Healthcare Improvement Scotland | ihub

Personality Disorder Improvement Programme

Crisis and Unscheduled Care Webinar

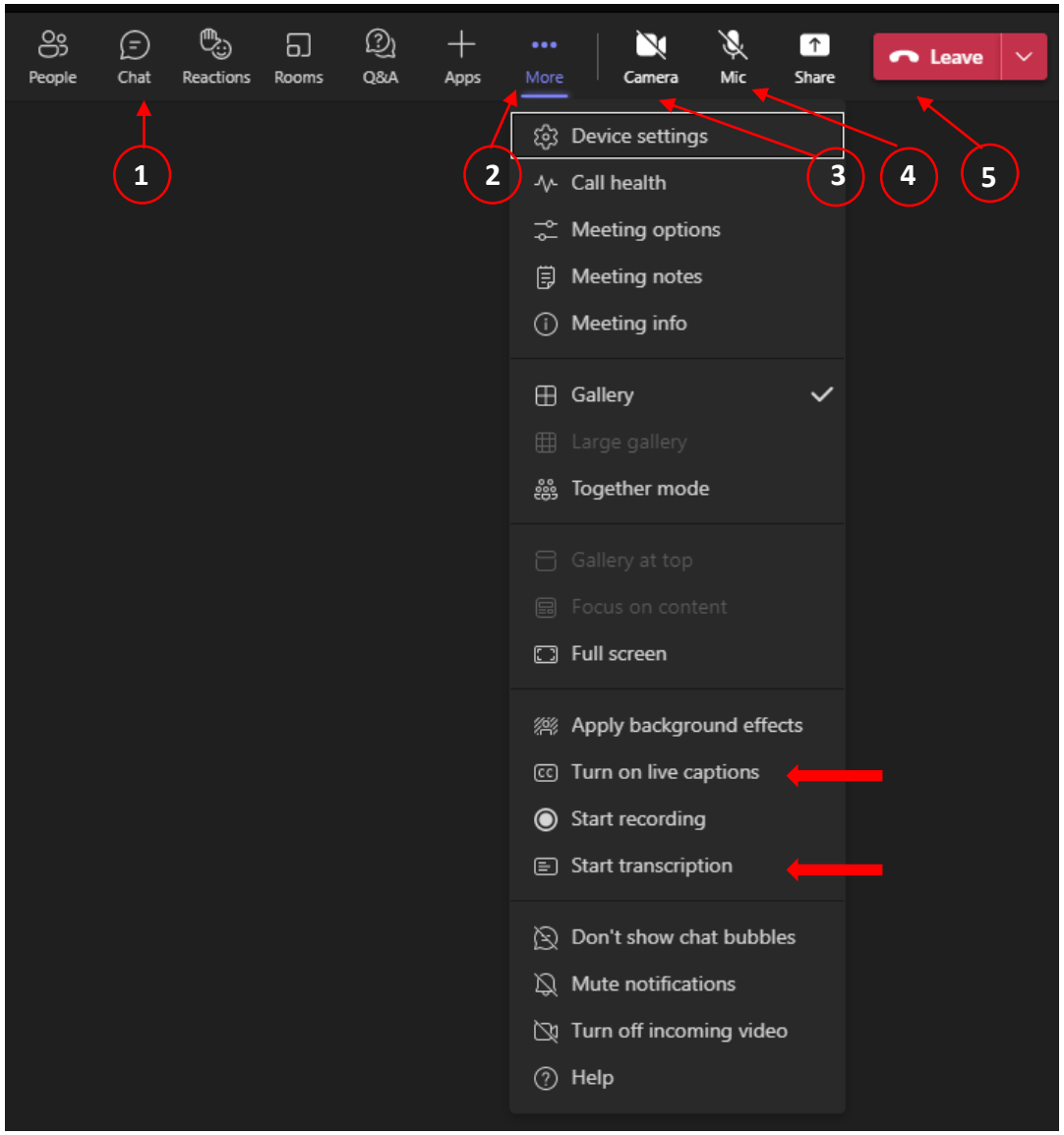
Tuesday 7 March
11:00 – 13:00

@SPSP_MH #PDIPscot

Welcome and introductions

Gordon Hay
Senior Improvement Advisor
Healthcare Improvement Scotland

MS Teams Settings



1. **How to open and close the chat panel** – use the chat panel to introduce yourself, raise any questions you may have for the speakers and also post comments.
2. **Under 'more' you can access some accessibility features** such as live captions and also a live transcript of the meeting (highlighted with the arrow).
3. Your **camera** will be automatically switched **off**
4. Your **microphone** will be automatically switched **off**
5. How to **leave** the meeting

This Webinar will be recorded.

The link will be shared, so those who are unable to join us today can listen to the session.

Please do not record the session.

Agenda for today

Item	Title	Speaker	Time	Duration
1.	**Welcome and introduction**	Gordon Hay	11:00 - 11:05	5 minutes
2.	**NHS 24 Mental Health Services**	Lauren Kennedy, Lead Nurse for Mental Health and Learning Disabilities, Katherine Robertson Senior Nurse for Mental Health, and Lisa MacDonald Operational Manager for Breathing Space	11:05 - 11:25	20 minutes
3.	**Questions and answers**		11:25 - 11:35	10 minutes
4.	**Mental health assessment unit**	Ishbel Brown, Nurse Team Lead for MHAU, NHS Greater Glasgow and Clyde	11:35 –11:55	20 minutes
5.	**Compassionate Distress Response Service**	Glasgow Association for Mental Health (GAMH): • Rena Ali – CDRS Manager • Susan Rendell – Project Leader CDRS • Chrissy McKeag – Coordinator CDRS	11:55 –12:10	15 minutes
6.	**Questions and answers**		12:10 - 12:15	5 minutes
7.	**Remote Approaches To Psychosocial Intervention (RAPID)**	Professor Andrew Gumley, Chartered Clinical Psychologist	12:15 - 12:30	15 minutes
8.	**Mental health in crisis**	Dr Nicola Naven, Consultant Psychiatrist General Adult, and Dr Mathew Morrison, Consultant Liaison Psychiatrist NHS Greater Glasgow and Clyde	12:30 - 12:45	15 minutes
9.	**Questions and answers**		12:45 - 12:55	10 minutes
10.	**Polls and Close**	Gordon Hay	12:55 - 13:00	5 minutes

