Recovery Academy Ireland
Promoting and Facilitating Addiction Recovery

Dublin North, North East
RECOVERY COLLEGE

Capacity Building – A Community Response to Dual Diagnosis in North East Inner City, Dublin

The impact of this process is demonstrated in several ways. Community organisations are now aware of what each service provides in relation to Dual Diagnosis, what the deficits are per organisation and how to link with other organisations to address these deficits.

Citing this report

MacGabhann, L., Byrne, T., Naughton, C., Murphy, E., (2023) Capacity building – A Community Response to Dual Diagnosis in North East Inner City, Dublin. Dublin City University

ISBN: 978-1-911669-61-6

For further information contact Liam.MacGabhann@dcu.ie or info@recoveryacademyireland.ie

Authors of Report

Dr Liam MacGabhann, Triona Byrne, Claire Naughton and Em Murphy.

This project was funded by the NEIC.

DUBLIN NORTH EAST INNER CITY

Table of Contents

Acknowledgements

We would like to acknowledge the collective of partners who comprise the Dublin North, North East Recovery College specifically our partners for this project, the North East Inner City Initiative (NEIC) and the Recovery Academy of Ireland (RAI). However, it must be said that the work over the past ten months would not have been possible if it was not for the energy and commitment of the North east Inner City Community, residents and workers. We are extremely grateful to the time and effort they have given to engage with this project. It is of the utmost importance to the Recovery College and Recovery Academy Ireland that the work we do is in collaboration with the people that we are aiming to create positive changes for. We hope this report is testament to that collaboration.

Executive Summary

This project set out to build on a previous project 'Enhancing Dual Diagnosis Awareness' in NEIC community and service providers implemented in 2019 as one response to the Mulvey Report (Mulvey, 2017) and the NEIC Strategic Plan (Dublin City Council North East Inner City Programme Office, 2019). Its purpose was to build community capacity in responding to Dual Diagnosis. Key to the project was creating a community dialogue forum; engaging with key stakeholders; implementing a series of trauma informed community workshops and enhanced Dual Diagnosis skills workshops.

The impact of this process is demonstrated in several ways. Community organisations are now aware of what each service provides in relation to Dual Diagnosis, what the deficits are per organisation and how to link with other organisations to address these deficits. There is an active Dual Diagnosis network established with a significant enhancement of skills amongst practitioners to respond effectively to Dual Diagnosis in this community. Moreover, there is a clear integrated pathway for youth and adult services that do and can respond to Dual Diagnosis in an integrated way.

There are still some hurdles to overcome, for example increased engagement by statutory services with community services who provide the majority of care resources to people with Dual Diagnosis. Some further unlocking of referral pathways and improved formal communication between services. Effective approaches and ways of working have been uncovered and already pockets of best practice exist in the community with scope for this to become community wide. This evaluation demonstrates that the NEIC community has the capacity to respond to Dual Diagnosis and with targeted resources a Dual Diagnosis recovery community is both feasible and sustainable.

This project set out to build on a previous project 'Enhancing Dual Diagnosis Awareness' in NEIC community and service providers implemented in 2019 as one response to the Mulvey Report.

Capacity Building – A Community Response to Dual Diagnosis in North East Inner City, Dublin

Introduction and Context

The aim of this report is to assess the impact of the North East Inner City Dual Diagnosis Community Capacity Building Project. The Project began in September of 2022, building on the Dual Diagnosis awareness project in 2019, and continued until the end of July 2023. A community development approach was used which refers to how and for whom development projects are planned, implemented, and managed. For this project and its evaluation, the main approaches used include participatory approaches, asset-based approaches, and community-based approaches. The participatory approach, which serves as the anchor of all community development approaches, takes place when people work together and communities cooperate and participate in the attainment of a common goal, when people are empowered with the knowledge and the means to decide their own priorities, improve their capacities, address their own problems, and needs, and achieve their own fulfilment and meaning (Quimbo, *et al.*, 2019).

Even though it has been a short-term project in terms of community development, the project has been considered a success by the local community. Overall, the project achieved high levels of engagement and increased community commitment to raising awareness and building capacity around issues with Dual Diagnosis. The project was deemed to have had a positive affect meaning it was appropriate to assess the impact in order to identify the potential for further continued development of a community response to Dual Diagnosis.

