



15 January 2003

SU/DoH Consultation
Room 4.6
Admiralty Arch
The Mall
London SW1A 2WH

Dear Sirs,

National Alcohol Harm Reduction Strategy

1. Thank you for the opportunity to comment on the National Alcohol Harm Reduction Strategy.

MACA

2. Maca is a national community mental health charity serving people with mental health needs and their carers. We run some 90 projects and employ 900 staff. We work in partnership with health and local authorities, criminal justice agencies, housing associations, voluntary and other independent sector providers to deliver a wide range of community and hospital-based services. These include employment training, alongside advocacy services, assertive outreach, community support, drop-ins and social clubs, forensic services, respite for carers and supported housing.

Consultation document

3. In developing the principles which should underlie the strategy, on page 5, at (ii), there is a reference to "health: prevention, treatment and the impact on the NHS". The headline principle on health should spell out that this applies both to physical and mental health, given the very strong links between alcohol misuse and mental health problems.

Our comments are broadly concentrated in response to Questions 22, 37, 38 and 39.

22. What are the links between alcohol misuse and mental health problems, including depression and suicide? How are services – both those aimed at prevention and treatment – best coordinated?

Partners in Mental Health

MACA (The Mental After Care Association)

PRESIDENT The Rt Hon Earl Cairns CBE CHAIR Julia Ross CHIEF EXECUTIVE Gil Hitchon HON TREASURER Richard Kirby

37. What other groups would you identify as particularly at risk and vulnerable to the harmful effect of alcohol?

38. Those who are vulnerable to the consequences of alcohol misuse often have complex problems..... What key factors need to be understood in addition to alcohol use that contribute to maintaining the problems facing such groups? Which of these factors should interventions be aimed at.

39. How can the services provided by the state and others to vulnerable groups with complex problems be joined up most effectively?

4. Attached at Annex A are summaries of some pieces of research that demonstrate links between alcohol misuse and mental health problems.

The co-ordination of services

5. Our comments are based on MACA's experience of providing both frontline community support and residential services to people with complex needs (ie substance misuse and mental health problems - for instance, the majority of service users in our community support substance abuse scheme in Suffolk demonstrate symptoms of a mental health problem).

6. There is undoubtedly a problem in many areas with specialist services having a "tunnel vision" when it comes to clients with complex needs. A mental health service may refuse to take on a person because they have a drink problem. By the same token, an alcohol misuse service may refuse to take on the same person because they have a mental health problem. The pressure on services, lack of resources and training of specialist staff encourage this. The personal experience of a mental health service user with a "dual diagnosis" (manic depression and alcohol/substance misuse), who is also a MACA Trustee, very vividly demonstrates this problem, and is attached at Annex B.

7. In our experience, "joined-up services" (help to individuals from a range of services including mental and physical health, social care, housing, benefits etc) can be evident more in principle than in practice. As an example, in one project where we provide support for people with mental health and substance misuse problems we have great difficulty in establishing joined-up working to prevent a critical incident where we feel there is a high risk. *After* such an incident, it is very easy to get a joined-up response.

8. The following comment on joined-up working came from the project manager of one of MACA's community support services. "My senior team and I discussed this. Unfortunately between us we could not recall one instance of successful joined-up working. The mental health Care Programme Approach (CPA) came close, however it fails properly to address issues surrounding dual

diagnosis. Locally no one agency seems to take the responsibility for service users with complex needs - "passing the buck" springs to mind. Joined-up working needs local champions."

9. Although practice varies from one area to another, there can be poor communication between services. It is not unusual for one of our clients, along with a member of our staff, to have to attend separate meetings on, say, alcohol misuse, mental health problems and housing issues (where they might receive conflicting advice) rather than all of those issues being dealt with by a range of specialists at one meeting, where the client's needs can be considered in the round. It is a case of services putting their priorities before those of the user of the service.