NHS 24

The Care Behind Your Care

nhs24.scot

BREATHING SPACE

NHS inform

111

Care Information Scotland

Living Life

QUIT YOUR WAY with our support

Our services

111

Mental Health Hub

Breathing Space

Living Life

National Wellbeing helpline

Care Information Scotland

Quit Your Way Scotland

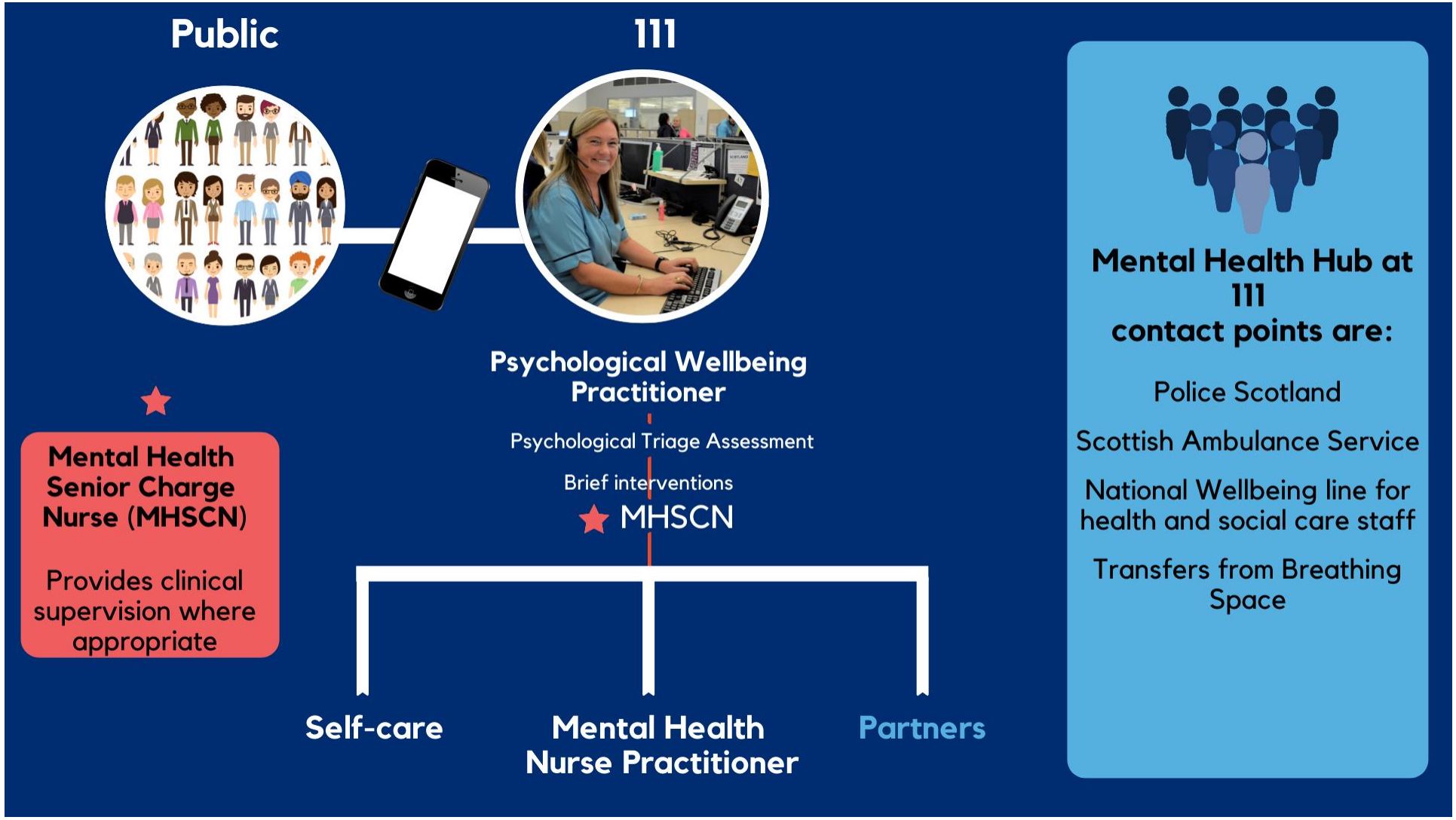
Employ a range of specialist staff

Digital services to support mental health and wellbeing (NHS inform, webchat etc)

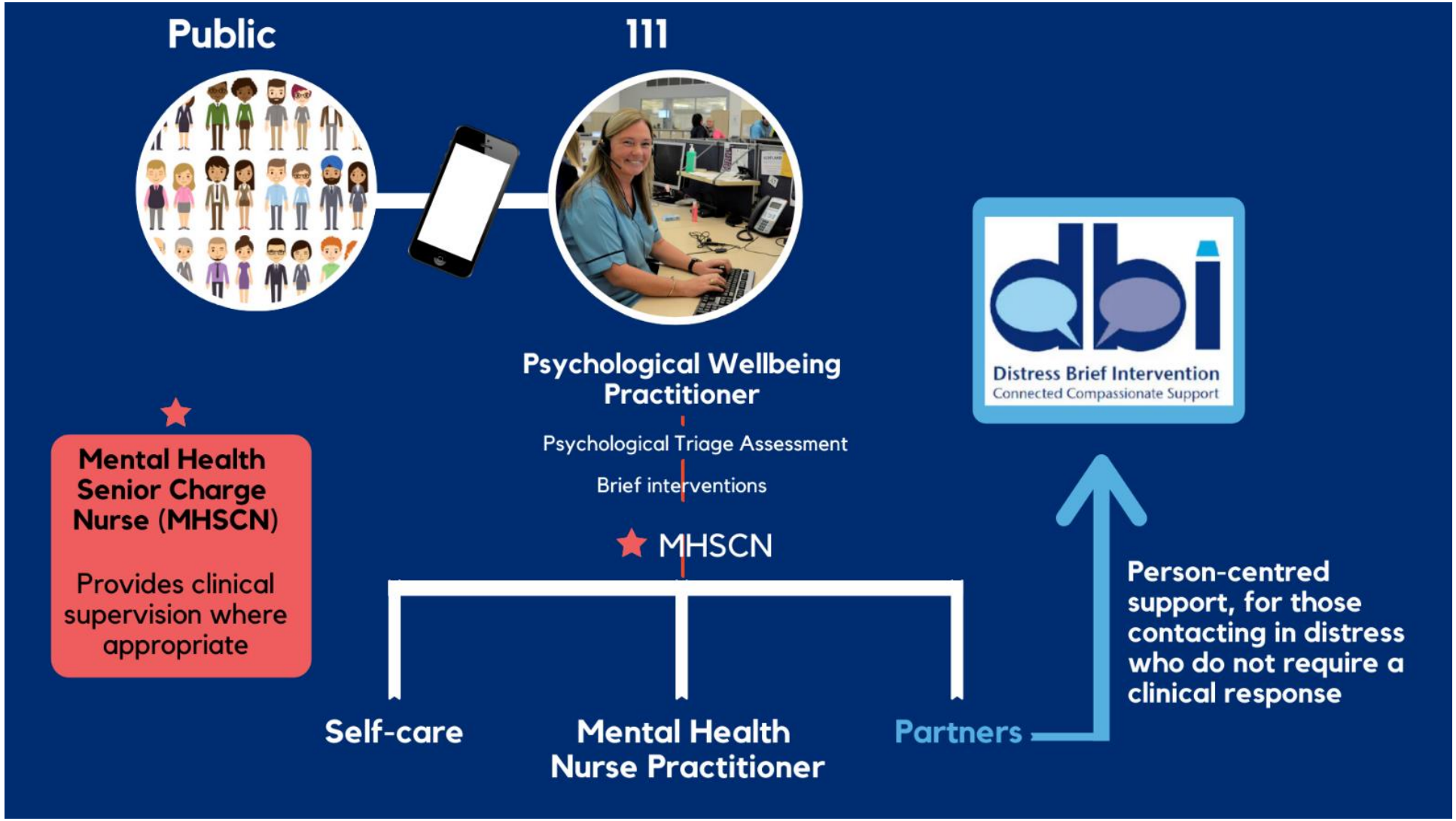
COVID-19 guidance and support

Mental Health Hub

Our model: 111 Mental Health Hub



DBI: additional referral pathway



Breathing Space

BREATHING SPACE

0800 83 85 87

www.breathingspace.scot

Accelerated expansion of Breathing Space service offering

Expansion of phone service

- Provides listening, advice and signposting to those feeling low, anxious or experiencing mental health distress

Recruitment

- Additional Breathing Space Advisors and Supervisors recruited
- Internal and external training of staff to support web chat service

Web chat service

- Test of Change service expanded to a 12 month Pilot. BAU since January 2022
- New population who would not otherwise have accessed support
- Winner, Innovative Mental Health Services Award, Holyrood Digital Health and Care Awards, Jan 2022

Breathing Space

Living Life

Living Life

About the service

- Free phone service for anyone in Scotland over 16 years of age suffering low mood, anxiety or mild to moderate depression

