



## COMMON MENTAL HEALTH PROBLEMS BEST PRACTICE JOINT WORKING PROTOCOL

### 1. SERVICES INVOLVED

#### **Leeds Community Drug Partnership Community Drug Treatment Services (CDTS)**

Provides assessment, treatment and aftercare for adults who misuse drugs or drugs and alcohol.

#### **Leeds IAPT (Increasing Access to Psychological Therapies)**

Offer short-term evidence based psychological treatment for anyone over the age of 17. Treatments include a range of psycho-educational classes, computerised CBT with guidance and individual 1:1 therapies.

The service is for people with common mental health problems such as:

- Depression
- Anxiety and panic attacks
- Stress
- Difficulty coping with life events

#### **Leeds Addiction Unit (LAU)**

Provides assessment, treatment and aftercare for people with complex needs arising out of substance dependence and comorbid mental illness, personality disorder, physical illness, or pregnancy & parenting. The service provides pharmacotherapies and Social Behaviour and Network Therapy for all service users and specific Cognitive Behaviour Therapies and Dialectical Behaviour Therapy for people with mental illness.

#### **Addiction Dependency Solutions (ADS)**

Provides advice, information, structured interventions, referral into detox and rehab as well as aftercare for anyone aged 18 and above for whom alcohol is a problem or starting to become a problem.

#### **Multiple Choice (MC)**

Multiple Choice is a voluntary community based recovery service in Leeds City Centre. They provide a structured day programme offering individuals in Leeds support and advice in rebuilding their lives and overcoming their experiences with substance misuse. The service offers a range of groups where clients can achieve CERTA qualifications and participate in weekly therapeutic groups. Clients will work with a dedicated key worker, who will offer support to their client in working towards their goals. We are also commissioned to deliver assessments for access to residential rehabilitation on behalf of Adult Social Care.

## **2. TARGET GROUP**

Service users with combined substance misuse problems and psychological distress.

## **3. AIMS**

- To establish an effective stepped care treatment pathway for substance misuse service clients (CDTS, ADS, MC) with psychological distress.
- To establish an effective treatment pathway from PCMH IAPT into substance misuse services for clients who have substance misuse problems.

## **4. HOW IT WILL WORK**

The pathways set out below are “best practice” and “ideal”. If there is evidence that the identified pathway may not be useful, it is important that a substance misuse (SU) practitioner discusses the case with their DD lead practitioner/line manager or LAU link worker as soon as possible for further advice.

### **Pathway through substance misuse services (CDTS/ADS/MC):**

The stepped care approach should be implemented when working with substance misusers with psychological distress. Stepped care has two key features both are appropriate for psychological distress and substance misuse. Firstly, the recommended treatment should be the least intensive of those currently available, but still likely to provide significant health gain. More intensive treatments are reserved for patients who do no benefit from simpler first time treatments. Secondly, stepped care is self-correcting, in that results of treatment and decisions about treatment provision are monitored systematically, and changes are made (stepping up) if current treatments are not achieving significant health gain.

- SU practitioner completes initial TOP when commencing treatment. If the client achieves a TOP score 12 or lower for psychological health status (self reported likert scale) symptoms of psychological distress may be present (see appendix 1)
- The service will firstly focus on achieving abstinence from any problem drug and/or alcohol use. The practitioner will need to consider whether the mood disturbance is a consequence of the expected effects of the substance(s) the person is taking, withdrawal effects, and the lifestyle it encourages. Investigating any periods of abstinence will also be instructive. Medication used for therapeutic use should not preclude a client from being referred for psychosocial interventions.
- If a client appears to be experiencing high levels of psychological distress, above what may be considered “normal”, the SU practitioner should consult with the LAU link worker, who can support identification of signs/symptoms of a specific disorder which may trigger a referral for more specialist case formulation and treatment.

