Co–occurring mental illness and substance use

Policy overview and new developments

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&

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DHSC

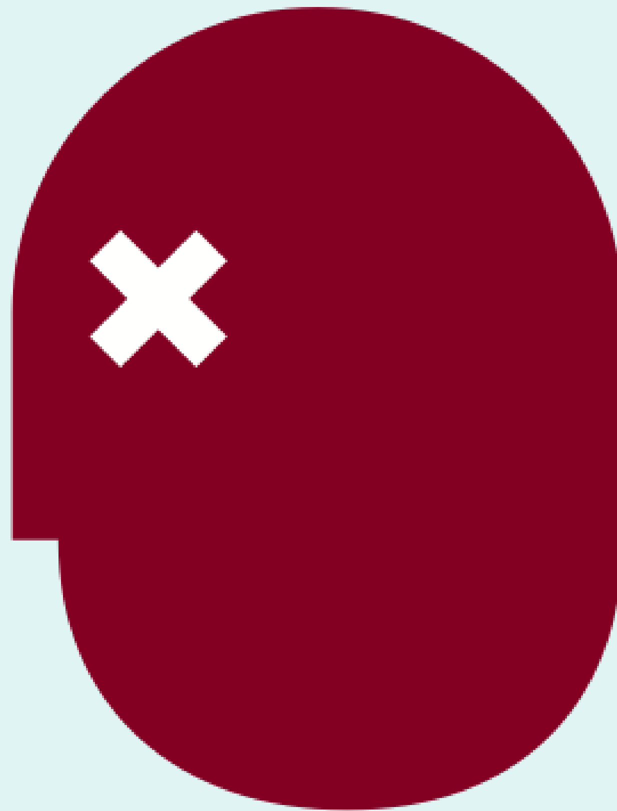
Presentation

- Nature of the issues
- Policy
- Future…

"The Pavement" is a magazine produced by Groundswell - a charity that works with people who have experienced homelessness

Public Health
England

Alcohol problems are widespread



9 million adults drink at levels that increase the risk of harm to their health

1.6 million adults show some signs of alcohol dependence

Alcohol is the third biggest risk factor for illness and death

World Health Organization emphasizes role of alcohol in suicide

22% of all suicides are attributable to alcohol

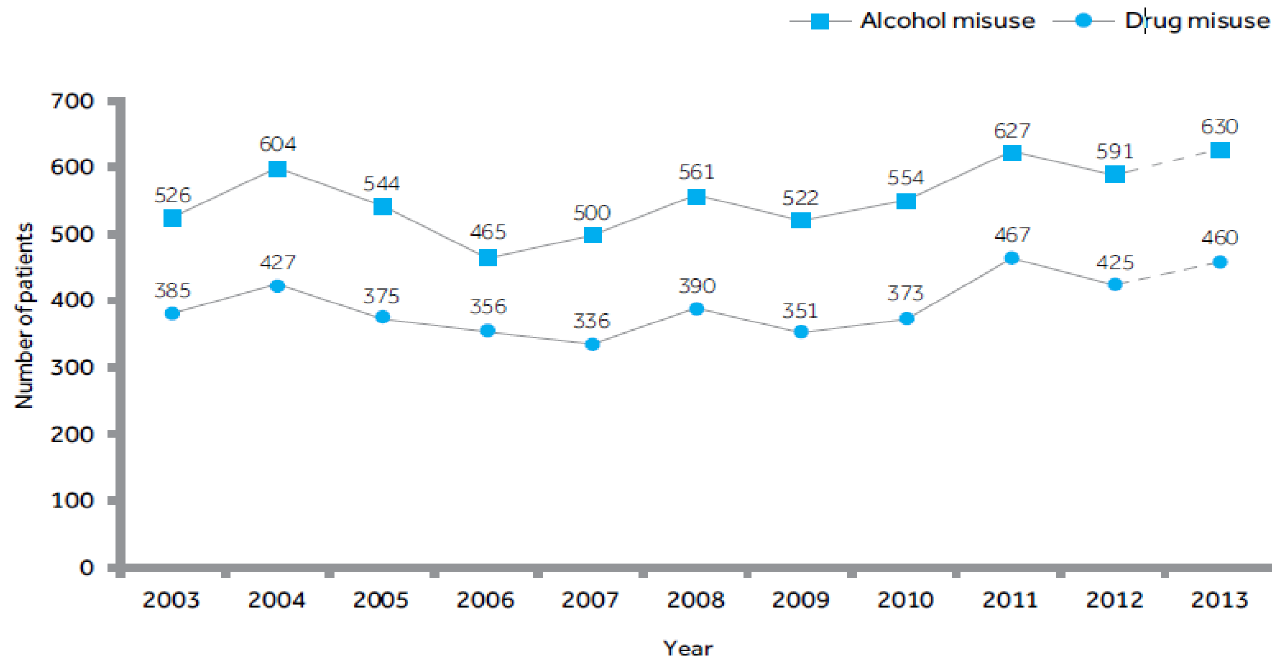
(Global Report on Alcohol and Health)

