

| MENTAL HEALTH—SUBSTANCE USE |



Developing Services in Mental Health— Substance Use

EDITED BY

David B Cooper

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DAVID B COOPER

Sigma Theta Tau International: The Honor Society of Nursing Award

Outstanding Contribution to Nursing Award

Editor-in-Chief, Mental Health and Substance Use: dual diagnosis

Author/Writer/Editor

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Preface

Approximately six years ago Phil Cooper, then an MSc student, was searching for information on mental health–substance use. At that time, there was one journal and few published papers. This led to the launch of the journal *Mental Health and Substance Use: dual diagnosis*, published by Taylor and Francis International. To launch the journal, and debate the concerns and dilemmas of psychological, physical, social, legal and spiritual professionals, Phil organised a conference for Suffolk Mental Health NHS Trust and Taylor and Francis. The response was excellent. An occurring theme was that more information, knowledge and skills were needed – driven by education and training.

Discussion with international professionals indicated a need for this type of educational information and guidance, in this format, and a proposal was submitted for one book. The single book progressed to become a series of six! The concept is that each book will follow on from the other to build a sound basis – as far as is possible – of the important approaches to mental health–substance use. The aim is to provide a ‘how to’ series that will be interactive with case studies, reflective study and exercises – you, as individuals and professionals, will decide if this has been achieved.

So, why do we need to know about mental health–substance use? International concerns related to interventions, and the treatment of people experiencing mental health–substance use problems, are frequently reported. These include:

- ‘the most challenging clinical problem that we face’¹
- ‘substance misuse is usual rather than exceptional amongst people with severe mental health problems’²
- ‘Mental health and substance use problems affect every local community throughout America’³
- ‘The existence of psychiatric comorbidities in young people who abuse alcohol is common, especially for conditions such as depression, anxiety, bipolar disorder, conduct disorder and attention-deficit/hyperactivity disorder’⁴
- ‘Mental and neurological disorders such as depression, schizophrenia, epilepsy and substance abuse . . . cause immense suffering for those affected, amplify people’s vulnerability and can lead individuals into a life of poverty’.⁵

There is a need to appreciate that mental health–substance use is now a concern for us all. This series of books will bring together what is known (to some), and what is

not (to some). If undertaken correctly, and you, the reader will be the judge – and those individuals you come into contact with daily will be the final judges – each book will build on the other and be of interest for the new, and the not so new, professional.

The desire to provide services that facilitate best practice for mental health–substance use is not new. The political impetus for this approach to succeed now exists. We, the professionals, need to seize on this momentum. We need to bring about the much-needed change for the individual who experiences our interventions and treatment, be that political will because of a perceived financial benefit or, as we would hope, the need to provide therapeutic interventions for the individual. Whatever the motive, now is the time to grasp the initiative.

Before we (the professionals) can practice, research, educate, manage, develop or purchase services, we must commence with knowledge. From that, we begin to understand. We commence using our new-found skills. We progress to developing the ability to examine practice, to put concepts together, to make valid judgements. We achieve this level of expertise though education, training and experience. Sometimes, we can use our own life experiences to enhance our skills. But knowledge must come first, though is often relegated to last! Professionals (from health, social, spiritual and legal backgrounds) – be they students, practitioners, researchers, educators, managers, service developers or purchasers – are all ‘professionals’ (in the eye of the individual we meet professionally), though each has differing depths of knowledge, skills and expertise.

