Scottish Ambulance Service

Mental Health Strategy

Scottish Ambulance Service
Taking Care to the Patient

Mental Health Strategy

Foreword
CEO and Chair

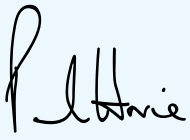
The Scottish Ambulance Service provides support for individuals, and communities, experiencing a range of health and wellbeing challenges including mental health challenges and we recognise that these experiences can touch every life in Scotland.

With this, our first mental health strategy, we set out our ambition to continuously strive to enhance the care, support, and treatment we offer individuals, communities, and populations in relation to mental health. We will do this with the same commitment, passion and drive as we do with physical health problems.

Our ambitions within this strategy will actively contribute to the work being undertaken throughout Scotland to support in achieving good mental health and wellbeing for all. We will support this through identification of risk factors associated with poor mental health for all who use our service, recognising that prevention and early intervention is key. We will improve the assessment, care and experience of individuals supported by us in relation to their mental health and wellbeing. A key part of achieving this improvement will be listening to individuals, and communities, who have received support from the Scottish Ambulance Service and these experiences will inform continued enhancement of the work we undertake throughout the lifetime of the strategy. Additionally, we will work with partners across the health and social care sector to ensure an optimal range of mental health care, and support, is accessible for people – and that fast, effective treatment is accessed to facilitate recovery.

The care we provide will be person-centred, and we will actively challenge stigma and inequalities associated with mental health. Listening, collaborating, and sharing will be central to us achieving our ambitions in relation to mental health and we look forward to undertaking this journey in partnership with others.

Tom Steele
Chair of the Board



Pauline Howie OBE
Chief Executive Officer

Summary

The Scottish Ambulance Service is in a unique position within the Scottish Health Care System.

We are a national, mobile health service, delivering services locally and in people's homes within every community in Scotland, 24 hours a day, 365 days of the year.

This exclusive position permits the service to work alongside hundreds of other agencies across health and social care, and provides an opportunity to collaboratively develop, shape and improve Scottish healthcare.

Introduction

Mental Health Strategy

> *Many mental health problems will be preventable, and almost all are treatable, so people can either fully recover or manage their conditions successfully and live as healthy, happy and productive lives as possible."*

Scottish Government, Mental Health Strategy 2017-2027[1]

The Scottish Ambulance Service strives to deliver excellence in person-centred care to meet the individual needs of each person accessing the service. We intend to build upon the aim of 'Taking Care to the Patient' to deliver the best ambulance service for '*every person, every time*'[2]. This is inclusive and imperative for our patients experiencing mental ill health or distress.

The Scottish Government committed to improving mental health as one of its priorities. In 2017, a 10-year strategy was produced with a guiding ambition to "prevent and treat mental health problems with the same commitment, passion and drive as we do with physical health problems" in a "Scotland where all stigma and discrimination related to mental health is challenged, and our collective understanding of how to prevent mental health problems is increased". Four key actions were identified to drive improvement and enable delivery, which are:

- Prevention and early intervention;
- Access to treatment, and joined up accessible services;
- The physical wellbeing of people with mental health problems;
- Rights, information use, and planning.

It is the ambition to align the ambulance service's mental health strategic goals, and subsequent actions, to that of the Scottish Government. The ultimate objective is to deliver quality care and experience for our service users and their loved ones across the duration of their care journey with us, and beyond. As a result, this Mental Health strategy describes the organisational journey over the next 6 years to align with the Scottish Government's strategy timeline and will be cognisant and complimentary of several plans, policies and projects such as the Scottish Ambulance Service's 2030 Strategic Framework and Remobilisation plans.

This strategy outlines the current challenges and barriers that increase the difficulty of, or prevent, the delivery of first-class mental health care; the guiding policy for overcoming these obstacles; and translatable, coherent actions required to deliver our priorities.

[1] Scottish Government, Mental Health Strategy 2017-2027, Edinburgh: Scottish Government 2017

[2] Scottish Ambulance Service, 2015, Towards 2020: Taking Care to the Patient.

Understanding Mental Health and the Related Challenges in Scotland

The World Health Organisation (WHO) defined health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"[3]. Mental health is then defined as a state of well-being in which every individual realises their own potential – where they can cope with the normal stresses of life, can work productively and fruitfully, and are able to contribute to their community[4].

It is important to understand every individual is on a continuum in relation to their mental health, this continuum is not linear. But rather a personal experience, and language that is used to describe mental health experiences can include mental health, mental wellbeing, mental ill health, mental health problems and all these experiences can be long-term and significant, or episodic in nature. Furthermore, there are a range of influencing factors that impact an individual's mental health including psychological trauma, physical, social, environmental, and genetic aspects.

[3] Mental health: strengthening our response (who.int)

[4] World Health Organization. *Promoting mental health: concepts, emerging evidence, practice (Summary Report)* Geneva: World Health Organization; 2004.

Mental Health and Public Health

The Scottish Ambulance Service is the main provider of emergency pre-hospital care to a population of 5.5million people within Scotland. Poor mental health is an important public health challenge with significant mental health inequalities existing in Scotland. It is widely evidenced that mental health problems are not equally distributed across the population and are linked to the development and exacerbation of poor physical and social health.

As part of understanding the mental health challenge facing Scotland, evidence shows that 1 in 4 people are affected by a mental health problem in any one year[5]. The most common illnesses are depression and anxiety, in 2019 12% of the population reported having 2 or more symptoms of depression, 7% reported having previously attempted suicide[6]. It is believed between 1 and 2% of the Scottish population are currently living with a psychotic disorder and 1 in 3 GP appointments now relate to mental health problems[7].

The uneven distribution of mental wellbeing and mental health problems across Scotland are well documented. The inequalities are evident across characteristics including age, gender, socioeconomic status and deprivation[6]. It has been found the most deprived areas had a higher rate of mental illness and a suicide rate three times higher than those in less deprived areas[8]. Importantly, those in the most deprived areas are also three times more likely to spend time in hospital.

Gender and age are heavily unbalanced across mental health and suicide prevention statistics. Research published by the NHS Information Services Department (ISD) in 2013 showed twice as many women as men, across all age groups, visited their GP regarding anxiety or depression[9]. However, the suicide rates are almost three times higher in men than women with the highest rate per 100,000 occurring in the 35-44 in males and 45-54 in females.

Individuals experiencing poor mental health are more likely to suffer from poorer physical health than those who do not experiencing poor mental health. The evidence suggests that those who experience poor mental health may experience a reduced life expectancy of between 15 to 20 years, primarily due to the development of serious health conditions such as heart disease, cancer, stroke and diabetes[10]. This is connected to the strong links between poor mental health and increased risk factors such as smoking, drug and alcohol use and trauma. For example, a study by Public Health England evidenced smoking prevalence in all adults was 16.4%. This increases to 28% for those experiencing anxiety or depression; 34% for those with a long-term mental health condition and 40.5% for those with a serious mental illness.

