

Leeds Dual Diagnosis Workshop 13th May 2015

Update on Leeds Mental Health Framework Development

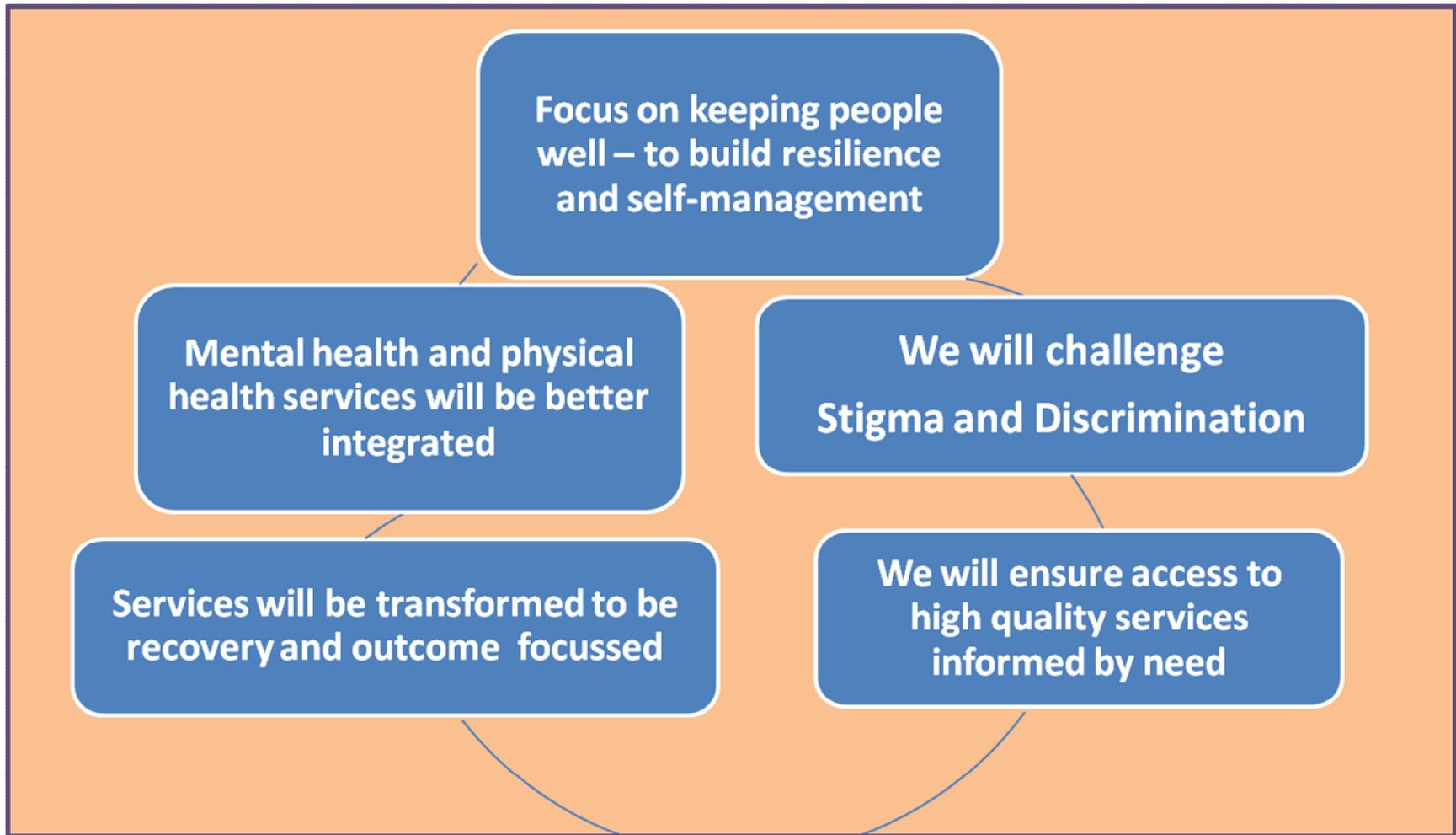
OUR VISION

Leeds is a city that values people's mental wellbeing equally with their physical health.

"Our Ambition is for us all to be confident that others will respond to our mental health needs without prejudice or discrimination and with a positive and hopeful approach to our future recovery, wellbeing and ability".

