Yorkshire & Humber

Office for Health Improvement and Disparities

Dual Diagnosis Network Meeting

On-line, Monday 13 March 2023

Mental Health Services for people with drug dependency – how available?

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The report on the independent review of drugs is in two Parts.

Part 2 (July 2021):

Treatment and recovery examined in detail, system found broken and wanting

Government must either invest in tackling the problem or keep paying for the consequences.

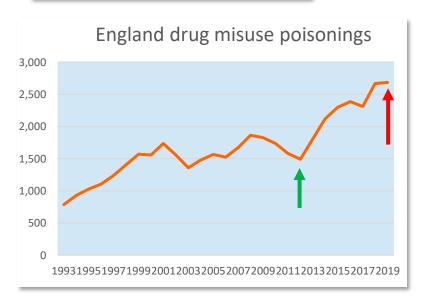
Part 1 (February 2020) describes:

- the illicit drugs market, worth almost £10 billion a year, with 3 million users and an increasingly violent and exploitative supply chain
- the scale of increasing harm
- how the quality and capacity of the drug treatment services has significantly reduced in recent years
- that entrenched drug use and premature deaths occur disproportionately more in deprived areas, particularly in the North.

The pandemic has widened inequalities and the current economic situation is driving drug use and deaths in the wrong direction.

Critical findings

The capacity and quality of treatment have declined, and the prevalence of use and harm have increased



The challenge of drug use!

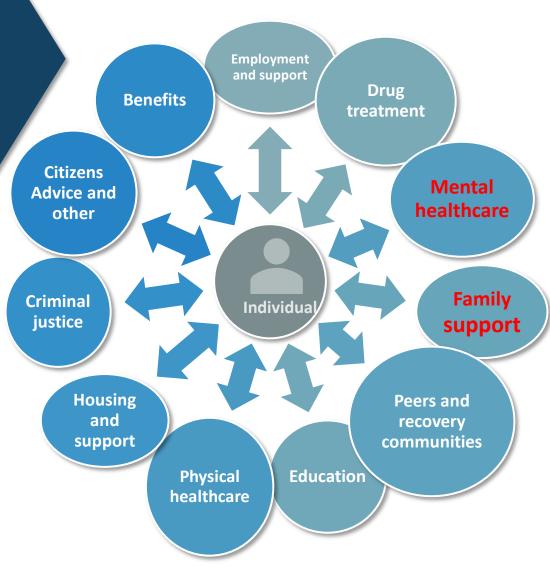
- Since 2013 there has been a significant increase in number of opiate and crack users
- Use of other drugs by adults has increased since 2012 after nearly ten years of decline
- Drug use by schoolchildren and young people has increased significantly
- Numbers in treatment falling and prevalence increasing, so unmet treatment need among opiate users has increased
- The proportion of people completing treatment each year has decreased, and the rate of people dying during treatment has increased significantly
- Mental Health and Trauma Services totally inadequate.
- Only one in three needing treatment after release from prison go on to receive it
- 50% of homicides and 49% of serious crime are drug-related

After Part 1 I asked myself ...

- How have we got to this situation without an outcry?
 Who is speaking out for the drug-dependent people?
- Why such a 'muted' response from the individual Medical Royal Colleges and the Academy of them?
- Why is there no advocacy, no patient/client organisation, no concerted charitable action?
- Why no realisation that MH issues are part of addiction, NOT an add-on?
- Why is drug-dependency not seen as a chronic relapsing and remitting disease?

To reduce health harms, and to help people achieve and sustain recovery, and live safely and well in society, a wide range of services need to work together.

- This can only happen if there is strong government leadership and investment.
- The following Government
 Departments must work effectively together to provide services:
 - Home Office
 - Dept of Health and Social Care
 - Dept for Work and Pensions
 - DLUHC
 - Ministry of Justice
 - Department for Education



A central unit with ministerial leadership is needed

... and is now in place!

Mental healthcare for dependent drug users is very poor and needs to be significantly improved

"We can't treat your mental health until we've treated your substance use, and we can't treat your substance use until we've treated your mental health......"

But it's all one thing!

This approach must be stopped!