Due to the strong links between the two, the terms ‘dual diagnosis’ or ‘co-occurring conditions’ are often used to describe the occurrence of co-existing severe mental health and problematic substance use, including alcohol and prescribed and illicit substances. Mental ill health and substance use can be directly, or indirectly connected to the other. This could be an individual experiencing poor mental health who develops substance use issues secondary to a mental health diagnosis, often as a way of coping with psychological trauma and distress. However, dual diagnosis can also be an exacerbation of mental ill health though problematic substance use. Research shows mental illness is experienced by 70% of people who use drugs and 86% of people who use alcohol in a problematic way in community substance use treatment and support services[11]. Furthermore, death by suicide is closely linked with a history of problematic substance use, with it being recorded in 54% of all suicides in people experiencing mental health problems[12]. Both mental health and problematic substance use are closely linked to trauma. It is estimated 75% of women and men that attend substance misuse services have experienced abuse or trauma in their lives[13].

Many people experience various types of traumatic events such as physical assaults, traffic accidents and sexual assaults at some point in their lives[14]. World Health Organisation reports 20% of girls and 10% of boys experience a form of abuse in their childhood, with the NSPCC stating one in six 11-17year olds experience severe maltreatment. Furthermore, the SG estimates 20% of women experience some form of domestic abuse[15].

[5] Mental health - gov.scot (www.gov.scot)

[6] Key points - ScotPHO

[7] Scottish Parliament SPICe briefing; ISD Scotland; Choose Life; Scottish Association for Mental Health.

[8] Suicide prevention overview - Suicide - Health topics - Public Health Scotland

[9] General Practice | GP Consultations | Health Conditions | Depression | Health Topics | ISD Scotland

[10] Overview of mental health and wellbeing - Mental health and wellbeing - Health topics - Public Health Scotland

[11] Weaver et al (2003) Comorbidity of substance misuse and mental illness in community mental health and substance misuse services. The British Journal of Psychiatry Sep 2003, 183 (4) 304-313

[12] The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness Annual Report 2016: England, Northern Ireland, Scotland and Wales October 2016. University of Manchester

[13] World Health Organisation (WHO) (2002) World Report on Violence and Health WHO Geneva

[14] Kirkpatrick et al (2013) National estimate of exposure to traumatic events and PTSD prevalence using DSM-IV and DSM-V criteria Journal of Traumatic Stress 26(5) 537-547

[15] NHS Education for Scotland: Transforming Psychological Trauma: A Knowledge and Skills Framework for the Scottish Workforce, 2020.

Psychological trauma, either during childhood or as an adult, can have a significant impact on an individual's mental health. Research has suggested childhood trauma is associated with the risk for emotional disorders, such as depression and anxiety, and a high risk of conditions such as alcohol and problematic drug use and antisocial behaviours in adulthood[16]. The influence of psychological trauma can result in social challenges and prevent the individual from forming healthy and sustainable relationships. Additionally, there is a high rate of psychological trauma amongst individuals that are, or have been, incarcerated. Whilst there are no robust figures detailing the prevalence of mental health problems in Scottish prisoners prescribing patterns suggest a significant amount of individuals in prison receive support via physical forms of treatment for mental health problems, particularly depression and psychosis. This is coupled with significantly higher rates of alcohol dependency and drug use and harm[17]. Individuals with a mental illness, particularly those with a criminal or substance use history, are highly likely to experience harmful stigma and discrimination[18].

Stigma and discrimination play a substantial role upon an individual's recognition of mental illness and an openness to seek help and support. While there has been a decrease in stigma regarding mental health in the last 10years, it remains prevalent. The charity SeeMe conducted a poll of 2,005 people with poor mental health and revealed that 56% of respondents had faced stigma and discrimination.

Mental Health and COVID-19

Over the initial 12 months of the COVID-19 pandemic, the UK reported in excess of 119,000 deaths and a 9.9% drop in GDP. Behind these striking statistics, is the unequal impact across the various population groups and regions of the UK[19]. For example, during the first wave of the pandemic 40% of all UK deaths were amongst care home residents and 6 out of 10 people who died with COVID 19 between January 2020 and November 2020 were disabled.

Certain socioeconomic factors were also associated with an increased risk of transmission. For example, evidence shows In England, COVID-19 mortality rates were more than twice as high for people in the most deprived 10% of local areas compared with people from the least deprived, and 4 times higher for people younger than 65[20]. This is supported by research from Douglas *et al* (2020) who suggest COVID-19 will have a large effect on health and health inequalities including economic, social, health related behaviours, and disruption to services and education[21].

The COVID-19 impact patterns on areas of deprivation and those who are socio-economically at a disadvantage share a strong relationship with the characteristics of those that are a risk of developing mental ill health. Additionally, the pandemic restrictions have been shown to have a detrimental impact on mental health through a reduction in social interactions; changes to lifestyle and working conditions; a reduction in the access of social care services; and loss of work and income. A study by the Health Foundation showed a fifth of the population sustained a deterioration in their mental health, with woman, younger people and those facing financial hardship to have fared the worst.

In the same report, it was highlighted the number of incidents of reported domestic abuse increased during the first wave of the pandemic and safeguarding referrals for children reduced due to school closures. Ultimately, this has a subsequent impact of increasing the number of people at risk of experiencing psychological trauma and developing acute or chronic mental illness.

Furthermore, individuals with underlying mental health conditions were shown to have worse COVID-19 outcomes. Evidence from a study from January to July 2020 showed people with psychiatric disorders were twice as likely to die from COVID-19 once adjusted for physical characteristics[22].

[16] Wolff N, Shi J. Childhood and adult trauma experiences of incarcerated persons and their relationship to adult behavioral health problems and treatment. Int J Environ Res Public Health. 2012;9(5):1908-1926. doi:10.3390/ijerph9051908

[17] Prisoner health - ScotPHO

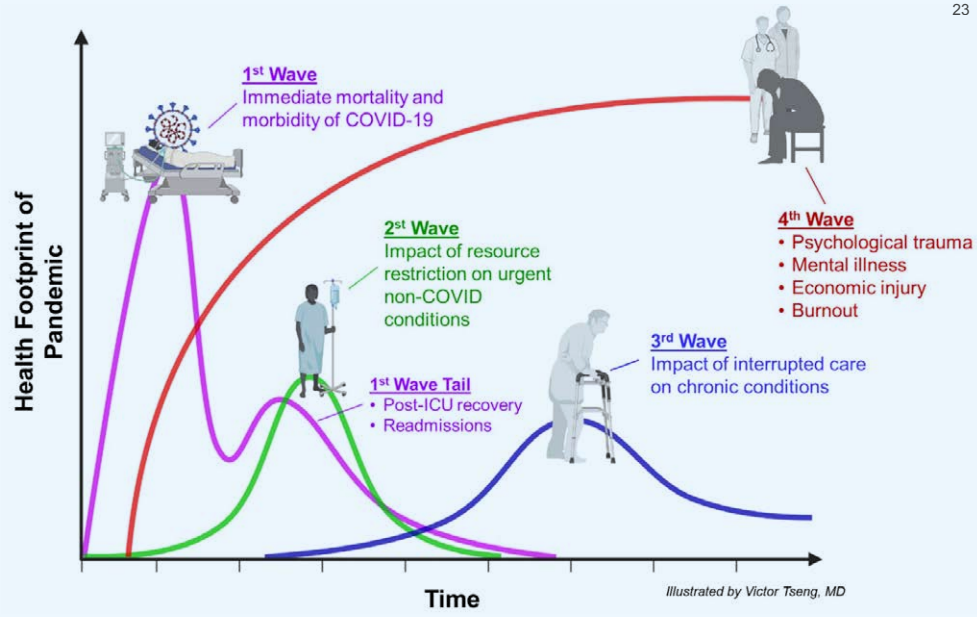
[18] Stigma & discrimination (seemescotland.org)