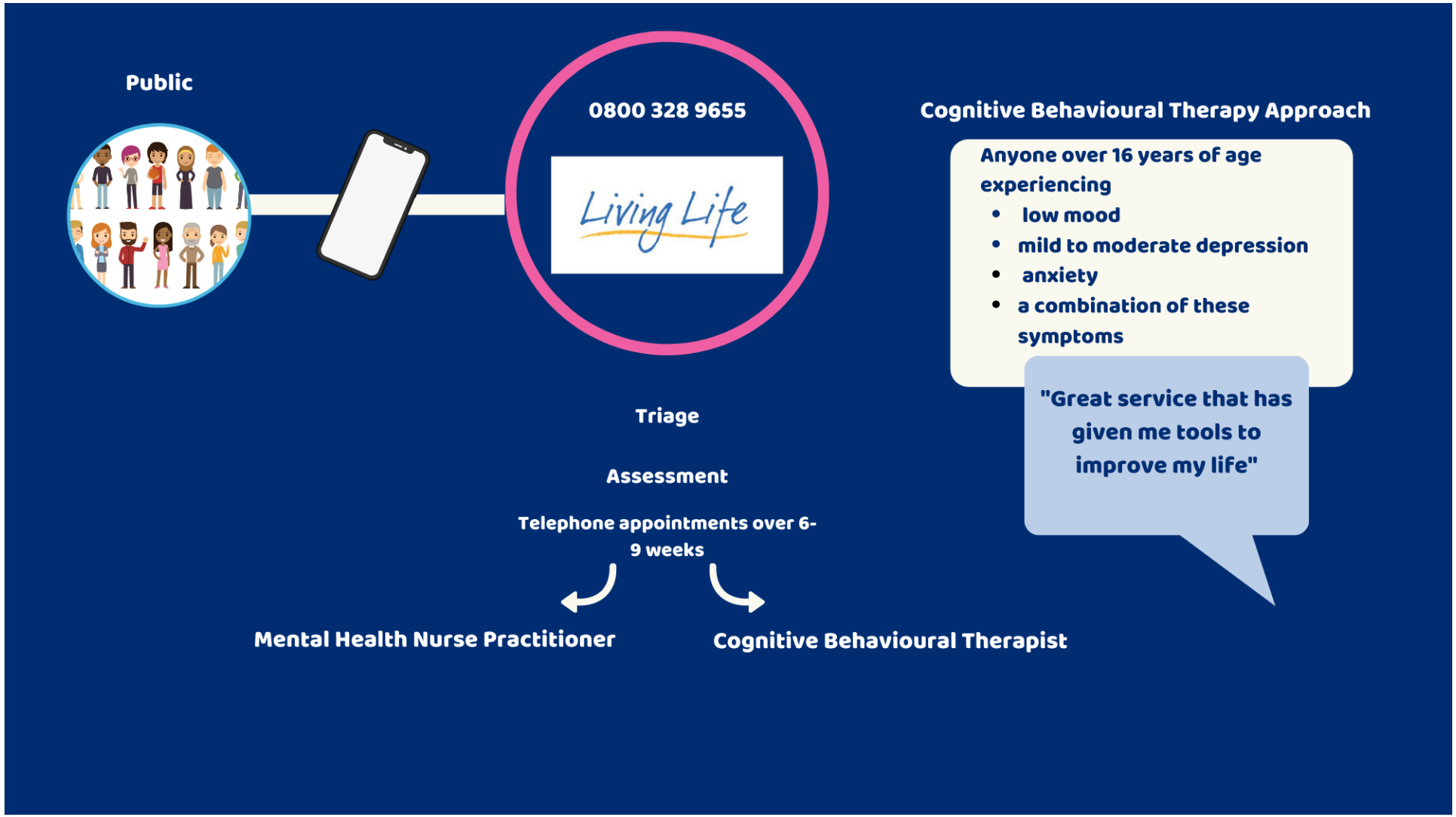
Staffing

- Team of CBT Therapists and Mental Health Practitioners

Recent Quality Survey Feedback

"My therapist…[staff name]…was a lifeline to me throughout the initial stages and months of lockdown. She was very patient and understanding with me…"

Living Life


Public
0800 328 9655
Living Life
Cognitive Behavioural Therapy Approach
Anyone over 16 years of age experiencing
low mood
mild to moderate depression
anxiety
a combination of these symptoms
"Great service that has given me tools to improve my life"
Triage
Assessment
Telephone appointments over 6-9 weeks
Mental Health Nurse Practitioner
Cognitive Behavioural Therapist

Digital resources

Mental wellbeing

NHS inform

Public

NHS inform

www.nhsinform.scot

Mental Health Topics

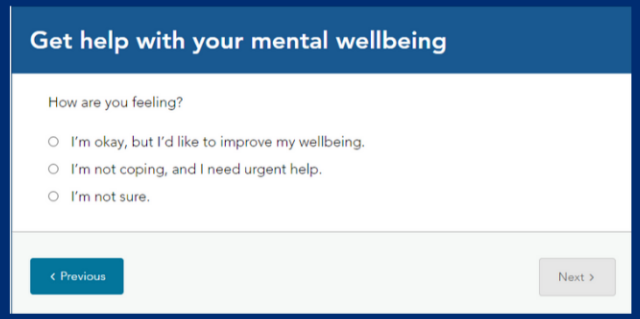
Together Let's Care Campaign

Self-help resources

NHS inform wellbeing tool

Wellbeing tool and Silvercloud

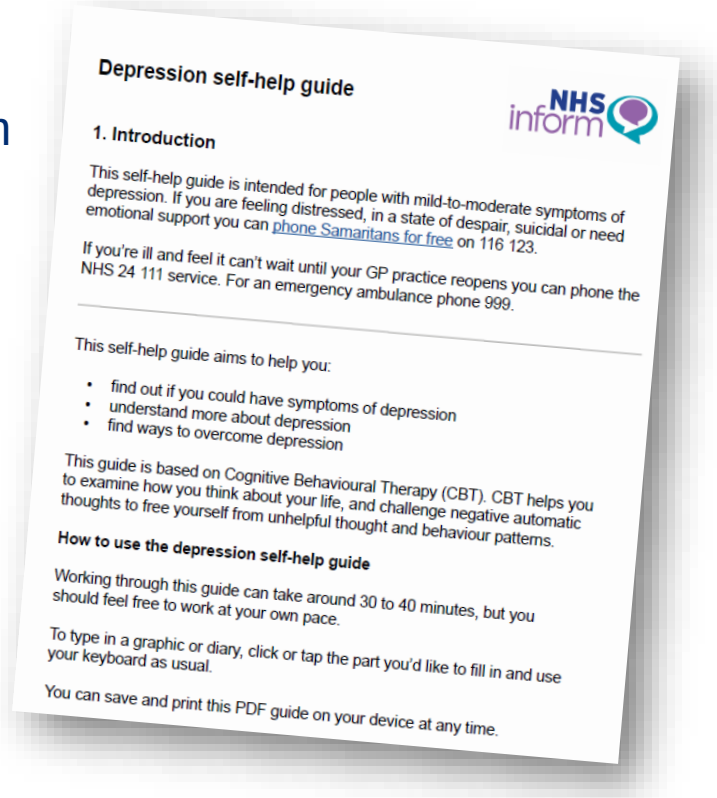
Using this tool, users answer a short series of questions about how they're feeling.
We'll recommend the best SilverCloud course or alternative.



NHS inform
Health information you can trust

Self-help Guides

- Depression
- Social anxiety
- Panic
- Anxiety
- Chronic pain
- Bereavement and grief
- Obsessive compulsive disorder
- Sleep problems and insomnia
- Problems with anger
- PTSD and CPTSD
- Problem solving
- Phobias
- Self-esteem



Depression self-help guide

NHS inform

1. Introduction

This self-help guide is intended for people with mild-to-moderate symptoms of depression. If you are feeling distressed, in a state of despair, suicidal or need emotional support you can phone Samaritans for free on 116 123.

If you're ill and feel it can't wait until your GP practice reopens you can phone the NHS 24 111 service. For an emergency ambulance phone 999.

This self-help guide aims to help you:

- find out if you could have symptoms of depression
- understand more about depression
- find ways to overcome depression

This guide is based on Cognitive Behavioural Therapy (CBT). CBT helps you to examine how you think about your life, and challenge negative automatic thoughts to free yourself from unhelpful thought and behaviour patterns.

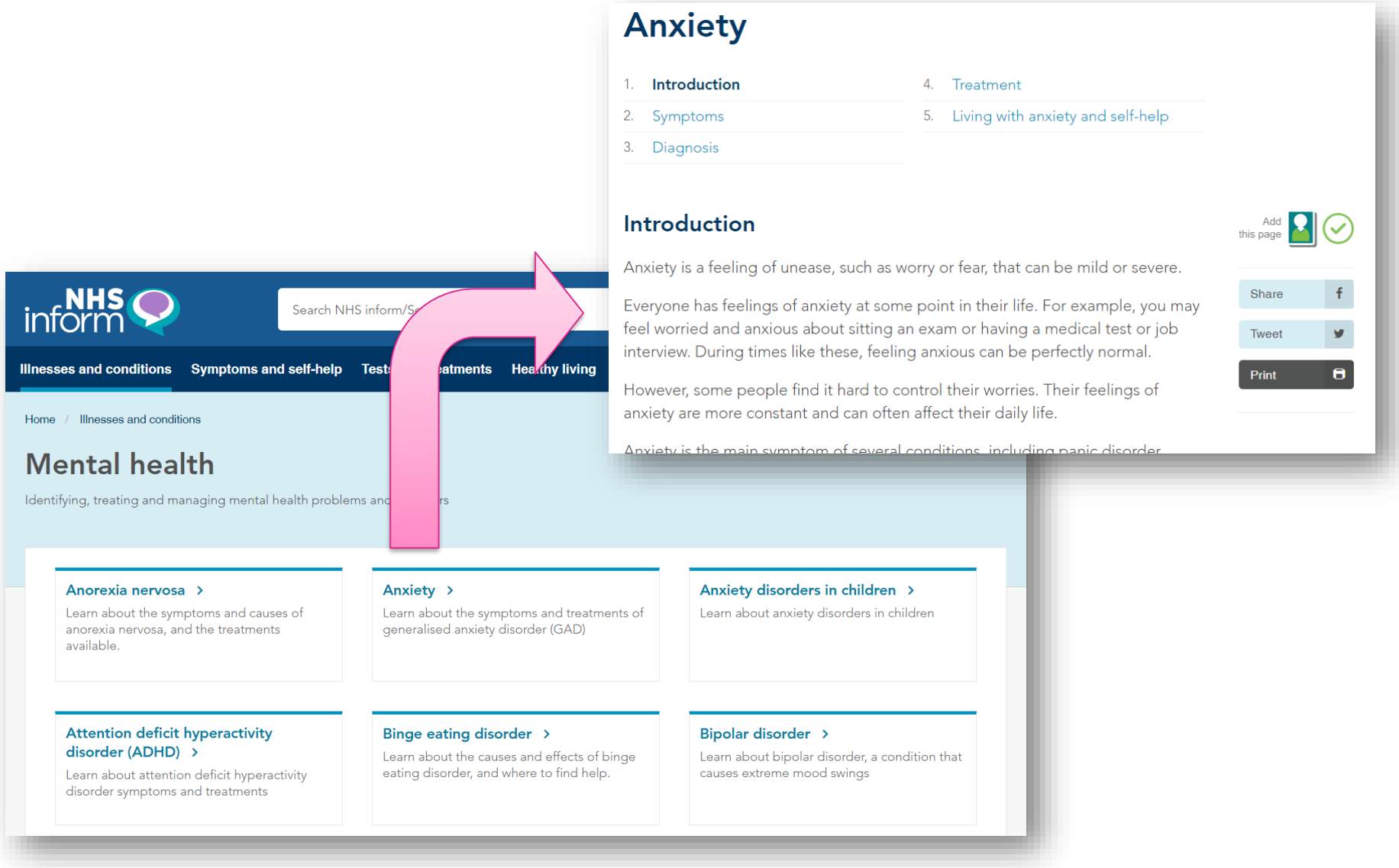
How to use the depression self-help guide

Working through this guide can take around 30 to 40 minutes, but you should feel free to work at your own pace.