What we need to remember is that the individual (those we offer care to), family and carers bring their own knowledge, skills and life experiences – some developed from dealing with ill health. The individual experiences the illness, lives with it, manages it – daily. Therefore, to bring the two together, individual and professional, to make interventions and treatment outcome effective, to meet whatever the individual feels is acceptable to his or her needs, requires mutual understanding and respect. The professionals’ skills and expertise ‘*are founded on nothing less than their complete and perfect acceptance of one, by another*’.⁶

David B Cooper
August 2010

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About the Mental Health– Substance Use series

The six books in this series are:

- 1 *Introduction to Mental Health–Substance Use*
- 2 *Developing Services in Mental Health–Substance Use*
- 3 *Responding in Mental Health–Substance Use*
- 4 *Intervention in Mental Health–Substance Use*
- 5 *Care in Mental Health–Substance Use*
- 6 *Practice in Mental Health–Substance Use*

The series is not merely for mental health professionals but also the substance use professionals. It is not a question of ‘them’ (the substance use professional) teaching ‘them’ (the mental health professional). It is about sharing knowledge, skills and expertise. We are equal. We learn from each fellow professional, for the benefit of those whose lives we touch. The rationale is that to maintain clinical excellence, we need to be aware of the developments and practices within mental health and substance use. Then, we make informed choices; we take best practice, and apply this to our professional role.¹

Generically, the series *Mental Health–Substance Use* concentrates on concerns, dilemmas and concepts specifically interrelated, as a collation of problems that directly or indirectly influence the life and well-being of the individual, family and carers. Such concerns relate not only to the individual but also to the future direction of practice, education, research, service development, interventions and treatment. While presenting a balanced view of what is best practice today, the books aim to challenge concepts and stimulate debate, exploring all aspects of the development in treatment, intervention and care responses, and the adoption of research-led best practice. To achieve this, they draw from a variety of perspectives, facilitating consideration of how professionals meet the challenges now and in the future. To accomplish this we have assembled leading, international professionals to provide insight into current thinking and developments, from a variety of perspectives, related to the many varying and diverse needs of the individual, family and carers experiencing mental health–substance use.

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- 1 Cooper DB. Editorial: decisions. *Ment Health Subst Use*. 2010; 3: 1–3.

About the editor

David B Cooper

Sigma Theta Tau International: Honor Society of Nursing Award

Outstanding Contribution to Nursing Award

Editor-in-Chief: *Mental Health and Substance Use: dual diagnosis*

Author/Writer/Editor

The editor welcomes approaches and feedback, positive and/or negative.

David has specialised in mental health and substance use for over 30 years. He has worked as a practitioner, manager, researcher, author, lecturer and consultant. He has served as editor, or editor-in-chief, of several journals, and is currently editor-in-chief of *Mental Health and Substance Use: dual diagnosis*. He has published widely and is 'credited with enhancing the understanding and development of community detoxification for people experiencing alcohol withdrawal' (Nursing Council on Alcohol; Sigma Theta Tau International citations). Seminal work includes *Alcohol Home Detoxification and Assessment* and *Alcohol Use*, both published by Radcliffe Publishing, Oxford.

List of contributors

CHAPTER 2 Dr Kevin Morgan

Specialist Registrar in Addictions
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Kevin completed basic training in psychiatry at the Maudsley Hospital, London, following which he has worked in a number of substance-misuse and general psychiatry services within London. He has an interest in substance misuse disorders in the elderly and the psychiatry of old age in general. Other interests are the historical and social aspects of psychiatry and fiction writing.

Dr Karim Dar

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Karim is Consultant Psychiatrist and Lead Clinician at the CNWL NHS Foundation Trust, London. He has responsibility for an inpatient detoxification unit (Max Glatt Unit) and a community alcohol team. He is especially interested in substance misuse problems in special populations and service development. He was an award holder in the Health Foundation UK national Leaders for Change programme and has a postgraduate qualification in health economics from the University of York.

CHAPTER 3 Dr Alexander Baldacchino

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Alex has been researching comorbid substance misuse and associated psychiatric and physical issues for the last 15 years. His studies involved biological, neuropsychological, clinical, and policy-related research. In the last 10 years, he has been

the UK Principal Investigator to several European Union funded projects. These include looking at barriers and challenges faced by individuals with substance misuse-related problems accessing treatment (IATPAD Study), a cross-cultural multicentre study to determine the nature, extent and management of drug-related mental health problems in Europe (Drugs and Psychosis and ISADORA Studies), Internet and drug addiction (Psychonaut 2002 study) among others. He is Director for the Centre of Addiction Research and Education Scotland (CARES), which is based at Ninewells Hospital Medical School.

