CollectiveVoice

Mental health and wellbeing plan

Discussion paper and call for evidence

July 2022

Introduction

Collective Voice is the charity working to improve the drug and alcohol treatment and recovery system. We believe that anyone in England with a drug or alcohol problem should be able to access effective, evidence-based and person-centred support. We know that treatment and wider support has a transformative power for people with drug or alcohol issues, their families and communities.

Our response focuses on the discussion paper question:

"What can we change at a system level to ensure that individuals with co-occurring mental health and drug and alcohol issues encounter 'no wrong door' in their access to all relevant treatment and support?

This includes people in contact with the criminal justice system."

A well-recognised challenge

The issue of co-occurring mental health and drug and alcohol conditions, or "dual diagnosis", is a well-recognised challenge that continues to undermine our healthcare and social support systems' ability to help some of the most vulnerable people in society. As far back as 2002, there has been clear evidence of a high prevalence of comorbidity of psychiatric disorders

and substance use among those receiving treatment for either of those.[1] Co-occurring conditions guidance produced by the Department of Health that

year identified the issue as “one of the biggest challenges facing frontline mental health services”.

Twenty years later, many of those challenges remain. People experiencing mental ill health and substance misuse are at higher risk of admission to hospital and suicide and frequently have a range of complex needs. Indeed over half the people who die by suicide when experiencing mental illness also have a history of drug or alcohol problems.[2] But care for this group is fragmented across different agencies, from mental health services to drug and alcohol treatment services and delivered by both NHS and voluntary sector organisations. Separate commissioning structures and differing national priorities across two systems all too often mean people do not fit the criteria for care and are left behind.

The gap in needs being met is very stark in some areas. Research in Hull in 2020 showed just 17 per cent of people engaged by community substance misuse treatment services were engaged by local mental health services, despite 65 per cent saying they had a mental health need.[3]

Some of these problems are structural, for example where mental services have specific illness and risk-related acceptance criteria. Someone may present to a mental health service with co-occurring conditions and it be deemed either that they are not mentally unwell enough or that their substance misuse is too problematic for the service to provide care.

[1] www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/comorbidity-of-substance-misuse-and-mental-illness-in-community-mental-health-and-substance-misuse-services/42209DF8CE77D8854A1C717B8041DDB0

[2] documents.manchester.ac.uk/display.aspx?DocID=37580

[3] www.yhphnetwork.co.uk/media/114093/8-recovery-project-hull-and-east-yorkshire-mind.pdf

Similarly, drug and alcohol treatment services are likely to lack the expertise to support people with serious mental health illnesses.

Confidence, competence and stigma

But other challenges speak to a broader system malaise around responsibility for providing care for people with drug and alcohol problems. Services may lack confidence or competence in providing trauma-informed care that takes account of a person's full circumstances, rather than focussing on risk management and treating illness. We also

cannot discount the powerful role of stigma in shaping people's experiences of healthcare services and their decision to access them.

The end result for many is the "revolving door" scenario whereby people with poor mental health who are experiencing substance misuse are frequently admitted into A&E or psychiatric hospitals, or are in contact with the police and a number of other services while never receiving the kind of care and support they really need. Even where someone is on a waiting list to receive mental health treatment, long waiting times can create stress leading to further drug or alcohol use.

"Which came first?"

The way that co-occurring mental ill health and substance misuse manifests is also complex. A psychiatric illness could precipitate drug or alcohol use as a way to cope, but substance misuse or dependence could also lead to psychological distress or illness, or at least to exacerbate it.[4]

[4] www.drugsandalcohol.ie/17764/1/DOH_Dual_diagnosis_good_practice_guide.pdf

Attempting to disentangle this relationship will be almost impossible in many cases where someone's substance use is a way to deal with trauma, but then leads to further trauma that compounds their mental ill health. For that person, the "which came first" debate is irrelevant, and it will make very little sense to treat them differently, through different systems.

An era of disinvestment

Many of the systemic and organisational challenges around co-occurring conditions existed before 2012, but the decline in funding for both mental health and substance misuse treatment services since then has had a hugely corrosive effect on the system's ability to support people with complex needs. For people with co-occurring conditions who are also experiencing multiple disadvantage – whether through homelessness or contact with the criminal justice system – the challenges to accessing support are even greater.[5]

The substance misuse treatment and recovery system was particularly hard hit by cuts. In 2020 Dame Carol Black's Independent Review of Drugs found an average decrease of 14% in funding for treatment services, with considerable regional variation – some areas experiencing cuts of 40%.[6] In the words of Dame Carol's report, "A prolonged shortage of funding has resulted in a loss of skills, expertise and capacity".

