

North Ayrshire Health and Social Care Partnership (H&SCP)

Operational interface between secondary care mental health and alcohol and drug recovery services

Co-occurring mental health and alcohol and/or drug use

Services:

- North Ayrshire Drug & Alcohol Recovery Service (NADARS)
- North Ayrshire Adult Community Mental Health Service (ACMHS)
- Community Mental Health Team – older adult (CMHTE)
- Intensive Community Psychiatric Nurse Team (ICPNT)
- Mental Health – Inpatient Services

Background

[Some of the following information has been extracted from the Mental Welfare Commission for Scotland – ‘Ending the Exclusion’ report]

It is common for people to experience problems with both their mental health and their use of drugs/alcohol. The relationship between mental health conditions and problem substance use is complex. For some people, problem substance use might lead to the emergence of a mental health condition. For others, the mental health condition might lead to the problem substance use as people use alcohol or drugs as a way of trying to cope with the distress of a mental health condition. For some people, a traumatic event or period of childhood adversity can lead to these difficulties.

The Scottish Government’s Mental Health Strategy (2017-2027) has actions that aim to develop better mechanisms for the assessment and referral for people with dual diagnosis and to offer opportunities to pilot improved arrangements for their care (Actions 27& 28).

In 2021, the Scottish Government, following the work of the Drugs Death Taskforce, published ten standards for medication-assisted treatment (MAT) for people with addictions. The standards are to help reduce deaths, promote recovery and ensure a person-centred approach to the delivery of safe, effective and accessible treatments.

Standard 9 of the MAT standards sets out that all people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery. This standard aims to ensure that those receiving treatment for drug use have access to mental health care and do not fall between gaps in service provision. Psychological and social support is integral within this approach (please refer to Appendix A for more information).

In October 2023, a Letter to Integration Authority Chief Officers from the Minister for Drugs and Alcohol Policy sets out a clear a requirement:

‘Ensuring that people with co-occurring mental health and substance use conditions can access high quality care is central to both the National Drugs Mission and the new Mental Health & Wellbeing Strategy’.

Vision for North Ayrshire

The vision is to provide holistic, person centred, joined up care of people that require secondary care mental health services and/or alcohol and drug services.

- There is no wrong door – and this is at the heart of our whole-systems approach
- There will be no gaps in the provision provided by secondary care mental health services and/or alcohol and drug services within the North Ayrshire H&SCP

Services across North Ayrshire will build upon and improve upon their existing processes taking positivity from this extract from the Mental Welfare Commission (MWC) for Scotland – ‘Ending the Exclusion’ report (2022) which specifically highlighted NADARS as an example of current good practise:

‘There is hopethe NADARS integrated approach works with people, as individuals, holistically addressing whatever is important to them. They show it can be donethere can be no excuses, the exclusion that many individuals and their families and carers experience must end’

Guidance – secondary care community mental health services and/or alcohol and drug services response

Based on the information detailed above and considering service user and staff feedback, information has been produced for staff to assist in supporting individuals with co-occurring mental health and alcohol and/or drug use

- Please refer to Appendix B for more detailed information

Guidance – potential mental health in-patient admission

Information has been provided should a potential mental health in-patient admission be indicated.

- Please refer to Appendix C for more detailed information

Matrix – Quadrant

A visual guide (based on a recognised national model) has been produced to assist staff in identifying the most appropriate support for individuals with co-occurring mental health and alcohol and/or drug use. This information also offers a guide as to which service (statutory or 3rd or independent sector) could lead on offering support depending on an individual’s mental health and alcohol and/or drug use presentation.

- Please refer to Appendix D for more detailed information.

Appendix A

Your Mental Health and Alcohol and/or Drug Use Matters to Us

Staff understand that when facing difficulties with alcohol and/or drug use, you are also likely to face difficulties with your mental health – the two go hand-in-hand. We know that to support your recovery from alcohol and/or drug use, we must also support your mental health and wellbeing (and vice versa).

When you attend our secondary care mental health and/or alcohol and drug use recovery services, we will work with you to assess your strengths and your difficulties. We will ask you about your alcohol and drug use and your mental health and wellbeing. We will ask about your emotions (what you experience most often and how you cope with them), your sleep, important and supportive relationships, your social networks, how you spend your time, financial circumstances, and ask about some specific mental health symptoms.

