

Family Carer Forum

NOTES OF MEETING HELD ON

9th May 2017

At Oxlease House, Hatfield

1	<p>Present: 14 Carers attended Dr. Gideon Felton, CGL Spectrum Bryn, The Living Room, Stevenage Su Bartlett, Carers In Hertfordshire Sheena Austen, Carers In Hertfordshire</p> <p>Apologies: There were apologies from 1 Carer and from Mike Stillwell, The Living Room, St Albans and Tina Rawlings, The Living Room, Stevenage</p>
2	<p>Notes from the Forum held on 7th February and from the Family Matters Event 28th March and any matters arising. Agreed</p>
4	<p>Future Forums Our next forum will be an evening meeting during Carers Week 6pm – 9pm Tuesday 13th June 2017, The Sportsman Room, Birchwood Leisure Centre, Hatfield, AL10 0AN We will be having an ‘Introduction to Resilience’ session from Carers In Hertfordshire’s Carers Development and Learning Project Manager, Jo Willis.</p> <p>Speakers requested for future forums are Public Health (MH and Drug and Alcohol) Commissioners, CGL Spectrum’s County Manager, the Wellbeing Team and a repeat of the December forum at which we heard from Hertfordshire Constabulary on drugs and the law, the Section 136 Suite and from the County Community Safety Unit on interventions available to service users in the criminal justice system, including HMP The Mount</p>
5	<p>Dr. Gideon Felton, Consultant Psychiatrist, CGL Spectrum Came to talk to the Forum about the now ratified Dual Diagnosis Protocol (a joint CGL Spectrum and Hertfordshire Partnership University NHS Foundation Trust)</p>

The Protocol details how the two organisations will work with people who have a Dual Diagnosis of mental ill health and substance misuse based on the individuals needs. Please find a copy of the Dual Diagnosis Protocol attached with these minutes

Firstly GF clarified the role of the Mental Health Team as follows

Mental Health Teams do three things

1. Review medication
2. Deliver psychological therapies
3. Monitor/ assess clients worsening mental health to try to prevent hospital admission

Alcohol (dependent)

Before the Protocol, clients needing to access any of the above (unless already known to the Mental Health Team) would have to have been clean of alcohol for three months

Now, following a planned/elective detox the client is free from alcohol on day of discharge and is eligible for a Mental Health assessment and services (if necessary) The client will also have done the necessary pre-detox work required to have a planned detox

Following detox the client can self-refer to the Single Point of Access (SPA) this can be done with or without support from CGL Spectrum, although the clients Key Worker or the Hub Doctor can make a referral on the clients behalf (it should be noted that this could delay any mental health assessment and self-referrals are better where appropriate) The CGL Spectrum Doctor can also, if necessary, support self-referrals with evidence that the client has completed the pre-detox psycho-social work. Sometimes it is possible that the CGL Spectrum Doctor will assess the clients mental health and make a referral which will also state the desired outcomes for the client.

CGL Spectrum can also offer a 'bridging' low level mental health intervention during the wait between referral and assessment.

Please note that in the event of a client relapse a decision will be made as to whether the level of drinking will interfere with any of the three Mental Health Team activities that are being delivered. Mental Health Team involvement should only cease where the decision is made that the level of drining will affect any or all interventions

Binge Drinkers

With this client group there are no detoxes but CGL Spectrum do offer medication (Nalmafene) which is taken prior to a binge to reduce the

amount of alcohol consumed. Nalmafene together with psycho-social work with CGL Spectrum is how binge drinkers are treated. There can be Mental Health Team involvement with binge drinking clients based on how much the clients drinking could interfere with the Mental Health Team's activities. This is done on a case by case basis. If the level of drinking is deemed to be of a level not to negatively affect the clients ability to engage with mental health interventions then the client can self-refer via SPA or be supported as above (dependent drinkers) by CGL Spectrum

There were some questions at this point

How does Nalmafene work? It creates a sense of fullness meaning that the client should not want to drink anymore.