WHO estimates that 1 in 5 suicides would be prevented if alcohol was not available

Psychiatric Patient Suicide

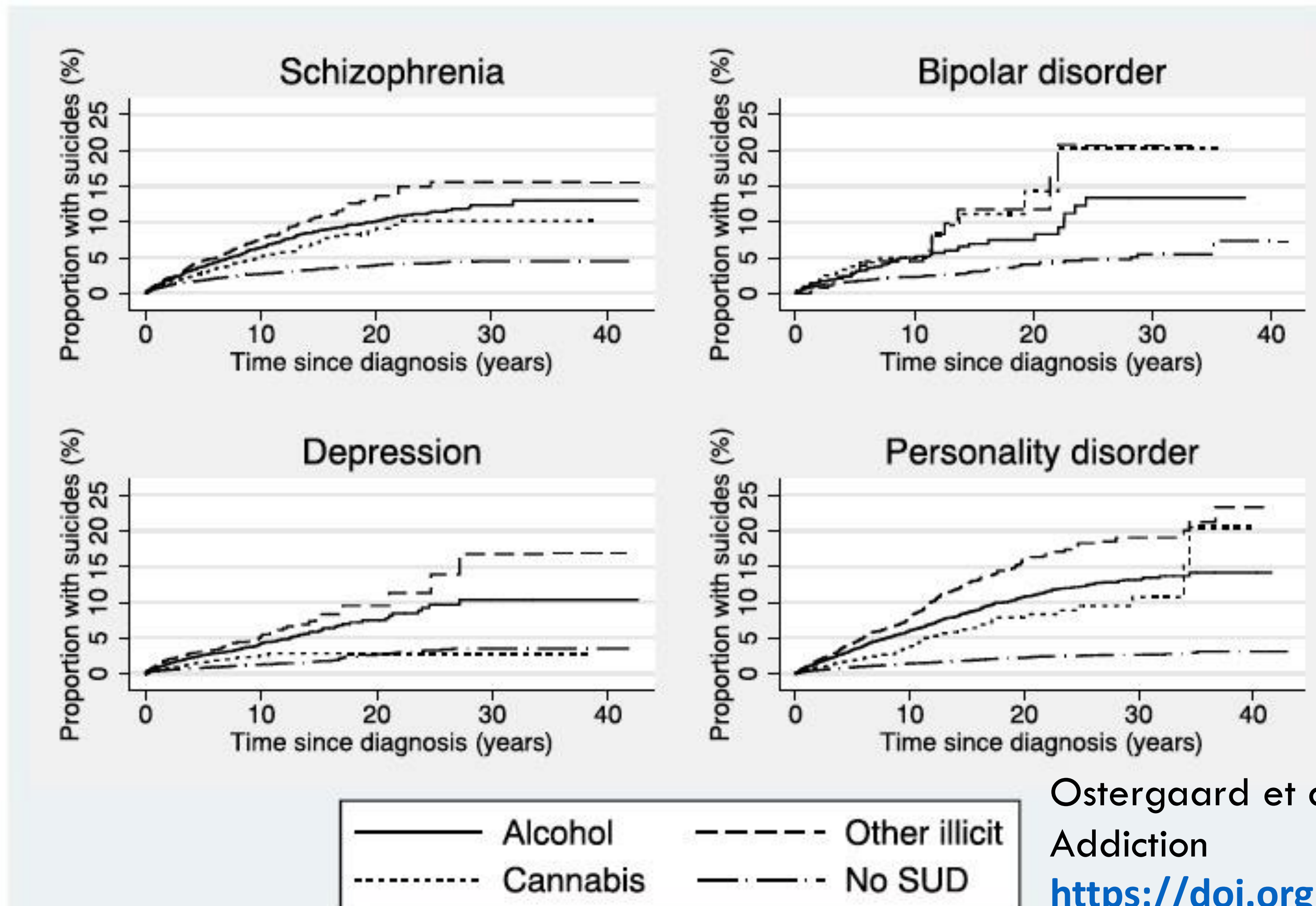
7,381 had a history of either alcohol or drug misuse or both, 54% of patient suicides, an average of 671 deaths per year.

