Healthcare Improvement Scotland

Mental Health and Substance Use Protocol Programme: National Learning Event

Screening for alcohol and substance use in mental health

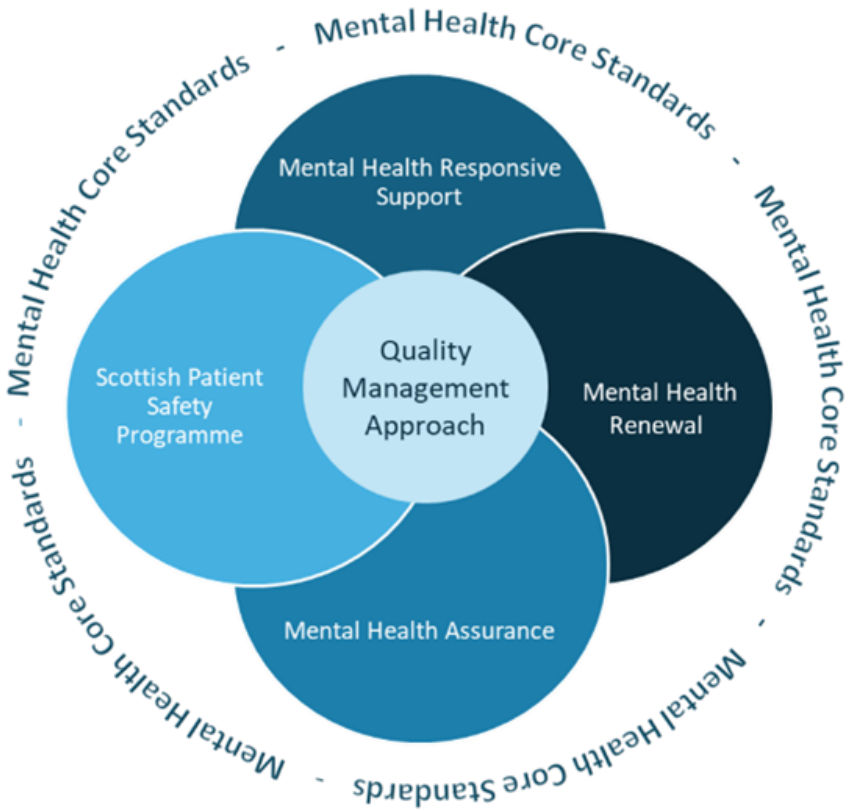
Leading quality health and care for Scotland

NHS SCOTLAND

Agenda

Time	Topic	Lead
1.30pm	Welcome and introductions	Benjamin McElwee, Senior Improvement Advisor, Healthcare Improvement Scotland Rachel King, Unit Head, Transformational Change Mental Health
1.40pm	Mental Health and Substance Use: Implementation in Inverclyde	Alan Crawford, Service Manager, Community Mental Health Services, Inverclyde HSCP Susan Crawford, Service Manager, Alcohol and Drug Recovery Service, Inverclyde HSCP
2pm	The ASSIST-Lite Mental Health: Lessons on implementation	Professor Susanna Galea-Singer – Clinical Lead, NHS Fife Addiction Services
2.20pm	ASSIST-Lite as a part of 'dispositional' assessment process	Laura Freeman, Head of Programme, Psychology Specialist Practice, Public Services Delivery Scotland
2.40pm	Q & A / Panel discussion	All
3pm	Closing remarks	

Mental Health across Healthcare Improvement Scotland



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

To develop more joined up approaches in relation to assessment, understanding needs and access to services, roles and responsibilities across services, and how communication should be used to ensure seamless care.

To create strong leadership that supports ongoing implementation and improvement across services, and a collaborative and enabling culture is actively fostered.

To develop an accountable governance structure focused on learning with robust oversight and auditing, that includes governance systems and processes which are people-led and promote shared decision-making.

To ensure that processes and changes are embedded and sustained through the development of positive relationships across services and a strong, skilled workforce.

To align activity and priorities with strategies and change occurring within the health and care system.

Healthcare Improvement Scotland

Mental Health and Substance Use: Implementation in Inverclyde

Alan Crawford – Service Manager, Community Mental Health Services, Inverclyde HSCP

Susan Crawford - Service Manager, Alcohol and Drug Recovery Service, Inverclyde HSCP

NHS SCOTLAND

Healthcare Improvement Scotland

INVERCLYDE HSCP Health and Social Care Partnership

Mental Health and Substance Use Improvement Programme

NHS Greater Glasgow and Clyde

Inverclyde council

Aim

Improved outcomes and experiences for people with urgent care needs relating to mental health and substance use.

