



**Dual Diagnosis Network**  
**Evaluation Report Summary June 2009**

Carolyn Montaña

Leeds Institute of Health Sciences

School of Medicine

Tel: 0113 343 1964

E: [c.montana@leeds.ac.uk](mailto:c.montana@leeds.ac.uk)



- Purpose
- Process
- Service user views
- Provider feedback
- Key recommendations

## Aim

What are the barriers and facilitators to effective networking?

## How?

Ask service users

Get feedback from service providers

## Timescale

September 2008 – March 2009

Approx. 375 hours researcher time

- Agree terms of reference and research methodology
- Ethics and research governance approval
- Study steering group and sub-committee
- Recruit agencies into evaluation process
- Contact service users for agreement to interview
- Interview service users until reach data saturation
- Contact agency staff for agreement to complete CMPPQ
- Data analysis and reporting

## *Response rates*

- Each agency contacted up to 30 (possible total of 460)
- Approx. 162 contacted
- 34 agreed to be interviewed (21%)
  - 4 did not meet inclusion criteria (12%)
    - 3 did not attend (10%)
- 10 interviews held (33%); 3 via telephone
  - 3 female, 7 male
  - Average age of 37.7 years; range = 19 years – 54 years
  - Engaged in a broad range of services for minimum of 3 months and a maximum of 19 years
  - Average length of interview was 32 minutes; range = 7 minutes to 59 minutes

- Service users discussed their perception of the barriers and facilitators to effective networking around 2 main themes:
  - **(1) My experience of the services**
    - Access
    - Networking
    - What the services do for me
    - What the services are not doing for me
    - Service staff
  - **(2) An ideal service**



# My experience of the services - Access

## 1. Flexible referral criteria

Service users described different ways of accessing the same services

## 2. Blurred boundaries

Not clear as to why other services are not involved

*'The only thing that they [CMHT] couldn't do was get a handle on the alcohol abuse and it was just getting worse and worse...'*

## 3. Long waiting times

*'Everybody seems to think I'm getting all the help I want, but I haven't started any of it yet and I've got to keep chasing it down...'*

## 4. Unclear definitions

Level of agreement about needs varies between service users and staff

*'I had a big tantrum...because I thought more people [are] getting involved than needs to be involved'*



## 1. Knowledge gap

*'It would be a great help to me to know what other help is available'*

*'They don't give you any information about other help..'*

## 2. Lack of alternatives

Not seeking alternatives when planned care cannot take place

## 3. Inconsistent collaboration

*'They do work together and they let each other know what's going on'*

*'They don't cross reference or know the specifics. You only get a general outline'*

*'I have to start again from the beginning, go back to square one...it seems to happen in this sort of circle quite a lot'*



## 4. Lack of responsibility

*'I just need to be able to pick up the that phone and say help I am in a real difficult mess here'*

*'I know that if anything happens to me, I've got somewhere to ring'*

*'You go to these meetings and some of them are irrelevant'*

# My experience of the services

## What the services do for me



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### 1. Provide links

*'Without AA MC and Comm Links would be a waste of time. I would still get housing support but I wouldn't be clean and sober'*

### 2. Help with all my needs

*'they are really helpful. I can talk [to them] about any problems I am having'*

### 3. Recognise my individual needs

Service users talked about different services taking their individual needs into account when planning ahead

### 4. Involve me in planning services

*'I [try] to put something back...instead of take, take, take'*

# My experience of the services

## What the services do for me



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### 5. Keep me alive

*'They keep me going, keep me alive, give me something to live for'*

*'I'm not alone'*

*'Without them, well I wouldn't be here without them'*



### 1. Not taking advantage of my 'window of opportunity'

*'When they've got the time [agency], and [I'm] in the right frame, that's when you need that window of opportunity to be there'*

### 2. Not recognising my individual needs

*'Its unusual to get a full session relevant to [my] particular circumstances'*

*'[I] feel as if I'm lumped together because basically there's that many people who are using but don't intend to'*

