Substance misuse: dual diagnosis, taking steps to improve care

Presented by:
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Who are we?

- Change, grow, live (CGL) is a health and social care charity that supports people to change their lives for the better and achieve positive and life-affirming goals.
- We deliver community substance misuse treatment services across the country for young people and adults.
- We also support people to address associated issues, such as unemployment, homelessness, criminal activity and social isolation.
- Our treatment services support more than 118,000 people every year.
Why is being here today important to us?

- Leading Third Sector provider for drug and alcohol services
- 200 + projects
- Prescribe to over 20,000 clients per day
- Working with over 53,500 people across the country
- 250,000 volunteer & mentoring hours per year
- 35 clinical sites across the country
- To work in partnership for better mental health and help us bring better services to those who need them the most
Key themes for today

– Dual diagnosis is everyone's business
– No wrong door
– Multiagency joint working
Coexisting severe mental illness and substance misuse

“Dual diagnosis is an expectation and not an exception.”

Dual Diagnosis Good Practice Guide (DH, 2002)

People labelled as having a ‘dual diagnosis’ typically have complex needs rather than two distinct problems
Coexisting severe mental illness and substance misuse

- The focus on substance misuse and mental health problems may mean that other areas of concern are missed such as history of childhood sexual abuse, housing issues or child protection issues.

- Those labelled as having dual diagnosis are a very mixed group.
How common is this?

“Approximately 40% of people with psychosis misuse substances at some point in their lifetime, at least double the rate of the general population.”

NICE Clinical Guidelines, CG120 (2011)

People with combined mental health and substance use problems represent;

– a third of mental health service users (Menezes, et al 1996)
– half of substance use service users (Weaver et al, 2001)
– 70% of prisoners (ONS 1997)
Poorer mental health
Increased contact with the criminal justice system
Increased homelessness
Increased risk of violence
Increased risk of self harm/suicide
Poorer physical health
Poorer social functioning

COEMHSM
Challenges recognised?

– Supporting someone with a mental health illness and substance misuse problems – alcohol and/or drugs – is one of the biggest challenges facing frontline mental health services

– One of the main difficulties is that there are a number of agencies involved in a person’s care. For example, mental health services, specialist rehabilitation services and organisations in the statutory and voluntary sector

– As a result care can be fragmented and people can fall down the cracks

(Professor Louis Appleby - Mental Health Policy Implementation Guide Dual Diagnosis Good Practice Guide)
Policies and guidelines

Closing the gap: a capability framework for working effectively with people with combined mental health and substance use problems (dual diagnosis), Hughes, Liz (2006)
Policies and guidelines

Coexisting severe mental illness (psychosis) and substance misuse: assessment and management in healthcare settings, NICE clinical guideline CG120 (2011)
Policies and guidelines

Coexisting severe mental illness and substance misuse: Community Health and social care services, NICE Guideline NG58 (2016)

How to improve services for people aged 14 and above who have been diagnosed as having coexisting severe mental illness and substance misuse
Mainstream mental health services have a responsibility to address the needs of people with a dual diagnosis - serious mental illness like schizophrenia.

All clients must be on the CPA and must have a full risk assessment regardless of their location within services.

Mental health staff should be trained and equipped to work with dual diagnosis service users.

Project teams must be set up and agree a local plan to meet need which must contain an agreed local focused definition, care pathways/care coordination protocols and clinical governance guidelines.
✓ Ensure the person is referred to and followed up within secondary care, and that mental health services take the lead for assessment and care planning
✓ Do not exclude people with severe mental illness because of their substance misuse
✓ Provide a care coordinator working in mental health services
✓ Use an agreed set of local policies and procedures
✓ Work across traditional institutional boundaries
Challenges with implementation
Challenges with implementation

- Different service cultures with SM/MH e.g. re-engagement
- Skills mix of the workforce
- Primacy; attribution of primary problem
- Services may have conflicting views on what constitutes ‘dual diagnosis’
- Different funding and commissioning streams
- Lack of coordinated approach/joined up care; we do not deal with MH/SM jointly
Challenges with implementation continued…

– Addiction seen as exclusion for mental health support; what is the mental health offer for those still using/drinking?
– Different referrals and paperwork
– No joint assessment process; the service user has to re-tell story
– Different data systems; sharing information can still be difficult
– Lack of training in adult services around mental health issues
Three broad types of service model have been described;

