

DUAL DIAGNOSIS PROJECT

CITY OF LEEDS



“Everyone has a voice and wants to be heard and it was felt this was achievable on this day”

“(I wish) that people could help each other and for the services to understand exactly what people want, need and require”

– A comment on how service user involvement could influence services–

SERVICE USER CONSULTATION EVENT: OUTCOMES REPORT

INTRODUCTION

People who use a range of mental health, alcohol and drug treatment services in Leeds have been invited to share their experiences and to express their opinions on how these services work. The key objective of the event was to offer service users an opportunity to contribute to current policy development in the field of Dual Diagnosis. This report is an attempt to unite the voices of many service users in a coherent framework, aiming to guide future service improvement in Leeds.

The event was facilitated by representatives of St. Anne's Community Services, Touchstone and the Leeds Mental Health Modernisation Team's Service User & Carer Reference Group.

STRUCTURE & METHOD

The event was structured into a series of consultation exercises generally covering the following themes: Referral pathways, Care Plans / Co-ordination, Communication, Treatment Options. Other themes and topics of conversation also came up during the event. The facilitation process included a range of activities and resources to enable participants to express their views (discussion, drawing, filming and writing). Further details on how the event was organised and facilitated can be found in the attached full-report of the event.

OUTCOMES

The information gathered at the consultation event can generally be divided into 3 categories: Comments on barriers to appropriate care, suggestions for service improvement and general feedback / evaluation of the event itself.

The various comments relating to these 3 categories have been grouped into common themes. A few key points are also provided to illustrate the content & discussion related to the themes:

1. Barriers to care

THEME	Key Points
Access to appropriate care is difficult and fraught with barriers	<ul style="list-style-type: none">- There is a concern that vulnerable people often become homeless. There is a view that some people commit crime to access support.- The requirement of being abstinent from alcohol / drug use before accessing mental health care is perceived as a major problem. This can be perceived as unattainable, or in other cases as unbearable pressure.- Referrals to specialist services are difficult to initiate; people are often passed on from place to place and often there is no follow-up.- When people managed to access services, they found that there was very seldom aftercare provision.
There is a perception that prejudice and discrimination against substance users is still present in health services:	<ul style="list-style-type: none">- Judgemental attitude and lack of empathy of professionals has led some service users to feel de-valued, rejected and unable to develop trust in relationships.

There is a perception that waiting times are a significant barrier to care:	<ul style="list-style-type: none"> - It can take months to be assessed by professionals and when it happens, this doesn't always result in suitable care. - There is a perception that appointments may not be long enough.
Lack of Drug & Alcohol knowledge and lack of awareness of existing services are major difficulties:	<ul style="list-style-type: none"> - There was a general perception that both professionals and service users are largely unaware of sources of support for drug & alcohol use. - There is a perception that there is a significant lack of drug & alcohol awareness within health services.
Other factors & unmet needs which hinder recovery are:	<ul style="list-style-type: none"> - There is a perception that overstretched capacity of services and an excessive preoccupation with monitoring & recording hinders effective care. - Financial difficulties can be an obstacle to accessing services. - Mental health & addiction can perpetuate unemployment and have a negative impact on self-esteem. - Poor accommodation can deteriorate overall health.
Lack of consistency is a barrier to appropriate care:	<ul style="list-style-type: none"> - Problems found with poor follow-up, unsuitable meetings and constantly changing practitioners.
Medical interventions are perceived to be inadequate in the absence of additional behavioural and psycho-social support:	<ul style="list-style-type: none"> - There is a view that reliance on medication can become problematic. - Some service users were sceptical about diagnosis & treatment procedures and were concerned that medication masks psychological issues which could be addressed via additional emotional and practical support.

2. Service Improvement

THEME	Key Points
Suggestions to improve access to care:	<ul style="list-style-type: none"> - Lengthy support from a consistent, known practitioner. - Easy access to support via drop-in, day services and comprehensive treatment available locally. - Improved information on drug / alcohol and mental health services available locally.
The following factors were considered useful skills, attitudes and values that enable services to offer adequate care:	<ul style="list-style-type: none"> - Caring, person-centred, non-judgemental approach. - Listening skills, ability to empathise and to offer 'personalized' care based on individual needs. - Consistency of care and continuous support including aftercare.
Other factors that support recovery:	<ul style="list-style-type: none"> - Having a positive attitude, self-belief and being pro-active can help people on their way to recovery. - Being aware of what sources of support and treatment are available.
The top 5 treatment options that service users considered needed further financial investment are:	<ul style="list-style-type: none"> - General Practice. - Structured counselling / drugs treatment. - Psychotherapy. - Community Detox. - Hepatitis & HIV support.

3. Evaluation of the Consultation Event

THEME	Key Points
The following aspects of Service User Involvement were commented on:	<ul style="list-style-type: none">- Generally speaking, service user consultation is valued and participants would like to take part in future events.- A number of people suggested that they would be keen to become actively involved with services and 'self-help' initiatives.
Overall comments and Evaluation of the event:	<ul style="list-style-type: none">- Participants valued the opportunity to express their views and found that everybody had a chance to do so.- Participants found it very helpful and encouraging to meet and interact with people who have had similar experiences.

CONCLUSION

Overall, participants and facilitators agreed that the event successfully engaged people in a debate that provided useful feedback for services. The event itself as a gathering of people with similar experiences was seen as an empowering and encouraging experience. The methods of facilitation and analysis of participation enabled service users to have a united voice through a coherent outcomes report.

The content of the consultation describes key areas for service improvement: accessibility, efficiency in referral systems, practice development in relation to drugs awareness and person-centred approach, consistent and holistic delivery of care, advertisement of services and sources of support.

Some of the criticisms of the consultation relate to:

- Limited funding only made it possible to engage a relatively small group (15) of participants.
- There was clearly a lack of representation of BME communities within the group of delegates.
- There was some scepticism of the true impact of service user consultation on service improvement.
- Identifying themes and key points as a 'democratic' method of analysis of participation inevitably marginalises some comments and suggestions. Nevertheless, an effort has been made to include as full a record of participation as possible in the attached report.

The future challenge is to introduce the content of this consultation into the process of policy development in the field of Dual Diagnosis.

October 2007.

Please refer to separate 'Full Report' for detailed methodology & record of participation including direct quotes from service users. It can be downloaded via link below:

<http://dual-diagnosis.org.uk/doc/SU.full.report.pdf>