[19] Office for National Statistics. Coronavirus and the impact on output in the UK economy: December 2020

[20] Unequal pandemic, fairer recovery; Suleman et al, 2021, The Health Foundation

[21] Douglas M, Katikireddi S V, Taulbut M, McKee M, McCartney G. Mitigating the wider health effects of covid-19 pandemic response BMJ 2020; 369 :m1557 doi:10.1136/bmj.m1557

[22] Yang H, Chen W, Hu Y, Chen Y, Zeng Y, Sun Y, et al. Pre-pandemic psychiatric disorders and risk of COVID-19: a UK Biobank cohort analysis. Lancet Heal Longev. 2020;1(2):e69–79 (https://doi.org/10.1016/S2666-7568(20) 30013-1)



[23] https://justanoldcountrydoctor.com/2020/04/14/will-health-care-infrastructure-survive-the-covid-19-pandemic/

[24] NHS National Services Scotland: Information Services Division; Scottish Suicide Information Database: Contact with Unscheduled Care services prior to death, February 2020

[25] Scottish Government. Realising realistic medicine – Chief Medical Officer's annual report 2016–2017

[26] Scottish Government: National Performance Framework 2018

[27] Scottish Ambulance Service, 2021, Being Well: Our Wellbeing Strategy 2021-2024

Context and Impact on the Scottish Ambulance Service

In 2019, we received 17,081 mental health related calls into the Ambulance Control Centre (ACC) with an ambulance response attending 12,194 of those calls. However, analysis of the electronic patient record (ePR) data showed 22,242 patients, that were attended to by the service, as having a mental health diagnosis or a related flag (Appendix 1). This highlights that mental illness is prevalent in several incidents where an ambulance service attendance is required for another reason. Considering the data surrounding Scotland's poor mental health, it is suspected attendances to individuals experiencing mental health problems is significantly under reported.

In February 2020, the NHS Information Service Department (ISD) provided a summary report which analysed data within the Scottish Suicide Information Database (ScotSID) between 2011 and 2018. With a particular focus on the contact these individuals had with unscheduled care providers. Of 5,982 individuals, one third (32.8%) had at least one contact with the ambulance service in the 12 months prior to their death. This highlights the significant potential the service can play in the prevention of suicide[24].

Further analysis of the ePR data for 2020 showed a 12% increase in the number of mental health related incidents responded to despite a 7.5% reduction in the overall emergency demand. This increase is noticeable from May 2020, approximately a month after the lockdown restrictions for the COVID-19 pandemic had been enforced.

Scope

This Mental Health Strategy will consult, reflect, and influence a number of existing strategies, policies and projects – especially being cognisant of the Scottish Government Mental Health Strategy 2017-2027, The Principles of 'Realising Realistic Medicine' (2017)[25], The Scottish Ambulance Service 2020-2030 Strategic Framework and the National Performance Framework[26].

It is essential to specifically consider the challenges relating to the mental health of ambulance service staff. For the purpose of this document, staff members that are experiencing mental health difficulties are also considered as service users. The organisational responsibility for prevention of mental illness and the subsequent specific support for staff are outlined in the Scottish Ambulance Service's Wellbeing Strategy 2021-2024[27].

This strategy shares common ground with several internal projects and policies due to the far reaching effects of mental health and the numerous influencing factors. More detailed information on these work streams is outlined in the respective documentation.

As part of the Scottish Government's Mental Health Strategy, a review of current applicable legislation was announced. The requirement for legislation, in relation to individuals who have mental health issues, is to ensure that they are not discriminated against and that their rights as an individual are respected. (See Appendix 2 for the list of legislation)

Defining Direction and Gap Analysis

The direction and needs analysis of this strategy are centred on a collaborative, whole system approach. The delivery plan has been shaped through interaction with service users; staff, health boards; integrated joint boards; public services and third sector groups.

A 'Strategic Mental Health Collaboration Day' involving a number of partners and a service user survey played a major role in the design of the future mental health programme.

Strategic Mental Health Collaboration Day

On the 22nd of July 2019, the Scottish Ambulance Service hosted a Collaboration day which included a number of key stakeholders across various sectors (Appendix 3 for full list). The aim was to jointly narrow the scope of the Service's mental health strategy, drawing on lived experience and expertise associated with mental health care and a cross section of ambulance staff.

The feedback from the consultation day was collated and themed with the main areas of focus consisting of:

Person centred, integrated care system

Person-centred care was a key theme throughout the day, and across all representative services. Person-centred care is a method which sees the people using health and social services as equal partners in planning, developing and monitoring care to make sure it meets their needs. This means putting the individuals and their families at the centre of decisions and seeing them as experts, working alongside professionals to get the best outcome.

The forum suggested the need for “a layered approach to care” that is simple for service users to access. This may include a variety of approaches including “safe places/ multi-disciplinary mental health car/ cafes” and appropriate pathways that are accessible to the service from initial contact with the ACCs through to post response support. It was highlighted that this would require clear “channels of communication” across our wide range of partners and a requirement that the strategic ambitions of the various organisations should align.

Additionally, it was recommended we worked alongside partners to deliver innovative methods of care and develop effective pathways that provide the service user with the best available care in the timeliest manner.

Improve education, awareness and attitude of ambulance service staff

Education regarding mental health and the associated risk factors was highlighted as an area which requires significant improvement. The current education models for training staff contains no specific mental health training despite the regularity that staff routinely support service users with mental ill health. By comparison, Out of Hospital Cardiac Arrest and Major Trauma account for 1.5% and 1% of demand, respectively, but form a substantial part of educational provision. Furthermore, there is little to no linkage between physical health conditions covered within the syllabus and mental illness, despite the abundance of research.

It was recommended that by addressing the balance of mental health education, it would help provide staff with a deeper understanding of mental health. It would lead to an improvement in the standard of care that staff provide, help tackle and reduce stigma and allow for a more preventative approach. A defined standard of training is required, with content relevant to ambulance staff and the population of service users they serve.

As part of increasing awareness and education, it was also recommended staff within the service are empowered, by their line managers and organisational leaders, to problem solve and make safe, evidence based change which deliver quality care through a quality improvement approach.

Effective use of data and sharing good practice

Data is an essential tool that is required across the delivery of this strategy. Effective capture and use of accurate data will provide a fundamental understanding of the state of our current system and allows us to evidence the impact of the changes we introduce. Furthermore, data can provide assurance around the safety and effectiveness of the care we provide our service users.

Data can provide an insight to the patterns within the healthcare system, highlighting areas performing at an excellent level and those that require improvement. As a result, the collection of data should be built in the actions and processes of the organisation so that outcomes and systems performance become embedded as part of the day-to-day operations.

