

IAPT and Drug & Alcohol Services

Referral Protocol

IAPT services deliver a range of evidence-based interventions for mild to moderate mental health issues. IAPT delivers a 'stepped care' model where time limited psychological therapy is likely to have a positive outcome for the individual.

Guidance for assessing whether an individual with substance misuse is suitable for IAPT treatment

IAPT services do not provide treatment for substance misuse. However, drug and alcohol use should not be an automatic exclusion criteria for accessing IAPT and all cases should be assessed for suitability. Most drug and alcohol users do not need specialist or clinical interventions to change their substance abuse behaviour. Many whose use is not significantly problematic can respond well to simple advice to cut down on their use if the reasons to do so are articulated in a coherent psychological formulation which illustrates the difficulties that their use will present in treatment. Of those users that need more help, they may be able to access this whilst on the wait list or in the early stages of treatment with IAPT. Only a small proportion of users will require specialist treatment services. Of those accessing drug and alcohol services, 70-80% will have a common mental health problem. For people whose primary problem is drug and/or alcohol misuse, their use is likely to be therapy interfering and they should seek help from substance misuse service, in accordance with NICE guidelines and the IAPT service specification. However when their substance abuse has stabilised they may benefit from psychological therapies. A primary substance misuse problem can be defined as a level of use that is daily or almost daily and for which the client would not be able to abstain for 2-3 days per week without experiencing withdrawal symptoms; if the person cannot avoid drinking / using for 2-3 days per week without experiencing withdrawal symptoms then a referral to alcohol / drug services should be considered in the first instance.

Questions about use of drugs and alcohol over the previous month and the relationship between the persons substance use and their psychological distress give a good indicator of pattern and function of use. This will enable a judgement to be made regarding the extent to which substance abuse is likely to be problematic in terms of psychological treatment and the extent to which the person is likely to be able to reduce use using self-help resources or support from their GP, or whether specialist drug and alcohol treatment is required either alongside or before treatment with IAPT (see sections below on how and when to refer). In making this judgement clinicians should consider the following:

- the amount, type and frequency of substances consumed, specifically days used and amount typically used per day
- the extent to which the person's life is organised around the acquisition and use of substances

- the nature and extent of problems associated with recovery from the ill effects of using substances
- the extent of the person's recognition of their problem and motivation for change
- whether use is limited to clearly circumscribed contexts (eg a weekend user of ecstasy)
- the function the substance abuse serves (especially if used to block out unwanted feelings and the client presents with risk to self or others)
- whether the substance is being used to aid sleep

If there are concerns that the person may be dependent on alcohol, GBL (gamma-butyrolactone) or benzodiazepines then you should refer the person to their GP to review the situation first as attempting to stop their use abruptly can sometimes be damaging to health.

If the level of use is considered to have potential to interfere with psychological therapy, questions regarding the extent to which the person has considered making changes and how confident they are that they can start making changes will give an indicator of motivation. Again an explanation of why change is relevant couched in terms of a psychological formulation with reference to the person's depression or anxiety can be very influential.

Seek supervision on suitability for IAPT services and the rationale for decision making regarding problematic use and the type and timing of signposting for support for drug and alcohol use.

As part of contracting it is good practice to specify that patients come sober to sessions and if they are intoxicated, sessions should be rescheduled. If the patient struggles to attend sober, consider a referral to drug and alcohol services.

For people whose primary problem is drug and/or alcohol misuse, their use is likely to be therapy interfering and they should seek help from substance misuse service. However when their substance abuse has stabilised they may benefit from psychological therapies. Stability may be defined as using medication as prescribed (including methadone) and not using additional non prescribed medication or illicit drugs; drinking at the lower risk levels as defined below; not chaotic in terms of lifestyle; motivated to change; likely to be able to tolerate increased distress or anxiety without increasing risk to self or others or resorting to increased levels of use of substances.

Local IAPT services and Derbyshire Substance Misuse services have agreed the following protocols to facilitate appropriate referrals between each other:

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Guidance for Substance Misuse services considering a referral to IAPT

- Whenever possible or appropriate, if an individual is in structured planned drug/alcohol care and treatment they should remain so and in contact with their drug/alcohol worker for the duration of their contact with IAPT services. IAPT providers will not accept referrals where the primary problem is substance misuse. This can be defined as a level of use that is daily or almost daily and for which the client would not be able to abstain for 2-3 days per week without experiencing withdrawal symptoms; if the person cannot avoid drinking / using for 2-3 days per week without experiencing withdrawal symptoms then a referral to alcohol / drug services should be considered in the first instance.
- Whenever possible or appropriate, the individual should remain in structured planned drug/alcohol care and treatment and in contact with their drug/alcohol worker for the duration of their contact with the IAPT service.
- The drug/alcohol worker will retain responsibility for case management and care planning for the individual.
- The IAPT service will not deal with any aspects of drug/alcohol treatment. However, drug/alcohol use may be part of the IAPT psychological formulation and simple advice may be offered to individuals with low level use.
- For IAPT to offer treatment, the individual must be experiencing a common mental health problem at a mild to moderate level (and not requiring any form of crisis management/intervention).
- For IAPT to offer treatment, the individual must be stable and should be able to engage within the therapeutic process.
 - Chaotic and complicated life issues may impede the therapeutic relationship and therapy effectiveness
 - IAPT is more likely to be suitable for individuals who are stable, well prepared and insightful about their mental health needs and ready, motivated and willing to address their difficulties.
- Poly drug use will not be a barrier to accessing IAPT services, though patients that have poly drug use involving drug/alcohol and benzodiazepine usage combined would not be appropriate for an IAPT service.

