

Capability Framework:

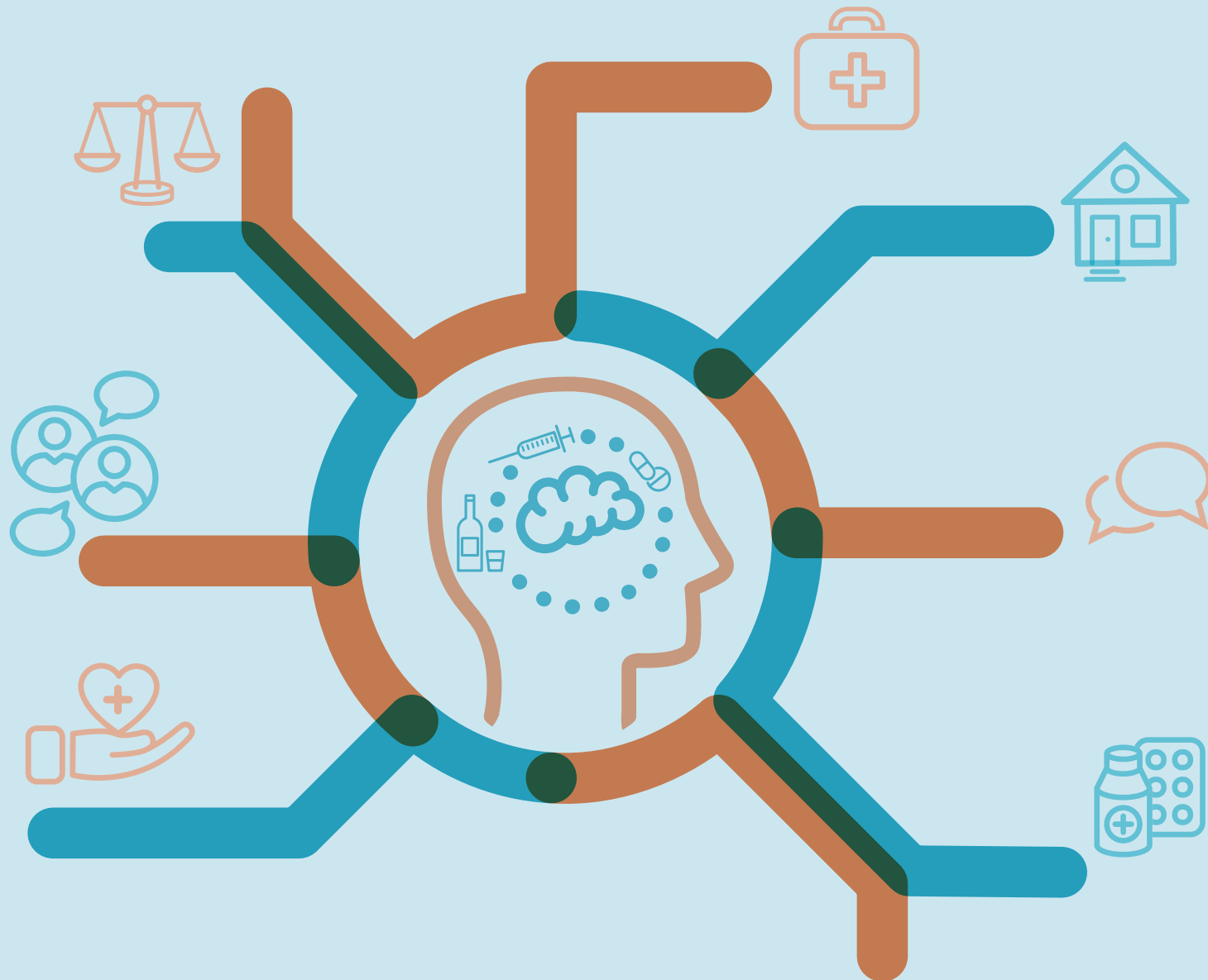
Working effectively with people with co-occurring **mental health** and **alcohol/drug use conditions**

