Improving our management of distress

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Scottish Government

MH Attendances

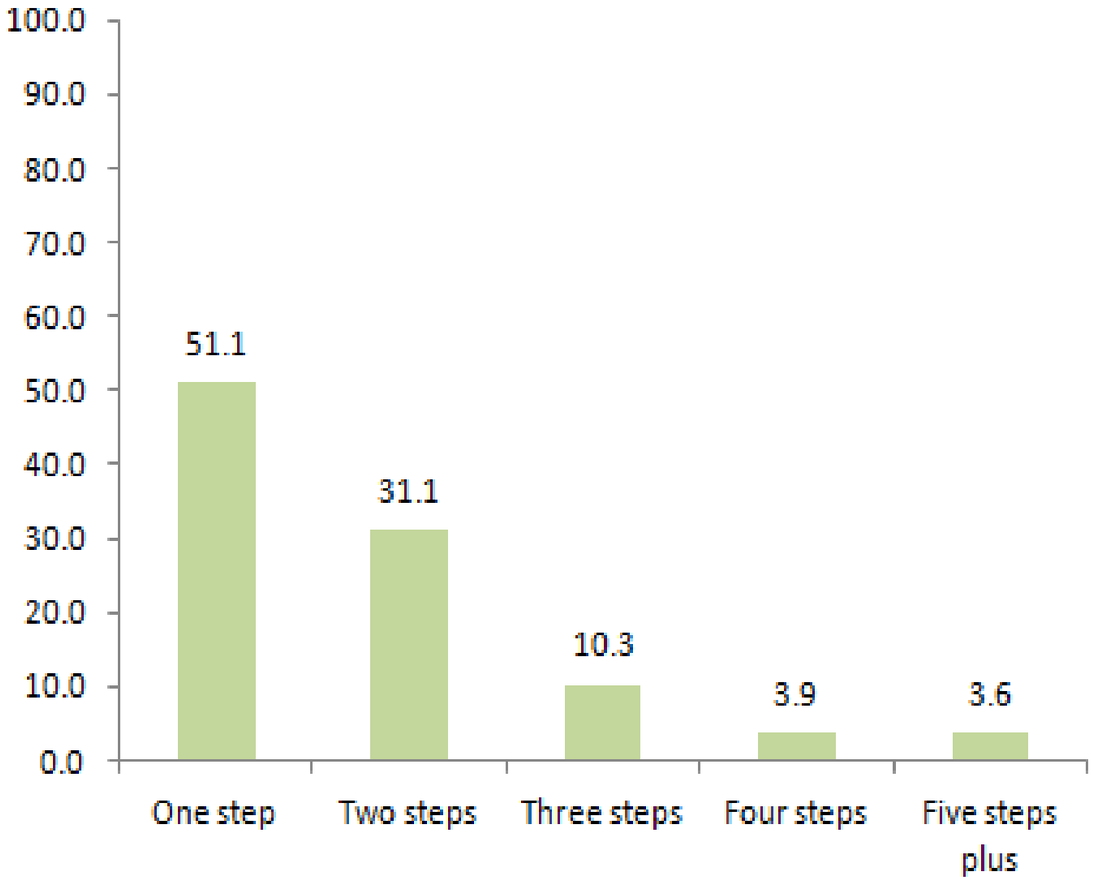
Financial Year	ED Attendances (All Sites)	ED Attendances (Episode Level Data[1])	MH Attendances[1]	Proportion of Attendances with MH Diagnosis[1]
2014/15	1,639,991	1,535,934	37,944	2.5%
2015/16	1,606,682	1,505,042	42,089	2.8%
2016/17	1,622,272	1,522,477	45,878	3.0%
2017/18	1,645,849	1,551,190	55,456	3.6%
2018/19	1,691,952	1,598,651	63,891	4.0%

