WORKING PROTOCOL

Kent and Medway Joint Working Protocol

for

Co-occurring Mental Health and Substance Misuse Disorders

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CONTENTS

1 SUMMARY

1.1 This operational protocol is designed to give a clear framework within which all Kent and Medway Substance Misuse Services, Mental Health providers and Adult Social Care can operate regarding providing comprehensive service user focused services to those with Co-occurring Mental Health and Substance Misuse Disorders (Dual Diagnosis).

1.2 This Working Protocol describes locally agreed assessment and joint-working criteria and is an update on the Dual Diagnosis Joint Working Protocol Kent and Medway for Co-occurring Mental Health and Substance Misuse Disorders produced in April 2016.

1.3 This protocol is to be used working in conjunction with the best guidance via PHE and NHS to tackle barriers in care and support for people who have both mental illness and substance misuse/addictions.

1.4 The Co-occurring Mental Health and Substance Misuse Disorders (Dual Diagnosis) Protocol must be shared with and understood by all staff working with service users with Co-occurring Mental Health and Substance Misuse Disorders as defined in this Protocol including: -

- Kent & Medway Substance Misuse Services
- Medway and Kent Adult Social Care
- NHS Psychological Services Providers (IAPT)
- Live Well Kent and Medway
- Prison and Probation Trust Providers
- Police Mental Health Teams
- Primary Care Mental Health Teams
- Inpatient detox and rehab facilities
- Inpatient Mental Health Hospitals
- Acute Hospital Trusts
- GP Surgery provided services
- Domestic Abuse and Housing Front Line Workers
- Any Multi-Disciplinary Team formed as part of a Co-occurring Service Users Care Pathway

2 PURPOSE

2.1 The purpose of this Protocol is to support effective and well-co-ordinated services for people with Co-occurring Mental Health and Substance Misuse Disorders within Kent and Medway.

2.2 To ensure that all individuals with co-occurring mental health and substance use issues receive a service fit for their varying needs, irrespective of where and how they present.

2.3 The protocol is intended to foster joint working between services and maintain and build on each organisation's specialist role within the mental health and substance misuse system.

3 RESPONSIBILITIES OF PARTICIPATING AGENCIES

3.1 In Kent, The Director of Public Health (and via his consultant PH deputies) is responsible for commissioning treatment services for those with drug and/or alcohol problems through the Public Health Commissioning Team. Other key leads are the chief medical officer of KMPT and CGL, Forward Trust, the Director of Adult Social Care for KCC and the Director of Medway Adult Social Care.

3.2 Services for people with mental health and substance misuse problems are commissioned from a range of providers. In Kent – there are commissioning arrangements with CGL and Forward Trust, the Police and We are With You to provide specialist treatment for substance misuse, in Medway – the commissioning (led by Medway Council) arrangement is with Forward Trust. Those commissioned services have lead responsibilities for the treatment pathway which includes Inpatient Detox and Rehabilitation. It is the responsibility of the whole pathway – led by public health teams, to create a clear protocol and pathway for those people who have co-occurring conditions. This work must be done in partnership with KMPT, the lead mental health provider for both Kent and Medway. There are several other providers of mental health and social care services in Kent and Medway and those providers will also be involved in development of clear pathways over time.

3.3 The responsibility for commissioning for mental health services in Kent and Medway sits in the NHS Integrated Care Board and overall responsibility for strategy, quality and delivery of the mental health system sits with the ICB Mental Health, Learning Disability and Autism Provider Collaborative. The Integrated Commissioning Team commissions services for those with the more severe mental health problems from KMPT. KMPT is lead provider for the whole system transformation of community mental health services which will provide services to those with severe mental illness, a significant proportion of whom also have substance misuse problems, through a range of services including Community Mental Health Teams (CMHTs), Early Intervention in Psychosis Service, Acute Inpatient Units, Crisis Resolution and Home Treatment Team (CRHT) and Mental Health Liaison (A&E Liaison) Teams. The NHS commissioning teams also have a significant role in commissioning primary care mental health services and KCC has a role in commissioning Live Well preventative and wraparound services for people with mental health need.

3.4 NHS NICE and Public Health guidance states that without a clear improvement in the care and treatment of people who suffer both mental health and substance misuse disorders those people are at high risk of poorer outcomes and death. There are several points of learning from Kent and Medway Adult Safeguarding Reviews (SARS) that point to this. Effective joint working and care planning (parallel care) between all agencies is key to meeting the needs of those with co-occurring mental health and substance misuse disorders.

3.5 Managers within KMPT, Substance Misuse Providers, Adult Social Care have a responsibility to make their teams aware of this Protocol and related operational policies, and staff are expected to comply with these policies.

In some situations, there may be service users who do not wish to engage with any or specific services even though it may appear counter-intuitive to the providers. In these cases, involved organisations will try and contact the service user if they believe that the service that they can provide will be of benefit to him/her. It will be important for front line staff to have cognitive impairment for dependent drinkers training or awareness of the issues of cognitive impairment and issues of ‘capacity’. If KMPT strongly believes that not engaging with them places the Service User at risk of serious harm and/or severe self-neglect, either to self or the public, then

KMPT and Substance Misuse Services will make a judgment on whether a more assertive approach is needed in order to prevent harm to the service user or other individuals considering a referral to Adult Safeguarding (KCC) and Medway Adult Social Care. KMPT and Substance Misuse Services will use collateral information provided by carers, GPs, and other organisations to assist KMPT and Substance Misuse Providers with this judgment. KMPT and Substance Misuse Providers will consider the Mental Capacity Act and where appropriate the Mental Health Act. It is ultimately the service user's personal choice whether to engage Kent & Medway Substance Misuse Treatment Services or not, capacity is assumed in line with the Mental Capacity Act, unless the person is in danger of harm to self or others.

3.6 There are rare occasions when any provider is unable to offer a service to a client and in these circumstances, the reasons need to be fully explained to the client in writing. The clients and carers have the right to challenge the provider (refer to complaints section).