- Following stabilisation/detox if TOPS score is 12 or lower, PHQ9 and GAD7 will be completed (see appendices 2+3). Clinical judgement must be applied when interpreting the scores, taking into consideration all relating issues.
- For clients with mild-to-moderate symptoms of psychological distress (see appendices 2+3 for scores), Guided Self Help (GSH - see appendix 4) will be initiated by the substance misuse worker, alongside substance misuse interventions. For scores indicating more severe psychological distress, the SU practitioner should consult with the DD lead practitioner, their line manager and/or LAU link worker.)
- After three sessions of GSH, PHQ9 and GAD7 will be repeated –
  - If clinically significant depression and/or anxiety symptoms are no longer detected no further intervention is required and ongoing monitoring will resume via TOP score at care plan review.
  - *(CDTS clients only -*  
 ○ *If there is no reliable improvement or if there are signs of deterioration in mental health, CDTS clients may be referred to CDTS Structured Psychosocial Intervention (PSI) practitioner for a course of structured PSIs or may be signposted to another appropriate agency.)*
  - If TOP score for psychological health still indicate clinically significant symptoms of psychological distress, a full assessment of the client's healthcare needs is completed by the SU practitioner and they may seek consultation with the LAU link worker to decide next steps.
  - If clients fit the IAPT suitability criteria (see appendix 5), with minimal or no illicit substance misuse, a referral to IAPT would be appropriate. The client should have shown a willingness to engage meaningfully in the GSH work as an indicator of likely engagement in further psychological work.
  - Practitioners should discuss expectations of IAPT, e.g. attending regular sessions, engaging in treatment, completing homework tasks and skills practice
  - The most effective method of referral to IAPT is for the SU practitioner and client to contact the IAPT referral phone number together. This potentially enables telephone screening to take place immediately if available, or an initial appointment to be offered.
- The IAPT champion can work in an advisory capacity for substance misuse referrals into IAPT PCMH

- Leeds IAPT operate a duty system whereby a worker is available to advise on potential referrals. A worker is available Mon-Fri on either (0113) 8432363 or (0113) 8434431

#### **Pathway from PCMH to CDTS:**

- SDS is completed as part of the IAPT triage and screening tool.
- If substance misuse issues are identified and there are no additional complexities (e.g. pregnancy, physical health problems), the worker will discuss substance misuse treatment and make a telephone referral to CDTS/Harm Reduction (HR)/ADS if requested by the client, or provide the client with CDTS/HR/ADS details and encourage them to self refer.
- IAPT will continue to see the client if they meet the referral criteria of the service and work collaboratively with CDTS/HR/ADS to address the clients substance misuse and mental health. This will be indicated for clients with mild-to-moderate severity of dependence (SDS lower than 10), who are stable on substitute medication (if applicable) and who are currently registered with a local substance misuse service.

#### **Pathway from IAPT to LAU:**

- SDS is completed as part of the IAPT triage and screening tool.
- If substance misuse issues are identified and there are additional complexities (e.g. pregnancy, physical health problems), the worker will discuss substance misuse treatment and make a referral to LAU if requested by the client, or provide the client with LAU details and encourage them to self refer.
- LAU will provide an integrated service focusing on substance misuse, psychological distress and other presenting complexities.

## **5. CONFIDENTIALITY AND INFORMATION SHARING**

All services will gain informed consent from the client to share information with the referring service and other agencies in accordance with local confidentiality agreements and consent forms.

**Protocol Drafted:** September 2011

**Amended:** January 2012, June 2013, November 2014

**To be reviewed:** November 2015

## 6. APPENDICES

1. TOP Form
2. PHQ-9 (Depression screening tool)
3. GAD-7 (Anxiety screening tool)
4. Guided Self Help - SMART 5 Areas Model
5. IAPT Positive Practice Guide for Working with People who use Drugs and Alcohol
6. IAPT Substance Use Assessment Tool + Severity of Dependence Scale

(See attached ZIP file for copies of appendix documents)



CMH protocol -  
appendices 2014.zip