

Co-existing substance misuse and mental health: update on progress and plans for further development.

Report to Nottingham City Health Scrutiny Committee for the meeting being held 23rd June 2022.

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- Nottinghamshire Healthcare NHS Foundation Trust
- Nottingham and Nottinghamshire CCGs
- Nottingham City Council
- Nottinghamshire County Council
- Nottingham Recovery Network
- Change Grow Live
- Double Impact
- Primary Care (represented by Dr Stephen Willott)

1. Purpose of this paper

Co-existing mental health and substance misuse refers to people with a severe mental illness (including schizophrenia, bipolar disorder and severe depression) 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).¹ Co-existing mental health and substance misuse has historically been known as *dual-diagnosis*.

This paper will lay out the issues relating to the care and support for people that experience co-existing substance misuse and mental health issues. It will outline how the system has worked together to develop what we are calling a '*baseline model*' and how we intend to develop that model as a partnership to fully meet the needs of this vulnerable group.

It is important to note that whilst we appreciate this is a Nottingham City health scrutiny meeting, the work we will be sharing covers the city and the county as we are working to develop a simple and single population focussed approach. This means we will refer to work that is underway in the county but has relevance to people that are living in Nottingham City. This work is also supported through Nottinghamshire's mental health transformation programme, and this means some aspects of the pathway are initially being piloted in the county and will then be rolled out to the city based on evaluation findings.

2. Background and local context

Recent studies have estimated that 20-37% of people in secondary mental health services and 6-15% of people in substance misuse settings have co-existing mental health and substance misuse issues.² However, this is an estimate it is difficult to know with real certainty how many people in the UK are experiencing severe mental illness alongside substance misuse problems. There is though, an

¹ National Collaborating Centre for Mental Health (2016). Coexisting severe mental illness and substance misuse: community health and social care services - Review 1

² Carrà G, Johnson S. Variations in rates of comorbid substance use in psychosis between mental health settings and geographical areas in the UK. *Social psychiatry and psychiatric epidemiology*. 2009;44:429-47.

increasing awareness that individuals with these issues experience some of the worst health, wellbeing and social outcomes, and are among the most vulnerable in society.

The Dame Carol Black report outlines how for many people, mental health problems and trauma lie at the heart of their drug and alcohol dependence. However, this group can sometimes be excluded from mental health services until they resolve their drug problem and may be excluded from drug services until their mental health problems have been addressed.³ For this reason, the report urges commissioners of substance misuse services and NHS mental health services, to work together to ensure that individuals do not fall between the cracks.

From a local perspective, there have been Regulation 28 Coroner Reports to Prevent Future Death that highlight issues in relation to care for people with co-existing substance misuse and mental health. Two Preventing Future Deaths reports have been issued to date, one in 2016 and one in 2021. The key areas of concern raised included:

- A need to ensure continuity of care for people who have both a substance misuse problem and a mental health problem
- A need to share information between organisations where this is relevant to patient care
- Knowledge and understanding of services by staff working in primary care
- Commissioning arrangements for substance misuse/mental health services and how these need to be more co-ordinated

3. Guidance and policy

There are existing National Institute for Clinical Excellence (NICE) clinical guidelines for how services for people with co-existing mental health and substance misuse should be organised and delivered, and these are summarised in Appendix 1. Some key points include:

- Jointly agreed care pathways should be in place, as should joint strategic working between service providers and commissioners
- Staff should have good support and development opportunities to provide the right treatment and care
- Services should be non-judgemental, inclusive and be able to engage with people from diverse cultural and ethnic backgrounds
- People experiencing co-existing substance misuse and mental health issues should have a clear care plan in place

We are currently awaiting further guidance for local systems following the publication of the new drugs strategy 'From Harm to Hope'. This makes explicit reference to supporting local areas to have a more integrated approach to support and care.³

4. Development of the local model

Prior to 2018 there was a team working across Nottingham and Nottinghamshire that specifically focussed on providing support for people who were at that point, described as experiencing dual-diagnosis. The team provided in-reach support to mental health wards and provided training and support to mental health and substance misuse staff. They worked jointly with LMHTs and substance misuse treatment services and employed 6 whole time equivalent workers, a Team

³ Home Office (2020). Independent report: Review of drugs phase two report. Available at Review of drugs part two: prevention, treatment, and recovery - GOV.UK (www.gov.uk)

Leader, and a full-time administrator. The service also had 2 sessions of medical staff time per week. The new model builds on this approach, taking learning from our local system and ensuring we are compliant with NICE guidance.

We recognise that responding to the needs of people with co-existing mental health and substance misuse requires a system response. It requires organisations to work together to make sure people receive care in a timely way and it also requires skills to be shared across sectors, so that staff feel well equipped to work effectively with this client group.

