Essex Partnership University
NHS Foundation Trust

PROCEDURE FOR DUAL DIAGNOSIS

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AUTHOR	[redacted]
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PROCEDURE SUMMARY

The Trust monitors the implementation of and compliance with this procedure in the following ways;

Services	Applicable	Comments
Trustwide	✓	
Essex MH&LD		
CHS		

The Director responsible for monitoring and reviewing this procedure is Executive Chief Operations Officer

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

INTEGRATED DUAL DIAGNOSIS PROCEDURE

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Assurance Statement

This document aims to ensure that all staff employed by and seconded to Essex Partnership University NHS Foundation Trust complies with the associated policy which supports EPUT's intention to provide an integrated service to all service users with a dual diagnosis.

1.0 INTRODUCTION

1.1 This document supports the Dual Diagnosis Policy and defines clear pathways for working with service users with a Dual Diagnosis within the Trust.

1.2 This document is based on recommendations and requirements issued by the Department of Health (DoH), National Institute of Clinical Excellence, 2016, and other published research.

1.3 Although primarily directed at EPUT staff involved in the development and delivery of services for people who have co-existing mental health and substance misuse problems, including personality disorder, reference is also made to many other professions who may be involved in the provision of a service, including those non-statutory services that make up the substance misuse service user pathway.

2.0 RESPONSIBILITIES

2.1 It is the responsibility of all staff to ensure they understand the content of the Trust Dual Diagnosis Policy and this Procedure and that they comply with the processes defined within it.

3.0 DEFINITION OF DUAL DIAGNOSIS

3.1 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).

4.0 SERVICE DELIVERY

4.1 Community Mental health Services, Inpatient Mental Health Services, Learning Disability Services and Child & Adolescent Services will work jointly with the Community Drug and Alcohol Service and /or partnership drug and alcohol services (who are commissioned by Public Health England to provide drug/alcohol services within the locality) to assess and provide care and treatment to service users with a dual diagnosis.

4.2 All service users with a dual diagnosis must be registered under the Care Programme Approach and must be placed on a detailed Recovery Plan and risk assessment with a Care Co-ordinator from the Mental Health Services or 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 mainstream services.

4.3 When working with adults and young people with known or suspected psychosis and coexisting substance misuse, all practitioners must take time to engage the individual from the start, in order to build a respectful, trusting, non-judgmental relationship in an atmosphere of hope and optimism - NICE guidelines on Dual Diagnosis 2016.

4.4 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 and care planning with Access and Assessment, Community Mental Health Services, Criminal Justice, Essex STaRS service including the third sector to ensure that service users with multiple needs are not passed from one service to another.

4.5 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

Dual Diagnosis Protocol-31 July.docx

5.0 ASSESSMENT

5.1 Appendix 1 outlines the process that should be followed by services who identify a service user with a dual diagnosis.

5.2 Drug and Alcohol misuse should be considered in all assessments undertaken by mental health services. Current and past substance misuse must be asked about, and an assessment made of the risks with an appropriate risk management plan. Staff within mental health settings should routinely ask service users about recent and illicit drug use. The questions should include whether individuals have used drugs and/or alcohol and if so what type, method of administration, quantity and frequency (Department of Health, 2008).

5.3 The assessment will include a detailed mental health history and a detailed substance misuse history, a social and physical health assessment as well as an assessment of the service user's motivation to change. Every service user will be asked basic screening information about their mental health and substance misuse, and social care needs (as defined in Care Act 2014) - at the first point of contact.


Care Act Assessment.docx

5.4 Assessments will include a risk assessment and a key events chart. This should include discussion about management of risks with service users and carers who are partners in the process. The assessment of risks will be done in the context of the Trust's Clinical Risk Assessment and Safety Management Policy (CLP28) and Procedure (CLPG28).

5.5 Due to service users' tolerance of opiates being greatly reduce following hospital discharge (as compared to pre admission tolerance), it is important that a discussion is held and documented about the increased risk of overdose in this circumstance.