1. Serial
2. Parallel
3. Integrated
Dudley dual diagnosis team

History

- Set up about 23 years ago by the Dudley NHS mental health service. It was recognised that patients were falling in the cracks between services
- Evolved over the years from a liaison role to a full MDT with an integrated approach
- MDT team with Consultant psychiatrist, CPN’s and OT
- Moved to CGL in 2014
- Criteria; high substance misuse needs and high mental health needs
- Sole care coordination/CPA and Joint collaboration with the mental health service, MH assessments for the core substance misuse service
Benefits and advantages

- Treatment received in one location
- Whole person needs assessment; mental health, substance misuse and physical health assessments and housing
- Relatively low caseload allows assertive engagement, home visits and reduced use of emergency services
- Care coordinator allocated/CPA
- Pathways for crisis care and psychological interventions agreed with the mental health service
- The presence of a pathway reduces disagreements amongst front line workers
Pathway for CGL Substance Misuse Service Referrals to Mental Health Services

Relapse in mental health or increased risk of self-harm/suicide requiring acute mental health intervention

Reviewed by CGL Consultant Psychiatrist within last 7 days?

Yes

Mental Health Act Assessment indicated?

Yes

Referral to Home Treatment Team for assessment with supporting paperwork

Assessed by Home Treatment Team

CGL Consultant Psychiatrist to liaise with Home Treatment Team to arrange joint Mental Health Act assessment

No

Mental Health Act Assessment indicated?

Yes

Referral to Home Treatment Team for assessment with supporting paperwork

Assessed by Home Treatment Team

CGL Consultant Psychiatrist to liaise with Home Treatment Team to arrange joint Mental Health Act assessment

No

Assessment offered within 2 weeks by EAS

Assessment offered within 2 weeks by EAS

Not suitable for acute mental health intervention, refer back to CGL

Discharge notification faxed to CGL on day of discharge. Discharge summary sent to client, CGL and GP

Discharge to CGL for follow-up

Discharge to CGL for follow-up

Referrals to Early Access Service or Home Treatment will be by initial phone call then fax of relevant documentation.
Case Study A
Case Study B
Challenges

– It’s a 9-5 service
– Access to crisis care with mental health services; accepting referrals an issue at times - possible delay
– Repeated assessments by different agencies
– Pathways for joint working agreed: The presence of a pathway reduces disagreements amongst front line workers
– Routes out of the team?
Improving service delivery

Comorbidity presents to different places

Which services should we be looking at?

‒ Mental health services
‒ Substance misuse services
‒ Housing services
‒ Criminal justice system
‒ Social services
Improving service delivery: recommendations

✓ It is everyone’s business to provide good quality services for people with mental health and substance misuse difficulties
✓ No wrong door approach
✓ Agree definition of dual diagnosis and which services will offer help for different complexities or severity- Four quadrant model
✓ Lead service determined by severity of mental illness and substance misuse
Bipolar disorder, smokes cannabis 2x a week.
Lead service
Mental Health team leads with advice from addiction services

Schizophrenia and alcohol dependence.
Lead service
Mental health lead/co-ordinate care delivery

Recreational drugs at the weekend and experiences low mood.
Lead service
GP/iAPT and Tier 2 Drug service

E.g. a dependant drinker who experiences increasing anxiety
Lead service
Substance misuse service/Psychology

Severity of mental illness

High

The Department of Health (DH) Dual Diagnosis Good Practice Guide
## Joint working decision matrix

<table>
<thead>
<tr>
<th></th>
<th>Tier 1-2 NDTMS - Do not require structured interventions from SMS services but Extended Brief Intervention (Not dependencies)</th>
<th>Tier 3 NDTMS - Structured interventions required from SMS services (incl. Substitute prescribing such as Methadone) (Most dependencies) 17.08%= 452</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Group 1 (Psychoses) (10-17): Psychosis, BAD, Severe Depression with or without psychoses</strong></td>
<td>Mental health team/Tier 4 Psychology with CGL worker support (No medic)</td>
<td>Adult mental health team / Dual diagnosis team</td>
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<td><strong>Group 2 (Non Psychoses) (Cluster 4-8, 18-21): High need</strong></td>
<td>Mental health led with CGL worker support (No medic) or Tier 4 Psychology with CGL worker support (No medic)</td>
<td>SMS alone or MHT (supported or led) or Tier 4 Psychology with CGL medic</td>
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<td><strong>Group 3 (Common mental health disorders) (Cluster 1-3): Defined by Clusters 1-3 and GAD-7, PHQ9. Risk to Health or safety (Not Medium or High)</strong></td>
<td>IAPT with CGL worker support (No medic)</td>
<td>CGL alone with IAPT involvement once stable</td>
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Undertake a baseline assessment of your service

