journey to change

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Public – To be published on the Trust external website

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

Ref: CLIN-0051-v7

Status: Ratified
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Contents

1 Introduction

Alcohol and drug misuse are very common among people with mental illness and vice versa. Research shows that mental health problems are experienced by the majority of drug (75%) and alcohol (85%) users in community substance misuse services. A history of alcohol or drug use is also recorded in 54% of all suicides in people experiencing mental health problems and people with co-occurring conditions have a heightened risk of physical health problems and early death. (Health matters: reducing health inequalities in mental illness. Public Health England Dec 2018)

Substance misuse can be very common in multiple disadvantaged communities (for example those involved in the criminal justice system), further adding to difficulties they have in traditional services engaging with them. Despite the shared responsibility that NHS and local authority commissioners must provide treatment, care and support, people with co-occurring conditions are often excluded from each other's services.

Supporting people with co-occurring mental illness and substance misuse is a key chapter within the Trust Clinical Journey. This policy is critical to the delivery of OJTC and our ambition to co-create safe and personalised care that improves the lives of people with mental health needs, a learning disability or autism. It helps us deliver our three strategic goals as follows:

- This policy supports the trust to co-create a great experience for all patients, carers, and families from its diverse population by ensuring that people access the care that is right for them, delivered in a flexible and compassionate way.

- This policy supports the trust to be a great partner by supporting joint working with alcohol and drug use services to meet the needs of individual with co-occurring conditions.

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

By adhering to this policy, the Trust will ensure that service users are managed in line with national standards of good practice and that service users are not discriminated against due to their mental health needs being perceived as drug or alcohol induced. This Policy supports this by setting out the expectation that service users:

- 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

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

3.1 Who this policy applies to

- This policy applies to all clinical staff within the Trust.

3.2 Roles and responsibilities

Role	Responsibility
Chief Executive and Trust Board	Ensuring there are effective arrangements for Care and Management of Dual Diagnosis within the Trust.
Care Group Directors	Ensuring policy/procedure is implemented in respective services.
Service Manager	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. 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 Policy

4.1 Clinical Journey – Our Ambition for Drug and Alcohol

The Trust Clinical Journey states that over the next 3 years:

> ‘We will work with people with co-existing substance misuse issues and not exclude anyone from accessing mental health services based on concurrent substance misuse. Staff will have the confidence and competence to support people who misuse substances including those with addictions and have access to expert advice when needed. Services will respond effectively and flexibly to presenting needs. We will work together with partners in primary care, local authorities, and the voluntary sector to improve access to services which can minimise harm, improve health and enhance recovery (and be guided by those with lived experience)”

4.1.1 Our Approach

We will adhere to the following principles:

This is everyone's job. We will work jointly with alcohol and drug use services to meet the neds of individuals with co-occurring conditions. We will support and treat substance misuse guided by expertise (internal and external) when needed. Equally we will support drug and alcohol agencies in understanding and managing mental illness.

No wrong door: People with co-occurring conditions often endure a lot of uncertainty, repeat traumatisation and chaos in their lives. This requires us to adopt a flexible, trauma informed and attachment-focused approach. We cannot be rigid about when we see people or what we are seeing them for. It takes time to build trust an so we accept that individuals may contact mental health services at multiple and unpredictable points in their lives and their care journey.

Making every contact count: Treatment for any of the co-occurring conditions is available through every contact point as is support for physical or social concerns. This will also help to build trust.

Consultation to the system approach: Where direct intervention by either mental health or substance misuse services is limited or not possible, a joint working and consultation stance will be held, with a focus on advice, consultation, and support to each other with the person held at the centre of their care.

4.1.2 How will we achieve our ambitions?

Our Clinical Journey to Change sets out what the Trust needs to do over the next 3 years to support our principles: namely, we will:

- Develop a network of expertise in dual diagnosis across the Trust in order that all clinical staff will 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.
- Develop local substance misuse clinical networks linking key stakeholders at place. Dual diagnosis practitioners are expected to regularly attend and actively contribute to the local substance misuse clinical network. Services will give staff protected time to attend these networks and dual diagnosis related duties will be specified in the staff's job description and regularly reviewed during appraisal.
- Ensure community hubs incorporate easy access to substance misuse services through partnership, co-created at place.

- Educate staff in core skills in substance misuse, use of the dual diagnosis pathways, appropriate interventions, motivational interviewing, and harm minimisation (including other family members and in particular children)
- Have access to dedicated workers, including substance misuse peer workers in our hospitals and as part of our crisis response.
- Develop and embrace harm minimisation and harm reduction practices such as making naloxone available to those at risk of opioid overdose.

