APPENDIX 1

DUAL DIAGNOSIS

A Strategy for County Durham, Darlington and Easington

July 2005

CONTENTS

DUAL DIAGNOSIS

A STRATEGY FOR COUNTY DURHAM, DARLINGTON AND EASINGTON

WHY DO WE NEED THIS STRATEGY?

People with mental health or learning disability and substance misuse problems have reported difficulty accessing services equipped to address their complex needs. Service users report 'falling in the cracks' between fragmented services. Staff report that they are not fully equipped to help people with dual diagnosis.

The Department of Health published the National Service Framework for Mental Health (1999) highlighting the need to develop a dual diagnosis strategy to meet standards relating to mental health promotion, care of those with severe mental illness and preventing suicide. The report 'National Service Framework – 5 years on' highlights services for people with dual diagnosis as a 'key area for further action'. In 2002, the Department of Health published the 'Dual Diagnosis Good Practice Guide', providing a framework to help strengthen services. This document advises services to view dual diagnosis as 'Usual rather than exceptional'. In response to this guidance, a Project Team was established. This group consisted of members from key organisations and service providers, including members of the Dual Diagnosis Sub Group, which was established in the late 90's through the Drug Action Team. A consultation event was held by the Project Team in 2002 to share their work to date and plan the way forward. The National Treatment Agency for Substance Misuse also set out guidance for the care of those with Dual Diagnosis in the service frameworks 'Models of Care for Drug Misusers' (2002) and 'Models of Care for Alcohol Misusers Consultation Document' (2005). Local research (Woolnough et al 2000) found a lack of direction for providers and that service users needs were met with varied responses. Despite some examples of good practice, many found their complex needs not being met locally. In 2004, County Durham and Tees Valley Health Authority conducted a review of specialist mental health and learning disability services, making 33 recommendations relating to Dual Diagnosis.

Although guidance refers to 'diagnosis' it is vital that our focus is on the **needs** of people with problems relating to their mental health, learning disability and substance misuse. It is important to view such need as a 'thread' running through our service provision, rather than a separate element of service delivery. While the scope of this project focuses on services for working age adults, it is clear that substance use problems are an issue for users, their carers and providers representing a wide range of other services. Other service users affected include; Children and Adolescents, Young substance users, people involved with the Criminal Justice System, Older People and those with Learning Disability. This strategy sets out the agenda for ensuring that people with Dual Diagnosis have access to effective services that respond to their complex and changing needs across age ranges and services.

'Dual Diagnosis' refers to:-

"An individual with concurrent needs arising out of their mental disorder or learning disability and their substance misuse"

Dual Diagnosis Project Team 2002

People with dual needs experience problems in many different ways and may require different services to help them. This Strategy suggests ways to help providers continue to work with their service users while responding to their substance misuse needs. For example, the core business of secondary Adult Mental Health services is the care of people with severe and enduring mental illness. **This strategy supports providers working within the eligibility criteria for their services, supporting their clinical judgement.**

NEEDS LED SERVICE PROVISION FRAMEWORK

A framework for delivering services was recommended following local research (Woolnough et al). The framework has been further developed, based upon severity of users need rather than diagnosis and incorporating staff support needs. This framework is guidance; packages of care will be developed individually based upon service users needs, which may change. The importance of addressing gaps in services for alcohol users is widely recognised.

NEEDS LED SERVICE PROVISION FRAMEWORK For Working Age Adults with Dual Diagnosis Issues	**1** **LIMITED NEEDS ARISING FROM BINGE, HAZARDOUS OR EXCESSIVE EXPERIMENTAL OR RECREATIONAL MISUSE OF SUBSTANCES**	**2** **MODERATE LEVEL OF NEEDS ARISING FROM HAZARDOUS OR EXCESSIVE MISUSE OR PSYCHOLOGICAL DEPENDENCE ON SUBSTANCES**	**3** **HIGH LEVEL OF NEEDS ARISING FROM PHYSICAL DEPENDENCE ON SUBSTANCES**
A **HIGH LEVEL OF NEEDS ARISING FROM SEVERE MENTAL ILLNESS**	**Secondary Care Mental Health lead, support from Substance Misuse e.g.** ***Community Mental Health Team, Assertive Outreach lead; Substance Misuse Voluntary Sector Providers support***	**Secondary Care Mental Health lead, support from Substance Misuse e.g.** ***CM HT, Assertive Outreach lead; Substance Misuse Social Services / Social Care& Health support***	**Secondary Care Mental Health lead, support from Substance Misuse e.g.** ***CMHT, Assertive Outreach lead; Substance Misuse Treatment Service support***
B **MODERATE LEVEL OF NEEDS ARISING FROM MENTAL HEALTH PROBLEMS**	**Primary or Secondary Care Mental Health lead, support from Substance Misuse e.g.** ***CMHT lead; Voluntary Sector Providers (Substance Misuse & Mental Health) support***	**Primary or Secondary Care Mental Health lead, support from Substance Misuse e.g.** ***CMHT lead; Voluntary Sector Providers (Substance Misuse & Mental Health) support***	**Primary or Secondary Care Mental Health lead, support from Substance Misuse e.g.** ***CMHT lead; Substance Misuse Treatment Service support***
C **LIMITED NEEDS ARISING FROM MENTAL HEALTH PROBLEMS REQUIRING SHORT TERM INTERVENTION**	**Primary Care lead, support from Substance Misuse e.g.** ***G.P. lead; Voluntary Sector Providers (Substance Misuse & Mental Health) support***	**Substance Misuse lead, support from Primary Care e.g.** ***Sub. Misuse Social Care & Health / Social Services lead; G.P. or Primary Care Link Worker and Voluntary Sector Providers (Sub. Misuse & Mental Health) support***	**Substance Misuse lead, support from Primary Care Mental Health e.g.** ***Sub. Misuse Treatment Service lead, support from G.P. and Voluntary Sector Providers (Substance Misuse)***

