

<b>Document Title</b>	Management of People with Dual Diagnosis			
<b>Reference Number</b>	CNTW(C)44			
<b>Lead Officer</b>	Executive Director of Nursing and Operations			
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<b>Ratified by</b>	Business Delivery Group			
<b>Date Ratified</b>	September 2016			
<b>Implementation Date</b>	October 2016			
<b>Date of Full Implementation</b>	October 2016			
<b>Review Date</b>	Dec 2021			
<b>Version Number</b>	V04.8			
<b>Review and Amendment Log</b>	<b>Version</b>	<b>Type of Change</b>	<b>Date</b>	<b>Description of Change</b>
	V04.5	Extension	Sep 20	Extension in review
	V04.6	Update	Oct 2020	Extension to review to Jan 2021
	V04.7	Extension	Dec 2021	Extension in review to July 2021 Change of author
	V04.8	Extension	Jul 2021	Extension till Dec 2021

**This policy supersedes:**

<b>Reference Number</b>	<b>Title</b>
NTW(C)44 – V04.7	Dual Diagnosis Policy

## Dual Diagnosis Policy

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## 1 Introduction

1.1 Dual diagnosis can be seen as one of the most challenging clinical problems facing specialist drug, alcohol or substance misuse services in addition to Mental Health and Learning Disability service providers.

1.2 The term dual diagnosis in this instance covers a broad spectrum of mental health and substance misuse difficulties that a person may experience concurrently.

Examples are:

- Increased substance misuse leading to exacerbation of mental health difficulties.
- An existing mental health concern triggering an episode of substance misuse as a misguided form of 'self-medication' to combat distressing psychological symptoms.

1.3 Substance misuse amongst people with mental health difficulties has been associated with significantly poorer treatment outcomes including:

- increased rates of in-patient episodes
- increased risk of HIV, BBV and other health related conditions;
- homelessness; rooflessness
- poorer social care outcomes relating to social exclusion generally
- involvement with the Criminal Justice System
- poor concordance rates with prescribed medication for psychiatric condition

1.4 National guidance and reports recommend that provision for dual diagnosis should be central to the modernisation agenda within mental health services; Cumbria Northumberland, Tyne and Wear NHS Foundation Trust (the Trust/CNTW) embrace this principle.

1.5 National Institute for Health and Clinical Excellence (NICE) CG120 Guideline (March 2011) Psychosis with co-existing substance misuse - Assessment and management in adults and young people aims to help ensure people diagnosed with a form of psychosis, who also misuse substances, can be identified and treated effectively.

1.6 The Mental Health Policy Implementation Guide: Dual Diagnosis Good Practice Guide (Department of Health, 2002) not only gives focus to the needs of people with serious mental illnesses and substance misuse problems, but also provides a framework for planning services to meet the needs of the wider population considered to have dual diagnosis.

1.7 The Mental Health Policy Implementation Guide: Dual Diagnosis Good Practice Guide (Department of Health, 2002) emphasises the importance of risk assessment and risk management for people with dual diagnosis. 89% of homicides by people with a mental illness had a history of alcohol, drug misuse or both in England (NCISH, 2015).

- 1.8 The Suicide Prevention Toolkit (NIMHE, 2003) refers to standards around the needs of the dually diagnosed. 54% of patient suicides had a history of alcohol or drug misuse or both in England (NCISH, 2015). The protection of children of drug users has also been considered within policy guidance informed by the report 'Hidden Harm' (ACMD, 2003).
- 1.9 Substance misuse is a broad term encompassing the harmful use of any psychotropic substance, including alcohol and either legal or illicit drugs. However, substance misuse can be harmful without dependence, especially among people with a co-existing psychosis. One in ten service user and provider feedback surveys suggest that people with co-existing substance misuse and mental health issues are often unable to access the care they need. For example mental health services indicate their presentation is not severe enough to access services, or that they need to address their substance misuse first. Further individuals presenting in mental health crisis may fail to get appropriate care due to their intoxication. Public Health England (PHE). (20XX Draft Document); Co-existing alcohol and drug misuse with mental health issues.

