

Co-Occurring Substance Use and Mental Health Conditions AKA Dual Diagnosis

Session Content

- Defining co-occurring conditions, prevalence, causes, implications and challenges
- Sussex Partnership NHS Foundation Trust approach and developments
- Emerging themes
- Assessment, care planning/onward referral and joint working
- Practical advice
- Q&A

What are Co-Occurring Conditions?

Dual Diagnosis?

Coexisting?

Comorbid?

All problematic use of substances, all mental health conditions

Stats

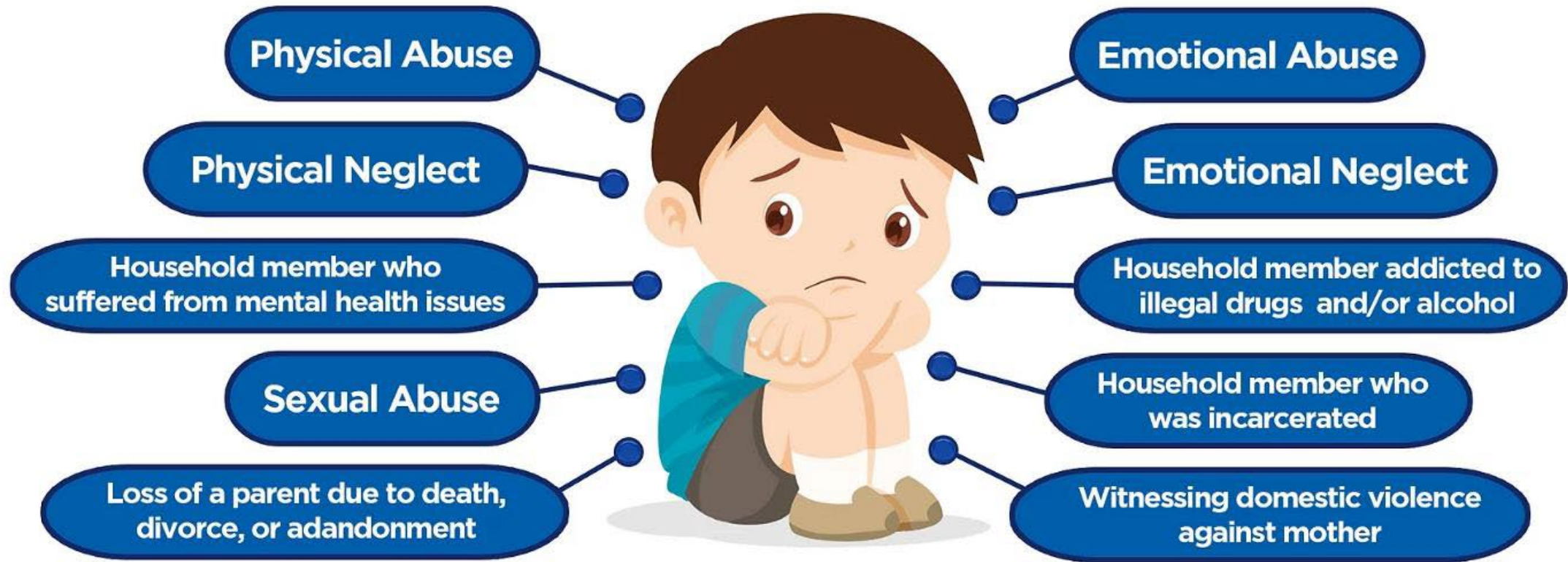
- **Mental health problems are experienced by the majority of drug (70%) and alcohol (86%) users in community substance misuse treatment (Weaver et al, 2003 and Delgadillo et al, 2013).**
- **44% of mental health service users had used hazardous or harmful levels of drugs or alcohol in the past year (COSMIC, 2002)**
- **48% of people in the UK who died as a result of suicide between 2010 and 2020 were misusing alcohol and 37% were misusing drugs (NCISH, 2023).**
- **People with co-occurring conditions have a heightened risk of other health problems and early death (Hayes et al, 2011).**
- **42.6% of homeless people have co-occurring conditions (DoH, 2014)**

What Causes What?



