Psychosis with coexisting substance misuse: assessment and management in adults and young people

NICE clinical guideline

Draft for consultation, August 2010

If you wish to comment on this version of the guideline, please be aware that all the supporting information and evidence is contained in the full version.

1 Contents

Introduction

This guideline covers the assessment and management of adults and young people (aged 14 years and older) who have a clinical diagnosis of psychosis with coexisting substance misuse.

The term psychosis is used to describe a group of severe mental health disorders characterised by the presence of delusions and hallucinations that disrupt a person's perception, thoughts, emotions and behaviour. The main forms of psychosis are schizophrenia (including schizoaffective disorder, schizophreniform disorder and delusional disorder), bipolar disorder or other affective psychosis.

Substance misuse is a broad term encompassing, in this guideline, the hazardous or harmful use of any psychotropic substance, including alcohol and either legal or illicit drugs. 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 or hazardous without dependence, especially among people with a coexisting psychosis.

Approximately 40% of people with psychosis will be diagnosed with substance misuse at some point in their lifetime, at least double the rate seen in the general population. In addition, people with coexisting substance misuse spend twice as long in hospital on average, and have higher levels of unmet needs compared with other inpatients with psychosis who do not misuse substances.

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. Social outcomes are also significantly

worse, including greater homelessness and rooflessness[1], a higher impact on carers and family, and increased contact with the criminal justice system.

People with psychosis commonly take various non-prescribed substances as a way of coping with their symptoms and in a third of people with psychosis this amounts to harmful, hazardous or dependent use. The outcome for people with psychosis and coexisting substance misuse is worse than for people without coexisting substance misuse, partly because the substances used exacerbate the psychosis and partly because substances often interfere with pharmacological or psychological treatment. This guideline aims to help healthcare professionals to guide people with psychosis and coexisting substance misuse to reduce substance misuse, to improve treatment adherence and outcomes, and to enhance their lives.

[1] Rooflessness here refers living rough or on the streets, whereas homelessness encompasses those who are living in shelters.

2 Person-centred care

This guideline offers best practice advice on the assessment and management of people with psychosis and coexisting substance misuse.

Treatment and care should take into account people's needs and preferences. People with psychosis and coexisting substance misuse should have the opportunity to make informed decisions about their care and treatment, in partnership with their healthcare professionals. If people do not have the capacity to make decisions, healthcare professionals should follow the Department of Health's advice on consent (available from www.dh.gov.uk/consent) and the code of practice that accompanies the Mental Capacity Act (summary available from www.publicguardian.gov.uk). In Wales, healthcare professionals should follow advice on consent from the Welsh Assembly Government (available from www.wales.nhs.uk/consent).

If the person is under 16, healthcare professionals should follow the guidelines in 'Seeking consent: working with children' (available from www.dh.gov.uk/consent).

Good communication between healthcare professionals and service users is essential. It should be supported by evidence-based written information tailored to the person's needs. Treatment and care, and the information people are given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English.

If the person agrees, families and carers should have the opportunity to be involved in decisions about treatment and care.

Families and carers should also be given the information and support they need.

Care of young people in transition between child and adolescent mental health services (CAMHS), and adult services should be planned and

managed according to the best practice guidance described in ‘Transition: getting it right for young people’ (available from www.dh.gov.uk).

Adult and CAMHS healthcare teams should work jointly to provide assessment and services to young people with psychosis and coexisting substance misuse. Diagnosis and management should be reviewed throughout the transition process, and there should be clarity about who is the lead clinician to ensure continuity of care.

3 Key priorities for implementation

Working with adults and young people with psychosis and coexisting substance misuse

- 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-judgmental 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 service users 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]**

Recognition of psychosis with coexisting substance misuse in adults and young people

- Healthcare professionals in all healthcare settings, including primary care, secondary mental health care 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:
  - the particular substance(s) used
  - the quantity, frequency and pattern of use
  - route of administration
  - duration of current level of use.