Between 2011-2013, 249 (7%) patients were under drug services and 268 (7%) were under alcohol services.



The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness Annual Report – July 2015. www.bbmh.manchester.ac.uk/cmhs

Alcohol and drug dependence is associated with increased suicide in patients with psychiatric disorders



Ostergaard et al 2017
Addiction
https://doi.org/10.1111/add.13788

High rates of Co-occurring mental illness and dependence

The Imperial College Co-morbidity Study (Weaver et al 2002)

Estimated prevalence of co-morbidity among current patients of mental health and substance misuse services.

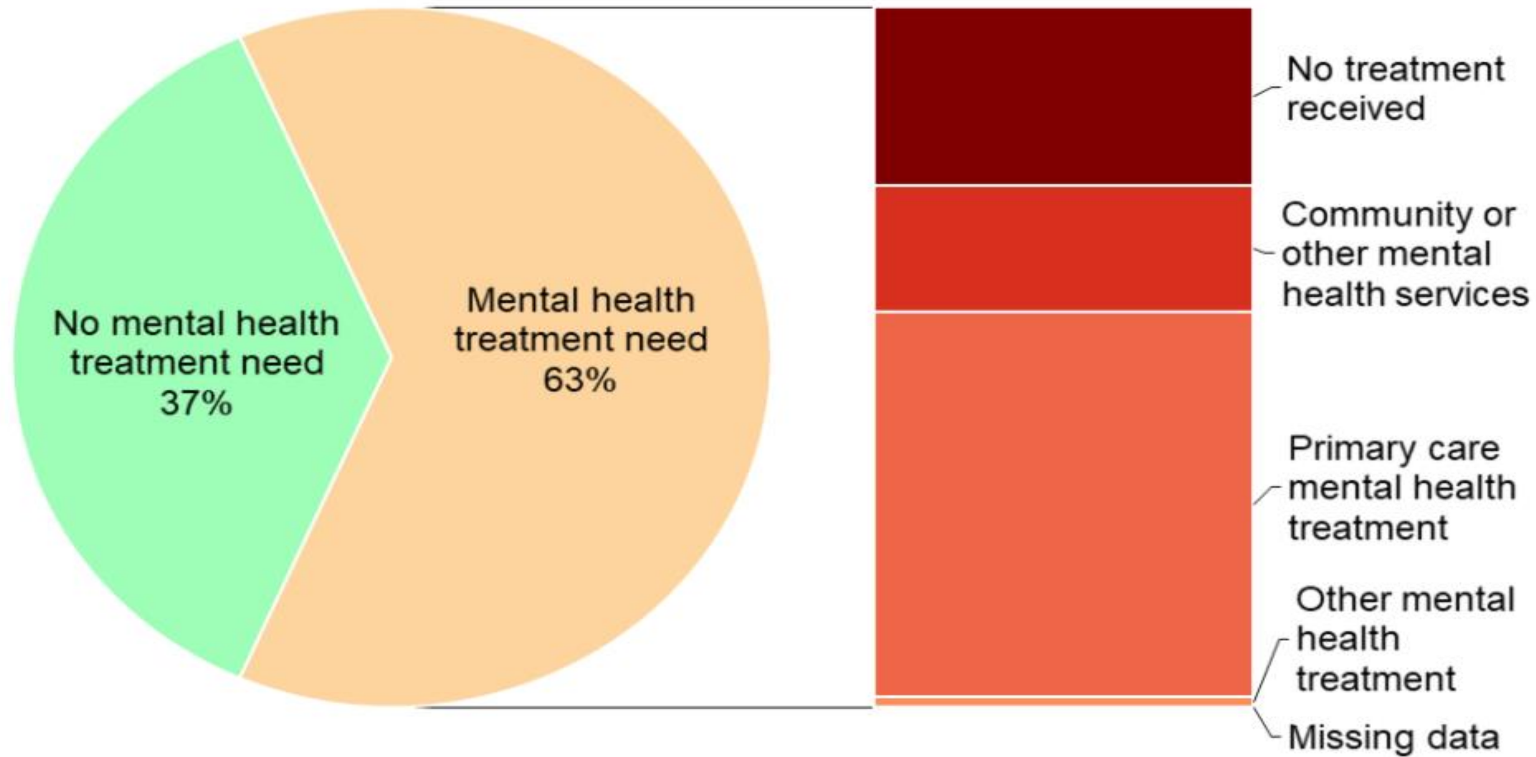
Drug Treatment Population	
Psychotic disorder	7.9%
Personality disorder	37%
Severe depression	58%
Minor depression	87%
Severe anxiety	41%
One or more disorder	74%

