



Dual Dilemma

The impact of living with mental health issues combined with drug and alcohol misuse



More than two thirds of people treated for drug or alcohol misuse have experienced mental health issues

- People with co-existing substance misuse and mental health issues face significant barriers accessing services.
- Their overlapping needs mean this group is in most need of support but often receive the least.
- This is a significant issue yet it is not given enough priority.
- Turning Point wants policymakers and commissioners to help address the needs and improve the life chances of this group, based on a process of collaboration and co-production.

Introduction

Turning Point is a health and social care organisation with over 50 years' experience of supporting people with complex needs. We are a social enterprise delivering support to people with substance misuse issues, mental health conditions, learning disability, housing and employment needs and offending behaviour. The people we support often have overlapping or 'co-existing' needs.

This report focuses on those with mental health issues who also misuse drugs and/or alcohol. It relates to any severity of mental health, drug and alcohol problems.

In recent years, there has been a welcome focus by government on mental health provision, reducing stigma and addressing the inequalities people face.

The current drug strategy has also made great strides in regards to the recovery agenda and improving people's life chances.

Despite research starting to quantify the impact and costs of unmet need in this area, there is still too little attention paid to those with co-existing needs when designing and delivering support services.

As found by the All Party Parliamentary Group on Complex Needs and Dual Diagnosis, this group remains at the sharp end of the inverse care law: meaning they require the most support yet receive the least. Therefore both Lord Victor Adebawale and David Burrowes MP, who chair the APPG, have called for the ability to meet the needs of those with a dual diagnosis to be the litmus test for all relevant services.



"People with a dual diagnosis are in effect a kind of mental health underclass. They find that their needs are not severe enough to meet the criteria of any single agency, so they can fall just below the threshold of all 'helping services.'"

PSYCHIATRIST, Turning Point and Rethink, Dual Diagnosis Toolkit (2004)



The result of not having adequate provision in place is that people fall through the gaps between services, leaving their needs unmet. In addition, a culture exists among many politicians and health professionals of ambivalence towards the requirements of people with multiple needs.

The overall impact is that this group is often unjustly excluded from services and isolated in society. Furthermore, they experience confusion and are unable to find the right help because the system is designed in a way that hinders rather than helps their journey. Because of the barriers that exist, their needs escalate to become even more complex and costly to address.

Turning Point, therefore, are calling for a new focus on people with co-existing mental health and substance misuse issues, to better understand and respond to this group's needs.

Only through collaborative design and delivery of services will people receive the support they deserve.

Who is affected?

We know that 1 in 4 people experience mental health issues at some point in their lives. Mental ill health costs the UK economy £105 billion a year (Department of Health, 2011). Drug and alcohol misuse affects more than 15 million people (Home Office, 2015; Public Health England, 2016) and costs more than £36bn a year (Public Health England, 2014).

What is less known is the extent and cost of people who experience mental health and substance misuse issues simultaneously.

KEY FACTS AND FIGURES

- Research suggests that up to 70% of people in drug services and 86% of alcohol services users experienced mental health problems (PHE, 2014)
- Over half (55%) of an estimated 58,000 people nationally experiencing severe and multiple disadvantages including substance misuse, also have a diagnosed mental health condition (Lankelly Chase Foundation, 2015).
- The cost to society of those with severe and multiple disadvantages in life, such as drug misuse combined with homelessness, could be in the region of more than £10bn a year (Lankelly Chase Foundation, 2015).
- More than half (54%) of suicides occur among patients with a history of alcohol or drug misuse (or both). Alcohol abuse is also a key predictor of suicide/premature death (National Confidential Inquiry into Suicide and Homicide by People with Mental Illness, 2015).
- More than one in five (22%) of 189 drug treatment services in England say that access to mental health services deteriorated over the 12 months to September 2014 (Drugscope, 2015).
- Co-existing alcohol and drug misuse and mental health issues are the norm rather than the exception among most offenders. Prisoners are also at increased risk of self-harm and suicide (Bradley, 2009).
- Four out of five prisoners who are drug dependent have two additional mental health problems (NHS Confederation, 2009).
- 14% of alcohol dependent adults also receive treatment for a mental health issue. Alcohol dependent women (26%) were more likely to receive such treatment than alcohol dependent men (9%) (HSCIC, 2007)
- Women's substance misuse issues can be complex and involve connections to childcare and maternity, prostitution, physical and sexual abuse, stigmatization and sexual and mental health (National Treatment Agency for Substance Misuse, 2010). Furthermore, up to a half of women with dual diagnosis have experienced sexual abuse (Royal College of Psychiatrists, 2002).
- Between 22 and 44% of adult psychiatric inpatients in England also have a substance misuse problem (NHS Confederation, 2011).
- Mental health and substance misuse issues are high among the homeless population. 12% have both a mental health and substance misuse problem, while 41% of homeless people surveyed by Homeless Link said that they used alcohol or drugs to cope with their mental health issues (Homeless Link, 2014).



