

FRAMEWORK FOR MENTAL HEALTH SERVICES IN SCOTLAND
SECTION 3: SERVICE PROFILES

SERVICES FOR PEOPLE WITH MENTAL HEALTH PROBLEMS WHO MISUSE SUBSTANCES OR ALCOHOL^{1 2 3 4 5}

Prevalence: Alcohol dependence was the diagnosis for psychiatric admission for 66 per 100,000 population in Scotland compared to 40 per 100,000 in England in 1994. It has been estimated that alcohol contributes to 65% of attempted suicides, 40% of all fires, 50% of incidents of domestic violence and 50% of attempted murders. The risk of developing a serious medical condition from the use of alcohol rises when the weekly consumption is greater than 21 units (a unit is a half pint of beer or a small glass of wine). As with drugs, prevalence rates of people who “misuse with problems of dependence” are highest among young people.

There are some 20,000 regular or occasional injectors in Scotland, equivalent to a rate of 392 per 100,000 population. Men outnumber women 5 to 2. The majority are under 30 years of age. Many use a range of drugs - “poly drug users”. There is a high incidence of the non-medical use of prescribed drugs.

Service Element	Description of Needs	Ways in Which services May Responds
Prevention, Advice and Information	There is a need for public awareness of substance-related issues generally. Individuals need information to make an informed choice about their use of substances, with a focus on harm minimisation. People with a problem need speedy access to non-judgmental, factual advice and information with confidentiality guaranteed, on substances and available service options. The focus of information may differ between city and rural settings. Some substance misusers carry an increased risk of infectious disease (eg Hepatitis B and C or HIV). The medical component of the problem must be managed in parallel.	<ul style="list-style-type: none"> • Close work with the local Drug Action Team and Alcohol Misuse Co-ordinating Committee. • Health promotion officers, with/out specialist remit. • Health education on substance misuse sensitively incorporated into the curriculum in schools. • Material available in a form and from a range of sources acceptable to the user eg local media; street workers; leaflets, national campaigns, HEBS. . • Drop-in centres/telephone helplines (specialist and generic). • Education in safe sex/lower risk drug use/alcohol use/safer dancing.
Assessment, Early Intervention and Outreach	Tackling substance misuse as early as possible is highly effective in preventing further dependence. All non-specialist staff coming into contact with substance misuse require training in recognition of abuse and intervention/referral. Easily accessible multi-disciplinary, community-based assessment where an individual lives, works or on the streets taking account race and gender needs. Assessment for toxicological investigation, mental health problems and physical illness.	<ul style="list-style-type: none"> • Mobile assessment (or “street level”) teams. • Specialist drug/alcohol team with consultant psychiatric sessions. • Specialist workers in community mental health teams. • Peer education projects. • Targeted training for Primary Health Care Team members etc. • Sensitive and discrete occupational health services.
Detoxification and Intensive Therapies	People who use services may need intensive physical treatment/psychological support withdrawing from substance misuse. Services need to work effectively with GPs and local pharmacies to	<ul style="list-style-type: none"> • Liaison psychiatry detoxification beds (attitude/skills training for staff if provided on admission wards). • Intensive specialist day care.

¹ “Drugs in Scotland: Meeting the Challenge”: HMSO (1994)

² “The Management of Alcohol Withdrawal and Delirium Tremens: A Good Practice Statement”: CRAG/SCOTMEG Working Group on Mental Illness (1994)

³ “Good Practice in Substitute Prescribing”: Scottish Office Department of Health (1996)

⁴ “Guidelines for the Management of Alcohol Problems in Primary Care and General Psychiatry”: UK Alcohol Forum, High Wycombe (1997)

⁵ “Tackling Drugs Locally - The Implementation of Drug Action Teams in England”: Social Policy Research Centre, London (1997)

SERVICES FOR PEOPLE WITH MENTAL HEALTH PROBLEMS WHO MISUSE SUBSTANCES OR ALCOHOL (continued)

Service Element	Description of Needs	Ways in Which Services May Responds
<p>Detoxification and Intensive Therapies (continued)</p>	<p>ensure co-ordinated drug prescribing. This will include shared care protocol and supervised consumption. Treatment may need to be offered where people live or by short-term admission. Individuals who require a longer-term, highly structured environment (because of severity of problems, chaotic lifestyles, “dual diagnosis”, etc) need residential care. Primary health care teams need adequate support to maintain people on a long-term basis.</p>	<ul style="list-style-type: none"> • Specialist multi-disciplinary community-based services. • Specialist home detoxification (if staff are available 7 days per week). • Residential and supported housing care provided in statutory/independent sectors. • Methadone programmes. • Injecting equipment exchange schemes. • Liaison with local pharmacies. • Referral to self help groups.
<p>Treatment, Motivation to Change and Long-Term Support</p>	<p>People may need:</p> <ul style="list-style-type: none"> • long-term support (physical, psychological and social) to maintain substance-misuse free life; • support to maintain motivation at each stage of behaviour change; and • support for others significantly affected by misuse’s behaviour change. <p>Chaotic lifestyles may require support to take account of possible unwillingness/inability to seek help/use services in the usual way.</p> <p>Clinical practice, trends in substance use, use of substitute prescribing and co-ordination of individual treatment plans all require to be audited against locally agreed protocols to maintain standards and the quality of the service.</p>	<ul style="list-style-type: none"> • Specialist counselling and treatment programmes for users/families/friends, often run by voluntary agencies. • Self help groups for the families and friends of people who receive services. • Close liaison with: <ul style="list-style-type: none"> - social work criminal justice team; - housing; - diversion schemes. • Simple data base. • Peer review and support. • Strict confidentiality. • Ease of data collection by front line staff.