Management of coexisting mental illness and substance misuse (Dual Diagnosis)

Ref CLIN-0051-v6

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1 Introduction

This policy details the standards of practice and processes to be followed when caring for individuals with substance misuse problems and coexisting mental health or learning disability needs.

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.

This policy is part of and should be read with a suite of policies, procedures and pathways that deal with substance misuse in mental health settings, such as:

- Policy/procedure 'Managing substance misuse on Trust premises'
- Mental disorder and Coexisting Substance Misuse (Dual Diagnosis) – Clinical Link Pathway (CLiP)

This policy has been reviewed in line with national guidelines, including:

- NICE guideline [NG58] - Coexisting severe mental illness and substance misuse: community health and social care services
- Drug misuse and dependence - UK guidelines on clinical management

2 Why we need this policy

Individuals with coexisting mental health and substance use problems (Dual Diagnosis) often have complex assessment and treatment needs. Substance misuse is common in many patients who present to mental health services and mental health problems are common in drug and alcohol.

Individuals with dual diagnosis often experience higher risks and poorer outcomes than other patients, such as:

- high risk of relapse and hospitalisation,
- high risk of suicide, drug-related death and crime
- poor outcomes,
- poor physical health,
- high risk of dropping out of services; and
- higher overall treatment costs.

2.1 Purpose

The policy refers to all service users of the Trust with concurrent mental health and/or learning disability and substance misuse needs.

The purpose of this policy is to:

- comply with CQC standards, NHSLA standards, Department of Health Guidance, NICE guidance NG58, and Local and National Guidance,
- ensure that all staff are aware of the care and management of dual diagnosis policy and to provide guidance for staff when working with people who have a Dual Diagnosis,
- set out standards for joint working and for liaison between Mental Health and Substance Misuse services and for referral and assessment; and
- set out the duties and expectations of staff within Mental Health services.

2.2 Objectives

The objectives of this policy are to ensure that service users are managed in line with national standards of good practice. It is essential that service users:

- are **not** discriminated against due to their mental health needs being perceived as drug or alcohol induced,
- receive care based upon their needs, provided by the service (or services) best placed to meet those needs,
- have an appropriate care co-ordinator or lead professional allocated,
- receive care delivered in a collaborative manner from a care plan if multiple providers are involved; and
- are cared for by staff in mainstream substance misuse and mental health services who are competent and capable of responding to dual diagnosis needs.

3 Scope

3.1 Who this policy applies to

The policy 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.

3.2 Roles and 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.
Clinical staff	To adhere to the principles and standards laid out in this policy. 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.
Trustwide Lead for Dual Diagnosis	Strategically develop and improve services for patients with mental health disorders and existing substance misuse on the Trust level

4 Policy

4.1 Clinical pathway

All staff with follow the Clinical Link Pathway (CLiP) 'Mental disorder and Coexisting Substance Misuse (Dual Diagnosis)'.

This pathway will be implemented in different localities and specialties in slightly different ways depending on specific needs.

The CLiP 'Mental disorder and Coexisting Substance Misuse (Dual Diagnosis)' is published on the Trust's intranet.

4.2 Managing substance misuse on Trust premises

The Trust has a policy/procedure 'Managing Substance Misuse on Trust Premises' that gives standards about:

- compliance with legislation and Department of Health guidance governing the use of substances on Trust premises,
- .identification and assessment of substance/alcohol use at first point of contact with Trust services (using AUDIT and DUDIT),
- the Trust's zero tolerance policy to substance/alcohol use on Trust premises,
- training of staff regarding management of individuals who bring, or try to bring, drugs or alcohol onto Trust premises; and
- arrangements to monitor incidents and ensure substances are appropriately destroyed.

4.3 Management of substance misuse in inpatient settings

Use of illicit substances in inpatient settings has been an increasing problem in the trust. Several incidents and serious incidents have been linked to illicit drug use on wards.

Examples include:

- Fatal overdoses of inpatients with heroin
- Other non fatal drug overdoses on the ward
- Discovery of drug misuse paraphernalia in public ward areas
- Aggressive behaviour of intoxicated patients towards staff and other patients

The trust is currently developing a protocol with the aim of giving guidance about:

- managing patients who use illicit drugs on the ward (For instance, staff will need to get assistance if they consider discharging a patient from the ward because they have used drugs and potentially put other patients and staff at risk),
- the use of drug screens and their interpretation (There is some a tendency to overly rely on drug screens rather than clinical judgement),
- how to deal with new drugs that cannot be detected with commonly used drugs screens
- how to approach patients and their visitors if they are suspected to bring or have brought drugs onto the ward (This is especially a problem if the patient is an informal patient although the trust has already clear guidance how to deal with such a situation),
- using a drug dog or requesting police presence when carrying out site searches,

4.4 Assessing service users who are under the influence of alcohol or drugs

Crisis, Access, Liaison, Street triage as well as Liaison and Diversion teams often are asked to see service users who are intoxicated with alcohol or drugs. It is often difficult or impossible to conduct a comprehensive assessment of these service users and they often lack capacity to consent to being assessed and managed by mental health services.

