ISLE OF WIGHT
DRUG ACTION TEAM
AND
NHS PRIMARY CARE TRUST

DUAL DIAGNOSIS
MENTAL HEALTH
AND
SUBSTANCE MISUSE STRATEGY

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1 INTRODUCTION:

1.1 This strategy is the local response to the development of dual diagnosis (mental health and substance misuse) services; underpinned by national legislation and guidance.

1.2 The strategy highlights current services available, and also gaps in provision; with a clear action plan to develop services which will meet the needs of these people.

1.3 It also seeks to ensure links to associated issues relating to people with a dual diagnosis, such as housing, criminal justice, employment and sexual health.

1.4 It is intended that this strategy promotes equality of access for all people regardless of their race, religion, gender, sexuality, age, disability as defined by the council 'Diversity Impact Assessment Tool'.

1.5 The core principles of this strategy will be integral to the delivery of high quality, seamless and collaborative services.

1.6 It is acknowledged that there is no additional funding to take this strategy forward and it therefore will have to be achieved within existing resources.

1.7 **Definition:** The term 'dual diagnosis' covers a broad spectrum of mental health and substance misuse problems that an individual might experience concurrently. The nature of the relationship between these two conditions is complex. The National Treatment Agency (NTA) Models of Care define dual diagnosis as below:

Krausz (1996) suggests that there are four categories of dual diagnosis:

- a primary diagnosis of a major mental illness with a subsequent (secondary diagnosis) of substance misuse which adversely affects mental health
- a primary diagnosis of drug dependence with psychiatric complications leading to mental illness
- a concurrent substance misuse and psychiatric disorder
- an underlying traumatic experience resulting in both substance misuse and mood disorders e.g. post-traumatic stress disorder.

1.8 Drug use is commonplace in today's society. In the UK it is estimated that approximately one third of people with serious mental health conditions have a substance misuse problem.

1.9 In drug and alcohol services approximately half of their clients also have some form of mental health problem (most commonly depression or personality disorder). There are

consistent reports of increased prevalence in forensic mental health services and inpatient psychiatric units. These people are referred to as having a 'Dual Diagnosis'.

1.10 The complex challenges presented by 'dual diagnosis' clients have become increasingly clear in the last decade. While the relationship between mental illness and substance use is complex and subject to much debate, it is accepted that this client group suffers poorer health and social outcomes and offers challenges for health and social services.

1.11 For example dual diagnosis clients:

- experience worse psychiatric symptoms than those with mental illness only
- have an increased use of services ('revolving door')
- have social problems and are more likely to be homeless
- may be involved with the criminal justice system
- their poor physical health, associated with mental ill health, is exacerbated by the substance use
- have increased risk of violent incidents (as victim and as perpetrator)
- suffer increased incidence of drug related overdoses
- are at a risk of possible prescribing problems due to drug interactions with prescribed medication
- frequently do not comply with their prescribed medication
- frequently disengage with services

1.12 The literature proposes a number of new service models but ultimately recommends that it is the responsibility of mainstream mental health services to provide for these clients. This is referred to as 'mainstreaming'.

2 STRATEGIC CONTEXT:

2.1 Mental Health National Service Framework (NSF)

2.1.1 The National Service Framework: Five Year Review (2005)

The National Service Framework for Mental Health (1999) made the following statements:

- 'Assessments of individuals with MH problems...should consider the potential role of substance misuse & know how to access appropriate specialist support' (pg 31, std 2&3)

- 'The likelihood that substance misuse will increase suicide risk must also be considered' (pg 31, std 2&3)
- 'The needs of people with a dual diagnosis should be met within existing mental health and drug and alcohol services' (pg 46, std 4&5)

Five years on, Dual Diagnosis is still seen as 'the most challenging clinical problem that we face' (pg 1), 'one of the most pressing problems facing mental health services' (pg 73) one that has 'not been adequately addressed and now in need of urgent attention' (pg 68). It recommends that this be achieved by improving 'the skills of front line staff in…the management of substance misuse' (pg 74).

