

Appendix 13: Evidence tables for RQ2.1 – Views and experiences of providers and commissioners

Study	Population and sample selection	Methods/Outcomes	Results (key themes and subthemes); Further details in Appendix 15	Notes
<p>Barnes &amp; Rudge (2003)</p> <p>Barnes L, Rudge T. Co-operation and comorbidity: Managing dual diagnosis in rural South Australia. Collegian. 2003;10:25-28.</p> <p>Country: South Australia</p> <p>Geographical location: Rural</p> <p>Study design: Primary qualitative research</p> <p>Quality rating: +</p> <p>Focus of study: Experience/views of care delivered</p>	<p>Details on population and sample selection: Registered nurses from rural mental health services and rural drug and alcohol services</p> <p>Practitioners N: NR</p> <p>Service/settings details: NR</p> <p><i>Details on service users:</i> Age: NR (mean: NR) % female: NR % white: NR Socioeconomic status: NR</p> <p><i>Details on family/carer/practitioner:</i> Age range in years: NR (mean: NR) % female: NR % white: NR</p> <p><i>Details on SMI/SM diagnosis:</i></p>	<p>Research question: As service users labelled as 'co-morbid' enter a treatment terrain that is made up of multiple disputed territories, do clinicians at the coal face continue the territorial debates, act them out, or do they resist despite continuing fights over 'whose territory is it anyway?'</p> <p>Inclusion/exclusion: (1) Registered nurses from mental health service and drug and alcohol services (Drug and Alcohol Services Council); (2) employed in the purposively-selected rural community healthcare setting</p> <p>Data collection method:</p>	<p>Key themes:</p> <p><u>5.3 Assessment and identification of service user needs</u> 5.3.1 Assessment tools</p> <p><u>5.5 Availability of resources</u> 5.5.1 Lack of resources</p> <p><u>5.6 Care co-ordination and effective inter-agency working</u> 5.6.1 Co-ordinating care</p> <p><u>5.8 Pathways through the care system</u> 5.8.1 Service access criteria</p> <p><u>5.9 Policy, structure and location of services</u> 5.9.1 Co-location of services</p>	<p>Limitations identified by authors: NR</p> <p>Limitations identified by review team: (1) conceptual ambiguity – the term 'dual diagnosis' is not defined and it is therefore unclear as to what SMI's would be encapsulated by this term, (2) the total number of participants contributing to the findings is not detailed</p> <p>Funding: NR</p>

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	<p>Diagnosis: NR  Method of SMI assessment: NR  Category: NR  Assessment: NR</p> <p>Timescale for assessing comorbidity: NR</p>	<p>Interview (telephone)</p> <p>Data collection setting:  Telephone</p> <p>Data analysis method:  Discourse analysis</p> <p>Outcomes: How the use of the label 'dual diagnosis' impacts on service delivery to people with concurrent mental health and alcohol and/or drug problems</p>		
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Study	Population and sample selection	Methods/Outcomes	Results (key themes and subthemes); Further details in Appendix 15	Notes
<p>Brown et al. (2002)</p> <p>Brown AH, Grella CE, Cooper L. Living it or learning it: Attitudes and beliefs about experience and expertise in treatment for the dually diagnosed. Contemporary Drug Problems: an Interdisciplinary Quarterly. 2002;29:687-710.</p> <p>Country: Los Angeles County, US</p> <p>Geographical location: Mixed</p> <p>Study design: Primary qualitative research</p> <p>Quality rating: +</p> <p>Focus of study: Experience/views of content and configuration of services</p>	<p>Details on population and sample selection: Mental health and substance abuse treatment providers</p> <p>Practitioners N: 48</p> <p>Service/settings details: Mental health and substance abuse treatment services</p> <p><i>Details on service users:</i> Age: NR (mean NR) % female: NR % white: NR Socioeconomic status: NR</p> <p><i>Details on family/carer/practitioner:</i> Age range in years: 24-71 (mean NR) % female: 52% % white: 52%</p>	<p>Research question: Examines mental health and substance abuse treatment providers' attitudes and beliefs regarding 'experience' (that is, the experience of treatment providers having been substance abusers themselves), and the historic cornerstone of substance abuse treatment, and academic-based expertise, a requirement of professional training within the mental health field.</p> <p>Inclusion/exclusion: NR</p> <p>Data collection method: Focus group</p>	<p>Key themes:</p> <p><u>5.9 Policy, structure and location of services</u> 5.9.3 Cultural differences</p> <p><u>5.10 Staff support, supervision and training needs</u> 5.10.2 Training needs</p>	<p>Limitations identified by authors: NR</p> <p>Limitations identified by review team: (1) unclear if interviewer had any influence during interviews that could have biased findings, (2) based in the US, so there are issues with generalisability</p> <p>Funding: National Institute on Drug Abuse</p>