CLiNKS
Supporting the voluntary sector
working in the criminal justice system



VCSE
health & wellbeing
alliance

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Contents

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Acknowledgements

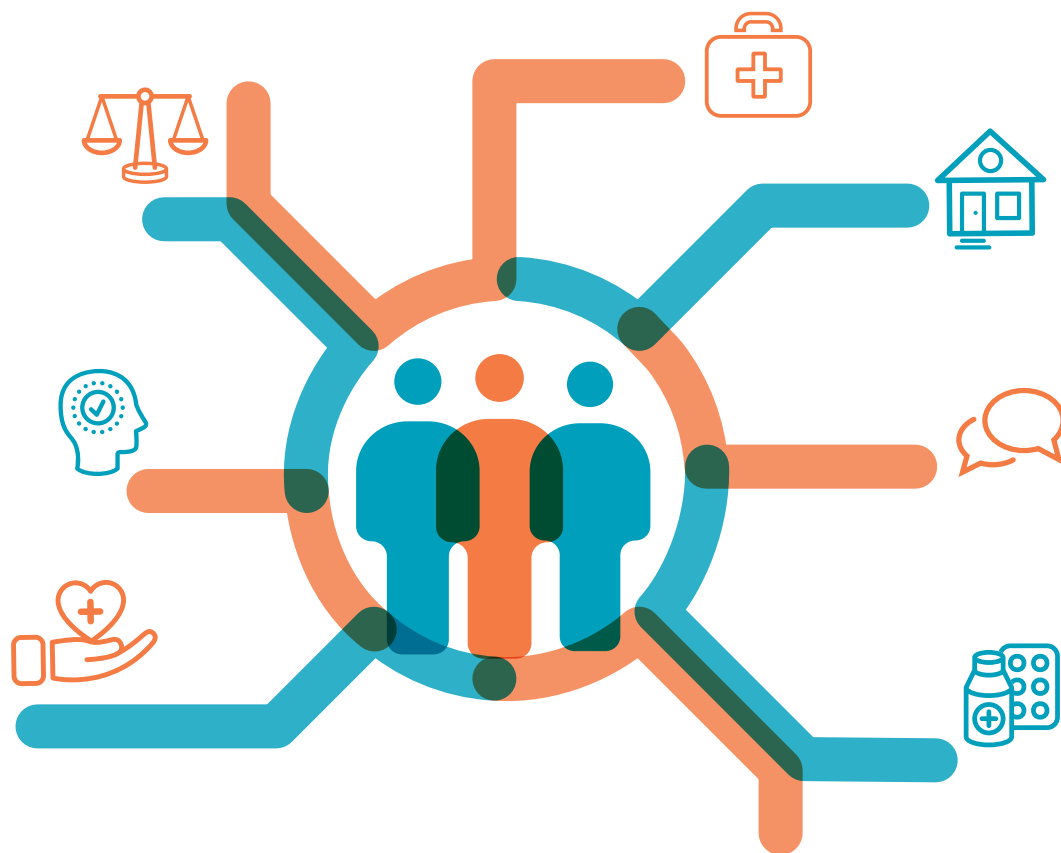
This resource has been created with support from the Voluntary, Community and Social Enterprise Health and Wellbeing Alliance, the Department of Health and Social Care, NHS England and Public Health England. The Alliance works together with voluntary organisations to drive transformation of health and care systems, promote equality, address health inequalities and help people, families and communities to achieve and maintain wellbeing.

Clinks worked with Revolving Doors Agency to access funding for this project. Revolving Doors Agency led the consultation with people with lived experience. Public Health England supported the development of the tools - comprising this framework and an e-learning resource - which are based on a Public Health England guidance document, *Better care for people with co-occurring mental health and alcohol/drug use conditions: A guide for commissioners and service providers*. Clinical expertise was obtained from PROGRESS¹ members, specifically Justine Trippier, Consultant Nurse at Oxleas NHS Foundation Trust, and Professor Liz Hughes, formerly at University of Huddersfield and now at University of Leeds.