Professor Ilana B Crome

Academic Clinical Director in Psychiatry
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Ilana is one of only three professors of Addiction Psychiatry in the United Kingdom. Her clinical base is at South Staffordshire and Shropshire Foundation Trust, St George's Hospital, Stafford. Her interest and expertise in the field of comorbidity has informed the Department of Health and ACMD across the treatment, research and policy domains and this has been acknowledged by appointment to the NICE Guideline Development Group on Mental Illness and Substance Misuse. She is past President of the Alcohol and Drugs Section of the European Psychiatric Association, International Editor of *American Journal on Addictions* and Joint Editor of *Drugs: Education, Prevention and Policy*.

CHAPTER 4 Tom C Dodd

Joint National Programme Lead for Dual Diagnosis
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National Institute for Mental Health in England
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Tom has led a number of national programmes including Community Teams, Primary Care and Dual Diagnosis. He currently divides his time as Commissioning and Developments Lead for 'Improving Access to Psychological Therapies' and Dual Diagnosis. Previously, he was with the Sainsbury Centre for Mental Health, where he helped to develop and lead work around Assertive Outreach Teams and crisis teams, with a focus on more severe and lasting mental health problems. He is a mental health nurse who has worked as a senior manager and led and established clinical teams in the NHS. He is passionate about carers' issues, and about how services work with families. For five years he was the chair of a charity, which he founded, that worked to improve well-being and reduce suicide in rural communities.

Ann Gorry

Joint National Programme Lead for Dual Diagnosis

National Institute for Mental Health in England
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Ann is a mental health nurse and has worked in alcohol/substance use services for most of her long and varied career. She set up a specialist dual diagnosis service in Cheshire 10 years ago and since then has worked in a number of senior clinical and managerial positions. In recent years, Ann has worked as a regional dual diagnosis lead, and for the past five years in a national role, and currently works as national dual diagnosis lead with the National Mental Health Development Unit. Ann is passionate about improving services for people who experience difficulties with alcohol/substance use and mental health, their carers and families. Much of her regional and national work has involved service users and carers with a particular focus on involvement in training and improving the confidence and capabilities of the workforce.

CHAPTER 5 Dr Hermine L Graham

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Hermine previously developed and evaluated an integrated treatment approach for people with severe mental health problems who use substances problematically, as Head of the COMPASS Programme in Birmingham, prior to her current post. She has published within this area and provides consultancy on service and policy developments. Her research interests include the relationship between problematic substance use and psychosis, the application of cognitive therapy to this client group and cannabis use among young people. Hermine co-edited the book *Substance Misuse in Psychosis* (2003), and wrote the treatment manual *Cognitive-behavioural Integrated Treatment* (2004).

CHAPTER 6 Gary J Croton

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Gary, a psychiatric nurse, has worked in mental health and drug treatment settings in Australia and the UK for 35 years. Since 1998 he has worked in a dedicated mental health–substance use capacity building role as the sole worker for Eastern Hume Dual Diagnosis Service (EHDDS) in rural NE Victoria, Australia. Gary has authored a range of manuals, fellowship reports, submissions, articles and book chapters around mental health–substance use and is the creator and webmaster of www.dualdiagnosis.org.au.

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Diana studied health sciences and specialised on health services research. She works as a postdoctoral researcher at Tilburg University, the Netherlands, in the department of Tranzo, the University's scientific centre for the transformation of the nature and quality of care and welfare. Tranzo universities and healthcare institutions collaborate to carry out long-term research programmes and to develop a knowledge infrastructure. Diana's dissertation was on the history and development of intensive community-based care. She developed an instrument to characterise programs in this sector. Recent research is into the effectiveness of intensive community-based care.

