NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

SCOPE

1 Guideline title

Psychosis in conjunction with substance misuse: the assessment and management of psychosis with substance misuse

1.1 Short title

Psychosis with substance misuse

2 The remit

The Department of Health has asked NICE: "To develop a clinical guideline for the assessment and management of severe mental illness in conjunction with problematic substance misuse."

3 Clinical need for the guideline

3.1 Epidemiology

a) The term psychosis is used to describe a major group of severe disorders of mental health characterised by the presence of delusions and hallucinations that disrupt a person’s perception, thoughts, emotions and behaviour. The two main forms of this are schizophrenia and bipolar disorder. Substance misuse is a broad term encompassing the use of any psychotropic medication or substance, whether illicit or not, or taken for pleasure or not, if the use is considered hazardous or harmful. It includes, for example, alcohol, and prescribed medications used for purposes other than those prescribed. Such use is usually, but not always, regarded as a problem if there is evidence of dependence, characterised by

psychological reinforcement of repeated drug-taking behaviour and, in some cases, a withdrawal syndrome.

b) In the UK, the annual prevalence for probable psychotic disorder among adults living in private households is about 5 per 1000.This figure is 9 per 1000 in adults aged 30–44 years and 18 per 1000 in adults with an African-Caribbean family background. Among those diagnosed with a psychotic disorder, studies show that prevalence for any substance misuse ranges from 24–36% (7–20% for alcohol misuse only, 5–9% for drug misuse only, 8% for drug and alcohol misuse). In one study of people with a psychotic disorder, 35% of the sample had a lifetime history of any illicit drug use. Prevalence rates for substance misuse are even higher in forensic (50–70%) and inpatient (30–49%) mental health services. In addition, patients with comorbid drug misuse spend twice as long in hospital, on average, and have higher levels of unmet needs, compared with other inpatients with psychosis.

c) 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 and increased risk of HIV infection, as well as poor social outcomes including impact on carers and family and contact with the criminal justice system.

d) There is a substantial link between substance misuse and crime. Hence the provision in the Crime and Disorder Act 1998 for drug treatment and testing orders and in the Criminal Justice and Court Services Act 2000 drug abstinence orders and drug abstinence requirements.

e) Compared to people with psychosis only, people with psychosis and substance misuse have greater levels of inpatient mental

health service use, higher overall treatment costs, and lower concordance with community care and medication.

3.2 Current practice

a) The National Service Framework for Mental Health, published in 1999, sets out how services will be planned, delivered and monitored. Several areas are relevant to this guideline including mental health promotion, primary care and specialist services. The following are also relevant:

- The Care Programme Approach (CPA). This is a framework for interagency working. It seeks to ensure that clients have a proper assessment and that services are coordinated in line with client need.
- Assertive outreach and crisis resolution services. These are proactive approaches to engaging with clients and managing problems.

b) Less than a fifth of people who have co-existing psychosis and substance misuse receive substance misuse interventions, and there is clearly uneven distribution of services with regard to ethnicity. In substance misuse services those with a severe mental illness and co-existing substance misuse are generally white; assertive outreach teams have a much higher proportion of clients classified as African-Caribbean than all other teams.

c) There are no uniformly agreed screening or assessment tools.

d) The following three treatment models have been described in the literature, but there is currently little guidance about which is the most effective or cost effective:

- Serial treatment – one treatment, either psychiatric or substance misuse is followed by the other
- Parallel treatment – the concurrent but separate treatment of both the psychiatric disorder and the substance misuse disorder

- Integrated treatment – substance misuse and psychiatric treatment are provided concurrently by the same personnel.

4 The guideline

The guideline development process is described in detail on the NICE website (see section 6, 'Further information').

This scope defines what the guideline will (and will not) examine, and what the guideline developers will consider. The scope is based on the referral from the Department of Health.

The areas that will be addressed by the guideline are described in the following sections.

4.1 Population

4.1.1 Groups that will be covered

a) Adults and young people (14 and older) who have a clinical working diagnosis of schizophrenia[1], bipolar or other affective psychosis, in conjunction with substance misuse.

b) This will include specific consideration of the needs of people with coexisting learning difficulties or significant physical or sensory difficulties, and the needs of people from black and minority ethnic groups.

4.1.2 Groups that will not be covered

a) People with very late onset psychosis (onset after age 60) and coexisting substance misuse.

