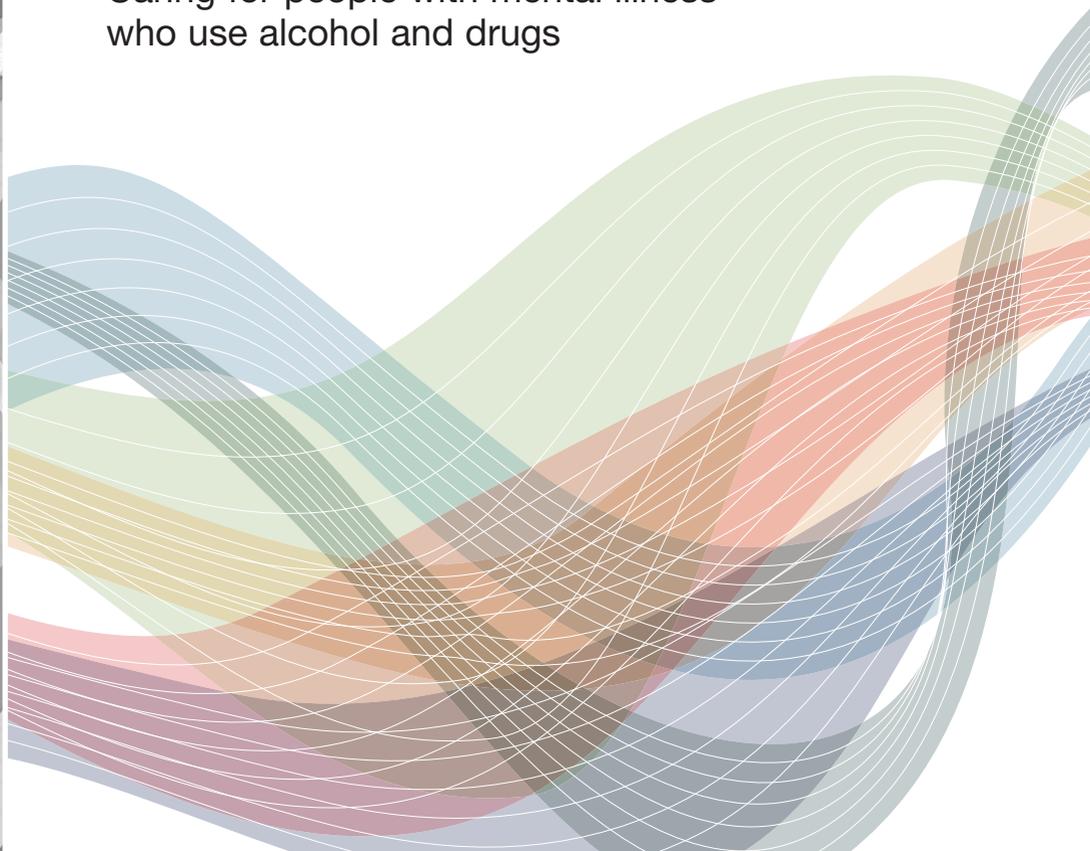


What it means to make a difference

Caring for people with mental illness
who use alcohol and drugs



CONTENTS

Introduction	1
1 What is 'Dual Diagnosis'?	4
2 Getting Support	6
3 Crisis? What Crisis?	8
4 Dealing with a Crisis	10
5 Entitlements	12
6 Carers' Assessments	14
7 Service User Confidentiality	16
8 Questions for a Psychiatrist or Care Team	18
9 Carer Consultation & Involvement	20
10 Some Issues You May Find	22
11 Mental Illnesses	24
Resources	29



Introduction

Informal carers of people with mental health problems (such as their family and friends) often say that mental health and other support services simply don't understand the problems they face.

Mental health service users say they want services to understand what it's like for them in their distress and disturbed feelings - and it's just the same for carers.

Many services now accept that carers of people with mental health problems, and particularly those service users with more complex needs, have an important role in helping those they care for to move towards recovery.

What it Means to Make a Difference is part of moves by the Care Services Improvement Partnership (CSIP) to identify the needs of carers more directly and humanely and to provide support for them.

So you're a carer...

