

## Expert testimony to inform NICE guideline development

### Section A: Developer to complete

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<b>Role:</b>	Policy programme manager
<b>Institution/Organisation (where applicable):</b>	Making Every Adult Matter
<b>Contact information:</b>	
<b>Guideline title:</b>	Severe mental illness and substance misuse (dual diagnosis) - community health and social care service
<b>Guideline Committee:</b>	Public Health Advisory Committee (PHAC)
<b>Subject of expert testimony:</b>	Local partnership working: examples drawn from the work of the Making Every Adult Matter coalition
<b>Evidence gaps or uncertainties:</b>	

**Section B: Expert to complete**

**Summary testimony:**

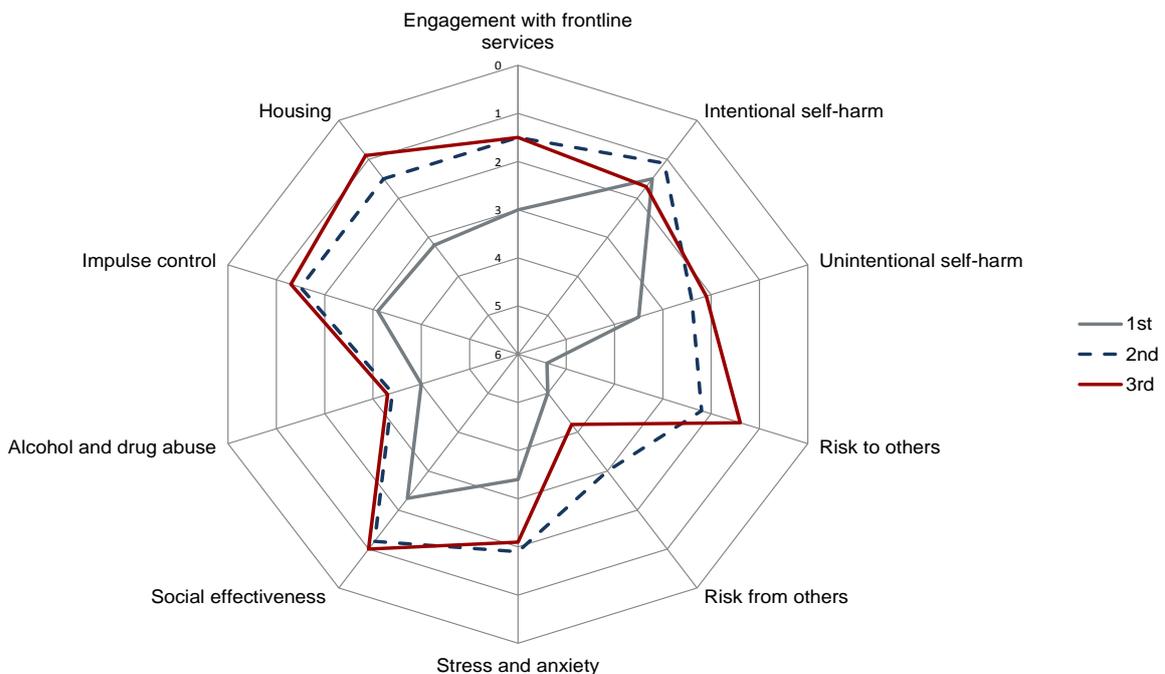
[Please use the space below to summarise your testimony in 250–1000 words. Continue over page if necessary ]

**1. Describe the MEAM approach and highlight any published or unpublished evaluations of this approach for a dual diagnosis population.**

The MEAM coalition defines individuals with multiple needs as having overlapping problems with homelessness, substance misuse, contact with the criminal justice system and mental ill health. Analysis of national datasets indicates that 58,000 people experience the first three at the same time, and within this group 55% are diagnosed with a mental health condition. Amongst the 586,000 who experience at least one of these issues, the proportion diagnosed with mental health problems is much higher amongst those involved in substance misuse than those who are not.<sup>1</sup>

The MEAM Approach is a non-prescriptive framework to help local areas design and deliver flexible and coordinated services for people experiencing multiple needs. It sets out seven principles for effective interventions, and provides guidance on how to implement them. Nine areas are currently delivering services designed using the MEAM Approach, with a further five at the planning stage.<sup>2</sup>

Evaluation of a pilot in Cambridgeshire that informed the MEAM Approach showed statistically significant improvements in well-being over a two-year period, with particularly good outcomes around drug and alcohol misuse. These are shown below using scores from the NDT Assessment.<sup>3</sup> The evaluation also indicated that the cost to wider services working with individuals fell by 26.4%, primarily through savings to police and criminal justice budgets.<sup>4</sup>



Cambridgeshire pilot NDT scores (n = 10). Year one is baseline; higher scores closer to centre show greater risk.

