Dublin North, North East,
Recovery College
Dublin City University
Glasnevin
Dublin 9

16/3/23

RE: Witness statement on Dual Diagnosis to sub-committee on mental health

Thank you for the opportunity to speak with the committee today at what seems to be an opportune time in relation to Dual Diagnosis in Ireland, with the imminent launch of the Dual Diagnosis Clinical Programme and a finally released model of care.

I have been involved and/or leading out on Dual Diagnosis servicer development, education, research and community capacity building since 1999 in England and since 2004 in Ireland. I led the first and to date only national study on Dual Diagnosis management in 2004 and have been researching and developing practitioner and community capacity in this area to the present day. With the Dublin North, North East Recovery College and community partners we have been actively developing community capacity to respond to dual diagnosis since 2019.
I am on the National Dual Diagnosis Clinical Programme sub committees for capacity building and evaluation.
I have also attached a brief overview of the role of the Dublin North, North East Recovery College and partners in responding to Dual Diagnosis in the Community

In Sharing the Vision (2020, p.53) Dual Diagnosis is defined as '*the coexistence of mental health problems and significant substance – drug and alcohol – misuse problems in an individual'.*

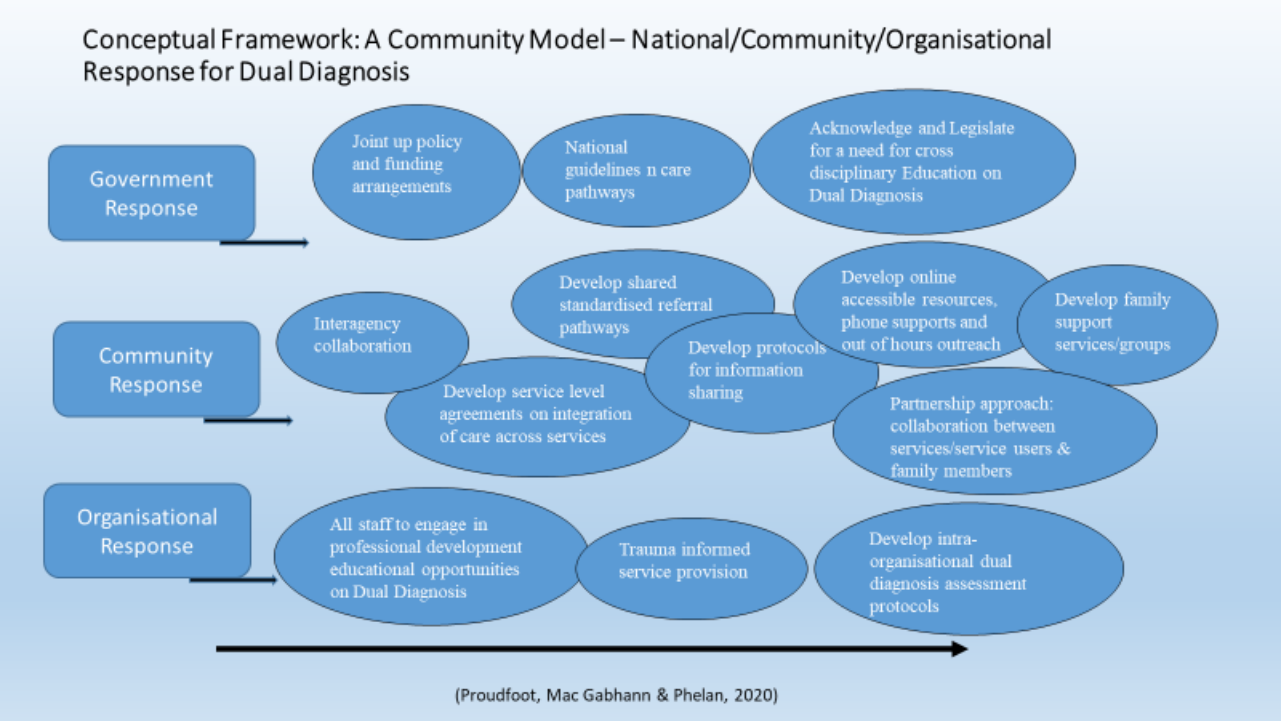
This broad definition is helpful and in keeping with international evidence on how to encompass and respond to all of the people who experience these issues. There are other narrower definitions that are not useful to service development or to service user experiences and to date have historically been used divisively to deny effective systemic treatment to this client group and for service users, serve only to double stigmatise them. However, the narrower medical definition can be helpful where access to specialist services warrant specified criteria. Internationally, the number of people warranting specialist integrated dual diagnosis care is minimal, around 10% of those needing intervention for substance use and mental health problems combined.

We now finally have a policy mandate in *Sharing the Vision* to now respond to people with identified complex needs associated with their Dual Diagnosis. I would like to note here a few points:

- Approx 90% of clients will not need or be able to avail of specialist services identified in the model of care, they will require their needs to be met by generic statutory addictions/mental health teams and community organisations.

- The clients requiring dual diagnosis interventions will not be new, they are already clients of our services, only not yet receiving the care they need.
- We now have a policy mandate, though it is possible that non mental health governed services may now attempt to absolve themselves of responsibility, as has happened before.

