


Family Carer Forum

3rd July 2018 – Oxlease House, Hatfield

<p>1</p>	<p>Present</p> <p>Carers 9</p> <p>Carers in Herts Su Bartlett (SB) – Forum leader Sue Felgate – CinH Carer Support Advisor Toby Purnell – CinH volunteer</p> <p>Spectrum CGL Niomie Cartwright – Health and Wellbeing Nurse Tony Pearson</p>
<p>2</p>	<p>Welcome</p> <p>Introductions by all those present were made.</p> <p>Questions and queries were invited by SB about drug and alcohol services. (SB made note of these, to refer them to the service providers)</p>
<p>3</p>	<p>Presentation –</p> <p>Niomie and Tony from Spectrum CGL (Change, Grow, Live) (SCGL) went through their presentation</p>
	 <p>The slide features the CGL logo (change, grow, live) and an illustration of a group of people sitting in a circle. Text on the slide includes: 'Carer's Forum', 'Presented by: Niomie Cartwright, Health and Wellbeing Nurse', 'Date: July 2018', and a mission statement: 'Our goal is to help service users regain control, change the direction of their lives, grow as a person and live life to its full potential.'</p>

What we offer

Spectrum Services:

We offer a wide range of different services across the recovery spectrum for our Service Users and Carers.

- Substance Misuse Assessment
- Specialist Prescribing
- Key Worker Support
- Structured Day Groups
- Breaking Free Online
- Family, Friends and Carers support
- Education and training opportunities
- Detoxification and Rehabilitation
- Substance Testing
- BBV Testing and Vaccinations
- Needle & Syringe program
- Complex Needs support
- Housing support



Did you know?

You can now refer yourself & others to our services online via:

changegrowlive.org

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Spectrum Alcohol Treatment Pathway

Alcohol Detoxification Pathway

- Client attends the service for a comprehensive assessment to establish drinking levels
- Medical Summary request and blood test request sent to GP
- Client booked in to see the Nurse/Doctor for clinical assessment and to ascertain which detox is most suitable for client
- During the above, client to attend Extended Brief Intervention groups (psychosocial element) in preparation for detox and after care planning post detox




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Spectrum Alcohol Treatment Pathway




Self Reduction
Safe slow reduction of alcohol to zero if the physical and mental health risks are assessed as manageable. No medication required.




Nalmefene Pathway
For those who are not physically dependent on alcohol but consuming 8-12 units per day



Ambulatory (Community) Detox
Clients with mild to moderate withdrawal symptoms, maximum use 210 units weekly, client has carer support who will be present full time during detox




Inpatient Detoxification
Residential setting, high risks related to either physical or mental health, no community support identified



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Spectrum Alcohol Treatment Pathway




Contra-Indications to community alcohol detoxification:

- Active suicide risk
- Need for concurrent withdrawal from alcohol, benzo's or opiates

Cautions: The presence of 1 or more of the below should alert the prescriber to a possible contra – indication for community detox:

- 1) Drinking more than 210 units weekly
- 2) Significant physical illness – e.g. Cardiac failure, unstable angina, chronic liver disease, malnutrition
- 3) Significant mental illness e.g. chronic severe depression, psychosis
- 4) a prescribed medication that may interact with the medication prescribed during detox
- 5) Poly substance misuse
- 6) History of epilepsy
- 7) History of past withdrawal symptoms complicated by seizures, hallucinations, Wernicke's encephalopathy, Delirium Tremors
- 8) Client who failed to complete a previous community based detox (relapse during detox)
- 9) Absence of social support to support during detox
- 10) Significant learning disability/cognitive impairment
- 11) Vulnerable groups: Homeless/pregnant/under 18 years of age





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Spectrum Alcohol Treatment Pathway

Ambulatory Detox – Role of the Carer

- Clients who have an alcohol detox need to have a responsible carer with them 24 hours per day for the duration of the alcohol detox – usually 7-10 days.
- Clients will be seen by the Nurse daily at the Service and the role of the carer is to provide support, monitor their progress, their medication, and report any concerns to the Nurse.
- Medication will be Chlordiazepoxide (Librium) and will be prescribed by the Spectrum Dr. It will be a reducing regime.
- The medication acts by preventing alcohol withdrawals which in severe circumstances can cause Seizures or Delirium Tremens.
- Medication - Collecting from the Pharmacy and storing in a safe place.
- Giving medication as prescribed
- If you think the person needs more or is having too much contact the Spectrum Nurse.
- Too little will result in withdrawal symptoms. e.g Shaking, Inability to sleep, Nausea, Seizures.
- Too much will result in overdose symptoms. e.g. Drowsiness, unresponsive.
- Ensure the Person attends every appointment with the Nurse at the service.
- Inform the spectrum nurse immediately if client starts drinking alcohol during the detox





