NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Coexisting severe mental illness and substance misuse

NICE quality standard

Draft for consultation

13 March 2019

This quality standard covers the assessment, management and care provided to people aged 14 and over who have coexisting severe mental illness and substance misuse. It describes high-quality care in priority areas for improvement.

It is for commissioners, service providers, health, public health and social care practitioners, and the public.

This is the draft quality standard for consultation (from 13 March to 10 April 2019). The final quality standard is expected to publish in September 2019.

Quality statements

Statement 1 People aged 14 and over with suspected or confirmed severe mental illness are asked about their use of alcohol and drugs.

Statement 2 People aged 14 and over are not excluded from mental health or substance misuse services because of coexisting severe mental illness and substance misuse.

Statement 3 People aged 14 and over with coexisting severe mental illness and substance misuse have a care coordinator working in community mental health services if they are receiving care from secondary care mental health services.

Statement 4 People aged 14 and over with coexisting severe mental illness and substance misuse are followed-up if they miss an appointment.

NICE has developed guidance and a quality standard on service user experience in adult mental health services (see the NICE pathway on service user experience in adult mental health services) which should be considered alongside these quality statements.

Other quality standards that should be considered when commissioning or providing services for coexisting severe mental illness and substance misuse include:

- Transition between inpatient mental health settings and community or care home settings (2017) NICE quality standard 159
- Transition from children's to adults' services (2016) NICE quality standard 140
- Bipolar disorder, psychosis and schizophrenia in children and young people (2015) NICE quality standard 102
- Bipolar disorder in adults (2015) NICE quality standard 95
- Psychosis and schizophrenia in adults (2015) NICE quality standard 80
- Drug use disorders in adults (2012) NICE quality standard 23
- Alcohol-use disorders: diagnosis and management (2011) NICE quality standard 11

A full list of NICE quality standards is available from the quality standards topic library.

Questions for consultation

Questions about the quality standard

Question 1 Does this draft quality standard accurately reflect the key areas for quality improvement?

Question 2 Are local systems and structures in place to collect data for the proposed quality measures? If not, how feasible would it be for these to be put in place?

Question 3 Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for any statement. Please describe any potential cost savings or opportunities for disinvestment.

Local practice case studies

Question 4 Do you have an example from practice of implementing the NICE guidelines that underpins this quality standard? If so, please submit your example to NICE local practice case studies on the NICE website. Examples of using NICE quality standards can also be submitted.

Quality statement 1: Identifying coexisting substance misuse

Quality statement

People aged 14 and over with suspected or confirmed severe mental illness are asked about their use of alcohol and drugs.

Rationale

People who have severe mental illness and substance misuse have significantly poorer outcomes than people who have either severe mental illness or substance misuse alone. Identifying substance misuse as soon as possible, by asking people about it when they attend services such as child and adolescent mental health services [CAMHS], mental health services, emergency departments, general practice and services within the criminal justice system, gives a better chance of recovery. It also helps to reduce the risk of worsening psychiatric symptoms and homelessness, to reduce contact with the criminal justice system and to improve physical health.

Quality measures

Structure

Evidence of local arrangements to ensure that people aged 14 and over with suspected or confirmed severe mental illness are routinely asked about substance misuse.

Data source: Local data collection, for example, written clinical protocols to ask people with suspected or confirmed severe mental illness about substance misuse.

Process

Proportion of people aged 14 and over with suspected or confirmed severe mental illness who are asked about their use of alcohol and drugs.

Numerator – the number in the denominator who are asked about their use of alcohol and drugs.

Denominator – the number of people aged 14 and over with suspected or confirmed serious mental illness.

Data source: Local data collection, for example, audits of patient records. The National Clinical Audit of Psychosis includes the number of people with psychosis in the community and in secondary care who had their alcohol and substance misuse monitored in the preceding 12 months. The INLIQ extraction for 2019/20 will include the number of people with schizophrenia, bipolar affective disorder and other psychoses who had a record of alcohol consumption in the preceding 12 months (Former Quality Outcomes Framework indicator MH007).

Outcome

Proportion of people aged 14 and over with suspected or confirmed severe mental illness identified as having coexisting substance misuse.

Numerator – the number of people aged 14 and over with suspected or confirmed serious mental illness identified as having coexisting substance misuse.