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Theo worked as a social psychiatric care provider for several mental health organisations. He studied Philosophy and ethics of care at the Radboud University Nijmegen, the Netherlands. His current profession is at the Municipal Public Health Centre, GGD Hart voor Brabant, where he advises local health policy for municipal authorities. Here he is also involved in coaching teams in outreaching interventional care. As a science practitioner he works at Tranzo, Tilburg University, bridging the gap between public health and scientific institutions.

CHAPTER 8 Dr Elizabeth Hughes

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Liz has a background mental health nursing and has worked clinically in both substance use and mental health settings. She developed a dual diagnosis service in South East London, before taking up an academic post at the Institute of Psychiatry, King's College, London. Here she was involved in research and teaching related to dual diagnosis and psychosocial interventions for psychosis. In addition, she managed a London-wide dissemination project for dual diagnosis training to mental health workers across all London Trusts. In 2006, Liz moved to the University of

Lincoln where she undertook a pilot study of dual diagnosis training in prisons, the development of national framework for dual diagnosis capabilities, the development of an advanced module of the 10 Essential Shared Capabilities for dual diagnosis, and a team training resource for dual diagnosis aimed at Assertive Outreach Teams. Liz has presented and published widely in the area of mental health, dual diagnosis and health behaviour. Current projects include the development and evaluation of a national e-learning resource for dual diagnosis awareness.

CHAPTER 9 Amanda J Barrett

Service Manager: Dual Diagnosis
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Mandy qualified as an RMN in 1989 and has specialised in dual diagnosis since 2004, leading the County Durham Dual Diagnosis Project, featured in the Turning Point Dual Diagnosis Good Practice Handbook. Her qualifications include a BSc in Managing Health Care Delivery, a MA in Drug Interventions, and non-medical prescribing. Mandy's published work includes an article in *Journal of Substance Misuse*, a chapter in the book *Drugs in Britain* and an article in *Nursing Times*. Mandy was a member of the National CSIP Steering Group, which developed the dual diagnosis capabilities framework.

CHAPTER 10 Philip A Cooper

Nurse Consultant: Dual Diagnosis
5 Boroughs Partnership NHS Foundation Trust
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Phil has worked in both substance misuse and mental health services over the last 15 years. He has developed training programmes regarding mental health–substance use and has been instrumental in developing proactive measures to address substance misuse in acute mental health settings in the North West of England. Phil has been active in supporting the development of a drop-in group for people with mental health–substance use issues and developing a format to assess intoxication levels when people present to mental health services.

CHAPTER 11 Professor Stephen R Onyett

Director, Steve Onyett Consultancy Services
Senior Development Consultant, South West Development Centre
Visiting Professor, University of the West of England
Bristol, UK

Steve's work on leadership and team development and coaching has taken him from heading clinical psychology services into a variety of roles in both provider and commissioning organisations. He specialises in solution-focused approaches to development that build sustainable and enjoyable relationships and work from the best that people bring to any situation. Steve currently leads on leadership and

teamwork development for the South West Development Centre and runs his own successful consultancy (www.steveonyett.co.uk) offering solution-focused coaching, facilitation, research and training. Most of his work to date has been in health and social care, and he is an associate of Bristol Business School, visiting professor at the Faculty of Health and Life Sciences, University of the West of England and co-editor of the *International Journal of Leadership in Public Services*. He has published widely, including books on successful books on teamwork. Recent projects have included founding a leadership programme for social care leaders in the South West, a national survey of Home Treatment Teams and the Developing Effective Local Leadership for Social Inclusion initiative as part of the National Social Inclusion Programme.

