

## **Formal Consultation on the Alcohol and Substance Misuse Report**

Detailed written comments revealed concerns about the Consultation process for 2 of the groups of people who we particularly addressed within the report. The first of these was Young People, particularly people under the age of 18. The second set of representations involved people with severe and enduring Mental Illness and concurrent Substance Misuse problems. In both cases we have attempted to address concerns by the process of “focus groups” where detailed comments on the documents and in particular the relevant Chapters was sought.

In the case of Young People, comments and presentations had already been received from invited Young People with Substance Misuse issues to the full committee of the Alcohol and Substance Misuse Working Committee. Following publication of the draft document in May 2005 the Chapter, series of recommendations and the Annexe regarding Young People was issued to a focus group of young current service users within the 18 – 25 years age group. The following results refer to a focus group from which detailed individual written comments were received. This section also includes a report from an outside organisation regarding progress of one such service user.

### **Consultation with Young Service Users**

Counselling derived from a focus group with young people aged 18 – 25. Comments were invited specifically on the young people’s chapter (Chapter 8) as part of the formal consultation process. Detailed written comments were received by 4 participants and are included here. Input from other organisations e.g. the Princes Trust, is valued and enriching for young people as they attempt to rehabilitate. One report is included:

#### **Participant 1:**

“To work on the interests of the young people i.e. music, sport, etc.  
To show that fun can be had without substance abuse – other agencies could help.  
Alcohol can be acquired easily by young people. Measures to stop this could be brought in - community awareness, social drinking.  
Young people can be written off by being given a label and being treated as the label states – social stigma.  
Some of the young people use substances to cope with disabilities, other measures to help them cope, more services, a unit to show young people life skills - cooking, cleaning, budgeting etc.  
The family of the young person also need to be addressed and educated on dealing with young people with problems.  
The 18 –25 year old group is still a high risk, funding should be going to them as well. “

Participant 2:

“As a young Cannabis user, isolating myself from others made it more difficult to communicate. It would be useful to have some peer group / youth facilities to encourage team building, sharing experiences, basic interactions with others in a similar position.

Alcohol can be influenced by loneliness, depression, past traumas, or different types of abuse.

After attending hospital so many times it got to the point where each time I was there, everyone was getting to know me and I got the feeling they were sick of seeing me and made me feel a burden.

Possible ID Cards to be produced before an alcoholic drink is served to young person.”

Participant 3:

“I seen on TV. that under 18’s have no provision to look after them like Shaftesbury hospital and I was shocked. I would say at that age they need the most support, that’s when I and most of the people I know started.

I think we need to research in to the reasons that so many people take drugs. Is the problem society?

I think rebelling is part of growing up. I think we need to accept that, but use it in a positive way to address social issues [in] this country, poverty, racial / sectarian issues.

I think young people need a place where they can be taught life skills cause not all of them are taught that at home or if they are having problems at home or with their life.

Maybe some education for the parents.”

#### Participant 4:

“Children can be given a voice – so hard to talk to parents (shame, secrets). In group session young person is GIVEN A VOICE and can say stuff that they couldn't otherwise express (in home, fear, lack of self-esteem etc) e.g. Family Therapy. I had a 2:1 session with my mum and key worker and it turned out positive. I had power for the first time.

Achievements – increase in self-esteem and worth.

Interests / Hobbies

Awareness – on life, people, peers, drink and drugs

TALK

Definitely need separate places (inpatients and out patients) for younger people. Totally unfair the way it is now. I've seen a 14 year old in Holywell – he was terrified, too young to be there, he was sent to Ward 12 (lock up) because he was considered dangerous – but he was like a wee lamb, out of his depth. He was unapproachable even by patients, through fear! This disgusted me!

My parents chose to ignore (couldn't deal with) my rebellion (drink at age 14, drugs at 15, daily drugs at age 17) so it only came out when went through cold turkey. Still denied it.

When I listen to young people who have awareness and have learnt, it blows me away and gives me goose bumps – so happy! Cos I know my awareness was so poor and I was so naïve – I learned the hard way and didn't go for help until I was 24.

I have been written off before – refused treatment because I'd been in hospital several times already for Heroin detox. Waiting lists are awful – I know people (friends) who've died waiting – OD's. I've tried to commit suicide and have OD'd accidentally. The later time I was rushed to hospital and kept in overnight – it was awful the way I was treated by nurses, doctors, consultant.... I was spoken to like a 3-year-old scumbag.