## **2 Purpose**

- 2.1 The purpose of this policy is to set out the principles that will ensure people with a dual diagnosis of mental health and substance misuse receive the appropriate support and treatment to address their needs when presenting to services provided by the Trust
- 2.2 MEAM (Making Every Adult Matter) Coalition, (2015) found that services still "treat people based on what it considers to be their primary need, be that mental ill-health, dependence on drugs and alcohol, homelessness or offending."
- 2.3 The message from 'Closing the Gap' Department of Health. (2006), is that dual diagnosis and the needs and treatment of the dual diagnosed is everyone's work.

## **3 Duties**

### **3.1 Information Sharing**

- 3.1.1 All Staff are expected to work within the Trust's policies and practice guidance notes; CNTW(O)62 - Information Sharing and CNTW(O)29 – Confidentiality.

### **3.2 How the Organisation Addresses the Needs of Dual Diagnosis Service Users**

- 3.2.1 Referral Routes - Service users with Dual Diagnosis needs are referred through the same point(s) of Trust access routes as other service users.

### 3.3 **Arbitration**

3.3.1 In circumstances where there is some disagreement regarding whether a clinical service will become involved in the assessment and / or care and treatment of a service user, Team line management support is to be sought with the potential to review the needs of the service user and allocate the resources most appropriate to meet the needs of the service user. In the event that the disagreement is not satisfactorily resolved at this stage, the disagreement is then referred to the next tier of line management.

### 3.4 **Arrangements for Co-ordinating Care**

3.4.1 Service users with co-occurring mental health and substance misuse needs, requiring secondary specialist mental health services must receive their care and treatment within the Care Programme Approach (CPA). CNTW(C)20 Care Coordination-Care Programme Approach (CPA) policy. This means that the mental health care co-ordinator or lead professional must retain responsibility for the care of any service user to whom the “dual diagnosis” need applies during their Trust clinical care and Treatment episode. Substance Misuse Service staff members cannot take on CPA care coordinator responsibilities. It is important that there is continuous collaborative and joint working between the care co-ordinator and all services involved in the clients care.

### 3.5 **Duties and Responsibilities**

#### 3.5.1 **The Chief Executive is responsible for:**

- Ensuring that an appropriate and adequate infrastructure exists to support the application of management of people with dual diagnosis policy

#### 3.5.2 **The Executive Director of Nursing and Operations is responsible for:**

- The strategic and operational management of the management of people with dual diagnosis policy within the Trust

#### 3.5.3 **Managers have a responsibility to:**

- Ensure that all staff are made aware of policies and receive appropriate training in their application
- Ensure that policies are implemented and evaluated appropriately
- Identify/manage and deploy resources to meet service requirement
- Monitor the quality of services provided to those with dual diagnosis also lies with managers through supervision and appraisal mechanisms; these, together with other audit initiatives, will ensure that standards are met

#### 3.5.4 Registered staff have a responsibility to:

- Complete dual diagnosis care plans for their allotted service user and for other service users in their care as the need arises. See Appendix D for examples of Dual Diagnosis Care Plans
- Review any service user/s level of clinical need/risk assessment (increase/decrease) in conjunction with their substance misuse
- Ensure that the care plan is implemented
- Ensure collaborative working with the appropriate substance misuse service
- Review the care plan on a regular basis as identified in the care plan
- Complete documentation as specified
- Registered staff can use outcome scales available to assist in assessing severity of substance misuse, i.e. AUDIT, substance use history, mode of use, physical health problem BBVs, mental health history, readiness to change. Alcohol-use disorders (NICE 2011)

#### 3.5.5 Non-registered staff have a responsibility to:

- Be familiar with and implement the care plan for each Service user in their care
- Complete documentation contemporaneously as specified
- Report any relevant information to assist the effective review of service users

#### 3.5.6 All clinical staff have a responsibility to:

- Familiarise themselves with the Dual Diagnosis Policy and act in accordance with the stated requirements

3.5.7 The responsibilities of Trust clinical staff are further detailed in CNTW(C)20 Care Coordination including Care Programme Approach Policy and Practice Guidance Notes.

