Co-existing Mental Health and Substance Misuse Disorders (Dual Diagnosis) Protocol Version: 3

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CGL Approved By: Bernie Casey, CGL Director of Operations

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HERTFORDSHIRE PARTNERSHIP FOUNDATION TRUST/ CGL/ Integrated Joint Governance Meeting

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Ratified By: **HPFT/Spectrum Interface Meeting**

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Review Date: **28th April 2020**

Target Audience:

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

- Spectrum Drug and Alcohol Recovery Services, provided by cgl (change, grow, live)
- Hertfordshire Partnership Foundation Trust
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Summary

This operational Protocol is designed to give a clear framework within which Hertfordshire Partnership Foundation Trust and Spectrum Drug and Alcohol Recovery Service staff can operate with regard to providing comprehensive service user focused services to those with **Co-existing Mental Health and Substance Misuse Disorders (Dual Diagnosis)**.

Purpose

Our Challenge-

"Dual diagnosis clients are everybody's business but nobody's priority. Substance Misuse and Mental Health Services are two parallel universes with totally different cultures and commissioning practices." - (page 58, Rethink Dual Diagnosis Toolkit)

Alcohol and drug misuse is common among people with mental health problems. High prevalence of these co-existing issues has been found among the following populations: prisoners, children, young people and adults in alcohol and drug treatment, mentally ill people who commit suicide or homicide, individuals presenting to hospital emergency departments in mental health crisis, and people experiencing severe and multiple disadvantage[1].

Both alcohol and drug misuse and mental health problems can lead to considerable physical morbidity and premature mortality. Smoking is also highly prevalent among both mentally ill and alcohol and drug misusing populations, and is a significant contributor to illness and death.

Evidence from service user and provider surveys suggests that people with co-existing alcohol, drug and mental health issues are often unable to access the care they need, with mental health problems being insufficiently severe to meet access criteria for mental health services, or because of co-existing alcohol and/or drug misuse issues. And individuals experiencing mental health crisis can fail to access appropriate care due to intoxication (in spite of the heightened risk of harm that this brings.)

NICE clinical guidelines from, CG120 (issued 2011) states:

> *"Approximately 40% of people with psychosis misuse substances at some point in their lifetime, at least double the rate of the general population. In addition, people with coexisting substance misuse have a higher risk of relapse and hospitalisation, and have higher levels of unmet needs compared with other inpatients with psychosis who do not misuse substances".*

The purpose of this protocol is to support effective and well-co-ordinated services for people with **Co-existing Mental Health and Substance Misuse Disorders (Dual Diagnosis)** within Hertfordshire.

[1] Substance misuse, homelessness and criminal justice involvement.

Definitions

Co-existing Mental Health and Substance Misuse Disorders (Dual Diagnosis): The definition of Dual Diagnosis has been agreed between the Hertfordshire Partnership NHS Foundation Trust (HPFT), Spectrum Drug and Alcohol Recovery Service - Hertfordshire provided by change, grow, live (referred to throughout this document as Spectrum) and the Public Health Team and is as follows:

"Dual diagnosis is defined as a severe mental illness combined with misuse of substances. Severe mental illness in this guideline includes a clinical diagnosis of:

- schizophrenia, schizotypal and delusional disorders
- bipolar affective disorder
- severe depressive episode(s) with or without psychotic episodes.

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)

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

Possibilities include:

1. A primary psychiatric illness precipitating or leading to substance misuse.
2. Substance misuse worsening or altering the course of a psychiatric illness.
3. Intoxication of substance dependence leading to psychological symptoms.
4. Substance misuse and/or withdrawal leading to psychiatric symptoms or illness.

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.

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

The Service Users' Carers, subject to issues of consent on a case by case basis, will be given the opportunity to express their point of view with regard to which service needs to be involved. While this opportunity will be provided, decisions will ultimately be based on clinical judgement. .

Who is covered by this protocol?