We have known the challenges for Dual Diagnosis and the solutions for many years and there is no new evidence to suggest otherwise. In this statement, I purposefully relate to Irish publications, to demonstrate we have our own homegrown evidence that is commensurable with the international evidence. Interestingly, as can be seen from the three sample reports referenced below (HRB, Mental Health Reform & Proudfoot et al.), there is consensus on what we have to do if conservatively 50% of clients using our addiction, mental health and community health and social care services can begin to have their needs met. As an example, and a reminder:



We can see where policy has responded and the Dual Diagnosis model of care has been developed and the clinical programme about to be piloted. We can see where non statutory community organisations with attempts to engage statutory services; have started to collaborate and engage in capacity building to enable community responses to dual diagnosis. Though, little else, as yet.

There are three pilot sites where the New Clinical Programme is to be implemented and much of the focus in these sites is the recruitment of the specialist teams, one minor part of the

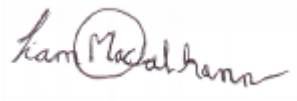
required systemic response to Dual Diagnosis. There is a danger that services will wait for outcomes in a couple of years of these pilot sites and to wait for funding, etc.

Neither is necessary and indeed to wait is to perpetuate continued unmet needs for 50% of our service users, when we know what we have to do. We have already developed and in some cases still providing evidence based dual diagnosis services. We have community networks already engaging in the basic Dual Diagnosis awareness programmes; and we now need all relevant services to engage in a systemic preparedness, for example, following the training needs analysis by the national programme for Dual Diagnosis, ensure that all relevant stakeholders now have access to the required learning processes so they are all equipped to provide an 'open door' with joined up signposting to the required integrated service provision. 'No Wrong Door' does not mean a one stop shop, it means that wherever in a community a person presents and has complex substance use, mental health and other needs, that this door will open the way to integrated care. There are significant structural, cultural, territorial and educational barriers to overcome, all of which can be overcome through engaging in the initial capacity generating possibilities for all relevant service providers and that will take time.

The model of care does not need to wait for pilot sites to report back, remembering we already know what needs to happen. The solutions are already beginning to happen, though they need bolstering, statutory services need to engage more, the resources to respond to 90% of people with dual diagnosis are not insurmountable, given that much of the requirements are to capitalise on whatever is already established and to free up interagency collaboration.

You are hearing today from a person who knows what they need, from a community service that already provides dual diagnosis response and a service who provides the international gold standard approach (case management/ dual diagnosis co-ordinator) to ensuring a systemic response can meet inevitable complex needs. And I hope I have been able to signpost with an overview that the solution is already at hand, though needs a push if we are to respond now effectively to Dual Diagnosis in this land.

Your sincerely



Liam Mac Gabhann
Associate Professor Mental Health Practice
Chairperson, Dublin North, North East Recovery College
www.recoverycollege.ie

Mac Gabhann, L., Scheele, A. & Dunne, T et al (2004) Mental Health and Addiction Services and the Management of Dual Diagnosis in Ireland. Dublin: National Advisory Committee on Drugs
https://www.drugsandalcohol.ie/5908/

Mac Gabhann, L., Moore, A. & Moore, C. (2010) Dual Diagnosis: Evolving policy and practice within the Irish healthcare system. Advances in Dual Diagnosis. 3(3), 17-28
https://www.researchgate.net/publication/254192000_Dual_diagnosis_Evolving_policy_and_practice_within_the_Irish_healthcare_system

Connolly, J Mac Gabhann, L McKeown, O (2015) 'Developing a dual diagnosis service in Cork, Ireland by way of Participatory Action Research (PAR)'. *ADVANCES IN DUAL DIAGNOSIS*, 8 :29-41
https://www.researchgate.net/publication/276383437_Developing_a_dual_diagnosis_service_in_Cork_Ireland_by_way_of_participatory_action_research_PAR

Proudfoot D., M MacGabhann L., & Phelan D. (2019) Dual Diagnosis: A community perspective. School of Nursing, Psychotherapy and Community Health, Dublin City University.
https://doras.dcu.ie/23993/1/DCU-Dual-Diagnosis-A-Community-Perspective-2019.pdf

Minyard K, Manteuffel B, Smith CM, Attell BK, Landers G, Schlanger M and Dore E (2019) Treatment Services for people with co-occurring substance use and mental health problems. A rapid realist synthesis. HRB Drug and Alcohol Evidence Review 6. Dublin: Health Research Board
https://www.hrb.ie/fileadmin/user_upload/HRB_Evidence_Review_Alcohol_and_Evidence_Review_FINAL_PROOF_11.6.19.pdf

Government of Ireland (2020) Sharing the Vision: A Mental Health Policy for Everyone. Dublin: Department of Health. https://www.gov.ie/en/publication/2e46f-sharing-the-vision-a-mental-health-policy-for-everyone/

Mental Health Reform (2022) DUAL RECOVERY: A qualitative exploration of the views of stakeholders working in mental health, substance use and homelessness in Ireland on the barriers to recovery for individuals with a dual diagnosis.
https://www.mentalhealthreform.ie/wp-content/uploads/2022/05/Dual-Recovery-Full-Report.pdf