### 3.6 Responding to Dual Diagnosis Related Crisis Situations

- 3.6.1 In the event of a service user being referred in a crisis situation where the referrer indicates that the individual is, or may be, under the influence of drugs or alcohol, the responding service will see the individual to assess risk, ascertain whether a mental health assessment can take place and devise an appropriate risk management plan in partnership with the referring agent, this will be completed in accordance with relevant policies. The crisis care concordant ensures that people presenting with a mental health crisis are supported in partnership with a multi-agency approach where needed. Clinical staff involved in responding to a crisis will contact any known services who are currently involved with the client to gain collateral information. Psychosis and schizophrenia: management. NICE guidelines (CG82) and Alcohol-use disorders: diagnosis and management of physical complications. NICE guidelines (CG100).

### 3.7 Joint Working Arrangements

- 3.7.1 Dual Diagnosis needs may present at any stage of a service users contact with Trust services. In order to promote continuation of care and manage risk, effective joint working with service users requires collaboration and information sharing between providers, including non-Trust services e.g. Substance misuse services. Information sharing will be undertaken in accordance with existing legislation as outlined in the Data Protection Act 1998, Department of Health Confidentiality: Code of Practice, Cumbria Northumberland, Tyne and Wear NHS Foundation Trust Multi-Agency Information Sharing Protocols (See Trust's policies CNTW(O)62 - Information Sharing and CNTW(O)29 – Confidentiality for additional information).

## 4 Definition of Terms Used

- Dual Diagnosis – the co-occurrence of mental health and substance misuse concerns
- IT – Information Technology
- MH – Mental Health
- CNTW – Cumbria Northumberland, Tyne and Wear NHS Foundation Trust
- HIV – Human Immunodeficiency Virus
- BBV – Blood Borne Virus
- AUDIT – Alcohol Use Disorders Identification Test

## 5 Identification of Stakeholders

5.1 This is an existing policy which has been reviewed in line with the Trust's policy, CNTW(O)01, Development and Management of Procedural Documents; it was also circulated Trust wide for a two week consultation to the following:

- North Locality Care Group
- Central Locality Care Group
- South Locality Care Group
- North Cumbria Locality Care Group
- Corporate Decision Team
- Business Delivery Group
- Safer Care Group
- Communications, Finance, IM&T
- Commissioning and Quality Assurance
- Workforce and Organisational Development
- NTW Solutions
- Local Negotiating Committee
- Medical Directorate
- Staff Side
- Internal Audit
- Health safety & Resilience

## 6 Equality Impact Assessment

6.1 In conjunction with the Trust's Equality and Diversity Officer this policy has undergone an Equality and Diversity Impact Assessment which has taken into account all human rights in relation to disability, ethnicity, age and gender. The Trust undertakes to improve the working experience of staff and to ensure everyone is treated in a fair and consistent manner.

## 7 Training

7.1 The Trust will ensure that all staff have access to appropriate levels of training, it is the responsibility of each Group Director to ensure staff attend any related training. Levels of training are included within the Essential Training Guide, which forms part of [CNTW\(HR\)09 – Staff Appraisal Policy and Practice Guidance Notes](#). The Trust's Training and Development department has analysed personal development plans returned as part of the individual joint development reviews conducted under Agenda for Change requirements.

7.2 This Policy document will be cascaded via existing Trust Governance and management committees and structures.



7.3 Basic dual diagnosis awareness training linked to NICE Clinical Guidelines 120 key themes is considered essential training and applies to all clinical staff unless specific Trust Directorate exemption has been formally agreed.

7.4 Levels of training are identified in the training needs analysis and are included within the Training Guide which can be accessed via this link <http://nww1.CNTW.nhs.uk/services/index.php?id=3796&p=2780>

## **8 Implementation**

8.1 This policy will be implemented Trust-wide and will be reviewed in agreed timescales.

## **9 Monitoring**

9.1 This policy will be monitored for compliance by the methods detailed in the template monitoring tool (See Appendix C). This process will be monitored via Community Locality Care, Business Delivery Group and reported back through Trust audit.