Healthcare Improvement Scotland

INVERCLYDE HSCP Health and Social Care Partnership

Why change was needed

- Fragmented pathways created duplication, delays and gaps in care
- High levels of drug and alcohol-related harm locally added urgency
- National policy required clear, accountable interfaces between services

NHS Greater Glasgow and Clyde

Inverclyde council

Identifying Priorities

- Development sessions with partners from statutory and 3rd sector services across MH and alcohol and drug recovery services.
- Mapping exercise; the good, the bad, and the ugly.
- Audit; caseload/prescribing.

Priority Area's

- Discharge planning from inpatient psychiatric unit.
- Joint working – in particular at the assessment stage, shared cases.
- Supported decision making – supporting staff in building their knowledge and confidence around making decisions relating to assessments and treatment options for needs outside of their speciality

Approach

- Focused Test of Change (Urgent Mental Health Pathway): Introduced ASSIST-Lite screening to standardise identification of substance use
- Applied Four Quadrant Model to guide proportionate, evidence-based responses ensuring right care at the right time in the right place
- Developed shared care pathways across CRS, ADRS, and acute inpatient services
- Strengthened multi-agency working, including third sector partners
- Experiential feedback

Implementation

- Identification of key areas and people
- Communication plan
- Training and awareness sessions
- Partnership and relationship building
- Staff support
- Introducing and embedding the screening tool
- Ongoing review and refinement
- Agreeing data collection

Healthcare Improvement Scotland

INVERCLYDE HSCP Health and Social Care Partnership

Early changes..

- More Consistent Assessment- move to a validated, standardised screening approach across services
- Improved Joint Working - Increased collaboration between CRS, ADRS, inpatient teams, and partners. Greater use of joint appointments, shared care planning, and MDT input
- Right-Sized Interventions - More proportionate responses from brief interventions to specialist treatment. Reduced unnecessary referrals while still identifying high-risk cases
- Better Continuity of Care - Improved discharge planning and follow-up. Stronger links with third sector and community supports
- Cultural and System Learning - Addressed stigma and staff confidence in discussing substance use. Identified need for better data capture and digital support systems

Healthcare Improvement Scotland

INVERCLYDE HSCP Health and Social Care Partnership

So what…

- Improved service user experience: “no wrong door” approach strengthened
- Positive experiential feedback
- Increased clarity of roles and pathways aligned with the four-quadrant model
- Reduced duplication and improved risk management
- Evidence of:
  - successful engagement with ADRS and third sector services
  - appropriate non-referral where intervention could be managed within CMHS
  - enhanced joint working for complex cases

Healthcare Improvement Scotland

INVERCLYDE HSCP Health and Social Care Partnership

Challenges

- Introduction of a new screening tool
- Stigma
- Protected time for staff training
- Copyright/licences
- Change moving at a different pace between inpatients and community and with community partners
- Data collection
- Improving inclusion of recovery 3rd sector services as an alternative to statutory services

NHS Greater Glasgow and Clyde

Inverclyde council

Healthcare Improvement Scotland

INVERCLYDE HSCP Health and Social Care Partnership

Key Learning

- Standardisation + relationships = improved integration
- Starting with a focused, realistic test area enabled practical implementation
- Workforce engagement and culture change are as important as process change
- Experiential feedback is essential to all phases of change and improvement
- Data systems must evolve to evidence and sustain improvement

Healthcare Improvement Scotland

INVERCLYDE HSCP Health and Social Care Partnership

Next Steps

- Share findings with local SMT and appropriate HSCP/GGC forums
- Ongoing 3rd sector interface and partnership working improvements
- Scale model across wider Inverclyde mental health pathways
- Strengthen reporting and outcome measurement
- Continue to embed multi-agency, person-centred care model aligned to national protocol

Healthcare Improvement Scotland

INVERCLYDE HSCP Health and Social Care Partnership

Related improvement plans

- Local implementation of the MH and Substance use Interface Protocol and GGC interface guidance
- Review of joint cases between ADRS and MH
- Established joint MDTs
- Strengthen pathways for urgent care (out of hours and hospital admission)
- SPOA meeting established within ADRS inclusive of recovery commissioned services ensuring right care, at the right time, at the right place
- Local mental health and wellbeing community awareness event
- Developments aligned to National and Local Strategic Plans

