



Breakout C: Where do people with mental health and substance use concerns present, and what happens to them?



Agenda

11.45am	Welcome to the room	Dr Robin Moore, Clinical Lead for Mental Health and Substance Use, Healthcare Improvement Scotland
11.50am	Doing it differently in Dundee	Julia Martineau, Primary Care Programme Manager, Dundee HSCP
11.57am	Understanding Psychological Distress and Therapeutic Environment in the Emergency Department - the UPDATE-ED Study	Dr Rajendra Raman and Dr Jane Grassie, Consultants in Emergency Medicine, NHS Fife
12.04pm	Experiences of accessing health and care	Natalie Logan, CEO, Sustaining Interventions Supporting Change Outside Allan Houston, Senior Addiction Worker, North West Alcohol and Drug Recovery Service, Glasgow City HSCP
12.11pm	Introduction of facilitated group discussions	Gregory Hill- O'Connor, Strategic Planning Advisor, Healthcare Improvement Scotland
12.15pm	Facilitated group discussion	All
12.50pm	Feedback to the room	All
1.00pm	Lunch	

Where? – often several presentations

- Primary Care
 - Self
 - Brought by third party relative/friend/carer/advocate
- Drug and Alcohol Services statutory and third sector
- (Perceived) Crisis?
 - A&E
 - Mental Health Hubs
 - Police

A Case

- Late 40s M
- GP Presentation accompanied by friend
- Under alcohol services, awaiting detox.
- Citing MH bad, suicidal
- Clearly smelling of alcohol and admits to drinking prior to appt
- "There's nothing you can do for me then..."

Subsequent presentation to MH hub and referral to crisis team

Outcomes

Assessment - ?requires crisis team referral - flags

Paradox of Presentation – arguably signifies a lower risk profile

Managing Risk – substance/alcohol use

Offering Support

Giving Hope

Follow-up?

Medication?

Vicarious Trauma







Doing it Differently in Dundee Dundee Primary Care Drug Redesign Project

Julia Martineau, Primary Care Programme Manager, DHSCP



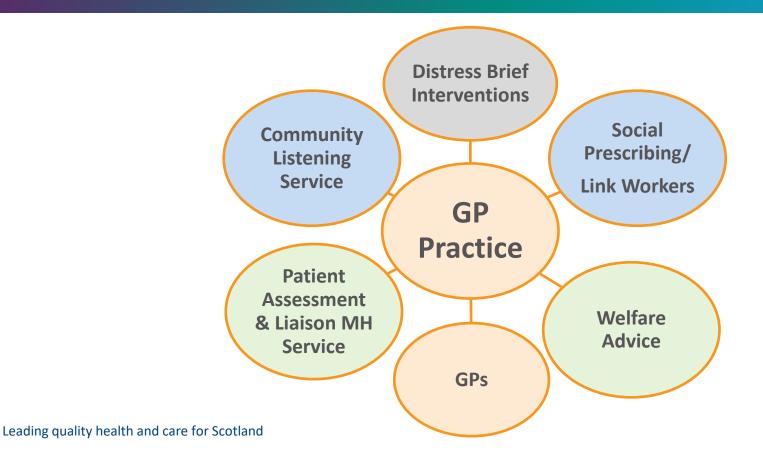




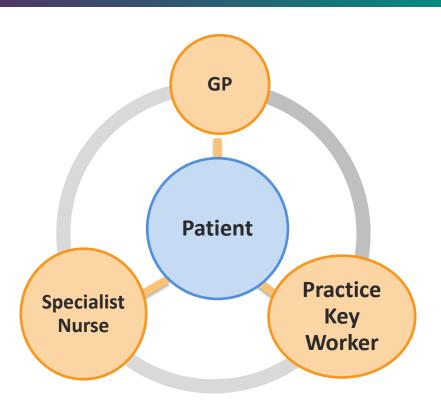




Lack of suitable MH support for SU patients



Our triad model





Low level mental health support

Recovery Workbook

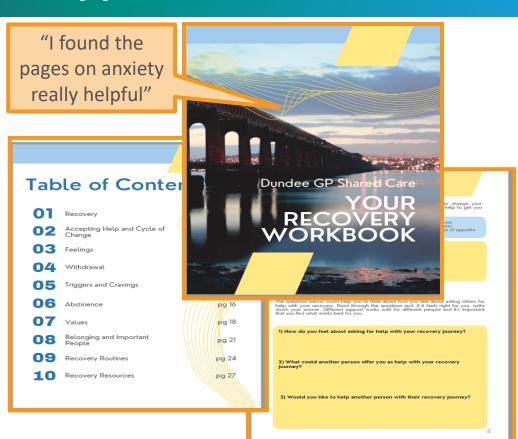
Self Help Groups – NA, SMART

Community Cafes

Online Resources – With You

Contingency management

Talking Therapies



Leading quality health and care for Scotland

Higher level mental health support

GP

- Advice & Guidance
- Key Worker & Nurse have rapid access to GP
- Same day appointment

Psychology

- Service Level
 Agreement
 between GP
 practice & DDARS
 Psychological
 Services
- Enables patient to access specialist substance interventions



MACH

- Multi Agency Consultation Hub offers integrated response
- Partner agencies discuss coexisting MH & SU cases



Crises

- Crises support eg Hope Point (Penumbra)
- NHS 24 MH Hub
- Crisis Resolution Home Treatment Team (Inpatient)

Patient Stories of collaborative care

SAM :transferred to GP Care but with continued psychological input from the specialist service. Sam's Triad (GP, Nurse, PKW) and the Psychology team work closely, keeping each other updated on Sam's progress. Sam is happy as he feels being under the care of his GP is the right place for him and he is making progress.

JANE: moved to GP Care some time ago and was doing well until an event led to Jane expressing suicidal thoughts. The PKW sought the patient's consent to contact Hope Point. In the end, Jane was admitted as an inpatient & PKW & project nurse visited Jane and connected her with Women's Aid who found Jane alternative accommodation. Jane now feels safe and more positive

about the future.







UPDATE-ED:

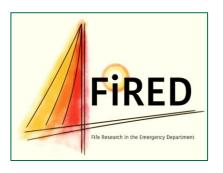
Understanding Psychological Distress & Therapeutic Environment in the ED



Dr Rajendra Raman & Dr Jane Grassie









SDF Scottish Drugs Forum











Experiences of accessing health and care

Natalie Logan, CEO, Sustaining Interventions
Supporting Change Outside
Allan Houston, Senior Addiction Worker, North
West Alcohol and Drug Recovery Service,
Glasgow City HSCP

Group discussion