(See Appendix 3 for interim guidance notes relating to the above framework)

WHERE ARE WE NOW?
A Project Manager for Dual Diagnosis was appointed for 1 year commencing March 2004 to continue the work of the Project Team. Funding has been secured to extend the project until 2007. Due to the limited timescale, this project is focused on working age adults and their access to mental health and substance misuse services. The Project Team has developed further to become the Steering Group for the Project. *(The list of Project Team and Steering Group members is attached at Appendix 1)*

Services were reviewed in response to the Good Practice Guide by conducting needs assessment, which sought the opinions of service users, carers and service providers regarding perceived needs and gaps in services *(The Needs Assessment Executive Summary is attached as Appendix 2)*. Other evidence including Models of Care and local research commissioned in 2000 was also considered. This highlighted current gaps within services to inform strategy development in the longer term.

Service Model
There are some examples of good practice locally, usually as a result of individual staff initiative and informal networks being developed. Service Users with dual needs have tended to receive services delivered in a 'serial' or 'parallel' way, which have been found to be ineffective. 'Serial' refers to the person having to resolve their substance use problem before mental health services become involved. 'Parallel' refers to both mental health and substance use services providing care at the same time, yet not communicating effectively. Guidance and evidence suggests that services need to work together in collaboration to effectively meet the needs of service users.

Culture
There are still some staff anxieties towards caring for people with dual needs, however there is considerable interest and motivation from many individuals eager to become involved in developing more effective services. On further exploration, it seems that service users who continue to use and deal drugs while on the wards and disrupt the ward environment cause particular concern and frustration to other service users and staff. Substance Use services provide care using a harm minimisation philosophy; abstinence based approaches are more commonly used in Mental Health services. As a result, service users encounter problems trying to reconcile two contradictory approaches. The complex interactions of Mental Health and Substance Use issues can be easily misunderstood, sometimes leading to misconceptions about substance use causing mental illness. This can lead to use of labelling terms such as 'Drug Induced' being used to describe mental health problems. A Dual Diagnosis practitioner network now exists; there are over 100 members of the network, many of whom are eager to take on the role of dual diagnosis lead and carry positive change into the future.

Referral
Referral systems are currently confusing to staff and service users, as it is unclear which service is most appropriate to refer to. Some services currently exclude substance users. As a result there is a tendency to pass referrals between services; at this stage some service users drop out of contact with services, feeling that they are not receiving an effective response. There is also inconsistency in response to

people who are in crisis, in particular those who reach mental health and substance use services following initial approaches to Primary Care and A&E departments.

Assessment
Few staff working within mental health services have been trained to work with substance use. Many staff in substance misuse services have a mental health background, however update training in mental health issues is rare. As a result, assessments of people with Dual diagnosis do not include a holistic view of client need. It is vital that all service users receive assessment of need relating to their mental health, substance use and associated problems. Mental health staff identified the need to have prompt access to joint assessment from substance misuse staff and minimise the number of assessments undertaken by service users.
It is vital that mental health staff are trained and supported in detecting substance use on assessment. It is equally important that those conducting triage assessment in substance use services are competent in detecting dual diagnosis issues.

Care co-ordination
Care co-ordination within mental health services is established; substance misuse services have recently developed a system of care co-ordination consistent with Models of Care (2002). In order for services to meet the needs of people with dual diagnosis, the two systems must be compatible and lead agencies identified to avoid duplication in care co-ordination.

Deliberate Self Harm and Suicide
Substance use has been identified as a significant factor in some incidents of self-harm and suicide, particularly in relation to use of alcohol. Local suicide audit and suicide prevention plans have identified the need for improved collaboration, better communication and faster response times which are all important issues in dual diagnosis service provision.

People with Personality Disorder
There is considerable debate regarding provision for people with personality disorder and problematic substance use, particularly regarding issues of personal responsibility and ability to make informed choices. There is a national drive to improve services for people with a Personality Disorder across the range of need. Regional services are available for people with severe and dangerous personality disorder for those who have a forensic history. Alongside this, the Strategic Health Authority recently completed a review of mental health and learning disability services; including the needs of those with Personality Disorder. The recommendations of this review are yet to be implemented but will shape the future of service provision. A local Personality Disorder Working Group is currently looking at the mental health services and the needs of people with personality disorder; their work will influence and shape how this strategy will evolve.

Care for those with common mental health problems
Primary Care Liaison in mental health services exists in this locality, except parts of Easington. Service users may be offered brief intervention, however in some areas the Mental Health Primary Care Liaison worker provides 'signposting' to other services. Substance Use service staff with a background in mental health have little recent training in working with common mental illness.

Care of children, adolescents and young people
Early discussions suggest that there are significant issues relating to young people and dual diagnosis, with a collaborative approach to care and tiered training provision seen as a valuable approach. Further assessment of need would be valuable to determine the way forward in services for younger people. Clarity is needed on prevalence and services available, with gaps evident in training and support on assessment of dual diagnosis and collaborative working.

Services for alcohol users
Although more people with dual needs use alcohol than any other non prescribed substance (Department of Health 2002), services for alcohol users are limited locally. This is largely due to substance misuse services being directed to concentrate on the needs of drug users, as government spending targets focus on drug use. Recent research noted that binge use of alcohol is higher in the North East (Alcohol Concern 2004) than in other region of England. Access to In Patient detoxification is particularly difficult. Developing effective services for alcohol users is key to the success of care for those with dual diagnosis issues. Publication of the Models of Care for Alcohol Misusers consultation document (2005) has been welcomed as the success of this strategy depends upon effective provision for alcohol misuse.

