

# Psychosis with coexisting substance misuse

## Clinical case scenarios for primary, secondary and third sector services

Implementing NICE guidance

March 2011

NICE clinical guideline 120



These clinical case scenarios accompany the clinical guideline: 'Psychosis with coexisting substance misuse: assessment and management in adults and young people' (available online at [www.nice.org.uk/guidance/CG120](http://www.nice.org.uk/guidance/CG120)).

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## **Introduction**

The term psychosis is used to describe a group of severe mental health disorders. The main forms are schizophrenia, bipolar disorder or other affective psychosis.

Substance misuse is a broad term encompassing, in NICE clinical guideline CG120, the harmful use of any psychotropic substance. Such use is usually, but not always, regarded as a problem if there is evidence of dependence, characterised by psychological reinforcement of repeated substance-taking behaviour and, in some cases, a withdrawal syndrome. However, substance misuse can be harmful without dependence, especially among people with a coexisting psychosis.

Substance misuse among individuals with psychiatric disorders is associated with significantly poorer outcomes than for individuals with a single disorder. These outcomes include worsening psychiatric symptoms, poorer physical health, increased use of institutional services, poor medication adherence, homelessness, increased risk of HIV infection, greater dropout from services and higher overall treatment costs

## **Clinical case scenarios**

### ***Case scenario 1***

#### **Tom**

Tom has a diagnosis of schizo-affective disorder. He has a care coordinator in the local community mental health team (CMHT). He uses alcohol and cannabis most days and claims that these do not cause him any difficulties. He does not want to be referred to drug and alcohol services.

Tom has recently become friendly with Joe, another service user who has a significant drug (crack and cannabis) and alcohol problem. A further service user, who lives in the same block, has reported that Joe spends a lot of time at

Tom's flat and sometimes takes other friends there too. This service user adds that Joe is taking money from Tom to buy his own drink and drugs, and that when he is drunk he becomes angry and aggressive and has hit Tom.

**1.1 Question:**

How should you approach treating and developing a care plan for Tom?

### **1.1 Answer:**

- Treatment for Tom's mental health disorder, alcohol and cannabis problems should all be provided within the community mental health team<sup>1</sup>.
- Ensure that time is taken to communicate and engage with Tom right from the start of his assessment, treatment and development of a care plan. A flexible, non-judgemental and motivational approach should be used to ensure a trusting relationship is formed<sup>2</sup>.
- As part of the care plan, Tom's care coordinator should offer written and verbal information and advice about the nature and treatment of both his psychosis and his substance misuse, and about the risks of alcohol and cannabis on his mental health. This information should be provided in a format Tom will understand<sup>3, 4</sup>.
- Tom's care coordinator should ensure they are competent to work with Tom's psychosis and substance misuse issues and possibly seek out supervision for their work around his substance misuse from a specialist in substance misuse problems<sup>5</sup>.
- Consideration should be given to initiating Safeguarding procedures given Tom's vulnerability<sup>6</sup>.
- An annual review of Tom's physical health will be carried out paying particular attention to the effects of his alcohol and cannabis use on his health<sup>7</sup>.

<sup>1</sup>For most adults with psychosis and coexisting substance misuse, treatment for both conditions should be provided by healthcare professionals in secondary care mental health services such as community-based mental health teams.

**[1.4.5]**

<sup>2</sup>When working with adults and young people with known or suspected psychosis and coexisting substance misuse, take time to engage the person from the start, and build a respectful, trusting, non-judgemental relationship in an atmosphere of hope and optimism. Be direct in your communications, use a flexible and motivational approach, and take into account that:

- stigma and discrimination are associated with both psychosis and substance misuse
- some people will try to conceal either one or both of their conditions

many people with psychosis and coexisting substance misuse fear being detained or imprisoned, being given psychiatric medication forcibly or having their children taken into care. and some fear that they may be 'mad'. **[1.1.11]**

<sup>3</sup> All healthcare professionals in primary, secondary or specialist substance misuse services working with adults and young people with psychosis should offer information and advice about the risks associated with substance misuse and the negative impact that it can have on the experience and management of psychosis **[1.1.6]**