The locally agreed term for 'Dual Diagnosis' in respect of this protocol refers to any individual who requires treatment and/or support for co-existing mental health and substance misuse disorders who:

- Is aged 18 years and over
- Is normally resident in Hertfordshire[2]
- Requires specialist mental health services in respect of a severe and enduring mental health problem
- Requires specialist drug and alcohol services
- Requires joint care involving more than one of the following agencies; primary care, substance misuse services, 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.)

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

Spectrum's key role, in relation to this protocol, is to provide expert advice, or a specific substance misuse treatment package for those under its care with co-existing mental health and substance misuse disorders (Dual Diagnosis). The provision of specific treatment packages may also be delivered by other agencies that specialise in the provision of substance misuse support.

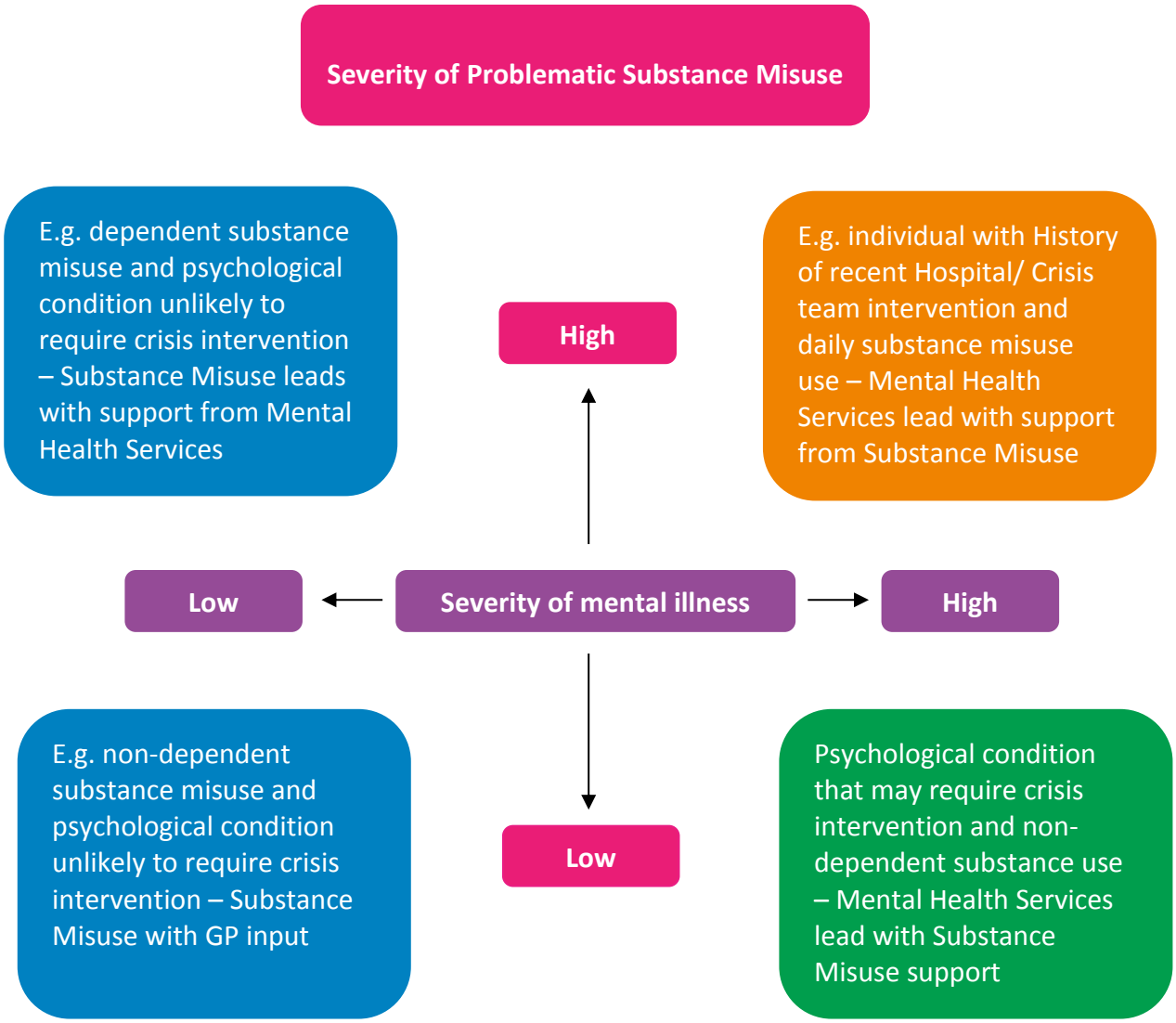
Spectrum will work in partnership (in the context of local information–sharing protocols) with HPFT services, and other agencies, to ensure well-integrated care and treatment for those with co-existing mental health and substance misuse disorders (Dual Diagnosis) where responsibilities are shared.

