Coexisting severe mental illness and substance misuse

NICE National Institute for Health and Care Excellence

Consultation on draft quality standard – deadline for comments 5pm on **Wednesday 10 April 2019** email: QSconsultations@nice.org.uk

	Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly. We would like to hear your views on these questions: 1. Does this draft quality standard accurately reflect the key areas for quality improvement? If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures? Do you have an example from practice of implementing the NICE guideline(s) that underpins this quality standard? If so, please submit your example to the NICE local practice collection on the NICE website. Examples of using NICE quality standards can also be submitted.
Organisation name – stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):	Institute of Alcohol Studies
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	None
Name of commentator person completing form:	Lucy Bryant
Supporting the quality standard - Would your organisation like to express an interest in formally supporting this quality standard? More information.	No.
Type	[office use only]

Comment	Section	Statement	Comments

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number		number	Insert each comment in a new row. Do not paste other tables into this table because your comments could get lost – type directly into this table.
1	Quality statement 1	Quality statement 1	Asking those with suspected or confirmed severe mental illness about their use of alcohol represents a key area of quality improvement. There is evidence to suggest alcohol use is not currently considered in mental health services. Through a survey and seminar session with mental health and alcohol treatment service workers undertaken in 2018, our research (Institute of Alcohol Studies and Centre for Mental Health. 2018. Alcohol and Mental Health: Policy and practice in England) found that less than a 1/5 of respondents felt alcohol use was adequately considered or understood within mental health treatment services. There are three reasons this statement should be included in this quality standard. Firstly, evidence suggests that co-occurring alcohol use disorders and mental health difficulties are common. Secondly, asking those with suspected or confirmed severe mental illness about their use of alcohol might inform their care. Finally, the presence of alcohol use disorders and mental health difficulties is associated with worse outcomes for these individuals. Firstly, evidence suggests that co-occurring alcohol use disorders and mental health difficulties are common. Public Health England report that 86% of those accessing alcohol treatment services also have a co-occurring mental health difficulty (Public Health England. 2017. Better care for people with co-occurring mental health and alcohol/drug use conditions), while “an estimated 44% of community mental health patients have reported problem drug use or harmful alcohol use in the previous year” (Public Health England. 2016. Health matters: harmful drinking and alcohol dependence). Further to this, English hospitals saw more than 200,000 admissions in 2014/15 “for mental and behavioural disorders due to alcohol use, accounting for almost 19% of all alcohol-related hospital admissions” (Public Health England. 2016. The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review. p. 49). Secondly, understanding a person's alcohol use might inform their care. For example, it has been demonstrated that experiencing an alcohol use disorders could delay recovery from mental health difficulties (Greenfield, T.K. Individual Risk of Alcohol-Related Disease and Problems, Chapter 21 in Heather N., Peter T.J., Stockwell T. (eds) (2001), International Handbook Alcohol Dependence and Problems, John Wiley & Sons Ltd, pp. 413–439). This is an important consideration given the suggestion that alcohol use is a common response for those experiencing such conditions (University of Stirling. 2013. Health First: an evidence-based alcohol strategy for the UK). Finally, as noted in the rationale for this quality statement, the presence of alcohol use disorders and mental health difficulties is associated with worse outcomes; problem drinking has been found to be associated with suicide amongst those accessing mental health services (Public Health England. 2016. Health matters: harmful drinking and alcohol

			dependence).
2	Quality statement 2	Quality statement 2	The Institute of Alcohol Studies welcomes the inclusion of this quality statement as our own research suggests this represents a key area of quality improvement. Through a survey and seminar session with mental health and alcohol treatment service workers undertaken in 2018, our research (Institute of Alcohol Studies and Centre for Mental Health. 2018. Alcohol and Mental Health: Policy and practice in England) confirmed what has often been suspected: that those experiencing co-occurring mental health difficulties and alcohol use disorders face difficulties in accessing adequate treatment. More that 4 in 5 (84%) respondents agreed that alcohol use disorders represented a barrier to mental health support for individuals, and when asked to comment on the quality and appropriateness of the care available for those experiencing this co-morbidity, most respondents characterised this as 'poor'. However, this research also suggested that this quality standard may not currently be achievable by local services given the resources required to deliver it. More than 90% of respondents suggested funding shortages were a barrier to improving access to treatment services for those experiencing co-morbid alcohol use and mental health difficulties (Institute of Alcohol Studies and Centre for Mental Health. 2018. Alcohol and Mental Health: Policy and practice in England). Alcohol treatment services have suffered substantial disinvestment in recent years. Currently, the commissioning of alcohol treatment services is "overseen by local authority Public Health teams, with support from Public Health England…[funded] through a ring-fenced local authority public health grant" (Alcohol Concern / Alcohol Research UK. 2018. The Hardest Hit: Addressing the crisis in alcohol treatment services. p. 6). However, there is no protection of funds for alcohol treatment services under this grant. This has meant that many local authorities suffering cuts have chosen to defund these services, with some areas reporting cuts to funds for alcohol services as high as 58% (Alcohol Concern / Alcohol Research UK. 2018. The Hardest Hit: Addressing the crisis in alcohol treatment services. p. 7). More concerning, the ring-fencing of funds for public health altogether will be removed next year, leaving these services more vulnerable still (Alcohol Concern / Alcohol Research UK. 2018. The Hardest Hit: Addressing the crisis in alcohol treatment services. p. 6). These cuts have an additional impact on individuals with co-occurring mental health and alcohol use difficulties; these funding reductions have seen some local authorities adopt a "payment by results" model which has the unintended consequence of disincentivising services to support patients with complex needs that might represent greater investment (Drummond, C. 2017. Cuts to addiction services are a false economy).
3	Quality statements 3 & 4	Quality statements 3 & 4	As has been suggested by the responses to the previous items, evidence suggests that those individuals with coexisting substance misuse and mental health conditions experience barriers in accessing mental health or alcohol treatment services. Considering this, it becomes essential contact is maintained with those which do reach services. Research from Alcohol Change UK has noted how "GPs struggled to deal with complex or chaotic clients effectively" (Alcohol Concern / Alcohol Research UK. 2018. The Hardest Hit: Addressing the crisis in alcohol treatment services. p.

			14). Additional support for these individuals through a care coordinator or through follow up on missed appointments might help maintain contact with services for these individuals.
4	All quality statements	All quality statements	As alcohol use disorders have been associated with a broader range of mental health problems than those included in the definition of severe mental illness included in the quality standard (e.g. antisocial personality disorder has been associated with alcohol use disorders (Moeller, F.G., Dougherty, D.M., Antisocial Personality Disorder, Alcohol, and Aggression. National Institute on Alcohol Abuse and Alcoholism (NIAAA)), we would support extending this quality standard to apply to a broader range of mental health problems.

Insert extra rows as needed

Checklist for submitting comments

- Use this comment form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include section number of the text each comment is about eg. introduction; quality statement 1; quality statement 2 (measure).
- If commenting on a specific quality statement, please indicate the particular sub-section (for example, statement, measure or audience descriptor).
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- For copyright reasons, comment forms do not include attachments such as research articles, letters or leaflets (for copyright reasons).We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.

You can see any guidance and quality standards that we have produced on topics related to this quality standard by checking NICE Pathways.

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received from registered stakeholders and respondents during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.

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