Scrutiny Report

Supporting Those With Co-Existing Mental Health and Substance Misuse Issues (Dual Diagnosis)

Report of the Health Scrutiny Panel
North Lincolnshire Council
January 2016

NORTH LINCOLNSHIRE COUNCIL

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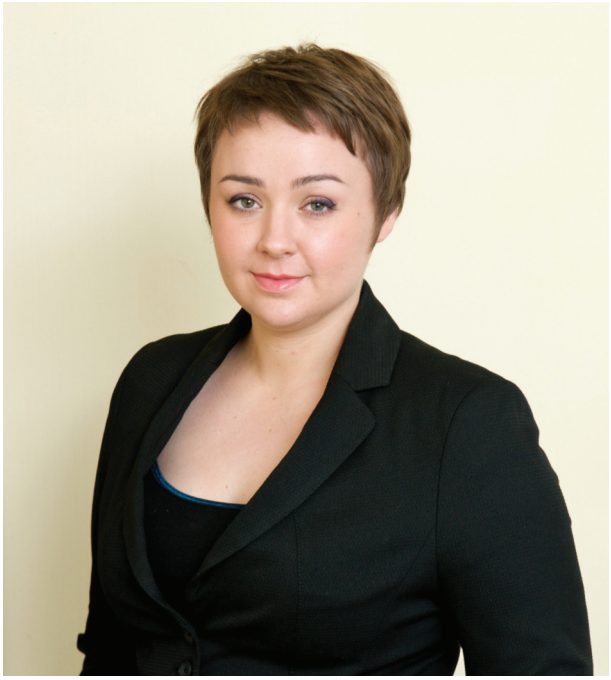
FOREWORD FROM THE CHAIRMAN



Councillor Holly Mumby-Croft
Chairman, Health Scrutiny Panel

The Health Scrutiny panel agreed at their meeting held on the 1st September 2015 to look at the services available within North Lincolnshire for service users with a Dual Diagnosis. The government has taken a number of recent steps to ensure that, at a local and national level, mental health services are increasingly given parity of esteem with physical health, as there is increasing recognition of the relationship between the two, and the approach encourages greater consideration of mental health. The panel in turn recognise the importance of mental health care. The decision to look into the treatment available locally for service users with a dual diagnosis was supported by all panel members. Recognising the importance of the issue, all panel members worked hard throughout the scrutiny process to understand the situation locally and to make recommendations that, it is hoped, will lead to a genuine improvement in access to services.

I am encouraged that the Prime Minister David Cameron has now confirmed an additional billion pounds of investment to enhance mental health services across the country. This will be focused in a number of areas, including antenatal support, eating disorders and psychosis, including £650 million of additional funding to provide better mental health services in the community and in hospital emergency departments. A Five Year Forward View for Mental Health has now been launched, led by NHS England, and independently chaired by the Chief Executive of Mind, which advocates integration and recommends access to the Government's Life Chances Fund for services that improve dual diagnosis care and support.

It was clear throughout the process of preparing this report that all agencies and partners involved had a genuine commitment to striving towards providing the best possible care for clients and service users and were willing to engage fully in the scrutiny process. I thank all for their hard work and commitment to producing this report.

BACKGROUND

The Health Scrutiny Panel agreed to conduct a review of services for dual diagnosis patients at their meeting on 1 September, following a perceived lack of joined-up care for those with co-existing substance misuse and mental health issues.

The panel agreed to speak to commissioners, providers and service users (via advocates) to understand how those with co-morbidity of mental health and substance misuse issues experienced services, how services were delivered and co-ordinated, and whether they could be improved.

We found that, although co-morbidity is common, services were largely aligned along specific mental health or substance misuse specialisms, meaning that treatment and support may not routinely be delivered in a genuinely holistic or integrated manner. Typically, there are referrals between services, rather than routine and effective joint working, primarily caused by historic commissioning arrangements, rather than a lack of willingness to work together. Whilst there are improving examples of joint working, there is general acknowledgement that this now needs to go further.