### 3. Not recognising my emotional and/or mental health needs

*'They give you your tablets and on you go'*

*'Its all about diagnosing, medicating and prescribing and the people that diagnose you have no idea how you think or how you feel'*



#### **4. Not planning ahead**

*'You're finished, off you go, they automatically think that you're cured'*

*'I think they need to worry about the after services following where you go when you leave there'*

*'I haven't heard of anything yet of what I'll be doing after, when all that's taken away from you, what do you do?'*

*'Eventually I'm going to strangle somebody and then they'll say oh boy all he wanted was a little support, we should have done that'*

# My experience of the services

## What the services are not doing for me



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### 5. Not providing evening/weekend support

*'I couldn't go today because I had staff training, and I really needed but I'm working all the time'*

*'A drug addict is twenty four seven, its not a nine to five job, we need services to be open on a night, if people are getting bored and they are getting tempted to use [they need somewhere to go]'*

### 6. Not working with families

*'For me addiction and alcoholism is all about family, I think there should be a lot more family work'*

# My experience of the services

## Service staff



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### 1. Attitudes

*'It's the way they treat you, she never puts me down'*

### 2. Skill mix

*'I think that some of them can [help], and some of them cant'*

*'sometimes she's not as helpful as what she can be'*

### 3. Professionalism

*'I don't think a lot of staff should be working there, there's a lot of unprofessionalism'*

*'they are taking the micky out of you and the staff are actually laughing at you'*

# My experience of the services

## Service staff



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### 4. Mentors

*'a lot of them don't understand it, they are young, basically read a few books'*

*'if there were people there volunteering to be mentors, if they worked alongside the counsellor maybe'*

### 5. Bureaucracy

*'its more like flying through forms to cover their backs'*

*'on paper it looks good but its not sort of always going right'*

### 6. Success

*'they will hang on to a client that they have got a success with...I want to keep this person because [they] are a success, I can't let him go'*



## 1. Provide a safe place

*'a safe place really to work through during the day...for me it would be a female environment'*

## 2. Easily accessible and low-cost

*'if you don't have a land line they will charge you full monty to ring them'*

*'if you have three appointments, that's basically nine pounds'*

*'I think a lot of people miss appointments because they don't have the money'*

## 3. Mentors

*'that's how recovery works. People that have been there are the only ones that have actually suggested anything that's made me feel better'*



## 4. Continuity in care

*'why not keep me? Forget about the funding, why not keep me at this level...they've got to have a six month break, its pathetic'*

## 5. Integrate with other services i.e. housing

*'they should be more integrated with housing, they should work more in partnership'*

## 6. Inter agency knowledge

*'I think key workers should have more awareness of what services are out there'*

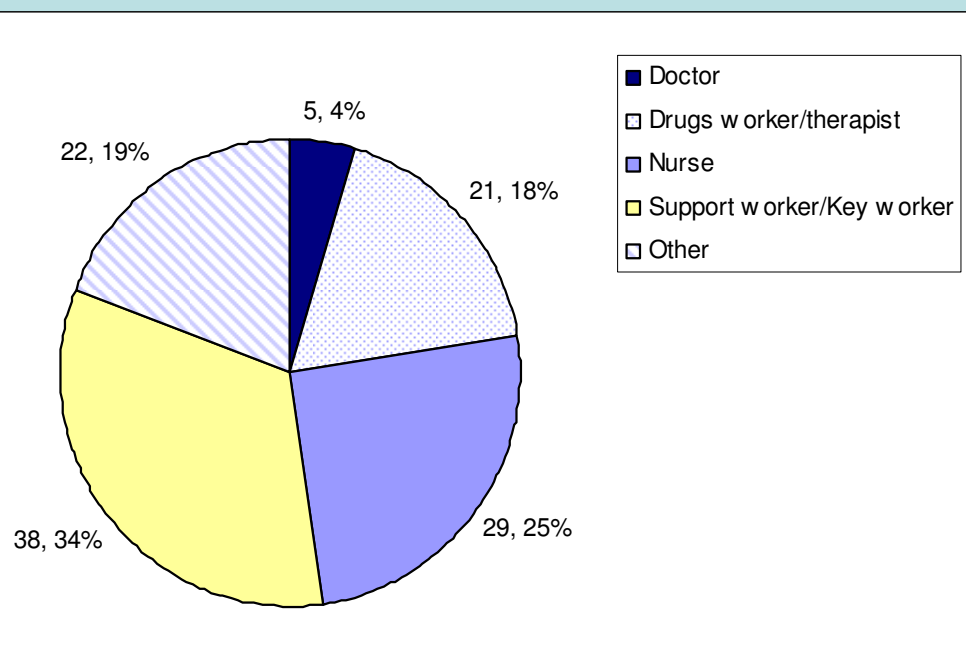
*'I think a lot of service users don't use the services because they are not aware of what's there'*

