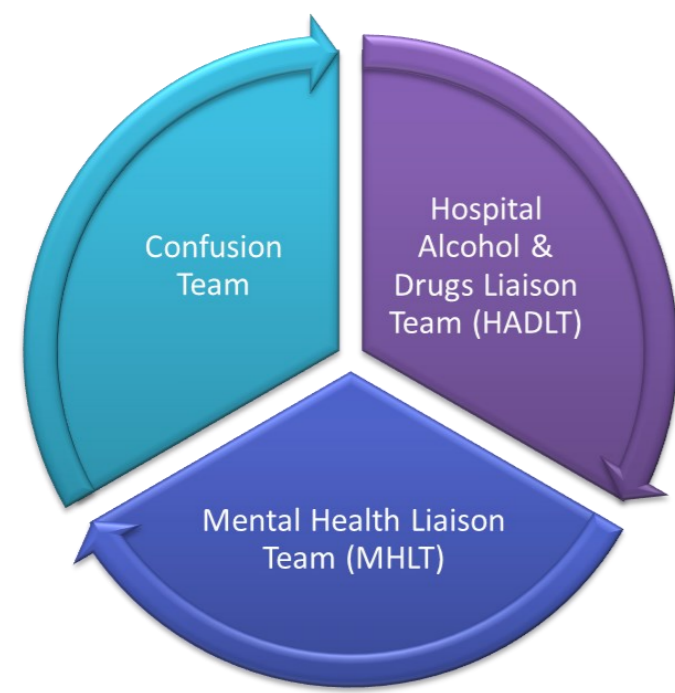


Background

Prior to 2015, mental health and substance misuse care within Chesterfield Royal Hospital was mainly provided by three specialist 9am to 5pm liaison services:



In 2015, a 24/7 liaison psychiatry service for people aged 18 years and over was implemented at Chesterfield Royal hospital. The service is based upon the RAID model of Liaison Psychiatry (Tadros, et al, 2013) and provides patients and staff within the hospital a single point of access for advice and support around mental health & substance misuse.

- Team member's knowledge limited to one of the three specialist areas.
- Period of 'upskilling' needed for staff in their non-specialist area.

Liaison psychiatry services have traditionally been specialist in nature (e.g. working age adult, older adult). Consequently, on implementation, the new liaison team mainly consisted of clinicians with specialist skills in one particular area and so needed to skill up in across all other areas of care now covered by the new liaison team. This was particularly true in relation to alcohol and substance misuse, with all but two members having limited experience in providing interventions and consequently lacking the skills and confidence to work with this population.

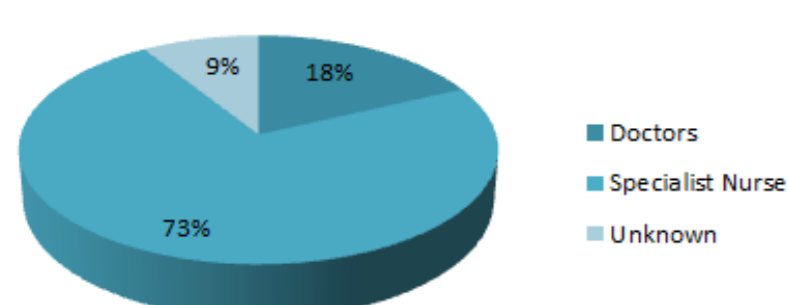
Research suggests that up to 70% of people in drug services and 86% of alcohol services users experienced mental health problems (Public Health England, 2014). This highlights the importance of treating people with co-existing substance misuse and mental health issues holistically.

Outcome Measures

As part of the initial evaluation of the team, a self-report questionnaire was completed by clinicians in order to compare the knowledge, awareness and confidence of liaison team members in relation to alcohol and substance misuse **before and twelve months post** joining the new liaison team.

