

# SOMERSET DUAL DIAGNOSIS

## PROTOCOL

OCTOBER 2011

This document is intended to be used with the Somerset Dual Diagnosis Operational Working guide. This document provides principles governing joint working for those over 18 in Somerset.

### 1. Background

It is difficult to assess the exact levels of substance misuse both in the general population and in those with mental health problems. UK data from one national survey and from local studies generally show that:

- increased rates of substance misuse are found in individuals with mental health problems affecting around a third to a half of people with severe mental health problems
- alcohol misuse is the most common form of substance misuse
- where drug misuse occurs it often co-exists with alcohol misuse
- homelessness is frequently associated with substance misuse problems
- CMHTs typically report that 8-15% of their clients have dual diagnosis problems
- Prisons have a high prevalence of drug dependency and dual diagnosis.
- Both mental health services (primary and secondary) and substance misuse services have their own prioritisation criteria (see Appendix 1). However, both sets of services need to work together to reduce the risks to the individual and others, particularly children, when working with people with a dual diagnosis.
- People with severe mental health problems may be difficult to engage and present the highest risks. Substance misuse services must consider this when assessing motivation as a factor for access to treatment

## 2. Underlying Principles

- Practitioners should expect Dual Diagnosis as the norm when working with those with mental health or substance misuse issues.
- Substance use can mask mental health issues or can induce symptoms
- The reality is that substance misuse and mental health symptoms exist on a spectrum from severe to mild, on which people are not static
- Treatment from either mental health or substance misuse services may be episodic and not ongoing
- Whilst most people will experience some symptoms of both substance misuse and mental ill health, a small minority will have chronic substance dependence and require primary or secondary care mental health services.
- Individuals with dual problems deserve high quality, patient focused and integrated care. As nationally advised, when Mental Health services are actively working with client/patients and concurrent to this the client/patient receives treatment from a substance misuse service – Care Coordination should lie with the Mental Health service
- Intoxication may be a reason to refuse a service at that time but an assessment / appointment should be booked as soon as the client is able to participate.
- People with severe mental health problems also using substances are likely to present the highest risks and so should be proactively engaged by both mental health and substance misuse services
- Dual Diagnosis training will be provided to all staff, this will be appropriate to their role and organisation.
- The Talking Therapy service is not a crisis service (anyone who is suicidal will be referred to secondary care)
- Mental Health and Substance Misuse services in Somerset are designed to be recovery focused to deliver specific realistic outcomes as opposed to providing open ended support.
- Detoxification may be required in order that some people can access further treatment from either mental health or substance misuse services
- All services, including drug and alcohol services, must ensure that clients with severe mental health problems and substance misuse are subject to the Care Programme Approach and have a full risk assessment
- Services should include people with personality disorder problems whenever possible and appropriate in line with general service criteria
- Services need to agree clear care pathways and risk sharing arrangements for service users who have both personality disorder and substance misuse problems in order to provide planned treatment and crisis response. Both mental health treatment services and substance misuse treatment services should endeavour to work together with individuals with personality disorders by maintaining effective communication channels and implementing coordinated and consistent boundaries

### 3. Prioritisation Criteria

#### 3.1 Turning Point Substance Misuse service

<b>Category 1</b>	
1	PDU's - Problematic drug users with heroin and/or crack cocaine as their main, second or third drug in their drug use profile. DRR's
2	Drug Rehabilitation Requirements (Court Orders) for other drugs
3	Injectors - Who use their drugs by injection (does not include steroids) IV use
4	Alcohol - SADQ of greater than 39 and/or life threatening condition or illness
5	Pregnant and/or post natal
6	Parent with child care responsibilities where waiting would increase risk to the child
7	Treatment Transfers
<b>Category 2</b>	
1	Other Drug and Alcohol prioritised on the basis of risk
2	Significant physical or mental health issues
3	Rough sleepers or requires treatment to maintain tenancy

Category 1 drug users will have access to all services Turning Point have to offer. Depending on their choice this may mean substitute opiate prescribing, detox, residential rehab or a programme of psychological therapy in the community. This is dependent on a treatment contract which both service user and service agree.

Category 1 alcohol users will have access to community and inpatient detox as well as aftercare support to maintain abstinence.

Category 2 drug and alcohol users will be offered motivational enhancement therapy and access to self help and mutual aid, including computerised self help available at Turning Point offices if necessary.

### **3.2 Primary Care Mental Health Services – RightSteps, Improving Access to Psychological Therapies and Emotional Health and Wellbeing (IAPT & EHWP) Services**

RightSteps offers psychological interventions for people with mild to moderate common mental health problems who are 18 years and over. The conditions treated include the following:

- Depression (mild, moderate & severe)
- Anxiety disorders
- Phobias (including social)
- Panic disorder
- Obsessive Compulsive Disorder
- Post Traumatic Stress Disorder
- Body dysmorphic disorder (including self image and identity issues)
- People with Long-term conditions who have associated psychological problems that will respond to short-term brief solution focused interventions
- Stress
- People whose depression or anxiety disorder is underpinned by relationship problems, difficult life events, unresolved bereavement and loss, or traumatic events, may also be helped by the interventions on offer.

The service offers a range of psycho-educational courses and guided self-help, as well as group and individual CBT and psychological therapies.

The service does not work with clients where there is an assessed serious risk of suicide. Where there is such a risk the service will liaise with secondary care mental health services to ensure the client receives an appropriate and timely intervention.

### **3.3 Secondary Care Mental Health Services – Somerset Partnership**

Somerset Partnership NHS Foundation Trust deal with severe and enduring mental health issues. The Service gives priority to clients who display severe, complex and enduring mental health problems within the following overlapping categories.

- Psychotic disorders including schizophrenia;
- Severe mood disorders including bi-polar and severe depression;
- Severe anxiety/phobias/panic states/Obsessional Compulsive Disorder;
- Severe eating disorder;
- Severe alcohol misuse (where psychiatric co-morbidity may be present and/or the client seeks change);
- Severe personality disorder;
- Aspergers Syndrome;
- Self Re-referral via 'Orange' Card (clients who have previously used the service)

**And**

Who can also be included in one of the following significant risk groups for:

- Suicide
- Self harm
- Self neglect
- Harm to others
- Abuse to others
- Exploitation or abuse by others

Who, as a result of severe mental health problems are unable to:

- Maintain appearance and personal hygiene
- Perform necessary domestic and financial tasks
- Participate in educational and work activities
- Participate in social and recreational activities

Who, as a result of social exclusion resulting from prolonged mental health problems have difficulties in:

- Developing personal relationships
- Engaging in social and leisure activities
- Work and educational activities

Who are at high risk of hospitalisation or who are about to be, or are recently, discharged from In-patient care.

Clients for whom assessment or care is required under the Mental Health Act.