Looking after someone with mental health problems can be isolating and stressful. Friends and relatives who are looking after someone with the additional problems of alcohol and substance use are in a uniquely demanding role in our society. Few jobs are more pressured. Their mental and physical health could be affected by the role.¹

You will need support, information and a two-way dialogue with health and social care agencies so that you can help the person you care for stay as well as possible and begin their recovery.

This booklet is designed to help with this communication.

It's not unusual to struggle, (as some carers of people with severe mental health problems do), with the relationship you have with the person you care for. You may learn to find a balance between protecting them and over-protecting them. Even when local services provide support for your relative, as a carer you may find you are not getting all the help you need from some services but your local health and adult care services (Social Services) are there to help you too.

This booklet is designed to help you get the best from them.

¹ *Caring for Carers; Dept of Health, 1998*

The Setting

A mental illness is not something experienced by one person in isolation, although it often feels like that.

Mental illness has a powerful effect on the relationships that person has, especially with families and friends.

Services have not always recognised the impact on all the people involved who often make enormous sacrifices to care for someone displaying behaviours and attitudes that even professionals may not fully understand.

Mental illness, especially a severe psychosis, can be a frightening experience for those undergoing it – informal carers not only have to deal with some of the most acute disturbances in an individual – they may also feel almost completely unsupported.

So-called “service users” actually carry the main load and it’s never worse for anyone else than it is for them.

However, their problems impact on a number of people, especially family members, and can turn a relatively happy home life upside down.

When people become “mentally ill” many features of their lives become disturbed.

Work, relationships, family and all the other elements which make up a person’s life can become turned upside down. Behaviours sometimes become unpredictable.

When excessive use of drugs and alcohol is included in the mix, the whole problem for carers takes on dimensions that few people (except those who have experienced it) can even begin to imagine.

1 What is “Dual Diagnosis”?

“Dual diagnosis” is a term sometimes used by professionals to describe people who have both a mental illness **and** problems arising from substance and/or alcohol use.

The condition is surprisingly common. Some studies have shown that up to 30 per cent of all people with symptoms of severe mental illness may also have a current alcohol or drug problem.

There are a number of unique and problematical issues around dual diagnosis in this country that have made the lives of carers very difficult over the years.

ONE

The definition of what constitutes “dual diagnosis” varies from practitioner to practitioner. (In fact, few GPs or psychiatrists actually use it to formally describe the symptoms in their patients – they often talk about ‘complex needs’).

TWO

There’s a huge diversity in the way the two conditions affect each other and there are different ideas about the best way to treat them.

THREE

There can be a number of agencies involved in a person's care including mental health services, specialist rehabilitation services, primary care and other organisations in the statutory and voluntary sector. As a result, care risks being fragmented and individuals and their carers may find themselves not being fully supported.

Historically, substance misuse and mental health services have evolved separately. Few services are currently set up which deal with clients' substance misuse and mental health problems at the same time.

Service users have tended either to be treated within one service alone, which has meant that some aspects of their cluster of problems have not been dealt with as well as they might, or have been shuttled between services, with a corresponding loss of continuity of care. Research shows that some potential service users have even been excluded from all the available services by virtue of this confusion over professional roles.

While a proportion of service users needs have not been met because of this lack of focus, informal carers – usually relatives and friends – have also felt neglected.

2 Getting Support

Carers report that some of the best help and understanding comes from other mental health carers and there are many local carers' groups.

Few carers' groups actually set themselves up to support 'dual diagnosis' in particular, but other carers who meet regularly and support each other will often look after people with more complex needs.

Take this booklet with you if you are meeting professionals or other carers and grab all the contacts and addresses you can. Use this page to note down any numbers of useful local contacts or agencies even if you don't call them at this stage.

STATUTORY SERVICES

General Practitioner or Family Doctor:

Community Psychiatric Nurse (CPN):

Care Co-ordinator

Hospital

Alcohol or Drug Service

Police

Other

VOLUNTARY AND OTHER SERVICES (See Section 11)

OTHER CARERS AND CARERS GROUPS

3 Crisis?

What Crisis?

Section 4 gives some useful advice about what a carer can do in a crisis at home.

It addresses the sorts of circumstances which most carers would recognise as the moment when a situation has become, or is in danger of becoming, out of control.

However...

