Improving our response to mental health and substance use support needs in Scotland

The Journey So Far
Event Report

29th June 2022
Improving our response to mental health and substance use support needs in Scotland

The Scottish Government have commissioned Healthcare Improvement Scotland (HIS) to improve our response to people with mental health and substance use support needs, expanding on ongoing work in Tayside into other areas across Scotland. Measures of success will include improved and equitable access to health and care services, reduction in harm arising from unmet needs in relation to mental health and substance use, and the extent to which individuals experience a person-centred, integrated service based on needs.

Aims and Objectives:

- **System understanding**
  - To understand the current state, and the user and service needs that can be better met by service redesign and improvement.

- **System redesign**
  - To work with up to five areas to develop and implement an integrated approach to delivering mental health and substance use services.

- **Co-design and co-production**
  - To increase opportunities for people with living and lived experience, communities, and partners from across the system to be engaged in planning, design and delivery of services.

- **Learning system**
  - To identify, share and spread good practice, innovation and learning about “what works” Scotland-wide to drive improvement and change in developing and delivering services.
Purpose of event

This event launch was to establish why this work is being done and demonstrate what has been achieved so far. It offers a chance to welcome NHS Grampian, NHS Greater Glasgow and Clyde, NHS Lanarkshire and NHS Lothian to the project and share what they will be focusing on to improve the response to people with mental health and substance use support needs. Further, it was vital to have an interactive session to gain varied perspectives across the areas in Scotland involved in this work. By considering feedback from participants, we can design and develop learning and pathways more holistically.

Aims of event

- For service providers to ask difficult questions about difficult situations
- Share insightful thoughts and/or approaches
- Increase participation across services to champion a collaborative approach
- Encourage transferable learning and different behaviours

Participants by place of work

<table>
<thead>
<tr>
<th>Place of Work</th>
<th>Number of Participants</th>
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<td>Scottish Government</td>
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<td>Local Councils</td>
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<td>Police and prison services</td>
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<td>Third Sector organisations</td>
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<td>Scottish Ambulance Service</td>
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About the Session

Our Speakers

Kevin Stewart MSP
Minister of Mental Wellbeing and Social Care

Angela Constance MSP
Minister of Drugs Policy

Darren McGarvey
Author, Musician, Social Commentator

Areas we heard from

Diane McCulloch
Head of Health and Community Care Services, Dundee Health and Social Care Partnerships

Dr Saket Priyadarshi
Associate Medical Director & Senior Medical Officer, Glasgow Alcohol & Drug Recovery Services

Ann Wardlaw
ADP Coordinator for Inverclyde

Breakout room topics

Red Rules / Blue Rules

Involving People with Lived and Living Experience Right at the Start

The Development of a Mental Health and Substance Use Clinical Network

An Integrated Response to Near-Fatal Overdoes
Kevin Stewart MSP  
Minister for Mental Health and Social Care

Kevin Stewart recognised that "one size does not fit all" for people accessing mental health and substance use services. He acknowledged that we should be setting up services that reflect people’s complexities and ensure that people are able to get the right support, at the right time, in the right place. Mr Stewart challenged participants to be brave in our thinking and think "out the box as people may not fit into these boxes that we have used in the past". The support available should be consistent regardless of health condition, socio-economic background or where you live in Scotland. Therefore, the project should have the voices of people with lived and living experiences at the heart, planning an active role in the planning, design and delivery of services. All of us must listen to service users and their family as we move forward to get human rights and person centre approach right, whilst creating services that truly delivery to people in Scotland.

Angela Constance MSP  
Minister for Drug Policy

Angela Constance began by recognising "that substance use and mental health issues often come hand in hand but pathways into treatment don't always reflect this link". She stressed the importance of embedding a ‘person-centred’ approach in services to help those with mental health and substance use problems. Ms Constance went on to say how important it is that our efforts are focused on delivering change on the ground for those trying to access services. Therefore, it is clear that "re-designing care pathways will be crucial so that we can provide genuine support to people who are facing multiple disadvantages." The Minister also expressed her belief in the importance of involving people with lived experience in the redesign of services. Ms Constance ended the speech by reaffirming the government’s commitment to tackling stigma and delivering the MAT standards.
We heard of Darren’s experiences with his mental health, alcohol and drug use, highlighting the overlapping symptoms of addictions and mental health problems. He states “no one ever had thought to ask me if I was an alcoholic or drug user and I never thought to tell them as I had no insight that this was a problem”. Having been misdiagnosed with a personality disorder, he recalls his time engaging with mental health services as “descending down a rabbit hole” where he was searching for a ‘label’ for himself to accept the reasoning behind his substance misuse.