Feedback during the collaboration day highlighted the importance of data and its use throughout, particularly regarding the feedback of outcome information to frontline staff. The groups also raised the benefits to sharing data between organisations. Shared data would not just allow an understanding of the wider system, but it could inform responding staff to key information relating to the service user, and allow for better management of care and improve service user experience.

Additionally, the organisation was encouraged to share and learn examples of best practice between partnering organisations and other ambulance services to inform rapid scale improvement.

Public Engagement

The Scottish Ambulance Service are committed to delivering a person-centred approach. In doing this it is essential for the organisation, and our partners, to build the mental health strategy on a commitment to involve those with lived experience and the public in shaping our future direction, and most importantly, the delivery of their care. This was a ubiquitous theme amongst the attendees during the collaboration day.

Comments such as “continuous involvement of service users and their support groups”; “involvement from families and carers” and “engagement with people with lived experiences” all highlight the group ask for person-centred, inclusive care.

A number of points were also raised relating to a requirement for the Scottish Ambulance Service and health and social care partners to communicate clearly to what care is available, where it is available from and how they can access it.

Reduction of stigma and discrimination

The reduction of stigma and discrimination was a common theme throughout the day. Stigma occurs when people are judged and discriminated against based on assumed characteristics or behaviours. This has a detrimental impact on the lives of many individuals and families who are trying to cope with, or overcome, a wide range of health conditions or challenging life circumstances, including mental health problems, substance use and poverty. Research shows those that are living with mental health problems experience poorer health, educational, employment and social outcomes; their life expectancy is shorter and their quality of life poorer overall. The stigma and discrimination people face within public and private services directly contributes to this.

Stigma is not necessarily intentional but often stems from a lack of understanding, training and education, or even cultural beliefs. However, those who experience poor mental health are often subjected to the greatest stigma and discrimination across services. This is particularly prevalent in protected characteristic communities such as Black, Asian and Ethnic Minorities (BAME) and LGBTI, and those who have a history of alcohol and substance use disorders.

The group feedback highlighted addressing stigma would require a whole system approach, driven forward by those with lived experience, that addresses stigma and discrimination through individual, public and organisational action. This requires increasing anti-stigma education and approaches across the whole organisation, which alongside the organisational values, set the standards expected across the Scottish Ambulance Service.

User Experience Survey (UES)

It was the aim of the UES to understand from members of the public, including previous patients, the ways in which the service have, and can, provide a good patient experience to those presenting with a mental health issue, and where improvements are required.

Working alongside SeeMe, this was achieved using a robust evaluation form to gather qualitative and quantitative feedback to compliment further advice from focus-groups. Questions were designed to explore a patient’s experience with our service when presenting a mental health issue, a patient’s and member of the public’s confidence in the service’s ability to respond to such an issue, and what community-based support people have.

711 people participated in the survey, of which, 144 were former service users of the ambulance service. The analysis of the service user cohort showed a wide range of experiences, both positive and negative. Some of the positive experiences were complimentary about how their telephone call was handled, with some compliments specifically highlighting their experience with patient facing staff members.

Extremely timely and professional response when I called regarding an elderly relative who had suicidal ideation. They were professional, empathetic and arrived very quickly to defuse a situation that was getting out of hand. Their kindness and understanding prevented what could have been, a tragic outcome"

SAS Service User

However, feedback from the service user group also highlighted a number of negative experiences. The themes relating to the negative experiences include staff handling of the incident, attitude and behaviour, the level of education around mental health of staff, a lack of public understanding around resourcing of emergency incidents and a lack of public understanding relating to Scottish Ambulance Service protocols.

Shocking staff uncaring, no sympathy or empathy shown by them. Made to feel as though wasting their time as it "wasn't a life threatening emergency" (their words). Then they told me all they could do was take me to A&E and they weren't willing to do so. Questioned abruptly about alcohol consumption was totally sober. Staff really judgemental. So bad scared to call again.

SAS Service User

Feedback received from service users highlights the inconsistencies in the care being experienced. For example, participants in the survey were also questioned with regards to the confidence in contacting the Scottish Ambulance Service in a crisis. The results showed 57.57%, or 403 participants, responded with either 'agree' or 'strongly agree' when asked if they have confidence in the Scottish Ambulance Service to meet their need when dealing with their mental health problem. In comparison, 42.74%, or 300 participants, responded with either 'agree' or 'strongly agree' when asked if they would feel confident in calling the Scottish Ambulance Service. 34.76%, or 244 participants, responded with either 'disagree' or 'strongly disagree.

When the supporting qualitative data is considered, there is a variation behind the rationale to why the service user would not contact the Scottish Ambulance Service. Some service users indicate that they would not contact the Scottish Ambulance Service as they consider the service to be “more important to users experiencing heart attacks and strokes” or “acute care”, and do not expect mental health to fall within the remit of an ambulance service. Whereas others highlight concerns about what support the Scottish Ambulance Service can provide during mental health crisis and feel as if there is a “lack of understanding of mental health issues within the NHS”.

401 participants, would rather be supported by a Charity phone line (Samaritans, Breathing Space etc.). With 12.44% choosing a National Mental Health Charity and 14.6% choosing an A&E/Outpatient department. 17.36% opted to be supported by the Scottish Ambulance Service.

When consulted in relation to what the Scottish Ambulance Service mental health strategy should include, service users suggested an increase in dedicated mental health knowledge within the Service e.g. mental health nurses responding to incidents, alternative methods of communication such as text or email services, the Service to support community resilience through an improved skill set and better public engagement around the role it delivers within healthcare.

Inconsistency of practice, skill and education around mental health are key themes to come out of this survey, with basic awareness missing in a lot of situations across the whole care journey with the Scottish Ambulance Service.

Strategic Vision

In collaboration with partners, we will continuously strive to improve the support, care and treatment that we offer individuals, communities and populations in relation to mental health.

This mental health strategy identifies the Scottish Ambulance Service's vision and key objectives to be achieved during the lifetime of the strategy. It sets out a coordinated approach to how we will provide care for people in crisis, those who are experiencing mental health problems and those who are experiencing mental ill health. In partnership with others, such as people with lived and living experience, people in recovery, third sector organisations and charities, providers of health and social care we will adopt a preventative approach to mental ill health recognising the presence of risk factors of poor mental health at an individual and population level.

