Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Policy Number: CLIN/0051/001/v1

Issue/Version No.: 1

Care and Management of Dual Diagnosis Procedure

Current Status: Approved

Compliance

All members of Tees, Esk and Wear Valleys NHS Foundation Trust staff will adhere to the parameters of trust policies. The consequences of non-compliance may include disciplinary action and/or legal action.

DOCUMENT CONTROL

<table>
<tr><td colspan="2">Application</td><td colspan="2">This policy pertains to all areas, departments and services of Tees, Esk and Wear Valleys NHS Foundation Trust</td></tr>
<tr><td colspan="2">Associated policy reference and title</td><td colspan="2">N/A</td></tr>
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<tr><td colspan="2">Lead</td><td colspan="2">Samantha Clark</td></tr>
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<tr><td colspan="4">This policy has been agreed and accepted by: (Director)</td></tr>
<tr><td>Name</td><td colspan="2">Designation</td><td>Date</td></tr>
<tr><td>Chris Stanbury</td><td colspan="2">Director of Nursing and Governance</td><td>4 October 2012</td></tr>
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<tr><td colspan="3">Quality and Assurance Group</td><td>4 October 2012</td></tr>
<tr><td colspan="3" rowspan="2">This policy has gone through an equality analysis (EA)</td><td>Date of EA</td></tr>
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<tr><td colspan="4">Amendment
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TABLE OF CONTENTS

1. INTRODUCTION....3
2. SCOPE OF PROCEDURE....3
3. RESPONSIBILITIES....3
4. PROCESS/PROCEDURE....4
4.1 Referrals....4
4.2 Joint Working Arrangements....4
4.3 Detection and Assessment....5
5. CARE PLANNING....5
5.1 The Role of the Care Coordinator....5
6. ARBITRATION....6
6.1 The Arbitration Process....6
7. DUAL DIAGNOSIS CRISIS SITUATIONS....7
8. STAFF TRAINING AND SUPPORT....7
9. CLINICAL STRUCTURE....8
10. IMPLEMENTATION....8
11. AUDIT....8
12. RELATED DOCUMENTS AND REFERENCES....8
13. DEFINITONS....9
Appendix 1 – Model of Service Delivery....10

1. INTRODUCTION

1.1 This document details the procedures to be followed when caring for individuals with concurrent mental health and substance misuse needs.

1.2 This policy reflects anti discriminatory practice. Any services, interventions or actions must take into account any needs arising from race and ethnicity, sex (gender), disability, sexual orientation, religion or belief, age, gender reassignment, pregnancy and maternity, and marriage and civil partnership.

2. SCOPE OF PROCEDURE

2.1 The procedure refers to all service users of the Trust with concurrent mental health and substance misuse needs and will be followed by clinical staff within the Trust

2.2 The care and management of dual diagnosis procedure sets out standards for joint working and liaison between Mental Health and Substance Misuse services and for referral and assessment. The procedure also sets out the duties and expectations of staff in the Mental Health services and Substance Misuse services and an arbitration framework for resolving differences in opinion.

3. RESPONSIBILITIES

Role	Responsibility
Chief Executive and Trust Board	• Ensuring there are effective arrangements Care and Management of Dual Diagnosis within the Trust.
Directors	• For ensuring policy/procedure is implemented in respective services.
Clinical/Service Director	• For ensuring policy/procedure is adhered to within their areas of accountability.
Practitioners	• To adhere to the principles and standards laid out in this policy/procedure.
Clinical staff	• To engage service users. • Use a harm minimisation based approach to care and work collaboratively with other providers in devising and implementing a care plan for service users with dual needs. • Engage in ongoing professional development and lifelong learning relating to the care of those with dual needs.