The over-riding principle will be that the individual should be stable and capable of engaging in the therapy and therapeutic relationship. If unsure about 'stability', drug and alcohol services should contact IAPT directly for a pre-referral discussion to help inform appropriateness and successfully manage client expectations.

In addition to being 'stable', please consider the following:

- a) For alcohol, the individual must be drinking at lower risk levels that will not impede the therapy and therapeutic relationship – i.e. not drinking daily and not at a level that exceeds 50 units per week for males and 35 units per week for females.
- b) An individual's level of engagement with community substance misuse treatment may be a possible predictor of whether they will engage with IAPT
- c) Recent drug test results (regular illicit drug use would likely impact on/inhibit work with IAPT)
- d) Agreement of the Substance Misuse prescriber around referral in terms of substitute prescribing on psychological engagement (benzodiazepine prescribing or high doses of methadone 80mls+ can have sedative effect, although tolerance is acquired and this is best judged by the prescriber)

Pre-Referral & Preparatory Work

The drug/alcohol worker should have completed preparatory work with the service user, ahead of referral to IAPT (and to help manage expectations and maximise the chances of successful outcomes).

To support acceptance of appropriate referrals, the referrer should include details such as:

- The nature of the problem and how it is affecting the individual's life/mental health
- What is known about the cause of the problem
- Stability in relation to drug/alcohol use and ability to engage with psychological therapy
- Other services that the individual is in contact with, or has been known to be in contact with, relevant to the referral

Other considerations ahead of referring include:

- Does the individual pose a high risk of harm to either themselves or others? If unsure about suitability, drug and alcohol services should contact IAPT directly for a pre-referral discussion.
- Is the individual already accessing Community Mental Health or Specialist Mental Health services (if so, they are unlikely to be eligible for IAPT however cases may be discussed to ensure the appropriate service is offered).

In implementing this protocol, the over-riding principle is to support access for those who will benefit from psychological therapies and increase the chance of successful outcomes.

The protocol should be used as a guide but equally each individual should be considered on a case-by-case basis. The ultimate aim is to ensure that individuals receive the right intervention from the right service at the right time.

Following assessment, it is possible that IAPT deem an individual unsuitable for psychological therapies. To support continual learning and understanding, IAPT providers

will be expected to liaise with drug and alcohol services (if the source of referral) to explain unsuitability and provide advice on more appropriate services (if applicable).

Guidance for IAPT colleagues on referring drug clients to drug services

1. Preparation for referral

Client consent for a referral will always be required.

Wherever possible, IAPT staff should encourage the person to refer themselves in to the Derbyshire Substance Misuse Service because this is a good way to ensure that they receive a motivational intervention which marks the start of their recovery journey.

When IAPT staff identify that they are working with someone who has a problem with drug misuse, **always** consider a discussion or referral to drug services through the Derbyshire Substance Misuse Service, which are open Monday-Friday 9-5:

Derbyshire Substance Misuse Service: Main Bases			
Bayheath House Rose Hill West Chesterfield S40 1JF 0300 123 1201	The Mews Church Street Ripley DE5 3BU 01773 512984 01773 744594	Bankgate Unit 13-15 Rinkway Ind. Est. Rink Drive Swadlincote, Derby DE11 8JL 0300 790 0263 01283 817352	Erewash House Station Road Ilkeston DE7 5LD 01159 309442

If the IAPT worker is referring the client to the Derbyshire Substance Misuse Service, DSMS will then contact the person directly (usually by phone) to arrange an assessment appointment.

In addition to knowing the type of drug(s) being used, the IAPT worker should have all the relevant personal information to hand when making the referral to ensure that staff can deal with the referral efficiently and can complete onward referrals in to the appropriate service.

2. Drug use and Levels

Unlike alcohol there is no threshold for illicit drug use and even small amounts can be harmful and problematic. The service is happy to work with individuals regardless of their level of drug use/misuse.