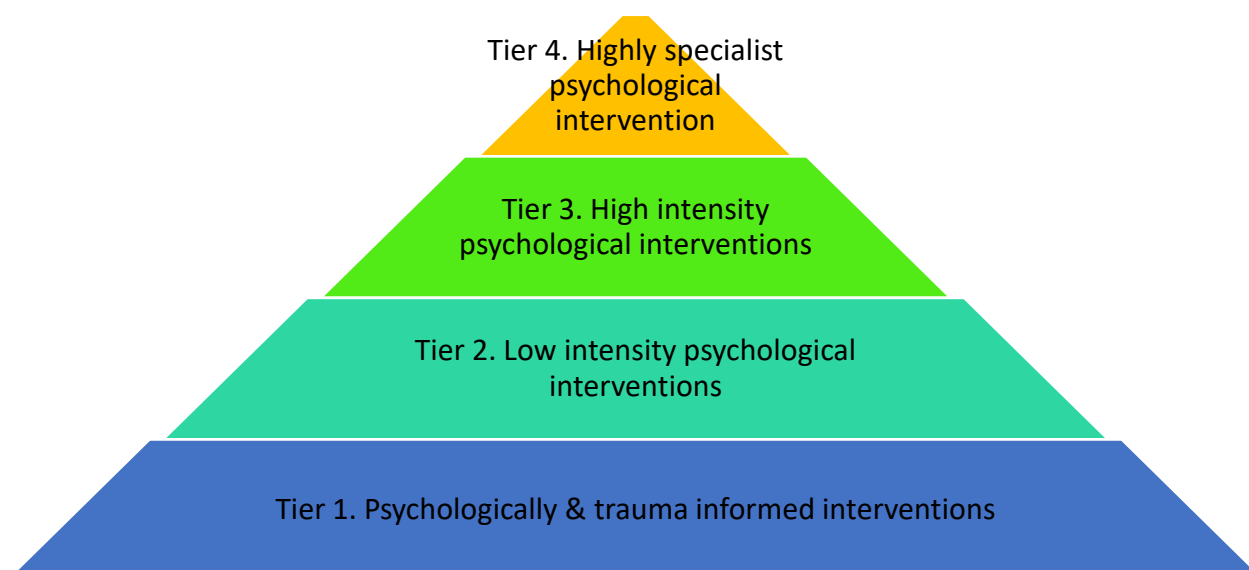
Our services are made up of different skilled professionals who can support your alcohol and/or drug recovery, and provide treatment that can also improve your mental health and wellbeing. This includes people who bring their own experiences of recovery to their role. Some of our colleagues have completed additional substance use training and specialist mental health training as part of their professional role. These include:

Mental Health Nurses	Psychiatrists
Psychologists	Occupational Therapists

You might not need to see all these mental health professionals at any one time, or at all during your recovery journey – but our assessment (and ongoing review) will help us to match the right support for you at the right time.

Treatment and Support

Our services offer a range of evidence-based interventions to support your recovery from alcohol and/or drug use and to improve your mental health and wellbeing. This could include prescribed (or asking your GP to prescribe) medication, but also psychosocial interventions. The type of intervention you receive will be assessed to provide you with the right mental health support, by the right professional, at the right stage of your personal recovery journey.



The diagram above shows the different types (or 'tiers') of intervention we offer to support your mental health and wellbeing. At every appointment you attend, you will receive psychologically and trauma-informed care, also known as a 'Tier 1' intervention. This means your worker has undertaken additional training to understand how our experiences (including traumatic events) can affect us, and how to make sense of other difficulties related to mental health, such as intense and overwhelming emotions – and how we might cope with these (including using alcohol and drugs).

Your worker can provide support and interventions that might help you to improve these difficulties – such as building a trusting, safe relationship with you, making time to listen to you, and working with you to find solutions to your difficulties. They might also offer information and support to develop skills for managing difficult and overwhelming emotions. Our staff aim to be guided by these key principles at all times when we support you:



Those involved in supporting you will continue to review any alcohol and/or drug use and your mental health and wellbeing, and can help you to access more intensive psychological interventions, should you agree this would be helpful. This can include access to 'Low Intensity' or 'Tier 2' interventions. These are delivered by different members of the team via structured appointments, and offer a bit more focused support for managing your mental health and wellbeing. These interventions might include group work, guided self-help and behavioural activation

There are also established pathways to access higher intensity psychological interventions where required. These are delivered by professionals working within our services who have had further specialist training in psychological therapies.