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	<p><i>Details on SMI/SM diagnosis:</i>                  Diagnosis: NR                  Method of SMI assessment: NR                  Category: Alcohol and drug                  Assessment: NR                  Timescale for assessing comorbidity: NR</p>	<p>Data collection setting:                  Community setting</p> <p>Data analysis method:                  Not expressly stated, but appears to be a thematic analysis</p> <p>Outcomes: Attitudes and beliefs regarding the relative values of academic knowledge and experiential knowledge</p>		
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Study	Population and sample selection	Methods/Outcomes	Results (key themes and subthemes); Further details in Appendix 15	Notes
<p>Carey et al. (2000)</p> <p>Carey KB, Purnine DM, Maisto SA, Carey MP, Simons JS. Treating substance abuse in the context of severe and persistent mental illness: clinicians' perspectives. <i>Journal of Substance Abuse Treatment</i>. 2000;19:189-98.</p> <p>Country: US</p> <p>Geographical location: NR</p> <p>Study design: Primary qualitative research</p> <p>Quality rating: ++</p> <p>Focus of study: Experience/views of care delivered</p>	<p>Details on population and sample selection: Clinicians who are recognised by their peers as experienced and effective with patients</p> <p>Practitioners N: 12</p> <p>Service/settings details: Psychiatric service clinics</p> <p><i>Details on service users:</i> Age: NR (mean NR) % female: NR % white: NR Socioeconomic status: NR</p> <p><i>Details on family/carer/practitioner:</i> Age range in years: 37-58 (mean NR) % female: 33% % white: 100%</p>	<p>Research question: Research question not explicitly reported. Study sought to uncover treatment philosophy and strategies used by expert clinicians with comorbid patients.</p> <p>Inclusion/exclusion: At least two of the following three criteria: (a) have alcohol and/or drug treatment credentials (for example, certified alcohol counsellors), (b) have a significant portion (50%) of their caseloads consisting of service users with a dual diagnosis, and (c) are known to be skilled in the treatment of such persons.</p>	<p>Key themes:</p> <p><u>5.4 Attitudes to service users with a dual diagnosis</u> 5.4.1 Stigma and negative attitudes towards people with a dual diagnosis 5.4.2 Relationship between practitioner and service user</p> <p><u>5.5 Availability of resources</u> 5.5.1 Lack of resources</p> <p><u>5.8 Pathways through the care system</u> 5.8.1 Service access criteria</p> <p><u>5.10 Staff support,</u></p>	<p>Limitations identified by authors: (1) the use of small samples raises concerns about representativeness, (2) we cannot know how representative this sample is of all clinicians in mid-sized cities who have developed skills in treating comorbid substance use and psychiatric disorders (3) themes may be identified based on relatively few responses that happen to converge on a common idea, (4) furthermore, the</p>

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	<p><i>Details on SMI/SM diagnosis:</i>                  Diagnosis: NR                  Method of SMI assessment: NR                  Category: Alcohol or drug                  Assessment: NR                  Timescale for assessing comorbidity: NR</p>	<p>Data collection method:                  Focus group</p> <p>Data collection setting:                  NR</p> <p>Data analysis method:                  Not expressly stated, but appears to be a thematic analysis</p> <p>Outcomes: Effective treatment strategies for comorbid substance abuse and psychiatric disorders</p>	<p><u>supervision and training needs</u>                  5.10.1 Staff support and supervision                  5.10.2 Training needs</p>	<p>focus group approach to data gathering does not ensure that all important themes were articulated.</p> <p>Limitations identified by review team: (1) small sample size, (2) few direct quotes reported</p> <p>Funding: National Institute on Drug Abuse</p>
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Study	Population and sample selection	Methods/Outcomes	Results (key themes and subthemes); Further details in Appendix 15	Notes
<p>Coombes &amp; Wratten (2007)</p> <p>Coombes L, Wratten A. The lived experience of community mental health nurses working with people who have dual diagnosis: a phenomenological study. <i>Journal of Psychiatric &amp; Mental Health Nursing</i>. 2007;14:382-392.</p> <p>Country: South of England, UK</p> <p>Geographical location: Mixed</p> <p>Study design: Primary qualitative research</p> <p>Quality rating: ++</p> <p>Focus of study: Experience/views of care delivered</p>	<p>Details on population and sample selection: Mental health nurses with experience of dual diagnosis service users</p> <p>Practitioners N: 7</p> <p>Service/settings details: Community setting</p> <p><i>Details on service users:</i> Age: NR (mean NR) % female: NR % white: NR Socioeconomic status: NR</p> <p><i>Details on family/carer/practitioner:</i> Age range in years: NR (mean NR) % female: 57% % white: NR</p>	<p>Research question: We investigated the experiential aspects of dual diagnosis in order to elicit the views of community healthcare nurses working with people with a dual diagnosis. It aimed to develop understanding of the challenges faced by professionals working with service users with a dual diagnosis in the community and how they interpret these challenges.</p> <p>Inclusion/exclusion: NR</p> <p>Data collection method: Interview (face-to-face)</p>	<p>Key themes:</p> <p><u>5.4 Attitudes to service users with a dual diagnosis</u> 5.4.1 Stigma and negative attitudes towards people with a dual diagnosis 5.4.2 Relationship between practitioner and service user</p> <p><u>5.5 Availability of resources</u> 5.5.1 Lack of resources</p> <p><u>5.6 Care co-ordination and effective inter-agency working</u> 5.6.1 Co-ordinating care</p>	<p>Limitations identified by authors: NR</p> <p>Limitations identified by review team: (1) small sample size</p> <p>Funding: NR</p>