Mental Health Population	
Problem drug use	30.9%
Drug dependence	16.7%
Alcohol Misuse	25.5%

These aren't specialist issues, rather "everyone's business"

304 304..313 (cambridge.org)

6. Mental health



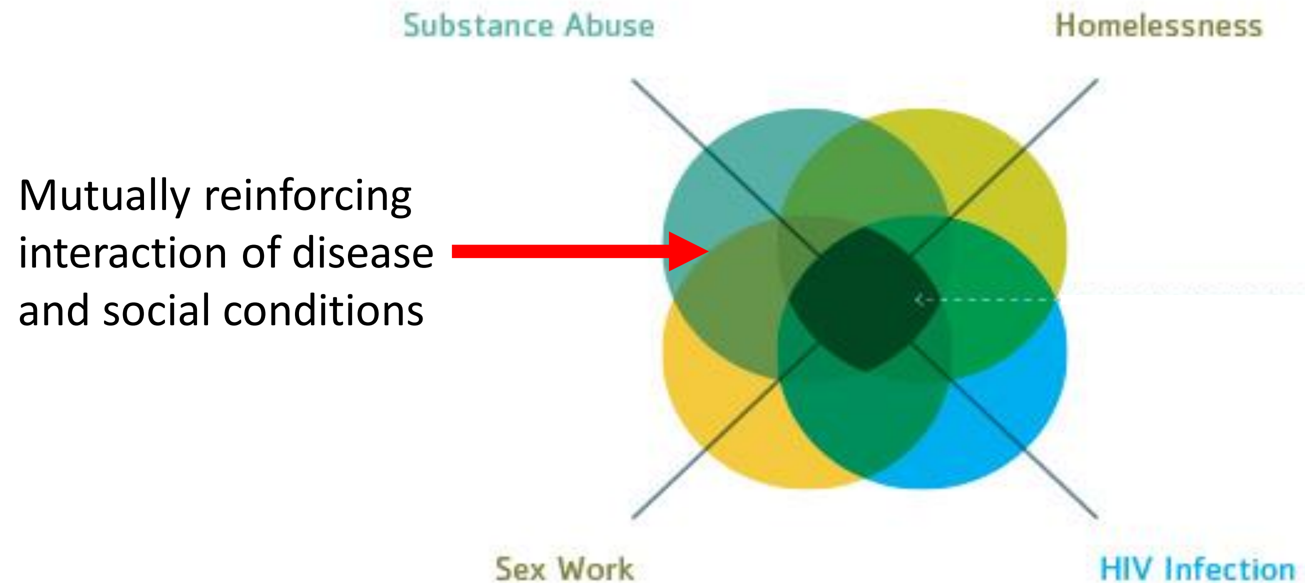
Proportion of people with a mental health treatment need:

Figure 12: mental health need and treatment received for people starting treatment in 2020 to 2021

https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2020-to-2021/adult-substance-misuse-treatment-statistics-2020-to-2021-report#mental-health

Services face a range of co-morbidities

- “Diseases” do not coincidentally co-occur
- Social conditions cluster disease
- These interact to further exacerbate negative health effects

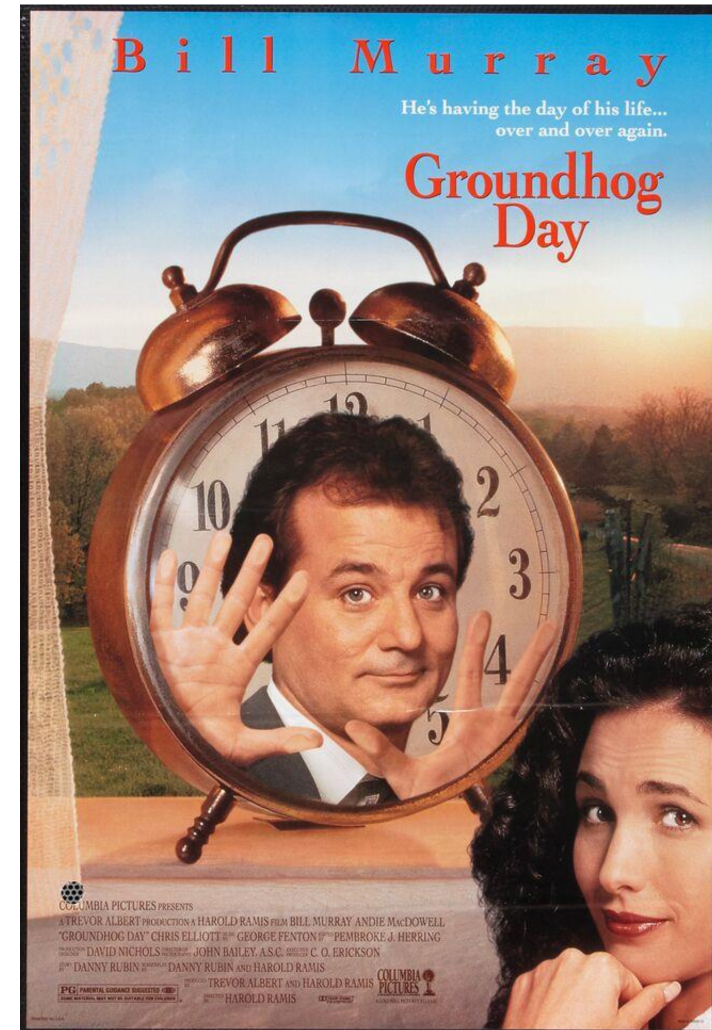


Acknowledgement: Dr. Al Storey, Find & Treat Programme, London.

Key issues

- Alcohol, drug use and mental health problems lead to physical health problems and contribute to early death
- Common for people to experience mental health and alcohol and drug use problems at the same time
- They will have poorer prognoses, greater levels of unmet need, higher rates of relapse, increased hospitalisation, housing instability, greater risk of being either a victim and/or perpetrator of violence and greater involvement in the CJS
- Many people with co-occurring problems are unable to access the care they need because:
  - They are not mentally unwell enough/too drug/alcohol dependent for mental health services
  - They are not dependent enough/too mentally ill for alcohol and drug services
  - They may present with a mental health crisis while intoxicated and be turned away for that reason
- There is a stigma attached to alcohol and drug misuse and mental health, and people may choose not to access certain services because of bad experiences in the past
- Complex needs / people who are homeless most excluded
- Services may be commissioned to respond mainly to one presenting need and staff lack the skills to address others

