

The background of the slide features a blurred, high-angle view of a cityscape, likely Leeds, with buildings and streets visible in shades of blue and grey. A prominent black horizontal band is centered across the image, containing the project title in white, bold, sans-serif font.

**LEEDS**  
**DUAL DIAGNOSIS PROJECT**

# Dual Diagnosis Project

## **Main Aim:**

To improve access to care by enhancing collaboration between mental health & substance misuse services.

## **Description:**

3 year project. Involving commissioners, operational managers and practitioners across 17 services in Leeds. 3 Key groups: Commissioning/ Strategy Group, Working Group, Practitioners Network.

## **Accomplishments to Date (2007-2009):**

- Developed a multi-agency network of lead DD practitioners.
- Established a DD training course and monthly practice development sessions.
- Developed a web-site with information about local services and pathways.
- Developed local care co-ordination pathways.
- Piloting collaborative care interventions and evaluating DD work via current research.

# Why have a DD Network?

## Problems:

- Significant prevalence across health & social care sectors.
- Challenge to traditional referral and treatment frameworks.
- Fragmented care.

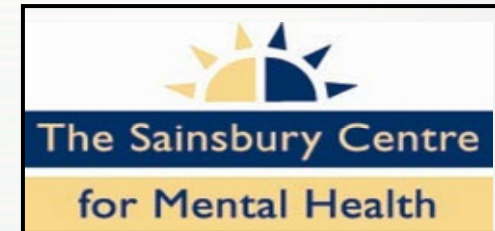
## Goals:

- To maximise engagement opportunities by developing skills across care system.
- To harness multi-agency collaboration, shared care and enhance referral pathways.
- To move towards integrated and coordinated care plans.

# Development: 1<sup>st</sup> Step

## Local DD Audit

(2004 – 2005)



- Commissioned by MH Modernisation Team & DAT, Led by The Sainsbury Centre for Mental Health
- Audit of prevalence across: MH, Drugs & Alcohol, Criminal Justice, Forensic, Primary Care and Voluntary Care sectors.
- Gathered information via interviews and focus groups including carers and service users.