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	<p><i>Details on SMI/SM diagnosis:</i>                  Diagnosis: NR                  Method of SMI assessment: NR                  Category: Alcohol and drug                  Assessment: NR                  Timescale for assessing                  comorbidity: NR</p>	<p>Data collection setting:                  Workplace</p> <p>Data analysis method:                  Interpretative                  phenomenological                  analysis (IPA)</p> <p>Outcomes: Experiential                  aspects of dual                  diagnosis</p>	<p><u>5.9 Policy, structure                  and location of                  services</u>                  5.9.3 Cultural                  differences</p> <p><u>5.10 Staff support,                  supervision and                  training needs</u>                  5.10.1 Staff support                  and supervision                  5.10.2 Training                  needs</p>	
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Study	Population and sample selection	Methods/Outcomes	Results (key themes and subthemes); Further details in Appendix 15	Notes
<p>Deans &amp; Soar (2005)</p> <p>Deans C, Soar R. Caring for clients with a dual diagnosis in rural communities in Australia: the experience of mental health professionals. <i>Journal of Psychiatric and Mental Health Nursing</i>. 2005;12:268-74.</p> <p>Country: Victoria, Australia</p> <p>Geographical location: Rural</p> <p>Study design: Primary qualitative research</p> <p>Quality rating: +</p> <p>Focus of study: Experience/views of care delivered</p>	<p>Details on population and sample selection: Mental health professionals caring for service users with a dual diagnosis</p> <p>Practitioners N: 13</p> <p>Service/settings details: Psychiatric services</p> <p><i>Details on service users:</i> Age: NR (mean NR) % female: NR % white: NR Socioeconomic status: NR</p> <p><i>Details on family/carer/practitioner:</i> Age range in years: NR (mean NR) % female: 23% % white: NR</p>	<p>Research question: This phenomenological study aimed to identify and describe the experiences of mental health professionals while caring for service users with a dual diagnosis</p> <p>Inclusion/exclusion: NR</p> <p>Data collection method: Interview (face-to-face)</p> <p>Data collection setting: Workplace</p> <p>Data analysis method: Interpretative phenomenological analysis (IPA)</p> <p>Outcomes: Experiences of caring for service</p>	<p>Key themes:</p> <p><u>5.4 Attitudes to service users with a dual diagnosis</u></p> <p>5.4.1 Stigma and negative attitudes towards people with a dual diagnosis</p> <p><u>5.6 Care co-ordination and effective inter-agency working</u></p> <p>5.6.2 Challenges with the service user group</p> <p><u>5.8 Pathways through the care system</u></p> <p>5.8.1 Service access criteria</p> <p><u>5.10 Staff support,</u></p>	<p>Limitations identified by authors: NR</p> <p>Limitations identified by review team: (1) small sample size, (2) 1 participant worked in an inpatient setting</p> <p>Funding: NR</p>

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	<p><i>Details on SMI/SM diagnosis:</i>                  Diagnosis: NR (subcategory: NR)                  Method of SMI assessment: NR                  Category: Alcohol and drug                  Assessment: NR Timescale for                  assessing comorbidity: NR</p>	<p>users with dual                  diagnosis</p>	<p><u>supervision and                  training needs</u>                  5.10.2 Training                  needs</p>	
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Study	Population and sample selection	Methods/Outcomes	Results (key themes and subthemes); Further details in Appendix 15	Notes
<p>Fonseca et al. (2012)</p> <p>Fonseca F, Gail G, Torrens M. Integrating addiction and mental health networks to improve access to treatment for people with alcohol and drug-related problems: a qualitative study. <i>Advances in Dual Diagnosis</i>. 2012;5(1):5-14.</p> <p>Country: Catalunya, Spain</p> <p>Geographical location: Mixed</p> <p>Study design: Mixed – primary qualitative research and survey data</p> <p>Quality rating: -</p> <p>Focus of study: Experience/views of barriers and facilitators in accessing care for service users</p>	<p>Details on population and sample selection: Staff and patients from 3 main entrance points to treatment for drug and alcohol problems</p> <p>Service users and practitioners N: 214</p> <p>Service/settings details: Primary care, general psychiatry and specialised addiction centres</p> <p><i>Details on service users:</i> Age: NR (mean 44) % female: 40% % white: NR Socioeconomic status: NR</p> <p><i>Details on family/carer/practitioner:</i> Age range in years: NR (mean 44) % female: 70%</p>	<p>Research question: Research question not explicitly stated. Authors sought identify barriers and facilitators to accessing treatment for patients with alcohol and drug-related problems.</p> <p>Inclusion/exclusion: NR</p> <p>Data collection method: Interview (format NR)</p> <p>Data collection setting: NR</p> <p>Data analysis method: Framework analysis</p> <p>Outcomes: Barriers and facilitators to accessing treatment for patients with alcohol and drug problems</p>	<p>Key themes:</p> <p><u>5.8 Pathways through the care system</u> 5.8.1 Organisation and continuity of care</p> <p><u>5.9 Policy, structure and location of services</u> 5.9.1 Co-location of services 5.9.2 Integrating services</p> <p><u>5.10 Staff support, supervision and training needs</u> 5.10.2 Training needs</p>	<p>Limitations identified by authors:</p> <p>Limitations identified by review team: (1) lack of participant quotes</p> <p>Funding: European Commission Directorate of Public Health and Risk Assessment and the Department de Salut de la Generalitat de Catalunya</p>

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	<p>% white: NR</p> <p><i>Details on SMI/SM diagnosis:</i>                  Diagnosis: NR                  Method of SMI assessment: NR                  Category: Alcohol and drug                  Assessment: NR</p> <p>Timescale for assessing                  comorbidity: NR</p>			
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Study	Population and sample selection	Methods/Outcomes	Results (key themes and subthemes); Further details in Appendix 15	Notes
<p>Hodges et al. (2006)</p> <p>Hodges C-L, Paterson S, McGarrol S, Taikato M, Crome I, Baldacchino A. Co-morbid Mental Health and Substance Misuse in Scotland. Scotland: Scottish Executive. 2006. Available from: <a href="http://www.gov.scot/Resource/Doc/127647/0030582.pdf">http://www.gov.scot/Resource/Doc/127647/0030582.pdf</a> [accessed 14th August 2015].</p> <p>Country: Scotland, UK</p> <p>Geographical location: Mixed</p> <p>Study design: Primary qualitative research</p> <p>Quality rating: -</p> <p>Focus of study: Experience/views of care commissioned</p>	<p>Details on population and sample selection: Commissioners, service providers and service users. Only the views of commissioners have been extracted for RQ 2.1. Service providers views were gathered in the study but as these were based on vignettes (an exclusion criterion for this review), the date has not been extracted.</p> <p>Commissioners included representatives of Local Authorities, NHS services, directors of Social Services, Public Health Physicians, Drug and Alcohol Team (DAAT) co-ordinators and Lead Officers for Mental Health.</p> <p>Commissioners N: 26</p> <p>Service/settings details: Mixed</p>	<p>Research question: The research focused on the ways in which services were designed and delivered, and how services worked with each other to make sure that the individual needs of people with co-morbid problems were met.</p> <p>Inclusion/exclusion: Service users, service practitioners and commissioners</p> <p>Data collection method: Interview (multiple methods)</p> <p>Data collection setting: NR</p> <p>Data analysis method:</p>	<p>Key themes:</p> <p><u>5.3 Assessment and identification of service user needs</u></p> <p>5.3.2 Health and well-being</p> <p><u>5.4 Attitudes to service users with a dual diagnosis</u></p> <p>5.4.1 Stigma and negative attitudes towards people with a dual diagnosis</p> <p><u>5.5 Availability of resources</u></p> <p>5.5.1 Lack of resources</p> <p>5.5.2 Non-statutory sector</p> <p><u>5.6 Care co-ordination and</u></p>	<p>Limitations identified by authors: NR</p> <p>Limitations identified by review team: Lack of direct participant quotes; information about analysis of data was brief</p> <p>Funding: Scottish Government</p> <p>Study also included in RQ 2.2</p>