**Mental and behavioural disorder due to use of [SUBSTANCE]
(ICD11)**

ADVERSE CHILDHOOD EXPERIENCES INCLUDE:



ADVERSE CHILDHOOD EXPERIENCES HAVE BEEN LINKED TO:



INTERGENERATIONAL TRAUMA

@THEPRESENTPSYCHOLOGIST



Someone who experiences trauma (like abuse) can suffer from lifelong effects



Effects like anxiety, shame, depression, substance abuse and risky behavior



When that person has children, the impact of the trauma can affect them



Parents may develop a neglectful/authoritative style or project their trauma on their children



As a result, the child develops a trauma due to growing up with a traumatised parent



This is 'intergenerational trauma' as the effects of trauma are passed on through generations

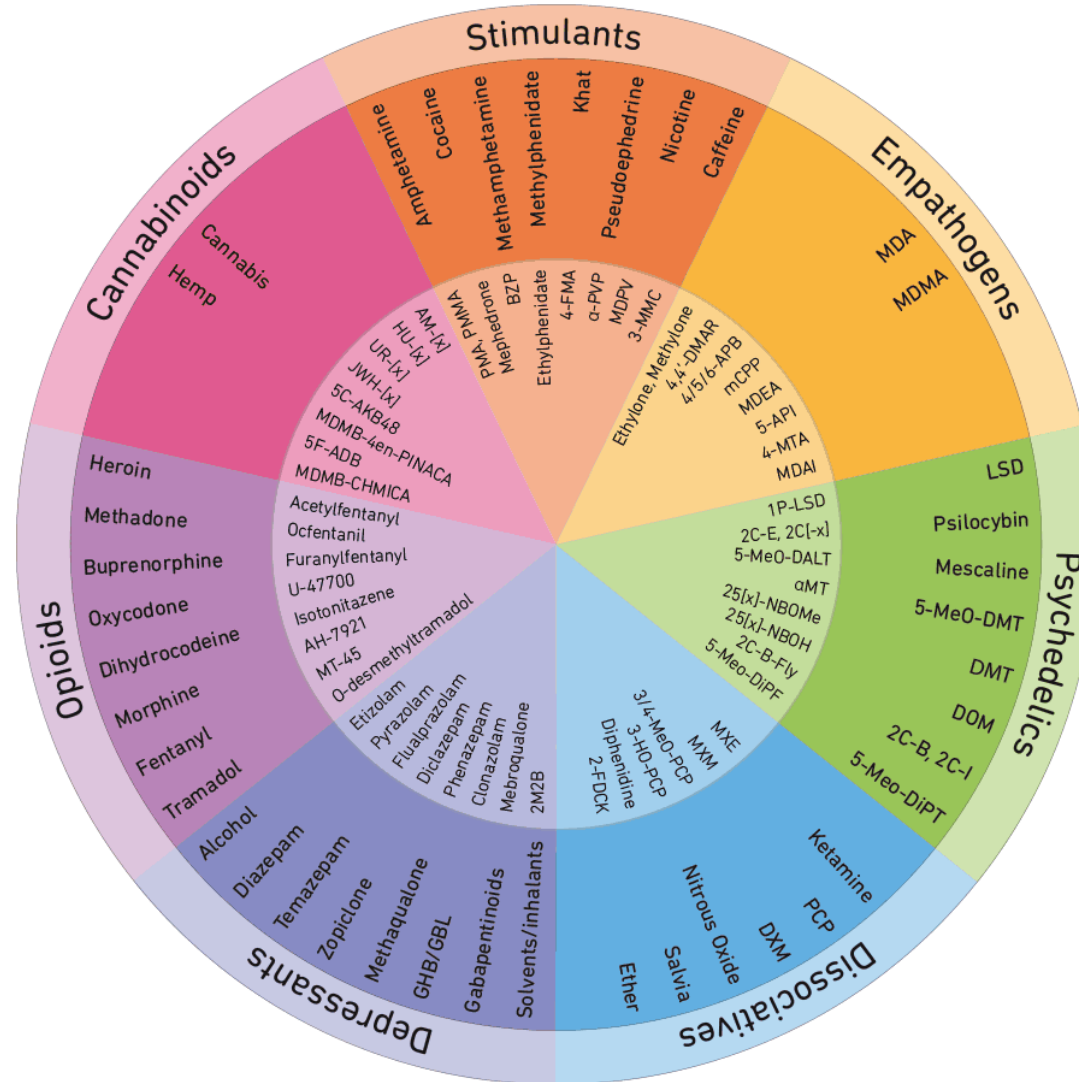
Use/Misuse/Dependence?



