APPG for Complex and Co-occurring Needs

Committee Room 7, 1:30-2:45pm, 13th July 2026

Chair - Julie Minns MP

Minutes

Part One – Inaugural AGM

I. **Purpose of the All Party Group**

The APPG for Complex & Co-occurring Needs explores how to improve support for people facing multiple, overlapping challenges—such as mental and physical ill health, disability, substance use, homelessness, and contact with the criminal justice system. These individuals often experience the poorest outcomes and frequently fall through the gaps of fragmented services that are not designed to meet their needs holistically.

The APPG will provide a cross-party forum to:

- Shine a light on these systemic gaps
- Promote more joined-up, person-centred approaches
- Champion policy and practice that better supports people with the most complex needs

II. **Summary of recent activity**

The Group has not been active since the General Election, 2024, therefore no report on recent activity was given.

III. **Election of APPG officers**

The following officers were elected to the group:

- Chair – Julie Minns MP (Labour, Carlisle)

- Officer – Jeff Smith MP (Labour, Manchester Withington)
- Officer – Tessa Munt MP (Liberal Democrat, Wells & Mendip Hills)
- Officer – Lord Shinkwin (Conservative)

IV. **Approval of income and expenditure**

As the group is newly reconstituted there has been no expenditure to report.

Part Two – Neurodivergence and Substance Use

Chair's introduction

Julie Minns MP spoke on the purpose of the APPG for Complex & Co-occurring Needs and thanked everyone for attending the meeting.

Julie Minns MP introduced the two guest speakers, **Dr Theresa White** and **Dr William Barber.**

Dr Theresa White

Dr Theresa White is a Consultant Clinical Psychologist with over 20 years experience in the NHS and latterly in third sector community drug and alcohol services.

Dr White is currently working at Inspire. The Community Drug and Alcohol service in West Northamptonshire, Inspire, which is a partnership between Turning Point, Family Support Link, West Northamptonshire Council, Bridge, Double Impact and Framework.

Dr William Barber

Dr William Barber is a Clinical Psychologist working in a community NHS drug and alcohol service and affiliated with King's College London. His clinical and research work focuses on improving psychological care for people experiencing addiction and co-occurring mental health difficulties.

In January 2025, Dr Barber was the lead author of a research paper titled *'Alcohol use among populations with autism spectrum disorder: narrative systematic review'.* This was a collaboration of different researchers across King's College London and the University of Southampton, including Professor Julia Sinclair and Professor John Marsden.

Guest speaker - Dr Theresa White (Turning Point)

Dr White presented an overview of neurodivergence and addiction, emphasising that neurodivergent people are significantly over-represented in substance use services yet frequently misdiagnosed, undiagnosed, or misunderstood. She noted that wider neurodivergence, including dyspraxia, dyslexia, Tourette's, is under-researched and not routinely screened in addiction services.

A central theme was that substance use often serves a functional purpose, particularly for people whose neurodevelopmental differences create heightened emotional, sensory, cognitive, or social demands.

Frequency of misdiagnosis and diagnostic overshadowing, particularly where neurodivergent people present with co-occurring mental health or substance use needs.

Substance use was discussed as a coping mechanism rather than simply a lifestyle choice. Examples included using substances for emotional regulation, to increase or reduce the intensity of emotions, and to manage social interactions.

The presentation also considered the specific impacts of different substances on the body and mind for neurodivergent people, with further detail provided in the accompanying slides.

A key point was the need for a shift in thinking: substance use should be understood, in some cases, as a form of self-medication linked to unmet or poorly recognised needs.

Dr White described the Five P's model (Predisposing, Protective, Precipitating, Presenting, Perpetuating factors) to illustrate how neurodivergence and addiction interact. Predisposing factors include neurochemical differences, sensory and cognitive overload, trauma, and social rejection. Precipitating factors include transitions, masking burnout, increased demands, and belonging needs. Perpetuating factors include executive functioning difficulties, shame, stigma, and challenges with interoception and emotional regulation. Further detail is included in the presentation slides.

Dr White highlighted the impact of unmet neurodivergent needs: chronic isolation, masking related burnout, increased suicidality, poorer treatment retention, higher relapse risk, and inequitable access to mental health services. She noted that risks escalate while people wait for diagnosis, with waiting lists often stretching years.

