

# Psychosis with coexisting substance misuse

Assessment and management in adults and  
young people

Issued: March 2011

**NICE clinical guideline 120**

[guidance.nice.org.uk/cg120](http://guidance.nice.org.uk/cg120)

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## Introduction

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

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

Substance misuse is a broad term encompassing, in this guideline, the harmful use of any psychotropic substance, including alcohol and either legal or illicit drugs. Such use is usually, but not always, regarded as a problem if there is evidence of dependence, characterised by psychological reinforcement of repeated substance-taking behaviour and, in some cases, a withdrawal syndrome. However, substance misuse can be harmful without dependence, especially among people with a coexisting psychosis.

Approximately 40% of people with psychosis misuse substances at some point in their lifetime, at least double the rate seen in the general population. In addition, people with coexisting substance misuse have a higher risk of relapse and hospitalisation, and have higher levels of unmet needs compared with other inpatients with psychosis who do not misuse substances.

Substance misuse among individuals with psychiatric disorders is associated with significantly poorer outcomes than for individuals with a single disorder. These outcomes include worsening psychiatric symptoms, poorer physical health, increased use of institutional services, poor medication adherence, homelessness, increased risk of HIV infection, greater dropout from services and higher overall treatment costs. Social outcomes are also significantly worse, including greater homelessness and rooflessness<sup>[1]</sup>, a higher impact on families and carers, and increased contact with the criminal justice system.

People with psychosis commonly take various non-prescribed substances as a way of coping with their symptoms, and in a third of people with psychosis, this amounts to harmful or dependent use. The outcome for people with psychosis and coexisting substance misuse is worse than for people without coexisting substance misuse, partly because the substances used may exacerbate the psychosis and partly because substances often interfere with

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pharmacological or psychological treatment. This guideline aims to help healthcare professionals guide people with psychosis and coexisting substance misuse to stabilise, reduce or stop their substance misuse, to improve treatment adherence and outcomes, and to enhance their lives.

As well as primary and secondary services, this guideline also applies to services that are delivered by the third sector and commissioned by the NHS.

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<sup>[1]</sup> Rooflessness here refers to living rough or on the streets, whereas homelessness encompasses people who are living in shelters.

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## Person-centred care

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

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

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

If the person agrees, families and carers should have the opportunity to be involved in decisions about treatment and care. Families and carers should also be given the information and support they need.

Care of young people in transition between child and adolescent mental health services (CAMHS), and adult services should be planned and managed according to the best practice guidance described in [Transition: getting it right for young people](#).

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

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## Key priorities for implementation

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

- When working with adults and young people with known or suspected psychosis and coexisting substance misuse, take time to engage the person from the start, and build a respectful, trusting, non-judgemental relationship in an atmosphere of hope and optimism. Be direct in your communications, use a flexible and motivational approach, and take into account that:
  - stigma and discrimination are associated with both psychosis and substance misuse
  - some people will try to conceal either one or both of their conditions
  - many people with psychosis and coexisting substance misuse fear being detained or imprisoned, being given psychiatric medication forcibly or having their children taken into care, and some fear that they may be 'mad'.

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

- Healthcare professionals in all settings, including primary care, secondary care mental health services, CAMHS and accident and emergency departments, and those in prisons and criminal justice mental health liaison schemes, should routinely ask adults and young people with known or suspected psychosis about their use of alcohol and/or prescribed and non-prescribed (including illicit) drugs. If the person has used substances ask them about 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 an assessment of dependency (see [Drug misuse: opioid detoxification](#) [NICE clinical guideline 52] and [Alcohol use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence](#) [NICE clinical guideline 115]) and also seek

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corroborative evidence from families, carers or significant others<sup>[2]</sup>, where this is possible and permission is given.

## Secondary care mental health services

### *Competence*

- Healthcare professionals working within secondary care 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.