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	<p><i>Details on service users:</i>  Age: 20-57 (mean NR)  % female: 21%  % white: 100%  Socioeconomic status: NR</p> <p><i>Details on family/carer/practitioner:</i>  Age range in years: NR (mean NR)  % female: NR  % white: NR</p> <p><i>Details on SMI/SM diagnosis:</i>  Diagnosis: NR  Method of SMI assessment: NR  Category: Alcohol or drug  Assessment: NR  Timescale for assessing comorbidity: NR</p>	<p>Framework analysis</p> <p>Outcomes: Identify the broad range of health and social care needs of people with comorbid mental health and substance misuse issues in Scotland</p>	<p><u>effective inter-agency working</u></p> <p>5.6.1 Co-ordinating care</p> <p><u>5.7 Involvement of, and support for, family and carers</u></p> <p>5.7.1 Lack of carer support</p> <p><u>5.8 Pathways through the care system</u></p> <p>5.8.1 Service access criteria</p> <p>5.8.2 Organisation and continuity of care</p> <p><u>5.9 Policy, structure and location of services</u></p> <p>5.9.2 Integrating services</p> <p>5.9.3 Cultural differences</p> <p><u>5.10 Staff support, supervision and training needs</u></p> <p>5.10.2 Training</p>	
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Study	Population and sample selection	Methods/Outcomes	Results (key themes and subthemes); Further details in Appendix 15	Notes
<p>Holt &amp; Treloar (2008)</p> <p>Holt M, Treloar C. Understanding comorbidity? Australian service-user and provider perspectives on drug treatment and mental-health literacy. <i>Drugs: Education, Prevention and Policy</i>. 2008;15:518-31.</p> <p>Country: Brisbane (Queensland); Perth (Western Australia); Sydney and Bathurst in New South Wales, Australia</p> <p>Geographical location: Mixed</p> <p>Study design: Primary qualitative research</p> <p>Quality rating: -</p> <p>Focus of study: Experience/views of care received/delivered</p>	<p>Details on population and sample selection: (1) 77 service users with a dual diagnosis who are using drug treatment services, (2) 18 service providers</p> <p>Service users (N: 77); service providers (N: 18)</p> <p>Service/settings details: Service users were recruited from local drug treatment centres and user organisations; Service provider participants were drawn from drug treatment services, mental health facilities, drug user groups and related support organisations in the four recruitment sites.</p> <p><i>Details on service users:</i>            Age: NR (mean 37)            % female: 49%            % white: NR            Socioeconomic status: NR</p>	<p>Research question:            Research question not explicitly stated. Authors sought to bring service user perspectives on drug treatment and mental health to the foreground, focusing on the ways that common mental health problems (anxiety and depression) are incorporated or not within treatment for illicit drugs.</p> <p>Inclusion/exclusion:            (1) Participants had to be able to give or withhold consent, (2) be aged 18 or over            (3) report a history of illicit opiate or stimulant use, (4) have current or recent experience of</p>	<p>Key themes:</p> <p><u>5.4 Attitudes to service users with a dual diagnosis</u>            5.4.2 Relationship between practitioner and service user</p>	<p>Limitations identified by authors: NR</p> <p>Limitations identified by review team: (1) poor data on participant demographics</p> <p>Funding: NR</p> <p>Study also included in RQ 2.2</p>

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	<p><i>Details on family/carer/practitioner:</i>  Age range in years: NR (mean: 37)  % female: NR  % white: NR</p> <p><i>Details on SMI/SM diagnosis:</i>  Diagnosis: Mixed (subcategory: Diagnosis received over the course of their treatment history: 94% depression; 29% anxiety (23% overlap with depression/have a concurrent diagnosis of both depression and anxiety)  Method of SMI assessment: Category: Alcohol and drug  Timescale for assessing comorbidity: Lifetime</p>	<p>formal drug treatment (within the previous two years) and (5) report a clinical diagnosis of (or treatment for) a common mood or affective disorder, such as depression or anxiety, during the previous 2 years</p> <p>Data collection method: Interview (multiple methods)</p> <p>Data collection setting: NR</p> <p>Data analysis method: Grounded theory</p> <p>Outcomes: How mental health issues are discussed by service providers or understood by service users within treatment settings</p>		
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<p>Maslin et al. (2001)</p> <p>Maslin J, Graham HL, Cawley M, Copello M, Birchwood M, Georgiou G, et al. Combined severe mental health and substance use problems: what are the training and support needs of staff working with this client group? <i>Journal of Mental Health</i>. 2001;10:131-40</p> <p>Country: Birmingham, UK</p> <p>Geographical location: Urban</p> <p>Study design: Surveys</p> <p>Quality rating: -</p> <p>Focus of study: Experience/views of resource needs</p>	<p>Details on population and sample selection: Staff within mental health and substance misuse services who work with dual diagnosis patients</p> <p>Practitioners N: 108 from mental health services, 28 from substance misuse services</p> <p>Service/settings details: Adult community-based mental health and substance misuse services</p> <p><i>Details on service users:</i> Age: NR (adult services) (mean NR) % female: NR % white: NR Socioeconomic status: NR</p> <p><i>Details on family/carer/practitioner:</i></p>	<p>Research question: Are front line clinicians appropriately equipped to work with service users who have combined severe mental health and substance use problems in terms of knowledge, skills and confidence?</p> <p>Inclusion/exclusion: Community mental health and substance misuse service staff</p> <p>Data collection method: Survey (open-ended)</p> <p>Data collection setting: Community setting</p> <p>Data analysis method: NR</p>	<p>Key themes:</p> <p><u>5.6 Care co-ordination and effective inter-agency working</u></p> <p>5.6.1 Co-ordinating care</p> <p><u>5.10 Staff support, supervision and training needs</u></p> <p>5.10.1 Staff support and supervision</p> <p>5.10.2 Training needs</p>	<p>Limitations identified by authors: The questionnaire was not completed by all staff across mental health and substance misuse services.</p> <p>Limitations identified by review team: (1) the majority of participants were from mental health services, so results may be skewed towards the views of mental health staff in comparison with drug and alcohol staff, (2) it is not clear how the data were analysed</p>

