



# Stories Behind the Bottle: A Health Information Network South London collaborative community project

## Summary

The Health Innovation Network South London (HIN) is the Academic Health Science Network (AHSN) for South London, one of 15 AHSNs nationally. It aims to share innovations across the health system and capitalise on teaching and research strengths to drive lasting improvements in health and wellbeing across South London. One of the initiatives currently underway within the HIN is the development of an alcohol strategy, and one the key recommendations within that strategy is to address training for NHS staff to help identify patients requiring support in this area. A well-documented barrier to identification of those with alcohol-related health problems is stigma amongst healthcare professionals, and this has been identified as an area within the HIN, which should be addressed with training initiatives. This proposal outlines one such initiative, the bringing

together of the HIN with service users and filmmakers from local universities to make short training films on the subject of stigma.

## Background

### i) Alcohol related harms and the NHS

Alcohol contributes to much physical and mental harm, and is estimated to be responsible for 4% of deaths worldwide (Rehm et al 2009). Different patterns of drinking are associated with different types of harm. As anyone who has ever drunk alcohol will know, initially intoxication can lead to feelings of relaxation and well-being, and inhibitions decrease (Leeman et al 2009). However, as consumption levels rise, problems with balance and memory occur (Möykkynen and Korpi 2012). Violent episodes are more likely to occur when drinking alcohol is involved (Office of National Statistics 2013b), and alcohol is also a cause of accidental injury (Jones et al 2008), both of which lead to an increased burden for the NHS. At very high levels of intoxication death can result from, for example, alcohol poisoning (Kraut and Kurtz, 2008).

There are also cumulative effects of alcohol misuse, and longer-term, chronic physical health harms related to alcohol misuse over a prolonged period (Room et al 2005). These include certain cancers, cardiovascular disease, alcoholic liver disease, neuropsychiatric disorders, and diabetes. Alcohol dependence, the most severe category of alcohol misuse, is arguably a brain syndrome, and is classified as a mental disorder in the ICD-10 (World Health Organization 1993) and in the DSM-IV (American Psychiatric Association Task Force 1994). As alcohol use increases, adaptations in the brain can lead to dependence (Kalivas and O'Brien 2007).

Alcohol-related harms are estimated to cost the NHS around £2.7 billion a year (NHS Confederation, 2010), and NHS healthcare professionals are crucial in identifying the role alcohol plays in those

harms, in delivering services and in providing access to treatment. Those professionals may be in Accident and Emergency; they may be in General Practice; they may be liver or cancer specialists; they may be addiction specialists those with alcohol problems are treated across ALL areas of the NHS.

## ii) Alcohol, stigma and health professionals

“I went into A&E with broken ribs after a bit of a scuffle. I felt like I was being put to the back of the queue. Fair enough, I must have smelt like a brewery. But I couldn’t breathe.” Male Service User

Those who drink excessively and suffer harms as a result often experience stigma in relation to their drinking. Negative attitudes of health professionals towards patients with substance use disorders are common and contribute to suboptimal health care for these patients (van Boekel et al 2013). Stigma is a barrier to help seeking, impacts treatment outcomes, and diminishes patients’ feelings of empowerment. Reimer et al (2014) found that in primary care (ie general practice), those with alcohol-related health problems frequently did not receive a correct diagnosis or appropriate interventions for their alcohol misuse. Stigma amongst healthcare professionals was cited as one of the key contributors to this. A study in eight European countries found that healthcare professionals had considerably lower regard for working with patients with substance use disorders compared to working with patients suffering from diabetes or depression (Gilchrist et al 2011). Patients with alcohol-related harms are seen across many areas of healthcare. Some groups of healthcare professionals, such as those working in specialist addiction services, show higher regard for working with patients with substance use disorders (including alcohol) when compared to professionals of general psychiatry services and GPs (Van Boekel et al 2014), but even in this group of healthcare professionals there may be negative attitudes:

“Even in services, some workers treat you like absolute filth.... if you don’t respect the people you’re working with, your clients won’t do so well” Female Service User.

In a recent systematic review of the literature, Van Boekel et al (2013) found generally that health care professionals had a negative attitude towards patients misusing alcohol. They also perceived specific factors that were barriers to delivering health care to this group of patients, including violence, manipulation and poor motivation. Patients with alcohol-related health problems are often perceived as challenging and difficult, and health care professionals find working with them stressful (Van Boekel et al 2014). Crucially, Van Boekel et al (2014) identified that health care professionals lacked adequate education, training and support structures in working with this patient group. Crapanzano et al (2014) sum up thus: “Prejudicial attitudes that are part of a health care practitioner’s value system are a barrier to people accessing health care and substance use treatment...the persistence of negative attitudes following this and others’ educational interventions suggests the need for a new approach to changing health care professionals’ stigma towards substance users.”