### *Pathways into care*

- Do not exclude adults and young people with psychosis and coexisting substance misuse from age-appropriate mental healthcare because of their substance misuse.
- Do not exclude adults and young people with psychosis and coexisting substance misuse from age-appropriate substance misuse services because of a diagnosis of psychosis.

### *Coordinating care*

- Consider seeking specialist advice and initiating joint working arrangements with specialist substance misuse services for adults and young people with psychosis being treated by community mental health teams, and known to be:
  - severely dependent on alcohol **or**
  - dependent on both alcohol and benzodiazepines **or**
  - dependent on opioids and/or cocaine or crack cocaine.

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

## Substance misuse services

### *Competence*

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



- recognise 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.

## **Inpatient mental health services**

### *Substance misuse*

- All inpatient mental health services should ensure that they have policies and procedures for promoting a therapeutic environment free from drugs and alcohol that have been developed together with service users and their families, carers or significant others<sup>[2]</sup>. 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 others<sup>[2]</sup>, with information about the policies and procedures.

## **Specific issues for young people with psychosis and coexisting substance misuse**

### *Assessment and treatment*

- Those providing and commissioning services should ensure that:
  - age-appropriate mental health services are available for young people with psychosis and coexisting substance misuse **and**
  - transition arrangements to adult mental health services are in place where appropriate.

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<sup>[2]</sup> 'Significant other' refers not just to a partner but also to friends and any person the service user considers to be important to them.

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# 1 Guidance

The following guidance is based on the best available evidence. The [full guideline](#) gives details of the methods and the evidence used to develop the guidance.

## 1.1 Principles of care

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

- 1.1.1 When working with adults and young people with known or suspected psychosis and coexisting substance misuse, take time to engage the person from the start, and build a respectful, trusting, non-judgemental relationship in an atmosphere of hope and optimism. Be direct in your communications, use a flexible and motivational approach, and take into account that:
- stigma and discrimination are associated with both psychosis and substance misuse
  - some people will try to conceal either one or both of their conditions
  - many people with psychosis and coexisting substance misuse fear being detained or imprisoned, being given psychiatric medication forcibly or having their children taken into care, and some fear that they may be 'mad'.
- 1.1.2 When working with adults and young people with known or suspected psychosis and coexisting substance misuse:
- ensure that discussions take place in settings in which confidentiality, privacy and dignity can be maintained
  - avoid clinical language without adequate explanation
  - provide independent interpreters (who are not related to the person) if needed
  - aim to preserve continuity of care and minimise changes of key workers in order to foster a therapeutic relationship.

### Race and culture

- 1.1.3 Healthcare professionals working with adults and young people with psychosis and coexisting substance misuse should ensure that they are competent to engage, assess, and negotiate with service users from diverse cultural and ethnic backgrounds and their families, carers or significant others<sup>[3]</sup>.
- 1.1.4 Work with local black and minority ethnic organisations and groups to help support and engage adults and young people with psychosis and coexisting substance misuse. Offer organisations and groups information and training about how to recognise psychosis with coexisting substance misuse and access treatment and care locally.

### Providing information

- 1.1.5 Offer written and verbal information to adults and young people appropriate to their level of understanding about the nature and treatment of both their psychosis and substance misuse. Written information should:
- include the [Information for the public](#)<sup>[4]</sup>, which contains a list of organisations that can provide more information (see section 5.3)
  - be available in the appropriate language or, for those who cannot use written text, in an alternative format (audio or video).
- 1.1.6 All healthcare professionals in primary, secondary or specialist substance misuse services working with adults and young people with psychosis should offer information and advice about the risks associated with substance misuse and the negative impact that it can have on the experience and management of psychosis.

### Working with and supporting families, carers and significant others <sup>[3]</sup>

- 1.1.7 Encourage families, carers or significant others<sup>[3]</sup> to be involved in the treatment of adults and young people with psychosis and coexisting substance misuse to help support treatment and care and promote recovery.
- 1.1.8 When families, carers or significant others<sup>[3]</sup> live or are in close contact with the person with psychosis and coexisting substance misuse, offer family

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intervention as recommended in [Schizophrenia: core interventions in the treatment and management of schizophrenia in adults in primary and secondary care](#) (NICE clinical guideline 82).