'If you have an arm in plaster or a leg in plaster people know something's wrong with you. If you're mentally ill, it could be caused by anything and the support's not always there.'

STEPHEN, FATHER OF SOMEONE WHO HAD CO-EXISTING MENTAL HEALTH AND SUBSTANCE MISUSE NEEDS.



What is the impact?

Anyone in society can be affected by this dual burden and the degree of severity will differ. At Turning Point we know that people rarely have just one 'issue.' Instead, there are many reasons why people with mental health issues use drugs and alcohol, and evidence suggests that many people misusing drugs have mental health issues. People with mental health issues resort to drugs and alcohol in some cases because they provide a form of 'self-medication.' This is to help them cope with experiences or symptoms of their condition.

A dependency on drugs or alcohol can make the symptoms of mental ill health worse. Certain drugs such as cannabis can also increase the likelihood of individuals developing mental health conditions in the first place, according to some experts (Myles et al, 1999).

Health and wellbeing detriments such as physical, social and financial wellbeing are likely to be worse for those with co-existing drug/alcohol and mental health issues. They may experience family breakdown and be unable to hold down a job or relationship, be at increased risk of suicide and experience low self-esteem, and find themselves homeless. Misuse of alcohol and drugs can lead to risky behaviour and may expose people to violent situations. Individuals may also struggle to break away from their friends who engage in drug use or excessive drinking, delaying their recovery.

This group also face particularly poor health outcomes: research evidences the link between alcohol misuse and multiple types of cancer, while smoking is highly prevalent in this group with nearly half (42%) of all adult tobacco consumption in England by those with a mental health disorder (National Centre for Social Research, 2010). All these factors decrease an individual's life chances and increase the risk of premature death. People with serious mental health problems live 15 to 20 years less than the rest of the population (Wahlbeck et al, 2011). The figure is nine to 17 years less in those who misuse alcohol and drugs.

Other negative impacts of dealing with a mental health issue combined with drug and alcohol misuse include the strain on family relationships. If individuals are left without support of loved ones they can face an increased chance of ending up homeless or in prison. This results in a significant cost to the individual and wider society.

Hospital emergency departments also end up shouldering much of the burden of undiagnosed or unmet need. The lack of appropriate services in the community means that A & E staff are often the ones treating people with co-existing issues who have reached a crisis point. The police are also too often called on, something that could be avoided by greater collaboration and intervening earlier.



'What we have is systemic dis-integration, where one arm of the treatment system blames the other for a lack of progress. Patients with a dual diagnosis deserve better.'

**DR GORDON MORSE FRCGP, TURNING POINT
CHIEF MEDICAL OFFICER**



Policy perspective

In 2002, the Department of Health commissioned experts to draw up guidance on how to support substance misusers with mental health problems. The intention was to provide a high quality, patient-focused, integrated system of care. However, these aims have not consistently translated into practice.

Turning Point and the charity Rethink published the first toolkit on dual diagnosis in 2004. The intention was that people working in one area could develop a better understanding of other relevant service areas. This was with the aim of disparate services becoming co-ordinated to provide holistic care.