Commissioning arrangements
Many feel that arrangements for commissioning services are currently fragmented and would benefit from a 'whole system' approach.

Role of substance misuse services
Staff in substance misuse services report that between forty and sixty percent of service users also have mental health needs. Some referrers report confusion regarding the role of services and referral processes. This can be particularly difficult for referrers if it is not evident whether the person is physically dependent upon substances at the time of referral. Staff in mental health identified the need for support and joint assessment from substance misuse services, to include assessing the needs of service users who may not be dependent upon substances. Clarity is required regarding the role of voluntary sector substance misuse services in providing care for those with dual diagnosis.

Voluntary sector input
There is considerable variation in the range of voluntary sector provision across County Durham; arrangements regarding confidentiality and sharing of information between agencies is patchy at present. Confusion has been expressed around the role of voluntary services in mental health and substance misuse in relation to dual needs, particularly for people with severe mental illness. Staff who do not have a background in mental health routinely conduct substance misuse triage

assessments. Minimum standards are required to ensure that staff are competent to accurately detect mental health issues during triage assessments.

Detoxification provision
Most people seeking detoxification are those with alcohol dependence, using adult mental health or general medical beds. People seeking in patient detoxification are not routinely referred to substance misuse services, As a result, routes to access in patient detoxification are inconsistent and there are variations in treatment regimes offered. Substance misuse services can provide community detoxification from alcohol following a suitability assessment. However, the needs of drug users currently take priority. Funding arrangements for use of mental health beds for detoxification are unclear at present.

Access to rehabilitation
There are few effective substance use or mental health residential rehabilitation services adequately equipped to work with dual diagnosis, particularly if the person is experiencing severe problems. There are currently long waiting times for assessment for rehabilitation due to resource limitations. Community based relapse prevention presently lacks a structured approach with the exception of those with more complex needs being cared for by the Social Care and Health or Social Services substance misuse team. Mental Health recovery and rehabilitation services are currently under review in North Durham. Durham Drug and Alcohol Action Team are reviewing Substance Misuse rehabilitation provision.

User & carer involvement
Service users and carers feel that they have a lot to contribute to service development, including peer support and staff training. Their input is not currently used to the full. Many carers are not aware of the full range of services available.

Caring for older people
Limited information is available locally regarding the needs of older people. Local estimates suggest that CPN's in older peoples services have at least one client on caseload misusing alcohol or prescription medication, including opiate analgesia and are working without support from substance misuse services. Staff have identified the need for clinical skills training in assessment and intervention. Accurate assessment is often difficult due to other coexisting health problems, as a result individuals can present to acute services such as A&E, General Medicine and to primary care. Substance misuse can first present in old age or an individual with established substance use problems may graduate to Mental Health Services for Older People.

Caring for those with learning disability
Substance misuse and some learning disability staff noted that the proposed 'needs led service framework' would not be effective for working with people who have learning disability and substance use. Some mental health service providers / commissioners expressed confusion around eligibility for learning disability services. However clear eligibility for services exists, mental health staff need awareness of the criteria and services available. Service providers report limited numbers of service users presenting with hazardous, binge use of alcohol; this can lead to vulnerability, exploitation and offending behaviour. Intervention is largely provided

with minimal support from substance use services. The evidence base nationally and locally is very limited, prevalence data and local assessment of need is required. Learning disability services acknowledge that mainstream substance misuse services can be problematic for learning disabled adults due the complexity of their needs.

Capacity within services
Although staff time may be required to provide joint assessment, shadowing and supervision for colleagues in substance misuse or mental health services, there is currently no capacity. Staff will need to be released from clinical duties to attend training at awareness level, with selected staff to attend enhanced level training.

Criminal justice
Staff identified some examples of good practice and also the need for stronger links and clearer ways of working with the criminal justice system. Drug Intervention Programme initiatives are currently in the early stages of development. National prevalence data indicates large numbers of people with dual diagnosis issues are within the criminal justice system. Despite this, few staff within the criminal justice system have received training relevant to dual diagnosis.

The transfer of prison healthcare to primary care trusts will be complete by April 2006. This provides for the first time a real opportunity to develop services that deliver continuity of care for prisoners both during and after custody. A regional prison health development network has been established which brings together a range of key stakeholders where comprehensive care for prisoners with mental health and substance misuse needs are identified as a priority for action. This work is being driven by the development of a regional drugs strategy for prisons being led by County Durham & Tees Valley Strategic Health Authority.

Staff training
Few staff had received effective training relating to Dual Diagnosis. Prior to May 2004 training has not been widely available; training which has been previously undertaken has been largely driven by motivation and interest of staff with varied content to the events.

Training in 2004-05 had been prioritised in the following clinical areas with high levels of prevalence and severity of dual diagnosis:-

- Community Mental Health Teams including, Primary Care Liaison, Prison In Reach and Assertive outreach
- Acute in Patient Areas
- Substance Misuse Teams, including, Community Treatment Services, Harm Minimisation, Durham Social Care and Health, Darlington Social Services Team and Prison Treatment

Almost 500 staff have undertaken dual diagnosis training since May 2004.

Staff development and support needs
An audit was undertaken, consulting staff attending 1 day Dual Diagnosis Awareness Training on their future development and support needs.