Delving into the causes of addiction and his journey through services, Darren spoke of the craftiness of addiction to seize and manipulate a person’s life. Describing addiction as something more than a physical and mental craving but as something which is in constant dialogue with you. He labels dishonesty, delusion, and defensiveness as central features of an active addiction, whilst having the ability to lie and delude oneself to thinking that the problem is not bad. Summarising what all this means to him by stating that the addictive mind has granted the motivation to complete any task or obligation which may facilitate or prolong alcohol and drug use, or in any case, keep it hidden. Darren spoke positivity of psychosocial support in recovery, retelling his time in rehab as “suffering with people are going through the same problem, and the people who are there to help you have the lived experience there to help you to help you overcome that problem, have found a solution”.

Q: How do we ask people about their addictions in a way that makes them feel supported?

“it is wickedly difficult, as you will certainly fare a lot better if you have some direct or indirect experience of addiction because there is certain things you’ll be able to spot, such as dishonesty. Sometimes it is getting the right balance between being compassionate and sensitive, but also being frank. Every individual is different and we need to recognise the role of trauma has to someone in recovery”.
Working Better Together
Diane McCulloch, Head of Health and Community Care Services

The Dundee Drugs Commission reports from 2019 and 2022 identified the interface between mental health and substance use services needed to improve and work better together. Feedback from people with lived experience expressed that they felt there was multiple factors impacting on their health and wellbeing which weren't being properly addressed. It was recognised that to address multiple and complex needs we must think of a difference response to responding to people which satisfy and reinsure them.

With funding through CORRA, the project was able to identify what integration of substance use and mental health services actually meant. Alongside examining where people are already engaging with services and identify to identify where the first points of contacts are. Originally the Dundee project was an individual project, however Healthcare Improvement Scotland were commissioned to start the pathfinder project, which covered the remaining areas of Tayside. Within Dundee, with HIS support, the project started on a discovery phase. This included mapping out current provision, looking at pathways, identity gaps, use real life examples to construct journey to identify triggers points for accessing support. This discovery phase identified that people with lived experiences wanted mental health and substance use services to work more closely and seamlessly together.

Together with HIS, the project conducted in-depths interviews, developed community conversations, online surveys, focus groups with people with lived and living experiences which included staff. Alongside support from Dundee Volunteer and Voluntary Action (DVVA), the co-design groups offered the opportunity to look at what had been learned during the discovery phase and shape the learning into improvement ideas, and defy these improvements ideas and the test of change.

Findings from this stage discovered adequate capacity and a ‘No Wrong Door’ approach can improve responses. Whilst it was recognised that a holistic service will not be able to meet all requirements, but would have expertise available in all areas which is essential with inter-agency partnerships.

Test of Change led by Women’s services

Multi agency triage meeting meets every week looking at vulnerable women. The group ensures the person’s needs are all being met by service. Programme is part of an 8 week test of change involving health services, third sector and police to establish a person centre co-ordination of care. The group is run by Womens Rape and Sexual Abuse Centre, who are often the first point of contact for woman are in a point of crisis.
Improving our Response Programme Localities:

**Glasgow City**  
Dr Saket Priyadarshi, Associate Medical Director and Senior Medical Officer

Saket outlined the priority to address the pathways for mental health care within substance use services. For the last few decades Glasgow services been working in partnership, though an interface agreement with mental health partners to delivered assessment and interventions for mild and moderate mental health problems for people who have been to substance use services. This was developed due to a recent review of alcohol and drug services in the city which saw challenges in achieving outcomes in relation to service user experience. It is thus a priority to address the pathways for mental health and substance use, to ensure that people who need these specialist services should have access to them in a timely and effective way. He states “without addressing mental health we are not going to be able to support our service users into recovery”. The aim is to improve pathways to ensure that people get access to specialist professional care, while enabling our services to be trauma informed.