Objectives

To achieve the strategic vision, the focus of the objectives has been refined to 3 main overarching patient centric outcomes, where reduction in stigma is threaded through each of the objectives as a defined outcome:

Objective 1

Improve the identification of mental ill-health and recognition of associated risk factors to poor mental health for all who use our service

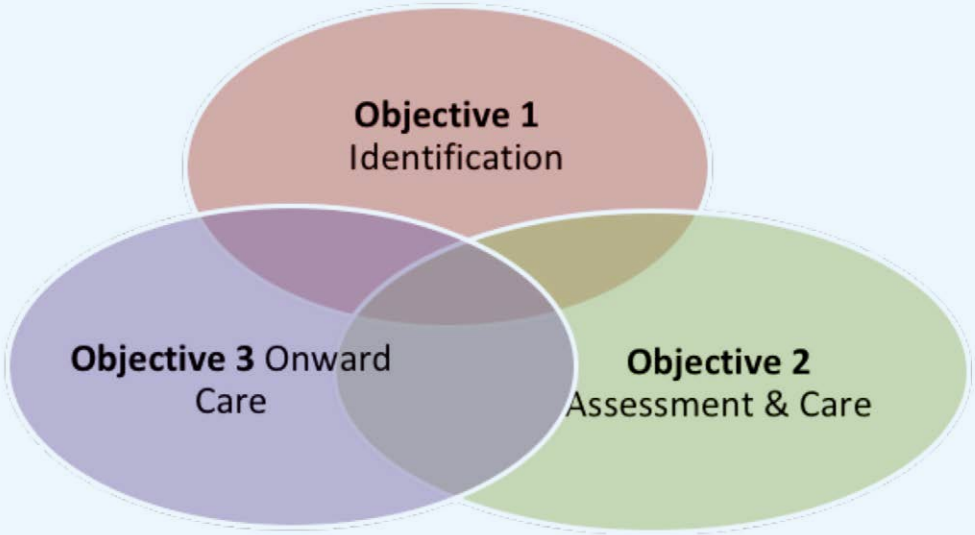
Objective 2

Improve the assessment, care and experience of individuals supported by the Scottish Ambulance Service in relation to their mental health and wellbeing

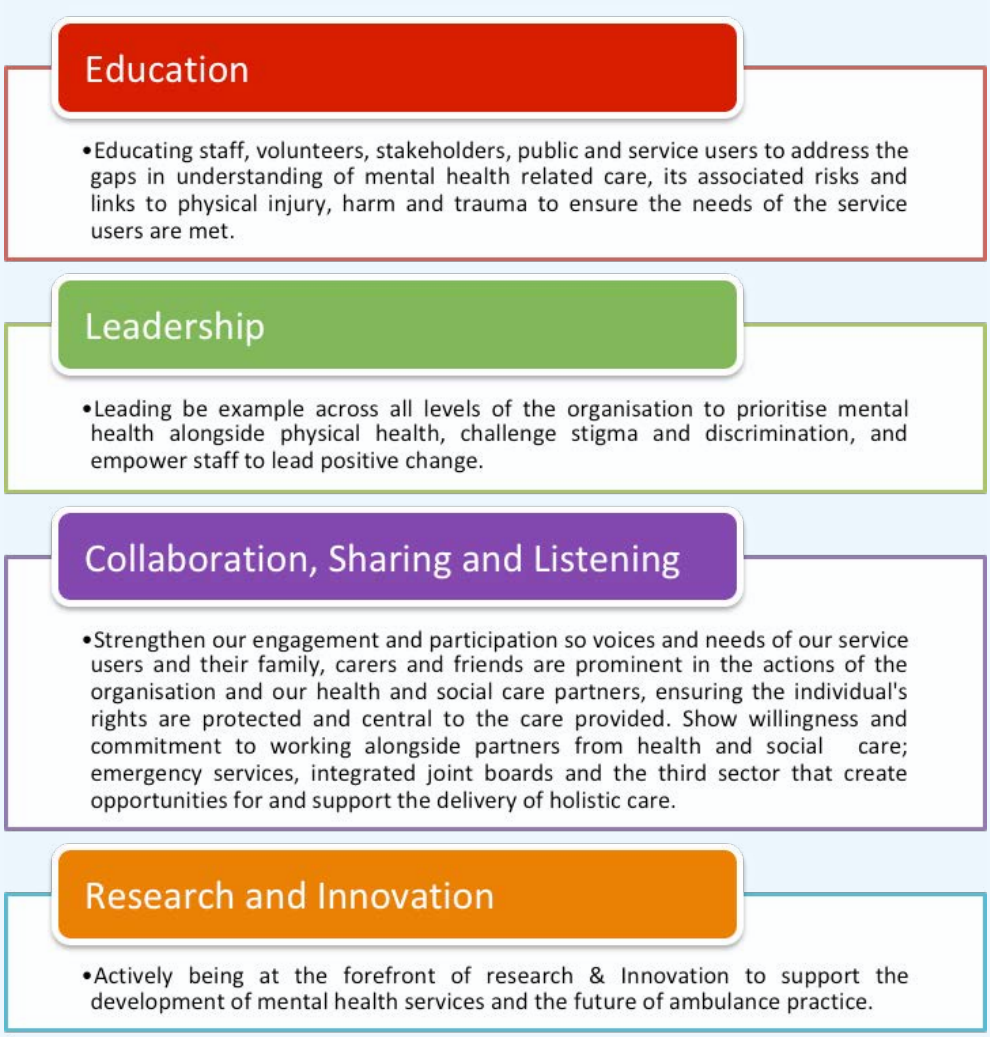
Objective 3

Optimise access to a range of mental health care, and support, with the aim of enabling recovery

These three objectives represent the major steps in a patient's care journey with the Scottish Ambulance Service; the initial identification of the issue, the assessment and acute care and onward care to assist the service user in their recovery journey. The objectives are described as a linear process but recognise they represent a journey which, for many, is not linear.



Five key areas will be used as a framework to support in the achievement of the key objectives. These areas are:



Strategic Intentions

The Scottish Ambulance Service is committed to delivering a service that meets the needs of all our patients. The Mental Health Strategy 2021-2027 will determine the necessary development and improvement to ensure service users experiencing poor mental health receive the same high-quality level of care as those experiencing a physical illness or injury. The 6-year strategy will be loosely divided into two 3-year phases. While not explicit, the first 3 years of the strategy will centre on addressing the gaps in education and support, pathways and setting up the required organisational processes and structure. The second phase of the plan will focus on informing and supporting the next Scottish Government mental health strategy, integrating sustainable change, long term educational aspirations and improving upon the foundations provided by the first phase of the strategy.

The strategy will be reviewed annually and undergo a robust evaluation process that is led through data. The purpose of the evaluation process will be to understand:

1. Whether the implementers are making decisions consistent with the organisational policies;
2. If adequate resources have been allocated and are they been used to maximise their potential;
3. The events in the external environment are occurring as anticipated;
4. The short term and long term goals are being achieved; and
5. Whether the strategy requires any correction to remain on the right track.

Our Process

Our values have provided the foundations for this strategy and drive how we behave every day, how we treat our patients, colleagues, and each other. They help us to provide the best possible service and we expect everyone that we employ to live them every day. They are:

- Care and compassion
- Dignity and respect
- Openness, honesty and responsibility
- Quality and team work

The Mental Health Strategy has been built from evidence based practice and shared learning from across the UK and international health systems, ambulance services and private industry.

Nonetheless, it has been a combination of staff and service users who have provided the direction for this plan through their insights, experiences and support.

