

Why is this issue important?

Dual diagnosis describes the co-existence of mental health and substance misuse problems (both drugs and alcohol). It is a broad term with definitions which vary according to severity. The Department of Health defines dual diagnosis as “severe mental health problems and problematic substance misuse,” while some other definitions are broader and include lower level problems.

It is a very challenging condition and individuals with a dual diagnosis have complex needs which require input from a range of services.

Mental health and substance use often coincide, and the relationship between the two is very complex. Possible mechanisms include:

- A primary psychiatric illness precipitating or leading to substance misuse
- Substance misuse worsening or altering the course of a psychiatric illness
- Intoxication and/or substance dependence leading to psychological symptoms
- Substance misuse and/or withdrawal leading to psychiatric symptoms or illnesses.¹

It is estimated nationally that a third of patients in mental health services have a substance misuse problem, and around half of patients in drug and alcohol services have a mental health problem, most often depression or personality disorder.²

Dual diagnosis is more prevalent among psychiatric inpatients and people in secure services,³ and it is also common among the prison population (up to 75% of prisoners).⁴

The term ‘dual diagnosis’ implies that mental health and substance misuse problems have been diagnosed. It is clear that this is not always the case and some people have mental health needs which

do not meet thresholds for a formal diagnosis or treatment for a mental health condition. Many of these people have co-existing substance misuse problems in addition to a wide range of other needs. The term ‘complex needs’ may therefore be more appropriate.

Compared with others in mental health or substance misuse treatment services, people with a dual diagnosis have worse physical health and poorer quality of life, higher levels of personality disorder and disability and greater risk profiles than those without.³ They are at increased risk of a range of poor health outcomes including long term physical health problems, self-harm and suicide. Other risks include homelessness and social isolation, disrupted family relationships, domestic violence, unemployment and imprisonment.

Key outcomes

The Public Health Outcomes Framework does not have specific indicators for dual diagnosis, but a number are relevant:

- ***Excess under 75 mortality rate in adults with serious mental illness***
- ***Proportion of people in prison aged 18 or over who have a mental illness***
- ***Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison***
- ***Successful completion of drug and alcohol treatment.***
- ***Emergency hospital admissions for intentional self-harm***
- ***Alcohol related admissions to hospital***
- ***Deaths from drug misuse***
- ***Suicide***

Impact in Brighton & Hove

Brighton & Hove has high rates of substance misuse and mental health problems, which have a big impact on the city. The city also has historically had high rates of suicides and drug related deaths. One way of looking at how these two issues present is to look at deaths that sit across the two categories. Provisional findings from two separate

¹ Department of Health. Dual Diagnosis Good Practice Guide. 2002. Available at:

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009058 [Accessed 30/08/2016]

² Rethink and Turning Point. Dual Diagnosis Toolkit. Available at: <http://www.turning-point.co.uk/media/1103612/dualdiagnostoolkit.pdf> [Accessed 01/09/2016].

³ Strathdee G et al. Dual diagnosis in a primary care group – a step by step epidemiological needs assessment and design of a training and service response model. Department of Health/National Treatment Agency 2002.

⁴ Prison Reform Trust. Prison Fact File December 2011. Available at: <http://www.prisonreformtrust.org.uk/Portals/0/Documents/Bromley%20Briefing%20December%202011.pdf> [Accessed on 30/08/2016]

audits of Drug Related Deaths (DRDS) and of suicides in 2015 found that five deaths were in both categories, making up 18% of the DRDs and 10% of the suicides.

Determining the prevalence of dual diagnosis nationally is complicated and depends on the definition used. It is also difficult to ascertain the number of people with a dual diagnosis locally because there is not currently a shared database between mental health and substance misuse services.

Within mental health services in Brighton & Hove in early 2012, it was estimated that 10%-25% of the 1,369 recovery team clients and 46% of the 116 Assertive Outreach team clients had a dual diagnosis.

In 2015/16, 15% of new clients entering substance misuse services were also recorded as receiving support from a mental health care co-ordinator.⁵ This is an increase since 2012, when only 13% of clients entering treatment services were recorded as receiving support from both services. Whilst this is a small increase, it reflects the joint work between substance misuse and mental health services locally, along with other partner agencies, to better identify those who need support with their dual diagnosis.