Dual Diagnosis is defined as the coexistence of mental health problems and significant substance – drug and alcohol – misuse problems in an individual (Department of Health, 2020).

Dual Diagnosis not only has an impact on the individual but also their family and the wider community they live in. When there is a lack of supportive service provision in an area, the issues can quickly become exasperated and reach crisis level which can result in acute service admission (A&E, In-patient treatment). With the Health services already stretched and tackling resource issues this can mean that the individual may not received the specialist treatment required to address both the mental health difficulties and substance use issues simultaneously. Unfortunately, this can mean early discharge resulting in a lack of continuity of care causing episodes of relapse and a cycle of attending acute services for short term treatment with limited chances of entering into a sustainable journey of recovery.

Despite the known increased prevalence rates of Dual Diagnosis and the apparent lack of specialist services, there have been little attempts to create an integrated care approach in service provision. However, in recent months there has been welcomed progression with the launch of the HSE's National Dual Diagnosis model of care.

Although the Dual Diagnosis Model of care (2023) explicitly states that it is a clinical programme and that it is intended for specific areas of need, it also states that the Dual Diagnosis services will provide a significant level of support to the Community Mental Health Teams (Adults and Adolescents) along with the HSE Addiction services. The Model states that in addition to the above, the Dual Diagnosis service will support voluntary bodies including Section 39 agencies, who are catering to the needs of this targeted population. We welcome this commitment to provide support that will allow services to build capacity and continue supporting people experiencing Dual Diagnosis. This support would greatly benefit the work that the Community Development team (CDT) have started in the North East Inner City in terms of the effort made to build capacity and would contribute positively to the potential for further development of an integrated community response to Dual Diagnosis.

Evaluative Process

The evaluative framework adopted for this project has been the LEAP framework using the LEAP manual – A manual for Learning Evaluation and Planning in Community Learning and Development (Scottish Community Development Centre, 2007). The framework was designed by the Scottish Community development Centre to assist professionals and practitioners to plan and evaluate practice in a participatory manner. Considering that this project was rooted in community development principles such as participation, collectively and community empowerment, the framework acted as a useful tool to ensure that the community was included in every aspect of the project including the evaluation stage. The LEAP framework was used from the very beginning of the project to provide direction for a needs led and participative approach. The First step in the process was to **identify the need**, the second to **build on capacity and assets of the community** that already existed. The LEAP models ensures that the planning and evaluation stages both remain **change or outcome focused** and that throughout the process they are concerned with being **participatory,** encouraging the **building of partnerships** and the capturing of **learning and continuous improvement.**

LEAP (2007) promotes needs led practice that first investigates what the issues are, then envisions what successful changes would look like, develops plans to achieve them, identifies resources that are needed to implement the plan and then takes action.

The Leap method also supports the concept of Participatory action research which is an approach to action research emphasising participation and action by members of communities affected by that research. Lewin (1958) explains that Participant action research in which it is assumed that the residents of the affected community who were to help effect a cure must be involved in the research process from the beginning. They would thereby realise more keenly the need for the steps finally decided upon; at the same time their 'ego investment' would support the remedial programme.

An important aspect of this project was to build relationships with the community and to ensure that they were aware that the success of the project was heavily reliant on their commitment to participate.

To summarise, in this evaluation we will set out to clarify what we the community development team along with the community considered the need, giving a detailed description of the background and origins of the project including clearly defined objectives and deliverables.

Following on from this, there will be an in-depth evaluation of the two workshops delivered by the community development team – **trauma informed Communities** and **Dual Diagnosis, Skills Enhancement.** Finally, there will be a summary and brief analysis of the data collected from the **six open dialogue community forums** that were facilitated and that informed many of the recommendations for the sustainable development of an integrated community approach to Dual Diagnosis.