Action Plan

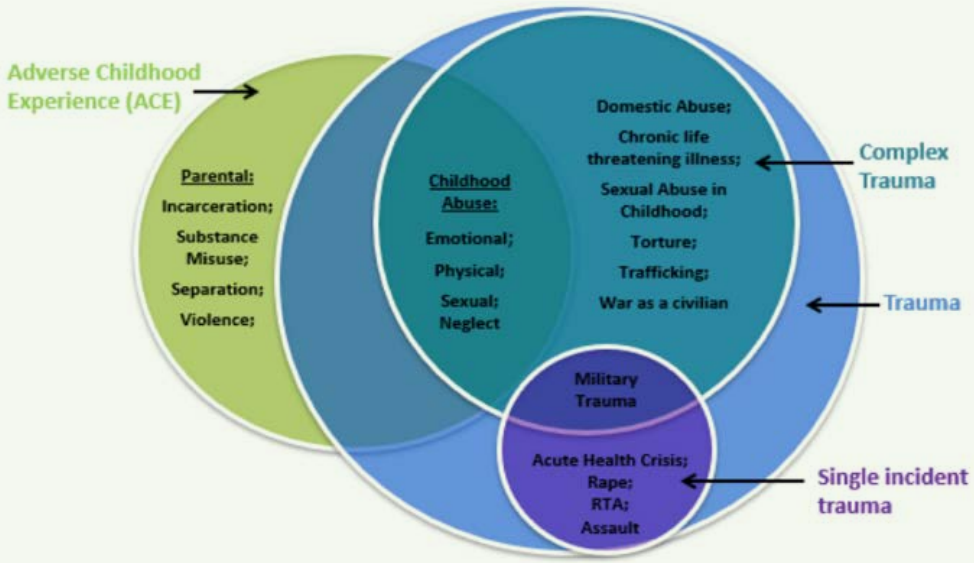
Objective 1. Identification

Improve the identification of mental ill-health and recognition of associated risk factors to poor mental health for all who use our service.

As shown within the variation between call-based data, ePR data and the national statistics, there are a significant number of incidents the service attend where mental health related factors exist but have not been identified at the point of call. A user's first contact with the service is through the ACCs where they follow a call handling process to determine the prognosis of the incident, and the subsequent acuity, prior to providing additional support or dispatching of a service resource.

All service users have the right to the best care available that will meet their needs. Various research has been carried out to understand the rationale behind why a member of the public may contact an Ambulance service, particularly those who are classified as high intensity users (HIUs). The vast majority of calls received are from a member of the public that is experiencing, or with someone that is experiencing, acute distress or injury. Due to the human related factors when presented with an episode of acute distress and accessibility of the emergency services, some service users seek support through the 999 route where other services may be more appropriate and better equipped to meeting their needs. While it is impossible to stop all calls that do not require an ambulance service intervention coming to the ACC, supporting self-help through improved public awareness of the services that are available for those experiencing mental ill health, and what help they provide, could significantly improve the recovery and experience of the service user.

Within the calls, there are a number of factors that can point to psychological trauma for the service user. The calls received present a wide range of clinical conditions, both chronic and acute. There is an abundance of evidence to suggest the links between physical and mental injury. Therefore, it is vital to recognise how mental health is impacted, regardless of the primary reason for contacting the service. Some risk factors are higher than others in their links to poor mental health. NHS National Education Scotland (NES) have developed a framework to help highlight the factors associated with psychological trauma and how they can lead to mental illness.



Additionally, the London ambulance service carried out research in to “frequent callers” (or HIUs) to understand the factors and conditions related to the service user’s call. The definition of a HIU varies depending on the service, however the Scottish Ambulance Service define a HIU as a “patient that generates 12 incidents or more in 12 weeks or 5 incidents or more in 4 weeks“. On analysis of the research, a study from London Ambulance Service showed of 40% of HIUs calling the London ambulance service had a mental illness[28]. This challenge is not unique to the UK with studies such as Agarwal et al. (2019)[29] that found in a study of 67 HIUs, 78% had difficulties carrying out usual daily activities and 67% experienced anxiety/depression.

The call is an initial point of contact for the service user and is the first opportunity to identify poor mental health, psychological trauma, and the presence of mental health risk factors, highlighting the significance of the call handling role within mental health care.

The role the call handler can play in harm reduction is significant and is an area of substantial gains through applied quality improvement methodology. This is further highlighted by the previously mentioned analysis by ISD on ScotSID which outlines the alarming link between contacts with unscheduled care and individuals that complete suicide. This is increasingly relevant, to clinically trained roles involved in telephone triage that have further expertise that would be complimented by additional mental health education. By providing staff with education and support, they would be able to communicate more effectively with those experiencing a mental health crisis, and to recognise the associated risk, ultimately informing better decision making for the service user.

Due to the protocols relating to telephone triage, the variation between first and third party callers and the quality of information, it is impossible to capture mental health associated conditions on each call where it is present. As a result, it is vital all patient-facing staff have a fundamental awareness of mental health; its risk factors and a consideration for holistic care.

A skill set that enables patient-facing staff to confidently recognise poor mental health, and the associated risk factors, is the foundation to providing excellent mental health care. Enhanced understanding of mental health combined with access to better information relating to the service user, such as care plans, would better inform attending staff when responding to the patient. Additionally, staff should also be provided education which centres on how to communicate effectively with those experiencing poor mental health. Through the use of appropriate dialogue and active listening, staff will be better prepared to recognise and understand the patient needs.

[28] Edwards, Melanie & Bassett, Gary & Sinden, Levi & Fothergill, Rachael. (2014). Frequent callers to the ambulance service: Patient profiling and impact of case management on patient utilisation of the ambulance service. Emergency medicine journal : EMJ. 32. 10.1136/emermed-2013-203496.

[29] Agarwal G, Lee J, McLeod B, Mahmuda S, Howard M, Cockrell K, Angeles R. Social factors in frequent callers: a description of isolation, poverty and quality of life in those calling emergency medical services frequently. BMC

Objective 1. Identification

We will achieve this through:

- With partners, engage with the public to improve awareness of the services available for mental health so the best, and most appropriate care, can be accessed first time. Where appropriate, service users can be encouraged to use self-help to manage their current state. This is linked to the wider Recovery and Renewal of Mental Health services plan across Scotland, where the emphasis is on the development of digitally enabled services, as well as a renewed approach to support for self-help and self-care.
- Providing all staff in SAS with appropriate knowledge and skills to feel best prepared to recognise people whilst dealing with their mental health. This will be targeted at all levels from receipt of the call to discharge of the patient.
- The SAS becoming part of NES' National Trauma Training Programme and supporting staff to access and implement its use in the delivery of the high quality care.
- Promote an organisation wide environment that reduces mental health related stigma through openness, communication and education.

How will we know this has been successful?

- People accessing SAS, are empowered to access self-help groups or alternative resources confidently to best meet their needs, where appropriate.
- Engagement with NES and the National Trauma Training Programme and embedment of this throughout the mental health agenda, with all frontline staff educated with the appropriate knowledge, skills and confidence by the end of the third year of the strategy implementation plan to identify psychological trauma.
- Reduction of stigma through discussion of mental health related care with all patients regardless of reason for entry into the service.
- Improved patient feedback and experience.

Action Plan

Objective 2. Assessment and Care

Improve the assessment, care and experience of individuals supported by SAS in relation to their mental health and wellbeing.