Commonly misused drugs within Derbyshire are:

- Cannabis
- Amphetamines
- Cocaine (inc crack)

- Heroin
- New Psychoactive Substances

New Psychoactive Substances (previously referred to as 'legal highs' prior to recent legislation) go by a huge variety of names (Spice and Mamba being two of the most common locally) and the service has staff who are experienced in working with users.

It should be noted that the service does not take referrals for individuals who are misusing prescribed medication or those who misuse over-the-counter (OTC) medication as the drug treatment service is commissioned for the treatment of the misuse of illicit drugs only.

When drug misuse levels are 'low', it may be appropriate for the IAPT worker to continue to work with the person. Through developing new coping strategies to manage anxiety and depression the drug use may well reduce as a result. It is hard to agree on what 'low' or 'high' level drug use is and this is often assessed based on the level of impact it has on an individual's life (physical health, mental state, finances, family and friends employment etc.) rather than on a type of drug or the amount used. However anyone using illicit drugs (regardless of the amount) can access drug treatment.

A referral is always recommended if the drug use is deemed to be blocking progress to change in both behaviour and drug use during the IAPT work.

3. Drug Diary

IAPT staff should consider asking the client to accurately complete a drug use diary over a week or two (or up to a month if possible) which may help to support the need for a referral. This is also a useful tool for service users to see how much they are using and recognise a need to accept support.

4. Any/all other queries

Please call the local Drug Team:

Derbyshire Substance Misuse Service: Main Bases			
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5. Summary: when is a referral to drug treatment services is recommended?

- someone has a problem with illicit drug use - consider a discussion with Derbyshire Substance Misuse Service
- the drug use is deemed to be blocking progress to change in both behaviour and drug consumption during the IAPT work – **always** refer the client to drug treatment services through their local team for an assessment.

Guidance for IAPT colleagues on referring alcohol clients to alcohol services

www.DAAS.uk.com

1. Preparation for referral

Client consent for a referral will always be required.

The IAPT worker is always welcome to ring DAAS or The Hub (the single point of contact) to discuss identified issues or suitability of referral on **01246 206 514 or 0845 308 4010**

Wherever possible, IAPT staff should encourage the person to refer themselves in to the Derbyshire Hub because this is a good way to ensure that they receive a motivational intervention which marks the start of their recovery journey.

When IAPT staff identify that they are working with someone who has a problem with alcohol, **always** consider a discussion or referral to alcohol services through the Derbyshire Hub:

01246 206 514 or 0845 308 4010

If the IAPT worker is referring the client to DAAS then the Derbyshire Hub will contact the person directly (by phone) through the DAAS third party referral protocol.

In addition to knowing the level of alcohol consumed, the IAPT worker should have all the relevant personal information to hand when making the referral to ensure the Hub can deal with the referral efficiently and can complete onward referrals in to the appropriate service (referring to the DAAS referral form would help with this).

2. Alcohol Units and Levels

As alcohol can affect people in different ways, it is difficult to provide specific guidance on the number of alcohol units required for a referral. The revised Chief Medical Officers' Guidelines (2016) for both men and women are focussed on reducing the impact on health and suggests the following the guidance:

- You are safest not to drink regularly more than 14 units per week, to keep health risks from drinking alcohol to a low level
- If you do drink as much as 14 units per week, it is best to spread this evenly over 3 days or more. If you have one or two heavy drinking sessions, you increase your risks of death from long term illnesses and from accidents and injuries
- The risk of developing a range of illnesses (including, for example, cancers of the mouth, throat and breast) increases with any amount you drink on a regular basis
- General advice is to have drink-free days as a safe way to drink

Having a clear understanding of alcohol units will help to determine if a referral is needed, being mindful of hidden alcohol units in higher strength drinks e.g. there are many different strengths of lager, cider etc.

Please refer to the DAAS free training, alcohol wheel and www.DAAS.uk.com for further information.

When alcohol levels are low, it may be appropriate for the IAPT worker to continue to work with the person. Through developing new coping strategies to manage anxiety and depression the alcohol may well reduce as a result.

However, a referral is recommended if the alcohol is deemed to be blocking progress to change in both behaviour and alcohol consumption during the IAPT work.

When someone is drinking at high levels - always refer the client to alcohol services.

3. Drinks Diary

IAPT staff should consider asking the client to accurately complete a drinks diary over a week or two (or up to a month if possible) which may help to determine the need for a referral.

4. Free training for IAPT staff

If you require more information or a greater understanding of the work of the alcohol services in Derbyshire, arrange a referral to the DAAS free (half/full-day) training

5. Any/all other queries

Please call DAAS or The Hub on: **01246 206 514** or **0845 308 4010**

6. Summary: when is a referral to alcohol services is recommended ?

- someone has a problem with alcohol - consider a discussion with DAAS

- the alcohol is deemed to be blocking progress to change in both behaviour and alcohol consumption during the IAPT work – **always** refer the client to alcohol services through The Hub
- someone is drinking at high levels - **always** refer the client to alcohol services through The Hub