2.1.2 Dual diagnosis in mental health inpatient and day hospital settings 2006

The guidance aims to:

• encourage integration of drug and alcohol expertise and related training into mental health service provision;

• provide ideas and guidance to front-line staff and manages to help them provide the most effective therapeutic environments;

• help mental health services plan action on dual diagnosis

I'm fine until we get to 2.2 - here I think we also need to mention the PIG for EIP 'Treating comorbidity' and 'The Window of Opportunity' as these documents both articulate with the DD PIG.

2.2 Dual Diagnosis Policy Implementation Guide 2002

2.2.1 This guidance highlights the following key themes in relation to people with a dual diagnosis:

2.2.2 A whole systems approach to individual care

The provision of integrated care for people with a combination of mental health and substance misuse requires services organised around the individual.

2.2.3 Clear and locally agreed definition of dual diagnosis, supported by clear, integrated care pathways.

2.2.4 The link between risk of harm to self and others must not be underestimated, with clear consideration of suicide prevention and harm reduction detailed in people's care plans and pathways

2.2.5 Clarity around the inclusion of alcohol in the definition of substance misuse must be explicit and the impact / influence of alcohol misuse and mental health understood by all services.

2.3.1 The strategy has four elements:

- **Young People** - to help young people resist drug misuse in order to achieve their full potential in society;

- **Communities** - to protect our communities from drug-related anti-social and criminal behaviour;
- **Treatment** - to enable people with drug problems to overcome them and live healthy and crime-free lives;
- **Availability** - to stifle the availability of illegal drugs on our streets.

2.3.2 **The Underlying Principles of the Strategy** highlight some of the solutions to more effective care and treatment for people with a dual diagnosis.

'Integration. Drug problems do not occur in isolation. They are often tied in with other social problems.

Evidence. Drug misuse can be a highly-charged subject. Learning about an illicit activity can be difficult but our strategy must be based on accurate, independent research, approached in a level-headed, analytical fashion.

Joint Action. Partnership is not an end in itself, and can be an excuse for blurring responsibilities and inactivity. But the evidence is that joint action - if managed effectively - has a far greater impact on the complex drugs problem than disparate activities.

Consistency of Action. While activities must relate to local circumstances and priorities, drugs misuse is a national problem requiring fairness and consistency in our response.

Effective Communication. We need to be clear and consistent in the messages we send to young people and to society in particular, the importance of reinforcing at every opportunity that drug-taking can be harmful.

Accountability. Through the Coordinator's Annual Report and Plan of Action Against Drugs, we can dispassionately and objectively track progress. '

2.3.3 The DoH 2001 Policy Implementation Guide Mental health has a section for Early Intervention Psychosis (EIP) services and the Sainsbury Centre for Mental Health; 'A Window of Opportunity': A practical guide for developing early intervention in psychosis services; also requires services to make specific and ongoing planning for the care and treatment of people with a dual diagnosis.

2.4 Models of Care for Substance Misuse Services (2002) (See Appendix 1 for full chapter)

2.4.1 This document re-inforces some of the issues already raised in this strategy and also gives guidance on treatment of people with a dual diagnosis.

2.4.2 All services involved in the treatment of those with dual diagnosis need to:

- Adopt a common language
- Operate a common referral criteria and process
- Be in a position to provide a comprehensive multidisciplinary assessment procedure
- Have equal access to a range of treatment modalities, including access to outreach, community treatment, home visits, outpatient treatment, inpatient treatment, and day care provision, including therapeutic interventions
- Involve the general practitioner in the care and management of the patient and be included in all correspondence on all aspects of care.

2.4.3 It also quotes The Health Advisory Service (2001a) as recommending the following:

- Mental health services should have treatment protocols for those with alcohol and drug problems.
- Clients with co-morbidity should have access to the range of Tiers 1 to 4 substance misuse treatment interventions.
- Combined pharmacological and psychological treatments should be provided to clients (where appropriate) including those who are receiving shared care between mental health services and substance misuse services.
- Clients with co-morbidity should be given help in developing better support systems within the community.
- There should be clear policies for the follow-up of clients who are discharged, either planned or unplanned, from inpatient psychiatric care.
- Clients with co-morbidity should have access to residential and community rehabilitation services that are able to meet their complex needs.