To type in a graphic or diary, click or tap the part you'd like to fill in and use your keyboard as usual.

You can save and print this PDF guide on your device at any time.

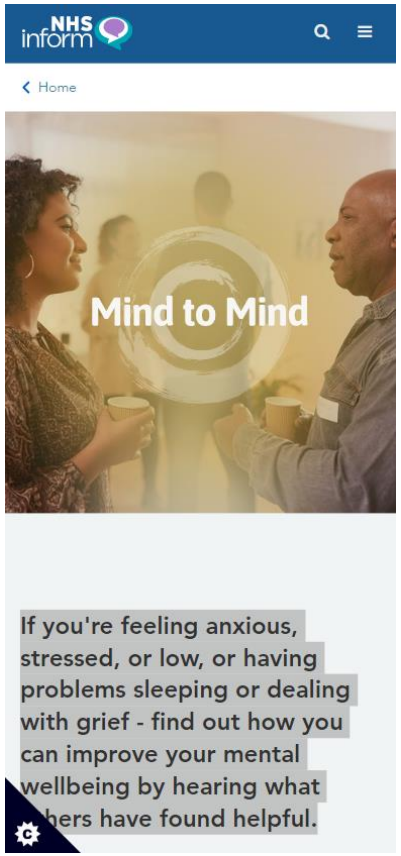
Mental Health Topics



Mind to mind

Video stories

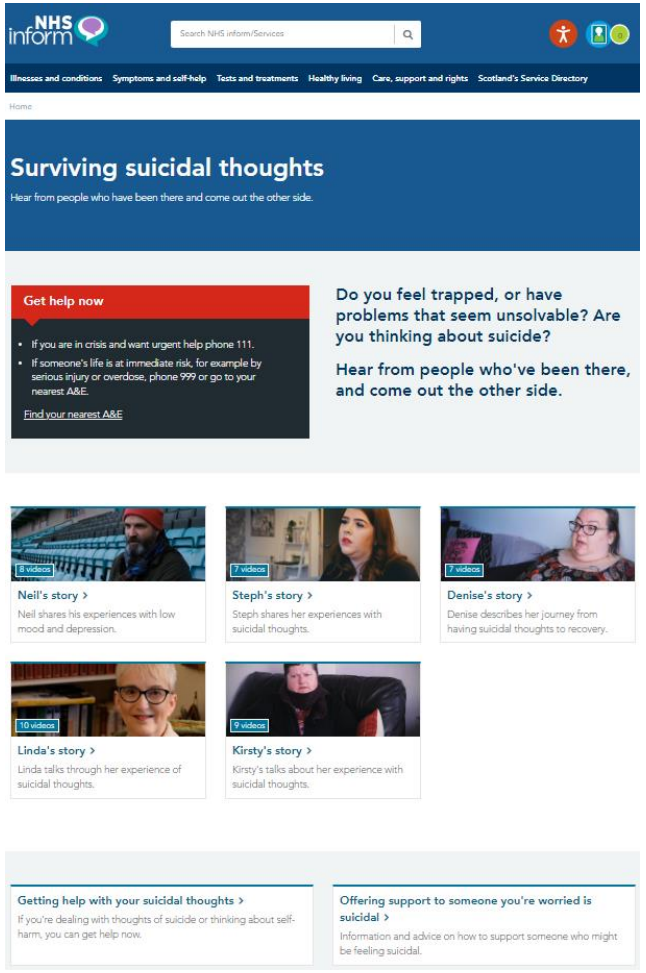
- 35 videos
- Lived Experience
- Professional perspectives
- Anxious, stressed, low mood, problems sleeping, dealing with grief, money worries



Surviving Suicidal Thoughts

Video stories

- For people in crisis or struggling with suicidal thoughts, in themselves or someone they care for
- First person stories
- Signposting to support
- Lived Experience
- National Suicide Prevention Leadership Group



Summary

Innovative approach for mental health urgent care delivery, bringing together a highly skilled multidisciplinary team, working together to offer patients a compassionate and person-centred approach

Improving outcomes for patients with mental illness/ distress by delivering a simplified care pathway with successful collaborative working with key partners (Police Scotland, the Scottish Ambulance Service, and the Third Sector through DBI)

Improved access to mental health care and support for people experiencing mental health issues (including prevention and supported self management) through expansion and development of new digital channels and resources

Q&A Session

Mental Health Assessment Units

Nevis Building, Stobhill Hospital

MacLeod Centre, Leverndale Hospital

Remit

- Specialist service providing assessment, diagnosis and management to patients presenting in MH crisis/distress and previously would have sought assistance through self presenting at Emergency Departments or from seeking assistance via Police Scotland or Scottish Ambulance Service.
- One point of access 24/7 for emergency, same day, face to face, profession to profession for MH assessment.

Referrals Accepted From:-

- Emergency Departments – GRI, QEUH, RAH, IRH
- Police Scotland
- British Transport Police
- Scottish Ambulance Service
- GP surgeries
- GP OOH's Service
- NHS 24/Mental Health Hub
- Compassionate Distress Response Service
- Emergency SW Service

Referral Criteria and method

- Aged over 16 (UCAMHS), experiencing MH crisis/distress
- ED MHTRAT completed and uploaded to Portal
- Medically fit for transfer
- Ability to engage in psychiatric assessment
- Safe method of transport
- Consultant Connect discussion/agreement
- GP OOH's/NHS 24/Hub digital referral via secure mailbox
- Telephone agreement between senior clinician and PS/SAS

Exclusion Criteria

- Significant o/d requiring treatment/ECG monitoring
- Significant DSH requiring multiple sutures/speciality onward referral
- Risk identified as too high to transport safely – DSH/absconsion = Liaison/ ED visit required
- GCS below 15
- Significant impairment due to alcohol/drug consumption

Staffing of Each Unit

- 4 x RMN
- 1 x HCSW
- 1 x NTL
- 1 x Admin
- Medical cover by duty doctor/Consultant on call
- Consultant Psychiatrist vacancy
- Ambulance Car - Paramedic + 1 x RMN across whole area

Referrals April 22 – Jan 23

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Total
Referrals	1478	1510	1365	1419	1497	1445	1499	1333	1310	1412			14268
Discharges	1477	1509	1362	1422	1495	1436	1494	1327	1315	1411			14248

MHAU Leverndale	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Total
Attended	774	818	740	743	754	745	746	690	640	674			7324

MHAU Stobhill	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Total
Attended	598	570	514	569	591	581	626	540	556	611			5756

Challenges

- Crisis contact only – 1 opportunity to assess/diagnose/treatment plan – no control over actual outcome
- Staffing deficits
- Digital systems eg NHS 24 – Communication difficulties unless referred on to MHAU, own teams unaware of contact, potential for conflicting care provided
- MHAU offer immediate response only – regular attendees receive inconsistent approach
- Environmental – Larger premises, Escalated.

Meeting the challenges

- Rolling training package being delivered to all staff
- Fostering a learning environment where pursuing further knowledge is encouraged and learning is cascaded through the team
- MBT pilot
- DBT pilot
- Collaborative working with other services – regular meetings with inpatient/community services, police liaison, attending CPA's

Further Developments

- ANP role
- Introduction of SW role within MHAU
- Collaborative working with Crisis Team colleagues, sharing resources
- Crisis Outreach Service (COS)
- CDRS

Glasgow City HSCP
Health and Social Care Partnership

gamh
Glasgow Association for Mental Health

Compassionate Distress Response Service (CDRS)

Crisis and Unscheduled Care Webinar: 7th March 2023

NHS Greater Glasgow and Clyde

Glasgow City Council

Background

- Multi Agency Collaborative (2016-2019)- Inappropriate referrals to statutory services. Not all distress requires a medical or clinical assessment. Need for an immediate & compassionate distress response.