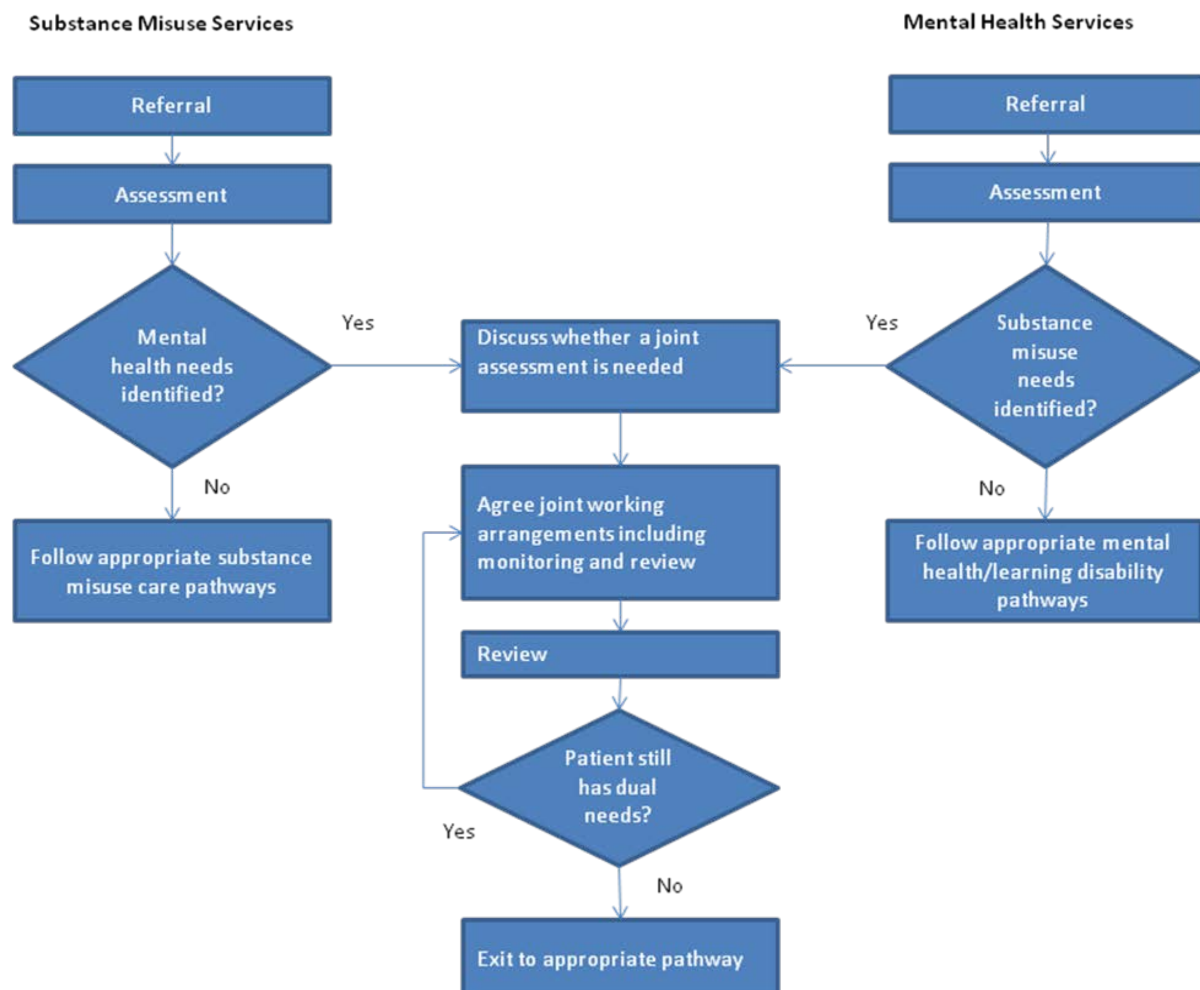
4. PROCESS/PROCEDURE

4.1 Referrals

- Service users will be referred through the same point of access as other service users to support mainstreaming of service users with mental health and substance misuse difficulties (Department of Health guidelines April 2002).
- Dual diagnosis practitioners will provide information and guidance regarding access to service in each locality.
- Contact details of dual diagnosis leads are available from Team Managers.