4 TARGET SERVICE USER GROUP

- Is aged 18 years and over.
- Has a significant history of or shows symptoms of a mental health condition combined with problematic substance misuse.
- Is resident in Kent and Medway either permanently or temporarily.
- Requires mental health services in respect of a mental health condition.
- Requires specialist drug and alcohol services provided by Kent and Medway Substance Misuse Services.
- May have eligible social care needs in respect of their mental health disorder/substance misuse.
- Requires joint care planning involving more than one of the following agencies: Primary Care, Substance Misuse Services, Adult Social Care and Mental Health Services (not all service users with mental illness will be receiving specialist mental health services. For example, some will be self-managing and others may be supported by their GP).
- May be involved with the criminal justice system, and related service providers.
- Transitioning from children to adult services and experiencing substance misuse and mental health difficulties

The protocol does not cover individuals with co-occurring conditions (Dual Diagnosis) needs who are under 18 years old. Services for this client group are provided by Child and Adolescent Mental Health Services (CAMHS).

5 CO-OCCURRING CONDITIONS

5.1 The locally agreed term for 'Dual Diagnosis/ Co-occurring condition' in respect of this Protocol refers to any individual who requires treatment and/or care and support for a co-occurring mental health and substance misuse disorders.

5.2 There is no gain in debating which causes what – as it has been agreed that clinical presentation and care are more important as per national guidance and evidence. Mental health problems in this guideline can range between clinical diagnoses of:

- schizophrenia, schizotypal and delusional disorders
- bipolar affective disorder

- severe depressive episode(s) with or without psychotic episodes
- personality disorder/adult attachment disorder
- Post Traumatic Stress Disorder
- Self-harm and suicidal thoughts

and common mental health problems of mild to moderate severity including:

- phobias
- generalised anxiety
- obsessive-compulsive disorder
- social anxiety
- single event trauma
- depression

5.3 Substance misuse refers to the use of legal or illicit drugs, including alcohol and medicine, in a way that causes mental or physical damage." - (NICE guideline: Severe mental illness and substance misuse (dual diagnosis): community health and social care services)

5.4 The nature of the relationship between these two conditions is complex.

5.5 Possibilities include:

- A primary mental health condition precipitating or leading to substance misuse.
- Substance misuse worsening or altering the course of a mental health condition.
- Intoxication of substance dependence leading to psychological symptoms.
- Substance misuse and/or withdrawal leading to mental health symptoms or illness.

5.6 The decision as to which service has the primary responsibility for providing a lead role in the support and care for these service users depends on the severity of the mental health condition experienced. A significant majority of those with a Dual Diagnosis who have mental health issues that are not severe will be cared for predominantly within Substance Misuse Services, while those with Severe Mental Health conditions will be cared for predominantly by statutory Mental Health Services. Several primary care (IAPT) or non-statutory mental health services may also provide significant support and care for service users experiencing mental health problems.

5.7 The underlying principle of this protocol is **JOINED UP CARE and Support PLANNING** – particularly in the most vulnerable service users (See Appendix 1 Expected Elements of Joint Working - Essential Guidance). Also, note – that the history of vulnerability may mean that Service Users' need to step up and down over time.

5.8 The Service Users' friends, family, and Carers, subject to issues of consent on a case-by-case basis, will be given the opportunity to express their point of view regarding which service needs to be involved. While this opportunity will be provided, decisions will ultimately be based on clinical judgment within a multi-agency approach to an individual Service User's treatment and care and support needs.

6 REFERRAL TO SERVICES

6.1 Referral to Substance Misuse Services

6.1.1 All agencies can refer to substance misuse services for an assessment. Whilst substance misuse services accept self-referrals from service users directly, and professional referrals is very helpful to substance misuse services because it helps identify the need for joint working at the earliest opportunity. The referral forms for the substance misuse services are found here:

West Kent: https://www.changegrowlive.org/drug-alcohol-wellbeing-service-west-kent/referrals

East Kent and Medway: https://www.forwardtrust.org.uk/support-type/drug-alcohol-support/

6.1.2 For some complex cases, it might be preferable for a mental health clinician or another professional to present a referral in person or by video link at a Multi-Disciplinary Team Meeting (MDT). This meeting can be called by any key worker or professional. We encourage substance misuse services to offer a weekly slot to referrers at their MDT to enable them to present the referral via video link. This is seen as a positive step to encourage joint working.

6.2 Referral to Specialist Mental Health Services:

6.2.1 Specialist Mental health services will accept referrals from substance misuse services.

- Referral by a consultant psychiatrist in substance misuse or other qualified mental health practitioner are preferable and will be accepted for assessment.
- Referral from a local co-occurring conditions MDT (primary care or MEAM) will be accepted for assessment.
- Referrals from non-qualified mental health professionals will be accepted but may have to go through a triage process.

6.2.2 For some complex cases, it might be preferable for a substance misuse practitioner or another professional to present a referral in person or by video link at a Multi-Disciplinary Team Meeting (MDT). This meeting can be called by any key worker or professional. We encourage mental health teams to offer a weekly slot to referrers at their MDT to enable them to present the referral via video link. This is seen as a positive step to encourage joint working.

6.2.3 For the Referral Flowchart: Substance Misuse Services to Mental Health Services see Appendix 3.

6.2.4 If a person between the age of 14 and 65 is thought to be experiencing a first episode of psychosis a referral can be made directly to the Early Intervention in Psychosis (EIP)

Service where a consultation can be held with a duty worker. Contact details can be found in Appendix 3.

6.3 Referral to Social Care:

Adult Social Care provides support to people aged 18 years and above.

