

# Changing Futures

— Stoke-on-Trent —

## Case Study – Dual Diagnosis

### Background

Steph\* was introduced to the Changing Futures programme by her Social Worker who had coordinated a multi agency response to meet her complex health and social care needs. However in spite of a multi agency approach, support for Steph remained inconsistent - partly due to services not being responsive enough and partly due to a lack of trust between Steph and services which would lead to Steph's case being closed. At the time of introduction several organisations were involved including tenancy support, local police, drug and alcohol service, local authority housing team and adult social care. Previously there had been additional support from secondary mental health services and a specialist dual diagnosis consultant.

At the point of her introduction to Changing Futures Steph was sofa surfing at a friends house whilst she waited for a local authority property which was being prepared for her to move into.

Concerns regarding Steph's deteriorating mental health had been raised by the MDT however in spite of several inpatient admissions for assessment and previous treatment for symptoms of psychosis Steph's community aftercare remained poor and the secondary mental health service discharged her. The reason given for this was that Steph was not ready to address her mental health needs due to ongoing alcohol use. Steph reported feeling judged and stigmatised by this response stating that her alcohol use is to cope with the symptoms of her mental distress. As a result of this Steph was reluctant to re-engage with mental health services.

Steph has expressed that moving forwards she would like to reconnect with her children and grandchild and would like in the future to use her own lived experience to help others, as well as agreeing to help with vital research being conducted by Expert Citizens into the use of monkey dust.

### Barriers

Aside from the immediate need for accommodation (which a plan was already in place for) the main barrier preventing Steph moving forwards was the lack of support with her mental health. Steph's symptoms of psychosis persist and until this need is met it would be very difficult for her to address any of her other needs, and Steph remains in a vulnerable state. It was a stipulation of mental health services that Steph addresses her alcohol use before they are able to treat her, so an inpatient detox was arranged and pending for Steph.

The decision was made that Changing Futures Women's Community Coordinator could provide a positive role model to build trust and rapport with Steph, to provide opportunities to get involved with community activities and build positive relationships and new friendships, as well as working to rebuild trust with mental health services so this need can be met.

## What did we do?

Steph's women's community coordinator (Jo) began by doing a joint visit with her social worker to be introduced to Steph. Once the introduction had been made the social worker went to sit in her car to allow Jo and Steph to get to know each other. On this first visit Jo took Steph shopping and was able to buy her something to eat and drink using the personal budget provision. In the months that followed Jo continued to visit, or meet with Steph on a weekly basis, helping Steph to get the things she needed for her new home. Steph also began to visit the Coffee morning at Expert Citizens and was making new friends. During this period a noticeable improvement was recognized in Steph with her parents beginning to also visit Steph regularly. Jo also noticed that when Steph was engaged with an activity such as a workshop within the Expert Citizens group her drinking was reducing.

The time arrived for Steph to do her inpatient detox. Two days before admission the appointment was cancelled due to lack of beds and rearranged for the following week. This caused Steph once again to feel let down by services when before this she was ready and prepared. Steph did attend the following week however the detox was unsuccessful. This was due to a combination of covid restrictions, the prospect of being isolated for three days causing anxiety, and she was asked to leave as she had taken some of her prescribed medication onto the ward without declaring this to the staff.

Following Steph's return home it was noticed that she was beginning to feel tired a lot, her stomach was swelling and she wasn't eating properly so her STR worker supported Steph to attend a GP appointment. The GP referred Steph to the hospital for an assessment as they suspected there was fluid on her stomach. As the STR worker was unable to, Jo accompanied Steph to the hospital. Following assessment Steph was admitted to the ward as she needed an ultrasound scan to confirm the suspected fluid on the stomach, which was due to take place the following morning.

As this hospital admission was unplanned Steph became very anxious once more, she did not have any belongings or medication with her and she was unable to have a drink. Steph did stay the night on the ward but was experiencing hallucinations which became progressively worse throughout. Steph left the hospital (unplanned) the following morning without the ultrasound taking place. Jo was made aware of this by Steph and was able to convince her to return to the ward. This happened (Steph leaving the ward) once more and the Police brought her back again, and a DOL's (deprivation of liberty) was placed on Steph meaning she did stay in hospital to have her ultrasound and she completed a full detox. The ultrasound found that there was no fluid on her stomach, however blood tests revealed that her liver is failing. Whilst on the ward Steph repeatedly asked for support with her mental health but was told that the auditory and visual hallucinations were caused by her alcohol use and liver not functioning properly.

Before Steph was discharged the mental health team at the hospital contacted Jo and Steph's Mum to get some more information/history about her mental health and to ascertain what support Steph receives in the community. Based on the information proved by Jo and Steph's Mum a referral was made to secondary mental health service.

Two days after being discharged to her home Steph began to feel mentally unwell again, and she used alcohol and 'monkey dust' to cope with this. Over the two days that followed Steph was again experiencing hallucinations and there were multiple interactions with the police and ambulance. Steph even presented at A&E herself asking for a mental health nurse but she was turned away, being told she is unwell due to her having used monkey dust.

The following morning Steph presented at the Expert Citizens office to see Jo, she was clearly still experiencing hallucinations. Jo made a call to 111 to seek help and whilst on the phone Steph made comment that she was going to hurt herself or others. Jo then re-dialed 999 and was told an ambulance could take up to four hours to attend. A nurse from the 111 service called Jo back, stating she had been in contact with the access team who had told her Steph is known to services, and that it's not a mental health problem, it's down to drink and drugs. Several hours later there was no improvement from Steph (we know Steph had not consumed any substance during this period) and Jo had to resort to calling the police as all other avenues had been tried (it was now 5pm). The police did arrive and took Steph home. That evening Steph travelled to an associate in Liverpool stating she didn't feel safe at home on her own as she was still experiencing hallucinations. Steph returned home the following morning bringing a male with her. Concerns were raised by the professionals involved about the ongoing situation and following a visit from Steph's social worker an assessment took place and Steph was admitted to a mental health ward under section.

Whilst on the ward Steph was, and is now medicated for psychosis and after a week long inpatient stay has now returned home. A clear improvement in Steph's mental wellbeing has been observed and Changing Futures continue to provide support. Steph has reconnected with the Expert Citizens community group and is actively participating in activities such as attend the Changing Futures community of practice, to bring the voice of lived experience to the forum.

## Summary

Although we know that mental health issues and substance use are often cooccurring, this dynamic continues to act as a barrier to people accessing support. Although there were potentially multiple opportunities to make an assessment of Steph's mental health throughout, it was only when under section that this took place. It is also worth mentioning that trust and faith in services played a part in Steph's case to accessing the support she needs, and that when this trust and faith is lost it can take a considerable effort to regain.

*\* Customer name has been changed to protect identity.*