Psychiatric **Emergency Alcohol** and Drug Clinical Nurse Consultant

ST VINCENT'S HOSPITAL ED/MHS (ANDREW LEVINE)

Background Stats

- One of the busiest emergency departments in NSW
- 350-400 MH/AOD presentations per month (12%-15% of all ED)
- July 2014-January 2016 (18 months):
 - > 1163 stimulant related presentations
 - > 514 referred to MHS
 - > 12% of total experienced psychosis
 - Verbal/physical aggression is common

Co-Existing Disorders CNC

Work with the PECC team across ED and PECC

Target group: Mental health patients who present to ED with coexisting alcohol and drug problems

Consult with the alcohol and drug service

Clinical Roles and Responsibilities

- Clinical assessment
- Advise on withdrawal management and care planning
- Provide alcohol and drug brief interventions
- Counselling and motivational interviewing
- Patient education
- Work with the ED/PECC treating team on planning referral pathways
- Clinical leadership and consultation

Crystal Methamphetamine Clinical Pathway

Guides clinicians on the clinical management and care planning throughout the patient journey

Guides clinicians on referral pathways

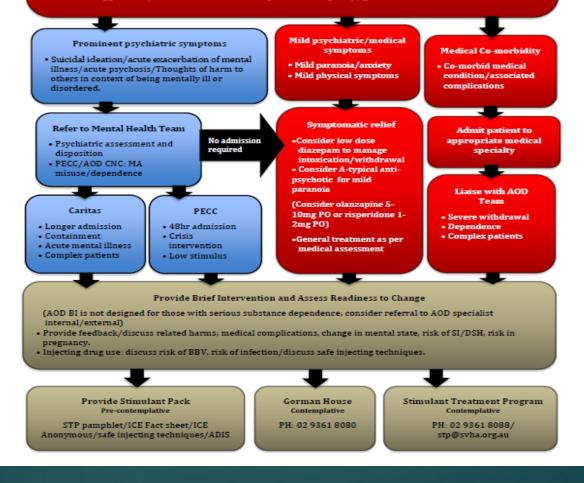
Improve patient outcomes

CRYSTAL METHAMPHETAMINE (MA) CLINICAL PATHWAY

Presentation to Emergency

Medical and Substance Use Assessment

- Presenting symptoms/history/assess for intoxication, withdrawal/severity of MA use including: Amount, frequency, duration & last dose/assess other substance use.
- Tests: Regular vital signs/bloods. Consider: UDS/ECG/B HCG/ STI screen/BBV screening.
- Assessments: General/neurological/cardiovascular/skin and injection sites/hydration status/mental State/social circumstances.
 - Consider use of the Mental Health Act 2007 for acute risk to self/others.
 - For aggression/violence, refer to SVH rapid sedation policy/guidelines.



Alcohol and Drug Brief Intervention Project

Integrated care model: MH and AOD problems are managed/treated by the same service provider

Training mental health nurses in PECC/Caritas on providing mental health patients with AOD brief interventions

Improve patient outcomes

More complex cases are referred to Co-Existing Disorders CNC/ADS CNC

AOD BI: FRAMES

- Substance Use Assessment Form (MHOAT)
- **1. F**: Feedback on substance use assessment
- 2. R: Acknowledge patients are responsible for their own behaviour
- 3. A: Advise patient on risks/harms associated with substance use
- 4. M: Menu of options provided to patient
- 5. Empathy. Warm, reflective, and understanding approach
- 6. S: Self efficacy. Encourage confidence/increase motivation