[2] Individual circumstances will always be taken into consideration with treatment and appropriate referral made as required

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

The vertical axis describes the severity of problematic substance 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-

This model below serves[3] as a guide however in practice, the service user's mental health and drug misuse can be very changeable. A person-centred approach is needed so that the most appropriate service is accessed (see below.)



[3] Adapted from Kent and Medway Joint working Protocol

Both substance misuse and mental illness can be variable and follow a fluctuating course. Service user life events impact significantly upon both elements and the service user may move between quadrants.

The care pathway gives clear direction as to which service leads and which service supports.

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

1) Severe mental illness and substance dependence

2) Severe mental illness and non-dependent yet harmful misuse of substances

3) Non-severe mental illness and substance dependence

4) Non-severe mental illness and non-dependent yet harmful misuse of substances

Spectrum and Hertfordshire Partnership Foundation Trust have clear agreements about how to meet the needs of those with co-existing mental health and substance misuse disorders (Dual Diagnosis), as defined in this protocol, under their care. These are based on the principle of working jointly 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. Management and lead responsibility for delivery of care will be dictated in line with aforementioned categories.

Management of each category

1) <u>Severe Mental Illness and substance dependence</u>

   These service users must have input from both Spectrum and HPFT

a) For known service users: - If the service user is already known to CMHT then the joint working protocol needs to take place. This involves the Spectrum Recovery Worker participating actively to the CPA process. This will typically involve the Spectrum Recovery Worker attending the CPA meetings that take place on the premises of the CMHT or the service user's home. The CMHT organise the time and the location of the CPAs. If the service user is admitted to an acute psychiatric ward then a Spectrum Recovery Worker (either the hospital liaison worker or the key worker will attend the ward)
   See appendix a –point 1

b) If the service user is a new referral to SPA and is not known then SPA will triage the service user initially. The SPA assessor will use the **AUDIT/SADQ** tool to assess the degree of substance dependence as well as their own tools for assessing severity of mental illness. If SPA deem them to have Severe Mental Illness and Substance Dependence (as per AUDIT/SADQ Score), then SPA will inform the geographically relevant CMHT for that service user. The CMHT will then make contact with the local Spectrum hub in order to

make arrangements for a joint assessment to take place. At this joint assessment, both the mental illness needs and substance misuse needs will be identified and then joint working practices identified will ensue.
See appendix a – point 2

c) If the service user is already known to Spectrum and not open to Community Mental Health Services and Spectrum identify or deem the service user is experiencing mental ill-health, Spectrum will make a referral to SPA for triage assessment. If SPA deem them to have Severe Mental Illness then SPA will inform the geographically relevant CMHT for that service user. The CMHT will then make contact with the local Spectrum hub in order to make arrangements for a joint assessment to take place. Following assessment, both the mental illness needs and substance misuse needs will be identified and then joint working practices identified will ensue.

2) Severe Mental Illness and non-dependent, harmful misuse of substance

The service user can either be newly referred via SPA or previously known to services. In either case the CMHT can refer to Spectrum for assessment to identify the most appropriate intervention Spectrum can offer. Spectrum can still offer a service to this service user, even though the service user may not be substance dependent. If dependence is also diagnosed in addition to the Severe Mental Illness, then this service user will need the joint working protocol, as defined in category 1 (above), namely Spectrum Recovery Worker involvement in the CPA process.