If you have any questions or concerns about your mental health and wellbeing, including available treatment options within the service, please do not hesitate to speak to your keyworker about this.

Appendix B

Local Guidance – secondary care community mental health services and/or alcohol and drug services response

This guidance is provided for the screening, assessment and treatment and care of individuals who may require support for co-occurring mental health and alcohol and/or drug use from North Ayrshire H&SCP Secondary Care Mental Health Services - NADARS, ACMHS, and CMHTE.

Referrals can be received either singularly or jointly by NADARS, ACMHS, or CMHTE from a number of sources. Each service should check their client recording system (Care Partner and/or Care First systems) to ascertain if someone is already open to service (and if so, notify that service of a referral being received). A discussion should take place with the respective services 'Duty' Teams and refer to their 'Duty' processes to agree the level of risk and the associated service(s) response. The timescales and rationale for this response should be documented clearly in Care Partner and/or Care First systems.

Individual presentations can be complex with varying risk factors. Initial referral information does not always contain sufficient information to clearly determine the overall presentation.

The following questions can be asked of referrers which may lead to an improved response where both mental health and alcohol and/or drug issues are evident.

- Is the individual currently involved with any other service e.g. Housing, Justice?
If so, provide the detail and consider liaising with the other service(s)
- Has the individual been using a substance today e.g. alcohol and/or drugs?
If so, what substance are they using, how much and by which route e.g. drinking, smoking, inhaling, intravenous?
- What is the frequency of alcohol and/or drug use e.g. daily, weekly, binge use?
Consider if the person has a history / risk of seizures?
- Is the individual currently intoxicated due to their substance use or, in the referrers opinion, is the individual not able to participate in an Assessment for up to a period of 1 hour?
If so, consider if the assessment should be paused until they are able to participate.
- Would the individual benefit from being assessed for Medication Assisted Treatment (MAT)?
If so, NADARS will lead in order to provide immediate and wrap around support.
- Is the individual taking any medication and if so, is the individual concordant with this as prescribed?
- How is the individuals mental health – are there thoughts or plans of self-harm, is the individual acutely unwell?
- Are there concerns about an individual's ability to safeguard themselves?
If so, please consider ASP, CPA etc

- Is there other support available and what are their thoughts and views e.g. family, carers, advocacy?
- Does the individual present a risk to others?
Is there child protection concerns or are there other vulnerability factors e.g. social / physical health issues?
- Is a mental health hospital related admission indicated?
[Pathway in place to support the admission process – please refer to Appendix C]

Criteria for secondary care support – not met:

If the threshold for support from a secondary care service is not met and the indication is that an alternative 'universal' service (please refer to Quadrant C of Appendix D) may be best placed to respond to the referral, it should be passed on to the other service following discussion and agreement that they will accept this referral.

Referrals should not be transferred to another service without the intended receiving service accepting that it meets their criteria and that they will offer an assessment (any deviation from this risks a referral bouncing between services and this does not meet the 'no wrong door' principle).

The team who receive the original referral are responsible for informing the individual who has been referred and the referrer that their referral is being passed to another service whilst providing an explanation as to why this is being done.

If an alternative service declines to offer support then the contacting agency (ACMHS/ NADARS) should again consider if the original referral should be accepted or declined. If ACMHS/ NADARS decide to decline the referral a clear rationale as to why must be communicated to the referred person and whomever made the original referral.

The offer of alternative information should be provided about other supports which may be available e.g. the individual can be guided towards primary care services (e.g. GP, community link workers), local 'grassroots' organisations, recovery organisations (e.g. AA, NA etc) or national population-level services (e.g. telephone helpline or web-based resources

Criteria for secondary care support – met:

The receiving agency should consider whether there should be an initial singular secondary care service response or a joint response across services.