4.2 Healthcare setting

a) Care that is received from healthcare professionals in primary and secondary care, including standard inpatient and forensic settings,

[1] This includes schizoaffective disorder and delusional disorder.

who have direct contact with, and make decisions concerning, the care of people with severe mental illness and substance misuse.

b) Whilst the guideline will not provide specific recommendations for accident and emergency departments, paramedic services, prison medical services, the police and those who work in the criminal justice and education sectors, the guideline will be relevant to their work. The evidence considered in this guideline will not be derived from these settings.

4.3 Clinical management

4.3.1 Key clinical issues that will be covered

a) Identification and assessment.

b) Sequencing of treatment, and integrated versus non-integrated models of care.

c) The use of antipsychotic medication and/or psychological or psychosocial interventions (for example, family intervention) for the treatment of people with co-existing psychosis, and substance misuse.

d) Psychosocial interventions for the management of substance misuse (for example, cognitive behavioural therapy [CBT], motivational interviewing and contingency management) in people with coexisting psychosis.

e) Pharmacological (for example, opioid antagonists) and physical interventions for the management of substance misuse in people with coexisting psychosis.

f) Residential rehabilitation and inpatient mental health care of people with coexisting psychosis and substance misuse (including in a forensic setting).

g) Working with non-NHS services (for example, the police and those who work in the criminal justice and education sectors).

h) Ways to improve access to mental health services for people from black and minority ethnic communities (this will include issues concerned with engagement with services).

i) Interactions between prescribed medication and substances misused.

j) Ways to improve insight (that is, an individual's awareness of mental disorder and substance misuse, awareness of the social consequences of disorder/substance misuse, awareness of the need for treatment, awareness of symptoms and attribution of symptoms to disorder/substance misuse).

k) Ways to improve and manage non-adherence to treatment. This guideline will cross refer to the NICE clinical guideline on medicines adherence where appropriate.

l) Note that guideline recommendations for pharmacological interventions will normally fall within licensed indications; exceptionally, and only if clearly supported by evidence, use outside a licensed indication may be recommended. The guideline will assume that prescribers will use a drug's summary of product characteristics to support joint clinical decision-making between service users and prescribers.

4.3.2 Clinical issues that will not be covered

a) Primary prevention.

b) Diagnosis.

c) Management of violence in people with severe mental illness.

4.4 Economic aspects

Developers will take into account both clinical and cost effectiveness when making recommendations involving a choice between alternative interventions. A review of the economic evidence will be conducted and analyses will be carried out as appropriate. The preferred unit of effectiveness is the quality-adjusted life year (QALY), and the costs considered will usually only be from an NHS and personal social services (PSS) perspective. Further detail on the methods can be found in 'The guidelines manual' (see ‘Further information’).

4.5 Status

4.5.1 Scope

This is the final scope.

4.5.2 Timing

The development of the guideline recommendations will begin in May 2009.

5 Related NICE guidance

5.1 Published guidance

- Schizophrenia. NICE clinical guideline 82 (2009). Available from www.nice.org.uk/CG82
- Medicines adherence. NICE clinical guideline 76 (2009). Available from www.nice.org.uk/CG76
- Drug misuse: opioid detoxification. NICE clinical guideline 52 (2007). Available from www.nice.org.uk/CG52
- Drug misuse: psychosocial interventions. NICE clinical guideline 51 (2007). Available from www.nice.org.uk/CG51
- Interventions to reduce substance misuse among vulnerable young people. NICE public health guidance 4 (2007). Available from www.nice.org.uk/PH4
- Naltrexone for the management of opioid dependence. NICE technology appraisal guidance 115 (2007). Available from www.nice.org.uk/TA115

- Methadone and buprenorphine for managing opioid dependence. NICE technology appraisal guidance 114 (2007). Available from www.nice.org.uk/TA114
- Bipolar disorder. NICE clinical guideline 38 (2006). Available from www.nice.org.uk/CG38
- Violence. NICE clinical guideline 25 (2005). Available from www.nice.org.uk/CG25
- Schizophrenia. NICE clinical guideline 1 (2002). Available from www.nice.org.uk/CG1

5.2 Guidance under development

NICE is currently developing the following related guidance (details available from the NICE website).

- Alcohol use disorders (prevention). NICE public health guidance. Publication expected March 2010.
- Alcohol use disorders (clinical management). NICE clinical guideline. Publication expected May 2010.
- Alcohol dependence and harmful alcohol use. NICE clinical guideline. Publication expected January 2011.

6 Further information

Information on the guideline development process is provided in:

- ‘How NICE clinical guidelines are developed: an overview for stakeholders' the public and the NHS’
- ‘The guidelines manual’.

These are available from the NICE website (www.nice.org.uk/guidelinesmanual). Information on the progress of the guideline will also be available from the NICE website (www.nice.org.uk).