10. We have found that people with mental health problems in addition to alcohol and/or drug misuse problems can get left at the bottom of the pile of priorities due to their "difficulty". Exceptions might only be when in individual cases there is a serious forensic or physical health risk (such as an attack on a member of the public, a risk of suicide or someone's liver failing).

Recommendations for the Strategy

11. We believe the Strategy needs a substantial section on the issue of complex needs. We set out below our recommendations to be made in respect of the significant number of people with complex needs.

- Statutory services do not always recognise the experience and expertise provided by the voluntary sector in supporting people with complex needs – or even that such services exist in their area. They should undertake regular mapping exercises to ensure they are aware of all agencies that can be involved in joined-up working to support people with complex needs.
- Funding for the voluntary sector can often be on an insecure year-by-year basis, and can be withdrawn for financial reasons not linked to the service, regardless of how good a service is being provided. Statutory sector services, which do not have this problem, can understandably find it difficult and frustrating to maintain a relationship with agencies that may not exist the following year. The answer is clearly to make funding of voluntary sector services longer-term and more secure. In addition, it would be a significant step forward if funding streams were better joined up, so that money at present allocated by, for example, the Home Office, the Department of Health, local authorities and Primary Care Trusts were amalgamated in respect of commissioning services for people with complex needs.
- We would like to see Primary Care Trusts (PCTs) taking on responsibility for commissioning integrated services for people with mental health and substance misuse problems. The arrival of PCTs as major spenders of

health service money is an opportunity to rethink how joined-up services are best provided and to overcome traditional restrictive boundaries on service provision.

- Staff who provide care and support for people with complex needs must receive appropriate training in both mental health and substance misuse issues. This does not mean they cannot become specialists in one area or the other. But it does mean that when dealing with a client who clearly has a wide range of problems they can make an informed judgement about the best whole "package care" for that person, and refer them to the appropriate services. When working together, clearly identified roles foster a shared commitment to achieve a common goal/objective and maintain continuous dialogue and review. Clear overall responsibility lying with one key worker and one body is also necessary.
- Better training of staff across specialist boundaries will also help tackle difficulties we have come across with staff in other agencies who can be very judgemental about the lifestyles that some clients lead. We do not believe this is an appropriate attitude to adopt when providing support for this client group.
- To some extent, the defensiveness of agencies in refusing to take on clients with complex needs is understandable because of the sheer pressure of their caseloads. There is undoubtedly a huge unmet need in respect of services for people with complex needs. Simply having more staff trained in both alcohol and mental health support would be a major step forward and would help to discourage agencies from adopting a "tunnel vision".

Good practice model

12. Despite the problems we do often encounter above, there are areas where multi-agency care jointly addressing issues of mental health and alcohol abuse work well. MACA is involved on two such projects in Basingstoke (the Basingstoke ReachOut project) and in London (the From Dependency to Work (D2W) Programme). Details of these are set out in Annex C.

Forensic issues

13. Attached at Annex D are summaries of research around the issue of mental health, substance misuse and acts of violence. These demonstrate clearly the need for the Strategy to include action which will tackle the problem of people with complex needs and ensure as far as possible the protection of the individuals concerned and other members of the public through the provision of good quality, joined-up, holistic services.



Prisoners as a vulnerable group

14. It may be difficult to conceive of prisoners as a "vulnerable group" (Question 37) in relation to alcohol misuse, as alcohol is not available in prisons. But attached at Annex E are summaries of research demonstrating the prevalence of mental health and substance misuse problems among prisoners.

15. The Strategy needs to recognise the high prevalence of alcohol misuse by many people prior to going to prison, and after release, and that most prisoners return to the community after only a relatively short time – either to the same environment in which they misused alcohol previously or a situation which has worsened because of homelessness, job loss, family breakdown or a combination of any of these three. The Strategy therefore needs very clearly to include the education of prisoners, as a vulnerable group, about alcohol misuse. This would include an element of education and information about mental health, and the correlation between the two, given many prisoners are known to have complex needs.

