

# Alcohol Harm Reduction Strategy for England: Implications for the Treatment of Dual Diagnosis



The *Alcohol Harm Reduction Strategy* contains a number of implications for the treatment of comorbid mental health and alcohol problems ('dual diagnosis'). These implications affect planning and commissioning, staff training, service delivery and integration, and joint working between services. For the delivery of dual diagnosis treatment services, a number of different organisations are affected by the strategy, including Primary Care Trusts (PCTs), Local Implementation Teams, mental health services, substance misuse services, Drug (and Alcohol) Action Teams, social services, and primary care clinicians. This paper outlines the place of dual diagnosis in the Strategy and its implications for organisations.

## 1. Coherent interventions

According to the Strategy, if interventions for people with alcohol problems are to be successfully delivered they should be coherent, sustained, strategic, measured and publicly supported. Isolated, short-term interventions are unlikely to succeed.

According to the Strategy, effective treatment requires that:

- Those with alcohol problems are identified and referred to the appropriate services
- Appropriate treatment is available
- Treatment for vulnerable groups covers all their related needs and problems, and adequate aftercare is available.

People with 'dual diagnosis' often have very complex conditions, and the provision of effective treatment may require input from a range of health and social care providers. Means of enabling coherent interventions for this client group include:

- "Mainstreaming" services for people with severe mental illness and substance misuse in mental health services
- Improved joint working between services
- Using the Care Programme Approach in treatment management.

### **Mainstreaming services and improved joint working**

"Mainstreaming" (or integrating) treatment of comorbid severe mental illness and substance misuse in mental health services aims to avoid the problem of clients being shifted between services and falling through the net of care. Despite the principal role of mental health services, substance misuse services will also play a part in helping this client group. Clear pathways of joint working and treatment should be developed in dual diagnosis strategic planning and, as a result:

- Substance misuse agencies will provide specialist support, consultancy and training to mental health services
- Mental health services will offer similar support to substance misuse agencies to help them effectively treat people with less severe mental health problems (DoH 2002).

People with complex mental health and substance misuse problems often experience physical health problems. Assessment of physical health problems lies within the remit of primary care. In order to prevent this client group falling between services, PCTs can help by developing clear care pathways between mental health services and primary care.

## Care Programme Approach

The Care Programme Approach (CPA) is the framework for care coordination and resource allocation in mental health care, and comprises:

- Arrangements for assessing the needs of people accepted into mental health services
- The formulation of a care plan that identifies the care required from different providers
- The appointment of a key worker for the service user
- Regular reviews of the care plan (DoH 1999).

Complex problems are often associated with comorbid mental illness and alcohol misuse, including high suicide risk, poor medication compliance, high rate of homelessness, and poor physical health. The Mental Health National Service Framework emphasises that, where the case is appropriate, and in consultation with the service user, the CPA should be applied to people with dual diagnosis, whether they are located in mental health or substance misuse services, beginning with a proper assessment (DoH 2002).

For more on the CPA, see:

*Effective Care Coordination in Mental Health Services: Modernising the Care Programme Approach, A Policy Booklet* (<http://www.publications.doh.gov.uk/pub/docs/doh/polbook.pdf>)

Examples of CPA policies on the Internet:

Cambridgeshire and Peterborough Mental Health Partnership NHS Trust

[http://www.cambsmh.nhs.uk/html/policy\\_open.asp?PTGPID=10&name=Care%20Programme%20Approach](http://www.cambsmh.nhs.uk/html/policy_open.asp?PTGPID=10&name=Care%20Programme%20Approach)

Blackpool Social Services, Blackpool Wyre & Fylde Community Health Services NHS Trust, Lancashire Social Services: <http://www.markwalton.net/cpa/index.asp>

## 2. Need for service improvement

The Strategy notes that people with alcohol problems come into contact with a range of public institutions, including health and social services and voluntary organisations. Health services in which alcohol misuse may present include GP surgeries, primary health care clinics, accident and emergency, hospital inpatient and outpatient services and mental health care services.

However, alcohol problems may not be identified for a number of reasons, including:

- The absence of a clear identification process
- Lack of staff training to enable them to identify an underlying problem of alcohol misuse or to know how to deal with a problem.

It is notable that people with comorbid mental health problems will present at all of the services indicated, demonstrating some of the opportunities to establish whether a patient has an alcohol problem and act accordingly.

## 3. Screening and brief interventions

The Strategy points out that screening for alcohol misuse may help to identify a drinking problem, citing useful screening questionnaires such as the Alcohol Use Disorders Identification Test (AUDIT), developed by the World Health Organization. However, screening need not involve a specific tool – it can also take the form of relevant questions asked during the course of a consultation, for example, at a GP surgery.

Download AUDIT at: [http://www.who.int/substance\\_abuse/PDFfiles/auditbro.pdf](http://www.who.int/substance_abuse/PDFfiles/auditbro.pdf)

Following screening, individuals may benefit from a “brief intervention”. Common aspects of brief interventions include the giving of information and advice, encouragement to the patient to consider the positives and negatives of their drinking behaviour, and support and help to the patient if s/he decides to reduce drinking.