3) Substance dependence and Non-Severe Mental Illness

Spectrum will initially be responsible for the assessment of mental health needs[4] of service users and the necessity for onward referral to SPA. As part of Spectrums 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 Health as well as assessment by a Spectrum clinician. If the assessment process identifies the need for onward referral Spectrum clinicians will support referral to SPA. The referral will outline the following: –

a) What is the mental disorder that the Spectrum clinician thinks that the service user experiencing?
b) How will the service user's substance misuse problem obstruct the psychological treatment provided by IAPT? (e.g. use on top, abstinent urines etc as evidence)
c) What the service user subjectively hopes to gain from accessing the IAPT service?

4) Non-Severe Mental Illness and non-dependent, harmful misuse of substance

[4] Spectrum will assess Mental Health Needs as part of substance use assessment only when the service user is not known to Adult Mental Health Services. The purpose of assessment is to inform onward referral to SPA

Spectrum will initially be responsible for the assessment of mental health needs of service[5] users and the necessity for onward referral to SPA. As part of Spectrum's 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 Health as well as assessment by a Spectrum clinician. If the assessment process identifies the need for onward referral, Spectrum clinicians will support referral to SPA.

Service users with non-severe mental illness, whether dependent on either illicit drugs or alcohol, may be referred for consideration for IAPT services based on the following: –

a) What is the mental disorder that the Spectrum clinician thinks that the service user experiencing?
b) How will the service user's substance misuse problem obstruct the psychological treatment provided by IAPT? (e.g. use on top, abstinent urines etc as evidence)
c) What the service user subjectively hopes to gain from accessing the IAPT service?

Dependent drinkers

Once the service user has completed an alcohol detoxification and is abstinent then Spectrum can make the referral to SPA directly. Spectrum clinicians can make informal enquiries to the IAPT clinicians on the viability of the referrals and can state in the referral that the case has been informally discussed with the IAPT clinicians which will guide SPA on how these referrals are progressed. The IAPT team will aim to assess the service user within two-weeks of SPA receiving the referral.

Non-dependent drinkers

The clinician at each hub can make a referral as above on a case by case basis.

Dependent Opiate in receipt of substitute medication

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 IAPT. IAPT are capable of working with a service user only if the opiate use is not a barrier to treatment Spectrum clinicians can make informal enquiries to the IAPT clinicians on the viability of the referrals and can state in the referral that the case has been informally discussed with the IAPT clinicians which will guide SPA on how these referrals are progressed. The IAPT team will aim to assess the service user within two-weeks of SPA receiving the referral.

Other Drugs (Cocaine, Cannabis, NPS)

[5] Spectrum will assess Mental Health Needs as part of substance use assessment only when the service user is not known to Adult Mental Health Services. The purpose of assessment is to inform onward referral to SPA