<sup>4</sup> Offer written and verbal information to adults and young people appropriate to their level of understanding about the nature and treatment of both their psychosis and substance misuse. Written information should:

- include the 'Understanding NICE guidance' booklet, which contains a list of organisations that can provide more information
- be available in the appropriate language or, for those who cannot use written text, in an alternative format (audio or video). **[1.1.5]**

<sup>5</sup> Working with people with psychosis and coexisting substance misuse can be challenging and healthcare professionals should seek effective support – for example, through professional supervision or staff support groups. **[1.1.15]**

<sup>6</sup> Consider adults with psychosis and coexisting substance misuse for assessment according to local safeguarding procedures for vulnerable adults if there are concerns regarding exploitation or self-care, or if they have been in contact with the criminal justice system. **[1.1.20]**

<sup>7</sup> Monitor the physical health of adults and young people with psychosis and coexisting substance misuse, as described in the guideline on schizophrenia (NICE clinical guideline 82). Pay particular attention to the impact of alcohol and drugs (prescribed and non-prescribed) on physical health. Monitoring should be conducted at least once a year or more frequently if the person has a significant physical illness or there is a risk of physical illness because of substance misuse. **[1.3.3]**

## **Case scenario 2**

### **Cassandra**

Cassandra has a diagnosis of schizophrenia. She also misuses cannabis, and sometimes alcohol, on a regular basis. Her care is managed by her local community mental health team. She has a care coordinator. Cassandra recently started taking heroin and says she is using it most days. She thinks she needs a methadone prescription.

#### **2.1 Question:**

What should be considered when assessing and modifying Cassandra's care plan?

## **2.1 Answer:**

- The mental health team should find out more detail about her substance use including: which substances she is taking, the quantity, frequency and pattern of use, route(s) of administration and duration of current use. They should also conduct an assessment of dependency<sup>8</sup>.
- Her risk assessment should be reviewed taking account of the risks associated with her substance misuse and the impact that use may have on other risks<sup>9</sup>. Cassandra may be at risk of accidental overdose, the substances she is taking may interact with her prescribed medication, if she is injecting she may be at risk of contracting blood-borne viruses and developing local and systemic infections. She may be at risk of accidents if she becomes overly sedated, particularly if she is combining alcohol with opioids. This would also increase the risk of accidental overdose.
- The local substance misuse service should be contacted for advice and to discuss the possibility of joint working<sup>10</sup>. It is likely that they will require the information obtained in the assessment above as part of a local protocol to negotiate shared care<sup>11</sup>.
- Ensure that the local substance misuse service does not exclude Cassandra because she has a diagnosis of psychosis<sup>12</sup>.
- Conduct a comprehensive substance misuse assessment and, if appropriate, initiate substitute prescribing (in line with NICE Drug misuse: opioid detoxification or NICE technology appraisal TA114)<sup>13</sup>. Risk assessment would again need to be reviewed and risk management plan updated<sup>9</sup>.
- A joint care plan (community mental health team, substance misuse service, Cassandra and Cassandra's family or carer<sup>14</sup>) should be devised making clear the responsibility of each person or agency in line with local protocols<sup>11</sup>. The care plan should take into account the complex and individual relationships between substance misuse, psychotic symptoms, emotional state, behaviour and Cassandra's social context<sup>15</sup>.
- Cassandra's family should be offered information about local groups that support the families of people with drug problems<sup>16</sup>.

- The community mental health team should invite a member of staff from the local substance misuse service to provide some training on treatment of heroin problems so that they can better understand the treatment that Cassandra will receive and support her in achieving her goals<sup>17, 18</sup>.

<sup>8</sup> Healthcare professionals in all settings, including primary care, secondary care mental health services, CAMHS and accident and emergency departments, and those in prisons and criminal justice mental health liaison schemes, should routinely ask adults and young people with known or suspected psychosis about their use of alcohol and/or prescribed and non-prescribed (including illicit) drugs. If the person has used substances ask them about all of the following:

- particular substance(s) used
- quantity, frequency and pattern of use
- route of administration
- duration of current level of use.