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	<p>Age range in years: NR (mean NR)          % female: NR          % white: NR</p> <p><i>Details on SMI/SM diagnosis:</i>          Diagnosis: Mixed (subcategory: NR)          Method of SMI assessment: NR          Category: Alcohol and drug          Assessment: NR Timescale for assessing comorbidity: NR</p>	<p>Outcomes: Training and support requirements of staff</p>		<p>for open-ended questions</p> <p>Funding: NR</p>
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Study	Population and sample selection	Methods/Outcomes	Results (key themes and subthemes); Further details in Appendix 15	Notes
<p>McLaughlin et al. (2008)</p> <p>McLaughlin DF, Sines D, Long A. An investigation into the aspirations and experiences of newly appointed dual diagnosis workers. <i>Journal of Psychiatric and Mental Health Nursing</i>. 2008;15:296-305.</p> <p>Country: Northern Ireland, UK</p> <p>Geographical location: Mixed</p> <p>Study design: Primary qualitative research</p> <p>Quality rating: -</p> <p>Focus of study: Experience/views of care delivered</p>	<p>Details on population and sample selection: Recently appointed dual diagnosis workers</p> <p>Practitioners N: 8</p> <p>Service/settings details: Psychiatric and substance misuse services</p> <p><i>Details on service users:</i> Age: NR (mean NR) % female: NR % white: NR Socioeconomic status: NR</p> <p><i>Details on family/carer/practitioner:</i> Age range in years: 29-50 (mean NR) % female: 86% % white: NR</p>	<p>Research question: This study used a purposeful sample to explore the aspirations, challenges and experiences of all newly appointed dual diagnosis workers in Northern Ireland during the first 6 months of their initial date of appointment.</p> <p>Inclusion/exclusion: NR</p> <p>Data collection method: Interview (face-to-face)</p> <p>Data collection setting: NR</p> <p>Data analysis method: Thematic analysis</p> <p>Outcomes: Explores the aspirations, challenges</p>	<p>Key themes:</p> <p><u>5.3 Assessment and identification of service user needs</u> 5.3.1 Assessment tools</p> <p><u>5.6 Care co-ordination and effective inter-agency working</u> 5.6.2 Challenges with the service user group</p> <p><u>5.8 Pathways through the care system</u> 5.8.2 Organisation and continuity of care</p> <p><u>5.9 Policy, structure and location of services</u></p>	<p>Limitations identified by authors: Small scale study, caution against generalisation of the findings.</p> <p>Limitations identified by review team: (1) Small sample size, (2) unclear which services practitioners worked in, (3) Questions asked in interview not explicit</p> <p>Funding: NR</p>

Appendix 13: Evidence tables for RQ2.1 – views and experiences of providers and commissioners

	<p><i>Details on SMI/SM diagnosis:</i>                  Diagnosis: NR (subcategory: NR)                  Method of SMI assessment: NR                  Category: Alcohol and drug                  Assessment: NR Timescale for                  assessing comorbidity: NR</p>	<p>and experiences of all                  newly appointed dual                  diagnosis workers in                  Northern Ireland</p>	<p>5.9.2 Integrating                  services</p> <p><u>5.10 Staff support,                  supervision and                  training needs</u></p> <p>5.10.1 Staff support                  and supervision</p> <p>5.10.2 Training                  needs</p>	
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Appendix 13: Evidence tables for RQ2.1 – views and experiences of providers and commissioners

Study	Population and sample selection	Methods/Outcomes	Results (key themes and subthemes); Further details in Appendix 15	Notes
<p>Mericle et al. (2007)</p> <p>Mericle AA, Alvidrez J, Havassy BE. Mental health provider perspectives on co-occurring substance use among severely mentally ill clients. <i>Journal of Psychoactive Drugs</i>. 2007;29:173-80.</p> <p>Country: San Francisco County, US</p> <p>Geographical location: Urban</p> <p>Study design: Primary qualitative research</p> <p>Quality rating: +</p> <p>Focus of study: Experience/views of care delivered</p>	<p>Details on population and sample selection: Treatment providers for service users with substance use problems and serious mental illness</p> <p>Practitioners N: 17</p> <p>Service/settings details: Intensive case management programs which provide long-term outpatient services to the most severely mentally ill service users</p> <p><i>Details on service users:</i> Age: NR (mean NR) % female: NR % white: NR Socioeconomic status: NR</p> <p><i>Details on family/carer/practitioner:</i> Age range in years: NR (mean</p>	<p>Research question: (1) How do treatment providers address substance use problems among their SMI service users? (2) What obstacles or barriers do providers encounter in attempting to address both problems among their SMI service users? (3) What do providers think might improve outcomes for SMI service users with substance use problems?</p> <p>Inclusion/exclusion: NR</p> <p>Data collection method: Interview (face-to-face)</p> <p>Data collection setting:</p>	<p>Key themes:</p> <p><u>5.4 Attitudes to service users with a dual diagnosis</u> 5.4.1 Stigma and negative attitudes towards people with a dual diagnosis</p> <p><u>5.5 Availability of resources</u> 5.5.1 Lack of resources</p> <p><u>5.6 Care co-ordination and effective inter-agency working</u> 5.6.2 Challenges with the service user group</p> <p><u>5.8 Pathways through the care</u></p>	<p>Limitations identified by authors: NR</p> <p>Limitations identified by review team: (1) Generalisability to UK setting, (2) some author themes not complimented with participant quotes</p> <p>Funding: National Institute on Drug Abuse</p>