We are grateful to the Revolving Doors Lived Experience Forum members who gave their time to share their experiences and inform the development of this document.

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1. Introduction




Working with people who have co-occurring mental health and alcohol and/or drug use conditions (COMHAD) is everyone's business. This is because people with multiple needs often require help across many different agencies, including mental health, drug and/or alcohol misuse, health, housing, the criminal justice system and social services. It is also because these co-occurring conditions are very common.

Approximately three quarters of people who attend drug and/or alcohol misuse services will also have a mental health issue. Around a third of people using mental health services will have some form of drug and/or alcohol use condition(s). Therefore, all services and the workers within those services need to be equipped with the right values, knowledge and skills to be able to offer timely and effective advice and help.

In the UK, all services need to have an understanding of COMHAD conditions and be capable of providing an appropriate level of integrated care to meet individuals' needs. In order to achieve this goal, all workers in agencies that come into contact with individuals who have COMHAD issues will need some key capabilities related to values and compassion, engagement, working effectively with multiple agencies and coordination of care, as well as providing effective evidence-based treatments.

Workers should have specific skills, dependent on their role and qualifications. It is also important to recognise that there is a need to bring together a range of professional expertise in order to best support someone who presents with multiple needs. Coordinated multi-agency working is, therefore, an essential requirement for supporting individuals on their recovery journey.

This framework is informed by, and based on, the lived experience of people with COMHAD conditions, some of whom are the most marginalised and excluded people in our society. It is vital that they have an opportunity to express how they view treatment and support services and for workers to hear and understand what is important to them. In the process of developing this framework and the [e-learning website](#)  Revolving Doors Lived Experience Forum members engaged in discussions about what was important to them in terms of effective care. The feedback from these consultations has informed the content of this capability framework and members' contributions have been included in relevant sections.

All workers who come into contact with individuals with COMHAD conditions have a role to play in engaging and intervening, no matter what service they work for or their individual role. The predominant theme emerging from discussions with those with lived experience of COMHAD conditions was the importance of workers' personal qualities and behaviour and how vital the workers' characteristics were to an individual's recovery journey.



Key capabilities

2. Context for the capability framework

This capability framework has been developed to support the implementation of *Better care for people with co-occurring mental health and alcohol/drug use conditions: a guide for commissioners and service providers*².

The guidance, published in 2017, was developed through Public Health England (PHE) by an expert panel to provide an up-to-date guide for commissioners and service providers. Clinks and Revolving Doors, in collaboration with Professor Elizabeth Hughes at the University of Huddersfield, PROGRESS and Centre for E-learning at Coventry University, were awarded a grant to develop practical tools to aid the implementation of the new guidance. This capability framework is one of the tools.

This framework updates and builds on two previous products, *Closing the gap*³ and the Leeds capability *framework*⁴. A draft version of the framework was presented to a Revolving Doors Forum event for review and discussion. This is the final version based on their feedback. The framework complements an e-learning website, also developed in consultation with Revolving Doors Agency, which is free to access.

The e-learning website aims to raise awareness of the issues faced by people who have COMHAD conditions and how services can best respond. It uses the *Better care* guidance as a framework and signposts to further resources.



The framework



3. Background

3.1. What do we mean by co-occurring mental health and alcohol/drug use?

Simply put, this term describes a significant proportion of individuals who use health and social care services; specifically those who are experiencing difficulties with both mental health and alcohol/drug use conditions at the same time. This is an umbrella term and will include people across the spectrum of mental health issues - from short-term mental health issues right through to long-term and severe mental health issues - and across the spectrum of drug or alcohol use conditions, from occasional use through to dependency.