The response from services will be:

1. Immediate Response required – Same/Next Day

Or

2. Planned Response required – routine appointment or visit

1. **IMMEDIATE RESPONSE – Same/Next Day**

A referral or notification may be received that requires a more immediate response. Information which may influence this may include:

- Individual threatening self-harm\suicide with active plans.
- Individual threatening harm to others due to mental health
- Individual's mental health being acutely unwell.
- Relapse due to deterioration of mental health.
- Current co-occurring alcohol and/or drug misuse (the use of legal or illicit drugs, including alcohol and medicines).

Upon receipt of such referrals or notifications:

- During Monday to Friday, 9am to 5pm – the NADARS, ACMHS or CMHTE 'Duty' Team should be informed of a referral which may require an immediate response that same/next day either as a singular service or jointly. A clinic appointment or a home visit will be considered.
- If a joint service response is indicated, a discussion should take place to agree the arrangements for the joint assessment.

2. **PLANNED RESPONSE – Routine Appointment or Visit**

A referral or notification may be received by a service indicating there are co-occurring mental health and alcohol and/or drug use with no obvious indication of self-harm\suicide and no active intent (with no additional indicators that an immediate response is required).

Upon receipt of such referrals or notifications:

- A planned visit or appointment should be arranged within each services standard response times.

Outcome and recording

All assessments and the agreed plan of care will be recorded in the relevant documentation (Care Partner and/or Care First). Services must agree who is best placed to record this information. Please refer to services record keeping guidelines for more information.

Existing service users

NADARS, ACMHS, CMHTE or ICPNT may be supporting an individual and identify that they may benefit from the joint support of another service. The expectation is that a request for a joint assessment will be accepted (and will occur within the timescales as already described regarding an Immediate or Planned response). Staff will also consider Adult Support & Protection and Child Protection guidance (and any other supportive frameworks e.g. Care Programme Approach) with appropriate escalation and documentation of considerations made.

Uncertainty as to a singular or joint service response:

Should there be difficulty in agreeing as to a singular or joint service response, a decision should be sought via respective services Team Leaders or Service Managers.

On the rare occasion where no agreement has been reached and in order to avoid any inadvertent exclusion, the service in which the person is known to or in receipt of the initial referral should lead on the assessment. Should the individual be open to both services, the most prevailing needs should inform the lead for the assessment (as per the Quadrant within Appendix D).

If the individual is not known to services and no agreement has been reached as to which service should lead on offering support - **the secondary care mental health service will lead on the assessment** (with support from alcohol and drug services) - as indicated by the MWC recommendation contained within the 'Ending the Exclusion' report.

Community Adult Learning Disability Service Users

Some individuals receiving support from the Community Adult Learning Disability Service may also have co-existing mental health and alcohol and/or drug use issues. The same principles and guidance contained within this document applies to joint care arrangements and partnership working across NADARS, ACMHS, or CMHTE.

Appendix C

Potential mental health hospital admission

Consideration Point:

- Discussion with the Intensive Community Psychiatric Nurse Team (ICPNT) around whether intensive community support may be beneficial as an alternative to a hospital admission.

Hospital admission indicated

- Core Business Hours

The referring clinician will discuss their assessment with their own services Consultant Psychiatrist around immediate care planning.

This may involve:

- Planning for further review
- Medication adjustment
- Additional supports via ICPNT (or alternative).

However, if following discussion an acute psychiatric admission is still felt to be indicated, the referring clinician should discuss this with the catchment area ACMHS/CMHTE Psychiatrist.

If the CMHS Psychiatrist is not immediately available, and staff cannot wait to speak to them directly, then contact should be made with the Woodland View bed manager to arrange the admission (*it is expected that the referring staff would follow up this discussion as soon as possible with the catchment area Psychiatrist for the ACMHS/CMHTE*).

- Out of Hours

If an acute psychiatric admission is indicated the referring clinician will discuss the immediacy of the situation with the Woodland View Page Holder and the on-call Psychiatrist who can be contacted via Crosshouse Hospital switchboard

Please refer to Psychiatric Emergency Plan for more information.

Outcome and recording

All assessments and the agreed plan of care, once completed, will be recorded in the relevant documentation (Care Partner and/or Care First).

Appendix D

Co-Occurring Mental Health & Alcohol &/or Drug Use Matrix – North Ayrshire Response

