The Trust monitors the implementation of and compliance with this policy in the following ways:

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<th>Services</th>
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<td>Essex MH&amp;LD</td>
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The Director responsible for monitoring and reviewing this policy is Executive Chief Operations Officer
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ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

DUAL DIAGNOSIS POLICY

Assurance Statement

This Policy ensures that all staff employed by and seconded to EPUT comply with all current national guidelines with regards to providing innovative, leading edge care services, for service users who experience dual diagnosis and carers, which will promote recovery and well-being, maximise individual choice and enable people to live as independently as possible. EPUT will meet the requirements of the Department of Health, Mental Health Policy Implementation guide: Dual Diagnosis Good Practice Guide (2002), the New Horizons: A shared vision for mental health and NICE clinical guidelines Psychosis with Coexisting Substance Misuse (2009).

1.0 INTRODUCTION

1.1 This policy describes the arrangements for working with service users with concurrent substance use and mental health problems within EPUT.

1.2 This policy and associated procedural document must be read and incorporated into practice by any member of Trust staff whether permanent, temporary or seconded who may become involved in the provision of a service to people with severe mental health difficulties, including personality disorder, and concurrent substance misuse difficulties.

2.0 DEFINITIONS AND PREVALENCE

2.1 The Trust employs the definition of dual diagnosis as referring to people with a severe mental illness (including schizophrenia, schizotypal and delusional disorders, bipolar affective disorder and severe depressive episodes with or without psychotic episodes) combined with misuse of substances (the use of legal or illicit drugs, including alcohol and medicine, in a way that causes mental or physical damage).

2.2 Studies have estimated prevalence rates of dual diagnosis to be 20-37% in secondary mental health services and 6-15% in substance misuse settings (Carra & Johnson, 2009). However, methodological challenges including differing definitions of dual diagnosis, varying timescales for assessing comorbidity, difficulties with diagnosis including diagnostic overshadowing, and the lack of a good theoretical model of the association between severe mental illness and substance misuse, means that it is still unclear how many people in the UK have a severe mental illness and comorbid substance misuse problems.
3.0 PRINCIPLES

3.1 For the Trust to deliver high quality clinical care to people with a dual diagnosis, the needs of this group should be considered in the development of all clinical work streams.

3.2 People with a dual diagnosis often experience a range of complex needs associated with their mental health and substance misuse e.g. physical health, financial, housing, childcare, criminal justice. There is a growing awareness that individuals with dual diagnosis experience some of the worst health, wellbeing and social outcomes (as defined in Care Act 2014), and are among the most vulnerable in society. To provide effective care and treatment it is essential to work collaboratively with service users themselves; their carers (including young carers), family and friends; and partner agencies.

4.0 MONITORING OF IMPLEMENTATION AND COMPLIANCE

4.1 Consensus agreements have been reached on key elements of treatment approaches, most notably; the Department of Health Substance Misuse Guidelines (identified the integrated model of care, based on a delivery system pioneered in the US, as the preferred method. This guide advocated “mainstreaming” so that mental health services should deliver care for both the mental health issue(s) and the substance misuse issue(s), with substance misuse services providing support, advice and joint working, based on the rationale that substance misuse is usual rather than exceptional among people with severe mental illness. In the UK service configuration, treatment philosophies and funding streams mitigate against integrated provision. Due to commissioning arrangements, among other issues, the Trust follows a parallel model of service provision.

4.2 In addition to the standard mental health assessment, a comprehensive assessment of the Service User’s social and physical needs should include the following:

- Patterns of substance misuse, including substance, route, and quantity, as well as the degree of dependence / withdrawal
- Consider the relationship between substance misuse, mental health problems and physical well-being, including the exploration of the possible association between misuse and increased risk of aggression, anti-social behaviour, offending behaviour, impulsivity and inability to rationalise.
- The impact of any physical health needs and the harm effect of substance misuse on those physical health needs.
- Interactions between prescribed medication and other substances
- Assessment of carer involvement and need
- Knowledge of harm minimisation (substance misuse)
- Treatment history
- Determine the individual’s expectation of treatment and their degree of motivation to change
- The need for pharmacotherapy for substance misuse
4.3 Where a difference of professional opinions exists resolution should be sought between the relevant practitioners. This entails close liaison between mental health and drug and alcohol partnership services. If not resolved the matter should be escalated as follows:
- Team Leader/Manager (who should seek to resolve with appropriate professional advice)
- Service Lead
- Service Director in conjunction with Medical Director.

5.0 DUTIES

5.1 The Director of Mental Health and Director of Specialist Services will be responsible for implementing, monitoring and reviewing this policy.

5.2 Managers and individual staff members will perform according to the policy and procedural guidelines; therefore all clinical staff will take responsibility for being familiar with this policy and associated procedural guidelines and complying with them.

5.3 Clinical leads and team managers are responsible for ensuring that their staff have attained dual diagnosis capabilities at the appropriate level for their role.

5.4 Community Mental Health Services, Inpatient Mental Health Services, Learning Disability Services and Child & Adolescent Services have the responsibility to provide an integrated model of service to address the needs of their service users with a dual diagnosis.

5.5 The Drug and Alcohol Partnership Services (including non-statutory Services that are directly commissioned by Public Health England to provide substance misuse services within the locality) and those services (as listed in 8.2 of Procedure for Dual Diagnosis CLPG59) will work in parallel with mental health services to jointly assess and provide care and treatment to service users with severe mental health problems including personality disorders and severe substance misuse.

5.6 Mental Health Services will coordinate the provision of care and treatment for those assessed as having a Dual Diagnosis with specialist input from Drug and Alcohol Services, including non-statutory drug and alcohol services commissioned by Public Health England within the locality.

5.7 Whilst service provision will be part of mainstream service delivery dual diagnosis practitioners will support the provision of an integrated service for people with co-existing substance misuse and mental health problems. This will require joint assessments with Access and Assessment, Community Mental Health Services, Criminal Justice, Open Road, Phoenix Futures, Essex STaRs service including the third sector to ensure that service users with multiple needs are not passed from one service to another.

5.8 It is the responsibility of all clinical teams to ensure that learning from Serious Incidents, with a prevalence of dual diagnosis, is disseminated Trust wide and the dual diagnosis practitioners are included as part of the disseminated learning.
5.9 Where a service user has an identified mental health condition with current symptomology, but does not meet the requirement for mental health service then issues relating to mental health should be supported via Primary Care and other community services.

5.10 The dual diagnosis worker is expected to spend at least a day in a week (via MST during covid pandemic) based in the premises of the local substance misuse teams, where they can then discuss cases, signpost and hold a transient caseload of dually diagnosed patients if required.

### 6.0 POLICY REFERENCES / ASSOCIATED DOCUMENTATION

- Department of Health (DoH), National Institute of Clinical Excellence, 2016.
- NICE : Psychosis with Coexisting Substance Misuse, 2011.

### 7.0 REFERENCE TO OTHER TRUST POLICIES/PROCEDURES

- Joint Working and the Provision of Services between MH and LD Policy
- Joint Working and the Provision of Services between MH and LD Procedure
- Clinical Risk Assessment and Safety Management Policy
- Clinical Risk Assessment and Safety Management Procedure
- CPA Policy (2017 amended 2018)