

Mental Health and Substance Use Protocol Programme: Clinical Network Event

A Biopsychosocial Approach to the Four Quadrants

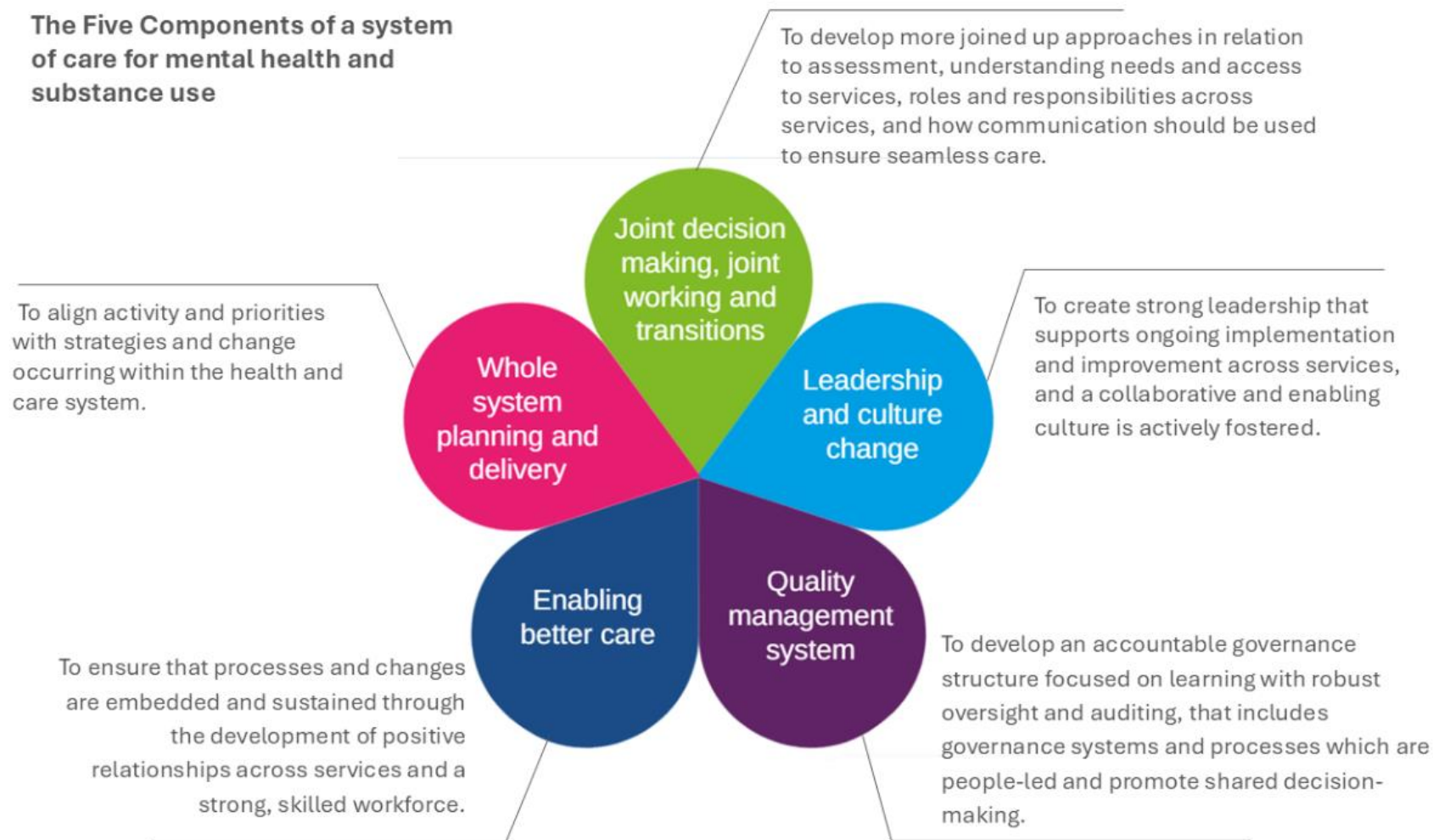
Agenda

Time	Topic	Lead
10am	Welcome and introductions	Benjamin McElwee, Senior Improvement Advisor, Healthcare Improvement Scotland
10.05am	The National Mental Health and Substance Use Protocol	Benjamin McElwee
10.15am	A formulation of services to holistically support people who use substances: <i>The Forth Valley model</i>	Norma Howarth, Locality Manager, Change Grow Live; Dr Heather Simpson, Clinical Psychologist, Forth Valley Substance Use Psychology Service
10.45am	PHOENIX: A health and social care outreach model for people with severe and multiple disadvantage	Andrew McPherson, Researcher, Pharmacy Services, NHS Greater Glasgow and Clyde
11.05am	Q & A / Panel discussion	All
11.25am	Closing remarks	

Four quadrants model with examples – RCPsych (2025)

Mental illness	Substance use	Example case	Appropriate treatment services for:	
			Mental illness	Substance use
Severe	Mild/ Moderate	Weekly binge-drinking and schizophrenia	Specialist mental health services	Primary care or shared care with substance use services
Severe	Severe	Daily dependent cannabis use and schizophrenia	Specialist mental health services	Substance use services
			Collaborative working between both services is essential to coordinate care	