Policy; Same problems and similar solutions…



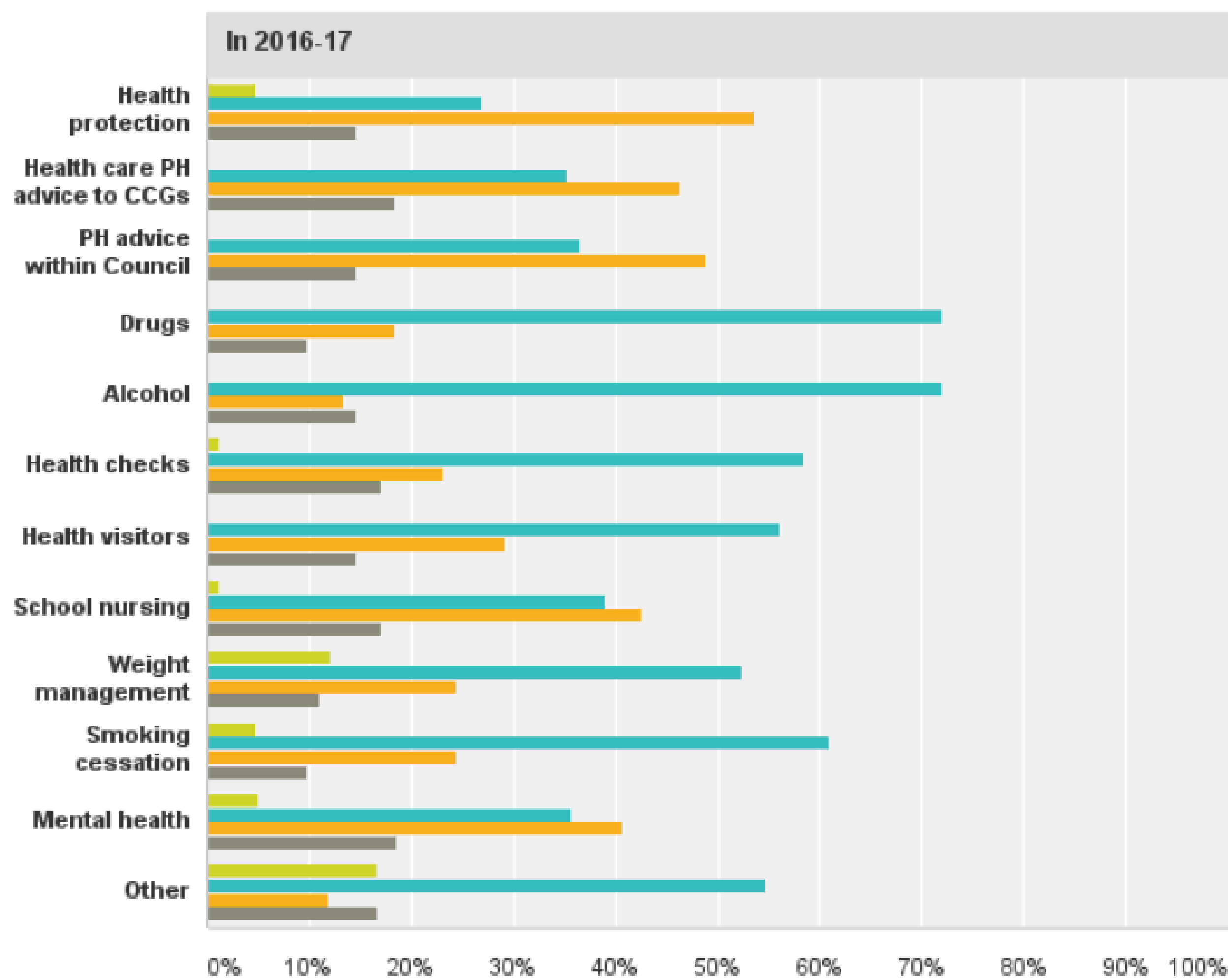
Timeline

- **Tackling Drugs to Build a Better Britain (Home Office, 1998).**
  - Psychiatric and psychological problems significant issue.
- **National Service Framework for Mental Health (NSF) (DH, 1999).**
  - Dual diagnosis a significant issue.
- **Dual Diagnosis Good Practice Guide (DH, 2002).**
  - First specific policy.
  - Focus on severe mental illness.
  - Advocated an ‘integrated approach’ to service provision – both problems addressed by one team in one setting.
  - Organisations require a strategy and staff to be trained.
  - Lead clinicians in specialist roles to provide training, supervision and advice.
- **National Service Framework for Mental Health – Five Years On (DH, 2004).**
  - Dual diagnosis ‘the most challenging clinical problem we face’
  - Requires ‘urgent attention’ with a broad co-ordinated response
  - Better collaboration between agencies
  - training in assessment and clinical management

