



**Report on group discussions from
January 2010 workshop event**

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Introduction

On January 28th 2010, Dual Diagnosis Ireland, a registered not for profit Irish charity, hosted a workshop event.

A group of 50 service professionals working in a broad range of areas attended.

Representatives from the following wide range of areas were present

- Public Acute Hospitals,
- Private mental health hospitals
- HSE community services
- Voluntary groups involved in provision of homeless, addiction & rehabilitation services,
- Individual service professionals working in private practice.

Professional groups represented included

- Social workers
- Counsellors
- Addiction professionals such as key, outreach, project workers
- Medical doctors
- Nurses
- Directors and Managers of services

Formal feedback sheets were collected which indicated overall participants found the session very useful and informative and intended to attend future sessions.

After a presentation by Eoin Stephens (available on Dual diagnosis Ireland's website at <http://www.dualdiagnosis.ie/Supports%20Jan2010.pdf>) participants broke into groups to address the following issue:

What would most support you/your organisation in improving your/your organisation's capacity to treat dual diagnosis clients?

This feedback was captured and is now summarised below using the quality framework developed by the mental health commission. For ease of use this quality framework is summarised in appendix one.

No	Description	Theme Number							
		1	2	3	4	5	6	7	8
Communication and Information									
1.	The current directory of health & addiction services is out of date. Need an up to date nationwide directory of Health & addiction services booklet and website which would include details of <ul style="list-style-type: none"> • State services • Non state services • Specific focus of service e.g. residential, cognitive behavioural therapy, anger management etc • Service description • Admission criteria • Service locations • Waiting lists 	√	√	√		√	√		√
2.	Have improved communication, links, sharing of experiences and networking between psychiatric, mental health and addiction services. Need to ensure that person does not get lost between services provided by different agencies as current situation can be very confusing for both agencies and clients.	√	√	√		√	√	√	√
3.	More integrated working between services would save money as well as delivering better client outcomes	√	√	√	√	√	√	√	√
4.	Need to improve integration between services to benefit the client e.g. lack of suitable accommodation for homeless clients a constant problem	√	√	√	√	√	√	√	√
Access to services & point of service delivery									
5.	Need to ensure geographical criteria to access services is refined as this criteria currently prevents clients accessing services. (<i>Editor's note see http://www.dualdiagnosis.ie/mgxroot/page_10777.html for just one example</i>)	√	√	√	√	√	√	√	√
6.	Currently admission criteria for entry to services are unclear and inconsistently applied. Have written transparent admission criteria for services which are applied consistently. Currently it takes up to a year to become familiar with admission criteria which means substantial staff time is spent chasing	√	√	√		√	√	√	√

	other services.								
7.	Care plans needed to identify client issues, very often client issues are not just mental health/addiction with clients needing support in accommodation, unemployment, positive steps to improve mental health etc	√	√	√		√	√	√	√
8.	Need to recognise limitations of own service and make sure referral of clients are made correctly to other services	√	√	√		√	√	√	√
9.	Need for standardised policies & procedures and more user friendly forms	√	√	√		√	√	√	√
10.	Travelling community have specific issues re literacy etc which are not being addressed	√	√	√		√	√	√	√
11.	Staff Skills								
12.	Agencies participating in training together would support shared understanding, more effective networking and less “buck passing”							√	
13.	Need to develop better understanding and reasons for developing client treatment plans. <i>(Editor's note, Treatment planning for person-centred care. The Road to mental health and addiction recovery by Neal Adams and Diane M. Grieder. This is a useful introduction and can be examined on Amazon's website)</i>	√	√	√		√	√	√	√
14.	Need more proactive planning, not always crisis point to crisis point response	√	√	√		√	√	√	√
15.	Improve understanding of actual position on the ground - management, consultants and non-frontline staff do not always appreciate the reality of service provision. “Spending a night at the coal face” might help improve understanding.		√	√				√	
16.	Need increased emphasis on training, both on the job and off the job, discipline specific, and self care for professionals	√	√	√			√	√	√
17.	Need for a stronger research focus	√	√	√	√	√	√	√	√
18.	Need increased awareness and use of assessment tools <i>(Editor's Note Link to HSE research on assessment tools available at http://www.lenus.ie/hse/handle/10147/55815)</i>	√						√	√

Other points made in discussions

Lack of service resources for 16-18 year olds

Increasing use of illegal prescriptions:

Significant time spent chasing funding and need to be ever more creative in sourcing funding

Other countries not always doing it better; need to ensure links are made to those international “patches” of good practice

It was noted counselling training colleges often have students available for work placements who could be an additional resource for over-stretched service providers.

Editors Note

Additional free easy to access nationwide counselling services from qualified professionals noted below

Faoiseamb

This free counselling service run by the Catholic Church provides one to one counselling for adult survivors of childhood abuse and their families. Abuse must have taken place whilst in the care of the Catholic Church or where abuser was members of the clergy or religious or employed by the church.

Visit www.faoiseamb.com for further details

National Counselling Service

This free counselling service run by the HSE provides one to one counselling for adults survivors of childhood abuse and their partners.

Visit www.hse-ncs.ie/en/ for further details

Appendix One: Quality Framework, Mental health services in Ireland

Theme 1 Provision of a holistic seamless service and the full continuum of care provided by a multidisciplinary team

- 1.1 Individual care and treatment plan
- 1.2 Planned entrance and exit
- 1.3 Community based service
- 1.4 Prevention, early detection, early intervention and mental health promotion
- 1.5 Therapeutic services and programmes

Theme 2 Respectful, empathetic relationships are required between people using the MHS and those providing them.

- 2.1 Respect for service users values, beliefs and experiences
- 2.2 Service user rights
- 2.3 Promoting integration

Theme 3 An empowering approach to service delivery is beneficial to both people using the service and those providing it

- 3.1 Active involvement through information
- 3.2 Choice, rights and informed consent
- 3.3 Access to peer support/advocacy
- 3.4 Accessible mechanism for participation
- 3.5 Recovery focused approach to treatment and care

Theme 4 A quality physical environment, that promotes good health and upholds the security and safety of service users

- 4.1 Safe settings, respect for dignity and privacy
- 4.2 Well-balanced nutritious diet

Theme 5 Access to services

Mental health services are accessible to the community

Theme 6 Family/chosen advocate involvement and support

Receiving information, advice and support as appropriate

Theme 7 Staff skills, expertise and morale are key influencers in the delivery of a quality mental health service

- 7.1 Quality staff with appropriate skills
- 7.2 Training and continuous professional development
- 7.3 Learning and using quality and safety methods
- 7.4 Outcomes-focused care and treatment

Theme 8 Systematic evaluation and review of mental health services underpinned by best practice, will enable providers to deliver quality services

- 8.1 Evidence-based codes of practice, policies and protocols
- 8.2 Integrated mental health information system
- 8.3 Management and delivery underpinned by corporate governance

Downloaded from http://www.hiqa.ie/media/pdfs/news/hiqa_qfwork_mh.pdf on the 18th of April 2010