

MENTAL HEALTH & SUBSTANCE USE

Essential Information
for Social Workers

A BASW Pocket Guide

Supported by:



Tilda Goldberg Centre
for social work
and social care



Purpose of the guide

This guide seeks to support Social Workers in their practice with people who use substances and who experience mental distress. It will also be relevant for other social and health care professionals. The information in the guide should be supplemented by further reading and learning.

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Terminology and definitions

- ❖ Some service users object to the use of 'ill' or 'illness' in relation to their mental health. Others do not. Mental distress is the term adopted to cover both viewpoints.
- ❖ *Substance use* refers to the use of alcohol and other drugs.
- ❖ *Co-existing substance use and mental distress* is preferred instead of 'dual diagnosis'. It reflects a social model of the relationship between the two issues rather than one that relies on formal diagnoses.

POLICY FRAMEWORK: SUBSTANCE USE & MENTAL HEALTH



National policy has repeatedly highlighted the vulnerability of people with co-existing substance use and mental distress and the need for all front line services to respond to both issues together.

In particular it has highlighted the need for specialist substance use and mental health services to work in partnership with each other.

Current guidance from the *National Institute for Health and Clinical Excellence* on working with co-existing issues states that services should:

- ❖ Have guidelines for assessing these overlapping issues.
- ❖ Work in close partnership with other services.
- ❖ Involve service users and remain person-centred in service delivery.
- ❖ Involve families in assessment of need and in planning care.
- ❖ Communicate well and in other languages or formats where appropriate.
- ❖ Provide relevant information to those involved.

POLICY FRAMEWORK (cont.)



In terms of the law, the Mental Health Act 1983 (amended 2007) states:

“...dependence on alcohol and drugs is not considered to be a disorder or disability of the mind”

People cannot be detained under the Act on the basis of substance “dependence” alone. However, a person could be detained if substance dependence:

- a. co-exists with a “mental disorder”
- b. results in a mental disorder, or
- c. is related to a mental disorder.

This includes the mental distress people can experience withdrawing from substances, e.g. confusion, hallucinations.

It also includes people who have brain damage as a result of their substance use. Memory loss and confusion can be symptoms of such damage, e.g. Wernicke’s encephalopathy and/or Korsakoff’s amnesic syndrome in the case of chronic alcohol use.

LINKS BETWEEN MENTAL HEALTH & SUBSTANCE USE

People use substances because of the impact they have on the way they feel and think. The impact substances have will depend on the individual's mental and physical state as well as the nature and intensity of any mental distress. It will also depend on factors including the type, quantity and mix of substances used, including prescribed medication, as well as the amount the individual is used to taking and the route of administration. There are several ways in which the two issues are linked:



- ❖ Mental distress may lead to substance use as a way of coping with symptoms or other problems.
- ❖ Substance use may lead to, or trigger, mental distress.
- ❖ Substance use may make pre-existing mental distress worse.
- ❖ Substance use may result in symptoms resembling those associated with psychiatric diagnoses.
- ❖ Substances may be used to self-medicate the side effects of psychiatric medication.
- ❖ Substances may be used as a form of self-harm (which is also a way of coping).

IMPACT ON MENTAL HEALTH

Any substance, be it prescribed or not, has an impact on the body's central nervous system (CNS). When people take substances it will affect their physical and mental state. The following table gives examples of the broad effects of substances on the way people think and feel:

Substance group	Possible effects
Depressants (alcohol, solvents, sleeping tablets, benzodiazepines, e.g. diazepam)	Depress the CNS. Relief of tension and anxiety. Feeling of well-being and calm. Possible drowsiness and loss of concentration.
Stimulants (cocaine, ecstasy, amphetamine, steroids, khat, GHB)	Stimulate the CNS. Feeling more lively and awake. Increased energy and heightened mood. Increased stamina. Nervousness, anxiety and sleep loss.
Alter perceptual function (cannabis, LSD, ketamine)	Change people's perceptions. Heightened senses and mood. Visual distortions and hallucinations. Euphoria and feelings of floating.
Reduce pain (heroin, codeine, methadone etc)	Reduce sensitivity to pain. Feelings of warmth and contentment. Sedation and sleep. Can mask symptoms of mental distress.