Case studies were shared to illustrate lived experience, including a woman who used heroin to manage career-related stressors and a dyslexic man with an interest in hip hop whose presentation contributed to stigma.

- A woman using heroin to manage professional stress and hyperarousal.
- A dyslexic autistic man using alcohol to manage social anxiety and sensory overwhelm.
- A young person using cannabis to quieten their mind and sleep.
- A woman with undiagnosed ADHD using cocaine for pain and alcohol to cope with trauma.

Dr White emphasised systemic barriers: rigid referral routes, GP gatekeeping, long waits, sensory-overloading environments, assessment tools built around neurotypical assumptions, and siloed training across mental health, substance use, and neurodivergence.

"Support is often built around a neurotypical assumptions on how people seek help and engage."

She highlighted examples of adapted practice, including shared care agreements for ADHD and autism assessment within substance use services, flexible appointment structures, sensory-aware environments, written summaries, predictable routines, and dedicated diagnostic pathways.

Recommendations were presented in the slides, focusing on better recognition, reasonable adjustments and more tailored approaches to treatment and support.

Her recommendations included:

- Joined-up pathways between addiction, mental health, and neurodiversity teams.
- Dedicated psychology resource within substance use services.
- Tailored screening protocols and adapted assessment tools.
- Neurodivergence champions and lived experience experts.
- Combined psychosocial and pharmacological interventions.
- Timely identification to improve retention and reduce relapse.

Discussion and Questions

Question (**Baroness Hyde**): Are services at the cutting edge of VCSE / NHS practice on this issue, or are they behind in recognising and responding to need?

Response (**Dr White**): It was noted that services still lag behind in properly recognising need, particularly where neurodivergence intersects with substance use and mental health.

Question (**Baroness Hyde**): What specific attention is being given to women with neurodivergence?

Response (**Dr White**): Women are often misdiagnosed, including being diagnosed with personality disorder where neurodivergence may be a contributing or underlying factor.

Dr Barber noted that research focused on women in this area remains limited and continues to be predominantly male-focused.

Guest speaker – Dr William Barber (King's College London)

Dr Barber focused on prevalence, noting that “we cannot fix what we do not measure” and describing current data gaps as a significant blind spot. He highlighted prevalence data showing that although autistic people may drink less frequently than neurotypical peers, alcohol is the most common substance used among autistic populations. Large-population registers and clinical settings indicate significant overlap between autism and alcohol use.

The slides contain further detailed figures.

Dr Barber summarised evidence showing that earlier assumptions that autism “protects” against addiction due to lower novelty seeking and peer influence are outdated. Newer research demonstrates that autistic people experience unique risk pathways, including depression, generalised anxiety, social anxiety, and autistic traits predicting hazardous drinking.

Dr Barber highlighted the severe impact of diagnostic delays, citing local waiting times of four years and eight months, which leave people without support while risks escalate.

He presented comparative risk data showing autistic people have 40–80% higher risk of alcohol related problems compared to non-autistic controls, drawing on multiple studies summarised in the slides.

Dr Barber also discussed recent findings on alcohol use, regret, emergency care attendance, and help seeking across ASD, ADHD, and AuDHD groups, noting higher rates of possible dependence and increased likelihood of planning to seek help.

He emphasised the importance of adapted treatment, presenting pooled effect sizes showing significantly greater efficacy for adapted CBT and adapted motivational interviewing compared to unadapted versions.

Dr Barber concluded by detailing several policy priorities, including:

- Enhancing awareness and acceptance of autism to reduce stigma.
- Training professionals across sectors to better support autistic people with substance use and behavioural addictions.
- Adapting screening and diagnostic tools for more accurate identification.
- Updating NDTMS to measure ASD and ADHD rather than "other".
- Routine screening for ASD/ADHD in both substance use and neurodevelopmental services.
- Funding research and service adaptations to create neurodiversity-friendly environments.

Discussion and Questions

Question from **Lynn Emslie:** Are specialist services needed, or can existing services be tailored for people in contact with the criminal justice system?