# Local DD Audit

## Findings & Recommendations:

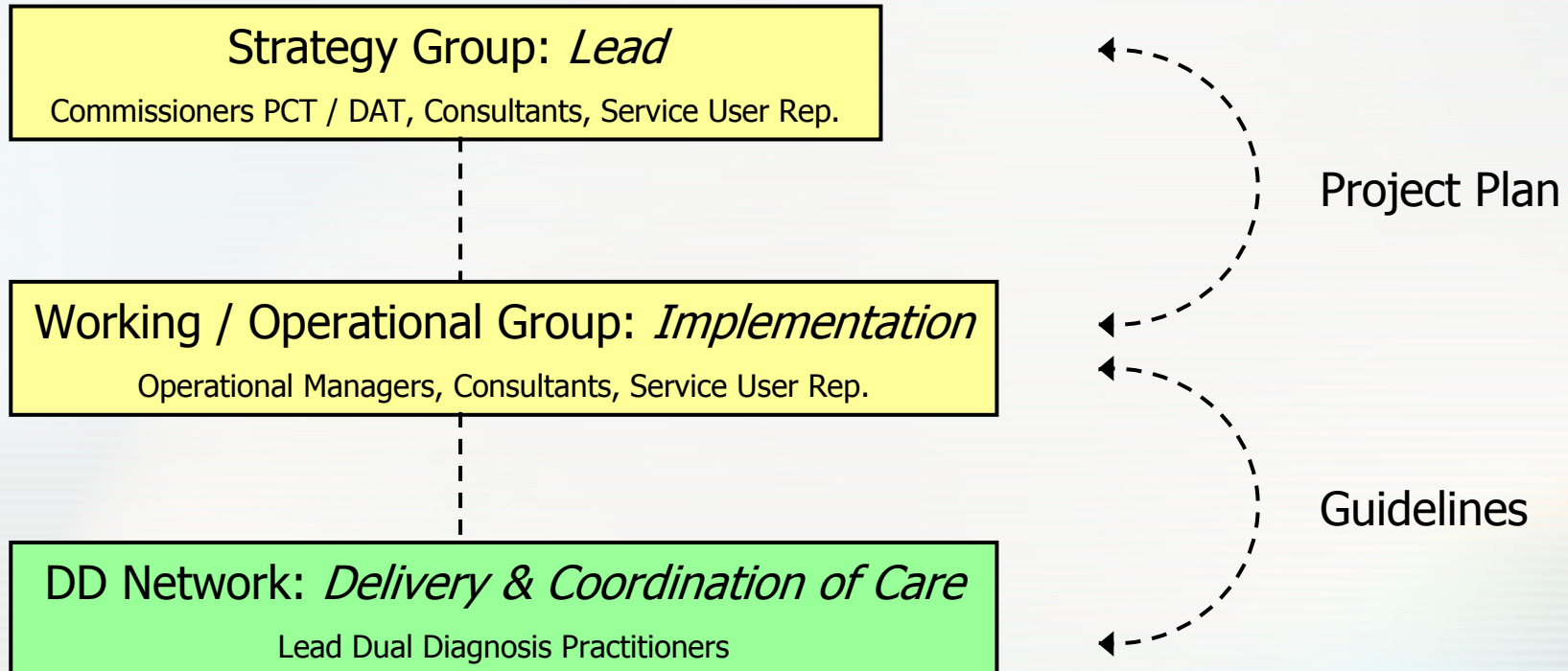


- Multiple entry points into care: DD is relevant to a wide range of stake-holders. 51% of consulted teams were involved with 'significant' numbers of DD cases.
- A single specialist DD service model would probably not cope with local prevalence / demand.
- A Multi-agency model: maximise engagement opportunities, harness collaborative work and increase DD skills across care system.
- Local Project Plan and Teams to be established.

# Development: 2<sup>nd</sup> Step

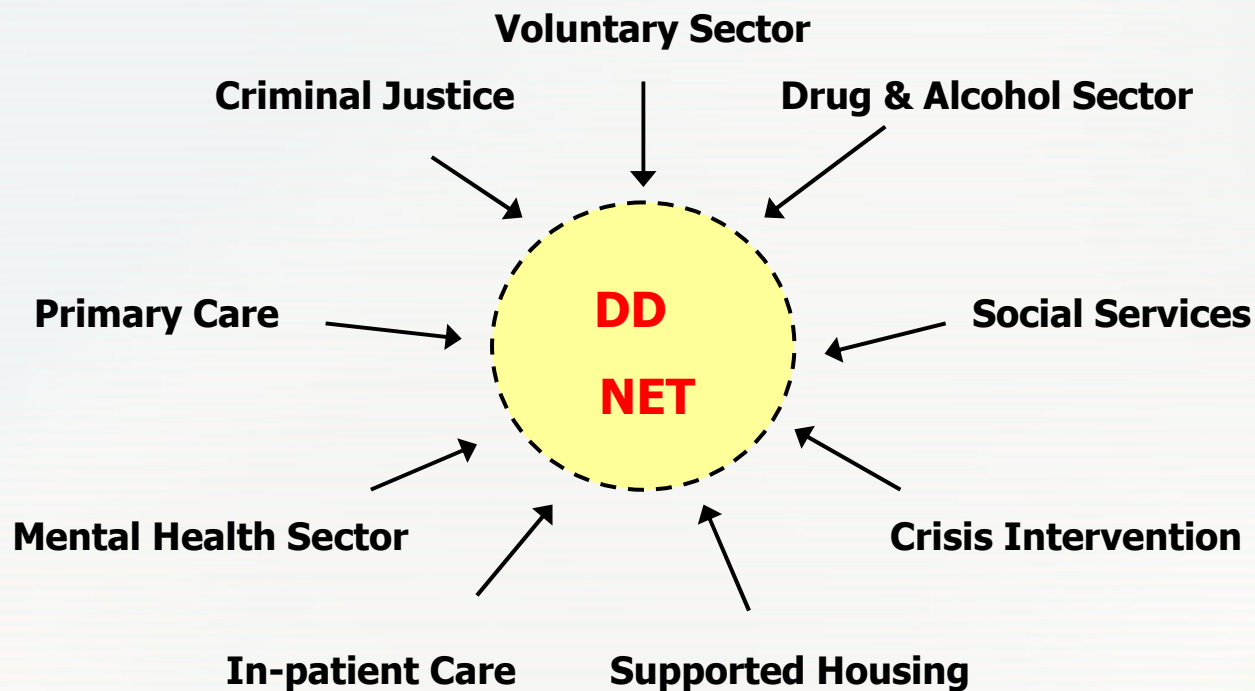
## Local Implementation Teams

(2006 - 2007)