- 1.1.9 When families, carers or significant others<sup>[3]</sup> are involved in supporting the person with psychosis and coexisting substance misuse, discuss with them any concerns about the impact of these conditions on them and on other family members.
- 1.1.10 Offer families, carers or significant others<sup>[3]</sup> 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.
- 1.1.11 Offer written and verbal information to families, carers or significant others<sup>[3]</sup> appropriate to their level of understanding about the nature and treatment of psychosis and substance misuse, including how they can help to support the person. Written information should be available in the appropriate language or, for those who cannot use written text, in an accessible format (audio or video).
- 1.1.12 Offer information to families, carers or significant others<sup>[3]</sup> about local family or carer support groups and voluntary organisations, including those for psychosis and for substance misuse, and help families, carers or significant others<sup>[3]</sup> to access these.
- 1.1.13 Negotiate confidentiality and sharing of information between the person with psychosis and coexisting substance misuse and their family, carer or a significant other<sup>[3]</sup>.
- 1.1.14 Ensure the needs of young carers or dependent adults of the person with psychosis and coexisting substance misuse are assessed. Initiate safeguarding procedures where appropriate (see recommendations 1.1.16–1.1.20).

## Support for healthcare professionals

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1.1.15 Working with people with psychosis and coexisting substance misuse can be challenging and healthcare professionals should seek effective support – for example, through professional supervision or staff support groups.

### **Safeguarding issues**

1.1.16 If people with psychosis and coexisting substance misuse are parents or carers of children or young people, ensure that the child's or young person's needs are assessed according to local safeguarding procedures<sup>[6]</sup>.

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

- use a multi-agency approach, including social care and education, to ensure that various perspectives on the child's life are considered
- consider using the Common Assessment Framework<sup>[6]</sup>; advice on this can be sought from the local named lead for safeguarding.

1.1.18 If serious concerns are identified, health or social care professionals working with the child or young person (see recommendation 1.1.17) should develop a child protection plan.

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

1.1.20 Consider adults with psychosis and coexisting substance misuse for assessment according to local safeguarding procedures for vulnerable adults if there are concerns regarding exploitation or self-care, or if they have been in contact with the criminal justice system.

### **Consent, capacity and treatment decisions**

1.1.21 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
- understand and apply the principles underpinning the Mental Capacity Act (2005), and be aware that mental capacity is decision-specific (that is, if there is doubt about mental capacity, assessment of mental capacity should be made in relation to each decision)
- be able to assess mental capacity using the test set out in the Mental Capacity Act (2005).

These principles should apply whether or not people are being detained or treated under the Mental Health Act (1983; amended 1995 and 2007).

### **Advance decisions and statements**

1.1.22 Develop advance decisions and advance statements in collaboration with adults with psychosis and coexisting substance misuse, especially if their condition is severe and they have been treated under the Mental Health Act (1983; amended 1995 and 2007). Record the decisions and statements and include copies in the care plan in primary and secondary care. Give copies to the person, their care coordinator, and their family, carer or a significant other<sup>[3]</sup> if the person agrees.

1.1.23 Take advance decisions and advance statements into account in accordance with the Mental Capacity Act (2005). Although advance decisions and advance statements can be overridden using the Mental Health Act (1983; amended 1995 and 2007), try to honour them wherever possible.

### **Working with the voluntary sector**

1.1.24 Healthcare professionals in primary care and secondary care mental health services, and in specialist substance misuse services, should work

collaboratively with voluntary sector organisations that provide help and support for adults and young people with psychosis and coexisting substance misuse. Ensure that advocates from such organisations are included in the care planning and care programming process wherever this is possible and agreed by the person with psychosis and coexisting substance misuse.