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

Crisis, Access, Liaison, Street Triage and Liaison and Diversion teams are often 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. Professionals will need to assess if there are any arrangements possible to secure the patients safety until they are able to be assessed.

4.2 Managing illicit substances or alcohol on Trust premises, including in in-patient services

The Trust Position Statement must be displayed in inpatient areas – see Appendix 3

The Trust has a zero-tolerance policy for the use or possession of illicit substances (including non-prescribed medication) on Trust premises. The Trust does not tolerate the use, possession or supply of alcohol, illicit substances including psychoactive substances (previously known as legal highs) on Trust premises. If you suspect that anyone is in possession of an illicit substance you must follow:

- Management of substance misuse on Trust premises (including Inpatient settings) policy
- Dual Diagnosis Clinical Link Pathway (CLiP)
- Policy for the Searching of Patients, Patients Property, Patient Areas and Visitors and contact the police as required.

- Controlled Drugs Standard Operating Procedures

4.3 Reviewing and preventing drug related deaths and incidents

The trust patient safety department will identify serious incidents in which dual diagnosis appears to be a factor.

A yearly focused review of these incidents will be carried out to identify common themes and lessons learned. The findings will be used to inform service development needs in this area.

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

- Trust Clinical Journey
- Management of substance misuse on Trust premises (including Inpatient settings) policy
- Dual Diagnosis Clinical Link Pathway (CLiP)
- Policy for the Searching of Patients, Patients Property, Patient Areas and Visitors

7 How this policy will be implemented

- This policy will be published on the Trust intranet and Trust website
- Where applicable line managers will ensure staff are made aware of this policy and any procedural changes

7.1 Implementation action plan

Activity	Expected outcome	Timescale	Responsibility	Means of verification/ measurement
Trust webinars	Inform staff of changes to policy	Within 1 month after policy implementation	Denise Colmer	Webinar held and then recording posted on Trust intranet
Policy distribution via weekly bulletin	Staff informed	Once policy approved	Policy Team	Included in Bulletin

7.2 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 individual	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. RCGP substance misuse module)	Variable	Evidence about attendance and active contribution to local dual diagnosis networks at least twice per year.
All practitioners 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

Number	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. Trustwide Lead for Dual Diagnosis	Executive Clinical Leaders Group
2	Compliance with Clinical Link Pathway (Dual Diagnosis)	Audited every 2 years Trustwide Lead for Dual Diagnosis	Service Improvement and Development Groups

9 References

- Health matters: reducing health inequalities in mental illness. Public Health England Dec 2018
- 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 (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	20 December 2023
Next review date	20 December 2026
This document replaces	CLIN-0051-v6 Care and Management of Dual Diagnosis Policy
This document was approved by	Executive Clinical Leaders Sub-Group
This document was approved	05 December 2023
This document was ratified by	Management Group
This document was ratified	20 December 2023
An equality analysis was completed on this policy on	07 August 2023
Document type	Public
FOI Clause (Private documents only)	n/a

Change record

Version	Date	Amendment details	Status
v7	20 Dec 2023	Full revision to align with Dual Diagnosis Chapter within Our Clinical Journey to Change	Ratified

Appendix 1 - Equality Analysis Screening Form

Section 1	Scope
Name of service area/directorate/department	Trustwide clinical services
Title	Management of coexisting mental illness and substance misuse (Dual Diagnosis)
Type	Policy
Geographical area covered	Trustwide
Aims and objectives	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.
Start date of Equality Analysis Screening	11/05/2023
End date of Equality Analysis Screening	07/08/2023

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	This Policy benefits service users and carers and ensures that they are not discriminated against due to their mental health needs being perceived as drug or alcohol induced – the policy describes the principles by which staff will work with our service users and carers in a supportive and compassionate, person-centred way. Our staff are able to access training as well as advice and guidance from dual diagnosis p[practitioners and partner organisations. Our clinical Journey to Change

	includes a chapter on Dual Diagnosis which recognises the trust ambitions to work with and not exclude people with co-existing substance misuse issues.
Will the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?	• Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men and women) NO • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) NO • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Armed Forces (includes serving armed forces personnel, reservists, veterans and their families) NO • Human Rights Implications NO (Human Rights - easy read)
Describe any negative impacts / Human Rights Implications	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

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	NICE guidance, UK guidelines on clinical management, clinical audit, Our Clinical Journey to Change, Research
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	No – this Policy builds upon the previous version which was discussed with peer mentors who are actively involved and support development of projects to support patients with drug and alcohol misuse within TEWV. It also supports the Trust Clinical Journey to Change chapter regarding Dual Diagnosis which was co-produced.
If you answered Yes above, describe the engagement and involvement that has taken place	
If you answered No above, describe future plans that you may have to engage and involve people from different groups	There will be further engagement with partner agencies and peer/service users via the consultation process
Describe any positive impacts / Human Rights Implications	The Trust Clinical Journey states that we will work with people with co-existing substance misuse and not exclude anyone from accessing mental heath services based on concurrent substance misuse. This Policy support this ambition as it requires that service users: • receive care based upon their needs, provided by the service (or services) best placed to meet those needs, • have an appropriate key worker, 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.

