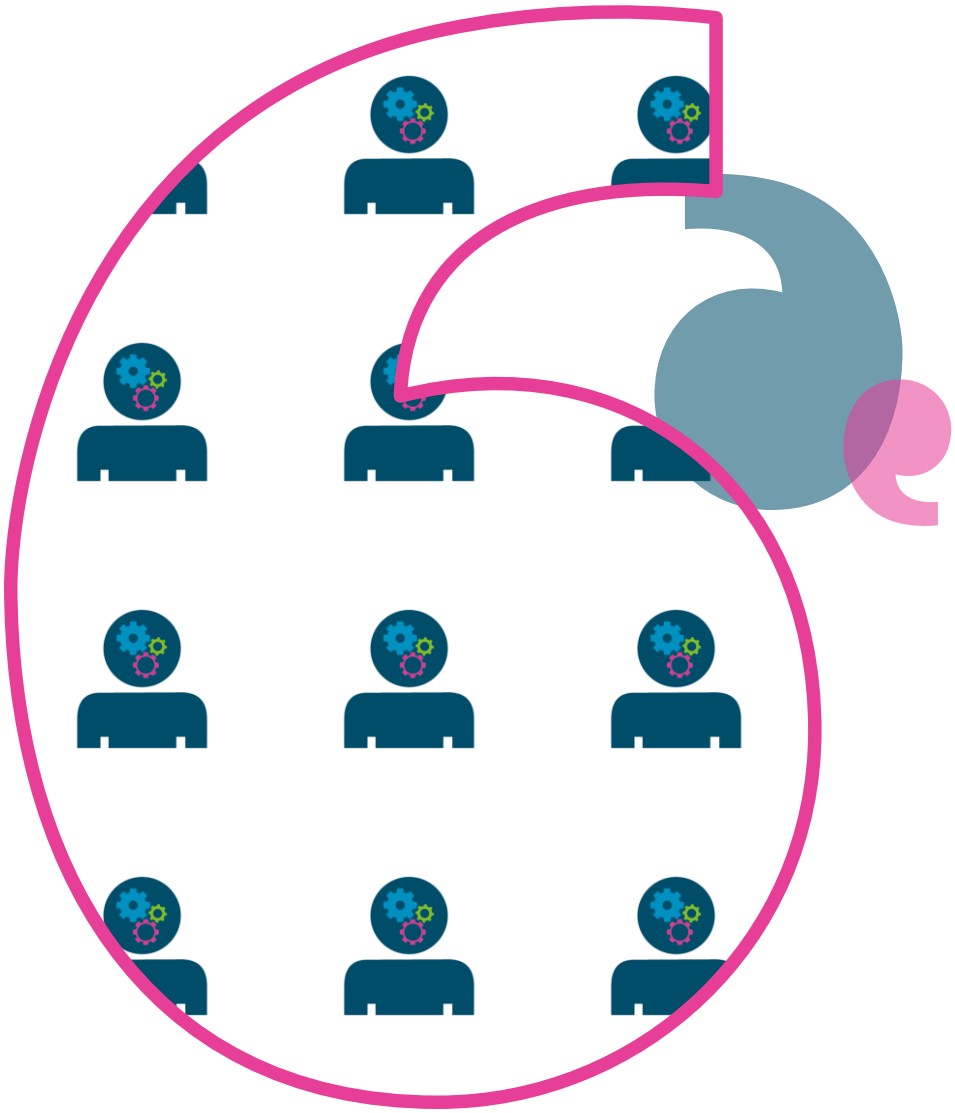
healthwatch Hertfordshire

Dual Diagnosis

Raising concerns and issues related to mental health and substance misuse



Period of engagement: 2015 - 2018

Published: September 2019

Contents

Background

Dual Diagnosis can refer to someone with complex needs or multiple diagnoses, however it most commonly refers to individuals who have a diagnosed mental health issue and problematic substance misuse. The work in this report has focussed specifically on the experiences of service users with this dual diagnosis and their carers, and does not include findings or conclusions related to other forms of co-morbidity (such as mental and physical health, for example). Therefore, all future references to *dual diagnosis* are strictly in the context of a diagnosis of a mental health issue and substance misuse.

For many service users with a dual diagnosis, accessing and engaging in treatment for both their mental health and substance misuse can present a number of challenges, such as exclusion from one service due to the complexity of the other condition; this is especially true if the respective services are delivered by different providers. This is supported by national reviews that have highlighted the need for integrated mental health and substance abuse treatments as a way of addressing these issues.

In Hertfordshire, Mental Health services are provided by Hertfordshire Partnership University NHS Foundation Trust (HPFT), whilst drug and alcohol services are provided by Change Grow Live Spectrum (CGL Spectrum) which, at the time of this work, only provided services for adults. The Dual Diagnosis pathway was developed into the formalised Dual Diagnosis Protocol during the later stages of this project and is the framework within which these organisations can operate with regard to patients with a dual diagnosis.

Healthwatch Hertfordshire (HwH) received feedback from service users and carers who were part of the Mental Health and Learning Disability Service Watch Group (henceforth referred to as the Service Watch Group), which was set up in 2013 and ran until 2018 consisting of service users, carers and representatives from voluntary organisations and commissioning bodies with the purpose of providing feedback and evaluating changes to services. The feedback collected from the Service Watch Group for this work was collated between the years of 2015 – 2017, and was fed back to services as part of the holding to account role of HwH. Responses were received from the service providers and were followed up by the Dual Diagnosis Task and Finish group, which commenced in 2017. Further monitoring was subsequently carried out by HwH through meetings with representatives from HPFT with the final update to be given in August/September 2019. This work is being published now as the continuous monitoring is complete.

Aims

The overall aims of this project were to:

- Identify the main challenges for adults (18+) using services with a dual diagnosis
- Raise these with the service providers (CGL Spectrum and HPFT) in order to negotiate change
- Monitor the improvements to services and the dual diagnosis pathway and the effectiveness of these solutions

What we did

Phase 1 – Gathering Feedback

Initial feedback was taken anonymously from six carers and service users who had direct experience with the dual diagnosis pathway, and this core group acted as representatives throughout all phases of the study. To support this initial intelligence, further feedback was gathered between April 2015 and July 2015 from 25 service users and carers from the following groups:

- Healthwatch Hertfordshire's Mental Health and Learning Disability Service Watch Group
- An independent Carers' Group focussing on Dual Diagnosis
- An independent Carers' Group providing ongoing support for Borderline Personality Disorder
- Welwyn Hatfield Community Housing Trust (who fed back on their tenants' experiences)
- And through an ongoing dialogue with individuals who contacted Healthwatch Hertfordshire

Phase 2 – Holding Services to Account: Responses from Services

Issues and evidence collected during Phase 1 were raised with HPFT and CGL Spectrum in July 2015 by HwH. Responses were provided by the service providers in August 2015, with clarification and final responses issued between October and December 2015.

Final responses were shared with the Service Watch group in January 2016. A meeting was then held between the Service Watch Group and the service providers, carers and service users who could pose questions to HPFT's Managing Director for Community Services directly.