Recommendations from the audit identified that staff considered the following factors important in their development:-

- Future training events with specific subjects suggested
- Shadowing or joint working between mental health & substance misuse services
- Reference materials, resource packs including a service directory
- Regular updates
- Clinical supervision, discussion forum and support groups
- Release from clinical duties to undertake development
- Resource packs for teams
- Specific training courses

Clinical Governance
Protocols and policies do not currently reflect the needs of people with dual diagnosis, including the policy for management of substance misuse on Inpatient units, care co-ordination arrangements between mental health and substance misuse services and protocols substance misuse treatment.

Diverse populations
Access to services is required for all regardless of age, gender, lifestyle choices, cultural beliefs, sexuality, ethnicity and ability. There is limited data available locally regarding dual diagnosis issues among diverse populations; further assessment of need is required.

WHERE DO WE NEED TO BE?
The Dual Diagnosis Good Practice Guide (DoH 2002) offers direction for services to meet the needs of those with severe mental illness and substance misuse. The guidance outlines the need to ensure that mainstream service providers are prepared and equipped to work with Dual Diagnosis.

Models of Care (NTA, 2002) offers guidance to substance misuse services on effective care provision for people with dual diagnosis. Guidance includes assessment criteria, management of risk, care management, pathways of care and staff profiles.

The Strategic Health Authority, (CDTVHA 2004) following their mental health services review, recommended adopting an inclusive definition of ‘dual diagnosis’, focusing on a range of severity of problems and needs. Other recommendations include providing a collaborative approach to care delivery, and a comprehensive, tiered training structure.

Change the culture in organisations

- Organisations need to view service users presenting with needs relating to their mental health and substance use as ‘commonplace’.
- All services must provide a non discriminatory approach to care
- Services must respond to need and work collaboratively to prevent people being passed from one service to another unnecessarily.

- Staff must be willing and able to work with client motivation rather than excluding people from services and adopt a supportive approach to service users.
- Adopt a harm minimisation based approach to care.
- Respond to needs and how people present rather than allocate to services based on perceived causes.

Adopt an effective, integrated care model for service delivery

- A local definition must be agreed
- Ensure that people are included, not excluded from the services they need.
- Ease of access to services
- Liaison, collaborative model which provides integrated care plans
- People with severe and enduring mental illness require care from mainstream mental health services
- Clear arrangements for care co-ordination and risk assessment are required
- Medical lead with experience in both substance misuse & mental health
- Clarify the role of primary care in detecting and providing care
- Provide support in the community and aftercare policies
- Offer a range of treatment options with shared treatment protocols in place
- Ensure access to specialist substance use treatment & rehab
- Substance misuse services to provide screening for common mental illness
- Ensure that effective information sharing & communication systems are in place
- Involve families and carers in providing care

Prepare and develop staff

- Prepare Mental health services to identify, assess, manage, treat and provide harm minimisation advice to service users with substance misuse problems
- Equip staff to work with dual diagnosis through ongoing, rolling systems of training, professional development and support.
- Training should be tiered and targeted in order to meet the needs of staff in their practice.
- Develop systems to enable staff to share knowledge, forge links and support each other through practice development and supervision

HOW DO WE GET THERE?

Task 1: Develop a model of collaborative working with Dual Diagnosis in County Durham and Darlington

- Ensure that all agencies in share a common understanding of the local definition of dual diagnosis and agree whom services are provided for.
- Ensure that treatment and intervention offered to service users is based on Harm Minimisation approaches.
- Establish links with prison health teams to ensure that service development in prison is equivalent and aligned to development in the community.
- Establish arrangements for people with dual needs who use alcohol to ensure that services meet their needs. This will include community and in patient treatment options.

- Link dual diagnosis proposals with suicide prevention initiatives and targets
- Clarify services offered to users of stimulants.
- Identify a network of Dual Diagnosis Leads in each clinical area to develop their skills to support and develop their colleagues to work more effectively and collaboratively with Dual Diagnosis issues.
- Develop the role of Dual Diagnosis Lead to provide joint assessment, clinical supervision, consultation and contribute to training and ongoing support. It is vital that the Lead supports other staff in their work with dual diagnosis issues and is perceived as a resource for the rest of the care team, rather than take on all dual diagnosis referrals. Leads will be required in all services where service users present with mental health or learning disability issues and problematic substance use across age ranges.
- Review capacity of services to ensure there are sufficient staff available to provide the Lead role.
- Publicise the framework of service delivery for adult mental health and substance misuse services to ensure that consistent working arrangements are promoted. *(See Page 4 and Appendix 3)*
- Publicise the local care pathway *(See Appendix 4)* for people accessing Adult Mental Health services or Learning Disability and Substance Use services who have dual needs.
- Work in collaboration with acute hospitals and primary care to ensure that inappropriate admissions are minimised and also ensure that service users with dual diagnosis issues and physical health problems have their needs met e.g. those with nicotine dependence, alcoholic liver disease and hepatitis infections.
- Improve collaboration with user and carer groups and services for carers to ensure that users and carers have accurate, accessible information about services on offer.
- Agree arrangements for leadership in Dual Diagnosis, including medical leadership (Models of Care 2002).
- Improve ways of working with housing and police.

Task 2: Ensure that there is ease of access to services and clear joint working arrangements.

- Agree arrangements between substance misuse and mental health services for joint assessment, including for clients who are frequent or hazardous users rather than dependent.
- Clear eligibility and referral criteria must be in place between mental health and substance misuse services to ensure that all are aware of roles and routes of referral.
- Clarify the role of voluntary sector providers in the provision of care for those with dual issues.
- Agree minimum standards of competence for staff undertaking substance misuse triage assessment to promote accurate early detection of mental health issues.
- Agree systems for effective information sharing, including access to essential information out of hours.
- Agree clear care co-ordination arrangements for joint working between substance use and mental health services, identifying the most appropriate

care co-ordinator for each client. This will include future developments for people involved in Offender Management systems and for those individuals in custody.