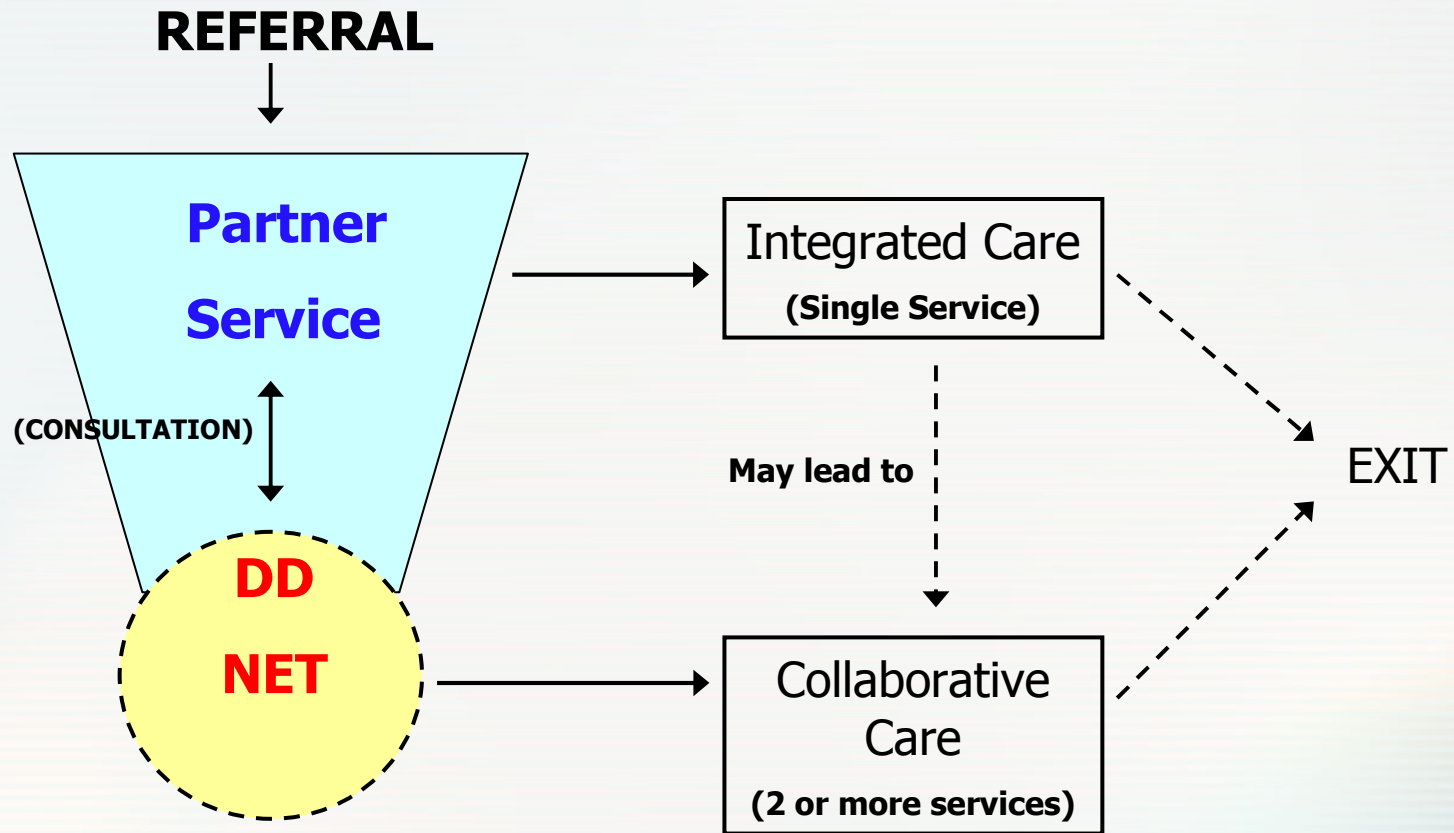
## Development: 3rd Step

### Setting up a local Network (2007 - 2008)



"Multiple entry points into care = multiple opportunities for timely engagement"