New carers learn very quickly that their version of “a crisis” is often very different to the one held by the care team responsible for the service user. It’s important that this doesn’t lead to any friction between the carer and the care team; different agencies have different priorities in the way they approach mental health and the staff they employ are expected to comply with the policies and procedures established by those agencies.

The many agencies include:

- Housing
- Employment
- Primary Care (GP)
- Hospital and in-patient services
- Adult Care Services
- Community mental health teams
- Home support teams
- Early intervention teams
- Crisis teams
- Domiciliary care workers
- Approved Social Workers
- Police, and
- Ambulance.

A lot of effort by Health Authorities and Trusts, government departments and local authorities goes into getting these different services to work together to achieve a seamless service. For some carers, it doesn't always feel that they work together smoothly though.

For professionals, (and despite an individual worker's personal response) a crisis will tend to be defined in terms laid down in advance by the agency they work for and will contain a strong consideration of risk and public safety together with the level of human resources they have available

For many carers, a crisis can be defined as a time when they can't personally cope with a situation any longer and everything is at risk of getting out of their control.

Carers' crises often come when they can't cope any more, need desperately to talk, to cry, scream their heads off with frustration, be taken out of the situation or have someone else manage the problems for a while.

For services, a crisis is a much less emotional and tends to be categorised by the extent to which a service user presents a risk to themselves or others and the availability of financial and workforce resources.

These two different perspectives often exist between carers and mental health services. Carers need to understand this difference of view if it is not to add to the frustrations that they already have!

4 Dealing with a Crisis

Do's in a crisis situation²

- Do try to remain as calm as possible, also make the atmosphere as calm as possible. Decrease any distractions by turning off the TV, radio and any music that may be playing.
- Do allow personal space; do not crowd him/her. Under no circumstances attempt to physically restrain someone. If you fear they are presenting a risk to others in the house get everyone out of the house, don't attempt to force your relative/friend out of the house. Call the police if necessary.
- Do contact the person's GP, social worker or key worker if they have one.
- Do ask other people in the room/house, especially strangers, to leave. Talk only one at a time, speaking normally and clearly as you usually do. Be aware though that in these circumstances you could sound dismissive.
- Do make statements – or ask simple questions – about the behaviour that you are observing, rather than state your opinion about what you believe to be happening.
- Do look at your position in the room, what message are you inadvertently giving out by sitting or standing where you are? What's your body language saying? Are you actually looking hostile while feeling scared?
- Do stay calm. Even though it's difficult, your high expressed emotion like anger and frustration will only make the situation worse.

² *Do's and Don'ts from: Through the Maze, Georgina Wakefield, Fivepin Publications, 2006*

Don'ts in a crisis situation

- Don't shout or speak loudly; if they are not listening try to imagine what might be going on in their head, no matter how strange it may seem.
 - Don't criticise, they might not be able to follow a reasoned argument at this point. Don't even try to tell someone what they should or shouldn't do.
 - Don't make continuous eye contact, it can be stressful and confusing.
 - Don't argue. If they say they can hear voices or are hallucinating say that you are not aware of them but avoid saying that they don't exist.
 - Don't get too close or loom over the person. Don't try to frighten or intimidate the person into compliance with your wishes.
- Don't argue among yourselves about what to do and ensure you don't block any doorways.
 - Don't repeat questions or statements where unnecessary.

Carers, especially new carers, can be thrown into a set of circumstances which even experienced workers sometimes find hard to manage or understand. Make contact with other carers and use their experience and knowledge to help in a crisis.

5 Entitlements

Primary Care and Adult Care Services (formerly Social Services)

Your GP and your local authority's Adult Care Services (ACS) are an essential part of the support available to your relative but they are also there to help you as a carer.

You are entitled to:

Respect, sensitivity and professional consideration from all support workers and practitioners involved in the care of your relative.

- A carer's assessment^{3,4}, (See page 14), and
- An annual health check from your GP.³

You may also be entitled to:

- Financial support from the state or local authority
- Support for the whole family or for young carers, and
- Respite breaks so that you can keep well enough to care.

