

ReNew

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A collaborative model of treatment for people with co-existing
mental health and alcohol/drug use conditions

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A collaborative model of treatment

1. A model in the making
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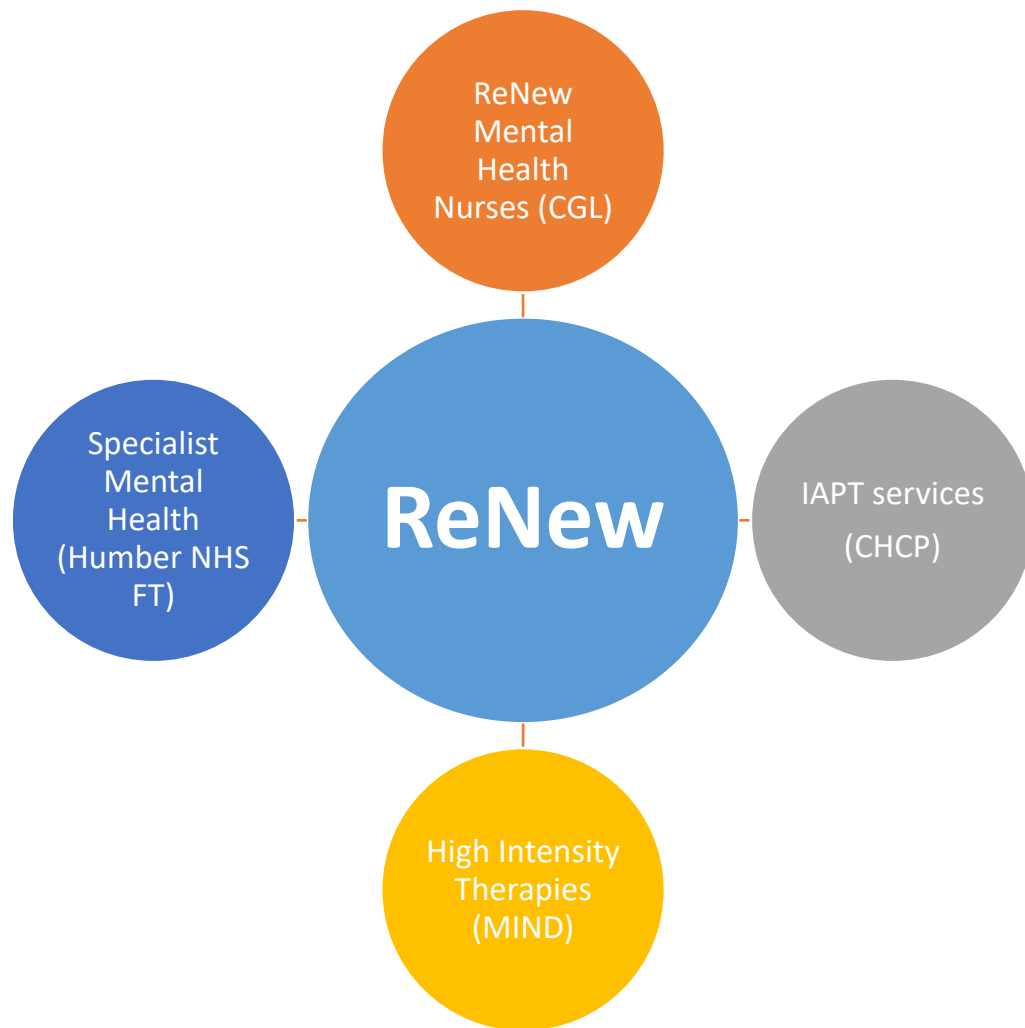


A model in the making

- A call for action: Public Health outcomes and COVID-19 pandemic.
- Strategic alignment and effective leadership: collective ownership
- Joint commissioning and integrated working
- Clear purpose and principles of a collaborative model



Multi-level approach to mental health



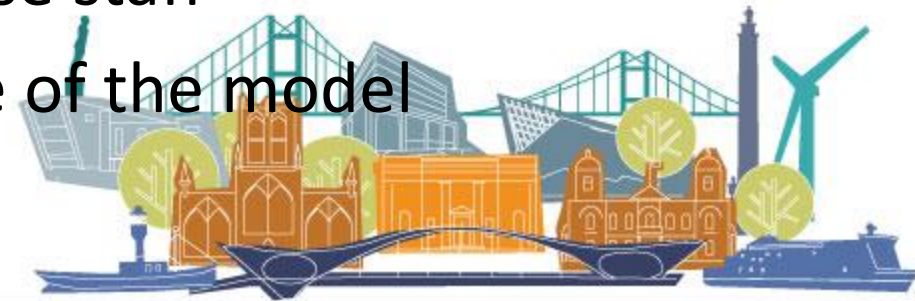
The model seeks to provide effective different levels of mental health support, care and treatment to people accessing community-based alcohol and drug services with co-occurring mental health problems, including psychosis, bipolar disorder, personality disorder and severe depression among other conditions



Who	Clients who are presenting with mild, moderate or severe depression\anxiety along with substance misuse identified. (severe mental illness = schizophrenia, schizotypal and delusional disorders, or bipolar affective disorder, or severe depressive episodes with or without psychotic episodes) *		Action	Next Stage
Recovery worker	Full Risk Review GP Summary Service User Plan	TOPS Personal Assessment GAD -7 and PHQ-9	Send email to Dual Diagnosis Nurses (helen.james@cgl.org.uk and brighton.kanuka@cgl.org.uk) for an appointment for mental health assessment	
Substance Misuse Nurse/Healthcare Assistant	Health Care Assessment Alcohol Assessment	NHS Health Check GAD-7 and PHQ-9		
Prescriber	Medical Assessment	Medical Review		
Dual Diagnosis Nurse			Appointment to be booked for 48 hours after referral (if referral sent on Friday this will carry over the weekend)	
			Appointment undertaken mental health assessment, GAD-7 PHQ-9 (if not already done), GPCOG as appropriate	Send update to GP Arrange further follow up appointments in liaison with recovery worker. Liaise with Mental health services i.e.: CRISIS team/PADS. Refer to other appropriate services i.e.: veterans, MIND, PSYPHER, <u>STARS</u> .
	* if you are unsure about your service user's diagnosis or concerned about their mental health, please have a discussion with our dual diagnosis nurses.			Completion of trusted assessors form and direct referral into IAPT service.

Strengths

- Advocacy
- Service user satisfaction and holistic approach to all service user needs.
- Co-produced pathways regularly reviewed, including direct access.
- Active collaboration and coordination between agencies, driving changes and identifying solutions.
- Learning and development of substance misuse staff
- Flexible services with the person at the centre of the model



Challenges

- Stigma and culture. Preconceptions about the dual diagnosis role and client group.
- Lack of expertise and training available.
- Workforce
- Sustainability long-term outcomes, with short-term funding and uncertainty about future allocation of resources.



Next steps

- Learning and development
- Keep building capacity
- Peer-led approach/lived experience
- Explore opportunities to target specific groups
- Review and evaluation



Thanks for listening

