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Implementing NICE guidelines. Coexisting severe mental illness and substance misuse: community health and social care services NICE guideline [NG58]

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IMPLEMENTING NICE GUIDELINES

Coexisting severe mental illness and substance misuse: community health and social care services NICE guideline [NG58]. November 2016

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Course Leader Substance Use and Misuse Studies

Context

- Groups covered in this guideline include:

young people (aged 14 to 25) and adults who have been diagnosed as having a severe mental illness and who misuse substances and who live in the community.

Context

Mental illness includes a clinical diagnosis of:

- schizophrenia, schizotypal and delusional disorders, or
- bipolar affective disorder, or
- severe depressive episodes with or without psychotic episode

Substance misuse refers to:

- the use of legal or illicit drugs, including alcohol and medicine in a way that causes mental or physical damage.

Health
Social Care
Public Health
Criminal Justice
Voluntary and Community
Housing
Community Health and Social Care Services

Recommendations: 6 areas

1.1 First contact with services

- Identify and provide support to people with coexisting severe mental illness and substance misuse. Aim to meet their immediate needs, wherever they present.
- Provide direct help, or get help from other services, for any urgent physical health, social care, housing or other needs.
- Ensure the person is referred to and followed up within secondary care, and that mental health services take the lead for assessment and care planning.

1.1.5

Ensure the safeguarding needs of all people with coexisting severe mental illness and substance misuse, and their carers and wider family, are met.

de Waal et al. (Nov 2017) Factors associated with victimization in dual diagnosis patients, *Journal of substance Abuse treatment*

- 243 patients with dual diagnosis seeking treatment in Amsterdam
- Overall:

violent victimization was independently associated with younger age, female gender, violent offending and a self-sacrificing and overly accommodating interpersonal style

Females:
homelessness, violent offending, a domineering/controlling interpersonal style

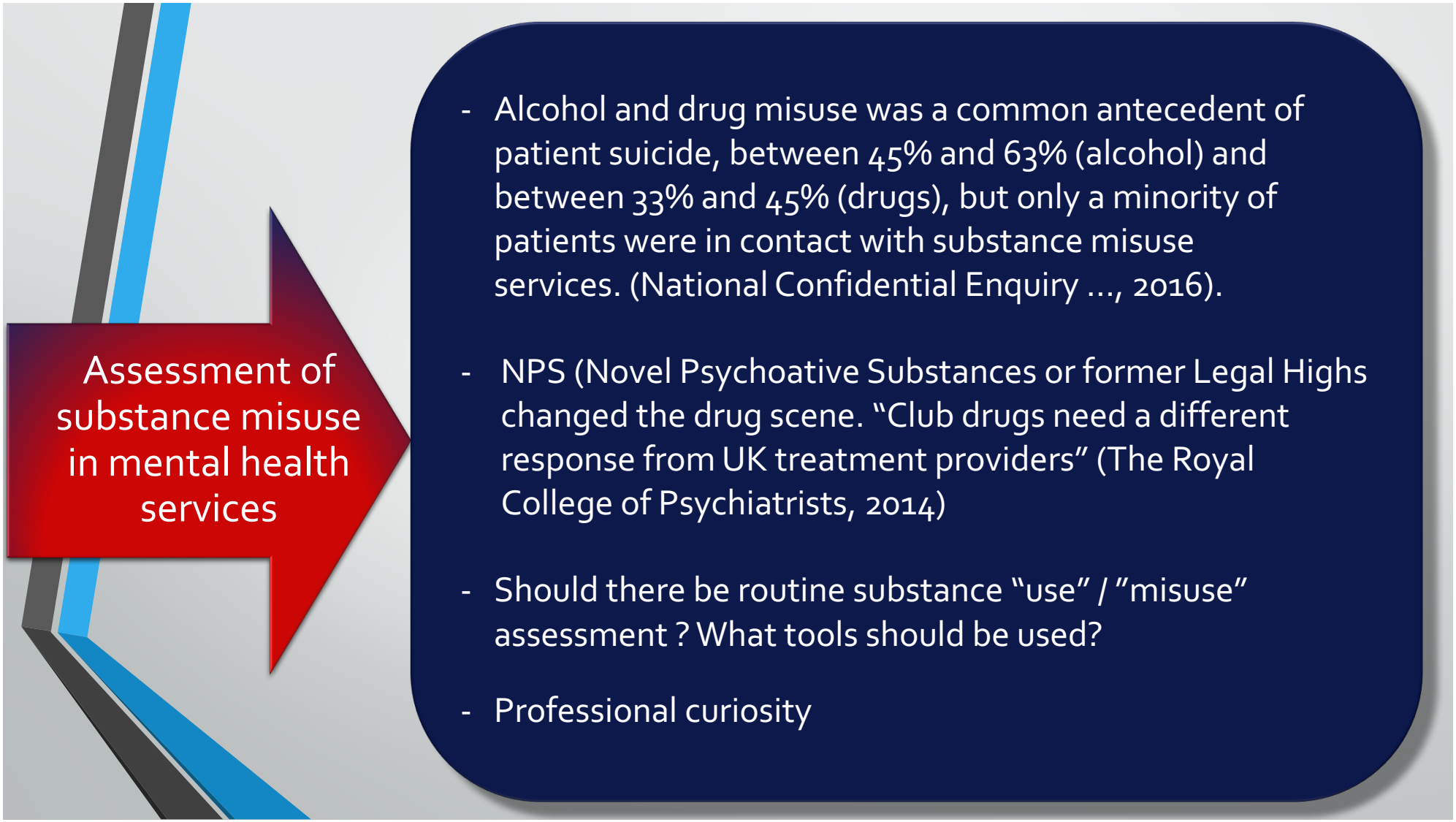
Males:
Younger age, violent offending and a self-sacrificing and overly accommodating interpersonal style.