- If the person has an appearance of a social care need a referral can be made here: Care Needs Assessments – Kent County Council and a following consideration of the presenting information:
- Their needs will be considered.
- Information and guidance may be provided.
- A Care Needs Assessment may be completed as part of the multi-agency approach described below.
- The eligibility criteria will be applied in line with The Care Act

6.3.1 Where there are safeguarding concerns for the individual or for someone else then a referral should be made in line with the Kent and Medway safeguarding adults' protocols. Where there are concerns for any children then a referral should be made to the Safeguarding Children Partnership: Worried about a child – Kent Safeguarding Children Multi- Agency Partnership (KSCMP)

Kent and Medway multi-agency self-neglect and hoarding policy and procedures (kmsab.org.uk)

Multi-agency safeguarding adults' policy, procedures and practitioner guidance for Kent and Medway (kmsab.org.uk)

N.B. individuals living with domestic abuse are more likely to be living with co-occurring conditions, and that they require support with this need alongside safety planning for their experience of domestic abuse. There is evidence from surveys conducted in 2021 that as many as 40% referrals to refuge are declined, as many as 36% of these are people living with mental ill health, substance misuse or both (co-occurring conditions) due to perception by staff they will not get their needs met (based on experience of services declining to support stating the problem is the substance misuse not recognising the trauma impact and support they need in their recovery.

6.4 **Referral to Primary Care NHS Psychological Services (IAPT) and Primary Care Mental Health Services:**

6.4.1 Substance Misuse Services can refer directly to NHS Primary Care Psychological Services (IAPT) and Primary Care Mental Health Services. (IAPT) and Primary Care Services can also refer directly to Substance Misuse Services. It is clear in NICE guidance that substance misuse is not a criterion for refusal of service if the person is assessed as safe (in line with all client groups).

6.4.2 In all cases, referrals from Kent and Medway Adult Substance Misuse Treatment Services will outline the following: –

a) What is the mental disorder that the Adult Substance Misuse Treatment Services practitioner thinks that the service user is experiencing?
b) How will the service user's substance misuse problem obstruct the treatment provided by mental health services?
c) What the service user subjectively hopes to gain from accessing mental health services?

6.5 Referral to preventative and wraparound services such as Live Well Kent & Medway, One You Kent and social prescribing and recovery services

6.5.1 These services will accept referrals from Kent and Medway Adult Substance Misuse Treatment and Mental Health Services and other agencies, where a person has a substance misuse problem as long as the person has a key worker and a recovery plan.

6.5.2 It is important to acknowledge that referral of people with cooccurring conditions can come from other sources such as GPs, Acute hospitals Local Care MDT meetings. Where the agency receiving the referral decides that the is need for another agency to be involved, they will take responsibility for onward referral or signposting to either Mental Health services or Mental health services without returning the referral to the G.P, Acute hospital, or local care MDT meeting.

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7 ASSESSMENT

7.1 An initial Assessment will help practitioners to establish immediate risks and support needs. Service user experience and planning of care are improved if this is completed jointly between agencies involved, service user, and carers.

7.2 The key factors to assess at this stage are:

a. Severity of Mental Health: mild / moderate / severe & enduring condition.
Brief Mental Health Questionnaire, GAD7 & PHQ9 screening tools may be used to aid this process, available at: Patient Health Questionnaire and General Anxiety Disorder (PHQ-9 and GAD-7) (fsu.edu)

b. Substance use patterns: current use, dependence, perceptions & readiness.
Assess motivation to change: AUDIT and ASSIST screening tools may be used to aid this process, available at:

- Alcohol use screening tests - GOV.UK (www.gov.uk)
- The ASSIST-linked brief intervention for hazardous and harmful substance use (who.int)
- NIDA DAST 10 - Instrument: Drug Abuse Screening Test (DAST-10) | NIDA CTN Common Data Elements (nih.gov)

c. Housing & support networks: e.g., homelessness, engagement with supported housing, social networks.

d. Risks: to self, to others, in relation to all the above including severe self-neglect and risk of serious harm (Safeguarding)

Key Question: can your service alone support the person's overall needs and manage any associated risks?

7.3 Practitioners must use clinical indicators and experience to consider if the mental health symptoms identified at initial assessment can be explained by alcohol or substance misuse. If the alcohol dependance or substance use was addressed, would it be likely to address the mental health symptoms; could the situation change; or get worse?
Support and advice should be sought from partner agencies and cooccurring conditions Champions within a regular Multi-Agency Team Meeting approach.

7.4 If post-assessment, your service cannot support the care needs of the individual and / or manage the associated risks consider:

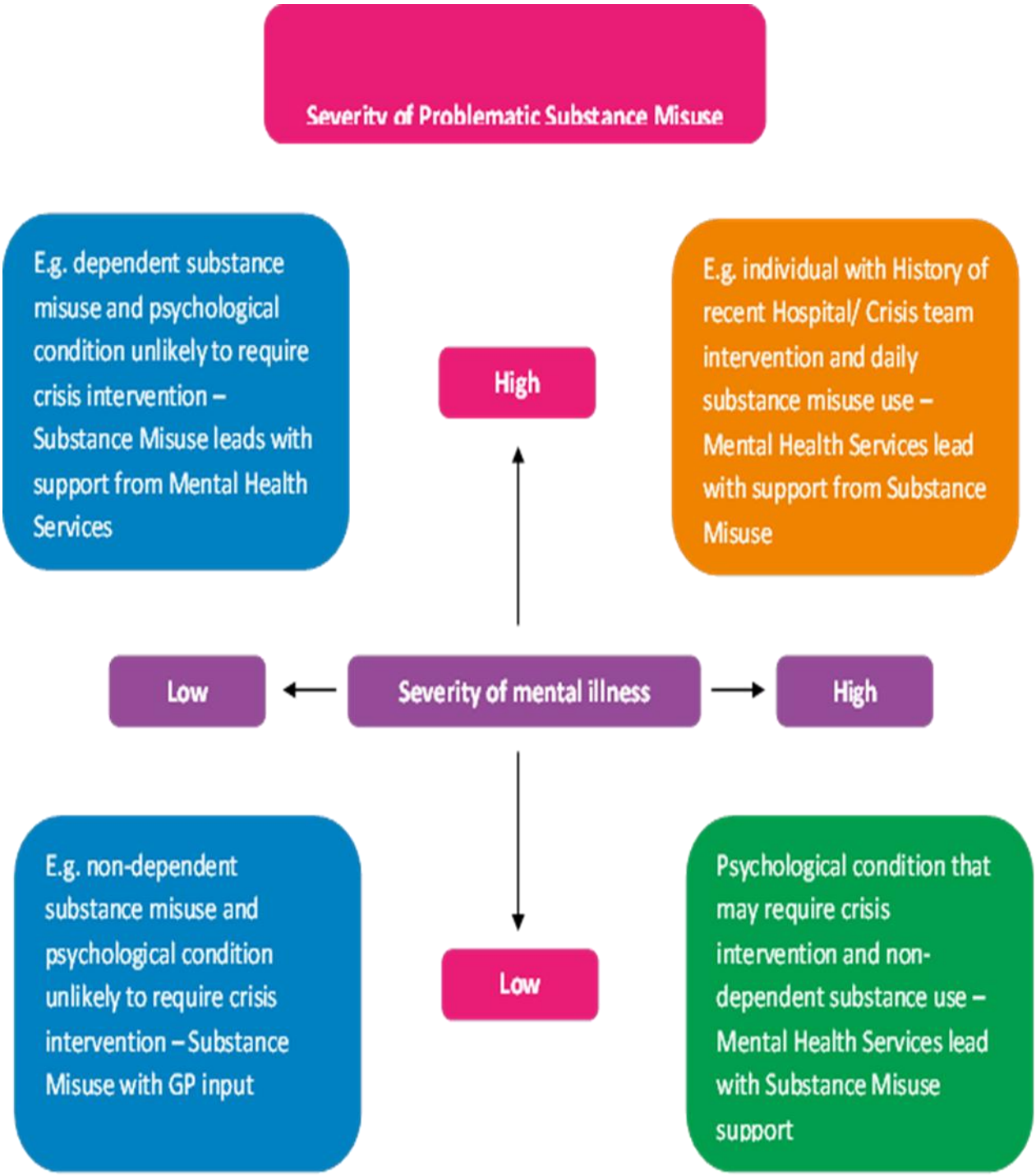
- Consulting with another service within a regular Multi-Agency Team Meeting allowing for a multi-agency joined up approach to managing risk, risk of serious harm and potential death.
- Ensuring collaborative joint care and care planning with another service.
- Referring on to another service

7.5 The co-occurring conditions guide, and locally agreed protocols are to assist practitioners to make decisions based on assessed need and identifying the most appropriate intervention to be provided within a multi-agency team approach.

8 MODEL OF CO-OCCURRING CONDITIONS (QUADRANT MODEL). However, see 8.4 below re dynamic nature of both mental illness and substance misuse.

8.1 Co-existing Mental Health and Substance Misuse Disorders (Dual Diagnosis): exists along two axis.

8.2 The vertical axis describes the severity of problematic substances misuse while the horizontal axis describes the complexity of mental health issues, giving four "quadrants", or situations where people may find themselves, as depicted in the diagram below.



Model of Co-Occurring Conditions (Quadrant Model)

8.3 Service users with co-existing mental health and substance misuse disorders can be broadly described as presenting in four categories –

1) Severe Mental illness with substance dependence-High mental illness and high substance misuse.

2) Severe & persistent mental illness with substance misuse-high mental illness and low substance misuse

3) Non-severe mental health problems and substance dependence-high substance misuse and low mental illness

4) Non-severe mental health problems and non-dependent-low mental illness and low substance misuse.

8.4 The quadrant model above serves as a guide however in practice, the service user's mental health and drug misuse can be very changeable and dynamic. People dynamically move between these quadrants and care should follow the service user in a safe and high-quality fashion. Service user life events impact significantly upon both elements and the service user may move between quadrants. A person-centred approach is needed so that the most appropriate service is accessed.

8.5 It is most important that vulnerability is assessed and identified, a key worker is assigned, a care plan is in place and that any change in quadrant is handed over appropriately with an adjusted care and safety plan, clearly communicated to the service user (and if appropriate carer/family).

8.6 The care pathway gives clear direction as to which service leads and which service supports. This protocol ensures that there will be clear agreements about how to meet the needs of those with co-occurring mental health and substance misuse disorders, as defined in this Protocol, under their care. These are based on the principle of working jointly within a multi-agency team approach to provide individualised packages of care that are most suited to individual service users, rather than allowing the ways services are organised to dictate how care is provided. It is also important to stress that the aim is 'parallel' care not 'sequential' care i.e., a person can be accessing one service while also accessing another. One treatment modality does not need to complete before another starts. Wraparound care is the goal to keep a person safe.

8.7 Management and lead responsibility for delivery of care will be dictated in line with the above categories. Noting at all stages that people can change 'quadrant' and that for the most vulnerable service users a regular review of a care plan is good practice.

8.8 Lead Agency in joint working depending on Severity of Mental illness and Substance dependency.

A) Severe Mental illness with substance dependence- high mental illness and high substance misuse.

Lead Agency: Secondary mental health services local or forensic mental health services in consultation and collaboration with Substance Misuse Services and Adult Social Care as appropriate.

Case management responsibility for individuals with severe and enduring mental illness will remain the responsibility of the Mental Health Service. These clients will have severe and enduring mental illness and high levels of substance misuse or dependence e.g., an individual with schizophrenia who has alcohol dependence.

B) Severe & persistent mental illness with substance misuse-high mental illness and low substance misuse (e.g., this could be a person in recovery and in danger of relapse).

Lead Agency: Secondary Mental Health Services or forensic mental health services in consultation and collaboration with Substance Misuse Services and Adult Social Care as appropriate.