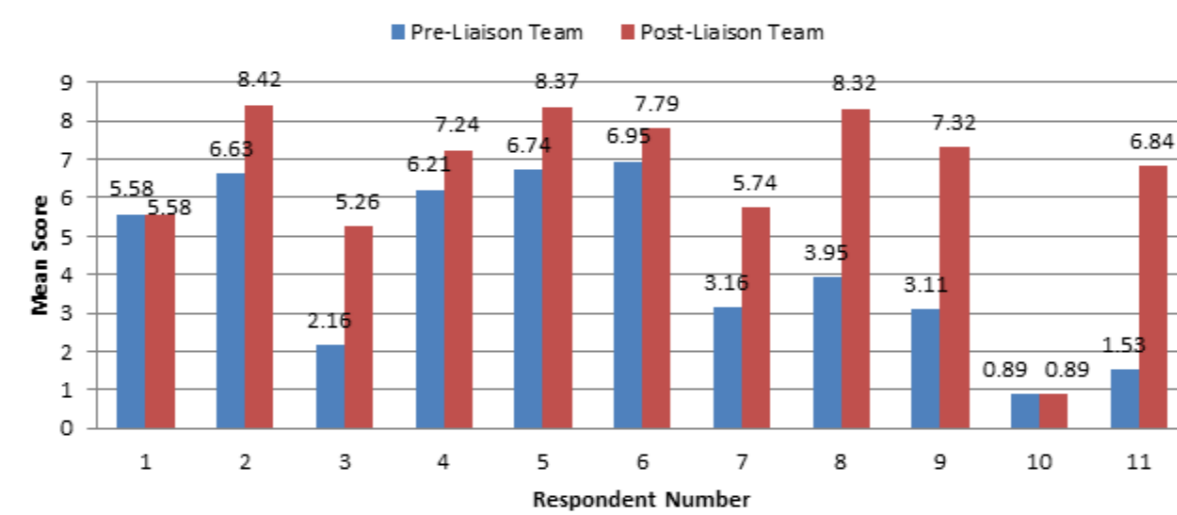
All data in this report was analysed using SPSS v.24. Repeated-measures t-tests were performed on the data.

Figure 1: Professions of individuals who completed the questionnaire.



Knowledge & Awareness (9 items)	<ul style="list-style-type: none"> • e.g. "Health consequences of alcohol/drug misuse generally" • "Novel psychoactive substances" • "Viral hepatitis"
Skills & Confidence (10 items)	<ul style="list-style-type: none"> • e.g. "Alcohol withdrawal & associated complications" • "Risk assessment" • "Care planning"
Challenges, Training & General comments (3 items)	<ul style="list-style-type: none"> • e.g. "Does any particular aspect of working with patients who misuse alcohol and/or drugs present any specific challenges for you?"

Figure 2: Team members' knowledge, skills & confidence mean scores pre- and post joining the Liaison team.



The majority of clinicians (81%) reported an increase in knowledge, awareness, skills and/or confidence in at least 12 different areas surveyed, with two clinicians indicating that their level of competency, had stayed the same
(t (9) = -3.67, p <0.05)

The survey found:

- **Clinicians either already had a high level of skills knowledge and confidence or, have improved their skills, knowledge and confidence since being in the Liaison Team.**
- **Post-Liaison team, mean scores increased and there was less variation between clinician's individual scores.**
- **Everyone identified areas for development, such as knowledge surrounding viral hepatitis and liver disease.**
- **The survey is positive and demonstrates the overall effectiveness of the team. Also, helps us to understand how we can be better still.**