3 National Service Framework for Mental Health; Dept of Health, 1999

4 Carers and Disabled Children's Act 2001

You are entitled to information about:

- Your relative's health problem and its treatment – subject to rules of confidentiality (see Section 7)
- How to provide care
- How to get care and support for yourself, and
- Local support services, both statutory and voluntary.

Your entitlement to an assessment, to direct payments, benefits and personal support are available on the [direct.gov.uk](https://www.direct.gov.uk) website.

6 Carers' Assessments

If you provide a regular and substantial amount of time in looking after a relative or friend with dual diagnosis, then a Carers' Assessment could be very helpful to you. The assessment is completed at your request, and can remain confidential if required. A Carers' Assessment is not a test of what you do as a carer.

Carers are entitled to a carer's assessment annually, whether or not the service user is engaged with services. If you are providing significant care then you will be entitled to a care plan of your own.

A Carers' Assessment is your opportunity to talk about the things that could make life easier for you and to look at what would be helpful in your situation.

An assessment may take into account:

- The help the person you care for needs
- The help you are giving at the moment
- The support that may be provided, and
- It will also take into account any cultural, spiritual, gender, lifestyle or other needs you may have.

As a carer you will be entitled to an assessment if:

- You provide 'regular & substantial' amounts of care or support, and
- You request an assessment

If you are a carer of a person with dual diagnosis you should be automatically offered an assessment, but don't take anything for granted...

As a carer you should also be able to contribute to the discussion about the needs of the person you care for (their assessment). If you do not wish to have an assessment in your own right, there are still services which are available to you. Contact your local Adult Care Services for information.

Regular & Substantial amounts of care or support is where a carer:

- Provides long hours of help (approx. 20 hours per week), and

- Carries out a range of helping activities, and/or
- Is likely to provide both personal & physical assistance.

You can always talk to your assessor to see if:

- Your caring role is substantial
- Your caring role is less than 20 hours per week but intensive, and
- There is a risk to your caring role not being sustainable.

To request an assessment contact your local Adult Care Services Department.

7 Service User Confidentiality

“Issues around confidentiality should not be used as a reason for not listening to carers, nor for not discussing fully with service users the need for carers to receive information so that they can continue to support them. Carers should be given sufficient information, in a way they can really understand, to help them provide care efficiently.”⁵

Carers give:

Their understanding. Often the carers are the ones who know the service user best and have dealt with their welfare often over many years.

Their commitment. While services and the people they employ are constantly changing, carers are frequently the only constant service users may have.

Their patience. Both crises and the seemingly endless round of day-to-day problems that arise with service users with more complex needs mean that considerable sacrifices may be made by carers.

Their willingness to share. The well-being of the service user and their carers improves when they are surrounded by a team of professionals working together towards a recovery.

So why do they so often feel left out?

The service user has not given their consent to the sharing of information with the carer.

Professionals involved in service user care have a duty to follow professional codes of practice, common law and statute regarding confidentiality.

⁵ *Developing Services for Carers and Families of People with Mental Illness, DoH, November 2002*

Some professionals worry that by involving carers more fully, they will not have sufficient time for their service users.

At times of crisis, relationships can be strained and the family may be exhausted and stressed. The professionals may get a false picture of the true long-term situation.

Good practice⁶ for professionals means you can expect ...

... to be given:

- The diagnosis
- Information on outcomes and behaviour
- Benefits and side effects of medication
- Local in-patient and community services
- The Care Programme Approach (CPA), and
- Local and national support groups.

... help to understand:

- The present situation
- Confidentiality restrictions of the service user
- Patient treatment plan and its aims
- The relevant elements of a written care or crisis plan
- The role of each professional involved, and
- How to access help, including out-of-hours.

... to receive:

- Opportunities to see a professional alone
- Rights to your own confidentiality
- Involvement as a valued contributor
- Respect for your views and concerns
- Emotional and practical support, and
- An assessment of your own needs and a care plan.

Read more on this topic in section 8 and 9 of this booklet.

⁶ Adapted from *Carers and Confidentiality in Mental Health*, Royal College of Psychiatrists, 2004

8 Questions for the Psychiatrist or Care Team

Carers need information. Carers may not always find out what they need to know about the person they are caring for. This checklist is designed to help you get all the information you can about the diagnosis and treatment of the person you care for.