4.2 Joint Working Arrangements

Dual Diagnosis needs may present at any stage of the persons contact with Trust services. In order to promote continuation of care and management of risk, effective joint working with dual diagnosis patients requires collaboration and information sharing between providers, including non-Trust services. (See Appendix 1 and also Figure 1). The delivery of high quality, patient-focused and integrated care for those with a dual diagnosis should be delivered using mainstream mental health services (DoH, 2002).



4.3 Detection and Assessment

- Drug and alcohol misuse **must** be considered in all assessments undertaken by mental health services.
- Current and past substance use **must** be asked about and an assessment made of the risks with an appropriate risk management plan.
- Staff in mental health settings **must** routinely ask service users about recent legal and illicit drug use.
- NICE Guidance advocates the need for patients with alcohol and substance misuse problems to have a comprehensive assessment to identify any co-morbid mental health problems; Treatment of these conditions can improve overall outcomes. Treatment of co-morbid mental health problems should be an integral part if the overall care plans (NICE CG115, CG120).

5. CARE PLANNING

- Service users with mental health and substance misuse needs, requiring secondary specialist mental health service **must** receive their care and treatment within the Care Programme Approach (CPA).
- Substance Misuse Service staff members **cannot** take on CPA co-ordinator or CPA lead professional responsibilities due to:
  - Community substance misuse teams use the Models of Care approach to delivering care and treatment and the accompanying single assessment documentation is developed specifically for substance misuse care, rather than the CPA mental health documentation.
  - The Care Programme Approach (CPA) for co-ordinating care in secondary mental health services takes precedence over Models of Care Substance Misuse Care co-ordination when both services are required. The latter is not required to include complex care and contingency/crisis planning and risk management, but is tailored to substance misuse needs and services rather than mental health care

5.1 The Role of the Care Coordinator

The care co-ordinator **must** ensure the below actions occur when an individual's care plan is based upon collaboration between services.

- Discussions with service users are as early as possible about their ongoing care needs with a focus upon recovery.
- Comprehensive risk assessment.
- Contingency plan with identified relapse signatures.
- Consultation with families and carers occur where appropriate.
- Assessments and CPA reviews include assessments of carer needs.

- A care plan is agreed and a copy shared with the service user.

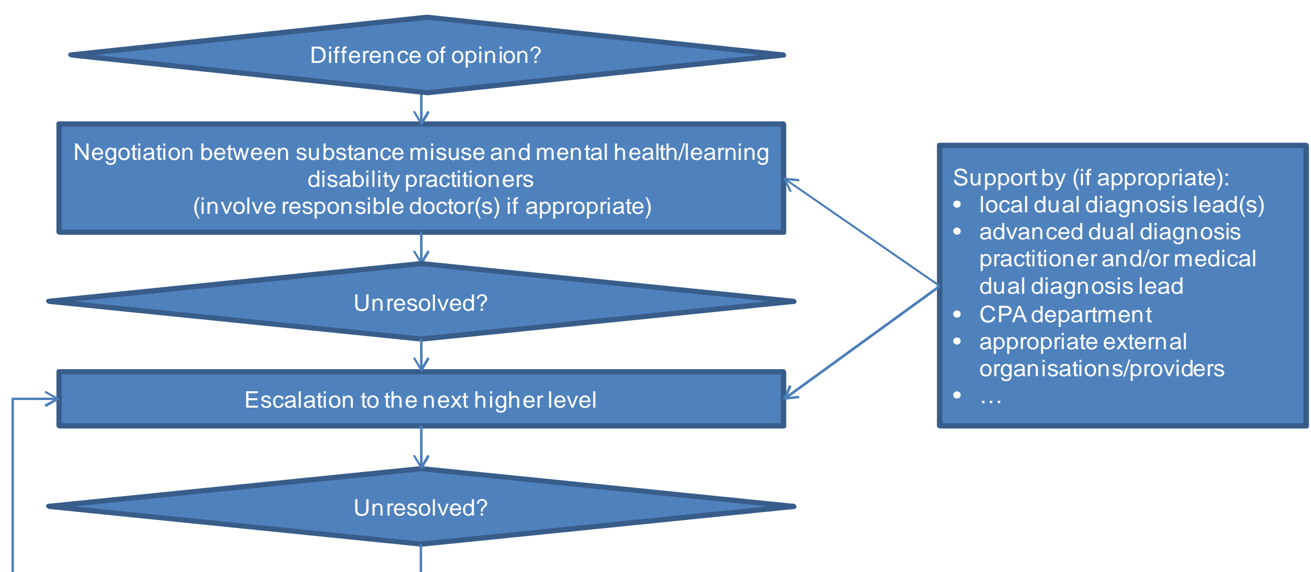
Where a service user is accessing services from both mental health and substance misuse services, the care plan specifies what support each service can expect from the other.