Mild/ Moderate	Mild/ Moderate	Weekly binge-drinking and moderate anxiety	Primary care; talking therapies	Primary care or shared care with substance use services
Mild/ Moderate	Severe	Daily dependent heroin use and moderate depression	Primary care; talking therapies and substance use services	Substance use services

The Five Components of a system of care for mental health and substance use



A formulation of services to holistically support people who use substances: the Forth Valley model

Heather Simpson
Norma Howarth

Background

Co-occurring substance use and Mental Health disorders (CoSUM) – College Report, May 2025:

‘Currently, there is minimal evidence of collaborative working between mental health and substance use services across national systems’

Forth Valley



A Biopsychosocial approach to the Four Quadrants

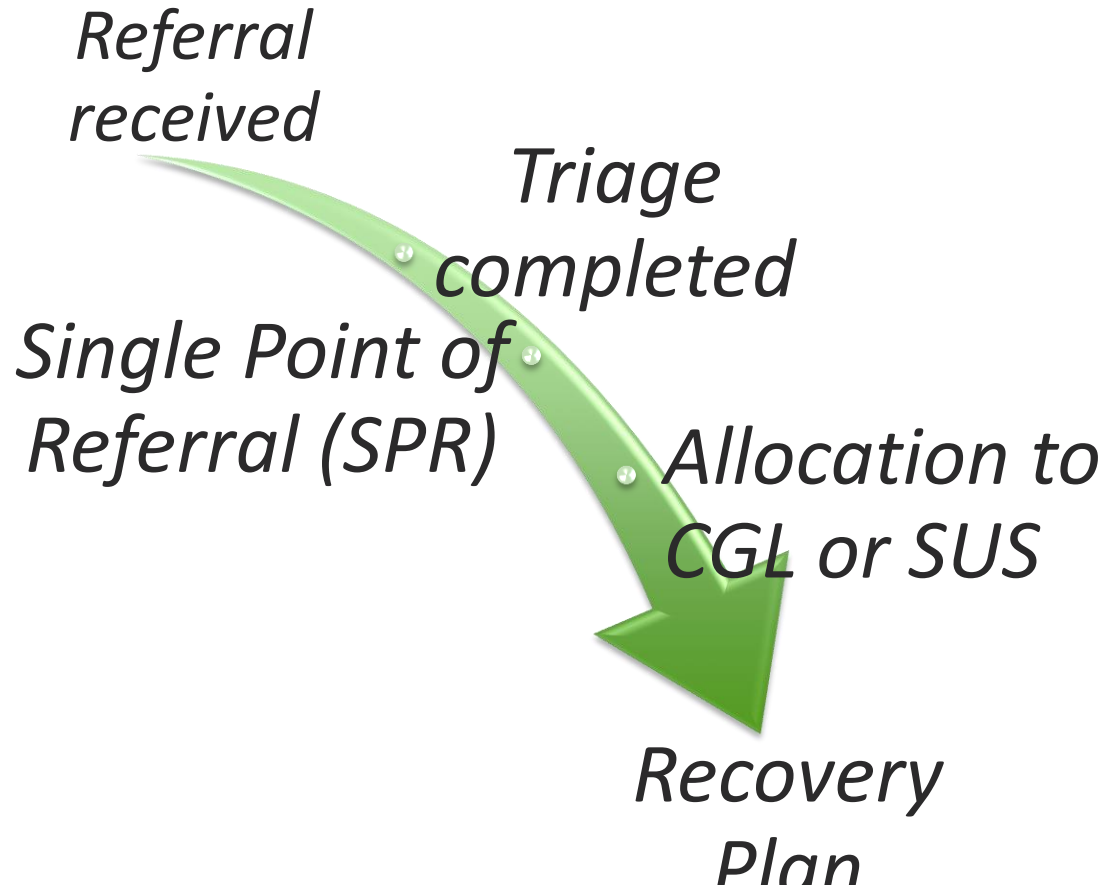
Quadrant	Key Issues	Biopsychosocial Focus	Intervention Focus
I: Low Mental Illness/Low Substance Use	Mild or emerging needs	Prevention, lifestyle, support	Primary care, early intervention
II: High Mental Illness/Low Substance Use	Severe mental illness	Medication, therapy, inclusion	CMHTs, recovery-focused support
III: Low Mental Illness/High Substance Use	Severe substance use disorder	Physical impact, behaviour change	CGL/CADS, harm reduction
IV: High Mental Illness/High Substance Use	Complex dual diagnosis	Integrated risk and recovery	Assertive outreach, MDT, relational support

