

Dual Diagnosis: Recommendations

Report for YMCA Together

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Homeless Link

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Introduction

[System P](#) is a Cheshire & Merseyside ICS funded programme which commenced in September 2021. The programme uses Bridges to Health segmentation methodology, which has been endorsed by NHS England. Segmentation aims to categorise the population according to health status, health care needs, and priorities. This methodology identifies groups of people who share characteristics that influence the way they interact with health and care services. One of these segments is the complex lives segment.

To support this work funding has been made available to support a short programme of events to address specific areas within the complex needs segment which include:

- Homelessness health inequalities.
- Dual diagnosis.
- Co-production and system change.
- Women focused working

This short briefing paper will outline recommendations developed from the second session focusing on dual diagnosis.

To support wider discussion and to provide context to dual diagnosis, guest speakers were invited to provide an overview of the challenges and successes of system change.

The speakers included:

- Kate Portman: Psychology Partner ACAT Accredited CAT Practitioner and Supervisor
- Derek Sharples: Clinical Service Manager
- Monica Connelly: Systems Navigator – Pathways Team

The term dual diagnosis is a phrase often used throughout the workforce and there has been much debate about how to define this – for the purposes of this work, dual diagnosis has been discussed and considered, and has been understood to include people who are experiencing a combination of substance use (this includes alcohol) and experiencing mental health needs.

Recommendations

Ownership and Accountability

- All partners need to recognise, and there has to be cross-sector recognition of, the intersectionality between substance use and mental health, and how to respond to this by considering the socioeconomic factors and social care needs of communities and individuals, to develop preventative strategies and approaches.
- Where treatment is not given, based on this being categorised as a “dual diagnosis” response, this should be recorded so that the extent of this problem can be understood and gatekeeping challenged. By collecting this data, the dual diagnosis conundrum can be understood, and further comprehensive research and strategic approaches can be explored, and a true rationale for long term funding can be proposed.
- The design and implementation of services should be done in a manner that promotes flexibility and innovation, and that considers the aspirations and goals of individuals which focuses on a fulfilled and active life within their community. Traditional barriers to support should be identified and removed so that doors are not closed to people based on systemic issues. Services should be delivered holistically, and in a psychologically-informed and person-centred way, focusing on strengths not deficits.

Supporting the Workforce

- Collaboration is key to ensuring that support for dual diagnosis is accessible. Services should ensure that structures and resources are in place to make this happen. An expectation and minimum standard toward the development of MDT processes and frameworks should be designed and created to prevent delays in engagement with people and service delivery.
- Training and awareness are essential in ensuring the right interventions can be put in place for people who are experiencing dual diagnosis. Turnover of staff across all sectors mean that there will be a need to renew and maintain a good standard of knowledge to support people effectively. This should be done in a way that promotes good practice and innovation as key elements of any commissioned service, and funding should be made available to facilitate this.
- A spotlight should be shone on dual diagnosis as an increasing demand on services. Developing annual networking events will allow opportunities to demonstrate impacts and outcomes around dual diagnosis and showcase achievements and successes in reducing and breaking barriers around dual diagnosis. This will also enable feedback and solution focused approaches to be explored and implemented.

Changing our Approach

- Consider aspects of dual diagnosis from a psychologically informed lens, and work to upskill the wider sector to support a collaborative and shared vision and approach to this. We recommend that there are specialist roles within each service which are able to work across services to provide specialist information, advice, and guidance.
- Extend the assessment period to consider the need to develop trusting and meaningful relationships to prevent the cycle of repeated exit from services and allow people to share their experience and stories at their pace.
- A definition of what dual diagnosis outside of medical setting should be agreed collaboratively that represents the needs people have when accessing services.

Appendix 1: Dual Diagnosis Presentation



DDSlidesFinal.pptx

Appendix 2: Resources and Further Information

Dual Diagnosis Hub (2023) What is Dual Diagnosis? Available at:

<https://www.dualdiagnosis.org.uk/what-is-dual-diagnosis/>

MEAM (2022) Multiple disadvantage and co-occurring substance use and mental health conditions. Available at: <https://meam.org.uk/wp-content/uploads/2022/06/Co-occurring-conditions-briefing-FINAL-June-2022.pdf>

About Homeless Link

Homeless Link is the national membership charity for organisations working with people experiencing or at risk of homelessness in England. We aim to develop, inspire, support, and sustain a movement of organisations working together to achieve positive futures for people who are homeless or vulnerably housed.

Representing over 900 organisations across England, we are in a unique position to see both the scale and nature of the tragedy of homelessness. We see the data gaps; the national policy barriers; the constraints of both funding and expertise; the system blocks and attitudinal obstacles. But crucially, we also see – and are instrumental in developing – the positive practice and ‘what works’ solutions.

As an organisation we believe that things can and should be better: not because we are naïve or cut off from reality, but because we have seen and experienced radical positive change in the way systems and services are delivered – and that gives us hope for a different future.

We support our members through research, guidance, and learning, and to promote policy change that will ensure everyone has a place to call home and the support they need to keep it.

What We Do

Homeless Link is the national membership charity for frontline homelessness services. We work to improve services through research, guidance and learning, and campaign for policy change that will ensure everyone has a place to call home and the support they need to keep it.

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Let's End Homelessness Together