In addition, conduct an assessment of dependency (see 'Drug misuse: opioid detoxification' [NICE clinical guideline 52] and 'Alcohol use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence' [NICE clinical guideline 115]) and also seek corroborative evidence from families, carers or significant others, where this is possible and permission is given. **[1.2.1]**

<sup>9</sup> When assessing adults and young people with psychosis and coexisting substance misuse, be aware that low levels of substance use that would not usually be considered harmful or problematic in people without psychosis, can have a significant impact on the mental health of people with psychosis. **[1.4.13]**

<sup>10</sup> Consider seeking specialist advice and initiating joint working arrangements with specialist substance misuse services for adults and young people with psychosis being treated by community mental health teams, and known to be:

severely dependent on alcohol **or**  
dependent on both alcohol and benzodiazepines **or**  
dependent on opioids and/or cocaine or crack cocaine.

Adult community mental health services or CAMHS should continue to provide care coordination and treatment for the psychosis within joint working arrangements. **[1.4.6]**

<sup>11</sup> Specialist substance misuse services should work closely with secondary care mental health services to develop local protocols derived from this guideline for adults and young people with psychosis and coexisting substance misuse. The agreed local protocols should set out responsibilities and processes for assessment, referral, treatment and shared care across the whole care pathway. **[1.5.5]**

<sup>12</sup> Do not exclude adults and young people with psychosis and coexisting substance misuse from age-appropriate substance misuse services because of a diagnosis of psychosis. **[1.4.4]**

<sup>13</sup> For the treatment of psychosis, see 'Bipolar disorder: the management of bipolar disorder in adults, children and adolescents, in primary and secondary care' (NICE clinical guideline 38) or the guideline on schizophrenia (NICE clinical guideline 82). **[1.4.19]**

<sup>14</sup> Encourage families, carers or significant others to be involved in the treatment of adults and young people with psychosis and coexisting substance misuse to help support treatment and care and promote recovery. **[1.1.7]**

## **2.1 Answer: continued**

<sup>15</sup> When developing a treatment plan for a person with psychosis and coexisting substance misuse, tailor the plan and the sequencing of treatments to the person and take account of:

- the relative severity of both the psychosis and the substance misuse at different times **and**
- the person's social and treatment context **and**
- the person's readiness for change. **[1.4.21]**

<sup>16</sup> Offer information to families, carers or significant others about local family or carer support groups and voluntary organisations, including those for psychosis and for substance misuse, and help families, carers or significant others to access these. **[1.1.12]**

<sup>17</sup> Healthcare professionals working within secondary care mental health services with adults and young people with psychosis and coexisting substance misuse should consider having supervision, advice, consultation and/or training from specialists in substance misuse services. This is to aid in the development and implementation of treatment plans for substance misuse within CAMHS or adult community mental health services. **[1.4.2]**

<sup>18</sup> Specialist substance misuse services should provide advice, consultation, and training for healthcare professionals in adult mental health services and CAMHS regarding the assessment and treatment of substance misuse, and of substance misuse with coexisting psychosis. **[1.5.4]**

Healthcare professionals working within secondary care mental health services should ensure they are competent in the recognition, treatment and care of adults and young people with psychosis and coexisting substance misuse. **[1.4.1]**

**2.2 Question:**

Cassandra has an 8-year-old daughter who lives with her. What concerns might there be and what action should be taken?

## **2.2 Answer:**

Assess needs according to local safeguarding procedures<sup>19</sup>. It may be necessary to develop a child protection plan<sup>20</sup>.

<sup>19</sup> If people with psychosis and coexisting substance misuse are parents or carers of children or young people, ensure that the child's or young person's needs are assessed according to local safeguarding procedures. **[1.1.16]**

<sup>20</sup> If serious concerns are identified, health or social care professionals working with the child or young person (see recommendation 1.1.17) should develop a child protection plan. **[1.1.18]**

## **2.3 Question:**

Following a relapse in her mental health, Cassandra is admitted to an acute psychiatric ward. How should her care be coordinated?