Work to develop the model started prior to the Covid-19 pandemic but was stalled because of partners needing to respond to that crisis. The work restarted in 2021 and we have now developed a model that is working to address the following important issues:

- We have substance misuse services and mental health services that are commissioned differently. This means it has not always been easy for mental health and substance services to work in a truly joined up way.
- We have substance misuse services that often provide very quick access to assessment and treatment. However, if a client has mental health issues that need addressing to support recovery, then this support may not be available as quickly.
- We have very skilled mental health staff and very skilled substance misuse staff. We need staff to have a good understanding of both mental health and substance misuse across both settings.
- We have people within in-patient mental health settings that require support for their substance misuse, including support once they are in a community setting.
- People sometimes need support to help them engage with services, people can be fearful or sometimes mistrustful of services that are available to them.

With this in mind, we have developed a model that does the following:

- Provides people in inpatient mental health settings access to support around substance misuse and provides support into treatment services when they leave the inpatient setting.
- Provides support so that if someone accesses the main substance misuse provider and a mental health issue comes to light, then that provider has the right specialist mental health expertise available to support that person and the staff working with that person. This specialist support will undertake a comprehensive assessment and then act as a trusted assessor for secondary mental health services creating a seamless pathway into services.
- Provides support so that if a person accesses Local Mental Health Team (LMHT) services for support and care for their mental health but then it comes to light they have a substance misuse issue, then that team has a substance misuse specialist they can call on for support for them as a staff member and for the patient themselves. This includes the ability to undertake joint assessments and care planning with LMHT staff.
- If someone is received support from a LMHT and has a substance misuse issue, then there is peer-support available to that person. The peer-support worker understands their situation and perhaps their fears about accessing support for their substance misuse treatment and helps them engage with local substance misuse services.
- Supports staff working in mental health settings to have a better understanding of substance misuse and how to support people with that issue. We will also support staff working in substance misuse settings to support people with mental health issues.
- We will also ensure staff have access to appropriate training packages and support.

This has meant that to date we have utilised mental health transformation funds to invest in the following:

- Three mental health specialists working with substance misuse providers - one in each Place Based Partnership, including Nottingham City.
- Three substance misuse workers working in LMHTs – one in each Place Based Partnership, including Nottingham City.
- Two substance misuse workers supporting inpatient wards.
- Five whole time equivalent peer-support workers working in LMHTS – two in each Placed Based Partnership.
- Evaluation of the model and a specific evaluation of the role of peer-support.
- Resources to further develop the model to get to what we hope can be a sustainable ‘gold standard’ approach.

It should also be noted that Nottinghamshire Healthcare NHS Foundation Trust also employ 3 mental health practitioners working directly with people experiencing homelessness in Nottingham City. This team supports and works with the mental health/substance misuse staff that are working in the city services. In addition, Nottinghamshire Healthcare NHS Foundation Trust hosts a ‘Changing Futures’ post that also supports the work of the team⁴.

5. Plans for further development

We are investing in evaluation and service improvement work to make sure we get the model right for our population. This includes making sure we have a service that meets the needs of diverse communities, women and people with a range of protected characteristics.

In terms of service improvement work, we are currently looking at best practice nationally to identify any areas where we might have opportunities to accelerate progress. We are also embarking on a programme of engagement work with service users, service providers and commissioners to get a good understanding of what ‘better’ and ‘best’ will look like.

We will engage with our primary care colleagues to look at how we ensure that primary care staff have a good knowledge of the services and support available to their patients experiencing co-existing substance misuse and mental health issues. We also want to make sure that the mental health practitioners now working within primary care teams, have the right knowledge and support in relation to working with this patient group.

This work will be concluded in November 2022 and will feed directly into plans for ongoing development.

The evaluation will look at a number of outcomes, both clinical outcomes around treatment and recovery and also outcomes that are important to the people that are receiving the care and support provided. As part of the evaluation, we will also consider equalities and will do some focussed work on the outcomes for people that report protected characteristics.

⁴ Changing Futures is a DLUHC funded initiative that supports people in Nottingham City that are experiencing Severe and Multiple Disadvantage. For more information:
<https://www.gov.uk/government/collections/changing-futures>

We have also invested in a separate evaluation of the peer-support element of this programme. The model is unusual as it involves seconding people with lived-experience that are employed as peer-mentors by Double Impact, into LMHTs. These workers have a clear programme of training, supervision and support that is provided both by Double Impact and by Nottinghamshire Healthcare NHS Foundation Trust. We hope the evidence from this evaluation will help us make important decisions around further roll out and adoption of this way of working.

