PROTOCOL FOR DUAL DIAGNOSIS WORKING

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Review Date  17.5.21

Freedom of Information category  Protocol

The current version of any protocol, procedure, protocol or guideline is the version held on the NHFT internet. It is the responsibility of all staff to ensure that they are following the current version

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## 1. DOCUMENT CONTROL SUMMARY

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Protocol for Dual Diagnosis Working</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Purpose (executive brief)</td>
<td>To provide clear guidance and procedures to clinicians, professionals and managers operating at the interface between substance use services, mental health, learning disability and third sector organisations.</td>
</tr>
<tr>
<td>Status: - New / Update/ Review</td>
<td>Review</td>
</tr>
<tr>
<td>Areas affected by the protocol</td>
<td>All Clinical Areas</td>
</tr>
<tr>
<td>Protocol originators/authors</td>
<td>Benjamin Tolley, Acting Head of Specialty Services</td>
</tr>
<tr>
<td>Consultation and Communication with Stakeholders including public and patient group involvement</td>
<td>Service Managers and Clinical Team Leads from NHFT.</td>
</tr>
<tr>
<td>Archiving Arrangements and register of documents</td>
<td>The Policy Lead is responsible for the archiving of this protocol and will hold archived copies on a central register</td>
</tr>
<tr>
<td>Equality Analysis (including Mental Capacity Act 2007)</td>
<td>See Appendix 2</td>
</tr>
<tr>
<td>Training Needs Analysis</td>
<td>See section 7</td>
</tr>
<tr>
<td>Monitoring Compliance and Effectiveness</td>
<td>See section 8</td>
</tr>
<tr>
<td>Meets national criteria with regard to</td>
<td></td>
</tr>
<tr>
<td>NHSLA</td>
<td>6.6</td>
</tr>
<tr>
<td>NICE</td>
<td>N/A</td>
</tr>
<tr>
<td>NSF</td>
<td>1999 and NSF 5 years on 2004.</td>
</tr>
<tr>
<td>Mental Health Act</td>
<td>N/A</td>
</tr>
<tr>
<td>CQC</td>
<td>N/A</td>
</tr>
<tr>
<td>Other</td>
<td>Mental Health Protocol implementation Guidelines for Dual Diagnosis 2002. Dual Diagnosis in Mental Health Inpatient and Day Hospital Settings 2006. Our health, our care, our say; a new direction for community services 2006. Closing The Gap 2006 Good Practice Guidance for Dual Diagnosis (DoH 2009)</td>
</tr>
<tr>
<td>Further comments to be considered at the time of ratification for this protocol (i.e. national protocol, commissioning requirements, legislation)</td>
<td></td>
</tr>
<tr>
<td>If this protocol requires Trust Board ratification please provide specific details of requirements</td>
<td></td>
</tr>
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</table>
2. INTRODUCTION
People with a Dual Diagnosis often experience complex needs associated with their mental ill health and problematic substance use. To provide effective care and treatment it is essential to work collaboratively with service users and their families, carers, and friends, as well as with partner agencies.

By providing innovative, leading edge care services for our Dual Diagnosis service users and carers NHFT will meet the requirements of the Department of Health: Dual Diagnosis Good Practice Guide 2002 and the National Service Framework for Mental Health 1999 and 2004, with the intention of providing an integrated service for people experiencing episodes of severe mental ill health and concurrent problematic substance use. This protocol identifies the Trust’s expectations regarding the management of people with a ‘Dual Diagnosis’ and provides clear guidance to clinicians, allied professionals and managers.

Care services will promote recovery and well being, maximise individual choice and enable people to live as independently as possible.

The Trust supports the delivery of an integrated treatment model whereby service users have both their mental health and substance use needs addressed at the same time.

Assessment of current and recent substance use will be an integral component of mental health assessments and recorded as part of the Care Programme Approach—alongside the S2S (in county substance misuse provider).

Risk assessments will be carried out in line with the Working with Risk protocol and will identify the risks associated with mental ill health, substance use and the interaction of the two, and include risks posed to service users and their family and carers, staff, and others in the wider community.

The principles underpinning this protocol relate to the principles described in ‘No Health Without Mental Health’ and are:

- Equality of access to service
- Services delivered on the basis of need.
- Elimination of unlawful discrimination.
- Integrated multi agency service provision.
- Collaborative care pathway consistent with the principles of the mental health Care Programme Approach (CPA) and substance use care co-ordination.

3. PURPOSE
Implementation of the protocol is reliant upon an integrated model of service provision and delivery that requires a single practitioner or team to provide interventions relating to a ‘Dual Diagnosis’, in a single setting, in a coordinated fashion.
In order for this to happen:

- Staff in community services and inpatient settings will be trained in Dual Diagnosis interventions.
- The Mental Health Services, including specialist learning disabilities, will coordinate integrated Dual Diagnosis care under the Care Programme Approach and will take ownership of the care intervention. (in this instance S2S as the community substance misuse provider)

The Trust will promote partnership agreements among the provider agencies to ensure well coordinated and integrated service delivery, via a formal integrated pathway for service users.

