ANGUS CASE STUDY ONE

Person's Journey

Person known to substance use services for some time, although mental health needs escalated, leading to support (formal and informal) from CMHT. Ended up requiring hospital admission due to concerns over their ability to keep themselves safe. Led to subsequent readmissions to hospital - and hospital seeking behaviour from the person. Person moved to get away from a hostile environment (related to drug debt, etc.). Difficulties in the subsequent transfer of care.

Reflections

- Situation mostly contained by 2 workers across mental health and substance use
- Communication across services enabling joint approach and advice
- Therapeutic relationship between person and keyworker - evident trust
- Carers' support put in place to support parents establishing boundaries
- 1st hospital admission beneficial - on subsequent visits began to develop maladaptive coping strategies (e.g. self harm)
- Person's situation and life stressors escalated to the point that they no longer felt able to cope. Hadn't developed appropriate life skills.
- Person was at the centre - no push-back between services.
- Potential for earlier intervention prior to debt, job worries, safety concerns escalating?

Healthcare Improvement Scotland

Part 1

	2015	2019		2020	2022	24 April 2023			27 April	May/June 2023
MOMENTS	**In service**	**Mental health crisis**		**In service**	**Situational stressors**	**Requested urgent mental health care**	**Assessment**	**Treatment**	**Discharge**	**MH Crisis**
WHAT HAPPENS	On psychotropic medication	Presented to mental health crisis team. Substance use increased Crisis team discharge to AIDARS	Stopped medication prescribed. WIlling to engage with worker. Substance use continues. Binge pattern. Missing prescribed methoadone. Ups and downs in moods. Situational stressors - e.g. work, debt.	Appears to be doing well during COVID via telephone contact. Substance use up and down. Services to engage in relapse prevention work. A lot of parent contact to AIDARS voicing concerns. Pattern continues - periods of stability, working, situational stressors	Diagnosis of his mum with early onset dementia that is rapidly declining in 2023.	Presented after weekend binge. Declining mood. Stated feeling had been escalating for months.	CMHT conduct an assessment Suicidal ideation and intent, friend death from a few years ago "want to be with her". Wouldn't engage in safety planning.	Psychiatry inpatient	Discharged himself against medical advice within 3 days.	Welfare concerns reported by friend to police. Visited by AIDARS worker - unable to keep safe. (Situational stressors around money, rent, bills, etc. Parental financial support no longer as available)
								In Patient Psychiatry		
SERVICE	AIDARS	AIDARS	AIDARS	AIDARS						AIDARS
		CMHT				CMHT	CMHT			
										Police
GOOD PRACTICE		Person being supported within substance use services by someone with a background in mental health nursing								
REFLECTIONS		How might we develop more trusted professional relationships across services? Linked to relationships and getting to know each other, clearer understanding of roles/expertise							There is a potential role for using 'alerts' to highlight any specific info or changes relevant to people. This sort of information would be important to have highlighted to anyone the person speaks with in the future.	Substance use staff are able to identify when there is a change in how people are presenting – at this point staff need to know how to respond or who to call, and this needs to be more than an onward referral
IDEAS									Action: Work with e-health to develop additional alerts on systems (example given was something similar to the 'no-lone working' alert	Idea: Develop more 'light touch' pathways that are centred on time limited interventions, advice and staff peer support

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Healthcare Improvement Scotland

Part 2

July 2023 | 19 July | 26 July | 8 August | 27 August

MOMENTS	**Referral**	**Treatment**	**Discharge**	**Picked up in community**	**Triage**	**Attempted overdose**	**Hospital admission denied by ward consultant**	**Did not attend**	**Different services, new information, relocation**			**Picked up in community**	**Homeless accommodation offered - care transferred**		**Admitted**
WHAT HAPPENED	Hospital accepted assessment of AIDARS worker.	Settling into ward in Carseview. Flatmate admitted to same ward - person transferred. Dr mentions possibilitiy of emotionally unstable personality disorder although not fully assessed.	Discharged to AIDARS	Police - Shoplifting. Person mentions suicidal ideation. AIDARS worker phoned by police.	Triaged by crisis team - no requirement for f2f assessment as able to keep safe. Said would inform AIDARS and CMHT of contact	Patient contact with adult psychiatry - unknown quantity of valium and pregabilin consumed	Doesn't feel like getting help. Seeking readmission - denied. Person displeased. Contact with AIDARS. Further duty contact with CMHT arranged for 1st aug. CMHT/AIDARS joint approach agreed due to ongoing hospital seeking behaviour	AIDARS appointment	**28 July** – brief contact with AIDARS **29 July** – contact with crisis team. – Offered weekend service contact with CMHT but declined this as wanted admission. Started to discuss childhood trauma;	Relocation to Perth. Attend Perth CMHT looking for f2f appointment due to suicidal ideation - redirected to Angus.	Angus agreed to accept onto CMHT caseload for safety and stabilsation and to do traum inform practice - if able to attend.	Picked up at bridge	Care transferred to Perth Substance Use, including prescribing. Difficulties in to GP, CMHT, etc.	AIDARS recommend Perth Crisis Resolution and Home Treatment Team provide support as alternative to hospital admission.	Admitted into perth psych hospital
SERVICE	In Patient Psychiatry	In Patient Psychiatry				In Patient Psychiatry	In Patient Psychiatry								Perth Psych Hospital
	AIDARS		AIDARS	AIDARS			AIDARS	AIDARS	AIDARS	AIDARS		AIDARS	AIDARS	AIDARS	
			CMHT	CMHT	CMHT		CMHT		CMHT	CMHT	CMHT	CMHT		Perth Substance Use Team	Perth SU Team
				Police								Police			
GOOD PRACTICE	Trust and professional respect for mental health background facilitated bringing in mental health support when required			Good working relationships across services (CMHT, Crisis, Police) - well networked individuals within the locality											
REFLECTIONS					When multiple services are involved, people rarely trust the assessments of another service and so do another one – this is what contributes to people having to tell their stories over and ove		MDT escalation doesn't always have to be to high level support (such as psychiatry) it could be working with CPNs or others to get an additional perspective			Person shouldn't have been sent back to the Angus service without getting a better understanding.					There were questions about hospital seeking behaviour – the person ended up in hospital – there needs to be questions about why a person might want an inpatient stay and how this might be provided elsewhere
IDEAS					Idea: Develop a single 'holistic assessment' that is shared and trusted, with clarity around where services need to ask further questions based on their expertise					Idea: When someone presents in a new area there needs to be SOPs that outline contact with previous area and information required to collect			Medication difficulties, AIDARS worker having to chase. Lack of clear responsibilites for continuity of care across boundaries		Action: Group to explore alternatives to inpatient - link with previous work related to this within Tayside