



EIDDER: early intervention dual diagnosis engagement and recovery

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Project background

The early intervention in psychosis team at North Staffordshire Combined Healthcare NHS Trust specialises in engaging those experiencing their first episode of psychosis, which is usually in their late teens or 20s. Early engagement and treatment substantially reduces the longer-term negative impacts of untreated psychosis in terms of personality development, social stability and finding a purposeful life. The service user/mental health nurse therapeutic relationship is critical to the success of the service. Drug and alcohol misuse in early episode psychosis is common, with levels of 80% and above. The best and most creative attempts to get service users to attend substance misuse services for treatment met with limited success: *'It seemed the more we pushed treatment the worse it got and the more strained the relationship became.'*

Aims and objectives

The aim of the project was to develop a strategy for meaningful engagement with service users with a diagnosis of substance misuse and psychosis. To achieve this, the objectives identified were to:

- Undertake a literature review
- Engage service users, carers and staff to understand the complex issues in relation to behaviour change and recovery from mental health when coupled with substance misuse issues
- Use Prochaska and Diclemente's change model in reflective discussions with the early intervention team to help identify useful strategies for each stage of the change process
- Celebrate and share findings

Implications for practice

- Actively listening to the needs of patients, rather than imposing what we as professionals think is best, is important in enabling recovery
- Professionals can work in creative ways to deliver person-centred care and move away from individual 'service boxes'
- It is important to invest in time for clinical supervision to help staff make sense of and learn from daily interactions with patients

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Online

Further information about the project can be accessed from: fons.org/library/report-details?nstdid=71142

Key activities and outcomes

• Literature review

A literature review was undertaken that identified Prochaska and Diclemente's (1986) cycle of change. This was used to guide the team reflective discussions and the search for new interventions.

• Understanding the values of the project team

Using the Evoke cards and creative pictures, the project team set out its value base and developed a purpose for the project: *'The team and consultant nurse take pride in going the extra mile, working flexibly and working creatively with a strong emphasis on the service user goals and aspirations. Working to engage not only with medical treatment but with building psychological understanding, resilience and social capital.'*

• Stakeholder engagement

The team undertook a stakeholder mapping exercise and found ways to communicate the purpose of the project through the team, service and the trust, via newsletters and team briefing.

• Learning from reflective discussions

The team members met approximately every three weeks for reflective discussions around individual patients and to learn from each other. Key themes that emerged were:

- The professionals often expected forward movement before the service user was ready. Service user pace and goals might be different to those of the professionals
- As professionals we had the skills and resources to intervene
- Articulating interventions against a cycle of change model proved useful

• Interventions developed from good practice

Blank feedback cards, delivered following each clinical session/contact and containing a single question enquiring what had been useful, highlighted good practice, and the process of asking proved a successful intervention in its own right. This, combined with the reflective discussions, enabled new interventions to be verbalised and recorded to help develop meaningful engagement for all parts of the recovery cycle.

• Collecting stories

The difference made by holistic engagement followed by using that mutually agreed strategy became clear when a service user volunteered their story.

Service user: 'I started to accept support from the early intervention team, but I made it clear: I don't want to be a patient, I don't want clinics and groups and activities, I don't want support from specialist drug services – the thought just made me cringe.'

Care co-coordinator: 'Together we rode the storm and saw opportunity for change; it was my job to motivate, to help him to find a way to make changes and to help him to succeed.'

• So what next

The new intervention list coupled with the cycle of change knowledge has allowed us to structure clinical supervision sessions. With service user support, we are designing a set of cards that can act as an aide memoire for the intervention list or as a further aid to clinical supervision. Some of the learning now forms part of the core required dual diagnosis training delivered across the trust.