- GCHSCP commissioned GAMH to deliver an 'alternative' distress response for Glasgow City- the **'Compassionate Distress Response Service'** (CDRS).

- CDRS now aligning with Scottish Government rollout of Distress Brief Intervention (DBI) to be delivered in 24 LAs by 2024

Glasgow City CDRS- 3 Distress Response Pathways

OOHs Service Age 16+	Primary Care Service Age 16+	Young People Service Age 16-25 (26 if CE)
1 hour response time 7 days a week 5pm-2am	**24-hour response time** Mon-Fri 9am-5pm	**24-hour response time** Mon-Fri 9am-5pm
UNSCHEDULED CARE **MHAUs (Leverndale & Stobhill),** **Psychiatric Liaison,** **Mental Health Triage Car** **Emergency Depts- QEUH & GRI** **OOHs CPN, OOHs GPs, OOHs SW Standby** **Police Scotland** **British Transport Police** **Scottish Ambulance Service** **Emergency Services, 1st Responders** Individual can be from anywhere in UK but in Glasgow at time of distress	**GPs and their multidisciplinary teams** **GPs, Community Link Workers, Practice Nurses, Mental Health Practitioners based in GP surgeries** Glasgow GP patients only.	**Young People Hot Spots** **Schools** **CAMHS** **Colleges** **Universities** **Third Sector** **Plus, all other existing pathways into CDRS i.e. GPs, MHAUs, Emergency Services, First Responders** **OOHs-CPN/GPs/SW** Young person can be from anywhere in UK but in Glasgow at time of distress
Scottish Govt. 10 Year Mental Health Strategy (Action 15)	**Primary Care Implementation Plan PCIP**	**Children & Young People Community Mental Health Supports & Services Framework**

Referral Criteria & Process into CDRS

Age 16+

Profession to profession referral only.

Individual has consented and has capacity to engage.

Lack of conditionality apart from immediate risk (i.e., suicidal, discloses suicidal plan, risk to self or others)

To make referral: phone, email or use SCI Gateway

Key features of CDRS

- Responds quickly to **'in the moment'** emotional distress - support for **up to 1 month**.
- Range of self management & **coping strategies.** Onward signposting if needed.
- **Support Plan** which is creative, innovative, achievable, doable.
- 3 way **interpreting** and **transaction** of resources if required.
- **Skilled staff** (52 pieces of training i.e., ASSIST, Trauma Informed Practice, MH Awareness)
- Risk managed safely – includes **safety planning**.
- Quick efficient **escalation processes**. Under 2% escalation - distress managed within CDRS.
- Noticeable no. of **men, young people, transgender** representation in OOHs

NHS Greater Glasgow and Clyde

Glasgow City Council

Referrals to CDRS- Unscheduled & GP Route

OOH	%
Mental Health Assessments Unit	67.4
MHAU via GP consult connect	11.2
Emergency Departments	6.7
QEUH/GRI (Psychiatric Liaison)	4.7
In hours CDRS	1.5
GP Out of hours	2.7
Police Scotland	1.1
Out of Hours Social Work	0.2
Scottish Ambulance	0.2
Third Sector	0.4
Self Referral	1.3
Other (not listed)	2.0

Referrals from unscheduled care pathway
1 hour response time

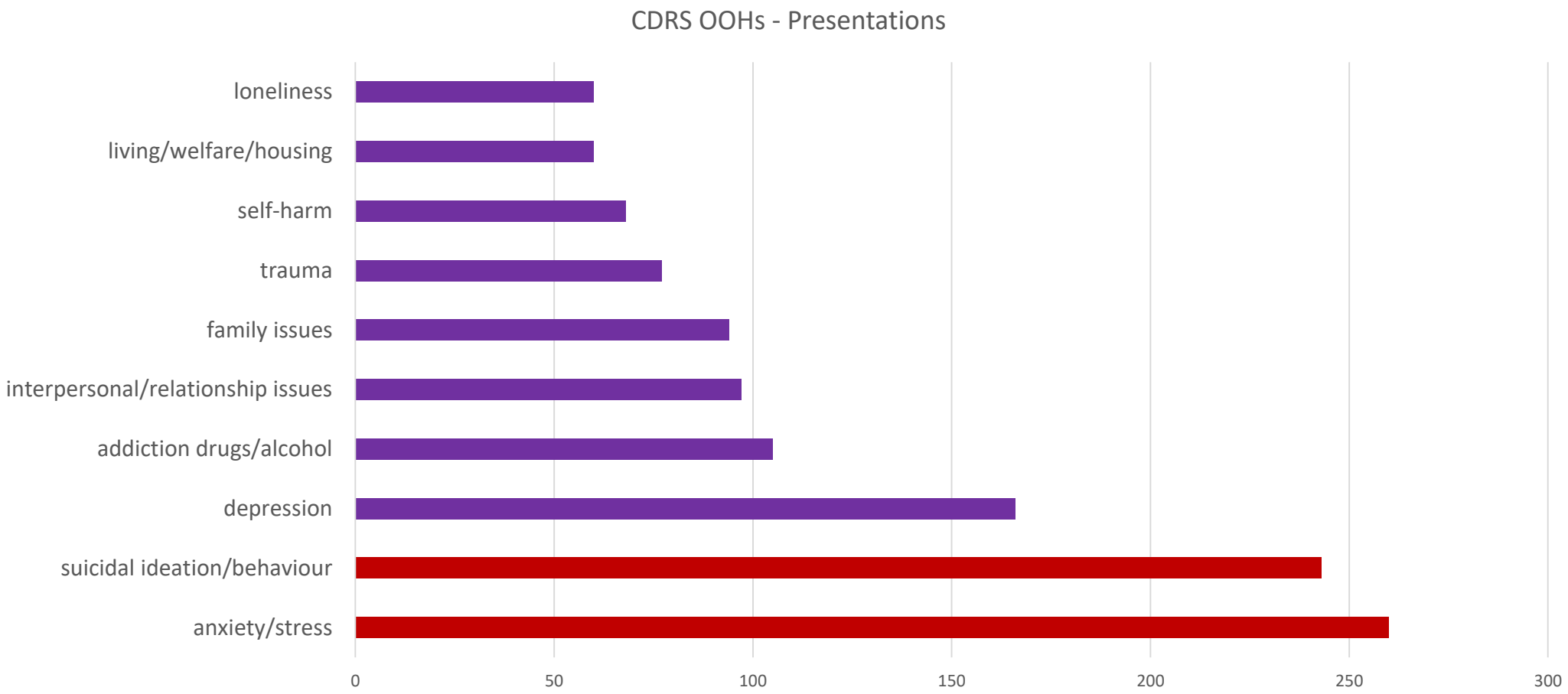
Met 100% of time

In-Hours – referrer	Number of referrals	%
Total GPs	636	88.0
CLW's	79	10.9
Other	8	1.1

Referrals from General Practices
24 hour response time

Met 99% of met

Reason for referral to CDRS from Unscheduled Care



Presentations of Concern

- Suicidal ideation, suicidal behaviour, methods described to harm self
- Impulsive or deliberate overdose
- Non-fatal injuries, self harm
- Childhood trauma, sexual abuse, sexual assault, addictions, homelessness

Re Referrals to CDRS very low. However, individual usually re-referred if …….

- Unscheduled service has seen individual multiple times.
- Individuals has history of suicidal behaviour
- Individuals has long term engagement with mental health services
- Individuals described as having EUPD

External Evaluation of CDRS (Clear As Bell)

Sample of over 5000 referrals analysed and 178 referrers/service users interviewed
Evaluation highlighted:

Speed of response - 1hr/24hrs

Frequency & duration of contacts – average call 87mins

Positive attitude towards referrals, person centered & continuity of support from 1 or 2 staff

Lack of Conditionality- Use of alcohol or drugs not a barrier to support

Complexity of referrals via unscheduled care more intense than anticipated.

	OOHS	IN HRS
General Risk	79%	11%
Risk Suicide	64%	12%
Substance abuse/self harm	37%	4%

CDRS Approach – COMPASSION & KINDNESS

How we respond makes a big difference……

Time is needed to deal with emotions….people need time to *'tell their story*'.

People reported being treated with compassion and kindness- they felt *'held'*

I felt like they had my back

*'Sticky care'…*staff persistent, they keep trying to get in touch

Case Study – Distress Presentation

INITIAL PRESENTATION TO UNSCHEDULED CARE

Jerry presented at police station with her mother due to intense thoughts of harming herself and her mother with a blade. After speaking to a clinician from the MHAU Jerry said she no longer felt this way and was looking to establish positive coping mechanisms. Jerry was referred to CDRS OOHs Service. Her presenting issues included; abuse, ACE's, anxiety, eating issues, family issues, relationship difficulties, diagnosis of EUPD, deliberate self harm, trauma, bereavement, financial challenges.