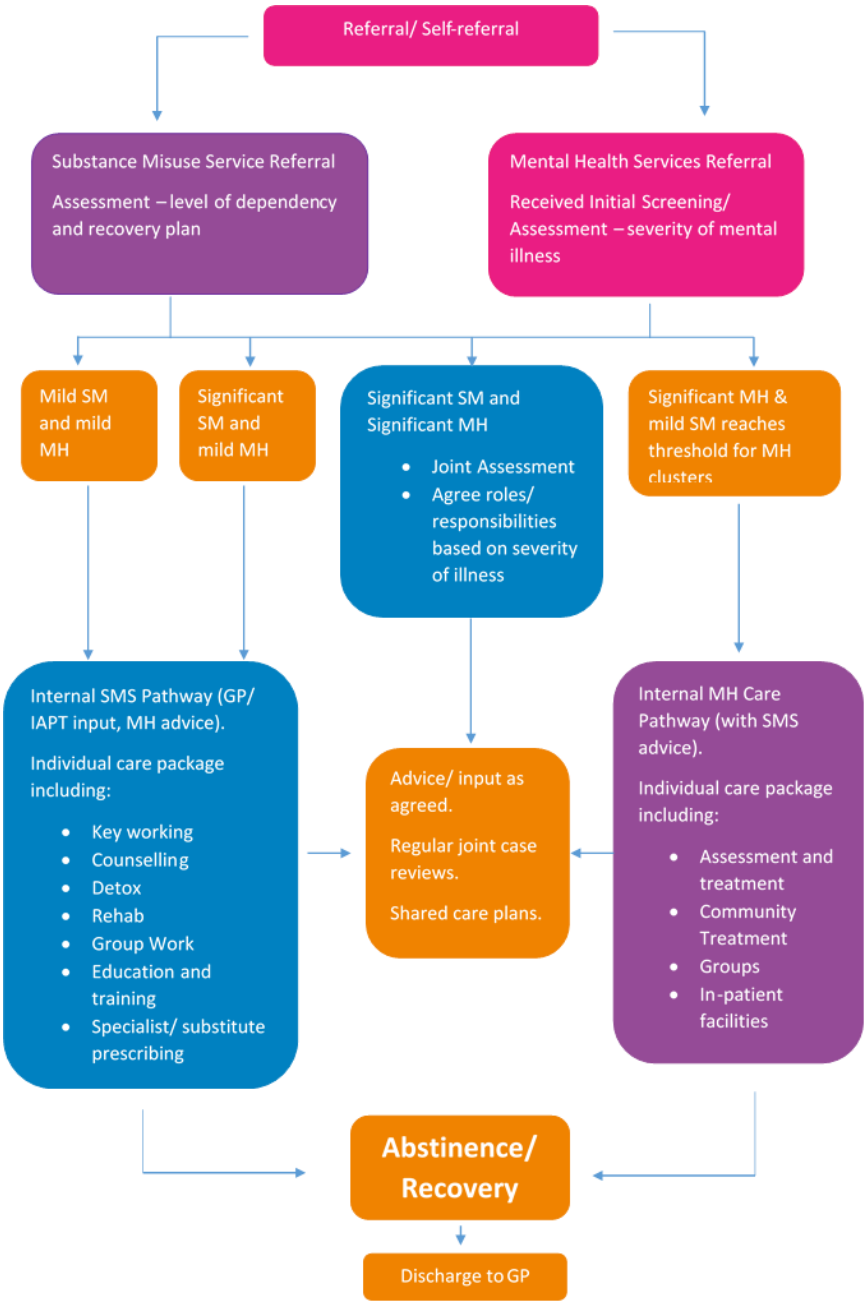
There are no objective methods to assess the impact of these drugs on the effectiveness of IAPT therapies. Therefore the Spectrum clinician needs to make a referral on a case by case basis

In all cases, referrals from Spectrum clearly will outline the following: –

a) What is the mental disorder that the Spectrum clinician thinks that the service user is experiencing?
b) How will the service user's substance misuse problem obstruct the psychological treatment provided by IAPT? (e.g. use on top, abstinent urines etc as evidence)
c) What the service user subjectively hopes to gain from accessing the IAPT service?

Pathways for Management of co—existing mental health and substance misuse[6]

[6] Adapted from Kent and Medway Joint working Protocol



Definition of joint working

Joint working will start with initial or informal conversations, anonymised if required, with staff from the other organisation, to discuss issues relating to a service user with diagnosed or suspected Dual Diagnosis needs. (In some circumstances this will be as important as the more formal aspects.)

For the purpose of this protocol the term 'joint working' describes situations where staff from both HPFT (or primary care) and Spectrum are actively involved in one or more of the following situations:

- Conducting, or contributing to a formal comprehensive assessment of a service user's needs and risks.
- Leading and or contributing to the drawing up of a joint care plan with a service user, in response to the needs identified during the assessment stage(s).
- Keeping staff informed from the other organisation in respect of positive or negative developments, which may have a bearing on the joint working arrangements(this being

conducted taking into account the expressed wishes of the service user in line with assessed risk).

- Working collaboratively with the service user's carers, family members or advocates, as expressly agreed by the service user (this will include information sharing).
- Carrying out actions designated to particular staff within the jointly agreed Care Planning or Review meetings.
- Convening or contributing to Care Plan review meetings.
- Attending relevant staff meetings, training or other events which promote the building of relationships between staff from both organisations.
- Supporting an individual to develop a recovery plan/wellness recovery action plan (WRAP).
- Informing the other provider(s) if a service user disengages and is no longer accessing the service.