3.2 How common is it?

It is usual, rather than the exception, to find people with COMHAD conditions across health and social care settings. Research estimates that approximately:

30% of people in **community mental health services**,⁵
50% and around 50% of those in **inpatient mental health settings**,⁶ have a co-occurring alcohol/drug use condition.

Approximately **70%** of people attending **drug and alcohol services** will have a co-occurring mental health issue.⁷



Co-occurring alcohol/drug use conditions and mental health issues are also common in **prison populations**.⁸

3.3 What have been the barriers to effective care?

People who have COMHAD conditions find it challenging to get their multiple needs met as services often only address single issues - either mental health, or alcohol/drug use conditions. Often because of similarities in presentation between mental health and substance use, it is not always clear what the main issue is. Furthermore, workers may not know how to work in an integrated manner in terms of comprehensive assessment and care planning around co-occurring conditions. A lack of skills can leave practitioners feeling unconfident and anxious about working with people who have multiple needs.

4. Aim of the framework

The aim of the framework is to describe the values, knowledge and skills required to work with people who have co-occurring mental health and alcohol/drug use conditions. It is designed to be relevant to workers in mental and physical health settings, alcohol/drug misuse services, social services and the criminal justice system. The framework is designed as an individual development tool, but it can also be used and modified by any service provider for workforce development. For example, when describing the specific capabilities required in job descriptions, for training curricula and for performance, development and appraisal systems.



The framework 

5. Definition of a capability

A capability is defined as a set of components that come together to enable a worker to deliver high quality care and treatment.

It includes:



A capability is more than simply having the right knowledge and skills. It is about being able to deliver skills ethically, whilst displaying positive values and attitudes, and applying the knowledge to specific situations and needs.

This framework offers a clear guide to what capabilities are expected from the whole workforce who are in contact with people with COMHAD conditions.

There is a **self-assessment tool**  in the appendix, which can be used as a foundation for a developmental action plan based on areas of need.

6. Wider organisational issues

Whilst this framework has been designed as an individual development tool, it is also important to recognise that an individual worker is constrained by their job role and the wider remit of the service that they work in, as well as the wider care pathways and provision locally.

PHE's *Better care* guidance places a significant emphasis on the need for local services to jointly create care pathways and have shared working arrangements in place.

Commissioners in Clinical Commissioning Groups, local authorities and integrated care systems should work together locally to commission the range of services required to meet the needs of individuals who span mental health, alcohol/drug misuse, and a range of other health and social care services. This should also be based on a local assessment of need.



7. How to use the framework

In order to use the **framework**  we suggest that you read each section and reflect on:

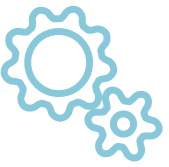
- Where your current capabilities lie
- How these capabilities fit with your role and your service
- What evidence is required to demonstrate these capabilities
- How your personal development plan and training can help you acquire these capabilities.



The framework 

There is a pro forma template to help structure and formulate learning and development plans in the appendix.

Self-assessment template 



8. The framework

Values

Description	Lived experience evidence	Capabilities demonstrated	Evidenced by
<p>COMHAD is everyone's business.</p> <p>Demonstrating positive values such as compassion, empathy and optimism - that the person can recover.</p>	<p><i>"My keyworker, you know, says hello, gets me a cup of tea. A simple cup of tea, sit down and listen. Nobody looked me in the eye, but she did. I thought she cares about me. She saw, you know, underneath the mental health problem or the addiction, there was a person underneath."</i></p> <p><i>"People having sympathy for me and those giving genuine compassion was a huge difference."</i></p>	<ul style="list-style-type: none">✓ Communicating values of compassionate care verbally and non-verbally✓ This will be underpinned by values, such as working in partnership with the person, acceptance/unconditional positive regard, seeking the person's views about their situation and respecting their goals.	<ul style="list-style-type: none">✎ Lived experience involvement✎ Client testimonials and feedback.

