

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

National Learning Event II

28th September 2022

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

The Mental Health and Substance Use: Improving our Response Programme will improve outcomes for people with concurrent mental health and substance use (MHSU) needs. This will be achieved through development of coordinated pathways of care which enable services to be more responsive to people's needs, and provide more person-centred care.

It is anticipated that this work will enable people who need and use mental health and substance use services to:

Access appropriate services and care more effectively and efficiently.

Have their needs met in a more timely manner.

Move between different types of services as their needs/priorities change.

Be less likely to have unscheduled care contacts as needs are met by planned services

Experience less stigma associated with having concurrent mental health and substance use needs.

Spend less time in services.

Have greater choice and control around the services that they feel will support them best

This work is based on findings and learning from the NHS Tayside Mental Health and Substance Use Pathfinder and the ADP and Homeless Programme: Reducing Harm Improving Care. This understanding forms the starting point for Mental Health and Substance Use: Improving our Response. We will now work with local areas to identify changes based on their local context and population need, and our knowledge from these programmes.

The aim of the Mental Health and Substance Use: Improving our Response Programme is to create integrated and more effective and efficient care and pathways of care for people with concurrent mental health and substance use needs. This aim is underpinned by the following objectives:

To enable people to have their mental health and substance use needs supported simultaneously, without facing challenges in accessing services due to their concurrent needs.

To support local areas to develop pathways for people with concurrent mental health and substance use needs.

To support staff and services to work better together, ensuring effective care coordination.

To deliver improvements against national and local recommendations (e.g. MAT Standards, Drug Deaths Taskforce recommendations, The Mission and ADP and Homeless Programme: Reducing Harm, Improving Care recommendations).

Purpose of the event

Following on from our last national learning event, The Journey So Far, we listened to your feedback and curated an event based on what you would like to see from Mental Health and Substance Use programme events. Our second national learning event focused on facilitating longer breakout room discussions with an opportunity to share learning from each discussion, an update from the programme pathfinder sites and recruiting a motivational guest speaker.

At our event, participants were informed on the programme aims and objectives alongside an update on our pathfinder sites. We then heard from Nigel Henderson who spoke about his role in leading the work on 'Time, Space, Compassion', the Scottish Government recommendations for improvements in suicidal crisis support.

We offered the following breakout room topics at our event:

