Peoples after care service from Detoxification to Recovery

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Introduction

Relapse rates following treatment for alcohol dependence are high and efforts to prevent relapse are an integral part of treatment. Outcome studies have reported relapse rates of 65% within one year of treatment, with the majority of individuals relapsing within less than three months.

The key aim of the Peoples After Care Service (PACS) was to assist individuals in their transition from alcohol inpatient detoxification into the local recovery community and reduce representation rates into alcohol treatment services. The Peoples After Care Service (PACS) was developed with the support of recovery coordinators Taryn Everard and Mark Stuart and the commitment of staff within Liverpool Community Alcohol Service and the alcohol inpatient ward at the Windsor Clinic.

Methods

The Windsor Clinic (Mersey Care NHS Trust) is an alcohol in-patient detoxification service in Merseyside. Individuals are referred by their GP and supported prior to their admission by Liverpool Community Alcohol Service (Mersey Care NHS Trust). The period of stay for an alcohol detoxification at the Windsor clinic is for approximately seven to ten days.

The Peoples After Care Service aimed to engage people whilst still an inpatient at the Windsor clinic and then provide support to individuals for up to twelve weeks in the community following their inpatient stay. The intensity of support during each month being dependant on an individual needs, however intervention/data collection was coordinated as follows:

PRIOR TO DISCHARGE	Initial Meeting/Engagement plan Completion of Recovery Wheel with a view to formulate a recovery plan and the basis of further service intervention Completion of an Alcohol Outcomes Record (AOR) Completion of the Warwick-Edinburgh Mental Well-being Scale (WEMWEBS)
MONTH ONE	One-to one sessions (usually weekly) based on psychosocial intervention and mapping. These sessions utilised existing public health 'Route to Recovery' documentation. Access to a weekly motivational workshops which were delivered in a local alcohol free bar (The Brink) and co-facilitate by Vicky Hughes a Mersey Care NHS Trust Volunteer/Peer Mentor. Assertive outreach with individuals and support, if required in attending existing recovery focused agencies/groups Motivational text messages
MONTH TWO AND THREE	As above with reduced face to face contact with a transfer to telephone contacts

Quantitative self-reported recovery questionnaires were utilised within the projects delivery
1. Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)
The WEMWBS questionnaire for measuring well being was developed by researchers at the Warwick and Edinburgh Universities. Thequestionnaire is comprised of fourteen statements self scored from 1-5. Each statement describes an individuals thoughts and feelings over the last two weeks. With the scoring demonstrating the following

   0-32=Well being very low
   32-40=Well being below average
   40-59=Well being average
   59-70=Well being above average

2. Alcohol Outcomes Record (AOR)
Self reported recording of
   a) Total drinking days in the past month
   b) Average unit intake on a drinking day
   c) Clients rating of psychological health (0-20)
   d) Clients rating of physical health (0-20)
      A further question was added by key workers when completing the AOR this being
   e) Number of time individual had attended anaccident and emergency department in the last month (alcohol related)

3. Wheel of Recovery
The wheel of recovery was completed pre and post intervention from the PACS and provided a visual overview of the following 11 domains. Clients scored each domain from 1-10 with 1 corresponding to the statement 'it can't get any worse' to 10 being 'it can't get any better. The domains scored were as follows (1) drug and alcohol use (2) physical well being (3) emotional and mental well being (4) personal growth (5) social connection and impact (6) significant relationships (7) accommodation (8) finances (9) safety (10) skills and vocations (11) offending.

Data Collection

Baseline (Collected at Initial contact)	Month 1 post Detoxification	Month 2 post Detoxification	Month 3 post Detoxification
Demographic and Clinical information WEMWEBS Wheel of Recovery AOR	WEMWEBS AOR	WEMWEBS AOR	WEMWEBS AOR Wheel of Recovery

Results

Baseline	End of month 1	End of month 2
N = 66 (100%) Demographic and clinical information WEMWEBS Alcohol outcome record Wheel of recovery	**N = 31 (47%)** WEMWEBS Alcohol outcome record	**N = 24 (36%)** WEMWEBS Alcohol outcome record

Wheel of Recovery (Baseline)
(Scores 1 = can't get any worse, 10 = can't get any better)

N = 66	Average (mean)
Drug & alcohol use	7.35
Physical wellbeing	5.85
Emotional wellbeing	4.69
Personal growth	4.90
Social connection	5.17
Significant relationships	7.15
Accommodation	7.40
Finances	6.27
Safety	6.30
Skills/vocation	5.64
Offending	9.14

WEMWBS	BASELINE (AVERAGE) N = 66	MONTH ONE (AVERAGE) N = 31	MONTH TWO (AVERAGE) N = 24
MEAN (AVERAGE SCORE)	37	50 *Wilcoxon signed ranks test_0.05	40
MINIMUM SCORE	14	29	34
MAXIMUM SCORE	67	70	49

Clinical and demographic data (baseline data)

N = 66	Percent
Male	67%
Female	33%
Employed	15% (U/E = 85%)
Single	79%
Previous admissions	47%
Abnormal GGT	64%
History of self-harm	36%
Psychotropic medication (antidepressant)	51% (35%)

N = 66	Average	Minimum	Maximum
AGE	45	26	62
UNITS OF ALCOHOL DAILY	31	10	61
SADQ SCORE (31+ = SEVERE DEPENDENCE)	40	0	57

Alcohol outcomes record (AOR)

	BASELINE (AVERAGE) N=66	MONTH ONE (AVERAGE) N=31	MONTH TWO (AVERAGE) N=24
TOTAL DRINKING DAYS IN PAST MONTH (0-28)	21.64	1.03	1.67
AVERAGE UNIT INTAKE ON A DRINKING DAY (0-50)	29.86	1.09	1.96
CLIENT'S RANGE OF PSYCHOLOGICAL HEALTH (0-20)	9.91	13.28	12.21
CLIENTS RANGE OF PHYSICAL HEALTH (0-20)	10.59	13.91	13.00
ATTENDED A & E IN PAST MONTH	36%	3%	4%

Conclusion

Month one (post detox) the project retained 47% with this reducing to 36% in month two. 66% of those who dropped out were unemployed with a lower SADQ and a slightly higher WEMMBS score. In relation to the individual who continues involvement with PACS drinking days reduced from an average of 21.64 to 1.67 per month with the total number of units consumed on these drinking days reducing from 29.86 to 1.96.

Individuals physical health increased from an average of 10.59 to 13 with psychological health increasing from 9.91 to 12.21 and attendance at A&E in the past month dropped from 36% to 4%. In relation to the wheel of recovery baseline data demonstrates 'emotional wellbeing' and 'personal growth' as the key areas requiring change – indicating the importance of an individuals mental health within their recovery.

Well being scores increased from below average to average and whilst abstinence rates improved, retention rates unfortunately remained low and require further investigation.