



**LEEDS DUAL
DIAGNOSIS PROJECT**

CARE PATHWAY EVALUATION

PREVALENCE, SCREENING + TRAINING

RICHARD BELL





LEEDS DUAL DIAGNOSIS

QUESTIONNAIRE 1 – SUMMARY

Prevalence, screening + training

- Service level perspective
- Completed primarily by service managers
- Snap shot of services at time of evaluation
- Practical significance = Inform capacity building + future DD strategy



LEEDS DUAL DIAGNOSIS

QUESTIONNAIRE 1 – PREVALENCE, SCREENING + TRAINING

Participation and Response Rate

Total No. of Questionnaires sent	59
Total No. of Responses	52

- 52 response = 88% response rate
- Positive response illustrating the value services place on improving services for people with DD
- Non- response = 2 x voluntary sector mental health services + 5 x statutory mental health sector services (LYPFT)
- LYPFT identified current transformation process + difficulties in effectively gathering the data required to complete the questionnaire +



LEEDS DUAL DIAGNOSIS

QUESTIONNAIRE 1 – PREVALENCE, SCREENING + TRAINING

Prevalence – Limitations

- Not clinical threshold = potential No's that may require support
- Unable to account for double counting i.e. people accessing 2 services at the same time
- Practical significance = Inform capacity building + future DD strategy
- Quality + complexity of service database limits accuracy of data



LEEDS DUAL DIAGNOSIS

Prevalence

Sector	Approx. No. currently accessing with coexisting MH + SU	Range of DD prevalence identified (low – high)
Alcohol + Drug	813	5 - 67 %
Criminal Justice	202	4 - 44 %
Homelessness	500	22 - 67 %
Statutory Sector Mental Health (LYPFT)	UTP	9 - 75 %
Voluntary Sector Mental Health + Mental Health Housing Support Services	591	3 - 78 %



LEEDS DUAL DIAGNOSIS

QUESTIONNAIRE 1 – PREVALENCE, SCREENING + TRAINING

Prevalence

- Prevalence rates consistent with previous studies undertaken in the UK
- High prevalence identified in CDTS, ADS, RAPS/DRR, AOT, ASPIRE + Homeless services
- CMHT's + ICS currently unable to provide information but likely to have significant numbers



LEEDS DUAL DIAGNOSIS

QUESTIONNAIRE 1 – PREVALENCE, SCREENING + TRAINING

Demographics

- **Gender** – approx. 70% male v 30% female
- Consistent across sectors

- **Age** - largest No. with DD in 35-64 age group (not proportionate categories!)
- Drug/alcohol services high No's in 35-64 age group
- Voluntary sector mental health and mental health housing high No's in 18-24 and 25-34 age groups = Aspire (180 or 57%)

- **Ethnicity**
- Poor quality data
- Partially or not completed



LEEDS DUAL DIAGNOSIS

QUESTIONNAIRE 1 – PREVALENCE, SCREENING + TRAINING

Screening

- **Agreed screening tools = AUDIT, ASSIST, Brief Mental Health Screening Tool, GAD7 and PHQ9**
- **Drug and Alcohol Services** – All routinely use + some inconsistency across the sector
- **Criminal Justice Services** – All routinely screen for mental health problems although not all currently use PHQ9 + GAD7.
- **Homeless Services** – 1 of 3 service sometimes use screening
- **Statutory Sector Mental Health Services** – The standard of practice across services in this sector was extremely varied from routine use to never.
- **Voluntary Sector Mental Health and Mental Health Housing Support** – Only 1 of the 24 using screening tools



LEEDS DUAL DIAGNOSIS

DD Training – Availability and approximate percentage of staff who have received training

- **Drug and Alcohol Services** – Wide range of training opportunities available, 75-100% completed basic training + 9 of 10 services indicated having 25 % or more practitioners trained to level 3 DD standard
- **Criminal Justice Services** – majority of practitioners completed training in all basic areas. 1 of 3 services had practitioners trained at level 3
- **Homeless Services** – Varied widely across services
- **Statutory Sector Mental Health Services** – Basic training available to the majority of practitioners. Specific dual diagnosis training is variable across services + only the minority have been trained to dual diagnosis level 2+3 standards
- **Voluntary Sector Mental Health and Mental Health Housing Support** – Majority of services indicate the availability of basic training in all areas, availability of specific DD training is extremely varied + only 3 of 24 services have practitioners trained to level 3 standard.



LEEDS DUAL DIAGNOSIS

RECOMMENDATIONS – PREVALENCE

- In future DD information should be easy to obtain from all client management systems
- Databases and client management systems need to be more integrated across all sectors + same wherever possible
- Consistency needs developing across 3rd sector agencies
- Services primarily working with substance use all services will use TOPS in the future = to be identified in commissioning.
- Completion of TOPS needs to be consistent citywide = Included in service monitoring and NDTMS reporting (80% min. completion)
- Introduction of SU pathway in LYPFT services will enable DD data to be readily available in the near future beyond care cluster 16 (dual diagnosis).
- Explore Aspire prevalence further = liaise with Aspire and regional colleagues to gain information from York and another core city to enable a comparison with Leeds.



LEEDS DUAL DIAGNOSIS

RECOMMENDATIONS

Demographics

- Liaise with LYPFT and Aspire to explore the potential for services to provide ethnicity breakdown.
- Liaise with young peoples and adult mental health and substance use services i.e. CAMHS, Platform, Aspire, LYPFT + LDCP to determine how these services are currently linked and facilitate any future development

Screening

- Introduction of the LYPFT SU pathway will promote routine screening
- Drug + alcohol = screening undertaken as identified in the Common Mental Health Problems Protocol + low level interventions to be delivered in house. To be reflected in re-commissioning
- Level 2 training will help improve the screening skills of practitioners from all sectors



LEEDS DUAL DIAGNOSIS

RECOMMENDATIONS

Training

- Clarify confusion around 3 different levels of DD training available
- Review current approach requiring all network partners/DD lead practitioners to be trained at level 3
- Commissioners will look at the competency based skills required by different services and include these in service requirements.

**COPIES OF THE CARE PATHWAY SUMMARY AND FULL REPORT
ARE AVAILABLE FROM THE DD WEBSITE**

<http://www.dual-diagnosis.org.uk/>



LEEDS DUAL DIAGNOSIS

Thank you for listening

Any Questions ?