Support and information for families

16. The Strategy as it stands does not place enough emphasis on the support and information required by families, friends and carers of people who misuse alcohol. This is particularly important where a person has a mental health problem in addition. A common contributory factor to a drink problem is family unit breakdown. In our experience, an alcoholic will experience feelings of avoidance, thus leaving the family unit and losing a crucial element of support.

17. Question 47 does touch on this question, but there must be education and information available for people who have to deal with an alcohol misuser in their lives (eg where can they get help in a crisis), as well as just education about alcohol more generally.

18. Please let me know if you have any questions about our comments.

Yours faithfully,

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Bolton Royal Hospital study (reported Guardian, 1 March 2002)

A study in 2000 people at the Bolton Royal Hospital found a fifth of psychiatric admissions over six months were alcohol-related.

British Journal of Psychiatry (Comorbid non-alcohol substance misuse among people with schizophrenia, Duke and other, December 2001)

Individuals with schizophrenia or related psychoses were identified and 16% reported a lifetime history of non-alcohol [ie drug] substance misuse. Misuse was concentrated in those younger than 36 years and was reported more often by males. Just under half of the total sample had misused substances other than alcohol before their first psychiatric presentation.

Big Issue survey of 100 vendors in Brighton, May 2000 (reported Big Issue 19/6/00)

48 out of the 100 vendors said they had mental health problems, mainly depression and/or anxiety, in combination with drug or alcohol problems. In some cases people who were suicidally depressed were refused treatment or even a psychiatric assessment solely on the grounds that they used drugs.

DETR Housing Research Summary (No.104, 1999)

Repeated surveys have identified high levels of support needs among people sleeping rough, with a half or more having mental health or alcohol problems, one in five having drug problems and over a third having combined mental health and substance abuse problems.

Crisis ("Prevention is better than cure" report, 1999)

As many as 60% of people sleeping rough may have mental health problems (Gill, Meltzer, Hinds 1996). 36% gave an indication of having multiple problems (mental health, drug and alcohol). Crisis points which can precipitate rough sleeping include leaving prison, discharge from the armed forces and a sharp deterioration in mental health or an increase in alcohol misuse.

47% of the people in the survey of recent rough sleepers had seen a mental health professional at some point in their lives and 16% had spent time in a psychiatric unit.

OPCS, for Department of Health: prevalence of psychiatric morbidity in GB (1995)
Homeless people: prevalence

	neurosis	psychosis	alcohol dep.	drug dep.
hostel residents	38%	8%	16%	6%
priv. sect. leased accomm.	35%	2%	3%	-
night shelter residents	60%	-	44%	22%
people sleeping rough	57%	-	50%	12%

The personal experience of a mental health service user with a “dual diagnosis” (manic depression and alcohol/substance misuse)

I am a mental health service user with a 'dual diagnosis' (manic depression and alcohol/substance misuse), a member and trustee of MACA and a working professional in the field of mental health.

I can endorse MACA's comments on the inappropriate, judgemental attitude often taken regarding people who have a combined alcohol and mental health problem. In my own area, South London and Maudsley Trust (SLAM), it is impossible to access the Maudsley Emergency Services if one has been drinking. As mental distress, for someone with a dual diagnosis, almost invariably encourages the individual to turn to alcohol, such an approach is, at the very least, puritanical and unhelpful. At the worst, it is experienced as a rejection by the individual. Accordingly the individual who has recognised s/he needs help is – with such an attitude – unable to attain it.

It is worth considering that when an individual experiences this 'rejection' it is when s/he is at her/his most vulnerable, when suicidal ideation may be most prevalent. Being turned away from services because of alcohol misuse at such a time serves to encourage the individual's feelings of worthlessness and enhances the suicidal drive. Such rejection endangers the patient and is in direct contradiction to the central aim of the health service to heal and foster long-term good health in the patient.

What use is society's judgement on someone with mental distress and an alcohol problem if it endorses the patient's suicidal drive? What is the cost to A & E departments around the country tackling para-suicides? Moreover, what cost to the individual, their family and friends?

