A teaching trust of Brighton and Sussex Medical School

Sussex Partnership NHS
NHS Foundation Trust

The Dual Diagnosis Strategy

2011 - 2016

Contents

The Dual Diagnosis Strategy for Sussex Partnership NHS Foundation Trust

Foreword

Dual diagnosis is a subject that has come up more and more frequently over recent years. In 2009 I included a specific question on dual diagnosis in my annual service user consultation, asking what the barriers were to accessing dual diagnosis treatment and support.

The feedback from service users and carers clearly outlined two main areas of need:

- Developing awareness, extending knowledge and increasing the skills which drug workers need to respond effectively to service users with a dual diagnosis.

- The targeting of vulnerable service user groups and the provision of appropriate treatment, services and support must be achieved through inter-agency collaboration across substance misuse, and mental health services both statutory and voluntary, and the criminal justice system.

Both of the above are vital when addressing the complex needs of dual diagnosis service users. The work done in Brighton and Hove in the residential rehabilitation services over the past year has benefitted numerous service users with a dual diagnosis and I have personally witnessed the positive effect that the Recovery Project (BHT) and St Thomas Fund (CRI) services have had on the lives of those concerned. There needs to continue to be a co-ordinated approach to commissioning mental health and substance misuse services to ensure that funding of treatment for people with co-existing conditions is adequate and secure.

Rick Cook,
Service User Involvement Worker,
Substance Misuse, Brighton and Hove

Executive Summary

The Sussex Partnership NHS Foundation Trust Dual Diagnosis Strategy provides a clear vision and framework to ensure a real improvement in the mental health and wellbeing of service users with a Dual Diagnosis who access the services delivered by the Trust. The strategy provides information and guidance for the Trust's health and social care partners and stakeholders to make certain that care, treatment and support for someone with a Dual Diagnosis is truly based on joint-working and is sustainable. It also gives clarity for key stakeholders of the work to be undertaken over the next five years in order to have Due Regard[1] for, and meet the needs of, people with a Dual Diagnosis.

The strategy has been developed with reference to national policy, research and evidence, including the Good Practice Guide (Department of Health (DH), 2002). These provide a key message that those with mental health (MH) problems and problematic drug and/or alcohol use should be cared for and treated by mainstream MH services working closely with substance misuse services (SMS) to ensure that care is comprehensive, co-ordinated and based on joint-working.

A representative group of service users, carers, partners, stakeholders, practitioners and managers have contributed to the development of the strategy.

1.'Due Regard':
Having due regard means that an organisation must consciously think about the three aims of the general equality duty as part of its decision making process. This means that consideration of equality issues must influence the decisions reached by public bodies in how they:

- Act as employers;
- Develop, evaluate and review their policies;
- Design, deliver and evaluate their services; and
- Commission and procure services from others.

Definition of terms used

Historically the term Dual Diagnosis generated as a diagnostic term, has been used to include a broad spectrum of mental health, alcohol and substance misuse problems that included the problematic use of alcohol, illicit and legal drugs, including over-the-counter and prescribed medication. A broad definition of Dual Diagnosis taken from the Dual Diagnosis Good Practice Guide states:

'A primary psychiatric illness precipitating or leading to substance misuse, substance misuse worsening or altering the course of a psychiatric illness, intoxication and/or substance dependence leading to psychological symptoms or, substance misuse and/or withdrawal leading to psychiatric symptoms or illness.' (DH 2002 p.7).

For the purpose of the Dual Diagnosis strategy the term 'co-existing mental health and substance misuse needs' will be used as a working definition interchangeably with Dual Diagnosis.

The term 'complex needs' will also be used to acknowledge the significance of physical, social and economic problems that inevitably affect the person thus recognizing the nature of the complexity between two or more existing needs.

Protected Characteristics, previously know as the 'Equality Strands' include the following: Age, Disability, Gender Re-assignment, Pregnancy and Maternity, Race, Religion and Belief (including no belief), Sex, Sexual Orientation.