Appendix 13: Evidence tables for RQ2.1 – views and experiences of providers and commissioners

	<p>NR) % female: 47% % white: 41%</p> <p><i>Details on SMI/SM diagnosis:</i> Diagnosis: NR (subcategory: NR) Method of SMI assessment: NR Category: Alcohol and drug Assessment: NR Timescale for assessing comorbidity: NR</p>	<p>Workplace</p> <p>Data analysis method: Thematic analysis</p> <p>Outcomes: Obstacles and barriers in attempting to address both problems</p>	<p><u>system</u></p> <p>5.8.2 Organisation and continuity of care</p> <p><u>5.10 Staff support, supervision and training needs</u></p> <p>5.10.1 Staff support and supervision</p> <p>5.10.2 Training needs</p>	
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Appendix 13: Evidence tables for RQ2.1 – views and experiences of providers and commissioners

Study	Population and sample selection	Methods/Outcomes	Results (key themes and subthemes); Further details in Appendix 15	Notes
<p>Perryman et al. (2011)</p> <p>Perryman K, Rose AK, Winfield H, Jenner J, Oyefeso A, Phillips TS. The perceived challenges facing alcohol treatment services in England: a qualitative study of service providers. <i>Journal of Substance Use</i>. 2011; 16(1):38-49.</p> <p>Country: Nationwide, UK</p> <p>Geographical location: Mixed</p> <p>Study design: Surveys</p> <p>Quality rating: +</p> <p>Focus of study: Experience/views of resource needs</p>	<p>Details on population and sample selection: Alcohol treatment service providers Practitioners</p> <p>N: 207 treatment agencies (141 community agencies, 66 residential agencies)</p> <p>Service/settings details: Community and residential alcohol agencies</p> <p><i>Details on service users:</i> Age: NR (mean NR) % female: NR % white: NR Socioeconomic status: NR</p> <p><i>Details on family/carer/practitioner:</i> Age range in years: NR (mean NR) % female: NR % white: NR</p>	<p>Research question: What are the current challenges to alcohol treatment services in England, what resources might help to improve services, and which groups are poorly served by alcohol treatment services, as perceived by service providers?</p> <p>Inclusion/exclusion: Staff from alcohol services</p> <p>Data collection method: Postal survey (3 open-ended questions)</p> <p>Data collection setting: Community setting</p> <p>Data analysis method: Not expressly stated, but appears to be a thematic</p>	<p>Key themes:</p> <p><u>5.8 Pathways through the care system</u></p> <p>5.8.1 Service access criteria</p>	<p>Limitations identified by authors: (1) The survey was completed by the Service Manager or a senior member of staff (e.g. Consultant). Although these individuals should have a good idea of the issues relevant to their service, and their ideas are likely to be representative of the larger service team, it would be useful in future to send out multiple survey copies for more staff to complete, or include an instruction to</p>

Appendix 13: Evidence tables for RQ2.1 – views and experiences of providers and commissioners

	<p><i>Details on SMI/SM diagnosis:</i>                  Diagnosis: NR (subcategory: NR)                  Method of SMI assessment: NR                  Category: Alcohol                  Assessment: NR                  Timescale for assessing comorbidity: NR</p>	<p>analysis</p> <p>Outcomes: Challenges to alcohol treatment services, what resources might help to improve service, and which groups are poorly served by alcohol treatment services</p>		<p>discuss the topics of the survey with the team.</p> <p>Limitations identified by review team: (1) Lack of direct participant quotes</p> <p>Funding: Department of Health in support of the UK government's Alcohol Harm Reduction Strategy</p>
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Appendix 13: Evidence tables for RQ2.1 – views and experiences of providers and commissioners

Study	Population and sample selection	Methods/Outcomes	Results (key themes and subthemes); Further details in Appendix 15	Notes
<p>Roberts &amp; Darryl 2014</p> <p>Roberts BM, Darryl M. Dual diagnosis discourse in Victoria Australia: the responsiveness of mental health services. <i>Journal of Dual Diagnosis</i>. 2014;10(3):139-144.</p> <p>Roberts BM, Darryl M, Jones R. Reflections on capacity-building initiatives in an Australian state. <i>Advances in Dual Diagnosis</i>. 2013;6(1):24-33.</p> <p>Country: Victoria, Australia</p> <p>Geographical location: Mixed</p> <p>Study design: Primary qualitative research</p> <p>Quality rating: +</p> <p>Focus of study: Experience/views of content and configuration of</p>	<p>Details on population and sample selection: Key informants (senior policy executives, service providers, and consumer researchers with expert knowledge in the field of dual diagnosis)</p> <p>Practitioners N: 19</p> <p>Service/settings details: NA (range of settings)</p> <p><i>Details on service users:</i> Age: NR (mean NR) % female: NR % white: NR Socioeconomic status: NR</p> <p><i>Details on family/carer/practitioner:</i> Age range in years: NR (mean NR)</p>	<p>Research question: Research questions not explicitly stated. Participants were asked to recall their experience of dual diagnosis discourse and reflect on its implications.</p> <p>Inclusion/exclusion: Expert knowledge in the field of dual diagnosis in Victoria</p> <p>Data collection method: Interview (format NR)</p> <p>Data collection setting: NR</p> <p>Data analysis method: Not expressly stated, but appears to be a thematic analysis</p>	<p>Key themes:</p> <p><u>5.4 Attitudes to service users with a dual diagnosis</u> 5.4.1 Stigma and negative attitudes towards people with a dual diagnosis</p> <p><u>5.5 Availability of resources</u> 5.5.1 Lack of resources</p> <p><u>5.6 Care co-ordination and effective inter-agency working</u> 5.6.1 Co-ordinating care</p> <p><u>5.9 Policy, structure and location of services</u></p>	<p>Limitations identified by authors: NR</p> <p>Limitations identified by review team: (1) Small sample size</p> <p>Funding: Australian Postgraduate Award for Study toward the award of Doctor of Philosophy</p>