Response (**Dr White**): suggested that existing services can be improved and made more neurodivergence-friendly. Dr Barber noted that this raises questions about capability and the level of support staff need to implement changes effectively.

Question from **Dan Bennett**: Has anyone successfully embedded this approach within residential services, including services where there may be higher prevalence among gambling clients?

Response (**Dr White**): suggested that residential settings could be a strong location for embedding this approach and recommended linking with local medical services to align assessment tools. Dr Barber referred to the AQ-10 as an initial screening tool, while noting that it is not a diagnostic assessment.

Question from **Will Haydock**: What should be asked of government or the wider system in terms of what needs to change?

Response (**Dr Barber**): More needs to be done to support staff to enact changes. There is also a need for clearer top-level direction from government on reasonable adjustments and how they should be applied in practice within services.

Question from **Hayley Long**: What support can be offered to teams working with young people to better facilitate and support neurodivergent people within services?

Response (**Dr Barber**): This must be identified this as a key area for further development.

Question from **Dr Raffaella Margherita Milani**: How can services find the right balance around medication provision for neurodivergent people?

Response (**Dr Barber**): **Dr Barber** highlighted the need to reduce stigma among professionals outside substance use services, so that there is less fear around providing medication for neurodivergent people who use substances.

Question from **Lisa Erlandsan**: Is the sector missing the capacity needed to adequately respond to neurodivergence?

Response (**Dr White**): said there is a need for greater psychology capacity within the substance use workforce and the wider sector workforce. **Dr Barber** added that services should also make better use of existing capacity, talent and interest by upskilling staff already working in services.

Actions

- Consider how existing services can become more neurodivergence-friendly through reasonable adjustments and staff training.
- Explore opportunities to link with local medical services and align screening or assessment tools where appropriate.
- Identify how teams working with young people can be better supported to recognise and respond to neurodivergence.
- Consider sector-wide asks of government around clearer guidance on reasonable adjustments, workforce capability and implementation support.

Secretariat Contact

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Attendee List

Julie Minns MP	Member of Parliament	UK Parliament
Richard Baker MP	Member of Parliament	UK Parliament
Katrina Murray MP	Member of Parliament	UK Parliament
Lord Purvis of Tweed	Member of the House of Lords	UK Parliament
Lord Wallace of Saltaire	Member of the House of Lords	UK Parliament
Lord Fox	Member of the House of Lords	UK Parliament
Lord Oates	Member of the House of Lords	UK Parliament
Luke Akehurst MP	Member of Parliament	UK Parliament
Dr Theresa White	Consultant Clinical Psychologist	Inspire
Dr William Barber	Clinical Psychologist	King's College London
Julie Bass	Chief Executive	Turning Point

Clare Taylor	Chief Operating Officer	Turning Point
Lynn Emslie	Strategic Advisory Network	ESRC
Daniel Bennett	Head of Commercial Relationships	Adferiad
Anthony Lehane	Policy Lead	Cranstoun
Hayley Long	Senior Practitioner and Development Officer	REACH
Luisa Perrino	Senior Lecturer in Psychology	Roehampton University
Angela Murphy	Chief Executive	Fitzroy
Will Haydock	Chief Executive	Collective Voice
Gemma Bruce	Head of External Affairs	Turning Point
Sarah Kennedy	Director of External Affairs & Marketing	Turning Point
Lois Dugmore	Substance Use and Mental Health Consultant Nurse	Leicestershire Partnership NHS Trust
Helen Phillips	Drug Alcohol and Smokefree Lead	Berkshire Healthcare NHS Foundation Trust
Rachael Birks	Acting Chief Operating Officer	North Staffordshire Combined Healthcare NHS
Lisa Erlandsen	Policy and Advocacy Manager	Alcohol Health Alliance
Duncan Lugton	Head of Policy and Advocacy	The Hepatitis Trust
Robert Stebbings	Policy and Communications Lead	Adfam
Dr Raffaella Margherita Milani	Senior Lecturer (Addiction - Mental Health)	University of East London
Kamila Ujkaj		University of East London
Tom Wright	Policy Officer	Turning Point
Maisie Stewart	Parliamentary Assistant	UK Parliament
Aidan Bentley	External Affairs Assistant	Turning Point