Number of suicides recorded in Scotland rises by 15% in a year

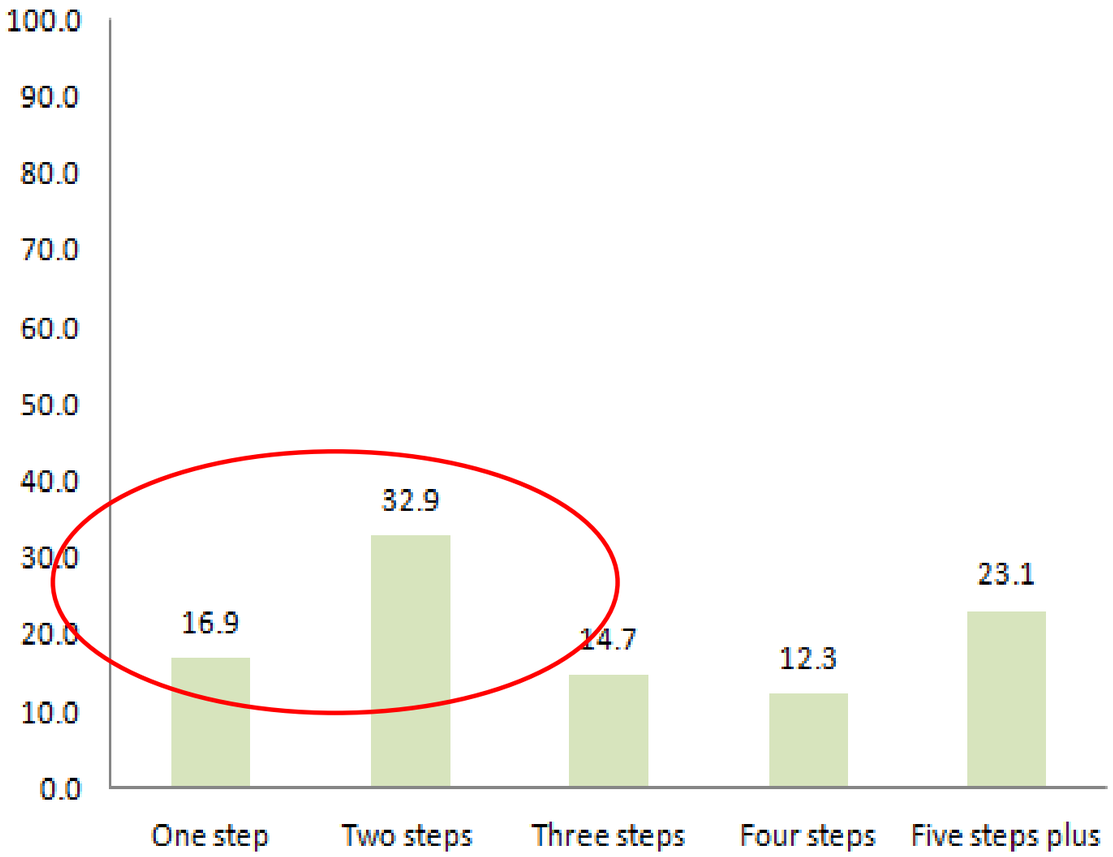
Continuous Unscheduled Care Pathway (CUP)

- **N** NHS24
- **O** OOH Primary Care
- **S** SAS
- **E** Emergency Department
- **A** Acute Medicine I/P
- **M** Mental Health I/P

Percentage Steps in Patient Journeys - General Population



Percentage Steps in Patient Journeys - Mental Health Related



- **Half of the pathways for people attending ED with MH problem involve an ambulance** (28% attending for other reasons)

- For those pathways that involve an ambulance, **12% involve police officers** on scene


Emergency Department
POLICE
POLICE
POLICE
POLICE
POLICE
101


AMBULANCE
ONLY
POLICE
POLICE
POLICE

More likely to live in the most deprived areas in Scotland at 42%
(compare to non-MH-related attendances at 29% in most deprived areas