Assessment tool provided by NICE along with their guidelines

Coexisting severe mental illness and substance misuse: Community Health and social care services, NICE Guideline NG58 (2016)
## NICE Baseline Assessment Tool

### NICE recommendation

<table>
<thead>
<tr>
<th>Guideline reference</th>
<th>Is the recommendation relevant?</th>
<th>Current activity/evidence</th>
<th>Recommendation met?</th>
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<tbody>
<tr>
<td><strong>1.1 First contact with services</strong></td>
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<tr>
<td>These recommendations are for all staff who may be the first point of contact with young people and adults with coexisting severe mental illness and substance misuse working in:</td>
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<td>- health (including urgent care and liaison services)</td>
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<td>- social care</td>
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<td>- public health</td>
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<td>- voluntary and community sector organisations</td>
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<td>- housing (for example, homeless shelters or temporary accommodation)</td>
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<td>- criminal justice system.</td>
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<td>Identify and provide support to people with coexisting severe mental illness and substance misuse. Aim to meet their immediate needs, wherever they present. This includes:</td>
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<td>- looking out for multiple needs (including physical health problems, homelessness or unstable housing)</td>
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<td>- remembering they may find it difficult to access services because they face stigma.</td>
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<td>Be aware that the person may have a range of chronic physical health conditions including:</td>
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<td>- cardiovascular, respiratory, hepatic or related complications</td>
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<td>- communicable diseases</td>
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<td>- cancer</td>
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<td>- oral health problems</td>
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<td>- diabetes.</td>
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<td><strong>1.2 Referral to secondary care mental health services</strong></td>
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<td>Ensure secondary care mental health services:</td>
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<tr>
<td>- Do not exclude people with severe mental illness because of their substance misuse.</td>
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<tr>
<td>- Do not exclude people from physical health, social care, housing or other support services because of their coexisting severe mental illness and substance misuse.</td>
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<tr>
<td>- Adopt a person-centered approach to reduce stigma and address any inequity to access to services people may face (see NICE's guideline on psychosis with substance misuse in over 14s and service user experience in adult mental health for the principles of using a person-centered approach).</td>
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<td>- Undertake a comprehensive assessment of the person’s mental health and substance misuse needs (see also NICE’s guideline on psychosis with substance misuse in over 14s – the section ‘recognition of psychosis with coexisting substance misuse’ and the recommendations on assessment in ‘secondary care mental health services’).</td>
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Multi agency: joint approach

- Ownership of the process in each organisation
- Identify a lead in each organisation to champion the process
- Communication; formal and informal
- Exchange phone numbers; have a named person to discuss clinical issues and operational issues
- Informal as important as formal working arrangements; phone numbers, names and so on
Multi agency: joint approach continued...

- Develop formal pathways and joint working strategy signed off by both services
- Have a process for identifying service users
- Confidentiality agreements
- Joint CPA reviews
- Agree an escalation process if there is a difference of opinion
- Agree pathway for presentation when in crisis/non engagement
- Joint assessments or having “trusted assessments“ particularly in crisis presentations
Multi agency: joint approach continued...

- SMS to have the competency and staff to assess mental health to identify common mental health presentations. More assertive engagement for complex cases

- Governance and support meeting

- Clinical service meetings; discuss clinical cases, areas of disagreement, upcoming assessments etc.- some services do this monthly or more frequently

- Operational meetings; managers, commissioners to review the effectiveness of the pathways and services offered

- Service user and carer involvement in the development and feedback
Summary

– Dual diagnosis is everyone's business
– No wrong door
– Multiagency Joint working
Any questions?

Ask us today or get in touch:

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Check out our latest interactive impact report online at: impact.changegrowlive.org