Conclusion:
Interventions should build interpersonal skills and be gender specific

1.2 Referral to secondary care mental health services

- Do not exclude people with severe mental illness because of their substance misuse.
- Do not exclude people from physical health, social care, housing or other support services because of their coexisting severe mental illness and substance misuse.

Undertake a comprehensive assessment of the person's mental health and substance misuse needs


Assessment of substance misuse in mental health services
- Alcohol and drug misuse was a common antecedent of patient suicide, between 45% and 63% (alcohol) and between 33% and 45% (drugs), but only a minority of patients were in contact with substance misuse services. (National Confidential Enquiry …, 2016).
- NPS (Novel Psychoative Substances or former Legal Highs changed the drug scene. "Club drugs need a different response from UK treatment providers" (The Royal College of Psychiatrists, 2014)
- Should there be routine substance "use" / "misuse" assessment ? What tools should be used?
- Professional curiosity

Involve the person (and their family or carers if the person wants them involved) in developing and reviewing the care plan (as needed) to ensure it is tailored to meet their needs.

Consider incorporating activities in the care plan that can help to improve wellbeing and create a sense of belonging or purpose.

Ensure the care coordinator works with other services to address the person's social care, housing, physical and mental health needs, as well as their substance misuse problems

Ensure carers (including young carers) who are providing support are aware they are entitled to, and are offered, an assessment of their own needs.

1.4 Partnership working between specialist services, health, social care and other support services and commissioners

- 1.4.2 Ensure joint strategic working arrangements are in place
- Agree a protocol for information sharing
- "working across traditional institutional boundaries"

1.3 The care plan: multi-agency approach to address physical health, social care, housing and other support needs

- Practical one-to-one support, for example in relation to housing, education, training or employment
- Support at appointments
- Ensure agencies and staff communicate with each other so the person is not automatically discharged from the care plan because they missed an appointment. All practitioners involved in the person's care should discuss a non-attendance.

Discharge and transition

- Providers share information on how to manage challenging or risky situations (see also NICE's guideline on violence and aggression: short-term management in mental health, health and community settings).
- "most patients convicted of homicide also have a history of alcohol or drug misuse, between 88% in England and 100% in N Ireland. "
- "**greater focus on alcohol and drug misuse is required as a key component of risk management** in mental health care, with specialist substance misuse and mental health services working closely together"

(National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH) , 2017 report)

1.6 Maintaining contact between services and people with coexisting severe mental illness and substance misuse who use them

- Flexibility
- staying in contact by using the person's chosen method of communication (for example, by letter, phone, text, emails or outreach work, if possible).
- Perseverance