Appendix 13: Evidence tables for RQ2.1 – views and experiences of providers and commissioners

<p>services</p>	<p>% female: NR % white: NR</p> <p><i>Details on SMI/SM diagnosis:</i> Diagnosis: NR Method of SMI assessment: NR Category: Alcohol or drug Assessment: NR Timescale for assessing comorbidity: NR</p>	<p>Outcomes: Perspectives on dual diagnosis discourse that may inform future developments</p>	<p>5.9.3 Cultural differences</p>	
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Appendix 13: Evidence tables for RQ2.1 – views and experiences of providers and commissioners

Study	Population and sample selection	Methods/Outcomes	Results (key themes and subthemes); Further details in Appendix 15	Notes
<p>Siddiqui et al. (2009)</p> <p>Siddiqui NJ, Astone-Twerell J, Hernitche T. Staff perspectives on modified therapeutic community services for homeless dually diagnosed clients: an exploratory pilot study. <i>Journal of Psychoactive Drugs</i>. 2009;41(4):355-361.</p> <p>Country: New York, US</p> <p>Geographical location: Urban</p> <p>Study design: Primary qualitative research</p> <p>Quality rating: +</p> <p>Focus of study: Experience/views of care delivered</p>	<p>Details on population and sample selection: Staff from the modified therapeutic community model</p> <p>Practitioners N: 7</p> <p>Service/settings details: Dual diagnosis service for homeless with access to a variety of medical, clinical, vocational, and housing services</p> <p><i>Details on service users:</i> Age: NR (mean NR) % female: NR % white: NR Socioeconomic status: NR</p> <p><i>Details on family/carer/practitioner:</i> Age range in years: NR (mean NR) % female: 71%</p>	<p>Research question: Research question not explicitly stated. Authors sought to gain a more in-depth understanding of staff's perspectives of services provided at an MTC (community-based addiction service) for homeless, service users with a dual diagnosis</p> <p>Inclusion/exclusion: NR</p> <p>Data collection method: Semi-structured interviews (face-to-face)</p> <p>Data collection setting: NR</p> <p>Data analysis method: Not expressly stated. Authors developed primary and secondary</p>	<p>Key themes:</p> <p><u>5.5 Availability of resources</u> 5.5.1 Lack of resources</p> <p><u>5.6 Care co-ordination and effective inter-agency working</u> 5.6.1 Co-ordinating care</p> <p><u>5.9 Policy, structure and location of services</u> 5.9.2 Integrating services</p>	<p>Limitations identified by authors: Data from one treatment facility and reflecting a small sample size</p> <p>Limitations identified by review team: No additional limitations identified</p> <p>Funding: Center for Substance Abuse Treatment</p>

Appendix 13: Evidence tables for RQ2.1 – views and experiences of providers and commissioners

	<p>% white: 57% African American (white not reported)</p> <p><i>Details on SMI/SM diagnosis:</i>                  Diagnosis: NR                  Method of SMI assessment: NR                  Category: Alcohol and drug Assessment: NR                  Timescale for assessing comorbidity: NR</p>	<p>coding structures which were analysed both individually and within larger coding networks.</p> <p>Outcomes: Staff perspectives of services provided at an MTC for homeless, service users with a dual diagnosis</p>		
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Appendix 13: Evidence tables for RQ2.1 – views and experiences of providers and commissioners

Study	Population and sample selection	Methods/Outcomes	Results (key themes and subthemes); Further details in Appendix 15	Notes
<p>St Mungo's Broadway (2015)</p> <p>St Mungo's Broadway. St Mungo's Broadway staff views and experiences of services for people with severe mental health and substance misuse. 2015. Available from: <a href="http://www.mungosbroadway.org.uk/documents/6172/6172.pdf">http://www.mungosbroadway.org.uk/documents/6172/6172.pdf</a> [accessed 1 September 2015]</p> <p>Country: London and the South of England, UK</p> <p>Geographical location: Mixed</p> <p>Study design: Primary qualitative study</p> <p>Quality rating: -</p> <p>Focus of study: Experience/views of care delivered</p>	<p>Details on population and sample selection: Staff from St Mungo's Broadway</p> <p>Practitioners N: NR</p> <p>Service/settings details: Homelessness charity and housing association</p> <p><i>Details on service users:</i> Age: NR % female: NR % white: NR Socioeconomic status: NR</p> <p><i>Details on family/carer/practitioner:</i> NR Age range in years: NR % female: NR % white: NR</p>	<p>Research question: Views and experiences of services for people with severe mental health and substance use issues Inclusion/exclusion: NR</p> <p>Data collection method: NR</p> <p>Data collection setting: NR</p> <p>Data analysis method: NR</p> <p>Outcomes: Views and experiences of services</p>	<p>Key themes:</p> <p><u>5.4 Attitudes to service users with a dual diagnosis</u> 5.4.1 Stigma and negative attitudes towards people with a dual diagnosis</p> <p><u>5.6 Care co-ordination and effective inter-agency working</u> 5.6.1 Co-ordinating care</p> <p><u>5.8 Pathways through the care system</u> 5.8.1 Service access criteria 5.8.2 Organisation and continuity of care</p>	<p>Limitations identified by authors: NR</p> <p>Limitations identified by review team: No information about included participants, methodology or analysis of results</p> <p>Funding: NR</p>

