## Template for what should be included

## in a Psychiatric Emergency Plan (PEP)

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| **Scenarios potentially addressed by PEP** | **Yes/ No/ Not Applicable/ contained elsewhere** *(if not in the PEP but refers to details contained elsewhere,  e.g. in local operating procedures)* |
| **Initial Contact** | |
| Is it clear who a first responder should contact if they discover a patient in a mental health crisis? |  |
| Are there suitable services that a patient can self-refer to in crisis? Are there services where they can access face-to-face support when appropriate? |  |
| Is there appropriate triage and offer of appropriate support to address presenting problems which may not at their source be diagnosable mental health presentations? |  |
| Have statutory services or others ways of responding to crisis that minimise the need for police intervention? |  |
| Is there a description of a clear predictable response to crisis and evidence of crisis care planning? |  |
| Is there a clear explanation of powers to gain entry to a patients home with consideration for minimising risk and distress caused by deteriorating health (with reference to and explanation of: Mental Health Care and Treatment Act 2003 Section 35 Warrant, Section 292 Warrant, Section 293 and 294 Removal Orders, Application of common law in situations of immediate risk). |  |
| Is there clear guidance on the role of police which minimises as far as possible the use of force and restraint and ensures they should keep a low profile and avoid criminalising the patient? |  |
| Does the PEP emphasise sensitive and empathetic response to patients in crisis? Does the PEP emphasise the need for compassionate non-judgemental care by all professionals involved? |  |
| Is there a plan for prompt provision of AMP/Medical practitioner and MHO out of hours and what their responsibility is? |  |
| **Place of Safety (POS)** | |
| Is there a clear and appropriate place of safety specified which provides adequate privacy? |  |
| Are there clear guidelines on when each place of safety is appropriate (for example A&E may be a separate place of safety to a Psychiatric Hospital with different criteria for presenting to each)? |  |
| Are there clear guidelines for when police should be dismissed and pass responsibility to staff at the place of safety for the welfare of a person taken there for assessment? |  |
| Is there a clear procedure for transfer to most appropriate care facility of a patient from police cells where this has been used as a place of safety but there are no criminal charges? |  |
| Is there clarity about the difference in powers and roles of the British Transport Police compared with Police Scotland? |  |
| **Alcohol and Substance Misuse** | |
| Is there clarity of responsibility for intoxicated patients in mental health crisis which includes a plan for what to do when a patient is too intoxicated to be assessed? |  |
| Is there guidance which explains the need to consider that an intoxicated patient may have underlying distress or other feature of mental or physical ill health needing urgent treatment? |  |
| **Transport** | |
| Is it made clear what mode of transport should be used under what circumstances? (this could include reference to police van, ambulance, private car or taxi with staff or with family). Does this guidance take into consideration the principles of reducing stigma and taking the least restrictive option? |  |
| Is there provision for transport of an informal patient which is supportive and with financial provision where necessary? |  |
| Is there clarity of each professional’s role in transport to hospital of a distressed patient? Is there clear guidance on use of force where appropriate and who is authorised to do this? |  |
| Is there a safe and appropriate plan for transportation of an intoxicated patient to POS? |  |
| Are there guidelines for administering medication to a patient prior to arrival at POS (this should detail whose responsibility and under which circumstances)? |  |
| If journey to a place of safety may be complicated (e.g. boat or air travel) is consideration given to patient’s privacy and comfort and is it clear whose responsibility it is to organise and carry out escort? |  |
| Is there a clear plan for onward travel of a patient following initial assessment at POS and which agency is responsible for this?(including transfer A&E to psychiatric unit, transfer between psychiatric units, organising transport home where appropriate)? |  |
| **Assessment** | |
| Section 297 of the Mental Health (Care and Treatment) (Scotland) Act 2003 Place of Safety Order requires that the individual subject to the act be taken to POS for the purpose of assessment by a medical practitioner. Does the PEP make it clear who has responsibility for carrying out this assessment at the place of safety? |  |
| Is there an outreach service for people when there are concerns about their mental state which prevent them accessing regular services but they have not yet presented in acute crisis? |  |
| Is there clear guidance on when the police should stay during the waiting time for and duration of assessment and how this should be agreed? |  |
| Are services trauma-informed and sensitive to needs such as to see a specific gender of professional to reduce distress? Are there services appropriate for patients with Emotionally Unstable Personality Disorder? |  |
