

Appendix 1: NICE Guidance Modifications

Recommendation 1. When working with adults and young people with known or suspected psychosis and coexisting substance use, 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 psychosis and substance use
- Some people will try to conceal either one or both of their conditions
- Many people with psychosis and substance [use] 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'.

NICE (Strong)

Recommendation 2. When working with adults and young people with known or suspected psychosis and coexisting substance use:

- 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 minimize changes of key workers in order to foster a therapeutic relationship.

NICE (Strong)

Recommendation 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 from diverse cultural and ethnic backgrounds **including indigenous people** and their families, carers or significant others. Modified from NICE (Strong)

Recommendation 4. Work with local ~~black and~~ minority **and** ethnic **including indigenous people** organizations and groups to help support and engage adults and young people with psychosis and coexisting substance ~~misuse~~ **use**. Offer organizations and groups information and training about how to recognize psychosis with coexisting substance ~~misuse~~ **use** and access treatment and care locally. Modified from NICE (Strong)

Recommendation 5. Offer written and verbal information to adults and young people appropriate to their level of understanding about the nature and treatment of both their psychosis and substance ~~misuse~~ **use**. Written information should:

- ~~Include the 'Understanding NICE guidance' booklet, which contains a list of organizations that can provide more information~~
- Be available in the appropriate language or, for those who cannot use written text, in an alternative format (audio or video).

Offer information and advice about the risks associated with substance ~~misuse~~ **use** and the negative impact it can have on the experience and management of psychosis. Modified from NICE (Strong)

Recommendation 6. Encourage families, carers or significant others to be involved in the treatment of adults and young people with psychosis and coexisting substance ~~misuse~~ **use** to help support treatment and care and promote recovery. When families, carers or significant others live or are in close contact with the person with psychosis and coexisting substance ~~misuse~~ **use**, offer family intervention as recommended in 'Schizophrenia: core interventions in the treatment and management of schizophrenia in primary and secondary care' (NICE 2009a). Modified from NICE (Strong)

Recommendation 7. 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 family member or carer. NICE (Strong)

Recommendation 8. Offer written and verbal information to families, carers or significant others appropriate to their level of understanding about the nature and treatment of psychosis and substance [use], including how they can help to support the person. Written information should be available in the appropriate language or, for those who cannot use written text, in an accessible format (audio or video).
NICE (Strong)

Recommendation 9. Do not exclude adults and young people with psychosis and coexisting substance use disorder from age-appropriate mental health care because of their substance use disorder. NICE (Strong)

Recommendation 10. Do not exclude adults and young people with psychosis and coexisting substance use disorder from age-appropriate substance use disorder services because of a diagnosis of psychosis.
NICE (Strong)

Recommendation 11. For most adults with psychosis and coexisting substance misuse use disorder, treatment for both conditions should be provided by health care professionals in ~~secondary care mental health services~~ ~~care such as community-based mental health teams~~. Modified from NICE (Strong)

Recommendation 12. 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 **cigarettes**, alcohol ~~and/or~~, prescribed, and non-prescribed (including illicit) drugs. If the person has used substances ask them about all of the following:

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

In addition, conduct a **substance use disorder** an assessment of dependency (see 'Drug misuse: opioid detoxification' [NICE 2007a] and 'Alcohol use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence' [NICE 2011] and also seek corroborative evidence from families, carers or significant others, where this is possible and permission is given.

Modified from NICE (Strong)

Recommendation 13. 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 assess adults and young people with known or suspected substance misuse **use disorders** for possible psychosis. Seek corroborative evidence from families, carers or significant others where this is possible and permission is given. Modified from NICE (Strong)

Recommendation 14. Adults and young people with psychosis and coexisting substance misuse **use disorder** attending secondary care mental health services should be offered a comprehensive, multidisciplinary assessment, including assessment of all of the following:

- personal history
- mental, physical and sexual health
- social, family and economic situation
- accommodation, including history of homelessness and stability of current living arrangements
- current and past substance misuse **use** and its impact upon their life, health, and response to treatment
- criminal justice history and current status
- personal strengths and weaknesses and readiness to change their substance use and other aspects of their lives
- **symptoms of psychosis and their duration**
- **family history of psychosis or substance use disorders**