The Homeless Health Needs Audit completed in 2013 identified 12% of the 302 respondents drawn from residents of hostels as having a dual diagnosis.⁶

Locally there is limited specialist housing provision for clients with a dual diagnosis. However, compared with the substance misuse treatment as a whole (7%), clients with a dual diagnosis are less likely to be vulnerably housed and more likely to be living in supported housing/hostel (12%).

Over recent years dual diagnosis has consistently been highlighted by service users as an area that needs improvement. In the annual substance misuse service user consultation, undertaken by Mind in December 2015, the need for increased mental health support for individuals with

addiction issues was again a common discussion point. Service users feel that their mental health needs should be better understood by all staff supporting them, and the services available to help them need to be easy and quick to access. Reducing duplication of assessment is also a vital part of service improvement.

Improving dual diagnosis services has been a priority for the Brighton & Hove health economy for several years. A multidisciplinary dual diagnosis steering group meets to highlight and address the key concerns. A new partnership of community substance misuse service providers started on 1st April 2015) and a priority development area is improved dual diagnosis services.

Where we are doing well

To aid referrals to specialist substance misuse and mental health services, a Dual Diagnosis Screening Tool has been developed for frontline workers. The aim of the tool is to provide the basic assessment information required to understand what kind of ongoing support a client might need.

The Pavilions community substance misuse treatment and recovery service launched on the 1st April 2015. An integral part of this new partnership was the establishment of specialist Dual Diagnosis Nurses who work jointly with the Mental Health service provider to ensure the needs of individuals with a dual diagnosis are better met. Joint assessment clinics are held where individuals can access advice and support, where their medication can be reviewed and their care plans can be jointly planned. Dual diagnosis nurses also attend multidisciplinary meetings to improve joint working beyond substance misuse and mental health services. This helps to facilitate improved access to services that individuals with dual needs were historically prevented from accessing.

The dual diagnosis steering group continues to meet to consider what other developments are required to improve services for this client group.

In the last two years a focus has been on improving the support available for people with a dual diagnosis living in Support Accommodation. Shore House provides specific accommodation to this client group.

⁵ Pavilions. Quarter 4 2015/16 Performance Report.

⁶ Brighton & Hove City Council and NHS Brighton and Hove. Brighton & Hove Homeless health needs audit. 2014. Available at: <http://www.bhconnected.org.uk/content/needs-assessments> [Accessed 30/08/2016]

Local inequalities

Dual diagnosis clients in substance misuse are more likely to be female (42%) compared with 31% of all those in treatment.

Dual diagnosis clients are less likely to be in treatment for primary use of Heroin (37% compared with 42%). Though the numbers are small, dual diagnosis clients are more likely to be in treatment for use of Cannabis (6% compared with 5%), and are more likely to be in treatment for use of a Novel Psychoactive Substance (4% compared with 1.5% of the wider treatment population).

Of those clients with a dual diagnosis who left treatment a lower proportion had a successful discharge (42% compared with 45%). As we have seen previously, of those clients who died in treatment a higher proportion (18%) had a dual diagnosis than would be expected.

Clients with a dual diagnosis are more likely (51%) to be long term sick or disabled when compared with all those in treatment (25%).

Dual diagnosis clients are more likely to identify as LGB (bisexual, homosexual or other) 17% compared with 11% for all in treatment.

The Count Me In Too research project investigated the experiences of LGBT people in Brighton & Hove during 2006, and included specific research relating to mental health, and drug and alcohol use. The research found that those who had used illegal drugs, or legal drugs without a prescription in the past five years were more likely to report mental health difficulties than those who had not (76% vs. 61%). LGBT people reporting mental health difficulties were more likely to have used illegal drugs or legal drugs without prescription/medical advice, and to be concerned about the amount they drink, than those without mental health difficulties. Serious thoughts of suicide were more frequently reported among LGBT people who had used drugs than those who hadn't (21% vs. 14%) as was attempted suicide.⁷

Predicted future need

As set out above, locally in 2015/16, a slightly higher percentage of people were receiving support for their substance misuse are also diagnosed as having a mental health need compared to 2012 figures. This is likely to be a result of better identification of those requiring support. However, nationally approximately 20% of people in substance misuse treatment services also have a mental health need⁸ and so it is possible that there are still a large number people in Brighton & Hove who have not had their dual needs identified.