NB. At high levels of substance use, or when withdrawing from heavy use, symptoms of psychosis are possible.

IMPACT ON MENTAL HEALTH (cont.)

Remember:

1. The effects of substances will vary from person to person depending on what other substances they have taken, as well as their pre-existing mental state. People will often take a mixture of substances.
2. The negative effects of some substances mimic signs of mental distress. For example, people who use cannabis can experience paranoia, anxiety, and panic attacks.
3. Be aware that a person using substances may be suffering from psychiatric illness and not be correctly medicated or diagnosed.
4. Withdrawing from substances can result in changes in a person's mental health. For example, people withdrawing from heavy alcohol use can experience visual hallucinations as well as physical symptoms.
5. These changes can be so severe that people may use substances to stop or relieve the unpleasantness. **NB.** *Sudden cessation or withdrawal from alcohol can be fatal.*
6. Experts advise you to *focus on supporting people with both issues* rather than lose time trying to work out which comes first.



CANNABIS & MENTAL HEALTH

There are many types of cannabis each with different strengths. These different types can have different effects on people. The main ingredient of cannabis is THC (tetrahydrocannabinol) which can make people feel chilled out but can also cause mental distress and hallucinations.

Does cannabis cause psychiatric illness or not?



There is no simple answer. Some evidence says cannabis use can lead to mental distress or psychiatric illness, some says it does not. Other evidence shows that it worsens existing mental distress and may trigger underlying psychiatric problems.

We do know that most people use cannabis without experiencing problems. The impact of cannabis on a person's mental health depends on the individual and their pre-existing physical health problems or experiences of mental distress.

Young people appear to be significantly more vulnerable to mental distress linked to cannabis use, particularly if they start using at an early age.

MEDICATION & MENTAL HEALTH

When people are taking prescribed medication, substance use can reduce, increase or cancel out the effects of the medication. Some people will combine substances and medication for the 'extra buzz' they get, even though it may not help alleviate their mental distress.



However, many psychiatric medications should not to be taken with alcohol or other drugs. For example, taking diazepam and alcohol will increase drowsiness. Similarly taking cannabis with some anti-depressants can make confusion and anxiety worse.

When people use substances as well as their medication, you need to explore why. Listen to the service user – they are the expert in their own use of substances. It may be their medication isn't strong enough or it has unpleasant side effects and the substances reduce those effects.

Asking what medications people are taking, or have taken in the past, and how helpful they find them can be a good way to begin a conversation about all substance use.

ASSESSMENT

Evidence from service users and research tells us that people have to choose to make changes and accept help, whether it is for mental distress, substance use or both. The social worker's job is to support people to make those choices and to ensuring they, and others around them, are safe.



Skilled *communication is key* to all stages of the assessment and intervention process. It is vital that you use your communication skills to *build and maintain a good and trusting relationship* with the service user. This will enable potentially difficult conversations to take place.

Assessing people with co-existing mental distress and substance use issues is no different to other forms of assessment – good practice relies on good engagement and communication skills.

“...you’re trying to talk to someone about your worst times and they have to stop and write notes... I could never be fluent in the sessions as I was stopped, started, asked to repeat things... to the point I just didn’t want to go anymore...”

(Service User)

ASSESSMENT (cont.)

Principles for good assessment practice when working with these co-existing issues include:

- ❖ Do not waste time working out which came first. Put the forms down and have a conversation. Forms can be checked later.
- ❖ Make time to listen properly to people's needs and experience.
- ❖ Hear their view and record it in their files.
- ❖ Respect their expertise.
- ❖ Recognise the (short term) positives people get from their substance use.
- ❖ Avoid disagreements – avoid jargon.
- ❖ Focus on strengths as well as problems, e.g. how they've coped before.
- ❖ Seek permission to get information from others, particularly if there are memory problems or altered perceptions.
- ❖ Consider cultural differences – people may have different beliefs about mental distress/ substance use and the appropriate response.
- ❖ Use interpreters or other formats if required, e.g. audio or pictorial media.
- ❖ If the person is intoxicated, have a brief talk then assess fully later (unless it's a crisis).
- ❖ Do not give up easily.