What we did

Phase 3 – Monitoring Commitments: Dual Diagnosis Task and Finish Group

A year later, in January 2017 a Dual Diagnosis Task and Finish Group was set up to monitor the implementation of actions by HPFT and CGL. The Dual Diagnosis Task and Finish Group was made up of a wide range of representatives from the following groups. This ensured equal representation and a balanced view from clinicians, service users and carers.

The Group was made up of:

- Carer representatives
- Service user representatives
- HPFT (including clinical staff and the Managing Director)
- CGL Spectrum (including clinical staff and the County Services Manager)
- Hertfordshire County Council's Integrated Accommodation Commissioning Team
- Carers in Herts
- Herts Mind Network
- Mind in Mid Herts
- Turning Point
- Viewpoint

The purpose of The Dual Diagnosis Task and Finish Group was to meet on three occasions between January 2017 and September 2017 with the following aims:

- Monitor implementation of actions
- Assess the Dual Diagnosis Protocol against the evidence already gathered

In 2017, alongside the Dual Diagnosis Task and Finish Group meeting, CGL Spectrum and HPFT had been collaborating on a Dual Diagnosis Protocol in order to improve the pathway and provide clear guidelines for practice (for the full protocol see appendix). In recognition of this, the Dual Diagnosis Task and Finish Group cross-referenced the issues raised by carers and service users with the protocol to ensure planned improvements covered the experiences raised through the call for evidence.

Phase 1: Gathering Feedback

The responses taken from the engagement groups and representatives were categorised into the following themes:

People 'falling between' mental health and drug and alcohol services	Concerns were raised that service users were 'falling between' mental health and drug and alcohol services. This was often attributed to services being provided by separate providers who worked in their own silos, and to a lack of clarity around eligibility criteria.
Exclusions from mental health services due to substance misuse	Some service users believed they were being excluded from mental health services due to challenges with substance misuse. One specific example included service users being ineligible for DBT (Dialectical Behaviour Therapy) if they were not clean of alcohol. Whilst it was well understood that some therapies would not be suitable if under the influence of alcohol or drugs, the concern was more focussed on no other treatment, or support, being offered.
Treatment not following NICE guidance	Carers and service users did not feel that services were always provided in line with NICE (National Institute for Health and Care Excellence) guidelines.
Lack of anxiety therapies	Feedback suggested that there is a lack of therapies available for people who may be unable to engage in treatment due to high levels of anxiety.
Appropriate discharge	There were concerns that people were being discharged inappropriately, prematurely, or without support from both drug and alcohol, and mental health services.
Early intervention	People were concerned that intervention from recovery workers did not take place early enough. For example, some reported that they did not receive immediate intervention, assessment, or support from drug and alcohol services once they had presented to mental health services. This did not demonstrate a joined up approach, or a suitable way to engage with someone with a dual diagnosis.
Reliance on carers	Concerns were raised regarding an over reliance on carers to provide support to service users. Carers also reported that

	they felt that there was not sufficient support for themselves.
Provision across the county	Some differences between the quality of services provided in the East and West of the county had been noticed (such as having a psychiatrist at a specific CGL hub). Some felt this demonstrated a 'post-code' lottery.
Staff training	There were some concerns raised about the training staff received and whether both CGL Spectrum and HPFT staff had enough knowledge about supporting, assessing, and treating individuals with a dual diagnosis.
Specialist support	Concerns were raised about whether there was specialist support for people with a dual diagnosis available in the county, and that clinical staff were expected to be experts in multiple fields.
Institutional discrimination	There were reports that some mental health staff were not sympathetic to service users with substance addiction and, following multiple reports of this behaviour, there was a concern that this discrimination was institutional.
Parity and equality	Concerns were raised that people were treated differently due to their diagnosis. For example, some people felt that service users with personality disorder would be treated differently by clinicians and support staff.

Phase 2: Holding Services to Account: Responses from Service Providers

The final responses to the issues raised were received in December 2015. A summary of the responses to each issue raised is included below:

Issue Raised	Summary of Response from CGL Spectrum and HPFT (2015)
People 'falling between' mental health and drug and alcohol services	• The dual diagnosis policy is being reviewed and will be completed in Autumn; it will also consider comments from Carers in Herts and Viewpoint • Joint working between HPFT and CGL Spectrum is integral and is completed through joint quadrant meetings with communication between team leaders if necessary • SPA (HPFT's Single Point of Access) is providing training to CGL Spectrum regarding referral processes, and staff have been offered time to shadow SPA
Exclusions from mental health services due to substance misuse	• There have been issues where an assessment has indicated that patients have been too unstable for psychiatric treatment due to drug or alcohol use, but a plan to stabilise and re-refer them is the norm. These issues should be routinely discussed with clients and carers. Anyone not eligible for HPFT or CGL Spectrum will be signposted to other organisations such as Mind • IAPTs (Improving Access to Psychological Services) will offer CBT (Cognitive Behavioural Therapy), but it may not be suitable for people with a diagnosis of PD (Personality Disorder) which responds to DBT (Dialectical Behaviour Therapy). If using alcohol DBT has limited value, but joint working with CGL Spectrum would enable people to achieve abstinence and stability to receive DBT. This approach is adopted for all mental health conditions comorbid with alcohol or drug dependence
Treatment not following NICE guidance	• HPFT and Spectrum comply with NICE guidelines • Any specific issues should be dealt with on a case by case basis
Lack of anxiety therapy	• MIND IAPT (Improving Access to Psychological Services) provide interventions to manage anxiety and these are available to people who may still be using drugs or alcohol

	• Community mental health teams also provide anxiety management resources via psychological and psychosocial interventions provided patients meet criteria for secondary care services
Appropriate discharge	• It is very rare, but it is possible that people are discharged inappropriately on occasion. This can sometimes happen if underlying mental health conditions are masked by active substance misuse
Early intervention	• CGL Spectrum are expected to contact CPNs (Community Psychiatric Nurses) within two days for new service users engaging with HPFT. Education, early referral to drug and alcohol teams, and joint working form the basis for early intervention • An audit would be required to establish how effective education is as an intervention
Reliance on carers	• CGL Spectrum provides carers groups which are advertised on their website • Carers are regularly offered carer assessments and to attend carer groups • If more publicity is required, it could be discussed
Provision across the county	• All Spectrum hubs have access to a psychiatrist through another hub if someone is not available on site. CGL Spectrum felt that realistic levels of support were put in place • All CGL Spectrum hubs had an allocated doctor, five benefited from a psychiatrist on site, and four had regular input and support from the Clinical Lead Psychiatrist
Staff training	• Training is ongoing and all CGL Spectrum recovery workers have dual diagnosis training as part of their induction • Quadrant meetings are helping understanding across services • Resourcing is agreed with commissioners and is monitored via Key Performance Indicators • Dual Diagnosis training is provided by the Learning and Development Spectrum team. Clinical support is always accessible from doctors, nurses and NCLs

Specialist support	• Mental health advocacy services are available via POhWER; HPFT feel these services are of good quality • CGL Spectrum provide regular training for GPs and HPFT run a regular training programme for GPs covering a broad range of mental health and comorbid drug and alcohol conditions
Institutional discrimination	• All HPFT staff receive training and provide services in line with Trust values • HPFT staff are also recruited in line with Trust values and there are on-going training events around the county to further develop awareness of them
Parity and equality	• Personality disorder training is provided for both clinical and non-clinical staff to reduce the risk of discrimination • HPFT and Spectrum staff are recruited through a value based interview • Any discrimination is not tolerated in any way

Actions agreed in the meeting between the Mental Health and Learning Disability Service Watch Group and HPFT's Managing Director for Community Services included:

- Healthwatch Hertfordshire to explore the commissioning of specialist beds for Dual Diagnosis with commissioners as part of their holding to account role
- HPFT to make policies, pathways and services provided available to the public
- A Dual Diagnosis Task and Finish Group to be set up in order to review commitments made by HPFT in regards to the dual diagnosis pathway and to ensure that service user and carer experiences were reflective of the positive changes taking place

Phase 3: Monitoring Commitments: Dual Diagnosis Task and Finish Group

Below is a summary of the themes and commitments highlighted in phase 1 and 2, as well as the status and additional actions required identified by the Task and Finish Group.