Healthcare Improvement Scotland

INVERCLYDE HSCP Health and Social Care Partnership

Case Study CRS – Alcohol Brief Intervention

- 35-year-old male
- July 2025 GP urgent referral to CRS during acute mental health crisis presentation
- History of worsening low mood, negative thoughts and suicidal thought's, lives with mother, currently in employment (no addiction history listed or highlighted from GP)
- Reports addiction history of occasional cocaine use when intoxicated with alcohol, binge like pattern of alcohol use on a monthly basis. Diverted amitriptyline use to help with sleep. Not known to ADRS.
- ASSIST-Lite screening identified higher risk of alcohol, sedative and stimulant use = alcohol brief intervention and brief intervention for substance use
- Four quadrants model = initial high mental health need + low addiction need = CRS delivered Alcohol Brief Intervention (ABI), advice and psychoeducation with no requirement for ADRS/specialist service
- Patient engaged during crisis episode
- Mental health stepped down to PCMHT for ongoing support
- Outcome: Completion of PCMHT interventions, no further mental health crisis presentations

Healthcare Improvement Scotland

INVERCLYDE HSCP Health and Social Care Partnership

Case Study – CRS –ADRS/Rehab Pathway

- 23 years old male
- 18-month history of cocaine use escalating to daily use, increased drug related debt, remains in work, previously mutual aid support, living with grandparents.
- May 2025 GP urgent referral to CRS – deterioration in mental health over past year/low mood/suicidality
- ASSIST-Lite → stimulants risk = high risk → referral to specialist services ADRS
- Four quadrants model = high immediate mental health need/ low long term/ no CMHT need + high addiction need = crisis intervention from MH and referral to ADRS
- Further assessment and stabilisation in ADRS onward referal to 3rd sector recovery service, close ADRS
- Relapse to drug use, escalated back into ADRS for stabilisation and support
- Referral to residential rehabilitation from ADRS
- Outcome: No escalation of mental health crisis involving GP, CRS, ED, MHAU or emergency services since original referral, remains in rehab

Assist lite link:
https://www.rightdecisions.scot.nhs.uk/mental-health-and-substance-use/assist-lite-for-mental-health-settings/

Contact details:
Susan Crawford, ADRS Service Manager
Susan.Crawford@Inverclyde.gov.uk

Alan Crawford, Community Mental Health Service Manager
Alan.Crawford@ggc.scot.nhs.uk

Healthcare Improvement Scotland

The ASSIST-Lite: Lessons on Implementation

Susanna Galea-Singer, NHS Fife, Addiction Services

NHS SCOTLAND

Alcohol, **S**moking & **S**ubstance **I**nvolvement **S**creening **T**est

- Developed by the WHO
- A tool to facilitate early identification of substance use & related health risks within health settings
- Full questionnaire - 8 item clinician-administered: 10-15 mins
- Cross-culturally neutral
- ASSIST-Lite: Ultra-rapid ASSIST: < 5 mins
- Provides an opportunity to start discussion (Brief Intervention) about substance use

What do we think about this? Do we need it?

- The co-occurrence of mental illness & substance use is common
- Around 70% of individuals in SU Rx have a MH need
- Around 50% of suicides identified SU as potentially contributary
- Having a mental disorder significantly increases the risk of SU- existing & developing
- Inadequate assessment & treatment of SU in those with mental health concerns is associated with **poor course of illness** (Buckley, 2006; Kavanagh et al, 2004)
- Early assessment & intervention reduces the impact of SU on mental health outcomes

Negative impact of co-occurrence

- More complex presentations
- Increased relapse / symptom re-emergence
- Increased hospital episodes
- Poorer physical health & subjective wellbeing
- Increased rates of impulsive / aggressive behaviour
- Increased episodes of self-harm & suicides
- Unstable housing
- Poor social networks / family support

Do we need to screen for SU?