## **10 Standard Key Performance Indicators**

10.1 This policy satisfies the requirements of national standards - the NHS Litigation Authority Risk Management Standards.

## **11 Fair Blame**

11.1 The Trust is committed to developing an open learning culture. It has endorsed the view that, wherever possible, disciplinary action will not be taken against members of staff who report near misses and adverse incidents, although there may be clearly defined occasions where disciplinary action will be taken.

## **12 Fraud, Bribery and Corruption**

14.1 In accordance with the Trust's policy [CNTW\(O\)23 – Fraud, Bribery and Corruption](#) , all suspected cases of fraud and corruption should be reported immediately to the Trust's Local Counter Fraud Specialist or to the Executive Director of Finance.

## **13 Associated Documentation**

- [CNTW\(C\)20](#) - Care Programme Approach & Practice Guidance Notes
- [CNTW\(O\)01](#) - Development & Management of Procedural Documents

- [CNTW\(O\)29](#) - Confidentiality Policy and Practice Guidance Notes
- [CNTW\(O\)62](#) - Information Sharing Policy and Practice Guidance Notes
- [CNTW\(HR\)09](#) - Staff Appraisal Policy and Practice Guidance Notes

## 14 References

- The Mental Health Policy Implementation Guide: Dual Diagnosis Good Practice Guide (Department of Health, 2002)
- The Suicide Prevention Toolkit (NIMHE, 2003)
- 'Hidden Harm' Report (ACMD, 2003)
- National Institute for Health and Clinical Excellence (NICE) CG120 Guideline (March 2011) - Psychosis with Co-existing Substance Misuse - Assessment and Management in Adults and Young People.
- National Confidential Inquiry into Suicide and Homicide by People with Mental Illness. (NCISH), (2015). Centre for Mental Health and Safety. Manchester
- Department of Health. "Closing the Gap." (2006), A capability framework for working effectively with people with combined mental health and substance use problems (dual diagnosis).
- Voices from the Frontline: (MEAM (Making Every Adult Matter) Coalition), (2015) - Listening to people with multiple needs and those who support them.
- National Institute for Health and Care Excellence (NICE). CG115 (2011) - Alcohol-use of disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence.
- National Institute for Health and Care Excellence (NICE). CG100 (2010) - Alcohol-use disorders: diagnosis and management of physical complications.
- National Institute for Health and Care Excellence (NICE). CG82 (2009) - Psychosis and schizophrenia: management.
- Public Health England (PHE). (20XX Draft Document). Co-existing alcohol and drug misuse with mental health issues: guidance to support local commissioning and delivery of care



Equality Analysis Screening Toolkit			
Names of Individuals involved in Review	Date of Initial Screening	Review Date	Service Area / Locality
Margaret Orange/ Brendan McBride	Jul 2016	July 2021	
<b>Policy to be analysed</b>		<b>Is this policy new or existing?</b>	
<b>Management of People with Dual Diagnosis – V04.7</b>		Existing	
<b>What are the intended outcomes of this work?</b> Include outline of objectives and function aims			
<p>The purpose of this policy is to set out the principles that will ensure people with a dual diagnosis of mental health and substance misuse receive the appropriate support and treatment when presenting to services provided by Cumbria Northumberland, Tyne and Wear NHS Foundation Trust (the Trust / CNTW)</p> <ul style="list-style-type: none"> <li>• CNTW(C)20 – Care Coordination and Care Programme Approach</li> <li>• CNTW(O)01 - Development and Management of Procedural Documents</li> </ul>			
<b>Who will be affected?</b> e.g. staff, service users, carers, wider public etc			
<b>Protected Characteristics under the Equality Act 2010.</b> The following characteristics have protection under the Act and therefore require further analysis of the potential impact that the policy may have upon them			
<b>Disability</b>	Need to ensure the availability of BSL interpreters, advocates, and accessible information materials.		
<b>Sex</b>			
<b>Race</b>	Bearing in mind the care co-ordination issues raised in the practice guidance note, it will be crucial to know whether a person needs the use of an interpreter / advocate, translated materials in the case of Dual Diagnosis.		
<b>Age</b>	<p><b>Older People</b> - Need to ensure that services are sensitive to older person's requirements where necessary and accessible information materials are available</p> <p><b>Children and Young People</b> - Need for advocates accessible information</p>		
<b>Gender reassignment (including transgender)</b>	Need to ensure gender sensitive services where necessary		
<b>Sexual orientation.</b>	Need to ensure sensitive services where required, are available		
<b>Religion or belief</b>	Similar issues as per BME category. Care co-ordination will highlight religious needs. It may be that an appointment on a specific day may conflict with religious observance.		
<b>Marriage and Civil</b>			

