SUBSTANCE USE AND MENTAL ILL HEALTH
FROM FRAGMENTATION TO INTEGRATION?

Summary

Centre for Mental Health, in collaboration with Professor Dame Carol Black, convened a roundtable to address the profound inequalities faced by people experiencing both mental ill health and problem substance use. These co-occurring challenges often lead to stigma, discrimination, and fragmented care, particularly for marginalised groups such as homeless people, people from racialised and LGBTQ+ communities, and people in the criminal justice system. The session explored barriers to support, drawing on lived experience and professional insights to develop practical solutions.

This briefing highlights the key themes and insights shared by our participants, who represent a diverse range of national and local organisations. These include charities, grassroots organisations, mental health and substance use service providers, practitioners, and representatives from professional bodies. To ensure confidentiality, all quotes included in this briefing are anonymised.

The roundtable highlighted several significant challenges faced by people seeking support for mental health and substance use problems. Barriers include fragmented and insufficient funding, lack of culturally responsive and inclusive services, and workforce challenges.

To address these challenges, attendees proposed several solutions, including the adoption of trauma-informed, culturally sensitive, and anti-oppressive care models in both mental health and substance use services. A stronger focus on integration, such as the use of multidisciplinary teams and better coordination between services, was advocated. Attendees also emphasised the need for enhanced workforce training in both sectors, with a focus on cultural competence and trauma-informed care.

Bold, systemic changes are needed to overcome the inequalities faced by people with both mental ill health and problem substance use. This includes a shift to collaborative care models at an integrated care system (ICS) level, supported by national commitments to sustained funding, robust and joined-up policy solutions, and an unwavering commitment to addressing structural inequalities, such as homophobia or racism, across these crucial services.

INTRODUCTION

Poor mental health is highly prevalent among people with problem substance use, and vice versa. Yet access to integrated support for both mental health and substance use is still rare, and many face deeply entrenched stigma and discrimination due to their co-occurring needs.

The most recent official figures show that around 290,000 people in England were receiving treatment for problem substance use in the year to March 2023 (Office for Health Improvement and Disparities, 2023a). More than two-thirds of those starting treatment that year (71%) said they had a mental health support need. Of these, more than one in five (21%) were not receiving any help for their mental health.

Research has also found that 44% of people in contact with a community mental health team in four UK areas reported past-year problem drug or alcohol use (Weaver *et al*., 2018). Moreover, 75% of people using drug services and 85% of people being treated for alcohol use had experienced a mental health problem in the same year (ibid). The study noted that because of the eligibility criteria of both substance use and mental health services, most of those with co-occurring problems were not eligible for cross-referrals between the two.

In February 2019, the then Home Secretary appointed Professor Dame Carol Black to conduct an independent review of drugs. The review aimed to assist the previous government in evaluating its drug strategy and inform future funding plans to better support people struggling with substance use. Part one of the review explored the prevalence and impact of drug use. It found that the illicit drug market in England and Wales is vast and complex, worth an estimated £9.4bn annually, and causing societal costs exceeding £19bn due to health harms, crime, and other impacts (Black, 2020). The demand for harmful substances is closely linked to poverty, deprivation, and the night-time economy. The review also highlighted groups who face additional vulnerabilities, including prisoners, rough sleepers, young people, and those with co-occurring mental health difficulties (ibid). The critical services and support systems available are severely constrained by resource limitations and systemic fragmentation. These challenges are exacerbated by insufficient investment in housing, employment opportunities, and comprehensive, long-term coordinated support (ibid).

The second part of the UK Government's review of drugs, led by Dame Carol Black, focused on improving prevention, treatment, and recovery support for drug use (Black, 2021). The review highlighted the urgent need for a coordinated national approach, stronger government leadership, and increased funding to address gaps in drug treatment and recovery services. Key recommendations included the establishment of a central Drugs Unit to provide oversight, a substantial financial boost for treatment services (an additional £552m annually by year five), and protected funding allocations for local authorities. It also emphasised the need for reforms in commissioning, workforce training, and integration of services for people with complex needs, such as mental health and housing support. The report called for better diversion of offenders into treatment programmes, and enhanced employment and recovery support to break the cycles of substance use.

Specifically on mental health, the review highlighted a strong link between drug and alcohol dependence, mental health problems, and trauma. Despite this connection, people often face a troubling barrier where they are denied access to mental health services until they address substance use issues and vice versa. To address this, Dame Carol urged the Department of Health and Social Care and NHS England to collaborate on a comprehensive plan to tackle these systemic challenges. She also emphasised the need to equip the workforce with the skills to recognise, respond to, and coordinate care for people with co-occurring needs effectively (ibid).