| If someone is waiting a long time to be assessed are they in a pleasant environment and are they being supported? |  |
| **Resolving Disputes** | |
| Is there a clear plan for what to do when there is a disagreement between professionals for example if MHO and AMP have differing opinions about whether detention is appropriate? |  |
| **Sharing Information** | |
| Is there a clear pathway for sharing information which incorporates new GDPR guidance and which includes circumstances when information must be reviewed and shared? |  |
| Is there reference to the duty to share information (as per Caldicott Principle 7: ‘the duty to share information can be as important as the duty to protect patient confidentiality’. Does guidance include whose responsibility it is to pass information to relevant parties? |  |
| Is there a system in place to ensure advance statements are available at time of mental health assessment? |  |
| Is there a system in place to establish named person and for them to be consulted? |  |
| Is there a system in place to ensure professionals access any anticipatory care plan or key information summary which can inform any assessment and appropriate management? |  |
| **Young People** | |
| Is the definition of young people clear including definitions in differentiating circumstances such as school leaving age, young people in care? |  |
| Is there an appropriate place of safety for young people? |  |
| Is it clear who is responsible for assessment and ongoing care of young people presenting in crisis and is the responsible professional adequately trained to deal with young people? |  |
| Are there appropriate local inpatient and community services specifically for young people? |  |
| Is there consideration to young people in care and their and staff’s specific needs? |  |
| **Carers and Patients with caring responsibilities** | |
| Is there a clear plan for who is responsible and what duties there are in relation to dependents of someone being taken into a place of safety? |  |
| Section 297 of the Mental Health (Care and Treatment) (Scotland) Act 2003 Place of Safety Order stipulates that the nearest relative of the individual subject to the order must be informed of the use of the act. Is there guidance as to what information should be shared with relatives and carers and who holds this responsibility? |  |
| Is there consideration of carer burden and other dependents when carers are relied upon for informal support? |  |
| Is it made clear that the informal carer does not have to look after the patient and that services are designed in a way that does not pressurise carers into caring for patients? |  |
| Is it made clear that the informal carer should be sufficiently supported and are given the option of statutory services taking over care? |  |
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| **Missing patients** | |
| Is there a clear plan which covers procedures if a patient absconds from hospital prior to assessment or after assessment? |  |
| Is there clear guidance on unwell patients in the community, and reference to appropriate use of Mental Health (Care and Treatment) (Scotland) Act 2003 Section 35 warrant, Section 292 Warrant and Section 293 Removal Order? |  |
| **Homelessness** | |
| Is here a direct referral route from homeless services to access mental health or other appropriate support for residents presenting in crisis? |  |
| Following presentation of a patient who is homeless and in crisis, is there appropriate aftercare linking with homeless-specific services? |  |
| Is there consideration of medical and psychiatric aftercare for homeless patients and a pathway to enable them to access GP and mental health services? |  |
| **Learning Disability and Autism** | |
| Is there consideration for other conditions which might require specific approaches and management strategies? |  |
| **Aftercare** | |
| If health agencies cannot provide immediate support, is there guidance on follow-up arrangements and alternatives to deal with distress? Does this guidance ensure that when patients present to a service which will not be providing ongoing input that there remains a duty to respond to the distress and re-direct to appropriate service? |  |
| Is there guidance on how to manage patients when they present in crisis despite an assessment stating they do not need immediate treatment? |  |
| Is there guidance on the recording of outcomes following a crisis presentation? |  |
| Is there consideration of carer needs and support? |  |
| Is there help available to people who are at risk of suicide but who do not have impaired judgement? |  |
| **Use and Relevance of PEP** | |
| Does the PEP have a clear set of values which ensure good quality patient-centred care? |  |
| When will the PEP be reviewed? Are there stipulations that under certain circumstances the PEP would be reviewed sooner than the statutory 5 yearly review? |  |
| Is there a plan for dispersion & accessibility of the PEP? |  |
| Is there a named manager responsible for PEP publication and review? |  |
| Is there a procedure outlined for recording any emergency clinical actions taken outwith the specifics of the PEP? |  |
| Is there a plan for debrief? |  |
| What parties have been involved in writing up the PEP? |  |