- 1.1.25 Healthcare professionals in primary care and secondary care mental health services, and in specialist substance misuse services, should work collaboratively with voluntary sector organisations providing services for adults and young people with psychosis and coexisting substance misuse to develop agreed protocols for routine and crisis care.

## ***1.2 Recognition of psychosis with coexisting substance misuse***

- 1.2.1 Healthcare professionals in all settings, including primary care, secondary care mental health services, CAMHS and accident and emergency departments, and those in prisons and criminal justice mental health liaison schemes, should routinely ask adults and young people with known or suspected psychosis about their use of alcohol and/or prescribed and non-prescribed (including illicit) drugs. If the person has used substances ask them about 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 an assessment of dependency (see [Drug misuse: opioid detoxification](#) [NICE clinical guideline 52] and [Alcohol use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence](#) [NICE clinical guideline 115]) and also seek corroborative evidence from families, carers or significant others<sup>[3]</sup>, where this is possible and permission is given.

- 1.2.2 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 for possible psychosis. Seek corroborative evidence from families, carers or significant others<sup>[3]</sup>, where this is possible and permission is given.

## 1.3 Primary care

### Referral from primary care

- 1.3.1 Refer all adults and young people with psychosis or suspected psychosis, including those who are suspected of coexisting substance misuse, to either secondary care mental health services or CAMHS for assessment and further management.
- 1.3.2 Refer all adults and young people with substance misuse or suspected substance misuse who are suspected of having coexisting psychosis to secondary care mental health services or CAMHS for assessment and further management.

### Physical healthcare

- 1.3.3 Monitor the physical health of adults and young people with psychosis and coexisting substance misuse, as described in the guideline on [schizophrenia](#) (NICE clinical guideline 82). Pay particular attention to the impact of alcohol and drugs (prescribed and non-prescribed) on physical health. Monitoring should be conducted at least once a year or more frequently if the person has a significant physical illness or there is a risk of physical illness because of substance misuse.

## 1.4 Secondary care mental health services

### Competence



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- 1.4.1 Healthcare professionals working within secondary care 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.
- 1.4.2 Healthcare professionals working within secondary care mental health services with adults and young people with psychosis and coexisting substance misuse should consider having supervision, advice, consultation and/or training from specialists in substance misuse services. This is to aid in the development and implementation of treatment plans for substance misuse within CAMHS or adult community mental health services.

### Pathways into care

- 1.4.3 Do not exclude adults and young people with psychosis and coexisting substance misuse from age-appropriate mental healthcare because of their substance misuse.
- 1.4.4 Do not exclude adults and young people with psychosis and coexisting substance misuse from age-appropriate substance misuse services because of a diagnosis of psychosis.
- 1.4.5 For most adults with psychosis and coexisting substance misuse, treatment for both conditions should be provided by healthcare professionals in secondary care mental health services such as community-based mental health teams.

### Coordinating care

- 1.4.6 Consider seeking specialist advice and initiating joint working arrangements with specialist substance misuse services for adults and young people with psychosis being treated by community mental health teams, and known to be:
- severely dependent on alcohol **or**
  - dependent on both alcohol and benzodiazepines **or**
  - dependent on opioids and/or cocaine or crack cocaine.

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

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

- is difficult to control **and/or**
- leads to significant impairment of functioning, family breakdown or significant social disruption such as homelessness.

1.4.8 If a person with psychosis and coexisting substance misuse requires planned detoxification from either drugs or alcohol, this should take place in an inpatient setting (see section 1.6).

1.4.9 Delivery of care and transfer between services for adults and young people with psychosis and coexisting substance misuse should include a care coordinator and use the Care Programme Approach.

## Assessment

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

- 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 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.

The assessment may need to take place over several meetings to gain a full understanding of the person and the range of problems they experience, and to promote engagement.