## Response rates

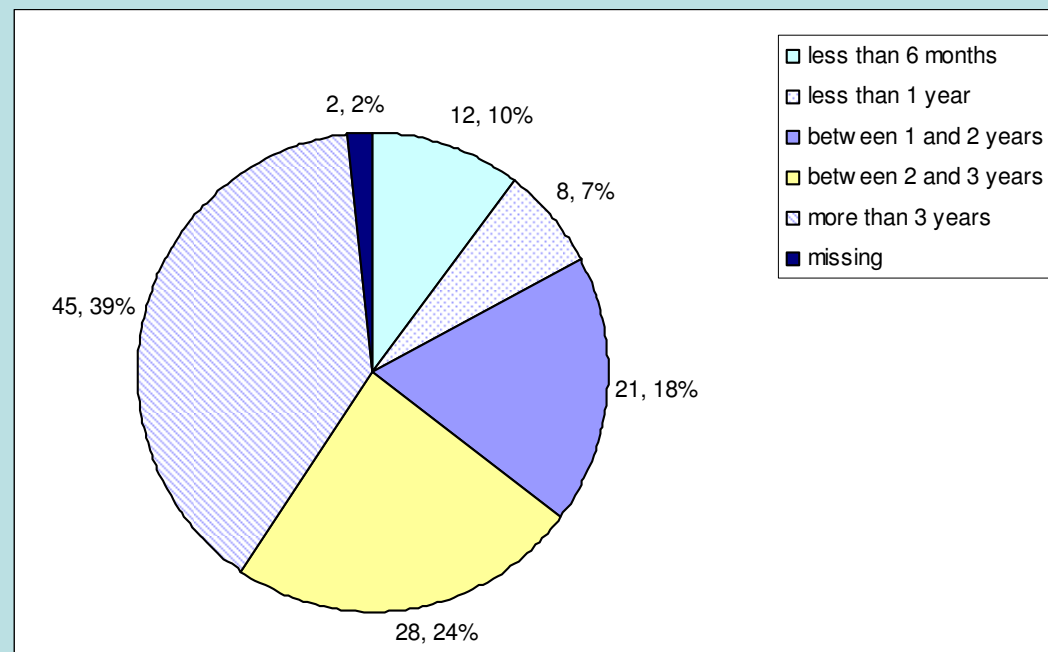
<i>Service type</i>	<i>No. returned and %</i>
Dual Diagnosis	10 (8.6)
Mental Health	50 (43.1)
Substance Use	42 (36.2)

Overall response rate of 42.2%  
(249 sent, 105 returned, rate varies between agencies)