4. **DEFINITIONS**

For the purpose of this protocol document the term Dual Diagnosis will refer to: problematic use of illicit and/or volatile substances, prescribed drugs, or alcohol, co-existing with episodes of mental ill health, each interacting with the other, affecting the individual in a variety of ways.

S2S – Community Substance Misuse Provider

NHFT - Northamptonshire Healthcare NHS Foundation Trust

5. **DUTIES**

5.1. **Chief Executive**

Ultimate responsibility for the implementation of this protocol and other national guidance lies with the relevant Head of Services within Adult Mental Health.

5.2. **Deputy Director of Mental Health**

The Deputy Director of Mental Health will be the nominated Dual Diagnosis Lead and will ensure that the clinical governance committee and the Trust Board receive assurance that protocol requirements are implemented. As the Dual Diagnosis Lead they will take responsibility for ensuring that communication between NHFT and agencies is effective and understood.

5.3. **NHFT Deputy Directors**

Are responsible for the dissemination of the protocol to their Service Managers.

5.4. **Service Managers**

Are responsible for the dissemination and implementation of this protocol to their areas.
5.5. Individual Practitioners
Individual practitioners will perform according to this protocol, thereby ensuring that substance use and mental health are appropriately assessed and any subsequent issues are taken into account in the development of Care Plans.

5.6. Mental Health Services
Will provide a model of service to address the needs of people with a Dual Diagnosis. Services will maintain a clear working partnership with S2S as the local substance misuse provider.

6. PROTOCOL PROCESS

6.1. Care Pathway
Service providers will work in partnership in order to address the needs of people with a Dual Diagnosis. The pathway illustrated diagrammatically in:
- Appendix 1 – Partnership Pathway for Dual Diagnosis

6.2. Assessment
Where a Dual Diagnosis is identified, regular and ongoing assessment will take place in order to establish a care pathway. Evidence based assessments tools will establish risk and the subsequent management.

The levels of risk are defined as stated in CLP021 - Working with Risk Protocol. The needs of the service user with a Dual Diagnosis should be captured in the CPA care plan and have robust care co-ordination. Where it is established that the substance use may be problematic, the following guidelines will be adhered to.
- Low risk - Advice and guidance should be offered to the service user with regards to accessing ongoing support.
- Medium Risk - Joint working should be considered.
- High Risk - Consultation with and advice from the S2S management should be sought and considered.

6.3. Treatment and Coordination of Care
In line with national guidance (Department of Health 2002) Dual Diagnosis remains the responsibility of Mental Health Services. Specialist drug and alcohol services should continue to provide support to mental health services in dealing with complex situations.

6.4. Working with Services Users, Carers and Families
Information about Dual Diagnosis services will be provided in line with CLP063 - Protocol for the Preparation and Production of Patient and Carer Information.

Discussions regarding the working relationship between service users and staff will be open, honest and collaborative in line with CRM006 – Being Open.
Protocol. Services and staff will take account of different values and perspectives. Services will be culturally sensitive and take gender, race and sexuality issues into account. Service users, carers and families (as appropriate) will be consulted and actively involved at all stages of service development, from planning to service delivery and evaluation.

Where a carer is identified they should be offered a carers assessment in line with CPA protocol.

6.5. **Internal and External Joint Working Arrangements.**

The CPA Co-ordinator will take responsibility for ensuring that communication between services and agencies is effective and understood. This will include the continuing development and appraisal of the integrated model of care and treatment, the care pathway, the adoption of the Trust definition of Dual Diagnosis as the local working definition, training of staff and service user input into annual review and evaluation of the service.

6.6. **Internal and External Referrals**

All service users with a Dual Diagnosis will be subject to the working principles of the Care Programme Approach when accessing services from Trust mental health providers. See CLP010 - Care Programme Approach Policy.

Where there is evidence of a Dual Diagnosis a referral will be made to the appropriate service(s). Emergency referrals may be made via the GP to Accident and Emergency or directly to the Crisis Resolution Team or S2S.

6.7. **Process to Resolve Differences of Opinion (Arbitration)**

In circumstances where there is some disagreement regarding whether a service will become involved in the assessment and / or care and treatment of a service user, line management support and negotiation will be required with the potential to review the needs of the service user and allocate the resources most appropriate to meet the needs of the service user.

In the first instance a case review meeting will be convened. At this meeting the role and responsibilities of individual services will be discussed, agreed and recorded.

Where mutual agreement is reached the provision of effective treatment will be evidence-based and provide an integrated response.