Case management responsibility for individuals with severe and enduring mental illness will remain the responsibility of Mental Health Services.

The service user can either be newly referred to the Specialist mental health services or previously known to services. In either case Specialist mental health services can refer to Kent and Medway Adult Substance Misuse Treatment Providers for assessment and joint working to identify the most appropriate intervention.

If there is no current dependency – then a risk assessment and treatment plan will be made. If the substance misuse is complex and problematic and cannot be managed via any other agency – the Kent Substance misuse Treatment services can provide support if needed.

If substance dependence is also diagnosed in addition to the Severe Mental Illness, then the Service User will need the Joint Working Protocol approach where the Adult Substance Misuse Treatment Provider works jointly with the Mental Health Recovery Coordinators within the CPA process, including considering the Service Users statutory right to a Care Needs Assessment. A joint care plan must be devised that considers severe self-neglect and any safeguarding concerns. The Multi-Agency Care Plan must be reviewed regularly. Other services such as ONE YOU KENT should not deny a Service User a service due to their mental illness or Substance Misuse.

C) Non-severe mental health problems and substance dependence-high substance misuse and low mental illness

Lead Agency: Substance Misuse Services (SMS).

This will be in accordance with the National Training Agency Models of Care case management framework. These will be Service Users with primary substance misuse disorder with secondary low-level mental illness e.g., a dependent drinker who experiences symptoms of anxiety or depression, a dependent opiate user or regular stimulant user with symptoms of anxiety. This care will primarily be provided by SMS partner agencies.

Kent and Medway Adult Substance Misuse Treatment Providers will initially be responsible for the assessment of mental health needs of service users and the necessity for onward referral to IAPT service.

As part of this assessment process, Service Users are offered a Health Care assessment, carried out by a Health and Wellbeing Nurse. The assessment may involve use of screening tools such as GAD-7, PHQ-9 and Mini Mental State as well as assessment by their Clinician.

If the assessment process identifies the need for onward referral the Kent and Medway Adult Substance Misuse Treatment Services clinicians will support referral to IAPT or primary care mental health if needed.

D) Non-severe mental health problems and non-dependent low mental illness and low substance misuse.

Lead Agency: Primary care including GPs with support from partner agencies.

These clients will be individuals who have low-level mental health and low-level substance use. This will include a recreational misuser of ecstasy who struggles with low mood after using the drug or a non-dependent drinker who feels they are not coping well with anxiety. This care will primarily be provided in Primary care settings in collaboration with Community Psychiatric link workers, SMS services, mutual aid organizations and support agencies as required.

The Kent and Medway Adult Substance Misuse Treatment Services will initially be responsible for the assessment of mental health needs of service users and the necessity for onward referral to Live Well Kent and Medway/ ONE YOU. As part of this assessment process, service users are offered a Health Care Assessment, carried out by a Health and Wellbeing Nurse. The assessment may involve use of screening tools such as GAD-7, PHQ-9 and Mini Mental State as well as assessment by their Clinician.

If the assessment process identifies the need for onward referral the clinicians will support referral to services such as Live Well Kent and Medway, IAPT and Primary Care Mental Health Nurses.

Service users with non-severe mental health conditions, whether dependent on either illicit drugs or alcohol, may be referred for consideration for the Live Well Kent and Medway or One You Kent.

8.9 Dependent drinkers

Service Users with co-occurring conditions will preferably, prior to an alcohol detoxification receive a post detox care plan that has been devised by the multi-Agency Team including Kent and Medway Adult Substance Misuse Treatment Providers, KMPT key clinical staff and where appropriate Adult Social Care.

The joined-up care plan will take note of the mental health risk, the support needed, and a plan will be made and shared with the service user (and if appropriate – carers, family and friends).

8.10 Non-dependent drinkers

8.10.1 The clinician can make a referral to the most appropriate service provider as above on a case-by-case basis.

8.11 Dependent Opiate users in receipt of substitute medication

8.11.1 Service Users assessed as stable enough to be on interim collection from the pharmacy can be deemed to have made sufficient progress in their recovery journey to make optimum use of the primary care mental health services and Primary Care NHS Psychological Services IAPT can work with a service user only if the opiate use is not a barrier to treatment.

8.11.2 Kent and Medway Adult Substance Misuse Treatment Providers can make informal enquiries to the Primary Care NHS Psychological Services (IAPT) clinicians on the viability of the referrals and can state in the referral that the case has been informally discussed with the Primary Care NHS Psychological Services **(**IAPT) clinicians which will guide the assessor on how these referrals are progressed.

8.12 Other Drugs (Cocaine, Cannabis, NPS)

8.12.1 There are no objective methods to assess the impact of these drugs on the effectiveness of Primary Care NHS Psychological Services **(**IAPT) therapies. Therefore, the Kent and Medway Adult Substance Misuse Treatment Providers can make a referral on a case-by-case basis.

8.13 Involvement of Carers / Significant Others

8.13.1 Carers are important partners in service user care and can play a vital role in recovery and preventing relapse, but caring takes its toll and can have an impact on the carer's own health. It is essential to listen and respond to the voice and needs of carers and ensuring, where consent is given, that carers are invited to attend, exchange ideas with the treating team so that that they can have an active role in joint reviews.

8.13.2 The carer should be offered a carer assessment and support provided in line with the Care Act responsibilities which apply to all agencies and ensure that carers are considered equally alongside the cared for.

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8.14 Transfer from Inpatient Mental Health Services including section 117.

8.14.1 When Service Users with cooccurring conditions are transferred to the community from inpatient mental health services, they will have:

- An identified Lead Health Care Professional from mental health services
- An allocated recovery coordinator from Kent and Medway Adult Substance Misuse Treatment Services who will have been invited to the transfer planning meeting.
- A care plan that includes consideration of needs associated with both their severe mental illness and their substance misuse, and: -
- Will have been informed of the risks of overdose if they start reusing substances, especially opioids that have been reduced or discontinued during their inpatient stay.