Support for staff

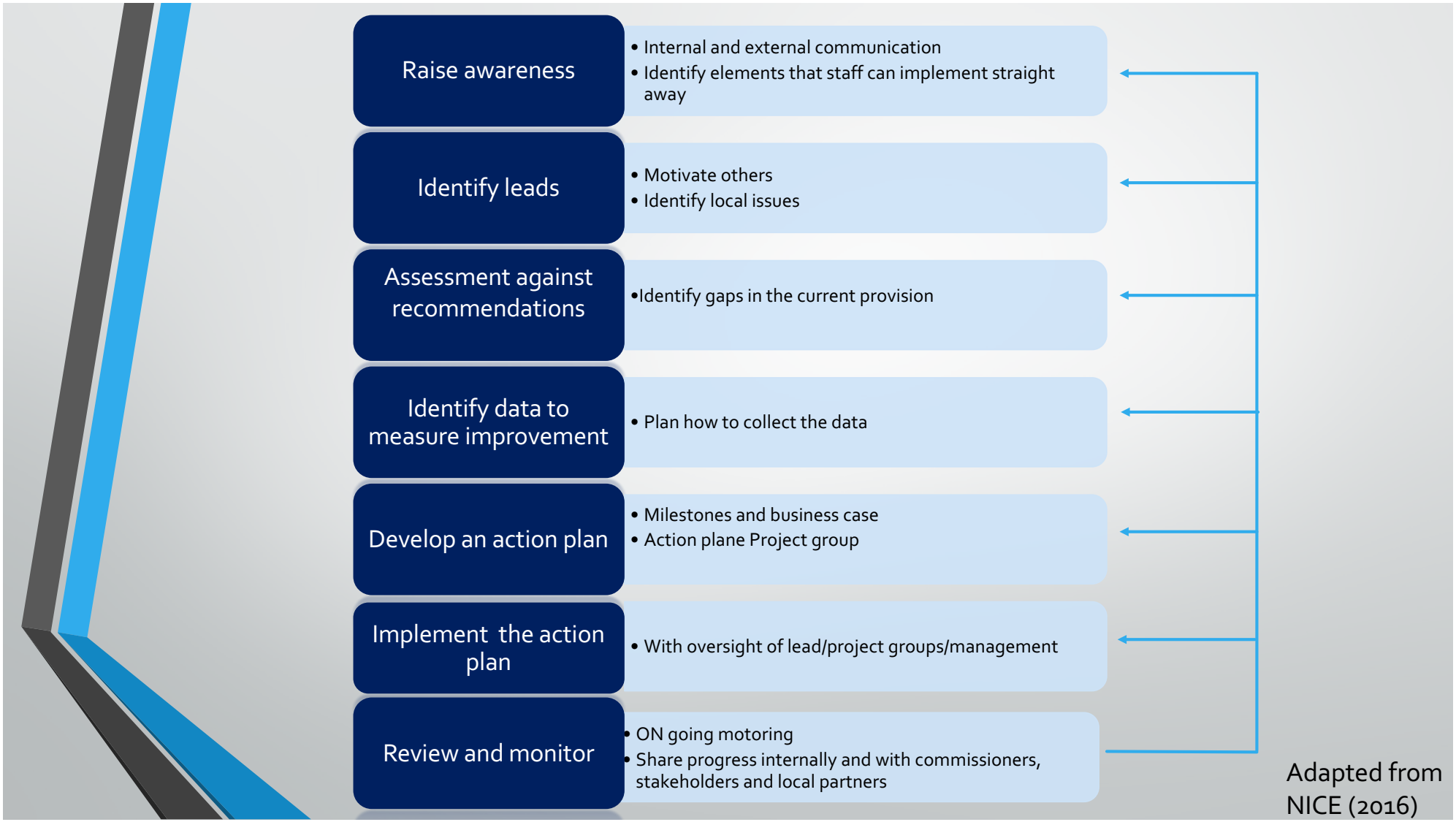
1.5.10 Ensure the care coordinator in secondary care mental health services is supervised and receives professional development to provide or coordinate flexible, personalised care.

1.5.11 Recognise that different attitudes towards, or knowledge of, mental health and drug- or alcohol-related problems may exist between agencies and that this may present a barrier to delivering services.

