

Dual Diagnosis Workers Protocol

Introduction

Alcohol and other drug use is embedded in many of our social customs and cultures. The majority of people who use such substances will do so without harm to themselves or others. Unfortunately, a minority of people will develop problems which can negatively affect their own health and wellbeing and also that of their families, friends and community.

There is no universally agreed definition of dual diagnosis. Dual diagnosis is used in the health services to describe people with mental health problems, who also have problematic substance use. Historically, health and social care services have not addressed the unique problems of those struggling with dual diagnosis; instead they have treated the mental health problems and problematic substance use as separate issues.

Policy frameworks emphasise notions of 'recovery' from problematic substance use and a focus on longer term change supported by the person's family, peers and community. The role of the dual diagnosis workers is informed by the NICE guidelines (DOH, 2016) for coexisting severe mental illness and substance misuse: community health and social care services and the "Alcohol and other Drug Use: The Roles and Capabilities of Social Workers" by Prof Sarah Galvani (2015). The dual diagnosis workers support the mainstreaming of service delivery for individuals with dual diagnosis.

The dual diagnosis workers have been commissioned by Essex County Council as part of the section 75 agreement to help address the complex issues experienced by service users and help overcome the many barriers that have existed amongst services. The aim is to support the provision of a range of coordinated services that address people's wider health and social care needs, as well as other issues such as employment and housing (NICE, 2016) in line with an individual's Care Act (2014) eligibility. The starting point for the dual diagnosis workers will be to engage with the topic of substance use as part of their duty of care to support service users, their families and dependents. A key part of their role will be to motivate people to facilitate positive changes in their lives.

How will the role work in EPUT?

The dual diagnosis workers will be placed within the Access and Assessment care pathway across the North of EPUT and within the Recovery and Wellbeing Team, in the South of EPUT. The dual diagnosis workers will provide close links with Essex STaRS, Open Road and Phoenix Futures to ensure provision of an integrated service for people with co-existing problematic substance use and mental health problems.

Referrals will be received from external sources/ self-referrals into Access and Assessment, via FRT into Recovery and Wellbeing team, from secondary care services or STaRS/Open Road/Phoenix Futures.



DUAL DIAGNOSIS
CARE PATHWAY FLOW - See Attachment 2A

The dual diagnosis workers will as part of their role:

- i) **Undertake assessments of need** establishing immediate risks and support needs. This will include substance use patterns: current use, dependence, perception and readiness/motivation to change. Immediate needs may require to be addressed and these could include physical health problems, homelessness or unstable housing. Relevant screening tools will be utilised.

Explore multiple needs (including physical health problems, homelessness or unstable housing) being aware that unmet needs such as social isolation, homelessness, poor or lack of stable housing, or problems obtaining benefits can further exclude the individual within society and exacerbate an individual's vulnerability.

Complex and high risk referrals may require joint assessments.

Undertake a whole family approach and flexibly meet the needs of service users and their families.

Ensure the safeguarding needs of all people with coexisting severe mental illness and substance misuse and their carers and wider families are met.

- ii) **Provide brief interventions** and act as a keyworker for service users identified as requiring short term intervention from Access and Assessment.
- iii) **Liaise with the relevant service pathway for those individuals who require longer term support.** Offer expert clinical support, informed by evidenced based practice, to achieve skilled intervention where co-existing problems are a feature.

Activity should be coordinated under the CPA Framework and include:

1. A care plan with common goals should be agreed; including appointments for reviews involving service user & carers where appropriate.
2. Ensure the care plan is based on a discussion with the individual about how their abilities and strengths can help them engage with services and recover.
3. A nominated lead practitioner (care coordinator) should co-ordinate longer term care, which involves regular contact with the service user and the organisation(s) involved, joint-assessment and review meetings.
4. All involved parties should have a copy of the agreed plan.
5. The plan should be optimistic about the prospects of recovery.

Interventions

The key is to ensure that the motivation and support offered maximises the likelihood of behaviour change, even with people who are highly resistant.

