National Overview Meeting on Addiction Services in Mental Health Services

Introduction

In 2011 as in other years, the Inspectorate was interested in looking at a range of mental health services on a national basis; the provision of services for substance misuse was one such service. Local health managers of mental health services nationally, as well as independent providers were invited to participate in a national overview meeting held in the offices of the Mental Health Commission and to give a short presentation on the services within their own area. Forty eight people working in the provision of services for substance misuse attended the meeting which was held on the 6 September 2011; some areas reported that there was no service for substance misuse within mental health services.

The following information was gathered from the presentations on the day and from written information provided to the Inspectorate. Issues which participants were asked to comment on were the range of services provided, staffing, funding, case load, unmet needs, dual diagnosis, links with community agencies and particular challenges.

St. Patrick's University Hospital, Dublin

St Patrick's University Hospital was a large, independent hospital situated in Dublin city. It ran an Addiction and Dual Diagnosis Service for out-patients, day patients and inpatients of the hospital and had a nationwide catchment area. The service provided two alcohol programmes and one dual diagnosis programme and was run by two teams with medical, social work and counselling staff. Funding was primarily by individual private health insurance. The caseload was predominantly patients with alcohol related problems (90%) with 10% non-alcohol problems. Referrals were commonly from general practitioners (GP) through a central referral line, and the average length of stay as an inpatient was between 30 – 34 days. There were, on average, three new referrals per week with 700 reviews and 1,000 follow-ups by the multidisciplinary (MDT) team annually. Unmet needs included a dual diagnosis programme for younger people and a polysubstance abuse programme. Participants of all programmes were encouraged to attend self-help programmes in their own area.

Waterford / Wexford

The Waterford /Wexford mental health services have recently been amalgamated and as such, provided different addiction services. The mental health service in **Waterford** has provided an addiction service for the past 15 years in the community and in Waterford Regional Hospital by a liaison nurse. The team was staffed by a consultant psychiatrist (wholetime equivalent (WTE) 0.5), one nurse and two counsellors. Most of the funding came through sources in the community care area and it was reported that it was difficult to get funding from the mental health services for an addiction service. The caseload was approximately 1,000 patients per year, 50% of whom have a dual diagnosis. There were good links with local self-help groups such as AA and Al Anon and family support. Deficits in the service included a lack of psychology and social work input and the absence of a user group.

The mental health service in **Wexford** had provided an addiction service since 1985 and was staffed by two substance misuse counsellors (managed by the Director of Nursing) and one consultant psychiatrist. The current caseload was 40 service users and comprised 50% alcohol related problems, 16% opiate users, and the remainder, polysubstance abusers. The Health Service (HSE) provided funding for the two nursing/counselling posts and for 3.5 treatment beds in a voluntary agency's treatment unit in Wexford. Unmet needs identified by the service included one counsellor for each county town, a substance misuse counsellor in the General Hospital and an outreach worker .The addiction service treated service users with dual diagnosis, where the nurses liaise with the sector team to ensure a full multidisciplinary approach.

Roscommon

The substance misuse service in Roscommon was based within a mental health service and covered the county of Roscommon, population 63,896. A variety of counselling approaches were provided to service users over the age of 18 years from two bases within the county. There were currently 1.5 WTE counselors in the service and referrals were received from GPs, psychiatrists and physicians. Where indicated, referrals could be made to members of the sector multidisciplinary teams for specific interventions. Funding for the two counsellors was from the mental health budget, but clinical supervision of the counsellors was by a supervisor from outside the HSE. The caseload in 2010 was 220 referrals with alcohol being the main drug of abuse; it was estimated that 66% of the caseload had a dual diagnosis. There were good links with many community agencies and self-help groups and with health professionals based in the

community. Unmet needs identified by the counsellors include a public residential programme, staffing and the ability to provide a menu of therapeutic options.

Donegal

The addiction service in Donegal was part of the North Western Alcohol Programme, a collaborative programme with services in Northern Ireland for the management and treatment of alcohol related problems. The Donegal Mental Health and Addiction Service was an integrated drug and alcohol service funded and delivered within the adult community mental health service. It was staffed by one clinical nurse manager (CNM3), seven whole time equivalent nursing posts and one youth addiction worker; it provided an integrated service for drug and alcohol misuse in a population of 138,422. Initial screening and assessment was followed by a variety of therapies in either a six-week day or relapse programme. A service was also provided as liaison to Letterkenny General Hospital, including in the approved centre. Staffing consisted of seven WTE nursing posts, one Youth Worker and one Early Intervention Worker; these posts were funded by a mix of mental health and the social inclusion budgets. In 2009, the caseload was 728 referrals and in 2010, there were 1,000 referrals. Almost 50% of referrals come from primary care, with the remainder from mental health and acute general hospital services. The service saw a deficit in the provision of care for those service users with dual diagnosis; standardized pathways of referral had not been established as yet. There were good links with a number of voluntary agencies in the area including the S. Vincent de Paul and AA and the service was involved in research and audit.