Across Scotland

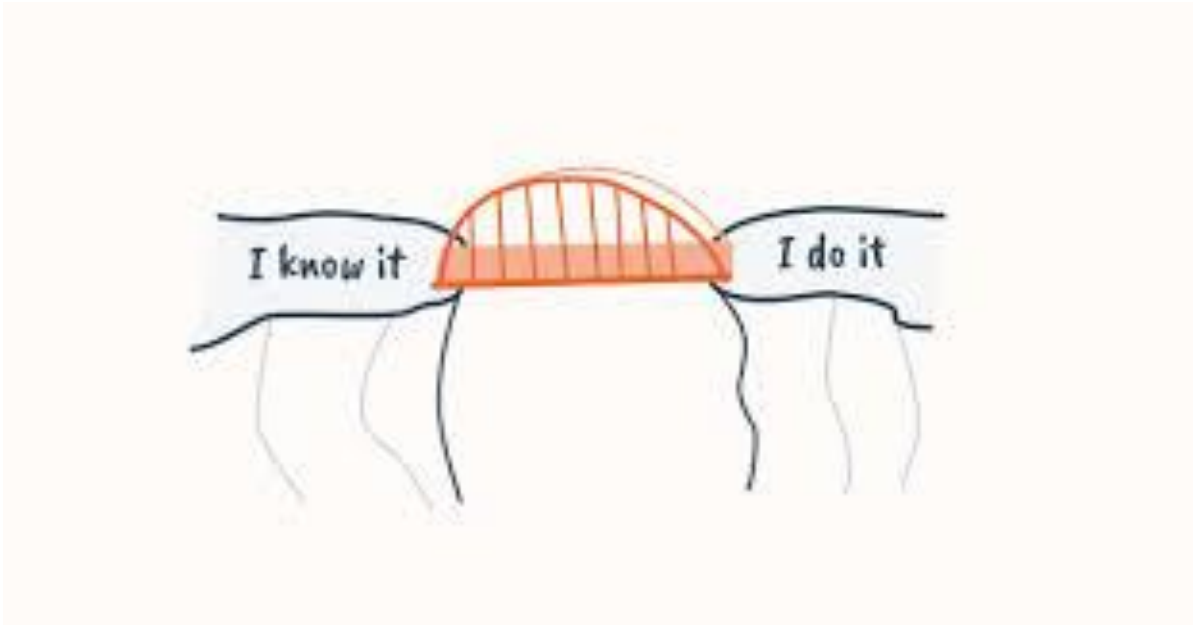
- National Mental Health & Substance Use Protocol Pathway (HIS)
  - Recommends the Assist-Lite
  - Policy push for routine screening
  - Sparse evidence that protocol/part protocol is followed

- MAT 9:
  - Recommend integrated & collaborative approaches
  - Partial implementation
  - ? Impact on improved outcomes

In Fife

- Clearer referral pathways – Inc. Psychiatric emergency plan
- Better care coordination
- Improved access
- Trauma-informed care
- Experiential evidence
- **MAT 9**
- ASSIST-Lite on Morse
- Fife-centric interventions
- Uptake of ASSIST-Lite remains low

Mind the gap



How can I “ASSIST”?
Screening and intervention for substance use problems in mental health settings

The ASSIST-Lite-MH

Aim of the research

- To develop & implement a suitable screening & brief intervention for SU in individuals with MH problems to be delivered by clinicians working in MH
- To undertake a pilot implementation and evaluation of the Screening & Brief Intervention package

"How can I ASSIST?"

Screen & Intervene:

12 Steps of Brief Intervention for individuals with Mental Health Problems

How can I "ASSIST"?

Screening and intervention for substance use problems in mental health settings: A toolkit for use of the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST-Lite-MH)

Dr Natalie Scollay, Consultant Psychiatrist, CADS
Dr Susanna Galea, Clinical Director, CADS Auckland
Dr Stefan Rethfeldt, Training Co-ordinator, Dual Diagnosis, CADS
Dr David Newcombe, Senior Lecturer, Auckland University

Step 1	"I would like to go through your results with you, explain what the scores might mean"
Step 2	Discuss known associations between use of each substance & MH & physical health problems. Ask what effects (harms) the patient has personally experienced from using specific drugs.
Step 3	"The best way you can reduce such harms is to either cut down or stop using (drug)"
Step 4	"what you do is up to you……I'm just letting you know about the risks"
Step 5	"How concerned are you about the risks?"
Step 6	"What are the things you like about using (drug)…..?"
Step 7	"So what are some of the less good things about using (drug) for you…..?"
Step 8	"So on one hand you really enjoy…. AND on the other hand….. What do you make of that?"
Step 9	On a scale of 1-10: concern; commitment; confidence. How would you change the score?
Step 10	Take home info
Step 11	Next steps / patient goals
Step 12	Recommendation by clinician - affirmation

