Report to: **Health Overview & Scrutiny Panel**

Date: **17th March 2011**

Report by: **Barry Dickinson**

Presented by: **Barry Dickinson**

Subject: **Dual Diagnosis (Mental Health & Substance Misuse)**

1. Purpose of the Report

This report has been prepared in response to one of the issues highlighted by the HOSP review of alcohol related hospital admissions in January 2011. Concerns were raised in that report about the services available to individuals with dual diagnoses of Mental Health issues and drug and/or alcohol misuse. The purpose of the report is to provide the HOSP with more detailed information relating to Dual Diagnosis locally and the national context.

2. Recommendations

Issues relating to dual diagnosis are being picked up through the recent commissioner-led review of adult mental health services and the provider-led re-modelling of community mental health pathways. There are no specific recommendations for the HOSP to implement, as the report is intended to provide background information for HOSP.

3. Definition of Dual Diagnosis

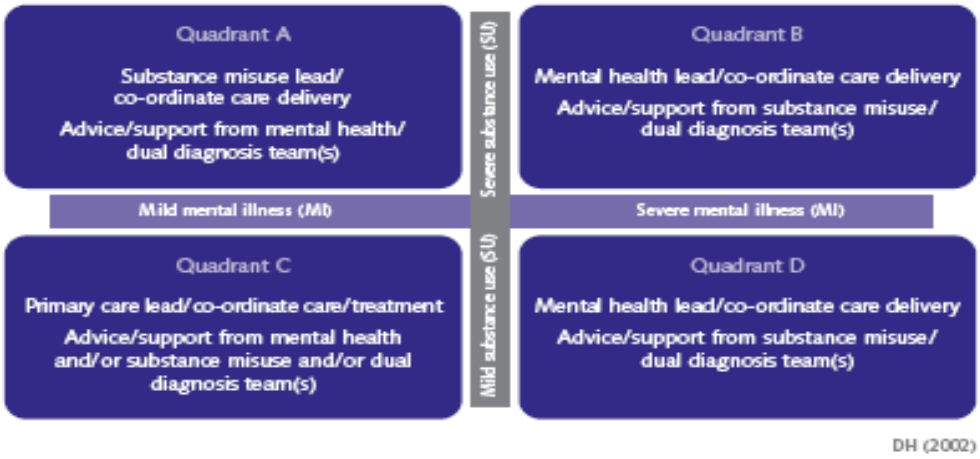
The Portsmouth Dual Diagnosis Strategy (April 2008, appendix 1) uses the DOH Dual Diagnosis Good Practice Guide (2002) definition of dual diagnosis:

The term 'dual diagnosis' covers a broad spectrum of mental health and substance misuse problems that an individual might experience concurrently. The nature of the relationship between these two conditions is complex. Possible mechanisms include:

- *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*
- *Substance misuse and/or withdrawal leading to psychiatric symptoms or illnesses*

Services need to be clear at the outset which individuals they intend to provide interventions for. Defining the population of people who experience these dual problems, and identifying those sub-groups for whom your service

has responsibility are necessary steps in this process. Though little consensus is evident in the literature regarding such definitions Figure 1 presents one approach. The horizontal axis represents severity of mental illness and the vertical axis the severity of substance misuse. This guide focuses on clients falling within the top right hand quadrant although a proportion of clients falling in the bottom right hand quadrant may also require some of the interventions and approaches described in this guide.



(figure 1)

Whilst the local strategy is clear in identifying those falling within quadrants B & D as "covered" by the strategy, and is in line with national guidance in defining its scope this way, some of the concerns raised by patient and carers groups relate to the services available to those in quadrants A and C. High prevalence rates of affective disorders (depression) and anxiety disorders amongst substance misuse service patients suggest that specialist substance misuse services are working with a significant volume of people who would fall within the left hand side of the above grid and therefore not be eligible for treatment from the specialist mental health services within this model.

4. Background Issues

Other factors identified as potentially exacerbating problems faced by individuals suffering from mental health and substance misuse problems are: Youth, there is a high correlation between mental health and behavioural problems and substance misuse in young people; Homelessness; Criminality; Gender; Ethnicity. The impact of these issues is covered in the strategy, although in general terms they contribute to greater difficulties with accessing appropriate services, increased severity of issues on presentation to services and poorer outcomes.