2.5 The Office of National Statistics study of the prevalence of mental disorder amongst prisoners demonstrated high rates of drug use and dependence prior to coming into prison.

2.6.1 10% of male remand prisoners had a moderate drug dependency and 40% severe dependency.

2.6.2 High levels of co-morbidity were also common. 79% of male remand prisoners who were drug dependent had two or more additional mental disorders.

2.6.3 Prisons have a high prevalence of drug dependency and dual diagnosis.

2.6.4 It is not acceptable for services to automatically exclude people with personality disorder

2.6 Executive Summary of the Substance Misuse (Drug and Alcohol) Review to support the development of the London Health Strategy (see Appendix 2)

2.6.1 The Executive Summary contains key findings and recommendations for consideration within the London Health Strategy development, the key findings are relevant to the Isle of Wight too. There are also recommendations throughout. This is what the summary notes on dual diagnosis say:

2.6.2 'The terms "co-morbidity", "dual diagnosis" and "complex needs" are often used to describe the same condition- the presence of mental health problems and drug and/ or alcohol misuse problems.

2.6.3 Individuals with schizophrenia have a three-fold risk of developing alcohol dependence compared with individuals without a mental illness (Crawford, 1996).

2.6.4 Co-morbidity of substance misuse and personality disorder account for the majority of co-morbid patients (Ghodse, 1995).

2.6.5 It would be useful for Tier 3 and Tier 4 drug and alcohol services to consider adoption of the Care Programme Approach (CPA) for complex cases.

2.6.6 A multi-disciplinary group involving all agencies concerned including community mental health teams, early intervention psychosis teams, assertive outreach teams, community alcohol teams, community drug teams, primary care groups, the police and the voluntary sector should devise a local strategy and protocol concerning the care and treatment of patients with complex needs (dual diagnosis)

2.7 Dual Diagnosis and Homelessness

2.7.1 Centrepont the organisation which supports homeless young people has evidence to support the view that there is a high proportion of young people who are homeless who have a mental health/substance misuse problem. **(See Appendix 2)**

2.7.2 Homeless pages reports that: 'Homeless people with complex drug and/or alcohol problems face particular difficulties in finding accommodation or help and support to meet their needs. Many hostels are reluctant to accept homeless people with drug or alcohol problems. Those with Dual Diagnosis who also experience mental health problems have particularly severe difficulties in finding somewhere to stay or appropriate support services.'

2.7.3 Rethink the UK's mental health charity has researched dual diagnosis and in its 'Where are we with Dual Diagnosis' literature review; it supports the view that increased rates of homelessness and insecure housing remains a feature.

2.7.4 The DCLG (ODPM) strategic document; Housing Support Options for People who Misuse Substances is primarily aimed at Supporting People commissioners, but is also relevant to a wider range of commissioners and providers. Copies of the guide are available on the Supporting People website (www.spkweb.org.uk). **(See Appendix 3 for executive summary)**

2.7.5 It states that; 'Appropriate and sustainable housing is a foundation for successful rehabilitation of substance misusers, especially drug users and offenders. Appropriate housing provision and housing support is crucial to sustaining employment, drug treatment, family support and finances, and is a major resettlement need for those leaving prison and residential rehabilitation in particular. The group is typified by complex vulnerabilities and housing support is highlighted here as one method successful in helping their return to independent living, especially alongside the provision of drug services.