The All Party Parliamentary Group on Complex Needs and Dual Diagnosis was established in 2007 in recognition of the fact that people seeking help often have a number of over-lapping needs. It has sought to ensure the issue is kept on the political agenda ever since. In the same year, Turning Point published the Dual Diagnosis Handbook in a bid to help practitioners plan, organise, and deliver services for people with co-existing mental health and substance use needs.

Radical reforms to tackle drug dependency were unveiled in 2010 in a new government drugs strategy (Home Office, 2010). Proposals included people with addiction issues losing their benefits if they refuse treatment along with networks where people who have recovered from drug dependency mentor others seeking help. The strategy did recognise though that a key measure of the success of a recovery-based system was an 'improvement in mental and physical health and wellbeing.'

Mental health has never been on an equal footing with physical health. In order to address this, the government issued its No Health Without Mental Health strategy in 2011 (Department of Health, 2011). This highlighted that local public health services can improve support for people with complex needs including those with both mental health and substance misuse issues through approaches such as integrated care pathways and strengthening outreach. However, critics say this has not successfully addressed inadequate provision and worsening outcomes.

The Health and Social Care Act (2012) brought in changes to how services are commissioned proposing greater integration between local authorities, clinical commissioning groups (CCGs) and NHS England. Responsibility for public health moved to local authorities and there widened the gap between substance misuse and mental health commissioning.

Despite the many initiatives introduced and guidance published, joint commissioning across addiction support and adult psychiatry, remains rare.

A number of reports including the Independent Commission on Mental Health and Policing report (2013), the Crisis Care Concordat (Department of Health, 2014), Hard Edges (Lankelly Chase Foundation, 2015), developing NICE guidelines on co-existing needs and the Five Year Forward View for Mental Health (NHS England, 2016), all highlight the need for improved services for people with co-existing needs which do not exclude people who are deemed either not 'ill' enough or under influence of drugs and/or alcohol.

However, due in large part to commissioning and funding structures, the required collaborative approach to service delivery remains a challenge and means people continue to fall through the gaps in current service provision.



'I want services to be able to address all my problems, not to have to see one person here, and another person there and different organisations who do not know what the other is doing.'

INDIVIDUAL WITH CO-EXISTING NEEDS



The challenges for services

The lack of a joined-up approach

In the current health and social care system, services are not always equipped to deal with more than one problem at the same time. Instead, the system has been set up only to support someone's primary need: drugs, alcohol or mental health. Services are delivered by separate providers with separate funding streams and competing outcome measures.

Despite the NHS, for many years, being responsible for both substance misuse and mental health commissioning, the current gulf between services is not new.

The result is that people's needs remain unmet due to repeated experiences of service rejection. It is generally agreed that integrated services are the best way to address this. However, they remain the exception rather than the rule as evidence given at the All Party Parliamentary Group on Complex Needs and Dual Diagnosis often attests.

There is also a lack of appropriate resources and skills. No standard treatment currently exists for an individual with co-existing issues. What tends to happen is that people present themselves to a wide variety of agencies including probation services and housing departments, without any single point of access or support plan in place. Recent NICE guidelines in this area are welcome, but only time will tell if they are consistently applied.

Certain local authority areas do have dedicated teams dealing with these vulnerable patients. However, not all NHS trusts have them; therefore overstretched community mental health teams (CMHTs) end up filling the gaps. CMHTs need to be part of the wider multi-disciplinary team working together to meet people's co-existing needs, whatever their entry route to services is.

Within primary care, GP practices are often the first service accessed by those with co-existing needs. Under the new health and social care requirements, GPs are also at the forefront of commissioning services. However, a Turning Point survey carried out in 2010 found that half of those using our services did not think their GP understood their needs, beyond physical health.

As a result of this, and substance misuse often being a reason for service exclusion, people with co-existing needs are under-represented in referral rates for a range of services, including psychological therapies. They are also least likely to have a successful outcome when they do access services.

