Closing the Gap

A CAPABILITY FRAMEWORK FOR
WORKING EFFECTIVELY WITH
PEOPLE WITH COMBINED MENTAL
HEALTH AND SUBSTANCE USE
PROBLEMS (DUAL DIAGNOSIS)

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ACKNOWLEDGEMENTS

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PURPOSE

The purpose of the dual diagnosis framework is to assist in the implementation of the Department of Health Dual Diagnosis Practice Implementation Guide (2002). This policy document highlights the roles and responsibilities of the various agencies in providing care for people with dual diagnosis. The main thrust of the policy was that care for those with serious mental illness and substance use should be provided by the mental health services (mainstreaming). The policy also highlights the training and service developments that will be required to implement this in practice. This represents the first time that capabilities for working with combined mental health and substance use problems have been clearly identified and defined.

MAINSTREAMING

The mental health service has the primary responsibility to provide comprehensive care for people with serious mental illnesses such as schizophrenia and co-morbid substance use problems. The rationale for this is that the mental health service is better placed to offer services such as assertive outreach, crisis management and long term care than the substance misuse services. In addition, it is expected that substance use services should support mental health services in this endeavour.

CHARACTERISTICS OF THE FRAMEWORK

The framework is divided into three sections: values and attitudes, utilising knowledge and skills and practice development. There are three levels to the each capability: core, generalist, and specialist.

THE AIM OF THE FRAMEWORK

The aim of the framework is to establish the core competencies required to deliver effective care for people with combined mental health and substance use problems. This framework covers all staff that comes into contact with this service user group in a range of settings.

BACKGROUND

People with combined mental health problems represent a third of mental health service users (Menezes, et al 1996), half of substance use service users (Weaver et al, 2001), and 70% of prisoners (ONS 1997).

The most commonly used substances by those with serious mental illness are alcohol, cannabis and stimulants. Very few are actually physically dependent, but their use of substances often exacerbates problems with their mental state, finances, legal issues and poor engagement with services. Their needs are high and treatment outcomes are poor. Rather than seeing people with dual diagnosis as having two main problems, it may be more useful to acknowledge that they have complex needs including physical health, social issues such as housing, relationship and family problems, risk of suicide,

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victimisation and violence. They face social exclusion and often have difficulty accessing appropriate services due to their complex presentations. One of the main problems is the lack of skills and knowledge in the workforce to address their complex needs in an integrated and effective way.

The dual diagnosis capabilities framework has sought to identify the core skills, values, knowledge and attitudes for working with dual diagnosis in any care setting. It has been developed within a context of radical changes within mental health and substance use services. However, despite these changes, there has been little attention given to the needs of people who need help from **both** services.

MENTAL HEALTH SERVICE DEVELOPMENT

The NHS and care services are undergoing a massive modernisation process. Mental health care has been targeted as one of the key priorities for improvement of care. The NHS plan (2000) outlined specific plans to strengthen mental health community care which in turn would reduce the burden on mental health inpatient services. This has led to the implementation of a range of new services and led to a changing of roles within the service and creation of new roles. In addition, social and health care services have merged which has led to multi-disciplinary teams. The emphasis is now on the capabilities of a person to perform their role effectively and deliver targets set by the National Service Framework for mental health (1999), as opposed to their

A capability is defined as having five dimensions:

1.   A performance component (what people need to possess)

2.   An ethical component (integrating a knowledge of culture, values, and social awareness into practice)

3.   Reflective Practice

4.   Capability to effectively implement evidence based practice

5.   Commitment to working with new models of professional practice and responsibility for life-long learning (SCMH, 2001)

professional background. The mental health practitioner is now working in rapidly changing diversifying environment, and requires increasingly comprehensive capabilities.

In accordance with this shift of focus, a number of capability and competency based frameworks have been developed. These seek to establish and define what people in mental health and substance use services should be capable of doing in order to meet service targets. In addition they should be able to standardise what people do in various roles across the organisations and in different geographical locations.

The Knowledge and Skills Framework (2003) sets out the skills required to perform a role within the NHS. It is divided into 30 dimensions of which 6 are core. These are

1. Communication

2. Personal safety

3. Health

4. Safety and security

5. Service improvement

6. Quality

7. Equality and diversity.

The other 24 are grouped into health and well-being, estates and facilities, information, and knowledge and general. Each dimension has four levels, and each level has indicators to describe how knowledge and skills need to applied at that level. Job descriptions will be developed from these dimensions and levels according to the needs of the post.

