LEEDS DUAL DIAGNOSIS

Leeds Dual Diagnosis Project Evaluation Report

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Executive Summary

Introduction

Dual Diagnosis (co-existing mental health and substance misuse problems) (DD) has received increasing attention in the UK. The Department of Health *Dual Diagnosis Good Practice Guide* (2002) outlines several important practice guidelines and identifies three main treatment approaches for DD clients: i) serial treatment (sequential referrals to and treatment from different services), ii) parallel treatment (simultaneous care for both problem areas by different services) and iii) integrated treatment (simultaneous care for both problem areas delivered by one service). The integrated approach is considered the most effective and the serial approach the least valuable. DD training for service providers is also recommended across different treatment settings to raise awareness and improve skills in DD issues so that client's needs can be addressed effectively, within the most appropriate treatment setting.

Background

The Leeds Dual Diagnosis Project was established in 2007 to enhance collaboration between drugs and mental health services through the development of a city wide partnership. The project consists of three groups: the strategy group, the working group and the network and project members include commissioners, managers, practitioners and service users from both substance misuse and mental health services in the voluntary and statutory sector across Leeds.

The aim of the study was to formally evaluate the effectiveness of the practitioner network.

Method

A validated questionnaire was distributed at a Leeds DD Project event. Each delegate was asked to complete one questionnaire and they were also asked to give a questionnaire to a colleague at their workplace to compete and return.

The questionnaire included a case study followed by a list of statements relating to different treatment approaches concerning DD. There were also questions regarding training in DD.

Results

50 questionnaires were returned, 28 from trained network members and 22 from not trained non-members.

Both groups demonstrated a basic understanding of DD issues however considerably more not trained non members found the case to complex to treat (40.9% vs. 10.7%).A significantly higher proportion of trained network members demonstrated a greater level of criticism towards the sequential approach than not trained non-members.

Perhaps surprisingly, trained members agreed less with a parallel treatment approach, i.e. joint working, however analysis shows that this is probably due to their higher competency in providing integrated rather than parallel treatment. This is supported by trained network members demonstrating significantly greater agreement with an integrated treatment approach.

Trained network members overwhelmingly found the training that they had received beneficial.

Conclusions

The network can confidently be seen as an access point to DD training and a source of maintaining and enhancing DD competencies overall. Moreover, the results reflect the network's benefits in terms of understanding DD and it's treatment implications, differentiating between more and less promising treatment approaches and the successful implementation of policy guidelines.