- Promote a culture in organisations whereby service users have a care plan negotiated between services to minimise contradictory or duplicated approaches.
- Shared treatment protocols are required which can be applied in substance misuse, mental health and learning disability services
- Review documentation used to record assessments and care to minimise duplication and paperwork.
- Clarify which residential rehabilitation services are equipped to work effectively with mental health and substance misuse issues and establish minimum standards for effective provision.
- Review access and waiting times for substance use related residential rehabilitation to eliminate barriers and delays.
- Clarify responses to crisis situations to ensure that there are no unnecessary delays when prompt intervention is required. This is of particular importance outside 9-5 Monday to Friday when Primary Care services and A&E departments can be the first point of contact.
- Review suitability and access to inpatient beds, ensuring that community and inpatient options for detoxification are clarified.
- Explore gaps in structured relapse prevention available to service users.
- Work with referrers to ensure that they are aware of the model of collaborative working to ensure that referrals to services are appropriate, of good quality and contain sufficient information. e.g. Primary care, A&E.
- Work with Psychological Therapies in reviewing their input for people with dual needs.
- Clarify service arrangements for people who have diagnosis of personality disorder.
- Clarify which services provide care for people who have chronic organic mental illness caused by alcohol use.

Task 3: Ensure that tiered, targeted training is delivered to all practitioners potentially working with Dual Diagnosis to ensure that they are adequately prepared.

- Continue to provide 1 day awareness training.
- Engage medical staff in targeted training
- Roll out Awareness training for all staff working with dual diagnosis. *(See Appendix 5)*
- Develop and provide enhanced training package for Dual Diagnosis Leads based upon staff development needs and requirements of each clinical area.
- Collaborate with Teesside University to develop an academic route for staff undertaking training.
- Incorporate dual diagnosis awareness into induction packages for new staff.
- Create links with suicide prevention training in order to equip staff to address the relationship between substance misuse and self harm / suicide.
- Explore use of e-learning resources.
- Provide training for Substance misuse staff in detection, assessment and intervention for common mental illness.

Task 4: Develop & support staff to help them work more confidently and effectively

- Devise a system for creating and monitoring cultural change, including identification of Dual Diagnosis leads to act as change carriers within their host organisations.
- Develop a Practitioner Network to provide information, support and updates to members.
- Assist staff in planning their own professional development, to be linked to the systems of staff appraisal, to include experiential learning and mentorship.
- Establish a dual diagnosis clinical supervision structure to promote reflective practice, enabling staff to receive the constructive feedback and support they need. Demand on Statutory Substance Misuse services is likely to be high initially.
- Ensure that there are sufficient trained supervisors to meet the needs of staff.
- Provide accessible information for staff regarding dual diagnosis, including local reference material and electronic sources.
- Review policies for management of substance use on in patient facilities.

Task 5: Communicate & consult

- In accordance with the Good Practice Guide, consult Core and Interested Stakeholders on this project and strategy. *(See Appendix 6).*

Task 6: Sustain change & future development

- Implement the recommendations from the Dual Diagnosis Workstream of the Strategic Health Authority review of mental health and learning disability services
- Identify a system of medical leadership and support
- Progress achieved in delivering awareness training to be rolled out into other areas.
- Capacity of services to be identified where demand for staff support or work with dual diagnosis issues is higher. Build capacity needs arising from implementation of the strategy into planning processes.
- Clarify commissioning arrangements regarding use of mental health in patient beds for alcohol detoxification, to include service level agreements.
- Formalise the role of Dual Diagnosis Lead so that it can be provided longer term and does not rely on goodwill to be sustainable.
- Devise systems for collecting data from a range of services to measure achievement of outcomes and identify prevalence of dual diagnosis issues. Appropriate use of National Drug Treatment Monitoring System (NDTMS) recording should be incorporated into routine data collection.
- Review longer term leadership relating to dual diagnosis, as the project manager post is funded until 2007.
- Devise a Dual diagnosis Strategy action plan with specific measurable objectives and agree timescales for implementing longer-term plans.
- Services for those with Learning Disability, Mental Health Services for Older People, Child and Adolescent Mental Health Services & Young Peoples services will be required to make their own arrangements to undertake analysis of need to determine prevalence and gaps in services. They will also

need to develop their own frameworks for collaborative working between services, integrated care pathways, staff support and training arrangements.

Mandy Barrett
Project Manager - Dual Diagnosis
On behalf of the County Durham, Darlington & Easington Dual Diagnosis Steering Group
June 2005

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APPENDICES

Appendix 1

PROJECT TEAM AND STEERING GROUP MEMBERS

Current Steering Group Members

Pat Rich *(Chair)*
Wendy Balmain
Mandy Barrett
Karen Brown
Julie Daneshyar
Sue Dixon
Mark Harrison
Tracy Joisce
Jan Maddison
Martin Saunders
Gill Taylor
Stuart Thompson
Dr Paul Walker

Former Project Team / Steering Group Members

Keith Appleby
Dr Mark Appleton
Dr Tom Carnwath
David Cliff
Jo Davis
Phil Dyson *(Chair)*
Lesley Mawson
Jacqui McAlinden
Dr Prasad
Dr Barbara Robertshaw
John Spencer
Paul Walsh
Denise Wyatt

Appendix 2

DUAL DIAGNOSIS NEEDS ASSESSMENT EXECUTIVE SUMMARY

1 PURPOSE OF EXECUTIVE SUMMARY

To provide summary information from the Dual Diagnosis Needs Assessment, outlining key recommendations for consideration by the Dual Diagnosis Steering Group in determining the development of a local dual diagnosis strategy. The needs assessment will also be incorporated into the mental health service review dual diagnosis work-stream led by John Spencer.