You should be able to get some of this information directly from other members of the clinical team involved, such as nurses, the drug and alcohol team (DAT), social worker, psychologist, occupational therapist etc, or from written information that they can provide.

Other issues about service user confidentiality and carer consultation are discussed in Sections 7 and 9

Although you may not want to ask all the questions listed opposite, you may find that they help you in preparing to meet the doctor or psychiatrist and the mental health team. Not everyone will need all the answers to all these questions at the same time. You may have questions that are not covered here. However this is provided as a framework for deciding what you do need to know.⁷

A psychiatrist will be able to give you information about your service user's condition and care but specific clinical details may be confidential.

7 Adapted from a Checklist for Carers of People with Mental Health Problems, Royal College of Psychiatrists 2004

About the illness

- What is the diagnosis or problem?
- Is a diagnosis necessary?
- Why has this happened?
- Will they recover?

About a diagnosis

- What symptoms suggest this diagnosis?
- What are the causes?
- What is likely to be the course of the illness?
- Where can I find more information?

About the assessment

- What assessments have been carried out?
- Will there be more assessments?
- What are the drug/alcohol problems diagnosed?
- What will need to be done about them?
- Has culture and background been considered?

About care and treatment

- What are the aims of proposed care & treatment?
- What is care co-ordination and "CPA"?
- What does the care co-ordinator do?
- Who else is involved in care and treatment?
- What happens if they refuse treatment?

About information sharing

- How much information will I get?
- Will I be informed of meetings and reviews?
- Can I see you on my own?
- Can I speak confidentially about the service user?

About the carer's role

- What can I do to help?
- Are there local self-help and other groups?
- Where is there advice and training for carers?

About getting help

- How can I get in touch with you?
- How do I arrange to see you?
- Who do I see if I'm worried about their behaviour?
- Who do I contact in an emergency?

About medication

- What is to be used and how?
- What are the benefits?
- What are the side-effects?
- What symptoms might mean a change of dose?
- What will happen if they stop taking medication?
- What do I do if they stop taking the medication?
- Where can I find more information on it?

My own questions:

9 Carer Consultation & Involvement

In England there is a requirement for carers to be consulted, with or without the service user's consent, before a Supervised Discharge Order⁸ can be implemented. However, guidance from the Department of Health about protecting service user confidentiality is inconsistent over the question of whether or not carers are members of the service user's 'care team' in the community and so entitled to detailed information about the service user's discharge, even where it can be shown that the informal carers are a key part of the support provided in the community.

Government guidelines to mental health services state that they have a duty to inform and involve

Getting agreement

First step: Get agreement with the person you are supporting and their treatment team about the level of your involvement and access to information about what's happening and what's proposed. This probably needs to be done at a time when the service user is reasonably well and certain protocols can be agreed between principle carers, the treatment team and the service user about who's involved and who isn't.

Carers should also be clear to what extent they themselves are seen as one of the "treatment options" for a particular service user. Treatment teams may assume that a parent who has been looking after a son or daughter for 5 or 10 years will simply go on doing so on discharge.

⁸ *Mental Health (Service users in the Community) Act (1995)*

A care plan is a written document produced by the care team which identifies a) the patient, b) their current situation, c) who is involved in their care, d) what roles the care team has and e) what the objectives are for treatment and on-going support.

Key questions which require answers at the care planning stage are:

- Does the person being cared for actually understand what's on offer and the consequences of declining that kind of support?
- How insightful is the person to the conditions affecting their mental and physical health and
- How able are they to think their way through the treatment options?

If the service user has difficulty with these questions, the treatment team needs to consider whether

the service user has the capacity to make a judgement about the options available and, consequently, the role of informal carers.

Carers have other questions which they should ensure are answered by the treatment team.

- What, if any, is the possible harm that could come to carers – or the service user – and what is the probability of it occurring? What alternative treatment options are there that could reduce the risk of harm?
- What about broader family involvement? There are issues of confidentiality that have to be considered as well as the presence of various tensions and rivalries that may circulate through a family. The treatment team needs to be mindful that once the immediate crisis has passed how likely is it that the service user would see a wider family involvement as having been something that they wanted or not.