A significant issue for working with individuals with dual diagnosis is engagement with treatment; compliance with treatment regimes is often harder to achieve and services' responses need to be more empathic and

responsive to individual needs and capabilities. The strategy identifies recommended treatment approaches to improve engagement and outcomes.

5. Local Model of Care

The Model of care adopted by Portsmouth services within the 2008 Strategy involved a move away from specialist workers, to an integrated model. The Strategy refers to a "comprehensive training and development programme across all staff groups and the development of a network of experts against a backdrop of a clear care pathway and joint working procedure."

The pathway is detailed in the attached strategy (appendix 1). I have also attached a report from Solent Healthcare summarising the initial training delivered to implement the strategy and some follow up Action Learning Sets and workshops that were jointly delivered between Mental Health and Substance Misuse Services.

I have also received feedback from the Head of Operations for Community Services and Quality in Solent Healthcare, stating that they have been reviewing the dual diagnosis pathway and have come up with the following key points:

- The term dual diagnosis has in some ways become problematic, because it over-simplifies what is in fact a very complex set of issues. The extent to which services are seeing patients with more than one diagnosis, there are many sub-sets of dual diagnoses depending on the type individuals specific mental illness and the type and extent of substance use;
- Due to this diversity of presentation, there isn't a clearly defined set of treatments for people with "dual diagnosis" because there are too many sub-sets;
- Perhaps the focus needs to be on ensuring that no matter what the presenting condition(s) each individual should be guaranteed a thorough assessment of need and corresponding individualised treatment and recovery plan;
- Currently some individuals get good outcomes, some do not. Variables include type of interventions, level of training of staff involved, working relationships between agencies and more. We don't currently have a good evidence base to determine exactly what works in what combination or circumstance.
- Rather than continue broad training, some more analysis of what works well for whom in the local context is needed to guide further development.

6. Partnership Working

The training and development programme set out in the strategy action plan incorporated the development of better partnership working between Adult Mental Health and Substance Misuse services in the City. Solent Healthcare manage the integrated (health and social care) statutory services for Mental Health and Substance Misuse. Voluntary sector providers are also involved in

the care pathways and I am aware that there has been work between the main substance misuse voluntary sector provider and statutory mental health services to try to develop more effective referral pathways between the two services. Feedback from the substance misuse service provider suggests that this has improved access to mental health assessments and that there is evidence of joint working to meet the substance misuse needs of current mental health service patients.

Additional workshop training has now been jointly planned by substance misuse and mental health services to share best practice of how to work with specific dual diagnosis problems. This represents a progression from previous joint training which focused on who should take on different roles within the pathway to a more detailed and practical focus on what is effective with specific patient issues.

7. Review and Further Actions

Solent Healthcare are in the process of re-modelling their community mental health services, with an enhanced focus on the gateway service. It is hoped that this will have a positive impact for dual diagnosis patients who are currently unable to access mental health services because their mental health issues do not reach the threshold for care planned treatment.

Quality improvement and CQUIN incentive measures have been included in the 2011/12 Community Mental Health contract for Solent Healthcare to improve services to dual diagnosis patients. These measures will enforce the requirement for Solent to carry out an annual multi-agency review of the dual diagnosis strategy and the requirement for regular care plan reviews for patients identified with dual diagnosis.

Solent are also, in response to the feedback summarised above, planning to:

- Advertise an 18 month research secondment with a brief to adopt an case study approach over 18 months examining previous patient journeys, following current ones, shadowing staff, talking to patients, etc and answer the question for us and recommend no more that 5 high impact changes we need to make.
- The post holder will chair a city-wide event once they are appointed called "refocusing dual diagnosis" that will set the scene for this.
- The post holder will also start up and chair a dual diagnosis practitioners forum that will used to bring ongoing cases for learning and sharing.
- They are putting the Job Description together now with the aim to advertise nationally after the 1st of April.

Barry Dickinson,
March 2011