Mental Health Framework

5 Outcomes



Network Implementation

Development September 14 – Jan 15

NHS IQ Workshops

- “ 4 workshops
- “ Wide range of stakeholders
- “ Service user involvement
- “ Facilitation using service improvement and whole system change methodology
- “ Prioritisation process

Outcomes

- “ Good partnership engagement & commitment
- “ Identification of overarching themes that impact across all outcomes
- “ Emergence of agreement on how to describe our mental health model
- “ Agreement on governance structure

ities and where we are now

INFORMATION HUB

- “ Finance secured
- “ Information Hub Steering group
- “ Scope of work established and relationships with other mhealth work-streams/links with Public Health
- “ Branding/raising profile and introduction by Jan 16
- “ Project support secured
- “ Specification for the

Information Hub developed

CHILDREN AND FAMILIES

- “ Focus on ante-natal and peri-natal mental health identification and assessment.
- “ Developing stronger partnership working with MH services /Maternity /Health Visitors/Schools
- “ Discussing possible Family work within school clusters
- “ Pilot projects planned 2015
- “ *Project support required*

ities and where we are now

CRISIS – work stream of Strategic Urgent Care

- “ Service user experience report completed by LIP
- “ Project Plans in development
- “ Workshop to develop new MH crisis pathway July 15
- “ Agree scope of work required to deliver Crisis Care Concordat through 2015
- “ Project support through Transformation Board

COMMUNITY BASED MENTAL HEALTH

- “ Remodelling of all commissioned community based services in 2015
- “ Development of complex needs enhancements to services through innovations funding 2015/16
- “ Agree scope of work required to deliver Better Access 2020 requirements
- “ Project support in place

Other existing work

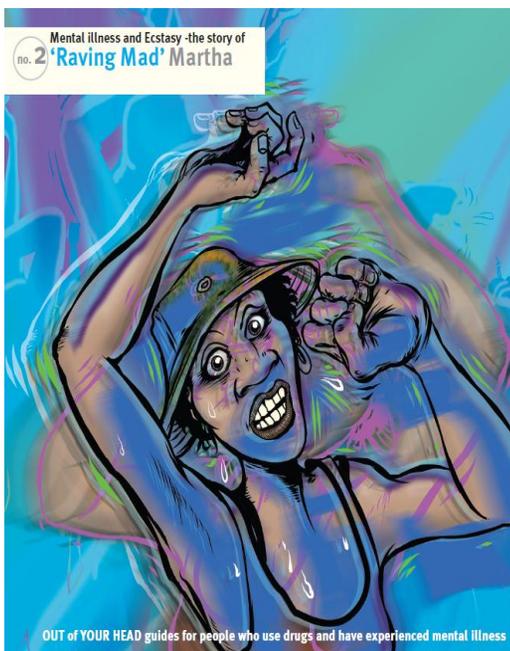
LOCAL

- “Re-specification & Re-tender IAPT service
- “Developing options for Single Assessment service
- “Linking with Social Prescribing services
- “Peers support models
- “Recovery College
- “Long Term Conditions Psychological therapy pilot
- “Digital innovation – Apps etc.

NATIONAL

- “MH Personal Budgets
- “Mental Health Choice
- “Waiting times in IAPT
- “Review of Liaison Psychiatry
- “Early Intervention in Psychosis
- “Transitions from Children and Young People’s services into Adult Mental Health

with Dual Diagnosis in mind



iapt

Improving Access to Psychological Therapies



NHS National Treatment Agency for Substance Misuse

IAPT positive practice guide for working with people who use drugs and alcohol

Introduction

1. This guide seeks to assist IAPT teams and substance misuse services to work confidently and inclusively with those who have drug or alcohol problems and common mental health problems. It explains how simple assessment techniques and protocols can identify potential IAPT clients with drug or alcohol problems. It outlines criteria for deciding whether people with different kinds of drug and alcohol use are suitable for IAPT services. And it summarises how IAPT and substance misuse services can work together more closely to improve outcomes for clients.