10 Some Issues you may Find

In 2004 the mental health charity Rethink carried out research into dual diagnosis and issued its findings in the report: “Living with Severe Mental Health and Substance Use Problems.”¹⁰

For the participants, both service users and carers, the types of issues encountered were very typical of what carers generally say about these complex problems:

They were concerned about the diagnosis process. Some carers thought it helpful but others didn't have the same optimism. Some said it may provide access to specialist services, but others saw the potential for increased labelling and stigma. The diagnosis was seen in some cases to increase dependency, reducing a person's motivation to self-manage. For others there were concerns over the perceived unreliability of both assessment and diagnosis.

- Service users were almost equally divided on whether mental health problems or substance use were most problematic for themselves. This illustrates the highly individualised nature of these issues. Among carers in the study, substance use was highlighted as the most difficult thing to deal with in the family.
- Both groups noted that substances had sometimes appeared to enhance well-being in the short-term while adding to long term difficulties of withdrawal. However they felt long term substance use was particularly problematic because of the impact on life style, financial circumstances and reduced or chaotic life styles.

9 http://www.rethink.org/about_mental_illness/dual_diagnosis/useful_contacts.html

- Common themes identified by both service users and carers talking about their relatives was the sense of shame and guilt, loss of motivation or purpose in life, low self-esteem, and low self-confidence. The most frequently cited impacts on carers were: stress, powerlessness, anxiety and pessimism for the future.
- For service users the social impacts were most clearly seen in relationships with family and others, inability to obtain employment and their involvement with crime to fund drug and alcohol addictions. Carers, speaking for service users however, identified the social impacts as social isolation, stigma and lack of employment.
- Carers, speaking for their own experiences saw the impact on the whole family, and particularly family relationships, as most noted alongside their fear of physical and verbal abuse and loss of personal freedom as a result of their carer role.
- Both service users and carers talked about the financial pressures as a result of living with a dual diagnosis both in terms of finding money for the addiction and in some cases families paying for private treatment in an attempt to get adequate help. This was considered to add additional stresses to an already stressful situation.

11 Mental Illnesses

There are several types of mental health problems and they can be categorised in a number of ways. There is no complete agreement either about the categories of mental illness or about the symptoms of each but the following are generally accepted as reliable.

- A: Anxiety
- B: Bi-polar disorder (which used to be called manic depression)
- C: Alzheimer's Disease (Dementia)
- D: Depression
- E: Eating disorders
- F: Obsessive compulsive disorder
- G: Personality disorder
- H: Schizophrenia

A: Anxiety

Anxiety disorders are thought to be rooted in different types of stress. The stress which causes someone's anxiety may not be in the present or even known to the individual or their carers. Often people are completely bewildered by why they are suffering such unpleasant symptoms. Indeed, looking for answers in places where the symptoms appear most vividly, either at home or at work, may not reveal much of the root causes. The symptoms include loss of concentration, persistent fear of the worst possible outcomes, disturbed sleep, impatience and intolerance etc. Other conditions such as phobias and panic disorders are usually included under this heading.

B: Bipolar Disorder

This disorder is characterised by radical mood swings. These are not the same as the common changes of mood that many people experience. The moods can swing from deep despair to intense elation or from a “normal” state to one of these extremes. How the two stages are linked in time is different in all cases, some people may switch from one type of state to another quite rapidly giving the impression that they are alternating between the two; others may remain depressed for long periods with only rare episodes of being normal or “high”.

C: Alzheimer’s Disease (Dementia)

Alzheimer’s (which is just one form of dementia) is often not considered along with mental illness but for carers particularly, the effects on family life and normal relationships can be much the same. The principle symptom of Alzheimer’s is memory loss which leads to confusion about time and place. Individuals may also neglect themselves or put themselves at risk. Alzheimer’s usually affects people in later life, particularly those over 80, but it can happen earlier. Where reasoning becomes muddled, or actions become unpredictable and incomprehensible, carers face many of the same pressures of those who are caring for people with other mental health problems.

D: Depression

Depression is usually a complex group of symptoms which together can, if not responded to, contribute to long-term emotional and psychological disability. Some level of depression is usually found in all forms of mental illness particularly in anxiety states, bipolar disorder, schizophrenia and obsessive compulsive disorder. For carers this condition can be very wearing because the cared-for person can seem relentlessly negative and demotivated. Depression can be addressed through various therapies other than medication and of all the conditions, depression is the one which is most likely to be improved through talking treatments.

