Exploring integration of mental health and substance use services

Thursday 29th April
11:00 - 12:00

Event Report
Integrated Mental Health and Substance Use Pathfinder.

About this work.

The Integrated Mental Health and Substance Use Pathfinder programme aims to redesign care pathways to improve quality of care and health outcomes for people with mental health and substance use support needs.

The project will develop and test a new model focused on integration of support/services and pathway of care, with a view to spreading good practice, innovation and learning about “what works” Scotland-wide.

This programme of work is in response to needs identified through the recommendations in the Dundee Drugs Commission and The Independent Review of Mental Health Services Reports, as well as by local communities and services. We will therefore be working closely with NHS Tayside as there is a Tayside wide commitment to developing integrated provision for people with drug or alcohol and mental health support needs.

A key focus is on the interface between NHS and HSCP services. Therefore, we will be supporting the three Tayside HSCPs to explore their own provision and development in relation to what works locally for integrated support. This will mean being responsive to local needs and contexts, and investing time and resources across the region in a way that is proportionate to these.

Programme Aims

- **Short Term**
  - Develop understanding of how the current system works
  - Gain skills in a range of approaches to support redesign
  - Meaningful input from people with lived experience
  - Build an understanding of challenges within the system

- **Medium Term**
  - Place people with lived experience at centre of design and delivery of services
  - Actively collaborate to plan, design and deliver joined-up mental health and substance use services.

- **Long Term**
  - People with a dual diagnosis have:
    - Better health outcomes
    - Joined up services
    - Equitable access
    - Person-centred services
  - There is a reduction in the rate of harm for people with a dual diagnosis.
Exploring integration of mental health and substance use services.

The purpose of the session was to inform the next steps of the work and to build a picture of current thinking, planning and doing in this area.

Those participating were people with a central role in facilitating integration and/or are involved in mental health or alcohol and drugs support services currently.

This session is the start of a developing open forum to discuss and bring a spotlight to the challenges, opportunities and perspectives, as well as the data and evidence around the topic of integration of mental health and alcohol/drugs support.

This report provides an overview of input from the participants at the session with the aim of developing our conversations around the integration of mental health and substance use services.

The themes and ideas that emerged are presented here as a way of stimulating further reflection and discussion around the challenges and opportunities within this area.

Conversations within this session centred on principles that can underpin stronger relationships between mental health and substance use services. These emerged from sharing experiences of supporting people across both areas.

Further to this, participants reflected on the underlying conditions that can support and enable these principles.
Emerging Principles.

Taking a person centred approach

Needs based approach | Seeing the person not the diagnosis | Gendered approaches | Trauma informed

“The person needs to be at the centre with services working together with that person to work out an individualised plan that the person wants”

Person-centred approaches with both enable and be enabled by integrated services. Taking a person centred approach will encourage a collective response to the needs of individuals. Similarly, by integrating services, the system can respond faster to individual needs.

Participants highlighted needs based conversations as a central pillar to person centred approaches, for example, not being condition-led and requiring formal ‘dual-diagnosis’ in order to access support. Similarly, taking a gendered and trauma informed approach to mental health and substance use will support staff in services to understand a person's circumstances beyond a simple diagnosis.

Ongoing collaboration

Clear roles and responsibilities | Seamless transitions | Joint working (assessment, case review) | Closer relationships and communication

“A smooth journey for service users who are unaware that they have moved ‘between’ services and there is respect given to the variety of support from all provision”

Joined up working will be the core of integrated services. Participants described what this might look like, with the emphasis being on long term relationships rather than ad hoc or incident based collaboration.

This includes taking a whole system approach, looking at community assets and third sector organisations. Services need to be able to respond to changing need, this might require bringing additional support or moving a person to a different service. Participants suggested that shared case management or a case conference approach might enable this, similarly, joint assessments can build closer working relationships.

‘No wrong door’

Not having to tell their story over and over | Not being passed between service | Collective responsibility | Fewer boundaries

“When people approach a service for help, that service should support them to find and access the right help for them.”

Participants described experiences of people being signposted between various services with little support. This resulted in people having to tell their story multiple times, potentially getting frustrated with the system and leading to disengagement. Furthermore, as people move between services, this lengthens the time between asking for help and getting meaningful support.