Dublin North West – Stanhope Street Alcohol treatment Service

This treatment centre served a population of 500,000 in the Dublin area and provided outpatient, residential, after care and relapse prevention services under the Social Inclusion brief; it also provided services for concerned persons and family therapy where indicated. The service was staffed by six WTE counsellors, 0.2 WTE psychiatrist, one clinical nurse specialist (CNS), clerical staff and two hostel supervisors; it was unclear from the information provided whether these staff members were funded from the mental health or social inclusion budget. The average number of referrals per month was 60 and the service accepted self-referrals and referrals from GPs, psychiatric services, social workers and the courts. Service users with a dual diagnosis were accepted and were incorporated into the general programmes; attendance by service users with a dual diagnosis was noted to be particularly good. The service identified more detoxification beds as a requirement, and current residential facilities were considered to be unsuitable; additional clerical staff was also required.

Dublin North Central – St. Vincent's Hospital, Fairview

The addiction service at St. Vincent's Hospital, Fairview was established in 1988 and was a nurse-led outpatient counselling service which had good links with, but was separate from the mental health sector teams. Service users with a variety of addiction problems including alcohol, prescribed drugs, illicit drug use and gambling were offered assessment and individual counseling. The service was staffed by 3.5 WTE clinical nurse specialists with some clerical support and was funded through the mental health budget with the exception of 1.5 WTE posts, which were funded separately by the HSE. Eighty two per cent of attendees in 2009 had a dual diagnosis and the addiction service had good links with the mental health teams in the community. There were also good links with GPs and local voluntary agencies. Some of the challenges identified by the service included delays in replacing staff, 'ownership' of the service and provision of a service to people with dual diagnosis and intellectual disabilities.

Sligo, Leitrim, South Donegal and West Cavan

The addiction service provided counseling for alcohol and other substance misuse to the full population in its catchment area, including those less than 18 years of age. Assessment and individual counseling was provided, as well as a 6-week relapse prevention programme and a parental support group. In the acute hospital, counsellors provided a screening service for inpatients and residents in the approved centre. There were seven addiction counsellors in the service, including one counsellor specifically for children under the age of 18 years; funding for the counsellors was from the mental health budget. The current caseload was between 15-35 active cases. The number of referrals had increased from 500 in 2009 to 550 in 2010, of whom 50% had a dual diagnosis and who were already in contact with the mental health services. The remainder of referrals came from primary care. The service had identified a need for a residential detoxification service and clarity in respect of governance for addiction service not under the clinical management of a consultant psychiatrist.

Carlow, Kilkenny, South Tipperary

This region had a population of 210,000 and was served by six addiction counsellors, all of whom were members of a community mental health team. The counsellors were localised to Carlow (1), Kilkenny (3) and South Tipperary (2). A range of interventions were offered including CBT, motivational interviewing and brief intervention and the counsellors also provided a liaison service to inpatients in St. Luke's Hospital, Kilkenny and to in-patients in St. Michael's Unit, Clonmel. The service was funded through the

mental health budget and all referrals came through the CMHT and had a diagnosis of mental illness in addition to the problem of substance misuse. Current caseloads varied from area to area, with 22 cases in Carlow, 100 in Kilkenny and 80-90 in South Tipperary in 2011. There were other addiction workers in the community which were not part of the mental health service. Needs identified by the service were a regional consultant psychiatrist for managing patients with a dual diagnosis, the restriction on replacing staff when they retire and a need for an audit.

Cavan, Monaghan

The addiction service in the Cavan/Monaghan mental health services was provided by two liaison nurses in Cavan General Hospital, both of whom were nurse prescribers. This service had been provided since 2006. Other addiction services in the area were provided by counsellors in an outreach team as part of the Social Inclusion structure. There were approximately 340 referrals annually, mainly with alcohol related problems to the liaison addiction nurses, 30% were self-referrals and 20% of service users had a dual diagnosis. Services provided included brief intervention and referral to community services. There were good links with local voluntary agencies. The service identified the moratorium on staff recruitment and the absence of funding for 16-18 year olds as a gap in services.