RISK ASSESSMENT

Experts suggest that a service user with co-existing issues of mental distress and substance use has a higher risk of the following:



- ❖ severe mental health problems.
- ❖ suicide.
- ❖ being violent .
- ❖ victimization (both in terms of domestic and stranger violence and abuse).
- ❖ homelessness and unstable housing.
- ❖ contact with the criminal justice system.
- ❖ family problems.
- ❖ history of childhood abuse (sexual/ physical).
- ❖ slipping through the net of care.
- ❖ difficulties with, or lack of, compliance with medication and other treatment.
- ❖ poor physical health.

Therefore assessments of users' and carers' needs must explore these issues sensitively and empathically.

NB. *Safeguarding issues relating to their own safety and that of children and adults close to them need to be identified and assessed.*

INTERVENTION

Co-existing issues will usually require longer term care and support. There is no quick fix. The most difficult time can be living with medication and without the substance. Follow up support is essential.



- ❖ Know what services are available locally, including peer support. Find out what they do, if they have a waiting list, and write their details on the back of this pocket guide.
- ❖ Provide information/leaflets to service users and their families about what help is out there.
- ❖ Take people to appointments if possible; it provides moral support for those first steps.
- ❖ When people go to inpatient or detox care, make sure there is an aftercare plan in place.
- ❖ Provide emotional and practical support where needed, e.g. help people to arrange child care.
- ❖ Help people to find new activities and new social networks and, where appropriate, to get in touch with *supportive* family and friends.
- ❖ Offer support to family/carers in their own right.
- ❖ If people relapse or deteriorate after a period of success, support people to refocus; remind them of their achievements and strengths, and continue working with them.

PARTNERSHIP PRACTICE



People experiencing mental distress and substance use need timely and expert support, particularly in times of crisis. Too often they are bounced back and forth between different services at a time when they need help most. Working in partnership makes life easier for all:

- ❖ Information can be shared (with permission). Clarifying information boundaries at the start of your work together prevents people having to repeat their often distressing stories.
- ❖ Specialist expertise can be shared leading to mutual understanding and informed decisions.

Partnership work often means one worker contacting another worker. It should result in a better, more person centred, service, and ensure that the individual's care is paramount. Be clear who takes responsibility for coordinating care pathways and ensure the service user has support if there is a wait between appointments.

People with co-existing substance use and mental distress often face double discrimination and stigma. Be prepared to advocate on their behalf with other services and professionals.

RESOURCES

“No-one sat me down and talked to me – no leaflets or information, nothing”

- ❖ To find services that work with co-existing mental distress and substance use contact your local drug and alcohol partnership team or Talk to Frank – 0800 77 66 00. www.talktofrank.com
- ❖ SCIE – 020 7024 7650 has a list of publications on substance use & mental health issues. www.scie.org.uk
- ❖ Rethink – 0300 5000 927. This charity provides a fact sheet on ‘dual diagnosis’ with clear information and resource/contact list – www.rethink.org.
- ❖ Mind – 0300 123 3393. This national charity’s website contains information and resources for people living with mental distress and substance use. http://www.mind.org.uk/help/diagnoses_and_conditions/addiction_and_dependency
- ❖ Drinkaware – 020 7766 9900. The website provides good information on alcohol and mental health. <http://www.drinkaware.co.uk/alcohol-and-you/health/alcohol-and-mental-health>
- ❖ Watson et al. (2007) *Dual Diagnosis: Good Practice Handbook*. Turning Point. Offers good practice tips, case studies of agencies, groups and interventions.
- ❖ *Psychosis with co-existing substance misuse*. Provides some good practice guidance and useful information and links. <http://www.nice.org.uk/nicemedia/live/13414/53729/53729.pdf>



General advice about alcohol and other drugs and social work is available from the first guide in this series. All the guides can be downloaded from <http://www.basw.co.uk/special-interest-groups/alcohol-and-other-drugs/>

LOCAL CONTACT INFORMATION

	Name of agency/person	Contact info
Drug agency		
Alcohol agency		
Mental health team		
Other		

Huge thanks go to the service users and professionals who helped with this guide. Their voices, views and support have been invaluable.

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