6. ARBITRATION

Where there is a difference of opinion between providers regarding whether a service will become involved in the co-ordination of care, assessment, care planning, intervention and treatment of a service user, negotiation of the case **must** take place prior to escalation.

- In the event that the disagreement **is not** satisfactorily resolved at this stage, the disagreement is then referred to the next tier of line management. The CPA department and staff within the dual diagnosis structure can be consulted at any point in the process to provide advice and guidance.
- In the event that the disagreement relates to allocation of care co-ordinator or lead professional, the service manager will review the case and decide which provider is best placed to provide effective co-ordinated care for the service user.
- The service user stays involved with the services with which they were in contact at the time the disagreement arose, until the disagreement has been resolved.
- Should the difference of opinion arise between Trust and non-Trust providers and the situation **is not** resolved through the line management structure, commissioners of the non-Trust provider will be involved.

6.1 The Arbitration Process



7. DUAL DIAGNOSIS CRISIS SITUATIONS

- In the event of a client being referred to a Crisis Team or Mental Health Liaison in a crisis situation where the referrer indicates that the individual is or may be under the influence of drugs or alcohol:
  - The service will see the individual to assess risk;
  - Ascertain whether a mental health assessment can take place;
  - Devise an appropriate risk management plan in accordance with Trust policies regarding risk management.
- Mental capacity within the context of the Mental Capacity Act (2005) means the ability to make a decision.
- A temporary lack of capacity will also include those who are unconscious or barely conscious whether due to an accident, being under anaesthetic or as a result of other conditions or circumstances i.e. being under the influence of alcohol or drugs.

8. STAFF TRAINING AND SUPPORT

- The Dual Diagnosis Good Practice Guide (DoH 2004) recommends that tiered training systems must be provided for staff, based on their individual development needs.
- All workers from a wide range of providers who come into contact with service users with dual needs but **don't** have a specific dual diagnosis role will require core (Level 1) dual diagnosis capabilities.
- This e-learning programme is designed to achieve the 19 dual diagnosis capabilities at core level (Closing the Gap, CSIP Dual Diagnosis Capability Framework. Hughes, 2006).
- Dual diagnosis mandatory e-learning training will be provided in line with the organisational training needs analysis (See Appendix 1 in the Learning and development policy), with results and confirmation e-mail automatically forwarded to the education and training department with reports sent to local managers to ensure mandatory training needs are met.
- For training that the Trust has not classified as mandatory then managers should consider the necessary competencies for the specific work required and arrange for these needs to be met through the appraisal and personal development plan process.
- Access to support to meet these needs is outlined in the Learning and Development policy and in the Training portfolio section of the Intranet.
- (A capability framework for assessing staff dual diagnosis development needs is available: 'Closing the Gap; A capability framework for working effectively with

people with combined mental health and substance use problems'. Care Services Improvement Partnership).

- Trust staff will seek guidance and formal supervision in the first instance from dual diagnosis leads within their own locality.
- In the event of a staff member requiring guidance and clinical supervision regarding dual diagnosis that cannot be met in their locality, appropriate staff within the dual diagnosis clinical structure can be approached to provide supervision and guidance with agreement from line managers.
- Additional support and opportunities to forge links with other practitioners and providers will be available for all staff through membership of the dual diagnosis networks.

9. CLINICAL STRUCTURE

- Each locality will have nominated staff to lead on dual diagnosis.
- The number of such staff and their training, development and support needs will be determined by service managers based upon the prevalence and severity of dual diagnosis need presenting in that area and individual staff development needs.

