Salford case study

Adam is in his 30s. He has been known to the local Housing and mental health team over the last five years and had experienced homelessness due to his excessive alcohol use in an attempt to numb child and adulthood traumas.

When the Salford Inclusion Pathways team met Adam, he had presented in A&E after spending some time out of area. He had disengaged from services, stopped his medications and was involved in a relationship which he described as toxic. Adam presented tearful, unkempt and covered in bruises, he stated he was "desperate for help" and that his drinking was "ruining his life."

"I had to leave the flat I was living in and was told I could not be housed as I had no local connection, I used the last of my money to get a train to Manchester and visit my sister. I knew I could not stay with her for long because of her children, it would not be fair – I needed to stop drinking but I was scared."

Adam told the team he had children who he had lost contact with and had increased his drinking to roughly 1L of spirits a day since leaving the army, 4 years ago. He wanted to detox but had had a seizure the last time he tried. He agreed to accepting support from the Pathway team upon discharge but did not have a phone; he consented to the team making contact with his sister and providing her with a phone for him.

The team advocated for Adam with hospital staff and encouraged him to stay in A&E to be assessed. After spending some time on the MEU ward, due to deranged LFTs, he was transferred to a RADAR bed at local detox unit. The aim of the Service is to provide rapid access for patients from acute hospitals across all general hospitals in Greater Manchester presenting with alcohol dependence or acute alcohol withdrawals who would otherwise require admission to an acute hospital bed.

In the meantime, the team contacted the Salford Housing team to make an application for accommodation. Adam was able to return to his property that he occupied before leaving Salford and was linked back up with his supported tenancies worker who specialises in supporting veterans.

From the Detox unit, Adam made contact with the team to check in and organise support upon discharge, he was registered with the Inclusion GP service to promote wrap around care, and during the weekly MDT he was discussed with the local Drugs and Alcohol Community team who agreed to provide Outreach support upon discharge.

Weekly reviews allowed the team to monitor Adam's progress and support as and when needed. There are ongoing challenges. Adam finds working with the Community Drugs and Alcohol team difficult and he is also finding it hard to budget to meet his basic day-to day needs but the team are on call to provide regular support to help him maintain the progress made. He has abstained from alcohol since his detox.

During the last call he said he shared that he had accepted a full time job which he is looking forward to starting to keep him busy. His long term plan is to reconnect with his children once he is more settled, he said he feels like to he is on the road to a good place.