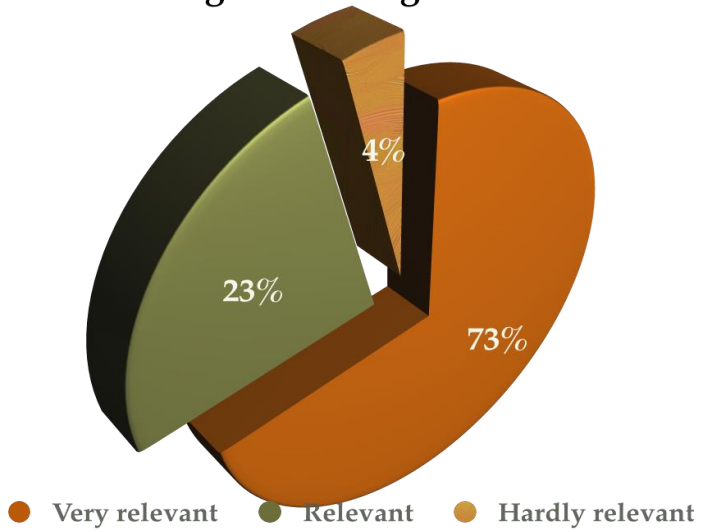
Research plan

- Phase 1: Development of prototype brief intervention to be linked to ASSIST-Lite-MH
- Phase 2: Training of MH staff by Dual Diagnosis team
  - Impact of Substance use on MH
  - Administration of ASSIST-Lite-MH
  - Delivery of BI
- Phase 3: Implementation – 3 months
- Phase 4: Evaluation Phase
  - Process and limited outcome evaluation

Results: Pre-training phase

- 48% of participants reported screening for drug use only occasionally or not at all;
- 96% agreed that SBI for substance use should be part of routine clinical practice;
- 96% rated the ASSIST-Lite-MH SBI training as relevant and as increasing their confidence in dealing with substance use

Fig. 1: Training relevance



Results: Post-training phase

- The implementation of the ASSIST-Lite-MH SBI package was low with only 46 completed (on average < 2 screens per clinician trained).

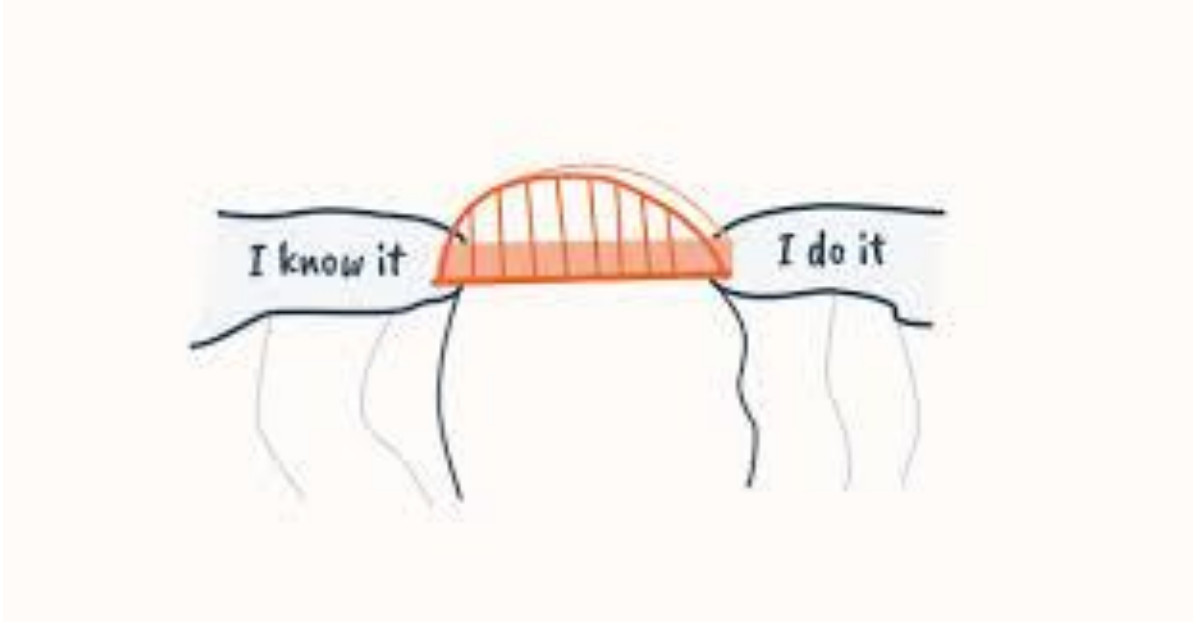
Results: Enablers & Barriers

- Training: positively rated (requests for more role plays)
- Ease at providing SBI: screening was easy, but BI less so. Reports that some clients were not suitable due to acuity of their immediate presentation.
- Patient feedback: those who received SBI generally responded positively.
- Should SBI become routine? General recognition of the importance of SBI, but that clients immediate acuity takes priority and may preclude SBI.
- Utility of additional toolkit: Generally well received.

