Healthcare Improvement Scotland | ihub

Clinical Network session one: Mental Health Crises

Mental health and substance use team &
Mental health paramedic response unit

Improvement Hub

Enabling health and
social care improvement

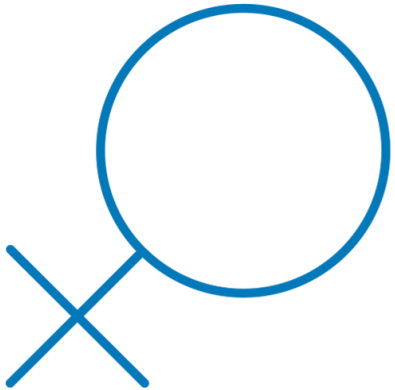
Agenda

Time	Item
12:00 – 12:05	Welcome
12:05 – 12:10	Introduction to session and speakers
12:10 – 12:30	Didactic with MHPRU
12:30 – 12:55	Case Study 1
12:55 – 13:15	Case Study 2
13:15 – 13:55	Group discussion
13:55 – 14:00	Close and evaluation

Welcome and introductions

Lauren Sloey
MHSU Clinical Lead

Case study 1

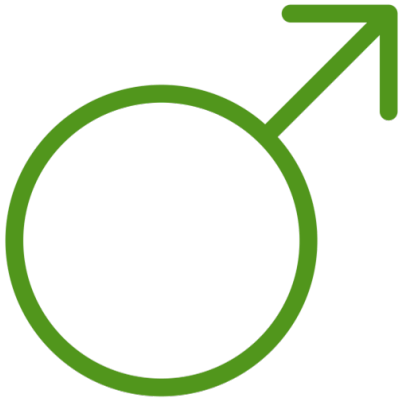


Person 1

- Middle aged
- Alcohol dependence
- High achieving professional
- Bipolar diagnosis in the past changed to complex trauma

Person 2

- 18 years old
- Butane gas addiction
- Mild learning difficulties
- Violent behaviours
- Cognitive impairment
- Epilepsy



Person 3

- 30 years old
- Poly substance use on methadone
- In and out of acute hospitals with injection abscesses
- Several deceased siblings from drug related deaths
- Residential rehab
- Sober for 4 years and works in mutual peer support setting

INTRODUCTION

The case study details collective experiences gathered from individuals with lived experience of co-occurring needs and staff from various parts of service provision who regularly see presentations of mental health crisis.

This case study follows 2 individuals with identical experiences other than that one person uses substances daily.

The setting is Glasgow City Centre and the case study navigates the current system.

PATIENT MEDICAL HISTORY

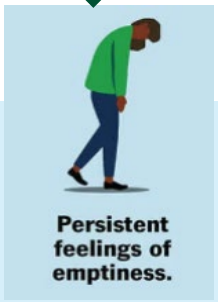
AGE: 33
GENDER: Female
MENTAL HEALTH DIAGNOSIS: None
LAST MH ASSESSMENT: A&E- Psychiatry liaison- outcome; Safety planning completed and advised to make contact with GP for medication review.
PRESCRIBED MEDICATIONS: Sertraline via GP
SERVICE ACCESS: No current allocations
SUBSTANCE USE: None

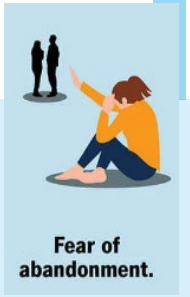
AGE: 33
GENDER: Female
MENTAL HEALTH DIAGNOSIS: None
LAST MH ASSESSMENT: A&E- Psychiatry liaison- outcome; Safety planning completed once sober and advised to make contact made with GP for medication review.
PRESCRIBED MEDICATIONS: Sertraline via GP
SERVICE ACCESS: No current allocations
SUBSTANCE USE: 2 bottles of wine & 50 unmarked "street Valium" daily


Anger management issues.


Rapid mood changes.


Unstable self-image or sense of self.


Persistent feelings of emptiness.

