Background

- Co-Occurring Disorders (COD) = Substance Misuse + Mental Health Problems
- COD - now more the norm than the exception
  - presents many challenges to health care professionals and services
  - is difficult to treat
  - has poorer outcomes

Prior to Integrated Treatment Programmes

Service Priorities in Mental Health Division Operational Plan 2015

- To design integrated evidence-based, recovery-focused services
- To design and establish two additional clinical programmes informed by emerging models
- To develop and agree processes for integrated working within the mental health service sub-specialties, and with the other divisions.

Clear consensus that integration between mental health and addiction services is sorely needed and long overdue.

It is clear from National Protocols and Policy Informing Documents governing both services that:
- Working in accordance with the concept of recovery, empathy and engaging in evidence-based practice with the service user at the centre, is critical to effective treatment.
- There is great emphasis on working together across sectors of care and integrating services to better meet the needs of the individuals with complex clinical presentations.

Method

Plan and engage in a participatory action research project (PAR)

- Why use PAR?
  1. To engage in recovery-oriented research
  2. To facilitate real change
  3. To achieve empowerment of those involved

Identify and engage stakeholders in conversation:

- Addiction counsellor/psychotherapist in mental health
- General adult psychiatrist
- MWRDAF co-ordinator
- Clinical Lead Mid-West Drug and Alcohol Services
- Service users
- Family members

Establish common interests and shared values between stakeholders through reflection:

1. Providing and advancing recovery-oriented services and person-centred care
2. Engaging in evidence-based practice
3. Developing formal links and joint protocols between services
4. Formalise service user involvement

Decide on appropriate actions:

1. Develop, pilot, and evaluate an integrated, motivational and recovery-focused group programme
2. Hold focus groups with service users/families
3. Enhance competency and knowledge of issues related to COD among staff and service users in MH and addiction services
4. Collaboratively develop a proposed service model for an integrated, recovery-oriented co-occurring treatment resource

Conclusion

A collaborative partnership was established and a proposed service model was agreed on above stakeholders from mental health and addiction services, by means of improved communication and identification of "common grounds" through the Recovery Concept

PAR provided an excellent organisational framework

- We believe the "No Wrong Door" project has moved us closer towards integrating care for people with COD and complex needs in the Mid-West
- We hope to further develop integrated care pathways towards full service-level integration
- For this we would need the direction or shared distribution of funding and an agreed Clinical Governance structure likely to require commitment from HSE on a National Level
- We call for the Integration of Mental Health and Addiction Services for people with

References

- Concerning the Irish Government’s National Strategy to Reduce Suicide 2015
- Collaborative Partnerships
- "No Wrong Door" Project Report (2012)