6. Oversight and governance of this work

This work has been developed by a partnership of providers and commissioners. The work of the partnership is reported to the Integrated Care System Mental Health Partnership Board. This Board provides oversight and governance for areas of work that form part of the ICS Mental Health Strategy.

This work is also supported by a multi-agency clinical network based at Nottinghamshire Healthcare NHS Foundation Trust that has a specific remit to improve outcomes for people experiencing co-existing substance misuse and mental health issues.

7. Issues and risks

We have made good progress in relation to co-existing substance misuse and mental health treatment and support, but we still have work to do.

Some key risks include:

- We hope that our robust approach to evaluation will help us secure long-term funding for all aspects of this developing pathway, but this has not yet been formally agreed. Permanent funding has been identified for the six practitioner roles, but funding for the peer-support roles is currently time limited.
- Recruitment to posts is proving very challenging and it has taken several months to get to a point where we have a fully staffed model.
- We are not sure as a system how the new national drugs strategy will affect this work. We hope that associated funding as well as commissioning guidance will be produced that will help us develop and sustain our work.

Dr Jane Bethea

31st May 2022.

Coexisting severe mental illness and substance misuse: community health and social care services

NICE guideline [NG58] Published: 30 November 2016

Subsection	Considerations
1st Contact with Services	<ul style="list-style-type: none"> -Identify both immediate needs (physical health problems, homelessness/ unstable housing) and chronic health problems -Address safeguarding needs
Referral to Secondary Care MH Services	<ul style="list-style-type: none"> -Provide a care coordinator -Involve people, including family and carers, in developing care plan -Ensure carers have assessment of own needs
The Care Plan	<ul style="list-style-type: none"> -Ensure assessment of physical health, social care and support needs -Aim to create a sense of belonging/purpose (i.e gym, educational opportunities) -Hold multi agency case review meetings annually -Discharge with inclusion of practitioners invited to multidisciplinary and discharge meetings; ensure contingency plans and support for housing needs
Partnership working b/w specialist services, health, social care	<ul style="list-style-type: none"> -Agree joint care pathways (direct pathway referrals, GP access); ensure joint strategic working arrangements based on local needs assessment -Agree on an information sharing protocol between different services
Improving Service Delivery	<ul style="list-style-type: none"> -Improve service inclusiveness (services should be easily accessible, safe and discreet; consider opening times and drop-in sessions to ensure reach) -Adapt existing secondary care MH services; offer face-to-face or phone appointments to service users -Support for staff in terms of both professional development and supervision
Maintaining Contact between services and people with SMI and Substance Misuses	<ul style="list-style-type: none"> -Explore potential reasons for non-engagements -Emphasize issues with loss of contact; take follow-up steps

Coexisting severe mental illness (psychosis) and substance misuse: assessment and management in healthcare settings

Clinical guideline [CG120] Published: 23 March 2011

Subsection	Considerations
Principles of Care	<ul style="list-style-type: none"> -Work to achieve a respectful, trusting and non-judgmental relationship -Ensure ability to engage with service users from diverse cultural and ethnic backgrounds -Provide written and verbal information appropriate to level of patient understanding -Ensuring necessary safeguarding procedures are followed -Provide support for healthcare professionals through supervision and support groups -Adhere to appropriate consent and capacity principles in treatment provision
Recognition of Psychosis with coexisting substance misuse	<ul style="list-style-type: none"> -Inquire about use of alcohol and /or prescribed and non prescribed drugs in those with psychosis. -Conduct an assessment of dependency
Primary Care	Refer those with/suspected psychosis, including with suspected substance misuse to secondary MH or CAMHS
Secondary Care MH Services	<ul style="list-style-type: none"> -Ensure competence of healthcare professionals - Appropriate pathways for entry -Seek specialist advice or joint working arrangements with specialist misuse services -Evidence based treatment is offered for both psychosis (NICE CG 38, 82) and co-existing substance misuse (NICE CG 100, 115, 51, 52)
Substance Misuse Services	<ul style="list-style-type: none"> -Endure competence of healthcare professionals - Provide comprehensive, multidisciplinary mental health and Substance misuse assessment -Health care professionals to be present at Care Programme Approach Meetings
Inpatient Mental Health Services	<ul style="list-style-type: none"> -Policies and procedures for promoting therapeutic environment free of drugs and alcohol -Assess for current substance misuse and evidence of withdrawal symptoms at admission - Ensure planned detoxification only undertaken in the right settings -Appropriate discharge
Staffed Accommodation	-Ensure inclusion of people with psychosis and coexisting substance misuse
Specific Issues for young people with psychosis and coexisting Substance Misuse	-Ensure competence of staff and specialist advice and referrals as per local protocols

Substance use and mental health pathway