In addition, conduct an assessment of dependency, and also seek corroborative evidence from family, friends, carers and/or significant others, where this is possible and permission is given. **[1.2.1]**

Secondary care mental health services

Competence

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

Pathways into care

- 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]**
- 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]**

Coordinating care

- 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.

  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]**

Substance misuse services

Competence

- Healthcare professionals working in substance misuse services should be competent to:
  - recognise the signs and symptoms of psychosis

  - undertake a full mental health needs and risk assessment
  - know how and when to refer to secondary mental health services. **[1.5.1]**

Inpatient mental health services

Substance misuse

- 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 carers. 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 and significant others, with information about the policies and procedures. **[1.6.1]**

Specific issues for young people with psychosis and coexisting substance misuse

Assessment and treatment

- 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. **[1.8.8]**

1 Guidance

The following guidance is based on the best available evidence. The full guideline (www.nice.org.uk/guidance/CGXXX/Guidance) gives details of the methods and the evidence used to develop the guidance.

1.1 Principles of care

Working with adults and young people with psychosis and coexisting substance misuse

1.1.1 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-judgmental 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’. [KPI]

1.1.2 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.

Race and culture

1.1.3 Healthcare professionals working with adults and young people with psychosis and coexisting substance misuse should ensure that they are competent to engage, assess, and negotiate with service users and their carers from diverse cultural and ethnic backgrounds.

1.1.4 Work with local black and minority ethnic organisations and groups to help support and engage adults and young people with psychosis and coexisting substance misuse. Offer organisations and groups information and training about how to recognise psychosis with coexisting substance misuse and access treatment and care locally.

Providing information

1.1.5 Offer written and verbal information for adults and young people with psychosis and coexisting substance misuse appropriate to their level of understanding about the nature and treatment of both their psychosis and substance misuse. Written information should be available in the appropriate language or, for those who cannot understand written text, in an accessible format (audio or video).

1.1.6 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.

Working with and supporting families and carers

1.1.7 Encourage families, carers, significant others and advocates 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.

1.1.8 When families, carers or significant others live, or are in close contact, with the person with psychosis and coexisting substance

misuse, offer family interventions as recommended in 'Schizophrenia: core interventions in the treatment and management of schizophrenia in adults in primary and secondary care' (NICE clinical guideline 82).

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

1.1.10 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 carer.

1.1.11 Offer written and verbal information to the family member, carer or significant other 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 understand written text, in an accessible format (audio or video).

1.1.12 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 or carers to access these.

1.1.13 Negotiate confidentiality and sharing of information between the person with psychosis and coexisting substance misuse and their family, carer or significant other.

1.1.14 Ensure the needs of young carers or dependent adults of the person with psychosis and coexisting substance misuse are assessed. Initiate safeguarding procedures where appropriate (see recommendations 1.1.15–1.1.17).

Safeguarding issues

1.1.15 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[2].

1.1.16 If children or young people being cared for by people with psychosis and coexisting substance misuse are referred to CAMHS under local safeguarding procedures:

- use a multi-agency approach, including social care and education, to ensure various perspectives on the child's life are considered
- consider using the Common Assessment Framework[3]; advice on this can be sought from the local named nurse for safeguarding.

Where concerns are identified, health or social care professionals working with the child or young person should develop a child protection plan.

[2] www.safeguardingchildren.org.uk
[3] www.dcsf.gov.uk/everychildmatters/strategy/deliveringservices1/caf/caframework

1.1.17 When working with people with psychosis and coexisting substance misuse who are responsible for vulnerable adults, ensure that the home situation is risk assessed and that safeguarding procedures are in place for the vulnerable adult. Advice on safeguarding vulnerable adults can be sought from the local named nurse for safeguarding.

