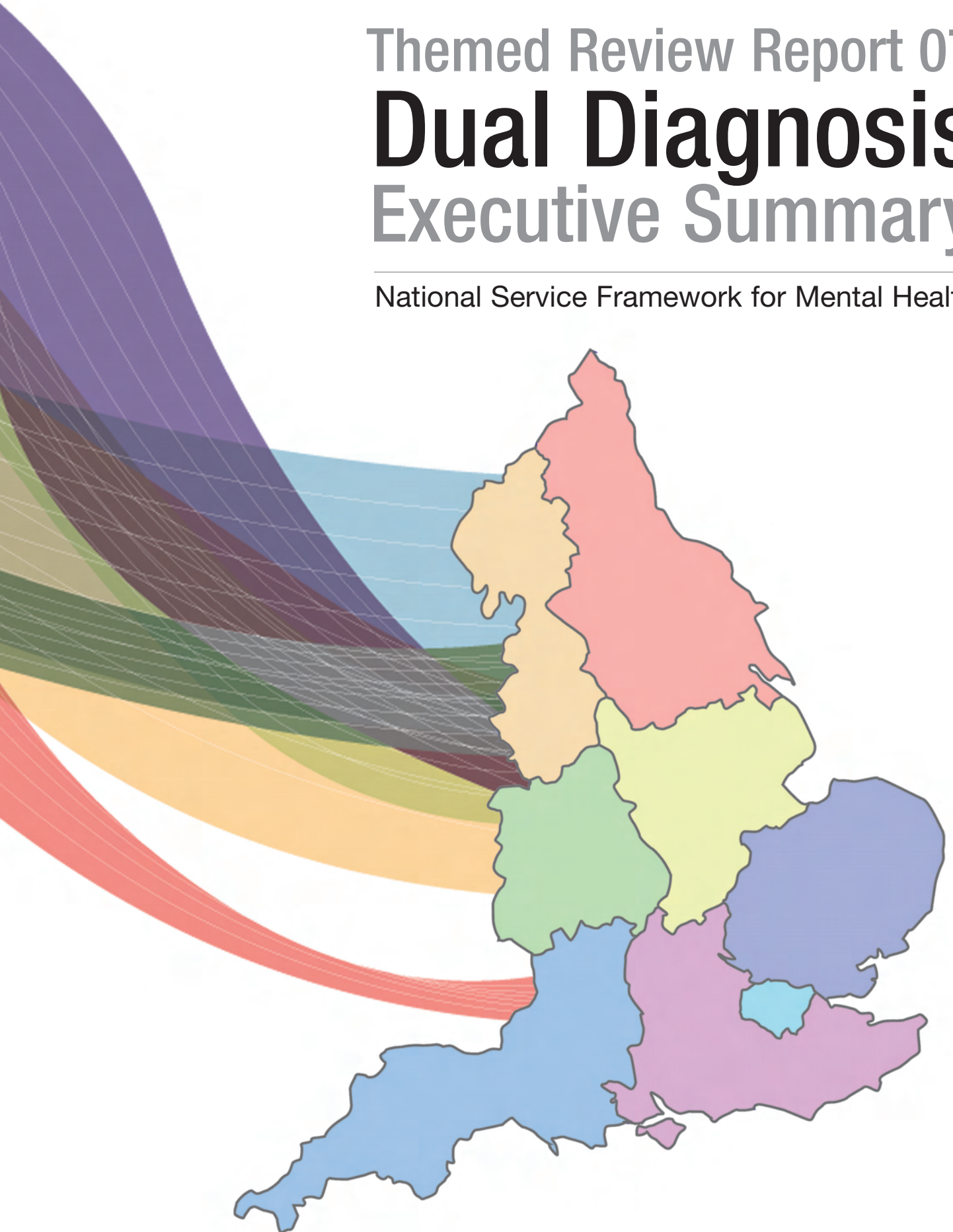


Themed Review Report 07
Dual Diagnosis
Executive Summary

National Service Framework for Mental Health




Foreword

It is everyone's business to provide good quality services for people with mental health and substance misuse difficulties. The management of people with dual diagnosis (DD) remains an area of concern and one of high priority for mental health policy and within clinical practice. This was highlighted in the National Service Framework for Mental Health – 5 Years On document (DH 2004) where I restated that dual diagnosis remained one of the biggest challenges for mental health service providers.

Providing appropriate information and support for carers, family members and friends of service users is an important aspect of the services we provide, and must be given the priority it deserves. Due to the complexity of physical, social, psychological and other issues associated with this condition, it makes detection, assessment, treatment and the provision of good quality care even more challenging.

The information in this report has been collected from across the country, and thanks to the high response rate, we now have a much clearer picture of areas around the country where service users, carers, commissioners and providers are working together and driving up the quality of care locally. We are also aware of areas that may require more support and guidance so as to improve local dual diagnosis services.

It is clear that there is a long way to go to genuinely meet the complex and changing needs of people with dual diagnosis. But I commend this report as a valuable step on the road to achieving choice and real quality of life improvements for service users, carers and their families, and a way forward for service providers to be more confident and competent in providing these services.