Longford / Westmeath

The addiction service in Longford /Westmeath was provided by a mix of mental health specialists and counsellors from the social inclusion remit. Services provided by the mental health specialists included a methadone clinic in Athlone and individual counseling. There services were staffed by were one consultant psychiatrist, one non consultant hospital doctor (NCHD) and seven addiction counsellors: six counsellors were funded through the Community Alcohol and Drug Services and one counsellor was funded through Primary Care. All addiction counsellors were line managed by the Director of Nursing of the Approved Centre. The consultant psychiatrist and the NCHD were employed through the mental Health Services, but funded through the Community Alcohol and Drug Services. The addiction service run by the mental health service was based in Mullingar with satellite clinics in Athlone and Longford where psychiatric out-patient clinics were held weekly. In 2010, there were 862 referrals, resulting in 7,000 sessions of counseling. In addition, there were 45 in-patient admissions for alcohol and drug misuse to the approved centre in Mullingar, 30% of whom had a dual diagnosis. The average caseload for the service was 290 per month. Issues which concerned the service were governance issues as the service straddled both mental health and social inclusion programmes.

Laois/ Offaly

The Laois /Offaly area served a population of 138,000 people and had five counsellors providing a service to three community mental health teams (CMHTs) and one psychiatry of later life team. Counsellors did not work exclusively with referrals from the mental health teams but provided sessions at out- patient clinics, day hospitals and in some day centres. In addition, there were liaison nurses in the Midland Regional Hospitals at Tullamore and in Port Laois who took referrals relating to addiction problems. The service had 546 referrals in 2010, 68% of them from the mental health services, primarily for alcohol related problems; other referrals came from GPs, the Probation service, the opiate clinic and self-referrals. Unmet needs identified by the service were a lack of funding for residential places and a limited service and unclear pathways for treatment of adolescents. Particular challenges for the service included governance issues in view of the variety of referral sources outside of mental health services and the focus nationally on provision of services for drug related problems.

Galway

The population of the Galway catchment area was 250,000 and was divided between East and West Galway; there was a large student population in Galway city. The **East Galway** region had nine addiction counsellors based in the four mental health sector areas. The counsellors accepted referrals from GPs and community mental health teams and 40% of their workload was with people with dual diagnosis. In these cases, the counsellors liaised closely with the CMHTs and supervision for these cases was through the CMHT. In other cases, clinical supervision was through personal supervision. People with complex dual diagnosis who required residential care were admitted to the approved centre in Ballinasloe. Funding for the service was from the mental health budget.

In **Galway West**, there were three addiction counsellors linked to CMHTs. Counsellors ran a group treatment programme in Galway city. Referrals were made from GPs or were self-referrals. A small number of people were admitted to the approved centre in Galway University Hospital for addiction problems. Funding for the service was from the mental health budget. Whilst the counsellors in East Galway had good links with the Regional Drugs Task Force, there was little shared work in West Galway between counsellors and the Regional Drugs Task Force.

The service identified a need for clarity in relation to governance of managing addiction problems.

Drug Treatment Centre Board

The presentation from the Drug Treatment Centre Board (DTCB) encompassed information from Dublin North East, Dublin Central, Dublin West, Dublin South West and Dublin Mid Leinster. The DTCB provided services only to those with illicit drug misuse; the service does not treat people with alcohol misuse. The range of treatments provided by staff in the DTCB was extensive and included comprehensive psychiatric assessment, substitution, regular testing of blood and urine samples, care planning, psychosocial interventions and family support. Care planning had been assisted in recent years by the introduction of the Electronic Patient System, in which a standardised care plan was available electronically for all those involved in the care of a service user. In addition to the service provided at clinics throughout Dublin, a liaison service for substance misuse was also provided at Beaumont Hospital, St. James's Hospital, Mater Misericordiae Hospital and in the Dublin prisons. There were three residential units for the treatment of substance misuse with 28 – 31 beds. It was reported that there was a long waiting list for admission to stabilisation beds in the system.

There were seven consultant psychiatrists in the service, two of whom were involved in the Adolescent service; each consultant led a multidisciplinary team. The total number of service users treated in Dublin in drug treatment clinics in July 2011 was 4,848; this figure included those on methadone or buprenorphine substitution treatment, many of whom were treated by GPs involved in the community.

The most recent audit on the prevalence of dual diagnosis was in 2006 when it was found that 43% of service users had a dual diagnosis; dual diagnosis was a common factor in treatment.