Monitoring Commitments

Theme	Issue/Commitment	Status	Additional Action(s) Required	Progress
People "falling between" MH and Drug and Alcohol services	There are barriers to accessing MH and drug and alcohol services through SPA. These are primarily reported to be due to failures with triage, or a failure to identify service user need upon contact.	Partly addressed in the protocol	Healthwatch Hertfordshire to attend the SPA Reference Group as a regular member to raise concerns and represent the patient voice.	Healthwatch Hertfordshire attended the SPA reference group for just under a year to raise concerns about SPA and negotiate improvements to the service. Through the SPA Reference Group improvements have been made including: • HPFT investing in a new call handling system • Ongoing monitoring has shown a decrease in abandoned calls and an improvement in triage time • Improvements have been made to the out of hours system including average waiting time and clinical coverage. • Monitoring will no longer be completed manually, and much more detailed monitoring of calls will be taking place • Facilities for providing feedback have been improved through an automated system
	Not all service users want to access CGL Spectrum services as	Addressed in the protocol	None required	

	they do not think they need treatment			
Reliance on carers and family members, and the support available to them	Carers are left to deal with situations when individuals do not want/are unable to engage with CGL Spectrum services	Partly addressed in the protocol	None required	
	Carers can find making referrals on behalf of a service user through SPA challenging (e.g. waiting times, follow up)	Not addressed in the protocol	Healthwatch Hertfordshire to attend the SPA Reference Group as a regular member.	The SPA Reference has monitored carer experience on an ongoing basis, and a number of carer representatives attend this forum including Carers in Herts. • Carers have been consulted and fed back on automated messaging systems • SPA staff have been trained to recognise carers and offer carers assessments where appropriate • Carers have co-produced the policies around the triangle of care and the involvement of carers during early stages of assessment

				• The new call handling system has enabled triages to take place much more quickly
	Carers are not always identified at the first point of contact (i.e. through SPA)	Not addressed in the protocol	Healthwatch Hertfordshire to attend the SPA Reference Group as a regular member.	The SPA Reference Group has monitored this on an ongoing basis and have trained call handlers to better recognise carers on first contact. The volume of carers assessments, and number of carers signposted to other carer organisations, is steadily increasing.
	Communication between staff, service users, and carers is not always that effective	Partly addressed in the protocol	None required	
Provision across the county (e.g. the post-code lottery)	HPFT previously acknowledged that there are not enough staff to meet demand	Not addressed in the protocol	We requested data on the Trusts vacancy rates and plans for recruitment. These were presented to the Dual Diagnosis Task and Finish Group.	HPFT shared their vacancy data and the steps they are taking to recruit more staff. The Dual Diagnosis Task and Finish Group were satisfied that the Trust was doing all it could to recruit and retain staff.
Parity and equality	HPFT have acknowledged that	Not addressed in the protocol	We requested data on the Trusts vacancy	HPFT shared their vacancy data and the steps they are taking to recruit more staff. The Dual

	there is a high turnover of staff (specifically care coordinators)		rates and plans for recruitment. These were presented to the Dual Diagnosis Task and Finish Group.	Diagnosis Task and Finish Group were satisfied that the Trust was doing all it could to recruit and retain staff.
	There is a lack of continuity for service users due to changes in staff	Not addressed in the protocol	None required – HPFT acknowledged the impact this has on service users and carers and provided assurance that suitable handovers would take place. Individual cases will be investigated as appropriate.	
	HPFT previously committed to providing a lead for each quadrant to provide an alternative contact when the care coordinator is unavailable	Not addressed in the protocol	The Trust were asked to look into whether an alternative contact could be provided when the coordinator is unavailable	The Trust have a duty desk available for anyone wanting to speak to someone about their care coordination. The DD Task and Finish Group were satisfied with this as a reasonable alternative.

	HPFT had committed to publishing all policies and pathways on their website	Not addressed in the protocol	HPFT were asked to find out which policies are to be uploaded to the Trusts website	The Trust is going through a website redesign and policies will be uploaded as part of this work, however it could take a few months for all areas of the website to go live
Training and awareness of staff on dual diagnosis issues and treatment	Not all HPFT or CGL Spectrum staff are trained on dual diagnosis	Partly addressed in the protocol	HPFT and CGL Spectrum committed to training all multi-disciplinary teams on dual diagnosis. HPFT and CGL Spectrum also committed to co-locating staff.	All training was completed, and reports were positive from staff. HPFT and CGL Spectrum have begun to co-locate staff and will continue to have regular quadrant meetings to discuss dual diagnosis clients. HwH sought an update from Dr Jane Padmore, the Executive Director of Quality and Safety regarding the continued progress of the training and awareness of staff on the dual diagnosis protocol in August 2019 (see Continuous monitoring section and Appendix 2)
	HPFT have committed to increasing joint working with CGL Spectrum to transfer knowledge	Addressed in the protocol	HPFT and CGL Spectrum also committed to co-locating staff.	HPFT and CGL Spectrum have begun to co-locate staff and will continue to have regular quadrant meetings to discuss dual diagnosis clients. HwH sought an update from Dr Jane Padmore, the Executive Director of Quality and Safety regarding the continued progress of the training and

				awareness of staff on the dual diagnosis protocol in August 2019 (see Continuous monitoring section and Appendix 2)

Subsequent to the meeting of the Dual Diagnosis and Finish Group, it was agreed by the service users and carers that the concerns were being sufficiently addressed by HPFT and CGL Spectrum through either the work on the Dual Diagnosis protocol or through additional action listed above.

The process was reviewed in March 2018, 6 months after the protocol was implemented at which point the Task and Finish Group were satisfied that the protocol had taken account of their concerns. CGL Spectrum and HPFT were contacted for their perspectives on the improvements made by the protocol and for an update on the outstanding actions. The main points of this response were:

- All planned joint presentations for the protocol have taken place
- The new information sharing agreement has been signed off and training has been given to staff
- HPFT have started co-locating complex workers for periods of time within CMHT offices
- Monthly meetings are held between SPA and Spectrum manager to further improve joint working and service user experience
- HPFT are working closely with the LD team to improve the county wide offer for those with LD and drug and alcohol issues

Continuous Monitoring

In November 2018, a meeting was held with the Director of Quality and Safety and The Director of Innovation and Transformation in which the changes to the Dual Diagnosis Protocol were discussed. Similarly, in February 2019, HwH met with the Director of Delivery and Service User Experience, the Executive Director of Quality and Safety and the CEO of HPFT to monitor progress again. In August 2019, HwH identified from the commitments and actions established by the Task and Finish group, outstanding actions regarding the training and awareness of staff, and so approached Dr Jane Padmore, the Executive Director of Quality and Safety for an update (Appendix 2). A further update on progress will be made at the next meeting in September 2019.