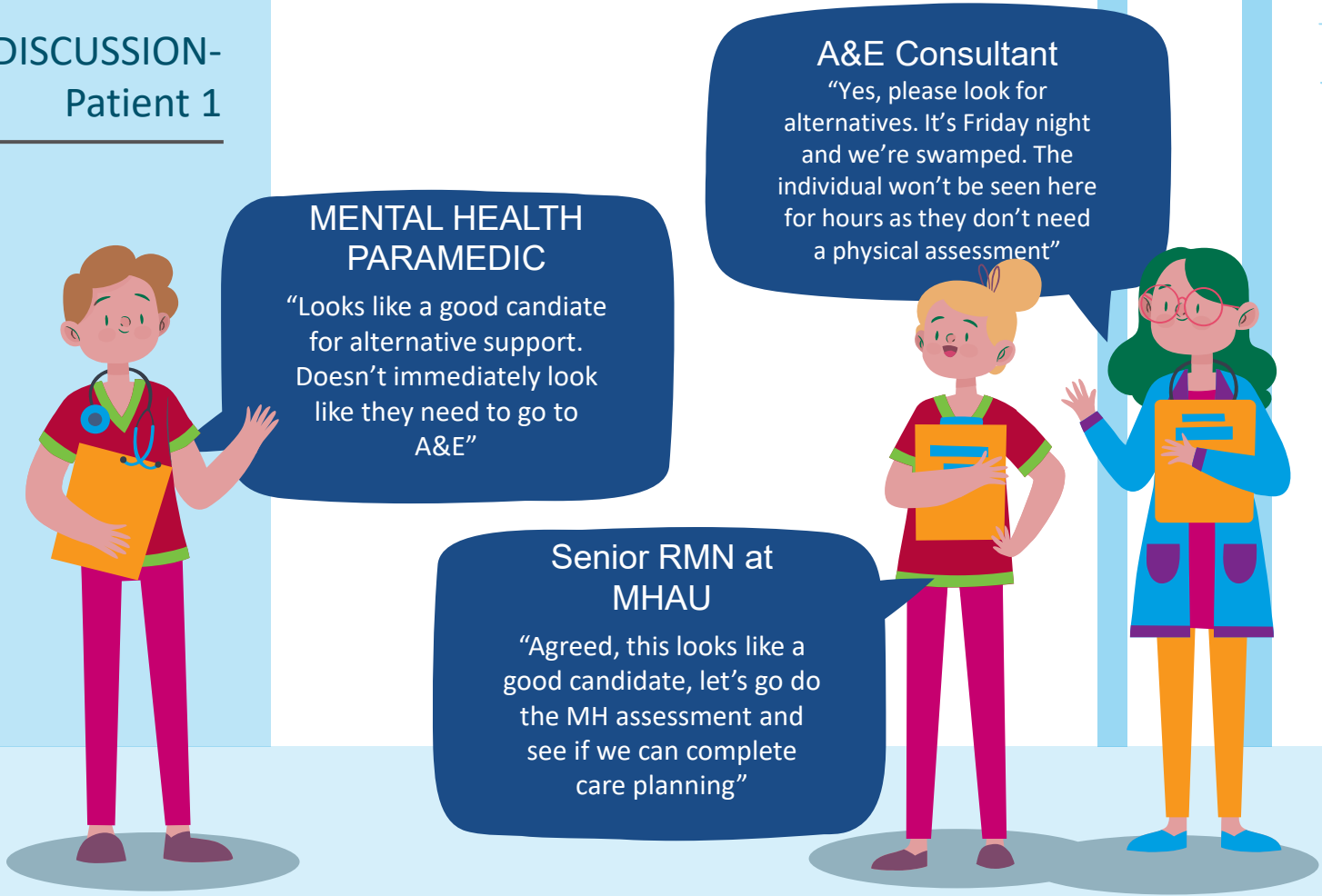

Fear of abandonment.


Impulsive and dangerous behavior.