Where and When

In general joint working should take place at a time and location which facilitates the further engagement and retention of service users, and a greater likelihood of them achieving positive gains in respect of their Dual Diagnosis needs. When required, joint working will mean that both sets of staff are present with the service user at the same time and in the same venue. In some circumstances this may not be required provided that the service user and both organisations are happy for this to happen and that the communication between meetings is thorough.

The organisations signed up to this protocol have agreed that joint working can and should take place at either:

- Premises of HPFT
- Premises of Spectrum
- Another location including a GP surgery or home visits provided all relevant professionals are content that this represents an acceptable level of planned risk.
- Premises of the criminal justice system including courts, prisons, probation.

Involvement of Carers / Significant Others

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.

Identified carers may be referred to **Carers in Hertfordshire** who provide carers with information and advice on caring, support services, training sessions and workshops, newsletters and the opportunity to influence service providers. *Carers in Hertfordshire* services are free of charge and can be contacted on **01992 586 969** for advice and support / contact@carersinherts.org.uk / www.carersinherts.org.uk

HPFT recognises that we have statutory duties to support Carers, and to discuss with them their aspirations around education, leisure and work, as well as helping them to see a life beyond caring should they so desire.

We believe that carers should be able to seek the support they need at the time that they need it and that they should be recognised as expert partners in care. With this in mind we follow the national vision that eventually carers will be universally recognised and valued as being fundamental to strong families and stable communities. (HPFT Carer Strategy: Our Commitment to Carers 2013 – 2018).

Spectrum provide an 8-week programme which offers support, advice and information through developing supportive relationships with services and other carers. Identified carers will be provided relevant information and invited to attend carers groups.

In addition to the Spectrum 8-week programme, Spectrum will support a self-referral to HPFT Health and Wellbeing services.

Governance Arrangements

Integrated governance arrangements are ensured through routine operational and strategic interagency meetings, namely Service Level Quadrant Meetings (held bi-monthly) and Management Level Joint Governance Meetings (held quarterly). Information flows between both meetings to ensure services are caring, safe, effective, responsive and well led.

Service Level Quadrant Meetings

Respective leads from Spectrum Drug and Alcohol Recovery Service and HPFT will meet on a bi-monthly basis to facilitate effective interagency working by way of Quadrant Meetings structured geographically. GP's and other relevant professionals should be informed of clients to be discussed at forthcoming meetings and requested to provide an update and / or to attend. Care must be given to ensure invitation and / or request for information from GP's and other professionals is completed in a timely manner.

Overarching aims and objectives of the meetings are to oversee the assurance of Governance and Patient Safety between HPFT and Spectrum, to promote the delivery of safe services that are effective and provide a positive service user experience and to promote a learning culture through both organisations that supports the sharing of good practice.

Key themes discussed to include: -

- Review of joint clients and forthcoming joint assessments
- Any recurring themes impacting on joint working practices
- Highlight areas of concern / notable practice

- Shared learning, recommendation and actions from joint serious incident reports
- Joint training needs

All case presentations, whether from Spectrum or HPFT will be completed using a standardised pro-forma to ensure consistency of presentation and timely follow up of actions.

Management Level Integrated Governance Meetings

Overarching responsibility of this meeting is to ensure operational implementation and application of protocol in relation to those with mental illness and substance misuse, to maintain oversight of the priority quality and risk issues across the services, to ensure that clinical issues are discussed and good practice is shared and to maintain oversight of incidents which impact on both services.

The senior joint governance meeting is held quarterly with membership to include:-

- Spectrum Senior Manager
- HPFT Senior Manager
- Commissioners of mental health and substance misuse treatment services
- Organisations representing the views of service users and carers
- GP Liaison

Responsibilities of HPFT and Spectrum

In Hertfordshire, The Director of Public Health is responsible for commissioning treatment services for those with drug and/or alcohol problems through the Public Health Commissioning Team.

