



## A day in the life of a nurse consultant

Claudia Salazar was appointed nurse consultant for Central and North West London (CNWL) Mental Health Trust four years ago. Initially trained as a psychiatric nurse she started her journey in alcohol treatment after a training placement at a detox unit. With 20 years in the field she has seen her share of violent clients and staff shortages, yet, as she tells DDN, she still feels passionate about her vocation.

**I usually aim for a nine o'clock start** and divide my work in the mornings. Between nine and half nine I am preparing notes and making phone calls. I mainly have clinical duties but it can vary as I might teach or have a meeting to attend.

Primarily I work with clients dependent on alcohol, which involves carrying out assessments, one-to-one work and group work. However, I can also work with drug misusers. I find that there is a difference between clients presenting for drug abuse and those presenting with alcohol problems. People using drugs are generally coming with a focus on prescribing rather than other changes that they also need to make, so we have to introduce all round safe management of their medication.

We have to look at different factors, to find where people are at in their alcohol abuse. We use motivational interviewing, group work and doing some one-to-one to look at helping people change. The point at which someone decides they have a problem with alcohol is more complicated than drug misuse; being a legal substance and much more readily available can make it more difficult for people to come to terms with their addiction. So the emphasis of the work is slightly different depending on which model of treatment we are focusing on.

Some of the more challenging clients are the ones who have fallen through the net of services. I had a client who was discharged from hospital after taking a severe overdose. He was then put on a train back to London and he came to us homeless, quite suicidal, disorientated and with severe health problems. After we got him admitted and dealt with the crisis, I then had to negotiate and find out which borough he belonged to, who would pay for his community care and ensure that there was a package of treatment for him. This took about three to six months to sort out and the client was left in limbo.

We had to keep him as an inpatient for much longer than necessary as people were not willing to put a package together, because of his transient status in London.

Fortunately he is very well and in rehab now, but sometimes people do fall through the system through no fault of their own. It isn't a usual thing as most clients are residents, but the ones who have a transient status have difficulty in terms of where they belong, whether they are eligible and who's going to pick up the bill.

CNWL Mental Health NHS Trust is one of the largest NHS Mental Health Trusts in London that specialise in substance misuse services for residents. The nurse consultant position is quite new within the NHS structure, certainly in terms of substance misuse, and it is something I have had to develop. It is an interesting role and I feel privileged, as there aren't many opportunities for nurses to progress to in this type of work.

My afternoons can be a mixture of clinical supervision for nurses and other staff, and attending meetings, which usually involves me moving to different sites and areas.

Currently we are looking into a policy on how to manage the risk of people drinking heavily while being prescribed opiates, benzodiazepines and various other medications. It had started off as a pragmatic local policy but has actually become a huge project and we're still in the first draft a year later because people have come and gone, the organisation has grown, we've merged with other areas that have different practices, and there are no national guidelines for it. It suddenly became a much bigger nut to crack.

My days normally finish at around six so I can tie things up. I like to leave having ticked all my boxes and as I'm moving from site to site I try to finish whatever work I have at each location. I'm usually fairly driven to the last minute of the day.

I enjoy my job. I think it is stressful working in the NHS and it has become more stressful as time goes on, but I don't have any illusions that anywhere else is any different. My dream job would be one where we didn't have to face uncertainties around finances every six months. I wish the NHS could stop changing for a minute just to give us breathing space. **DDN**