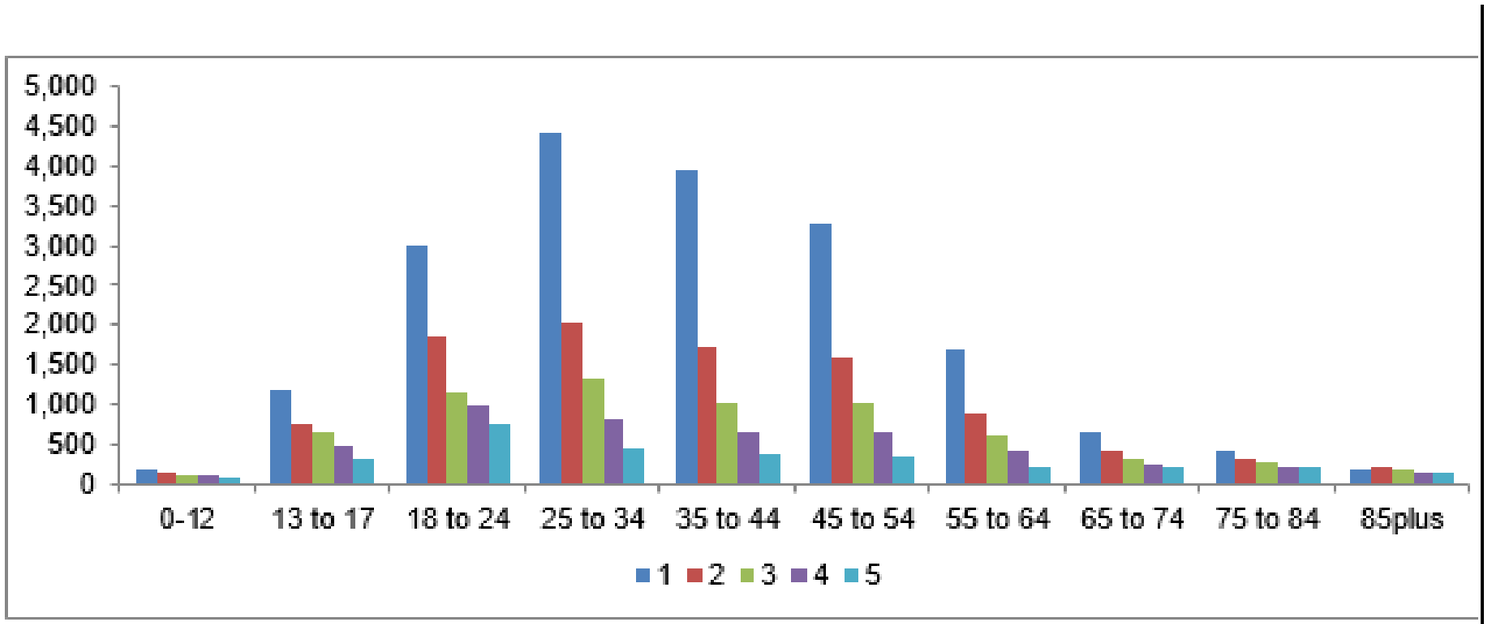


Figure 4. Deprivation index (1-5 on x-axis) - All ED