&Complex Needs & Dual Diagnosis
ALL PARTY PARLIAMENTARY GROUP

Minutes from the 51st All Party Parliamentary Group on Complex Needs and Dual Diagnosis meeting – Better supporting people with coexisting mental health and substance use needs
Tuesday 19th March 2024, 9.30 - 11.00am (virtual)

Chair – Lord Watson of Wyre Forest

Lord Tom Watson (LTW) welcomed everyone to our first meeting of the year for the APPG for complex needs. The APPG has been running for 17 years now and during the that time we have covered a diverse range of important topics which seek to tackle the gaps in provision for those with complex needs.

LTW expressed his delight that people could join in the APPG's discussion regarding improving support for people with coexisting mental health and substance use needs.

LTW explained that due to the virtual nature of these meetings we must do things a little differently. Everybody is placed on mute at the moment, however if you would like to ask a question then please use the 'raise hand' function in the bottom bar. Additionally feel free to type in the chat box and we'll be sure to make sure you're heard.

Chair & introductory comments: Lord Watson of Wyre Forest

LTW began the meeting by explaining that coexisting substance use, and mental health issues are common. Over two-thirds of adults starting substance use treatment said they had a mental health treatment need. This is part of a trend of rising numbers over the previous three years (from 53% in 2018 to 2019).[1]

LTW said there is a considerable overlap between people with coexisting needs and experience of disadvantage including poverty, discrimination, trauma and abuse. This means people with the most complex needs are most likely to be excluded. People with coexisting needs also see substantially poorer outcomes than people with either mental illness or substance use.

LTW states that the guidance is very clear that providers in alcohol and drug, mental health and other services should have an open-door policy for individuals with co-occurring conditions and ensure that every contact counts – yet many people continue to face exclusion. No one should be

[1] https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2022-to-2023/adult-substance-misuse-treatment-statistics-2022-to-2023-report

excluded from talking therapies services because they are being prescribed substitute medication and community drug and alcohol services should deliver psycho-social interventions experiencing common mental health problems such as anxiety or depression, where they are not able to access talking therapies services.

LTW asks the group to remember that Dame Carol Black's review highlighted that that many people are unable to access adequate care for these conditions and, where they do, it is not usually integrated or designed around the person's needs.

Dame Carol Black, the Government's Independent Advisor on drugs, held a series of engagement sessions with integrated care systems to explore integration with the Combating Drugs Partnerships. All areas engaged with responded positively and, although there is a way to go to improve a treatment of co- occurring conditions, this engagement set out the expectation and greatly increased awareness of collaborative working.

Considering this landscape, **LTW** welcomes a great panel of speakers today who will share their insight with us regarding this important issue.

Firstly**, LTW** introduced **Heather McGinn - Peer Mentor at Turning Point.** Heather will talk about her own experiences and struggles with mental health and alcohol use and detail regarding the support available.

Guest speaker – Heather McGinn

Heather McGinn (HM) began by saying she would like to share a story. This story starts with a young girl aged 17. A slightly naive girl but one full of hopes and dreams for the future. A girl that had started to go out and enjoy parties with friends and drinking. She met a man on one of these nights out. A man much older than her but she was smitten. First love you might say. Little did this young girl know that this man would change her life forever. You see this man raped her. Violated her body in the worst way possible.

As a result of the assault, **HM** said the girl later fell pregnant. Electing to have an abortion but too ashamed to tell anyone, she turned to alcohol. The guilt that followed led her to drink more and suddenly alcohol was a staple in her life. Relationships became frightening and the guilt and shame would eat away at her. Despite this she went on to marry and have children. The marriage ended and once again alcohol was by her side.

HM explained that the death of her brother years later was probably one of the biggest catalysts in her life. You see he died from alcohol abuse. Some would think that this young woman would see it as a warning, a sign that she should distance herself from alcohol but by then it had taken hold. She did try to kick the booze but she had hopes at that time of one day being able to drink socially, you know the kind where you only have alcohol on special occasions.

HM explained that funnily enough, every day became a special occasion and before you know it, she was hooked again. The alcohol abuse continued for years and this woman was now blacking out, coughing up blood and heading for certain death. It was at that point her eldest daughter stepped in. Told her the consequences of what the drink was doing to the family and she knew this was it. This woman took the brave decision to seek help. Through the support of her 2 daughters and special bond with her young son, she found sobriety. As of right now, this woman is almost 5 years sober. She plans to dedicate her time to helping others. Who is this woman? Me

HM said that she used alcohol for a very long time to mask the guilt, shame and pain I felt since being sexually assaulted as a young teenager. There is a very fine line that you cross when you start to abuse alcohol and it's difficult to know precisely when you cross that line.