Introduction

The strategy focuses on a vision and general principles that should be adopted by all partners and stakeholders. The provision of care, treatment and support to those with co-existing mental health and substance misuse needs is a 'whole system' and multi-agency concern.

A set of key themes and outcomes (pg 10) that reflect the vision and general principles have been formulated into an action plan framework; a separate working document that will be reviewed and updated regularly through locality based Dual Diagnosis Strategy Implementation Groups and a Trust wide Dual Diagnosis Strategy Implementation Group. The action plan will be the means by which the impact of the strategy is monitored.

The DH (2002) in 'Dual Diagnosis Good Practice' states that mental health services have a lead responsibility for those with serious mental health issues and substance misuse needs. 'Individuals with these dual problems deserve high quality service user focused integrated care. This must be delivered within MH services.' The document also states:

- The primary responsibility for those with severe mental health and problematic substance misuse should lie within the mental health service.
- For those with less severe mental health problems, mental health services should provide similar support to substance misuse services.
- Substance misuse teams should provide specialist support, consultancy and training to mental health teams.
- Clear pathways of joint-working and treatment should be developed.

The Dual Diagnosis strategy focuses on adults with complex needs who require clear, comprehensive, treatment and care based on joint-working between care groups and/or services. This focus aims to reduce the possibility of being moved from one service to another.

People who experience problems associated with mental health, problematic alcohol and/or drug use are at increased risk of a range of poor health outcomes which include: Serious and long term physical health problems, serious and long term mental health issues, self-harm and suicide.

Use of drugs and alcohol also increases the chance of unstable housing or homelessness, social isolation and stigma, disrupted family relationships, unemployment and imprisonment.

Service users who present with complex needs may have been excluded from some services and will require longer periods of engagement to connect with practitioners providing care, treatment and recovery programmes.

It is estimated that at least a third of people who access mental health services have a substance misuse problem and at least half of those who access substance misuse services have a mental health problem (Turning Point 2004). The occurrence of dual diagnosis varies across Sussex and within the different services, with higher percentages of substance and alcohol misuse being observed in those individuals requiring inpatient care, Assertive Outreach and Early Intervention Services and those who are LGB&T (Browne 2009).

Determining the prevalence of those with a co-existing mental health and substance misuse problems has been challenging. Historically, Trust audits of Community Mental Health Team (CMHT) caseloads and semi-structured interviews of practitioners and managers working in agencies in statutory and voluntary sectors suggested that Dual Diagnosis was more prevalent in those with more severe mental health problems, comparable with data available in the literature (9-20%). In relation to the stakeholder interviews an estimate of between 70-100% of problematic drug and/or alcohol use amongst the homeless was identified. In the SMS a prevalence of 40-90% of MH issues, for example, anxiety and depression were identified.

The complexity of problems can increase the risk of relapse and the involvement in the MH and SMS for extended periods of time. MH services and SMS are aware of the increased numbers of people accessing the services with co-existing mental health and substance misuse difficulties that occur at a younger age. Therefore early recognition and response through access to services, comprehensive assessments and a systematic approach to care and treatment is vital to reduce the likelihood of poor health outcomes. The ongoing needs of the service user will require staff and services to invest in long-term care that encapsulates Recovery principles implemented through the Recovery Orientated Community Kit (ROCK).

Service users with co-existing mental health and substance misuse needs are entitled to quality assessments, care and treatment at any point of access to MH services. It may also be provided by staff of different agencies or services working together to agree and implement an individual's assessment and care plan that should reflect the complexity of the service users needs and consider their protected characteristics particularly in relation to risk. Treatment and care should be co-ordinated between the different partners through a care co-ordinator in MH.

Learning from services that already provide a comprehensive service for people with co-existing mental health and substance misuse needs, for example, the Assertive Outreach Team (AOT), Early Interventions Services and the St. Thomas Fund (a trust partner) is vital. These three services provide examples of good practice that can be replicated across the trust and by other partners. Becca, a service user, encapsulates some of these points through her story of having a Dual Diagnosis in appendix 1.