Denominator – the estimated prevalence of coexisting severe mental illness and substance misuse.

Data source: Local data collection, for example, audit of patient records.

What the quality statement means for different audiences

Service providers (such as general practice, emergency departments and mental health services, including CAMHS and services provided within the criminal justice system) ensure that systems are in place for people aged 14 and over with suspected or confirmed severe mental illness to be asked about coexisting substance misuse at every contact. Services ensure that all staff are trained to discuss this sensitively so that people do not feel judged or stigmatised and can be honest in their responses.

Healthcare practitioners (for example GPs and practice nurses, accident and emergency practitioners and mental health professionals, including those working in CAMHS and services within the criminal justice system) ask people aged 14 and over with suspected or confirmed severe mental illness about substance misuse.

The level of the discussion should be appropriate to the setting (for example, a more detailed discussion is likely in a mental health service). Practitioners should be sensitive and bear in mind that people may not wish to divulge all the details of substance use, perhaps because of stigma or the requirements of probation terms.

Commissioners (such as clinical commissioning groups and NHS England) ensure that they commission services in which people aged 14 and over with suspected or confirmed severe mental illness have an assessment for coexisting substance misuse. They monitor whether the services they commission work together to provide care and support for people with coexisting severe mental illness and substance misuse.

People aged 14 and over with suspected or confirmed severe mental illness are asked whether they drink alcohol or use drugs (prescription and non-prescription). If alcohol or drugs are affecting their physical and mental health or relationships, they are offered help and support.

Source guidance

- Coexisting severe mental illness and substance misuse: community health and social care services (2016) NICE guideline NG58, recommendations 1.1.1 and 1.2.1
- Coexisting severe mental illness (psychosis) and substance misuse: assessment and management in healthcare settings (2011) NICE guideline CG120 recommendation 1.2.1

Definitions of terms used in this quality statement

Severe mental illness

Severe mental illness includes a clinical diagnosis of schizophrenia, schizotypal and delusional disorders, bipolar affective disorder, or severe depressive episodes with or without psychosis.

[NICE's guideline on coexisting severe mental illness and substance misuse: community health and social care services, terms used in this guideline]

Asking about use of alcohol and drugs

People aged 14 and over with known or suspected psychosis are routinely asked by healthcare professionals about their use of alcohol and/or prescribed and non-prescribed (including illicit) drugs (examples of drugs used include illegal drugs such as cannabis, cocaine, crack cocaine and heroin, prescribed drugs that are not taken in the way that was intended such as diazepam and 'over the counter' medicines that can be bought from the chemist such as codeine linctus). The level of detail obtained depends on the setting and how much information the person wishes to provide at that time. For example, in some settings such as emergency departments, it may be considered appropriate only to obtain confirmation from the person that they use a substance and then pass this information on to the mental health service caring for them for further assessment.

When an assessment is then being carried out by the mental health service, the assessor should ask the person about all of the following:

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

They should also seek corroborative evidence from families, carers or significant others (a partner, friends or any person important to them), where this is possible and permission is given.

[Adapted from NICE's guideline on coexisting severe mental illness (psychosis) and substance misuse: assessment and management in healthcare settings, information for the public, recommendation 1.2.1 and expert opinion]

Equality and diversity considerations

The symptoms of severe mental illness can be different in young people than in adults. Mental health and substance misuse professionals need to take this into account when working with young people, being aware that young people may present with quite subtle manifestations of mental illness. Professionals working with young people, for example in the criminal justice system or substance misuse

services, should have access to expertise and advice from a child and adolescent mental health team.

Coexisting severe mental illness and substance misuse can occur in older people but there are often misconceptions that this is an issue for younger people. Older people should be asked about substance misuse when they present to services.

Quality statement 2: Exclusion from services

Quality statement

People aged 14 and over are not excluded from mental health or substance misuse services because of coexisting severe mental illness and substance misuse.

Rationale

Some people are under the influence of drugs or alcohol when they present to mental health services and some have symptoms of severe mental illness when presenting to substance misuse services. People with coexisting severe mental illness and substance misuse need support and expert care for these conditions. Appropriate care and support from mental health and substance misuse services will improve mental and physical health and medication adherence, and reduce the risk of homelessness and dropout from services.