As part of the Strategy, the Department of Health will strengthen emphasis on the importance of early identification of alcohol problems through communications with doctors, nurses and other health care professionals. DoH will do this with immediate effect. This has implications for a range of health care professionals working with those with dual diagnosis.

#### **4. Models of care**

The Department of Health and the National Treatment Agency (NTA) developed *Models of Care* as a national framework for drug treatment services. *Models of Care* provides a guide for Drug Action Teams as they plan to expand and improve drug treatment services in their area (NTA).

The Alcohol Strategy indicates that from the second quarter of Parliament 2004, the Department of Health will work with the Home Office, the Department for Education and Skills and the National Treatment Agency to develop guidance within the *Models of Care* framework on the identification and appropriate referral of alcohol misusers. The *Models of Care* work will incorporate a review of the appropriateness and effectiveness of different types of treatment to inform commissioners and service providers. This move represents an opportunity to improve links between agencies for the provision of services for those with dual diagnosis problems.

In addition, from the same period onwards, Government departments and the NTA will develop guidance within the *Models of Care* framework on integrated care pathways for people with alcohol problems in vulnerable circumstances, *including those with mental illness*. This represents a further opportunity to develop integrated care pathways for people with dual diagnosis.

In terms of comorbid mental health and alcohol misuse, at present *Models of Care* features a chapter on psychiatric comorbidity, noting the following points:

- A number of organisations and agencies are faced with the issue of dual diagnosis. The care and management of patients with comorbidity requires a multidisciplinary approach
- While there is some evidence on the various models of treatment, the complex nature of this patient group would suggest the need to work towards an integrated approach by all the relevant services, with one lead service coordinating the comprehensive care package
- It is crucial that community psychiatrists work collaboratively with substance misuse services to identify the most appropriate systems for the referral, care and management of those with mental health and substance misuse comorbidity (NTA 2002).

The *Models of Care* work also has implications for Drug Action Teams, which, significantly, are encouraged to become *Drug and Alcohol* Action Teams (see below). *Models of Care* recommends that joint commissioning groups and DATs work towards the development of a system that collects a minimum dataset measuring service providers' activity and outcomes. It is suggested that this dataset includes outcomes achieved in improvements in psychological health.

With the Strategy extending *Models of Care* to include alcohol misuse, Drug and Alcohol Action Teams should now consider outcomes in psychological health among problem drinkers as well as those misusing illicit drugs.

*Models of Care* also has important implications for alcohol services. The Strategy states that the NTA will draw up a *Models of Care* framework for alcohol treatment services, based on the alcohol element of the existing *Models of Care* framework. The NTA would look to the Commission for Healthcare Audit and Inspection (CHAI) to monitor the quality of treatment services.

Download *Models of Care* at: <http://www.nta.nhs.uk/>

## 5. Coherent commissioning

The Strategy indicates that from the second quarter of Parliament 2004, remaining Drug Action Teams will be encouraged to become Drug and Alcohol Action Teams (DAATS) to assume greater responsibility in commissioning and delivering alcohol treatment services. However, new resources have not been committed under the Strategy.

As part of their role illustrated in the *Dual Diagnosis Good Practice Guide*, Drug Action Teams have already been incorporating dual diagnosis into their plans for drug treatment. If they are not already doing so, the expanded Drug and Alcohol Action Teams should incorporate alcohol misuse within its dual diagnosis planning and commissioning and planning role.

## 6. Reducing the harms to health: Primary Care Trusts (PCTs)

The Strategy states it would be good practice for each PCT, or by arrangements a lead PCT or partnership which acts on behalf of other PCTs and agencies within a local authority area, to publish annually:

- Details for the partnership responsible for commissioning alcohol prevention and treatment services including its membership and a single point of contact for enquiries
- Planned and actual increases in the numbers accessing treatment for alcohol-related problems
- A statement outlining the arrangements for alcohol treatment and points of contact for those requiring help
- A statement outlining the arrangements for the promotion of sensible drinking
- A statement outlining the contribution alcohol prevention and treatment will make to the Crime and Disorder Strategy.

The Strategy indicates that all alcohol harm-reduction partners will share a responsibility for the identification and referral of people with alcohol-related problems and for wider prevention activity, the (new) DAATs will be encouraged to take on responsibility for alcohol services, and PCTs will remain responsible for treating *alcohol-related conditions*. PCTs will therefore retain a primary responsibility for people who have alcohol-related mental health problems.

## References

Department of Health (1999) *Effective Care Coordination in Mental Health Services: Modernising the Care Programme Approach, A Policy Booklet* (<http://www.publications.doh.gov.uk/pub/docs/doh/polbook.pdf>)

Department of Health (2002) *Mental Health Policy Implementation Guide: Dual diagnosis Good Practice Guide* ([www.doh.gov.uk/mentalhealth/dualdiagnosis.htm](http://www.doh.gov.uk/mentalhealth/dualdiagnosis.htm))

NTA [National Treatment Agency] *Models of Care – Local Implementation* ([www.nta.nhs.uk](http://www.nta.nhs.uk))

NTA (2002) *Models of Care for the Treatment of Drug Misusers. Part 2: Full Reference Report*, London, National Treatment Agency.

Prime Minister's Strategy Unit (2004) *Alcohol Harm Reduction Strategy for England*.