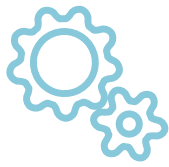
Effective Management

Flexible, person-centred, assertive outreach.

"I have trust issues, I am going there from the street, I don't have anyone to rely on. If they are not compassionate, I am going back on the street."

- ✓ Creating a helpful welcoming atmosphere, so that people want to come and engage with the service
- ✓ Developing relationships based on mutual trust and respect.

- ✎ Retention in services
- ✎ Reduced dropouts
- ✎ Reduced missed appointments.



8. The framework



Right care
right time

Description

No wrong door:
Wherever a person presents that service will assess their needs and strengths, support them to make contact with appropriate services, offer help in a crisis and offer a range of options from advice, to treatment and recovery.

Lived experience evidence

"They sat down to listen to me. It wasn't their version of recovery or even my version of recovery – we created a common solution. That is important: common solutions together."

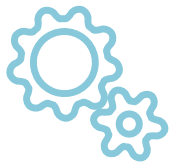
"Recovery can be a journey: people will have ups and downs and [staff] should understand that not everyone will sail smoothly."

Capabilities demonstrated

- ✓ Undertaking a comprehensive person centred assessment of needs and strengths/assets, including risks to self/others and readiness to change (motivation)
- ✓ Supporting the person to engage with relevant services in the local area
- ✓ Facilitating referrals on behalf of the person presenting
- ✓ Offering appropriate care in a crisis according to the remit of your service
- ✓ Offering appropriate intervention relevant to the individual's needs, strengths/assets and level of motivation
- ✓ Offering evidence-based interventions relevant to your role and service
- ✓ Offering brief assessment and advice, through to motivational interviewing, cognitive behavioural approaches, harm reduction and health education/ advice as appropriate to your role.

Evidenced by

- ✎ Strengths-based assessments
- ✎ Number of advice and information/ brief interventions sessions delivered
- ✎ Effective and successful onward referrals
- ✎ Treatment outcomes
- ✎ Reduced dropouts.



8. The framework


Working effectively and collaboratively with multiple agencies

Description

Effective local pathways, information sharing processes and partnership working

Lived experience evidence

"We have dual diagnosis, but we don't get dual treatment."








"There were five appointments at any time and it was difficult for me to keep up with them and get my point across because of the severity of the position I was in, because I was homeless, I was evicted, had a mental health crash."

"The advocate was able to eliminate some of the risks I put myself under. They were able to coordinate the appointments, and help me focus on my wellbeing, prevented a lot of stress. And they were able to talk to me as the key person – they were able to support the multiagency approach. In all the years I have been in services, that was probably what made the most difference."

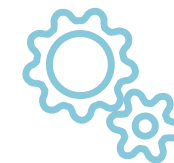
Capabilities demonstrated

- ✓ Knowledge of the full range of relevant local services, their inclusion criteria and referral processes
- ✓ Effective communication and partnership working with other agencies in the best interests of the person presenting
- ✓ Understanding the local information sharing agreements
- ✓ Sharing information to reduce risk of harm to person and/or others.

Evidenced by

-  Confidentiality and information sharing policy
-  Multi-agency working protocols and care pathways
-  Crisis plans with local services involved
-  Single points of access.
-  Evidence of visits to partner agencies
-  Participation in local COMHAD relevant network meetings
-  Shadowing undertaken in a relevant COMHAD partner agency.

8. The framework




Working with families, carers, close friends, significant others




Description

Families, carers and close friends have a valuable role to play in supporting a person. However, they may be experiencing their own challenges and benefit from support in their own right.

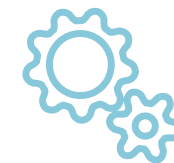
Lived experience evidence

"... my psychiatrist wrote a letter describing signs so that they [family] can recognise when I am unwell and shared my relapse prevention plan, so that they can get in touch with the support team".