Conclusion

In response to the feedback collected from the participants of this project, which highlighted the difficulties and priorities of service users with dual diagnosis, HPFT and CGL made measurable improvements to the Dual Diagnosis Protocol, such as:

- Jointly producing a dual diagnosis protocol which outlines a clear pathway for people with dual diagnosis
- Implementing a new call handling system to improve monitoring, triage, support for carers, and call waiting times
- Significant work on the Triangle of Care, which outlines the involvement and support for carers
- Consultation with service users and carers in the development of the dual diagnosis protocol, developments around SPA, and triangle of care
- Demonstrable commitment and plans to reduce the number of staff vacancies, and acknowledgement of the challenges associated with a high turnover of staff. It is also clear that HPFTs vacancy rates are in line with the national average
- Training all multi-disciplinary teams on dual diagnosis, and clear communication of the protocol with all staff
- Both organisations have begun to co-locate staff to improve working relationships, handovers, and joint working

Throughout this work, Healthwatch Hertfordshire acted as a facilitator for communication between the service users and providers, building this relationship and creating a more unified way of improving service provision. The Dual Diagnosis Task and Finish group expressed their satisfaction with the improvements made by the service providers and since January 2018, HwH have not received any feedback from service users or carers through any channels, regarding the issues relating to dual diagnosis. The Dual Diagnosis Task and Finish Group is no longer ongoing. However, continuous monitoring has been carried out through meetings between HwH and representatives from HPFT.

Appendix 1

Co-existing Mental Health and Substance Misuse

Disorders (Dual Diagnosis)

Protocol

Version: 3

Executive Lead: Dr Gideon Felton, CGL Spectrum Consultant Psychiatrist & Dr Rakesh Magon HPFT Consultant Psychiatrist

Lead Author: Steve Smith, CGL Spectrum County Services Manager

CGL Approved Date: 9th Dec 2016 CGL Approved By: Bernie Casey, CGL Director of Operations

HERTFORDSHIRE PARTNERSHIP FOUNDATION TRUST Approved Date: 7th April 2017
HERTFORDSHIRE PARTNERSHIP FOUNDATION TRUST: Mike Barret, Managing Director, HPFT

HERTFORDSHIRE PARTNERSHIP FOUNDATION TRUST/ CGL/ Integrated Joint Governance Meeting

Ratified Date:	**7th April 2017**
Ratified By:	**CGL /HPFT Integrated Joint Governance Meeting**
Issue Date:	**7th April 2017**
Review Date:	**7th April 2018**

Target Audience:

The Co-existing Mental Health and Substance Misuse Disorders (Dual Diagnosis) Protocol must be shared with and understood by all staff working with service users with Co-existing Mental Health and Substance Misuse Disorders (Dual Diagnosis) as defined in this Protocol in:

- ❖ Spectrum Drug and Alcohol Recovery Services, provided by cgl (change, grow, live)
- ❖ Hertfordshire Partnership Foundation Trust
- ❖

Summary

This operational Protocol is designed to give a clear framework within which Hertfordshire Partnership Foundation Trust and Spectrum Drug and Alcohol Recovery Service staff can operate with regard to providing comprehensive service user focused services to those with **Co-existing Mental Health and Substance Misuse Disorders (Dual Diagnosis)**.

Purpose

Our Challenge-

"Dual diagnosis clients are everybody's business but nobody's priority. Substance Misuse and Mental Health Services are two parallel universes with totally different cultures and commissioning practices." - (page 58, Rethink Dual Diagnosis Toolkit)

Alcohol and drug misuse is common among people with mental health problems. High prevalence of these co-existing issues has been found among the following populations: prisoners, children, young people and adults in alcohol and drug treatment, mentally ill people who commit suicide or homicide, individuals presenting to hospital emergency departments in mental health crisis, and people experiencing severe and multiple disadvantage[1].

Both alcohol and drug misuse and mental health problems can lead to considerable physical morbidity and premature mortality. Smoking is also highly prevalent among both mentally ill and alcohol and drug misusing populations, and is a significant contributor to illness and death.

[1] Substance misuse, homelessness and criminal justice involvement.

Evidence from service user and provider surveys suggests that people with co-existing alcohol, drug and mental health issues are often unable to access the care they need, with mental health problems being insufficiently severe to meet access criteria for mental health services, or because of co-existing alcohol and/or drug misuse issues. And individuals experiencing mental health crisis can fail to access appropriate care due to intoxication (in spite of the heightened risk of harm that this brings.)

NICE clinical guidelines from, CG120 (issued 2011) states:

> *"Approximately 40% of people with psychosis misuse substances at some point in their lifetime, at least double the rate of the general population. In addition, people with coexisting substance misuse have a higher risk of relapse and hospitalisation, and have higher levels of unmet needs compared with other inpatients with psychosis who do not misuse substances".*

The purpose of this protocol is to support effective and well-co-ordinated services for people with **Coexisting Mental Health and Substance Misuse Disorders (Dual Diagnosis)** within Hertfordshire.

Definitions

Co-existing Mental Health and Substance Misuse Disorders (Dual Diagnosis): The definition of Dual Diagnosis has been agreed between the Hertfordshire Partnership NHS Foundation Trust (HPFT), Spectrum Drug and Alcohol Recovery Service - Hertfordshire provided by change, grow, live (referred to throughout this document as Spectrum) and the Public Health Team and is as follows:

"Dual diagnosis is defined as a severe mental illness combined with misuse of substances. Severe mental illness in this guideline includes a clinical diagnosis of:

- schizophrenia, schizotypal and delusional disorders
- bipolar affective disorder
- severe depressive episode(s) with or without psychotic episodes.

Substance misuse refers to the use of legal or illicit drugs, including alcohol and medicine, in a way that causes mental or physical damage." - (NICE guideline: Severe mental illness and substance misuse (dual diagnosis): community health and social care services)

The nature of the relationship between these two conditions is complex.

Possibilities include:

1. A primary psychiatric illness precipitating or leading to substance misuse.

2. Substance misuse worsening or altering the course of a psychiatric illness.

3. Intoxication of substance dependence leading to psychological symptoms.

4. Substance misuse and/or withdrawal leading to psychiatric symptoms or illness.

The protocol is intended to foster joint working between services and maintain and build on each organisation's specialist role within the mental health and substance misuse system.

The decision as to which service has the primary responsibility for providing a lead role in the care for these service users depends on the severity of mental illness experienced. A significant majority of those with a Dual Diagnosis who have mental health issues which are not severe will be cared for predominantly within Substance Misuse Services, while those with Severe Mental Illness will be cared for predominantly by statutory Mental Health Services. A number of non-statutory mental health services may also provide significant support and care for service users experiencing mental ill-health.

The Service Users' Carers, subject to issues of consent on a case by case basis, will be given the opportunity to express their point of view with regard to which service needs to be involved. While this opportunity will be provided, decisions will ultimately be based on clinical judgement.

