“COMHAD” – working together to meet the needs of people with co-occurring mental health and problematic substance use

Co- occurring needs require all partners to work together to reach shared solutions. For example: substance misuse or mental health should not be used as a reason to exclude people from accessing services, or delay required treatment. The service user should be at the heart of our care response.

Drug and alcohol dependent people have some of the worst outcomes of all mental health patients, and they carry specific risks. Co-occurring conditions are associated with avoidable risks of hospitalisation, suicide, overdose, blood borne infection, physical health problems, violence, self-neglect, unstable housing, accidental injury and death, and worsening the course of mental illness. Risks can be increased by problems accessing services (including when in crisis), communication problems between mental health and substance misuse services, stigma and professional attitudes to this patient group, and a lack of training among the workforces. The whole workforce must be aware of how to assess and intervene in these cases.

COMHAD is a small team – 1x Clinical Lead, 2x MH nurses and 2x support workers. They do not care coordinate people with severe and enduring mental health needs. Instead, the team aims to bring additionality to the range of existing services supporting people with problematic substance use – it is a ‘bolt on’ service. COMHAD will aim to help bridge the gap for those who are not connected to the required support for mental health needs, or the specific substance use related support for people who are known to BDCFT. COMHAD will apply and promote a trauma informed approach to understanding and supporting people with co-occurring mental health needs and problematic substance use.

Recognising that the Trust has a responsibility to upskill the workforce with more training and supervision; COMHAD will help identify and find ways to identify and meet the training needs of staff across all organisations involved in supporting people with co occurring needs.

Should anyone have any questions, queries, concerns or suggestions, please feel free to contact us directly at COMHADService: comhadservice@bdct.nhs.uk

COMHAD Case Study

35-year-old female. Long history of being a person of high concern to range of different agencies over many years.

Concerns have included:

- Alcohol dependency and poly drug use.
- Safeguarding needs – vulnerable to exploitation from others and concerns about her abuse of others.
- Criminal justice involvement.
- Sex work to raise funds for substance use.
- Unmet MH needs. A clear MH assessment has often proved difficult to complete. Not open to MH services
- Unstable accommodation status.

COMHAD role and involvement:

Identified as needing a MA approach through attendance at Complex housing need panel- in advance of release from prison.

What has worked well?

Multi agency coordinated approach – involving probation / Bridge / COMHAD / NVB and IHTT

Patient persistent tolerant but boundaries approach evident on moving her through to the end outcome.

IHTT involvement led to completed MH assessment – proactive interest from a medic attached to IHTT who listened to the concerns of others specifically about the need to assess for psychosis.

Outcome:

Now accommodated through probation

MH needs treated – connected to NVB for treatment for needs in relation to substance use

On CPA – allocate a care coordinator – other multi agency involvement remains in place including Bridge and probation .

A Care Act assessment is being planned.

Healthy Minds

Bradford District and Craven Health and Care Partnership

ACTasONE

Ethnically and Culturally Diverse Communities Programme

Sharing learning from the African, Caribbean, Eastern European and South Asian communities

11 December 2024

Who we are

We are the Ethnically and Culturally Diverse Communities programme, a partnership of providers and NHS based in Bradford District and Craven, who are working together to help everyone in our community to be able to get the right support, at the right time and right place for them.

We are made up of:

- Bradford District and Craven Mind
- Staying Put
- African Caribbean Achievement Project (ACAP)
- Bradford District Care Trust
- Girlington Community Centre
- Roshni Ghar
- Inspired Neighbourhoods
- Bradford District Care NHS Foundation Trust
- Bradford Metropolitan District Council

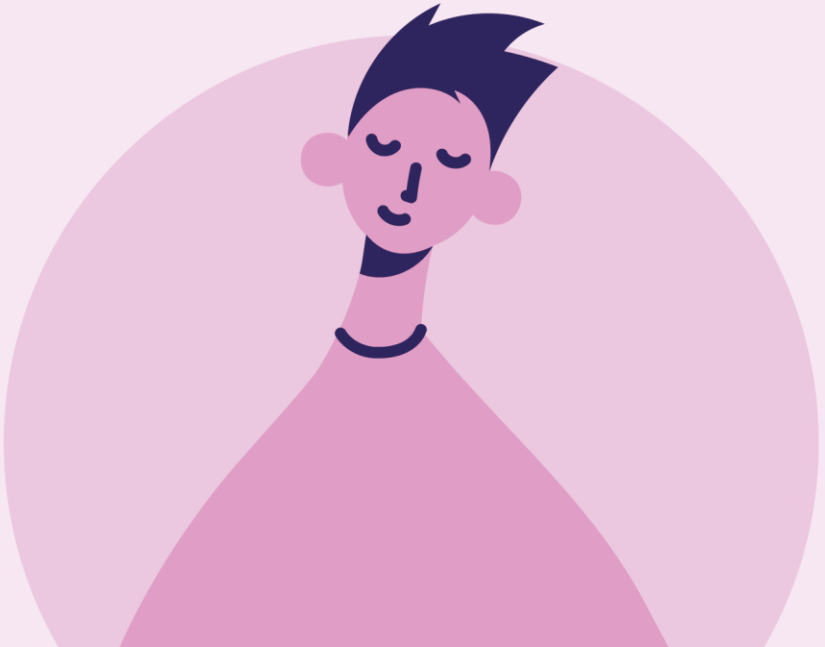
Vision and mission

Our vision

Everybody can access mental health support how and when they need it.

