

ZIP Conference – Wednesday 18th June 2014

Leeds Mind – ‘Poetry and Journey Session’

Iona from Leeds MIND ran a session in the chill out room.

Some prompts were asked to get people thinking creatively:

- Tell us about something that has helped you on your journey to recovery that is not available in services.
 - Help with setting goals and achieving them.
 - Getting out of the house.
 - Distractions

 - Describe what would make an ideal recovery programmes and ways in which you think this could be achieved.
 - Help with practical things: getting dressed, personal hygiene etc, help with prescription medicines.
 - Financial support – less to worry about.
 - Long term continual support, not everything to stop when a person seems better.

 - What questions would you like to ask about...

 - What has helped you on your journey to recovery?
 - *Keeping active*
 - *Networking*
 - *Exercise*
 - *Boxing outside*
 - *REMEMBER I AM A PERSON, A SURVIVOR*
 - Help with transport
 - Training programmes

 - What would you like to see more of in services?
 - Support
 - Reassurance
 - More staff / volunteers.
 - Long term support.
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Tom Bailey – Artist Wall

Throughout the day people were asked for suggestions to contribute to a pictorial representation of their inspirational thoughts during the day. “Two stars and a wish” alongside “Vote for your favourite service”.

Two Stars

Wishes

- Need one to one counselling and then hopefully get into a group for encouragement.
- Want a group like space for encouragement to stop completely.
- Specialist addiction workers in hospitals
- Better educated medical staff.
- More help after discharge from hospital.

- Better information on how to access the right services.
- Mental Health Crisis staff to not hang up with alcohol problems.
- A more person centred approach.

Favourite Service

- Caring for life
 - ADS
 - The Space
 - Dial house
 - Crisis team
 - Peer support
 - WRAP group
 - St Mary's resource centre.
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What's in a name? (Do you think "Dual Diagnosis" is the best phrase for this? Or can we do better?)

Some alternative names were suggested:

Support for Addicts and those with mental health issues (SAM)

Addictions and Mental Health Service (AMS)

What do we want from services and why? (What's missing? What works well? What needs to change?)

What's missing?

- Weekend support, everything closes down at 5pm Friday.
- Support for people who have poor levels of English.
- No help with prescription drug addictions.
- A consistent approach.
- Specialist addiction workers in hospitals on crisis team.
- Flexibility and adaptation of care plan progress over time.
- Support for people working.
- Early Intervention.
- Information in GP surgeries and Day Centres on Dual Diagnosis.
- Publicity for carer supports.
- Groups to help people stop drinking and looking for the root causes of addiction.
- Support for families (children) of alcoholics.
- Long term support for the rest of your life.
- Support for Asian communities – still a huge Taboo subject.

What works well?

- Good signposting from GPs.
- SPACE good for long-term support.

What needs to change?

- SPACE only takes people who are "dry", once you are better you are ok, the help is needed to get better in the first place.
- Waiting lists – 2year wait for CBT and then had to go to Bradford.
- A&E discharging too quickly 'drug overdose 3am and then discharged in the morning'.

- A&E not supportive “it’s not our job to stop you killing yourself”
 - The Becklin centre seem to have no idea about addiction.
 - Services shouldn’t be cut and organisations need to be stable not constantly changing.
 - DIAL house – limited support and limited opening times.
 - More beds – only 8 beds in St Marks Avenue.
 - The Becklin centre put the phone down if you admit to one drink.
 - Means testing makes some services unaffordable.
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The Dual Diagnosis Expert Reference Group (Find out how people with lived experience are influencing services)

What has the group been doing? What should the priorities be? How can you get involved?

A Personal Crisis Card (Would it be useful to carry a card to tell doctors or police about your situation?)

If somebody finds you in a distressed or confused state, what sort of information would you like them to know about you? What would a personal crisis card look like? Where would be the best place to provide them?

Current cards:

- Awareness Campaign
- MedicAlert (could it be linked to this)

What information should be on there?

- Emergency Contacts
- Good practice guidelines.
- GP contact details
- Significant others (positive relationships) telephone numbers
- Photo
- Discussion on name – if it’s lost would it pose a risk?
- Specific instructions for that individual.
- Urgent medical conditions – not just mental health ones.
- Information to help the person:
 - Safe areas for that person
 - Safe places to go

What would it look like?

- Individual / flexible design
- Recognised by the police to help avoid unnecessary arrests.
- A standard well known logo
- Wallet size – easy to carry.
- Electronic link to system so people can easily look up medical records. (reference number)
- Non-compulsory, some people may not want to disclose the information.
- Easily recognised
- Bright coloured.
- Change over time to reflect changing information.
- Wristbands, key rings, pendants as an alternative.

Concerns:

- Increased stigma
 - What happens if it's lost
 - Confidentiality
 - Who chooses the wording of the data?
 - Who will look at it?
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Other topics that came up

Prescription Pain Medication

- Doctors/professionals don't give enough thought to combined effect of medicines on mental health.
 - E.g. Co-codamol is habit forming.