### Profession of respondents



### Length of service of respondents



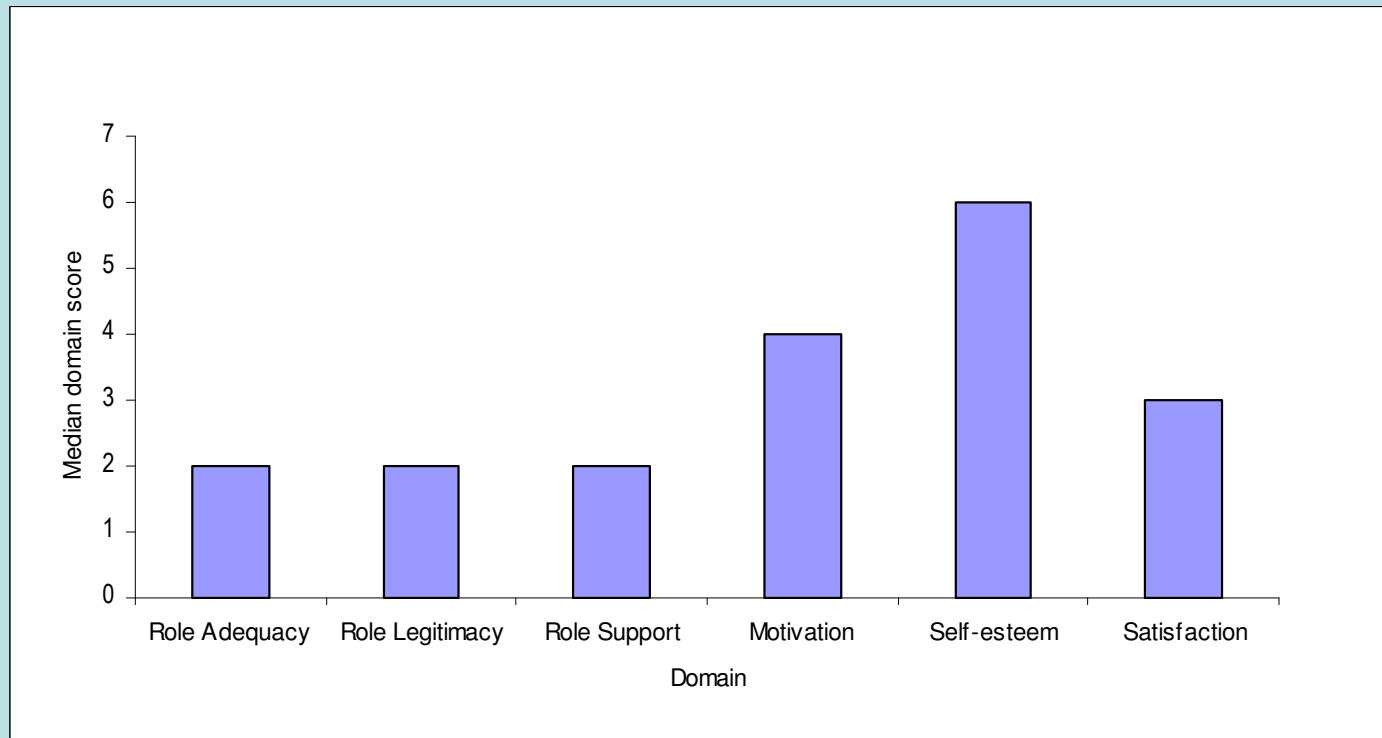
### Training of respondents

- 81 (77%) respondents had undertaken some form of training\*
- 33 (41%) had completed DD training

# Domain scores: overall



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- Staff feel more positive towards role factors compared to personal factors
- Self esteem is particularly low overall

## Median domain scores by DD training

<i>Domain</i>	<i>DD training</i>	
	<i>Yes</i>	<i>No</i>
Role adequacy	2	3
Role legitimacy	2	2
Role support	2	2
Motivation	4	4
Self-esteem	6	6
Satisfaction	3	3

- Trained staff tend to feel more positive towards all personal and role related factors (apart from satisfaction), although none of these findings are significant.

## Current training needs

61 respondents indicated current training needs

Dual diagnosis = 41% (25)

Mental health = 20% (12)