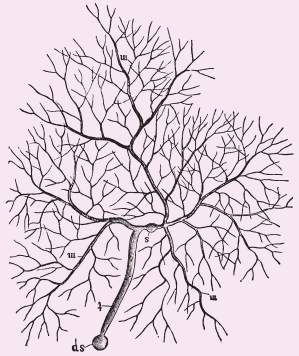
Our mission

To reduce mental health inequalities faced by ethnically and culturally diverse communities by creating meaningful, measurable, and lasting structural change.

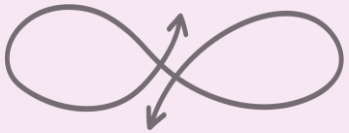


Values

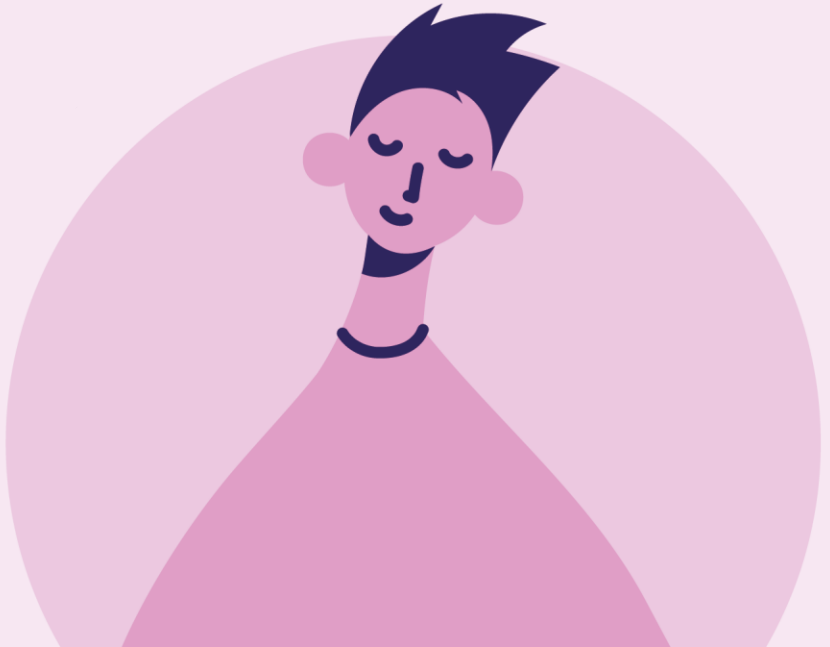
Courage



Connection



Change



Building blocks

	Priorities
1 Community engagement and communication	Developing the community facing identity, platforming lived experience and voices, feedback loops, and building trust and relationships
2 Areas of focussed delivery and support	Urgent and emergency pathway, psychosis and secondary community mental health services (reduce LOS, avoid admission, RCFT).
3 Cultural and spiritual support for SMI	Developing and delivering cultural and faith-based specialist mental health support including cultural adaptations and responsivity
4 System transformation and leadership	Sharing governance, power, decision making and leadership, opening access to universal support and supporting PCREF
5 Evidence base, policy, learning and sharing	Charting the journey. Learning and sharing good practice, insight evidence and policy. Developing our workforce competency.

