

Dual diagnosis

A mental health diagnosis among individuals suffering from a dependency on alcohol or drugs, or dual diagnosis, is common across these services. Dual diagnosis brings a whole range of service user issues and needs to bear and the Effective Services for Vulnerable Groups (ESVG) Board has recently considered the delivery of services. Conrad Eydmann, head of substance misuse strategy for Cardiff and Vale University Health Board, explains how all public services, including housing, have an important role to play

Co-occurring substance misuse and mental health problems are a high priority for mental health services, health boards, police and local authorities across Wales. Despite national guidance and the national service framework, the incidence of suicides in patients with both substance misuse and mental health problems are increasing. In Wales, a national service framework for dual diagnosis that was published in 2007 had not been implemented effectively or consistently.

The nature of dual diagnosis means that as well as NHS clinical services, service users are likely to be in need of whole range of other public sector interventions including social care, housing, welfare support, employment support, and they frequently show up in police and criminal justice services as well.

Not only do these service users have to overcome their physical, psychological and social difficulties in order to contend with the complexities of local public service systems, but there has also been a tension as to whether mental health or addiction services should take the lead responsibility for clinical treatment and care.

The ESVG board agreed to support a project in 2012 that implemented a new care pathway for individuals with a dual diagnosis in order to see if better systems and approaches to care could achieve better outcomes.

THE ESVG PROJECT

The ESVG-sponsored dual diagnosis project involved the implementation of a new care pathway, the identification of link staff in mental health and substance misuse services, and the implementation of comprehensive training programmes to improve staff knowledge and skill levels. The project delivered its final report to the ESVG board in February 2015.

The project showed that deficiencies in public services were not because an individual had a dual diagnosis – the fact that they had multiple needs across different organisations resulted in these service users becoming bellwether indicators for the health of the public sector generally. The difficulties and challenges they encountered in health, policing, housing, social care and welfare support were experienced by everyone needing those services – but in this case multiple needs resulted in multiple difficulties. This does prove that analysing the service experience of those with a dual diagnosis, or any other vulnerable service user group with multiple needs, allows public sector leaders to pinpoint the flaws, weaknesses and strengths of their local service system.

The project proved that the impact of link staff, and better and clearer care pathways had significant benefits for the quality of care for individuals with a dual diagnosis. It also showed that training programmes from basic awareness through the specialist knowledge and skills were critical.

KEY FINDINGS AND THE ROLE OF HOUSING PROFESSIONALS

Housing was one of the key areas of service where substance misuse and mental health training and development was seen as critical. Problematic substance use, concurrent with a mental health diagnosis is a high-risk factor with regards to accommodation, both in relation to securing and sustaining tenancy, and in ensuring the specific needs arising from the co-morbidity of substance use and mental health are recognised and reflected in the actions and decisions of housing support services.

The delivery of the dual diagnosis pathway has shown that the provision

of training across generic, and universal, public sector services is just as critical as within specialist services. It is important that staff working within agencies that address the health, social and economic needs of vulnerable people have sufficient knowledge and awareness to:

- identify the presence, or likelihood of substance use, and/or mental health needs
- reasonably assess any associated risks
- direct individuals towards the most appropriate specialist support.

It was therefore recommended that senior health leaders should encourage training across public services support agencies to raise awareness of local dual diagnosis pathways and services, to improve recognition of the condition(s), improve risk assessment, and enable signposting to appropriate specialist services.

Finally, the report advocated the development of public service navigators – individuals who were not expert in any one service, or even qualified, but who could provide the support of regular contact, and who could guide and enable access for vulnerable service users across the breadth of public service at a local level. This has the potential to free up staff time in all sectors, including housing, and to maximise the service user outcomes by ensuring that all needs are being identified and addressed. This particular recommendation is being followed up through a further ESVG project to pilot the impact of public service navigators.

Further information is available on the Welsh Government substance misuse website at gov.wales/topics/people-and-communities/communities/safety/substancemisuse