<b>Partnership</b>	
<b>Pregnancy and maternity</b>	
<b>Carers</b>	
<b>Other identified groups</b>	<b>Criminal Justice System</b> - Need to ensure sensitive services where required, are available
<b>How have you engaged stakeholders in gathering evidence or testing the evidence available?</b>	
Through standard policy process procedures	
<b>How have you engaged stakeholders in testing the policy or programme proposals?</b>	
Through standard policy process procedures	
<b>For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:</b>	
Appropriate policy review author/team	
<b>Summary of Analysis</b> Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in services or expand their participation in public life.	
<b>Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups. Where there is evidence, address each protected characteristic</b>	
<b>Eliminate discrimination, harassment and victimisation</b>	
<b>Advance equality of opportunity</b>	
<b>Promote good relations between groups</b>	Not applicable
<b>What is the overall impact?</b>	
<b>Addressing the impact on equalities</b>	
<b>From the outcome of this Screening, have negative impacts been identified for any protected characteristics as defined by the Equality Act 2010?</b>	
<b>If yes, has a Full Impact Assessment been recommended? If not, why not?</b>	
<b>Manager's signature:</b>	<b>Brendan McBride</b>
	<b>Date: July 2021</b>



## Appendix B

### Communication and Training Needs Information

Levels of training are identified in the training needs analysis and are included within the Training Guide which can be accessed via this link

<http://nww1.CNTW.nhs.uk/services/index.php?id=3796&p=2780>

## Appendix C

## Dual Diagnosis Monitoring Tool

## Statement

The Trust is working towards effective clinical governance and governance systems. To demonstrate effective care delivery and compliance, policy authors are required to include how monitoring of this policy is linked to auditable standards / key performance indicators will be undertaken using this framework.

<b>CNTW(C)44 – Dual Diagnosis Policy - Monitoring Framework</b>			
<b>Auditable Standard / Key Performance Indicators</b>		<b>Frequency / Method / Person Responsible</b>	<b>Where results and any Associate Action Plan will be reported to, implemented and monitored</b> (this will usually be via the relevant Governance Group).
<b>1</b>	All Trust clinical staff receive basic dual diagnosis awareness training once only as a minimum standard.	<b>Frequency:</b> Once <b>Method:</b> Via Dashboard <b>(Person Responsible)</b> –Team Manager(s)	Community services Quality and Performance Group  Specialist Care Quality and Performance Group  In-patient care Quality and Performance Group
<b>2</b>	Service users defined as Cluster 16 within Rio clinical records will have a clear Risk assessment and management plan documented in their care records.	A selection of 30 “cluster 16” clinical case notes will be annually audited across the Trust in relation to monitoring Risk Policy compliance, commencing in 2013.  <b>Person Responsible</b> – Dual Diagnosis Lead Nurse or nominated deputy.	Community services Quality and Performance Group.  Specialist Care Quality and Performance Group  In-patient locality Quality and Performance Group

The Author(s) of each policy is required to complete this monitoring template and ensure that these results are taken to the appropriate Quality and Performance Governance Group in line with the frequency set out.