KEY TERMS

Substance use: We recognise that language and terminology surrounding alcohol and substance use can frequently perpetuate stigma, reinforce negative stereotypes, and imply criminalising connotations. In this briefing, we intentionally use the term 'substance use' to refer to problems relating to, or harmful patterns of, drug and alcohol use, aiming to promote a more respectful and non-judgmental approach.

Drug and alcohol services: These services provide specialist support to people who struggle with drug and alcohol issues. They are often delivered through a mix of provision by local authorities, NHS services, the voluntary and community sector and private providers. Local authorities play a key role in commissioning these services, working with integrated care boards and partnerships and other stakeholders. At the national level, NHS England and the Department of Health and Social Care oversee the commissioning of services and provide strategic guidance and policy direction.

THE CONTEXT

The problem of co-occurring mental health and substance use is significant and prevalent. Weaver *et al.* (2018) highlight the high rates of co-occurrence in UK community mental health and substance misuse services, underscoring the challenges in managing these cases due to the lack of integrated services. Indeed, Sweileh (2024) emphasises the complexities and treatment challenges associated with dual diagnosis.

Knickman *et al.* (2016) identify the barriers to effective care for people with co-occurring mental health and substance use. One of the primary barriers is the fragmented nature of care systems. Mental health and substance use services are often separated, leading to inconsistent and uncoordinated care. This fragmentation can result in people receiving inadequate treatment for one or both conditions, as the services fail to address the complex interplay between mental health and substance use. Individuals are routinely refused mental health support until they stop using substances, which ignores the intricate relationships between the multiple challenges they face.

Another critical barrier is the pervasive stigma associated with both mental health and substance use which can prevent people from seeking help, for fear of judgment or discrimination (Zwick, Appleseth and Arndt, 2020; Nord-Baade *et al.*, 2024). The societal stigma surrounding these conditions can also influence the attitudes of health care providers, potentially leading to suboptimal care and inadequate support for those affected. This might be compounded for people who face multiple experiences of stigma, such as neurodivergent people or people from LGBTQ+ communities.

To address these barriers and improve access to support, Knickman *et al.* (2016) emphasise the need for person-centred care, in integrated care systems that provide coordinated and holistic treatment. Policy reforms are therefore necessary to support the implementation of these integrated care models (Minkoff and Covell, 2022) and to ensure that resources are allocated effectively to meet the needs of this population.

In addition to these recommendations, in the spirit of coproduction and service co-design, it is crucial to amplify the lived experiences of people who struggle with substance use and concurrent poor mental health, as well as their families and informal carers. Their insights and perspectives should be central to debates and inform subsequent actions. By incorporating their voices, policymakers and service providers can develop more effective and compassionate approaches to care that truly address the needs of people affected (Nord-Baade *et al.*, 2024).

WHAT GETS IN THE WAY OF DELIVERING THE SUPPORT PEOPLE WANT AND NEED?

There are several major barriers that prevent people struggling with both mental health and substance use problems from accessing the support they need. Below, we highlight the key obstacles identified by our roundtable participants.

BARRIERS TO ACCESSING SUPPORT

People with co-occurring mental health and substance use problems face profound barriers to accessing support. As highlighted earlier, Dame Carol Black's review found that mental health and substance use services often operate in isolation, frequently turning away individuals with dual needs rather than addressing their challenges holistically. For those who do eventually receive support, it is often only after their physical health has significantly deteriorated.

Even where integrated services are available, attendees stated that some people may encounter practical obstacles, such as difficulties with transportation.

Additionally, the pervasive stigma surrounding both substance use and mental ill health acts as a significant deterrent to help-seeking:

> "We might have a 'no wrong door' approach, but people may not even get to the door."

> "There needs to be greater acceptance of the strength that it takes someone to disclose that they want support for a drug or alcohol problem, as people have told us this is not always taken seriously and often the issue is dismissed as not being a major problem."

Some groups face even greater challenges in accessing support, particularly people from LGBTQ+ and racialised communities, as well as people within the criminal justice system. Participants raised concerns about people from racialised backgrounds being disproportionately more likely to access A&E during a mental health crisis, or with acute physical needs relating to substance use, rather than receiving help through early, community-based services. Additionally, the increasing use of synthetic drugs, like spice, in prisons poses unique challenges. Individuals struggling with synthetic drug use often go unnoticed by prison-based services, and the concerning rise in deaths linked to their use requires urgent attention.

Additionally, the absence of culturally competent, gender-informed, faith-sensitive, and anti-oppressive services further exacerbates the challenges faced by racialised and LGBTQ+ communities in accessing the support they need.