Strategy Development

There have been a number of national policy drivers and guidelines produced (see appendix 2) to help services and practitioners address the requirements of those with co-existing mental health and substance misuse needs.

The Dual Diagnosis strategy has been developed to reflect other more recent strategic developments to include: Lord Darzi's NHS Next Stage Review (DH 2008) and New Horizons (DH 2009) emphasising the importance of preventative health care and well being in mental health; recovery, personalisation and social inclusion.

The process for developing the strategy included the following key steps:

- A literature review of current and relevant local and national strategic documents, research literature and policies that relate to Dual Diagnosis. These documents have informed the strategy and are listed in the bibliography.
- The formation of a Brighton and Hove Dual Diagnosis Steering Group (from January 2008); East Sussex Dual Diagnosis Steering Group (from October 2011) and West Sussex from the end of 2011. The membership includes carers and service users, social and health partners, trust staff and representation from the PCT; the formation of the Trust Dual Diagnosis Steering Group whose membership includes medical staff and senior managers from the trust (from 2009).
- The hosting of a Dual Diagnosis Strategy Development Day (February 2010). Attendees included service users and representatives, health and social care partners (for example GPs, SMS, local prison service and PCT representatives).
- A response to the Brighton and Hove Scrutiny Committee's Dual Diagnosis Review 2008.

Strategy Implementation

The Dual Diagnosis strategy is unequivocal in confirming that MH services lead on ensuring the right types of services are provided for service users. People with a Dual Diagnosis can expect a comprehensive assessment that has due regard for their needs, considers their protected characteristics, involves them in choosing the type of care provided and in designing the care plan with a named care coordinator. In addition they will be assisted to access and utilise the full range of health and social care services which will include amongst others; primary health care, housing, employment services as well as SMS.

Our new service redesign Under One Roof provides a revised community mental health services model. This includes assessment and treatment centres with access to highly specialised multi agency practitioners who provide specialist assessment and formulation working with service users and carers and bespoke treatment and care packages. There will be Integrated Care Management Teams based in local communities that bring together health and social care practitioners to support and enable individuals to optimise their wellbeing and recovery. The key to the success of these services is the degree to which they are integrated into the local community and working alongside partner agencies, particularly when meeting the needs of the Dual Diagnosis service users.

"...that all services work together, communicate with each other, share information, to help and support the service user." - Becca, Service User.

It is important to acknowledge the usefulness of harm reduction strategies to reduce risk; a model for engagement and rapport building when drug and/or alcohol reduction or abstinence is not viewed by the service user as important and/or a priority. However, the use of harm reduction interventions can help towards ensuring that someone stays in contact with the MH services or SMS and their drug and alcohol use is as stable as possible for them. This model is familiar to the SMS and is included in the dual diagnosis essential training.

It is acknowledged that for some teams and practitioners the interventions they are providing for service users with co-existing mental health and substance misuse problems are appropriate and affective. Practitioners will also be accessing continuing professional development to enhance their knowledge and skills.

Service users with co-existing MH problems and SM needs have improved care and treatment outcomes when MH and SM workers are provided with appropriate knowledge and skills training which is evidence-based and informed by the values of Recovery. This will be further enhanced by a clinical supervision, training event and peer support framework for Dual Diagnosis champions.

The trust already offers training and education in line with national Dual Diagnosis guidelines and initiatives (Hughes, 2006) which will continue. A range of Dual Diagnosis related training is available to all MH and SM staff and is included in the trust's training plan. A staff data base of those who have received essential training in Dual Diagnosis has been established and is monitored by the staff training department.

A data base of Dual Diagnosis trainers and champions will be established and monitored as part of the development of a skilled and competent workforce.

"...that all workers have a greater awareness and knowledge of dual diagnosis.... (and the) service user is assigned a key worker with mental health and substance misuse experience." - Becca, Service User.