It is of paramount importance that the prevalence of dual diagnosis for mental health patients is taken into account in the National Alcohol Harm Reduction Strategy and that an open minded, non-judgemental approach to each individual enduring such is encouraged.

Carrie Thomas

GOOD PRACTICE MODEL (1): BASINGSTOKE REACHOUT

The Basingstoke ReachOut Project has been set up as a partnership between Hampshire Social Services (Basingstoke), Hampshire County Council Supporting People, Basingstoke and Deane Borough Council and MACA. Its purpose is to break the cycle whereby mental-health problems and substance misuse are linked to patterns of offending and homelessness. This is provided by a worker offering specialist support, advice and advocacy.

What does the service offer?

The service can provide assistance with accommodation and support issues such as:

- accessing temporary and permanent accommodation
- accessing support services
- maintaining a current tenancy
- settling into new accommodation
- housing benefit and welfare benefit advice.

Who can use the service?

The service is provided to individuals within the Basingstoke and Deane area who:

- are homeless, i.e.
 - someone who sleeps rough
 - someone living in temporary accommodation (B&B, hostel or with friends or family) , or
- were previously homeless, have been re-housed but remain vulnerable to returning to street life, or
- are currently threatened with losing their home, and
- have experienced problems related to mental health and/or alcohol/substance misuse.

The ReachOut Project accepts referrals from all professional agencies as well as self-referrals.

Contact

The ReachOut Project can be contacted on 01256 844208 (24-hr answer phone).



GOOD PRACTICE MODEL (2): FROM DEPENDENCY TO WORK PROGRAMME (D2W)

1. The D2W programme is a multi-agency initiative, the outcome of partnership working by a large number of statutory and voluntary organisations in inner London. The Inner London Probation Service was one of the initiators, and is one of the lead agencies together with the London Action Trust and SOVA. Other involved agencies specialise in drugs/alcohol, employment/training, dyslexia etc, with MACA being the sole mental health agency.

2. In 1999 it was funded by the Single Regeneration Budget to the value of £25 million until March 2004. the programme aims to work with offenders whose offending is drug, alcohol or mental health related – appropriate treatment is offered along with access to education, employment and training.

3. People can refer themselves or be referred by any agency, and will be accepted as long as they are offenders with some complexity of needs. Each client accepted will have an individual plan drawn up with them to address their needs.

4. The key feature of the programme is the collaboration of so many different agencies, and the use of mentors to support people. It is the first attempt to co-ordinate expertise among the agencies in inner London involved in dealing with offenders with drug, alcohol and mental health problems.

Contact

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Summaries of research around the issue of mental health, substance misuse and acts of violence

MACA (report to Trustees, June 2000)

Self-harm and vulnerable individuals: 15-20% of suicides are alcohol-related

Policy Research Associates Inc, Albany, New York (1998)

Psychiatric patients released into the community are no more violent than the general population, unless they abuse alcohol or drugs.

Surrey Social Services (Report "The Unlearned Lesson" 1998)

Drink and drugs played a major part in 14 out of 17 recent homicides committed by people with mental health problems. This role has been "underplayed", with homicide enquiries overwhelmingly preoccupied with mental illness.

MacArthur Violence Risk Assessment Study (USA, 1996 provisional findings - reported The Guardian 30 July 1996)

There are factors which can help to predict which [mental health] patients will turn violent after release. A year after release, violence levels were no higher among the patients than among others in their neighbourhood. Of depressives, schizophrenics, those with other psychotic disorders and those with mood disorders, schizophrenics had the lowest rate of violence - a finding which explodes the popular myth of the dangerous schizophrenic. [But] drug or alcohol abuse combined with a mental disorder could treble or quadruple the risk of violence.

Summaries of research demonstrating the prevalence of mental health and substance misuse problems among prisoners

Prison Service Director General, Martin Neary, and Deputy CMO DOH, Dr Sheila Adam, July 2001 conference

90 per cent of prisoners have a diagnosable mental health problem or are substance misusers or both; 20 per cent of men and 40 per cent of women in prison have tried to commit suicide

White Paper “Reforming The Mental Health Act” (December 2000)

9 out of 10 adult prisoners have one or more problems related to psychosis, neurosis, personality disorder and drug or alcohol abuse.