Mental health related issues, like physical illness can be complex, and both acute and chronic in nature. It is well documented that Paramedics feel unprepared to deal with the variety of mental health conditions that they attend. As previously mentioned, mental health calls represent a substantial part of the workload, which are wide ranging and varied in type (Ford-Jones, 2017)[30]. As already suggested it is also important to consider all patients mental health regardless of call type. Feedback received from the online survey also suggests strongly that paramedics are not best prepared to assist with patients with their mental health needs.

[30] Ford-Jones PC, Chaufan C. A Critical Analysis of Debates Around Mental Health Calls in the Prehospital Setting. INQUIRY: The Journal of Health Care Organization, Provision, and Financing. January 2017.

> *"I have done this on numerous occasions for the young people I support. The Paramedics themselves have told me they are often at a loss as they have had no/ minimal mental health training/ Paramedics have treated people with dignity and respect. However, it would be better for the patient and Paramedics if good quality mental health training was given."*

SAS Service User

> *"Slightly patronizing as the crew didn't know the right words to say"*

SAS Service User

Providing all staff with appropriate knowledge and skills which are as flexible as possible, is the key to building confidence and providing improved assessment, treatment and experience for all patients. While it is not the objective of the organisation to develop their workforce into mental health experts, it is an ambition to ensure all staff are appropriately informed and prepared to assist a service user displaying, or at risk of, poor mental health, and are able to access mental health expertise support if required.

By building confidence, this will aid staff to make informed choices when accessing alternative care pathways. These need to be reliable and user friendly, and will promote safety, support recovery and sustain well-being. This is in line with the triangle of care which promotes that the core principle that carers, people who use services and professionals should work in equal partnership.

The combination of confident assessment and availability of professional to professional (Prof to Prof) support can provide a number of advantages when caring for those with poor mental health. The Prof to Prof mechanism allows access to patient data including care plans and information relating to historic and upcoming treatments, informing the assessment. It also provides the opportunity for a more in-depth assessment in collaboration with a mental health professional, where discussions regarding signs, symptoms and risk factors can be covered before agreeing an outcome. This could open a range of outcomes to best meet the patient's needs. This may include over the phone treatment in their home or homely environment, conveyance to a place of safety or use of an alternative care pathway including addiction and social services.

The assessment of service users experiencing mental ill-health in a pre-hospital care setting is still a progressive subject. Empowering staff with knowledge and skills relating to mental health and a working environment that encourages positive risk-taking and innovation will help nurture the development of staff led change ideas. Creating a pro-change environment that is supported by data, knowledge and relevant experience, including that of service users, will help create and shape future mental health care delivery in the organisation.

This includes the development of current triage systems, introduction of assessment on scene tools and alternative response models. While the standard of care provided is expected to be consistently high, it is also important that each service user is assessed and treated on an individual basis to ensure their needs are best met. As a result, the service is required to develop a flexible response capability, from the ACC through to a dedicated specialised clinical response. For example, the introduction of access to mental health practitioners, such as community psychiatric nurses, into the ACC and as part of a patient facing response.

Assessment and treatment methods used by the organisation should be continuously evaluated to understand opportunities for improvement. Staff should also be supported through feedback and coaching based upon their own incident experiences. Concepts, such as clinical supervision, should be used to underpin the essence of good care and enhance the knowledge, skills and abilities of our clinicians. Ultimately, investment in models such as clinical supervision helps to add value to staff within the organisation, which can produce its own range of benefits including improved staff well-being. It is essential the relevant structures in staffing and support are in place to ensure that this is possible. This should include mental health expertise that can guide and inform from a strategic level to an operational level.

Objective 2. Assessment and Care

We will achieve this through:

- All staff will be offered mental health education within a variety of platforms so access can be increased and appropriate for all staff.
- A lived experience panel will be formed to shape and advise on mental health care in the ambulance service.
- Staff will be provided with better tools to assess mental health using a biological, psychological, social, emotional and spiritual approach including on scene assessment tools, prof. to prof. support, and access to key information.
- Patients will be assessed appropriately at point of access and guided down the correct care pathway so treatment isn't delayed unnecessarily.
- Innovative, collaborative and responsive models for patient care will be explored to meet patient and staff demands.
- Promote an organisation wide environment that reduces mental health related stigma through openness, communication and education.
- Work with drug harm reduction and public protection colleagues to support patients and connect them to services to reduce deterioration, impacting on a reduction in suicide attempts and connecting high intensity users of our services to robust infrastructures of care and support.
- Connecting with support mechanisms for people coping with suicide loss and ensuring SAS clinicians have access to robust infrastructures across the country for onward support.

How will we know this has been successful?

- Organisation mental health care will be guided by mental health expertise and appropriate structures of support will be in place to support education, learning and development.
- Staff confidence will increase when dealing with patients in mental health need.
- Work with agencies to identify and provide access to all health care plans so informed choices can be made for patients.
- All staff will have access to mental health support and advice.
- Patient experience will improve, ultimately reducing repeat calling and improving patient satisfaction.
- Reduction of stigma through discussion of mental health related care with all patients regardless of reason for entry into the service.

Action Plan

Objective 3. Onward Care

Optimise access to a range of mental health care, and support, with the aim of enabling recovery.

To provide the best care for patients, it is imperative that they are supported throughout their whole journey in the most appropriate way. This will reduce time spent within health care and so aide better recovery. The organisation will work with partners to ensure those who require assistance and support receive it as soon as possible with the minimal amount of effort. Onward care and being able to provide access to this is important to best manage and prevent further deterioration of the individual's mental health. Supporting our staff to do this is a priority.

The ongoing redesign of urgent care (RUC) programme and the introduction of flow navigation centres and mental health assessment units across Scotland are providing opportunities to improve and increase mental health pathways for the ambulance service. The service will work alongside our partners within the health boards, health and social care, and support organisations involved in the RUC programme to provide opportunities for simple pathways which can be accessed following assessment at the point of both telephone and face-to-face triage, where it is appropriate to do so.

The understanding of the risk factors associated with mental health plays an essential part in the onward referral, and subsequent care, of the service user. By considering the existing factors, for example substance use; self-harm; and the presence of vulnerable adult or child, it may be possible that a number of potential different pathways are appropriate for the service user. Therefore, it is vital that key information regarding pathways, how to access them and the service they provide, is readily available to staff.

The Scottish Ambulance Service have been a key stakeholder in the development of the Mental Health Hub (MHH) within NHS 24. The MHH can offer support to people in mental health distress, offering improved access to mental health services through effective and timely assessment by mental health practitioners. Collaborative work with the NHS 24 and Police Scotland will continue and be built upon, offering care, as appropriate, to the patient in a timely manner.

Additionally, the service is a key partner in the national Distress Brief Intervention (DBI) initiative, which has proven to be very successful and continues to grow offering support to people experiencing distress. As DBI moves into its next phase of DBI+, we will continue to be partners and will assist with the development and support throughout the growth of this project.

As a national organisation it is key that we play a substantive role in linking national, regional and local initiatives to ensure patients get the correct care and do not become lost or invisible in the system. Regional teams will work with their local counterparts to design and support pathways in local areas so the best and most appropriate pathways can be utilised.