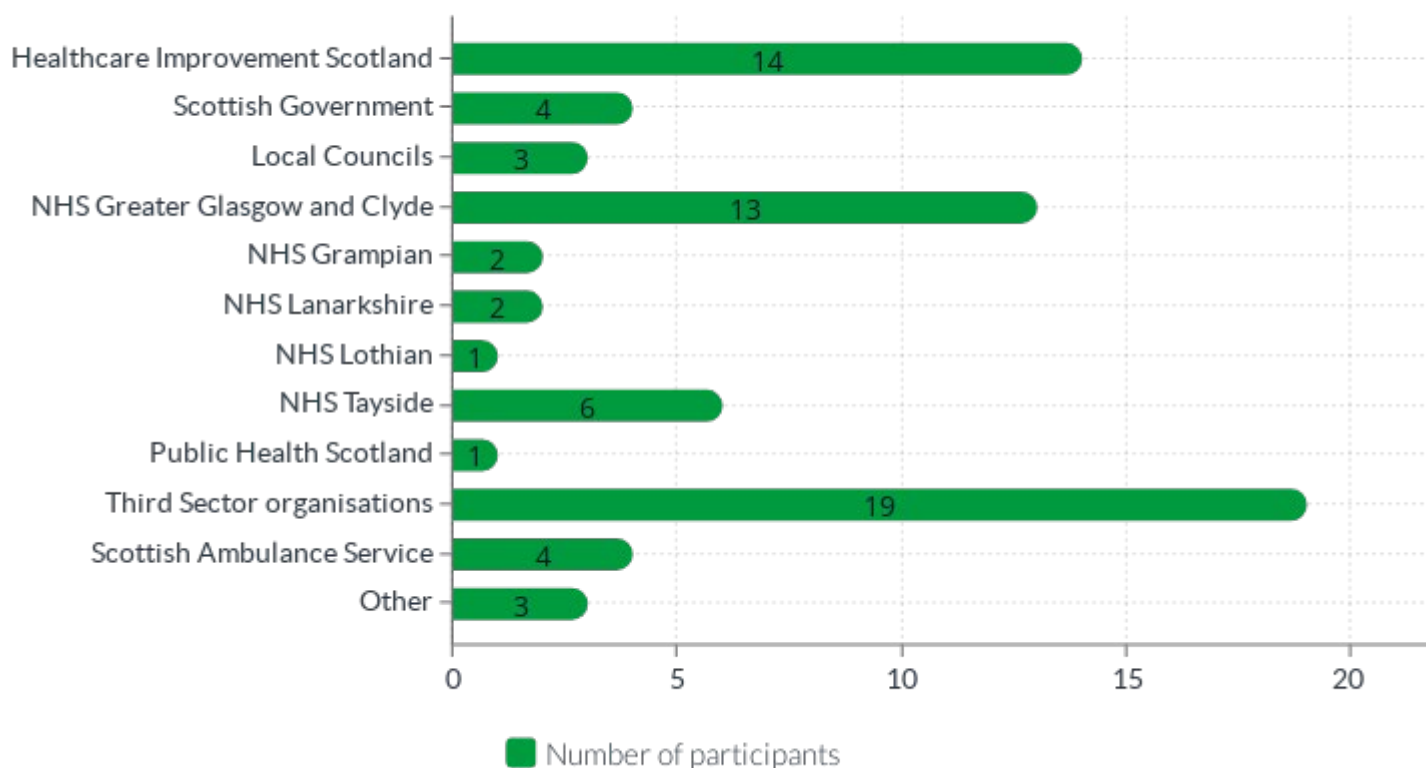
Personality Disorders and Substance Use

From Consultation to Co-Design

Families are Key to Recovery

We need to talk about Benzodiazepines

Participants by place of work



Pathfinder Sites Update

Janine Gowans - Senior Improvement Advisor,
Healthcare Improvement Scotland



Greater Glasgow
and Clyde

NHS Greater
Glasgow and Clyde

- Exploring improvements in the interface between MH and SU services and will build upon a service review and learnings from adverse event reporting and service user feedback.



Greater Glasgow
and Clyde

NHS Greater
Glasgow and Clyde

- **Inverclyde:** Aims to develop a supportive, connected system that ensures people are able to easily navigate through services, the whole system supports recovery and services offering short term, low intensity support collaborate to prevent escalation.



Lanarkshire

NHS Lanarkshire

- Focusing on working alongside the North Lanarkshire ADP to build on 'discovery' work undertaken as part of the Reducing Harm Improving Care (RHIC) programme.



Lothian

NHS Lothian

- Interested in further exploring a Human Learning Systems approach to supporting collaborating and better meeting the needs of persons with MHSU needs.



ihub
Enabling health and social
care improvement



Grampian

NHS Grampian

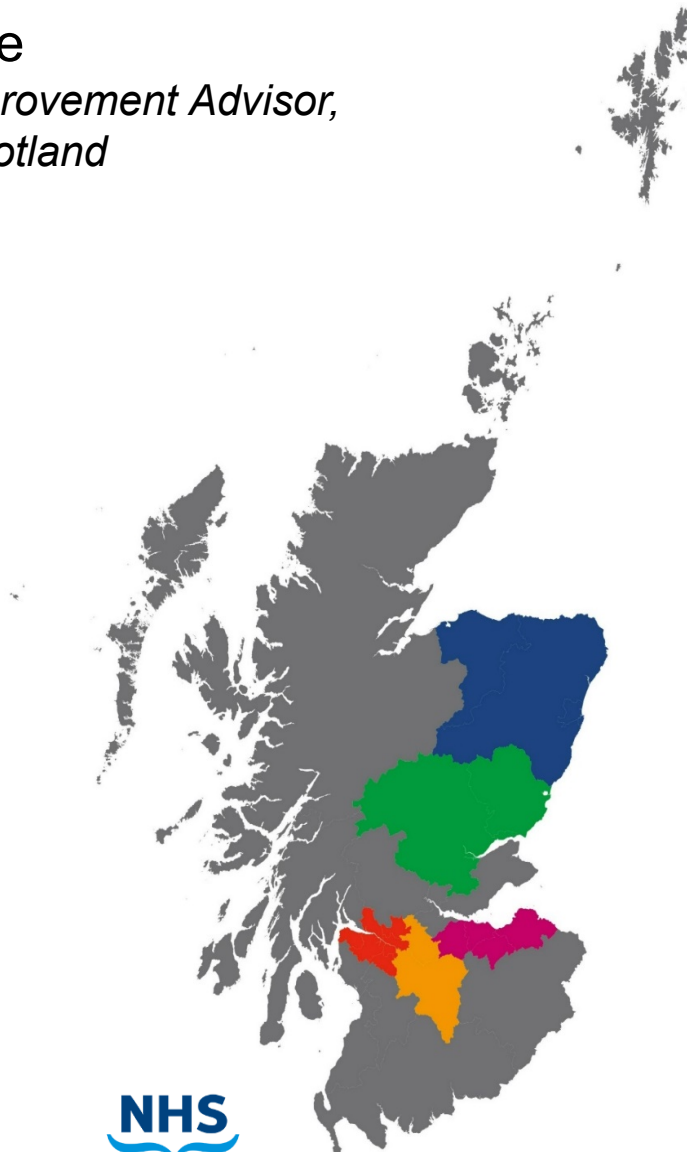
- Aims to design and formalise a clear pathway between MHSU services that incorporates low support needs, medium support needs and complex support needs services.