Motivation and support starts from the first conversation with people about their substance use and progresses through to post intervention support. It also includes offering support to the people negatively affected by their loved one's problematic substance use, including carers assessments. Carers who are providing support (including young carers) have a right to an assessment that meets the requirements of the Care Act (2014).

Motivating and supporting someone to change their substance use requires the dual diagnosis worker to

- i) identify and assess substance use, including risk to self and others,
- ii) offer advice, brief intervention and onward referral to specialists (where required) and
- iii) provide or receive informed supervision and leadership.

As part of the role the dual diagnosis workers will provide/supervise short term interventions.

These interventions include:

Brief interventions



Brief Interventions.docx - See Attachment 2B

Motivational interviewing



Motivational interviewing.docx - See Attachment 2C

Solution Focused Brief Therapy



Solution focussed brief therapy.docx -See Attachment 2D

The Dual Diagnosis workers can use these interventions in their work with people with problematic substance use together with signposts to further information.

Key principles

Support engagement with the community mental health services, Essex STaRS staff, criminal justice and Open Road/Phoenix Futures in their assessment and interventions, where co-existing problems exist.

Advise on cases where there are co-existing problems and/or a need for services from multiple departments/agencies both within and outside the organisation.

Raise awareness and promote better understanding amongst substance misuse and Mental Health staff and the wider partnership of the issues and risks associated with co-existing problems and of the nature and impact of these on parenting, the wider family and community and what interventions work in order to improve practice.

The dual diagnosis workers will regularly spend some time in 3rd sector offices e.g. Open Rd, this will

- Ensure they are known to the services
- Improve communication between EPUT, Essex STaRS and 3rd sector
- To encourage, where appropriate, 3rd sector agencies, to refer people to the dual diagnosis workers or Access and Assessment Team.

Dual diagnosis workers will attend the clinical meetings in their locality

Dual diagnosis workers will record patient related activities including contact with Essex STaRS and 3rd sector noting their plans/actions

Dual diagnosis workers will refer people to support/facilitate self-referral to 3rd sector agencies rather than simply advise them to self-refer

Dual diagnosis workers will link with service user's families to provide advice and keep them informed (where consent allows)

The dual diagnosis worker will provide a collaborative care approach in order to address the needs of individuals and their families.

Dual diagnosis workers will engage with patients on inpatient wards in preparation for and to facilitate discharge

Dual diagnosis workers will not act as Care Coordinators

Dual diagnosis workers to undertake OLM Dual Diagnosis training annually

Dual diagnosis workers to participate in clinical group supervision with Clinical Manager for Essex STaRS (3 monthly-can be negotiated)

Sharing of Information

Information will only be shared on a “need to know” basis and strictly in compliance with duty of care as per EPUT Trust’s policy

Moving Forward/post intervention

Reviewing care and support is an integral part of the assessment process and is part of what helps focus both clinician’s and service users in achieve the outcomes needed to bring about positive change. Reviews will be provided at 6 weeks and at 12 weeks during short term intervention. Longer term intervention will trigger CPA reviews as per the CPA policy. Reviews can be requested by service users, families and professionals in response to changing needs and circumstances. It is imperative that reviews focus on the whole system to gain a full understanding of the individual’s progress and to identify the family/system’s needs.

Post intervention practical support and links to supportive activities and employment options should be made, providing encouragement and getting the service user to reflect on their achievements and strengths to date. If this support is not in place, there is always an increased risk of the service user returning to their substance/alcohol misuse.

The Dual diagnosis workers role is vital in supporting the change process and ensuring a care plan or additional appropriate support (such as family intervention) is in place to start from the moment the substance use intervention finishes. The discharge plan should include strategies for ongoing safety and risk management and details of how service users and families can get back in touch with services.

There would be an expectation that services such as Open Road would be utilised post support from secondary mental health care.

Timescales

There would be an expectation for short term interventions to be reviewed after 6 weeks and to be in place for no longer than 12 weeks. However, depending on progress made by the service user, there may be times where an extension is required and therefore discretion should be exercised by the dual diagnosis workers.

Longer term interventions will be reviewed as per CPA policy or changing needs/circumstances with the dual diagnosis worker being a conduit for joint work.