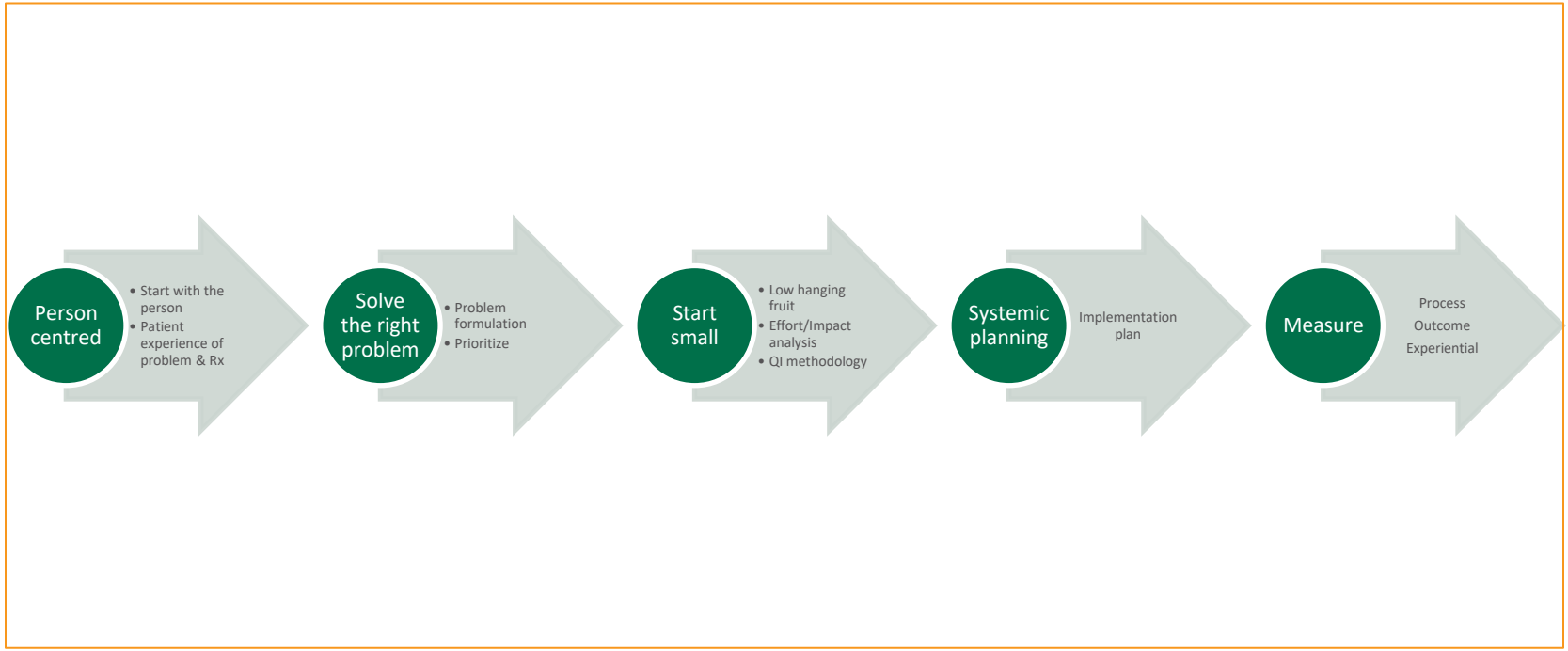
Conclusions

- Although most participants provided positive feedback about the ASSIST-Lite-MH package, and that they would be happy to implement it in their practice, **relatively few clinicians routinely implement it.**
-
- Some clinicians refrained from delivering the SBI because of the acuity of patient presentation. However, given the high rate of co-existing substance misuse amongst MH patients it is important that SBI becomes routine practice. Therefore, **clinicians should be encouraged to deliver the SBI to patients when their MH condition stabilise.**
-
- Making such interventions **mandatory** may be the only strategy to ensure routine delivery of SBI for substance use in MH settings