CHAPTER 13 Professor Christopher CH Cook

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Chris trained at St George's Hospital Medical School, London, and has worked in the psychiatry of substance misuse for 25 years. He was ordained as an Anglican priest in 2001. He is Director of the Project for Spirituality, Theology and Health at Durham University and an editor (with Andrew Powell and Andrew Sims) of *Spirituality and Psychiatry* (Royal College of Psychiatrists Press; 2009).

CHAPTER 14 Lyn Matthews

Drug and Alcohol Worker
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Liverpool, UK

Lyn has worked in the drugs field for 23 years and has worked for the Armistead Centre for the past six years. Throughout this time Lyn has specialised in issues around diversity. Lyn has contributed chapters and articles to both national and international publications. Lyn was part of the original team that developed the Mersey Model of Harm Reduction in the mid 80s, and developed and worked on one of the first outreach projects in Britain with street sex workers.

Jon Hibberd

Hospice Community Nurse Specialist
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Jon qualified as a registered nurse in 1996. After a period of working as a Community Staff Nurse he went on to study for a BSc (Hons) degree in Community Healthcare Nursing. Jon then moved to North Devon where initially he worked as a Senior Staff

Nurse with the District Nursing Service. Jon then moved on to work at North Devon Hospice. For the first 18 months Jon undertook a Palliative Care Development Programme working both in the community as a Nurse Specialist, and in the day hospice. It was during this time Jon studied for the Diploma in Care of the Dying Patient. After this period Jon gained a full-time Community Nurse Specialist Post in Palliative Care position working in a large rural area within primary care. Recently, Jon moved to work at St Peter's Hospice, Bristol, as a Community Nurse Specialist.

CHAPTER 15 Dr Nicola Glover-Thomas

Reader in Law

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Nicola is a specialist in mental health law and more general medical law areas, particularly, pharmacy and pharmaceutical law. She has been engaged in research in these areas for the last 12 years and over more recent years has largely focused upon a socio-legal approach, often incorporating new empirical data. Her past work includes studies on the response of charities in housing the mentally vulnerable, and the use of off-label drugs in the care of children and young people with mental disorder. Currently, she is engaged in an empirical research project which examines the role of risk in mental health decision-making.

USEFUL CONTACTS Jo Cooper

Jo spent 16 years in specialist palliative care, initially working in a hospice in-patient unit, then 12 years as a Macmillan Clinical Nurse Specialist. She gained a Diploma in Oncology at Addenbrooke's Hospital, Cambridge, and a BSc (Hons) in Palliative Nursing at The Royal Marsden, London, and an Award in Specialist Practice. Jo edited *Stepping into Palliative Care* (2000) and the second edition, *Stepping into Palliative Care*, volumes 1 and 2 (2006), both published by Radcliffe Publishing. Jo has been involved in teaching for many years and her specialist subjects include management of complex pain and symptoms, terminal agitation, communication at the end of life, therapeutic relationships and breaking bad news.

Terminology

Whenever possible, the following terminology has been applied. However, in certain instances, when referencing a study and/or specific work(s), when an author has made a specific request, or for the purpose of additional clarity, it has been necessary to deviate from this applied ‘norm.’

MENTAL HEALTH–SUBSTANCE USE

Considerable thought has gone in to the use of terminology within these texts. Each country appears to have its own terms for the person experiencing mental health and substance use problems – terms that includes words such as dual diagnosis, coexisting; co-occurring, and so on. We talk about the same thing but use differing professional jargon. The decision was set at the outset to use one term that encompasses mental health *and* substance use problems: *mental health–substance use*. One scholar suggested that such a term implies that both can exist separately, while they can also be linked.¹

SUBSTANCE USE

Another challenge was how to term ‘substance use.’ There are a number of ways: abuse, misuse, dependence, addiction. The decision is that within these texts we use the term *substance use* to encompass all (unless specific need for clarity at a given point). It is imperative the professional recognises that while we may see another person’s ‘substance use’ as misuse or abuse, the individual experiencing it may not deem it to be anything other than ‘use.’ Throughout, we need to be aware that we are working alongside unique individuals. Therefore, we should be able to meet the individual where he/she is.