We acknowledge throughout that some people within this client group may be challenging, often with multiple and complex needs that often go beyond mental health and substance misuse. As such, it is important to the individuals, their families, and the wider community, that attempts are made to join-up and maximise the ability of local services to respond. Both Public Health England and NICE have also published evidence that early intervention and co-ordination of services is likely to lead to financial savings, reduced duplication, and value for money for taxpayers. In addition, joining up services is key to ensure that families have the best possible outcomes, and that all members of the individual's family are identified (where appropriate) and supported.

We are encouraged that the above concerns are recognised locally, and that arrangements are now being made to draft and agree a dual diagnosis pathway that is comprehensive and focussed on the individual rather than organisational structures.

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Definitions

There is no formally agreed definition of dual diagnosis. However, it is commonly recognised as describing people who have concurrent, often severe, mental health and substance misuse problems. The term 'substance misuse' relates throughout to "the continued misuse of any mind-altering substance that severely affects a person's physical and mental health, social situation and responsibilities". Typically, this refers to illegal drugs and/or alcohol, but may also include prescribed or 'over-the-counter' drugs and novel psychoactive substances, where use has increased amongst certain groups in recent years, and which can often have a significant adverse psychological impact. The World Health Organisation defines mental health as "...a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community." A range of cognitive, social, behavioural, or organic factors can negatively affect positive mental health. Where this varies from usual fluctuations of mood patterns, individuals can be said to have a mental health issue.

The relationship between substance misuse and mental health issues is complex, but clearly they can influence each other — for example, long term misuse of opiates can have a profound impact on a user's mental wellbeing. However, a direct causation from one to the other is not typical, and a range of other factors can influence the relationship and the potential impact. Good Practice Guidance (2002) identifies that substance misuse amongst those with a mental health issue can lead to poorer treatment outcomes, a deterioration of symptoms, homelessness, suicide and self-harm, and an increased risk of contact with the criminal justice system.

Because of the number of agencies and organisations likely to be in contact with an individual with such complex needs, there is a risk of services being fragmented, with clients referred for specific services, rather than one lead agency co-ordinating holistic support. It is recognised nationally that this can lead to service users 'slipping through the net', with the potential for resulting harm to the individual, their families and carers, and the wider community.

It is acknowledged throughout this report that dual diagnosis is a somewhat generic 'term of convenience' utilised by those working in this field, and that, in reality, this client group are diverse, often vulnerable, with varied, complex and changing needs. Service users may well have a history of contact with the criminal justice system, and they can also have a variety of physical health, housing, educational, and other needs. Unfortunately, such complex interfaces are beyond the scope of this report, which will focus primarily on mental health and substance misuse issues. However, we would anticipate that any future pathway would recognise this complexity and the number of partner agencies involved. This is addressed further in our recommendations (see page 14)

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Prevalence and the Level of Need.
Nationally, it has been estimated that dual diagnosis applies to around a third of mental health service users, around half of substance misuse service users, and between 70 - 90% of prisoners. The levels of concurrence tend to increase in line with the acuity of the person's problems. Therefore, whilst it is difficult to estimate the number of local people with concurrent mental health and substance misuse issues, it is likely that there are at least a thousand individuals who are known to specialist services, and it is possible that the actual number may be significantly higher.

As such, many services consider dual diagnosis to be 'usual', rather than 'exceptional'. The local specialist mental health provider, Rotherham, Doncaster and South Humber Mental Health Foundation Trust (RDaSH throughout), estimate that around 90% of those in contact with more specialist community mental health services also have some degree of substance misuse. For those in contact with primary-care delivered mental health services (IAPT teams) for less severe cases, it has been estimated that around 40% of service users have a dual diagnosis.

Table 1 — Estimated Prevalence of Co-morbidity among Current Patients of Mental Health and Substance Misuse Services.

Substance Misuse Treatment Population		Mental Health Population	
Psychotic disorder	7.9%	Problem drug use	30.9%
Personality disorder	37%	Drug dependence	16.7%
Severe depression	58%	Alcohol misuse	25.5%
Minor depression	87%		
Severe anxiety	41%		
One or more disorder	74%		

Nationally, the following estimated prevalence of co-morbidity amongst current specialist service users is helpful in understanding their individual needs.