Impact

- 2006 /7 surveys highlight that while there were some pockets of excellence, many NHS organisations still lacked a proper organisational strategy, training strategy, and assessment and treatment procedures for dual diagnosis.
- Hughs' and Kipping's analysis suggests limited impact because:
  - principles rather than specific targets
  - no dedicated funding
  - no key performance targets
  - "attitudes" to the client group; "hard to engage", "chaotic" "difficult"
  - staff don't consider it to be their key remit and belief that it is for another service to fix

Impact of funding reductions 2016/17



Guidance on co-occurring disorders 2017

Everyone's job:

Providers of mental health and alcohol and drug use services have a *joint responsibility* to meet the needs of individuals with co-occurring conditions by working together to reach shared solutions.

No wrong door:

Providers in alcohol and drug, mental health and other services have an *open door policy* for individuals with co-occurring conditions, and make every contact count. Treatment for any of the co-occurring conditions is available through every contact point.

Public Health England

Protecting and improving the nation's health

Better care for people with co-occurring mental health and alcohol/drug use conditions

A guide for commissioners and service providers

Scope

- Commissioned from the Crisis Care Concordat (2014).
- Includes
  - all substances of use, levels of dependency, harmful use (including tobacco use) and states of intoxication
  - all mental health problems – both common and severe mental illness, personality disorder
  - all ages (children to adults) and settings (community and prescribed places of detention)
  - principles and prompts to guide commissioning and delivery of care
- It does not include:
  - clinical guidance

Evidence and clinical guidance

Severe Mental Illness

Coexisting severe mental illness (psychosis) and substance misuse: assessment and management in healthcare settings
Clinical guideline [CG120] 2011

Coexisting severe mental illness and substance misuse: community health and social care services
NICE guideline [NG58] 2016

Recommends MH as lead coordinator of care
No evidence for specialist teams providing special treatments; instead focus on improving existing services

Limited evidence for specific dual-focused treatments

Trauma

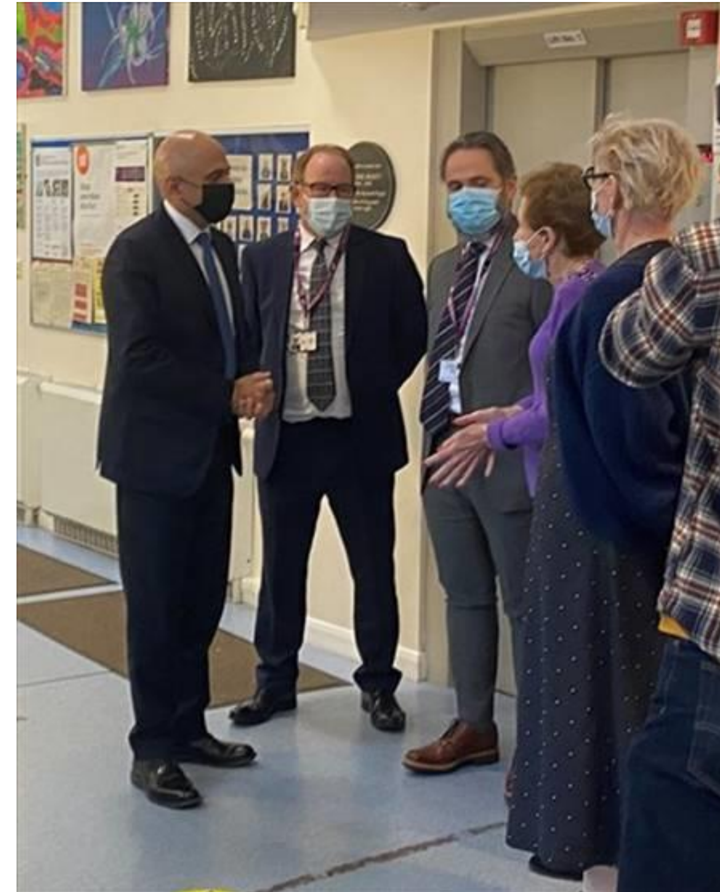
Post-traumatic stress disorder
NICE guideline [NG116] 2018

Recommends that people are not excluded from PTSD treatment solely on the basis of co-morbid drug or alcohol misuse; the patient should be referred for specialist assessment and both substance misuse and PTSD treatment.

