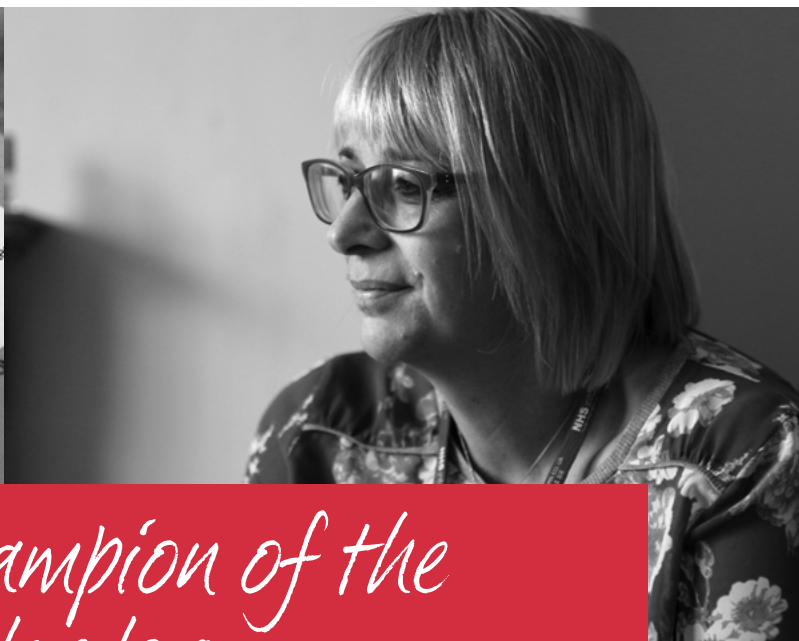


Nursing at the
EDGE



*Champion of the
underdog*

SALLY O'BRIEN



Royal College
of Nursing
Scotland



With a broad grin, infectious chuckle and cheeky line in jokes, Craig Aspinall is a man who comes across as content with his lot. Sitting in the living room of his freshly-painted first-floor flat in Levenmouth, Fife, he explains how he has cleared all his debts, sorted out his problems, and for the first time in decades he is looking forward to the future.

"I'm just so pleased to have a home," he says. "I can come and go when I want, do what I like, eat what I like. I am really happy here now."

Happiness has been a long time coming for Craig. Aged 43, he has had problems with drink since discovering cider as a teenager. As a young man he had a job with Apricot computers in Glenrothes, and when that factory closed he took up security work, living itinerantly in Liverpool and London.

For a while Craig sold the Big Issue around Glenrothes. Then in November 2001 he was viciously attacked and left for dead in an underpass. He suffered a fractured skull, spent ten months in hospital, and came out with brain damage.

His problem drinking worsened after his mother died and, unable to hold down a tenancy of his own, Craig became homeless. He was diagnosed with alcohol-related brain damage (ARBD), and his prospects were bleak.

Eventually, concern for his welfare became so great that Fife Council won a guardianship order, and Craig was confined to a care home against his will.

Years later, with the support of an advocacy worker, Craig challenged the guardianship and regained his autonomy. His social worker brought his case to the attention of NHS

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Fife's newly-formed ARBD service, and Craig finally found his freedom.

"At first I didn't know if I could trust them. But they've really helped me," says Craig. "If it wasn't for them I'd still be in the care home – and that's no sort of life."

Senior charge nurse Sally O'Brien is the driving force behind Fife's ARBD service. A mental health nurse by training, she had "discovered a taste for developing things" through the course of her career, and when she took up a new post as homelessness liaison nurse in 2006 her eyes were opened to whole new areas of unmet need.

"Because of the stigma surrounding dependent drinkers who also have cognitive impairment, people would ask me 'why bother to try to help them?'" she says. "On the surface, they might appear to be hopeless cases. But when I started to look into the research I realised that there's a lot that can be done. You've just got to want to do it."

Sally resolved to develop a service that was easily accessible and staffed by a team that recognises the value of working with people affected by ARBD.

Unlike alcohol-related dementia, with which it is often confused, ARBD is not progressive. Indeed, abstinence can freeze the damage and even reverse it. In 50% of well-



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The ARBD team draws on appropriate expertise among partner agencies such as housing, employment, social work and health services to make it all happen. “There’s been a fantastic response,” says Sally. “Our colleagues from mental health, statutory agencies and the voluntary sector have pulled out all the stops to work together, and it is rewarding for us to know that we are having a positive impact.”

Evaluation shows that it works. As well as making a marked difference to clients’ quality of life, and significant improvement to cognitive functioning, the ARBD service has reduced A&E attendance, cut hospital admissions and generated savings for NHS Fife of £112,000 in its pilot year.

For Sally, there is still a great deal to be done, though. “We have to continue to raise awareness and educate other health professionals about the value of working with people with ARBD,” she says. “Challenging stereotypical attitudes among colleagues takes some courage and determination. But people with ARBD deserve to be treated with the same respect as other patients. Their problems need sympathy, not condemnation.”

The members of Sally’s team get it. “This is the most challenging, and the most enjoyable work I’ve ever done, and it continually amazes me,” says community mental health nurse Gillian Lomax. “You never know what you’re going to be faced with day-to-day, and that makes it very stimulating.”

Gillian says it is the ARBD service’s model, ethic and team that makes it such a success. Mental health nursing students who come on placement love the work, and leave inspired by what they learn. And in 2011 the project was declared the overall winner of the Mental Health Nurses Forum good practice awards.

“The recognition is great, and it’s very satisfying to know that the nurses of the future are excited by what we do,” says Sally. “But we also need to keep working to convince our colleagues that it’s worth spending time caring for this often unpopular client group.”