The National Occupational Standards for Mental Health (MHNOS) (2004) sets the performance standards for delivery of care. It is used to identify the skills and knowledge that a person possesses and also what they need to obtain in order to develop professionally within their role, or to progress to a new role. In addition, the standards can be used to design and evaluate skills-based training courses.

The Capable Practitioner Framework (CFP) (2001) was developed by the Sainsbury Centre and sought to identify a broad unifying framework that encompassed the broad set of skills, knowledge attitudes required by the mental health workforce to deliver the NSF standards. It was developed from identifying the key tasks that mental health professionals performed in a number of professions and roles. The Capable practitioner helps outline what is required to be competent whereas the MHNOS acts as a performance indicator of that competence in the work environment. The CPF seeks to broadly define what is required to deliver effective mental health care rather

than focus on which profession should do this, and the CFP doesn't seek to promote the rise of the generic mental health worker. The CFP is divided into 5 main areas: ethical practice, Knowledge of mental health and services, the process of care, interventions, and applications to specific service settings (such as Assertive Outreach, acute inpatient care, primary care, and services for complex needs, such as dual diagnosis). Each area has a set of statements of capability for mental health practice and mapped to the NSF standards it applies to.

The Ten Essential Shared Capabilities (SCMH/NIMHE 2004) were

developed to build on the Capable Practitioner Framework, and its focus is on the core capabilities that all staff no matter what their professional background or role should be working from. These were developed to address the significant gaps in pre and post qualification training in their ability to deliver on MHNSF and NHSP. These were areas such as user and carer involvement, mental health promotion, values and evidence based practice, working with families, multidisciplinary working and working with diversity.

People with dual diagnosis will present with differing needs depending on the level of severity of their mental health and substance use problems

SUBSTANCE MISUSE SERVICE DEVELOPMENTS

The Healthwork UK report "A competent workforce to tackle substance misuse" (2001) identified serious shortfalls in the ability of the substance use workforce to provide an effective substance misuse service. In 2001, the government established a special health authority, The National Treatment Agency (NTA) to improve the capacity, availability, and effectiveness of drug misuse treatment in England. The NTA (2002) published Models of Care which outlines how services for people with substance use should be mapped and delivered, and sets standards of care. In addition, two important government strategies are driving change within substance use services. The first is the Updated Drug Strategy (2002) which has four

broad aims. The first is to prevent drug use beginning in young people, the second is to reduce the availability of drugs on the street, the third is to reduce drug related crime, and reduce the number of problematic drug users by providing effective treatment and rehabilitation. The Alcohol Harm Reduction strategy (2004) aims to start the process of changing the culture around drinking, for services to be better at detecting and treating alcohol misuse, to prevent and tackle drug related crime, and work with the alcohol industry in tackling alcohol related harm. These two strategies require a workforce strategy that will increase the number of competent workers, increase their range of skills, and increase their levels of knowledge and skills.   The Drug and Alcohol National Occupational Standards (DANOS) sets out to identify these requirements in detail and can be used for the creation of job descriptions, training, appraisal and promotion. The standards are based around three key areas: service delivery, management and commissioning. Each standard is mapped to the Knowledge and Skills Framework.

DUAL DIAGNOSIS SERVICE DEVELOPMENTS

Despite the proliferation of policies for the development of mental health and substance use services, there is little mention in any of these strategies about the capabilities required of workers in mental health and substance use services to be able to deliver effective care for people who require both mental health and substance use interventions (dual diagnosis).

The Department of Health (2002) published the Dual Diagnosis Practice Implementation Guide which advocates that care for people with serious mental health problems and substance use should be "mainstreamed" by being provided primarily by mental health services. The rationale for this is that mental health services are better placed to offer the intensity of input such as crisis management, assertive outreach, close monitoring and inpatient care that people with dual diagnosis require. However, this doesn't mean that there isn't a role for substance use services. They are expected to provide advice support, and if appropriate, joint work to assist the mental health service provide care for dual diagnosis. It is expected though that they will concentrate their resources on those people who have severe substance use problems, some of whom may have mental health problems as well.

People with dual diagnosis will present with differing needs depending on the level of severity of their mental health and substance use problems (see figure 1). Identification of these needs will assist in determining which service is better suited to be the primary care provider. For example, someone with alcohol dependency who experiences anxiety may be best served by the local alcohol service, and someone with schizophrenia who smokes cannabis occasionally may be best served by the local community mental health service.

