Dual diagnosis: Learning from the webinar

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A key challenge faced by projects supporting people with multiple needs is that of dual diagnosis - where people are affected by both mental ill health and substance misuse. People find themselves in the catch-22 situation of being unable to access mental health services while they are misusing substances but not being able to get help with their substance misuse due to underlying mental health problems. This briefing gathers together the key points and learning from a recent webinar on the topic held with projects funded through the Big Lottery Fund's Fulfilling Lives: Supporting people with multiple needs initiative.

Introduction

The Big Lottery Fund is investing up to £112 million over eight years in 12 areas in England to better support people with multiple needs – people who are affected by two or more of drug or alcohol misuse, homelessness, mental ill health and offending. CFE Research and the University of Sheffield are carrying out the national evaluation of the initiative and providing an accompanying programme of learning. At the request of funded projects, we recently hosted a webinar focusing on the topic of dual diagnosis. We heard from speakers on the national policy and evidence perspective and staff from the Newcastle and Gateshead project shared their experience from the local level. This briefing captures the key points which emerged.

Defining Dual Diagnosis

The government's most recent definition of dual diagnosis (set out below) is broad and encompasses different causal relationships between mental health problems and substance misuse.

A primary mental health problem that provokes the use of substances

(As may be the case with someone suffering from schizophrenia who finds that heroin reduces some of his symptoms.)

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

(Emergence of depression post-detoxification – insomnia and low mood; also the emergence of a psychiatric disorder to which the individual was vulnerable pre-substance misuse.)

A psychiatric problem that is worsened by substance misuse

(For example, a person with heightened anxiety of danger from others who uses cannabis to relax, but finds that the cannabis can increase their paranoia, leading to increased alienation.)

Substance misuse and mental health problems that do not appear to be related to one another

(For example, someone who has an ongoing anxiety problem that is neither lessoned nor worsened by drug or alcohol use.)

Figure 1: A Guide for the Management of Dual Diagnosis for Prisons, Department of Health (2009)

Data in the Department of Health guidance on clinical management of drug misuse and dependence[1] shows high prevalence of co-morbidity of mental health problems and alcohol / drug misuse. 75 per cent of patients in drug treatment and 85 per cent of patients in alcohol treatment had a recent past psychiatric disorder – in particular depression and anxiety.

[1] Department of Health (England) and the devolved administrations (2007) *Drug Misuse and Dependence: UK Guidelines on Clinical Management*. London: Department of Health (England), the Scottish Government, Welsh Assembly and Northern Ireland Executive Available from: http://www.nta.nhs.uk/uploads/clinical_guidelines_2007.pdf

Why is dual diagnosis an issue?

Dual-diagnosis is a particular area of systems failure highlighted by Fulfilling Lives (Multiple Needs) projects. Poor access to services is made worse through dual diagnosis. Writing on the Resolving Chaos blog,[2] Pippa Hockton, Director and Counsellor at Street Talk, sets out the issue:

> *Ironically, although the women we work with are chronically mentally ill, few of them have had treatment from mental health services. Their addiction is an insurmountable barrier to the mental health care which they desperately need. Mental health services attribute the symptoms of their mental illness, however acute, to their addiction and signpost them to addiction services which they are too unwell to be able to engage with, so they are literally left out in the street.*

Not effectively supporting people with a dual diagnosis of substance misuse and mental ill health is also problematic because they have:

- more emergency admissions
- significantly increased rates of psychiatric hospitalisations, and
- a higher prevalence of suicide than those without.[3]

What works?

While there is much accepted evidence on the co-existence of mental ill health and substance misuse there remains a scarcity of UK or international evidence on what works in terms of treatment. This is in large part due to the difficulty of conducting rigorous evaluation with this client group.