11. IMPLEMENTATION

This procedure will be implemented as specified within the Dual Diagnosis Policy.

11. AUDIT

This procedure will be audited as specified within the Dual Diagnosis Policy.

12. RELATED DOCUMENTS AND REFERENCES

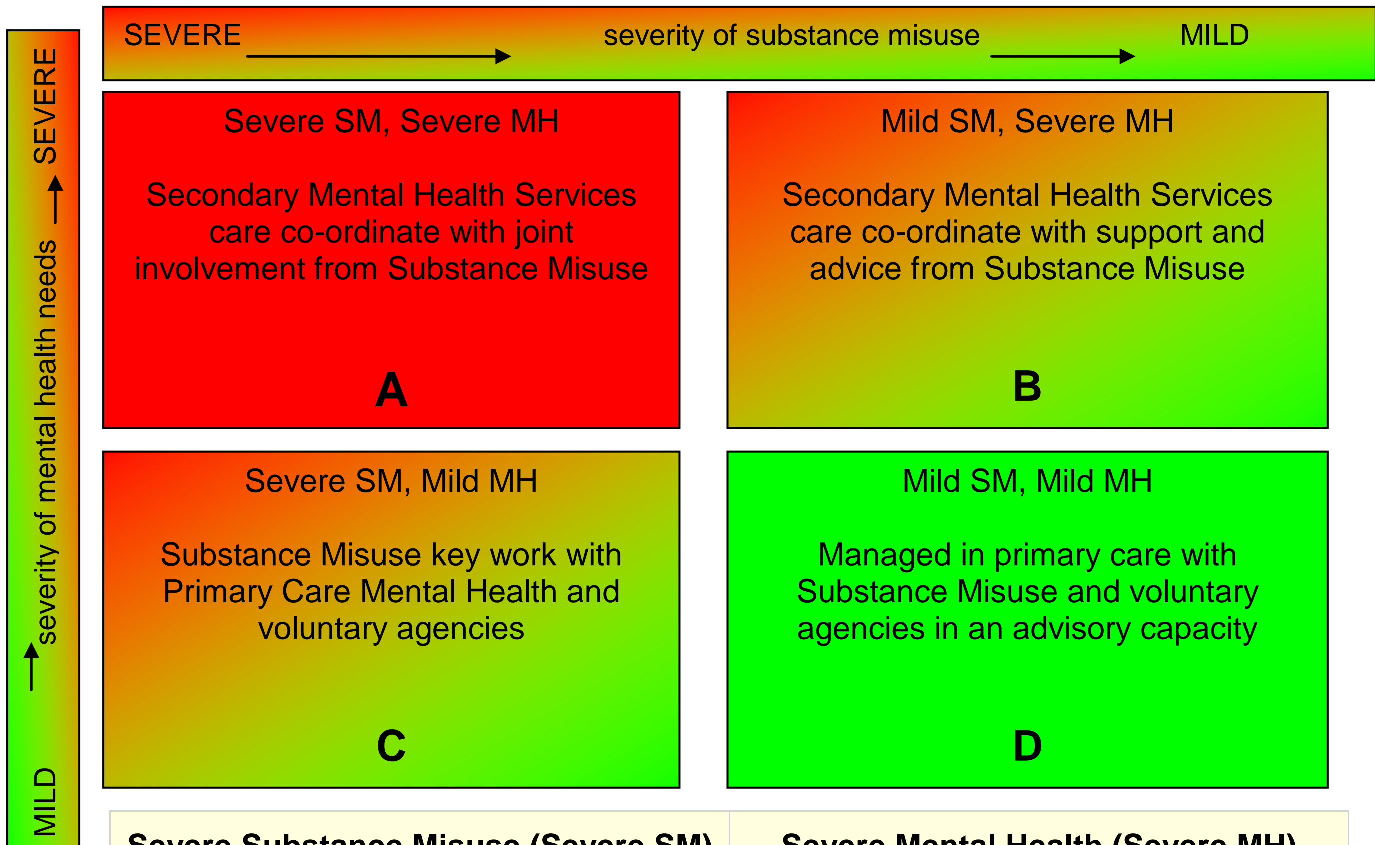
- Dual diagnosis policy CLIN/0051
- CPA policy IA/0002
- Management of substance misuse on trust premises CLIN/0029
- Joint working protocol for adults with learning disabilities and mental health problems.
- Assessment and Management of Risk of Harm in Clients with Dual Diagnosis (2002). Alcohol Concern and Drugscope.
- Closing the Gap; A capability framework for working effectively with people with combined mental health and substance misuse problems (2006). Care Services Improvement Partnership.