8.15 Service users with cooccurring conditions presenting to Kent and Medway Emergency Department and/or admitted to Acute General Hospitals

8.15.1 For all Mental Health service users referred to the Liaison Psychiatric Services (LPS) by the acute hospitals, the LPS staff will discuss substance misuse as part of the

assessment and review process. They will liaise with the daily hospital Multi-Disciplinary Team and/or other specialist hospital staff including Alcohol Nurses/Leads for frequent A&E attenders to ensure a multi-agency approach to the Service Users co-occurring condition, considering, risk of severe neglect and any safeguarding concerns.

8.15.2 The outcome could be a referral to the local Substance Misuse service and if already open to substance misuse services LPS will notify the substance Misuse service of the presentation to the emergency department and subsequent admission where appropriate. In most cases the service user will need to be asked for their consent to this sharing of information.

8.15.3 Where there is also a referral to community and/or inpatient mental health services LPS will alert these mental health services of the involvement of substance misuse services.

8.15.4 The LPS discharge letter to the G.P will also notify the G.P of referral and signposting to substance misuse services.

8.15.5 Where joint working is identified substance misuse will be involved in the acute hospital discharge planning in the same way as the transfers from inpatient mental health wards as above.

8.16 Transition

8.16.1 To ensure that young people with co-occurring conditions who continue to need treatment for Dual Diagnosis are transferred smoothly to services for adult, refer to NELFTs & KMPTs Trust policy on Transition arrangements to Adult Mental Health Services.

8.17 Dispute Resolution

8.17.1 Disputes over case responsibility will be rare if full information is shared and if all services are willing to operate with some flexibility in the interests of the service user. In the cases where a dispute does arise, it will be referred to the respective service managers for resolution. Clinician to clinician discussion is encouraged.

8.17.2 If no resolution is achieved through this meeting, cases will be referred to relevant provider organisations Clinical Directors/Senior Management for resolution, with commissioner input as necessary.

8.18 Sharing of Information & Monitoring

8.18.1 Information should only be shared on a ‘need to know’ basis and strictly in compliance with duty of care. Although this may differ in exceptional circumstances such as crisis high risk scenarios, severe self-neglect, and safeguarding concerns.

8.18.2 There is an expectation that consent to share information is sought from the service user at the outset of their care. This will allow for multi-agency care and treatment planning.

8.18.3 Consent to share information should be re-considered/updated at regular review meetings.

8.19 Staff Training

8.19.1 Provider organisations will work with commissioners to carry out a training needs analysis for mental health, substance misuse services and Adult Social Care staff and other organisations working directly with this group of service users.

8.19.2 Clinical learning forums facilitated by public health are a good resource for both Substance Misuse, Mental Health Services and Adult Social Care.

APPENDIX 1

Some Facts and Principles for Joined Up Working for People with Co-Occurring Conditions

- A person with dependent drinking or drug taking is likely to have a mental health problem and likely to have accumulated trauma over time including multiple mental health disorders. The goal of all therapeutic interactions with people is to be trauma informed.
- A person who is dependent drinking to high levels will have likelihood of unplanned withdrawal if not supported, this can lead to cognitive impairment, dementia and in some cases death. A dependent drinker should never be advised to stop drinking without input from a trained substance misuse worker.
- There is no evidence to show that a person who is preparing for detox or who is in a harm reduction programme is not able to respond to certain CBT therapies or talking treatments and/ or support.
- There is a high genetic/ epigenetic component to substance misuse and certain mental illness and a person should never be blamed or stigmatised for having this condition. People will need support to manage their conditions responsibly. Training is available for techniques and interventions that can help.
- Stigma related to drug and alcohol misuse leads to death. A high proportion of people with co-occurring conditions who are denied access to care and support die.

APPENDIX 2 EXPECTED ELEMENTS OF JOINT WORKING - ESSENTIAL GUIDANCE:

In all cases it is vital that a service user does not fall between services, and service users must be given every opportunity to engage with services. Support should be seamless and not require the individual to navigate between services, more their pathway should be facilitated by the professionals involved in their support.

- Assertive referral between care providers which demonstrates an understanding of the partner agencies' information need, including where possible completed tools (e.g., regarding alcohol consumption). This should involve enhanced actions to support engagement e.g., attending along with the service user for an appointment with substance misuse service or mental health service. It is unacceptable to refer to another service without following up to ensure that suitable care/intervention has been offered.

- Jointly conducted, formal comprehensive assessment of a service user's needs and risks, leading to the drawing up of a joint care plan with the service user.

- Joint approach to supporting and motivating engagement of dual diagnosis service users, to ensure every opportunity for services to be accessed including home visits and assertive outreach.

- Wherever possible partner agencies must have a presence on each other's sites. Whether this is informally or with formal arrangements e.g., clinic sessions, attendance at the clinical forum, risk forums, engagement sessions, etc.

- Comprehensive & proactive handover, where a case is being closed by one service but picked up by the other. The service user should not experience a gap in their support arrangements.

- A clear agreement with the service user, within care planning, as to which person/service will where necessary, liaise with non-statutory agencies.

- Robust discussions and documented decision-making shared between both services regarding any safeguarding work (adult & child), even at the alert level.

- Within information governance and risk parameters, both services will share service user history. This will be with signed consent but can be without consent where risk issues dictate a need-to-know situation.
- Joint investigations of SI, with sharing of learning actions (see the joint investigation of SI protocol – currently in draft)

- Assertive links with primary care.

- Where appropriate, contacts will be recorded on partners' clinical records.

- Working together to share the understanding of the needs of dual diagnosis service users with partner services e.g. A&E Liaison, and A&E staff training.

- Work together to provide advice for GPs on when to request a joint assessment by mental health and substance misuse service providers.

- Joint home visits for the purpose of assessment, intervention, and monitoring.