Quality measures

Structure

a) Evidence of local arrangements to ensure that people aged 14 and over with coexisting severe mental illness and substance misuse are not excluded from substance misuse services because of their mental illness.

Data source: Local data collection, for example, service protocols.

b) Evidence of local arrangements to ensure that people aged 14 and over with coexisting severe mental illness and substance misuse are not excluded from mental health services because of their substance misuse.

Data source: Local data collection, for example, service protocols.

Process

a) Proportion of referrals to substance misuse services for people aged 14 and over refused due to coexisting severe mental illness.

Numerator – the number in the denominator that are refused due to coexisting severe mental illness.

Denominator – the number of referrals to substance misuse services for people aged 14 and over with coexisting severe mental illness and substance misuse.

Data source: Local data collection, for example, audits of patient and referral records.

b) Proportion of referrals to mental health services for people aged 14 and over refused due to coexisting substance misuse

Numerator – the number in the denominator that are refused due to coexisting substance misuse.

Denominator – the number of referrals to mental health services for people aged 14 and over with coexisting severe mental illness and substance misuse.

Data source: Local data collection, for example, audits of patient and referral records.

c) Proportion of presentations to substance misuse services by people aged 14 and over refused due to coexisting severe mental illness.

Numerator – the number in the denominator that are refused due to coexisting severe mental illness.

Denominator – the number of presentations to substance misuse services by people aged 14 and over with coexisting severe mental illness and substance misuse.

Data source: Local data collection, for example, audits of patient and clinic records.

d) Proportion of presentations to mental health services by people aged 14 and over refused due to coexisting substance misuse.

Numerator – the number in the denominator that are refused due to coexisting substance misuse.

Denominator – the number of presentations to mental health services by people aged 14 and over with coexisting severe mental illness and substance misuse.

Data source: Local data collection, for example, audits of patient and clinic records.

Outcome

a) Levels of mental and physical health of people aged 14 and over with coexisting severe mental illness and substance misuse.

Data source: Local data collection, for example, audits of patient records.

b) Rates of medication adherence in people aged 14 and over with coexisting severe mental illness and substance misuse.

Data source: Local data collection, for example, audits of patient records.

c) Proportion of people aged 14 and over with coexisting severe mental illness and substance misuse in stable accommodation.

Numerator – the number in the denominator living in secure accommodation.

Denominator – the number of people aged 14 and over with coexisting severe mental illness and substance misuse.

Data source: Local data collection, for example, audits of patient records. Public Health England's information on severe mental illness includes data on accommodation.

What the quality statement means for different audiences

Service providers (community, primary and secondary mental health services, including child and adolescent mental health services, and substance misuse services, including voluntary sector organisations) ensure that staff understand that people may present with symptoms of severe mental illness or under the influence of alcohol or drugs, and may be severely intoxicated. Service providers have policies to ensure that staff do not exclude people from the service because of severe mental illness or any substance misuse. They support and train staff to work with people with coexisting conditions.

Mental health and substance misuse practitioners do not exclude people from the service because of severe mental illness or substance misuse, even if they are severely intoxicated on presentation. They work with people with coexisting severe

mental illness and substance misuse, and other services as needed, to ensure they provide the care and support required.

Commissioners (clinical commissioning groups, local authorities and NHS England) commission services for severe mental illness and for substance misuse and ensure that they have joint strategic working protocols so that people are not excluded from either service because of their coexisting condition.

People aged 14 and over with severe mental illness and substance misuse are not refused care and support from a service because of their mental illness or their drug or alcohol use. This means that they can receive care and support for both conditions at the same time.

Source guidance

- Coexisting severe mental illness and substance misuse: community health and social care services (2016) NICE guideline NG58, recommendation 1.2.1
- Coexisting severe mental illness (psychosis) and substance misuse: assessment and management in healthcare settings (2011) NICE guideline CG120 recommendations 1.4.3 and 1.4.4

Definitions of terms used in this quality statement

Severe mental illness

Severe mental illness includes a clinical diagnosis of schizophrenia, schizotypal and delusional disorders, bipolar affective disorder, or severe depressive episodes with or without psychosis.