Key Themes and Outcomes

The key themes and outcomes have been formulated into objectives provided in an action plan for the five year strategy implementation period.

Key Theme 1

- Accessing the required service

- Outcome 1a) Improve access to services for the person who presents with a dual diagnosis

Key Theme 2

- Assessment, Care and Treatment

- Outcome 2a) Provide holistic assessment and Recovery care planning at the first point of contact that acknowledges the persons dual diagnosis.
- Outcome 2b) Acknowledge dual diagnosis service users face challenges that can lead to relapses and therefore require ongoing, long term engagement based on therapeutic optimism with an emphasis on harm reduction strategies, Motivational Interviewing, relapse prevention and recovery principles reflected in the care pathway.

Key Theme 3 - Establishing strong health and social care partnerships and robust dual diagnosis clinical care pathways compatible with other established care pathways.

- Outcome 3a) Recognise the importance of valuing health and social care partnerships with other services in order to ensure the provision of joint working for dual diagnosis service users
- Outcome 3b) Establish robust dual diagnosis clinical care pathways to support, treat and care for people with co-existing needs (based on the dual diagnosis policy and Dual Diagnosis clinical care pathways).
- Outcome 3c) Provide further developed links with, and support to, housing and supported accommodation agencies, considering those in seldom heard communities. Acknowledging the complexity and changing needs relating to the persons drug use and mental health.

Key Theme 4 - Include the service user and carer in decisions about assessment, care, treatment and service provision

- Outcome 4a) Ensure service users are included in decisions about their care and treatment. Carers and family members, with the service user's permission will be included in care planning and decisions about care and treatment. Dual Diagnosis issues and challenges should be captured in the carer's assessment.
- Outcome 4b) Provide improved and accessible 'real time' information on a wide range of services that will offer support to Dual Diagnosis service users and their carers.
- Outcome 4c) Ensure family members and carers are provide with the opportunity to be involved in steering groups, reviews, audits, evaluations and research to help influence the development and improvement of services for those individuals with a Dual Diagnosis.

Key Theme - 5 Training and Education of the workforce

- Outcome 5a) Provide dedicated dual diagnosis champions in each team across the care groups who have attended the Dual Diagnosis essential training.
- Outcome 5b) Ensure mental health and substance misuse workers have the knowledge, skills and confidence to provide assessment, care and treatment for people with a Dual Diagnosis.
- Outcome 5c) Provide appropriate coordinated care that utilises the skills from MH and SMS workers. Ensuring joint assessments, co-working and the facilitation of the care pathways to give the best service for the person with a Dual Diagnosis.

Key Theme 6 - Research and Development

- Outcome 6a) Ensure dual diagnosis is addressed through the Trust's research and development agenda and through links with local universities research teams which should include a particular focus on women and Dual Diagnosis.

Key Theme 7 - Knowing the dual diagnosis population

- Outcome 7a) Capture, report and analyse Dual Diagnosis activity data to inform current and future Dual Diagnosis health and social health care provision, training and education requirements.
- Outcome 7b) Clarify the extent of the population across the protected characteristics of those with a Dual Diagnosis accessing the service to help effectively implement and audit the key priorities and directions identified in the strategy. These should be reviewed regularly with agreed time scales. The information will help the trust maximise effective care provision for Dual Diagnosis service users and assist in assessing future needs.

Evaluation and Research

It is vital that the identified key outcomes developed from the strategy are measureable and service user focused.

Monitoring will take place through the action plan and allocation of responsibility to individual professional leads, teams and groups. Robust evaluation processes are already in place for the Dual Diagnosis training and education study days. This data is collated and retained on a database. The Trust will be using health outcomes to evaluate the effectiveness of local services alongside opportunities to explore qualitative experiences through audit and surveys.

Specific clinical aspects of care and treatment provision will be audited and clearly identified in the action plan. For example, the use of FAST (Fast Alcohol Screening Test), AUDIT (The Alcohol Use Disorders Identification Test), Motivational Interviewing strategies and care planning that acknowledge drug and alcohol misuse. The role of the Dual Diagnosis champion will be audited and evaluated.