Our Community Engagement Workers

Ayesha Butt

Community Engagement Worker

Staying Put

Email: ayeshab@stayingput.org.uk

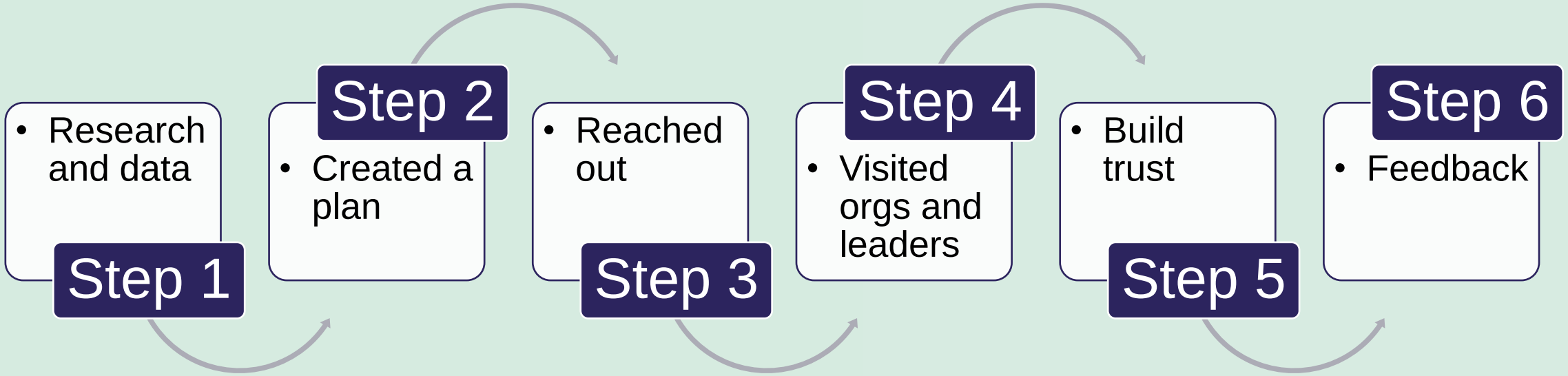
Aston Knight

Community Engagement Worker

African Caribbean Achievement Project

Email: aston@acap.org.uk

Consultation steps



Findings

Similarities

- Strong community spirit
- Resilience
- Creativity
- Positive influence of faith and spirituality
- Mental health stigma; particularly amongst men
- Strong preference for wellbeing groups within the community

Findings

Key Differences

- Within the **African** and **Caribbean** community, mental health stigma is particularly strong among the older generation

- The **Roma** community are the newest racialised community to settle within the Bradford district; heightening challenges such as language barriers, low literacy levels, and limited health awareness

- The family dynamics within the **South Asian** community can intensify mental stigma; additionally, there was a stronger demand for multilingual support

Findings

Recommendations

- Increase outreach in (1) barbershops, (2) churches, and (3) educational settings
- Engage men by bridging physical activity with mental health
- Wellbeing groups for women to reduce isolation (e.g., gardening, yoga, cooking, etc)
- Mental health support coupled with practical assistance (e.g., housing, employment services, etc)
- Culturally responsive counselling services
- Holistic mental health support for families

Staying Put

We are a domestic abuse and sexual violence charity working across the Bradford area. We support women, men and children who are survivors of domestic abuse and sexual violence.

We know that people experiencing domestic abuse heal quicker from the trauma if they can continue living in their own home with their support networks around them. Our service works to keep victims in their homes- hence our name Staying Put.

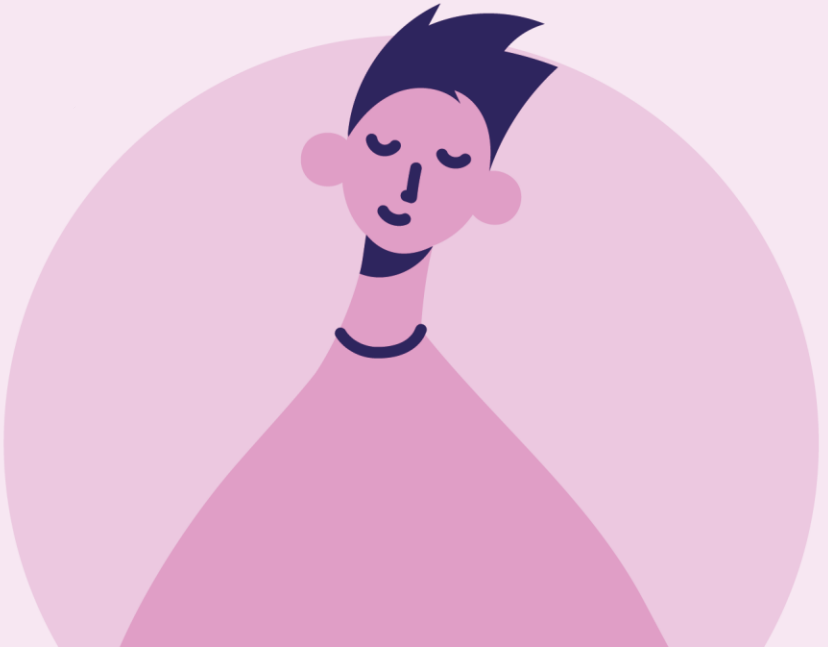
In 2019 we joined forces with charities Family Action and WomenCentre

to create Survive and Thrive, a one-stop-shop for survivors of

domestic and sexual abuse.