Forth Valley

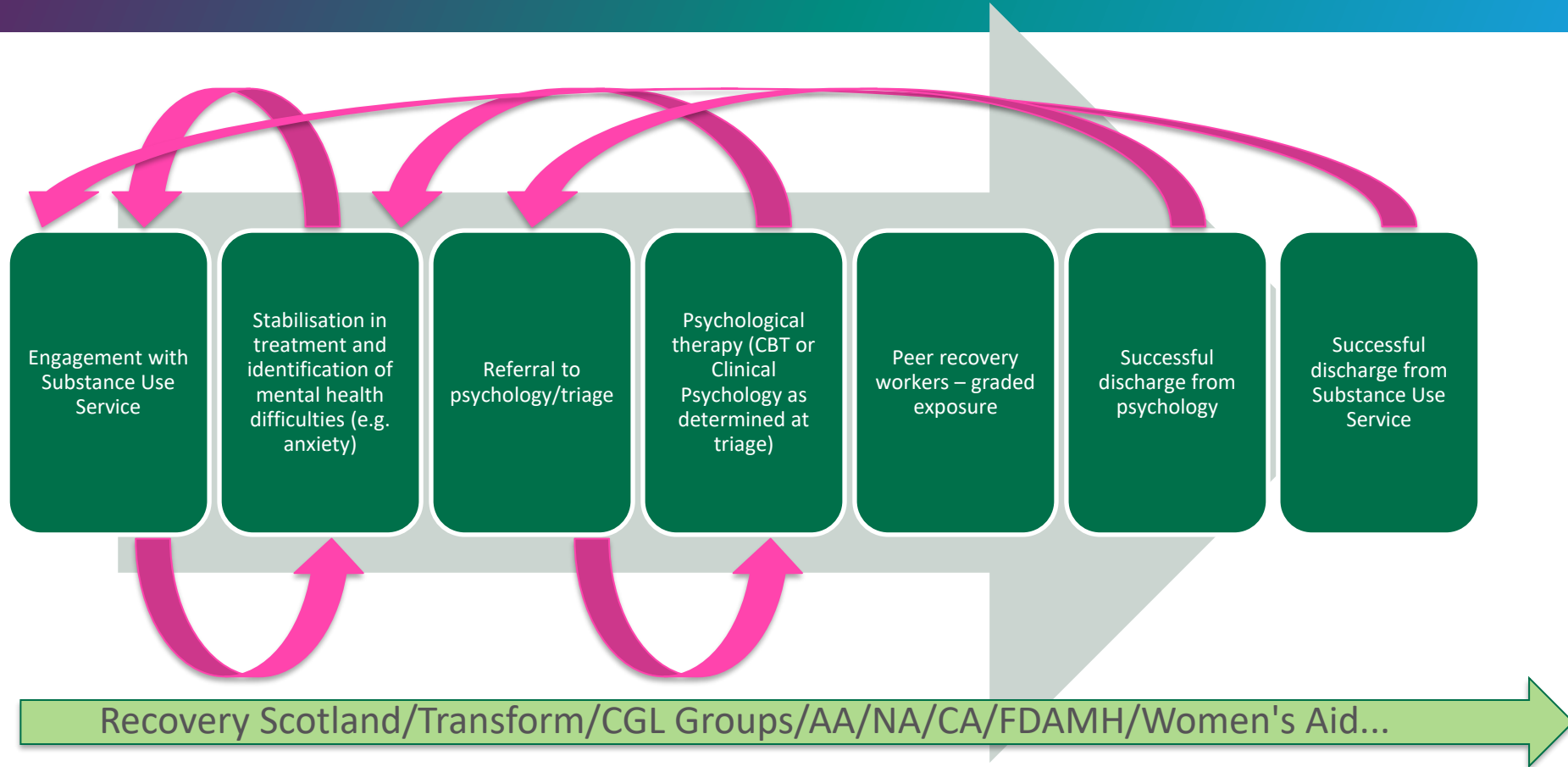
Referrals to community substance use services in Forth Valley are routed through the NHS Forth Valley Substance Use Service (SUS) and Change Grow Live (CGL) Forth Valley Recovery Service.