- Clearly designated roles and actions within the care plan, reflecting recovery actions and interventions, relapse indicators, and risk issues.

- Proactive information sharing between service providers, in line with information governance, service users' wishes, and risks. Ensuring signed consent to share is completed where possible.

- Collaborative working with the service user's careers, family members, or advocates, as expressly agreed with the service user.

- Also, where appropriate a career assessment will be conducted jointly.

- The Care Act 2014 provides that where an individual provides or intends to provide care for another adult and it appears that the carer may have any level of needs for support, local authorities must conduct a carer's assessment.

- Rethink Dual Diagnosis leaflet for families, friends, and carers

- What it means to make a difference – Caring for people with mental illness who use alcohol and drugs
- Joint reviews and clinical meetings e.g., CPA review meetings, clinical risk forums, safeguarding meetings. Again, in line with information governance, service user wishes and identified levels of risks.

- Use of mutually accessible venues and times to see the service users/carers to facilitate good engagement.

- Joints staff training and sharing of best practice across agencies and localities.

- Staff mutually and proactively, seeking and sharing information about the partner agency. Fostering a clear understanding of the remit, resources, interventions provided, and tools used by a partner service, and developing good working relationships.

- Full consideration is given to inter-agency referrals, where necessary seeking more information to enable a decision about the need for joint assessment. Where this is not the case, a written recommendation should be provided for the referrer.

- Each agency/service to identify Co-occurring conditions (Dual Diagnosis) Champions for each team, who will liaise regularly with other Champions in the locality, they will attend agreed Co-occurring Conditions training and support their team members with matters related to practice concerns with Co-occurring conditions.

- Locality Co-occurring conditions (Dual Diagnosis Forums) held regularly and owned by local service providers, Co-occurring champions, service user & carer representatives, with other stakeholders in attendance. There will be an agreed term of reference for each group.

APPENDIX 3 REFERRAL EMAIL ADDRESSED AND CONTACT NUMBERS
Kent & Medway NHS & Social Care Partnership Trust Services

Area/ Team	Email/ Pager	Phone Number
Early Intervention for Psychosis (West Kent)	kmpt.eipwest@nhs.net	0300 303 3189 Option 3
Early Intervention for Psychosis (East Kent)	kmpt.eipeast@nhs.net	01227 812390

Anyone calling the West Kent 0300 number needs to press option 3 for EIP.
EIP is a service who works with people aged between 14 and 65 experiencing a first episode of psychosis. Referral form and threshold criteria are embedded below: -

BLANK - Referral Form EIP-ARMS Apr

Liaison Psychiatry Service

Area/ Team	Email/ Pager	Phone Number
Medway Hospital Windmill Road Gillingham Kent ME7 5NY	Pager: 07623 382 686	01634 833826
Maidstone Hospital Hermitage Lane Maidstone ME16 9QQ	Pager: 07623 381735	01622 220265 01622 228834
Tunbridge Wells Hospital Tonbridge Road Royal Tunbridge Wells Tunbridge Wells	Pager: 07623 381734	01892 634958

TN2 4QJ		
William Harvey Hospital Kennington Road Willesborough Ashford TN24 0LZ	Pager: 07623 382 685	01233 633331 (ext: 723 8705)
Queen Elizabeth the Queen Mother Hospital (QEQM) Ramsgate Road Margate CT9 4AN	Pager: 07623 381 746	01843 267072
Darent Valley Hospital Darenth Wood Road Dartford DA2 8DA	Pager: 07623 382 292	01322 927465
Kent & Canterbury Hospital Ethelbert Road Canterbury CT1 3NG	Pager: 07623 914 652	01227 868727

The Liaison Psychiatry Service only accept referrals Via their pager system, all teams have half an hour to respond to a pager.

Community Mental Health Teams

Area/ Team	Email/ Pager	Phone Number
Ashford CMHT Eureka Place Eureka Business Park Trinity Road	kmpt.ashfordcmhtduty@nhs.net kmpt.ashfordcmht@nhs.net	01233 658100

Ashford Kent TN25 4BY		
Canterbury CMHT Laurel House 41 Old Dover Road Canterbury Kent CT1 3HH	Kmpt.admin.canterbury@nhs.net	01227 597111
DGS CMHT Arndale House 18-20 Spital Street Dartford Kent DA1 2DL	KAMNASCPT.dgscmht@nhs.net	01322 622230
Dover & Deal CMHT Coleman House Brookfield Ave Dover Kent CT16 2AH	kmpt.dovercmhtadmin@nhs.net	01304 216666
Maidstone CMHT Albion Place Medical Centre 23-29 Albion Place Maidstone Kent ME14 5TS	KAMNASCPT.maidstonecmht@nhs.net	01622 766900
Medway CMHT Britton House Britton Farm High Street	kmpt.crsladmin.mit@nhs.net	0300 303 3189

Gillingham Kent ME7 1AL		
Shepway CMHT Ash Eton Radnor Park West Folkstone Kent CT19 5HL	kmpt.shepwaycmhtadmin@nhs.net	01303 227510
Swale CMHT Sittingbourne Memorial Hospital Bell Road Sittingbourne Kent ME10 4DT	kmpt.crsladmin.sittingbourne@nhs.net	01795 418350/ 01795418359
SWK CMHT Highlands House 10-12 Calverly Park Gardens Tunbridge Wells Kent TN1 2JN	kmpt.swkadminteam@nhs.net	01892 709211
Thanet CMHT The Beacon Centre Manston Road Ramsgate Kent CT12 6NT	kmpt.adminbeacon@nhs.net dutybeacon@nhs.net	01843 855200

Older Adults

Area/ Team	Email/ Pager	Phone Number
Medway	KAMNASCPT.MedwayCMHSOP@nhs.net	0300 3033189 Option 2