Services are commissioned from a range of providers in both the statutory and voluntary sectors. The Public Health Commissioning Team have commissioned Spectrum (CGL) to be the primary provider of substance misuse services within Hertfordshire with specification to support a joint Dual Diagnosis Pathway with HPFT.

Spectrum is commissioned to provide specialist multi-disciplinary care and treatment for those with complex substance misuse problems. Within Spectrum the Medical Director is ultimately responsible for the provision of substance misuse services to those with Dual Diagnosis in Hertfordshire.

The Integrated Health and Commissioning Team commissions services for those with the more severe mental health problems from the Trust. The Trust provides 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 Services (CMHS), Assertive Outreach Teams, Early Intervention in Psychosis Service, Personality Disorder Service, Acute Inpatient Units, Crisis Assessment and Treatment Teams and Mental Health Liaison (A&E Liaison) Teams.

Within the Trust, the Executive Director of Quality and Safety is ultimately responsible for the provision of services to those with Dual Diagnosis through Mental Health Services.

Effective joint working between Spectrum and HPFT is key to meeting the needs of those with co-existing mental health and substance misuse disorders (Dual Diagnosis).

Managers in these services have a responsibility to make their teams aware of this protocol and related operational policies, and staff is expected to comply with these policies.

In some situations, there may be service users who do not wish to engage with HPFT or Spectrum, even though it may appear counter-intuitive to both providers. In these cases both organisations will try and make contact with the service user if they believe that the service that they can provide will

be of benefit to him/her. If HPFT strongly believe that not engaging with them places the Service User at risk, either to self or public, then HPFT will make a judgement on whether a more assertive approach is needed in order to prevent harm to the service user or other individuals. HPFT will use collateral information provided by carers, GP's and other organisations to assist HPFT with this judgement. HPFT will work within the guidance of the Mental Health Act. It is ultimately the service user's personal choice whether to engage with Spectrum or not (for issues around capacity – please refer to Appendix 1-point 3).

There are rare occasions when either or both providers are 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).

Transfer from Inpatient Services

When service users with Dual Diagnosis are transferred to the community from inpatient services, they will have:

- An identified care coordinator from HPFT;
- An allocated recovery worker from Spectrum 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.

Transition

In order to ensure that young people with Dual Diagnosis, who continue to need treatment for Dual Diagnosis services are transferred smoothly to services for adults, refer to HPFT's policy on Transition arrangements to Adult Mental Health Services.

Services for People with a Learning Disability

All mental health services in HPFT and substance misuse services in Spectrum are available to people with a learning disability.

HPFT and Spectrum have a responsibility to ensure that all people with a learning disability access appropriate services and that they receive the best treatment available in line with good practice and legal frameworks.

People with a learning disability presenting with a Dual Diagnosis of mental illness and substance abuse are directed to the service that is best placed to meet their needs. Clear assessments carried out jointly by representatives of both HPFT / Spectrum and Learning Disability Services should take place.

Dispute Resolution

Disputes over case responsibility will be rare if full information is shared and if both 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.

Spectrum and HPFT will be holding a quarterly Integrated Governance Meeting which will include the consideration and resolution of disputes. If no resolution is achieved through this meeting, cases will be referred to relevant Executive Directors for resolution, with commissioner input as necessary.

Comments, Complaints and Compliment

All comments, compliments and complaints directed to HPFT should be dealt with in accordance with the Trust's Compliments Concerns and Complaints Policy and Procedure (see policy document).

The policy requires all verbal or written complaints to be acknowledged within two working days with copies forwarded to the appropriate line manager and the **Complaints Manager** at **HPFT Head Office, The Colonnades, Beaconsfield Road, Hatfield, Hertfordshire. AL10 8YE**. Leaflets outlining the procedure are also available at all HPFT sites.

All comments, compliments and complaints directed to Spectrum should be dealt with in accordance with CGL policy and forwarded to the local Spectrum Team Leader or via the CGL website: **https://www.changegrowlive.org**

Records Management, Confidentiality and Access to Records

PARIS is the electronic patient record (EPR) used by HPFT and CRIIS is the electronic patient record system used by Spectrum. HPFT and Spectrum staff are required to record all contacts with service users on their relevant EPR system. If difficulty arises, such as there is no access to a computer, a written note can be made in the paper light record.