We provide community based assessment and recovery focused treatment within a tiered system of care which involves a stepped and matched care approach to ensure that the individual receives the right interventions, care and support with the right service at the right time.

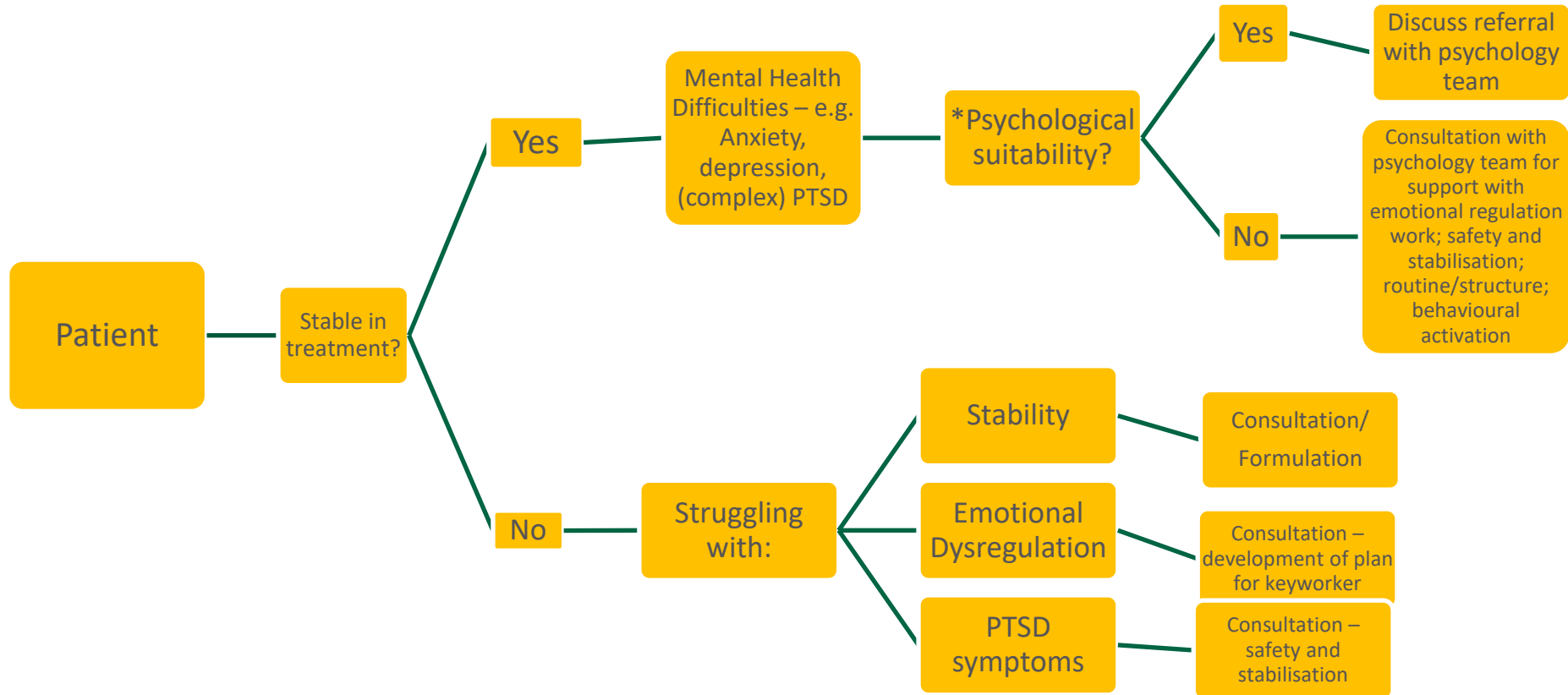
Forth Valley:



