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**DUAL DIAGNOSIS STRATEGY**

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**Responsible Cabinet Member(s) - Councillor Bryan Thistlethwaite, Adult Services Portfolio**

**Responsible Director(s) – Cliff Brown, Director of Community Services**

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**Purpose of Report**

1. To inform Members of the development of the County Durham, Darlington and Easington Dual Diagnosis Strategy and to seek ratification of the Strategy so that it can be implemented in Darlington.

**Information and Analysis**

2. As part of the National Service Framework for Mental Health (1999) the Department of Health highlighted the need to develop a dual diagnosis strategy to meet standards relating to mental health promotion, care of those with severe mental illness and preventing suicide.
3. In 2002, the Department of Health published the ‘Dual Diagnosis Good Practice Guide’, providing a framework to help strengthen services. This document advises services to view dual diagnosis as ‘Usual rather than exceptional’.
4. ‘Dual Diagnosis’ refers to:- “An individual with concurrent needs arising out of their mental disorder or learning disability and their substance misuse.” (Dual Diagnosis Project Team 2002.)
5. In response to this guidance, a local Project Team was established. This group consisted of members from key organisations and service providers, including members of the Dual Diagnosis Sub Group, which had been previously established through the Drug Action Team.
6. The Project Team held consultation events in 2002 and 2003 in order to share their work to date and plan the way forward for the development of the strategy.
7. In 2004, County Durham and Tees Valley Health Authority conducted a review of specialist mental health and learning disability services, making 33 recommendations relating to Dual Diagnosis.

8. A Project Manager for Dual Diagnosis based within Priority Services NHS Trust was appointed initially for 1 year commencing March 2004 to continue the work of the Project Team. Funding was then secured to extend the project until 2007. This project focused on working age adults and their access to mental health and substance misuse services. The Project Team then further developed to become the Steering Group for the development of the Strategy. *(The list of Project Team and Steering Group members is attached at Appendix 1.)*
9. Although the dual diagnosis guidance refers to ‘diagnosis’ it is vital that the focus is on the needs of people with problems relating to their mental health, learning disability and substance misuse. It is important to view such need as a ‘thread’ running through the service provision, rather than a separate element of service delivery.
10. While the scope of this project and subsequent strategy focuses on services for working age adults, it is clear that substance use problems are an issue for users, their carers and providers representing a wide range of other services.
11. Other service users affected include; children and adolescents, young substance users, people involved with the criminal justice system, older people and those with learning disability.
12. The attached strategy sets out the agenda for ensuring that people with Dual Diagnosis have access to effective services that respond to their complex and changing needs across age ranges and services.
13. People with dual needs experience problems in many different ways and may require different services to help them. This Strategy suggests ways to help providers continue to work with their service users while responding to their substance misuse needs.
14. The strategy is attached as **Appendix 1**.

### **Outcome of Consultation**

15. A detailed consultation relating to the development of this strategy was undertaken across County Durham, Darlington and Easington. Details of this consultation are attached as **Appendix 2**.

### **Legal Implications**

16. This report has been considered by the Borough Solicitor for legal implications in accordance with the Council's approved procedures. There are no issues which the Borough Solicitor considers need to be brought to the specific attention of Members, other than those highlighted in the report.

## **Section 17 of the Crime and Disorder Act 1998**

17. The contents of this report have been considered in the context of the requirements placed on the Council by Section 17 of the Crime and Disorder Act 1998, namely, the duty on the Council to exercise its functions with due regard to the likely effect of the exercise of those functions on, and the need to do all that it reasonably can to prevent, crime and disorder in its area. It is not considered that the contents of this report have any such effect.

## **Council Policy Framework**

18. The issues contained within this report represents a change to the Council's policy framework

## **Recommendation**

19. It is recommended that Members receive and ratify the implementation of the County Durham, Darlington and Easington Dual Diagnosis Strategy.

## **Reasons**

20. The recommendation is supported by the following reasons: -
- (a) The Dual Diagnosis Strategy has been developed on a wide partnership basis with a significant level of local consultation.
  - (b) Ratification and implementation of the strategy will assist the Council to meet the requirements of the National Service Framework Mental Health and associated health and social care frameworks.

**Cliff Brown**  
**Director of Community Services**

## **Background Papers**

County Durham & Tees Valley Strategic Health Authority (2004) Specialist Mental Health and Specialist Learning Disability Review. CDTVHA.  
Department of Health (1999) The National Service Framework for Mental Health. DoH. London.  
Department of Health (2002) Mental Health Policy Implementation Guide; Dual Diagnosis Good Practice Guide. DoH.  
Department of Health (2004) The National Service Framework for Mental Health – 5 Years On. DoH. London.

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