Figure 1: Scope of Substance use and mental health problems in people with dual diagnosis (from Department of Health Dual Diagnosis Good Practice Guide, 2002, p10)

However, in order for mainstreaming to be effective, mental health workers will be required to deliver effective integrated interventions which are a combination of approaches from substance use and mental health including screening and detection, comprehensive assessment, motivational interventions, and relapse prevention (Drake et al, 1998). Therefore the mental health workforce will need to be capable of delivering effective evidence based care for people with dual diagnosis. However, recent surveys have demonstrated that the workforce lacks training and experience in

substance use and dual diagnosis capabilities (Maslin et al 2001, Brewin, 2004). Substance use services are expected to have primary responsibility for substance misusers with mild to moderate mental health problems, but many workers in this field may lack skills and knowledge around mental health issues, especially if they have no mental health work experience.

In order to address these deficits, the Dual Diagnosis Practice Implementation Guide suggests that the workforce have access to appropriate training and practice development that will increase their capabilities to work effectively with dual diagnosis. In order to do this, it is essential that the specific capabilities to work with dual diagnosis are defined so that training and professional development can be implemented in a uniform fashion with fidelity to the evidence base as it currently stands.

METHODOLOGY

This framework has been developed collaboratively with representatives from a number of key stakeholders. An initial draft of the capabilities was developed by a small working party (TO, LH, AG) based on expert opinion about best practice (Jeffery et al 2000), the Dual Diagnosis Good Practice Guidelines (DH 2002) and the evidence base from the literature (Drake et al 2001, Ley et al 2000, Barrowclough et al 2001).

In order for **mainstreaming** to be effective, mental health workers will be required to deliver effective integrated **interventions** which are a combination of approaches from substance use and **mental health**

A national working party was established that included representatives from key organisations. This included Care Services Improvement Programme, Higher Education establishments (University of Lincoln, Middlesex University, and University of York), Turning Point, dual diagnosis nurse consultants and dual diagnosis leads from NHS services, and the Sainsbury Centre for Mental Health. The group met and discussed the draft in detail and this was then developed into a final draft based on those comments.

THE STRUCTURE OF THE FRAMEWORK

The framework is divided into 3 sections: Values, Utilising Knowledge and Skills, and Practice Development. Within each section, there is a list of capabilities relevant to that area. Each capability is defined on three levels of competence.

Level 1: Core

Service User Needs: Service users who are at risk of developing long term problems with substance use and mental health. People with more severe problems who come into contact with these agencies and workers as first point of contact. People engaged with other agencies and for whom the worker plays a specific role in their care.

This level is aimed at all workers who come into contact with this service user group especially as first contacts to care. Example: primary care workers, A & E staff, police, criminal justice workers, housing, support workers, health care assistants, non-statutory sector employees, volunteers, service users, carers, and friends

Level 2: Generalist

Needs: People with moderate problems with a range of problems relating to substance use and mental health problems, also including potential physical and social needs.

This level is aimed at generic post-qualification workers who work with dual diagnosis regularly, but don't have a specific role with this group. Example: mental health social workers, mental health nurses, psychologists, psychiatrists, substance use staff, occupational therapists, probation officers.

Level 3: Specialist

Needs: people with chronic long term and complex physical psychological and social needs. Aimed at people in designated senior dual diagnosis roles who have a responsibility to manage and train others in dual diagnosis interventions.

Example: Dual Diagnosis Development workers.

USING THE CAPABILITIES FRAMEWORK

The framework can be used in any arena where it would be useful to identify and develop individual's capabilities to work effectively with people with serious mental illness and combined substance use problems. It is can be used as part of the appraisal system, as part of clinical supervision and for developing the content of a training course. Participants should be encouraged to self-assess their capabilities and compare this with how they have been assessed by their supervisor. Areas that require development would then form part of an overall development plan which may include for example further training, supervision, or mentoring.

In addition each capability has been mapped to the most relevant competency in the Knowledge and Skills Framework, the Drug and Alcohol National Occupational Standards, the Mental Health National Occupational Standards, and the Ten Essential Shared Capabilities.