E: Eating Disorders

Eating disorders – which mostly affect females – are often very difficult situations for informal carers to manage because the individual is often concealing the problem from those they're close to. Additionally, the roots of a severe eating disorders may be in the types of relationships which they already have with family members. Bulimia is characterised by frantic bingeing and drastic purging and is the most common form of eating disorder. People with anorexia typically have a very low body weight which can produce serious medical conditions over time.

Carers often feel that the conditions are about attitudes to food or eating and may try to encourage individuals into dietary changes but these responses are likely to fail because the causes are much more to do with feelings of not being in control which in turn often have roots in poor adaptation in childhood.

F: Obsessive Compulsive Disorder

OCD, as it is commonly called, is actually two related conditions. Obsessions are intense bursts of ideas, words, images, uncertainties, doubts and so on while compulsions tend to be the actions arising from these obsessions as individuals try to mediate the intense distress they cause. People may adopt certain rituals to enable them to deal with the obsessions and the appearance of these is often when carers become aware that there is a serious problem. For the individual, failure to complete the compulsive action/s can result in severe anxiety or even a panic attack. Non-professional carers need to be aware of the complex background to these conditions before adopting a strategy to help.

G: Personality Disorders

Personality disorders are common and often disabling conditions. Many people with personality disorder are able to negotiate the tasks of daily living without too much distress or difficulty, but there are others who, because of the severity of their condition, suffer a great deal of distress, and can place a heavy burden on family, friends and those who provide care for them.¹⁰

Personality disordered individuals are more likely to suffer from alcohol and drug problems and are also more likely to experience adverse life events, such as relationship difficulties, housing problems and long-term unemployment. People with personality disorders are more vulnerable to other psychiatric conditions, and in particular, they are more likely to suffer from depression.

More information is available at www.personalitydisorder.org.uk/

¹⁰ *No longer a diagnosis of exclusion. Policy implementation guidance for the development of services for people with personality disorder, National Institute for Mental Health in England (NIMHE) (2003)*

H: Schizophrenia

Schizophrenia is a mental disorder that affects around 1 in every 100 people.

The main symptoms are hallucinations (hearing voices), delusions (a firm belief in something that isn't true) and changes in outlook and personality.

Support from families and friends, psychological treatment and services such as supported housing, day care and employment schemes are vitally important.

People who have schizophrenia are rarely dangerous. Any violent behaviour is usually sparked off by street drugs or alcohol, which is similar to people who don't suffer from schizophrenia¹¹

If you have an internet connection, try these sites for more information about the types of mental illness and the symptoms.

www.bbc.co.uk/health/conditions/mental_health

www.mind.org.uk/Information/Factsheets

www.sane.org.uk/public_html/About_Mental_Illness/Mental_Illness.shtm

¹¹ *Help is at Hand, Royal College of Psychiatrists, from www.rcpsych.ac.uk/mentalhealthinformation/mentalhealthproblems/schizophrenia/schizophrenia.aspx*

Resources

Addaction

67-69 Cowcross Street, London
EC1M 6PU

Tel: 020 7251 5860

Web: www.addaction.org.uk

Helps individuals and communities to manage the effects of drug and alcohol misuse and has over fifty projects in England within communities and prisons.

Adult Children of Alcoholics

Tel: 020 7229 4587

A fellowship of men and women who have been raised in an alcohol environment and who need support.

Al-Anon Family Groups (UK and Eire)

61 Great Dover Street, London
SE1 4YF

Tel: 020 7403 0888 (Open 24 hours
a day, 365 days a year)

Web: www.al-anonuk.org.uk

For families and friends of alcoholics. Al-anon Family Groups provide understanding, strength and hope to anyone whose life is, or has been, affected by someone else's drinking.

Alcohol Concern

Waterbridge House, 32-36 Loman
Street, London SE1 0EE

Tel: 020 7928 7377

Web: www.alcoholconcern.org.uk

The national agency on alcohol misuse. They work to reduce the incidence and costs of alcohol-related harm and to increase the range and quality of services available to people with alcohol related problems. The Mental Health & Alcohol Misuse Project provides fact sheets, a newsletter and web pages to share good practice among clinicians and professionals.