[NICE's guideline on coexisting severe mental illness and substance misuse: community health and social care services, terms used in this guideline]

Substance misuse

Substance misuse refers to the use of legal or illicit drugs, including alcohol and medicine, in a way that causes mental or physical damage. This may include low levels of substance use that would not usually be considered harmful or problematic, but may have a significant effect on the mental health of people with a mental illness such as psychosis.

[NICE's guideline on coexisting severe mental illness and substance misuse: community health and social care services, terms used in this guideline]

Equality and diversity considerations

The symptoms of severe mental illness can be different in young people than in adults. Mental health and substance misuse professionals need to take this into account when working with young people, being aware that young people may present with quite subtle manifestations of mental illness. Professionals working with young people, for example in the criminal justice system or substance misuse services, should have access to expertise and advice from a child and adolescent mental health team.

Quality statement 3: Care coordinators

Quality statement

People aged 14 and over with coexisting severe mental illness and substance misuse have a care coordinator working in community mental health services if they are receiving care from secondary care mental health services.

Rationale

People with coexisting severe mental illness and substance misuse who are receiving care from secondary care mental health services may be in contact with several services, including substance misuse, primary and secondary care health, social care, local authorities, housing and employment services. A care coordinator working in community mental health services can liaise with the different services and act as a central point of contact for the person, their carers and service providers. This support helps to keep the person engaged with services, it also helps with the development and review of the care plan and ensures that the person is seen by the right service at the right time.

Quality measures

Structure

a) Evidence of a locally agreed specification of the role and functions of the care coordinator working in community mental health services.

Data source: Local data collection, for example, descriptions of the role of care coordinator and service specifications.

b) Evidence of local arrangements to ensure that people aged 14 and over with coexisting severe mental illness and substance misuse have a care coordinator working in community mental health services if they are receiving care from secondary mental health services.

Data source: Local data collection, for example, service specifications and joint strategic working protocols.

Process

Proportion of people aged 14 and over with coexisting severe mental illness and substance misuse receiving care from secondary care mental health services who have a care coordinator working in community mental health services.

Numerator – the number in the denominator who have a care coordinator working in community mental health services.

Denominator – the number of people aged 14 and over with coexisting severe mental illness and substance misuse receiving care from secondary care mental health services.

Data source: Local data collection, for example, audits of patient records.

Outcome

Proportion of people aged 14 and over with coexisting severe mental illness and substance misuse receiving care from secondary care mental health services who are satisfied with the support they receive from services.

Numerator – the number in the denominator who are satisfied with the support they receive from services.

Denominator – the number of people aged 14 and over with coexisting severe mental illness and substance misuse receiving care from secondary care mental health services.

Data source: Local data collection, for example, surveys of people aged 14 and over with coexisting severe mental illness and substance misuse.

What the quality statement means for different audiences

Service providers (such as mental health services, including child and adolescent mental health services, health services, substance misuse services, housing services and employment services) ensure that their staff understand the role of the care coordinator for people with coexisting severe mental illness and substance misuse who are receiving care from secondary care mental health services. They ensure that staff work with the care coordinator when developing care plans.

Secondary care mental health services ensure that they provide care coordinators in the community for people with coexisting severe mental illness and substance misuse.

Care coordinators working in community mental health services work with the relevant services to develop a care plan for people with coexisting severe mental illness and substance misuse who are receiving care from secondary care mental health services. They involve the person and work with the services to address the person's social care, housing, physical and mental health needs, as well as their substance misuse. They provide any other support that may be needed, including coordinated flexible individualised care.

Health and social care practitioners (such as GPs, mental health practitioners, drug and alcohol misuse practitioners, housing officers and employment officers) work with care coordinators when planning care and support for people with coexisting severe mental illness and substance misuse who are receiving care from secondary care mental health services.

Commissioners (such as clinical commissioning groups, NHS England and local authorities) ensure that they commission services that work closely, for example, through joint strategic working protocols, with care coordinators working in community mental health services to plan and provide care for people with coexisting severe mental illness and substance misuse who are receiving care from secondary care mental health services. Clinical commissioning groups commission mental health services that provide care coordinators in the community for people with coexisting severe mental illness and substance misuse who are receiving care from secondary mental health services.