- Capabilities demonstrated**
- ✓ Recognising the needs of friends, families and carers who support the person and being able to support them whilst protecting confidentiality
 - ✓ Valuing carer involvement and listening to their concerns
 - ✓ Knowing what carer support exists locally
 - ✓ Referring for a carer's assessment as appropriate.

- Evidenced by**
-  Knowledge of 1:1 and group support for carers and other family members in the local area
 -  Evidence of signposting carers to local support
 -  Evidence of inclusion of carer views and needs in care plans (with consent of the person), including three-way meetings.

8. The framework



Physical health and health promotion

Description

Attending to the person's physical health needs in order to:

- Prevent health problems developing
- Treat existing problems.

Lived experience evidence

"I had a lot of back problems, etc. but later I found out I had Hepatitis C, it was a wake-up call for me"

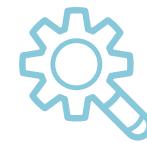
Capabilities demonstrated

- ✓ Using every opportunity to consider health promotion during routine contacts
- ✓ Using the principles of making every contact count (MECC)
- ✓ Having awareness of the range of physical health issues associated with co-occurring drug/alcohol use and mental health
- ✓ Encouraging access to primary care and other medical services
- ✓ Supporting people to access healthcare
- ✓ Being able to offer brief advice on a range of health issues including
 - Smoking cessation
 - Safer injecting
 - Hepatitis B and C testing and Hepatitis B vaccination
 - Sexually transmitted infections and contraception
 - Routine blood tests and physical health checks
 - Diet and exercise.

Evidenced by

- ✎ Completion of MECC training
- ✎ Evidence that physical health is assessed and discussed in notes and in the assessment documentation
- ✎ Evidence that concerns for health are discussed and that appropriate treatment, tests, lifestyle advice and/or referrals are made, and that care plans include client-led physical health improvement goals.

APPENDIX: Self-assessment tool




This tool is to be used to guide reflection on training needs regarding working with people who have co-occurring mental health and alcohol/drug use conditions. It is not a validated tool, but designed to generate discussion and formulate learning and development plans.

How to use

Rate yourself on a scale of **one to five** on whether you feel you can demonstrate the following set of capabilities. A score of five would mean that you clearly and consistently demonstrate these capabilities, you could teach others and there is no knowledge or skills gap. Conversely, a score of one would be if you were unable to provide any evidence that you can demonstrate that capability. Where identified needs are highlighted, think about what actions could be taken to improve your capabilities and add a realistic review date. There are no right or wrong levels of capability. This tool is to help you reflect on where you are at right now and develop a plan to further enhance your capabilities to work with this population.

Training

- It is recommended that **all workers** should undertake the **e-learning tool**  which will further raise awareness of the issues related to this topic and provide some links to useful resources.
- If you are in the role of **key worker, named worker or case manager**, then further training should be part of your personal development plan. This may involve shadowing a colleague in another service to enhance your knowledge and skills for working in an integrated manner.
- If you are in a **specialist role**, you may want to consider what specialist skills training is required, not only to deliver specialist care to clients and their carers, but also to provide effective supervision and training to your local team and services. For example, cognitive behavioural therapy or motivational interviewing.



Self-assessment tool



Values

Capabilities demonstrated

Communicating values of compassionate care verbally and non-verbally.

Self-rating score
1 = no evidence
5 = clear and consistent evidence of capability

1 2 3 4 5
☐ ☐ ☐ ☐ ☐

Evidence to support score

Action for further learning and development

Review date

This will be underpinned by values, such as working in partnership with the person, acceptance/unconditional positive regard, seeking the person's views about their situation and respecting their goals.

1 2 3 4 5
☐ ☐ ☐ ☐ ☐



Self-assessment tool



Effective Management

Capabilities demonstrated

Creating a helpful welcoming atmosphere, so that people want to come and engage with the service.

Developing relationships based on mutual trust and respect.