presentations, ISD data

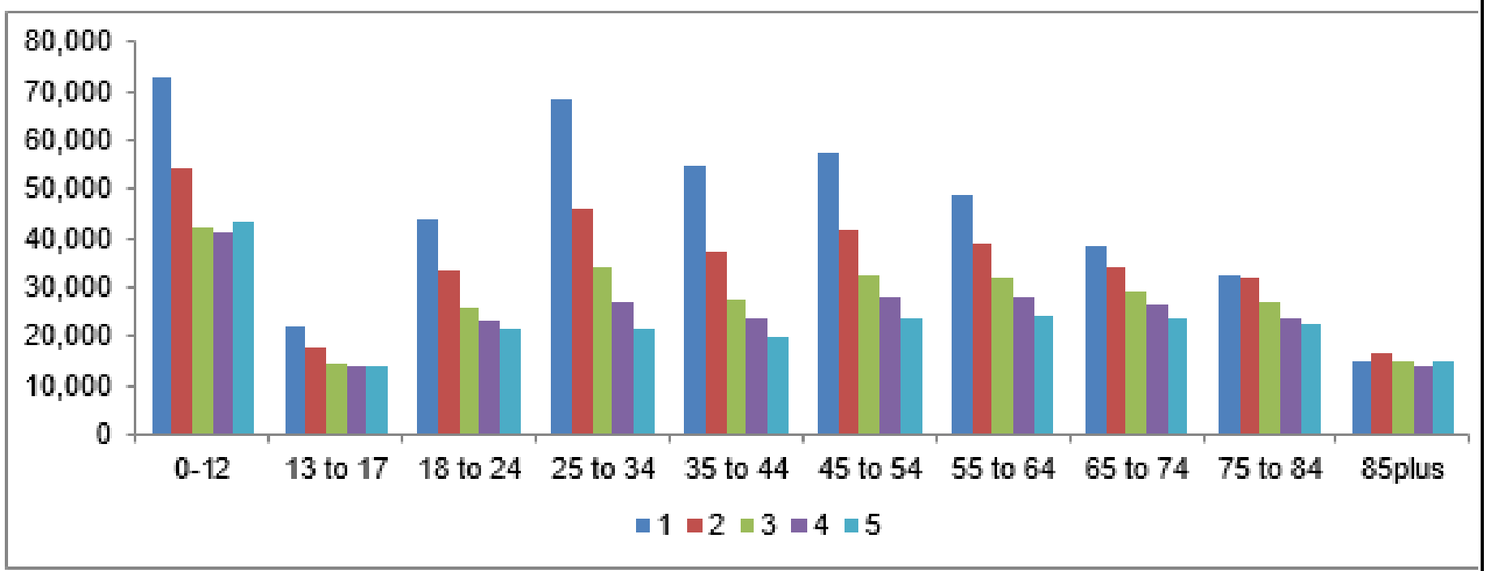
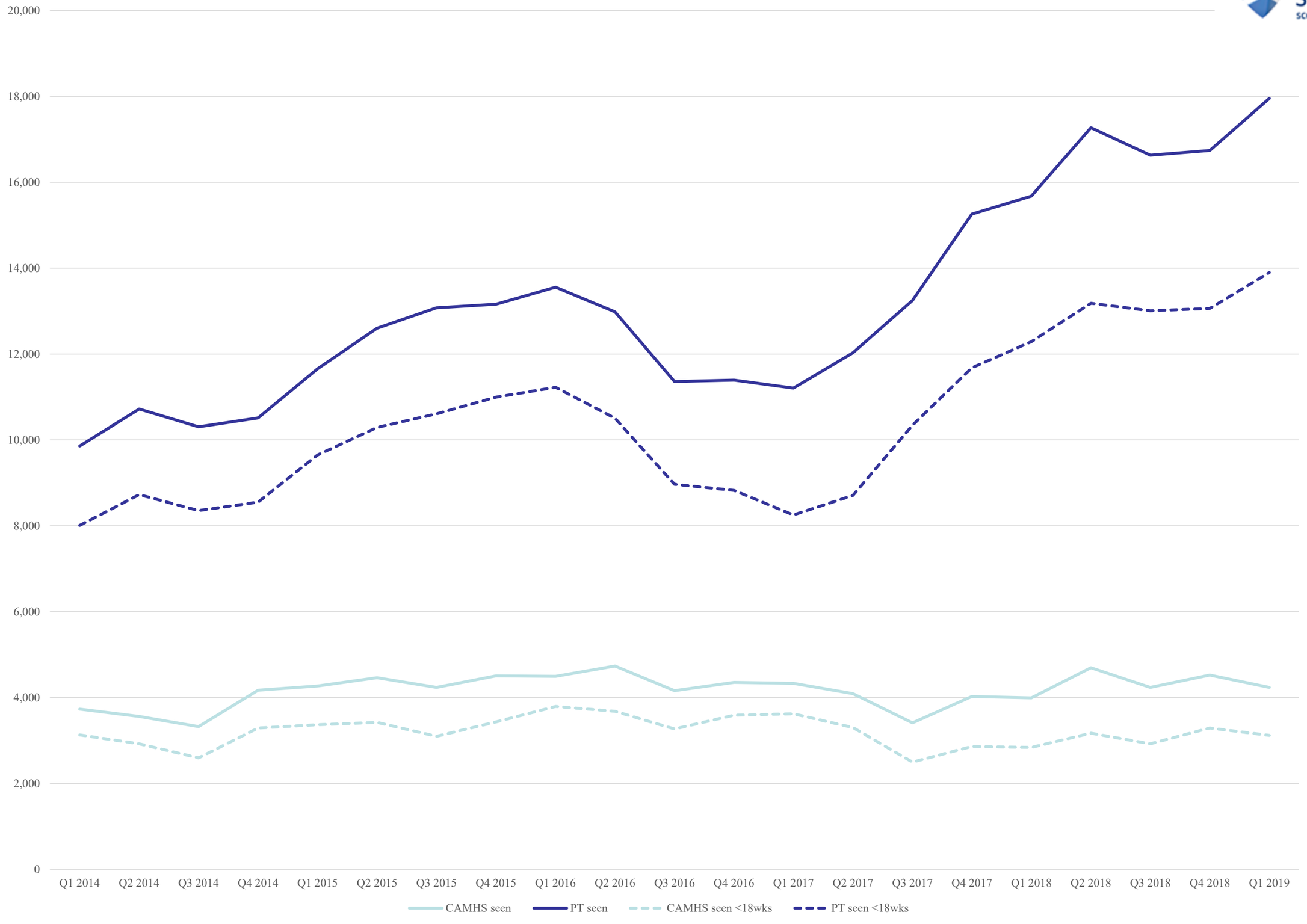