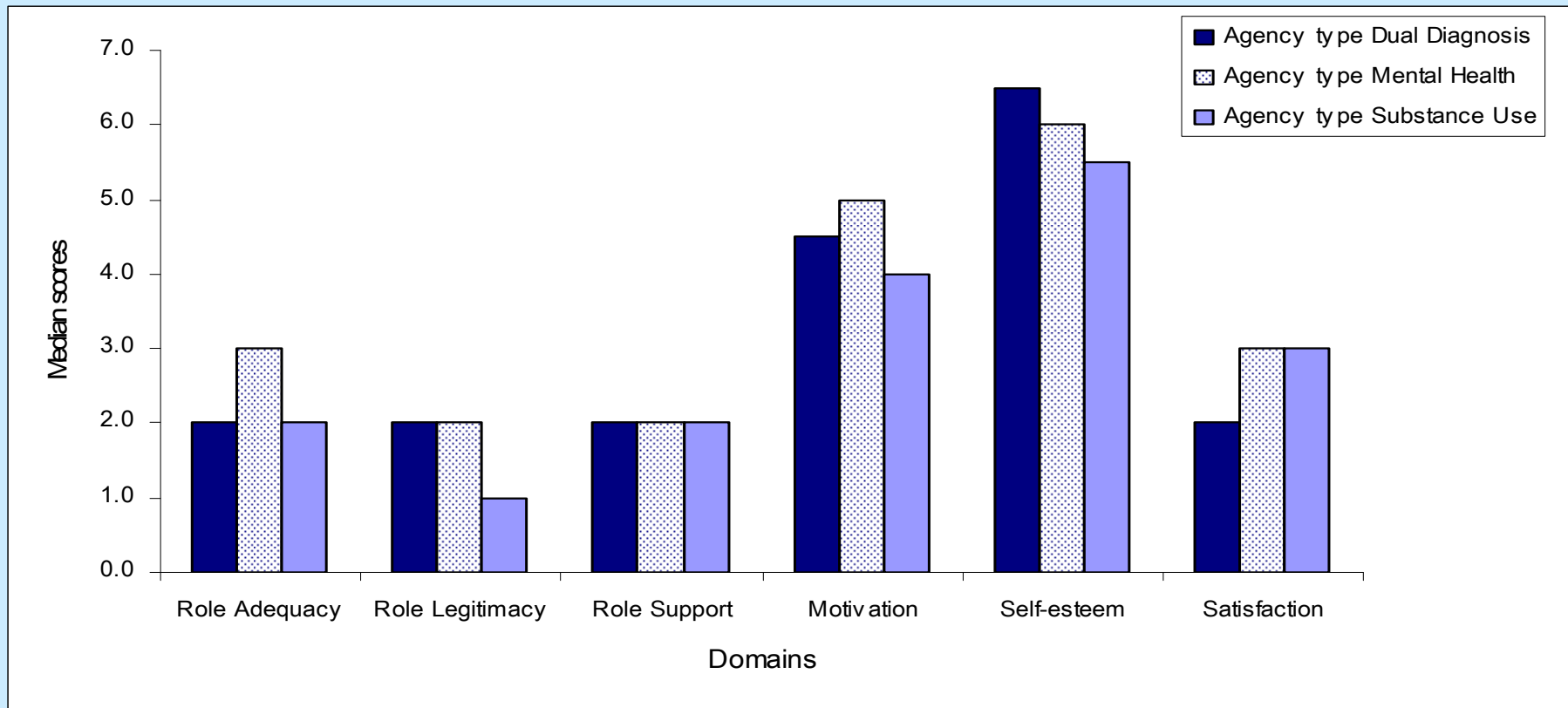
Drug and/or alcohol = 20% (12)

Not specified = 19% (12)