### The aim

It has been identified by those working on the HIN alcohol strategy is that stigma in NHS professionals might be a barrier to identification and treatment of those with alcohol-related physical and mental health problems. In order to address this, six short films are proposed, which address stigma experienced by those who misuse alcohol. These films will be used in training of NHS healthcare staff.

## The films

The Health Innovation Network is pleased to invite film students from universities with filmmaking courses in our catchment area (Goldsmiths, University of London; University of Greenwich; Kingston University London; London South Bank University and University of Roehampton) to make an application to us, to produce a short film. We are looking for films of 5 - 10 minutes each, on the topic of stigma amongst NHS professionals towards those who misuse alcohol. Undergraduate and postgraduate students are eligible to apply, along with those who finished their courses within the last two years, and you can enter as a team or as an individual. The universities have all agreed to support students who wish to enter - see Appendix IV for details of the liaison in each university.

We will choose six applications, and fund them to make the proposed films. The universities of those chosen will be given £2,500 per film to cover the costs of the film making, and each university will use its own internal systems to distribute appropriate funding to the film-makers. Once we have handed over the £2,500 to the universities, all funding negotiations and decisions will be between the film-makers and their universities, with no input from us, so it's up to each film-making team to negotiate access to these funds with their own university.

We are looking for films that will challenge stigma, dispel myths about those who misuse alcohol, and show the human stories of those using NHS services. The approach is up to you, and can include film and animation, fact and fiction. There is no single "type" of patient with alcohol-related problems, and we are looking for six films with different approaches, so that different audiences within the NHS can be targeted. Areas to think about include A & E staff, liver specialists, general practitioners, drug and alcohol workers, psychiatry and mental health staff. However, people with alcohol problems access all areas of the NHS, and it's also worth thinking about less obvious areas.

"The street drinker is not the only person that is suffering... someone who seems to be a silly young party girl is in trouble" Female Service User

We're also looking for films which make people think differently about this group of people: films might be clever, informative and informal, and may use humour, music... it's up to you, but do bear in mind that the feelings of the contributors involved should be respected, and in no way should contributions be edited unfairly to produce a comedic effect. We require films to have a strong element of service user consultation and/or involvement, in order to make sure the messages they deliver are authentic. You can find a link here to the BBC's guidelines for working with vulnerable people <http://www.bbc.co.uk/editorialguidelines/page/guidance-vulnerable-people-full>

### The competition:

#### i) Apply

Thanks for opening up this briefing pack. Now we want to hear about your proposal. Please send us a written application by 5pm on March 9<sup>th</sup> 2015. Your application should contain the following sections:

Your idea: what it is, why you think it deserves to be made, and how you will make it (500 words maximum), alongside any supplementary information you think might be helpful - storyboards, scripts, etc.

You: who you are, what your experience is, links to any films we can take a look at to get an idea of your approach (CV and links one page maximum for each named person on the application).

Your university: tell us what support you will be getting from your university (see Appendix IV for each university's liaison details), including the names of any staff who will be advising you. We strongly recommend that you share your proposal with the liaison at your university. You will need

university support to enter the competition, as funding will be allocated via the universities, not directly to the filmmakers (200 words maximum).

Your collaborators: tell us how you would envisage working with service users and/or NHS staff to make your films, or anyone else you plan to work with on this project. Also tell us what you think the challenges of filmmaking with services users might be, and how you would overcome those. Give thought to the vulnerability of some service users, and different types of service users. You don't have to have firm commitments from others at this stage, and we will be able to put you in touch with service users and staff, but you will need to tell us who you want to collaborate with, and how you envisage the collaboration working. It will be difficult for us to get you access to NHS premises for filming, so we would encourage you to think about ideas that do not require this (200 words maximum).

Email your completed application to [sally.marlow@kcl.ac.uk](mailto:sally.marlow@kcl.ac.uk) by the deadline of March 9<sup>th</sup> 2015. If you have any questions before then as you're putting the application together, please feel free to email Sally.

## **ii) Selection of six films from applications**

A team including healthcare professionals from the HIN, service users, and a representative of the Community Film Unit will select the six films to be funded. All teams will be notified of the decision by March 23<sup>rd</sup> 2015.

## **iii) Briefing day for six selected film-making teams**

The applicants from the six selected films will be invited to a briefing day at the Institute of Psychiatry, Psychology and Neuroscience, Denmark Hill. The date is yet to be confirmed, but will be the last week in March/first week in April.