What we don't know

We don't have information on the extent of undiagnosed mental health problems among people with substance misuse. A slightly higher percentage of people accessing substance misuse services are identified as having a dual need now, but it is likely that there are large number of people who are still not receiving the support that they need.

We don't have local evidence enabling us to look at dual diagnosis by ethnicity, religion, disability and marital status or for carers.

National evidence shows that among those with co-existing mental health and substance use needs, some minorities are over represented (e.g. African-Caribbean groups) while others are under-represented (e.g. Asian groups).⁹

'Chemsex' is the practice where men who have sex with men use drugs before or during planned sexual activity to sustain, enhance, disinhibit or facilitate the experience.¹⁰ For some individuals, this practice can have a negative impact on their physical and mental health. Local work is just beginning on this area, and the needs of those involved in the practice needs to be better understood. It is likely that the type of treatment and support services for this client group will need to differ to the more traditional services, to ensure that people engage and seek help.

⁷ Browne K, McGlynn N, Lim J. Count Me In Too: drugs & alcohol additional findings report. 2009. University of Brighton & Spectrum. Available at: http://www.realadmin.co.uk/microdir/3700/File/CMIT_DrugAlcohol_AF_Report_August09.pdf [Accessed 30/08/2016]

⁸ Public Health England. Co-existing substance misuse and mental health issues profile. Available at: <http://fingertips.phe.org.uk/profile-group/mental-health/profile/drugsandmentalhealth/> [Accessed 25/08/2016]

⁹ Turning Point. Dual Diagnosis: Good Practice Handbook. 2007

¹⁰ Public Health England. Substance misuse services for men who have sex with men involved in chemsex. November 2015.

Key evidence and policy

The Dual Diagnosis Good Practice guide¹ recommends 'mainstreaming' as the key policy for delivering services for people with a dual diagnosis. This means recognising that substance misuse is usual rather than exceptional among people with severe mental illness. Care for the most severe presentations should be delivered within mental health services, with the support of substance misuse services.

Evidence shows that many people within substance misuse treatment have mild to moderate mental health problems, and it is recommended that this group is managed within specialist substance misuse services and/or primary care. There should be mutual support between both services. Patients should not be shunted between different services or put at risk of dropping out of care.

Error! Bookmark not defined. In 2016, Turning Point Published a report¹¹ identifying eight goals for effective support including early intervention and supporting staff through access to training and development.

The Government last produced a drug strategy¹² in 2010. It is anticipated that a revised strategy will be published shortly. Whether or not this has a focus on the needs of people with a dual diagnosis remains to be seen.

There are specific NICE guidelines relating to psychosis and substance misuse,¹³ and comorbid depression and anxiety are considered within national alcohol guidance.¹⁴

Recommended future local priorities

1. Continued development of joint working between mental health and substance misuse services.
2. Improved identification of those with a dual diagnosis.
3. Continued development and improvement of

clear dual diagnosis care pathways.

4. Continued commitment to staff training in dealing with dual diagnosis.
5. Monitoring drug related deaths and suicides among people with a dual diagnosis.

Key links to other sections

- Alcohol
- Emotional health and wellbeing
- Mental Health
- Young Offenders
- Rough sleeping
- Substance misuse and alcohol in young people
- Substance misuse
- Suicide prevention
- Housing

Further information

Dual Diagnosis Good Practice Guide

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009058

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¹¹ Turning Point. Dual Dilemma: The impact of living with mental health issues combined with drug and alcohol misuse. 2016

¹² HM Government. Drug Strategy 2010. Reducing demand, restricting supply, building recovery: supporting people to live a drug free life. <https://www.gov.uk/government/publications/drug-strategy-2010> [Accessed 30/08/2016]

¹³ NICE. Clinical Guidance: Psychosis with Co-existing substance misuse CG120. Available at: <https://www.nice.org.uk/guidance/CG120> [Accessed 30/08/2016]

¹⁴ NICE. Clinical Guidance: Alcohol use disorders. Diagnosis, assessment and management of harmful drinking and alcohol dependence CG115. February 2011. <https://www.nice.org.uk/guidance/cg115> [Accessed 30/08/2012]