Stereotype: skeghead / junkie / self-inflected – but there were many reasons why I took it and needed counselling and personal development.”

### The Prince's Trust Sound Live:

A report on a student by a tutor from the Princes Trust Sound Live. The experience and the feedback have both greatly enriched this young musician.

#### Musical Development (- please give specific examples)

1. *Assessment of abilities on joining the course:*

X is a very talented guitarist, with excellent timing and technique, and a passion for music.

2. *Specific areas of musical development covered during the week:*

Song writing, arranging, chord construction, solo playing and a positive vibe with other people.

3. *Assessment of musical development during the week:*

X is a natural musician, and always willing to try new styles and forms of music, which is a great ability for any musician.

4. *Suggestions for future development:*

Keep writing and playing as much as possible in as many different musical contexts as possible. Your attitude is positive and inspiring to others around you.

#### Personal Development (- please give specific examples)

1. *Comment on the young persons general participation during the week:*

Fantastic input all week, with great ideas and a very positive input with everyone. Inspired others around you.

2. *Comment on development of the following skills:*

<i>Communication:</i>	Excellent
<i>Team Working:</i>	Excellent throughout
<i>Motivation and commitment:</i>	Again, excellent throughout

3. *Please comment on any particular areas of development noticed this week:*

X has immense talent, and passion for playing and has a friendly positive attitude with other people. Good luck with your bands X, well done and the best of luck for the future!

## Dual Diagnosis

Individual comments had been sought and received from people with a dual diagnosis of severe and enduring Mental Health problems and problems with Alcohol or illicit Drugs. Although we did receive such individual responses, several of the consultation responses, particularly within the process of the review showed concern about the consultation exercise carried out with this group of people. This was a group of people that was difficult to access except through individual case workers and for that reason a facilitated focus group had not been carried out. The service users representatives on the Mental Health Review kindly offered to facilitate a focus group in an appropriate group of individuals. The results of such a focus group consisting of 6 women is reported below. The questions listed were facilitated by a member of the service users group.

1. (Screening Question) Do you have both a mental health problem and problems with alcohol or illicit drugs?

*6 answered*

*6 said yes.*

2. Have you ever been excluded from treatment at an Addiction Service because of your mental health problems?

*6 answered*

*3 said never*

*2 said no – 1 very hesitant who then withdrew from answering although she stayed with the group.*

*1 said no – but they wanted me off all medication for my mental health problems. They wanted me in reality.*

3. Which of the services (Mental Health or Addictions) would you prefer to manage your own problems?

*5 answered*

*4 Mental Health - does a lot more for me.*

*- better qualified*

*- Alcohol services very religious and moral.*

*- Alcohol services kept my benefits then everything got messed up and I had to get crisis loans for ages.*

*2 people had no contact with Addictions Services*

*1 probably Mental Health – if Mental Health problems are being dealt with then the alcohol problems are lessened.*

4. There are 3 “models” of service delivery for people with serious mental health and addiction problems:
- (i) Serial Treatment Services – you attend mental health services and then are referred to addiction services for a time, and are referred back to mental health later.
  - (ii) Parallel Treatment Services – you attend both services, depending on your needs at that time, requiring very good liaison between staff in both services.
  - (iii) Integrated Services – this is a very specialised service which manages the whole spectrum of needs for a very small group of the most severely affected people with mental health problems and addiction issues. It would be a separate service with its own staff of mental health workers who are experts in both mental health and addiction problems.

As a service user have you a preference for one of these models and why?

*5 answered.*

- 5 chose (iii) Integrated Services*
- *Both working together would be very good.*
  - *The workers would be all together and they would know us and how we are at the time.*
  - *It would make more sense.*
  - *More helpful to us.*
  - *They would address alcohol and mental health in the same sessions.*
  - *Teams from Mental Health and Addictions would get to know each other and learn from each other.*
  - *Both would know what hurt we're going through.*
  - *Not to have to tell the same story over and over to different people.*
  - *Psychotherapy is good.*
  - *Lock up is no good.*

5. Examples of exclusions and views about service delivery would be exceptionally valuable.

*No examples given.*

*2 quite happy with their situation now and the services (not named).*

*1 mentioned that “government places” were better. There was agreement from 2 others.*

*1 said that Ward 15 in Downpatrick was very good and helped.*

*1 said a Dr Moorehead was very good.*