Staying Puts services include:

- Our One Front Door Helpline
- Accommodation
- Community Services

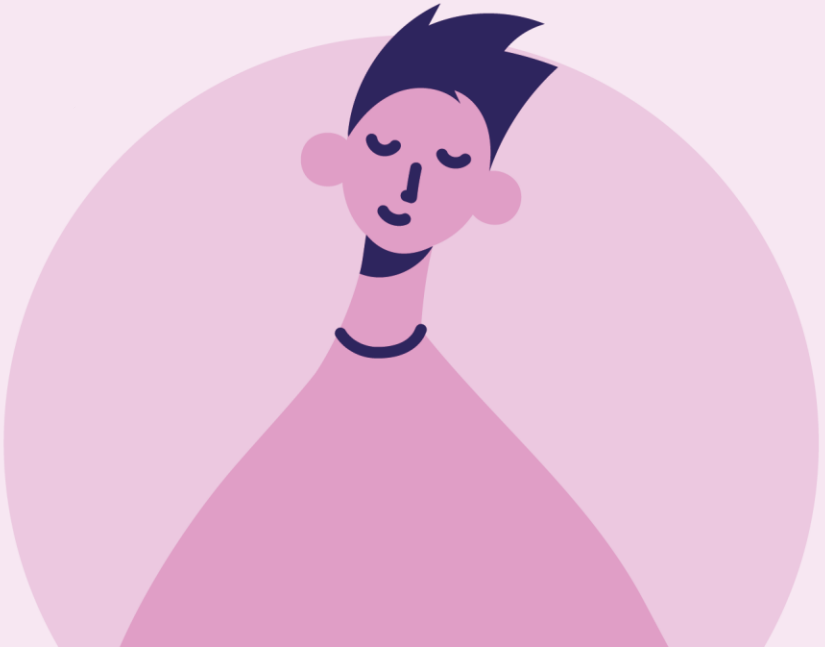


ECDC Mental Health Domestic Abuse Advocate Role

STAYING PUT
Domestic & Sexual Abuse Support Services

This role differs from our Community Domestic Abuse Advocate by its specialist focus on mental health and culturally sensitive approach.

- Focuses on Mental Health
- Addresses Diversity Barriers
- Specialist Advocacy
- Pathway Development
- Delivers Training



Our ECDC Mental Health Domestic Abuse Advocates

STAYING PUT
Domestic & Sexual Abuse Support Services

Hifsa Bibi

Email: hifsa.bibi@stayingput.org.uk

Arij Afgan

Email: arij@stayingput.org.uk

ECDC Case Study

Background

- SP, a 39-year-old Muslim woman of Pakistani heritage, self-referred to Staying Put via the One Front Door helpline.
- Lives alone, has physical and mental health disabilities, long-term health conditions, and a history of poor experiences with mental health services.
- Limited English, Urdu preferred language.
- Immediate concerns included safety after a break-in and ongoing threats linked to an ex-partner.
- Current daily struggles due to poor mental health, not currently receiving any mental health support.
- Unsuitable housing

Support Provided

Safety Measures:

- Lock change and provision of a Ring Doorbell.
- Advocacy, liaison and translation with police and housing officer regarding safety and issues with her local authority accommodation.
- DA related advise and guidance provided such as non-mol order

Health and Wellbeing:

- Advocacy and translation with GP to address medication concerns and re-referral to Community Mental Health Team.
- Signposting to crisis support services (e.g., Mind Bradford, First Response).

Social Support:

- Referral to Adult Social Care
- Referral to Roshni Ghar for cultural appropriate MH support

Challenges Identified

- To engage SP with services due to negative past history
- Lack of understanding of intersectionality by services and professionals
- Establishing appropriate engagement style due complex mental health diagnoses
- Social care referral declined due to eligibility requirements
- Roshni Ghar referral declined due to funding constraints

Outcomes

- Improved engagement with services overall; SP now has confidence and trust that the current services understand her and have to ability to support her.
- Improved DA safety; home security and improved sense of immediate safety, DASH scoring reduced.
- Improved MH; Medication reviewed and adjusted to SP's preference. Referred to a different CMHT, addressing past negative experiences with mental health providers.

Feedback

- SP expressed gratitude for having culturally sensitive DA support, particularly in navigating language barriers, knowledge and understanding of her culture with professionals and services. However, she remains concerned about inadequate long term mental health support and systemic neglect post her engagement with Staying Put. SP feels professionals will not take her concerns seriously, leading to a lack of trust and potential escalation of her vulnerabilities.

Key Challenges

- Lack of available pre-crisis community/local mental health support services.
- Lack of culturally appropriate services available across Bradford.
- Repeated need to challenge and/or educate pprofessionals working with SP
- Practitioners not always working in a trauma informed way

Recommendations

- Integration of culturally sensitive support to be offered across all mental health, domestic abuse and wider statutory and 3rd sector services.
- Dedicated one-to-one, pre-crisis mental health support for vulnerable clients.
- A need for further cultural competence, intersectionality and domestic abuse/sexual violence training.

Any questions?