The Drugs Wheel

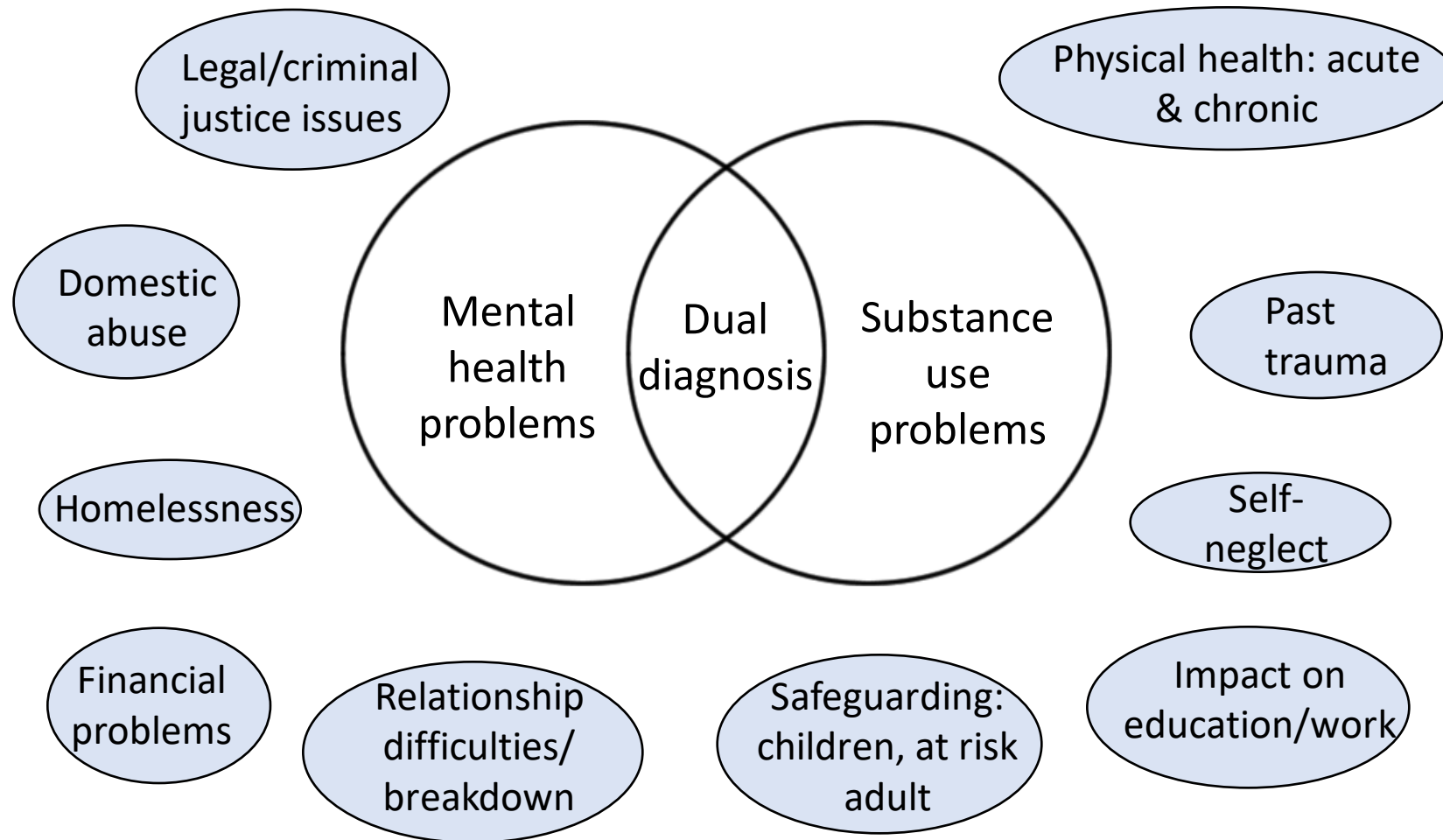
A new model for substance awareness

OUTER RING:
Established psychoactive substances

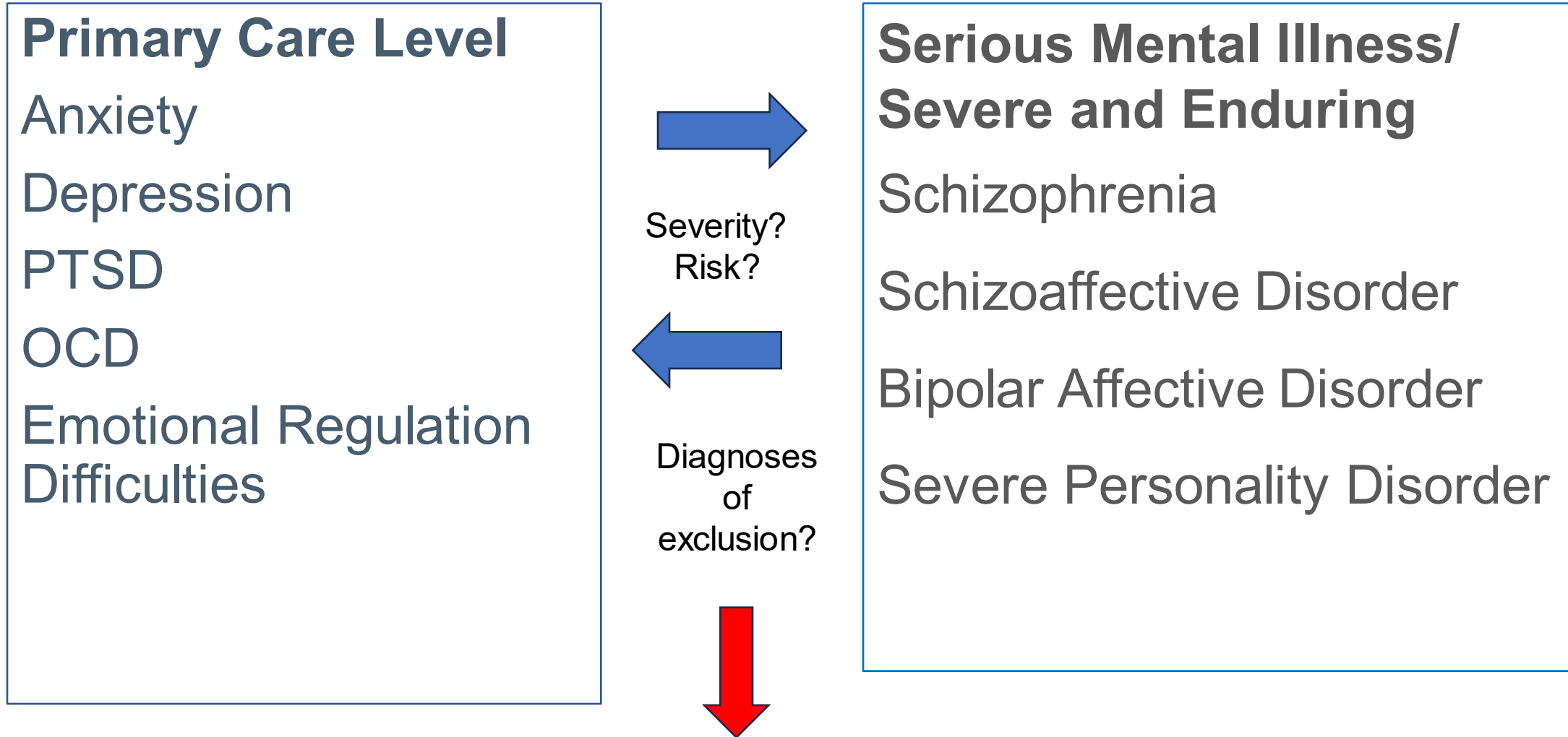


INNER RING:
Newer psychoactive substances

Impact of dual diagnosis



Mental Health Conditions



Challenges

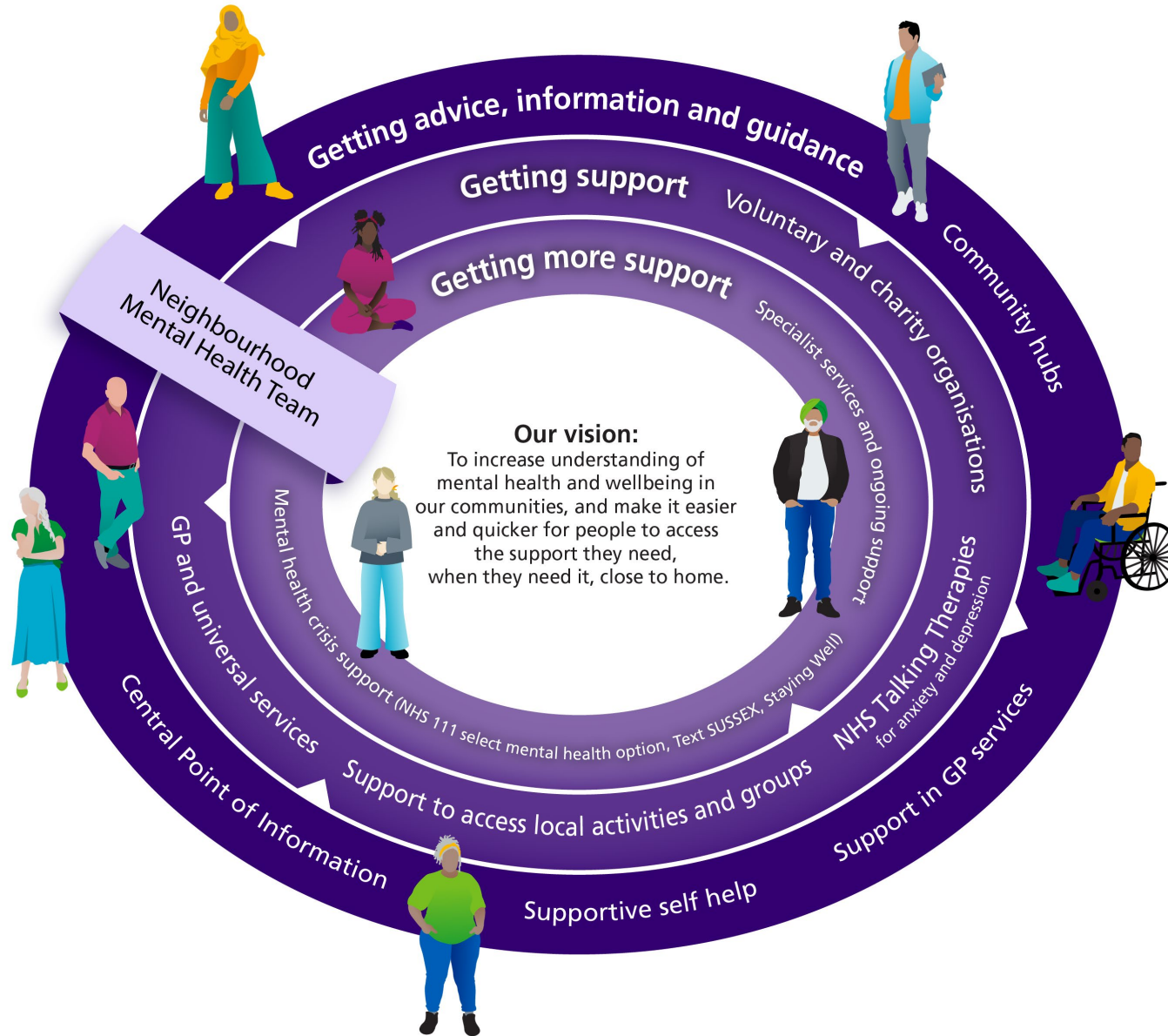
- **Services experiencing reduced capacity and higher demand**
- **Service gaps**
- **People with co-occurring conditions are often excluded from services (CQC, 2015 and Recovery Partnership, 2015)**
- **High risk = High anxiety for services, helplessness**
- **Stigma “lifestyle choice”**
- **A lack of research and guidance**
- **Multiple compound needs**
- **Multiple separate services, navigating the system**
- **Lack of stable housing**

Where's the good news? What is being done to address this?

- **System-wide mental health changes**
- **Co-occurring Conditions specific work**

Mental Health Community Transformation

- **Bring services together to work collaboratively, including mental health services, social care, general practice, primary care and voluntary services.**
- **Patients will be offered a holistic approach based on needs, with a greater emphasis on psychological therapies, social and occupational interventions including support for employment, housing, or debt.**
- **Adult mental health services will be drawn together to improve communications, reduce duplication and create a simpler system for patients, carers and colleagues.**



- PHE 'Better care for people with co-occurring mental health and drug and alcohol conditions' 2017 principles of provision:

1 Everyone's job. Commissioners and 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.

2 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.