2 BACKGROUND

In 2000, the Durham and Darlington Drug Action Teams commissioned the Resource and Service Development Centre (2000) to review the needs of local people experiencing dual diagnosis and the range and effectiveness of services available at that time. The work included estimated prevalence rates, inclusion criteria and treatment philosophy of the agencies involved in providing care, services offered and identification of gaps and relationships between agencies.

Models of Care (2002) offers detailed guidance on service models, assessment, treatment, care pathways and training, emphasising integrated approaches and collaborative working as the way forward.

In 2002 the Department of Health published the Dual Diagnosis Good Practice Guide as an addition to the Mental Health Policy Implementation Guide.

The guidance recommends that local services progress on the basis of 'perceived needs' rather than undertake exercises likely to be problematic, to establish local prevalence. The latter approach highlighting the variations in definition of dual diagnosis and inconsistencies of data collection across key agencies. However it does highlight the current gaps in services on a national level based on areas identified by service users:

- Access to mental health services
- Access to specialist services within general day support services
- Longer stay residential services
- Advice within informal settings
- Day support, dry and substance tolerant, available 7 days a week
- Someone to talk to
- Housing support
- Residential rehabilitation

As indicated within the Good Practice Guide the needs assessment exercise has incorporated the perceived needs of staff working within clinical areas identified as priority for first phase of training delivery and the perceived needs identified by users and carer from groups that were accessible and able to accommodate a focused discussion within meeting schedules. Other available data or information was also included to highlight some of the local issues.

3 KEY ISSUES

The following areas reflect the key themes that the steering group is asked to consider when agreeing the local dual diagnosis strategy:-

Review of the local dual diagnosis definition and role and function of the dual diagnosis steering group

Develop and agree a recovery or liaison/collaborative model of care and treatment of dual diagnosis that incorporates the following components:

- whole systems commissioning
- access and choice
- protocol development
- integrated care pathways
- service user and carer involvement
- stigma and discrimination
- Building skills capacity
- improve access to housing and employment
- improve recognition and support for carers and families

4 PROPOSALS

That the development and implementation of the dual diagnosis strategy be informed by the perceptions and views of the users, carers and staff who participated in this exercise in support of the dual diagnosis project manager.

5 FINANCIAL IMPLICATIONS

There are considerable financial implications within some of the recommendations depending upon the decision of the Steering Group and will need to be considered within the business planning cycle.

6 ACTION REQUIRED

The Dual Diagnosis Steering Group is asked to consider the full report.

Jo Davis
Service Improvement Lead
County Durham & Darlington Priority Services

Appendix 3

Needs Led Service Provision Framework
Interim Guidance Notes

NEEDS LED SERVICE PROVISION FRAMEWORK For Working Age Adults with Dual Diagnosis Issues	**1** **LIMITED NEEDS ARISING FROM BINGE, HAZARDOUS OR EXCESSIVE EXPERIMENTAL OR RECREATIONAL MISUSE OF SUBSTANCES**	**2** **MODERATE LEVEL OF NEEDS ARISING FROM HAZARDOUS OR EXCESSIVE MISUSE OR PSYCHOLOGICAL DEPENDENCE ON SUBSTANCES**	**3** **HIGH LEVEL OF NEEDS ARISING FROM PHYSICAL DEPENDENCE ON SUBSTANCES**
A **HIGH LEVEL OF NEEDS ARISING FROM SEVERE MENTAL ILLNESS**	**Secondary Care Mental Health lead, support from Substance Misuse e.g.** ***Community Mental Health Team, Assertive Outreach lead; Substance Misuse Voluntary Sector Providers support***	**Secondary Care Mental Health lead, support from Substance Misuse e.g.** ***CM HT, Assertive Outreach lead; Substance Misuse Social Services / Social Care& Health support***	**Secondary Care Mental Health lead, support from Substance Misuse e.g.** ***CMHT, Assertive Outreach lead; Substance Misuse Treatment Service support***
B **MODERATE LEVEL OF NEEDS ARISING FROM MENTAL HEALTH PROBLEMS**	**Primary or Secondary Care Mental Health lead, support from Substance Misuse e.g.** ***CMHT lead; Voluntary Sector Providers (Substance Misuse & Mental Health) support***	**Primary or Secondary Care Mental Health lead, support from Substance Misuse e.g.** ***CMHT lead; Voluntary Sector Providers (Substance Misuse & Mental Health) support***	**Primary or Secondary Care Mental Health lead, support from Substance Misuse e.g.** ***CMHT lead; Substance Misuse Treatment Service support***
C **LIMITED NEEDS ARISING FROM MENTAL HEALTH PROBLEMS REQUIRING SHORT TERM INTERVENTION**	**Primary Care lead, support from Substance Misuse e.g.** ***G.P. lead; Voluntary Sector Providers (Substance Misuse & Mental Health) support***	**Substance Misuse lead, support from Primary Care e.g.** ***Sub. Misuse Social Care & Health / Social Services lead; G.P. or Primary Care Link Worker and Voluntary Sector Providers (Sub. Misuse & Mental Health) support***	**Substance Misuse lead, support from Primary Care Mental Health e.g.** ***Sub. Misuse Treatment Service lead, support from G.P. and Voluntary Sector Providers (Substance Misuse)***