Figure 5. Deprivation index (1-5 on x-axis) – MH ED presentations, ISD data


20,000
18,000
16,000
14,000
12,000
10,000
8,000
6,000
4,000
2,000
0
Q1 2014
Q2 2014
Q3 2014
Q4 2014
Q1 2015
Q2 2015
Q3 2015
Q4 2015
Q1 2016
Q2 2016
Q3 2016
Q4 2016
Q1 2017
Q2 2017
Q3 2017
Q4 2017
Q1 2018
Q2 2018
Q3 2018
Q4 2018
Q1 2019
CAMHS seen
PT seen
CAMHS seen <18wks
PT seen <18wks

Mental Health Strategy: 2017-2027

Healthier Scotland
Scottish Government

10. Support efforts through a refreshed Justice Strategy to help improve mental health outcomes for those in the justice system.
11. Complete an evaluation of the Distress Brief Intervention by 2021 and work to implement the findings from that evaluation.
12. Support the further development of the National Rural Mental Health Forum to reflect the unique challenges presented by rural isolation.
13. Ensure unscheduled care takes full account of the needs of people with mental health problems and addresses the longer waits experienced by them.
14. Work with NHS 24 to develop its unscheduled mental health services to complement locally-based services.

Access to treatment and joined-up, accessible services

15. Increase the workforce to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and to our prisons. Over the next five years increasing additional investment to £35 million for 800 additional mental health workers in those key settings.
16. Fund the introduction of a Managed Clinical Network to improve the recognition and treatment of perinatal mental health problems.

ALLIANCE

Home page

Policing 2026
Our 10 year strate
policing in Scotl

Policing princip

- the main purpose of policing is to improve the safety and localities and communities in Scotland
- the Police Service, working in collaboration with others w should seek to achieve that main purpose by policing in a
  (i) is accessible to, and engaged with, local communities,
  (ii) promotes measures to prevent crime, harm and disord

POLICE SCOTLAND

National Performance Framework

Our Purpose, Values and National Outcomes

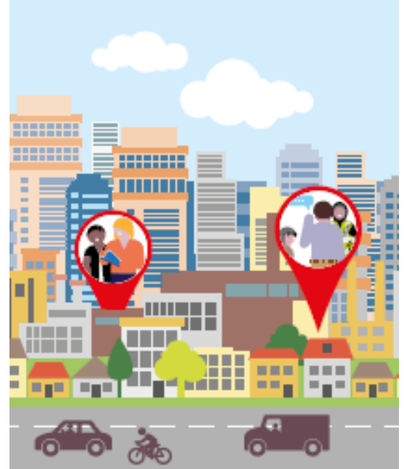
Scottish Government
Riaghaltas na h-Alba
gov.scot