1. TRAINING

All dual diagnosis training, no matter what level it is being delivered at, should be able to map its contents to the capabilities framework, and include various methods of assessment of those capabilities within the training course. Examples could be practical exercises within the course e.g. role play and case study exercises, and also by academic processes such as essays, projects, and dissertations as appropriate.

2. ASSESSMENTS IN THE WORKPLACE

Supervisors could use the framework to assess the capability of the worker. This could be assessed within supervision sessions, observation of working practices and service user feedback. Using the framework in this way may also identify learning needs and a plan for the meeting those needs (either by training, and/or practice development) could be devised. There is an assessment form that has been developed for this purpose and can be found in the appendix.

3. DEVISING JOB DESCRIPTIONS

The capabilities framework could also be used to devise job descriptions at all levels and across professional boundaries. Employers can pull together a set of capabilities that are most relevant for the role and the level of capability required.

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RELEVANT ORGANISATIONS AND FURTHER INFORMATION

Centre for Clinical and Academic Workforce Development (University of Lincoln) www.lincoln.ac.uk/ccawi

Department of Health www.dh.gov.uk

Home Office www.drugs.gov.uk

National Institute for Mental Health (Care Services Improvement Partnership) www.csip.org.uk

National Treatment Agency www.nta.nhs.uk

Rethink www.rethink.org.uk

Skills for Health www.skillsforhealth.org.uk

Sainsbury Centre for Mental Health www.scmh.org.uk

Turning Point www.turningpoint.org.uk

Dual Diagnosis Framework

Dual Diagnosis Capabilities Framework

Values

	Capability	Level 1	Level 2	Level3	Competency/ Capability Framework reference	Cross reference within DD framework
1	Role legitimacy "it is part of my role to work with people with combined mental health and substance use problems"	Recognise that it is a part of ones own role to offer a contribution towards the care of someone with combined mental health and substance use problems	Recognise and accept that working with people with dual diagnosis is a routine part of ones role	Promote the message that all workers should be playing a part in the care of people with dual diagnosis however big or small the contribution	Challenging Inequality, Making a Difference, Working in Partnership (ESC)	Learning needs, supervision and support Multi-disciplinary working
2	Therapeutic optimism "I believe that positive changes are possible for anyone with combined mental health and substance use"	Recognise that change for people with dual diagnosis is difficult but not impossible, and communicate this to the service user, their carers and other professionals	Be able develop and maintain therapeutic optimism and a sense of hope and generate this in the service user, their carers and other professionals.	Role model therapeutic optimism, encourage others to see positive changes	Promoting Recovery (ESC)	Learning needs, supervision and support
3	Acceptance of the uniqueness of each individual	See the person as a whole not just in terms of "two problems", or in terms of their race, culture, sexuality, age, gender, or disability	Be able to accept the person as a unique individual and respect their choices and lifestyle	Role modelling unconditional acceptance of the individual to other workers carers and service users themselves	Respect Diversity, Promoting Recovery (ESC)	Empathy supervision

	Capability	Level 1	Level 2	Level3	Competency/ Capability Framework ref- erence	Cross reference within DD frame- work
4	Non-judgemental attitude	Be able to accept people with dual diagnosis as they are and value them as individuals	Be aware of ones own attitudes and values in relation to dual diagnosis and be able to suspend judgement when working with ser- vice users, and carers. Challenge others' attitudes in an appropriate and useful manner	Role modelling non-judgemental attitudes, and assist others in exploring their own attitudes and help them to develop a non-judgemental ap-proach	Practicing Ethically (ESC)	Engagement Supervision
5	Demonstrate empa-thy	To be able to understand the current and past diffi-culties that a person with dual diagnosis may have experienced	To be able to un-derstand the unique experiences a per-son with dual diag-nosis may have had, and be able to communicate this understanding ef-fectively and em-pathically to service users, and their carers	To be able to educate others in the under-standing of the com-plex history and needs of this client group in order to generate em-pathic responses in others. To role-model the demonstration of empathy	Respect Diversity, Promote Recovery (ESC)	Engagement Interpersonal skills