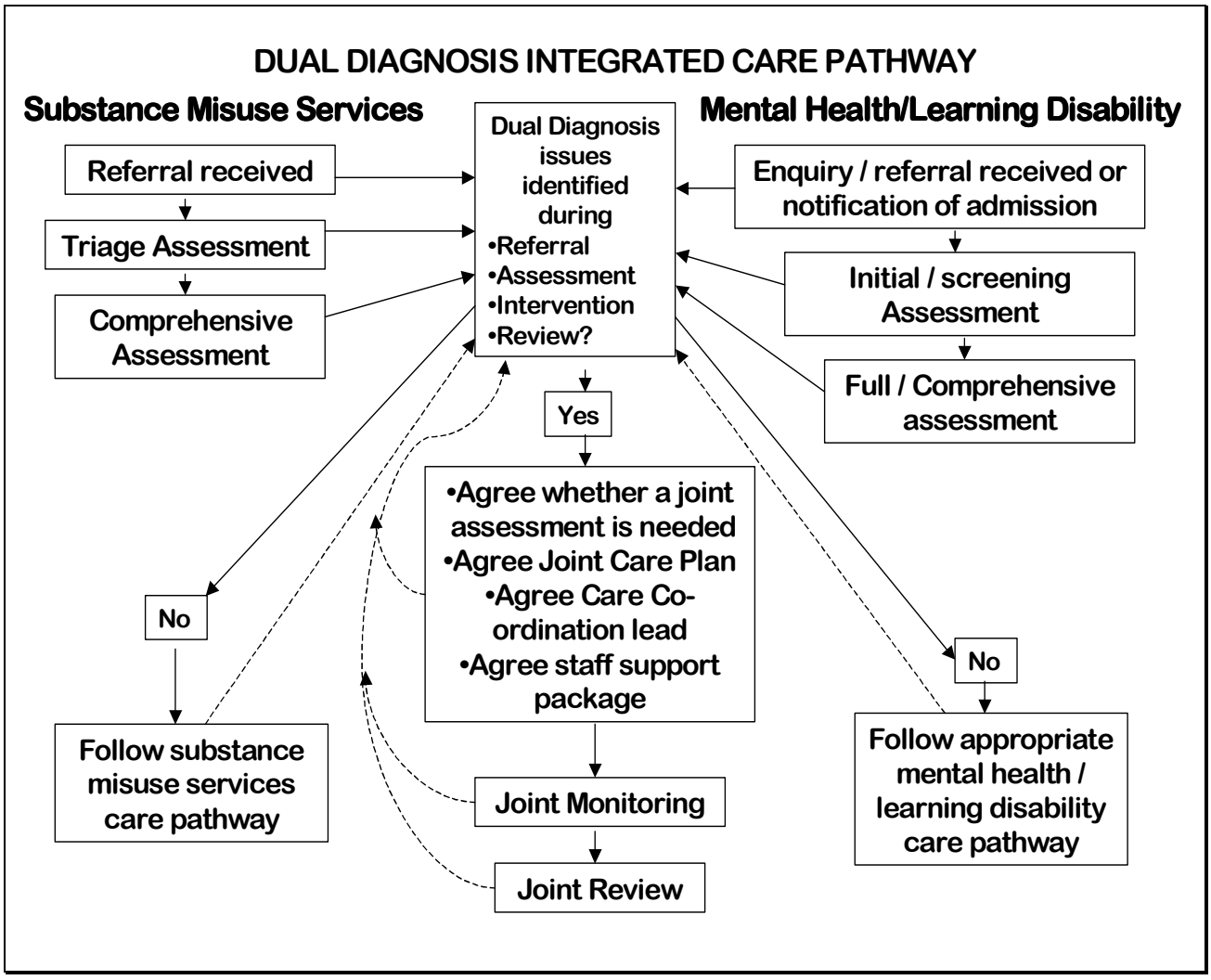
- The framework is intended as guidance; it is not anticipated that joint working will be required in every case.
- Care co-ordination arrangements must be negotiated based upon individual service user needs. Presentation and need is likely to change, therefore ongoing review is required
- Due to gaps in services for those using alcohol, provision is not clear at the time of writing. Clarification is expected soon from the National Treatment Agency.
- 'Mental Health' refers to a range of mental health services, including primary care link services and voluntary sector provision.
- 'Substance Misuse' refers to a range of substance misuse services, including primary care link services and voluntary sector provision.

- ‘Primary Care’ refers to a range of services provided by, or behalf of Primary Care. This may include input from General Practitioners or Primary Care Counselling.
- ‘Substances’ refers to alcohol or drug consumption, problematic use of substances refers to a person experiencing social, psychological, physical or legal problems as a result. This may include misuse of prescribed medication or over the counter preparations.
- ‘Severe mental illness’ refers to presentation of signs and symptoms, which may be indicative of illnesses such as schizophrenia, bi polar disorder or severe depression
- ‘Psychological dependence’ refers to use of substances to avoid distressing emotions, mood etc. This may indicate self medication & underlying mental health problems
- ‘Physical dependence’ refers to continued use of substances to avoid signs and symptoms of withdrawal syndrome.
- Mental health and substance misuse services may include a range of agencies including statutory providers (health, social care and health, social services) and independent sector providers. Some care providers do not have a mental health background and will be unable to act as care co-ordinator. This must be reflected in care and support packages.
- ‘Support’ may include information, clinical supervision, training and guidance for staff. It may also entail assessment, treatment, substitute prescribing, intervention, harm minimisation advice and equipment for service users and carers. This must be negotiated on an individual case basis depending upon presenting need.
- A system for resolving differences of opinion is required.
- Primary care services differ in their delivery in different PCT areas, as a result local differences will apply.
- A separate framework is required for services for older people, children and adolescents and those with learning disability.