### **2.3 Answer:**

- The substance misuse team should provide advice to the inpatient team regarding Cassandra's ongoing drug treatment during her admission<sup>21</sup>.
- The worker(s) from the substance misuse team should attend ward reviews so that they are able to contribute to the review of her care plan, and be involved in planning future care<sup>22</sup>.
- During her inpatient admission, Cassandra completes a detoxification from opioids. When she is discharged she is advised of the risk of overdose if she resumes use<sup>23</sup>.
- The inpatient mental health service should ensure it has policies and procedures in place promoting a therapeutic environment free from drugs and alcohol<sup>24</sup>.

<sup>21</sup> Specialist substance misuse services should provide advice, consultation, and training for healthcare professionals in adult mental health services and CAMHS regarding the assessment and treatment of substance misuse, and of substance misuse with coexisting psychosis **[1.5.4]**

<sup>22</sup> Healthcare professionals in substance misuse services should be present at Care Programme Approach meetings for adults and young people with psychosis and coexisting substance misuse within their service who are also receiving treatment and support in other health services. **[1.5.3]**

<sup>23</sup> When adults and young people with psychosis and coexisting substance misuse are discharged from an inpatient mental health service, ensure that they have:

- an identified care coordinator **and**
- a care plan that includes a consideration of needs associated with both their psychosis and their substance misuse **and**

been informed of the risks of overdose if they start reusing substances, especially opioids, that have been reduced or discontinued during the inpatient stay. **[1.6.6]**

<sup>24</sup> All inpatient mental health services should ensure that they have policies and procedures for promoting a therapeutic environment free from drugs and alcohol that have been developed together with service users and their families, carers or significant others. These should include: search procedures, visiting arrangements, planning and reviewing leave, drug and alcohol testing, disposal of legal and illicit substances, and other security measures. Soon after admission, provide all service users, and their families, carers or significant others, with information about the policies and procedures. **[1.6.1]**

### **Case scenario 3**

#### **Jade**

Jade has been attending the substance misuse service for several years. For the past six months, she has been on a reducing dose of methadone and has now completed detoxification. However, she continues to use other substances including alcohol, crack cocaine and cannabis. Her use of these substances has escalated since she completed detoxification, which coincided with the death of her partner through an accidental heroin overdose. Although it is not uncommon for her to experience feelings of suspiciousness and think that other people are talking about her, over the past few weeks the frequency and intensity of these feelings has increased. Jade has started to think that her neighbours have bugged her flat and says that she has been receiving messages from the television. The mental health lead in the service has seen Jade to assess her mental health and risks and has identified that she has signs of psychosis<sup>25</sup>.

<sup>25</sup>Healthcare professionals in substance misuse services should be competent to:

- recognise the signs and symptoms of psychosis
- undertake a mental health needs and risk assessment sufficient to know how and when to refer to secondary care mental health services. **[1.5.11]**

#### **3.1 Question:**

What should the mental health lead do next with case scenario 3?

### 3.1 Answer

- Jade should be referred to the secondary mental health service for further assessment and management as she may have a coexisting psychotic disorder<sup>26</sup>.
- The mental health service should accept Jade for further assessment and not exclude her because of her substance misuse<sup>27</sup>.
- The assessment may need to take place over several meetings to gain a full understanding of Jade and the range of problems she may be experiencing and to promote engagement<sup>28</sup>. She may fear being detained, being given psychiatric medication forcibly or that she is 'mad'<sup>2</sup>.
- The assessment should be comprehensive, multidisciplinary and include: personal history; mental, physical and sexual health; social, family and economic situation; accommodation; current and past substance misuse and its impact on life; criminal justice history and current status; personal strengths and weaknesses, and readiness to change substance misuse and other aspects of her life<sup>28</sup>. There may be scope within local protocols to share assessment information<sup>11</sup>.

<sup>26</sup> Refer all adults and young people with substance misuse or suspected substance misuse who are suspected of having coexisting psychosis to secondary care mental health services or CAMHS for assessment and further management. **[1.3.2]**

<sup>27</sup> Do not exclude adults and young people with psychosis and coexisting substance misuse from age-appropriate mental healthcare because of their substance misuse. **[1.4.3]**

<sup>11</sup> Specialist substance misuse services should work closely with secondary care mental health services to develop local protocols derived from this guideline for adults and young people with psychosis and coexisting substance misuse. The agreed local protocols should set out responsibilities and processes for assessment, referral, treatment and shared care across the whole care pathway. **[1.5.5]**

<sup>28</sup> Adults and young people with psychosis and coexisting substance misuse attending secondary care mental health services should be offered a comprehensive, multidisciplinary assessment, including assessment of **all** of the following:

- personal history
- mental, physical and sexual health
- social, family and economic situation
- accommodation, including history of homelessness and stability of current living arrangements
- current and past substance misuse and its impact upon their life, health and response to treatment
- criminal justice history and current status
- personal strengths and weaknesses and readiness to change their substance use and other aspects of their lives.

