



THE REPORT

From: Amanda Honey - Corporate Director, Customer & Communities

To: West Kent Health and Wellbeing Board, January 21st, 2014

Decision No:

Subject: Dual Diagnosis Provision in Kent

Classification: Restricted

Summary

There has been substantial development in identifying the issues that affect service delivery and outcomes of substance misusers with co-existing mental health problems in Kent. The development and implementation of the Kent and Medway Joint Working Protocol for co-existing mental health and substance misuse disorders (dual diagnosis) aims to address barriers to treatment as well as improving outcomes for this client group as outlined in the Kent Joint Health and Wellbeing Strategy.

Recommendation(s):

Note the contents of this paper and endorse the set-up of the Kent and Medway Dual Diagnosis Steering Group

1. Introduction

- 1(1) Individuals with co-existing mental health and substance misuse (drugs and/or alcohol) problems (dual diagnosis) often have multiple and complex long term needs, which require a coordinated and seamless, multi-agency response. Due to a variety of factors; such as a shortage of resources, lack of clarity around local service responses and a lack of workforce skills, this client group often fails to receive good quality and consistent care and often falls through gaps between the services.

- 1(2) The formation of the Kent and Medway Dual Diagnosis Working Group and the Development of the Kent and Medway Joint Working Protocol for co-existing mental health and substance misuse disorders (dual diagnosis) in 2011 aimed to address these concerns and barriers that had been identified in relation to services for dual diagnosis clients locally.

2. Context

- 2(1) The term 'dual diagnosis' covers a broad spectrum of mental health and substance misuse problems that an individual might experience concurrently. The nature of the relationship between these two conditions is complex and varies from individual to individual.
- 2(2) Dual diagnosis affect a third of mental health service users, half of substance misuse service users and 70 per cent of prisoners. Service users with a dual diagnosis typically use NHS services more and cost more.¹
- .2(3) A recent analysis of National Drug Treatment Monitoring Data (July 2013) has revealed that:
- There has been an increase in the proportion of dual diagnosis clients in structured treatment in Kent over the past three years from 11.1% as of July 2011 to 13.7% as of July 2013.
 - The proportion of dual diagnosis clients differs across districts with the highest rates of dual diagnosis recorded in Tunbridge Wells (21%), Tonbridge and Malling (20%) and Sevenoaks (20%) and the lowest rates in Ashford (10%) and Dartford (11%).
 - Significantly fewer dual diagnosis clients are in regular employment (10%) in Kent compared to non-dual diagnosis substance misuse clients (17%).
 - Alcohol is the primary substance of misuse for 39.7% of dual diagnosis clients. This is comparatively high with only 27.3 of non-dual diagnosis clients with alcohol as their primary substance.
 - Unsuccessful exits have fallen over the past three years for non-dual diagnosis substance misuse clients but have risen slightly for dual diagnosis clients.
 - Referral sources have remained stable over the past three years with 42.8% of dual diagnosis clients referring themselves into structured treatment in Kent as of July 2013. GP and psychiatry services however only account for 8.4% of all client referrals.

3. Current Provision

¹ National Mental Health Development Unit and The NHS Confederation, 2009, p1

- 3(1) Treatment for dual diagnosis clients in Kent is provided within a 'serial' or 'parallel' model. Within the serial model treatment is consecutively provided by mental health (Kent and Medway NHS & Social Care Partnership Trust (KMPT) and substance misuse services (CRI in West Kent and Turning Point in East Kent), depending on the presenting problem, implying treatment of one condition before the other. Within the parallel model, treatment is provided concurrently by both mental health and substance misuse services (but not necessarily in harmony).
- 3(2) Without integrated treatment systems (treatment provision by one practitioner/service in a single setting), dual diagnosis clients move frequently between services, often not being adequately provided for in either Substance Misuse Services or Mental Health Services.

4. Progress

- 4(1) In 2010 KMPT facilitated a number of stakeholder events for Kent and Medway with a view to developing localised dual diagnosis integrated care pathways. A number of themes emerged from these events:
- No locally agreed definition of dual diagnosis
 - The need for better communication between the services (including GPs) was highlighted repeatedly
 - Lack of knowledge and understanding about the 'other' services in relation to accessibility, referral criteria, range of services offered and responsibilities
 - Lack of joint working
 - Dual diagnosis clients were felt to be 'bouncing' between services
 - Knowledge gaps, with both substance misuse and mental health service providers lacking awareness of the skills in each other's specialities
 - Lack of protocols/agreed screening tools
 - Incoherent or different approaches to treatment (e.g. abstinence approach versus a harm reduction approach; compulsory treatment versus non-compulsory treatment).
- 4(2) Subsequently KMPT produced ,as part of their CQIN, the Kent and Medway Joint Working Protocol for co-existing mental health and substance misuse disorders (dual diagnosis) – See Appendix 1.
- 4(3) KCC identified non-recurring funds to support the implementation of the protocol and appointed an independent facilitator to run a number of dual diagnosis workshops in Kent during June and July 2013.

- 4(4) The delivery of these workshops was well received by substance misuse and mental health staff and created the opportunity to deal more effectively with dual diagnosis.

5. Next Steps

- 5(1) The Kent and Medway dual diagnosis working group that was originally set up to draft the Kent and Medway Joint Working Protocol for co-existing mental health and substance misuse disorders recommends that its membership is being reviewed and replaced by a Kent and Medway Dual Diagnosis Steering Group. This is to reflect the changes in governance arrangements that took place in April 13 in accordance with the Health and Social Care Act 2012.
- 5(2) The Kent and Medway Dual Diagnosis Steering Group will have strategic oversight to ensure that the outcomes for people with both mental health needs and substance misuse problems as outlined in the Kent Joint Health and Wellbeing Strategy are being met and monitored against. (See Appendix 2 for Draft Terms of Reference)
- 5(2) It is also envisaged that the Kent and Medway Dual Diagnosis Steering Group has strategic oversight over a number of Task and Finish Groups that will be developed to implement the actions that have been identified following the dual diagnosis workshops. These include:
- the development of a comprehensive Dual Diagnosis Training Programme,
 - development of a network of dual diagnosis champions across mental health and substance misuse services
 - Improved partnership working between substance misuse services and mental health services
 - Meeting the needs of elders with co-existing mental health and alcohol problems
 - Meeting the needs of people with co-existing substance misuse problems and personality disorders
 - Meeting the needs of people with co-existing substance misuse problems and psychosis

6. Financial Implications

- 6(1) KCC have identified £40,000 non-recurring funds to enhance dual diagnosis provision in Kent over the next year.

8. Conclusion

- 8(1) Significant progress has been made over the past three years in identifying the issues that affect the service delivery and outcomes of substance misusers with co-existing mental health problems.

- 8(2) The progress of this work has resulted in the development of the Kent and Medway Joint Working Protocol for co-existing mental health and substance misuse disorders.
- 8(3) To sustain this progress and to improve outcomes a new governance framework is required to ensure Kent is meeting the needs of people affected by dual diagnosis.

9. Recommendation(s)

The West Kent Health and Wellbeing Board is asked to:

- i) Note the contents of this paper and endorse the set-up of the Kent and Medway Dual Diagnosis Steering Group

10. Background Documents

Appendix 1 - Kent and Medway Joint Working Protocol for co-existing mental health and substance misuse disorders (dual diagnosis)



2013V1.0DualDiagnosisProtocol.pdf

Appendix 2 – Draft Terms of Reference – Kent and Medway Dual Diagnosis Steering Group



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