1.4.11 When assessing adults and young people with psychosis and coexisting substance misuse, seek corroborative evidence from families, carers or significant others<sup>[3]</sup> where this is possible and permission is given. Summarise the findings, share this with the person and record it in their care plan.

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

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

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

1.4.13 When assessing adults and young people with psychosis and coexisting substance misuse, be aware that low levels of substance use that would not usually be considered harmful or problematic in people without psychosis, can have a significant impact on the mental health of people with psychosis.

1.4.14 Regularly assess and monitor risk of harm to self and/or others and develop and implement a risk management plan to be reviewed when the service users' circumstances or levels of risk change. Specifically consider additional risks associated with substance misuse, including:

- physical health risks (for example, withdrawal seizures, delirium tremens, blood-borne viruses, accidental overdose, and interactions with prescribed medication)  
**and**

- the impact that substance use may have on other risks such as self-harm, suicide, self-neglect, violence, abuse of or by others, exploitation, accidental injury and offending behaviour.

### Biological/physical testing

1.4.15 Biological or physical tests for substance use (such as blood and urine tests or hair analysis) may be useful in the assessment, treatment and management of substance misuse for adults and young people with psychosis. However, this should be agreed with the person first as part of their care plan. Do not use biological or physical tests in routine screening for substance misuse in adults and young people with psychosis.

### Treatment

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

- the diagnosis of psychosis and of the coexisting substance misuse, especially if either diagnosis has been made during a crisis or emergency presentation **and**
- the effectiveness of previous and current treatments and their acceptability to the person; discontinue ineffective treatments.

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

1.4.18 Ensure that adults and young people with psychosis and coexisting substance misuse are offered evidence-based treatments for both conditions (see recommendations 1.4.19 and 1.4.20).

1.4.19 For the treatment of psychosis, see [Bipolar disorder: the management of bipolar disorder in adults, children and adolescents, in primary and secondary care](#) (NICE clinical guideline 38) or the guideline on [schizophrenia](#) (NICE clinical guideline 82).

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1.4.20 For the treatment of substance misuse, see:

- [Alcohol-use disorders: diagnosis and clinical management of alcohol-related physical complications](#) and the guideline on [alcohol dependence and harmful alcohol use](#) (NICE clinical guidelines 100 and CG115) **and/or**
- [Drug misuse: psychosocial interventions](#) and the guideline on [opioid detoxification](#) (NICE clinical guidelines 51 and 52).

1.4.21 When developing a treatment plan for a person with psychosis and coexisting substance misuse, tailor the plan and the sequencing of treatments to the person and take account of:

- the relative severity of both the psychosis and the substance misuse at different times **and**
- the person's social and treatment context **and**
- the person's readiness for change.

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

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

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

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

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

## **1.5 Substance misuse services**

### **Competence**

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

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

### **Assessment**

1.5.2 Adults and young people with psychosis and coexisting substance misuse attending substance misuse services should be offered a comprehensive, multidisciplinary mental health assessment in addition to an assessment of their substance misuse.

### **Joint working**

1.5.3 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.

1.5.4 Specialist substance misuse services should provide advice, consultation, and training for healthcare professionals in adult mental health services and

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CAMHS regarding the assessment and treatment of substance misuse, and of substance misuse with coexisting psychosis.

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

## **1.6 Inpatient mental health services**

### **Substance misuse**

- 1.6.1 All inpatient mental health services should ensure that they have policies and procedures for promoting a therapeutic environment free from drugs and alcohol that have been developed together with service users and their families, carers or significant others<sup>[3]</sup>. 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 others<sup>[3]</sup>, with information about the policies and procedures.
- 1.6.2 When carrying out a comprehensive assessment for all adults and young people admitted to inpatient mental health services, ensure that they are assessed for current substance misuse and evidence of withdrawal symptoms at the point of admission.
- 1.6.3 Biological or physical tests for substance use 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. Obtain consent for these tests and inform the person of the results as part of an agreed treatment plan. Where mental capacity is lacking, refer to the Mental Capacity Act (2005).