Diagnosing the problem

Another challenge facing this group is the issue that remains around diagnosis, which means people's needs aren't recognised and therefore people are seen as unreliable, reluctant and difficult to treat.

A chaotic lifestyle often goes hand in hand with undiagnosed co-existing needs. This can impact on individuals attending scheduled appointments or even engaging with mainstream services. The consequence is those whose drug/alcohol misuse overlaps with mental health problems are often vulnerable to reaching crisis point.

Unsupported and undervalued

The group this report is focusing on has a spectrum of need from low to high. A concern is that some are judged not 'unwell enough' to meet the access criteria for community mental health services. They, therefore, end up missing the threshold required despite needing support.

Community mental health support exists typically for those with severe and enduring mental health issues. Yet those at the severe end of the spectrum struggle to access services too when they are intoxicated and in crisis.

Those that do access services often have negative experiences. Supporting someone with a mental health condition and substance misuse issues is one of the biggest challenges for mental health services. The complexity of issues makes care and diagnosis more difficult for staff.

All these factors result in people feeling unsupported and undervalued.

Dual dilemma: the way forward

We know that provision of services for people with co-existing needs is inadequate. This must change. The future direction lies in those responsible for funding and commissioning services to work together in providing solutions. It is also crucial to skill the workforce, and replicate services that have proven to be effective.

Goals for effective support include:

Collaboration - services working together to develop effective responses

This requires mental health and substance misuse services to communicate and share information so individuals get the support they need, when and where they need it. Collaboration means having data sharing protocols in place; agreed outcome measures; and staff working with each other as well as the individual and their families where appropriate, to achieve sustained recovery.

Responding to change - support that remains relevant

A person's use of drugs and /or alcohol and their mental health needs change over time. Therefore support has to remain relevant and be based on a recovery approach that supports individuals on their journey. This can include supporting people to gain living skills, confidence, independence and education, training and employment opportunities, all of which improve peoples' quality of life.

Partnership working - staff supporting each other

This is a complex and challenging area of work that requires many agencies to come together around the needs of the individual. This can be supported through access to training and development; joint working protocols; and information sharing agreements to improve partnership working.



'People with co-existing substance misuse and mental health problems experience severe and multiple disadvantage. It is therefore of utmost importance that both substance misuse and mental health commissioners jointly own this agenda and commission services to better meet their needs'

CATH ATTLEE, HEAD OF INTEGRATED COMMISSIONING FOR EALING COUNCIL AND EALING CCG



Training - a set of national standards and education

Mental health staff should receive drug and alcohol awareness training and vice versa, including the opportunity to shadow colleagues on shift. This way staff gain confidence in how to refer and how to work together to provide multi-agency support. Advice sessions provided by counsellors and psychologists can also benefit staff along with forums to discuss challenges and opportunities around clients. Well trained staff able to recognise and support people with co-existing mental health and substance misuse issues with inevitably help to improve outcomes and efficiency across the system.



Translating strategy into practice – embedding change

National policy and guidance has been clear on the merits of integration for this client group. Multiple strategies have encouraged practice that is joined up and working around the needs of the individual. In many areas there are locally driven strategies that have aligned thinking at a strategic level, however this is often not translated on the ground into the day to day work of practitioners. A paradigm shift is required that delivers a 'no wrong door approach' and provides support around the person. This requires investment and leadership in changing processes, cultures and providing on-going intelligent monitoring to ensure that outcomes and people's experience is improved.

Flexible services - responding to people along a spectrum of need

Some individuals are dependent on alcohol, others use intermittently. A flexible service means individuals are not forced to go from place to place for help, or have to explain their situation too many times. Those most in need of support often find it hardest to engage; therefore services should be provided flexibly so that individuals are able to build trust over significant periods of time and have accessible routes in and clear pathways out.

Managing risk and providing appropriate support - tailoring services to fit

People with co-existing mental health and substance misuse issues are at higher risk of relapse, hospital readmission and suicide. Therefore successful services are non-judgmental and tailor support to the different stages of the person's recovery. Care should focus on the whole person. People need real-life support around real-life difficulties such as housing and debt. Local areas benefit from a range of provision, including outreach, residential services and good quality crisis provision.