Appendix 13: Evidence tables for RQ2.1 – views and experiences of providers and commissioners

	<p><i>Details on SMI/SM diagnosis:</i>                  Diagnosis: NR                  Method of SMI assessment: NR                  Category: NR                  Assessment: NR                  Timescale for assessing comorbidity: NR</p>		<p><u>5.10 Staff support, supervision and training needs</u>                  5.10.2 Training needs</p>	
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Appendix 13: Evidence tables for RQ2.1 – views and experiences of providers and commissioners

Study	Population and sample selection	Methods/Outcomes	Results (key themes and subthemes); Further details in Appendix 15	Notes
<p>Sylvain &amp; Lamothe (2012)</p> <p>Sylvain C, Lamothe L. Sensemaking: a driving force behind the integration of professional practices. <i>Journal of Health Organization and Management</i>. 2012;26(6):737-757.</p> <p>Country: Montreal, Canada</p> <p>Geographical location: Urban</p> <p>Study design: Longitudinal case study</p> <p>Quality rating: +</p> <p>Focus of study: Experience/views of content and configuration of services</p>	<p>Details on population and sample selection: Professionals involved in integrating mental health and substance abuse services. These included: managers, nurse, psychiatrists, psychologists and social workers. In total, 34 interviews were conducted.</p> <p>Practitioners N: 23</p> <p>Service/settings details: Psychotic disorders and addictive behaviour programs</p> <p><i>Details on service users:</i> Age: NR (mean NR) % female: NR % white: NR Socioeconomic status: NR</p> <p><i>Details on family/carer/practitioner:</i> Age range in years: NR (mean</p>	<p>Research question: Research study not explicitly stated. Study aimed to examine the process of sense making in professionals directly involved in the integration of professional services.</p> <p>Inclusion/exclusion: Professionals from an integrated service</p> <p>Data collection method: Data collected using: semi-structured individual interviews, participant observations and analysis of documents. Interviews were relied on as the main source of data and triangulated with the documents and observations. Data were</p>	<p>Key themes:</p> <p><u>5.4 Attitudes to service users with a dual diagnosis</u> 5.4.1 Stigma and negative attitudes towards people with a dual diagnosis <u>5.6 Care co-ordination and effective inter-agency working</u></p> <p>5.6.1 Co-ordinating care</p> <p><u>5.9 Policy, structure and location of services</u> 5.9.3 Cultural differences</p>	<p>Limitations identified by authors: (1) A portion of the data are retrospective; (2) The fact that this is a single case study is not a limitation per se, although it does raise the issue of the transferability of results</p> <p>Limitations identified by review team: Lack of direct participant quotes</p> <p>Funding: Public Health Research Institute of the Université de Montreal</p>

Appendix 13: Evidence tables for RQ2.1 – views and experiences of providers and commissioners

	<p>NR)          % female: NR          % white: NR</p> <p><i>Details on SMI/SM diagnosis:</i>          Diagnosis: Psychosis          (subcategory: NR)          Method of SMI assessment: NR          Category: Alcohol or drug          Assessment: NR          Timescale for assessing          comorbidity: NR</p>	<p>collected over an 8 year          time frame.</p> <p>Data collection setting:          NR</p> <p>Data analysis method:          Processual analysis</p> <p>Outcomes: Examine the          process of constructing          integrated services in          mental health and          substance abuse</p>		
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Appendix 13: Evidence tables for RQ2.1 – views and experiences of providers and commissioners

Study	Population and sample selection	Methods/Outcomes	Results (key themes and subthemes); Further details in Appendix 15	Notes
<p>Tiderington et al. (2013)</p> <p>Tiderington E, Stanhope V, Henwood BF. A qualitative analysis of case managers' use of harm reduction in practice. <i>Journal of Substance Abuse Treatment</i>. 2013;</p> <p>Country: Mid-sized city on the East coast, US</p> <p>Geographical location: Urban</p> <p>Study design: Primary qualitative research</p> <p>Quality rating: +</p> <p>Focus of study: Experience/views of a service delivery model change/intervention</p>	<p>Details on population and sample selection: Assertive community treatment case managers</p> <p>Service users and practitioners N: 24</p> <p>Service/settings details: Assertive community treatment service model delivering a broad range of supports in the community</p> <p><i>Details on service users:</i> Age: NR (mean 52) % female: 30% % white: 50% Socioeconomic status: NR</p> <p><i>Details on family/carer/practitioner:</i> Age range in years: NR (mean 52) % female: 64% % white: 79%</p>	<p>Research question: Seeks to explore how harm reduction is both understood and shaped by the relationships and communication between providers and consumers.</p> <p>Inclusion/exclusion: NR</p> <p>Data collection method: Interview (face-to-face)</p> <p>Data collection setting: NR</p> <p>Data analysis method: Grounded theory: Constant comparative approach (CCA)</p> <p>Outcomes: Explore how harm reduction is both understood and shaped</p>	<p>Key themes:</p> <p><u>5.4 Attitudes to service users with a dual diagnosis</u></p> <p>5.4.2 Relationship between practitioner and service user</p>	<p>Limitations identified by authors: NR</p> <p>Limitations identified by review team: (1) generalisability to UK setting, (2) lack of participant quotes</p> <p>Funding: New York University Research Challenge Fund</p>

Appendix 13: Evidence tables for RQ2.1 – views and experiences of providers and commissioners

	<p><i>Details on SMI/SM diagnosis:</i>                  Diagnosis: NR                  Method of SMI assessment: NR                  Category: Alcohol and drug                  Assessment: NR                  Timescale for assessing comorbidity: NR</p>	<p>by the relationships and communication between providers and consumers</p>		
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