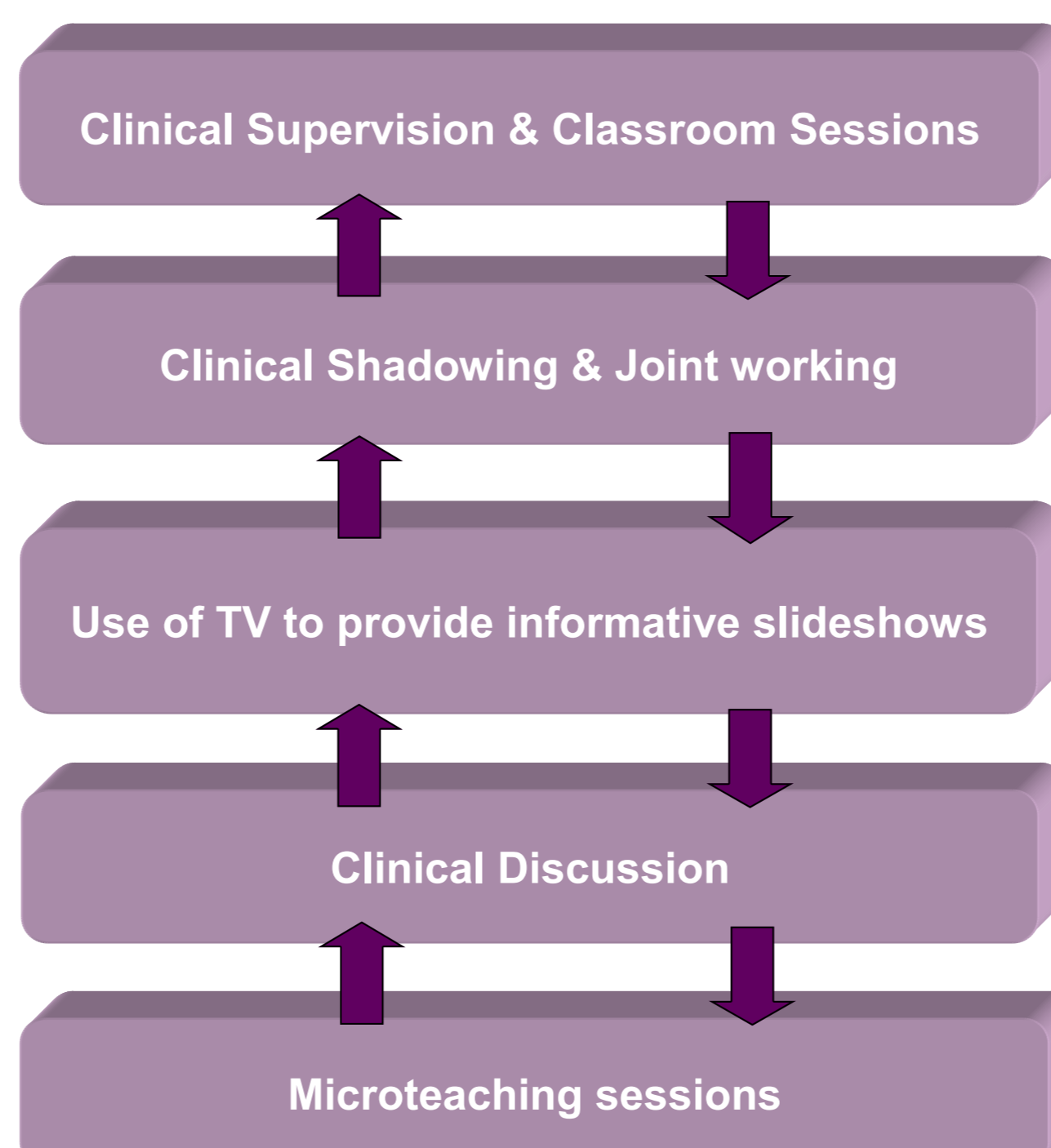
"Have found working with experts in the field a valuable means of learning and have seen the knowledge of colleagues in team increase."

"More specialist knowledge of physical health complaints as a results of alcohol misuse (medical treatments of specific complications associated with alcohol use)"

Working in the Liaison team has significantly improved my knowledge and skill level with this group of people. However there's plenty more I need to learn!"

More training in liver function and disease, viral hepatitis"

How was it done?



Conclusion

- Alcohol and substance misuse is extremely prevalent in those with mental health issues (NIDA, 2010) and ensuring clinicians have a core set of generic skills to address a range of patient needs enables them to provide truly holistic care.
- The findings demonstrate that liaison psychiatry specialists can be trained on the job to develop a generic set of skills to provide mental health, alcohol misuse and substance misuse care.
- Furthermore, as the training is delivered within the team and "on the job", clinicians can be supported by peers and are able to access ongoing support as and when needed.



Implications of findings

- There has been good progress in upskilling clinical staff skills, knowledge and confidence in relation to providing specialist liaison advice and interventions for patients with alcohol and drug misuse issues.
- The results demonstrate that the RAID model has had a positive impact on developing individual's skills and knowledge resulting in members having a core set of generic skills that will enable patients to receive more holistic care.
- The accessibility of support from experts in the field of alcohol and substance misuse means that clinicians are well-supported by specialists within the team. However, there are still some areas where team members require further training and support, particularly in relation to the physical consequences of alcohol and substance misuse.

Recommendations

- ⇒ The team are given further training in the areas of physical consequences of alcohol and substance misuse, e.g. viral hepatitis and liver disease.
- ⇒ Team leaders need to ensure a culture of openness continues to be encouraged so clinicians feel able to openly discuss areas they feel less confident in so continual support and training can be provided.
- ⇒ To continue to enhance staff skills and knowledge through formal and informal teaching session, clinical supervision and clinical shadowing opportunities.
- ⇒ The team's levels of knowledge, skills and confidence is re-assessed in twelve months' time to ensure continual improvement and to allow for staff turnover.

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- NIDA (2010). *Comorbidity: Addiction and Other Mental Illnesses*. Retrieved November 30, 2016, from <https://www.drugabuse.gov/publications/research-reports/comorbidity-addiction-other-mental-illnesses>
- Tadros, G., Salama, R.A., Kingston, P., Mustafa N., Johnson, E., Pannell, R., & Hashmi, M. (2013). Impact of an integrated rapid response psychiatric liaison team on quality improvement and cost savings: the Birmingham RAID model. *The Psychiatrist Online*, 37(1), 4-10.