The assessment may need to take place over several meetings to gain a full understanding of the person and the range of problems they experience, and to promote engagement. **[1.4.10]**

<sup>2</sup>When working with adults and young people with known or suspected psychosis and coexisting substance misuse, take time to engage the person from the start, and build a respectful, trusting, non-judgemental relationship in an atmosphere of hope and optimism. Be direct in your communications, use a flexible and motivational approach, and take into account that:

- stigma and discrimination are associated with both psychosis and substance misuse
- some people will try to conceal either one or both of their conditions

many people with psychosis and coexisting substance misuse fear being detained or imprisoned, being given psychiatric medication forcibly or having their children taken into care, and some fear that they may be 'mad'. **[1.1.1]**

## **Case scenario 4**

### **Carlos**

Carlos has been admitted to an acute psychiatric ward having been taken to the accident and emergency department by a friend. He has been increasingly agitated and disinhibited over recent days, appears to be talking to himself and claims to be the messiah. It also appears that he has been drinking heavily.

#### **4.1 Question**

What steps should be taken to develop Carlos's care plan?

#### 4.1 Answer

- On admission, or as soon after as possible, initial assessment should include questions about substance use (alcohol, illicit and non-prescribed substances); which substances are being used; the quantity, frequency and pattern of use; route(s) of administration; duration of current level of use. Evidence of withdrawal symptoms should also be sought<sup>8, 29</sup>. This is because recent alcohol or drug use may produce life-threatening risks (for example, withdrawal seizures, delirium tremens, interaction between prescribed medication and substance taken).
- Biological or physical tests may be considered as part of the assessment process (for example, urine drug screen, liver function tests). Consent should be obtained and the person informed of the results<sup>30</sup>.
- With Carlos' permission, contact will be made with his family to seek corroborative information<sup>31</sup>.
- Over the following days or weeks a comprehensive, multidisciplinary assessment should be completed, to include: personal history; mental, physical and sexual health; social, family and economic situation; accommodation; current and past substance misuse and its impact on life; criminal justice history and current status; personal strengths and weaknesses, and readiness to change substance misuse and other aspects of his life. The assessment may need to take place over several meetings to gain a full understanding of Carlos and the range of problems he may experience and to promote engagement<sup>28</sup>.

<sup>29</sup> When carrying out a comprehensive assessment for all adults and young people admitted to inpatient mental health services, ensure that they are assessed for current substance misuse and evidence of withdrawal symptoms at the point of admission. **[1.6.2]**

<sup>30</sup> Biological or physical tests for substance use (such as blood and urine tests or hair analysis) may be useful in the assessment, treatment and management of substance misuse for adults and young people with psychosis. However, this should be agreed with the person first as part of their care plan. Do not use biological or physical tests in routine screening for substance misuse in adults and young people with psychosis. **[1.4.15]**

<sup>31</sup> Healthcare professionals in all settings, including primary care, secondary care mental health services, CAMHS and accident and emergency departments, and those in prisons and criminal justice mental health liaison schemes, should routinely assess adults and young people with known or suspected substance misuse for possible psychosis. Seek corroborative evidence from families, carers or significant others, where this is possible and permission is given. **[1.2.2]**

<sup>8</sup> Healthcare professionals in all settings, including primary care, secondary care mental health services, CAMHS and accident and emergency departments, and those in prisons and criminal justice mental health liaison schemes, should routinely ask adults and young people with known or suspected psychosis about their use of alcohol and/or prescribed and non-prescribed (including illicit) drugs. If the person has used substances ask them about all of the following:

- particular substance(s) used
- quantity, frequency and pattern of use
- route of administration
- duration of current level of use.