5.6 When formulating a plan of care with a dual diagnosis service user it should be recognised that these service users are likely to experience:

- Poor compliance with medication regimes
- Increased rates of in-patient admissions
- Increased rates of Blood Borne Viruses and other related conditions
- Increased rate of homelessness
- Increased rate of social exclusion
- Increased rate of offending behaviour which can lead to contact with the criminal justice system.
- Increased rate of self-harm and suicide
- Increased rate of disengagement from services
- Increased likelihood of social care involvement

5.7 DOH 'Drug misuse and dependence: UK guidelines on clinical management' (2017) (commonly known as the Orange Book) gives guidance on who will be treated by Primary Care, MH Services and DD services.

https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management

6.0 TREATMENT AND COORDINATION OF CARE

6.1 The care and treatment of service users with a dual diagnosis will be provided jointly by Mental Health Services and Drug and Alcohol Services. Care coordination will be undertaken by Mental Health Services. A shared recovery plan will be produced and agreed by the service user and joint assessors.

6.2 Treatment will focus on harm minimisation and recovery. Services will manage and continue to work with service users who have poor attendance and are less likely to comply with their medication, based on a risk and need assessment.

6.3 Treatment will be evidence-based and ensure the care plan addresses identified complex needs.

6.4 Time will be spent engaging with service users with a dual diagnosis to develop and maintain a therapeutic alliance between staff and service use.

6.5 Specialist dual diagnosis workers will provide support to both substance misuse services and mental health services in working with service users with severe mental health illnesses, including personality disorders, and severe substance misuse issues.

6.6 Any substance misuse prescribing will remain the responsibility of the specialist drug and alcohol service.

6.7 Integrated care plans will be reviewed jointly by Mental Health Services and the relevant drug and alcohol service involved in the service users care along with the service user, their carers and families where appropriate. On-going joint care reviews will be arranged by the Care Coordinator. Care plans must be shared between agencies.

6.8 Discharge must be well planned and jointly agreed by all services involved within the service users' care. Risk factors should be openly acknowledged adhering to the CPA policy.

6.9 Chronic relapsing problems need to be addressed. For services users to have the best possible opportunity of remaining substance free or reducing regularity of relapse, relapse prevention strategies must be taught. High-risk situations should be identified and coping strategies rehearsed to equip the service users in different situations. Contingency plans will also be agreed with the services user for preparation in the event of relapse.

6.10 Where a services user has achieved abstinence and can use relapse prevention techniques support must be provided to help the service user remain substance free. Particular attention must be given to recovery focused issues such as social support and networks, self-esteem, social/life skills (e.g. managing interpersonal conflict, budgeting) and daily activities/healthy leisure activities.

6.11 If it is deemed necessary to provide a substitute prescription for dual diagnosed service users the STaRS nurse will undertake this in consultation with the MH team. In some cases the MH team may initiate substitute prescribing.

7.0 WORKING WITH SERVICE USERS, CARERS AND FAMILIES

7.1 There will be openness, dialogue and good collaboration with service users, carers and families to ensure that everyone is well informed about the services on offer, providing clear expectations about the working relationships between services as well as between service users and staff.

7.2 Services and staff will take account of different values and perspectives of services, service users, carers and families.

7.3 Services will be culturally sensitive and take gender, race, religious and sexuality issues into account.

7.4 Services will operate the 'parallel' model in the management of dual diagnosis. Treatment is delivered by substance misuse teams and mental health teams concurrently, without isolating them from mainstream services.

8.0 INTERAGENCY WORKING

8.1 Agencies working together will be clear about their individual roles and responsibilities. Differences of opinion between professionals will be resolved by utilising an escalation process, for example where clinicians have differences of opinions and cannot find a suitable compromise, team leaders and clinical managers should become involved, where team leaders have different opinions and cannot find a suitable compromise the next level of management should be consulted and so forth.

8.2 Service users, carers and families (as appropriate) will be consulted and actively involved at all stages of service development, from planning to service delivery and evaluation.

8.3 The substance misuse partnership is made up of both statutory and non-statutory services:

Open Road and Essex Young Persons Drug and Alcohol Service
Action on Addiction providing Community Rehabilitation and High Threshold Psychological Intervention Service (CRPIS)
Phoenix Futures
Futures in Mind
EPUT – including Essex STaRS and Mental Health Teams

8.4 The Trust will follow a policy of Zero tolerance of violence and threatening behaviour against staff and service users.

9.0 MONITORING & REVIEW

9.1 The Director of Mental Health and Director of Specialist Services will be responsible for implementing, monitoring and reviewing this policy with support from the nominated Dual Diagnosis and Substance Misuse Leads.

END