

LOCAL HEALTH NEEDS ASSESSMENT

THE STORY BEHIND THE NUMBERS COMPLEX NEEDS – DUAL DIAGNOSIS

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- Why did we do a HNA for Dual Diagnosis?
 - How did we define Dual Diagnosis?
 - HNA – 2015, methodology
 - HNA – 2015, key recommendations

WHY DUAL DIAGNOSIS?

- Increasing burden of disease - How prevalent?
- Complex issues – needed unpicking
- The untreated symptoms of a mental health disorder can cause the patient to be unable to remain clean and sober, and untreated substance abuse issues can make mental health treatment ineffective
- **Symptoms of One Disorder Trigger the Other**
- **Self-Medication**

DD CASENESS CRITERIA

- The Department of health (2002) issued the following definition of dual diagnosis:
- ‘The term ‘dual diagnosis’ covers a broad spectrum of mental health and substance use problems that an individual may experience concurrently. The nature of the relationship between these two conditions is complex. Possible mechanisms include:
 - Substance use worsening or altering the course of a psychiatric illness;
 - Intoxication and/or substance dependence leading to psychological symptoms;
 - Substance use and/or withdrawal leading to psychiatric symptoms or illnesses.’

NORFOLK DD HEALTH NEEDS ASSESSMENT

- HNA – 2015, methodology
 - Epidemiological
 - (APMS 2014 updates incorporated)
 - Comparative
 - (including NICE DD CG, Nov 2016)
 - Corporate



Norfolk Dual Diagnosis: Health Needs Assessment

For co-existing mental ill-health
and substance misuse (A dual
diagnosis recovery approach)

Norfolk Public Health

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Norfolk Public Health

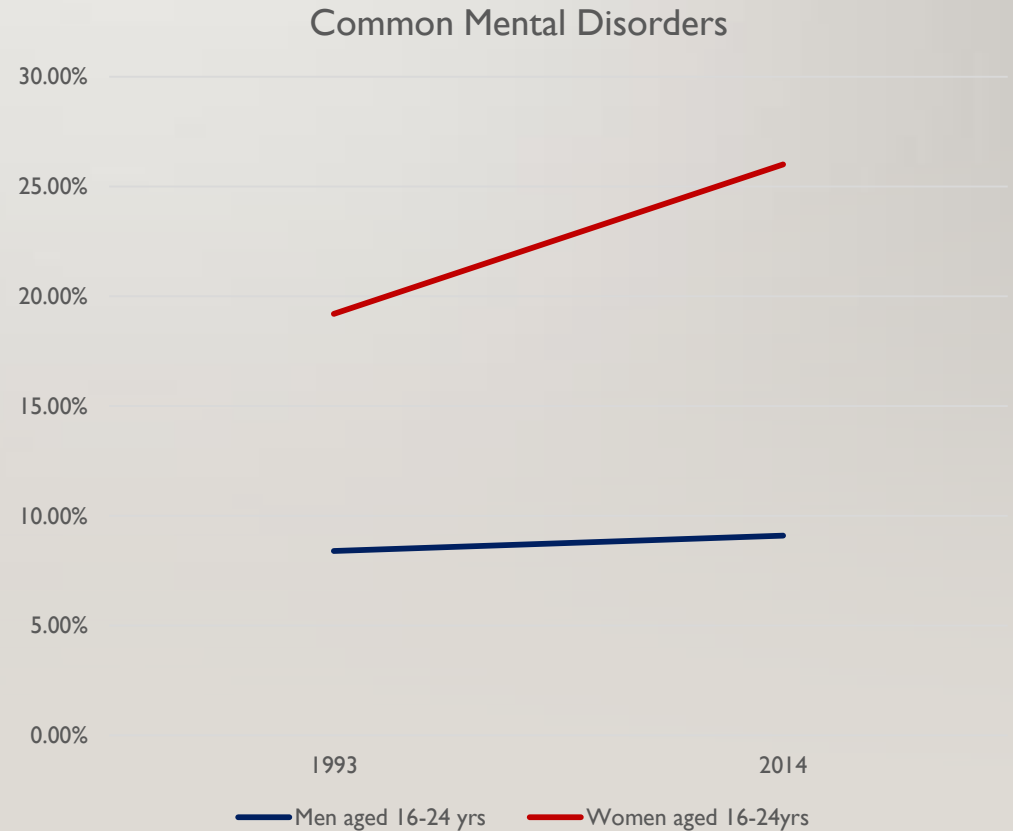
Improving health and wellbeing,
Protecting the population
Preventing ill health

www.norfolk.gov.uk

 **Norfolk** County Council

COMMON MENTAL DISORDERS (APMS 2014)

- Around one adult in six (15.7%) were identified with symptoms of CMD, one in twelve (8.1%) had severe symptoms of CMD. (CIS-R 12 & 18)



... APMS 2014

- The United Kingdom has quite high levels of drug use compared to many comparable countries, although overall levels of use have been declining over recent years (UKDPC 2012).



... APMS 2014

- Overall, 35.4% of men and 22.6% of women had taken an illicit drug at least once in their life.
- For both men and women, those aged between 25 and 34 were most likely to have ever used illicit drugs (52.9% and 35.0% respectively), declining to 3.3% of men and 2.8% of women aged 75 or over.
- Overall, 3.1% of adults showed signs of dependence on drugs, including 2.3% who showed signs of dependence on cannabis only and 0.8% with signs of dependence on other drugs (with or without cannabis dependence as well).

... APMS 2014

- Half (50.1%) of people with signs of dependence on drugs other than cannabis were in receipt of mental health treatment at the time of the interview.
- In contrast, those with signs of dependence on cannabis only (12.6%) had similar mental health treatment rates to the rest of the population (11.2%).