Consent, capacity and treatment decisions

1.1.18 Before undertaking any investigations for substance misuse, and before each treatment decision is taken:

- provide service users and carers with full information appropriate to their needs about psychosis and substance misuse and the management of both conditions, to ensure informed consent
- understand and apply the principles underpinning the Mental Capacity Act (2005), and be aware that mental capacity is decision-specific (that is, if there is doubt about mental capacity, assessment of mental capacity should be made in relation to each decision)
- be able to assess mental capacity using the test set out in the Mental Capacity Act (2005).

These principles should apply whether or not people are being detained or treated under the Mental Health Act (2007).

Advance decisions and statements

1.1.19 Develop advance decisions and advance statements in collaboration with adults with psychosis and coexisting substance misuse, especially if their condition is severe and they have been treated under the Mental Health Act (2007). Record the decisions and statements and include copies in the care plan in primary and secondary care. Give copies to the person, their care coordinator, and their carer if the person agrees.

1.1.20 Take advance decisions and advance statements into account in accordance with the Mental Capacity Act (2005). Although

decisions can be overridden using the Mental Health Act (2007), try to honour advance decisions and statements wherever possible.

Working with the voluntary sector

1.1.21 Healthcare professionals in primary care and secondary care mental health services, and in specialist substance misuse services, should work collaboratively with voluntary sector organisations that provide help and support for adults and young people with psychosis and coexisting substance misuse. Ensure that advocates from such organisations are included in the care planning and care programming process wherever this is possible and agreed by the person.

1.2 Recognition of psychosis with coexisting substance misuse

1.2.1 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:

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

In addition, conduct an assessment of dependency, and also seek corroborative evidence from family, friends, carers and/or significant others, where this is possible and permission is given. [KPI]

1.2.2. Healthcare professionals in primary care, secondary care mental health services, CAMHS and specialist substance misuse services should routinely assess adults and young people with known or

suspected substance use disorders for possible psychosis. Seek corroborative evidence from family, friends, carers and/or significant others, where this is possible and permission is given.

1.3 Primary care

Referral from primary care

1.3.1 Refer all adults and young people with psychosis and 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.

1.3.2 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.

Physical healthcare

1.3.3 Monitor regularly 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.

1.4 Secondary care mental health services

Competence

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

1.4.2 Mental healthcare professionals working 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.

Pathways into care

1.4.3 Do not exclude adults and young people with psychosis and coexisting substance misuse from age-appropriate mental healthcare because of their substance misuse. [KPI]

1.4.4 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. [KPI]

1.4.5 For most adults with psychosis and coexisting substance misuse, treatment for both conditions should be provided by healthcare professionals in community-based mental health teams, including early intervention in psychosis services.

Coordinating care

1.4.6 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.

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

1.4.7 Consider seeking specialist advice and, if necessary, initiate joint working arrangements with specialist substance misuse services if the person's substance misuse:

- is difficult to control

- leads to significant impairment of functioning, family breakdown or significant social disruption such as homelessness.

1.4.8 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.

Assessment

1.4.9 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:

- mental, physical and sexual health
- social, family and economic situation
- 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 for change.

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 When assessing adults and young people with psychosis and coexisting substance misuse, seek corroborative evidence from carers or advocates where this is possible and permission is given. Summarise the findings, share this with the person and record it in their care plan.

1.4.11 Review any changes in the person's use of substances. This should include changes in:

- the way the use of substances affects the person over time
- patterns of use
- mental and physical state

- circumstances and treatment.

Share the summary with the person and record it in their care plan.

1.4.12 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 Regularly assess and monitor risk of harm to self and/or others for adults and young people with psychosis and coexisting substance misuse. Specifically consider:

- physical health risks associated with substance use (for example, withdrawal seizures, delirium tremens, blood-borne viruses, accidental overdose, and interactions with prescribed medication) **and**
- the impact that substance use may have on other risks such as self-harm, suicide, self-neglect, violence, abuse of or by others, exploitation and accidental injury.