Louis Appleby, National Director for Mental Health

Introduction

The autumn assessment of mental health has been an annual event since the National Service Framework (NSF) for the mental health of working age adults was launched in 1999. Its purpose is to provide an in depth assessment of the progress of services towards full implementation of the NSF. It comprises of four main strands:

- a self assessment process on local services carried out by Local Implementation Teams (LITs)
- a themed review on a key topic
- finance mapping
- mapping of adult mental health services

This review and the detailed local and national reports that result from it are designed to help evaluate local progress, both on specific targets and on developing the breadth of mental health services. The themed review key topic for the autumn assessment of mental health in 2006-7 was 'Dual Diagnosis'.

Research suggests that between 22% and 44% of adult psychiatric inpatients also have problematic drug or alcohol use, up to half being drug dependent. Urban patient populations have higher prevalence figures than those in rural services. In high secure hospitals between 60% and 80% of patients have a history of substance use prior to admission. It has been suggested that fewer than 20% of psychiatric inpatients receive treatment for their substance use.

The review's aim was to encourage integration of drug and alcohol expertise and related training into mental health provision to provide a standard service plan. The review also wanted to investigate what quantitative and qualitative information was available about dual diagnosis services for people of all ages who have both mental health and substance use needs.

This review encompassed local strategic plans, service delivery, health promotion and the staff and training needs of the workforce.

Executive Summary with recommendations

The review process

This review is the first national assessment of progress towards the good practice set out in the Dual Diagnosis Good Practice Guide (May 2002).

In late 2006-7 mental health Local Implementation Teams (LITs) were asked to respond to review questions structured around the requirements of the Good Practice Guide. A response rate of about 80% was achieved – 131 LITs. However many responses were incomplete and not all questions yielded data that could be comprehensively analysed.

Definitions and integration of services

Nearly all LITs reported having a local definition of dual diagnosis. For around 80% of LITs this definition was already in operation. However many LITs (40%) did not have a dual diagnosis strategy agreed with local stakeholders such as Drug and Alcohol Action teams (DAATs) and mental health commissioners. This shortfall needs to be urgently addressed.

There was evidence of progress towards better integration with mainstream mental health services in the majority of LIT areas. But local leadership or championing of dual diagnosis seems lacking in many patches, with only 20% of LITs using this as a measure to achieve integration.

Resourcing and planning

Two thirds of LITs reported that users with dual diagnosis problems were having either a quite severe or very severe resource impact on mental health services and only two per cent reported little impact.

Despite this, fundamental requirements for planning services such as monitoring service use and carrying out local needs assessments had been achieved only patchily. Less than two thirds of LITs were able to report that a needs assessment had been completed. In two SHAs no LITs could report that needs assessment data were available.

User satisfaction and user outcomes

Only two fifths of LITs had collated evidence on user satisfaction with services.

It is of interest however that the treatment outcomes profile (TOPs) developed by the National Treatment Agency is now being used by drug treatment agencies to monitor user outcomes (see p. 34 in the Appendix).

Public awareness

Promotion and dissemination of information to the public on the impact of substance abuse, and for practitioners on the availability of relevant services was reported by many LITs using a wide range of approaches. A quarterly bulletin and website run by a local DAAT was one such approach.

Skills and capabilities of staff

There is a mixed picture on training and the existing skills and capabilities of staff. Fewer than half the LITs had made an assessment of training needs. Variation between SHAs was extreme. 83% of LITs in the East Midlands reported that an assessment had been made compared to only 14% in the South West.

Specific competencies for staff working in assertive outreach and acute inpatient wards where there is a high or very high incidence of substance abuse problems are recommended in the Dual Diagnosis Practice Guide. But a wide variation is reported in the level of competencies achieved by staff in these services.

As described in p 47 of the Appendix, the North West SHA has examples of lead nurses with specific dual diagnosis skills in inpatient wards and cross fertilisation of capabilities between substance misuse services and mental health inpatient services via a specialist dual diagnosis worker based in substance misuse services.

Development of the recommended competencies remains a priority need across much of the country.

Recommendations

Modern, effective provision for people experiencing dual diagnosis benefits from the following features:

- 1) There is clear designated local responsibility for the strategic development of dual diagnosis services. Ideally this should be a named individual who supports a forum for decision making.
- 2) The Joint Strategic Needs Assessment can be a useful process to help raise dual diagnosis issues. Data can contribute to the development of a clear local definition of the target population for services. If the local definition covers only those with severe mental illness plus substance abuse, then the needs of those with less severe mental illness also need to be considered. Clinical and Needs Assessments across the whole age range (including the needs of older people) will provide a more comprehensive service response.
- 3) Sensitive and appropriate collection of the views of users as part of needs assessment, strategy development and quality monitoring, to understand satisfaction with services and unmet needs.
- 4) Workforce capabilities are strengthened through employing resources such as The Dual Diagnosis Capability Framework and the 10 ESC Dual Diagnosis module.
- 5) Joint stakeholder ownership of local strategies, in which the development and training needs (including local health promotion activities) of staff working with dual diagnosis service users are addressed.
- 6) Assessment and care coordination includes substance misuse problems and physical health care needs.
- 7) The effective recording of user defined outcomes leading to a local outcomes framework for dual diagnosis.

A full copy of this report is available to download at:
www.csip.org.uk/resources/publications/dual-diagnosis.html