The Black Review recognised the continuing problems around co-occurring conditions, recommending the Department of Health and Social Care work with NHS England to solve those problems (including by looking at commissioning arrangements), and that staff across

[5] meam.org.uk/wp-content/uploads/2022/06/Co-occurring-conditions-briefing-FINAL-June-2022.pdf

[6] www.gov.uk/government/publications/review-of-drugs-phase-one-report

all services should receive training to better respond.[7] It also stated a part of the £2.3b invested in mental health services should be used to provide specialist support for people experiencing drug dependency.

A new strategy and funding

In 2021 the government announced a new Drug Strategy and funding alongside it that should provide the necessary resource to begin the process of transformation so desperately needed. The sums announced are, on the face of it, very significant: £533million committed over the next three years to community treatment and recovery, with an additional £115million to support people with housing and employment needs. £120m will also support people leaving prison and those serving community sentences.

The Strategy recognises a lack of focus by NHS and mental health services on people with co-occurring conditions and the paucity of links with substance misuse treatment. It accepts Dame Carol's recommendations and promises to work with the NHS to improve pathways into care, integration of services and workforce skills.

There are several important caveats to the new Drug Strategy:

- It has a nominal 10-year lifespan, but current funding will end in 2025. For a problem as complex as co-occurring conditions, this is a very tight window in which to effect long-term change. Further investment must be made after 2025. A new comprehensive workforce strategy is a crucial part of this shift, but it will not be quick to design and implement.
- It is focussed on drugs and drug use; a specific alcohol strategy has not been produced since 2012. On the issue of co-occurring conditions, this is particularly concerning –

[7] www.gov.uk/government/publications/review-of-drugs-phase-two-report/review-of-drugs-part-two-prevention-treatment-and-recovery (Recommendations 24-26)

research has shown that 86 per cent of people in treatment for alcohol use also experience mental health problems.[8]

- The cross-government Joint Combating Drugs Unit recently produced guidance for new local areas to deliver the outcomes of the Drugs Strategy, with Combatting Drugs Partnership (CDPs) at their heart. CDPs present a huge opportunity to knit together a local mosaic of agencies working with people who use drugs, including those with co-occurring conditions. However, in the context of broader local and regional disruptors – whether in the form of the newly announced "Office for Local Government"[9] or ongoing Integrated Care System reform – there is the very real risk of asynchronous reforms increasing system complexity and exacerbating local and regional variation.

- Finally, whilst the Strategy contains the laudable commitment of creating a system "where there is no stigma attached to addiction" it is light on detail of how this will happen. The 'tough' language and political positioning of its launch could end up stigmatising people who use drugs, preventing them from accessing help and ultimately causing them harm.

Our recommendations

[8] www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/comorbidity-of-substance-misuse-and-mental-illness-in-community-mental-health-and-substance-misuse-services/42209DF8CE77D8854A1C717B8041DDB0

[9] www.gov.uk/government/speeches/local-government-association-annual-conference-2022-secretary-of-states-speech

Guidance produced by Public Health England in 2017[10] set out two clear principles to underpin a renewed approach to addressing the challenge of co-occurring conditions:

1) That it is "everyone's job" – commissioners and providers of mental health and substance misuse treatment services – to work together to meet people's needs
2) That there should be "no wrong door" for people experiencing co-occurring conditions to ensure treatment is available through "every contact point".

We believe these principles should continue to steer policy and practice around co-occurring conditions. We would also add that the debate of "which came first" should be set aside in favour of person-centred and trauma-informed approach.

Additionally, we recommend:

- The government ensures the implementation of the Drug Strategy fulfils Dame Carol's mental health recommendations, in particular, the new Health Education England led workforce strategy must include provision for improving the skills and competencies of people working across all parts of the health and social care system who support people experiencing co-occurring conditions.

- The government and NHS England ensure the implementation considers the needs of particular groups of people experiencing co-occurring conditions including women[11] and family and carers who experience their own profound mental health harms.[12]

- The government clearly sets out its policy intent regards alcohol, including its vision and funding for treatment and recovery services which support people experiencing mental ill health and alcohol problems.

[10] assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/625809/C o-occurring_mental_health_and_alcohol_drug_use_conditions.pdf

[11] www.collectivevoice.org.uk/wp-content/uploads/2022/03/Mapping-the-Maze-final-report-for-publication.pdf

[12] adfam.org.uk/dual-diagnosis