People aged 14 and over with severe mental illness and substance misuse have a care coordinator who works in community mental health services if they are having care from secondary care mental health services. The care coordinator is their main point of contact and works with, and supports, them with their care plan. The coordinator works with the other services involved in care to make sure the person gets the support they need.

Source guidance

- Coexisting severe mental illness and substance misuse: community health and social care services (2016) NICE guideline NG58, recommendation 1.2.2.

Definitions of terms used in this quality statement

Severe mental illness

Severe mental illness includes a clinical diagnosis of schizophrenia, schizotypal and delusional disorders, bipolar affective disorder, or severe depressive episodes with or without psychosis.

[NICE's guideline on coexisting severe mental illness and substance misuse: community health and social care services, terms used in this guideline]

Substance misuse

Substance misuse refers to the use of legal or illicit drugs, including alcohol and medicine, in a way that causes mental or physical damage. This may include low levels of substance use that would not usually be considered harmful or problematic, but may have a significant effect on the mental health of people with a mental illness such as psychosis.

[NICE's guideline on coexisting severe mental illness and substance misuse: community health and social care services, terms used in this guideline]

Quality statement 4: Follow-up after a missed appointment

Quality statement

People aged 14 and over with coexisting severe mental illness and substance misuse are followed-up if they miss an appointment.

Rationale

People with coexisting severe mental illness and substance misuse may find it difficult to engage with services and may miss appointments. If they are automatically discharged from a service because of non-attendance they can be left without support when they are vulnerable. It is therefore important for them to have follow-up if they miss an appointment so that they can remain in contact with services or re-engage quickly.

Quality measures

Structure

a) Evidence of local arrangements to identify people aged 14 and over with coexisting severe mental illness and substance misuse who miss an appointment.

Data source: Local data collection, for example, clinic attendance protocols and data sharing arrangements.

b) Evidence of local arrangements to make contact with people aged 14 and over with coexisting severe mental illness and substance misuse who miss an appointment.

Data source: Local data collection, for example, service protocols.

c) Evidence of flexibility when arranging appointments for people aged 14 and over with coexisting severe mental illness and substance misuse.

Data source: Local data collection, for example, service protocols for arranging for home visits or meeting at other locations, for example, in a café.

d) Evidence of local arrangements for services to ensure that people aged 14 and over with coexisting severe mental illness and substance misuse are not automatically discharged for missing appointments.

Data source: Local data collection, for example, service protocols and joint strategic working protocols.

Process

a) Proportion of people aged 14 and over with coexisting severe mental illness and substance misuse who have follow-up when they miss an appointment.

Numerator – the number in the denominator who have follow-up.

Denominator – the number of people aged 14 and over with coexisting severe mental illness and substance misuse who miss an appointment.

Data source: Local data collection, for example, audits of patient records and clinic records.

b) Proportion of people aged 14 and over with coexisting severe mental illness and substance misuse discharged from services because of missing an appointment without being followed-up.

Numerator – the number in the denominator who were not followed-up.

Denominator – the number of people aged 14 and over with coexisting severe mental illness and substance misuse who are discharged from services because of missing an appointment.

Data source: Local data collection, for example, audits of patient records and clinic records.

Outcome

a) Proportion of people aged 14 and over receiving treatment for coexisting severe mental illness and substance misuse who re-engage after missing an appointment.

Numerator – the number in the denominator who re-engage.

Denominator – the number of people aged 14 and over receiving treatment for coexisting severe mental illness and substance misuse who miss an appointment.

Data source: Local data collection, for example, audits of patient records.

b) Proportion of people aged 14 and over with coexisting severe mental illness and substance misuse who complete their planned treatment for substance misuse.

Numerator – the number in the denominator who complete their planned treatment for substance misuse.

Denominator – the number of people aged 14 and over with coexisting severe mental illness and substance misuse who are receiving treatment for substance misuse.

Data source: Local data collection, for example, audits of patient records.

What the quality statement means for different audiences

Service providers (community, primary and secondary mental health services, including child and adolescent mental health services [CAMHS], and substance misuse services, including voluntary sector organisations) ensure that are flexible when arranging appointments for people with coexisting severe mental illness and substance misuse, for example, by holding drop in clinics and arranging appointments in locations suited to the person's needs. They have systems in place to identify people who have missed an appointment and contact them, for example, by telephone, text or home visit outside of routine hours, to keep them engaged with the service.