A number of the MEAM Approach areas across the country are conducting evaluations. Early evaluation in North Tyneside indicates reduced levels of risk across a range of behaviours, including self-harm, risk to and from others, and alcohol and drug abuse. <sup>5</sup>

Domain	Score on engagement	Final/Latest Score	Scoring diff (+/-) (%)
Engagement with frontline services	83	53	-30 (-36%)
Intentional self-harm	44	28	-16 (-36%)
Unintentional self-harm	99	63	-36 (-36%)
Risk to others	140	78	-62 (-43%)
Risk from others	160	96	-64 (-40%)
Stress and anxiety	84	64	-20 (-24%)
Social effectiveness	46	39	-7 (-15%)
Alcohol and drug abuse)	92	70	-22 (-24%)
Impulse Control	77	43	-34 (-44%)
Housing	93	49	-44 (-47%)

*North Tyneside MEAM Approach NDT scores over one year (n = 29)*

## 2. Present any examples of this approach used or being developed for a dual diagnosis population.

Areas using the MEAM Approach are encouraged to think about a wide range of people with multiple needs, and as such are not focussed solely on dual diagnosis populations. However, all areas will be working with at least some people with a dual diagnosis, and several have taken specific steps to improve access to mental health and substance misuse treatment for these individuals. For example:

- Most areas have taken steps to improve coordination between different services. Evaluation of the MEAM Approach in North Tyneside identified that individuals who are misusing drug and alcohol have difficulty accessing mental health services. In order to address this, they have committed that: “North Tyneside Council will be working with Northumberland Tyne and Wear Mental Health Trust to create a single point of contact and it was felt that having this expertise at this point in the client journey will ensure that decisions on risk and need will be taken more quickly and effectively.”<sup>6</sup>
- The challenges of providing flexible access to services are highlighted in interviews with stakeholders from the Sunderland MEAM Approach: “A number of examples were provided wherein services had responded increasingly flexibly to client need; however; this was often linked to the needs of an individual client and was not linked to an embedded systemic change.”

This last point highlights that both commissioning structures and guidance – such as the forthcoming NICE guidelines – should stress the need for flexible responses from services across the range of needs that accompany a dual diagnosis. Without this, better coordination between these services is less likely to succeed.

### **3. Any other examples of local partnership working (particularly with links to health and social care services) for a dual diagnosis population.**

MEAM works closely with the Big Lottery Fund's Fulfilling Lives programme, and is contracted to provide support to the 12 local partnerships that have been funded to create a better system of support for people with multiple needs.

Fulfilling Lives Newcastle and Gateshead has identified dual diagnosis as a key challenge within their client group. At the time of referral, 97% of the clients they are working with have a substance misuse problem, and 94% have mental health needs.

In an operational meeting to discuss the work, practitioners working within the partnership identified significant barriers to accessing mental health services, describing a 'black and white' approach and lack of flexibility. They cited NICE guidance of psychosis and substance misuse (that specifies that treatment for a substance problem must precede mental health treatment) as contributing to this.

Yorkshire provides one example of good practice in mental health provision for dual diagnosis groups. [Dial House](#), a voluntary sector service operated by the Leeds Survivor Led Crisis Service, is distinctive in two respects. Firstly, it is established, governed and managed by people with direct experience of mental health problems. Secondly, its crisis service is available on an open-ended, flexible basis, including to those with drug and alcohol problems:

"CAN I USE THE SERVICE IF I HAVE DRUG AND/OR ALCOHOL ISSUES? Yes. You can't use drugs or alcohol on the premises but you can come to Dial House if you have used drugs or alcohol, as long as you can engage with the service and not be so out-of-it that that you are a risk to yourself or other people."

*(Excerpt from the Dial House website 'Frequently Asked Questions' page)<sup>7</sup>*

### **4. We are also keen to identify the needs of vulnerable groups (for e.g. older people, sex workers, those with experience or witnessed violence/abuse).**

#### *Women*

Women face specific needs associated with substance misuse and mental ill health, and experience corresponding barriers to accessing treatment. This is particularly true of women involved in sex work. There is a 'reinforcing' relationship between drug use and prostitution, and women experiencing both of these issues experience substantial harms including "mental health problems, including resulting from trauma such as past physical and sexual abuse".<sup>8</sup>

Women in contact with the criminal justice system also often do not receive the right support. The Lancashire Women's Centres demonstrate how gender-specific provision can help:

"We also operate an assessment and triage service at point of arrest in a local custody suite. We were finding women could be arrested five times or more, but if they didn't meet the thresholds for substance misuse or complex support needs – which are set very high – they would not be referred for any support. So we're identifying a high proportion of women with mental health needs through that service, who we can then refer for support at our local centres."<sup>9</sup>

Research by King's College London found that three-quarters of men attending treatment for alcohol or drug use in South East England had perpetrated emotional, physical or sexual violence towards their partner, with negative impacts on victims' mental and physical health.<sup>10</sup>