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Spectrum Alcohol Treatment Pathway

Post Detox Support


Review with CGL Nurse or Doctor to discuss relapse prevention medication/mood



- Psychosocial Interventions: Life group/referral to Living Rooms/relapse prevention group
- Residential Rehab



Volunteer/Peer Mentoring course at CGL



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4	Clarification/Questions/Comments on the Presentation	
(a)	Comment	Mental health leads to drug and alcohol abuse
	Answer	A mental health assessment isn't done whilst the client continues to abuse drugs or alcohol Symptoms of mental health can be very similar to those of drug and alcohol abuse Alcoholism can display almost exactly the same symptoms as schizophrenia

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(b)	Comment	After the detox process run by SCGL is complete, there is a need to step in immediately with mental health help
	Answer	SCGL Would step in to provide mental health intervention SCGL won't push a client into group counselling if resistant However, clients do most well within a group setting
(c)	Question	Are clients discharge for non-attendance of group sessions?
	Answer	No. SCGL follows a process of re-engagement first
(d)	Comment	SCGL liaises with mental health services and hospitals
	Answer	SCGL does not provide emergency services but will co-ordinate with blue-light services as required SCGL will listen to the needs and concerns of carers – a good approach is to talk with the hub leaders Carers are spoken to the re-engagement process, <i>provided consent is given from the client</i> SCGL attempts to bring clinical and psycho-social interventions together, as these provide the greatest success SCGL will put a client forward to counselling during the assessment process, if it is thought to be necessary/useful
(e)	Comment	Looking after a loved-one with drug and/or alcohol issues is extremely draining on carers. We need services to function properly/consistently
	Answer	Regarding the community detox process, carers can say that they cannot or don't wish to support their loved-one
(f)	Question	Is there support for carers from SCGL?
	Answer	SCGL run a carer support group via the hubs. Carers are able to speak with recovery workers about their concerns and the care given to the loved-one (either in generic terms or, if consent given, in more detail)
(g)	Comment	Services provided are not straightforward; they don't relate to the real world
(h)	Comment	The care provided by SCGL does not differ if the client self-refers or is referred to them by other services
(i)	Comment	Without consent, no information about loved-one and their care can be given to carers
(j)	Comment	The recovery pathway, including the detox, takes between six to eight weeks Delays (which lengthens this timeframe) occur due to not receiving blood test results, failure to attend appointments, hospital admissions, no detox bed being available

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(k)	Comment	<p>A client is classed as dependent upon a drug or alcohol if the client experiences physical withdrawal symptoms</p> <p>For instance, a client misusing cannabis or cocaine would not be classed as dependant, for there are no physical side-effects from withdrawal</p>
(l)	Comment	<p>Vitamin B and Thiamine are required to prevent brain damage from alcohol misuse. In the community, these are administered in tablet form; in a hospital, they are given intravenously</p>
(m)	Comment	<p>Detox beds exist in three centres – Elephant and Castle; Harlow; Birmingham</p>
(n)	Comment	<p>Rehab takes 12 weeks and follows detox. It requires engagement with community services</p> <p>Client is only accepted for rehab if they are very highly motivated. Mental health issues will bar client from rehab</p> <p>No dual-diagnosis rehab is thought to be available</p>
(o)	Comment	<p>The recovery pathway, including the detox, takes between six to eight weeks</p> <p>Delays (which lengthens this timeframe) occur due to not receiving blood test results, failure to attend appointments, hospital admissions, no detox bed being available</p>
	ACTION	SB will send out the simplified protocol

5	Closing comments and information	
	<p>Carers were invited to stay for lunch.</p> <p>If there are any issues that carers would like to look at in future forums then please let Su Bartlett know on 01992 586969 or email su.bartlett@carersinherts.org.uk</p> <p>Next Forum 4th September, 10am – 1pm, Birchwood Leisure Centre, Longmead, Hatfield, AL10 0AN. PLEASE NOTE THE DIFFERENT LOCATION FOR THIS FORUM</p> <p>A light lunch is provided following the Forum.</p> <p>Please call 01992 586969 to book a place.</p>	