In addition, conduct an assessment of dependency (see 'Drug misuse: opioid detoxification' [NICE clinical guideline 52] and 'Alcohol use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence' [NICE clinical guideline 115]) and also seek corroborative evidence from families, carers or significant others, where this is possible and permission is given. **[1.2.1]**

<sup>28</sup> Adults and young people with psychosis and coexisting substance misuse attending secondary care mental health services should be offered a comprehensive, multidisciplinary assessment, including assessment of **all** of the following:

- personal history
- mental, physical and sexual health
- social, family and economic situation
- accommodation, including history of homelessness and stability of current living arrangements
- current and past substance misuse and its impact upon their life, health and response to treatment
- criminal justice history and current status
- personal strengths and weaknesses and readiness to change their substance use and other aspects of their lives.

The assessment may need to take place over several meetings to gain a full understanding of the person and the range of problems they experience, and to promote engagement. **[1.4.10]**

#### **4.2 Question**

Carlos is given a diagnosis of bipolar disorder and alcohol dependence. What are the next steps and what input might the team provide for Carlos' and his family or carers?

## 4.2 Answer

- Carlos should be offered information about the nature and treatment of both conditions (including the provision of understanding NICE guidance)<sup>24</sup>. He should also be given information about the risks associated with his alcohol use and the impact it may have on his physical and mental health<sup>3</sup>.
- With Carlos' permission, his family should be encouraged to be involved in his care and treatment<sup>14</sup>. Confidentiality and information sharing agreements need to be negotiated<sup>32</sup>. The family should be given the opportunity to discuss any concerns about the impact that Carlos' mental health and substance misuse problems are having on them<sup>33</sup>. They should be offered verbal and written information about psychosis and substance misuse<sup>34</sup> and about local support groups<sup>16</sup>. In due course, they should be offered a carer's assessment of their caring, physical, social and mental health needs<sup>35</sup>.

<sup>24</sup> All inpatient mental health services should ensure that they have policies and procedures for promoting a therapeutic environment free from drugs and alcohol that have been developed together with service users and their families, carers or significant others. These should include: search procedures, visiting arrangements, planning and reviewing leave, drug and alcohol testing, disposal of legal and illicit substances, and other security measures. Soon after admission, provide all service users, and their families, carers or significant others, with information about the policies and procedures. **[1.6.1]**

<sup>3</sup> All healthcare professionals in primary, secondary or specialist substance misuse services working with adults and young people with psychosis should offer information and advice about the risks associated with substance misuse and the negative impact that it can have on the experience and management of psychosis **[1.1.6]**

<sup>14</sup> Encourage families, carers or significant others to be involved in the treatment of adults and young people with psychosis and coexisting substance misuse to help support treatment and care and promote recovery. **[1.1.7]**

<sup>32</sup> Negotiate confidentiality and sharing of information between the person with psychosis and coexisting substance misuse and their family or carer or a significant other. **[1.1.13]**

<sup>33</sup> When families, carers or significant others are involved in supporting the person with psychosis and coexisting substance misuse, discuss with them any concerns about the impact of these conditions on them and on other family members. **[1.1.9]**

<sup>34</sup> Offer written and verbal information to families, carers or significant others appropriate to their level of understanding about the nature and treatment of psychosis and substance misuse, including how they can help to support the person. Written information should be available in the appropriate language or, for those who cannot use written text, in an accessible format (audio or video). **[1.1.11]**

<sup>35</sup> Offer families, carers or significant others a carer's assessment of their caring, physical, social, and mental health needs. Where needs are identified, develop a care plan for the family member or carer. **[1.1.10]**

<sup>16</sup> Offer information to families, carers or significant others about local family or carer support groups and voluntary organisations, including those for psychosis and for substance misuse, and help families, carers or significant others to access these. **[1.1.12]**

### **Question 4.3**

What should happen once Carlos' mental health has stabilised and he is ready for discharge?

### Answer 4.3

- When Carlos' mental health has stabilised, he is discharged to the care of a community mental health team. He is allocated a care coordinator<sup>36,23</sup>.
- His discharge plan should include consideration of both his psychosis and alcohol use<sup>23</sup>. Staff in the specialist substance misuse service should be available to provide advice, consultation and training to the mental health team<sup>21</sup>.