healthier scotland
SCOTTISH GOVERNMENT

College of Policing

approaches

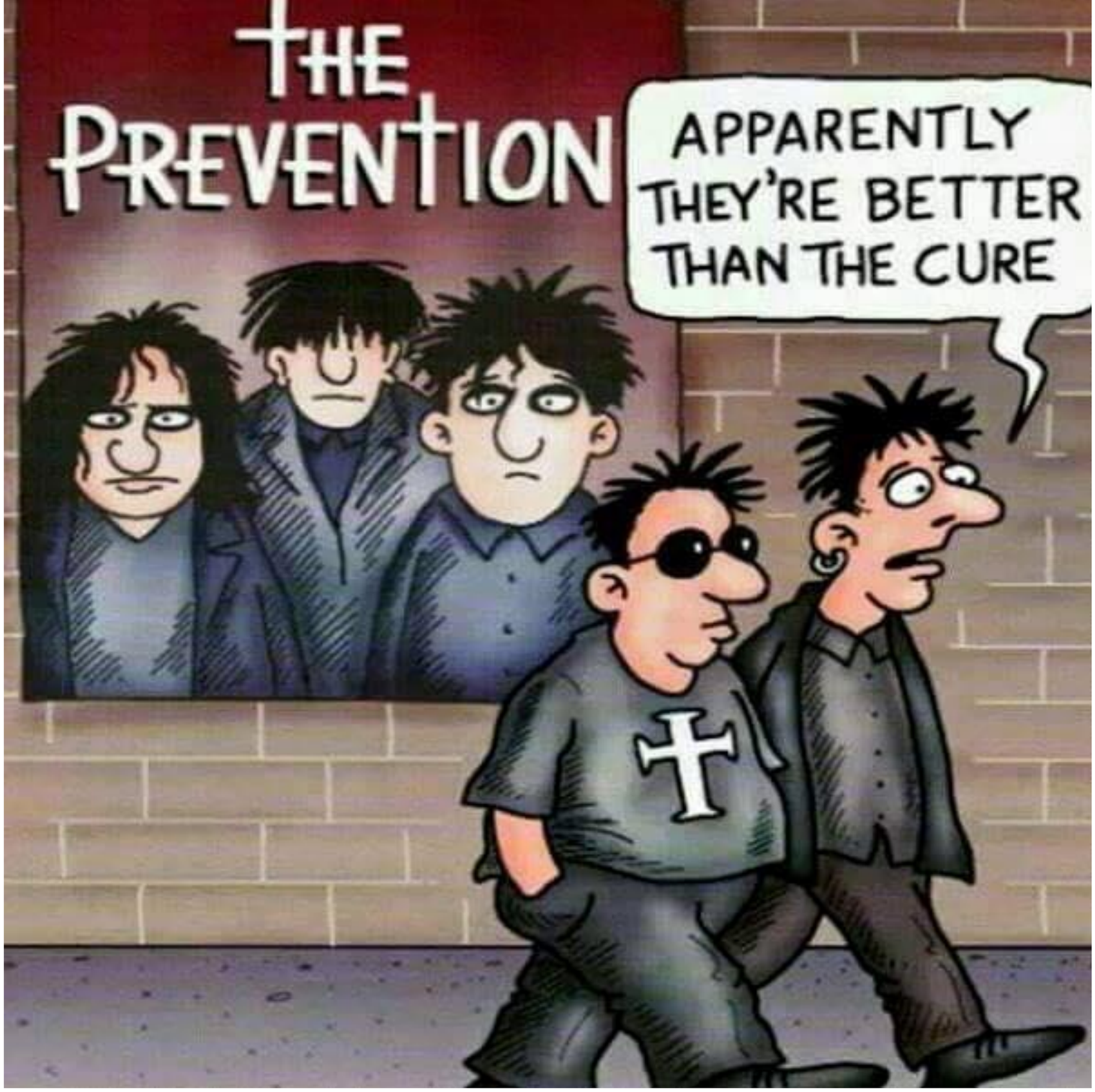
aper



Helen Chrisunas and Jusun Srivastava

SCOTTISH AMBULANCE SERVICE

Right ~~patient~~ individual, right place, right time, every time


THE PREVENTION
APPARENTLY THEY'RE BETTER THAN THE CURE

What is ‘distress’?

