

Estimating potential numbers in complex need

The Making Every Adult Matter (MEAM) coalition produced a discussion paper defining complex needs as people that have two or more of the following problems -substance misuse, offending, homelessness and psychiatric illness. The MEAM definition has become accepted nationally and is informing local commissioning plans around complex needs all over the country and locally in Plymouth.

As part of the commissioning process for adults with complex needs there has been a great deal of consultation and co-production with service providers and people using services. All services report both rising need and increased complexity. In particular, poly substance misuse, housing issues, poverty and benefit problems and family stress.

Substance misuse

Patients with comorbidity (more than one condition) have a poorer prognosis. The most consistent predictor of a poor treatment outcome for clients in treatment for substance misuse is the presence of psychopathology. Similarly, substance misuse is a predictor of poor treatment outcome for mentally ill patients. Research evidence suggests that drug treatment outcomes improve if mental disorders are treated. A variety of negative outcomes are associated with comorbidity: higher rates of relapse and rehospitalisation; hospitalisation; violence; arrest and imprisonment; homelessness and poorer housing stability; and serious infections such as HIV and Hepatitis. (Co-morbidity: Perspectives across Europe, Baldacchino and Corkery (Ed) 2006).

Public Health England national estimates for drugs

These are set out in the table below as a rate per 1000 of population for opiate and crack users (the most problematic group). As can be seen Plymouth has a much higher rate than the England average. On a positive note, whilst we have a bigger problem we are also much better at getting people into treatment than the England average. Treatment is known to reduce costs to health, social care and criminal justice agencies, saving at least £2.50 for every £1.00 spent.

	Plymouth rate/1000 population	National rate	Penetration of numbers in need	National penetration	Gender split M/F as %	National Gender split M/F as %
Opiate & crack	12.08	8.40	64%	50%	64/63	50/63

The most recent estimates for numbers of all drug misusers in Plymouth suggest between 1,928 and 2,285 people, with around 1,070 being injectors which is a rate per 1000 of population of 6.20 versus a national average rate of 2.49.

Problem drug users in treatment.

Heroin is overwhelmingly the most common substance used by people in drug treatment but increasingly people have problems with two three or more substances. Benzodiazepines such as valium obtained from the internet are very widely used as is cocaine in both its forms. Novel Psychoactive substances hardly figure at all in the adult population, a picture that is replicated nationally with only 144 of 193,198 (0.07%) people in treatment citing NPS. That doesn't mean that people are not using NPS just that they are not citing them as problematic.

This pattern was borne out by the Plymouth University Drug Market Research (2014) which showed that

“One reassuring finding of this research however is that local/Plymouth young (under 18) recreational drug users did not appear to be attracted to the kinds of substances currently available as substitutes for traditional street drugs such as cannabis or (now) mephedrone; are relatively content with the traditional street drugs they currently source/use and rather than showing interest/curiosity in legal-highs often report them to be potentially unreliable/problematic.” (Plymouth Drug Market research 2014)

However, there are signs that two particular groups are experiencing difficulties with NPS and they are;

- our most marginal group of young people, typically excluded, offending, victims of family breakdown etc a small population that have much higher rates of problem drug use than other groups
- some people with existing mental health problems, again not a large group but one that presents significant management problems for services

Problems with Prescribed drugs/OTC medicines

Plymouth has amongst the highest rates in the country for painkiller prescriptions and 36% of the treatment population cite problems with prescribed drugs (552 people) versus a national average of 14%.

Estimates for alcohol prevalence

The City Strategic Alcohol Plan estimates alcohol prevalence in Plymouth as set out below: It is currently estimated that over 5,000 people are dependent on alcohol (NICE benchmarking), however PHE are developing new estimates which will be available in 2015

The 5000 dependent drinkers are the core group requiring treatment. **607** were treated in 2013/14 (JSNA support pack) which is **12.14% of the total estimated need**

The Alcohol Use Disorders Identification Test (AUDIT) is a standard screening questionnaire designed to detect harmful and hazardous drinking with a score of 8 or

above indicating harmful drinking. The mean AUDIT score of people entering alcohol treatment in Plymouth is **32** the highest in the South West region.