3 KEY TARGETS:

3.1 Adult Treatment Plan 2007/08

B1 Numbers of drug users in treatment (Adults and Young People)

B1.1 Estimated number of problem drug users (PDU) in Partnership area	**471**	**Source**	**'Estimates of the Prevalence of Opiate Use and/or Crack Cocaine Use 2004/05.' Study funded by Home Office**

DATA TO BE USED IS ALWAYS DAT OF RESIDENCE	**Performance 2005/6**	**Target 2006/07**	**Performance April – September 2006**	**Target 2007/08**

B1.2 Total number in treatment	**LDP(T43)**	372	132	311	158
	Partnership Target	473	532	448	555

B2 Retention rates – Adults only

DATA TO BE USED IS ALWAYS DAT OF RESIDENCE	**Performance 2005/06**	**Target 2006/7**	**Performance July 2005 – June 2006**	**Target 2007/08**
B2 Percentage retained in treatment for 12 weeks or more **(LDP and partnership target)**	**47%**	**80%**	**74%**	**85%**

B3 Waiting times - Adults only (N/A = Not available)

B3.1 Waiting time to first treatment intervention	**Partnership performance %**	**Planned performance %**	
See Models of care 2006 for definitions of structured treatment interventions	**Quarter end - 30 September 2006**	**2006/07**	**2007/08**
Inpatient drug treatment	**100%**	**80**	**85**
Residential rehabilitation	**100%**	**80**	**85**
Specialist prescribing	**100%**	**83**	**85**
Primary care/shared care prescribing	**N/A**	**83**	**85**
Day programmes	**N/A**	**83**	**85**
Psychosocial interventions	**100%**	**83**	**85**
Other structured treatment	**N/A**		

B3 Waiting times - Adults only

B3.2 Waiting time to subsequent treatment intervention	**Partnership performance %**	**Planned performance %**	
See Models of care 2006 for definitions of structured treatment interventions	**Quarter end - 30 September 2006**	**2006/07**	**2007/08**
Inpatient drug treatment	**100%**	**80**	**85**
Residential rehabilitation	**100%**	**80**	**85**
Specialist prescribing	**100%**	**83**	**85**
Primary care/shared care prescribing	**N/A**	**83**	**85**
Day programmes	**N/A**	**83**	**85**
Pychosocial interventions	**100%**	**83**	**85**
Other structured treatment	**N/A**		

4 CURRENT IOW SERVICE PROVISION:

4.1 Adult Mental Health: Provision of community, inpatient and home treatment services are provided to all adults (age 18 and over) and some younger people aged 16 - 17.

4.1.1 Sevenacres: The Isle of Wight adult mental health acute inpatient unit, comprising of an eight bedded intensive care unit and a twenty bedded acute ward. There is also access to a crisis assessment bed and one alcohol planned detox bed.

4.1.2 Community Mental Health Teams (CMHTs): Currently there are three community mental health teams, two providing services for adults of working age and one for older people across the island.

4.1.3 Mental Health Access and Treatment Team (MATS): An all Island service which works in conjunction with the adult acute mental health inpatient unit to provide a full 24 hour, 7 day a week service. The team provides:

- Gateway to secondary mental health services
- Intensive home treatment
- Crisis support and resolution,
- Liaison with A&E and medical wards

4.1.4 Primary Care Mental Health Team (PCMHT): This team assess and support people with common mental health problems they have close links with the Primary Care Health Centres; and have an educational, advice and support role within them.

4.1.5 Assertive Outreach Team: An all Island service providing intensive community support for clients who have complex mental health problems, who are reluctant to engage with services and who are likely to have co-morbid substance misuse/mental health problems.

4.1.6 Early Intervention Services: AESOP (Acknowledging Early Signs of Psychosis): is a newly formed all Island Team which will be providing services to people aged 14 -35yrs whilst assessing for first episode psychosis.

4.1.7 Prison community mental health team: works across all three IOW prisons providing mental health assessment, intervention and seamless transfer to hospital provision where necessary.

4.1.8 Halberry: provision of 12 beds for assessment and treatment of older adults with functional mental illness. Alcohol related problems are dealt with from time to time

but there is no dedicated detox bed. Other substance misuse problems are rarely encountered.

4.1.9 Shackleton: Provison of 12 beds for short and long stay for adults with problems related to dementia. Substance misuse problems not usually dealt with in this unit although patients with chronic brain damage related to alcohol use may be admitted.