A FRAGMENTED SYSTEM

During our discussion, the issue of fragmented services for people with co-occurring substance use and mental health needs was raised repeatedly. NHS and local authority services do not consistently or effectively collaborate, presenting significant barriers across service design and commissioning, and even in data collection, monitoring, and sharing.

Furthermore, there is a noticeable lack of coordination between statutory services and the voluntary and community sector, leaving the most marginalised people at risk of falling through the gaps.

> "Lack of joined up services [is the] biggest issue on agenda – tension between commissioners and providers."

> "I've been part of integrated care system thinking about joining up mental health trust and drug and alcohol services. There's commitment and action to treat at the same time and integrated practitioners, which is good to see. However, the wider 'system' around people is not involved at the moment, to the best of my knowledge."

Another key issue raised by participants was the impact of some local authorities terminating their Section 75 pooled budget agreements with NHS trusts due to funding pressures. These agreements allow NHS bodies and local authorities to pool resources and deliver integrated health and social care services. In some areas, the ending of these arrangements has led to the loss of social workers embedded within mental health services, disrupting the coordination of care for people facing substance use challenges in these settings.

FUNDING PRESSURES AND UNCERTAINTIES

Both drug and alcohol services and mental health services face significant financial constraints that limit their capacity to meet rising demand and deliver effective early and preventative support. Participants voiced widespread concerns about the sustainability of current funding, including the £266.7m allocated to local authorities for drug and alcohol services in 2024/25 (Office for Health Improvement and Disparities, 2023b). Similar uncertainty surrounds the future of vital funding streams such as the Public Health Grant for local councils and the Mental Health Investment Standard within the NHS, as well as budgets allocated for targeted services aimed at supporting homeless people. This financial unpredictability threatens the continuity and quality of support.

> "It feels like lack of certainty about future funding and sustainability is the biggest barrier right at the moment – we have such brilliant examples of really transformational work and services… but they need to know that they can continue."

Voluntary and community sector providers face distinct challenges in securing and maintaining the funding necessary to deliver specialised services. Grassroots organisations, particularly those led by and for marginalised communities with strong, trusted relationships, are especially affected. These organisations are often forced to compete for resources or partner with larger entities to sustain their vital work.

WORKFORCE CHALLENGES

Both the mental health and drug and alcohol workforces continue to face significant challenges, including recruitment, retention, training, and professional development. For example, there has been a decline in the number of psychiatrists specialising in substance use support.

The fragmentation within these systems, as previously discussed, is also mirrored in the education and training provided to the respective workforces of these services. Too often, the training offered to professionals in these fields does not consistently promote a holistic approach to care. For example, participants highlighted that mental health practitioners often lack sufficient training and knowledge regarding substance use, and vice versa.

OVERLOOKED PRISON POPULATION

People detained in prison settings are disproportionately affected by substance use and mental health problems but often do not receive timely or appropriate care.

Although NHS England is primarily responsible for commissioning health care in prisons, the fragmented approach to commissioning mental health and substance use services contributes to a lack of coordinated care for a group of people facing some of the most significant health inequalities.

> **"I think another difficulty with prisons is that primary care and mental health are often commissioned separately, sometimes leading to different providers delivering these elements of care – sometimes they work in siloes and could be better off providing joined up care to patients with dual need."**

Furthermore, the lack of continuity in care and support for people upon release from prison was raised as a key concern. Participants emphasised that the absence of information sharing with local community-based services, such as release addresses, prevents these services from providing proactive support. Even when targeted support services are offered, maintaining ongoing engagement can be challenging. This often becomes flagged as a risk factor within multi-agency public protection arrangements (MAPPA), which are designed to manage violent and sexual offenders, and help to ensure their successful reintegration.

HOUSING BARRIERS

People accessing support for substance use and mental health problems are more likely to make progress if their housing needs are addressed at the same time. However, they frequently face significant challenges in securing and maintaining stable housing, as well as in navigating multiple complex systems.

Homeless people find that their wider support needs are hidden by their homelessness:

> **"It can often feel that once people are experiencing homelessness, other services discharge their responsibility and accountability – homelessness becomes the lens that everything else is viewed through, even if the cause of homelessness was mental [ill] health and substance use."**

The Housing First model has been shown to deliver better outcomes for homeless people with complex needs, including mental health difficulties and problem substance use, than transitional accommodation approaches (Centre for Mental Health, 2023).

IMPLICATIONS AND POTENTIAL SOLUTIONS

Participants explored a range of potential solutions to address the gap in provision that has been recognised, but not effectively closed, for decades. This requires both national leadership to create the conditions for improvement, and local action to ensure people with co-occurring needs are offered integrated, holistic, trauma-informed and culturally competent care.