Who is covered by this protocol?

The locally agreed term for 'Dual Diagnosis' in respect of this protocol refers to any individual who requires treatment and/or support for co-existing mental health and substance misuse disorders who:

- Is aged 18 years and over
- Is normally resident in Hertfordshire[2]
- Requires specialist mental health services in respect of a severe and enduring mental health problem
- Requires specialist drug and alcohol services
- Requires joint care involving more than one of the following agencies; primary care, substance misuse services, mental health services (not all service

[2] Individual circumstances will always be taken into consideration with treatment and appropriate referral made as required

users with mental illness will be receiving specialist mental health services. For example some will be self-managing and others may be supported by their GP.)

The protocol does not cover individuals with Dual Diagnosis needs who are under 18 years old.
Services for this client group are provided by Child and Adolescent Mental Health Services (CAMHS)

Spectrum's key role, in relation to this protocol, is to provide expert advice, or a specific substance misuse treatment package for those under its care with co-existing mental health and substance misuse disorders (Dual Diagnosis). The provision of specific treatment packages may also be delivered by other agencies that specialise in the provision of substance misuse support.

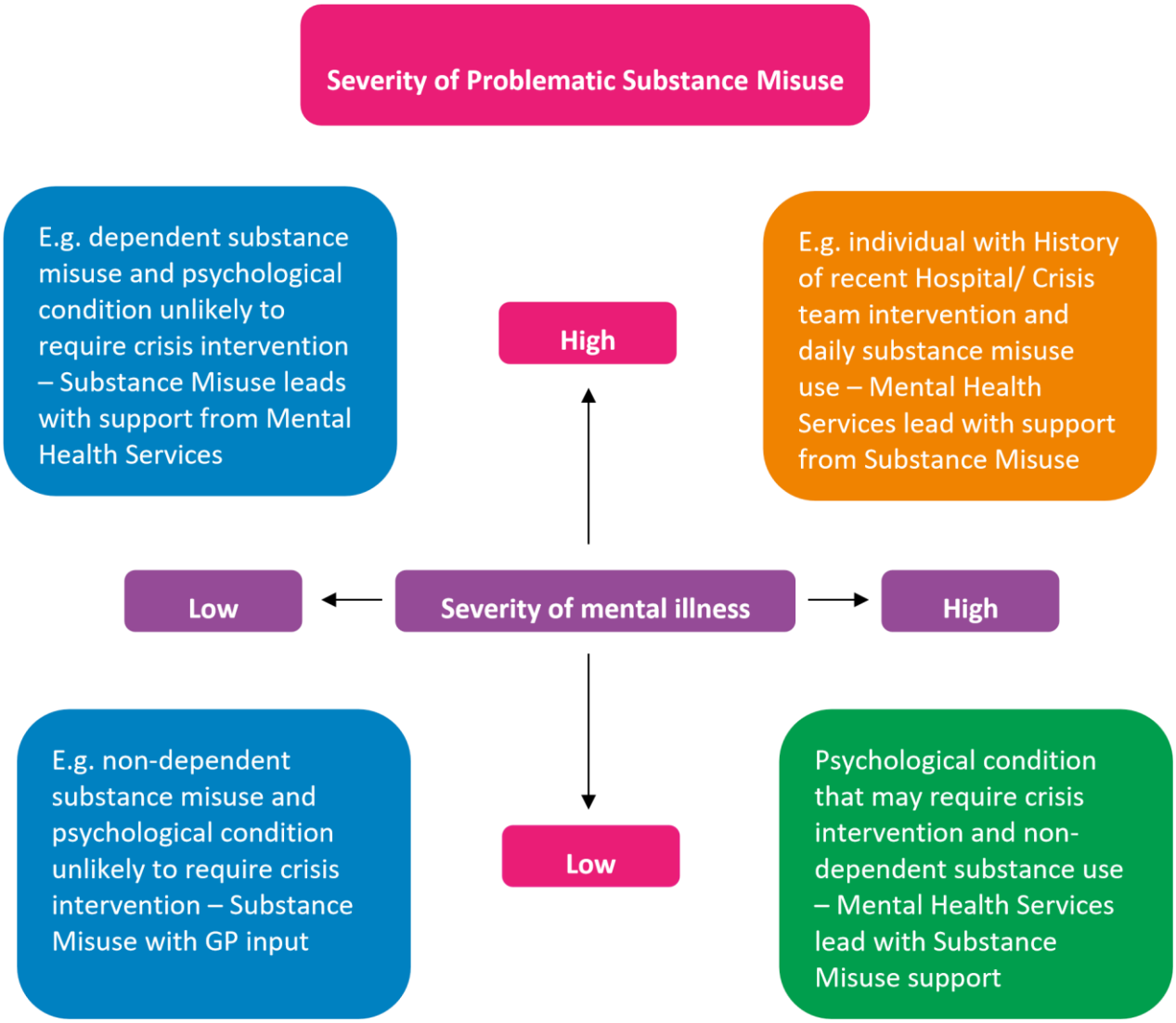
Spectrum will work in partnership (in the context of local information–sharing protocols) with HPFT services, and other agencies, to ensure well-integrated care and treatment for those with co-existing mental health and substance misuse disorders (Dual Diagnosis) where responsibilities are shared.

Co-existing Mental Health and Substance Misuse Disorders (Dual Diagnosis): exists along two axes

The vertical axis describes the severity of problematic substance misuse while the horizontal axis describes the complexity of mental health issues, giving four "quadrants", or situations where people may find themselves, as depicted in the diagram below-

This model below serves[3] as a guide however in practice, the service user's mental health and drug misuse can be very changeable. A person-centred approach is needed so that the most appropriate service is accessed (see below.)

[3] Adapted from Kent and Medway Joint working Protocol



Both substance misuse and mental illness can be variable and follow a fluctuating course. Service user life events impact significantly upon both elements and the service user may move between quadrants.

The care pathway gives clear direction as to which service leads and which service supports.

Service users with co-existing mental health and substance misuse disorders (Dual Diagnosis) can be broadly described as presenting in four categories –

1) Severe mental illness and substance dependence

2) Severe mental illness and non-dependent yet harmful misuse of substances

3) Non-severe mental illness and substance dependence

4) Non-severe mental illness and non-dependent yet harmful misuse of substances

Spectrum and Hertfordshire Partnership Foundation Trust have clear agreements about how to meet the needs of those with co-existing mental health and substance misuse disorders (Dual Diagnosis), as defined in this protocol, under their care. These are based on the principle of working jointly to provide individualised packages of care that are most suited to individual service users, rather than allowing the ways services are organised to dictate how care is provided. Management and lead responsibility for delivery of care will be dictated in line with aforementioned categories.