4.4 Substance Misuse Services

4.4.1 Safer Communities Partnership (SCP): The partnership formed in 2004, bringing together the work of the Drug Action Team and Crime and Disorder Reduction Partnership to tackle crime and drugs. The SCP is part of the IOW Council and hosts the pooled treatment budget for substance misuse, with responsibility to commission adult drug treatment across the tiers. It also has four key posts which are:

- Community Projects and DIP Co-ordinator
- Blood Bourne Virus Care Manager
- Tier Four Drug Services Care Manager
- Service User and Carer Co-ordinator

4.4.2 Island Drug and Alcohol service (IDAS): IDAS is a Tier 3 substitute prescribing service. It has had some investment over the last three years to develop Tier 3 drug misuse services since the formation of the NTA and to develop services under the framework of Models of Care. The service sits within the IOW NHS Primary Care Trust Mental Health and Learning Disability directorate, with a service manager that also manages the prison mental health, assertive outreach and mental health rehabilitation services. **(See Appendix 3 for draft DD ICP and protocol)**

4.4.3 Cranstoun: This is our tier two open access and Drug Intervention Programme (DIP) provider, based in Ryde and linking in with IDAS, the prisons, the criminal justice services and the police.

4.4.4 Prison drug service: The Isle of Wight prisons have a dedicated drug team provided by CARATs and currently have two posts for prisoner patient detox, although one post is currently vacant. The team have an informal working

relationship with the Prison community mental health team for people who have a dual diagnosis.

4.3 Young People's Services: Provision of a inter agency approach to helping young people

4.3.1 Get Sorted: This is a local authority-led, multi-disciplinary team which offers a holistic, needs-led service for young people and their families/carers affected by substance misuse. We also offer advice and training to other agencies working with young people. They are a specialist team, offering friendly, safe, confidential up-to-date advice on drugs and alcohol use and harm reduction. They also offer screening and assessment, an outreach service, one-to-one support and group workshops in youth offending, early interventions, education, pupil referral units and hostels.

The development of one key drug worker in dual diagnosis mental health /substance misuse working within the Get Sorted Team will bring about a number of challenges and opportunities.The service will undoubtedly benefit form additional expertise in this area and ensure that there is better understanding locally of the needs of young people who have a dual diagnosis.It is anticipated that access to the service will be via the usual young people's services, although recognised that this client group can be difficult to engage and may require an outreach approach. Clear links with young people's services and specifically the IOW Early Intervention Psychosis Service will be very important.

Ideas for service development:

5 Outreach clinics provided by DD Worker in key access points
6 network of professionals developed for 'hard to reach people'
7 Strong links with YOT and other CJS
8 Spread net wider to include access to services within primary care
9 Ensure greater communication and information sharing is built into service referral processes. Specific details relating to the person's family may be of great benefit in the case where their parent/ close family have a substance misuse/ mental health problem and has a direct impact on the young person.
10 Skills development and training by the DD

4.3.2 Youth Offending Team (YOT): The Wessex Youth Offending Team workers to prevent youth offending across Hampshire and the Isle of Wight including the south coast cities of Portsmouth and Southampton. Youth Offending teams are responsible for the co-ordination and delivery of activities which are known as youth

justice services. These services are primarily aimed at children and young people up to the age of eighteen years.

They include:

- Preventative work, aimed at reducing the numbers of young people who become caught up in the criminal justice system;
- Professional advice and the preparation of reports for court;
- The assessment and supervision of young offenders;
- Support for the parents of young offenders, and
- Restorative work between offenders and the victims of youth crime.

We have one post which works across YOT and get Sorted. The substance misuse worker at the Wessex Youth Offending Team (Isle of Wight Unit) works in partnership with the Isle of Wight substance misuse service for young people 'Get sorted'. The post has a responsibility to ensure that any young offenders, identified with a substance misuse need, through routine screening by the YOT Officers, have access to a specialist substance misuse service.

4.3.2 Specialist Child and Adolescent Mental Health Service (SpCAMHS): A secondary mental health service for young people from birth to 18 years. The service has an adolescent team, which predominantly works with people from the age of 14 years. They are also part of the Family Intervention Project for parents who are problem drug misusers.