- **correlation of psychotic symptoms to substance use patterns**
- **review of prior psychosis treatments and their outcomes**
- **assessment of relative severity of psychosis to substance use (to guide initial treatment focus)**
- **review safety based issues: suicide, aggression/homicide/violence, physical health risks (e.g.: withdrawal, overdose, seizures, blood borne infections)**

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. Modified from NICE (Strong)

Recommendation 15. 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. NICE (Strong)

Recommendation 16. If people with psychosis and coexisting substance ~~misuse~~ **use** 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. NICE (Strong)

Recommendation 17. If serious concerns are identified, ~~health or social care professionals working with the child or young person should develop~~ a child protection plan **should be developed**. Modified from NICE (Strong)

Recommendation 18. When working with people with psychosis and coexisting substance misuse use 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 lead for safeguarding.~~ Modified from NICE (Strong)

Recommendation 19. Ensure the needs of young carers or dependent adults of the person with psychosis and coexisting substance use are assessed. Initiate safeguarding procedures where appropriate. NICE (Strong)

Recommendation 20. Monitor the physical health of adults and young people with psychosis and coexisting substance misuse use, ~~as described in the guideline on schizophrenia.~~ Pay particular attention to the impact of alcohol and drugs (prescribed and non-prescribed) on physical health. Monitoring should be conducted at least once a year or more frequently if the person has a significant physical illness or there is risk of physical illness because of substance misuse use. Modified from NICE (Strong)

Recommendation 21. Offer people with psychosis or schizophrenia who smoke help to stop smoking, even if previous attempts have been unsuccessful. Be aware of the potential significant impact of reducing cigarette smoking on the metabolism of other drugs, particularly clozapine and olanzapine. NICE (Strong)

Recommendation 22. Consider one of the following to help people stop smoking:

- nicotine replacement therapy (usually a combination of transdermal patches with a short-acting product such as an inhalator, gum, lozenges or spray) for people with psychosis or schizophrenia or
- bupropion for people with a diagnosis of schizophrenia or
- varenicline for people with psychosis or schizophrenia.

Warn people taking bupropion or varenicline that there is an increased risk of adverse neuropsychiatric symptoms and monitor them regularly, particularly in the first 2–3 weeks. NICE (Strong)

Recommendation 23. Offer information to families, carers or significant others about local family or carer support groups and voluntary organizations, including those for psychosis and for substance misuse use, and help families, carers or significant others to access these. NICE (Strong)

Recommendation 24. Working with people with psychosis and coexisting substance misuse use can be challenging and healthcare professionals should seek effective support. For example, through ie: **regular case conferences, consultation with substance use services, working in a team based setting, seeking professional supervision, and/or use of staff support groups**]. Modified from NICE (Strong)

Recommendation 25. Primary care providers should refer all adults and young people with psychosis or suspected psychosis, including those who are suspected of coexisting substance misuse use disorder, to secondary care mental health services or CAMHS for assessment and further management. Modified from NICE

Recommendation 26. Healthcare professionals working within secondary mental health services should ensure they are competent in the recognition, treatment and care of adults and young people with psychosis and coexisting substance misuse use disorders. Modified from NICE (Strong)

Recommendation 27. Healthcare professionals working within secondary mental health services with adults and young people with psychosis and coexisting substance misuse use disorders should consider having supervision, advice, consultation and/or additional training from specialists in substance misuse use services. This is to aid in the development and implementation of treatment plans for substance misuse within CAMHS or adult community health services. Modified from NICE (Strong)

Recommendation 28. Consider seeking specialist advice and initiating joint working arrangements with specialist substance misuse use services for adults and young people with psychosis being treated by community mental health teams in mental health services, and known to be:

- severely dependent on alcohol **a severe substance use disorder** or
- dependent on both alcohol and benzodiazepines **multiple substance use disorders of moderate severity or greater (ie: alcohol and benzodiazepine use disorders)** or
- **intravenous substance use or**
- ~~is difficult to control and/or~~
- ~~leads to significant impairment of functioning, family breakdown or significant social disruption such as homelessness (ie: homelessness, family breakdown)~~

Adult ~~community~~ mental health services or CAMHS should continue to provide care coordination and treatment for psychosis within joint working arrangements. Modified from NICE (Strong)

Note: This recommendation combined and modified 2 NICE recommendations to adapt to DSM-5 terminology