MH NEED (DD HNA)

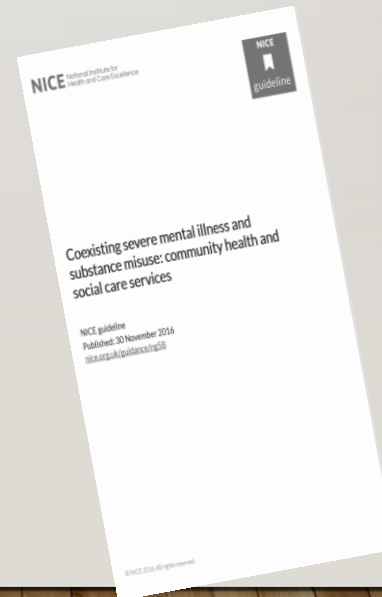
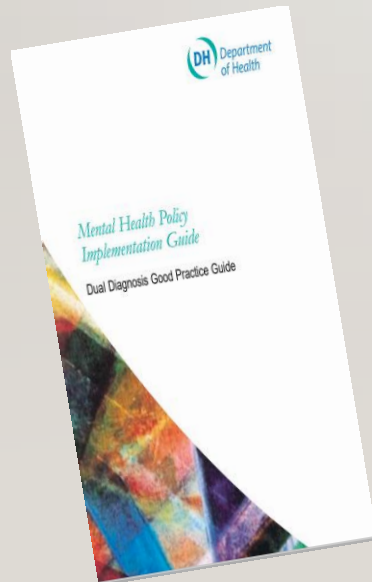
- PANSI estimates suggest that across Norfolk and Waveney in 2030 there may be approximately
 - 195,000 people with a neurotic disorder,
 - 52,000 with a personality disorder,
 - over 30,000 with depression,
 - 27,000 with dementia,
 - 12,000 with autism and
 - 6,500 with a psychotic disorder.

DRG NEED (DD HNA)

- It is estimated that in Norfolk:
 - 5.4% of people have some dependence on alcohol (approximately 29,000 people in Norfolk)
 - 3.4% have some dependence on a drug (approximately 18,000 people in Norfolk)
 - 0.8% of people use opiates or crack cocaine (approximately 4,400 people in Norfolk)
- It is expected that by 2030 there will be 35,300 people using illicit drugs across Norfolk and Waveney.
- The IPoDD Study 2007 estimated that each year 2,000 new dual diagnosis patients enter general mental health services and 1,500 enter drug and alcohol services.
 - Ref- Norfolk Prevalence of Dual Diagnosis (IPoDD Study 2007)

COMPARATIVE

- The Department of Health's (2002) Dual Diagnosis Good Practice Guide highlighted a lack of integrated care for people with both mental health and substance misuse needs



MINKOFF MODEL 2002

Figure 1: The scope of co-existent psychiatric and substance misuse disorders

		<i>Severity of problematic substance misuse</i>	
		High	Low
<i>Severity of mental illness</i>	High	e.g. a dependent drinker who experiences increasing anxiety	e.g. an individual with schizophrenia who misuses cannabis on a daily basis to compensate for social isolation
	Low	e.g. a recreational misuser of 'dance drugs' who has begun to struggle with low mood after weekend use	e.g. an individual with bi-polar disorder whose occasional binge drinking and experimental misuse of other substances de-stabilises their mental health
		High	Low

- Once a client is identified as having a dual diagnosis the Minkoff's quadrant model should be used to identify which service area should treat a particular client group (DOH 2002).

CORPORATE NEEDS ASSESSMENT

- Service user views
- Staff views
- Stakeholder views

RECOMMENDATIONS FROM DUAL DIAGNOSIS HNA

- Shared vision across agencies in Norfolk
- Dual-recovery pathway for people in Norfolk
- Early Identification and Assessment
 - change in the culture of mental health services
 - dual diagnosis competency framework - training

EARLY IDENTIFICATION AND EARLY ASSESSMENT

- Knowledge gaps within both substance misuse and mental health services,
 - services measure local need, and use this to inform service planning
 - further training and support needed for both types of services
- A lack of readily available information on and a lack of awareness amongst both types of services of each other's range of services, acceptance criteria and referral processes
- An improvement in data quality is needed to ascertain prevalence rates, current and projected need

WHY DUAL ~~DIAGNOSIS~~ RECOVERY?

- Increasing burden of disease, high prevalence
- Complex issues – needed unpicking
- The untreated symptoms of a mental health disorder can cause the patient to be unable to remain clean and sober, and untreated substance abuse issues can make mental health treatment ineffective.
- **Symptoms of One Disorder Trigger the Other**
- **Self-Medication**

William: My life is a complete mess; I know my drinking is out of control, but it's all I have now. I have such horrible stuff going on. The man who abused me is almost constantly shouting in my ears, telling me how useless I am and how I should be dead. I try to fight it, but I can't handle it; sometimes I just want to die. I have tried to kill myself loads of times with pills and stuff, but it never seems to work. Drinking is the only thing that keeps it all at bay. Sometimes the pressure gets so bad I explode. I keep getting dragged to hospital by the police. The staff are horrible to me. They don't want to know; all they care about is the drink. I've told them I don't want to go to the alcohol service. I'm not an "alcoholic". I need someone to talk to. I get wound up when they don't listen and I blow my top. I just have to leave. Nothing has ever worked and I reckon things will just get worse. The only person who listens is my housing worker, but he's only young and I think he gets a bit upset when I tell him stuff about my life. I thought that services were there to help people like me. Now the psychiatric services have written a letter saying I haven't got mental health problems so I can't keep going into hospital. Perhaps nothing can be done.

<http://www.rcpsych.ac.uk/pdf/ddipPracManual.pdf>