Leicestershire Partnership NHS Trust

COMHAD Policy (Co-occurring Mental Health Alcohol Drugs)

Description

The co-occurring mental health alcohol and drugs policy is a clinical practice policy in working with service users who present with both substance use and mental health. This policy guides clinical staff through their responsibilities including the process from assessment to discharge.

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Policy on a page

Summary and aim

This policy sets out guidance for the allocation and governance of the role of clinicians in managing individuals with co-occurring mental health drugs and alcohol (COMHAD) and have the right set of skills to safely and effectively address the patients' treatment needs. The policy details information about role responsibility, training, and systems required within Leicestershire Partnership NHS Trust (LPT).

Target audience

All Clinicians working in DMH and FYPCLDA including inpatient mental health, CMHTs, MHSOP, CAMHS, LDA and adult eating disorders.

Training

Current training requires all staff to develop competencies in substance use and to undergo training to achieve these. The training includes COMHAD drug and alcohol training on u-Learn, Harm Reduction, Naloxone, Adapted Assist Lite training.

Key requirements

All mental and learning disability teams to assess clients for the use of substances using Assist lite tool.

Referrals to be made to commissioned substance agencies Turning point via SystmOne assist lite tool.

All mental health and LD staff to be able to assess, refer, offer harm reduction advice, advice on Naloxone and relapse prevention to clients using substances.

All mental health and learning disability staff to undertake COMHAD, naloxone, harm reduction, assist-lite training