All matters relating to service users' health and personal affairs and matters of commercial interest to HPFT and Spectrum are strictly confidential and such information must not be divulged to any unauthorised person.

Requests for access to records, whether by the service user or a third party; including where legal access is requested, should be referred to the Team Leader or centrally to the relevant organisation

Both HPFT and Spectrum are individually responsible for ensuring that information is communicated to GPs and that it is relevant, timely and accurate

Comments and Feedback

The following people/groups were involved in the consultation:

Service Manager – Spectrum	Consultant Psychiatrist – Spectrum	Public Health Commissioning Team Senior Commissioning Manager and Public Health Commissioning Team Commissioning Officer – Drugs and Alcohol

Nurse Clinical Lead – Spectrum	Consultant Psychiatrist – HPFT	Membership of the Hertfordshire Integrated Substance Misuse and Mental Health Governance Group see appendix 9
Leslie Billy- Viewpoint	Su Bartlett Carers in Herts	Members of service user and carer focus groups facilitated by Carers in Herts and Viewpoint

Glossary of terms-

AUDIT – Alcohol Use Disorders Identification Test

CAMHS – Child and Adolescent Mental Health Services

CMHT – Community Mental Health Team

GAD-7 – Generalised Anxiety Disorder

CPA- Care Program Approach

JCT – Joint Commissioning Team

NICE – National Institute of Clinical Excellence

PHQ-9 – Patient Health Questionnaire

SAD-Q – Severity of Alcohol Dependence

SPA- Single Point of Access

Appendices

Appendix A - What does this mean for service users?

Appendix -

1 – AUDIT

Alcohol AUDIT.pdf

2 – Quadrant Meeting TOR

HPFT Spectrum
Joint Governance To

3 – Quadrant meeting case presentation

Case presentation
D diag MDT Meetinç

4- Quadrant meeting feedback

HPFT and Spectrum
Quadrant Meetings

5 – GAD-7

GAD 7.pdf

6 – PHQ-9

PHQ and GAD
Instruction Manual.

7 – HPFT Complaints procedure

8 – cgl Complaints Procedure

cglpc003
Complaints Complin

9- Member ship of Hertfordshire Integrated Substance Misuse and Mental Health Governance Group

Integrated Gov
meeting membershi

10 – Information Sharing Agreement between SPECTRUM (CGL) and Hertfordshire Partnership University NHS Foundation Trust

Spectrum_HPUFT_In
formation_Sharing_A

Appendix A

What does this mean for Service Users?

1) If the service user is known to the mental health team then the Spectrum keyworker should attend HPFT reviews and the HPFT worker should attend the Spectrum medical reviews. These reviews are opportunities for the service user, both HPFT and Spectrum, Carers and other organisations to discuss the treatment plan. The needs of the service user and all involved parties should be considered when scheduling these review meetings. The outcome of these review meetings must be forwarded to all involved parties at the first available opportunity, subject to issues of consent on a case by case basis.

2) If the service user is not known to a mental health team then SPA (Single Point of Access) is the first point of contact for the service user. They will make an assessment of the service user's mental health needs based on the information they have available alongside their own face to face assessment. If the service user does not attend the face to face assessment then SPA will consider what information they have on the referral prior to further action.

   The service user is fully encouraged to self-refer to Spectrum at any time and this could also be an opportunity to explore any mental health needs alongside the substance misuse. This can happen independently from any SPA process. Any Carer, subject to issues of consent on a case by case basis, should be encouraged to provide a collateral history which can be helpful in evaluating the service users mental health needs.

3) The service user is assumed to have full capacity in making any time and situation specific decisions until proven otherwise. This means that the service user has the right to choose and refuse treatment, even if it may appear counter-intuitive to the service provider. A lack of capacity for a specific decision at a specific time needs to be formally demonstrated and documented. The Mental Capacity Act guides service providers when such situations arise.