**Inverclyde**  
Ann Wardlaw, ADP Co-ordinator for Inverclyde

The below diagram shows the feedback gained from people with lived and living experience from the Hard Edges Scotland report follow up from 2020. The diagram highlights the importance community plays in a person recovery: “people live in communities, they don’t live in services”. The report saw people describe barriers to accessing mental health and substance use services describing it as a ‘messy path’ through services. Ann challenges participants to listen to people, families, and staff experiences to understand what factors are blocking support and involve people at every step. By including this approach in the project it will help inform the particular aspects which need a closer look at and where improvements are require.

**Hard Edge Scotland – Lankelly Chase**
This session explored a range of practical approaches which supported involvement of people with lived and living experience. Participants were presented with the different approaches used throughout each stage of the Tayside pathfinder programme, which involved people with lived and living experiences early in the project. The complexities of meaningful engagement experiences and benefits of a shared learning system were discussed.

Participants expressed a desire to co-design and co-deliver, with people with lived and living experience being involved in all aspects and supported with continued skill-building. The key issue discussed was that even though the awareness is evident to involve those with lived/living experienced to design and deliver programmes, there is a barrier as to how best to approach this.

Facilitator: Diane Graham (Senior Improvement Advisor and MHSU Engagement Lead)
An Integrated Response to Near-Fatal Overdose

Facilitator: Karen Melville (Lead Pharmacist, NHS Tayside)

Participants learnt of the successful work in Tayside around integrating services, through the group Non-Fatal Overdose Rapid Response Team (NFOD). NFOD is a partnership with statutory services and third sector services which responds quickly to all known non-fatal overdoses. A multidisciplinary team acting with real-time information quickly identify those individuals who experience a non-fatal overdose and engage with them, immediately, at their home or space where they are confrontable. Identifying areas of support for the individual and join up services which can help, encouraging them to engage effectively with treatment and care services.

Using real examples, participants were talked through the different approaches and questions asked at NFOD meetings to identify areas of support for an individuals. Giving participants the opportunity to reflect on how multi-disciplinary teams can offer holistic care.

The Development of a Mental Health and Substance use National Clinical Network

Facilitator: Lauren Sloey (Clinical Effectiveness Lead, Scottish Ambulance Service and Professional Advisor to the HIS MHSU Programme)

This session discussed breaking down hierarchical, clinician specific and regional barriers found in clinical CPD models. Participants explored how we can achieve this by use of a national collaborative which welcomes clinicians from all registrations and backgrounds to allow effective sharing of best practice, research and care pathways with a view to improving clinical outcomes for individuals who access support for mental health and substance use dual diagnosis.

Participants discussed the potential barriers and enablers of the programme. Barriers discussed included demand and capacity of the pathfinder programme with enablers including operational management support and interesting topics. There was general agreement amongst participants that it would be beneficial to have a space to break down regional boundaries in CPD and learn from colleagues across Scotland.
Next Steps

This Programme has now launched and is in the early stage of developing plans and workstreams with the following local areas; Grampian, Greater Glasgow and Clyde, Lanarkshire and Lothian.

We will use a blended and multidisciplinary approach to develop a strong foundational knowledge of what the issues are in area. Engaging with staff and people with lived and livening experiences to build a picture what people wanted to get from services and the challenges facing services.

Our next national learning event will take place on 28 September 2022.

Get in Touch

We are hoping that these conversations stimulate thoughts and ideas that we can further explore and develop together. So if there are particular topics or issues you would like to discuss then please contact us his.mhportfolio@nhs.scot

What did participants find most useful?

"Hearing about different approaches across Scotland"

"The power of peer support and the need for the lived experience to be at the centre of the approach"

"Hearing from the other speakers about the work being done, some of the challenges and opportunities to work more collaboratively"

"The shared will and commitment to be brave"