As can be seen from the above table, depression is closely correlated with substance misuse amongst those in specialist treatment, with personality disorders and severe anxiety also co-existing in a sizeable minority of those in treatment for substance misuse. Various theories have been proposed for this correlation, typically that there is a causal relationship, that substance misuse is a method of coping or managing mental ill health, or that both are a symptom of wider social, environmental, or genetic circumstances.

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Whilst there is no clear consensus on this question, there is general agreement that the level of co-existing needs requires a co-ordinated or integrated approach for a large proportion of those in treatment with either service.

Local intelligence, as set out in the North Lincolnshire Alcohol Needs Assessment (2012), summarised that:
National and international research studies suggest that alcohol dependence is at least twice as high amongst people with psychiatric disorders than amongst the general population. In one UK study more than 40% of those presenting with first episode psychosis showed signs of alcohol abuse or dependence... Conditions in which people may try to use alcohol to cope, with resulting problems, include, depression, anxiety, obsessive-compulsive disorders, manic-depressive illness, [and] schizophrenia. The risk of alcohol problems is also known to be raised in those with a history of sexual abuse in childhood.

The assessment continues:
However, relatively few mental health clients are referred into alcohol treatment services each year, suggesting some potential missed opportunities for intervening early, before significant health harm sets in. Where dual diagnosis is indicated, this tends to be with people in their 40s and 50s whose alcohol dependency is relatively well advanced and who also have significant physical co-morbidities. We were told that alcohol misuse tends to be perceived by staff as less of a problem amongst younger clients, compared with drug misuse, in spite of the association with psychosis.

The recently-launched North Lincolnshire Suicide Prevention Strategy (2015-18) references an audit of suicides within North Lincolnshire from January 2011 to December 2013. This audit found that a third of those who had died as a result of suicide reportedly had a substance misuse issue. This places those with dual diagnosis within a 'high risk' group. It is acknowledged within the Strategy that action to reduce the risk "may require a degree of joint work to smooth out referral processes and care pathways..."

The Situation within North Lincolnshire
Historically, there has been a national separation of mental health and substance misuse legislation, guidance and commissioning arrangements over many years. This is summarised by Pycroft & Green (2015): *Historically, in the UK....mental health and substance misuse policy development had not been linked because of the services being developed separately, due in part to the differing legislation. Previously substance misuse policy focussed on control and prohibition, and more recently a health-related agenda [aimed at reducing] the harmful effects of substance misuse. Mental health has generally focussed on community care, which has evolved from closing the large mental health institutions to providing community services.*

The Mental Health Crisis Concordat is a nationally-led agreement requiring local agencies to co-ordinate action to fully support those in crisis. North Lincolnshire's Health and Wellbeing Board received an update in December 2014, noting progress on an action plan. The plan includes provision to ensure that key staff receive training on appropriate psychological interventions/

triage and assessment criteria. The plan also includes various actions to support those experiencing mental health crisis to recover, stay well, and prevent future crises — including support on addressing substance misuse.
The agreement of the local action plan coincided with development of a second mental health crisis action plan based on an experience-led commissioning approach. This plan includes an action to "establish and embed a dual diagnosis pathway to improve integrated care pathways". This has a target implementation date of the second quarter 2016/17.

The panel is aware that initial discussions have commenced to prepare to develop a pathway. It is the scrutiny panel's hope that this report will feed into those discussions.

Local Services

Mental Health

Community mental health services are provided in a range of settings across North Lincolnshire, by the specialist provider Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH). Those with common mental health problems are typically treated in primary care settings, either under the direct care of their GP, as part of the government's Improving Access to Psychological Therapy (IAPT) programme ,or via one of the specialist 'Active Recovery' providers. This approach ensures that services are accessible, and that there are clear links between mental and physical health.