# Differences: between agency type

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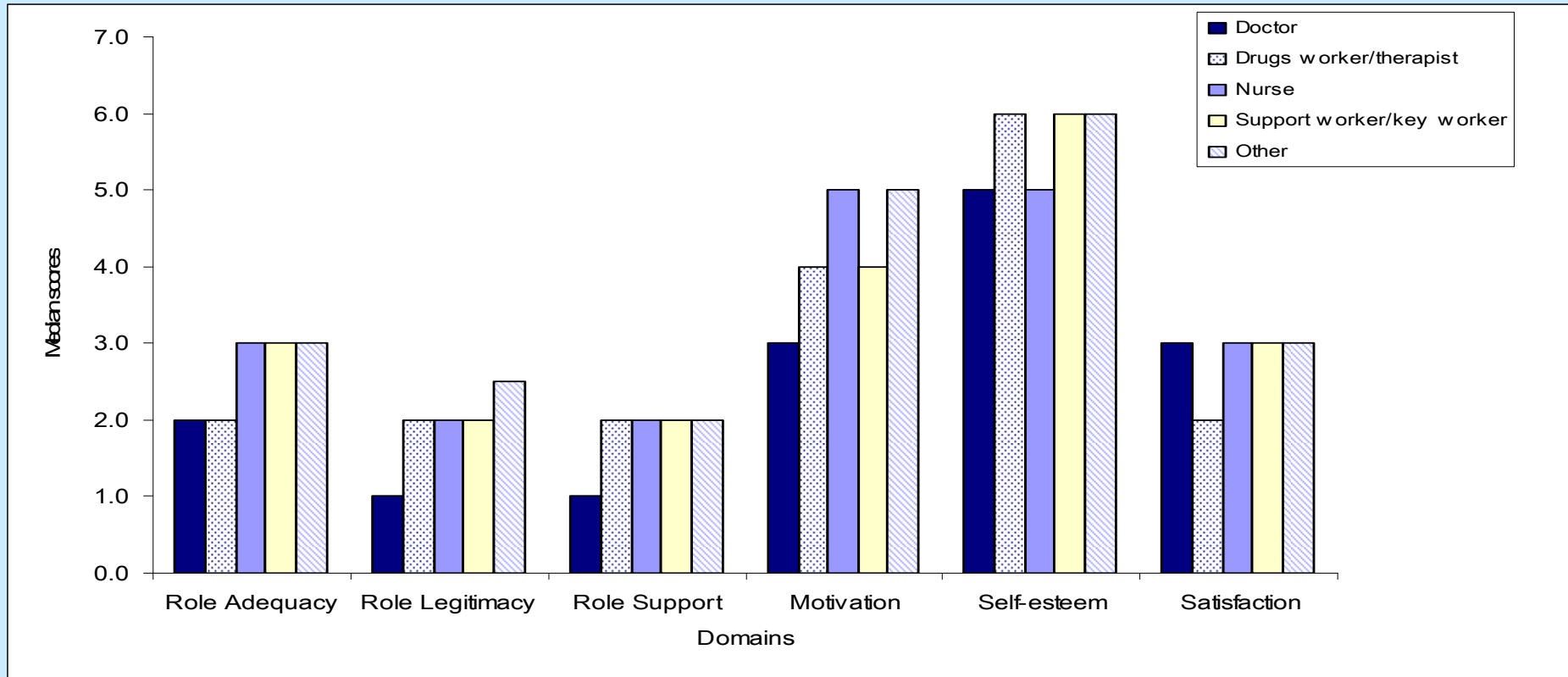


- Staff employed in MH services feel less adequately prepared for their role and less motivated
- Staff employed in SU services feel more legitimacy in their role
- Staff employed in DD services have lower levels of self esteem, although tend to be more satisfied with their role