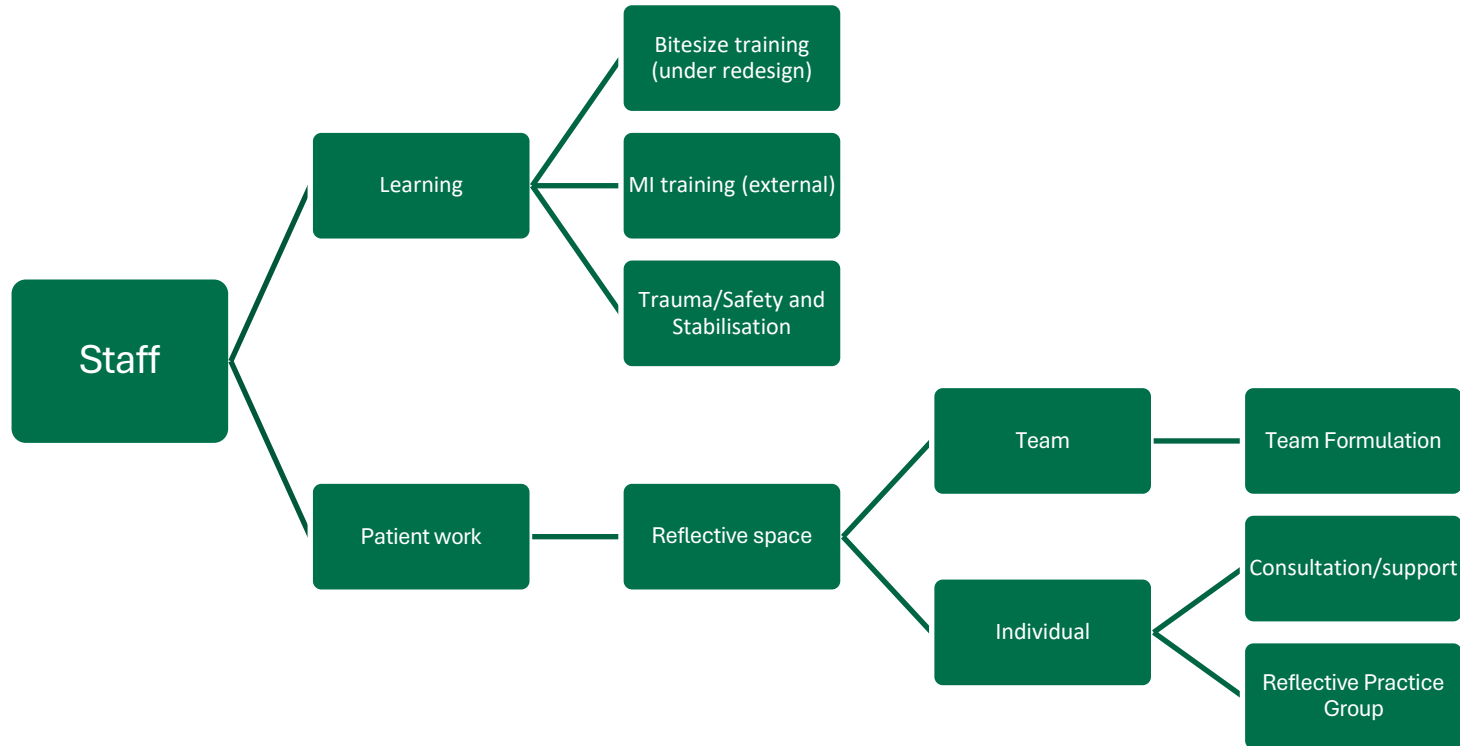
What treatment looks like



Pathways to psychosocial/psychological interventions



What SU Psychology offer to Staff



Summary

The Forth Valley model of care has key strengths:

