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## **A look at the Mental Health Strategy**

**Louise Walsh**

The importance of good local drug and alcohol services working in partnership or in conjunction with mental health services are called for in the Mental Health Strategy. Understandably links are made between emotional problems and increased risk of substance misuse with those most at risk said to often display early behavioural problems.

*'behavioural problems...frequently start early in life. For young people, emotional and behavioral disorders are associated with an increased risk of experimentation with, misuse of and dependence on drugs and alcohol.'*

The need for dual diagnosis services is further clarified, *'It is important that the appropriate services are available locally in the right settings including the provision of fully integrated care, when this is appropriate, to meet this breadth of need. The Government will continue to actively promote and support improvements in commissioning and service provision for this group, their families and carers.'* Therefore sound dual diagnosis service /established referral pathways and effective partnerships are to be encouraged. The strategy, *No Health without mental health* can be found here: [www.dh.gov.uk/en/Healthcare/Mentalhealth/MentalHealthStrategy/index.htm](http://www.dh.gov.uk/en/Healthcare/Mentalhealth/MentalHealthStrategy/index.htm)

## **Supporting People and Progress to Work**

**eATA** is seeking your views, experiences and stories on 2 subjects:

Firstly we would like to know of any members who are experiencing or have good stories to tell about the changes to the Supporting People funding regime. This funding underpins many services for substance misusers and, while it has not been cut as severely as some other areas, it is no longer ring fenced in Local Authorities budgets. We are particularly interested to hear about changes in availability of supported housing (or housing related support) to substance misusers exiting treatment.

We will use the information forwarded in discussions with Government about the way in which our client group is being affected by changes in Supporting People.

Secondly we know that some members have been providers within Progress2 Work service, commissioned by Job Centre Plus. This scheme involved an element of payment by results and we would like to know if working on these schemes has given members insight into the pros and cons of working in payment by results. We will then share that learning with other members. It will also be invaluable in our discussion with the Department of Health about the PbR pilots. Please send your responses to: Bill's email: [billp@eata.org.uk](mailto:billp@eata.org.uk) (or see address footnote page 3)

## Featured Article

### **Whole Person Recovery: A user-centered systems approach to problem drug use**

**Nina Elizonndo, eATA Intern**

This RSA report examines the impact and effects of the Whole Person Recovery Project. The project was formed by a partnership between the West Sussex Drug and Alcohol Action Team and the RSA, and involved over 200 current and former alcohol and drug users. Its aim was to understand from a holistic perspective the way in which problematic drug and alcohol abusers become trapped in cycles of addiction, what factors help or hinder their recovery, and how this recovery can be sustained for the long term.

The diagrams and flow charts contained in the report outline the cycles of addiction, problems or motivators which would hinder or help one achieve recovery, and other issues an individual faces in recovering or in becoming abstinent. The report suggests involving drug and alcohol dependent people in the design of recovery services. This would likely improve the system as recovering drug and alcohol dependent people would be able to say which methods they find effective, and the recovery techniques could be more user-centered and individually tailored. This report also highlights how more power is being given to communities and smaller organizations, rather than larger, usually government controlled institutions, which could also make recovery more user-centered.

An important aspect which is highlighted is the effect of social stigma and how it can hinder recovery.

A suggestion was to incorporate drug issues into mainstream health policy, as this would help reduce the social stigma attached to drug abuse and recovery. This report goes on to say how there is a lack of individual representation in the drug field, as recovering drug and alcohol dependents are not a homogenous group, and how a user-centered approach could help to remedy this.

The importance of family and one's social networks is detailed, with an emphasis on how they can be either beneficial in helping an individual recover, or actually be the reason why someone had drug problems in the first place. The phenomenon of 'contagious recovery' is mentioned to show that the environment affects how quickly someone can recover from drug or alcohol dependence. The report concluded that social and emotional support was a necessary and beneficial part of recovery, and that if an individual feels they can relate to or talk to the staff or facilitators, they will recover sooner.

This report is significant because it shows how important individually tailored recovery methods are, and how important the recovery environment is for someone attempting to stop their drug or alcohol dependence. The essential message of this report is that if an individual who is seeking recovery is supported by the people around them and the recovery plan is suited to their needs and character, recovery will be more long-term and more successful.

The whole report can be found here;

[http://www.thersa.org/\\_data/assets/pdf\\_file/0011/362099/RSA-Whole-Person-Recovery-report.pdf](http://www.thersa.org/_data/assets/pdf_file/0011/362099/RSA-Whole-Person-Recovery-report.pdf)

## Healthy Lives, Healthy People: Transparency in Outcomes

Erin Iglewski, eATA Intern

On 20 December 2010 the Department of Health released a consultation document entitled “Healthy Lives, Healthy People: Transparency in Outcomes” which parallels the public health white paper issued in November. The objective of the consultation is to outline the measuring indicators for the proposals set out in the white paper in order to determine the most efficient ways of measuring the success of healthcare treatments. Additionally, the consultation hopes to elicit responses from the public health sector and local communities on the best ways to gather, share and interpret findings.

Issues regarding the misuse of drugs and alcohol will primarily be tackled under domain three of the framework, “Health Improvement: Helping people to live healthy lifestyles and make healthy choices.” The proposed indicators for domain three will help track the impact of national and local actions in order to measure the success rates in the reduction of harm and disease based on lifestyle choices. With regard to drugs and alcohol misuse, proposed indicators of measuring the success of new healthcare proposals include monitoring the rate of hospital admissions per 100,000 due to alcohol related harm, as well as monitoring the number of individuals leaving drug treatment programmes free of dependence.

The report calls for participation from treatment agencies in order to ensure that the outcome framework will be successful throughout the nation. Input regarding the inclusion and exclusion of indicators, the improvement of listed indicators and comments regarding how well the indicators will promote a life-course approach to public health will be considered and evaluated in order to improve the nature of the consultation.

The Department of Health would like assistance in shaping this framework further and in particular to refine and clarify the indicators. The closing date for the consultation is 31 March 2011. You can contribute to the consultation by emailing comments to [publichealthengland@dh.gsi.gov.uk](mailto:publichealthengland@dh.gsi.gov.uk)

The full consultation can be found here:

[http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH\\_122962](http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_122962)

***Anything else you would like us to include?***

**This Policy Briefing is designed with our members in mind; if there is some area of policy you feel is relevant and we have overlooked, we'd love to hear from you.**

Email our office intern with any comments or questions:

[volunteer@eata.org.uk](mailto:volunteer@eata.org.uk)

**Look for our next issue to come in April.**

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