- Dual Diagnosis in Mental Health In-Patient and Day Hospital settings (2006). Department of Health
- HM government (2011) No health without mental health: a cross government mental health outcomes strategy for people of all ages New Horizons. A shared vision for mental health.
- HM government (2012) Government alcohol strategy Presented to Parliament by the Secretary of State for the Home Department by Command of Her Majesty March 2012.
- Mental Capacity Act (2005) Department of Health
- Mental Health Policy Implementation Guide; Dual Diagnosis Good Practice Guide. (2002) Department of Health
- Models of Care for Treatment of Adult Drug Misusers. Part 2 (2006): Full Reference Report. National Treatment Agency.
- North East Regional Suicide Prevention Steering Group. A 5 Year Strategy for Suicide Reduction and Prevention: 2010 to 2015 (2010) http://wwwnemhdu.org.uk/silo/files/suicide-prevention-strategy-sept-10.pdf.

13. DEFINITONS

Term	Definition
Dual Diagnosis	An individual with concurrent needs arising out of their mental disorder and/or learning disability and their substance misuse (See care and management of dual diagnosis appendix 1 for model of service delivery).
Dual Diagnosis Practitioners	Staff with capabilities in working with dual diagnosis who have a role in supporting and developing other staff in working with this client group.
Substance	Alcohol, illicit drugs, misuse of prescribed drugs and over the counter preparations and substances such as volatile solvents.

APPENDIX 1 – MODEL OF SERVICE DELIVERY



Severe Substance Misuse (Severe SM)	Severe Mental Health (Severe MH)
• Active physical dependency to alcohol. • Active physical dependency to opiates. • Active physical dependency to stimulants. • Active intravenous drug misuse. • Active poly-substance misuse.	• Schizophrenia. • Other psychosis. • Bipolar disorder. • Severe depressive episode. • Severe obsessive compulsive disorder (OCD). • Dissociative disorder. • Post traumatic stress disorder (PTSD). • Severe personality disorder. • Dementia. • Acute/severe risk of suicide.
Mild Substance Misuse (Mild SM)	**Mild Mental Health (Mild MH)**
• Mild harmful use. • Mild dependency. • This behaviour may be difficult to distinguish from socially acceptable use. • Such use of substances can effect mental health.	• Mild/moderate depression. • Dysthymia. • Phobia. • Anxiety/panic disorders. • Sleep disorder. • Adjustment disorder. • Somatoform disorder. • Mild obsessive compulsive disorder (OCD).

A – Severe substance misuse and severe mental health needs

- Co-ordinated by Mental Health CMHT e.g. Affective, Psychosis, Assertive Outreach Team with Substance Misuse specific interventions. Service users with mental health and substance misuse needs requiring secondary specialist mental health services **must** receive their care and treatment within the Care Programme Approach (CPA).
- CPA review process to evaluate ongoing intervention or change to individual service need.

B – Mild substance misuse and severe mental health needs

- Co-ordinated by mental health CMHT e.g. Affective, Psychosis, Assertive Outreach Team with substance misuse advice/support/consultation or liaison.
- CPA review process to evaluate ongoing intervention or change to individual service need.

C- Severe substance and mild mental health needs

- Not subject to CPA.
- Substance misuse as key worker/lead professional.
- Liaise with primary care mental health, GP, IAPT.
- Formal review within substance misuse evaluates ongoing intervention or change individual service need.

D – Mild substance misuse and mild mental health needs

- Managed within primary care and through voluntary