- Positive culture of communication and collaboration between 3rd Sector and NHS services
- A foundation of a mutual commitment to fully supporting people which is solution focussed
- Delivery of care is non-hierarchical, with thresholds of care and tiers of treatment provided within a framework of mutual understanding and respect

Keep in touch

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Economic
and Social
Research Council



Integrated health and third sector partnership working: **the Pharmacist and Homeless Outreach Engagement and Non-medical Independent prescribing Rx (PHOENIx) intervention**

Leading quality health and care for Scotland



Overview of presentation

- Description of core team: Richard Lowrie + Jane Moir + Fiona Hughes + Me)
- RMN – Glasgow CRF (CTIMP, COGA study, HD), Acute Substance Liaison at GRI
<https://academic.oup.com/qjmed/article-abstract/105/7/649/1588675?redirectedFrom=fulltext>
- Pharmacy services research at NHSGGC (pilot studies – PHOENix, TICC-PCP, Rural Homelessness, NHS Lothian's first steps into research - Gateway)
- Background
- Complexities
- PHOENix philosophy
- Fully funded by UKRI of PHOENix - multisite RCT in Scotland
- Study methods
- Study sites (personnel and numbers)
- Study milestones

Background

People experiencing homelessness across Scotland is increasing

ETHOS categorises homelessness into four main types: rooflessness, houselessness, insecure housing, and inadequate housing

41% of all homeless deaths in Scotland are from substance use

56% of all homeless deaths in Scotland are from external causes including suicide, substance use and assault

Half of all homeless death in Scotland were aged under 45 years

Bi-directional relationship examples:

Mental health can be a **cause** or a **consequence** of homelessness

Mental health can be a **cause** or a **consequence** of substance use

Severe and multiple disadvantage describes intersecting homelessness, mental health, crime, substance use)



Complexities in homelessness

- Undiagnosed and therefore untreated long-term conditions (LTCs) including mental health <https://bmjpublichealth.bmj.com/content/2/1/e000219>
- Crime (victims and perpetrators) often with time in prison
- Isolation and loneliness (lost contact with family, friends, children)
- Three strikes rule – service driven, not client-centred
- GP and missingness, or serial missed appointments (has a strong risk factor for negative outcomes *BUT* has clear causes that can be addressed)
<https://www.enlighten.scot/nhs2048/applying-a-missingness-lens-to-healthcare-andrea-williamson/>

Complexities in homelessness continued

- Women's stories of violence, often sexual violence
https://pure.hw.ac.uk/ws/portalfiles/portal/107153525/HardEdges-RealityForWomen_FullReport_logo_.pdf
- Trauma and adverse childhood events
- Re-traumatising (homelessness, hostel accommodation overrun with vermin, easy access to substances, fear of and experience of sexual assault, violence)
<https://academic.oup.com/bjsw/article/54/2/548/7218539>
- Lifetime of homelessness (many looked after children)

PHOENIx philosophy

- Assertive outreach to where people experiencing homelessness want to be seen
- Stickiness – a willingness to assess and treat individuals after periods of disengagement
- Person-centred – systematically tackle problems that person deems most important to them
- Holistic – health (pharmacist, nurse, GP) and social care intervention (third-sector organisation)
- Health worker typically prescribes antibiotics, inhalers; new diagnoses and treat, diet, refer on
- Social care worker typically offers psychosocial support, housing, benefits, advocacy
- Person usually has complex and intersecting experiences (trauma, alcohol, substances, finance/debt, housing/homelessness, criminal justice, health/mental health)
- Health/long term-conditions (asthma, COPD, diabetes, heart disease, BBVs)
- Health/acute (infections, injuries from assaults)
- Mental health – (anxiety, depression, schizophrenia, PTSD)
- Recognise the social – (stigma, housing, debt, digital exclusion, loneliness, isolation)