DURING INTERVENTION WITH CDRS

Jerry voiced current challenges around: abusive upbringing by parents, body image concerns (Hx anorexia), bereavement, family members diagnosed with terminal cancer,

financial worries due to not being able to work because of her mental health.

NHS Greater Glasgow and Clyde

Glasgow CITY COUNCIL

Case Study- CDRS Response

Distress Reponses Worker (DRW) called Jerry within 1 hr of referral being made. After explaining the service Jerry was given time and space to explain how she was feeling and why. DRW initiated safety planning, including identifying places of safety. Jerry was also encouraged to make a GP appointment. At the end of the call, the DRW arranged a follow up call the next day at a time that suited Jerry.

Over a period of 4 weeks Jerry was called by the same DRW. During this time Jerry highlighted concerns around self harming. The DRW explored alternative methods such as elastic band and ice cubes methods. Jerry was also provided with distraction activities such as flashcards. Other suggestions included; relaxation and breathing techniques, maintain healthy lifestyle, mindfulness, getting out for walk in nature, sleep hygiene, journaling, setting small achievable goals. One of Jerrys small achievable goal was to *"enjoy a cuppa tea".* She previously enjoyed swimming and wished to be able to do this again.

Jerrys feedback during evaluation….

“The minute I heard her voice I felt calm and knew I could talk to that person. All the practical help was so valuable, I can’t repay what they’ve done for me. I don’t have the words to show how grateful I am. I was so distressed, but CDRS was so reassuring and helped me to see things as they should be, not how I was. I've got to start living my life”.

NHS Greater Glasgow and Clyde

Glasgow City Council

Creating a culture and environment of support

Time Space and Compassion for staff……

Self Care: Encouraging the use of techniques we use for supporting individuals on ourselves i.e., journalling, muscle relaxation, exercise, taking short break from work environment and being outside with nature.

Team debriefs having the space when we come off a call to decompress, talk through what we have found difficult or challenging with our colleagues. Debriefs can be both informal and formal

Group Supervision: A time and space for team members to discuss delivery of a distress/crisis intervention. Key components for this- safety, trustworthiness and transparency, peer support, collaboration, empowerment

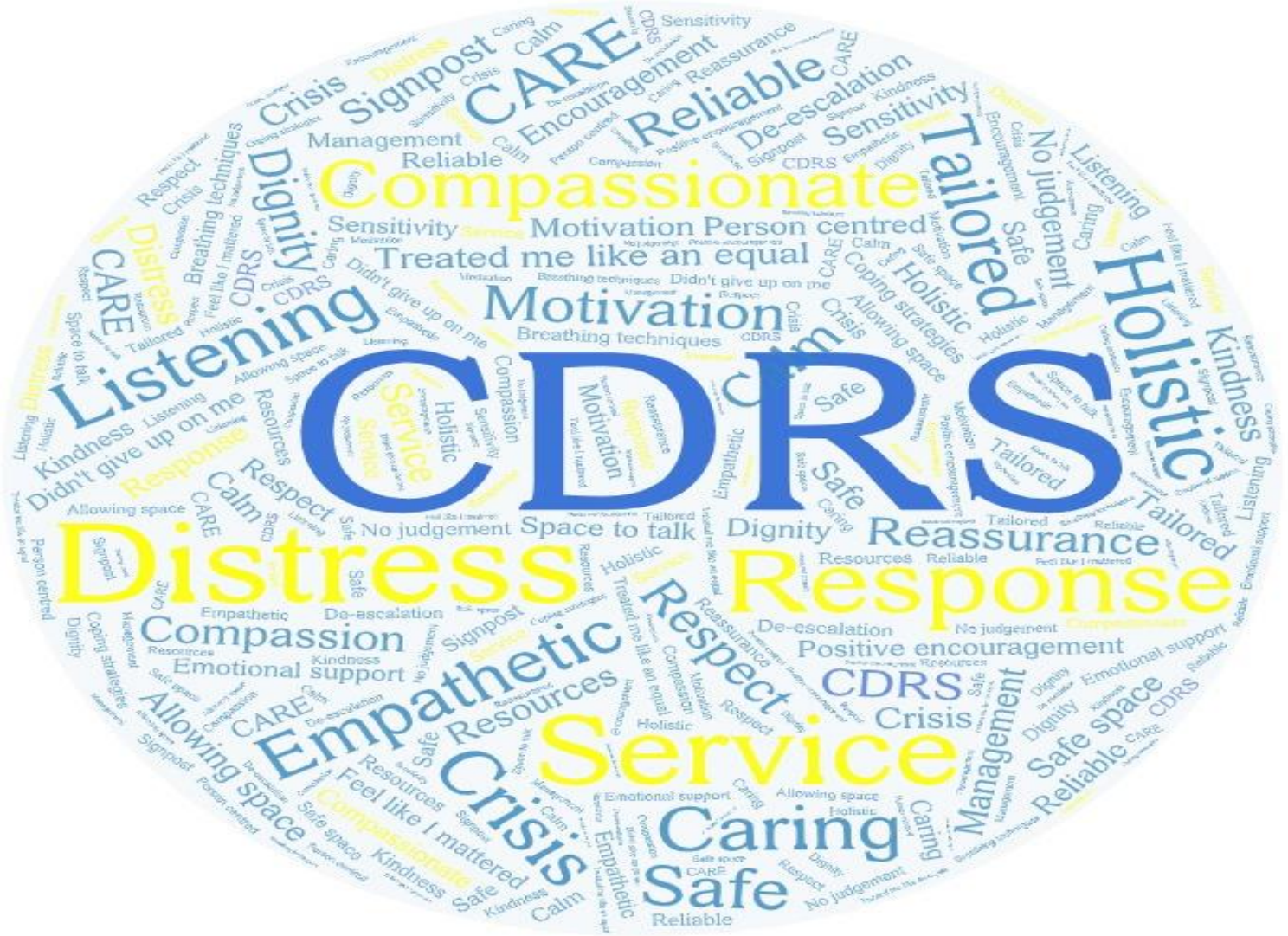
Support & Supervision: Support and reflection on practice. Being able to say how you think and feel in a safe space

Staff Skill Set– diversity and range of skill. Comprehensive selection process (compassionate staff)

Feeling valued – recognition (sharing good practice in the team) when we see someone progress and develop through positive strategies, what works and what doesn't.

Glasgow City HSCP
Health and Social Care Partnership

Thank You



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Q&A Session

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MANCHESTER 1824
The University of Manchester

Remote Approaches to Psychosocial Intervention Delivery (RAPID)

