



Zip

Contact: Joe Alderdice at Leeds Involving People

0113 237 4508 – joe.alderdice@leedsinvolvement.org.uk

Notes of Meeting held on Wednesday 20th August 2014

14.00 – 16.00 at The Space

Present:

Karl Salmon

Ann Marie Paliukenas

Bobby Rait

Chris Higo

Paul Raisbeck

Leanne Winfield

Andy Dubberley

Joe Alderdice – Leeds Involving People

Rich Bell – Dual Diagnosis Project Manager,
St Anne's

Liz Hughes – York University

Sayed – The Space

1. Introductions and apologies

There were no apologies. Andy Dubberley agreed to chair the meeting.

2. Key dual diagnosis skills for professionals

Spoke with Liz Hughes who came in to present some of her ideas on how to create a better understanding for professionals of dual diagnosis. As well as a talk, ideas were shared with service users who gave instances of their own experience and ideas on how to better improve the services.

Liz Hughes stated she is working on developing key skills and a greater understanding of issues around dual diagnosis. This would include filling in the gaps with “other side” knowledge and making use of transferable skills.

The group was asked what sort of attitudes, values, and skills would staff need to better assess and treat services users with dual diagnosis. How also could the referral process be improved? We broke the ideas down into a few main themes.

VALUES

- Give me time, demonstrate throw in body language listen and respond.
- Collaborative agenda. Agree expectations and timings. Prioritise.
- Build better relationships and trust through honesty, reliability, and keeping promises. Be realistic with goals / targets.
- Treat client as an individual.
- Each case on individual merit, everyone is different.

TREATMENT

- Better plan discharge. Leave file ready to be reopened if necessary so client doesn't have to go through admittance all over again.

- Be consistent in treatment expectations.
- See the person not the diagnosis.
- See the whole person/holistic
- Work with the ebb and flow remembering most mental illness is episodic.
- Early intervention before crisis
- Reception staff could do with being more sensitive and /or better trained.

SKILL

- Understanding diversity
- Breaking down barriers of cultural distinction

ATTITUDES

- Give the client a sense of hope, incite them to greatness within their capabilities.
- Treatment must be as “tailor made” as possible everyone is different (Again judge each case on its individual merit)
- Try not to see Dual Diagnosis as derogatory or create stigma.
- There must be zero tolerance to bad attitudes and abuse towards clients. Similar to racism, sexism and homophobia.

3. Training for professionals

Level 2 training will be delivered to 90 people in Jan, Feb, and March of 2015. The commissioners agree that service users should have a role in delivering this training. We talked about training models.

Service users were described as a “Walking library book” and have many life experiences to share, this could be invaluable in training. But how could we take this further than just standing up and telling our story?

Part of training procedures could be to work on fictitious case studies.

Trainees would write down questions anonymously. Service users would then take them out bringing back the ones they want to answer.

For those who aren't as confident there would possibly be the option to create a video to show. Though people would have to be mindful of anonymity.

It must be understood that staff are people too, who can also feel demoralised, deskilled, and scared to ask things or even break habits. Understand they are people trying to do their best in an environment in which they have no control either.

4. Next meeting

Wednesday 10th September 2014, 2-4pm at The Space