Utilising Knowledge and Skills

	Capability	Level 1	Level 2	Level3	Competency/ Capability Framework reference	Cross reference within DD framework
6	Engagement	Be able to use interpersonal skills and attitudes to make people with dual diagnosis feel welcome, and develop an effective working relationship with a person with dual diagnosis	Be able to develop an effective therapeutic relationship and be able to work flexibly with this client group.	Utilise creative strategies to engage hard to reach service users in appropriate services	Making a Difference, Working in Partnership, Respect Diversity, Promote Recovery, Promoting Safety and Positive Risk Taking (ESC)	Therapeutic Optimism, Role legitimacy, Demonstrate empathy, acceptance of the uniqueness of ach individual, Non-judgemental attitude, Interpersonal skills
7	Interpersonal skills	Be able to demonstrate effective interpersonal skills such as listening and demonstrate appropriate behaviour such as honesty, genuineness, and a willingness to relate to and help within limits of own capabilities and remit of service.	To be able to demonstrate effective skills such as active listening, reflection, paraphrasing, summarising, utilising open-ended questions, affirming, elaboration.	To demonstrate and role-model effective and advanced interpersonal skills. To be able to teach and supervise others in developing effective interpersonal skills	Providing Service user led care (ESC) Making a difference (ESC) DANOS AB1 MHNOS HSC 226, KSF HBW4	Engagement Delivering Evidence and Values based interventions
8	Education and health promotion	Awareness of where an individual can access more in depth advice about substance use and mental health.	Be able to offer basic but accurate and up to date information and advice about effects of substances on mental and physical health and vice versa.	Be able to offer education and health promotion interventions across of range of physical and mental health issues to both service users and other workers	Promote safety and positive risk taking (ESC)	Life long learning

	Capability	Level 1	Level 2	Level3	Competency/ Capability Framework reference	Cross ref. within DD framework
9	Recognise needs (Integrated Assessment)	Be able to perform a basic screening assessment.	In partnership with the service user, perform a triage assessment of mental and physical health, substance use, and social functioning and offending; identifying both needs and strengths. Be able to identify where those needs are best met by local services.	Comprehensive assessment of past history and current needs, over time in full collaboration with service user. Be able to support and teach others to perform comprehensive assessment.	Working in partnership, Identify peoples' needs and strengths (ESC) DANOS AF2 MHNOS MH_14, KSF HWB2 HEALTH AND WELL-BEING DANOS AF3 MHNOS HSC417 KSF HWB2	Interpersonal skills, engagement, Acceptance of the uniqueness of each individual, empathy
10	Risk assessment and management	To be aware of potential risks in relation to people with dual diagnosis, and take appropriate action, be effective at communicating changes in a persons' presentation which may have an impact on risk of harm to self or others	Assess risks and devise a management plan in conjunction with service user and other relevant personnel, ensure that all parties are aware of their own role in risk management	Advise and assist others in the assessment and management of risks in relation to dual diagnosis	Promoting safety and positive risk-taking (ESC) MHNOS MH_18 DANOS AB5 MHNOS HSC395 KSF HWB3 MHNOS HSC417, KSF HEALTH AND WELL-BEING HWB2 MHNOS MH_48 KSF HWB2	Interpersonal skills Engagement Ethical, legal and confidentiality issues

Utilising Knowledge and Skills continued…

	Capability	Level 1	Level 2	Level3	Competency/ Capability Framework reference	Cross reference within DD framework
11	Ethical, legal and confidentiality issues	To be aware of and adhere to the organisation policy on confidentiality to be able to effectively communicate this to the service user. To be able to seek advice about a potential breach of confidentiality, or legal issue.	In addition, to be able to manage ethical and moral dilemmas that arise out of working with people with dual diagnosis. Be aware of confidentiality limits and be able to resolve potential breaches of confidentiality in consultation with the service user, their carers and other professionals	In addition, to have knowledge of the ethical and legal issues relevant to working with dual diagnosis, and be able to provide advice about how to resolve specific dilemmas within the constraints of the legal and moral frameworks as well as in accordance with organisation policies.	Practicing Ethically, Promote Safety and Positive Risk-taking (ESC)	Risk assessment and management Recognising Needs Care-planning Multi-agency working Supervision
12	Care Planning in partnership with service user	To contribute to the planning of care for people with dual diagnosis	To be able to plan and coordinate care in collaboration with person with combined mental health and substance use, their carers, and other professionals	To be able to advise on the planning and coordination of care across different services and different needs	Providing Service User led care, Working in Partnership, Promoting Recovery (ESC) DANOS AG1 DANOS AI2 MHNOS MH_23 KSF HWB7	Recognising Needs Interpersonal skills Multi-agency/ professional working