There is a need to continually review current evidence in the area of Dual Diagnosis in order to develop new knowledge and improve the experience of the Dual Diagnosis service user and carer.

The Research and Development Team for the trust has established substance misuse as a research theme. Dual Diagnosis specific areas for research have been identified and are being developed.

Conclusion

Effective care, treatment and support for servicer users with a Dual Diagnosis can only be available through collaboration and partnership working between MH, SM and social and health care service providers.

Care, treatment and support provided concurrently with clear communication, an understanding of roles and information sharing will result in improved service user engagement, health and social care outcomes.

Implementation of the Dual Diagnosis Strategy will provide staff working in the trust with the opportunity to enhance their knowledge, skills and confidence to deliver effective Dual Diagnosis interventions so ensuring that those with a Dual Diagnosis have their MH and substance misuse needs met.

Acknowledgements

The trust would like to convey its appreciation to all those who have contributed to the Dual Diagnosis strategy development and consultation process. The support and guidance from service users, PCT and Trust colleagues has helped to create a strategy that will make a real difference to people with a Dual Diagnosis. In particular we would like to express our thanks to the members of the Brighton and Hove Dual Diagnosis Steering Group, the Trust Wide Dual Diagnosis Steering Group, NHS Brighton and Hove, and the attendees at the Dual Diagnosis Strategy Development Day who gave their time and support and gave feedback on the strategy development process which has helped drive the strategy forward.

Appendix 1

A personal experience of having a Dual Diagnosis - by Becca.

For many years I felt lost and trapped in my mind, not knowing what was wrong with me. Having had a diagnosis of clinical depression through mental health services, yet still having addiction problems and not being able to stop using illicit and prescription drugs. Being sent away by mental health services, when I had told them about my drug use. Left in the community with a small child with no help and support for mental health issues. Being told that until I was clean I could get no help! My drug use spiralled out of control, as with no help and support I couldn't stop and also without help and support my drug use was self prescribing to numb myself and to shut my mind up! This was a dark and scary time.

Eventually after many years I was recognised as having a dual diagnosis and a local rehab was willing to help me. For the first time the rehab was willing to accept a service user that wanted to stop using illicit drugs and that was allowed to carry on taking anti-depressants for mental illness. This was on May 1st 2009 the first time that I had ever had the correct help and support that I needed. My doctor now recognises I have a dual diagnosis and can treat me properly and advise me correctly. Having now stopped using illicit drugs and alcohol for 19 months I am aware that I have a mental illness and it is not induced by illicit drugs…. I am aware that my use of illicit drugs did not help my condition, it made it worse.

The good thing is now I am able to live my life without numbing myself and free from the obsession of active addiction. Now that my mental illness is being managed correctly, most days my life is good... and I hardly ever think about using. As an addict sometimes those thoughts are there, today though I don't act on those thoughts.

I do have down days, and sometimes, I can feel lost or overwhelmed with sadness, today though I have a good support network of friends around me that can help and I can talk to. Today I also know that these down days will not last and these feelings will pass.

Key people, support and liaison

1. Initial assessment 11 St. Georges Place, Brighton - was not turned away.
2. Assessment with doctors at SMS Vantage Point - Dual Diagnosis recognised.
3. Assessment The Recovery Project - Dual Diagnosis recognised.
4. The Recovery Project - 9 months rehab, having keyworker with mental health/addiction experience.
5. Doctor, Preston Park surgery, supporting me in community.
6. Threshold Women's Counselling Services for mental health. 12 weeks counselling.
7. Narcotics Anonymous meetings in Brighton.