# Differences: between professions



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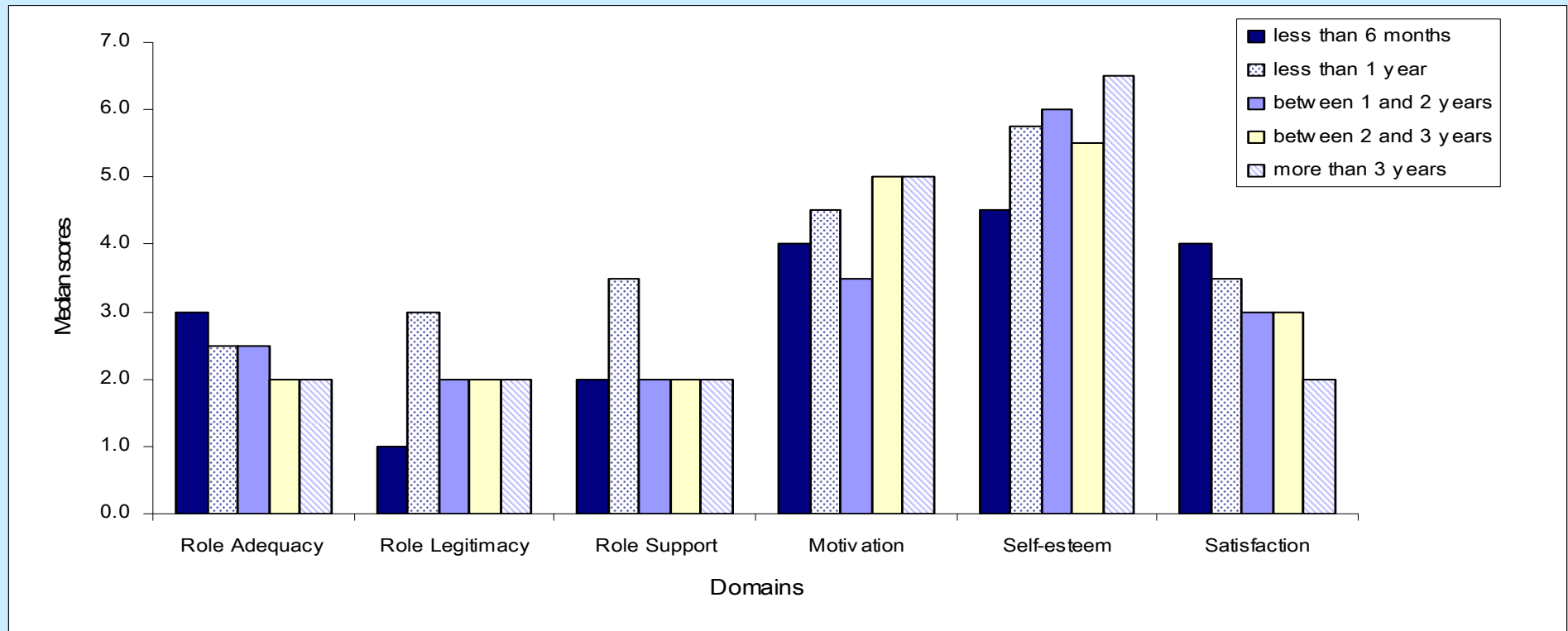


- Doctors and Drugs workers feel more adequately prepared for their role
- Doctors feel more role legitimacy, more supported and more motivated
- Nurses and 'other professions' feel least motivated
- Drug workers feel more satisfied in their role

# Differences: between length of service



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- Staff working for longer than 2 years feel more adequate in their role compared to newly recruited staff
- Newly recruited staff feel more legitimate in their role but less supported
- Staff working longer than 2 years are the least motivated
- Self esteem deteriorates with length of service although satisfaction increases



# Key recommendations (1)

## (1) How the services are organised

*Use examples of excellent practice as benchmarks*

*Increased resources in:*

*Alcohol services*

*Counselling services*

*Mental health services*

*Planning:*

*out of hours availability*

*location of services*

*configuration of services*

*Capacity:*

*increased to deal with complex needs*

*work closer with families and carers*



# Key recommendations (2)

## **(2) Clearly defined referral criteria**

*Consistency in criteria*

*Agreed care pathways*

*Focus on needs, not diagnosis*

*Recognise strengths and limitations of each service*

## **(3) Clearly defined responsibilities**

*Increase knowledge of different services*

*Willingness to accept overall responsibility*

*Have a single point of contact:*

*Assessment panel*

*Service user follow up*

*Regular monitoring*

*Continuous assessment*

*Continuous evaluation*



# Key recommendations (3)

**Joint assessments** *(to assist with identifying emotional/mh needs)*

**Collaboration between agencies** *(particularly with housing and prison services)*

## **Within service factors**

*Service user involvement (planning services and individual care)*

*Planning ahead (what happens next?)*

*Practicalities (hours, expense, location)*

## **(4) Staff skills**

*Increase training availability (particularly DD training for MH staff)*

*Assess own training needs*

*Increased opportunities for individual and group supervision*

*Regular reviews*

*Experienced supervisors for new staff*

*Assistance with the change process*

*Service user feedback should be encouraged*

*Mentoring should be encouraged where possible*