Clinical Guidelines

NICE Guideline NG58 ‘Coexisting severe mental illness and substance misuse: community health and social care services’ 2016 states...

- **Community MH services do not exclude people with severe mental illness because of substance misuse**
- **Undertake a comprehensive assessment of mental health and substance use treatment needs**
- **Multi-agency collaborative working – joint assessment and care planning**

What are SPFT Doing?

- Investment in Dual Diagnosis posts
- Implement best Practice guidance within mental health services (NICE Guideline 58)
- Support staff to have the knowledge, skills and confidence to work effectively with people with dual diagnosis through working alongside, consultation, advice, training
- Recognising the need to address both issues in partnership
- Policy development, systems & processes, organisational learning

Pathway?

- **There is no separate pathway for co-occurring conditions**
- **People should receive treatment for their presenting mental health condition**
- **There is no separate ‘Dual Diagnosis Team’**
- **If a person’s mental health presentation/risk meets the threshold for a given MH service, they should not be excluded on account of their substance use**
- **Care and treatment should be adapted to better meet the needs of people with co-occurring conditions**

Dual Diagnosis Practitioner posts/network across SPFT

TRUST WIDE POST: Nurse Consultant: [Becky Marshall](mailto:becky.marshall@spft.nhs.uk) becky.marshall@spft.nhs.uk;
Consultant Psychiatrist (one day per week) : Sarah Flowers s.flowers@nhs.net;

West Sussex

North West Sussex

- B7 Practitioner (CMHT) [Rory Hearne](#) – starting 14/10/24

Adur, Arun & Worthing

- B7 Practitioner (CMHT) [Mike Newman](#)
- 1 B7 Practitioner (Rehab) [Corinne Hall](#)

Western

- B7 Practitioner (CMHT) **VACANT**
- B7 Practitioner (Rehab) [Teresa McMorro](#)

Brighton & Hove

Brighton East

B7 Practitioner (CMHT) [Neal Richardson](#)

Brighton West

B7 Practitioner (CMHT) [Tim Davies](#)

Brighton AOT and Rehab Pathway

B7 Practitioner (Rehab) [Laura Thompson](#)

East Sussex CDS

Hastings

B7 Practitioner (CMHT) [Julia Jones](#)

Eastbourne/High Weald, Lewes, Havens

B7 Practitioner (CMHT) **VACANT**

East Sussex Rehab Pathway

B7 Practitioner (Rehab) [Louise Mahoney](#)

Themes

- Undiagnosed/untreated neurodiversity
- Polypharmacy
- Alcohol Dependency and Related Brain Damage: [Alcohol Change UK charity: Alcohol harms. Time for change. | Alcohol Change UK](#)
- ABI
- Methamphetamine use and psychosis

