

Dual Diagnosis

What it is and how it can help?

Introductions

- Matt Petrie – Dual Diagnosis worker at the Booth Centre. My role is to provide intensive medium term support to individuals with complex needs.
- Martin – A volunteer at the Centre who began using the Centre about 5 months ago when he was rough sleeping in Manchester City Centre. Martin has a history of alcohol misuse, mental health problems and housing problems.

Overview of Session

- Crikey! Where do you start?
- Discussion on what Dual Diagnosis means.
- Who are we talking about?
- Does defining people with a “dual diagnosis” help?
- The problems associated with accessing services with those deemed to have a dual diagnosis.
- Redefining dual diagnosis and a practical approach.

What is Dual Diagnosis?

- dual • adjective - consisting of two parts, elements, or aspects.
- diagnosis • noun (pl. diagnoses) - the identification of the nature of an illness or other problem by examination of the symptoms.
- A diagnosis of an emotional disorder, a developmental delay, drug and alcohol use or a mental illness in the same person.

Dual Diagnosis in Practice

- Who are the people we are talking about:
 - Today's focus will be on the mental health.
 - Rarely those with a diagnosis of a serious mental illness.
 - More commonly it is people with low to moderate mental health problems.
 - However in combination with other problems these can have a severe impact on people's lives.
- What are the most common symptoms
 - Depression, anxiety, paranoia, low mood
 - But can be more serious e.g. psychosis.

Does this diagnosis help?

- Is this not the majority of people we work with?
- Does this not just label people?
- Are we not simply medicalising problems and limiting the options there are for working with these?
- What about the other problems people face?
 - Are these consequences or concurrent?
 - Does defining these in terms of dual diagnosis help?
- Are we not just scaring people using this term?

Joe's Story

- Support Worker in a Salvation Army Hostel.
- Considerable experience keyworking people with multiple issues.
- He attended some Dual Diagnosis training and his comments were:
 - It's so complex and hard to get your head around.
 - I don't know how I would cope working with these people and their problems.
 - I just would not and could not work in that field.
- He does work in it every day!!!!
- I've heard many people say similar things.

What else do people say?

- We need specialist dual diagnosis services.
- Specialist services only deal with one problem at a time.
- People are difficult to engage with.
- It's very difficult accessing secondary mental health services.
- We don't have the time or resources that people need.
- How do you work with multiple interconnected problems?
- What other problems are there?

And the point is?

- Homelessness services work with "dual diagnosis" all the time.
- They often do it very well.
- But they often do not recognise this and recognise the skills they have.
- This is a missed opportunity to develop this into an effective programme.

So what is the solution?

- Homeless projects need to recognise that they are specialist services and can find solutions.
- Every day they provide support around mental health, alcohol and substance misuse, housing and a huge range of other support needs.
- Projects need to adjust and recognise this fact and build it into the fabric of what they do.
- We all need to stop looking for an answer somewhere else and use the resources that we have.

How do we do this?

- What do people most need?
- Create a therapeutic environment.
- Engage people.
- Give them a worker.
- Come up with a plan.
- Work with the individual.
- Solving the mental health conundrum.
- Move people forward.

What do people need most?

- The holistic approach.
- Practical support.
- Long-term support.
- A positive social network.
- Something to do with their time.
- If we ask many people they will say "A job and a family".

Create a safe therapeutic environment

- Warm, safe and welcoming.
- Reliable and consistent.
- Advertise what you are doing.
- Involve people in how it is set out/decorated.
- Use of volunteers.
 - Peer volunteers/mentors.
 - Community Volunteers.
- Activities: what will happen in that space?

Engage people

- Find out what works!
- Use outreach – on your doorstep and further.
- Use of drop-ins.
- Listen to people.
- Offer something practical and show people progress.
- If nothing else just sit and have a coffee.

Give them a worker

- To take responsibility for co-coordinating support but not to do all the work!
- A point of continuity and consistency.
- What skills are needed?
 - Good interpersonal skills.
 - Good Assessment skills.
 - Advocacy skills.
 - Training to identify possible concerns.
 - Good networking skills.
 - Knowledge of community resources.
- They do not have to be a specialist!

Come up with a plan

- It needs to be a joint plan!
- Holistic – look at all areas of need.
- Think about what you can provide and where other services need to be used.
- Ensure there are realistic goals and progress can be seen.
- Be creative – the answers are not always obvious.

Work with the individual

- Donkey sanctuaries – if that's what they want.
- Go with them.
 - Failure to attend is one of the biggest problems.
 - It's a great way to get to know people.
- Give them time – the odd backward step is not the end of the world.
- Remember people don't want to focus on the negative all the time!

Solving the mental health conundrum

- For non-SMI secondary mental health services are limited.
- However there are primary services.
 - Ensure people have a GP.
 - Use of medication.
 - Support groups.
 - CBT/Motivational interviewing.
 - CPN's.
- Check to see if there are any specialist services.

Solving the mental health conundrum 2

- Other people.
- Therapeutic activities.
- Getting people out and about: Gardening.
- Volunteering roles.
- Good diet.
- Exercise.
- Improving social networks.
- Peer support.

Move people forward

- This is only a start.
- We don't want people getting "stuck".
- Using community resources.
- Training, volunteering and employment.
- What does the person like doing?
- Wouldn't be great never to see them again!

Does it work?

- In practice this model should help people:
 - Gain and retain accommodation.
 - Access health care.
 - Gain stability in their lives.
 - Gain self-esteem, confidence and motivation.
 - Move on through activities, training and work schemes.
 - Move on through rebuilding their social network.

Martin's Story

- In his own words.

Gavin's Story

- Drug and alcohol dependence.
- Dissocial personality disorder and paranoid psychosis.
- Long term rough sleeper.
- Long term involvement with the CJS.
- Multiple exclusions from services.

Gavin's story (cont.)

- Long term engagement.
- Involvement with Centre – Volunteering.
- Engagement with alcohol and mental health services – having good luck!
- Advocacy and support from other agencies.
- Long term success.
- Ten pin bowling.

Conclusion: The Benefits

- Medical treatment alone is not enough.
- Provision of a holistic therapeutic environment allows:
 - Engagement
 - Relationship building.
 - Time and space for change.
 - Dynamism and creativity.
 - Longer and more intensive support.
 - A future.

Contact details

Matthew Petrie
The Booth Centre
Manchester Cathedral
Manchester
M3 1SX
Ph: 0161 835 2499
e-mail: matt@boothcentre.org.uk