> *Establishing optimum care strategies, including where the treatment should take place (mental health facilities, substance abuse treatment facilities) and how best to treat these patients, is one of the biggest challenges facing policymakers, clinicians and professionals in the coming years*
>
> **Comorbidity of substance use and mental disorders in Europe EMCDDA (2015)**

[2] http://www.revolving-doors.org.uk/news--blog/blog/revolving-doors-agency-blog/practitioners-perspective-one/

[3] EMCDDA (2015) *Comorbidity of substance use and mental disorders in Europe* Lisbon: European Monitoring Centre for Drugs and Drug Addiction Available from http://www.emcdda.europa.eu/system/files/publications/1988/TDXD15019ENN.pdf

The COMO Study found that providing a brief training course on dual diagnosis to staff in mental health services had no overall impact on attitudes to working with dual diagnosis.[4] The MIDAS Study also showed no positive impact of specialist therapy for co-morbidity.[5] The COBID Feasibility study did, however, show that co-location of mental health interventions within substance use was associated with better uptake of services.[6]

Guidance

Despite this limited evidence there are various pieces of guidance that make recommendations for working with people with dual diagnosis. Guidance from NICE suggests the following:

- **Engage people** – be respectful, build relationships, use motivational approaches
- **Recognise coexistence** – routinely ask about substance use / mental ill-health
- **Invest in workforce** – ensure competencies up to date & clinical supervision in place
- **Prevent exclusion** – don't let people with dual diagnosis slip through the cracks
- **Joint working** – mental health should provide care coordination
- **Ensure age-appropriate services available** – young people's needs & care separate from adult care, think about transition
- **Work with families** – negotiate confidentiality & information sharing, point to support groups[7]

NICE guidance can provide leverage and credibility when trying to influence others.

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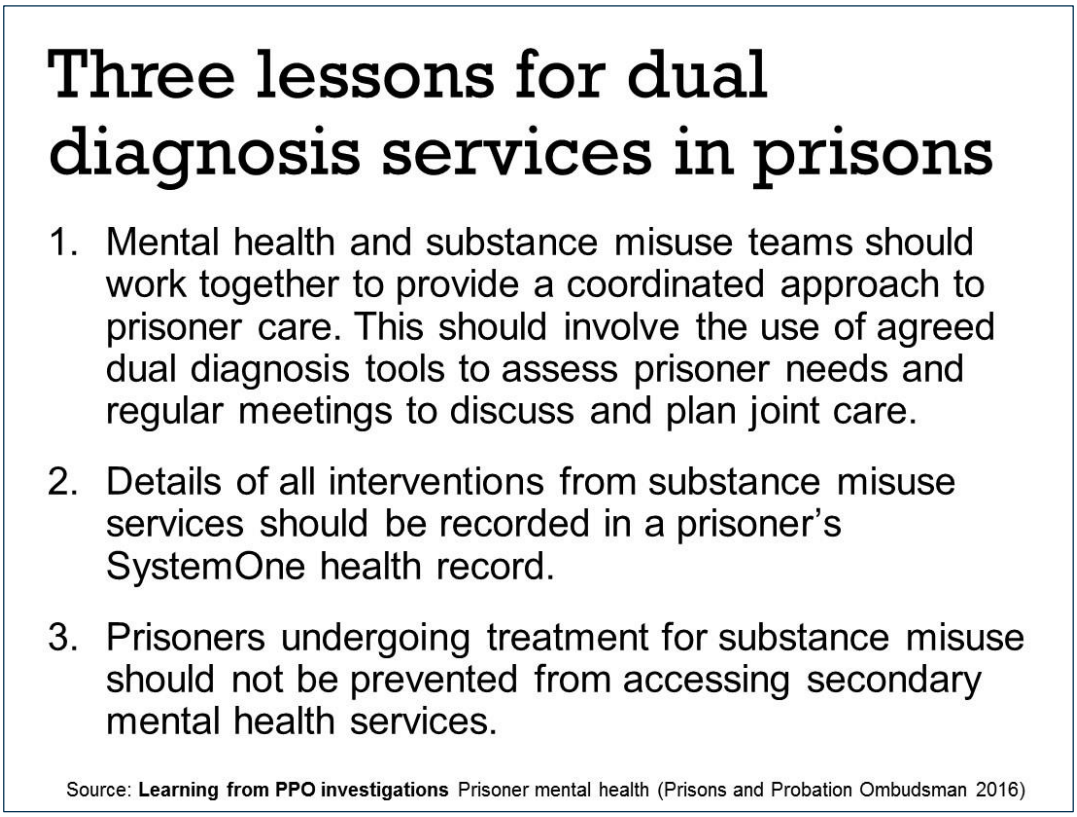
[4] Smith, E. Wanigaratne. S. Gournay, K. Johnson, S. Thornicroft G. Finch E. Marshall, J. Smith, N (2008) Training in dual diagnosis interventions (the COMO study): randomised controlled trial *BMC Psychiatry* BMC 2008 8:12