There are also four specialist community teams within North Lincolnshire, established to support those with more severe forms of mental ill health. These are:

- An Early Intervention in Psychosis Team. This team provides holistic support to around 70 people, in co-operation with GPs, for those with developing or a new diagnosis of psychosis.
- An Assertive Outreach team, again with a caseload of around 70, to actively reach out and support those who are difficult to engage, people with severe psychosis, or those in contact with the criminal justice system.
- A Recovery Team who support around 300 people with an ongoing mental health need. Typically, clients suffer from conditions such as schizophrenia and bipolar disorder.
- An Intensive Community Therapies Team, who work with those suffering from conditions such as severe depression with an element of risk, eating disorders, Post-Traumatic Stress Disorder, severe phobias, or personality disorders.

In addition, service users may access inpatient and outpatient care at the Great Oaks facility in Ashby. Several teams operate out of Great Oaks, including the Crisis Team, the Home-Based Treatment Team, and a number of clinicians and other professionals.
RDaSH also run sessions and courses with a number of partners as part of their Options Recovery College. This aims to give people the necessary skills and motivation to stay well, learn and develop.

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Substance Misuse Services
An integrated Substance Misuse service was implemented in summer 2015, operated by the national charity CRI Step Forward, and known locally as CGL (Change. Grow. Live). CGL offer a number of recovery-focussed services, including counselling, motivational interviewing, and talking therapies. CGL can also assist with detoxification (detox) and stabilisation, needle exchange, providing links with the criminal justice system and wider employment and training support. The following resources are also available via CGL.

- An Addictions Psychiatrist/Associate Specialist, offering comprehensive assessment and referral, where appropriate.
- Hospital Liaison for those with alcohol and substance misuse issues.
- Specialist substance misuse and alcohol care services for people in hospital.
- A Substance Misuse Social Worker, with responsibility for operating the local Complex Case Panel, encouraging a multi-agency approach, and supporting and co-ordinating services for complex and vulnerable clients.
- Arrest referral and prison in-reach, to co-ordinate the care and treatment for offenders, utilising a harm-minimisation approach.

In addition, the Substance Misuse Social Worker can assist homeless clients to establish and maintain their own home, as these individuals are not typically homeless due to a lack of suitable accommodation, but because of a lack of coping or long-term planning skills, or a chaotic lifestyle. CGL also link with and support Street Outreach Teams and the Voluntary and Community Sector, who work with groups such as the elderly, who may have accompanying mental health or substance misuse issues.

The local authority also commission services for those with substance misuse issues which can be treated in primary care settings.

Other Services
As stated previously, people with dual diagnosis needs are also likely to access a number of other services and agencies, including housing, GPs, Emergency Care, maternity services, and potentially the homelessness team and the criminal justice system.

Current Working Arrangements
Recognising that a sizeable proportion of clients in specialist services have some form of dual diagnosis, local agencies utilise the 'four quadrant' model, as set out in the Mental Health Policy Implementation Guide:

Table 2 — Responsibility to Lead on Recovery

	High mental health need	Low mental health need
High addiction severity	Joint approach	CGL lead
Low addiction severity	RDaSH lead	IAPT, primary care, or alternative service

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Within North Lincolnshire, working arrangements for dual diagnosis tend to be co-ordinated depending on where the individual initially accesses services. Referrals can be made by professionals or others, or individuals can also self-refer. Based on the 'four quadrant' tool (see page 10), a recovery plan is normally agreed with the individual, with input from professionals as appropriate. Whilst this often works satisfactorily, the lack of a dedicated pathway can mean that this is agreed informally amongst workers and there are occasional issues over which agency should fund certain treatments. There is no common assessment in place locally, and the treatment and recovery models necessarily vary.

Relationships with the Criminal Justice System

Whilst this report focusses on outpatients and community-based treatment, it is important to recognise that many people with co-existing substance misuse and mental health issues are also in regular contact with the criminal justice system. This can be because of their increased likelihood of being a victim of crime, but it can also reflect their activities. Acquisitive crime is common amongst opiate users, for example, and there is a complex, but unfortunately common, correlation between poor mental health, substance misuse, and domestic abuse.