	Capability	Level 1	Level 2	Level3	Competency/ Capability Framework reference	Cross refer-ence within DD framework
13	Delivering evidence and values based interventions	Deliver high quality care within the limits of ones own capabilities, role, and capacity of organisation	Be able to utilise knowledge and skills to deliver evidence-based interventions including brief interventions, motivational interviewing, relapse prevention and cognitive behaviour therapy to people with combined mental health problems within own limits and capacity and remit of ones own organisation. To know where else a service use can access appropriate specialist care and facilitate that access. To be able to access support and supervision to perform such interventions.	To be able to offer effective evidence based psychosocial interventions appropriate to the needs of the service user with dual diagnosis (such as cognitive behaviour therapy, motivational interviewing, relapse prevention, family work etc), to be able to flexibly adapt these approaches to the individual needs of the service user, and be able to teach and supervise others in the application of these techniques	Making a Difference, Promoting Recovery, Practicing Ethically (ESC) DANOS AI1	Interpersonal skills Engagement Care planning Recognising needs Lifelong learning supervision
14	Evaluate care	Be able to assist in the evaluation of care provided in collaboration with service user	To be able to collaboratively review and evaluate care provided with service user, carers and other professionals. To be flexible in changing plans if they are not meeting the needs of the service user.	To supervise others in the evaluation of care and own practice. To be able to evaluate care using standardised tools as well as subjective measures and service user feedback.	Providing Service User Led Care (ESC) DANOS Ai2 MHNOS MH_23 KSF HWB2	Care planning Delivering evidence and values based Interventions Multi-agency/ professional working

Dual Diagnosis Framework

Utilising Knowledge and Skills continued…

	Capability	Level 1	Level 2	Level3	Competency/ Capability Framework	Cross refer-ence within
15	Help people access care from other services	Be able to provide advice about local services, and know how to access these services.	To have local knowledge of services appropriate to meeting needs of people with combined mental health and substance use; their eligibility criteria; to know how to refer to such agencies, and to support the service user whilst the referral is being processed	To be able to advice people on what ser-vices are available to meet the needs of people with dual diag-nosis in the local area. To identify gaps in services and be proac-tive in lobbying for developments to fill those gaps.	Making a Difference, Chal-lenging Inequality (ESC) DANOS AG3 DANOS AG2 MHNOS MH_3 KSF HWB4 MHNOS HSC 330, KSF HWB4	Multi-agency/ professional working
16	Multi-agency/ professional working	To be able to form effec-tive working relationships with other agencies and professionals that may be involved with the care of dual diagnosis	To understand the roles and responsibilities of the range of professionals and service providers, and to share care, and work in partnership with them	To be able to work across various service and professional boundaries under-standing the specific issues that someone with dual diagnosis may raise within and between teams/ services. Be able to resolve conflicts in treatment decisions	MHNOS HSC386 MHNOS MH_79 and MH_82 DANOS BI6 KSF G7	Help people access care from other services Interpersonal skills Engagement

Practice Development

	Capability	Level 1	Level 2	Level3	Competency/ Capability Framework reference	Cross reference within DD framework
17	Learning Needs	Be able to identify exactly what you do know, and your own learning needs are in relation to dual diagnosis	To be able to reflect on own practice, and identify strengths and needs in relation to working with dual diagnosis	In addition, be able to critically analyse own practice in relation to dual diagnosis, identify own learning development and support needs, assist others in reviewing their knowledge, skills and practice, and help them to devise learning goals	Practice Development and Learning (ESC)	Supervision Life Long Learning
18	Seek out and use supervision, both formal and peer	To be able to utilise supervision to develop working practices in relation to dual diagnosis	To obtain supervision to discuss dual diagnosis clinical cases and develop own practice and relate theory to practice	To obtain and use specialist supervision to develop and refine expertise in dual diagnosis. To be able to offer supervision to a range of staff on both a regular and occasional basis to assist others in developing their practice in relation to dual diagnosis.	Practice Development and Learning (ESC)	Learning Needs, Life long Learning
19	Life Long Learning	To be able to access and utilise learning opportunities in a variety of formal and informal	As well as this, to be aware of how to update current knowledge and skills in relation to working with dual diagnosis	In addition, to keep up to date with current policy and research around the nature of dual diagnosis and evidence base for effective interventions, and be able to incorporate this into own practice and the teaching and supervision of others	Practice Development and Learning (ESC)	Supervision, Learning Needs

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