Taking a person centred approach

Needs based approach | Seeing the person not the diagnosis | Gendered approaches | Trauma informed

“The person needs to be at the centre with services working together with that person to work out an individualised plan that the person wants”

Person-centred approaches with both enable and be enabled by integrated services. Taking a person centred approach will encourage a collective response to the needs of individuals. Similarly, by integrating services, the system can respond faster to individual needs.

Participants highlighted needs based conversations as a central pillar to person centred approaches, for example, not being condition-led and requiring formal ‘dual-diagnosis’ in order to access support. Similarly, taking a gendered and trauma informed approach to mental health and substance use will support staff in services to understand a person's circumstances beyond a simple diagnosis.

Ongoing collaboration

Clear roles and responsibilities | Seamless transitions | Joint working (assessment, case review) | Closer relationships and communication

“A smooth journey for service users who are unaware that they have moved ‘between’ services and there is respect given to the variety of support from all provision”

Joined up working will be the core of integrated services. Participants described what this might look like, with the emphasis being on long term relationships rather than ad hoc or incident based collaboration.

This includes taking a whole system approach, looking at community assets and third sector organisations. Services need to be able to respond to changing need, this might require bringing additional support or moving a person to a different service. Participants suggested that shared case management or a case conference approach might enable this, similarly, joint assessments can build closer working relationships.
Enabling Conditions.

Whole system strategy

"An over-arching strategy with well defined governance to join the dots can support us to identify need, fill gaps and improve our overall support for people."

Joining up good work | Developing services together | Added value

There was recognition that a lot of good things happening. It was thought that these need to be better joined up. This can support alignment of work and help develop collective responses to need.

Further to this, a strong strategic vision can support the realisation of added value through collaboration and highlight the diverse skills mix required within the system to support vulnerable needs.

Clear guidance | Right information, right time | Cross sector sharing

Information sharing was raised as key enabler in improving joint working. Participants spoke of a lack of data sharing principles leading to a reluctance to share information.

The different IT systems used to store information was also cited as a challenge to sharing information. There was also comments around ensuring that sharing information with third sector groups was more routine.

Empowered staff

“Staff want to help people but are often frustrated by system barriers or lack of time and capacity”

Trust and respect | Supporting decision making | Removing barriers to action

It was noted that staff need to be empowered to respond to individual need and have the flexibility to do what is needed. This is linked with information sharing, however, participants discussed respecting and trusting staff to make decisions.

Collective responsibility | Understanding skills and roles

Ideas of collective responsibility were discussed in the context of person centred care and ensuring that services work together towards a person’s outcomes. This was in relation to a current service based culture.

It was suggested that it is important for everyone to understanding how each service and role has a part to play in support people and take responsibility for support people through the system.

Information sharing

“Information needs to flow between services, including community and third sector services, so that the right support can be provided and that we are all aware of any issues that arise”

Culture shift

“There needs to be a culture shift towards shared responsibility for vulnerable people, there has been too much silo working and lack of clarity over different roles”
Threads.

There were a number of other questions that were raised that start to dig into some of the challenges discussed during the event. These threads of discussion are ones that we would like to pick up in future conversations.

Avoiding more barriers
How might we support those with no formal mental health or substance use diagnosis as those needs emerge?

How do we ensure that the idea of 'dual diagnosis' doesn't become another barrier to support?

Responsive to local context
It will be important to understand that there are different needs across Tayside.

How might we develop ways of working that are flexible and proportionate to local context while taking a rights based approach?

Next steps.

This is the first in a series of these conversations on what good would look like for integrating support for people with mental health and drug or alcohol support needs in Dundee/ Tayside

We are interested in creating the conditions for change, in discovering current context and in working with stakeholders from across Dundee and Tayside to facilitate and support change in a way that is appropriate for people's needs within the locality.

We will also be approaching key groups to get feedback from them about what was discussed at this first session. We would like to involve as many people, teams and roles from across the system and if people feel they would like to be in contact with us please get in touch.

Get in touch.

his.transformationalredesign@nhs.scot
@TRU_ihub
Strategic Planning Portfolio