

# Research Study Summary: Dual Diagnosis Community Inquiry

January–September 2019

## Introduction

Dual Diagnosis as a term is often used interchangeably with others. Garbare (2015) refers to the term dual diagnosis being interchangeably used in practice and literature with other terms including co-morbidity & concurrent disorders (Expert Group on Mental Health Policy, 2006; Department of Health, 2009, 2017). In particular it has continued to be used in relation to substance use and mental health difficulties, despite the very medical connotations of the term. Arguably by adopting a branded term it carries a visibility that perhaps other more suitable terminology, such as ‘complex needs’ does not presently have in the relevant literature and practice contexts. Equally, Dual Diagnosis continues to be used in mental health, substance use and addiction policy documentation in Ireland. A composite definition based on international literature was adopted to the Irish context in 2004 and as it remains contextually relevant today will be adopted for this study.

Dual Diagnosis can be described as the “Co-existence of both Mental Health and Substance Misuse Problems for an individual” (Mac Gabhann et al. 2004). The predominate challenge in the Irish context for people with a dual diagnosis is the almost complete lack of co-ordinated service provision for those experiencing mental health and substance misuse problems, with separate government departments, policy and service provision/orientation (Mac Gabhann et al. 2010). Despite the known high prevalence rates of dual diagnosis in both populations and challenges with separate service cultures and treatment protocols, there have been few attempts to provide an integrated approach to people with dual diagnosis in Ireland (Connolly et al. 2015).

Policy and strategic service development has consistently omitted to identify how and what services will address the increasing problem of dual diagnosis in Ireland. However, in 2017 the HSE set up a steering group and clinical lead within mental health services for the development and implementation of a clinical programme to address dual diagnosis (DOH 2017). The outcome of this development process remains imminent and it is expected that a clinical programme will be ready for implementation within the next 12 months. The impact of dual diagnosis can be wide ranging due to the lack of established service provision, it affects an individual, their families and the communities they live in. Finglas Addiction Support Team (FAST) as a community addiction service often has to respond to the dual diagnosis needs of their clients.

FAST is a community based support service for those affected by substance misuse and mental health issues. A key strategic priority for FAST is to develop recovery focused integrated care pathways to better meet the needs of clients presenting with dual diagnosis (Mc Crann, 2017). FAST advocate for people with mental health and addiction issues to access the appropriate treatment when they initially present. ‘To put it in the simplest terms, if someone has multiple problems you make treatment more difficult by treating each problem in isolation’ (Fr Peter McVerry). Numerous

FAST clients would benefit from a Dual Diagnosis service, facilitating clients to be assessed and treated simultaneously in one location.

## Research Design

The focus of this inquiry is within the community of Finglas/Cabra, Dublin and on the needs of community stakeholders in relation to dual diagnosis in this area. As the research will be with stakeholders, as opposed to be about them; and the research is expected to transform the community under observation, a Community Participatory Action methodology (PAR) is proposed as the most effective approach to address the research aim (Reason & Bradbury 2008; Connolly et al. 2015). This approach involves working with the people in the system as co-participants in the inquiry with a view to transforming that system from within as a principal focus of the research process itself.

**Research Aim:** To conduct a community stakeholder needs analysis and service response to people with dual diagnosis in Finglas/Cabra.

The research aim will be met through the following study objectives:

1. A targeted literature review of effective needs based community services in Ireland and other similar jurisdictions.
2. An exploration of community experience, knowledge, capacity and resources to respond to people with dual diagnosis in their community.
3. Investigate the experiences of people with dual diagnosis and their unmet needs from statutory and other community services/agencies.
4. Exploration of the wider impact of dual diagnosis on the community/families/local statutory and non-statutory organisations.
5. Identification of ways/service developments that will better support those who are experiencing/affected by dual diagnosis.

## Methods

*The study will take place over two Action Research cycles over a nine month period. A community research group will be established comprising a range of stakeholders across the community, representative of service users, family members and service providers. This group will oversee the research process. Whilst a predetermined process is not advised until the community research group devise and agree this, an initial framework is necessary to establish how the aim of the inquiry might be met. Following and during each cycle of the project suggested changes/service developments can be progressed/implemented in consultation with the community and funding partner.*

### **Cycle 1**

1. Community research group established

2. Targeted literature review completed
3. Convening Open Dialogue Conference comprising community stakeholders

### ***Cycle 2***

4. Three focus group interviews with designated stakeholders including service users, families & friends, providers (statutory and non-statutory)
5. Convening Open Dialogue Conference comprising community stakeholders
6. Final report.

### **Project research team**

- Community Research Group
- **FAST** Ms Barbara Condon & Mr Paul Jordan
- **DCU** Dr Denise Proudfoot and Dr Liam Mac Gabhann & Mr Daniel Phelan, Research Assistant.

## References

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