If line management are unable to reach an agreement and the dispute remains unresolved then the Executive Director will be asked to intervene.

Should the difference of opinion arise between NHFT and a non-Trust provider where the situation remains unresolved through the line management structure, commissioners of the non-Trust provider will be involved.
7. **TRAINING**

7.1. **Mandatory Training**
Training required to fulfil this protocol will be provided in accordance with the Trust’s Training Needs Analysis. Management of training will be in accordance with the Trust’s Statutory and Mandatory Training Protocol.

7.2. **Specific Training not covered by Mandatory Training**
Ad hoc training sessions based on an individual’s training needs as defined within their annual appraisal or job description.

8. **MONITORING COMPLIANCE WITH THIS DOCUMENT**
The table below outlines the Trusts’ monitoring arrangements for this document. The Trust reserves the right to commission additional work or change the monitoring arrangements to meet organisational needs.

<table>
<thead>
<tr>
<th>Aspect of compliance or effectiveness being monitored</th>
<th>Method of monitoring</th>
<th>Individual responsible for the monitoring</th>
<th>Monitoring frequency</th>
<th>Group or committee who receive the findings or report</th>
<th>Group or committee or individual responsible for completing any actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Mental Health staff will have a broad understanding of drug and alcohol issues.</td>
<td>Audit of a random sample of care plans.</td>
<td>Service Manager</td>
<td>Annually in March</td>
<td>Clinical Effectiveness and Audit Committee</td>
<td>Head of Service</td>
</tr>
<tr>
<td>Drug and Alcohol staff will have a broad understanding of mental illness</td>
<td>Audit of a random sample of care plans.</td>
<td>Service Manager</td>
<td>Annually in March</td>
<td>Clinical Effectiveness and Audit Committee</td>
<td>Head of Service</td>
</tr>
<tr>
<td>Compliance with the protocol will be monitored, including:</td>
<td>Audit on a random sample of case notes</td>
<td>Service Manager</td>
<td>Annually in September</td>
<td>Clinical Effectiveness and Audit Committee</td>
<td>Head of Service</td>
</tr>
<tr>
<td>- Addressing the needs of this group of patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Appropriate initial risk assessments completed</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Appropriate, current risk assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Appropriate care plans</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Appropriate delivery of interventions (including joint working)</td>
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</tbody>
</table>

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9. REFERENCES AND BIBLIOGRAPHY

Mental Health Policy Implementation Guide Dual Diagnosis Good Practice Guide 2009

Dual Diagnosis in Mental Health Inpatient and Day Hospital Settings, Closing The Gap 2006

A Guide for the Management of Dual Diagnosis for Prisons 2009

Developing a Capable Dual Diagnosis Strategy – A Good Practice Guide 2009

The Bradley Report 2009

No Health Without Mental Health 2010

NICE Substance Misuse and Psychosis 2011

10. RELATED TRUST PROTOCOL

- CLP010 - Care Programme Approach Protocol
- CLP021 - Working with Risk Protocol
- CLP063 - Protocol for the Preparation and Production of Patient and Carer Information
- CRM006 – Being Open
- HR025 - NHFT Statutory & Mandatory Training Protocol
APPENDIX 1: PARTNERSHIP PATHWAY FOR DUAL DIAGNOSIS

Key
Action
Decision
Complete

Rapid Access via 'Open Access' from S2S

NHFT & S2S discussion: Referral Accepted? Y N

Service user attends 1st Triage (escorted if required)

Service user attends 2nd Triage (escorted if required)

File review

Allocated S2S worker meets with Care Co-ordinator

Practice Development / Consultation

Formulate Intervention Plan

No Further action – S2S offers advice & Guidance

No Further action – S2S offers advice & Guidance

S2S worker meets with Care Co-ordinator & Service user

NHFT & S2S team discussion

S2S worker meets with Care Co-ordinator & Service user

Care Plan and Risk Assessment formulation

Partnership worker to support Care Co-ordinator in the Delivery of specific interventions

On-going support between NHFT & S2S

S2S Interventions & reviews logged Onto electronic patient record for information

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S2S - Open Access Services

<table>
<thead>
<tr>
<th>Area</th>
<th>Base</th>
<th>Operating hours</th>
<th>Contact Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northampton</td>
<td>Spring House</td>
<td>9.00 – 17.00 (Mon to Fri)</td>
<td>01604 233227</td>
</tr>
<tr>
<td>Wellingborough</td>
<td>Oxford Street</td>
<td>9.00 – 17.00 (Mon to Fri)</td>
<td></td>
</tr>
<tr>
<td>Corby</td>
<td>Voluntary Centre</td>
<td>9.00 – 17.00 (Mon to Fri)</td>
<td></td>
</tr>
<tr>
<td>Kettering</td>
<td>Corn Market</td>
<td>10.00 – 12.30 (Tues &amp; Thurs)</td>
<td></td>
</tr>
</tbody>
</table>

