DEVELOPING A DUAL DIAGNOSIS ROLE WITHIN MENTAL HEALTH

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This article describes the development of a dual diagnosis intervention worker role to work with people with coexisting mental health and substance misuse needs in North Durham. It describes the role, how it interacts with other structures, and outcomes for service users. It also outlines some innovative initiatives that have developed as a result of introducing this role.

LOCAL SERVICE MODEL

Department of Health (2006) guidance for inpatient and day hospital settings identified that most people with dual mental health and substance misuse needs require simple interventions rather than specialist substance misuse input. With appropriate development strategies and ongoing support, staff in mental health services can develop the necessary skills to deliver dual diagnosis interventions. The DH (2002) has also emphasised the need to engage people with dual needs within mainstream mental health services.

A collaborative model was developed locally to support and develop mental health practitioners’ ability to respond to the substance misuse needs of those with a dual diagnosis. This entails parallel care delivery from mental health and substance misuse care providers, with close collaboration and communication.

Staff issues

A dual diagnosis practitioner network was established in 2004 to promote collaboration between services and share expertise. The network has more than 200 members in County Durham and Darlington and is now inviting members from across Tees, Esk and Wear Valleys.

A clinical audit was conducted to determine staff needs, to enable them to self-assess their capabilities using a locally devised dual diagnosis competency framework audit tool. Staff identified a number of dual diagnosis capabilities requiring further development, including assessment of dual diagnosis need, engagement, early relapse prevention, relapse management and skills building.

Inpatient services were identified as areas of high prevalence and complexity of dual diagnosis need, with a limited range of interventions available to patients with these needs. As a result, the role of the dual diagnosis therapeutic intervention worker was developed.

DUAL DIAGNOSIS WORKER ROLE

The role of the dual diagnosis worker (DDW) is specifically to provide therapeutic interventions for this client group, for example relaxation, stress management and motivational work, and to support ward staff’s work. The DDW also liaises with community teams and non-statutory services to ensure continuity of care when patients are discharged from hospital.

The DDW’s aim is to help clients become aware of the reasons they misuse substances, such as anxiety, and explore alternative coping mechanisms. The DDW also supports staff in developing substance misuse capabilities, promotes harm minimisation-based approaches and works with client motivation. This involves providing information, health promotion and encouraging people to explore attitudes to substance misuse.

The role is part of our trust-wide strategy review in this area of care, the aim of which is to ensure all areas of the trust have access to dual diagnosis services. It is envisaged that this will include rolling out the post to other inpatient areas. We have also developed a dual diagnosis care pathway, visible on each ward, to assist ward teams in identifying the appropriate service for each client.

The DDW is actively involved in our ‘star ward’ project, an inpatient initiative championed by the government that aims to promote meaningful activities for patients and to improve treatment outcomes (Janner, 2006). The DDW also contributes to training programmes, and dual diagnosis awareness is part of the trust’s induction programme.

IMPLICATIONS FOR PRACTICE

- The dual diagnosis worker (DDW) can use a wide range of interventions with patients such as education, anxiety management, assertiveness training and activity planning, helping them to move towards discharge.
- Links with community services assist patients’ smooth transition back into the community.
- Introducing the role can improve other practitioners’ knowledge of illicit drugs and alcohol misuse. An audit has found staff in Durham make good use of the DDW, making appropriate and timely referrals, seeking advice when planning care and involving them in the discharge process. Anecdotal evidence from community teams suggests staff have more positive attitudes to people with coexisting mental health and substance misuse needs.
- The role enables this client group to access a more holistic approach that complements their medical treatment.
**BACKGROUND**

- The Department of Health (2002) has highlighted a lack of integrated care for people with both mental health and substance misuse needs.
- Barriers to accessing effective care include being passed between services and excluded from mental health provision due to lack of collaboration between mental health service and substance misuse service providers.
- Clients have reported problems related to providers having different philosophies, which led to them adopting conflicting approaches. This often meant clients became confused and disheartened, eventually disengaging from services.

**Football group**

The DDW has set up a football group, which so far has only been taken up by male patients, although female patients are welcome to join if they wish. The group has been immensely popular and an award ceremony was held recently. Patients report that it has increased their confidence and self-esteem, helped them feel fitter and provided an enjoyable social outlet. The group also gives the DDW an opportunity to engage clients in forming a therapeutic alliance in an informal context.

The football group was a finalist in the trust’s recent Making a Difference awards and has secured funding from Unison for a team football strip.

**Meeting forum**

In 2007 the DDW and one of the ward’s dual diagnosis leads set up a group called Making Changes, which meets weekly to provide a forum where inpatients experiencing dual diagnosis can meet and discuss topics affecting them. The group is open to all those who wish to make some kind of change in their lives. Meetings are patient-led and very informal.

Those who attend have a range of complex needs and are constantly searching for extra support to help address these. The group has identified a range of topics to explore and discuss.

**CLINICAL SUPPORT AND DEVELOPMENT SYSTEM**

An important feature of the DDW role is its relationship with other staff and structures. This ensures the post-holder accesses a robust system of support and guidance to provide clear direction and sustain motivation, which is vital in influencing positive changes in culture and practice.

A tiered clinical structure embeds dual diagnosis practice across the locality and provides a support structure for the DDW. Dual diagnosis leads are nominated for each acute inpatient ward, community home treatment team and substance misuse team to support their own team and neighbouring leads in delivering high-quality, patient-focused care for those with dual diagnosis needs.

The DDW attends monthly dual diagnosis clinical supervision sessions consisting of local dual diagnosis leads from a range of settings. Building supportive relationships with other dual diagnosis staff develops closer working alliances and promotes collaborative care planning. Ongoing clinical support relating to dual diagnosis is provided between monthly supervision sessions, using telephone contact with the project lead as required. The DDW works closely with dual diagnosis leads on the inpatient wards, one of whom provides intensive support in the form of advice, information and clinical supervision.

The DDW has access to the local tiered dual diagnosis training structure, which comprises three strands. Awareness-level training is provided for all staff, and enhanced-level training for dual diagnosis leads and other staff working with clients with a high prevalence and severity of dual needs. Bespoke training is also available on request, tailored to the needs of each clinical area.

In addition to accessing such training, the DDW promotes and contributes to it, ensuring staff are aware of the tiered training system and highlighting development needs. The training system includes network events, in-house awareness level training and enhanced level training delivered in partnership with the University of Teesside.

The DDW is also an active member of the Tees, Esk and Wear Valleys dual diagnosis practitioner network, contributing to network events and responding to members’ queries.

**CONCLUSION**

The dual diagnosis therapeutic intervention worker is a new and evolving role within acute mental health inpatient services. So far, we have received positive feedback from patients, carers and professionals, and a preliminary audit supports the view that the role is beneficial. We now plan to evaluate the role more robustly and, as previously stated, plan to roll out the initiative across the trust.