Early intervention - identifying individuals early who are at risk

Recognising issues early on prevents their needs escalating. Otherwise it can mean people not getting the support they need and leading more chaotic lives which can lead to lost working days, poor physical health, homelessness and even offending behaviour.



Turning Point runs an outreach project in Hertfordshire jointly funded by Health and Community Services, Public Health and both Hertfordshire CCGs.

The service provides support for people with overlapping needs who are living in the community. Close partnership working has enabled the team to take a holistic approach to address a wide range of needs. This type of service also supports individuals to navigate complex health and social care systems that, without support, they would be unable to do.

As well as improved experience, previous cost benefit analysis by the LSE found that for every £1 invested in the service there was a net reduction in demand for public services worth at least £4.40 based on individual need.

This reinforces how essential it is for staff to work together to help build trust and respect when supporting someone with mental health and substance misuse issues.



Our Recommendations

For Government and Arm's Length Bodies:

- Establish a cross-government group on co-existing mental health and substance misuse issues, with the aim of bringing together experts in this area, measuring and addressing unmet need and promoting good practice.
- Target funding at this group through joint commissioning between Public Health England, Local Authorities and NHS England.
- Support devolution, Vanguard and Sustainability and Transformation Plan areas to address barriers in regards to this group and the inequalities they face.
- Challenge providers, including GPs, through the existing inspection process to demonstrate joint working protocols for people with co-existing needs.
- Improve data collection through the National Mental Health Database System (NMHDS) and National Drug Treatment Monitoring System (NDTMS) to consistently capture data on people with a dual diagnosis.
- Given the range of providers delivering substance misuse and mental health services, Health Education England should deliver training funds that follow the trainee through any suitable training provider, not just the NHS, to address the lack of clinical expertise in this area.



'It's not that this group are 'hard to reach'. It's that traditional services are 'hard to access. We need to look at the whole system differently if people are going to get the support they need, when they need it.'

CLARE BUCKMASTER, TURNING POINT AREA MANAGER



For Local Commissioners and Providers:

- Embed new guidance developed by Public Health England on co-existing substance misuse and mental health issues, particularly the importance of multi-disciplinary teams being in place to address someone's whole needs.
- Require community mental health and substance misuse services to be co-located and commission specific services for people with co-existing needs, ensuring eligibility criteria is inclusive, rather than exclusive. All providers should have an open door policy.
- People with co-existing needs should be able to access the care they need when they need it. Commissioners and providers should utilise the expertise of people who have co-existing needs to co-produce services to be relevant and easily accessible; tailored around the individual, their families and carers; and delivered in a setting that is most suitable for them.
- Mental health, alcohol and drug services must work together with clear and transparent communication at service level, built around the individual.
- Services should deliver treatment and support based on nationally agreed joint working protocols and NICE guidelines to minimise gaps in provision.
- Strong and visible leadership is essential. Commissioners of alcohol and drug misuse and mental health services have a joint responsibility to commission services for individuals with co-existing issues based on local need.
- Staff should receive specialist training on how to respond to individuals with co-existing needs. They should be supported to develop the necessary skills so they can respond effectively.
- Health and Wellbeing Boards should publish yearly plans on how local services are progressing on improving services for people with co-existing needs.
- Local Crisis Concordat Plans should include a commitment to not exclude people with co-existing needs who present at A&E or places of safety in need of crisis support.

Conclusions



Ensuring people with co-existing needs of substance misuse and mental health issues receive support remains a significant challenge for government, commissioners and many local providers. Far too many people are being denied access to help. There are significant areas of unmet need and the issue must be made a bigger priority at a national, regional and local level. We want services funded, designed and delivered to deal with more than one problem at a time as the rule, not the exception. We cannot continue to let people down and allow them to fall through the gaps in care. It is costly to them, our communities and our economy. Instead we need to be ambitious for people with complex needs and design services that no longer leave a significant number of people without the right support.

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