

An easy-read guide to the
NOTTINGHAMSHIRE DUAL DIAGNOSIS STRATEGY
Addressing the needs of people with drug, alcohol and mental health problems.
Written by service users and carers.

Background

Copies of this strategy, launched in February 2008, are available from Nottinghamshire Dual Diagnosis service, the city Crime and Drugs Partnership and Nottinghamshire County Drug and Alcohol Action Team.

The term dual diagnosis refers to people diagnosed with mental health problems, who also use illicit drugs or alcohol. It may, for instance, include someone diagnosed with a psychotic illness who uses street drugs, or someone who is depressed and drinking heavily or using stimulant drugs (such as amphetamine or cocaine) in order to feel more socially confident.

Main themes of the strategy

Key Points of the strategy, support:

1. Working together with the person, all the professionals involved in their care and the person's family, recognising that dual diagnosis presents particular and sometimes different needs.
2. Developing a specialist service which works with health, social care, and other agencies to keep in mind that people who have dual diagnosis needs, get the help and support to tackle the difficulties they experience.
3. For services to agree ways to work with people which meets their individual needs in the best way possible. People need to be given choices which take into account the challenges such problems present to them.
4. Developing a training approach which makes sure everyone who provides help and support to people who have dual diagnosis have the skills to do so. This includes valuing the experience of service users and carers and involving them in designing and supporting the delivery of training.
5. Tackling Stigma.... to do this we need to challenge and change negative attitudes towards people who use substances and experience mental health difficulties. Part of this is about working with everyone involved to have a long-term view of people's needs combined with an optimistic hope for recovery.



**Cover art: Thanks to Richard Toon for his enigmatic “Phoenix”
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This leaflet is based on some questions about the Strategy from service users and carers answered by Dave Manley, Nurse Consultant in Dual Diagnosis Nottinghamshire Healthcare NHS Trust

(Q= questions asked by service users and carers)

Q What is dual diagnosis?

Dave It's a term that clinicians use to mean people who experience problems with both mental health and drugs or alcohol. Sometimes it can mean just severe mental health problems, for example psychosis or other bi-polar disorders; sometimes other people use the phrase to mean drug problems with more general mental health difficulties.

Q Please explain the partnership working

Dave Partnership working involves different organisations, for example health social care and criminal justice organisations. Partnerships work to ensure that people get help with all their problems in a well organised person focused manner.

Q What does harm minimisation mean?

Dave Harm minimisation is a term that is used commonly in substance misuse services. It's helping people to look at reducing the risk of their drug taking. It's a realistic, or, what we might call, a pragmatic approach which recognises that if people are going to carry on taking drugs we need to help them look at the risks that are associated with drug taking and reduce those risks. For example giving somebody some information about risk of overdose, drug injecting or risks associated with smoking cannabis and its effects on mental health.

Q It says in the summary to the Dual Diagnosis Strategy that "a positive ethos is underpinned by promoting choice and support"..... I take drugs to help my symptoms but the psychiatrists don't listen, where is my choice?





Dave One of the things we need to get better at is helping people to be able to make informed choices. That means making sure they have the right information on which to base their choices. As services we need to sit down with people and talk to them about what it means if you take drugs for your mental health. We need to help people explore what the meaning is for them personally and then look at how they can reduce the risk and harms associated with that. It's not just about telling people to stop using drugs because we know that often means they just switch off and don't listen anymore.

Q My son takes drugs. He gets ill; He gets sectioned; They stop him taking the drugs; He gets better; He gets discharged. He takes drugs again; He gets sectioned again. How's this new strategy going to help him?

Dave Well the thinking behind the strategy is that we try and get everybody to take responsibility to work with people like your son on both their drug and mental health issues. Sometimes people use drugs because they've got mental health problems, sometimes they have mental health problems because they're using drugs, it's never straightforward. Services need to question their attitudes to service users and not be too decisive or negative about them just because they are using drugs or because they have mental health problems.

Q I don't tell workers about my drug taking because I'm frightened of harassment. I don't tell people about things in my head because I'm frightened of being sectioned. How's this strategy going to help me?

Dave One of the aims of the strategy is to try and get all services to recognise they have a role to provide a therapeutic approach which looks at the persons needs as a whole. Of course services have a role to protect people who don't use drugs and to prevent illegal activities happening on hospital sites, for example. However, we want to make sure that we have a caring therapeutic approach which tackles the problem at its roots rather than always resorting to punishing people.





Q Do people get schizophrenia because they use cannabis or use cannabis to treat the symptoms?

Dave Well the answer is both really. Recent research suggests that if you smoke cannabis at a younger age then you increase the risk of going on to develop severe mental health problems like psychotic illnesses. The research says that this risk is highest for those people who are pre-disposed to mental health problems, by that we mean, are more likely to go on and develop the illness anyway. The problem is that we can't easily identify those people who are predisposed.

Q How's this going to help the families affected by this trauma?

Dave A main part of the strategy is recognising that carers have a significant supporting role to play, but also that the problems that their sons, daughters, partners and loved ones experience have a huge impact on them as well. Carers need support and they often have to go through a recovery process themselves.

Q If I say my son has got a mental illness people sort of listen. If I say he's got schizophrenia they back right off. If I say he's got a drug problem as well, that's it, they just don't want to know. There's a big problem with this dual diagnosis and huge stigma. How's this going to help?

Dave Again stigma is something we concentrate a lot on in the document. One of the main parts of my job is tackling negative attitudes towards people who experience dual diagnosis problems. Some people in society use drugs but we just don't know they do, we don't necessarily have a negative attitude towards them. Sometimes it's a lot easier to pick out those people who have mental health problems or have drug problems because people see them as different, we need to change this.



For further information about the Nottinghamshire Dual Diagnosis Strategy, please contact 0115 9555435 or 01623 626147.

Useful contacts:

Dual Diagnosis team (City) 0115 9555435

Dual Diagnosis team (County) 01623 626147

Hetty's (carer's organisation) 01623 658492

Regents House (carer's organisation) 0800 0525959

Rethink (City and County) 0800 0272127

Frank 0800 77 66 00

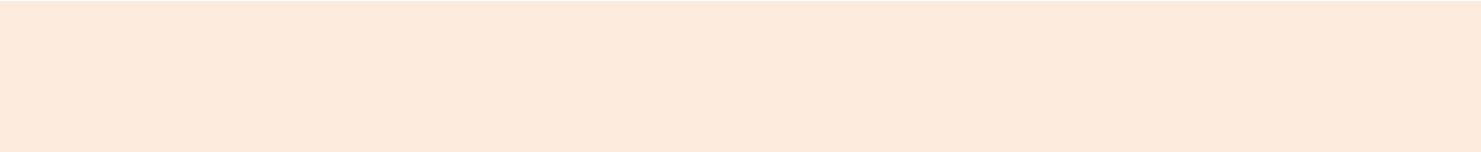
Further information on mental health and drug and alcohol services provided by Nottinghamshire Healthcare Trust is available on the website
<http://www.nottinghamshirehealthcare.nhs.uk/>

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Working in Partnership:

