

# Acute Training Solutions

## Substance Misuse - Case studies

### 1) Young people and substance use

#### Amy (aged 13)

Amy has recently returned to live with her Mum after 10 years of living with her maternal grandmother on a Residence Order. She and her older brother had been removed from their parents care due to problematic substance use and domestic violence when they were three and five years old. Her dad is no longer on the scene.

Last year her brother, John (aged 15), moved back in with Mum. He is permanently excluded from school and involved with the local Youth Offending Team. John smokes cannabis daily. Since returning home Amy's school attendance has deteriorated and she is frequently truanting and staying out all night with older peers. She is experimenting with alcohol and cannabis. Amy does not want to return to living with her Gran as she is 'too strict'. Her mother appears to be stable on a methadone script but is suffering from depression, lacks motivation to keep the home tidy and organised and smokes cannabis daily.

The family is on benefits. Amy is now sharing a bedroom with her Mum and her four year old half brother, Kalim, as there are only two bedrooms and her older brother will not share with anyone. Maternal grandmother lives nearby and continues to offer some support but at age 70 is less active now. The health visitor has made a referral to the Referral and Assessment Team as she considers this mother to be struggling to manage the care of the three children and the home environment is deteriorating.

**Discuss Amy's situation and list your recommendations.**

### 2) Older people, disabilities and substance use

#### Fred (aged 68) & Anne (aged 65)

Fred was admitted to hospital following seizures. He was referred to the hospital social work team by the ward staff due to Fred's evident self-neglect and with the hope of finding him support to improve his health and hygiene. A social work assessment found that Fred lived at home with his wife, Ann, but he had started to live and sleep only in the living room.

His personal hygiene and health were poor. He had very limited mobility and often was unable to get on and off the sofa. Fred's wife was his main carer. He had two sons, one of whom had no contact with him. His wife had also suffered serious health problems and was unable to cope, particularly when Fred was abusive to her. He also kept her awake at night by shouting. Fred had refused services in the past. His seizures and other health problems were thought to be related to his heavy drinking and smoking. Fred said he had always drunk and was going to continue to drink although he'd promised to cut down when he left hospital.

There were some possibilities that he suffered depression alongside, or resulting from, his heavy drinking. After a number of hospital and community care packages and contact with a range of professionals in the 14 months after his initial hospital admission, Fred was found dead at home.

**Discuss possible interventions that might have prevented this outcome.**

### 3) Older people, disabilities and substance use

#### Gary (aged 72), Helen (aged 66)

Gary is an active man who is a keen gardener and is a season ticket holder for West Bromwich Albion FC. In recent years he has developed some mobility problems and has become increasingly frustrated at his inability to do the things he has done in the past.

He takes medication to relieve pain in his joints. You have been assessing Gary's support needs and Helen's ability to care for him. Helen tells you he has not been drinking for 20 years since she threatened to leave him if he didn't get help but that recently he has started to drink spirits heavily in the evening for 'medicinal' purposes and gets angry with her when she raises the issue. In the last month she has found him asleep on the floor in front of the fire on many occasions in the night and when she wakes him he is verbally abusive to her. On speaking to Gary in private he becomes tearful and says he doesn't want her to leave him but he's not coping and has started drinking heavily again. He's worried he's going mad and is frightened of his increasing disabilities.

**Discuss possible recommendations and interventions that would help Gary and Helen.**

### 4) Mental health and substance use

#### Mr Gant (aged 46), Mrs Gant (aged 40), Richie (aged 21)

You are a social worker in a crisis resolution home treatment team. Your remit is to provide intensive input to prevent high risk clients from entering Psychiatric hospital. You have been contacted by Mr and Mrs Gant. They are the parents of Richie Gant. He is 21 years old.

Richie appeared a happy and popular young person until about the age of 15 to 16. During this period he became increasingly withdrawn, spending long periods in his room and smoking cannabis fairly heavily. At 17 Richie was diagnosed with schizophrenia, possibly cannabis induced, after he was found wandering in central London. He was very frightened, and appeared to believe that both groups of white people (such as the BNP) and black people (such as the Nation of Islam) were after him; he felt he was the chosen one because his Caribbean and English parentage combined the best of both races and these groups wanted to eradicate him.

Richie came in to psychiatric hospital and responded relatively well to medication (though he did not like it because it made him feel sluggish and depressed). He went home after four weeks. Since then Richie has lived at home. He has obtained various jobs but has rarely retained them for long, He has applied for courses in various professions but has not followed through on these. He has intermittently been smoking cannabis and his mother is very concerned about whether he is actually taking his medication. Over the last six months his mother has contacted social services a number of times saying that Richie is deteriorating. She has now phoned to say that he has been speaking about the BNP and the Nation of Islam again. The situation was assessed by an approved mental health professional (AMHP). She felt that the situation was serious, but that Richie had some insight and willingness to work to prevent hospital entry – though he often appeared to lose his focus. You have been allocated to work with Richie and his parents intensively over the next two weeks.

**Discuss a two week care plan for Richie. What professional help would lead to a positive outcome?**

## 5) Mental health and substance use

### James (aged 29)

James is a Scottish man with a diagnosis of bi-polar disorder. He has recently arrived to a hostel for homeless men and has asked to see the visiting mental health outreach team. He has some insight into his mental health problems and is asking for help. He is also drinking regularly and at times quite heavily and reports finding it difficult when he goes to a pub just to have one or two. He has been in and out of prison for a range of offences including attempted murder although it is unclear to what extent this was related to his mental ill health. He has engaged with mental health and other support services on an erratic basis, and left Scotland quickly and without his medication. He finds conflict difficult and appears genuinely scared of what he might do if he does not get medication quickly. He smokes cannabis occasionally but has no history of other drug use. He is referred to your team for help with medication and housing.

**Discuss a plan of action for James.**

## 6) The family and substance use

### Jackie (Mum - aged 19), Ian (Dad - aged 21), Children - Ruby (aged 2), Lily (aged 9)

Jackie and Ian have been using crack-cocaine for some time. The referral to social services was made by the paternal grandparents who are worried about their grandchildren and don't know what to do next. Both Ruby and Lily have disabilities that require regular feeding and attentive care. The grandparents live in the council tower block next to their grandchildren. Jackie and Ian have sold all the furniture in the flat except for the baby's cot, but they still feel very committed to their children and want to look after them. They are clearly not managing to do this and have a lot of their own problems that they need help to address. The Grandparents are willing to look after Ruby and Lily.

**What actions should Social Services take?**

## 7) The family and substance use

### Sonia (Mum), Wayne (Partner), Alesha (aged 15), Marcia (aged 9) and Kevin (aged 5)

Marcia and Kevin have been referred to social services by the police who have made several visits to their home address as a result of incidents of domestic violence when the children were present. Mum, Sonia, disclosed that she is worried about her partner's (Wayne) drinking and the effect it is having on the family. Wayne was made redundant a year ago and has recently been drinking very heavily. Sonia has made unsuccessful attempts to stop him drinking by taking away his bank cards and controlling the money.

They have huge arguments which have involved Wayne being violent to Sonia. Kevin has become scared of Wayne and doesn't like going near him. Marcia often takes care of Kevin and does chores around the house when her Mum is too tired. Sonia has an elder daughter, Alesha, who has taken to staying out overnight at friends. Sonia is very worried and doesn't know what to do.

**What assistance could be offered to Sonia?**

## 8) Lone parent and substance use

**Pauline (Grandmother aged 53), Sarah (Mum aged 26), Max (aged 6), Eliza (aged 2)**

Sarah is a single mum and controlled heroin user. Because of her heroin use Pauline has removed the children without Sarah's consent and contacted social services for help. The children have different fathers, both of whom are also heroin users and do not want involvement with their children. Pauline is the paternal grandmother of one of the children and blames Sarah for her son's heroin use. Sarah's controlled heroin use allows her to care for the children well. Max always gets to school on time and both children are clean and cared for. Sarah wants to continue caring for her children. Max also wants to stay with his mum.

**How might Sarah help herself? Could Pauline do anything differently?**

## 9) Disabilities and substance use

**John (aged 48)**

John Shannon has been unemployed for more than ten years, since leaving his job as an engineer. He is divorced, and lives alone in a flat in a town centre. He has lost most of his sight over recent years, and this process hasn't been helped by his heavy drinking. He has had surgery over this period, but this has repeatedly failed.

Mr Shannon's existence is an isolated one, with no contact with his family, and the few people around him appear torn between supporting him, and exploiting his disability benefits, with consequentially higher levels of Income Support to shore up their own habits. One of his 'friends' once hit him, in an attempt to bully funds from him. His home is in a complete mess, with rubbish bags around the flat. The only service he is receiving is from a local housing official, who has helped with rubbish clearances, and considerable debts that have built up over previous years.

Previous attempts to put in home care have failed, due to a variety factors – not least of all, health and safety. Mr Shannon shows signs of developing mental illness associated with prolonged drinking but understands that alcohol is a main cause in his present condition. He doesn't have the sight to get to the local treatment and structured day care service. He is therefore dependent on friends to assist with this – yet this seems unlikely – given their conflicting interests. He has previously asked for an inpatient detoxification.

**What interventions might improve this situation?**