Self-rating score
1 = no evidence
5 = clear and consistent evidence of capability

1 2 3 4 5

☐ ☐ ☐ ☐ ☐

1 2 3 4 5

☐ ☐ ☐ ☐ ☐

 **Evidence to support score**

 **Action for further learning and development**

Review date 



Self-assessment tool



Right care
right time

Capabilities demonstrated

Undertaking a comprehensive person-centred assessment of needs and strengths/assets, including risks to self/others and readiness to change (motivation).

Self-rating score
1 = no evidence
5 = clear and consistent evidence of capability

1 2 3 4 5
☐ ☐ ☐ ☐ ☐

Evidence to support score

Action for further learning and development

Review date

Supporting the person to engage with relevant services in the local area.

1 2 3 4 5
☐ ☐ ☐ ☐ ☐



Self-assessment tool



Right care
right time

Capabilities
demonstrated

Self-rating score
1 = no evidence
5 = clear and consistent
evidence of capability

Evidence to
support score

Action for further learning
and development

Review
date

Facilitating referrals
on behalf of the
person presenting.

1 2 3 4 5
○ ○ ○ ○ ○

Offering appropriate
care in a crisis
(according to
the remit of your
service).

1 2 3 4 5
○ ○ ○ ○ ○



Self-assessment tool



Right care
right time

Capabilities demonstrated

Offering appropriate intervention relevant to the individual's needs, strengths/ assets and level of motivation.

Self-rating score
1 = no evidence
5 = clear and consistent evidence of capability

1 2 3 4 5
☐ ☐ ☐ ☐ ☐

Evidence to support score

Action for further learning and development

Review date

Offering evidence-based interventions relevant to your role and service.

1 2 3 4 5
☐ ☐ ☐ ☐ ☐



Self-assessment tool



**Right care
right time**

Capabilities demonstrated

Offering brief assessment and advice, through to motivational interviewing, cognitive behavioural approaches, harm reduction and health education/advice as appropriate to your role.

Self-rating score
1 = no evidence
5 = clear and consistent
evidence of capability

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Evidence to
support score**

**Action for further learning
and development**

**Review
date**



Self-assessment tool


Working effectively and collaboratively with multiple agencies

Capabilities demonstrated

Knowledge of the full range of relevant local services, their inclusion criteria and referral processes.

Self-rating score
1 = no evidence
5 = clear and consistent evidence of capability

1 2 3 4 5
☐ ☐ ☐ ☐ ☐

 **Evidence to support score**

 **Action for further learning and development**

Review date 

Effective communication and partnership working with other agencies in the best interests of the person presenting.

1 2 3 4 5
☐ ☐ ☐ ☐ ☐



Self-assessment tool


Working effectively and collaboratively with multiple agencies

Capabilities demonstrated

Understanding the local information sharing agreements.

Self-rating score
1 = no evidence
5 = clear and consistent evidence of capability

1 2 3 4 5
☐ ☐ ☐ ☐ ☐

 **Evidence to support score**

 **Action for further learning and development**

Review date 

Sharing information to reduce risk of harm to person and/or others.

1 2 3 4 5
☐ ☐ ☐ ☐ ☐



Self-assessment tool



Working with families, carers, close friends, significant others

Capabilities demonstrated

Recognising the needs of friends, families and carers who support the person and being able to support them whilst protecting confidentiality.

Self-rating score
1 = no evidence
5 = clear and consistent evidence of capability

1 2 3 4 5
☐ ☐ ☐ ☐ ☐

Evidence to support score

Action for further learning and development

Review date

Valuing carer involvement and listening to their views, ideas and feedback.

