

# Leeds Dual Diagnosis Project

The story so far



# Local dual diagnosis audit (2004-2005)

- Commissioned by Mental Health Modernisation Team and DAT and led by the Sainsbury Centre for Mental Health
- Looked at prevalence of dual diagnosis and care provision for people with dual diagnosis in Leeds
- Questioned stakeholders, providers and service users and carers across mental health, drugs and alcohol, criminal justice, forensic, primary care and voluntary care sectors.

## Key Findings

- 51% of teams consulted were involved with “significant” numbers of dual diagnosis cases.
- Poor relationships were reported between mental health and substance misuse services
- Service users and carers reported experiencing poor coordination between services
- Training needs were identified
- Pockets of good practice were reported, but not replicated city wide



## Key recommendation:

- Establish a multi-agency model to maximise engagement opportunities, harness collaborative work and increase dual diagnosis skills across the care system.



# Dual Diagnosis Project

## **Main aim:**

To improve access to care by enhancing collaboration between mental health and substance misuse services through the development of a city wide partnership

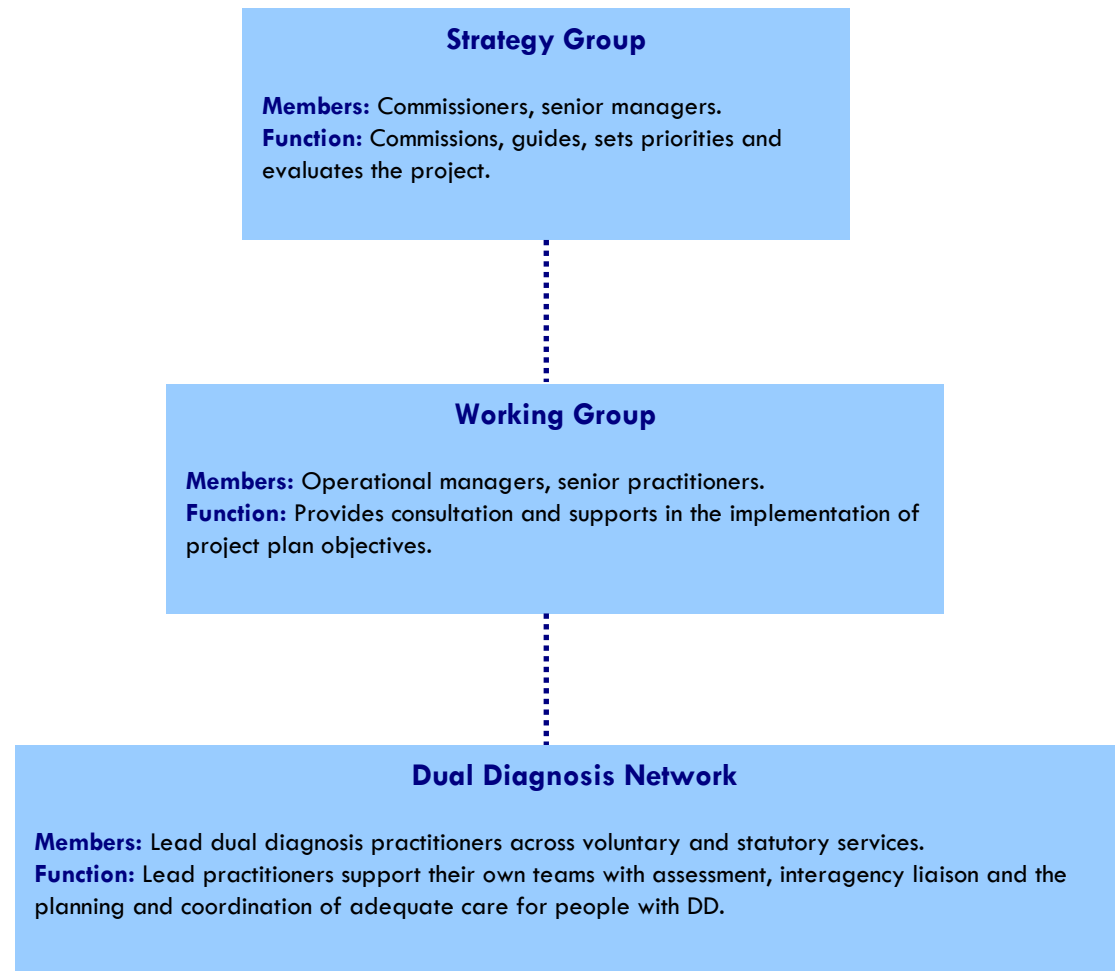
## **Description:**

Initial 3 year project (2007-2009) involving commissioners, operational managers and practitioners across 17 services in Leeds. 3 key groups: Strategy Group, Working Group and Practitioners Network.

Project extended for 2 years (2010-2012) to build on the work done and to focus on embedding dual diagnosis into the treatment system.



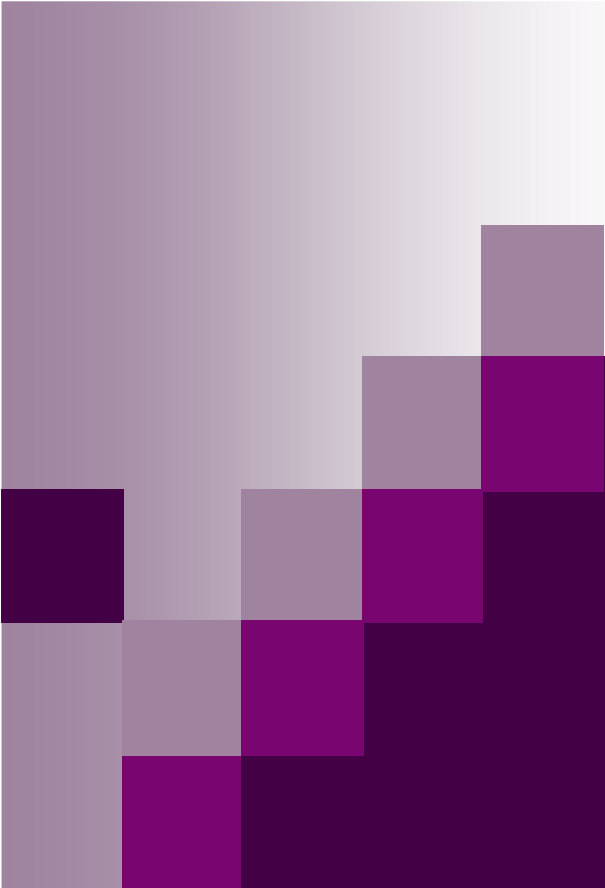
# How the project operates:





## **Accomplishments to date (2007-2010)**

- Established a specialist dual diagnosis training course in collaboration with Leeds Addiction Unit
- Developed a multi-agency network of lead dual diagnosis practitioners
- Established monthly practice development sessions
- Developed local care co-ordination protocol and care pathways guide
- Developed dual diagnosis website
- Joint working partnerships established to ensure more integrated care
- Referral protocol developed from forensic services into community services
- Development work started with primary care mental health
- Continual involvement and consultation with service users and carers



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