Mental health and substance misuse practitioners (such as community, primary and secondary, including CAMHS, mental health practitioners, care coordinators and drug and alcohol misuse practitioners) work with other practitioners and services to help people with severe mental illness and substance misuse to stay engaged with services. They contact people, for example, by telephone, text or home visit outside of routine hours, who have missed an appointment and discuss any non-attendance with other practitioners if needed. They provide appointments at times and locations

to meet people's needs where they can. They discuss and agree future care with other practitioners involved before the person is discharged from a service.

Commissioners (clinical commissioning groups, local authorities and NHS England) ensure that the services they commission do not automatically discharge people with coexisting severe mental illness and substance misuse because they miss an appointment. They ensure that the services they commission work together to offer flexibility, for example, with appointment times and locations to meet the specific needs of this group, and follow up non-attendance to help people to stay engaged with services.

People aged 14 and over with severe mental illness and substance misuse are contacted if they miss an appointment rather than being automatically discharged from the service. The service will work with the person to arrange appointments at suitable times and places to reduce the chance of them missing appointments in the future.

Source guidance

- Coexisting severe mental illness and substance misuse: community health and social care services (2016) NICE guideline NG58, recommendations 1.3.8 and 1.6.5

Definitions of terms used in this quality statement

Severe mental illness

Severe mental illness includes a clinical diagnosis of schizophrenia, schizotypal and delusional disorders, bipolar affective disorder, or severe depressive episodes with or without psychosis.

[NICE's guideline on coexisting severe mental illness and substance misuse: community health and social care services, terms used in this guideline]

Substance misuse

Substance misuse refers to the use of legal or illicit drugs, including alcohol and medicine, in a way that causes mental or physical damage. This may include low levels of substance use that would not usually be considered harmful or problematic,

but may have a significant effect on the mental health of people with a mental illness such as psychosis.

[NICE's guideline on coexisting severe mental illness and substance misuse: community health and social care services, terms used in this guideline]

Follow-up

Non-attendance at any appointment or activity is viewed by all practitioners involved in the person's care as a matter of concern. Follow-up actions could include:

- contacting the person to rearrange an appointment
- visiting the person at home
- contacting any other practitioners involved in their care, or family or carers identified in the person's care plan
- contacting the person's care coordinator within mental health services in the community immediately if there is a risk of self-harm or suicide, or at least within 24 hours if there are existing concerns.

[Adapted from NICE's guideline on coexisting severe mental illness and substance misuse: community health and social care services, recommendation 1.6.5]

Equality and diversity considerations

People who are homeless may be difficult to contact if they do not attend an appointment. When people who are homeless first attend services, agreements should be made on how they can be contacted, for example, through friends or relatives or through voluntary services.

About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about how NICE quality standards are developed is available from the NICE website.

See quality standard advisory committees on the website for details of standing committee 2 members who advised on this quality standard. Information about the topic experts invited to join the standing members is available on the quality standard's webpage.

This quality standard has been included in the NICE Pathways on coexisting severe mental illness and substance misuse: assessment and management in healthcare settings and coexisting severe mental illness and substance misuse: community health and social care services, which bring together everything we have said on the topic in an interactive flowchart.

NICE has produced a quality standard service improvement template to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern

Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

Improving outcomes

This quality standard is expected to contribute to improvements in the following outcomes for people aged 14 and over with coexisting severe mental illness and substance misuse:

- mortality rates
- morbidity rates
- rates of substance misuse
- quality of life
- satisfaction with care.

It is also expected to support delivery of the Department of Health and Social Care outcome frameworks:

- Adult social care outcomes framework
- NHS outcomes framework
- Public health outcomes framework for England.

Resource impact

NICE quality standards should be achievable by local services. The potential resource impact is considered by the quality standards advisory committee, drawing on resource impact work for the source guidance. Organisations are encouraged to use the resource impact products for the NICE guidelines on coexisting severe mental illness and substance misuse: community health and social care services and coexisting severe mental illness (psychosis) and substance misuse: assessment and management in healthcare settings to help estimate local costs.

Diversity, equality and language

During the development of this quality standard, equality issues were considered and equality assessments are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

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