Psychiatric morbidity among young offenders in England and Wales, ONS, 2000

Based on 1997 research of 590 young people (16-20) in custody. Two-thirds had used illegal drugs in the month before they were imprisoned. More than 1 in ten of the young men and 27% of the young women had received treatment for mental health or emotional problems in the year prior to their imprisonment. Once in prison, a remarkably high proportion of young people showed signs of serious mental health problems.

APPENDIX TO MACA RESPONSE TO CONSULTATION ON NATIONAL ALCOHOL HARM REDUCTION STRATEGY

Submission from MACA Community Support Service, Barnsley

The Barnsley experience: people with mental health and alcohol misuse problems

1. Barnsley is an area with high unemployment and low pay for many of those working, with very little in terms of leisure and entertainment. For many young people the prospect of "going round town" drinking at the weekend is their only form of entertainment and socialising available.
2. The traditional "pit culture" included the use of alcohol and there were many pubs in Barnsley. Over recent years there has been an increase in the number of bars open in the town centre. This seems to be in part linked to the local college offering Higher Education courses and an influx of students. Since the number of bars grew there are also many young people coming in from other areas to drink in Barnsley town centre. Along with this there seems to have been an increase in the number of very young people using alcohol in the streets, just hanging around for want of anything to do.
3. Incidences of violence against our mental health and complex needs service user group are fairly common. There are several each year who are assaulted while out drinking in pubs and sometimes just walking through the town centre. Recently a service user in our community support service complained of being "beaten up" outside a local pub. He was very upset, frightened and suicidal and his key-worker asked for an increase in support. We have worked with other service users who have needed in-patient care after such assaults.
4. Some other service users become aggressive themselves when they have been drinking. The effect of illness, medication, alcohol or other substances and sometimes a head injury leads them to lose control. We are currently supporting an individual who has recently served time in prison for assault in these circumstances. Part of our risk assessment process is to raise the awareness of those people that drinking alcohol is a trigger to harming themselves or others.
5. Another individual that we have worked with for some time had schizophrenia and was socially isolated. He tried to meet people by going out drinking but the alcohol seemed to increase the effects of the illness, especially the voices he heard. This came to a head when things got so bad that he jumped into a river under the effects of the alcohol. Fortunately he got out safely but was very shaken by the event. He spent a lot of time talking things over with his family and support workers. We tried to find other things for him to do e.g. going walks, shopping around town, using the local

leisure centre and attending our drop-in centre. He realised that alcohol was no good for him and rather than providing a means of escape, it was actually making things worse. He has not been drinking alcohol for a long time and although still quite ill he is much more stable and doesn't have the really bad spells that he had before.

6. Looking at factors that influence consumption of alcohol we came up with several issues:

- because there are now many pubs in the area there is a great deal of competition and there are constantly promotions offering two for one or very cheap alcoholic drinks. This, along with a great deal of "bootlegging", means that alcohol is extremely cheap in this area and therefore very accessible;
- because of the local socio-economic issues and particularly the effect on those with mental health problems, alcohol is seen as a form of escapism. Although it may numb the feelings for a while the long-term effect is to make things worse. This can be a major issue when people don't feel their illness is well managed by medication and so they use alcohol as a sort of "self-medication";
- the move towards alcopops has meant that younger people are attracted to them partly because they seem to appeal to their age group and are not the acquired taste that other alcoholic drinks are. Drinking is not only socially acceptable but seems to be almost a compulsory part of youth culture;
- the fact that there are few leisure opportunities not linked to alcohol consumption locally is also an issue. If you are socially isolated then pubs and bars appear to be good sources for socialising. Barnsley has a two-screen cinema, an out of town bowling alley and a theatre that tends to have amateur societies in the main. The bowling alley is expensive to use in the evening and difficult to get to by bus. Most of our service users rely on public transport.