After losing my mum in April 2019, my drinking spiralled out of control, to the point I was blacking out and coughing up blood. My whole family were now being affected by my drinking.

I used alcohol to kill the pain and anguish I was suffering. I was, by the beginning of May 2019, wanting to feel numb rather than dealing with the immense grief of losing my mum.

HM said her GP told me to stop drinking and then the antidepressants would work. He gave me an out-of-date number for Turning Point and told me to self-refer.

HM moved on to tell a brief story about another woman who was addicted to alcohol. This woman had been groomed and sexually assaulted as a young teenager. She drank to drown out the voices in her head. Desperate for help, her dad took her to A&E after a failed suicide attempt on her life. She was placed in a side room and told to wait. Dad was directed to the waiting area. A staff nurse entered the room and saw this woman, whilst broken, clearly intoxicated.

HM said the staff nurse uttered these words "you are the reason we don't have enough beds in this hospital for genuine patients" "you are a drain on our resources". This woman was handed a leaflet from Crisis and told to go home and take a warm bath. This woman has battled addiction but is thankfully now with Turning Point in recovery. She is diagnosed with bipolar and dissociative personality disorders. I'm proud to call this woman my best friend and she accompanies me to all the groups I run as a Peer Mentor with Turning Point.

HM asked the group to remember that an addict isn't just an addict. They are you and they are me.

HM thanked the group for listening.

LTW thanked **Heather** for her extremely moving and passionate talk regarding her own lived experience. **LTW** then introduced the APPG's second speaker**, Hauwa Onifade, Senior Forensic Psychologist at Turning Point & Assistant Professor at University of Nottingham.** Hauwa will share her insight as a practitioner working within Turning Point's substance use service in Leicestershire including key challenges and practices which seek to address them.

<u>Guest speaker – Hauwa Onifade</u>

Hauwa Onifade (HO) begins by saying that dual diagnosis has historically been challenging. This is because mental health services will not provide support until substance misuse issues have been addressed, but the former are often key reasons for the latter. Here **HO** said she will discuss the work we are doing within the LLR drug and alcohol service at Turning Point and the ways in which partnership working can aid in supporting this.

HO said that according to recent studies roughly 50 percent of individuals with severe mental disorders are affected by substance abuse and 37 percent of alcohol abusers and 53 percent of drug abusers also have at least one serious mental illness.

HO said that this picture was reflected in a needs analysis audit carried out at TP's LLR service. In 2021 the audit identified 55% of 3804 service users in treatment as having a mental health

treatment need. Across the service, 320 clients (8.4%) were also identified as high-risk based on their existing risk assessment.

Existing mental health treatment needs ranged from common mental health difficulties (i.e., depression, anxiety disorders and post-traumatic stress disorder) to severe and enduring mental illnesses (i.e. bipolar disorder, schizophrenia, and personality disorders).

This level of cross-over between mental health and substance should therefore be properly reflected in service provision and integration.

HO explained that despite the existence of excellent guidance and best practice on supporting people with co-occurring substance misuse and mental health needs from NICE and Public Health England, engagement with mental health services varies widely area by area nationally, suggesting cultural rather than strictly structural barriers.

HO said that practices such as assigning mental health workers to drug treatment teams and establishing single points-of-contact between mental health and substance misuse teams have proven effective and could be implemented more widely.

In response, **HO** explains that the Substance Misuse and Mental Health project (SUMH) was set up by Turning Point in September 2021 for an initial 6-month pilot to seek to test out approaches to better integrate substance misuse and mental health services for this cohort. The project was expanded in April 2022 and continued for a further year.

HO explains that the SUMH seeks to address the issue of service users falling between the gaps between substance misuse and mental health services. A dedicated team, embedded within the substance misuse services, deliver substance misuse and mental health interventions in tandem in addition to enabling better links and integration with mental health services improving engagement. The team operates in an integrated way with LPT Dual Diagnosis services including alongside the Dual Diagnosis Consultant Nurse and LPT Substance Misuse Workers located at the Bradgate Unit.