Management of each category

1) Severe Mental Illness and substance dependence

These service users must have input from both Spectrum and HPFT

a) For known service users: - If the service user is already known to CMHT then the joint working protocol needs to take place. This involves the Spectrum Recovery Worker participating actively to the CPA process. This will typically involve the Spectrum Recovery Worker attending the CPA meetings that take place on the premises of the CMHT or the service user's home. The CMHT organise the time and the location of the CPAs. If the service user is admitted to an acute psychiatric ward then a Spectrum Recovery Worker (either the hospital liaison worker or the key worker will attend the ward) *See appendix a –point 1*

b) If the service user is a new referral to SPA and is not known then SPA will triage the service user initially. The SPA assessor will use the **AUDIT/SADQ** tool to assess the degree of substance dependence as well as their own tools for assessing severity of mental illness. If
SPA deem them to have Severe Mental Illness and Substance Dependence (as per AUDIT/SADQ Score), then SPA will inform the geographically relevant CMHT for that service user. The CMHT will then make contact with the local Spectrum hub in order to make arrangements for a joint assessment to take place. At this joint assessment, both the mental illness needs and substance misuse needs will be identified and then joint working practices identified will ensue.
See appendix a – point 2

c) If the service user is already known to Spectrum and not open to Community Mental Health Services and Spectrum identify or deem the service user is experiencing mental illhealth, Spectrum will make a referral to SPA for triage assessment. If SPA deem them to have Severe Mental Illness then SPA will inform the geographically relevant CMHT for that service user. The CMHT will then make contact with the local Spectrum hub in order to make arrangements for a joint assessment to take place. Following assessment, both the mental illness needs and substance misuse needs will be identified and then joint working practices identified will ensue.

2) Severe Mental Illness and non-dependent, harmful misuse of substance

The service user can either be newly referred via SPA or previously known to services. In either case the CMHT can refer to Spectrum for assessment to identify the most appropriate intervention Spectrum can offer. Spectrum can still offer a service to this service user, even though the service user may not be substance dependent. If dependence is also diagnosed in addition to the Severe Mental Illness, then this service user will need the joint working protocol, as defined in category 1 (above), namely Spectrum Recovery Worker involvement in the CPA process.

3) Substance dependence and Non-Severe Mental Illness

Spectrum will initially be responsible for the assessment of mental health needs[4] of service users and the necessity for onward referral to SPA. As part of Spectrums assessment process, service users are offered a Health Care Assessment, carried out by a Health and Wellbeing Nurse. The assessment may involve use of screening tools such as GAD-7, PHQ-9 and Mini Mental Health as well as assessment by a Spectrum clinician. If the assessment process identifies the need for onward referral Spectrum clinicians will support referral to SPA. The referral will outline the following: –

a) What is the mental disorder that the Spectrum clinician thinks that the service user experiencing?

b) How will the service user's substance misuse problem obstruct the psychological treatment provided by IAPT? (e.g. use on top, abstinent urines etc as evidence)

[4] Spectrum will assess Mental Health Needs as part of substance use assessment only when the service user is not known to Adult Mental Health Services. The purpose of assessment is to inform onward referral to SPA [5] Spectrum will assess Mental Health Needs as part of substance use assessment only when the service user is not known to Adult Mental Health Services. The purpose of assessment is to inform onward referral to SPA

c) What the service user subjectively hopes to gain from accessing the IAPT service?

4) Non-Severe Mental Illness and non-dependent, harmful misuse of substance

Spectrum will initially be responsible for the assessment of mental health needs of service[5] users and the necessity for onward referral to SPA. As part of Spectrum's assessment process, service users are offered a Health Care Assessment, carried out by a Health and Wellbeing Nurse. The assessment may involve use of screening tools such as GAD-7, PHQ-9 and Mini Mental Health as well as assessment by a Spectrum clinician. If the assessment process identifies the need for onward referral, Spectrum clinicians will support referral to SPA.

Service users with non-severe mental illness, whether dependent on either illicit drugs or alcohol, may be referred for consideration for IAPT services based on the following: –

a) What is the mental disorder that the Spectrum clinician thinks that the service user experiencing?

b) How will the service user's substance misuse problem obstruct the psychological treatment provided by IAPT? (e.g. use on top, abstinent urines etc as evidence)

c) What the service user subjectively hopes to gain from accessing the IAPT service?

Dependent drinkers

Once the service user has completed an alcohol detoxification and is abstinent then Spectrum can make the referral to SPA directly. Spectrum clinicians can make informal enquiries to the IAPT clinicians on the viability of the referrals and can state in the referral that the case has been informally discussed with the IAPT clinicians which will guide SPA on how these referrals are progressed. The IAPT team will aim to assess the service user within two-weeks of SPA receiving the referral.

Non-dependent drinkers

The clinician at each hub can make a referral as above on a case by case basis.

Dependent Opiate in receipt of substitute medication

Service Users assessed as stable enough to be on interim collection from the pharmacy can be deemed to have made sufficient progress in their recovery journey to make optimum use of IAPT. IAPT are capable of working with a service user only if the opiate use is not a barrier to treatment Spectrum clinicians can make informal enquiries to the IAPT clinicians on the viability of the referrals and can state in the referral that the case has been informally discussed with the IAPT clinicians which will guide SPA on how these referrals are progressed. The IAPT team will aim to assess the service user within two-weeks of SPA receiving the referral.

Other Drugs (Cocaine, Cannabis, NPS)

There are no objective methods to assess the impact of these drugs on the effectiveness of IAPT therapies. Therefore the Spectrum clinician needs to make a referral on a case by case basis

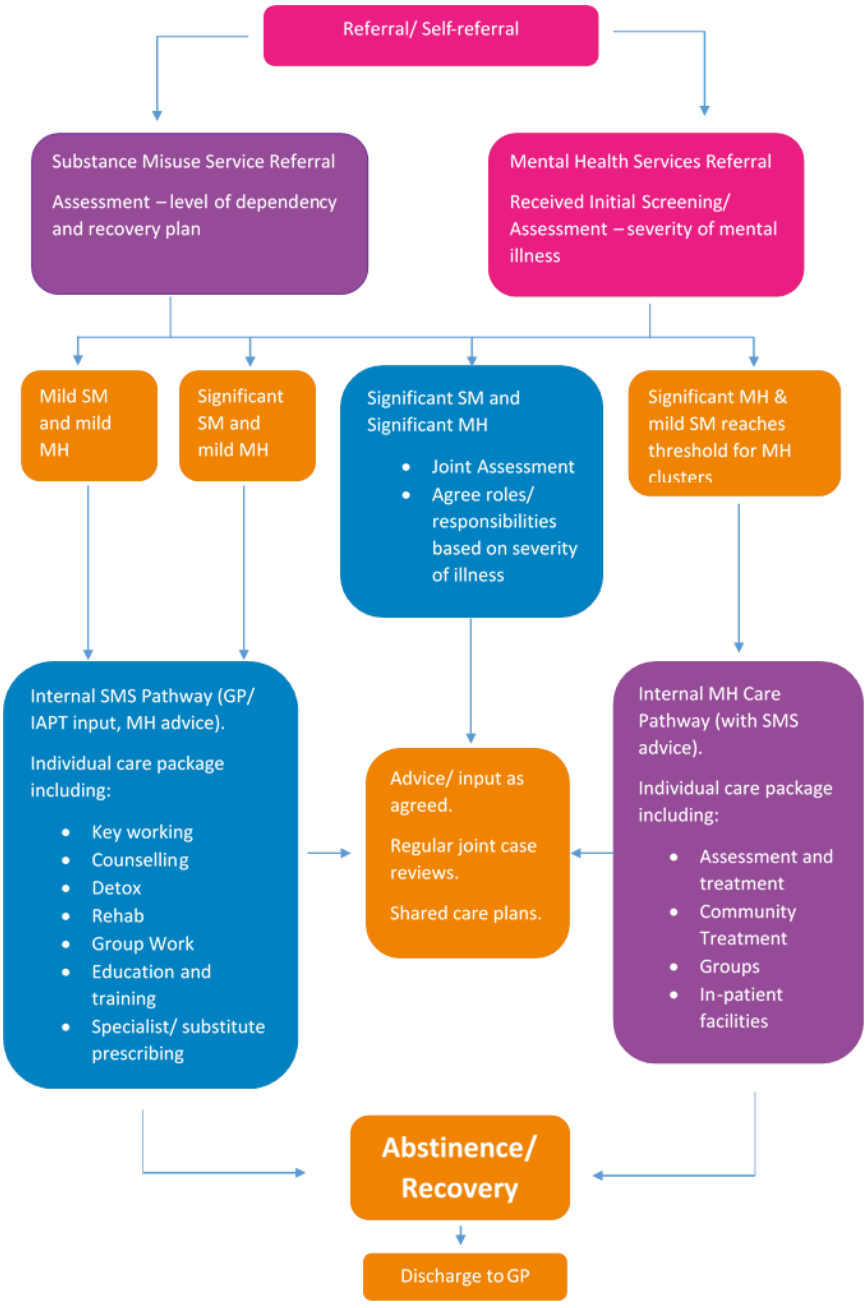
In all cases, referrals from Spectrum clearly will outline the following: –