Prof. Andrew Gumley

PRU PSYCHOSIS RESEARCH UNIT

FUNDED BY

NIHR

The University of Manchester

NHS
Greater Manchester Mental Health
NHS Foundation Trust

RAPID

Remote Approaches to Psychosocial Intervention Delivery

NELFT NHS
NHS Foundation Trust

NHS
Oxford Health
NHS Foundation Trust

NHS
East London
NHS Foundation Trust

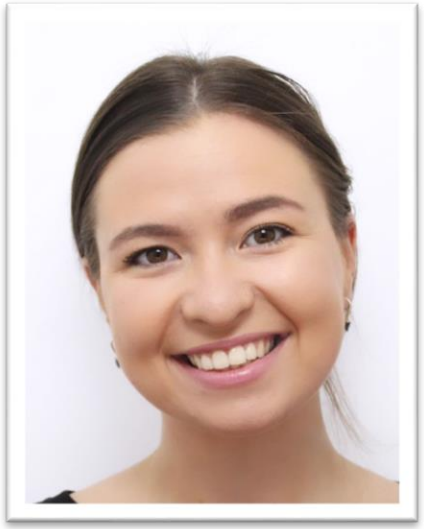
PRU PSYCHOSIS RESEARCH UNIT

NHS
Greater Glasgow and Clyde

Glasgow NHS RAPID Research Team

Andrew Gumley
Principal Investigator
Andrew.gumley@glasgow.ac.uk

Kathryn O'Hare
Research Assistant
Kathryn.ohare@ggc.scot.nhs.uk



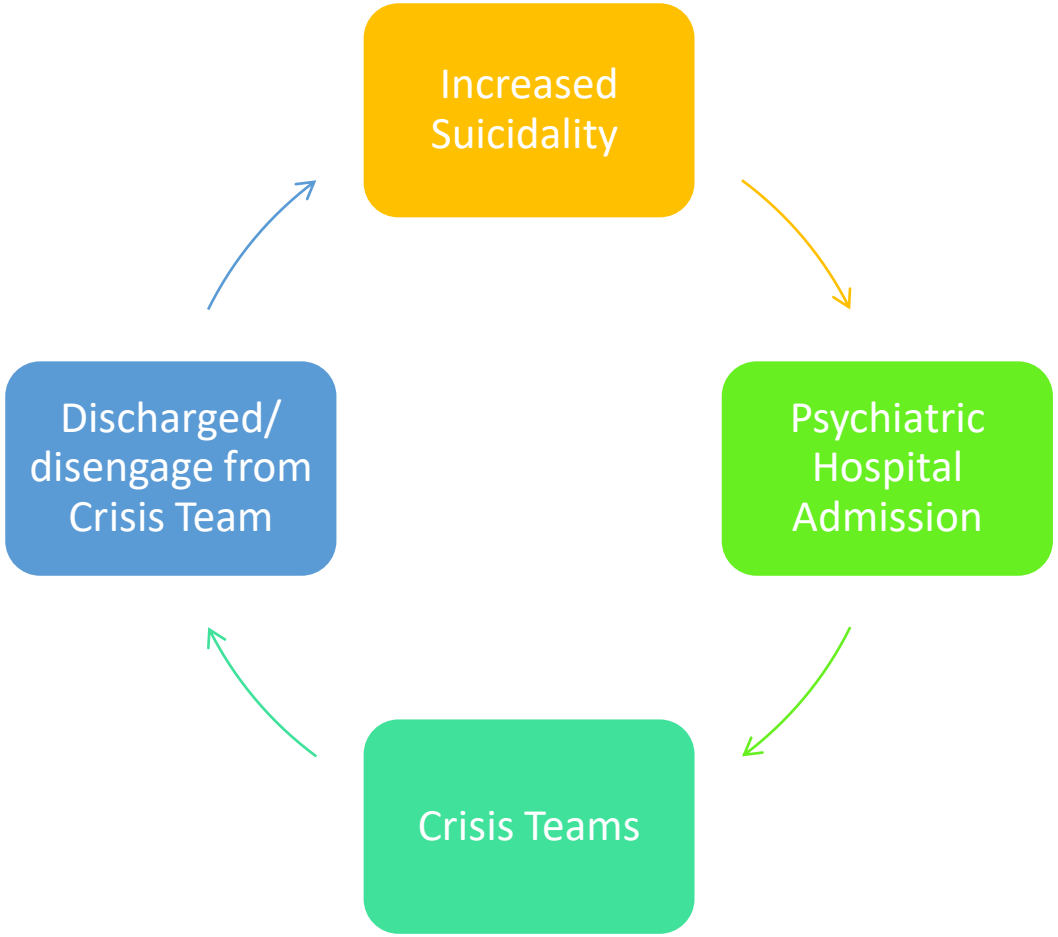
Barbora Krasauskaite
Research Assistant
Barbora.krasauskaite2@ggc.nhs.scot.uk
07816269143

Craig Pryde
Assistant Psychologist
craig.pryde3@ggc.scot.nhs.uk
07816206949

Rosey Higgins
Peer Support Worker
Roseann.Higgins@ggc.scot.nhs.uk
07816207134

RAPID Aims

- RAPID was designed in response to the need for evidence-based interventions which aim to reduce suicidal thoughts and behaviours.
- RAPID aims to test the effectiveness of brief psychosocial interventions that can be offered at a point of suicidal crisis.
- It is hoped that these interventions will help to reduce admissions to psychiatric hospitals, over a period of 6 months.



RAPID Background

- RAPID utilises a large, multi-arm multi-stage (MAMS) randomised controlled trial (RCT) design to test 3 remote psychosocial interventions:
  - Treatment as Usual : TAU
  - Peer Support: PREVAIL (+TAU)
  - Self-management: SAFETEL (+TAU)
  - Direct Digital: BrighterSide (+TAU)
- If interventions reduce psychiatric hospital admission over 6 months, then they could be a viable treatment option for individuals with SMHPs experiencing suicidality.
- RAPID doesn't replace or replicate existing interventions by the Crisis Teams or CMHT's, but instead to work alongside them.

Service User Eligibility

The target population is people experiencing SMHP who are at an increased risk of psychiatric hospital admission due to suicidal thinking or behaviour.

Inclusion Criteria	Exclusion Criteria
• Age 16+	• Organic impairment
• Receiving care from Crisis Team currently or in the past 14 days.	• Non-English speaking (as interventions and BrigherSide developed in English)
• Receiving care from a Community Mental Health Team or Early Intervention Service, to ensure ongoing specialist mental health support following discharge from HBTT.	• Primary diagnosis of a drug or alcohol dependence
• Experienced suicidal ideation within the last month/current crisis episode	• Immediate risk to others
• Meet criteria for diagnosis of SMHP (schizophrenia spectrum, bipolar, EUPD, or major depressive disorder)	• Moderate to severe learning disability as confirmed by the participant's responsible clinician in their care team
• Able to give informed consent	• Visual impairment, severe enough to prevent engagement with the BrighterSide app

PREVAIL (Peers for Valued Living)

Remotely-delivered peer-led intervention delivered by Peer Support Workers (PSWs) over 12 weekly sessions, covering these three phases:

Assessment and getting to know you → **Active Involvement** → **Ending and Consolidation**

- PREVAIL will adhere to principles of peer support such as:

✓ Supportive listening	✓ Sharing one's own recovery story	✓ Making connections
✓ Reciprocity and mutuality	✓ Validating experiential knowledge	
✓ Choice and control	✓ Discovering strengths	

- PSW utilise CBT and motivational interviewing strategies such as goal setting, distress tolerance, and increasing social connectedness. As well as reinforcing skills participants use from DBT, STEPPS etc.
- We aim to empower participants to come to their own decisions about what works well for them, identify and emphasise their strengths, and set and celebrate goals as we walk alongside them in their recovery

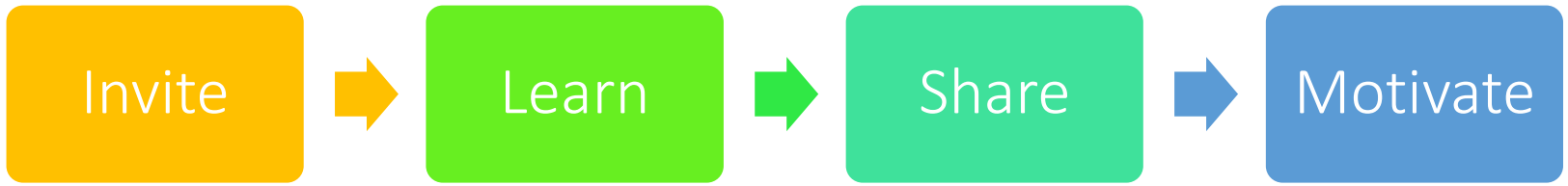
PREVAIL (Peers for Valued Living)

Overview of a PREVAIL peer support meeting:

General support (5 to 35 minutes)

- Check-in, follow-up regarding topics from prior meetings
- Provide general risk-informed peer support (learn, validate, share)
- PSWs use scripted risk assessments to gather information regarding recent suicidal behaviours, any worsening ideation and level of intentionality.
- PSWs will report any risk factors to the on-call mental health clinician within the trial.

ILSM conversation (about 15 minutes)



Wrap Up (10 minutes)

- Summarise, check for feedback or issues, establish the next meeting

SAFETEL

- Brief, innovative evidence-based, telephone-delivered Safety Planning Intervention (SPI) that will be implemented by Assistant Psychologists (APs).
- SAFETEL incorporates suicide prevention strategies including problem-solving, coping skills, referral to external services and motivational enhancement as a way to promote community treatment engagement.

Session 1

- APs will work collaboratively to complete a safety plan which includes:

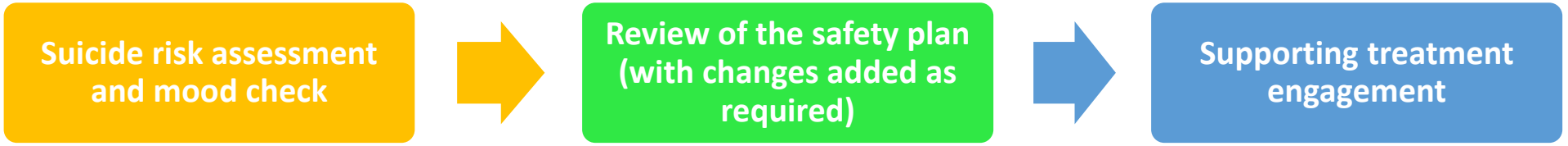
Early warning signs	**Internal coping strategies**	**Engaging social contacts**	**Contacting social supports**	**Contacting Mental Health Professionals**	**Minimising access to lethal means**

- Where a participant has already engaged with psychological therapies, we look to incorporate any skills that the participant finds helpful into their coping strategies.