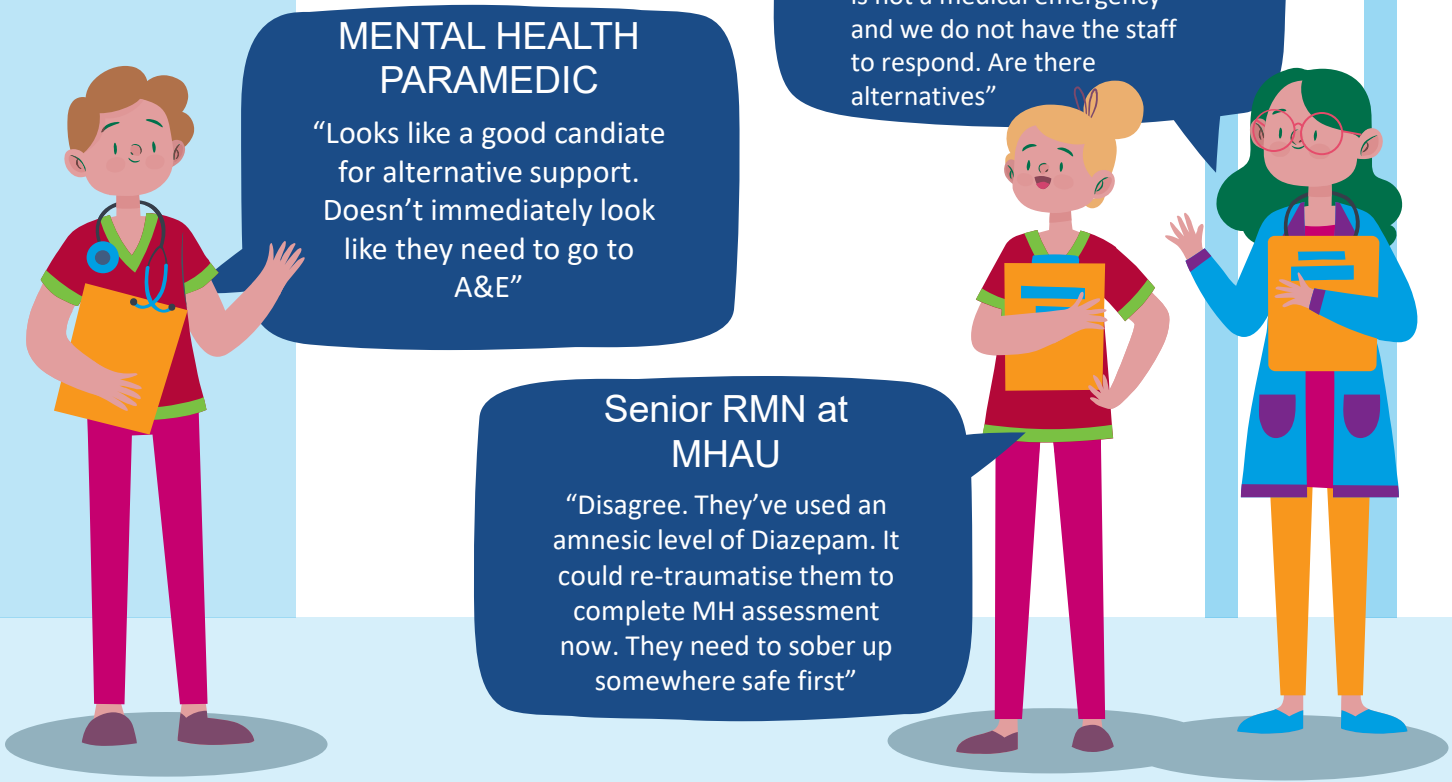
Emergency Call

IF LIFE IS IN DANGER, CALL 999 OR GO DIRECTLY TO EMERGENCY SERVICES.

DISCUSSION- Patient 1



DISCUSSION- Patient 2



REVIEW OF CLINICAL PRESENTATION- patient 1

No physical harm noted. Observations within normal parameters

In acute distress. Hyper focussed on concerns about being taken to A&E or the police being phoned.