The effectiveness of the pathways will be evidenced and supported using data. Robust datasets and quality improvement methodology will be central to the development of existing and new pathways. We will be guided and informed by mental health expertise when designing an outcome-based dataset that will be used to provide a quantitative understanding regarding the short, mid and long term impact of our interventions on service users. This will be supplemented with qualitative feedback gained from various mechanisms such as patient feedback groups, lived experience panels, mental health related serious adverse events reviews (SAERs), and analysis of compliments and complaints.

Objective 3. Onward Care

We will achieve this through:

- We will continue to work with partners to provide alternative pathways through a variety of different areas. These will provide the best support and care for patients experiencing mental health distress as an alternative to a hospital admission, where appropriate.
- In partnership with other agencies, deliver care to the patient in a service designed with and around them.
- Embrace developments in technology and explore how these could support mental health patients. Particularly, relating to those that inform decision making and access to care.
- Analyse outcome data and actively respond to findings.
- Promote an organisation wide environment that reduces mental health related stigma through openness, communication and education
- Increase accessibility of mental health pathways for all mental health patient types to assist with effective decision making.

How will we know this has been successful?

- Staff confidence will increase in the utilisation of referral pathways within the SAS for people in mental health distress.
- We will see a reduction in A&E admission for people in mental health distress as more appropriate care pathways are utilised.
- Increased confidence in the Scottish public to contact the ambulance service when in mental health crisis.
- Reduction of stigma through discussion of mental health related care with all patients regardless of reason for entry into the service.
- A reduction in the number of individuals that complete suicide after contacting the ambulance service.
- Reduction of service user reliance of SAS for non-emergency mental health care.

Conclusion

This strategy outlines the Scottish Ambulance Service's commitment to continuously strive to improve the support, care and treatment of individuals, communities and populations in relation to mental health. Mental health problems, and mental ill health are experienced by a range of individuals and can impact significantly on quality of life.

Care, treatment and recovery is varied and unique within mental health, and many individuals experiencing mental ill health experience significant health, and social, inequalities. There is a shared aim within Scotland to optimise the experience for individuals accessing support in relation to their mental health needs and we will work with stakeholders across Scotland to ensure that our ambitions and work reflects this. We will achieve this by gaining an understanding of the wishes and perspectives of people, and communities, with lived and living experience, people in recovery, providers of service including third sector organisations, charities, health and social care organisations and other emergency services.

We actively seek collaborators to support our ambitions in relation to mental health care, and support. If you, or your organisation, would like to connect please contact us via **sas.mentalhealth@nhs.scot**.


EMERGENCY
MEDICAL
RESPONSE
PAEDIATRIC
EMERGENCY
MEDICAL
RESPONSE

Appendix

Appendix 1.
Scottish Ambulance Service Mental Health Definition for Incident

How Incident Count is calculated	**Source - Terrapace Clinical System** Incidents Where Resource Arrived Scene **and** - All 25 Mental Health Despatch Codes (see below) **or** - All 25 Final Codes exc CLR Sub Code of Dementia **or** - Mental Health Flags Divided into Categories * Other Services flag (see below) * Risk Factors (see below) * Symptoms (see below) * Other Diagnosis (see below)
Despatch Codes	25A02W, 25B00, 25B00B, 25B00V, 25B00W, 25B01, 25B01B, 25B01V, 25B01W, 25B02, 25B02B, 25B02V, 25B02W, 25B03, 25B03B, 25B03V, 25B03W, 25B04, 25B04B, 25B04V, 25B04W, 25B05, 25B05B, 25B05V, 25B05W, 25B06, 25B06B, 25B06V, 25B06W, 25D00, 25D00B, 25D00V, 25D00W, 25D01, 25D01B, 25D01V, 25D01W, 25D02, 25D02B, 25D02V, 25D02W, 25D03, 25D03B, 25D03V, 25D03W, 25O01, 25O01B, 25O01V, 25O01W, 25O02, 25O02B, 25O02V, 25O02W
Other Services	-Men Otherservices Community Psychiatric Nurse is TRUE or -Men Otherservices Key Worker is TRUE or -Men Otherservices Other Description is NOT NULL or -Men Otherservices Psychiatrist is TRUE or -Men Otherservices Psychologist is TRUE or -Men Otherservices Support Worker is TRUE
Risk Factors	-Men Riskfactors Lethal Plan Yes No DK is YES or DON'T KNOW or -Men Riskfactors Plan Yes No DK is YES or DON'T KNOW or -Men Riskfactors Thoughts Harm Others is TRUE or -Men Riskfactors Thoughts Harm Self is TRUE or -Men Riskfactors Thoughts Kill Others is TRUE or -Men Riskfactors Thoughts Kill Self is TRUE or -Men Riskfactors Thoughts None is TRUE
Symptoms	- Men Symptoms Acute Distress First Episode Yes No DK is YES or DON'T KNOW or - Men Symptoms Acute Psychosis First Episode yes No DK is YES or DON'T KNOW or - Men Symptoms Aggressive is TRUE or - Men Symptoms Agitated is TRUE or - Men Symptoms Angry is TRUE or - Men Symptoms Anxiety is TRUE or - Men Symptoms Disinterested is TRUE or - Men Symptoms Elated is TRUE or - Men Symptoms Non Engagement is TRUE or - Men Symptoms Other Description is TRUE or - Men Symptoms Self Harm is TRUE or - Men Symptoms Suicide Attempt is TRUE or - Men Symptoms Withdrawn is TRUE
Other Diagnosis	-Men Otherdiagnosis Other Description is NOT NULL And -Men Otherdiagnosis Aspergers is FALSE And -Men Otherdiagnosis Autism is FALSE And -Men Otherdiagnosis Dementia is FALSE And -Men Otherdiagnosis Learning Disability is FALSE

Appendix 2.
A list of influential legislation In Scotland

- Human Rights Act 1998: European Convention on Human Rights
- Adults with Incapacity (Scotland) Act 2000
- Adults with Incapacity (Scotland) Act 2000
- Mental Health (Care & Treatment) (Scotland) Act 2003
- Patient Rights (Scotland) Act 2011
- Mental Health (Scotland) Act 2015
- Mental Welfare Commission for Scotland, Human Rights in Mental Health Care (2015)
- Criminal Justice (Scotland) Act 2016
- Carers (Scotland) Act 2018

Appendix 3.
Attendees at the Strategic Mental Health Collaboration Day – 22nd July 2019.

- Children 1st
- Scottish recovery network
- Support in mind
- Andy's man club
- Quarriers
- Scottish families affected by drugs and alcohol
- Bethany Christian Trust
- Bipolar Scotland
- VOX
- Breathing Space
- Samaritans
- Cope
- Scottish Autism
- Support in mind
- Carers Trust UK
- Stonewall Scotland
- Cyrenians
- Carer's Network
- Action for children
- Spirit advocacy
- See Me
- Samh
- Action in mind
- Glasgow Disability Alliance
- Refugee Trust
- NHS Lanarkshire
- NHS 24

Scottish Ambulance Service Representation -

- Health and Safety
- Clinical Directorate
- Education and Professional Development
- Communications
- Operational directors and managers
- CEO – Pauline Howie
- Chairman – Tom Steele

Scottish Ambulance Service

Taking Care to the Patient