Can my GP prescribe Nalmafene? No because the GP cannot provide the psychosocial interventions that are delivered alongside Nalmafene being prescribed. Nalmafene is prescribed by the CGL Spectrum doctors

Does Nalmafene have any side-effects? As it is not taken daily there are no known side-effects other than it might be ineffective

Salient Points – Dependent Drinkers

Clients no longer need to be three months clean from alcohol

Mental health can be assessed on a day of discharge from detox

Clients not already known to Mental Health services should self-refer via SPA. Clients are encouraged to self-refer but can be supported if required

Clients who are already known to Mental Health services should come under CGL Spectrum and HPfTs Joint Working Protocol

Salient Points – Binge Drinkers

Decisions regarding Mental Health interventions will be made on a case by case basis dependant on number of consecutive dry days and whether the level of drinking will interfere with any mental health intervention.

Opiates

Before the Protocol the mere presence of opiates meant that mental health services wouldn't get involved. Now stages of opiate treatment are measured to establish when mental health services can become involved.

An opiate using Service User would start treatment with daily supervised consumption (at a pharmacy) of their prescribed opiate substitute. As the Service User progresses with their treatment which will include CGL Spectrum psychosocial interventions, and being seen every 2 weeks by the Doctor, they will start to test clean. Following 1/2 clean tests they will be

taken off supervised consumption, but will still pick up daily, and collect and take their substitute prescription at a time to suit their needs. Once they have shown sufficient progress in treatment that they are deemed safe enough for interim pick-ups (of their prescription) their substance misuse will no longer be a barrier to mental health team involvement and they will be assessed and referred as necessary

Service Users with assessed mental health needs are encouraged to self-refer to the Single Point of Access but they will be doing this with a letter from the CGL Spectrum Doctor and in the presence of their Recovery Worker. This is to ensure that there is a response from SPA to the Doctor's letter which will detail what the assessment identified and what the Mental Health Team is required to do and to advise CGL Spectrum of the outcome of the assessment, whether the intervention will be provided (or not and why not) and what the waiting time is if any.

Please note that clients, whether they use drugs or alcohol, who are already known to Mental Health Services do not need to contact the Single Point of Access. These clients are covered by the CGL Spectrum and HPfT Joint Working Policy, which includes bi-monthly quadrant meetings between the two organisations to discuss joint cases. CGL Spectrum has also recently changed its staff structure to include Complex Needs Workers who carry a smaller caseload and are expected to, if not attend CPAs, to ensure they have written input on the client's needs in relation to their substance misuse.

Carer statement

A service user with a diagnosed mental health problem takes street drugs to counteract the side-effects of their prescribed medication which excludes the service user from mental health interventions – please see answer to the first question below.

Questions at this point

What about service users who won't engage with the Mental Health Team; can CGL Spectrum intervene?

No, whilst Mental Health Services have coercive powers CGL Spectrum do not, although they can make a case to a client as to why mental health interventions might be beneficial. Mental ill health is an illness of non-volition, however, substance misuse is a choice, albeit not what we might think as a wise choice.

	<p>How quickly can a Service User come off a daily collection? (of substitute prescription) It depends on how confident the worker is that the Service User will be safe – i.e. not using on top and/or not going to ‘divert’ their prescription. Basically the decision is made on clean drug tests and the clients own motivation</p> <p>How do you engage with clients that are reluctant to come into the Hub? Do you offer home visits? There is a policy that covers ‘housebound’ clients but there usually has to be a medical reason such as COPD or disability to get a home visit. It is hoped that with the reduction in the number of CGL Spectrum Hubs engaging and working with service users in (mutually convenient) community settings as a matter of course.</p> <p>Use of drugs such as cocaine, cannabis, amphetamines and Novel Psychoactive Substances are not covered by the protocol as no medical interventions can be offered to clients and progress in treatment is difficult to demonstrate/measure. Mental Health Team involvement will be on a case by case/individual basis</p> <p>Please note that intoxicification is not a grounds to Section someone, it is police/hospital matter</p> <p>And a little bit about consent and confidentiality Where there is consent Carers should be encouraged and supported to attend appointments Where there is no consent there has to be a justifiable reason to override confidentiality .i.e. where there is a risk to a child, the service user, Carer or wider community Where there is no consent general information on treatment options/interventions available can be given as well as Carer support offered</p>
6	<p>A.O.B List of acronyms requested – SB to produce Copies of presentations from Family Matters to be sent to 1 Carer as requested – SB Copy of the Dual Diagnosis and Complex Needs Protocol to be sent with these minutes</p>

8	Date of Next Event – (Evening) Family Carer Forum, Tuesday 13th June 2017, The Sportsman Room, Birchwood Leisure Centre, Hatfield AL10 0AN