[5] Barrowclough, C. Haddock, G. Wykes, T. Beardmore, R. Conrod, P. Craig, T. Davies, L. Dunn, G. Eisner, E. Lewis, S. Moring, J. Steel, C. Tarrier, N. (2010) Integrated motivational interviewing and cognitive behavioural therapy for people with psychosis and comorbid substance misuse: randomised controlled trial *BMJ* 2010 341

[6] Delgadillo, J. Gore, S., Ali, S. Ekers, D. Gilbody, S. Gilchrist, G. McMillan, D. and Hughes, E. (2015) Feasibility randomized controlled trial of cognitive and behavioral interventions for depression symptoms in patients accessing drug and alcohol treatment *Journal of Substance Abuse Treatment* 55. pp. 6-14.

[7] Adapted from NICE (2011) Psychosis with coexisting substance misuse: assessment and management in adults and young people Available from https://www.nice.org.uk/guidance/cg120

A piece of work carried out by the Prisons and Probation Ombudsman created three recommendations. Although these are aimed at those working in prisons, they may have wider relevance.



Policy developments

There are a number of upcoming developments which Fulfilling Lives (Multiple Needs) projects may want to be aware of.

Renewed joint guidance on dual diagnosis from Public Health England and NHS England

This guidance is coming soon and, significantly, has been written by both the NHS and Public Health England. It is expected to push for a local approach to dual diagnosis and to recommend people work together across specialisms. This provides flexibility but variations in implementation could create a postcode lottery. The challenge will be to influence those at a local level to see dual diagnosis as a priority and to implement the guidance.

Mental Health Taskforce

Formed in March 2015, the independent Mental Health Taskforce has created a five year forward view for Mental Health for the NHS in England. This national strategy was published in February 2016[8]. There is not a great deal around dual diagnosis although it recognises that new commissioning structures mean the NHS has lost contracts for substance misuse and the third sector have taken these up. This means that substance misuse services may be further away from mental health teams who remain part of the NHS. The third sector has to work harder at staying connected and overcoming barriers such as data sharing.

Drug strategy

The Home Office are renewing their national drug strategy which is expected to take into account dual diagnosis. The Fulfilling Lives National Expert Citizens Group took part in a consultation with members from the Home Office in January to feed into this strategy.

NICE guidance

New NICE guidance - 'Severe mental illness and substance misuse (dual diagnosis) - community health and social care services'[9] is due to be published in November 2016. Fulfilling Lives (Multiple Needs) projects are encouraged to take part in the consultation and any others that NICE conducts as they will consider and respond in detail to each recommendation made.

[8] https://www.england.nhs.uk/mentalhealth/taskforce/

[9] https://www.nice.org.uk/guidance/gid-phg87/documents/severe-mental-illness-and-substance-misuse-dual-diagnosis-community-health-and-social-care-services-call-for-evidence

Newcastle and Gateshead Fulfilling Lives

As have other Fulfilling Lives (Multiple Needs) projects across the country, Newcastle and Gateshead have experienced significant challenges in supporting clients with dual diagnosis. During the webinar they shared their approach to both understanding and overcoming these challenges. A key theme running throughout their work is the importance of building relationships of trust at all levels.

Challenges

Newcastle and Gateshead have identified a number of system failures and challenges relating to supporting people with dual diagnosis.

Lack of understanding of mental ill health within non-mental health services: In particular, services commissioned to provide accommodation and support for people who are homeless find themselves dealing with substance misuse and mental ill-health but are often not equipped for (or commissioned to provide) this support.

Mental health services not accessible to people with substance misuse: Mental health services will not assess anyone who is under the influence of drugs or alcohol. In Newcastle and Gateshead the Drug-related deaths panel has identified a number of cases where people who have died had an untreated mental health problem.

Performance management of services: Key Performance Indicators (KPIs) influence the way services behave and can make it less likely for services to engage with people with multiple needs. For example, the Improving Access to Psychological Therapies (IAPT) service have targets to get people through treatment within a six or twelve week period; this can be a significant barrier to engaging with clients exhibiting more complex needs.