INVESTING IN ESSENTIAL SERVICES

At the national level, funding for mental health and substance use services needs to be sufficient to enable both to function effectively. For NHS mental health services, that means sustaining at the very least the Mental Health Investment Standard. For drug and alcohol services, restoring the value of the Public Health Grant is essential to build capacity in local authorities. Funding provided specifically for drug and alcohol services since 2020 could be reviewed to identify how it has been spent, with a commitment to continuing this lifeline beyond the next year.

Investment should also focus on developing innovative approaches to supporting people struggling with mental ill health and substance use. For example, the Scottish Government recently introduced the UK's first drug consumption room in Glasgow, allowing individuals to use illegal drugs under medical supervision. This initiative seeks to reduce drug-related harms while offering support to those in need.

It is important to acknowledge that harm reduction approaches, such as drug consumption rooms, are the subject of ongoing debates in an often contentious policy area. This makes it all the more critical to carry out thorough evaluations of such models, carefully assessing their risks and benefits, and using the findings to inform and enhance existing services.

STRENGTHENING THE WORKFORCE

National action is also needed to address the workforce gaps that continue to hold back progress. At the most basic level, it's clear that mental health practitioners need more knowledge and understanding about substance use, and vice versa. These can be incorporated into both basic training and CPD curricula and resources. Beyond this, there is a case for developing specialist roles, for example that of a mental health and substance use social worker.

There have been calls for structural change, for example to move substance use services from local authority commissioning to the NHS. There is a risk, however, that structural change will divert attention from improving provision within existing systems.

DEVELOPING COMPREHENSIVE CARE

At system level, integrated care boards and partnerships could develop plans for providing comprehensive care pathways, moving towards collaborative and integrated care models. Initially, this might start with closer liaison between mental health and substance use services, for example holding multidisciplinary meetings to improve care coordination and address gaps. Building on this, it may over time be possible to develop accountability structures for both mental health and substance use services to support people with co-occurring needs.

At place level, health and wellbeing boards could carry out joint strategic needs assessments that include a focus on co-occurring mental health and substance use needs. Having a clear picture of need, and how it is evolving over time, will provide a foundation for services to reach and support people effectively.

VALUING PLURALITY OF KNOWLEDGE AND PROVISION

In localities, plurality of provision will be essential for people who need additional or alternative support to that provided by statutory services. Voluntary and community organisations provide essential support to people from a range of marginalised groups, and many continue to face financial challenges that threaten their long-term viability. Working alongside voluntary and community sector organisations may also enable statutory bodies to test and evaluate innovative approaches, building on existing evidence and examples internationally. This can also facilitate co-design and coproduction in the development and delivery of services, where there is a robust and sustained commitment to this.

In taking these steps, it is important to acknowledge that healing and knowledge can come from diverse sources beyond the NHS. It is essential to create community-based spaces for hope, healing, and recovery that are designed by and for those with lived experience.

POLICY RECOMMENDATIONS

National government should:

◎ Restore the Public Health Grant to at least 2015 levels and continue to provide councils with dedicated additional drug and alcohol treatment funding as part of the forthcoming Comprehensive Spending Review

◎ Evaluate how funding has been spent on drug and alcohol services since Dame Carol's review of drugs, how far this has enabled services to meet more people's needs, and with what impacts

◎ Include support for people with co-occurring conditions within the ten-year health plan and the next iteration of the long-term NHS workforce plan

◎ Commit to the Mental Health Investment Standard and the Patient and Carer Race Equality Framework for at least the duration of the Comprehensive Spending Review period

◎ Invest in the testing and robust evaluation of innovative approaches to meeting co-occurring needs.

Integrated care boards and partnerships should:

◎ Develop a comprehensive strategic plan that addresses care pathways between services, moving towards integrated and collaborative care models

◎ Provide sustained and secure funding for voluntary and community organisations that are effectively meeting the needs of marginalised communities.

Local authorities should:

◎ Undertake joint strategic needs assessments including a focus on substance use and mental ill health.

ROUNDTABLE PARTICIPANTS

We extend our gratitude to representatives from the following organisations for attending our roundtable and generously sharing their valuable insights, which have greatly contributed to the development of this briefing. Please note, however, that their participation does not constitute an endorsement of its content.

- Coffee Afrik CIC
- Durham University
- Forces in Mind Trust
- Hertfordshire County Council (Public Health)
- Lancaster University
- London Friend
- Office for Health Improvement and Disparities
- Rethink Mental Illness
- Royal College of Psychiatrists
- Think Ahead
- Turning Point
- University of York
- With You.

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