Recommendation 29. Delivery of care and transfer between services for adults and young people with psychosis and coexisting substance ~~misuse~~ **use** should ~~include a care coordinator~~ **be coordinated to maintain engagement and ongoing care.** Modified from NICE (Strong)

Recommendation 30. Ensure that adults and young people with psychosis and coexisting substance ~~misuse~~ **use** are offered evidence-based treatments for both conditions. NICE (Strong)

Recommendation 31. ~~Before undertaking any investigations for substance misuse, and before each treatment decision is taken:~~

- ~~provide service users with full information appropriate to their needs about psychosis and substance misuse and the management of both conditions, to~~ **Ensure informed consent and**
- ~~understand and apply the principles underpinning the Mental Capacity Act, 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~~
~~These principles should apply whether or not people are being detained or treated under the Mental Health Act.~~ Modified from NICE (Strong)

Recommendation 32. Use antipsychotics according to the guideline on schizophrenia (NICE 2009) **or the current Canadian Schizophrenia Guideline** ~~or bipolar disorder (NICE 2006)~~ because there is no evidence for any differential benefit for one antipsychotic over another for people with psychosis and coexisting substance ~~misuse~~ **use disorder**. Modified from NICE

Recommendation 33. Do not exclude adults and young people with psychosis and coexisting substance ~~misuse~~ [add: use] from contingency management (CM) programmes because of their psychosis. NICE (Strong)

Recommendation 34. Healthcare professionals in substance ~~misuse~~ **use** services should be competent to:

- recognize the signs and symptoms of psychosis
- undertake a mental health needs and risk assessment sufficient to know how and when to refer to ~~secondary care~~ mental health services.

Modified from NICE (Strong)

Recommendation 35. Adults and young people with psychosis and coexisting substance ~~misuse~~ **use disorders** attending substance use treatment services should be offered a comprehensive, multidisciplinary mental health assessment in addition to an assessment of their substance ~~misuse~~ **use**. NICE (Strong)

Recommendation 36. Healthcare professionals in substance misuse services should be present at Care Programme Approach 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.

Specialist 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.

Specialist substance misuse services should work closely with secondary mental health services to develop local protocols from this guideline for adults and young people with psychosis and coexisting substance misuse. The agreed protocols should set out responsibilities and processes for assessment, referral, treatment and shared care across the whole care pathway.

Collaboration between substance use treatment services and psychosis treatment services for adults and young people with psychosis and coexisting substance use disorders should occur involving:

- **Joint meetings**
- **Advice, consultation and training for treatment of substance use disorders**
- **Development of treatment protocols for persons with schizophrenia and coexisting substance use disorders**

Modified from NICE (Strong)

Recommendation 37. All inpatient mental health services should ensure that they have policies and procedures for promoting a therapeutic environment free from **cigarettes**, drugs and alcohol that have been developed together with service users and their families, carers or significant others. 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 or significant other, with information about the policies and procedures. Modified from NICE (Strong)

Recommendation 38. 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~~**-use** and evidence of withdrawal symptoms at the point of admission. NICE (Strong)

Recommendation 39. ~~Biological or physical tests for substance use~~ **Drug testing** should only be considered in inpatient services as part of the assessment and treatment planning for adults and young people with psychosis and coexisting substance ~~misuse~~ **use disorders**. ~~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.~~ Modified from NICE (Strong)

Recommendation 40. For people in inpatient settings who do not want to stop smoking, offer nicotine replacement therapy to help them to reduce or temporarily stop smoking. NICE (Strong)

Recommendation 41. Ensure that planned detoxification from either drugs or alcohol is under-taken only:

- with the involvement and advice of substance ~~misuse~~**-use treatment** 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 coordinated treatment plan.

Modified from NICE (Strong)

Recommendation 42. Do not discharge adults and young people with psychosis and coexisting substance ~~misuse~~**-use disorders** from an inpatient mental health service solely because of their substance ~~misuse~~ **use**.

NICE (Strong)

Recommendation 43. When adults and young people with psychosis and coexisting substance ~~misuse~~ **use disorders** are discharged from an inpatient mental health service, ensure that they have:

- an identified care coordinator and
- a care plan that includes consideration of needs associated with both their psychosis and their substance ~~misuse~~ **use disorders** and
- been informed of the risks of overdose if they start reusing substances, especially opioids **and/or benzodiazepines** that have been reduced or discontinued during the inpatient stay.

Modified from NICE (Strong)