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

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

For the further management of opioid detoxification see the guideline on [opioid detoxification](#) (NICE clinical guideline 52). For the further management of assisted alcohol withdrawal see the guideline on [alcohol dependence and harmful alcohol use](#) (NICE clinical guideline 115).

## Discharge

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

1.6.6 When adults and young people with psychosis and coexisting substance misuse are discharged from an inpatient mental health service, ensure that they have:

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

## 1.7 Staffed accommodation

### Exclusion from services



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- 1.7.1 Do not exclude people with psychosis and coexisting substance misuse from staffed accommodation (such as supported or residential care) solely because of their substance misuse
- 1.7.2 Do not exclude people with psychosis and coexisting substance misuse from staffed accommodation aimed at addressing substance misuse solely because of their diagnosis of psychosis.

### **Aims of treatment**

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

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

### **Competence**

- 1.8.1 Professionals in Tier 1 (primary care and educational settings) should be competent to recognise early signs of psychosis and substance misuse in young people.
- 1.8.2 Healthcare professionals in Tier 3 (community mental health teams) and Tier 4 (specialist inpatient and regional services) CAMHS, and in early intervention in psychosis services, should be competent in the management of psychosis and substance misuse in young people.

### **Identification and referral**

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

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

- 1.8.4 Ask all young people seen in Tier 3 and Tier 4 CAMHS and in early intervention in psychosis services who have psychosis or suspected psychosis about substance misuse (see recommendation 1.2.1).
- 1.8.5 Children and young people who, after comprehensive assessment, are considered to be at high risk of harm to themselves or others, should be referred directly to Tier 4 CAMHS including inpatient services where necessary.

### Assessment and treatment

- 1.8.6 Healthcare professionals working with young people with psychosis and coexisting substance misuse should ensure they are familiar with the legal framework that applies to young people including the Mental Health Act (1983; amended 1995 and 2007), the Mental Capacity Act (2005), and the Children Act (2004).
- 1.8.7 For psychological, psychosocial, family and medical interventions for young people, follow the recommendations for adults in this guideline; they may need to be adapted according to the young person's circumstances and age. In addition, other agencies, including children's services, should be involved to ensure that the young person's educational, employment, family and housing needs are met.
- 1.8.8 When prescribing medication, take into account the young person's age and weight when determining the dose. If it is appropriate to prescribe unlicensed medication, explain to the young person and/or their parents or carers the reasons for doing this.
- 1.8.9 Those providing and commissioning services should ensure that:
- age-appropriate mental health services are available for young people with psychosis and coexisting substance misuse **and**

- 
- transition arrangements to adult mental health services are in place where appropriate.

<sup>[3]</sup> 'Significant other' refers not just to a partner but also to friends and any person the service user considers to be important to them.

<sup>[4]</sup> Available in [English](#) and [Welsh](#).

<sup>[5]</sup> [Safeguarding Children](#).

<sup>[6]</sup> [Common Assessment Framework](#)

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## 2 Notes on the scope of the guidance

NICE guidelines are developed in accordance with a scope that defines what the guideline will and will not cover. The scope of this guideline is [available](#).

### How this guideline was developed

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

There is more information about [how NICE clinical guidelines are developed](#) on the NICE website and in [How NICE clinical guidelines are developed: an overview for stakeholders, the public and the NHS](#).

## 3 Implementation

NICE has developed [tools](#) to help organisations implement this guidance.

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## 4 Research recommendations

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

### ***4.1 Determining prevalence, risk and protective factors, and course of illness***

What are the prevalence, risk and protective factors, and course of illness for different combinations of psychosis and coexisting substance misuse (for example, schizophrenia and cannabis misuse or bipolar disorder and alcohol misuse)?