The same principle applies to another group of society’s underdogs: homeless people. Sally manages the NHS Fife mental health team that aims to ensure they get access to the health services they need.

“So many people are left without support,” says homeless liaison nurse Neill Martin. “Being homeless is incredibly

managed cases, people can expect to make a good recovery, even a full recovery. “That came as a surprise to me, and it comes as a surprise to others, including the clients,” says Sally. “The take-home message is that people with ARBD can and do recover. We see major turnarounds.”

Closely associated with deprivation, ARBD is prevalent in the poorest parts of Fife. Lack of awareness by many health professionals means that symptoms are often overlooked, though, and people with ARBD are described as a ‘hidden population’.

Using a multi-agency approach, a small nurse-led team based at Whytemans Brae Hospital in Kirkcaldy identifies people with ARBD and works with them to sort their problems out. By intervening, they can help to prevent the cognitive and physical health decline that often ends with sufferers becoming incapable of independent living.

The Fife ARBD service’s clients have ranged in age from early 20s to late 80s, with 70% of them men. Referrals come from GPs, hospital clinicians, social workers and through direct access by clients themselves.

Diagnosis of ARBD is made by the team’s three nurses, who manage cases alongside two health care support workers. Recovery-focused, the team aims to minimise alcohol use and support the stabilisation of often profoundly damaged lives. Clients are encouraged to identify the milestones by which they measure success: that might mean building bridges with family, holding down a job, or simply being able to go out to the shops. “It’s important to establish what matters to them,” says Sally. “Our priorities are not necessarily theirs.”



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isolating. There are knock-on effects for self-respect and self-esteem. People suffer anger, guilt and frustration when they are treated with disregard, and they pull even further away.”

Neill, a community mental health nurse with 30 years’ experience, says the homeless people he works with are typically young men whose family and personal relationships have broken down, and who may sleep rough or sofa surf in different places each night. These repeated moves mean benefits stop, GP registrations lapse, and their physical and mental health suffers. “We try to persuade them that there is light at the end of the tunnel,” says Neill. “People need us to be their safety net.”

As well as issuing foodbank vouchers, the homeless team tries to secure suitable accommodation and treatment for health issues. “There need to be as few barriers as possible,” says Neill. “We have been spreading the word that we are directly accessible, and always here to help.”

One of the team’s key tasks is advocating for the rights of disenfranchised clients with other health professionals. There is still a great deal of stigma associated with being homeless. “Nurses in A&E, GPs and their receptionists, and hospital doctors often say ‘it’s not my problem’. But it’s our job to ensure that the people we work with get equitable access to services that housed people take for granted,” says Sally. “Some people have had such a bad experience, and suffered because of the hostile attitudes of some health staff, that they are often very disillusioned and resistant. The toughest task can be getting clients to trust us.”

Sally sees raising staff awareness of the health issues associated with homelessness as a priority. Her colleague, public health consultant Dr Neil Hamlet, has managed to make sure that health and homelessness is included in the induction programme for new hospital doctors across

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CRAIG ASPINALL

NHS Fife, but training for other staff is only available by request. Sally feels it should be mandatory for all health workers, as closing the health equity gap will demand culture change right across the board.

Meeting unmet need is also the function of the third team that Sally manages. CAST – Central Fife Assessment and Support Team – is a crisis intervention nurse-led service that delivers intensive holistic assessment, care and support to people aged over 65 who have mental health problems and live at home.

The purpose is to prevent admission to hospital by managing the acute illness and behavioural disturbance that puts people at risk. The majority of CAST clients have a dementia-type illness, but the team also works with those living with bi-polar disorder, schizophrenia and other mental health conditions. The caseload is fast-growing: around 40 older people are currently receiving care at any one time from the CAST team.

“People with dementia can be as marginalised as homeless people and dependent drinkers,” says Sally. “They can suffer from the same stereotypes and stigma, and fall through just as many gaps. CAST works with partners in health, social care and housing to resolve their problems, and tries very hard to keep people at home.”

Community mental health nurse Dawn Thomson describes working with one family whose elderly relative had been refusing to eat, drink, or take medication. Under extreme stress, and against the patient’s wishes, the family had requested a hospital admission. Instead, CAST went in four times a day for three weeks and sorted the problems out. “It is amazing what can be done if there is a commitment to providing care in the community,” says Dawn. “We find out what’s needed, then walk alongside people until the situation settles. It can be difficult at times, when there’s aggression and resistance, but it’s rewarding when it all works out.”

CAST cases are managed by six qualified nursing staff and three health care support workers, including Brenda Brown. “I encourage people to eat and drink, I’ll keep an eye on them and gather information to help the nurses in the team decide the best way to proceed,” she says.



“It’s very fulfilling seeing people in their own environment. We’re there for families and carers too. They can have lots of anxiety, and badly need our help.”

Sally is justifiably proud of the people who work for her. “Everyone here is inspirational, and passionate about what they do,” she says. “Marginalised groups of people need us all to champion their cause. Basically, that’s what we’re all about.”

Back in Levenmouth, Craig Aspinall is looking ahead. He wants to get his broken teeth fixed and he would love go to college, to learn a skill that will allow him to give something back. He’s already a trained First Aider, and once saved the life of a heart attack victim by administering CPR on the street.

“I like helping people, and there are people who need helping,” he says. “I used to forget things all the time, but I don’t do that any more. I used to be scared to go out, but I’m more confident now. I’ve done it with the ARBD team’s help. They think about the people, not themselves, and I am very grateful for what they’ve done for me.” ■

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