

Addressing the Dual Challenges of Psychosis and Substance Misuse in an Inpatient Rehabilitation Setting

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BACKGROUND & AIMS:

- In an inpatient rehabilitation setting, approximately 70% of patients with psychosis have co-occurring substance misuse treatment needs. This can lead to relapses, readmissions and higher risks to self, others and the physical and mental health of patients.
- This group needs concurrent treatment of psychosis and simultaneous therapies for substance misuse as outlined in Figure 1 (below). This is challenging because of a lack of guidance on effective inpatient dual diagnosis (DD) care.
- The aims of this project were to accurately characterise the clinical need of patients with Dual Diagnosis in an inpatient rehabilitation service, and to improve the delivery of DD interventions.

Figure 1: Outline of integrated DD interventions into an inpatient dual diagnosis care pathway



IMPROVEMENT METHODOLOGY:

- Baseline clinical data from all patients with co-occurring diagnosis of substance misuse and long-term psychosis were recorded. Specific metrics included frequency of interventions including one-to-one motivational sessions, urine drug screens (UDS), engagement, and referrals to external agencies supporting for substance misuse.
- Care plans were rated for overall quality. MDT meetings reviewed care pathway adherence and identified gaps in interventions. Team level input was used to improve the frequency and quality of interventions.

RESULTS:

- In total, nine out of 24 current inpatients (37.5%) had DD needs. The characteristics of this cohort are outlined in Table 1.
- Four (44.4%) patients were currently abstinent. 100% of patients had a DD care plan which was co-produced. However, the care plans were not updated frequently.
- The care plans for all patients contained UDS and one-to-one engagement, but only two (22.2%) contained motivational approaches and only one (11.1%) contained harm reduction strategies. The assessed baseline quality of DD care plans is shown in Figure 2.
- All patients had one-to-one DD therapeutic sessions, but 4 (44%) patients met their DD keyworker less than once a month.
- Urine Drug Screens were done for all patients, but these were happening at the planned frequency for only 6 (66.7%) of patients.
- Seven (77.8%) had been offered referrals to external substance misuse agencies, but only three (33.3%) patients were currently engaged.

Characteristic	Number	Percentage (%)
Male	8	88.9%
Female	1	11.1%
Average age (range)	41.7 years	28-57 (range)
Ethnicity		
Black African	1	11.1%
Black Caribbean	3	33.3%
White British	5	55.6%
Primary Diagnosis		
Schizophrenia	6	66.7%
Schizoaffective disorder	2	22.2%
Unspecified psychosis	1	11.1%
Substance(s) Used		
Alcohol	3	33.3%
Cannabis	6	66.7%
Heroin/opiates	2	22.2%
Cocaine/Crack Cocaine	6	66.7%
Polysubstance misuse	8	88.9%

Table 1: key characteristics of inpatients with DD needs.

CONCLUSIONS:

- The data showed complex clinical need and helped measure quality of interventions and identified gaps. The main areas for improvement were regarding consistency and quality of interventions.
- Motivational approaches are essential, and staff need skills and supervision to consistently deliver dual diagnosis care along with psychosis treatment.
- Optimal use of internal and external resources are needed to improve the delivery of dual diagnosis care. Coproduction is a key aspect along with use of continuous improvement methodology.

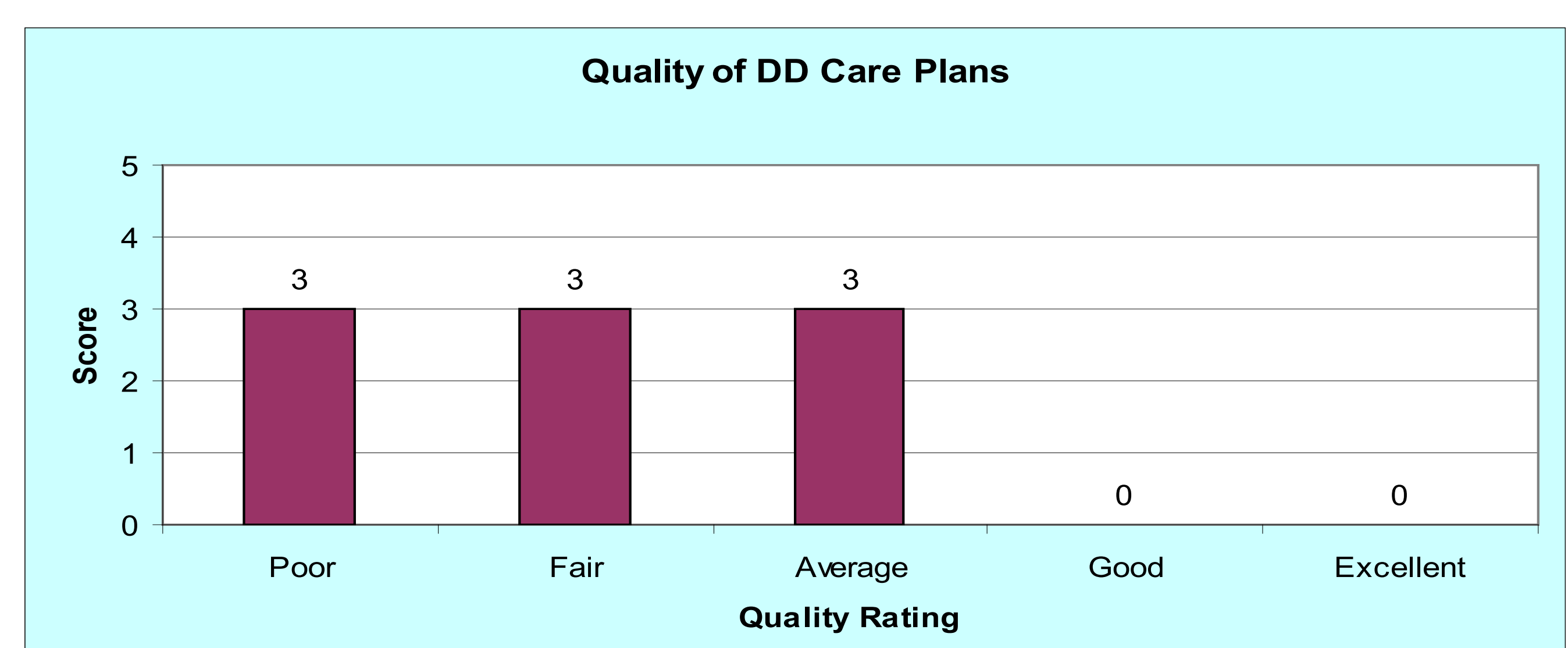


Figure 2: quality of DD care plans as assessed