Estimating prevalence of mental ill health in substance misusers

There are a number of issues in providing reliable estimates of need. For example, variation in psychiatric practice from country to country and similarly, variation in diagnosing substance misuse between countries. Broadly speaking, estimates are similar across Europe and there are similar rates between problem alcohol users and problem drug users, for this reason I have used the estimates of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) their estimates are for drugs but the results are entirely consistent with estimates provided for alcohol by other bodies. However, because of the variation between States mentioned above and in the methods used to make estimates the ranges (minima and maxima) are very large. For the purposes of this exercise I have taken the mid-point of the range for the purposes of estimating need.

The (EMCDDA) usefully divides psychiatric conditions into three domains

- Psychotic Disorders
- Depression and anxiety disorders
- Personality disorders

These categories then need to be applied to the total people in need and the total people treated, which will give an indication of both the size of the problem immediately in scope and the currently unmet need.

Numbers in need are as high as 2285 drug and 5000 alcohol users totaling 7285 people whilst the numbers actually going through treatment in 2013/14 are 1436 drug and 607 alcohol totaling 2043 people.

Psychotic disorders

The EMCDDA estimates a prevalence of psychotic disorders of between 15% and 20% which gives the estimates below

Category	Minimum	Maximum	Mid-range (17.5%)
Total in need	1092	1457	1274
Total in treatment	306	409	357

It should be noted that some of those in need but not in substance misuse treatment may well be in mental health services.

Depression and Anxiety Disorders

EMCDDA estimates prevalence of between 20% and 60%

Category	Minimum	Maximum	Mid-range (40%)
Total in need	1457	4371	2914
Total in treatment	409	1225	817

Personality Disorders

EMCDDA estimates prevalence of between 50% and 90%

Category	Minimum	Maximum	Mid-range (70%)
Total in need	3642	6556	5099
Total in treatment	1021	1838	1430

Prevalence of substance misuse in the psychiatric population

A study by the Royal College of Psychiatrists of Community Mental Health Teams found a prevalence of 44% of psychiatric patients experiencing drug and or alcohol problems in the previous year. It also found 75% of drug and 85% of alcohol users in treatment had a psychiatric disorder in the previous year. These factors interact together to disrupt stability, increase relapse, and generally place a higher demand on resources. An additional difficulty is the relative lack of treatment available to people with 'common mental health problems' these are people who have an illness which is too severe to be treated in primary care and yet doesn't meet the threshold for secondary care. We have a CBT based service – Options – which is hugely oversubscribed and much need is currently unmet.

Complexity in the homeless population.

All our commissioned services for single homeless people report increased demand and increased complexity, indeed the George Hostel report that it is unusual to see people without co-morbidities or multiple problems. A Joseph Rowntree Foundation report identified 70% of the homeless population having substance misuse issues, 62% having experienced institutional care, 46% having been in gaol, 38% attempted suicide and 30% experiencing deliberate self-harm. Early life trauma, including sexual abuse, domestic violence, child neglect etc was also very common.

Complex needs on people that offend

A briefing for Directors of Public Health (2013) by Probation leaders, Public Health England and a number of leading non-statutory offender services found high levels of co-morbidities in this group of people. 72% of male and 71% of female prisoners have two or more mental disorders. 72% of offenders have a concurrent substance misuse problem, 29% report early life trauma and learning disability/difficulty is 3.5 times higher than in the general population. In addition up to 25% of offenders are known to have cognitive difficulties short of a formal learning difficulty that impacts their ability to process and communicate information.

Summary

All our commissioned services in the field of complex needs are highlighting both increased demand and increased complexity. It is clear that traditional service models

are not able to cope with this changed landscape of need and more austerity in the next Parliament is likely only to increase these problems. It is clear that we need to re-model service delivery to be more integrated with co-location of staff, integrated training, better communication and shared services designed around presenting need, rather than historic, silo'd delivery that means people frequently fall through the gaps between services.