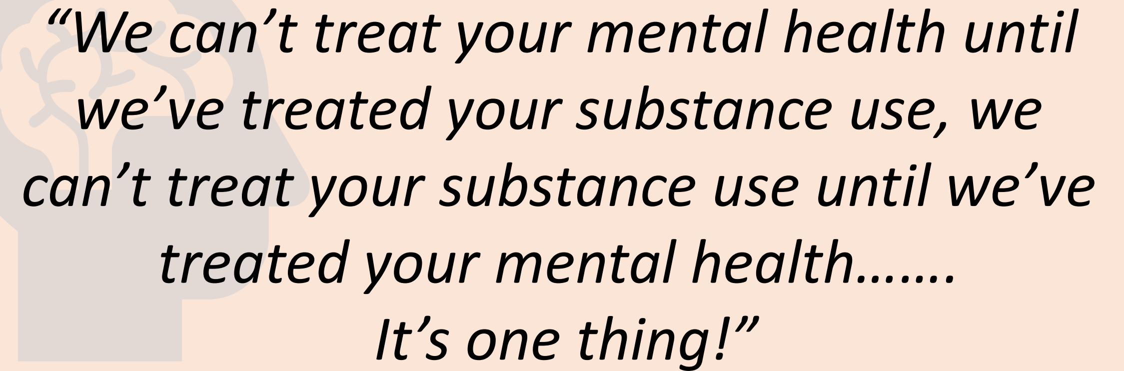
Depression / Anxiety

NICE 115, 51, Orange Book
Support and access to the evidence based conditions for each issue.
IAPT positive practice guide:
https://www.uea.ac.uk/documents/746480/2855738/iapt-drug-and-alcohol-positive-practice-guide.pdf

Policy; Dame Carol and the New Drug Strategy



Mental healthcare for dependent drug users needs to be significantly improved



- Mental health problems and trauma lie at the heart of much drug dependency
- Time and resources are wasted, and opportunities to address both problems together are lost

We recommend:

- DHSC and NHSE should work together on how to meet the mental health needs of people dependent on illicit drugs. Introducing contractual requirements or incentives should be considered
- NHSE, with DHSC, should explore how to commission substance-misuse services to assess and treat some comorbidities
- HEE should develop competency and training requirements for all staff working with people with co-existing mental health problems and drug dependence

https://www.gov.uk/government/publications/review-of-drugs-phase-two-report/review-of-drugs-part-two-prevention-treatment-and-recovery

Policy response

- DCB recommendations were accepted in the Drug Strategy
- Looking forward:
- DHSC will be working to ensure NHS services, particularly MH services, need to ***improve identification, intervention, referral and joint-working*** with D&A services. ASSIST-Lite is the best tool identified to support this.
- Skills and training for NHS staff working with patients who have co-occurring Drugs & Alcohol require review and improvement. DHSC will be working with NHSE/I to address ***NHS workforce skills*** as part of fulfilling DCB recommendations for action plans for co-occurring mental health and physical health issues
- ICS becoming statutory bodies will have a part to play in how D&A and NHS services work together and various forms of guidance on the interplay of parts related to ICSs are being developed, including guidance on the ***duty to cooperate*** between NHS and other commissioned services like D&A.
- Wider ***integration and joint-working*** between MH and D&A commissioning/provision is another area to be explored and considered within the action plans; an integration white paper is anticipated to address issues for those with co-occurring MH & D&A.

Conclusions

- Commissioning oversight
- Senior management leadership
- Addictions services and mental health services to
  - Not exclude the already marginalised
  - Work together
  - Adopt a trauma; sensitive, aware, ***informed***, responsive approach*
  - Have a competent workforce
  - Support the workforce to be resilient and kind

*Karen Treisman