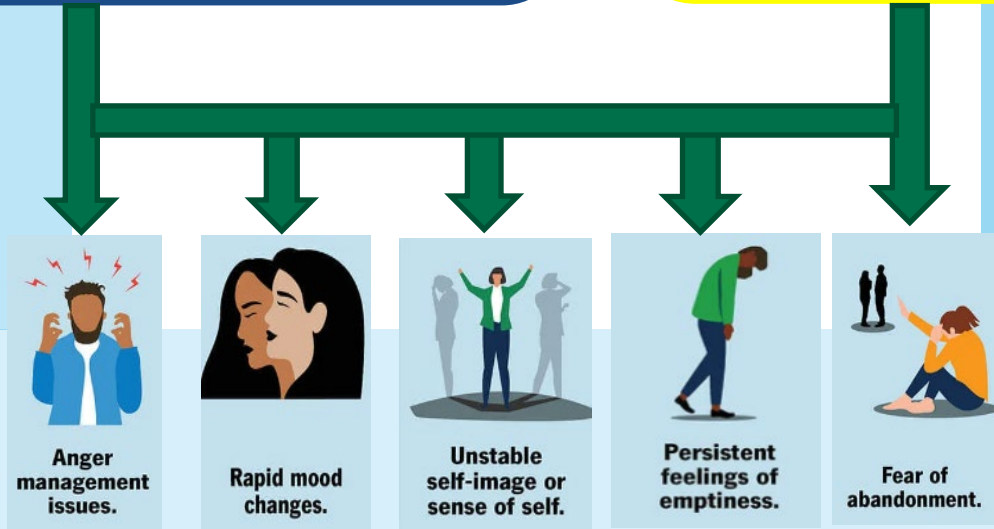
MENTAL HEALTH DIAGNOSIS: None

LAST MH ASSESSMENT: A&E- Psychiatry liaison-outcome; Safety planning completed once sober and advised to make contact made with GP for medication review.

PRESCRIBED MEDICATIONS: Sertraline via GP

SERVICE ACCESS: No current allocations

SUBSTANCE USE: 2 bottles of wine & 50 unmarked "street Valium" daily



## Emergency Call

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**IF LIFE IS IN DANGER, CALL  
999 OR GO DIRECTLY TO  
EMERGENCY SERVICES.**

## DISCUSSION- Patient 1

### MENTAL HEALTH PARAMEDIC

"Looks like a good candidate  
for alternative support.  
Doesn't immediately look  
like they need to go to  
A&E"

### A&E Consultant

"Yes, please look for  
alternatives. It's Friday night  
and we're swamped. The  
individual won't be seen here  
for hours as they don't need  
a physical assessment"

### Senior RMN at MHAU

"Agreed, this looks like a  
good candidate, let's go do  
the MH assessment and  
see if we can complete  
care planning"





## DISCUSSION- Patient 2



### MENTAL HEALTH PARAMEDIC

"Looks like a good candidate  
for alternative support.  
Doesn't immediately look  
like they need to go to  
A&E"

### Senior RMN at MHAU

"Disagree. They've used an  
amnesic level of Diazepam. It  
could re-traumatise them to  
complete MH assessment  
now. They need to sober up  
somewhere safe first"

### A&E Consultant

"We don't have anyone to  
monitor them in the waiting  
area while they sober up. This  
is not a medical emergency  
and we do not have the staff  
to respond. Are there  
alternatives"



## REVIEW OF CLINICAL PRESENTATION- patient 1

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No physical harm  
noted. Observations  
within normal  
parameters



In acute distress. Hyper  
focussed on concerns  
about being taken to  
A&E or the police being  
phoned.



No substance use  
reported or  
apparent from  
assessment

## REVIEW OF CLINICAL PRESENTATION patient 2

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No physical harm  
noted. Observations  
within normal  
parameters



In acute distress. Hyper  
focussed on concerns  
about being taken to  
A&E or the police being  
phoned.



Subjectively- does not appear  
intoxicated  
Objectively- no slurred  
speech, mobility issues  
Patient reports- use of 2  
bottles of wine and 50  
unmarked "street Valium"

## DISCUSSION

### patient 1

#### MENTAL HEALTH PARAMEDIC

"Vital signs all normal. No evidence of any harm. Compassionate enquiry about self-harm has revealed no injury. Patient is a good candidate for alternatives to A&E"

#### Senior RMN at MHAU

"Mental health assessment completed. I'm concerned about the individuals affect dysregulation. I'm not sure they'd be safe to remain at home. Let's take them along to MHAU"



## DISCUSSION patient 2

### MENTAL HEALTH PARAMEDIC

"They don't seem overtly intoxicated and assure me this is the normal amount of substances they take. But I'm concerned about the rapid mood fluctuation. Perhaps I should take them to A&E"

### A&E Consultant

"We can have them checked into the waiting area until they're sober. If their observations are normal, there's no guarantee they can be seen quickly by liaison."

### CDRS

"We can support if the individual just needs someone to listen to them while they're distressed? We can refer onto MHAU afterwards"



## TREATMENT DIFFERENCES

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### Medication Review

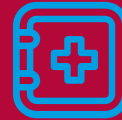
✓ Patient 1

✗ Patient 2

### Safety Planning

✓ Patient 1

✗ Patient 2



## DISCUSSION SUMMARY

### Patient Insights

I felt immediately validated. I didn't know who to phone because I don't have any support. When the ambulance showed up I felt so heard and was offered choice. I got to speak to a psychiatrist and have my medication reviewed the next day.

I didn't feel very validated. The paramedic did their best but I was taken to A&E anyway and had to go through the same cycle of repeating my story all over again. I always feel like a nuisance in A&E. Other people are much more unwell. I ended up not seeing a psychiatrist because I had to sit in the waiting room for 6 hours. I just left and walked home feeling defeated.



## Red Rules Blue Rules

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You can't complete MH assessment when someone is intoxicated

Psychiatric medications can't be commenced when someone is using substances daily

If amnesic levels of Diazepam are being used to cope with trauma, it can be destabilising to complete MH assessment until they have ceased use of substances

If someone phones an ambulance while feeling suicidal, they have to go to A&E

Diazepam harm reduction and replacement med review is suitable for Etizolam

Staff outside of MH services don't have the right training to support someone with MH emergency

Staff don't follow the interface documents and it causes frustration for patients and other staff

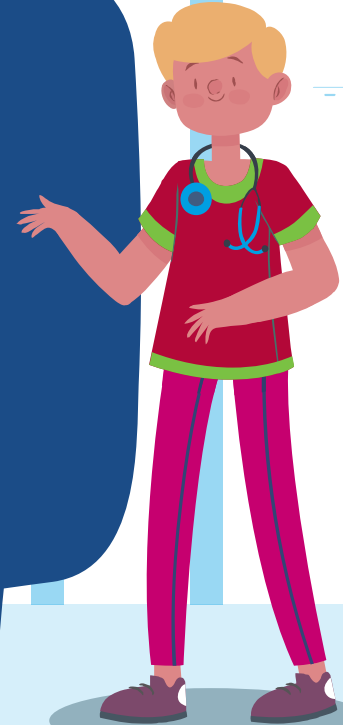
A patient can't have a psychiatrist from both addiction and mental health

Exclusionary criteria is the cause of poor patient outcomes



# THANKS

Does anyone have any questions?



# Find out more

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Thank you for joining us –  
please keep in touch!

- Follow us on Twitter [@SPSP\\_MH](#) for latest updates
- Email us at [his.mhportfolio@nhs.scot](mailto:his.mhportfolio@nhs.scot) to be added on our mailing list