LTW thanks **HO** for speaking to the group about the valuable work she and her team carry out within the coexisting needs space within LLR and states that the learning is important for wider integration between services. **LTW** then moves on to introduce the final speaker, **Dylan Kerr – Policy Lead at the Department of Health and Social Care**. Dylan will provide an outline of the government's upcoming Joint Action Plan, what it seeks to achieve, and how.

Guest speaker – Dylan Kerr

Dylan Kerr (DK) began with explain that together, NHSE and DHSC are collaboratively working to develop and implement a 'Co-occurring Conditions Joint Action Plan – Mental Health'. The programme is based on two key principles: 'No Wrong Door' and 'Everyone's Job', emphasising that regardless of where a patient accesses care, staff should be able to offer appropriate support. These guiding principles should be properly reflected in guidance's for all mental health services, including community mental health, talking therapies, CYP, acute and crisis services.

DK said that commissioners and providers of mental health and alcohol and drug use services have a joint responsibility to meet the needs of individuals with co-occurring conditions by working together to reach shared solutions.

Dk also said that providers in alcohol and drug, mental health and other services have an open-door policy for individuals with co-occurring conditions and make every contact count. Treatment for any of the co-occurring conditions is available through every contact point.

Dk explained that the programme Aim was to improve mental health treatment access, including integrated care models, for patients with substance misuse conditions.

Regarding the scope of the plan, **DK** explained that it would be split into two main groups:

- Part One - will focus on Adult Mental Health Services and the programme priority areas for improvement will be Community Mental Health Teams and Talking Therapies
- Part Two – will focus on CYP Mental Health Services

Regarding the programme objectives, **DK** laid out the following:

- Improve the link between mental health and substance misuse services, in line with the Government 10-year drugs strategy.
- Improve mental health treatment and access for people with substance misuse conditions.
- Reduce/ remove barriers for patients with substance misuse conditions receiving mental health support and treatment, thereby increasing the number of people with co-occurring conditions who are supported within mental health services.

DK said that there were often many different patient groups which all needed different types of intervention and care. **DK** said these main groups could be divided into the following:

- Adults in substance misuse treatment with a mental health need, but not in mental health treatment
- Adults in mental health treatment with a substance misuse condition, but not in substance misuse treatment
- Adults with both a mental health need and substance misuse condition but not in treatment for either

DK said that a key focus in creating the plan is engagement with the sector and those with lived experience to understand what is happening, the challenges/barriers and what needs to be done to better support patients. With the support of an expert reference group the government are producing an action plan of recommendations, to improve access and care for patients with co-occurring conditions

DK said that a key consideration is how best to re-emphasise existing guidance, including NICE Guideline and PHE guidance, and share different models of existing best practice to help other areas develop their own systems.

DK said the government are currently exploring how to engage leadership, opportunities in the ICS landscape, and the facilitators and barriers for change.

Dk said that a key consideration was also how to update datasets to better monitor access and outcomes for people with drug and alcohol use conditions and how to improve data at a local level

On the issue of workforce, **DK** said that a key focus was currently exploring how to upskill capabilities of mental health staff to manage patients with co-occurring alcohol and drug use conditions, in line with drug strategy work for drug and alcohol treatment staff. This includes models that can be used locally to support best practice, such as service champions.

On the subject of commissioning, **DK** said that they were currently looking at how we can use incentivise better joint working arrangements at a local level.

Questions and group discussion

Amy Smith: Heather, thank you for sharing your experiences. Just wanted to acknowledge the experiences of sexual violence you experienced as a young teenager. So many women who go on to experience substance use issues have early experiences of domestic abuse and sexual violence, and it's so important that this is also acknowledged as a support need for women, of course alongside the support for substance use and MH. So many women that I've worked with over the years have not had specialist violence against women and girls (VAWG) support and it's made it so difficult to work through the trauma of these experiences.

Rob Walker: The issue with Talking Therapies is that one size does not fit all i.e. CBT are often known not to work for persistent depression. It is very important that we get much better and more intelligent commissioning especially in rural communities where we do not have the likes of Turning Point.

Peter Cockersell: Yes, talking therapies should be able to work with anyone who comes and wants to work with them, and that means a variety of modalities and experienced therapists. For many people, they want and need to work with their mental health problems before their drug or alcohol ones, which are secondary. We do it in our organisation, and I've done it as a psychotherapist with the NHS working in a specialist service for rough sleepers. But most talking therapies are manualised, and that makes working with individuals' individual needs almost impossible.