SAFETEL

Sessions 2-12

- APs will provide telephone follow-ups over 12 weeks which will include three components:

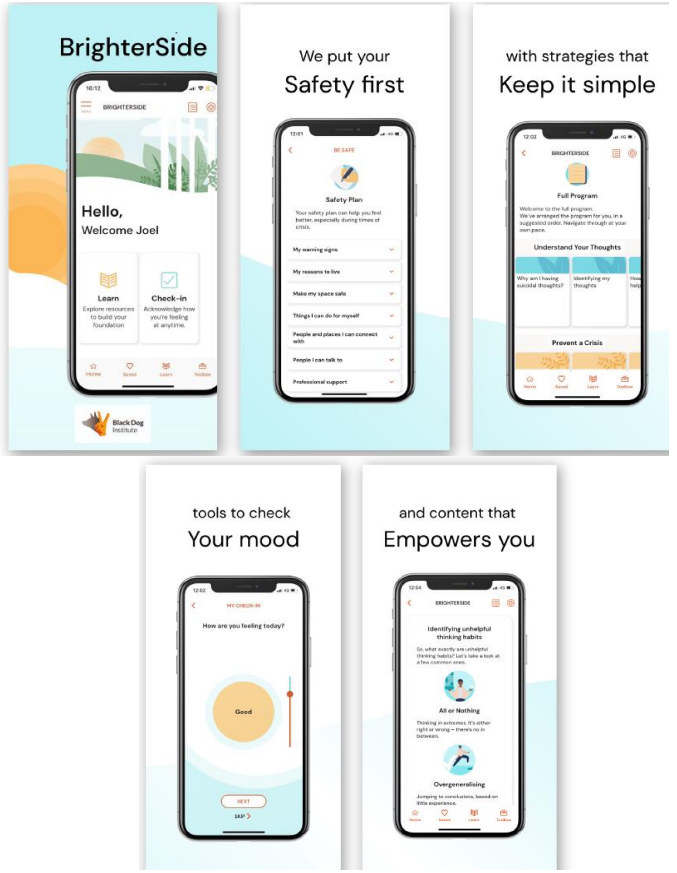


- The duration of follow-up calls will vary but it is expected that they will last up to 60 minutes.
- The aim of the follow-up calls is to review the participant's experiences in the past week and edit the safety plan if needed.
- Follow-up sessions are more free-flowing than the first session and are directed by participant needs.

BrighterSide

- Repurposed from online self-help programme designed to helped reduce suicide ideation, with considerable input from lived experience community.
- Several RCTs show this intervention has been successful in reducing suicidal ideation (van Spijker et al., 2018).
- An interactive self-help app containing 5 modules that utilise elements of Dialectical Behavioural Therapy (DBT) and Cognitive Behavioural Therapy (CBT):

Understand your thoughts | **Prevent a crisis** | **Navigate your emotions** | **Navigate your thoughts** | **Plan for the future**



- Participants will work through 4 components of each module: theory, weekly assignment, 2-3 exercises and option of additional exercises to consolidate relevant skills and information.
- Participants are encouraged to complete one module per week and to spend 30 minutes per day using the programme.
- Assistant Psychologists (APs) will help participants to install the app and train them on to use it. Ongoing support is available throughout the intervention from APs.

Lived Experience Advisory Forum

The aim of the RAPID Lived Experience Advisory Forum (LEAF) is to provide consultation on the RAPID trial from a perspective of lived experience.

- LEAF will meet 4 times per year and include up to 4 members based in Glasgow.
- Members will be paid for their time (£20 p/h)
- Opportunities for central meetings across all participating RAPID sites.
- During the meetings we will be discussing the RAPID trial protocol, procedures, recruitment, interventions, progress and results.
- We strive for the LEAF to be a rewarding and reciprocal experience - chance to develop skills, build confidence and contribute valuable knowledge to research.

Key Contacts

Principal Investigator, Glasgow:

Professor Andrew Gumley

Andrew.Gumley@glasgow.ac.uk

Recruitment:

Barbora Krasauskaite (Assistant Psychologist)
barbora.krasauskaite2@ggc.scot.nhs.uk

SAFETEL and BrighterSide contact:

Craig Pryde (Assistant Psychologist)

Craig.pryde3@ggc.scot.nhs.uk

PREVAIL and BrighterSide contact:

Rosey Higgins (Peer Support Worker)

roseann.higgins@ggc.scot.nhs.uk

Crisis, Capacity and MH Legislation

Dr Matt Morrison, Consultant Psychiatrist in Liaison Psychiatry

Dr Nicola Naven, Consultant Psychiatrist in General Adult Psychiatry

What are crisis presentations?

There is broad agreement on the definition of crisis in Borderline Personality Disorder (BPD). One definition states "***a clear precipitating event causing acute anxiety and emotional suffering; an acute reduction in motivation and problem-solving ability and an increase in help-seeking behaviour.***"

Sansone RA. Chronic suicidality and borderline personality. Journal of Personality Disorders 2004;18(3):215-25.

Image: (1) New Message! (luanetg.blogspot.com)

Principles of response

1) Developing a Shared Crisis Plan/ Self-Management Plan
2) Assessment When Presenting in Crisis
3) Risk Assessment
4) After the Crisis Resolves

https://www.theguardian.com/healthcare-network/gallery/2018/jan/17/eight-artworks-inspired-mental-health-problems-pictures

Key principles when responding in a crisis

- Remain calm, supportive and non -judgemental
- Avoid expressing shock or anger
- Here and now
- Express empathy and concern
- Explain clearly the role of all staff involved
- Conduct a **risk assessment**.
- Make a follow-up appointment and/or refer the person to an appropriate service
- After the crisis, ensure that the usual care team are informed

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Table 1. The action/consequence model of BPD risk management.

	Consequence				
Action	Potential benefit	Potential danger	Potential short-term impact	Potential long-term impact	Potential interpretation of clinician motive
Tolerating risk	Patient autonomy	Clinician complacency/ patient suicide	Short-term risk	Long-term autonomy	Neglect of patient
Containing risk	Patient safety	Patient dependence	Short-term safety	Long-term dependency	Care and compassion

Factors to consider when assessing risk

10. WARRENDER, D. (2018). Borderline personality disorder and the ethics of risk management: the action/consequence model. Nursing Ethics, 25(7), p. 918-927

- *"It is not acceptable to use the important principle of patients taking personal responsibility for their recovery as a justification for declining hospital admission when patients are not offered ongoing support in another setting to promote that recovery"*

What is capacity?

- Capacity to make decisions is presumed
- Need medical evidence to overturn this presumption
- In Scotland means incapable of:
  - acting; or
  - making decisions; or
  - communicating decisions; or
  - understanding decisions; or
  - retaining the memory of decisions.
- In relation to any particular matter due to mental disorder or inability to communicate because of physical disability.

Definition of incapacity (publicguardian-scotland.gov.uk)

Everyone can assess capacity *but*

- For formal Adult with Incapacity Section 47 certificates, or emergency detention certificates Foundation Year Two (FY2) or above
- Short term detention certificates or compulsory treatment orders (Approved medical practitioners)
- Guardianship applications 2x medical practitioners (usually GP/medical consultant and psychiatrist)

Who can assess capacity?

Adults with Incapacity Act | Mental Welfare Commission for Scotland (mwcscot.org.uk)

What does impaired capacity look like?

Minimal experience

Unconscious

Clearly irrational beliefs

Unable to retain information

Increasing experience

All shapes, sizes and consideration beyond superficial or social facades

Legal views

- *"Capacity should be assessed by reference to the decision to be taken. Lord Donaldson pointed out in the case of Re T (Adult: Refusal of Treatment)[5] that doctors should consider whether the capacity that is present is commensurate with the seriousness of the decision. In other words, it is legitimate to look for a higher level of decision -making ability for a choice which is likely to lead to the death of or serious harm to the patient."*

Capacity, consent and compulsion for young people with borderline personality disorder: Good Practice Guide, Mental Welfare Commission

ADULTS WITH INCAPACITY (SCOTLAND) ACT 2000

- Patient presents to general hospital following episode of deliberate self harm
- Confused, acting unusually, staring and wandering
- Not attempting to leave
- Not requiring restraint and is accepting treatment despite confusion
- However, cannot retain information about treatment and risks

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

- Patient presents with overdose of street Valium and paracetamol
- Has brought themselves to hospital stating overdose and amount
- Distress and refusing treatment
- Medics state has capacity and as such will not complete AWI certificate nor MHA paperwork

Q&A Session

Polls

Next steps and keep in touch

Follow up email circulated shortly

Final End of Phase 1 Webinar– 28th March

his.mhportfolio@nhs.scot

@SPSP_MH

To find out more visit https://ihub.scot/improvement-programmes/mental-health-portfolio/personality-disorder-improvement-programme/