A structured test is available to assess and document capacity for these service users. If there is a chance that the person will regain capacity to make a decision, then it may be possible to put off a decision until later. Professional will need to assess if there are any arrangements possible to secure the patients safety between now and re-assessment.

4.5 Reviewing and preventing drug related deaths and incidents

The trust's patient safety department will tag serious incidents in which dual diagnosis appears to be an issue.

A yearly focused review of these incidents will be carried out to identify common themes and lessons learned. Such a review will inform the trust about service development needs in this area.

The trust will also establish links with the confidential enquiry process to develop a feedback loop to Tees, Esk and Wear Valley Trust (TEWV) regarding identification of missed Mental Health factors of people who were recorded as drug related deaths.

4.6 Access to staff with dual diagnosis knowledge

All clinical staff to have access to an identified staff member who has enhanced dual diagnosis capabilities. All localities and specialties will determine the number of practitioners with enhanced dual diagnosis knowledge.

4.7 Dual diagnosis networks

The trust commits to running dual diagnosis networks in all localities of the trust. These networks should be open to staff from other organisations. The Trust will provide necessary administrative financial support to these networks.

Dual diagnosis practitioners are expected to regularly attend and actively contribute to the local dual diagnosis network. Services will give staff protected time to attend these networks and dual diagnosis related duties will be specified in staff's job description and regularly reviewed during appraisal.

5 Definitions

Term	Definition
Dual Diagnosis	Used for service users with mental health problems and coexisting substance misuse. Although the term Dual Diagnosis has been criticized for different reasons by service users and professionals it is still commonly used in research and national guidelines. The trust will therefore continue to use the term 'Dual Diagnosis' alongside 'Mental Disorder and Coexisting Substance Misuse'.
Drug misuse	Defined as the use of a substance for a purpose not consistent with legal or medical guidelines (WHO, 2006). In the UK, the Advisory Council on the Misuse of Drugs (ACMD) characterises problem drug use as a condition that may cause an individual to experience social, psychological, physical or legal problems related to intoxication and/or regular excessive consumption, and/or dependence (ACMD, 1998). Under these definitions alcohol misuse and smoking would also be classified as drug misuse. As these substances are legal, it is however common to classify them as a separate category.
Dependence	Strong desire or sense of compulsion to take a substance, a difficulty in controlling its use, the presence of a physiological withdrawal state, tolerance of the use of the drug, neglect of alternative pleasures and interests and persistent use of the drug, despite harm to oneself and others (WHO, 2006). Dependence is diagnosed according to DSM-IV or ICD-10 criteria.
Dual Diagnosis Practitioners	Staff with enhanced levels of knowledge and training in dual diagnosis. The term Dual Diagnosis Practitioners replaces the term Dual Diagnosis Leads that was used in previous policies.

6 Related documents

- Managing substance misuse on Trust premises CLIN-0029 (Policy, Procedure)
- Clinical Link Pathway (CLiP) 'Mental disorder and Coexisting Substance Misuse (Dual Diagnosis)'
- All dual diagnosis related protocols and procedures are available on inTouch on http://intouch/Services/Clinical/AdultMH/DualDiagnosis/Pages/default.aspx

7 How this policy will be implemented

This policy will be published on the Trust's intranet and external website.

Line managers will disseminate this policy to all Trust employees through a line management briefing.

Localities and specialties will discuss this policy in their governance groups (SDG and LMGB) and develop implementation plans.

Implementation leads will be nominated who will monitor the implementation process (see section 8)

7.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Specialist Level	Specialist Dual Diagnosis knowledge and experience to degree level or equivalent. Specialists will usually work on the consultant level with a significant part of their job role dedicated to substance misuse/dual diagnosis work.	Depending on on dividual	To be reviewed every 3 years.
Dual Diagnosis Practitioners	This level can be achieved via two different routes: - Regular attendance and active contribution to local dual diagnosis networks - Completion of enhanced level dual diagnosis or substance misuse training (eg. provided by York University, RCGP substance misuse module)	Variable	Evidence about attendance and active contribution to local dual diagnosis networks at least twice per year.
All practioners who regularly work with dual diagnosis patients	Completion of dual diagnosis e-learning package	1 hour	Every 3 years