- MH problems and trauma lie at the heart of much (80%+) drug dependency.
- Time and resources wasted; opportunity lost to address both problems together.
- Failure to resolve this issue will result in failure of treatment and recovery.

Mental Health and Drug Dependency

- For many people, mental health problems and trauma lie at the heart of their drug and alcohol dependence.
- Commissioners of substance-misuse services and NHS mental health services must either provide a better pathway between the two or integrate their services.
- Above all, the workforce in both services need to be trained to deliver more, and higher quality, psychosocial interventions.

IAPT and Drug Dependency

- In 2012 the Improving Access to Psychological Therapies (IAPT) programme for people with milder mental health problems published a positive practice guide for working with people who use drugs and/or alcohol.
- In 2017 Public Health England developed guidance on 'Better care for people with co-occurring mental health and alcohol/drug use conditions', which stressed that there should be 'no wrong door' and this issue is 'everyone's business'.
- Both sets of guidance have been poorly implemented, and access to services remains deeply inadequate.

Drugs Review: Recommendations

Recommendation 24

- We recommend that DHSC and NHS England develop, publish and implement by the end of 2021 an action plan that improves the provision of mental health treatment to people with drug dependence.
- This should include consideration of the introduction of contractual requirements or incentives so that NHS mental services target dependent drug users.
- Consideration should also be given to commissioning substance-misuse services to treat some mental health co-morbidities themselves without referring people on to specialist mental health services.

Drugs Review: Recommendations

Recommendation 25

 ... DHSC commission Health Education England to develop competency and training requirements for all staff working with people with coexisting mental health problems and drug dependence. Resources and standards should be applicable and applied across both mental health and substance misuse workforces.

Recommendation 26

 DHSC, NHS England and the Office for Health Promotion ensure that opportunities for integrated commissioning of mental health and substance misuse services are explored proactively and articulated as part of the next stages of integrated care system (ICS) development. This includes ensuring that proposed legislation facilitates integrated commissioning and provision.

Treatment of young people

- Young people with drug-use problems require a broad treatment package, with a combination of specialist treatment and wider health and social care services.
- The challenges young people face include their family circumstances and mental health difficulties.
- Commissioning structures at national and local level must ensure that these different services work together.

Recommendation 13

 We recommend that DHSC make increased funding available to specialist substance-misuse services for young people, to improve their capacity and quality; and also through the national Commissioning Quality Standard ensure that these services are linked with other local services for young people and that family interventions are more widely available.

Roles for co-morbid mental health (MH) and substance misuse (SM) services

Principles based on:

- Co-occurring conditions guide (PHE 2017)
- Orange book (2017)
- NICE NG 58 on co-existing severe mental illness and substance misuse (2016)
- IAPT manual v6 (2023)

Substance misuse service responsibilities

Keyworking including MH monitoring and psychosocial interventions

Severe mental illness care/keyworking led by MH service with SM service support

Keyworking including SM monitoring and motivational interventions

MH assessment, monitoring, psychiatric assessment coordination and MH service referral

Training on SM and MH interventions and maintaining pathways could be provided by either SM or MH service

SM screening, assessment and diagnosis

Targeted low intensity talking therapies for poorly controlled substance use and non-severe MH issues (e.g. depression)

Routine shared case reviews and joint-working pathways between MH and SM

Talking therapies via IAPT including for those where substance use controlled or ceased

Mental health service responsibilities

What I have seen

- In almost every region an inadequate service
- Trauma-informed care minimal
- IAPTs refusing patients in recovery
- Resistance and siloed behaviour territory being guarded.
- MHT/Local Authorities/Treatment providers poorly linked.

This is a major challenge! What are we doing?

What we are doing

- Linking with Claire Murdock, National Director for NHS
 Mental Health services; using her influence, making
 joint visits.
- IAPT Manual v6 2023
- DHSC and NHSE are developing an action plan.
- Working with ICSs to influence and change the situation
- Gaining support of RCPsych and senior MH professionals
- Encouraging Commissioners and providers to commission and develop services capable of treating mild mental disorders and providing a good psychosocial offer.
- Pulling all known levers.

BUT

- It needs more than me!
- It requires all engaged in Mental Health and addiction to state, loudly and clearly:

that this poor service must stop.

Addiction is a chronic condition that needs parity with physical illnesses.