



Unite the Union Stakeholder Comments to the National Institute for Health and Clinical Excellence Consultation: Psychosis with substance misuse

These stakeholder comments are submitted by Unite the Union. Unite is the UK’s largest trade union across the private and public sectors. The union’s members work in a range of industries including manufacturing, financial services, print, media, construction, transport and local government, education, health and not for profit sectors.

Unite is the third largest trade union in the National Health Service and represents approximately 100,000 health sector workers. This includes seven professional associations – the College of Health care Chaplains (CHCC), Community Practitioners and Health Visitors’ Association (CPHVA), Guild of Healthcare Pharmacists (GHP), Hospital Physicists Association (HPA), Medical Practitioners Union (MPU), Mental Health Nurses Association (MNHA) and the Society of Sexual Health Advisors (SSHA) – and members in occupations such as allied health professions, health care science, family of psychology, counsellors and psychotherapists, the family of dental professions, audiology, optometrists, opticians, estates and maintenance, ancillary and ambulance workers.

**National Institute for Health and Clinical Excellence
Psychosis with substance misuse
Stakeholder Comments**

Please enter the name of your registered stakeholder organisation below.

NICE is unable to accept comments from non-registered organisation or individuals. If you wish your comments to be considered please register via the [NICE website](#) or contact the [registered stakeholder organisation](#) that most closely represents your interests and pass your comments to them.

Stakeholder Organisation:	Unite the Union/Mental Health Nurses Association			
Name of commentator:	Led by (on behalf of Unite the Union): Professor Maureen Deacon, Phil Cooper & David Keating			
Order number <i>(For internal use only)</i>	Document Indicate if you are referring to the Full version NICE version or the Appendices	Section Number Indicate number or ‘general’ if your comment relates to the whole document	Page Number Indicate number or ‘general’ if your comment relates to the whole document	Comments Please insert each new comment in a new row. Please do not paste other tables into this table, as your comments could get lost – type directly into this table.
Example	Full	3.4.6	45	Our comments are as follows

PROFORMAS THAT ARE NOT CORRECTLY SUBMITTED AS DETAILED ABOVE MAY BE RETURNED TO YOU				
1	NICE	General	General	The guidance gives pointers to good practical strategies for services who care for this client group (we assume that 'adults and young people' refers to all over 14, particularly given the rise of alcohol problems in older people).
2	NICE	General	General	Given that the guidance is aimed at Northern Ireland (NI) and Wales as well as England, we are concerned that NI and Wales do not appear to be represented on the development group. This is particularly problematic in the case of NI where legislation, policy and service design is quite different from the other countries. We will refer to this below with regard to specific matters.
3	NICE	General	General	It may be inevitable with this type of ongoing work stream but NICE guidance is becoming very formulaic. This runs the risk of its users skimming over sections which are very familiar but actually very important in contextualising the care environment. The frequent direction to other NICE guidance whilst understandable may not be that useful for busy practitioners.
4	NICE	General	General	Many practitioners working in this field use the term 'dual diagnosis' and many have that phrase in their job title. Is NICE suggesting that this is now out of vogue? It can be confusing because of its use in other service contexts (e.g. to refer to those with learning disability and mental health problems).
5	NICE	General	General	In many ways the guidance appears like a rehash of the earlier good practice guidance (2002). It seems disappointing that there is not much new to say!
6	NICE	N/A	6	There is no similar legislation or policy in NI regarding capacity and consent.
7	NICE	N/A	6	Advice regarding the involvement of families and carers glosses over the complex dilemmas that may be involved – could readers be pointed elsewhere for advice?
8	NICE	1.1.11 & 1.6.1	13	It seems wasteful and very expensive that each and every organisation has to set out to generate this kind of information (including DVDs already prepared for carers). Could NICE recommend a national 'bank' of health information that services can use as templates for adding specific local detail? What about written information for patients?
9	NICE	1.1.16	14	It would be useful to refer here to the policy document 'Unmet needs of children in Northern Ireland'.
10	NICE	1.1.18	15	Mental Health Act 2007 does not relate to NI.
11	NICE	1.2.1	16	Many staff working in these areas will lack skills in assessing drug use and dependency. Could written guidance be recommended? Will this be based on the ICD-10 dependency criteria?
12	NICE	1.3.3	17	This seems rather non-specific, for example, just how regularly should physical health be monitored?
13	NICE	1.4.1	17	How is competence to be measured? Should the new e-learning modules produced by the CH and Coventry University be recommended?
14	NICE	1.4.2	17	We would prefer this recommendation to be strengthened from 'should consider' to 'should'.
15	NICE	1.4.3 &	18	It would be helpful to address the question of how services

		1.4.4		manage people who are intoxicated and unfit to engage in treatment.
16	NICE	1.4.5	18	What about those employed in specific 'dual-diagnosis' posts?
17	NICE	1.4.6	18	Clarity will be required if and when welfare benefit changes occur in relation to engagement in treatment.
18	NICE	Assessment	19 – 20	Should the Care Programme Approach and its NI equivalent be referred to?
19	NICE	1.4.13	20	Should this include assessment of weight change and liver function?
20	NICE	Treatment	21 – 22	Could advice be included regarding the management and treatment of acute ill-health in cases of, for example, drug induced acute psychosis?
21		1.4.16	20	Some patients have experienced drug testing as stigmatising. Should it be routine for all people admitted?
22	NICE	1.4.17	21	Could advice be included regarding the complexity and challenges of making a correct diagnosis?
23	NICE	1.5.1	23	This raises issues concerning the professional backgrounds of those working in substance misuse services – not all are qualified mental health practitioners.
24	NICE	1.6.3	24	Given the enormous pressures in inpatient psychiatry 'designated detoxification beds' seem rather idealistic! If substance misuse services are unavailable this may delay detoxification treatment.
25		1.7	26	Has this been considered in relation to rehabilitation services which often have a complete ban on alcohol and illegal drugs?
26	NICE	1.8.1	26	This seems aspirational rather than feasible.
27	NICE	General	General	We hoped to see clear direction with regard to the 'dual diagnosis' role given the tensions between clinical work, practice and policy development and practice leadership within these posts.

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For further information regarding this response, please contact:

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