No substance use reported or apparent from assessment

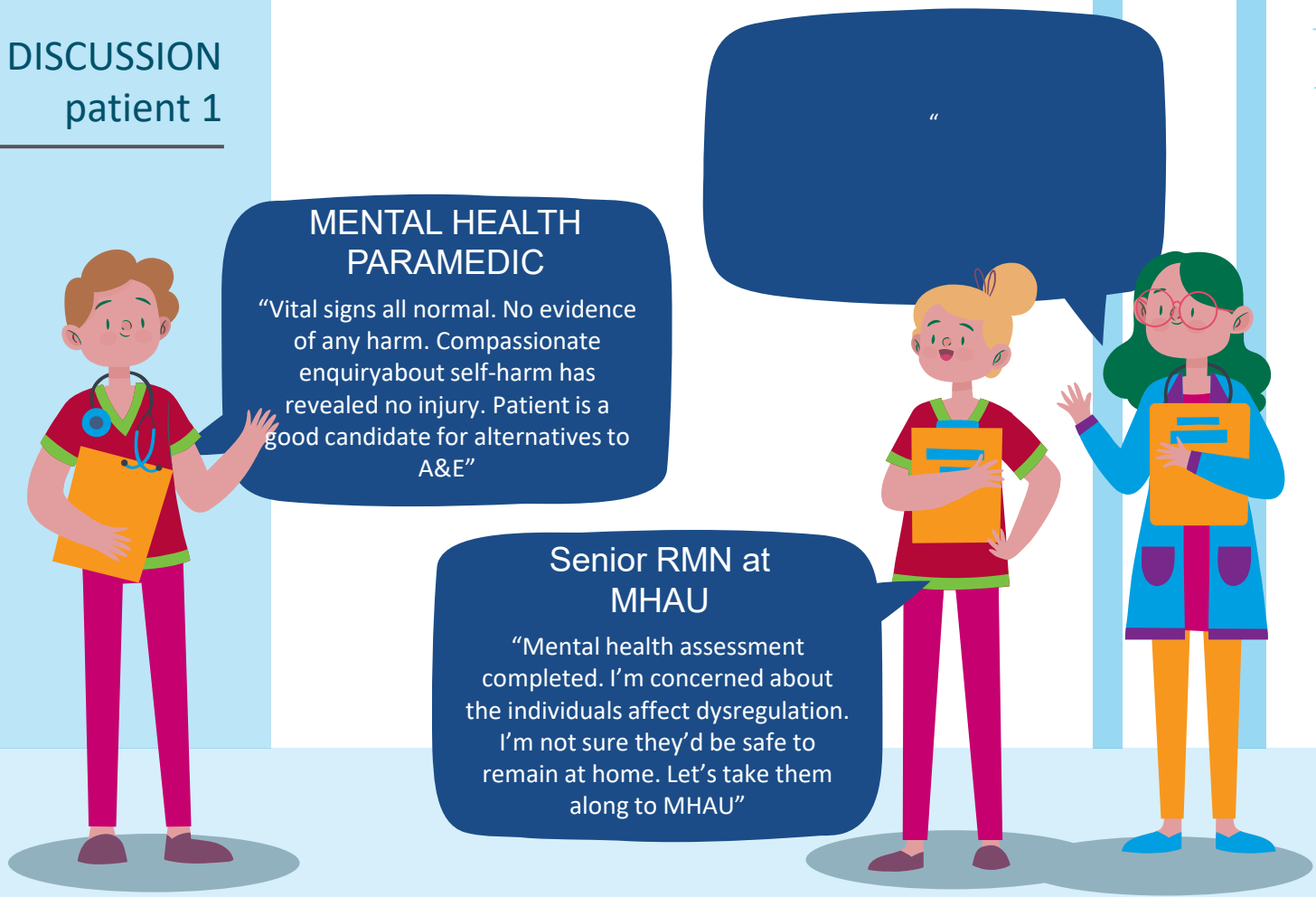
REVIEW OF CLINICAL PRESENTATION patient 2