Alcoholics Anonymous

Tel: 020 7352 3001 (Open 10am-
10pm 7 days a week, 365 days a
year)

Web: www.alcoholics-anonymous.org.uk

Fellowship of men and women who share their experience, strength and hope

with each other that they may solve their common problem and help others to recover from alcoholism.

CASA Multiple Needs Service

75 Fortess Road, London
NW5 1AG

Tel: 020 7428 5954

Developed to address the gaps in service provision for people who experience mental health and substance misuse services. It adopts an holistic approach to these problems, working with the whole person and their presenting difficulties.

Carers UK

20-25 Glasshouse Yard, London
EC1A 4JS

Tel: 020 7490 8818;

Carersline: 0345 573 369

The national voice of carers. They provide advice for carers across the UK.

Drinkline

Freephone: 0500 801 802

Tel: 020 7332 0202 (Open 11am-11pm Monday-Friday, dial and listen service 24 hours a day)

National Alcohol Helpline. Provides information and self-help materials, help to callers worried about their own drinking, support to the family and friends of people.

DrugScope

32-36 Loman Street, London
SE1 0EE

Tel: 020 7928 1211

Web: www.drugscope.org.uk

DrugScope provides information and publications on a wide range of drug related topics.

FRANK (formerly the National Drugs Helpline)

Freephone: 0800 77 66 00

Confidential, daily 24 hour service:

Web: www.talktofrank.com

Campaign from the Department of Health and the Home Office, supported by the DfES. Information and advice on drugs to anyone concerned about drugs and solvent/volatile substance misuse, including drug misusers, their families, friends and carers.

Health Information Service

Freephone: 0800 66 55 44

An information-only service, run by the NHS. 10am-5pm Monday-Friday, answering machine outside these hours. The service operates on a local basis. Calls are automatically routed to your nearest local office. A general health information service, but it provides details of addiction units and self-help groups around the country.

Manic Depression Fellowship (MDF)

Castle Works, 21 St. George's Road, London SE1 6ES

Tel: 020 7793 2600

Web: www.mdf.org.uk

Works to enable people affected by bi-polar disorder to take control of their lives

MIND (National Association for Mental Health)

Granta House, 15-19 Broadway, Stratford, London E15 4BQ

Tel: 020 8519 2122

Help Line: Mind info-line: 020 8522 1728 / 0845 766 0163

Local support groups of various sorts. Comprehensive website with advice, information and background briefings on a wide range of mental health issues and mental health problems including dual diagnosis.

National Association of Children of Alcoholics

PO Box 64, Fishponds, Bristol BS16 2UH

Freephone: 0800 358 3456 (Open 9am-5pm Monday-Friday. Out of hours answering machine.)

Offers advice, information and support to children of people with alcohol problems.

Rethink severe mental illness

30 Tabernacle Street, London EC2A 4DD

Tel: 0845 456 0455

Web: www.rethink.org

Carers' website: www.rethinkcarers.org

Runs over 400 mental health services, network of more than 120 support groups across the country.

Rethink National Advice Service

28 Castle Street, Kingston upon Thames, Surrey KT1 1SS

Tel: 020 8974 6814 (Mon, Wed, Fri 10am-3pm; Tues and Thurs 10am-1pm)

Provides information and advice on all aspects of mental illness and issues affecting people with mental illness to people with mental illness, their carers, friends and family and professionals.

SANE

1st Floor, Cityside House, 40 Adler Street, London E1 1EE

Tel: 020 7375 1002

SANELINE: 0845 767 8000

Concerned with improving the lives of everyone affected by mental illness.

Turning Point

New Loom House,
101 Back Church Lane,
London E1 1LU

Tel: 020 7702 2300

Web: www.turning-point.co.uk

Social care charity providing services for people with complex needs across a range of health and disability issues primarily substance misuse, mental health and learning disability.

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DH INFORMATION READER BOX

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Document Purpose Best Practice Guidance

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Description This resource and accompanying DVD is aimed at informing families and carers who come into contact with mental health services for the first time. It has a particular focus on caring for people experiencing comorbid substance use and severe mental illness.

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