Appendix 4

DUAL DIAGNOSIS INTEGRATED CARE PATHWAY
Services for Working Age Adults
(Mental Health, Substance Misuse and Learning Disability)

The Dual Diagnosis Project Team developed this care pathway following a consultation event in 2002. The pathway has been viewed during the process of needs analysis and comments were invited. This has been widely greeted as a useful illustration of care provision, which will minimise multiple assessments, assist in the development of single care planning and foster collaboration between services.



- Primary care and other referrers will need to be briefed on the use of the pathway to encourage good quality referrals are provided to the right services to reduce waiting times.
- Guidance will be developed to accompany this care pathway.

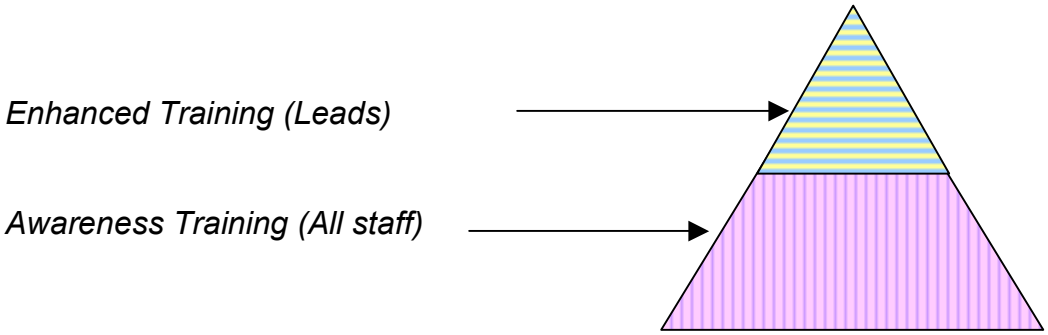
Appendix 5

TRAINING STRATEGY

Guidance suggests that tiered training systems must be provided for staff, based on their individual development needs which will vary according to staff roles, clinical setting and previous training / experience. Staff undertaking the role of Dual Diagnosis Lead will be required to support their teams in working with dual diagnosis; this supportive role may include providing advice, information, clinical supervision and staff development. Staff undertaking this role will require training to an enhanced level.

Guidance identifies clinical areas that are high priority for staff training; as a result clinical areas have been organised into 'waves' depending upon need. Guidance also stresses the importance of ensuring that training is not solely focused upon theory. Skill development, fostering closer alliances between services, practice development and supervision are also vital strands of an effective programme of training.

Tiered Training System



Awareness level
For all staff working with service users who have dual needs. Training will consist of a 1-day programme including the following;

- Defining the client group
- Detection and assessment of dual diagnosis
- Prevalence & Risk
- Treatment outcomes in dual diagnosis
- Harm minimisation & risk management
- Policy & Guidance
- Relationship between drugs, alcohol & mental health
- Models of treatment provision
- Local typology & care pathways
- Stages of change model
- Local service provision

Enhanced training
Negotiations are underway with Teesside University to provide accredited academic training for staff undertaking the role of Dual Diagnosis Lead. Training will be tailored

to meet individual need based upon clinical need, academic study and experiential learning.

1st Wave
Community Mental Health Teams (including Prison In Reach)
Assertive Outreach Teams
Adult Acute In Patient Areas including Psychiatric Intensive Care Units
Substance Misuse Teams (including Treatment, Prison, Harm Minimisation, Social Services)

2nd Wave
Crisis Resolution Home Treatment Teams
Psychiatric Liaison / Self Harm Teams
Early Intervention Services
Rehabilitation & Recovery
Criminal Justice Liaison / Criminal Justice Intervention Programme (Drug Intervention Programme, Drug Treatment and Testing Orders)

3rd Wave
Non Statutory Sector Providers (Mental Health and Substance Misuse)
Day Services:- Adult Mental Health & Substance Misuse
Psychological Therapies

Other areas requiring training, not within the scope of this project
Learning Disability Services
Child and Adolescent Mental Health Services
Youth Offending Teams
Young Peoples Substance Misuse Service (known as XS)
Mental Health Services for Older People (In patient and community)
Primary Care staff
Care providers in Prisons
CARAT (prison throughcare) workers
Police and Custody Suite staff
Acute hospital staff e.g. A&E, General Medicine, Gastroenterology

Appendix 6

DUAL DIAGNOSIS STAKEHOLDERS

Core Stakeholders

Service Users and Carers
Strategic Health Authority
Primary Care Trust - Lead Commissioners (Mental Health / Substance Misuse) and Primary Health Care Teams
Managers: Mental Health & Substance Misuse Integrated Teams
Drug and Alcohol Action Teams (Darlington and Durham)

Statutory Mental Health Care Providers:-

- CMHT's (incl. Primary Care Liaison)
- Crisis Resolution
- Mental Health Liaison
- Recovery / Rehabilitation
- Criminal Justice Liaison
- Transitional Service
- Assertive Outreach
- Acute in patient areas
- Day Services (Adult MH)
- Prison In Reach
- Early Intervention in Psychosis

Statutory Substance Misuse Service Providers

- Harm Minimisation
- CJIP / DTTO / DIP (Probation)
- Integrated Community Teams
- Substance Misuse Service for Young People (Working age service users)
- Prison Treatment
- CARAT Teams
- Drug Intervention Programme

Independent Sector Providers - Mental Health &Substance Misuse:-

- NECA
- DISC
- Lifeline
- Supporting People
- MIND
- Substance Misuse Day Services
- Stonham
- Addaction

Dual Diagnosis Practitioner Network Members

Interested Stakeholders

Managers and providers of services not within the remit of this project

- Child and Adolescent Mental Health
- Mental Health Services for Older People
- Learning Disabilities

Housing Authorities & Providers
Benefits Agency
Police
Employment Services
Local Politicians & Community Leaders
Local media
Educational Institutions