Tendency towards traditional practices and culture at service delivery level: While there is buy-in at the strategic level to taking holistic, person-centred and psychologically informed approach to individuals with dual diagnosis, this does not always translate to action on the ground. There is a gap between theory and practice.

The following graphic illustrates how statutory mental health services are not accessible to people with dual diagnosis while frontline services provided by the voluntary sector are often not well equipped to provide the support needed.

Figure 2: Newcastle and Gateshead Fulfilling Lives – barriers to supporting people with dual diagnosis

Approach

Newcastle and Gateshead have taken a number of approaches aimed at both a strategic and operational level.

Shadowing

Newcastle and Gateshead are keen to promote opportunities for commissioners and elected members to take part in shadowing outside of their own area of responsibility. They believe that this helps to bring case studies to life and enables people to understand the interrelated nature of services and think holistically about the system when commissioning services. Here is what one commissioner who spent a day shadowing one of the Newcastle and Gateshead Fulfilling Lives staff had to say:

> *As a commissioner of drug and alcohol treatment services I found the day really invaluable. These are things that I was very aware of and understood the evidence base behind but actually the opportunity to go out and to meet some of the people that were affected meant that I was then able to articulate that back to other people in a more effective way.*
>
> **Alice Wiseman Consultant in public health at Gateshead Council.**

Evidence and influencing

Newcastle and Gateshead Fulfilling Lives are taking a number of steps to build an evidence base in order to influence the local authority and clinical commissioning groups and create the will to change. They are starting to evidence the prevalence and seriousness of the issue through working with the Drug-related deaths panel. The coroner has provided evidence that in a number of drug-related deaths the person concerned also had an untreated mental health problem.

They also advocate seeking to influence system leaders, such as the Health and Wellbeing Board, using the evidence base being collected by Fulfilling Lives. They recommend you think about how you frame your arguments depending on who you are talking to, for example whether you focus on economic benefits or outcomes for individuals.

Psychologically Informed Environments (PIE)

Newcastle and Gateshead have been working closely with three accommodation services to pilot PIEs. The aim is to increase the services' knowledge of how to work with people with dual diagnosis and encourage reflective practice. They have produced a set of training videos accessible on YouTube[10] to support this. They are currently evaluating these pilots using Social Return on Investment in order to understand the impact and build an evidence base with which to influence.

Summary

The webinar presentations, comments and questions make it is clear that Fulfilling Lives (Multiple Needs) projects are facing similar challenges with dual diagnosis. However, local differences means approaches are varied. Projects are acutely aware that a focus on building individual relationships can have an immediate impact but this is potentially fragile and not systemic.

Nationally, the policy environment is starting to pull in the right direction. National bodies are aware it is a problem and are starting to come together to create strategy and guidance. There is an increasing commitment to localism at policy level and it is anticipated that much of the working out of the strategy and guidance will be done at this level. There is still a long way to go before this leads to an improved experience for the service user.

[10] https://www.youtube.com/watch?v=NKrFI5Bvndg

Fulfilling Lives projects are learning vital lessons and have a unique perspective engaging as they do across multiple services. Their learning can usefully contribute to the debate and projects are encouraged to feed into national policy whenever and however they can.

Further reading

Useful links for dual diagnosis and other related topics:

Psychologically Informed Environments Network
www.PIElink.net

Co-existing substance misuse and mental health issues (PHE)
http://fingertips.phe.org.uk/profile-group/mental-health/profile/drugsandmentalhealth

Comorbidity of substance use and mental disorders in Europe (EMCDDA)
http://www.emcdda.europa.eu/publications/insights/comorbidity-substance-use-mental-disorders-europe

Psychosis with substance misuse in over 14s: assessment and management (NICE)
https://www.nice.org.uk/guidance/cg120

The Leeds Co-occurring Mental Health and Substance use (Dual Diagnosis) Capability Framework http://www.dual-diagnosis.org.uk/wp-content/uploads/2011/09/Leeds-Capability-FrameworkFINAL2.pdf

A Guide for the Management of Dual Diagnosis for Prisons (DH)
http://www.nta.nhs.uk/uploads/prisons_dual_diagnosis_final_2009.pdf

Coexisting Mental Health and Substance Misuse (DrugScope)
https://drugscopelegacysite.files.wordpress.com/2015/06/coexisitingmhandsmfull.pdf