Appendix 2

National policy development and drivers - an overview

1. The dual diagnosis good practice guide (2002) highlights that drug and/or alcohol problems are 'usual rather than exceptional' among people with severe MH problems. The guidance focuses on people with severe mental health problems and problematic substance misuse. There are 5 key features of the good practice guide which have informed the strategy:

- Service users should be part of main stream MH services and services should be developed to avoid service users falling between 'gaps in services' (DH 2002) and being moved from one service to another. Integrated care should be provided within MH services and advised and supported by substance misuse specialists.
- Definitions of Dual Diagnosis should be agreed to reflect local patterns of need and target groups.
- Training and support should be provided for MH workers across the different services.
- All services, including drug and alcohol services must ensure that Dual Diagnosis service users with severe MH problems are subject to CPA and a full risk assessment.
- The provision of an integrated service model for Dual Diagnosis service users to ensure that their needs are met effectively.

2. Dual diagnosis in mental health inpatient and day hospital settings (2006) provided guidance that focused on service users with a primary diagnosis of mental illness who also have problems with substance misuse.' It also provided guidance on the assessment and management of people with a Dual Diagnosis.

The main points raised that have been considered in the strategy are:

- Acknowledging that there are two groups of service users: those with a Dual Diagnosis and those without a diagnosis of substance misuse, whose substance misuse may worsen their MH, impede treatment and recovery. The guidance also highlights the importance of training for staff which has been considered and included as part of this strategy.

3. Closing the gap (2006). The capability framework identifies core competencies for working with people with a Dual Diagnosis. Some of the core elements of the framework have informed the Dual Diagnosis training.

4. Turning Point - Dual Diagnosis - Good Practice Handbook (2007).

The guide advocates:

- The 'availability of empathic, hopeful relationships that provide integrated and co-ordinated services.'
- 'Connect with service users who are often vulnerable, chaotic and to poorly motivated to receive help.'
- Recognising the use of Motivational Interviewing and CBT approaches.
- Acknowledging 'supporting people with a Dual Diagnosis and their families is a long and slow process and continued engagement is essential.
- Recognising outreach approaches to enable the continuation of contact with services when attending appointments may be difficult for service users.

References & Bibliography

References

Department of Health (2002) *Dual Diagnosis Good Practice Guide,* Department of Health. London.

Hughes L (2006) *Closing the gap: A capability framework for working effectively with combined mental health and substance use problems (Dual Diagnosis)* Centre for Clinical and Workforce Innovation, University of Lincoln.

Care Services Improvement Partnership (2008) *Themed review report - dual diagnosis.* CSIP/Department of Health. London.

www.countmeintoo.co.uk/mental_health.php - Count me in Too report on Mental Health

www.countmeintoo.co.uk/drugs_and_alcohol.php Drug and Alcohol Use

Department of Health (2008) *High quality care for all.* NHS Next Stage Review. Department of Health. London.

Department of Health (2009) *New Horizons: Towards a shared vision for mental health. Department of Health. London.*

Bibliography

Department of Health (2002) Dual Diagnosis Good Practice Guide. Department of Health. London.

Department of Health (2006) Dual Diagnosis in In-Patient and Day Hospital Settings. Department of Health. London.

Department of Health (2008) The Dual Diagnosis Themed Review Report. Department of Health. London.

Department of Health and Ministry of Justice (2009) A Guide for the Management of Dual Diagnosis for Prisons. Department of Health and Ministry of Justice. London.

Department of Health (2002) *Mental health policy: implementation guide. Dual diagnosis good practice guide.* Department of Health. London.

Drake R and Noordsy D (1994) Case management for people with co-existing severe mental disorder and substance misuse. *Psychiatric Annals* 24 8 427-431

Hawkings C and Gilburt H (2004) *Dual diagnosis toolkit.* Turning Point and Rethink. London.

Turning Point (2007) Dual Diagnosis Good Practice Handbook.

Locally initiated literature

Nicholls S (2002) (on behalf of the Dual Diagnosis Steering Group). Needs Assessment: Services for adults with mental illness and substance misuse problems in Brighton and Hove and East Sussex. Sussex Partnership NHS Foundation Trust.

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Published and distributed by: Marketing and Communications
Published: September 2011.
All information correct at time of printing

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