### *Former Offenders*

Figures from the HM Justice Inspectorate indicate that, among people entering prison with a drug problem, twice as many reported emotional or mental health problems as did not. The difference is even more marked among the smaller number who develop a drug problem within prison.<sup>11</sup>

According to the Community Cohort study carried out by the Ministry of Justice, 29% of adults supervised in the community had a mental health problem, rising to 46% among women and 40% of all those aged over 40.<sup>12</sup>

### *Black, Asian and minority ethnic (BAME) communities*

A mixture of education, employment, health and social inequalities affect BAME communities. Individuals' ethnicity, culture, faith, age and gender interact with societal narratives and histories of race and immigration, resulting in a range of experiences of substance misuse and mental ill health. Inequality both contributes to and exacerbates these experiences.

The extent and impact of substance misuse within BAME communities is unclear. People from BAME communities are more likely to be stopped and searched in relation to drugs. However the 2011/12 Crime Survey for England and Wales indicated that BAME groups had lower rates of self-reported drugs use within the last twelve months than their white counterparts. Release argue that there is also no evidence to support the notion that BAME groups have higher rates of drug dealing than their white counterparts.<sup>13</sup>

The association between drugs and crime creates additional stigma and can result in reluctance from people from BAME communities to discuss drugs and related issues. The National Treatment Agency state that "it is often the case that ethnic minority groups who do not attend treatment services refrain from engagement because they don't feel the service meets their needs, or is not culturally appropriate."<sup>14</sup>

Similarly, the Mental Health Foundation have reported that people from BAME communities are more likely to be "...diagnosed with a mental health problems...more likely to be diagnosed and admitted to hospital...more likely to experience a poor outcome from treatment...more likely to disengage from mainstream mental health services, leading to social exclusion and a deterioration in their mental health."<sup>15</sup>

### *Older people*

Advice from the Royal College of Psychiatrists identifies that delirium, mood disorders and cognitive impairment and psychotic disorders are commonly associated with substance misuse in older people. It describes difficulties in correctly identifying mood disorders such as depression and anxiety when accompanied by physical problems, and highlights the role alcohol misuse can play in facilitating suicide amongst those already at high risk.<sup>16</sup>

### **Note on this testimony**

This testimony draws on contributions from the partners in the MEAM Coalition – Clinks, Homeless Link and Mind – and Richy Cunningham from Fulfilling Lives Newcastle and Gateshead. However, I take full responsibility for the evidence and its accuracy.

**References to other work or publications to support your testimony' (if applicable):**

- <sup>1</sup> Bramley, Fitzpatrick et al (2015) [Hard Edges](#), pp. 31–32
- <sup>2</sup> Resources explaining the MEAM Approach are freely available at <http://www.themeamapproach.org.uk/>, along with a list of the areas who are currently implementing it.
- <sup>3</sup> The New Directions Team Assessment, sometimes known as the 'Chaos Index', was developed by South West London and St George's Mental Health NHS Trust to identify risk factors for people with multiple needs. See SWLSTG Mental Health NHS Trust (2008) [The New Directions Team Assessment \(Chaos Index\)](#).
- <sup>4</sup> Battrick et al (2014) [Evaluation of the MEAM pilots – Update on our findings](#), p. 7
- <sup>5</sup> Stephenson (2015) [An evaluation of Making Every Adult Matter \(MEAM\) in North Tyneside](#), p. 14
- <sup>6</sup> Ibid., p. 18
- <sup>7</sup> From Leeds Survivor Led Crisis Service [Frequently Asked Questions](#) (accessed 7 December 2015)
- <sup>8</sup> DrugScope and AVA (2013), [The Challenge of Change](#), p. 7
- <sup>9</sup> Clinks (2014), [Lancashire Women's Centres](#), p. 1
- <sup>10</sup> Hughes et al (2015) [A framework for working safely and effectively with men who perpetrate intimate partner violence in substance use treatment settings](#), p. 5
- <sup>11</sup> HM Inspectorate of Prisons (2015), [Changing patterns of substance misuse in adult prisons...](#), p. 39
- <sup>12</sup> Ministry of Justice (2013), [Results from the Offender Management Community Cohort Study](#), p. 13
- <sup>13</sup> Release (2013), [The Numbers in Black and White: Ethnic Disparities in the policing and prosecution of drug offences in England and Wales](#), p. 16
- <sup>14</sup> National Treatment Agency Website: <http://www.nta.nhs.uk/equality.aspx>
- <sup>15</sup> Mental Health Foundation website: <http://www.mentalhealth.org.uk/help-information/mental-health-a-z/b/bme-communities/>
- <sup>16</sup> Royal College of Psychiatrists (2015), [Substance misuse in older people](#), p. 9

Expert testimony papers are posted on the NICE website with other sources of evidence when the draft guideline is published. Any content that is academic in confidence should be highlighted and will be removed before publication if the status remains at this point in time.