1 2 3 4 5
☐ ☐ ☐ ☐ ☐



Self-assessment tool


Working with families, carers, close friends, significant others

Capabilities demonstrated	Self-rating score 1 = no evidence 5 = clear and consistent evidence of capability	Evidence to support score	Action for further learning and development	Review date
Knowing what carer support exists locally.	<div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div><input type="radio"/></div><div><input type="radio"/></div><div><input type="radio"/></div><div><input type="radio"/></div><div><input type="radio"/></div></div>			
Referring for a carer's assessment as appropriate.	<div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div><input type="radio"/></div><div><input type="radio"/></div><div><input type="radio"/></div><div><input type="radio"/></div><div><input type="radio"/></div></div>			



Self-assessment tool



Physical health and health promotion

Capabilities demonstrated

Using every opportunity to consider health promotion during routine contacts.

Self-rating score
1 = no evidence
5 = clear and consistent evidence of capability

1 2 3 4 5
☐ ☐ ☐ ☐ ☐

Evidence to support score

Action for further learning and development

Review date

Using the principles of making every contact count (MECC).

1 2 3 4 5
☐ ☐ ☐ ☐ ☐



Self-assessment tool



Physical health and health promotion

Capabilities demonstrated

Self-rating score
1 = no evidence
5 = clear and consistent evidence of capability

Evidence to support score

Action for further learning and development

Review date

Having awareness of the range of physical health issues associated with co-occurring drug/alcohol use and mental health.

1 2 3 4 5
☐ ☐ ☐ ☐ ☐

Encouraging access to primary care and other medical services.

1 2 3 4 5
☐ ☐ ☐ ☐ ☐



Self-assessment tool



Physical health and health promotion

Capabilities demonstrated

Supporting people to access healthcare.

Self-rating score
1 = no evidence
5 = clear and consistent evidence of capability

1 2 3 4 5
○ ○ ○ ○ ○



Evidence to support score



Action for further learning and development

Review date

Being able to offer brief advice on a range of health issues including:

- Smoking cessation
- Safer injecting
- Hepatitis B and C testing and Hepatitis B vaccination
- Sexually transmitted infections and contraception
- Routine blood tests and physical health checks
- Diet and exercise.

1 2 3 4 5
○ ○ ○ ○ ○

End notes

1. PROGRESS- Consortium of Consultant Nurses and Expert Practitioners in Dual Diagnosis. See: www.dualdiagnosis.co.uk
2. Public Health England. (2017). Better care for people with co-occurring mental health and alcohol/drug use conditions: A guide for commissioners and service providers. Online: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/625809/Co-occurring_mental_health_and_alcohol_drug_use_conditions.pdf (last accessed: 15/11/2018)
3. Hughes, L. (2006). Closing the Gap. Online: <http://eprints.lincoln.ac.uk/729/1/uoa12eh05.pdf> (last accessed: 15/11/2018)
4. Hughes, L. The Leeds Co-occurring Mental Health and Substance use (Dual Diagnosis) Capability Framework. Leeds: University of Leeds
5. Menezes, P., Johnson, S., Thornicroft, G., Marshall, J., Prosser, D., Bebbington, P., & Kuipers, E. (1996). *Drug and Alcohol Problems among Individuals with Severe Mental Illnesses in South London*. British Journal of Psychiatry, 168(5), 612-619. doi:10.1192/bjp.168.5.612
6. Philips, P & Johnson, S 2003. *Drug and Alcohol Misuse among In-patients with Psychotic Illnesses in Three Inner-London Psychiatric Units*. Psychiatric Bulletin, 27, pp.217-220.
7. Weaver et al. (2003). *Comorbidity of substance misuse and mental illness in community mental health and substance misuse services*. The British Journal of Psychiatry Sep 2003, 183 (4) 304-313. Mental Health and Substance Use Vol. 6, Iss 1, 2013 AND Delgadillo J, Godfrey C, Gilbody S and Payne S (2012) Depression, anxiety and comorbid substance use: association patterns in outpatient addictions treatment
8. Wright, N., Walters, P., Strang, J (2016) *Dual diagnosis in prisons: management of co-existing substance use and mental health disorders*, Advances in Dual Diagnosis, Vol. 9 Issue: 1, <https://doi.org/10.1108/ADD-12-2015-0025>

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