Tayside

NHS Tayside

- Continues to redesign care pathways to improve quality of care, access to treatment and health outcomes.



Time, Space, Compassion

Nigel Henderson - National Lead on Suicidal Crisis Intervention, Scottish Government

Nigel Henderson spoke to participants about his role in developing Scottish Government's new approach to improve the help for people who are feeling suicidal. "Time Space and Compassion" aims to ensure that people experiencing a suicidal crisis are able to access support at a time they need it, in an accessible and available space, and are shown compassion by those providing the support.

This report attempts to provide a unifying approach to improvement in suicidal crisis response which could apply across settings and services and support anyone who seeks help, and anyone who sees the opportunity to offer help. It defines the principles as:

“

Suicide and suicidal crisis touches all aspects of our mental health and addiction services and lives everywhere in Scotland

Time

Taking the time to listen to people and validate experience with no judgement

Space

Creating a safe space both physically and online. Should be accessible and welcoming

Compassion

Desire to assist and go on the journey with the person

To create the approach, a lived experience panel was consulted to explore what difficulties and challenges occurred for them when accessing suicidal crisis support. Members of the panel identified three main areas of impact:

Access

To information, support, and follow through

Journey

Into and through key transition points in support

Expectations

Of what people will experience and what to expect from support.

The lived experience panel also described key attributes to support that demonstrates time space compassion including 'stickability' of services, a single trusted point of contact, growing the interpretation and working definition of crisis, prioritising the needs for people working to provide this support, and taking a person centred approach.

This new approach is not setting out a new model of crisis support which services should impose. It is proposing that all services should be alert to the needs of people, radically change the experiences of those who need support at a time of crisis. Currently, the approach is being tested by partners You can read the report on [Time Space Compassion here](#).

Sharing Good and Promising Practice: NHS Greater Glasgow and Clyde Interface Agreement

Chanpreet Blayney - Consultant Psychiatrist, NHS Greater Glasgow and Clyde, and Professional Advisor to the Mental Health and Substance Use Programme

At our last session, participants commented that they would like to see projects and developments which have been established in other NHS boards. We thus asked Chanpreet Blayney to introduce NHS Greater Glasgow and Clyde's Interface Agreement. This guidance has been developed to support clinical staff who work at the interface of Alcohol and Drug recovery services (ADRS) and mental health services.

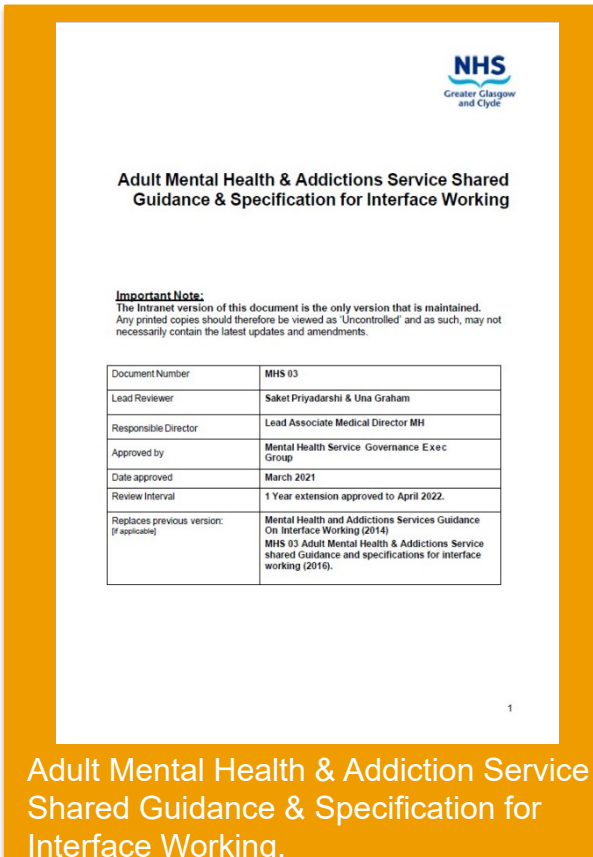
The agreement was written by Dr John Mitchell, who at the time was a Principal Medical Officer for the Scottish Government, and is based on service design and outcomes from significant event reviews. The agreement aims to support clinical staff make the right referrals and offer service provisions for patients with complex needs with both mental health and drug and alcohol problems.