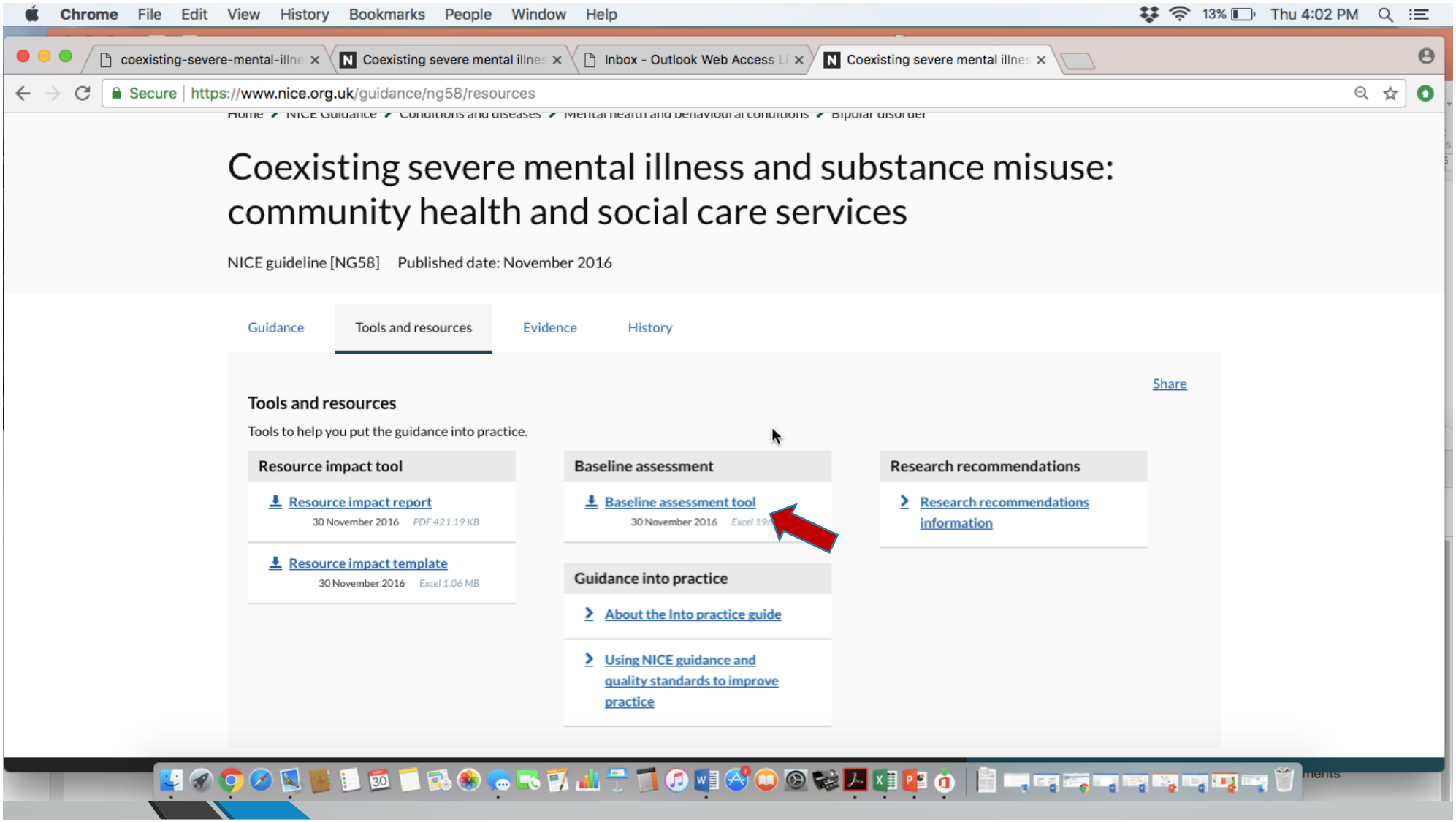
1.5.12 Ensure practitioners have the resilience and tolerance to help people with coexisting severe mental illness and substance misuse through a relapse or crisis, so they are not discharged before they are fully equipped to cope or excluded from services.