S2S Pathway

1. Open Access - 1st Triage = Registration

2. Within 5 days = 2nd Triage - Allocation of recovery worker, 1-1 or Group Treatment Agreement – Strength based maps etc

3. Within 5 days 3rd Triage - Treatment Outcome Profile, on-going treatment planning

4. Treatment, Review & Evaluation
# APPENDIX 2 – NHFT EQUALITY ANALYSIS TOOL

<table>
<thead>
<tr>
<th><strong>Title:</strong> Protocol for Dual Diagnosis Working</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What are the intended outcomes of this work?</strong> Include outline of objectives and function aims.</td>
</tr>
<tr>
<td>To provide clear guidance and procedures to clinicians, professionals and managers operating at the interface between substance use services, mental health, learning disability and third sector organisations.</td>
</tr>
<tr>
<td><strong>Who will be affected?</strong> e.g. staff, patients, service users etc</td>
</tr>
<tr>
<td>All clinical areas</td>
</tr>
</tbody>
</table>

## Evidence

**What evidence have you considered?** List the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic). This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations etc. If there are gaps in evidence, state what you will do to close them in the Action plan on the last page of this template.

- Previous protocol and local reports

### Disability
Consider and detail (including the source of any evidence) on attitudinal, physical and social barriers.
The protocol has been devised to ensure that information is provided in ways that can be easily understood.

### Sex
Consider and detail (including the source of any evidence) on men and women (potential to link to carers below).
No impact

### Race
Consider and detail (including the source of any evidence) on different ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.
The protocol has been devised to ensure that information is provided in ways that can be easily understood.

### Age
Consider and detail (including the source of any evidence) across age ranges on old and younger people.
This can include safeguarding, consent and child welfare
This protocol does not make specific reference to service users under 18; future work is required so that a pathway can be defined between adult and children’s services for future reviews of this protocol.

### Gender reassignment (including transgender)
Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.
No impact

### Sexual orientation
Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.
No impact

### Religion or belief
Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.
The protocol has been devised to ensure that information is provided in ways that can be easily understood
| **Pregnancy and maternity** | Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities. | No impact |
| **Other identified groups** | Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access. | None |

**Engagement and involvement**

How have you engaged stakeholders in gathering evidence or testing the evidence available? 
Previous protocol consulted with service user groups

How have you engaged stakeholders in testing the protocol or programme proposals?  
See above

For each engagements activity, please state who was involved, how and when they were engaged, and the key outputs  
See above

**Summary of Analysis** Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in services or expand their participation in public life.

No impact

Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups.

**Eliminate discrimination, harassment and victimisation** Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).  
N/A

**Advance equality of opportunity** Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).  
N/A

**Promote good relations between groups** Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).  
The protocol has been devised to ensure that information is provided in ways that can be easily understood

**What is the overall impact?** Consider whether there are different levels of access experienced, needs or experiences, whether there are barriers to engagement, are there regional variations and what is the combined impact?

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No impact

**Addressing the impact on equalities** Please give an outline of what broad action you or any other bodies are taking to address any inequalities identified through the evidence.
No impact

**Action planning for improvement** Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Actions to improve the protocol/programmes need to be summarised (An action plan template is appended for specific action planning). Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.

Audit will be disaggregated into age, gender, race and ethnicity. It will be monitored against the inpatient population and wider community to ensure appropriate analysis.

Please give an outline of your next steps based on the challenges and opportunities you have identified. Include here any or all of the following, based on your assessment:
- Plans already under way or in development to address the challenges and priorities identified.
- Arrangements for continued engagement of stakeholders.
- Arrangements for continued monitoring and evaluating the protocol for its impact on different groups as the protocol is implemented (or pilot activity progresses)
- Arrangements for embedding findings of the assessment within the wider system, other agencies, local service providers
- Arrangements for publishing the assessment and ensuring relevant colleagues are informed of the results
- Arrangements for making information accessible to staff, patients, service users and the public
- Arrangements to make sure the assessment contributes to reviews of NHFT strategic equality objectives.

**For the record**

**Name of person who carried out this assessment:**

**Date assessment completed:**

**Name of responsible Director:**

**Date assessment was signed:**
**ACTION PLAN TEMPLATE**

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your protocol.

<table>
<thead>
<tr>
<th>Category</th>
<th>Actions</th>
<th>Target date</th>
<th>Person responsible and their Directorate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involvement and consultation</td>
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<td></td>
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<tr>
<td>Data collection and evidencing</td>
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<tr>
<td>Analysis of evidence and assessment</td>
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<tr>
<td>Monitoring, evaluating and reviewing</td>
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<td></td>
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<tr>
<td>Transparency (including publication)</td>
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