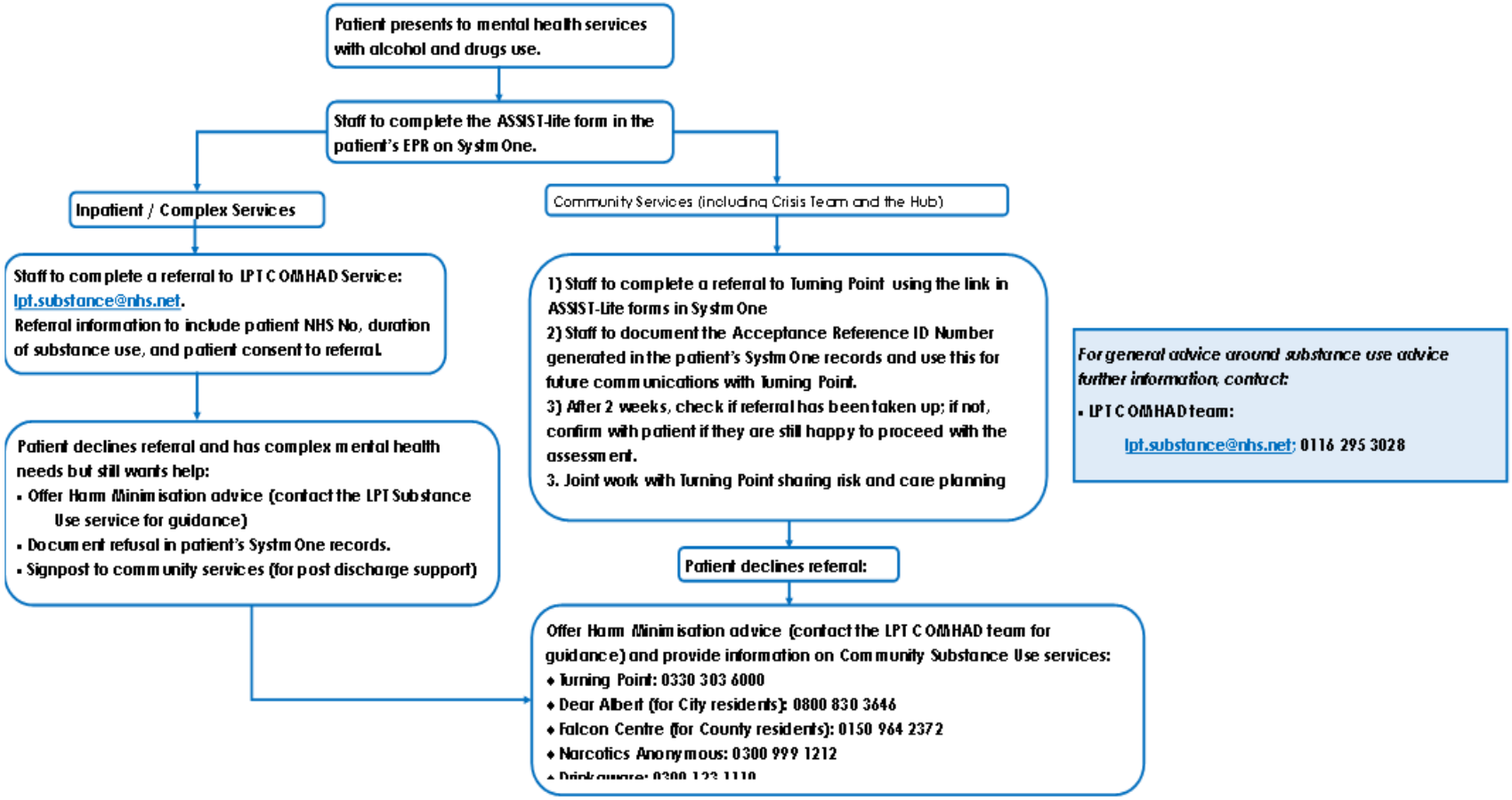
Leicestershire Partnership NHS Trust

LEICESTERSHIRE PARTNERSHIP NHS TRUST'S SUBSTANCE USE SERVICE

Co-occurring Mental Health, Alcohol and Drugs (COHMAD) Referrals Pathway

Individuals who present to mental health services with a co-occurring alcohol and drug use should be screened and (with consent) referred to the substance use service (Turning Point).

This process is applicable to all patients using any from of substance.



Introduction and Purpose

This policy sets out guidance for the allocation and governance of the role of clinicians in managing individuals with co-occurring mental health alcohol and drugs (COMHAD) and have the right set of skills to safely and effectively address the patients' treatment needs. The policy details information about role responsibility, training, and systems required within national guidance COMHAD Framework (2025).

Policy Requirements and Objectives

Department of Health (2025). Guidance **Co-occurring mental health and substance use delivery framework (2025) and Cosum (**2025) Royal College of Psychiatrists.

These guidelines are designed for all clinical staff working with clients with co-occurring mental health drugs/alcohol. to be used in conjunction with national prescribing guidelines known as the orange guidelines (DOH 2017). The aim is to engage with clients to prevent avoidable deaths through substance use, and to improve mental health by engaging clients within treatment services and working with clients with both mental health and substance use issues in partnership with substance use agencies.

All mental and learning disability teams to assess clients for the use of substances using Assist lite tool.

Referrals to be made to the commissioned substance use service (Turning Point Leicester) via SystmOne assist lite tool.

All mental health and LD staff to be able to assess, refer, offer harm reduction advice, advice on Naloxone and relapse prevention to clients using substances.

Advice can be sought from Addiction Tutor.

All mental health and learning disability staff to undertake COMHAD, naloxone, harm reduction, assist-lite training.

Process

This guidance is for clinical staff and designed for the management of clients who use substances drugs and alcohol:

At the first assessment complete Assist lite for a base line substance assessment

Ask client if they are open to substance services, if not ask if they would like a referral.

Do the referral via assist lite.

If client refuses, document this in the notes and offer details of local substance services in case they may want to attend at a later date. Turning point 0330 303 6000 https://www.turning-point.co.uk/get-support/substance-use-professional-referral (Appendix 3)

Assess for withdrawal from alcohol or opiates using assessment tools CIWA for alcohol and COWS for drugs (Appendix 2)

For prescribing for OST maintenance and Alcohol Withdrawal, always follow prescribing protocols (Appendix 3)

Seek advice from Consultant Psychiatrist regarding prescribing.

Follow protocols for prescribing for maintenance and withdrawal (staff net)

Use CIWA and COWS for withdrawal.

For inpatients ensure OST clients have Naloxone for leave, discharge and in the community.

Care plan substance use within mental health care plan, for clients open to turning point joint planning is essential.

Offer harm minimisation and relapse prevention advice.

Assess for blood borne virus and sexually transmitted disease with consent.

Be able to ask about chem sex and refer to local agencies.

Complete training substance use on U-learn including:

Assist Lite

Naloxone

COMHAD training and Harm reduction

Roles and Responsibilities

The Associate Medical Director and Head of Nursing has responsibility for leading the development and governance of COMHAD. Reports to Quality and Safety.

The COMHAD Steering Group supports and monitors the governance of the COMHAD programme. The Lead will work alongside Executive Directors, Clinical Directors, Service Managers. There are several processes which support this aim, including supervision, appraisal, training and job planning.