From Intention to action

Implementation



Adapted from NICE (2016)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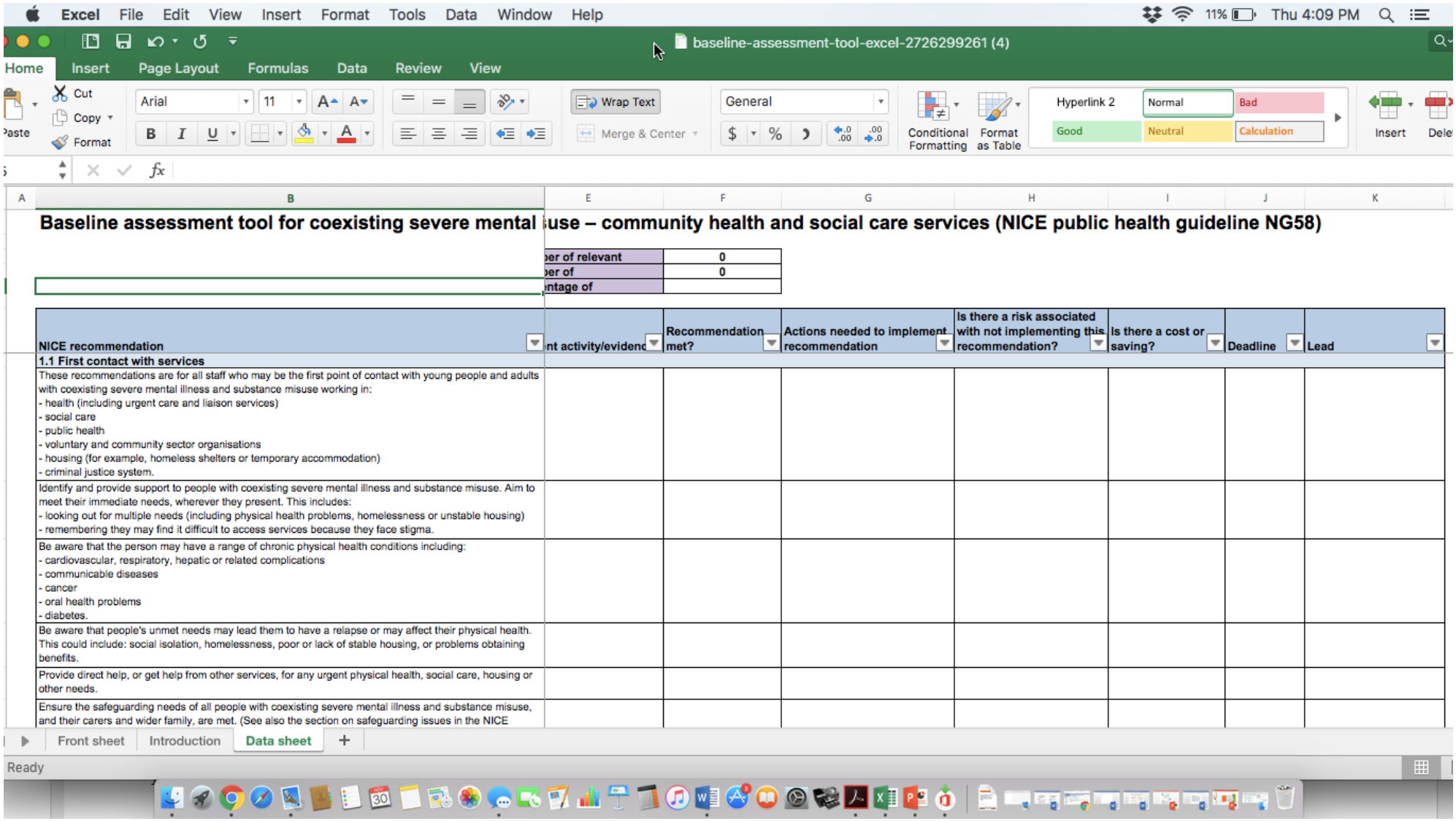
Coexisting severe mental illness and substance misuse: community health and social care services
NICE guideline [NG58] Published date: November 2016
Guidance
Tools and resources
Evidence
History
Share
Tools and resources
Tools to help you put the guidance into practice.
Resource impact tool
Resource impact report
30 November 2016 PDF 421.19 KB
Resource impact template
30 November 2016 Excel 1.06 MB
Baseline assessment
Baseline assessment tool
30 November 2016
Guidance into practice
About the Into practice guide
Using NICE guidance and quality standards to improve practice
Research recommendations
Research recommendations information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NICE recommendation
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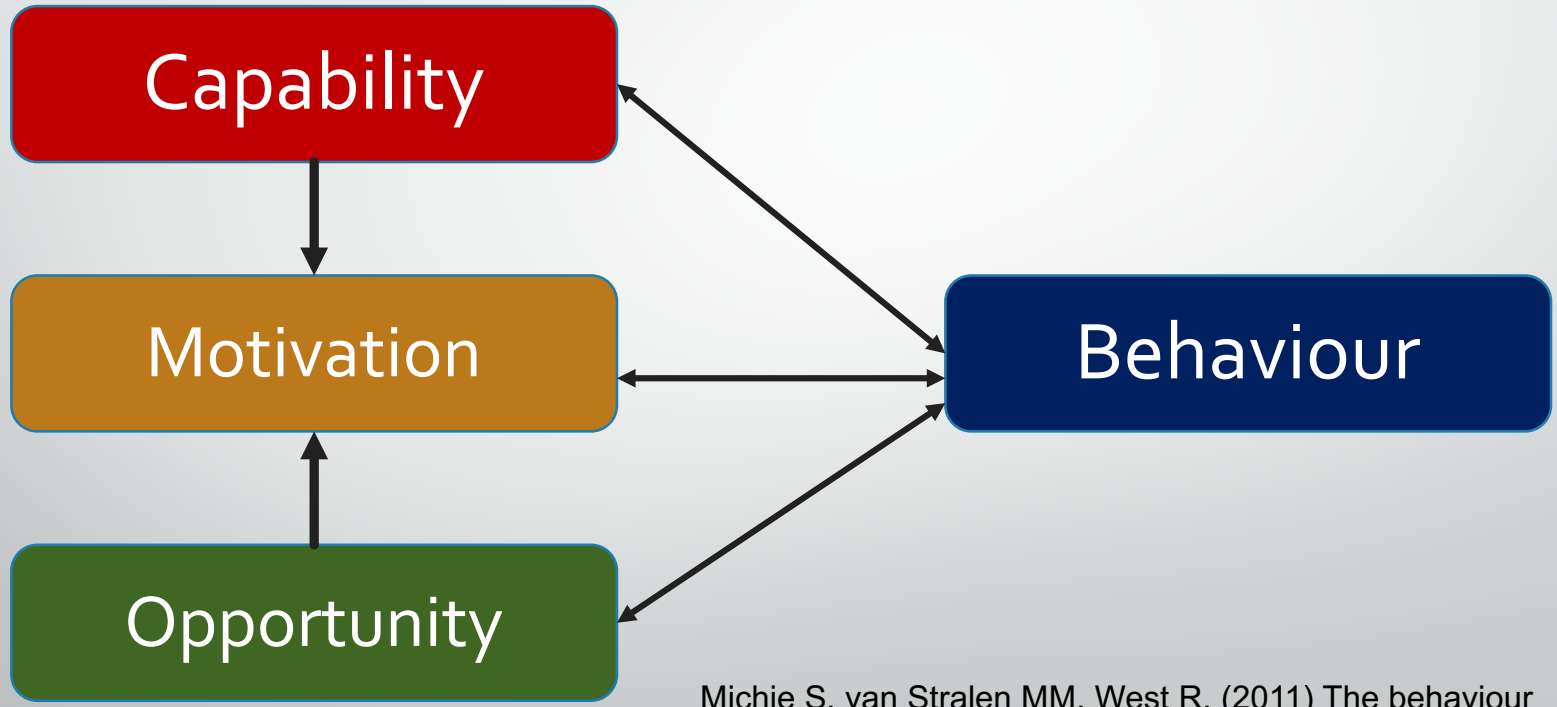