Section 4	**Training needs**
As part of this equality analysis have any training needs/service needs been identified?	Yes
Describe any training needs for Trust staff	Service managers - to determine number of dual diagnosis leads as well as their training, development and support needs Specialist level - Specialists will usually work on the consultant level with a significant part of their job role dedicated to substance misuse/dual diagnosis work. and advise dual diagnosis leads. Dual diagnosis leads Advise frontline staff in managing patients with dual diagnosis Staff that have: 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 All practitioners who regularly work with dual diagnosis patients completion of dual diagnosis e-learning module every 3 years
Describe any training needs for patients	None
Describe any training needs for contractors or other outside agencies	None

Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

Title of document being reviewed:	Yes / No / Not applicable	Comments
1. Title		
Is the title clear and unambiguous?	y	
Is it clear whether the document is a guideline, policy, protocol or standard?	y	
2. Rationale		
Are reasons for development of the document stated?	y	
3. Development Process		
Are people involved in the development identified?	y	
Has relevant expertise has been sought/used?	y	
Is there evidence of consultation with stakeholders and users?	y	Based on Clinical Journey to Change chapter which was co-produced
Have any related documents or documents that are impacted by this change been identified and updated?	Y	
4. Content		
Is the objective of the document clear?	Y	
Is the target population clear and unambiguous?	Y	
Are the intended outcomes described?	Y	
Are the statements clear and unambiguous?	Y	
5. Evidence Base		
Is the type of evidence to support the document identified explicitly?	Y	
Are key references cited?	Y	
Are supporting documents referenced?	Y	
6. Training		
Have training needs been considered?	Y	

Are training needs included in the document?	Y	
7. Implementation and monitoring		
Does the document identify how it will be implemented and monitored?	Y	
8. Equality analysis		
Has an equality analysis been completed for the document?	Y	
Have Equality and Diversity reviewed and approved the equality analysis?	Y	
9. Approval		
Does the document identify which committee/group will approve it?	Y	
10. Publication		
Has the policy been reviewed for harm?	Y	
Does the document identify whether it is private or public?	Y	Public
If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	N/A	
11. Accessibility (See intranet accessibility page for more information)		
Have you run the Microsoft Word Accessibility Checker? (Under the review tab, 'check accessibility'. You must remove all errors)	Y	
Do all pictures and tables have meaningful alternative text?	N/A	
Do all hyperlinks have a meaningful description? (do not use something generic like 'click here')	Y	

Appendix 3 – Trust position Statement

Tees Esk & Wear Valleys NHS Foundation Trust is committed to protect the welfare of all patients admitted to this ward.

1.	TEWV is committed to: • Offering all patients an opportunity to discuss their substance misuse issues with their named nurse and a package of care tailored to their needs which are clearly laid out in an intervention plan. • Providing safe and effective care to those who use our services as well as a safe environment for staff to work.
2.	• No alcohol, non-prescribed or illegal substances (this includes psychoactive substances previously referred to as “legal highs”) are to be brought in or used on the ward. Please be aware that prescribed drugs or those bought over the counter can also be harmful if used against medical advice. Our staff may consider any substance, even unidentified, as presenting a possible cause of harm and treat it as a harmful substance]..
3.	• Any patient found to have returned to the ward under the influence of such substances or brought them into the ward will have their future plans discussed with their Consultant and Care Co-ordinator/ Key Worker. This may lead to discharge from the hospital.
4.	• Any visitor found to have brought in such substances (for their own use or for others) or to be observed under the influence of such substances may have their right to visit the ward withdrawn. In the case of illegal drugs, this will be reported to the Police.
5.	• Any illicit substances found on the ward will be disposed of and may be reported to the police. Sniffer dogs may also be requested for planned or random searches of wards if this is felt to be required.
6.	• Any non – illicit drugs or alcohol found or handed in to staff may be disposed of, subject to any requirement to hand over to the police for evidence preservation.