Translating our knowledge to our place of work



Human centred design

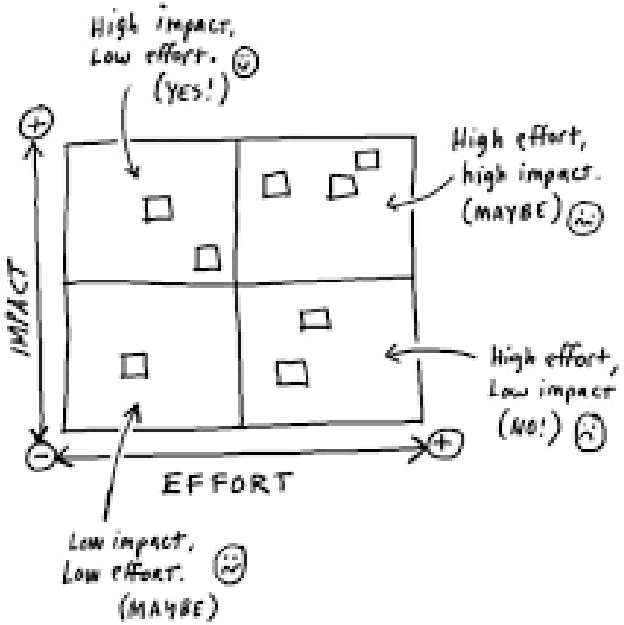


Problem formulation: Solve the right problem!

- What is the problem in your area?
- What's continuing to drive the problem?
- Do not say it's just finance!
- Often: time; confidence; uncertainty re 'what next'
- Ask around….
- Share the problem
- Let's talk!

Start small: Low hanging fruit

- Collaborative / Integrated care plans
- Electronic records
- Structured approaches
- Training
- MDT approaches



Do-able Implementation Plans & Measures

- Go for it!
- If can’t intervene, at least screen – intervene when you can;
- Embed in existing assessment processes;
- Alerts;
- Training;
- Tick-box syndrome: Missing the point.
- Measures: Uptake & Meaning

Thank you

susanna.galea-singer@nhs.scot

Healthcare Improvement Scotland

ASSIST-Lite as a part of ‘dispositional’ assessment process

Laura Freeman – Head of Programme, Psychology Specialist Practice

NHS SCOTLAND

Public Services Delivery
Scotland

NHS SCOTLAND

ASSIST-Lite as a part of ‘dispositional’ assessment

Ensuring screening is person-centred, change-focused and valued

Principles of assessment

- Person-centred
- Dispositional
  - ✓ Only as useful as its usefulness to the person in making potential changes which are of value to the person
  - ✓ Also related to their capabilities and who they are as a person
- Always taking into account the Cycle and Processes of Change
- Motivation is key
  - ✓ State not a trait – always changing
- Remember screening and assessment are always only a snapshot
  - ✓ Things always change, so assessment is always looking at how things evolve – not a static state

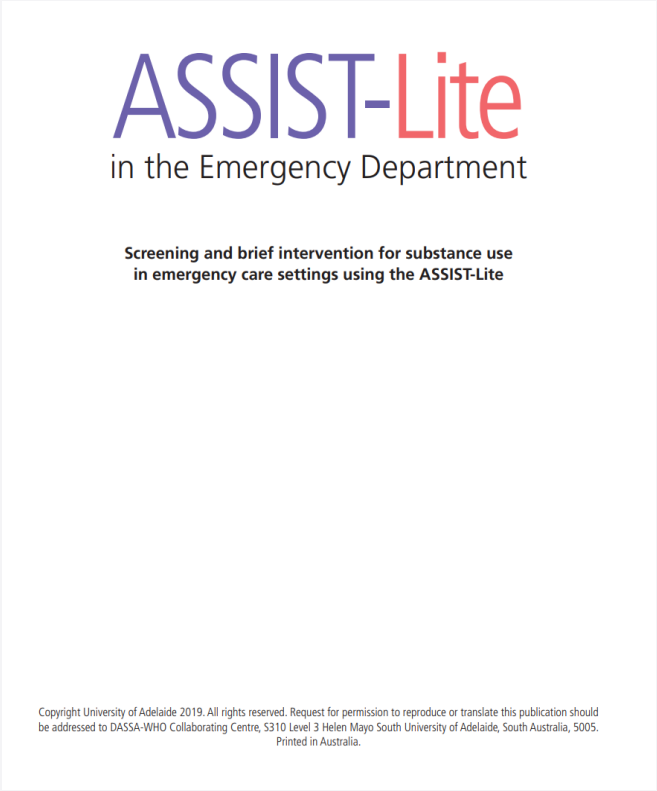
All within the *Spirit* of Motivational Interviewing