#### **Why this is important**

Studies vary in terms of the definitions and diagnosis of psychosis and substance misuse, and how they are conducted. This makes it difficult to draw conclusions about prevalence and patterns in patient groups differentiated by diagnosis, ethnicity and other demographics. Additionally, most studies are cross-sectional, so little is known about how both conditions change over time. Moreover, there is little guidance about which levels and patterns of substance misuse in which patient groups are associated with the worst clinical and social outcomes. Such information is necessary to target resources at groups most at risk of very poor outcomes.

This question should be answered using a longitudinal study design with a representative sample large enough to establish the prevalence, pattern, and epidemiology of different combinations of psychosis and coexisting substance misuse, associated social determinants, treatment and outcome. The study should also collect information that could inform the development of new interventions or the modification of existing interventions to improve prognosis.

### ***4.2 Predicting the onset of substance misuse in young people with psychosis***

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

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### **Why this is important**

People with psychosis and coexisting substance misuse are more likely to be non-adherent to prescribed medication, and have poor engagement with treatment programmes, increased risk of suicide, more and longer inpatient stays, increased risk of violence and time spent in the criminal justice system, and poorer overall prognosis. Because the onset of psychosis at a younger age is also an indicator of poor prognosis, people with a combination of younger age of onset and coexisting substance misuse may have a particularly poor prognosis. A clearer understanding of the risk and protective factors for substance misuse in young people with psychosis, and the interrelationship of the two conditions over time, may facilitate the development of treatment approaches for the coexisting conditions in this group. This may then improve the longer term outcome for a group of people who tend to have a poor prognosis.

This question should be answered using a prospective cohort study design.

## ***4.3 Psychosocial interventions versus standard care***

Are psychosocial interventions clinically and cost effective when compared with standard care for people with psychosis and coexisting substance misuse?

### **Why this is important**

Psychosocial interventions are recommended for the treatment of substance misuse, with contingency management showing particular promise. However, they have not been adequately tested in people who also have psychosis.

This question should be answered using a randomised controlled trial that examines short- and medium-term outcomes over at least 18 months. Studies should focus on people whose misuse of substances is most often encountered in clinical practice and has the greatest impact on mental health (such as cannabis and polysubstance misuse) and on those interventions – such as contingency management, cognitive therapy and relapse prevention – that show most promise in people with substance misuse without psychosis. Those providing the intervention should be trained and supervised to ensure that the results are robust and generalisable. Outcomes should reflect both observer and service user-rated assessments of improvement (including mental health and social functioning) and the intervention's acceptability. Studies need to be large enough to determine the intervention's costs and cost effectiveness.

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## **4.4 Environmental interventions versus standard care**

Are environmental interventions clinically and cost effective when compared with standard care for people with psychosis and coexisting substance misuse?

### **Why this is important**

Social and other environmental factors can play a role in triggering and maintaining substance misuse in people with psychosis, and in reducing the likelihood of progress and recovery. Evidence suggests that when the primary focus of management involves improving the environment, both conditions may improve.

This question should be answered using a randomised controlled trial that examines short- and medium-term outcomes over at least 12 months. Studies should focus on people with psychosis whose misuse of substances is most often encountered in clinical practice and has the greatest impact on mental health (such as cannabis and polysubstance misuse), and on interventions that take a collaborative approach to identifying and modifying social and environmental factors that may trigger substance misuse. Those providing the intervention should be trained and supervised to ensure that the results are robust and generalisable. Outcomes should reflect both observer and service user-rated assessments of improvement (including mental health and social functioning) and the intervention's acceptability. Studies need to be large enough to determine the intervention's costs and cost effectiveness.

## **4.5 Clozapine versus other pharmacological interventions**

Is clozapine clinically and cost effective when compared with other pharmacological interventions for people with psychosis and coexisting substance misuse?