Role Responsibilities

Director of Mental Health - overview of service

Head of Nursing, *AHP Quality Lead, Associate Medical Director* – implementation of policy

Deputy Heads of Nursing – compliance of clinical team

Ensuring that there is a clear process for dissemination of this policy

To ensure that the line leads are clear in their roles and responsibilities in implementing the policy

Ensuring that there is a process in place to allow staff to be released to meet training needs

Ward Managers/Team Leaders: To ensure that each area has an identified link worker for COMHAD and have one day a month to carry out their COMHAD role.

COMHAD team

Receive referrals from inpatient mental health using assist lite.

Offer training to staff on COMHAD.

Work with partnership agencies with integrated practice

To offer brief service of 4 weeks from inpatient to community to engage with locally commissioned substance services turning point.

To offer clinical interventions 1-1 and group substance interventions including motivational interviewing, harm reduction and relapse prevention including advice and service referral for chem sex.

Liaison with local commissioned substance services.

Work with clients for up to 4 weeks post discharge to engage with substance agencies.

Consultant Nurse role

Strategic development regarding COMHAD.

Research and development substance use.

1-1 work with complex patients both inpatient and community on short term basis with view to refer onto turning point.

Training and supervision

All mental health and learning disability staff

Are responsible for ensuring that:

Their knowledge and practice are in accordance with the policy and guidance.

Clients are clinically assessed to identify any drug or alcohol use through Assist lite and other tools.

Liaise with LPT COMHAD workers lpt.substance@nhs.net

To seek advice from the Consultant Nurse COMHAD, COMHAD team, Local Consultant for prescribing when required.

Complete Assist lite for all service users at assessment.

Liaise with Pharmacy for discharge prescribing protocols.

Work with substance users with mental health issues on assessment using Assist-Lite, harm reduction, relapse prevention, give overdose advice and refer onto substance use services with consent from the client. Referrals can be made online via SystmOne assist lite tool.

Attend COMHAD/ dual diagnosis training either face to face or through e-learning. Attend naloxone and Assist-Lite training.

Ensure care plans incorporate substance use even if client declines, it will still need to be risk assessed.

Refer all clients to turning point with consent. If the client declines referral, document within electronic records and provide details for self-referral in the future.

Liaise with substance use workers at turning point regarding clients.

Ensure Naloxone is prescribed for all clients on opiate substitute prescribing prior to discharge as take home.

Ensure prescribing is transferred to turning point at point of discharge and that discharges take place Monday to Thursday to ensure support is available from turning point and meets turning point working hours to ensure prescribing in place. Inform turning point at least three days before discharge of all clients requiring opiate substitute prescribing to be taken over. There may be occasions when this is not possible due to patient's self-discharge, but all avenues should be tried to avoid Friday discharges due to prescribing of controlled drug and turning point working hours with no access at weekends. There is an increased risk of overdose at weekends, and this is increased at the point of discharge and for those who end OST prescribing, we aim to reduce this by maintaining prescribing through transfer and ensuring patients have appointments with turning point at the time of discharge.

Ensure no opiate substitute medication to be given on discharge but transferred back to turning point.

Ask about blood bone virus and refer to sexual health services. Identify and refer to commissioned agencies for chem sex.

Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. Consent can be given orally and/or in writing. Someone could also give non-verbal consent if they understand the treatment or care about to take place.

Consent must be voluntary and informed, and the person consenting must have the capacity to make the decision.

For inpatients patients requiring unplanned detoxification from Alcohol or maintenance prescribing refer to policies (appendix 4). All community patients need to go through turning point for advice.

If the client's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded. Someone with an impairment of or a disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if they cannot do one of the following:

Understand information about the decision.

Remember that information.

Use the information to make the decision.

Communicate the decision.

Support for Carers/Families.

The families and carers of people with COMHAD can be important partners in care delivery. They will require information and support to help them fulfil this role. Even in situations where service users do not consent to the active involvement of family/carers, Trust staffs still have a responsibility to consider their needs and a carer's assessment should always be offered and a referral to turning point for carer support.

Substance use issues should be considered in all carer's assessments particular attention should be given to the needs of young carers.

Carers should be offered information about the range of carers' agencies including turning point, that can provide them with support.

Carers should be offered information about substances, their effects and complications, impact on physical and mental health, and potentially dangerous interactions with prescribed medication. Substance use services turning point offer support to carers provide the number to the carer 0330 303 6000.