Background to current study

- Pilot randomised controlled trials (RCTs) suggest an integrated, holistic collaborative outreach intervention (PHOENIx) involving pharmacists, nurses or General Practitioners accompanied by staff from third sector homeless organisations, may improve outcomes including overdose.
- Pilot trials are a precursor to main event (not statistically powered for effect and population estimate)
- PHOENIx after overdose pilot RCT highlighted a number of delayed time to event (ED presentation, hospitalisation, overdose)
- UKRI funded definitive PHOENIx RCT started 1st July 2024, ends 31st Jan 2027
- A definitive RCT of PHOENIx, with parallel qualitative process and economic evaluations could evidence a transformation in the care of people with SMD

Current study - methods

- Multicentre, parallel group, prospective RCT with parallel economic and process evaluation.
- Settings: Lothian; Lanarkshire; Ayrshire & Arran; Tayside; Grampian; Highland.
- Participants: minimum of 378 adults with SMD (homelessness + crime + street substance overdose)
- Randomisation: individual level, stratified by setting and previous non-fatal overdoses, to PHOENix intervention in addition to Usual Care (UC) or UC.
- Intervention: aim to meet participants weekly for 9-15 months. PHOENix teams assess and address health and social care needs while referring onwards as necessary, co-ordinating care with wider health and third sector teams. The NHS clinician may prescribe, de-prescribe, and treat e.g., wound care, and refer to other health services as necessary. The third sector worker may help with welfare benefit applications, social prescribing or advocacy e.g., securing stable housing. Pairings of clinicians and third sector workers support the same participants, building relationships, offering trauma informed care.
- Primary outcome: time to first fatal/non-fatal street-drug overdose at nine months. Secondary endpoints include health-related quality of life, healthcare use and criminal justice encounters.
- A health economic evaluation will assess cost per quality adjusted life year of PHOENix relative to standard care.
- A qualitative process evaluation will explore the perceptions and experiences of PHOENix, by participants, stakeholders and PHOENix staff.

Six research sites with recruitment numbers

- Aberdeen (75)
- Inverness (34)
- Dundee (26)
- Lanarkshire (40)
- Ayrshire (77)
- Edinburgh (140)
- **Total (392)**

Selected sites – examples of integrated working

- NHS Lanarkshire – 0.5 WTE advanced nurse practitioner working with 0.5WTE Turning Point Scotland + 0.5WTE researcher (40 participants / 20 intervention + 20 UC)
- NHS Ayrshire & Arran – 1WTE pharmacist working with 1WTE local ADP - recovery development worker + 1 WTE researcher (77 participants / 38 intervention + 37 UC)
- NHS Lothian – 2 WTE pharmacist, or 0.5 WTE nurse, or 0.5 WTE GP working with 2 WTE Simon Community Scotland staff + 2 WTE researchers (140 participants / 70 intervention + 70 UC)

Current study – milestones achieved

- R&D and NHS R&D approvals. 😊😊😊😊😊😊
- Advertise, recruit, train: University; NHS; Social Care; and third sector staff across six settings. Honorary NHS contracts: Jul-Dec24 😊😊😊😊😊😊
- IT access for staff, REDcap setup and training: Jul-Dec24 😊
- Participant recruitment (n=378), in person data collection, randomisation: Jan-Jun25 😊
- Intervention delivery across six settings: Jan25-Mar26 **On track**
- Intervention actions and follow up data collection from participants, health/social care/**police/ambulance** records: Jan 25-Jun26 **On track?**
- Data cleaning/transcription onto REDcap database: Jan25-Jun26 **On track?**
- Qualitative interviews: Apr-Dec 25 **On track?**

Contacts

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Researcher, Pharmacy Services NHSGGC; Honorary Research Fellow, University of Glasgow; Associate Member, Homelessness and Inclusion Health Group, University of Edinburgh

References (selected)

