



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 co-existing 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.

Prominent psychiatric symptoms

- Suicidal ideation/acute exacerbation of mental illness/acute psychosis/Thoughts of harm to others in context of being mentally ill or disordered.

Refer to Mental Health Team

- Psychiatric assessment and disposition
- PECC/AOD CNC: MA misuse/dependence

Caritas

- Longer admission
- Containment
- Acute mental illness
- Complex patients

PECC

- 48hr admission
- Crisis intervention
- Low stimulus

No admission required

Mild psychiatric/medical symptoms

- Mild paranoia/anxiety
- Mild physical symptoms

Symptomatic relief

- Consider low dose diazepam to manage intoxication/withdrawal
- Consider A-typical anti-psychotic for mild paranoia
(Consider olanzapine 5-10mg PO or risperidone 1-2mg PO)
- General treatment as per medical assessment

Medical Co-morbidity

- Co-morbid medical condition/associated complications

Admit patient to appropriate medical specialty

Liaise with AOD Team

- Severe withdrawal
- Dependence
- Complex patients

Provide Brief Intervention and Assess Readiness to Change

- (AOD BI is not designed for those with serious substance dependence; consider referral to AOD specialist internal/external)
- Provide feedback/discuss related harms; medical complications, change in mental state, risk of SI/DSH, risk in pregnancy.
 - Injecting drug use: discuss risk of BBV, risk of infection/discuss safe injecting techniques.

Provide Stimulant Pack Pre-contemplative

STP pamphlet/ICE Fact sheet/ICE Anonymous/safe injecting techniques/ADIS

Gorman House Contemplative

PH: 02 9361 8080

Stimulant Treatment Program Contemplative

PH: 02 9361 8088/
stp@svha.org.au

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. **E**: Empathy. Warm, reflective, and understanding approach
6. **S**: Self efficacy. Encourage confidence/increase motivation

QUESTIONS

