

APPENDIX 3

SERVICES LINKED WITH DUAL DIAGNOSIS TEAM

Community Mental Health Teams (CMHTs)- five teams operate across RBKC offering assessment and care management services to people with severe and enduring mental health diagnosis. They identify those with a dual diagnosis who fall into quadrant 4 of Minkoff's model and refer to the dual diagnosis team or work jointly to provide appropriate care.

Substance Use Care Management Team –provides a specialist care management service, including advice and information, assessment of need, referral to detoxification and rehabilitation, coordinating the care through to completion of the care plan to drug and alcohol users. They offer carers assessments to those who require support. They contribute to the planning and development of services and work closely with partners in health and independent sector. They work directly with individuals with a dual diagnosis where the substance use appears to be the main problem.

Dartmouth Street Programme (DSP) – This is a specific day programme for people identified as having a dual diagnosis. It offers group work, counselling and practical skills training. The programme has developed to include drop-in and offers services to both abstinent and those still using substances. This remains the only day programme targeted at this service user group.

Dual Diagnosis Anonymous (DDA)-This is a self help group based on the same 12 step philosophy as alcoholics and narcotics anonymous. A group takes place weekly in North Kensington. The founder of this group was a service user and now contributes to the steering group.

Community Assessment and Prescribing Service (CAPS) -Located in Earls Court and acts as the single point of access to all CNWL SMS services (except for GPs on the shared care scheme). Individuals are redirected to appropriate teams on the basis of an initial needs assessment. Short term community detoxification service including stabilisation on prescribed methadone are also provided.

Drug Treatment Centre – is located with Chelsea and Westminster Hospital the team provides longer term prescribing services for those with more entrenched patterns of addiction and those with complex needs. Individuals usually have additional social and health care difficulties and are in need of closer clinical monitoring.

Psychological Therapies - are provided through a specialist substance use psychology team who take referrals from across CNWL SMS. Psychological therapy interventions particularly cognitive behavioural therapies (CBT) have been found to be effective in the treatment of addiction and those with a dual diagnosis.

Family Therapy Service – offers families and individuals solution focused therapies to address the impact addiction has had on their lives. This unit takes referrals from a range of services including child protection teams, community adolescent mental health service (CAMHS), Youth Offending Team (YOT), independent sector services.

Joint Homelessness Team – This is a specialist care management team providing targeted assertive outreach to homeless people with mental health problems, substance use issues and support with the resettlement process. They will work directly with individuals with a dual diagnosis to engage them in a range of services whilst enabling access to appropriate accommodation.

Specialist Housing Officers- one housing officer is linked to the substance use team and are specialists in resettlement work and tenancy sustainment.

Community Support Team - Provides an intensive home support service to people who are referred by the Dual Diagnosis Service or Substance Use Care Management Team. They offer emotional support, but with an emphasis on assisting with specifically defined tasks as agreed within their care plan (e.g. Skills training, benefits claims, finance, liaison, activities, improving links with the community, attending and accompanying service users to meetings and appointments).

ARC(Rugby House)-Provides direct access alcohol treatment services including referral to other services, assessment, counselling, group work, access to detoxification, GP liaison, drop-in; women specific sessions, cognitive behaviour therapy (CBT); advice information and training. All these services are open to service users with a dual diagnosis and close links with St. Charles in-patient services exist. A dual diagnosis self help group operates from ARC one evening a week

Child and Adolescent Mental Health Services (CAMHS) – offers support to access substance use services if drug or alcohol problems are identified. Training sessions on drugs and alcohol have been provided to the CAMHS service. Whilst there is no specific dual diagnosis service within CAMHS there are close links to substance use specialist services for young people.

Space KC (Earls Court Site) – Provides services targeted at 16-30 year olds. They provide a full range of direct access services including drop-in, drug free programme, counselling, alternative therapies, outreach, advice, information, training, outreach services, assessment and referral on. They work closely with CAMHS and other adolescent services providing over 200 individuals.