The service at the DTCB was funded through the HSE by means of the social inclusion budget.

Unmet needs identified by the service included an absence of a community addiction psychiatry team, difficulties where patients with addiction problems were admitted to mental health services and sometimes unsatisfactory interagency working with eth mental health services.

Child and Adolescent Addiction Service

Two consultants employed in the DTCB worked exclusively with adolescents with drug addiction problems. In contrast to Child and Adolescent Mental Health Services (CAMHS), the adolescent addiction service accepts adolescents up to the age of 19 years. A service was also provided to residents at St. Patrick's Institution. The service

adopted a multidisciplinary approach and assessments were carried out by both clinicians and non-clinicians; interventions were mostly one to one counseling but staff were only able to provide limited family interventions. The most common source of referral was from social workers. There were two teams dealing with adolescents, with one consultant psychiatrist, one counsellor, one 0.5 WTE CNS and a part-time psychologist. The teams engaged in multiagency working, liaising with CAMHS teams, schools and social workers. In 2010, there were 136 referrals with a mix of opiate user and more recently, increasing benzodiazepine abuse; between 15 -20 inmates in St. Patrick's Institution had an opiate problem. The service identified a lack of an adolescent service for those outside Dublin, access to beds, lack of expertise in residential units and better use of referral pathways as unmet needs.

St. John of God Hospital, Dublin

There was one addiction team in the St. John of God service which offered programmes in alcohol and substance misuse / gambling and had a nationwide catchment area. Programmes were provided as residential (24 inpatient beds) and aftercare programmes, with a strong family support programme. Interventions offered included CBT, relapse prevention and a two year aftercare programme. The team at St. John of God Hospital had one consultant psychiatrist, two NCHDs (shared), three WTE CNS in addiction, one psychologist for participants in aftercare, 0.3 WTE psychologist, 0.3 WTE occupational therapist for residents and 2.5 WTE social workers. In 2009, there was a total of 9,635 bed days occupied for all addiction problems, 66% of which was for people with an alcohol problem. As the service was based in a psychiatric hospital, dual diagnosis was not uncommon. Funding was primarily through individual private health insurance. Needs identified were more work on harm reduction and difficulties with follow-up in view of the wide geographical spread of participants in the programmes.

Other Areas

Some areas, Kerry and Cork reported they had no addiction service within mental health services.

Summary

It was clear from the information provided that there was no standardised approach to services and the work carried out by counsellors often extended outside the remit of mental health services. Almost all counsellors accepted referrals from general practitioners, whether or not the service users attended mental health services; in many cases, self-referrals were also accepted.

It was also clear that there was considerable uncertainty amongst people working in the area whether funding was from the mental health budget or elsewhere and in some cases it was from a combination of both. The use of resources of the mental health budget to provide services for the treatment of substance misuse would appear to be contrary to the recommendation in *A Vision for Change*, (Rec. 15.3.1) which states that "mental health services are responsible for providing a mental health service only to those individuals who have co-morbid substance abuse and mental health problems" and that "the major responsibility for care of people with addiction lies outside the mental health system" [1].

Whilst accepting that services were asked to give only an estimate of the prevalence of service users with dual diagnosis, most services had quite similar rates which ranged from 30% to 66% (one service reported a rate of 88%). These figures are equivalent with rates cited in the literature of between 30% and 50%[2].

In relation to unmet needs and challenges to providing a substance misuse service, most services cited a lack of clarity on governance and access to designated beds as issues to be resolved. Whilst in some cases substance misuse counsellors were embedded in the Community Mental Health Teams, in many cases they were not, and their caseload consisted of both service users of mental health teams and those without such connections. In these situations, it is not difficult to see where practitioners themselves might be unclear in relation to governance.

[1] page 146, A Vision for Change, 2006

[2] Mueser,K.T., Yarnold, P.R., Levinson, D.F., et al 91990). Prevalence of substance abuse in schizophrenia: demographic and clinical correlates. Schizophrenia Bulletin, 16, 31-56 ; Osher, F.,& Drake, R.E. (1996) Reversing a history of needs: approaches to care for persons with co-occurring addictive and mental disorders. American Journal of Orthopsychiatry, 66, 4 -11.

Recommendations

1. Local services should establish clear guidelines on governance for those working in the provision of service for people with substance misuse.
2. The policy set out in *A Vision for Change* in relation to the responsibilities for treatment of people with addiction should be followed.

Disclaimer: This report was prepared on the basis of information provided at the 2011 Inspectorate National Overview Meeting and forwarded to the Inspectorate subsequently.