Swale	KAMNASCPT.swalecmhsop@nhs.net	01795 438446
Dover/ Deal	KMPT.DoverCMHSOPadmin@nhs.net	01304 216664
Shepway	KMPT.ShepwayCMHSOPadmin@nhs.net	01303 228838
DGS	KAMNASCPT.dgscmhsopadmin@nhs.net	01322 622208/07
SWK	Darent House: KAMNASCPT.sevenoakscmhsopadmin@nhs.net Highlands House: KAMNASCPT.TunbridgeWellsCMHSOP@nhs.net	Darent House: 01732 228242 Highlands House: – 01892 709200
Maidstone	kamnascpt.maidstonecmhsop@nhs.net	01622726899 01622723981
Ashford	KAMNASCPT.ashfordOPMH@nhs.net	01233 658 125
Canterbury	kmpt.canterbury.olderpeople@nhs.net	01227 812 083
Thanet	KAMNASCPT.ThanetCMHTOP@nhs.net	01843 267071
East Kent Rapid Transfer Dementia Service	kmpt.eastkentrtds@nhs.net	07554225815

Kent & Medway Mental Health Crisis line (UMHH)

Area/ Team	Email/ Pager	Phone Number
Whole of Kent	kmpt.urgentreferrals@nhs.net	0800 783 9111

West Kent Primary Care Mental Health Service (PCMHS)

Area/ Team	Email/ Pager	Phone Number
Medway PCMHS	kmpt.medwaypcmhs@nhs.net	0300 303 3189

SW Kent PCMHS	kmpt.pctmentalhealth.swkkmpt@nhs.net	01622 766 939
Maidstone PCMHS	kmpt.maidstonepcmhs@nhs.net	01622 766 939
Primary Care Admin	kmpt.primarycareadmin@nhs.net	01622 766 939
WK RSI Team	kmpt.westkentrsi@nhs.net	01622 766 939
Medway RSI Team	kmpt.medwayrsi@nhs.net	0300 303 3189

Please note that KMPT only provides West Kent PCMHS. The other PCMHN teams in the North and East are provided by Invicta.

Kent Community Health NHS Foundation Trust

One You Kent

Area/ Team	Email/ Pager	Phone Number
Dartford BC	kashmir.powar@dartford.gov.uk	N/A
Gravesham BC	tavinder.Marwaha@thegrand.org.uk	N/A
Ton & Malling BC	sarah.Wright@tmbc.gov.uk	N/A
Tun Wells BC	rebecca.Bowers@TunbridgeWells.gov.uk	N/A
Maidstone BC	jolandaGjoni@Maidstone.gov.uk	N/A
Sevenoaks DC	daniel.McDermott@sevenoaks.gov.uk	N/A
East Kent for Tier 2 Weight loss	markcummings@nhs.net	N/A

The diabetes services would need to refer to the service and the best way is through the One You Kent website referral form which is found on the Strip half way down the first page (Get Support from One You Kent) the referral form can also be found on other pages specifically for Adult Tier 2 weight loss services, to talk to a One You Kent advisor, and smoke free services page.

KCHFT also deliver the smoke free and NHS Health Checks programme across the county.

East Kent

The Forward Trust

Area/ Team	Email/ Pager	Phone Number

Ashford	theforwardtrust.ashford@nhs.net	N/A
Canterbury	theforwardtrust.canterbury@nhs.net	N/A
Dover	theforwardtrust.dover@nhs.net	N/A
Margate	theforwardtrust.margate@nhs.net	N/A
Sittingbourne	theforwardtrust.sittingbourne@nhs.net	N/A

Change Grow Live (CGL)

Area/ Team	Email/ Pager	Phone Number
CGL	cgl.gravesend@nhs.net cgl.maidstone@nhs.net cgl.tunbridgewells@nhs.net	N/A

NHS Veterans Mental Health and Wellbeing Services

OpCourage NHS Veterans Mental Health and Wellbeing Services, in the South East are being brought together in one service

https://www.opcouragesoutheast.nhs.uk/

OpCommunity

NHS Kent & Medway A dedicated email and phone number to support the Armed Forces Community including family members and carers of those serving or have served in His Majesty's Armed Forces.

https://www.armedforcesnetwork.org/

Forces Connect App is easy-to-use and is a directory of contacts and information for those seeking help within the Armed Forces.

APPENIX 4 - HELPFUL LINKS

Coexisting severe mental illness and substance misuse: community health and social care services - NICE guideline [NG58] Published: 30 November 20

Coexisting severe mental illness and substance misuse Quality standard [QS188] Published: 20 August 2019

Dual Diagnosis Good Practice Guide 2002 / 2006 update - archived.

A guide for the management of dual diagnosis for prisons

The Bradley Report 2009

Rethink Mental Illness

Dual Diagnosis Guide and Dual Diagnosis Toolkit - Published: August 17, 2017

Practical guide for professionals and practitioners

Dual Diagnosis - Turning Point

Care Programme Approach NHS England and NHS Improvement position statement 1 July 2021 Version 1.0

Dual Diagnosis Capability in Addiction Treatment (DDCAT) Toolkit

Jack, Joseph and Morton Mandel School of Applied Social Sciences 2011

Capability Framework toolkit for co-occurring mental health and drug/alcohol released - alcohol Policy UK 2019

Better care for people with co-occurring mental health and alcohol/drug use conditions - a guide for commissioners and service providers [Public Health England, 2017]

The Bradley Report five years on an independent review of progress to date and priorities for further development - Centre for Mental Health

The Bradley Report and the Government's Response - the implications for mental health services for offenders. Sainsbury Centre for Mental Health

<u>This Joint Working Protocol for Co-occurring Conditions has been endorsed by the following Lead Agencies:-</u>

Kent and Medway NHS and Social Care Partnership Trust

Signature:……
Name:……

Signature:……
Name:……

Change Grow Live

Signature:……
Name:……

Kent County Council kent.gov.uk

Signature:……
Name:……

Medway Council Serving You

Signature:……
Name:……