### **Why this is important**

The NICE guideline on [schizophrenia](#) (NICE clinical guideline 82) states that clozapine should be offered to people with schizophrenia whose illness has not responded adequately to treatment despite the sequential use of adequate doses of at least two different antipsychotic drugs. However, there is insufficient evidence to guide healthcare professionals about the use of clozapine in people with psychosis and coexisting substance misuse. Expert opinion often advocates clozapine as having a particular role in this population, but the evidence to support



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such statements is lacking. Clozapine is expensive and has a wide range of side effects, some of which may be life-threatening if not monitored correctly.

This question should be answered using a randomised controlled trial in which participants are stratified for the presenting problem. It should report short- and longer-term outcomes (including substance misuse, acceptability of the intervention, and cost effectiveness) of at least 12 months' duration.

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## 5 Other versions of this guideline

### ***5.1 Full guideline***

The full guideline, Psychosis with coexisting substance misuse: assessment and management in adults and young people, contains details of the methods and evidence used to develop the guideline. It is published by the National Collaborating Centre for Mental Health.

### ***5.2 Information for the public***

NICE has produced [information for the public](#) explaining this guideline.

We encourage NHS and voluntary sector organisations to use text from this information in their own materials about psychosis with coexisting substance misuse.

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## 6 Related NICE guidance

### Published

- [Alcohol use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence](#). NICE clinical guideline 115 (2011).
- [Alcohol-use disorders: physical complications](#). NICE clinical guideline 100 (2010).
- [Schizophrenia](#). NICE clinical guideline 82 (2009).
- [Medicines adherence](#). NICE clinical guideline 76 (2009).
- [Drug misuse: opioid detoxification](#). NICE clinical guideline 52 (2007).
- [Drug misuse: psychosocial interventions](#). NICE clinical guideline 51 (2007).
- [Alcohol-use disorders](#). NICE public health guidance 24 (2010).
- [Community-based interventions to reduce substance misuse among vulnerable and disadvantaged children and young people](#). NICE public health guidance 4 (2007).
- [Naltrexone for the management of opioid dependence](#). NICE technology appraisal guidance 115 (2007).
- [Methadone and buprenorphine for the management of opioid dependence](#). NICE technology appraisal guidance 114 (2007).
- [Bipolar disorder](#). NICE clinical guideline 38 (2006).
- [Violence](#). NICE clinical guideline 25 (2005).

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## 7 Updating the guideline

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

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## Appendix A: The Guideline Development Group, National Collaborating Centre and NICE project team

### *Guideline Development Group*

**Professor Peter Tyrer (Chair, Guideline Development Group)**

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## Appendix B: The Guideline Review Panel

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

**Dr Robert Walker (Chair)**

General Practitioner, Workington

**Mr Robin Beal**

Consultant in Accident and Emergency Medicine, Isle of Wight

**Dr Mark Hill**

Head of Medical Affairs, Novartis Pharmaceuticals Ltd

**Dr John Harley**

Clinical Governance and Prescribing Lead and General Practitioner, North Tees PCT

**Mrs Ailsa Donnelly**

Lay member

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## About this guideline

NICE clinical guidelines are recommendations about the treatment and care of people with specific diseases and conditions in the NHS in England and Wales.

The guideline was developed by the National Collaborating Centre for Mental Health. The Collaborating Centre worked with a group of healthcare professionals (including consultants, GPs and nurses), patients and carers, and technical staff, who reviewed the evidence and drafted the recommendations. The recommendations were finalised after public consultation.

The methods and processes for developing NICE clinical guidelines are described in [The guidelines manual](#).

We have produced [information for the public](#) explaining this guideline. Tools to help you put the guideline into practice and information about the evidence it is based on are also [available](#).

### Changes after publication

January 2012: minor maintenance

January 2013: minor maintenance

February 2013: minor maintenance

### Your responsibility

This guidance represents the view of NICE, which was arrived at after careful consideration of the evidence available. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. However, the guidance does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer, and informed by the summary of product characteristics of any drugs they are considering.

Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have

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regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way that would be inconsistent with compliance with those duties.

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