a) What is the mental disorder that the Spectrum clinician thinks that the service user is experiencing?

b) How will the service user's substance misuse problem obstruct the psychological treatment provided by IAPT? (e.g. use on top, abstinent urines etc as evidence)

c) What the service user subjectively hopes to gain from accessing the IAPT service?

Pathways for Management of co—existing mental health and substance misuse[5]



Definition of joint working

Joint working will start with initial or informal conversations, anonymised if required, with staff from the other organisation, to discuss issues relating to a service user with diagnosed or suspected Dual Diagnosis needs. (In some circumstances this will be as important as the more formal aspects.)

[5] Adapted from Kent and Medway Joint working Protocol

For the purpose of this protocol the term 'joint working' describes situations where staff from both HPFT (or primary care) and Spectrum are actively involved in one or more of the following situations:

- Conducting, or contributing to a formal comprehensive assessment of a service user's needs and risks.
- Leading and or contributing to the drawing up of a joint care plan with a service user, in response to the needs identified during the assessment stage(s).
- Keeping staff informed from the other organisation in respect of positive or negative developments, which may have a bearing on the joint working arrangements(this being conducted taking into account the expressed wishes of the service user in line with assessed risk).
- Working collaboratively with the service user's carers, family members or advocates, as expressly agreed by the service user (this will include information sharing).
- Carrying out actions designated to particular staff within the jointly agreed Care Planning or Review meetings.
- Convening or contributing to Care Plan review meetings.
- Attending relevant staff meetings, training or other events which promote the building of relationships between staff from both organisations.
- Supporting an individual to develop a recovery plan/wellness recovery action plan (WRAP).
- Informing the other provider(s) if a service user disengages and is no longer accessing the service.

Where and When

In general joint working should take place at a time and location which facilitates the further engagement and retention of service users, and a greater likelihood of them achieving positive gains in respect of their Dual Diagnosis needs. When required, joint working will mean that both sets of staff are present with the service user at the same time and in the same venue. In some circumstances this may not be required provided that the service user and both organisations are happy for this to happen and that the communication between meetings is thorough.

The organisations signed up to this protocol have agreed that joint working can and should take place at either:

- Premises of HPFT
- Premises of Spectrum
- Another location including a GP surgery or home visits provided all relevant professionals are content that this represents an acceptable level of planned risk.

- Premises of the criminal justice system including courts, prisons, probation.

Involvement of Carers / Significant Others

Carers are important partners in service user care and can play a vital role in recovery and preventing relapse, but caring takes its toll and can have an impact on the carer's own health. It is essential to listen and respond to the voice and needs of carers and ensuring, where consent is given, that carers are invited to attend, exchange ideas with the treating team so that that they can have an active role in joint reviews.

Identified carers may be referred to **Carers in Hertfordshire** who provide carers with information and advice on caring, support services, training sessions and workshops, newsletters and the opportunity to influence service providers. *Carers in Hertfordshire* services are free of charge and can be contacted on **01992 586 969** for advice and support / contact@carersinherts.org.uk / www.carersinherts.org.uk

HPFT recognises that we have statutory duties to support Carers, and to discuss with them their aspirations around education, leisure and work, as well as helping them to see a life beyond caring should they so desire.

We believe that carers should be able to seek the support they need at the time that they need it and that they should be recognised as expert partners in care. With this in mind we follow the national vision that eventually carers will be universally recognised and valued as being fundamental to strong families and stable communities. (HPFT Carer Strategy: Our Commitment to Carers 2013 – 2018).

Spectrum provide an 8-week programme which offers support, advice and information through developing supportive relationships with services and other carers. Identified carers will be provided relevant information and invited to attend carers groups.

In addition to the Spectrum 8-week programme, Spectrum will support a self-referral to HPFT Health and Wellbeing services.

Governance Arrangements

Integrated governance arrangements are ensured through routine operational and strategic interagency meetings, namely Service Level Quadrant Meetings (held bi-monthly) and Management Level Joint Governance Meetings (held quarterly). Information flows between both meetings to ensure services are caring, safe, effective, responsive and well led.

Service Level Quadrant Meetings

Respective leads from Spectrum Drug and Alcohol Recovery Service and HPFT will meet on a bimonthly basis to facilitate effective interagency working by way of Quadrant Meetings structured geographically. GP's and other relevant professionals should be informed of clients to be discussed at forthcoming meetings and requested to provide an update and / or to attend. Care must be given to ensure invitation and / or request for information from GP's and other professionals is completed in a timely manner.

Overarching aims and objectives of the meetings are to oversee the assurance of Governance and Patient Safety between HPFT and Spectrum, to promote the delivery of safe services that are effective and provide a positive service user experience and to promote a learning culture through both organisations that supports the sharing of good practice.

Key themes discussed to include: -

- Review of joint clients and forthcoming joint assessments
- Any recurring themes impacting on joint working practices
- Highlight areas of concern / notable practice

- Shared learning, recommendation and actions from joint serious incident reports Joint training needs

All case presentations, whether from Spectrum or HPFT will be completed using a standardised proforma to ensure consistency of presentation and timely follow up of actions.

Management Level Integrated Governance Meetings

Overarching responsibility of this meeting is to ensure operational implementation and application of protocol in relation to those with mental illness and substance misuse, to maintain oversight of the priority quality and risk issues across the services, to ensure that clinical issues are discussed and good practice is shared and to maintain oversight of incidents which impact on both services.

The senior joint governance meeting is held quarterly with membership to include:-

- Spectrum Senior Manager
- HPFT Senior Manager
- Commissioners of mental health and substance misuse treatment services
- Organisations representing the views of service users and carers GP Liaison

Responsibilities of HPFT and Spectrum

In Hertfordshire, The Director of Public Health is responsible for commissioning treatment services for those with drug and/or alcohol problems through the Public Health Commissioning Team.