Background

2. A new national drug (and alcohol dependence) strategy was published in December 2010 (HMG, 2010), and a mental health strategy a few months later (HMG, 2011). Both strategies acknowledge the association between mental health problems and drug and alcohol problems. Successful outcomes for both problems need early intervention and effective joint working between drug and alcohol treatment and mental health services in integrated, recovery-oriented local systems.
3. People with a history of drug and alcohol problems, and receiving treatment, do not necessarily pose any special challenges for IAPT services but there are often substantial clinical gains to be made in working with them. Substance misuse clients with mental health problems should have access to NICE-recommended psychological interventions, including CBT for depression and anxiety and there is no evidence that substance misuse per se makes the usual psychological therapies ineffective (NICE, 2007).
4. Illicit drug use, misuse of and dependence on over-the-counter and prescribed medicines, and alcohol use are common in Great Britain. It is estimated that 1.6 million people have mild, moderate or severe alcohol dependence (McManus et al., 2009). Thirty six per cent of adults report lifetime use of illegal drugs, with eight per cent using in the last year and five per cent in the last month (Hoare and Moon, 2010). A significant number of IAPT clients are therefore likely to be using illicit or prescription drugs and/or drinking at hazardous or harmful levels that may be contributing to their mental health problems.
5. Between 70 and 80 per cent of clients in drug and alcohol services have common mental health problems, largely anxiety, depression and trauma (Weaver, 2003). The same study also found high levels of drug use and hazardous and harmful drinking in the populations using mental health services. The study concluded that 'substance misuse services should work more collaboratively with local psychotherapy services and GPs to improve management of co-morbid patients who do not meet the criteria for access to community mental health services'.

Future in mind

Promoting, protecting and improving our children and young people's mental health and wellbeing





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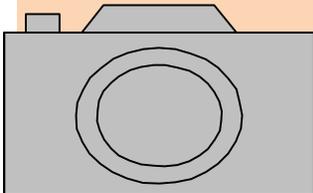
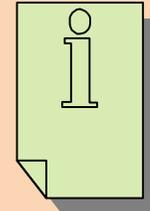
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with Dual Diagnosis in mind

1.9	<p>Local Authority Commissioned Drug and Alcohol Services: Ensure that the new service specification delivers integration with primary and secondary care MH services.</p>	<p>Contract Awarded and mobilisation period underway to begin 2015</p>	<p>Leeds City Council – Chris Dickinson/Diane Powell</p>	<p>People with co-existing mental health and substance misuse problems (dual diagnosis) have been identified as a priority group within the specification of the new drug and alcohol treatment and recovery service.</p> <p>LCC awarded the contract in December 2014 to a consortium led by DISC including BARCA, LYPFT (LAU), St Anne’s Community Services, St Martins Health Care Services.</p> <p>Their mental health offer includes specialised dual diagnosis case management and psychological interventions, and is supported by specialist staff including a consultant psychiatrist and consultant psychologist. Training will be offered by the provider to key stakeholders in Leeds to support an integrated approach to achieving recovery outcomes in the city.</p>
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ole Top discussion

- “ Introductions around the table
- “ The facilitator will set the scene with a 1 page brief about the particular project area 10 mins.
- “ The group will be invited to open up the discussion with a second facilitator acting as scribe/timekeeper this will be for 35 - 40 minutes
- “ At the end of the discussion the notes will be stuck on the wall and groups will be invited to circulate and comment on the other projects for 20 mins.
- “ We will draw things to a conclusion with a quick Next Steps discussion
- “ The resources will be taken away by us to be typed up and themed for circulation by the Dual Diagnosis network and for feeding in to our project design work
- “ Kate Bromley will be joining us from our Communications team and taking photos and possibly talking with ZIP members/others to produce some media to add to our MH awareness week resources



Questions

Information Hub		
What does good look like in respect of Dual Diagnosis?		
What is working well things we can build on or take advantage of to make our ambitions a reality?	Even better if..... what has prevented us or might prevent us from making our ambitions a reality?	
Action planning – what might be possible to do in the short and longer term and how would we know if it's working?		
Action	Measure	Owner

Facilitators

Information Hub

Jane Williams &
Steve Callaghan

Community Based Mental Health

Jon Woolmore &
Jenny Thornton

Crisis and Urgent Care

Debra Taylor-Tate
& Catherine Ward

Children & Families

Kate Bromley &
Ruth Gordon

Let's get connected

- ” #LeedsChanges
- ” #MHAW15
- ” #mhleeds
- ” @LeedsDDproject
- ” www.dual-diagnosis.org.uk