This document was shown as a tool to inspire participants to learn from and reflect on interface documents within their own services. It covers referrals made to Community Mental Health Teams (CMHT) and Community Alcohol and Drug Team (CADT) and provides Flowchart for Routine & Emergency Referral. Sections also include information on referrals for psychiatric emergencies.

Although the agreement has been published for 10 years, challenges have arisen in the implementation of the agreement. Staff are either unaware of the document, don't use the document in their practice, or are too busy fire-fighting. It was discussed the importance of having an implementation plan for interface agreements to help improve staff confidence to assess patients and interact with locality services.

The interface is currently under a review to update and implement the plan within mental health and substance use services across NHS Greater Glasgow and Clyde.

If you would like to read the full Adult Mental Health & Addiction Service Shared Guidance & Specification for Interface Working, please email his.mhportfolio@nhs.scot



The image shows the cover page of a document titled "Adult Mental Health & Addictions Service Shared Guidance & Specification for Interface Working". The page features the NHS Greater Glasgow and Clyde logo at the top right. Below the title, there is an "Important Note" stating that the intranet version is the only maintained one. A table provides details about the document, including its number (MHS 03), lead reviewer (Saket Priyadarshi & Una Graham), responsible director (Lead Associate Medical Director MH), approval group (Mental Health Service Governance Exec Group), approval date (March 2021), review interval (1 Year extension approved to April 2022), and previous versions it replaces. The page number "1" is visible at the bottom right of the document image.

Document Number	MHS 03
Lead Reviewer	Saket Priyadarshi & Una Graham
Responsible Director	Lead Associate Medical Director MH
Approved by	Mental Health Service Governance Exec Group
Date approved	March 2021
Review Interval	1 Year extension approved to April 2022.
Replaces previous version: (if applicable)	Mental Health and Addictions Services Guidance On Interface Working (2014) MHS 03 Adult Mental Health & Addictions Service shared Guidance and specifications for interface working (2016).

Complex systems work better with a plan; where everyone knows what they're doing and who they can rely on for support

Personality Disorders and Substance Use

Facilitator: Dr Michele Veldman (Consultant Clinical Psychologist, NHS Greater Glasgow and Clyde / Professional Advisor to the HIS Personality Disorder Improvement Programme)

This session explored the links between personality disorders and substance use and the difficulties in accessing support. There was an emphasis on the degree of stigmatization impacting personality disorder which some still view as untreatable despite the availability of effective treatments.

Conversations were held around the additional stigma of substance use and the effect on people who experience both difficulties. For many people with personality disorder, alcohol and drugs are a strategy to escape and their use will sometimes exclude them from other services, whilst others who use a different coping method would be supported to stay engaged. In other cases, individuals are told to stop using substances before they can access treatment with little thought given to how problematic this can be to ask someone to stop using the strategy that has worked for them in advance of providing them with support for the trauma and mental health challenges that contributed to substance use in the first place.

Participants expressed real frustration at having the same conversations and would like to see more access to training and support for people working in substance use services and changes to the exclusion criteria that are rooted in stigma. It was also expressed that a Mental Health First Aid and Stabilization Service before asking citizens to reduce or eliminate substances would be beneficial. Participants also acknowledged that for some people abstinence is not their recovery goal; those individuals are worthy of support that recognises their agency.

From Consultation to Co-Design

Facilitator: Elizabeth Brooks (Senior Service Design Advisor, Healthcare Improvement Scotland), Gabriel Calvert (Recovery Network Coordinator, Dundee Volunteer and Voluntary Action)

Co-design is not simply consulting with people but getting people involved and discovering what changes people want in the service and involving them in the process. When conducting service evaluation, we must listen to what people say, and not what you are looking for them to say. This session explored the practical approaches to involving people with lived and living experience in the design of service improvements.