# Dual Diagnosis Care Pathway:

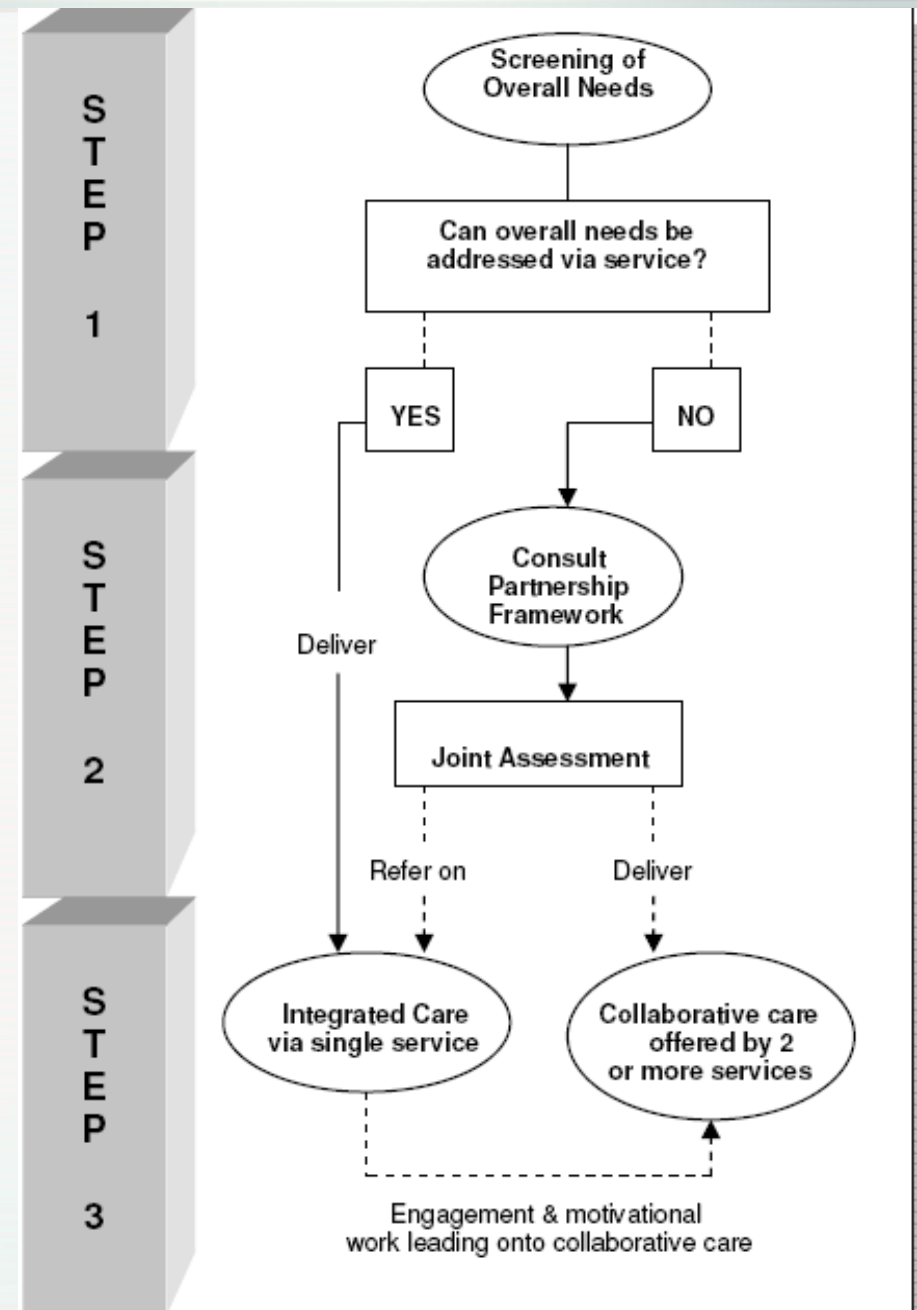


Care Pathway from Referral to Exit should be co-ordinated



# Step-by-step Guide to Care Co-ordination

1. Can our service support the person's overall needs and manage associated risks?
2. Which partner service(s) can support in relation to specific needs?
3. How can engagement be maximised and who should co-ordinate care?



# Role of Lead DD Practitioners



- 'Internal consultants' within own teams: familiar with assessment, treatment stages & co-ordination guidelines.
- 'External consultants' as members of DD Net: consult with / support other DD Leads as appropriate around own specific area of expertise (e.g. mental health, substance misuse, criminal justice, etc.)
- Enhance own practice via DD Net training, supervision & development meetings.
- Support Local research initiatives: e.g. University of Leeds research project – evaluating service user experiences of treatment.

## **Development: 4th Step**

### **Research & Evaluation (2008 - 2009)**

- The University of Leeds is currently carrying out an evaluation study involving service user interviews and gathering staff feedback via questionnaires.
- Job-Swap initiatives between mental health & substance misuse services are being piloted and evaluated (e.g. harm reduction services and mental health community support team).
- Proactive joint-outreach between services is being piloted and evaluated, aimed at engaging people with severe / complex needs (e.g. Assertive Outreach Team + Street Outreach Team + Harm Reduction Team).
- Training for in-patient ward / hospital staff will be piloted & evaluated in 2009.

## Summary:

- The Dual Diagnosis Network is the result of a series of National and Local developments from 2002 to 2007.
- The DD Network involves partner services from a variety of settings, in order to maximise engagement & utilise resources across the care system. Lead practitioners play a vital role in the success of the initiative.
- The city-wide initiative depends on the co-ordinated work of strategic, operational and practitioner groups.
- Research & Evaluation will help to consolidate initiative in line with Regional / National developments in the field.

## Dual Diagnosis Network

Local Policy

Services

DD Network

Useful Links

Contact Us



[www.dual-diagnosis.org.uk](http://www.dual-diagnosis.org.uk)