Daniel Ware: I think you have highlighted the crux of the issue with Dual Diagnosis/Complex Needs: the issue is essentially a systemic issue - Mental Health services and Substance Use/Dependency services have been set up separately and continue to be run and commissioned separately. This has been the issue for many years. But Hauwa I also totally agree that more MH and SM training needs to be provided across the board **and** agreed more training and understanding around Neurodiversity and Trauma across the board.

Christopher Fieldhouse: The need for services like Hauwa's and a number of other focused initiatives, or specialist teams that spring up now and again, supported by local commissioning (often temporary), demonstrate the best efforts in a system that partitions people into separate parts of substance misuse and mental health. Hence the need for a rethink about a whole systems approach. System leadership is indeed key to making a difference here. But so are adequate funding to manage complexity and having clear quality measures that are then built into regulatory processes (CQC etc.).

Meeting close

LTW thanks everyone for coming today. **LTW** notifies the group regarding future APPG activity, including the groups next meeting in mid-May which will centre on support for young people at a pivotal time with the upcoming election, rising school absences, record waiting times and demand for young people's services, and the continued lack of ring-fenced funding.

If you have any questions regarding this meeting, or any other inquiries, **LTW** directs people to Turning Point secretariat officers, Tom Wright, and Gemma Bruce.

Secretariat contacts

Tom Wright – **email**: Tom.Wright@turning-point.co.uk or **phone**: 07907 337782
Gemma Bruce – **email**: Gemma.bruce@turning.point.co.uk or **phone**: 07739 746118

Attendees

Name	Role	Organisation
Tom Watson	Lord	Labour
Heather McGinn	Peer Mentor	Turning Point
Hauwa Onifade	Psychologist	Turning Point
Dylan Kerr	Head of Policy	DH&SC
Calo Maina	Clinical Nurse Specialist	St. Mary's Psych Liaison
Seamus Manley	EA manager	St Mungos
Robert Walker	Involvement Officer	ChangePlus
Lynn Emslie	Head of Offender Health Development	NHS South West/DH South West
PISANI, Claudine	Team Manager	NHS Addictions Headquarters
Nashiru Momori	Director	Real Insight
Marilyn Jones	Freelance trainer - autism	
Jake Mills	Director	Chasing the stigma
John Graham	Therapeutic Counsellor	
Dan Ware	Director	Dual Diagnosis Anonymous UK
Alan Butler		Dual Diagnosis Anonymous UK
Dr Raffaella Milani	substance Misuse Course Lead	University of West London
Nia Clark	Senior Research and Engagement Officer	Agenda Alliance
Stephanie Rendell	Regional Director	Imagine independence
Saskia bauweraerts	Nurse	Leicestershire Partnership Trust
Joy Hibbins	CEO	Suicide Crisis
Catherine Convey	Mental Health Complex Needs Lead	Advance UK
Sally McManus	Senior Lecturer in Health	
Stefani Kaur Nagpal-Besely	Project Manager & Trainer	Hounslow ARC (Addictions Recovery Centre)
Dr Peter Cockersell DPsych FRSA	CEO	Community Housing and Therapy
Robert Stebbings	Policy and Communications Lead	Adfam
Oliver Standing	Director of comms + EA	HumanKind
Christopher Fieldhouse	Consultant Nurse	NHS
Charlie Campion	External Affairs and Policy Manager	MHM
Fiona Foy	Mental Health Officer	Aberdeen Council
Barbara Murray	Alcohol Harm Reduction Project Officer	Medway Council
Amy Smith	Housing First and Homelessness Programme Manager	Standing Together
Suzy Pabla	Policy Manager	KeyRing

Chris Lee	Director of Strategy and Partnerships	CGL
Priscilla Paddock		East Sussex Mental Health Directory
Dr Rachel Chapman	leads on drugs and alcohol services	Coventry City Council and the University Hospital Coventry and Warwickshire
Lowri Page	Account Executive	WA Comms
Jen Harrison	Senior Policy Officer	Homeless Link
Julie Bass	CEO	Turning Point
Gemma Bruce	Head of External Affairs	Turning Point
Sarah Kennedy	Director of Marketing and EA	Turning Point
Tom Wright	Policy Officer	Turning Point
Christine Hutchinson	Substance Use lead	Turning Point
Gaye Flounders	Mental health Lead	Turning Point