<sup>36</sup> Delivery of care and transfer between services for adults and young people with psychosis and coexisting substance misuse should include a care coordinator and use the Care Programme Approach. **[1.4.9]**

<sup>23</sup> When adults and young people with psychosis and coexisting substance misuse are discharged from an inpatient mental health service, ensure that they have:

- an identified care coordinator **and**
- a care plan that includes a consideration of needs associated with both their psychosis and their substance misuse **and**

been informed of the risks of overdose if they start reusing substances, especially opioids, that have been reduced or discontinued during the inpatient stay. **[1.6.6]**

<sup>21</sup> Specialist substance misuse services should provide advice, consultation, and training for healthcare professionals in adult mental health services and CAMHS regarding the assessment and treatment of substance misuse, and of substance misuse with coexisting psychosis **[1.5.4]**

## **Case Scenario 5**

### **Tony**

Tony is a 23-year-old, white British man who was arrested for assault and tested positive for cocaine. He agreed to access substance misuse services. He had only been an alcohol user until the recent breakdown of his relationship with his partner. This was as a consequence of his anger problems. Following the relationship breakdown his substance misuse escalated, and on assessment, he reported taking cocaine powder, ecstasy, amphetamine and cannabis, as well as alcohol.

The substance misuse team undertook a mental health needs and risk assessment<sup>25</sup>. Tony described hearing voices, some of which screamed and others whispered. All were derogatory in nature. He had also become increasingly paranoid and suspicious. He felt anxious in the company of other people.

<sup>25</sup>Healthcare professionals in substance misuse services should be competent to:

- recognise the signs and symptoms of psychosis
- undertake a mental health needs and risk assessment sufficient to know how and when to refer to secondary care mental health services. [1.5.11]

### **Question 5.1**

What are the first steps?

### **Answer 5.1**

- Tony should be offered a comprehensive mental health assessment by an addictions psychiatrist<sup>37</sup>.

<sup>37</sup> Adults and young people with psychosis and coexisting substance misuse attending substance misuse services should be offered a comprehensive, multidisciplinary mental health assessment in addition to an assessment of their substance misuse. [1.5.2]

### **Question 5.2**

It was thought that his symptoms were probably drug induced and he was advised to stop using. After several weeks of being abstinent from drugs his symptoms continued. What should happen next?

### **Answer 5.2**

He should be referred to a mental health team for further assessment<sup>38</sup>.

<sup>38</sup> Refer all adults and young people with psychosis or suspected psychosis, including those who are suspected of coexisting substance misuse, to either secondary care mental health services or CAMHS for assessment and further management. **[1.3.1]**

## **Case Scenario 6**

### **Mark**

Mark is a 16-year-old, who has been taken to the GP by his mother. She is concerned that for the past 2 months he has been isolating himself. His family have noticed he is staying awake most nights and seems to be talking to himself. He admits to hearing voices that others cannot hear. He says he has been using cannabis on a regular basis.

### **Question 6.1**

The GP suspects he has psychosis with comorbid substance misuse. How should they assess Mark?

### **Answer 6.1**

- The GP should ask Mark about his use of cannabis and conduct an assessment of dependency<sup>8</sup>.
- The GP should take time when assessing Mark, using a flexible and motivational approach<sup>2</sup>.

<sup>8</sup> Healthcare professionals in all settings, including primary care, secondary care mental health services, CAMHS and accident and emergency departments, and those in prisons and criminal justice mental health liaison schemes, should routinely ask adults and young people with known or suspected psychosis about their use of alcohol and/or prescribed and non-prescribed (including illicit) drugs. If the person has used substances ask them about all of the following:

- particular substance(s) used
- quantity, frequency and pattern of use
- route of administration
- duration of current level of use.