4.3.3 Childrens Ward: Many young people are admitted to the children's ward following acts of self harm, including drug and alcohol related problems. Most of these young people are assessed as soon as possible by SpCAMHS to identify their care needs.

4.3.4 Children's Social services: Social services provide support and care to young people and their families.

4.3.5 Education: School nurses and educational psychologists may be involved with young people who have mental health and substance misuse problems. The Isle of Wight College provides adult learning opportunities and may require access to dual diagnosis services.

4.3.6 Youth Trust and Connexions: These two organisations help young people providing support, actively engage young people in community activities, encourage self determination and self esteem.

5 NEEDS ASSESSMENT:

5.1 The Isle of Wight has a population of approximately 140,000, doubled in the summer months by tourists and transient workers. According to the 2001 Census its ethnicity is 97% white British, although we are aware anecdotally that the migrant worker population from Eastern Europe is increasing. The Island's prison population of around 1,500 is one of the highest in relation to the resident population among Local Authorities in England.

5.2 According to the Index of Multiple Deprivation (2004), the IW Unitary Authority is below the England average (50%) on every district measure of deprivation, without falling into the most deprived 20% of districts on any measure. The IW is consistently the most deprived rural area in the South East region.

5.3 The most recent available data (from 2004-05) estimates a population of 471 "Problem Drug Users" (PDU's), although the confidence interval range indicates that the number could be between 414 and 570. Estimates of injecting drug users range between 171 and 371.

5.4 Heroin is identified as the main (problematic) drug of choice on the Island with increased incidences of crack, cocaine and amphetamine use. There is anecdotal evidence of increasing stimulant usage and services are keen to explore how we can meet the needs of this service user group.

5.5 There is data reported that show that the IOW is not achieving its target to retain the planned percentage of 80% of people who are retained in treatment for 12 weeks or more. The direct relationship to housing and co-morbidity of those people disengaging with the service is unknown.

5.6 As an area of rural deprivation, common problems of accessibility are compounded by expensive and sporadic public transport systems, an area that the partnership and local authority are committed to addressing through future strategic planning. Although we have rural areas where access to services is poor we also have urban areas where there are high levels of health, housing and social care needs which are not always accounted for in terms of the resources allocated for services.

5.7 The recent focus on harm reduction from the Needle exchange audit and HCC audit will inform where we are required to develop and improve services. The IOW will be working on a Partnership Harm Reduction Strategy, including addressing plans for:

- Needle exchange
- Blood Bourne Viruses
- Drug Related Deaths and
- Overdose management

5.8 The Island has recently established a service Young People's Substance Misuse Service "Get Sorted", highlighting the need to establish seamless working relationships, assisting client transition between Young Peoples and Adult services. This is particularly important as we are showing a higher percentage of young people accessing the service than the regional and national data show (Under 25years 28.96 % 25-34yrs 40.44% and over 35years 30.6%), with a slightly less percentage ration of female to men clients. (Female 22.95% and Men 77.05%. This may indicate less access for older people and females or that we are targeting people earlier on and improving access for young people.

6 CURRENT ISSUES:

6.1 Lack of clearly identified alcohol specific services, both in hospital and community services

6.2 Lack of tier 2 alcohol services providing ongoing support and intervention

6.3 Shared care protocols between primary and secondary care have not been fully implemented across the island

6.4 Staff working in services would like more training in either substance misuse or mental health

6.5 Joint training across agencies and teams would be of benefit and particular focus of training will need to challenge the way services deny responsibility and seek ways of working together.

6.6 Draft ICP requires agreement and implementation

6.7 No specialist Housing provision for people with a dual diagnosis available on the IOW

6.8 No move on accommodation available for people who have undergone hospital care for a detox.

6.9 Formalise joint working in prisons between MH and SM staff.

6.10 For many young people transition to adult services can be difficult and may be a point at which they are at a higher risk of disengagement from services. This is also the case for adults being transferred over to specialist older people's mental health services. Transition protocols must make explicit the care and treatment of the person with a dual diagnosis.

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