8 How the implementation of this policy will be monitored

	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Number and skills of staff with enhanced dual diagnosis capabilities	Audited every 2 years (Person Responsible: Trustwide Lead for Dual Diagnosis)	LMGB, SDG
2	Compliance with the Clinical Link Pathway ‘Dual Diagnosis’	Audited every 2 years (Person Responsible: Trustwide Lead for Dual Diagnosis)	LMGB, SDG
3	Regularly reviewing the activity of local dual diagnosis networks	Yearly by Trustwide Lead for Dual Diagnosis	LMGB, SDG

9 References

- NICE NG58, available on https://www.nice.org.uk/guidance/ng58
- Drug misuse and dependence - UK guidelines on clinical management (Orange Book), available on https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/673978/clinical_guidelines_2017.pdf

10 Document control

Date of approval:	14 November 2018	
Next review date:	31 October 2023	
This document replaces:	CLIN-0051-v5 Dual Diagnosis Policy	
Lead:	Name	Title
	Dr Wolfgang Kuster	Consultant Psychiatrist, Dual Diagnosis Lead
Members of working party:	Name	Title
	Karen Atkinson Belinda Boam	Head of Nursing Tees Associate Nurse Consultant, Dual Diagnosis
This document has been agreed and accepted by: (Director)	Name	Title
	Elizabeth Moody	Director of Nursing and Governance
This document was approved by:	Name of committee/group	Date
	Adult SDG	10 March 2018
This document was ratified by:	Name of committee/group	Date
	Executive Management Team	14 November 2018
An equality analysis was completed on this document on:	17 July 2018	

Change record

Version	Date	Amendment details	Status
6	14 Nov 2018	Full revision in line with NICE guidelines	Ratified
6	22 Sept 2020	Review date extended by six months.	Ratified
6	May 2023	Review date extended to 31 Oct 2023	Ratified

Appendix 1 - Equality Analysis Screening Form

Please note; The Equality Analysis Policy and Equality Analysis Guidance can be found on InTouch on the policies page

<table>
<tr><td>Name of Service area, Directorate/rust/Department i.e. substance misuse, corporate, finance etc.</td><td colspan="6">Adult Mental Health Dual Diagnosis</td></tr>
<tr><td>Name of responsible person and job title</td><td colspan="6">Dr Wolfgang Kuster consultant psychiatrist
Belinda Boam associate nurse consultant dual diagnosis</td></tr>
<tr><td>Name of working party, to include any other individuals, agencies or groups involved in this analysis</td><td colspan="6">Karen Atkinson Head of Nursing
Dr Raul Perez consultant psychiatrist
Dr El'Sayeh consultant psychiatrist</td></tr>
<tr><td>Policy (document/service) name</td><td colspan="6">Care and Management of Dual Diagnosis CLIN/0051/v6</td></tr>
<tr><td rowspan="3">Is the area being assessed a…</td><td>Policy/Strategy</td><td>x</td><td>Service/Business plan</td><td></td><td>Project</td><td></td></tr>
<tr><td colspan="3">Procedure/Guidance</td><td></td><td>Code of practice</td><td></td></tr>
<tr><td colspan="5">Other – Please state</td><td></td></tr>
<tr><td>Geographical area covered</td><td colspan="6">Trust Wide</td></tr>
<tr><td>Aims and objectives</td><td colspan="6">This policy details the standards of practice and processes to be followed when caring for individuals with substance misuse problems and coexisting concurrent mental health and/or learning disability and substance misuse needs.

This policy has been reviewed in line with national guidelines, including:
• NICE guideline [NG58] - Coexisting severe mental illness and substance misuse: community</td></tr>
</table>

	health and social care services • Drug misuse and dependence - UK guidelines on clinical management
Start date of Equality Analysis Screening (This is the date you are asked to write or review the document/service etc.)	17 July 18
End date of Equality Analysis Screening (This is when you have completed the equality analysis and it is ready to go to EMT to be approved)	17 July 18

You must contact the EDHR team if you identify a negative impact. Please ring Sarah Jay on 0191 3336267/3542

1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?					
The aim of this policy is to provide additional support to Trust staff who may find themselves working with dual diagnosis and promoting a positive approach reducing stigma and negativity, aimed at improving practices and service delivery in working with dual diagnosis					
2. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?					
Race (including Gypsy and Traveller)	No	**Disability** (includes physical, learning, mental health, sensory and medical disabilities)	No	**Sex** (Men, women and gender neutral etc.)	No
Gender reassignment (Transgender and gender identity)	No	**Sexual Orientation** (Lesbian, Gay, Bisexual and Heterosexual etc.)	No	**Age** (includes, young people, older people – people of all ages)	No
Religion or Belief (includes faith groups, atheism and philosophical	No	**Pregnancy and Maternity** (includes pregnancy, women who	No	**Marriage and Civil**	No

belief's)		are breastfeeding and women on maternity leave)		**Partnership** (includes opposite and same sex couples who are married or civil partners)	