Biological/physical testing

1.4.14 Do not use biological or physical tests for substance use (such as blood and urine tests or hair analysis) in routine screening for drug and alcohol use for adults and young people with psychosis.

1.4.15 Consider using biological or physical tests for substance use as part of an agreed plan in the assessment, treatment and management of substance misuse for adults and young people with psychosis.

1.4.16 Biological or physical tests for substance use should only be considered in inpatient services as part of assessment and treatment planning for adults and young people with psychosis and coexisting substance misuse. Obtain consent for these tests and

inform the person of the results as part of an agreed treatment plan. Where mental capacity is lacking, refer to the Mental Capacity Act (2005).

Treatment

1.4.17 Before starting treatment for adults and young people with psychosis and coexisting substance misuse, review:

- the diagnosis of psychosis and that of the coexisting substance misuse, especially if either diagnosis has been made during a crisis or emergency presentation
- the effectiveness of previous and current treatments and the person's tolerance of them; discontinue ineffective treatments.

1.4.18 When developing a care plan for an adult or young person with psychosis and coexisting substance misuse, take account of the complex and individual relationships between substance misuse, psychotic symptoms, emotional state, behaviour and the person's social context.

1.4.19 Ensure that adults and young people with psychosis and coexisting substance misuse are offered evidence-based treatments for both conditions.

- 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).
- For the treatment of substance misuse, see 'Alcohol-use disorders: diagnosis and clinical management of alcohol-related physical complications' (NICE clinical guideline 100 and CGXX) or 'Drug misuse: psychosocial interventions' (NICE clinical guideline 51) and 'Drug misuse: opioid detoxification' (NICE clinical guideline 52).

1.4.20 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
- the person's social and treatment context and
- the person's readiness for change.

1.4.21 Do not exclude adults and young people with psychosis and coexisting substance misuse from contingency management programmes because of their psychosis.

1.4.22 Use antipsychotics according to the guideline on schizophrenia (NICE clinical guideline 82) or bipolar disorder (NICE clinical guideline 38) because there is no evidence for any differential benefit for one antipsychotic over another for people with psychosis and coexisting substance misuse.

1.4.23 Use depot/long-acting injectable antipsychotics according to the guideline on schizophrenia (NICE clinical guideline 82) in managing covert non-adherence with treatment for psychosis and not as a specific treatment for psychosis and coexisting substance misuse.

1.4.24 When prescribing medication for adults and young people with psychosis and coexisting substance misuse:

- take into account the level and type of substance misuse, especially of alcohol, as this may alter the metabolism of prescribed medication, decrease its effectiveness and/or increase the risk of side effects
- warn the person about potential interactions between substances of misuse and prescribed medication
- discuss the problems and potential dangers of using non-prescribed substances and alcohol to counteract the effects or side effects of prescribed medication.

1.5 Substance misuse services

Competence

1.5.1 Healthcare professionals in substance misuse services should be competent to:

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

Joint working

1.5.2 Healthcare professionals in substance misuse services should be present at care programme 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 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 Substance misuse services should work closely with secondary care mental health services to ensure that there are agreed local protocols derived from this NICE guideline for adults and young people with psychosis and coexisting substance misuse. The protocols should set out responsibilities and processes for assessment, referral, treatment and shared care across the whole care pathway.

1.6 Inpatient mental health services

Substance misuse

1.6.1 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 carers. 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 and significant others, with information about the policies and procedures. [KPI]

1.6.2 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.

1.6.3 Ensure that planned detoxification from either drugs or alcohol is undertaken only:

- with the involvement and advice of substance misuse services
- in an inpatient setting, preferably in specialist detoxification units, or designated detoxification beds within inpatient mental health services, **and**
- as part of an overall treatment plan.

For the further management of opioid detoxification see the guideline on drug misuse: opioid detoxification (NICE clinical guideline 52). For the further management of assisted alcohol withdrawal see the guideline on alcohol use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence.