Carers can be at risk of harm from clients with COMHAD and should be made aware of who/which services to contact in case of an emergency.

Sensitivity is required where carers may be using substances. Where appropriate

Information about local substance use services should be offered.

Referral Criteria for COMHAD (CO-OCCURRING

MENTAL HEALTH ALCOHOL DRUGS) formerly dual diagnosis/substance use

Prior to referral contact turning point on 0330 303 6000 to ascertain if patient already open to services.

Patients requiring substance use services in the first instance should be assessed using assist lite and referral into turning point via the link in assist lite. If patients are on inpatient wards the COMHAD team should be notified via email to

lpt.substance@nhs.net who will offer interventions with consent whilst within inpatient settings. Complete and send referral form. Referral can only be made with consent.

Referral for community patients using substance should first complete assist lite and offer referral to turning point. If patient declines the patient can then be referred to lpt.substance@nhs.net for short term support aiming to engage with Turning Point. complete Assist Lite and email details to lpt.substancemisuse@nhs.net. Referral can only be made with consent.

Patient must be in secondary mental health care with a formal mental health diagnosis and using substances either drugs or alcohol not prescribed.

COMHAD does not manage reduction of prescribed benzodiazepines, and this remains within the mental health team prescriber.

COMHAD do not work with patients currently open to turning point. Please consult with their worker at Turning Point. Tel 0330 303 6000.

For patients using chem sex drugs referrals can be made to Turning Point tel: 0330 303 6000, sexual health and documents available.

https://www.turning-point.co.uk/services/leicester

https://www.turning-point.co.uk/discover/what-to-do-in-a-chemsex-crisis

https://leicestersexualhealth.nhs.uk/

Dosti Leicester

Dosti Leicester (Dosti) is a social and support group for South Asian and Middle Eastern LGBTQ+ communities aged 18 and above, living and working in Leicester

and the surrounding areas. ttps://www.consortium.lgbt/member-directory/?_sft_regions=east-midlands

Consent

Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered.

Appendix One: Definitions

Terminology: COMHAD - co-occurring mental health alcohol drugs.

Appendix Two: Governance

The Associate Medical Director and Head of Nursing has responsibility for leading the development and governance of COMHAD. Reports to Quality and Safety.

The COMHAD Steering Group supports and monitors the governance of the COMHAD programme. The Lead will work alongside Executive Directors, Clinical Directors, Service Managers. There are several processes which support this aim, including supervision, appraisal, training and job planning.

Version control and summary of changes

Version number	Date	Description of key change
1	2023	
2	05/01/2026	Second draft for wider consultation
3	02/03/2026	Third draft in response to comments received from wider consultation
4	13/08/2026	Amendments following final review at Quality Forum

Responsibilities

Responsibility	Title
Executive Lead	*Executive Medical Director*
Policy Author	*Consultant Nurse COMHAD*
Advisors	*Team Manager Head of Nursing*
Policy Expert Group	

Governance

Governance Level	Name
Level 1 Assurance Oversight	Quality and Safety Committee
Level 2 &3 Delivery Group for policy approval and compliance monitoring	*Level 2 Quality Forum* *Level 3 CEG*

Compliance Measures

KPI (only need 1-2 KPI's per policy)	Where will this be reported and how often
Completion of Assite-LITE tool for all DMH patients at admission or first assessment.	Directorate reporting to AFM monthly and CEG quarterly.
Compliance with COMHAD training	Directorate exception reporting to CEG.
Compliance with Assite-LITE training	Directorate exception reporting to CEG.

Training Requirements

Training for all clinicians is necessary to ensure safe practice regarding drug and alcohol. Training is available on U-Learn, covering drugs and alcohol, Adapted assist-lite, and Naloxone. Harm minimisation is available via U-Learn. All clinicians should complete the training and set against their competencies for good practice. Additional seminars are available 4 times a year and opportunities from the Futures/ Progress group for further training.

References

Department of Health (2025) Guidance Co-occurring mental health and substance use delivery framework.

Department of Health Dual diagnosis Good Practice Policy (2017) Better care for people with co-occurring mental health conditions alcohol/drug use conditions Public Health England

Drug Strategy (2017) HM Government

Drug Misuse and Dependence UK Guidelines of clinical management 2017 PHE\DOH

Safeguarding hidden harm

Safeguarding Children and Young People: Roles and competencies for Health Care Staff. Intercollegiate document (Royal College of Paediatrics and Child Health, 2010).

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