

DUAL DIAGNOSIS FORUM

MEETING HELD ON

Tuesday 22nd October 2019

At Oxlease House, Travellers Lane, Hatfield, AL10 8TJ

Carers: 8

Chair: Nicola Beedell (NB)

Staff: Sarah Williams (SW - notes) and Will Davis (WD)

Natasha Welsh, Commissioning Manager

Guest Speakers: Dr Gideon Felton (GF) - Change, Grow, Live (CGL) and Sarah Damms (SD) - Hertfordshire Partnership University NHS Foundation Trust (HPFT)

Item	
1	Welcome NB welcomed everyone to the forum and introductions were made
2	 GF.pptx <p>Some discussion took place around GF presentation. Many of the carers present did not agree that drug & alcohol came before mental health on the Psychiatric Pyramid (see Slide 3). Many present thought that the mental health needs of the service user needed to be treated first or alongside the drug and alcohol treatment. GF explained that if someone is drinking daily that their mental health cannot be treated; however if they are abstinent for a few days at a time their mental health can be treated (this would be assessed on an individual basis). Some discussion also took place around the links between taking cannabis and schizophrenia.</p> <p>GF explained that if a service user is accessing CGL and needs an assessment for their mental health then the CGL doctor will see the client in order to see what role HPFT can carry out. CGL will produce a letter and give it to the client who can self-refer to HPFT Single Point of</p>

	<p>Access (SPA). In some cases CGL can guide the client through HPFT's on-line self-referral process.</p> <p>If a service user is experiencing mental health problems due to traumatic unresolved childhood experiences the expectation would be that they are helped to access long-term counselling i.e. through their GP or HPFT and CGL would continue to support the client whilst they were going through counselling.</p> <p>Some discussion took place around detox and safe drinking; the gradual reduction of alcohol is proven to be an effective way to stop drinking. Motivational interviewing is widely used with service users to treat drug & alcohol issues.</p>
<p>3</p>	<p> SD.pptx</p> <p>HPFT continue to experience chronic understaffing, a lack of money and the number of people needing mental health treatment is increasing. They are working with the commissioners to look at developing and improving the framework of HPFT community services, which is part of the NHS long term plan, over the next couple of years. They are also working towards developing more primary care mental health services i.e. mental health staff working in GP surgeries. Some discussion took place around referring service users from HPFT back to their GP; SD explained that whilst HPFT do have a lack of care co-ordinators no service user who requires a care co-ordinator would be referred back to their GP,</p> <p>With regard to service users with a dual diagnosis the Integrated Practice Governance group has been re-established (which Carers in Hertfordshire NB attends) and the Dual Diagnosis Protocol will begin to be reviewed in January 2020.</p> <p>In situations where the service user is living with the carer it is becoming more and more difficult to offer helpful options i.e. if a carer says the service user can no longer live with them due to their drug and alcohol use and the impact it is having on the family, there is no guarantee that the service user won't become homeless.</p>
	<p>10 minute break</p>
<p>4.</p>	<p>GF continued with the second part of CGL's presentation and talked about treatment for service users who are using opiates, etc. Talking therapies were discussed and GF explained that Dialectical Behavioural Therapy (DBT) primarily used to treat people with a Personality Disorder would not be recommended or useful to someone with drug and alcohol issues. However when someone is no longer using drugs and alcohol HPFT provide a Personality Disorder Pathway and they should be offered DBT.</p> <p>SD spoke again about the new HPFT community services framework</p>

	<p>which will include social needs as well as mental health needs but this new model will take time to implement.</p> <p>GF explained the Dual Diagnosis Protocol is in place and gave an example of CGL and HPFT having quadrant meetings where they share cases in common. Some carers present strongly disagreed that the Dual Diagnosis Protocol is not working and made reference to HPFT not attending the meeting with CGL to discuss their case.</p> <p>SD spoke about the Care Plan Approach (CPA) – the government direction of travel is that the CPA will be replaced but as yet there is no guidance as to what it will be replaced with. The new CPA will become part of HPFTs new community services framework. HPFT do not employ specific dual diagnosis workers but CGL complex needs workers do work closely with HPFT and some are located in Adult Mental Health services.</p>
5	<p>AoB No Other Business.</p>
6	<p>Next Forum: To be arranged</p>