Discharge

1.6.4 Do not discharge adults and young people with psychosis and coexisting substance misuse from an inpatient mental health service solely because of their substance misuse.

1.6.5. 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.

1.7 Staffed accommodation

Exclusion from services

1.7.1 Do not exclude people with psychosis and coexisting substance misuse from staffed accommodation solely because of their substance misuse.

1.7.2 Do not exclude people with psychosis and coexisting substance misuse from staffed accommodation aimed at addressing substance misuse solely because of their diagnosis of psychosis.

Aims of treatment

1.7.3 Ensure that people with psychosis and coexisting substance misuse who live in staffed accommodation receive treatment for both their psychosis and their substance misuse with the explicit aim of helping the person remain in stable accommodation.

1.8 Specific issues for young people with psychosis and coexisting substance misuse

Competence

1.8.1 Professionals in Tier 1 (primary care and educational settings) should be competent to recognise early signs of psychosis and substance misuse in young people.

1.8.2 All healthcare professionals in Tier 3 (community mental health teams) and Tier 4 (specialist inpatient and regional services) CAMHS, and in early intervention in psychosis services, should be competent in the management of psychosis and substance misuse in young people.

Identification and referral

1.8.3 Professionals in Tier 1 (primary care and educational settings) should seek advice or consultation from Tier 2 CAMHS (primary care) when signs of psychosis are detected in young people. If healthcare professionals in Tier 2 CAMHS detect signs of psychosis in young people, a referral to Tier 3 CAMHS or early

intervention in psychosis services for young people should be made according to local protocols.

1.8.4 Ask all young people seen in Tier 3 and Tier 4 CAMHS and in early intervention in psychosis services who have psychosis or suspected psychosis about substance misuse (see 1.2.1).

Assessment and treatment

1.8.5 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 (2007), the Mental Capacity Act (2005), and the Children Act (2004).

1.8.6 For psychological, psychosocial, family and medical interventions for young people, follow the recommendations for adults in this guideline; they may need to be adapted according to the young person's circumstances and age. In addition, other agencies, including children's services, should be involved to ensure that the young person's educational, employment, family and housing needs are met.

1.8.7 When prescribing medication, take into account the young person's age and weight when determining the dose. If it is appropriate to prescribe unlicensed medication, explain to the young person and/or their parents or carers the reasons for doing this.

1.8.8 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. [KPI]

2 Notes on the scope of the guidance

NICE guidelines are developed in accordance with a scope that defines what the guideline will and will not cover. The scope of this guideline is available from www.nice.org.uk/NICEtoadddetails.

How this guideline was developed

NICE commissioned the National Collaborating Centre for [add full name] to develop this guideline. The Centre established a Guideline Development Group (see appendix A), which reviewed the evidence and developed the recommendations. An independent guideline review panel oversaw the development of the guideline (see appendix B).

There is more information about how NICE clinical guidelines are developed on the NICE website (www.nice.org.uk/guidelinesprocess). A booklet, 'How NICE clinical guidelines are developed: an overview for stakeholders, the public and the NHS' (fourth edition, published 2009), is available from NICE publications (phone 0845 003 7783 or email publications@nice.org.uk and quote reference N1739).

3 Implementation

NICE has developed tools to help organisations implement this guidance (see www.nice.org.uk/CGXX)'.

4 Research recommendations

The Guideline Development Group has made the following recommendations for research, based on its review of evidence, to improve NICE guidance and patient care in the future. The Guideline Development Group's full set of research recommendations is detailed in the full guideline (see section 5).

4.1 Prevalence, pattern and epidemiology of psychosis and coexisting substance misuse

What is the prevalence, pattern and epidemiology of different combinations of coexisting psychosis and substance misuse (for example, schizophrenia with

coexisting cannabis misuse; bipolar with coexisting alcohol misuse), and what patterns of use predict poor prognosis?

Why this is important

Many studies report that rates of substance use are considerably higher in people with psychosis than in the general population, and that the co-morbidity of substance use and psychosis is associated with poorer outcomes. However, the definitions and methods of assessment of both substance use and psychosis vary from study to study, which makes it difficult to draw conclusions about patterns and prevalence in patient groups differentiated by diagnosis, race and other demographics. Additionally, studies tend to be cross-sectional, so little is known about how substance use might change over time. Moreover, although there are some indications that relatively low levels of substance use can be associated with adverse outcomes for people with psychosis, the research provides little guidance about what levels and patterns of substance use in which patient groups are associated with the worst clinical and social outcomes. Such information is necessary to target resources at groups most at risk of very poor outcomes, to determine whether early intervention efforts might be more effective than interventions for long-standing comorbidity and to investigate whether different interventions are required for different diagnostic groups and types of substance. A cross-sectional study is required using a representative sample large enough to reliably establish the prevalence, pattern, and epidemiology of different combinations of psychosis and coexisting substance misuse (for example, schizophrenia with coexisting cannabis misuse; bipolar disorder with coexisting alcohol misuse).

4.2 Risk factors in the onset of substance misuse in young people with psychosis

What risk factors predict the onset of substance misuse in young people with psychosis?

Why this is important

The timing of onset of substance misuse in relation to the onset of psychotic symptoms is variable, with some young people starting to use substances before the onset of their psychosis, some as their psychosis develops and others soon after the onset of their psychosis. The course of psychosis is known to be adversely affected by substance misuse, and people with psychosis and coexisting substance misuse have a more prolonged and serious condition than those with psychosis alone. People with psychosis and substance misuse are more likely to be non-adherent to prescribed medication, have poor engagement with treatment programmes, increased risk of suicide, more and longer inpatient stays, increased risk of violence and time spent in the criminal justice system, and poorer overall prognosis. Because onset of psychosis at a younger age is also an indicator of poor prognosis, people with a combination of younger age of onset and coexisting substance misuse may have a particularly poor prognosis. A clearer understanding of the risk factors for substance misuse in young people with psychosis, and the interrelationship of the two conditions over time, may facilitate the development of treatment approaches for the coexisting conditions in this group. This may then improve the longer term outcome for a group of people who tend to have a poor prognosis. A prospective cohort study is required to establish what risk factors predict the onset of substance misuse in young people with psychosis.

4.3 The clinical and cost effectiveness of psychological/psychosocial interventions in reducing substance misuse in people with psychosis and coexisting substance misuse

Are psychological/psychosocial interventions (such as motivational interventions) more clinically effective and cost-effective at reducing substance misuse in people with psychosis and coexisting substance misuse?

Why this is important

Psychological/psychosocial interventions are recommended for the treatment of substance misuse: see the guidance ‘Drug misuse: psychosocial

interventions' (NICE clinical guideline 52). Among these psychosocial interventions, motivational interviewing has a strong evidence base with regard to improving clinical and social outcomes. In general, a non-judgmental style of engagement is considered appropriate as a prelude to enhancing engagement. During such a motivational approach, the person's appreciation and attitude to their illness can be gained and further, more intensive psychosocial interventions started. These may include supportive counselling, behavioural and cognitive techniques with an individual, group or family, as well as contingency management and skills training. However, there has been limited evidence for the effectiveness of treatments for substance misuse in people with psychosis, especially in the UK. All trials to date have been methodologically inadequate and underpowered. Therefore, sufficient studies are not available to allow the reporting of any robust conclusions about what works. Studies to date have included samples that are too heterogeneous in terms of types of substance, diagnostic groups and duration of conditions to give definitive outcomes. A randomised controlled trial in which participants are stratified for presenting condition is required. It should report short- and longer-term outcomes (including cost-effectiveness outcomes) of at least 12 months' duration.