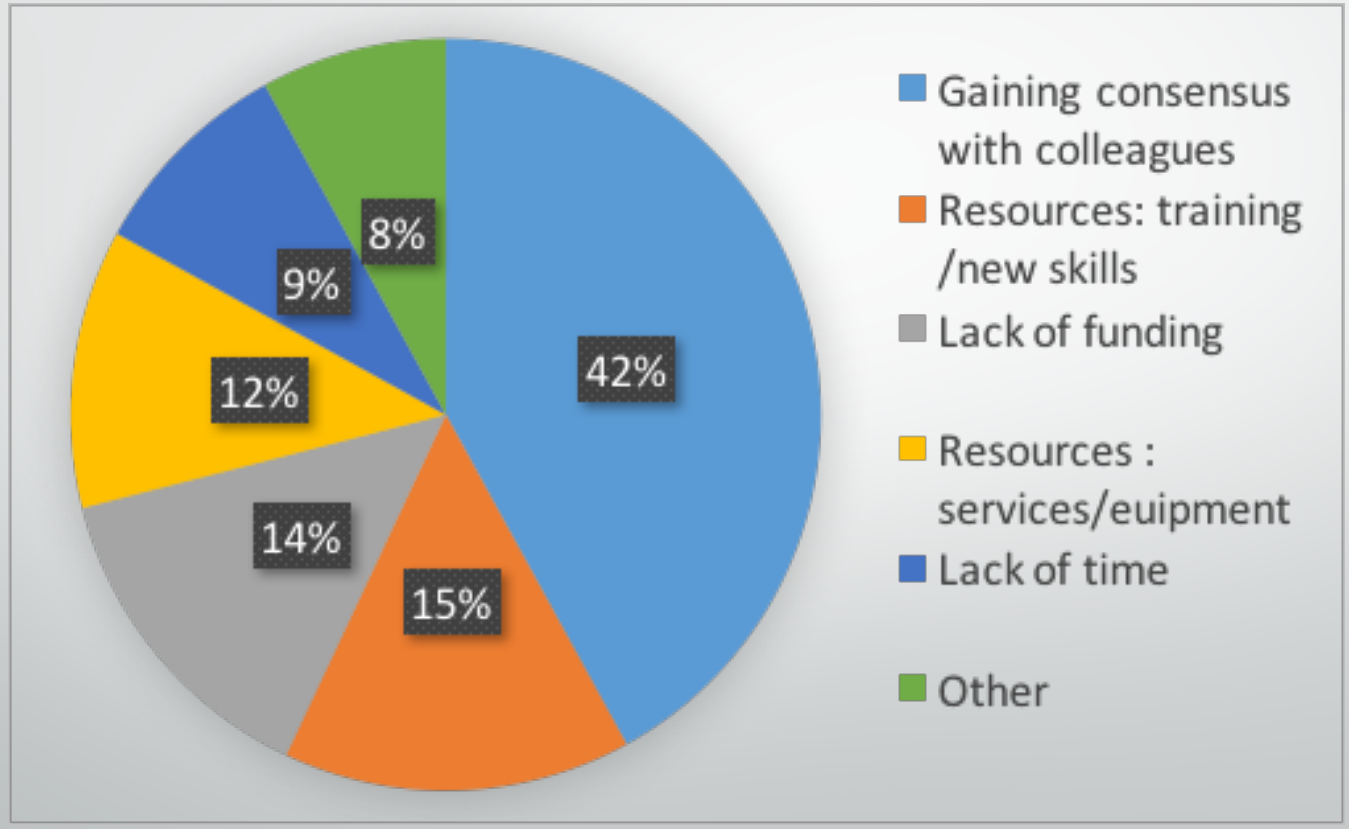
Recommendation met?
Actions needed to implement recommendation
Is there a risk associated with not implementing this recommendation?
Is there a cost or saving?
Deadline
Lead
1.1 First contact with services
These recommendations are for all staff who may be the first point of contact with young people and adults with coexisting severe mental illness and substance misuse working in:
- health (including urgent care and liaison services)
- social care
- public health
- voluntary and community sector organisations
- housing (for example, homeless shelters or temporary accommodation)
- criminal justice system.
Identify and provide support to people with coexisting severe mental illness and substance misuse. Aim to meet their immediate needs, wherever they present. This includes:
- looking out for multiple needs (including physical health problems, homelessness or unstable housing)
- remembering they may find it difficult to access services because they face stigma.
Be aware that the person may have a range of chronic physical health conditions including:
- cardiovascular, respiratory, hepatic or related complications
- communicable diseases
- cancer
- oral health problems
- diabetes.
Be aware that people's unmet needs may lead them to have a relapse or may affect their physical health. This could include: social isolation, homelessness, poor or lack of stable housing, or problems obtaining benefits.
Provide direct help, or get help from other services, for any urgent physical health, social care, housing or other needs.
Ensure the safeguarding needs of all people with coexisting severe mental illness and substance misuse, and their carers and wider family, are met. (See also the section on safeguarding issues in the NICE
Front sheet Introduction Data sheet
Ready