HIV Services – have access to therapeutic services and work with the primary care of individuals with mental health problems. The substance use specialist services work with some individuals with substance use and HIV but

only one referral has been received of an individual with dual diagnosis and is HIV during 2005/06.

Accident and Emergency (A+E)- Data collected by CNWL over 6 weeks before Christmas indicates that 2% of A&E presentations are drug or alcohol related. Where this is the primary cause 173 out of 8459 presentations are drug or alcohol related. This does not show those incidents where drug or alcohol use is related to an accident or self harm.

Referrals to Mental Health Services from A&E, between April and October 2005, numbered 105 of which only 9 had drug or alcohol problems. N.B. This is likely to be an underestimate as it only registers alcohol or drugs if they are the primary cause. If a person presents with an episode of self harm we know that as many as 50% will also have substance misuse problems

Early Intervention Mental Health Service (EIS)-This is a planned service for 2006/07. Although there will be no specific dual diagnosis staff employed, the team will benefit from training supplied by the Dual Diagnosis Team to all community staff. It is recognised that substance misuse is a factor in first psychotic episodes. A recent review by EIS suggests that 50% of their clients had used cannabis in their lifetime, and nearly 33% had used it within the last 6 months. The development of this service is at risk due to PCT funding constraints

Community Mental Health Teams (CMHTs)- Staff all receive training from the dual diagnosis team and joint work a number of cases where specialist dual diagnosis intervention is required. They utilise the team for advice and information and refer people to substance use services within the borough and to purchased services elsewhere.

In-Patient Services - 85% of staff on Mulberry Wards are trained in dual diagnosis. A weekly dual diagnosis group has been established on Mulberry Ward facilitated by ward staff. There are one to one sessions offered to patients who are unable to attend the groups. Willow day hospital and St Charles hospital have 4 staff trained in dual diagnosis.

The Bromley dual diagnosis assessment tool is used with all patients with an identified problem at admission and is repeated prior to discharge. This is incorporated into individual care plans. Information packs are available to all on the effects of drugs and alcohol and dual diagnosis.

Guest speakers are invited onto wards and to team meetings. These have included dual diagnosis specialists and substance use specialists. There are formal links with the drug treatment centre and other specialist teams.

There are 3 mental health staff members identified to coordinate and maintain the links with external agencies involved in dual diagnosis and substance use work. This team carried out a presentation at the London development centre

on dual diagnosis issues as part of the acute care collaborative. This work is intended to be published.

Both the assertive outreach and Crisis resolution team staff are trained in dual diagnosis.

4a. Dual Diagnosis Service Budget- 2006/07

There are five funding sources contributing to the provision of services for individuals users diagnosed with a dual diagnosis (DD) as outlined in the main body of the report.

- KCPCT core health funding.
- RBKC Adult Social Care Funding
- Pooled Treatment Budget.
- Mental health grant
- Supporting People Grant

| Funding source | organisation | Amount received | Risk factors |
|---|---|-------------------|--|
| Substance Use Pooled treatment budget | DD Team | £150,000 | Ring fenced budget may cease 2008 |
| Substance Use Pooled treatment budget | CNWL Community Mental Health Teams | £99,000 | CNWL will direct money away from DD work. Ring fenced budget may cease 2008 |
| MH Grant | DD Team | £33,000 | May not be available year on year |
| Adult Social Care purchasing budget substance use | DD Team | Dependant on need | DD treatment services are very expensive may not have sufficient funds to cover need. |
| Substance Use Pooled treatment budget | Dartmouth Street Project | £47,000 | Other boroughs may withdraw support for DD day programme. |
| KCPCT | CNWL Ensures access to full range of mental health services | £29,000,000 | Not specific to DD, cannot identify proportion spent on DD issues. This is subject to significant reduction to meet the PCT Financial Recovery Plan. |

N.B. All funding is renegotiated annually. Although there remains a long term commitment from Adult Social Care to maintain the purchasing budget all other budgets are at risk. It has been noted that other boroughs are redistributing funding for DD services from being led by mental health to substance misuse services leading. Other boroughs are also in the process of disinvesting from DD services.