Services are commissioned from a range of providers in both the statutory and voluntary sectors. The Public Health Commissioning Team have commissioned Spectrum (CGL) to be the primary provider of substance misuse services within Hertfordshire with specification to support a joint Dual Diagnosis Pathway with HPFT.

Spectrum is commissioned to provide specialist multi-disciplinary care and treatment for those with complex substance misuse problems. Within Spectrum the Medical Director is ultimately responsible for the provision of substance misuse services to those with Dual Diagnosis in Hertfordshire.

The Integrated Health and Commissioning Team commissions services for those with the more severe mental health problems from the Trust. The Trust provides services to those with severe mental illness, a significant proportion of whom also have substance misuse problems, through a range of services including Community Mental Health Services (CMHS), Assertive Outreach Teams, Early Intervention in Psychosis Service, Personality Disorder Service, Acute Inpatient Units, Crisis Assessment and Treatment Teams and Mental Health Liaison (A&E Liaison) Teams.

Within the Trust, the Executive Director of Quality and Safety is ultimately responsible for the provision of services to those with Dual Diagnosis through Mental Health Services.

Effective joint working between Spectrum and HPFT is key to meeting the needs of those with co-existing mental health and substance misuse disorders (Dual Diagnosis).

Managers in these services have a responsibility to make their teams aware of this protocol and related operational policies, and staff is expected to comply with these policies.

In some situations, there may be service users who do not wish to engage with HPFT or Spectrum, even though it may appear counter-intuitive to both providers. In these cases both organisations will try and make contact with the service user if they believe that the service that they can provide will be of benefit to him/her. If HPFT strongly believe that not engaging with them places the Service User at risk, either to self or public, then HPFT will make a judgement on whether a more assertive approach is needed in order to prevent harm to the service user or other individuals. HPFT will use collateral information provided by carers, GP's and other organisations to assist HPFT with this judgement. HPFT will work within the guidance of the Mental Health Act. It is ultimately the service user's personal choice whether to engage with Spectrum or not (for issues around capacity – please refer to Appendix 1-point 3).

There are rare occasions when either or both providers are unable to offer a service to a client and in these circumstances the reasons need to be fully explained to the client in writing. The clients and carers have the right to challenge the provider (refer to complaints section).

Transfer from Inpatient Services

When service users with Dual Diagnosis are transferred to the community from inpatient services, they will have:

- An identified care coordinator from HPFT;
- An allocated recovery worker from Spectrum who will have been invited to the transfer planning meeting;
- A care plan that includes consideration of needs associated with both their severe mental illness and their substance misuse, and;
- Will have been informed of the risks of overdose if they start reusing substances, especially opioids that have been reduced or discontinued during their inpatient stay.

Transition

In order to ensure that young people with Dual Diagnosis, who continue to need treatment for Dual Diagnosis services are transferred smoothly to services for adults, refer to HPFT's policy on Transition arrangements to Adult Mental Health Services.

Services for People with a Learning Disability

All mental health services in HPFT and substance misuse services in Spectrum are available to people with a learning disability.

HPFT and Spectrum have a responsibility to ensure that all people with a learning disability access appropriate services and that they receive the best treatment available in line with good practice and legal frameworks.

People with a learning disability presenting with a Dual Diagnosis of mental illness and substance abuse are directed to the service that is best placed to meet their needs. Clear assessments carried out jointly by representatives of both HPFT / Spectrum and Learning Disability Services should take place.

Dispute Resolution

Disputes over case responsibility will be rare if full information is shared and if both services are willing to operate with some flexibility in the interests of the service user. In the cases where a dispute does arise, it will be referred to the respective service managers for resolution.

Spectrum and HPFT will be holding a quarterly Integrated Governance Meeting which will include the consideration and resolution of disputes. If no resolution is achieved through this meeting, cases will be referred to relevant Executive Directors for resolution, with commissioner input as necessary.

Comments, Complaints and Compliment

All comments, compliments and complaints directed to HPFT should be dealt with in accordance with the Trust's Compliments Concerns and Complaints Policy and Procedure (see policy document).

The policy requires all verbal or written complaints to be acknowledged within two working days with copies forwarded to the appropriate line manager and the **Complaints Manager** at **HPFT Head Office, The Colonnades, Beaconsfield Road, Hatfield, Hertfordshire. AL10 8YE**. Leaflets outlining the procedure are also available at all HPFT sites.

All comments, compliments and complaints directed to Spectrum should be dealt with in accordance with CGL policy and forwarded to the local Spectrum Team Leader or via the CGL website:
https://www.changegrowlive.org

Records Management, Confidentiality and Access to Records

PARIS is the electronic patient record (EPR) used by HPFT and CRIIS is the electronic patient record system used by Spectrum. HPFT and Spectrum staff are required to record all contacts with service users on their relevant EPR system. If difficulty arises, such as there is no access to a computer, a written note can be made in the paper light record.

All matters relating to service users' health and personal affairs and matters of commercial interest to HPFT and Spectrum are strictly confidential and such information must not be divulged to any unauthorised person.

Requests for access to records, whether by the service user or a third party; including where legal access is requested, should be referred to the Team Leader or centrally to the

relevant organisation. Both HPFT and Spectrum are individually responsible for ensuring that information is communicated to GPs and that it is relevant, timely and accurate

Comments and Feedback

The following people/groups were involved in the consultation:

Service Manager – Spectrum	Consultant Psychiatrist – Spectrum	Public Health Commissioning Team Senior Commissioning Manager and Public Health
		Commissioning Team Commissioning Officer – Drugs and Alcohol
Nurse Clinical Lead – Spectrum	Consultant Psychiatrist – HPFT	Membership of the Hertfordshire Integrated Substance Misuse and Mental Health Governance Group see appendix 9
Leslie Billy- Viewpoint	Su Bartlett Carers in Herts	Members of service user and carer focus groups facilitated by Carers in Herts and Viewpoint

Glossary of terms-

AUDIT – Alcohol Use Disorders Identification Test

CAMHS – Child and Adolescent Mental Health Services

CMHT – Community Mental Health Team

GAD-7 – Generalised Anxiety Disorder

CPA- Care Program Approach

JCT – Joint Commissioning Team

NICE – National Institute of Clinical Excellence

PHQ-9 – Patient Health Questionnaire

SAD-Q – Severity of Alcohol Dependence

SPA- Single Point of Access

Appendix 2

Response from HPFT regarding training and awareness of staff around Dual Diagnosis (August 2019):

- HPFT do not provide formal dual diagnosis training however presentations on key findings and learning from serious incidents is presented in Doctors Continuing Professional Development sessions. CGL have agreed to provide "brief intervention training" to HPFT's crisis teams between October and December, 2019. HPFT will then look at expanding this and providing the training to other teams.
- The Trust's clinical risk mandatory training contains information from the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) around risks relating to drug and alcohol misuse to improve awareness and understanding of key issues.
- HPFT is working to strengthen links with various CGL groups with regular meetings at a number of levels and the re-launching of the steering group co-chaired with CGL in September. Developing a training package for key services will be a key part of these discussions.
- The Dual Diagnosis Protocol is being refreshed and updated by CGL and HPFT and when complete will be re-launched. This is expected to take place between October and December, 2019.