The briefing day will include presentations by healthcare professionals, service users, and filmmakers who have made successful films in areas such as addiction and mental health. It will be an opportunity for you to ask questions, and get information and introductions.

It will also include the nuts and bolts of what we'll need to be handed over to us along with the films, i.e. what format we'll need to have the films in, what paperwork will accompany them, timed transcripts etc.

All selected applicants will be asked to sign the terms and conditions (these will be made available separately to this briefing pack in the next few weeks), and the funding will be distributed to the universities at this stage.

**iv) Deadline for films to be submitted.**

Films must be sent to Sally Marlow by June 30<sup>th</sup> 2015, along with the correct paperwork.

**v) Judging**

The judging panel will consist of NHS and media experts, service user representative; NHS frontline staff representative.

**vi) Launch event**

There will be a launch event at which the winner will be announced in September 2015, followed by formal hand over of all six films to the HIN for use. There will be a cash prize of £1,000 for the winning film. The Community Film Unit have offered a paid internship for one film-maker from the winning team to work on one film with them, and although we can't promise anything currently, there may be further film-making internships for other team members within the NHS (we are in the process of investigating this).



## Appendix I: Competition collaborators

Health Innovation Network: The Health Innovation Network is the Academic Health Science Network (AHSN) for South London, one of 15 AHSNs nationally. It aims to share innovations across the health system and capitalising on teaching and research strengths to drive lasting improvements in health and wellbeing across South London.

National Addiction Centre, Addictions Department, Institute of Psychiatry, Psychology and Neuroscience (IoPPN), King's College London. We are one of the most productive addictions research groups in Europe. The emphasis of our research is on 'what works' in the prevention and treatment of substance misuse: the NAC represents a network of clinicians, researchers and clinical teachers who have a shared commitment to excellence in prevention and treatment work, and to supporting and strengthening national and international endeavours in this field.

### Community Film Unit

The Community Film Unit is a mix of the UK's best young creatives, making films exclusively for public & third sector organisations. The Community Film Unit is 4 years old in January 2015 and has worked all over the UK, having had 3 films broadcast on national TV. We partner with a variety of the UK's most prestigious higher education institutes, giving us access to the next generation of talent and our teams of young professionals will ensure a fun, rewarding and stimulating experience. Since its beginning the Community Film Unit has worked on over 300 creative projects all over the UK & has created employment opportunities for over 100 young people. The aim of the Community Film Unit is to provide a high quality end product for organisations that are financially challenged, whilst also helping to get more young people into the film industry.

[www.communityfilmunit.co.uk](http://www.communityfilmunit.co.uk)

Service users: input has already been provided from a South London service user group, who will provide ongoing consultation throughout the process of the competition.

### **Appendix II: Case study: an ongoing film project to tackle mental health stigma**

Following anti-stigma work in the local community around Time to Change, the nation's biggest campaign to challenge stigma around mental health, Leeds Partnerships NHS Foundation Trust provided ongoing funding to create films tackling mental health stigma, working in conjunction with Leeds International Festival, Arts and Minds, and Leeds Metropolitan University (Northern Film School). The aim of the project is to challenge the stigma surrounding mental health through film. Films are commissioned through a competitive process, and the partnership with the Northern Film School means that the films are made by students.

### **Appendix III: Case study: a film festival**

A recent film festival, the Recovery Film Festival, focused on people with substance abuse problems who had achieved recovery, i.e. abstinence from alcohol and drugs. Although the brief for that film festival was different to ours, you may get some ideas of what can be achieved in a short film by looking at some of the entrants. The long list can be found here <http://www.recoverystreetfilmfestival.co.uk/the-longlist/> , and the films which made it onto the shortlist can be found here <http://www.recoverystreetfilmfestival.co.uk/the-shortlist/>

### **Appendix IV: Contacts within the universities**

The following staff have agreed to work with entrants to the competition from their universities:

Goldsmiths: Professor Lisa Blackman [l.blackman@gold.ac.uk](mailto:l.blackman@gold.ac.uk)

Greenwich: Professor Gregory Sporton [g.sporton@gre.ac.uk](mailto:g.sporton@gre.ac.uk)

Kingston: Fleeta Chew Siegel [F.Siegel@kingston.ac.uk](mailto:F.Siegel@kingston.ac.uk)

London South Bank: Chris Elliott [elliottcj@lsbu.ac.uk](mailto:elliottcj@lsbu.ac.uk)

Roehampton: Alexandra Sage [A.Sage@roehampton.ac.uk](mailto:A.Sage@roehampton.ac.uk)

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