Community Services Rescue

Fire and Rescue

OOH Primary Care

Home

Ambulance

Community Services Rescue

Individual in CRISIS

111
101
NHS 24

Police

ED

Acute Care

Police—Custody Suite

MH Unit Inpatient

Triage

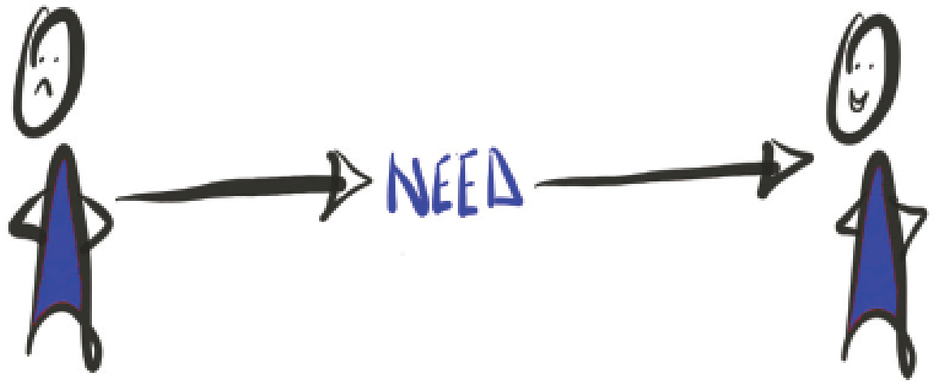
People and Places of Safety

Access to Mental Health Services

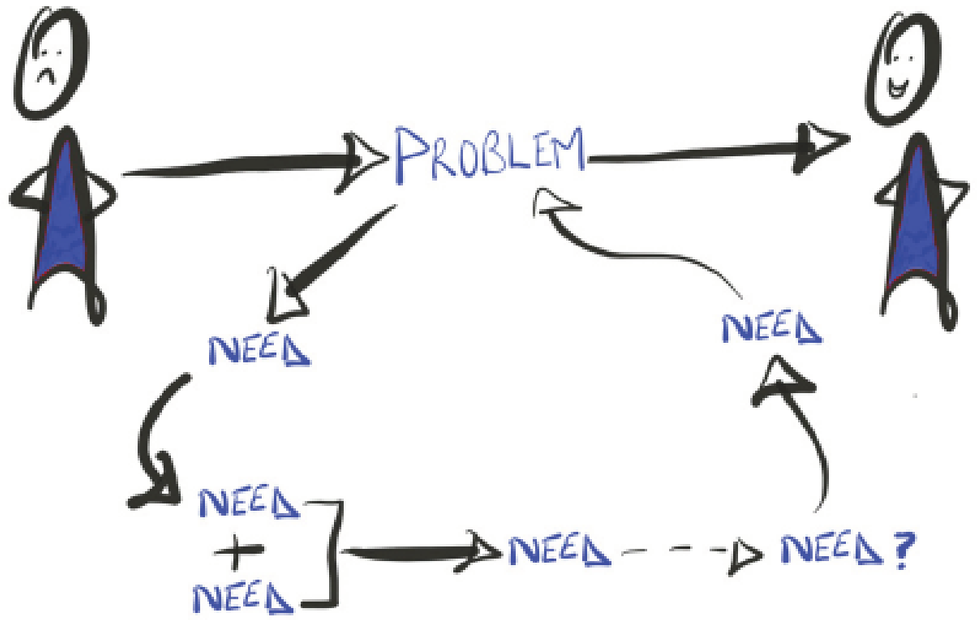
Crisis Prevention

Relapse Prevention

Public services are aimed at solving problems.



We're trying to solve people's problems. Underneath problems are lots of needs.



Source: Scottish Approach to Service Design

Questions

1. What does distress mean to you? Can you remember the last time you helped someone in distress – what did they need and what did you do to help? How could this have gone better?

2. How might we approach someone in distress? What form could the immediate response take?

3. How much background information do we need on any individual? How much should we share?

4. We currently rely on police, ambulance and emergency department involvement in managing distress – does each service need to be involved? What might we do differently? How do we best look after the responder as well as the individual in distress?

5. Should we offer help to the person in their own house or 'move' them to a bespoke hub? What are the pros and cons of each?