4.4 The clinical and cost effectiveness of environmental interventions for people with psychosis and coexisting substance misuse

For people with psychosis and coexisting substance misuse, do interventions that involve the assessment and modification of their environment lead to greater clinical improvement and cost-effectiveness than standard care or other more established interventions, such as motivational interviewing and contingency management?

Why this is important

People with psychosis and coexisting substance misuse are often locked into adverse environmental circumstances that seem to reinforce both pathologies and prevent resolution and progress. There is currently some evidence that when the primary focus of management becomes the improvement of the

environment with decisions made in consensus with the service user, both substance misuse and psychotic symptoms improve. The service user can then be more successfully treated outside hospital, with savings on costs. As so many people with this dual pathology spend long periods in hospital, such gains would be important for both patients and NHS services. The answer to this question assumes added importance when one considers the very limited efficacy of current treatment approaches. A randomised controlled trial in which participants are stratified for presenting problem is required. It should report short- and longer-term outcomes (including cost-effectiveness outcomes) of at least 12 months' duration.

4.5 The clinical and cost effectiveness of clozapine in reducing craving in people with psychosis and coexisting substance misuse

Is clozapine clinically effective and cost-effective at reducing craving in people with psychosis and coexisting substance misuse?

Why this is important

Guidance on schizophrenia (NICE clinical guideline 82) states that clozapine should be offered to people with schizophrenia whose illness has not responded adequately to treatment despite the sequential use of adequate doses of at least two different antipsychotic drugs. However, there is insufficient evidence to guide healthcare professionals about the use of clozapine in people with psychosis and coexisting substance misuse. Expert opinion often advocates clozapine as having a particular role with this population, but the evidence to support such statements is lacking. Clozapine is expensive and has a wide range of side effects, some of which may be life-threatening if not monitored correctly. A randomised controlled trial in which participants are stratified for presenting problem is required. It should report short- and longer-term outcomes (including cost-effectiveness outcomes) of at least 12 months' duration.

4 Other versions of this guideline

4.1 Full guideline

The full guideline, ['Full guideline title' (in quotes, no italics)] contains details of the methods and evidence used to develop the guideline. It is published by the National Collaborating Centre for [add], and is available from [NCC website details to be added] and our website (www.nice.org.uk/CGXXfullguideline). **[Note: these details will apply to the published full guideline.]**

4.2 Quick reference guide

A quick reference guide for healthcare professionals is available from www.nice.org.uk/CGXXquickrefguide

For printed copies, phone NICE publications on 0845 003 7783 or email publications@nice.org.uk (quote reference number N1XXX). **[Note: these details will apply when the guideline is published.]**

4.3 'Understanding NICE guidance'

A summary for patients and carers ('Understanding NICE guidance') is available from www.nice.org.uk/CGXXpublicinfo

For printed copies, phone NICE publications on 0845 003 7783 or email publications@nice.org.uk (quote reference number N1XXX). **[Note: these details will apply when the guideline is published.]**

We encourage NHS and voluntary sector organisations to use text from this booklet in their own information about [condition] .

5 Related NICE guidance

Published

- 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

Under development

NICE is developing the following guidance (details available from www.nice.org.uk):

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

6 Updating the guideline

NICE clinical guidelines are updated so that recommendations take into account important new information. New evidence is checked 3 years after publication, and healthcare professionals and patients are asked for their views; we use this information to decide whether all or part of a guideline needs updating. If important new evidence is published at other times, we may decide to do a more rapid update of some recommendations.

5 Appendix A: The Guideline Development Group

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6 Appendix B: The Guideline Review Panel

The Guideline Review Panel is an independent panel that oversees the development of the guideline and takes responsibility for monitoring adherence to NICE guideline development processes. In particular, the panel ensures that stakeholder comments have been adequately considered and responded to. The panel includes members from the following perspectives: primary care, secondary care, lay, public health and industry.

[NICE to add]

[Name; style = Unnumbered bold heading]
[job title and location; style = NICE normal]