



## **Opening Statement to Oireachtas Sub-Committee for Mental Health**

**21<sup>st</sup> March 2023**

Thank you for the opportunity to speak today and to address members of the sub-committee for Mental Health.

My name is Sarah McGillivary, and I am the Team Leader for Chrysalis Community Drug Project. Chrysalis has been providing harm reduction support and care to thousands of people negatively affected by substance use since 1998, in the North Inner City. Chrysalis offers a Case Management service, Counselling service and Therapeutic groups. All our programmes are open to men and women over the age of 18 living in Dublin 1 (NEIC) and Dublin 7. Our treatment programmes at Chrysalis are client focused and client led. We believe in recovery for all, and we believe recovery does and should look different for everyone, advocating for individualised treatment plans.

By request of HSE we expanded our service to the North East Inner City in 2019 this saw us develop community teams and clinical Case Management teams in OST CHO9. We recognised the emerging need for support of Dual Diagnosis with our service users. This has been a constant undercurrent which services have for a very long time worked with informally.

To explain: The Framework of Case Management working with Dual Diagnosis does not mean we work beyond our limitations as Case Managers. In practice it permits a platform of onward referral pathways to ensure access to the appropriate service. It is a process that supports and encourages people who use substances at each stage of their cycle of behavioural change. It can only be effectively delivered through an interagency approach. The benefits of Case Management as a model: it permits scope for personalised service, continuity of care, improved recording, high level of accountability and regular reviews. The approach of Case Management working with Dual Diagnosis for us is an obvious position to take. We have been working this model alongside psychiatric services since 2020 and the evidence from our practice is: It limits the possibility of individuals becoming lost in the system or overwhelmed in the system. It supports and advocates the needs of the individual; it ensures timely follow ups, and it promotes



service user autonomy in treatment. Overall, the Case Manager is the person responsible for ensuring any identified blocks or barriers to adequate care are addressed or alternative routes are taken.

The role of Case Manager requires a high level of specific skills coupled with ongoing continuing professional support and development. These skills warrant acknowledgment and appropriate remuneration. They are professionals in their area of expertise, there is high level of accountability for this type of work. Moreover, there is a considerable difference in pay scales for the same role in voluntary VS statutory services. To maintain a proficient service delivery, we find it challenging to retain Case Managers with the relevant experience as financially we are not able to offer salaries matching that of their counterparts. We have noted our staff are receiving approx. 20% less than their counterparts in statutory services. This is extremely problematic as it impacts our service delivery, continuity of care which ultimately is disruptive to our service users.

Services like Chrysalis and others have effectively been treating Dual Diagnosis for many years. Going forward it makes sense to further invest in existing resources and services currently working within this remit to finetune the reach and effectiveness of the service. If there is anything to take from our practice it is addiction and mental health issues do not discriminate based on postcodes and therefore and most importantly to conclude, we hope the mantra of 'no wrong door' driven by the National Programme for Dual Diagnosis is afforded to all and not just those lucky enough to gain access to specialised residential Dual Diagnosis care.

Thanks for your time on this matter and I welcome questions from the committee.

Sarah McGillivray

Team Leader

Chrysalis Community Drug Project