Wheel of Behaviour Change



Michie S, van Stralen MM, West R. (2011) The behaviour change wheel: a new method for characterising and designing behaviour change interventions. Implement Sci. 23;6:42

Barriers to NICE implementations (survey on 683 clinicians and managers)



Lrng, G., Moore, V., Abraham, S. (2014) *Achieving High Quality Care*. Oxford: Wiley Blackwell.

- According to the NMC (Nursing and Midwifery Council), between March 2016 and May 2017, 5047 nurses left the profession outside of the retirement age because of unrealistic pressures, stress and poor management support.

- Mental health nursing is one of the professions most at risk of "burn out" (or "compassion fatigue").

Community resources: Peer support

Wellbeing Network
HOUNSLOW

- 170 members
- Social network mapping
- 1 manager, 4 PT workers
- Person centered, non-directive

Examples of good practice

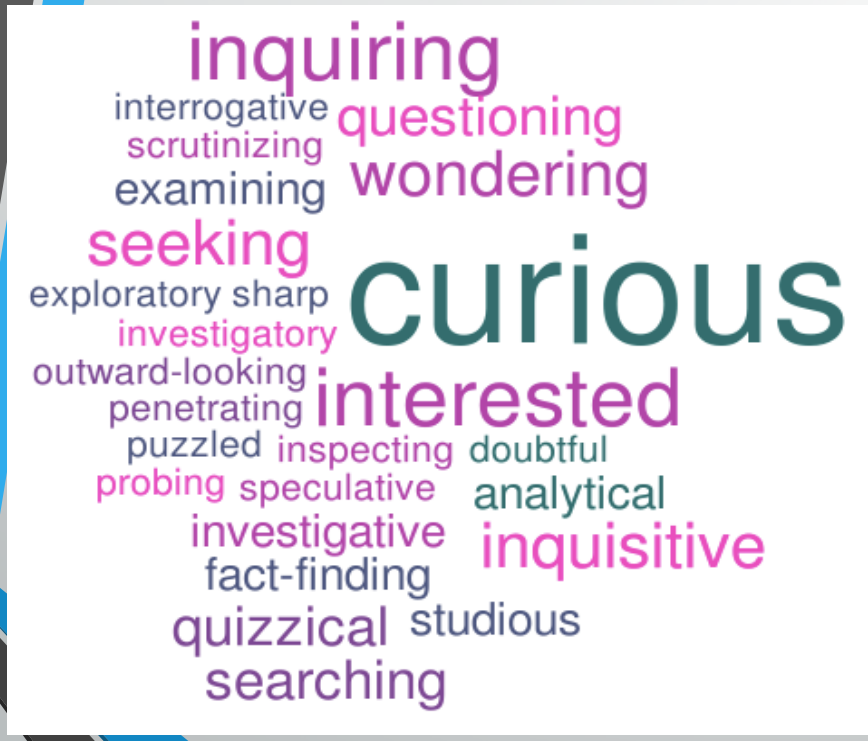
Slough Mental Health Services

- Extensive training on drug awareness, attitude and substance misuse assessment, included in the cquin targets, 158 staff at all levels participated from 8 localities of Berkshire Healthcare NHS Foundation Trust

- Family member as famly liason worker
- One member of staff responsible for employment
- Peer support programme: embrace
- Thinking outside the box (theare group and choir including both staff and srvice users, collaboration witha an italian programme of sport in mental health recovery).

Mental Health day 2016

Professional Curiosity



- Trying to force a serial approach model may constitute a barrier to a client centered approach.
- Curiosity means to be open to the unexpected and to welcome information that may not support the initial assumptions.
- Organizational culture