Yes – Please describe anticipated negative impact/s

No – Please describe any positive impacts/s

Dual diagnosis can lead to stigmatisation, not only in general public but also among professionals. Stigmatisation can lead to negative attitudes, poor outcomes and exclusion from getting the same level of care than other people without a comorbid problem.

The ageing cohort of heroin users is one of the factors identified as a cause of the rise in drug related deaths, due to deteriorating general health and increased susceptibility to overdose (Non-fatal overdose among people who inject drugs in England: 2017 report) and reduced life expectancy

Those aged over 65 are particularly vulnerable to the effects of drugs and alcohol due to presence of coexisting medical disorders and greater likelihood of drug-drug interactions. Comorbidity can be a key factor, with increased risk with age of suffering from chronic pain, insomnia, bereavement, loneliness and mood. There is a cohort of older people presenting with alcohol dependency and opiate dependency.

Those described as 'late onset users' may have begun using substances regularly only later in life, sometimes following stressful life events or lifestyle changes that typically occur later in life (such as retirement, marital breakdown, social isolation, increasing morbidity or bereavement). The latter group tends to be a larger but less visible population of older drug users typically using prescription or over-the-counter medicines.

Although pregnancy is not considered a disorder or even a problem in itself there is often a lot of fear and anxiety of service users accessing support for dual diagnosis due to stigma and concerns regarding safeguarding of baby or any children within the home

Evidence from children and young people's alcohol and drug treatment data shows high levels of self-harm, domestic violence and sexual exploitation among children and young people, with very low referral rates from mental health treatment into alcohol and drug treatment, younger persons drugs of choice tend to be alcohol, cannabis, new psychoactive substances

There is a high prevalence among prison populations with the 2009 Bradley report recognising that co-existing alcohol and drug misuse and mental health issues are the norm rather than the exception among most offenders. Prisoners are also at increased risk of self-harm and suicide, multiple disadvantage (substance misuse, homelessness and criminal justice involvement), over half (55%) had a diagnosed mental health condition.

It is recognised that some groups with diverse needs have problems with certain addictions and can experience difficulties in accessing services. Over recent years access to services has been greatly improved e.g. by women only clinics or initiatives that work with Black and Minority Ethnic (BME) or lesbian, gay, bisexual, and transgender community (LGBT) communities, gypsy and traveller groups, we must be aware of the differing needs of these client groups

3. Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.? **If 'No', why not?**	**Yes**	**x**	**No**	

Sources of Information may include:	
• Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc. • Investigation findings • Trust Strategic Direction • Data collection/analysis • National Guidance/Reports	• Staff grievances • Media • Community Consultation/Consultation Groups • Internal Consultation • Research • Other (Please state below)

4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Sex, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership **Yes** – Please describe the engagement and involvement that has taken place
Discussed with peer mentors, who are actively involved and support development of projects to support patients with drug and alcohol misuse within TEWV NHS Foundation Trust
No – Please describe future plans that you may have to engage and involve people from different group

5. As part of this equality analysis have any training needs/service needs been identified?

<table>
<tr><td>Yes</td><td colspan="5">Please describe the identified training needs/service needs below
This policy is part of and should be read with a suite of policies, procedures and pathways that deal with substance misuse in mental health settings, such as:
• Policy/procedure ‘Managing substance misuse on Trust premises’
• Mental disorder and Coexisting Substance Misuse (Dual Diagnosis) – Clinical Link Pathway (CLiP)
• Dual Diagnosis training module on ESR</td></tr>
<tr><td colspan="6">A training need has been identified for;</td></tr>
<tr><td>Trust staff</td><td>Yes</td><td>Service users</td><td>No</td><td>Contractors or other outside agencies</td><td>Yes</td></tr>
<tr><td colspan="6">Make sure that you have checked the information and that you are comfortable that additional evidence can provided if you are required to do so</td></tr>
<tr><td colspan="5">The completed EA has been signed off by:
You the Policy owner/manager:
Type name: Belinda Boam</td><td>Date: 17 July 18</td></tr>
<tr><td colspan="5">Your reporting (line) manager:
Type name: Wolfgang Kuster</td><td>Date: 17 July 18</td></tr>
</table>