ALCOHOL, PRESCRIBED DRUGS, ILLICIT DRUGS, TOBACCO OR SUBSTANCES

Throughout this book *substance* includes alcohol, prescribed drugs, illicit drugs and tobacco, unless specific need for clarity at a given point.

PROBLEM(S), CONCERNS AND DILEMMAS OR DISORDERS

The terms *problem(s)*, *concerns and dilemmas* and *disorders* can be used interchangeably, as stated by the author’s preference. However, where possible, the term ‘problem(s)’ or ‘concerns and dilemmas’ had been adopted as the preferred choice.

INDIVIDUAL, PERSON, PEOPLE

There seems to be a need to label the individual – as a form of recognition! Sometimes the label becomes more than the person! ‘Alan is schizophrenic’ – thus it is Alan, rather than an illness that Alan lives with. We refer to patients, clients, service users, customers, consumers, and so on. Yet, we feel affronted when we are addressed as anything other than what we are – individuals! We need to be mindful that every person we see during our professional day is an individual – unique. Symptoms are in many ways similar (e.g. delusions, hallucinations), some need interventions and treatments are similar (e.g. specific drugs, psychotherapy techniques), but people are not. Alan may experience an illness labelled schizophrenia, and so may John, Beth and Mary, and you or I. However, each will have his/her own unique experiences – and life. None will be the same. To keep this constantly in the mind of the reader, throughout the book series we shall refer to the *individual*, *person* or *people* – just like us, but different to us by their uniqueness.

PROFESSIONAL

We are all professionals, whether students, nurses, doctors, social workers, researchers, clinicians, educationalists, managers, service developers, religious ministers – and so on. However, the level of expertise may vary from one professional to another. We are also individuals. There is a need to distinguish between the person with a mental health–substance use problem and the person interacting professionally (at whatever level) with that individual. To acknowledge and to differentiate between those who experience – in this context – and those who intervene, we have adopted the term *professional*. It is indicative that we have had, or are receiving, education and training related specifically to help us (the professionals) meet the needs of the individual. We may or may not have experienced mental health–substance use problems but we have some knowledge that may help the individual – an expertise to be shared. We have a specific knowledge that, hopefully, we wish to use to offer effective intervention and treatment to another human being. It is the need to make a clear differential, for the reader, that forces the use of ‘professional’ over ‘individual’ to describe our role – our input into another person’s life.

REFERENCE

- 1 Barker P. Personal communication; 2009.

Cautionary note

*Wisdom and compassion should become the dominating influence that guide our thoughts, our words, and our actions.*¹

Never presume that what you say is understood. It is essential to check understanding, and what is expected of the individual and/or family, with each person. Each person needs to know what he/she can expect from you, and other professionals involved in his/her care, at each meeting. Jargon is a professional language that excludes the individual and family. Never use it in conversation with the individual, unless requested to do so; it is easily misunderstood.

Remember, we all, as individuals, deal with life differently. It does not matter how many years we have spent studying human behaviour, listening and treating the individual and family. We may have spent many hours exploring with the individual his/her anxieties, fears, doubts, concerns and dilemmas, and the illness experience. Yet, we do not know what that person really feels, how he/she sees life and ill health. We may have lived similar lives, experienced the same illness but the individual will always be unique, each different from us, each independent of our thoughts, feelings, words, deeds and symptoms, each with an individual experience.

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A final heartfelt statement: any errors, omissions, inaccuracies or deficiencies within these pages are my sole responsibility.

Dedication

This book is dedicated to Phil and Sarah. Phil is one of a special group of professionals who embraces the drive to improve the quality of care offered to the person experiencing mental health–substance use problems. Sarah, his partner, and fellow nurse, is Phil's soul mate. Phil is also my son of whom I am justifiably very proud!