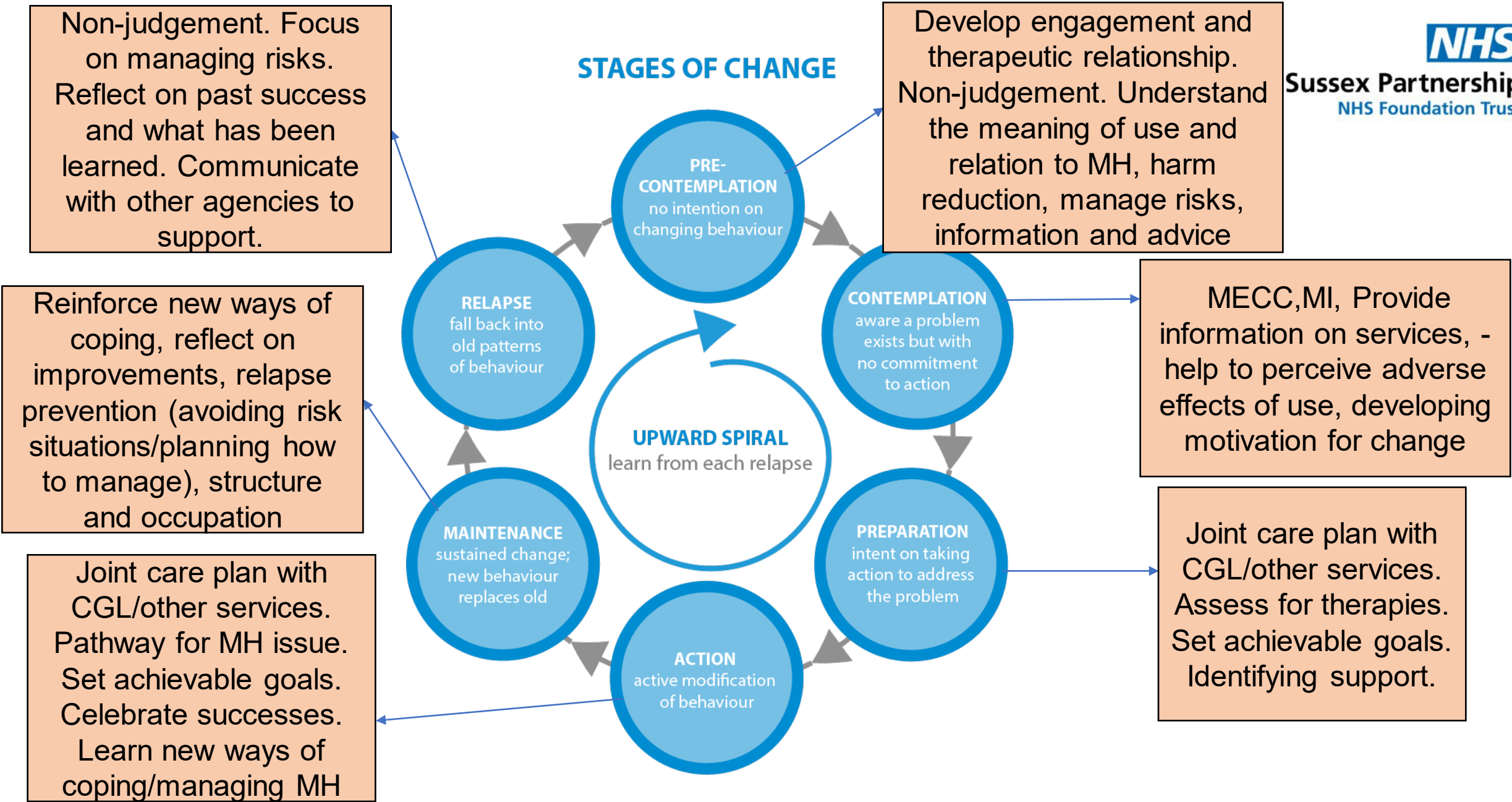
Assessment and Referral

- **Beware multiple assessments – gather information**
- **Use validated tools (AUDIT, ASSIST-Lite)**
- **Take a history (if this is not already available)**
- **Ask about suicide (you won't make it happen)**
- **What are the mental health symptoms?**
- **What risks to the person/others are there?**
- **What is the reason for substance use? What function does it serve?**
- **What does the person want to happen? What are their expectations? Where are they on the cycle of change?**

Care Planning

- Collaborative (person and all involved services)
- Holistic
- Appropriate to current situation
- Addresses identified risks, needs and goals
- Takes account of where the person is on the cycle of change

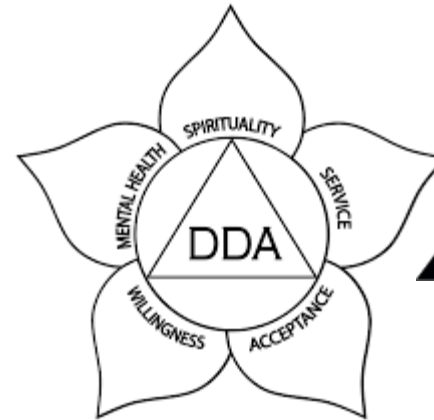
STAGES OF CHANGE



Practical Advice

- Know what the guidance says and use it to challenge decisions
- Know where/who to escalate to
- Don't work in isolation
- Use forums for discussion/supervision, call professional's meetings
- **DON'T SIGNPOST!** - make the referral (if person is willing)
- Think more broadly about what services might meet people's needs
- How can we adapt what we offer to give people the best opportunity to benefit?

Mutual Aid – A lifetime of free aftercare



AL-ANON
FAMILY GROUPS
UK & EIRE

kennedy street →
addiction recovery

<https://www.cochrane.org/news/new-cochrane-review-finds-alcoholics-anonymous-and-12-step-facilitation-programs-help-people>

Questions?

References

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