No physical harm noted. Observations within normal parameters

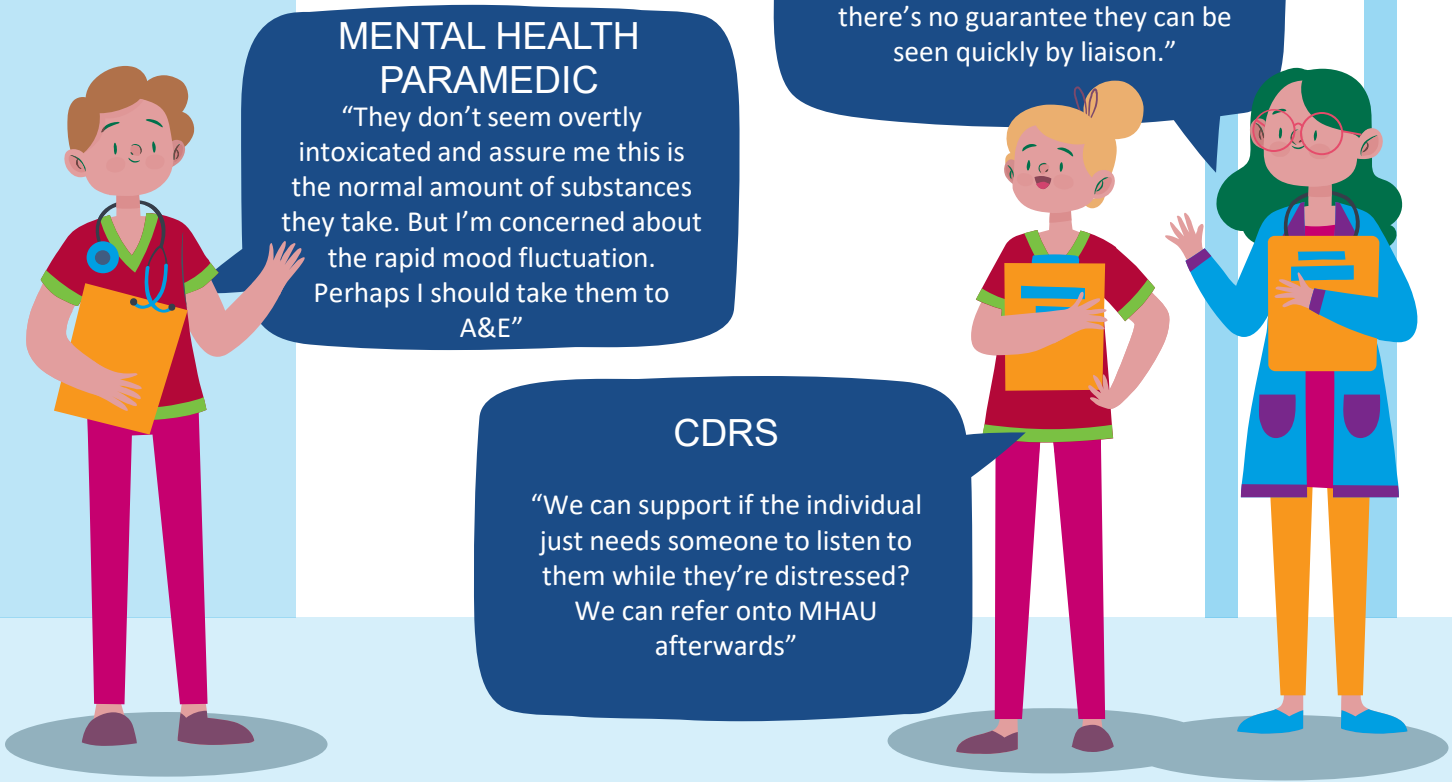
In acute distress. Hyper focussed on concerns about being taken to A&E or the police being phoned.

Subjectively- does not appear intoxicated
Objectively- no slurred speech, mobility issues
Patient reports- use of 2 bottles of wine and 50 unmarked “street Valium”

DISCUSSION
patient 1



DISCUSSION patient 2



TREATMENT DIFFERENCES

Medication Review

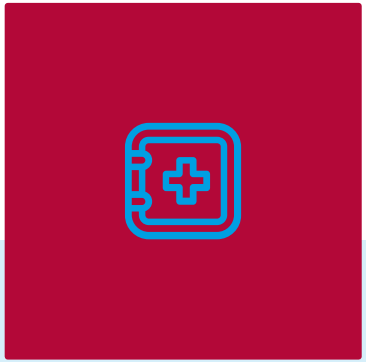
✓ Patient 1

Ẋ Patient 2

Safety Planning

✓ Patient 1

Ẋ Patient 2



DISCUSSION SUMMARY
Patient Insights

I felt immediately validated. I didn't know who to phone because I don't have any support. When the ambulance showed up I felt so heard and was offered choice. I got to speak to a psychiatrist and have my medication reviewed the next day.

I didn't feel very validated. The paramedic did their best but I was taken to A&E anyway and had to go through the same cycle of repeating my story all over again. I always feel like a nuisance in A&E. Other people are much more unwell. I ended up not seeing a psychiatrist because I had to sit in the waiting room for 6 hours. I just left and walked home feeling defeated.

Red Rules Blue Rules

You can't complete MH assessment when someone is intoxicated

Psychiatric medications can't be commenced when someone is using substances daily

If amnesic levels of Diazepam are being used to cope with trauma, it can be destabilising to complete MH assessment until they have ceased use of substances

If someone phones an ambulance while feeling suicidal, they have to go to A&E

Diazepam harm reduction and replacement med review is suitable for Etizolam

Staff outside of MH services don't have the right training to support someone with MH emergency

Staff don't follow the interface documents and it causes frustration for patients and other staff

A patient can't have a psychiatrist from both addiction and mental health

Exclusionary criteria is the cause of poor patient outcomes

THANKS

Does anyone have any questions?

Find out more

Thank you for joining us – please keep in touch!

- Follow us on Twitter @SPSP_MH for latest updates
- Email us at his.mhportfolio@nhs.scot to be added on our mailing list