Research consistently finds that the majority of those in prison have a recognised mental health disorder, and that substance misuse, and therefore dual diagnosis, is common.

Lord Bradley's Report (2009) into mental health problems and learning disabilities in the criminal justice system found that: *"Drug and alcohol issues are a major problem among the prison population and dual diagnosis is common. Mental health services and substance misuse services in prisons do not currently work well together; national policy is developed separately for mental health and for substance misuse, and this is reflected on the ground, where dual diagnosis is used as a reason for exclusion from services rather than supporting access.*

Lord Bradley recommends that "Joint care planning between mental health services and drug and alcohol services should take place for prisoners on release." Lord Bradley is also clear that diversion away from imprisonment at the court stage is an effective method of reducing future harm, both to the individual and wider society, where there are effective treatment alternatives.

Pathways

As described previously, the historic national separation of community mental health and substance misuse services has led to the possibility of a lack of joined up care. In general terms, three models have developed over the years to address this:

1. A sequential or serial model, where people are treated for either their substance misuse or their mental health issue. The aim is to address, or at least stabilise, one issue, with the other 'deferred'. In this model, services are largely separate, and the use of referrals between organisations is common. Whilst this model does remain common,

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effective treatment outcomes are often poor, as it can lead to high rates of relapse in both specialties, and the lack of joined-up care reduces the effectiveness of any treatment.

2. A parallel model, where treatments are provided simultaneously. Whilst this can lead to better outcomes, research has found that there can be a lack of co-operation between professionals, difficulties in accessing services, stigma and negative staff attitude.
3. An integrated model, where mental health issues and the concurrent substance misuse are addressed through a more co-ordinated, multi-disciplinary approach to assessment, diagnosis and treatment. Whilst this approach has the potential to lead to better outcomes, research suggests that it can be hard to implement.

Guidance in the UK acknowledges the issue of co-morbidity, and it is recommended that there is a need for high quality, patient-focussed and integrated psychiatric and addiction treatment in the most suitable setting. Guidance issued in 2002 and 2007 specifies that, for dual diagnosis clients, adult mental health services should be the lead agency. However, it is recognised that this will require close partnership with other statutory and non-statutory services.

CONCLUSIONS AND RECOMMENDATIONS

Recommendation 1: That key commissioners and specialist providers develop a client-focussed, responsive, and comprehensive dual diagnosis pathway, supporting integrated and co-ordinated working, and with clear points of access and referral mechanisms within a set timescale. We would wish to see this pathway in place within twelve months of this report's publication. We further recommend that this is developed in co-operation with all relevant partners.

Recommendation 2: The panel recommends that a single training needs assessment be carried out across all relevant providers across North Lincolnshire and a plan developed to ensure consistent, joined-up training on issues such as psychological interventions, triage and assessment, diversion, and referral to other appropriate services. The role of the Training Plan would be to support the practical application of the proposed pathway (see Recommendation 1 above). The panel recommends that this drafted, agreed and implemented within twelve months of this report's publication.

Recommendation 3: The panel recommends that an appropriate senior officer from within the Public Health Hub be identified as a key strategic lead to oversee the co-ordination, effectiveness and timeliness of services for those with complex, co-existing mental health and substance misuse issues.

Recommendation 4: The panel recommends that an appropriate mental health and substance misuse member of staff be identified as a Dual Diagnosis Lead in each service, championing closer working between services and more holistic working. The panel would expect this to be in place within twelve months of this report.

Recommendation 5: The panel recommends that commissioners from North Lincolnshire Council and North Lincolnshire Clinical Commissioning Group, via the Health and Wellbeing Board, explore opportunities to move towards an increasingly co-ordinated recovery-focussed model over the next commissioning cycle.

Recommendation 6: The panel recommends that, in order to counter concerns about a lack of a 'common language' between services, mental health and substance misuse providers utilise and adopt the Suite of Documents, as agreed and adopted by North Lincolnshire's Health and Wellbeing Board in December 2014. Again, the panel would wish to see this fully embedded within 12 months from receipt of this recommendation.

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