Participants were presented with the approach used in Tayside's service redesign which saw staff and people with lived and living experience consulted during the discovery and design phase of the project. During this phase, the project team conducted a systematic review, evidence scan, number of interviews, community conversations, surveys, and focus groups. The facilitators highlighted the importance of having a partner in the third sector who have links with the community to support and encourage participants in the co-design groups.

The top tips given to participants who are interested in establishing a co-design group with people lived experience are: Communicate with people in their own terms, create documents in plain English which everyone will understand, ensure people are supported when they are engaged, ensure people feel safe and not resurfacing trauma.

Families are Key to Recovery

Facilitator: Sooze Gallagher (Development Officer / Naloxone Lead, Scottish Families)

Scottish Families Affected by Alcohol and Drugs is a national charity that supports anyone concerned about someone else's alcohol or drug use in Scotland. This session aimed to encourage participants to think about the different ways in their own role they could support families. Scottish Families use relationship-based practice which places family members at the heart of everything they do. Evidence shows that involving families early is key for supporting people into services by helping initiate treatment, maintaining engagement, and positively affecting the course and outcomes of treatment.

Working with family members, Scottish Families help to develop knowledge, skills, confidence, self-care and connections, building on families' own strengths and expertise. Services include Telephone Helpline, Bereavement Support, one to one Telehealth Support, and Holding On.

It was noted that capacity and resources are barriers in reaching families sooner. However, in routine assessments of alcohol services children, vulnerable family members and family are inquired about. Services must also offer counselling to families and the person they care for. Participants also discussed their reluctance to ask about family or a support person as they might not have the right answers for them or know themselves where to sign post for support. Scottish Families have been supporting ADPs to address local needs whilst offering support and training to frontline services on different approaches to support families.

We need to talk about Benzodiazepines

Facilitator: Lauren Sloey (Clinical Effectiveness Lead, Scottish Ambulance Service / Professional Advisor to the HIS MHSU Programme), Jason Wallace (Living Experience Engagement Senior Officer, Scottish Drug Forum)

Jason Wallace shared the thoughts and discussions held by people in the Living Experience Engagement Groups from the Scottish Drugs Forum. Jason spoke of the community of individuals in Glasgow City with ongoing living experience of substance use difficulties and their difficulties engaging with medication assisted treatment for Benzodiazepines as they are aware of the risk of withdrawal due to their current use of Etizolam versus the prescribing guideline maximum dose of Diazepam as an alternative.

The most common reasons for use of illicit Valium in the lived experience community are reported by community leaders to be inclusive of the following; Complex trauma, generalised anxiety and a range of mental health symptoms they are unable to access meaningful support for, as well as difficult living circumstances including homelessness and threat of violence.

Participants discussed balancing risks and positive risks in prescribing. The lived experience community leader reports community members can be told that they can't be prescribed high level benzodiazepines for extended periods due to the risk of cognitive impairment. However, this needs to be better balanced with the ongoing risk of exposure to traumatic experiences, overdose and the fact that cognitive damage is already being caused by the cumulative exposure to illicit substances. Participants also discussed stabilisation unit access with a interest to understand what the progression of this would look like.

Next Steps

The programme is continuing to work collaboratively with the following areas; Grampian, Greater Glasgow and Clyde, Lanarkshire, Lothian and Tayside. We are focusing on refining work plans with the newly recruited areas alongside building relations with statutory and non-statutory staff within mental health and substance use services.

Our next national learning event will take place on **1 December 2022** and will focus on developing and managing change.

If you would like to share some positive and promising practice from your workplace, please contact the project team at his.mhportfolio@nhs.scot

Key links

- [The link](#) to the Personality Improvement Program where you can sign up for their newsletter and educational events
- [Link](#) to a combined slide deck including:
 - The presentation made by Nigel Henderson
 - The slides presented by Elizabeth Brooks and Gabriel Calvert
 - And Sooze Gallagher's slides from her Scottish Families presentation
- [Link](#) to Scottish Families Affected by Drugs, "Ask the Family" work
- [Link](#) to the Time, Space, Compassion report

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 are participants main take away from the session?

"The need for more learning surrounding Personality Disorder"

"Frameworks and useful discussions about Personality Disorder and substance misuse"

"There are still too many barriers in place for those with co-existing mental health and substance use issues and this needs to be addressed with services working more sensibly"