In addition, conduct an assessment of dependency (see 'Drug misuse: opioid detoxification' [NICE clinical guideline 52] and 'Alcohol use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence' [NICE clinical guideline 115]) and also seek corroborative evidence from families, carers or significant others, where this is possible and permission is given. **[1.2.1]**

<sup>2</sup>When working with adults and young people with known or suspected psychosis and coexisting substance misuse, take time to engage the person from the start, and build a respectful, trusting, non-judgemental relationship in an atmosphere of hope and optimism. Be direct in your communications, use a flexible and motivational approach, and take into account that:

- stigma and discrimination are associated with both psychosis and substance misuse
- some people will try to conceal either one or both of their conditions

many people with psychosis and coexisting substance misuse fear being detained or imprisoned, being given psychiatric medication forcibly or having their children taken into care, and some fear that they may be 'mad'. **[1.1.1]**

### **Question 6.2**

After assessment, the GP confirms that Mark has auditory hallucinations and finds that he has been using £5 worth of cannabis on most days for the last 3 months. What should happen next?

## **Answer 6.2**

- Mark should be referred to his local child and adolescent mental health service (CAMHS) to receive care and treatment for both his psychosis and his substance misuse<sup>38</sup>.
- When working with Mark, mental health workers should ensure that all discussions take place within a confidential setting and that clinical language is avoided<sup>39</sup>.
- Mark's mental health workers should ensure they are familiar with the legal framework that applies to young people<sup>40</sup>.
- Mark and his family should be provided with written and verbal information about both his psychosis and his substance misuse, and they should be informed of the risks associated with substance misuse<sup>3,4</sup>.
- Services provided for Mark should be age appropriate<sup>41</sup>.
- Mark's family should be encouraged to be involved in his treatment to help promote recovery<sup>14</sup>.

<sup>38</sup> Refer all adults and young people with psychosis or suspected psychosis, including those who are suspected of coexisting substance misuse, to either secondary care mental health services or CAMHS for assessment and further management. **[1.3.1]**

<sup>39</sup> When working with adults and young people with known or suspected psychosis and coexisting substance misuse:

- ensure that discussions take place in settings in which confidentiality, privacy and dignity can be maintained
- avoid clinical language without adequate explanation
- provide independent interpreters (who are not related to the person) if needed
- aim to preserve continuity of care and minimise changes of key workers in order to foster a therapeutic relationship. **[1.1.2]**

<sup>40</sup> Healthcare professionals working with young people with psychosis and coexisting substance misuse should ensure they are familiar with the legal framework that applies to young people including the Mental Health Act (1983; amended 1995 and 2007), the Mental Capacity Act (2005), and the Children Act (2004). **[1.8.6]**

<sup>3</sup> All healthcare professionals in primary, secondary or specialist substance misuse services working with adults and young people with psychosis should offer information and advice about the risks associated with substance misuse and the negative impact that it can have on the experience and management of psychosis **[1.1.6]**

<sup>4</sup> Offer written and verbal information to adults and young people appropriate to their level of understanding about the nature and treatment of both their psychosis and substance misuse. Written information should:

- include the 'Understanding NICE guidance' booklet, which contains a list of organisations that can provide more information
- be available in the appropriate language or, for those who cannot use written text, in an alternative format (audio or video). **[1.1.5]**

<sup>41</sup> Those providing and commissioning services should ensure that:

- age-appropriate mental health services are available for young people with psychosis and coexisting substance misuse **and**
- transition arrangements to adult mental health services are in place where appropriate. **[1.8.9]**

<sup>14</sup> Encourage families, carers or significant others to be involved in the treatment of adults and young people with psychosis and coexisting substance misuse to help support treatment and care and promote recovery. **[1.1.7]**

## ***Implementation tools***

NICE has developed tools to help organisations implement the clinical guideline on Psychosis with coexisting substance misuse (listed below). These are available on the NICE website ([www.nice.org.uk/guidance/120](http://www.nice.org.uk/guidance/120)).

- Slide set – highlighting key messages for local discussion.
- Audit support – for monitoring local practice.
- Baseline assessment tool – the document can help you identify which areas of practice may need more support, decide on clinical audit topics and prioritise implementation activities.

A practical guide to implementation, 'How to put NICE guidance into practice: a guide to implementation for organisations', is also available ([www.nice.org.uk/usingguidance/implementationtools](http://www.nice.org.uk/usingguidance/implementationtools)).

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