Dual Diagnosis Survey

Lois Sidney

Russell Bowyer

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Introduction:

The SUN Network have carried out a survey to gain service user feedback on how they are currently able to obtain support for both mental health and addiction, in the hope of identifying where the gaps/barriers lie.

This was a structured survey and asked five specific questions, those questions being:

- If you had problems with your mental health and substance misuse, what help do you get from services to support you with those challenges?
- What makes it difficult to get help?
- We are looking at ways to get mental health and substance misuse services to work better together, what do you think would help?
- What has worked well about your care?
- What is not so great?

There have been 27 responses to this survey.

No demographics were taken

Responses:

Q1: If you have problems with your mental health and substance misuse, what help do you get from services to support you with those challenges?

- GP
- Aspire
- Detox
- Smart Group
- Breakfast club
- IROP
- PD team (Personality Disorder)
- Prison (previously)
- No support
- Inclusion
- Counselling
- Mind in Cambs
- Newtown centre
- Union House
- No mental health support during alcohol treatment, I thought I was going crazy as I couldn't process thoughts on a daily basis.
- None – just threats on non-treatment

Several people stated that they had no support at all for mental health during treatment for alcohol or drug addiction, and being told they did not hit thresholds for CPFT treatments **or** were too complex for CPFT treatments meant people felt they were turned away for support and not offered any alternative treatment.

Several people also felt that they had been 'dropped' from the PD pathway with no ongoing support identified.

The most common form of support identified for mental health was none at all, followed by GP prescribing medication. (4 respondents)

Q2: What makes it difficult to get help?

- Bi-polar and alcoholism
- Waiting times
- No-one to listen
- GP palms me off
- The hours I work, fear and getting emotional
- Been referred for counselling, but nothing ever came of it
- Motivation and depression
- Literacy issues and not knowing how to contact MH services

- MH services will not see me due to my drug use
- Only offered MH support when in hospital
- Not knowing who to ask or where to start
- Remembering, making and attending appointments
- Don’t feel like MH services listen to me
- Was assessed by MH and told as I no longer self-harm, I cannot be helped.
- I need support to attend appointment
- GP only focussing on one problem at a time
- Being addicted
- The lack of a holistic approach
- I didn't know I needed it I thought drink & drugs were my problem, I didn't want to think I was going crazy as well, I was severely depressed I knew that but it was later once I got clean and sober I could see my mental health problems. My anxiety can range from nothing to can't go out can't talk can't pick up the phone, my OCD gets bad impulsive purchases to change how I felt and obsessive thoughts meant I did whatever to get whatever it was I wanted and needed
- Being passed around services and turned away once you get there
- Services not working in tandem
- D&A do not liaise well enough with MH services
- I didn't know what I needed and when confronted with the support work mental health was never mentioned although looking back it was clear that I suffered with delusional thoughts, OCD, depression and anxiety disorder but never was it mentioned I should go or could go to get help and support

It was clear from the responses that people attending drug and alcohol support services were either not identifying with having mental health needs, or not having the help and support to learn more about mental health and how and where to find support.

People were turned away from CPFT mental health services for having a drug/alcohol addiction.

It is apparent that there is a lot more that services can do to advise service users of mental health and drug and alcohol services available to them and the opportunities to obtain a more holistic approach, and that mental health is not simply a trip to your GP. People felt that they were treated for one or the other, often at separate times and not treated holistically.

Q3: We are looking at ways to get mental health and substance misuse services to work better together. What do you think would help?

- MH services to send appointment reminders (sometimes still misusing when appointments are made)
- If services wanted to work together
- Identifying that there is D&A and MH issues

- MH and D&A understanding each other's work and working together with regular meetings with the service user.
- Information sharing between services
- Quicker access to services
- Not having to start again with each service
- MH services to not exclude because of D&A
- Follow the NICS DD guidelines
- Joint assessments, keyworkers in D&A recognising MH sooner and making referrals
- Less judgement. Seeing substance misuse as a symptom of mental ill health. Seeing self-medicating as a normal human response to mental distress. Not all substance use is bad. Psilocybin helps depression and MDMA can help with PTSD. Substances should be used in treatment plans.

The overwhelming response was joined up working. Services working together holistically with a service user at the centre, able to access what they needed in a timely fashion. Other responses included quicker referrals and not being turned away from services due to D&A misuse.

Q4: What has worked well in your care?

- Group work
- Peer support
- Inclusion
- NA
- Willingness to change
- Talking and sharing at meetings
- Not a lot
- Support from Aspire
- Flexibility of Aspire support workers
- Good support offered upon release from prison
- The Edge café
- Honesty

Peer support and groups (NA, SUN sessions, AA, Inclusion, Aspire) were considered to be the things that helped most.

Q5: What is not so great?

- Having to wait so long for MH referrals
- Being discharged before feeling ready and no transition to other support (PFT services)
- Issues with medication not being ready
- Not being told about appointment changes in time
- Obtaining continuing appointments with MH services upon release from prison into the community
- No consistency of service
- Being turned away from MH services

- Amount of times presenting at A&E to receive no proper support, just discharge.
- No friends who are clean (hoping to make new friends at meetings)
- I feel nobody listens or cares
- Times scales waiting for detox was going to take 3 months need to be quicker! More support, 1 hour session. A week is not enough my needs were daily, support and encouragement group sessions and 1-2-1 help would be great more open door policy when you need help and more collaborative working with the mental health teams again offering immediate support!!
- Lack of DD training for D&A and MH staff.
- Lack of understanding of addiction in the mental health teams, the time it takes to get help and support its taken 11 months to get to see someone face to face it makes me think what's the point! How much impact can they have on me?
- Lack of trust in services and threats of non-treatment if you use substances.
- Stigma

The biggest obstacle for people is waiting times and actual accessing of mental health services. (This appears to be around CPFT services) and then being turned away once waiting over a year to be seen. Lack of information/signposting around third sector MH services, and no joined up working between D&A and MH services.

Conclusion:

The biggest concerns around Dual Diagnosis are that a lot of people don't relate to the term Dual Diagnosis and are therefore not connecting the dots and identifying with it and realising that they are able to access both D&A and MH support.
Services do not seem to be connecting the dots either and this could be down to a lack of knowledge or a training requirement, however, in the meantime, MH or D&A issues are being overlooked by staff and this is delaying referral and treatment.
CPFT MH services have long waiting times and high thresholds and no alternative is being offered.
Services don't work together and share information or collaboratively support service users, and often MH turn people away for having D&A misuse.
Service user awareness of third sector MH services seems to be extremely low and they are not being signposted by D&A services. MH are referring to D&A services but not following up so people fall into the gap and end up self-medicating.
Liaison between services isn't happening. Identifying a joint working role that could deliver a holistic approach would mean the service users are at the heart of the service and not being passed around services with no knowledge of if they actually got anywhere at all.