- Lowrie R, McPherson A, Mair F et al (2023) Baseline characteristics of people experiencing homelessness with a recent drug overdose in the PHOENix pilot randomised controlled trial. *Harm Reduction Journal*. DOI: 10.1186/s12954-023-00771-4
- Lowrie, R, McPherson, Paudyal V A et al (2024) Holistic health and social care outreach for people experiencing homelessness with recent non-fatal overdose in Glasgow, Scotland: the Pharmacist and third sector Homeless charity worker Outreach Engagement Non-medical Independent prescriber Rx (PHOENix) pilot randomised controlled trial. *BMJ Public Health*, 2024(2), Article e000219. <https://doi.org/10.1136/bmjph-2023-000219>
- Farmer N, McPherson A, Thomson J, Lowrie R (2024) Perspectives of people experiencing homelessness with recent non-fatal street drug overdose on the Pharmacist and Homeless Outreach Engagement and Non-medical Independent prescribing Rx (PHOENix) intervention. *PLoS ONE* 19(5): e0302988. <https://doi.org/10.1371/journal.pone.0302988>
- McPherson A, Paudyal, V, Lowrie R et al (2024) Patient and Public Involvement in Research Evaluating Integrated Care for People Experiencing Homelessness: Findings From the PHOENix Community Pharmacy Pilot Randomised-Controlled Trial. *Health Expectations*. <https://doi.org/10.1111/hex.70070>

Open discussion and Q&A



Feedback

**Use the link in the chat
box or scan the QR code**

**Mental Health and Substance Use:
A Biopsychosocial Approach to the
Four Quadrants**



Peer Network workshop

Join the Mental Health and Substance Use Peer Network....

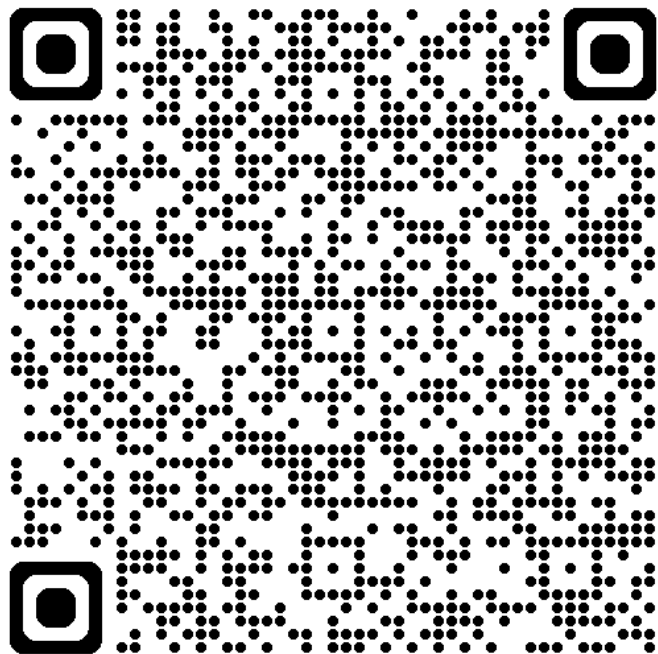
- To build knowledge and accelerate improved outcomes,
- Connect with people to share learning, successes and challenges,
- Develop an understanding of co-occurring mental health and substance use needs within the health and social care system.

Our next workshop is taking place on **26 August at 14:00** to continue the discussions held today, join the network to take part:

<https://tinyurl.com/mpt3hnh6>

Mental Health and Substance Use: Toolkit

- We have launched a new Mental Health and Substance Use Toolkit
- It shares tools that can help staff with the process of designing and delivering services.
- Using the framework of the Scottish Approach to Change, it can support and guide teams on how to approach and make changes, from initial planning through to implementation and sustainment.



Scan the QR code to access our
Toolkit

Next steps



Mental Health and Substance Use Distribution list

Mental Health and Substance Use
- Distribution list consent form



Use the link in the chat box to sign up to our distribution list to ensure you receive all communication around future mental health and substance use events, including how to register

Keep in touch

Twitter: @online_his

Email: his.transformationalchangementalhealth@nhs.scot

Web: healthcareimprovementscotland.scot

Find out more:

<https://ihub.testing.nhsscotland.net/ihub.scot/improvement-programmes/mental-health-portfolio/mental-health-and-substance-use-protocol-programme/>