P Partnership

A Acceptance

C Compassion

E Empowerment



ASSIST LITE APPROVED FINAL.pdf

Brief Interventions as a framework for encouraging change

- Motivational Enhancement Therapy
- Assist-Lite and the SBIRT model
  - ✓ Screening
  - ✓ Brief Intervention
  - ✓ Referral to treatment
- Help the person ***themselves*** explore their use, potential consequences and a range of change options
- Personalised, supportive and non-judgemental

SBIRT: Screening, Brief Intervention & Referral to Treatment | Office of Addiction Services and Supports
ASSIST LITE APPROVED FINAL.pdf

Steps to consider within a motivational framework

- Feedback
  - ✓ Elicit-Provide-Elicit
- Create discrepancy and reduce ambivalence
  - ✓ Open questions, Affirming, Reflecting, Summarising
- Elicit change talk
  - ✓ Readiness to change questions
  - ✓ ‘Evoking’ questions
- Consider next steps (referral if appropriate)
  - ✓ Use the Readiness to Change scale to explore importance and confidence
  - ✓ Identify strengths and barriers
  - ✓ Consider supports needed to take the next steps

Charter of rights and human-rights based approach

- Focused on the holistic needs of each person
- A focus on rights, respect and dignity
- Equity and access to services
  - ✓ Right to the highest attainable standard of physical and mental health
- Screening and brief interventions are essential in identifying needs and helping people access the services they need to live a full and healthy life.

National-Collaborative-Charter-of-Rights-December-2024-1.pdf

This resource may be made available, in full or summary form, in alternative formats and community languages. Please contact us on **0131 275 6000** or email **altformats@nhs.scot** to discuss how we can best meet your requirements.

Public Services Delivery Scotland

PSD Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB
Tel: 0131 275 6000
www.publicservicesdelivery.scot

Open discussion and Q&A

Feedback

Please click this link

Alternatively, you can scan the QR code

ASSIST-Lite Tool: Right Decision Service

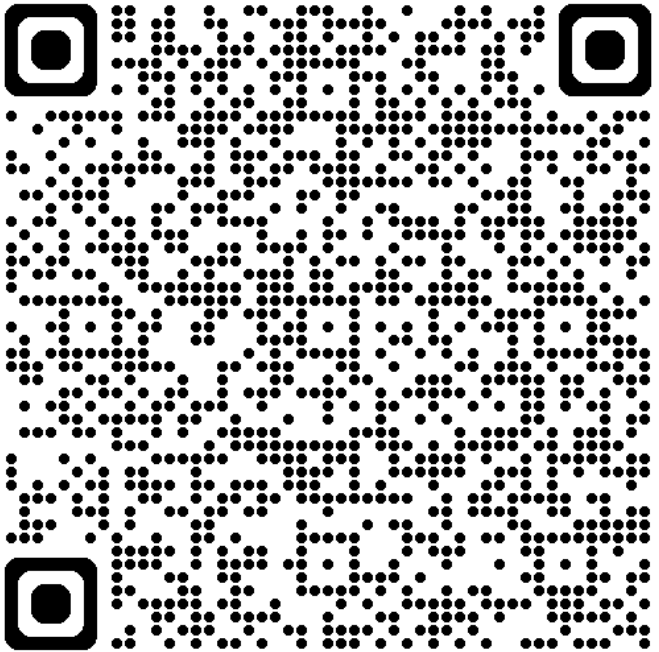
The Right Decision Service is a digital platform and mobile app that provides evidence-based tools to help health and social care staff, patients, and carers make safe, informed decisions quickly.

Click the link below or scan the QR code to access the ASSIST-Lite screening tool on the Right Decision Service:

https://www.rightdecisions.scot.nhs.uk/mental-health-and-substance-use/assist-lite-for-mental-health-settings/?organization=national

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 this link 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.

Alternatively, you can scan the QR code above

Keep in touch

Twitter: @online_his

Email: his.transformationalchangementalhealth@nhs.scot

Web: https://www.healthcareimprovementscotland.scot/

Find out more:
https://www.healthcareimprovementscotland.scot/improving-care/improvement-programmes/mental-health-improvement-programmes/mental-health-and-substance-use-protocol-programme/