The Need

The need for a community response to Dual Diagnosis in the North East Inner City was informed by both the Mulvey Report (2017) and the NEIC Strategic Plan (2019) – the relevant strategic plan actions are shown in Figure 1 below. The North east Inner City is defined as an area with high levels of deprivation and poverty resulting in a multitude of issues for its community members including challenges with poor mental health and issues with substance use. The Mulvey report set out key recommendations which resulted in the establishment of the NEIC programme implementation board. In terms of creating an integrated system of services in the area the Mulvey report recommended the following;

The above recommendations were considered throughout the timeline of the Dual Diagnosis project. The Dublin North, North East Recovery College (DNNERC) partnership with the Recovery Academy Ireland (RAI) referred to as the Community development team (CDT) for the purpose of this report, previously provided Dual Diagnosis Awareness workshops and Train the Trainer workshops with people and organisations living and working in the area. This awareness intervention is internationally viewed as a first stage in preparing communities how to best respond to complex needs associated with Dual Diagnoses. Moreover, it was informed more locally by an in depth HSE/Social Inclusion funded community research study in Cabra/Finglas (Proudfoot, *et al.*, 2019), an area grappling with similar issues regarding Dual Diagnosis. This study recommended the need for whole community Dual Diagnosis awareness training. The evaluation of this first stage intervention was overall positive in terms of awareness impact and interagency connection. One of the aspirations of people and groups in the process was that they could move to another level of capacity building, where groups would work collaboratively together to create

a joined-up response to Dual Diagnosis within the community. This aspiration mirrored further recommendations of the Cabra/Finglas study (Proudfoot, *et al.*, 2019) to create capacity within the community, by the community through relationship development and dialogical engagement. One of the evaluation outcomes of this intervention when the report was presented to NEIC subgroup 5 (Substance Use, Misuse and Inclusion Health) was the stated need to create face to face workshops with broader community representation to promote whole system learning and engagement. The Dual Diagnosis project sought to address this need and enhance community capacity to respond to Dual Diagnosis.

Figure 1

NEIC Strategic plan relevant actions 2020-2022 (Dublin City Council North East Inner City Programme Office, 2019)

#	Action
8.4	Raise awareness of the importance of trauma informed service provision and give youth workers the necessary tools to support young people who have suffered trauma from crime and violence.
15.4	Strengthen and coordinate local drug and alcohol services to maximise outcomes for service users.
15.6	Monitor and enhance facilities and services for harm reduction in the community.
16.2	Enhance services and strengthen collaboration for Dual Diagnosis (substance use and mental health issues).
16.3	Develop a programme on alcohol misuse and mental health.
16.5	Reduce stigma and have a stronger focus on community and user friendly delivery for health and social care services.

The Stakeholders

The NEIC community members, people with lived experience and organisations that are supporting people with Dual Diagnosis were considered the primary stakeholders. However, due to the nature of Dual Diagnosis and its complexity, other stakeholders emerged throughout the process, e.g. housing associations, Law enforcement, rehabilitation facilities, etc. It must also be considered that there is currently a citizen's assembly on drug policy and the development of a National Dual Diagnosis model of care. This established an added interest by stakeholders such as the health service executive (HSE) and policy makers.

See the below table for a brief stakeholder analysis (Figure 2) which invites us to think about the need in relation to three key factors:

- **Motivation** – this focuses on what may stimulate people enthusiastically to address the need.
- **Capacity** – this focuses on the ability that people have to address it.
- **Opportunity** – this focuses on the context of the need and factors that improve the chance of doing something about it.

The framework considers each of these areas from the perspective of four key groups of people that are likely to be involved in addressing any need:

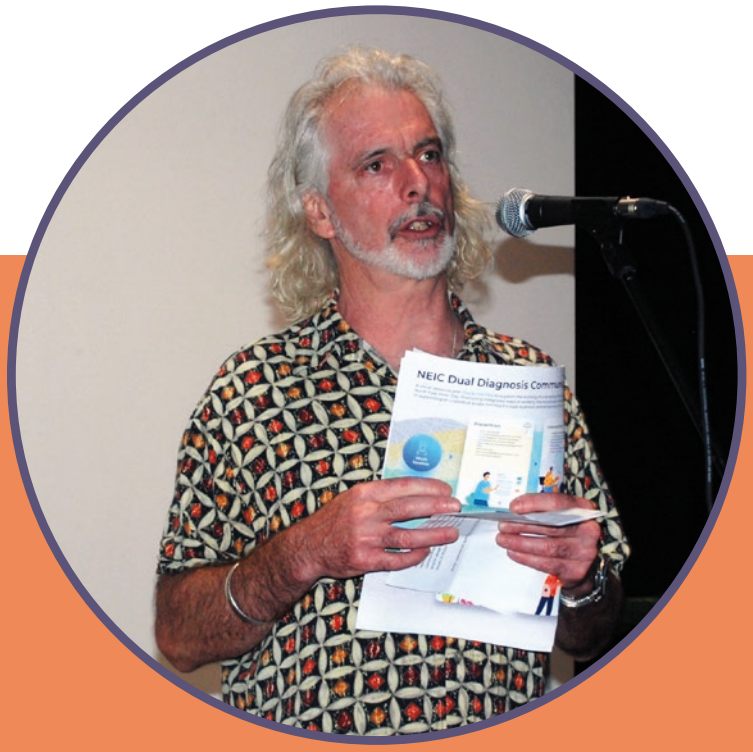
- **The worker** and or his/her agency – this is the person and/or organisation that supports and promotes action for change.
- **The community participant(s)** – this is the individual, group or community that is experiencing the need.
- **Other potential partners** – this consists of all others who may be interested in, concerned about, and willing to be party to action relating to the need.
- **The targets for change** – these are the people/organisations that need to be influenced in order for the change to be achieved. It may contain several different groups of people.

Figure 2

Stakeholder Analysis

System Factor	CD Team	Community Members and Organisations	Other Potential Stakeholders	Targets for Change
Motivation	• Project Co-ordinator and team commitment to building capacity of community to address Dual Diagnosis • **Fits with NEIC strategic plan actions (Fig.1)** • Fits with **Mulvey Report Recommendation of creating an Integrated System of Social Services – 8.** Drug treatment and rehabilitation and related health services are well integrated and responsive to the local area need	• Frustration of lack of statutory services and resources to respond to Dual Diagnosis • Added concern due to availability of drugs in NEIC • Commitment to change in order to support individuals and families better	• NEIC:Sub group 5; goal of tacking substance use and creating supportive pathways for people with Dual Diagnosis • Dept of Health/ HSE: development of a model of care that promotes interagency collaboration with the community • Law Enforcement: lack of awareness of where to direct people they engage with to for support • Politicians: Commitment to support the appropriate treatment of people with Dual Diagnosis through political campaigns regarding legislation and policy	• Resistant professionals • Service Users • Community members • Community services • Statutory Services
Capacity	• Skills and experience of capacity building • Access to resources including operational support budget, equipment. • Access to specialist advice and support of HSE Dual Diagnosis programme lead • Belief in the potential of the NEIC community	• Energy • Time • Resilience in face of adversity • Self-organisation skills • Communication skills in spreading the word and sharing knowledge • Confidence • Commitment • Lived/professional Experience	• Each of the above brings relevant knowledge, experience, skills and resources that can contribute to raising the awareness of Dual Diagnosis and the importance of a trauma informed community	• Resistant professionals: Use of professional power and authority, control of access to resources. • Beliefs in traditional ways of working • Passive members of the community

System Factor	CD Team	Community Members and Organisations	Other Potential Stakeholders	Targets for Change
Opportunity	• Shared interest of other potential partners in addressing a community response to Dual Diagnosis • Creation of National Dual Diagnosis programme	• Support from Community Development Team • Interest from Partners and other groups to work together • Commitment to Highlighting of Dual Diagnosis in the media and political sphere	• For all community stakeholders the potential to work with a local driven campaign that can influence the national perspective	• Desire for appropriate support for Dual Diagnosis among service users • Opportunity for change in how services work together among workers



Agreeing Outcomes

One of the aspirations of the community members was that they could move to another level of capacity building, where groups would work collaboratively together to create a joined-up response to Dual Diagnosis within the community. It was expressed that it is important to create face to face workshops with broader community representation to promote whole system learning and engagement. This project seeks to address this need and enhance community capacity to respond to Dual Diagnosis. The NEIC community's vision of an outcome is a community that is trauma informed. That there is no wrong door when individuals and family members reach out for help with mental health and substance use.

The community development team (CDT) established desirable outcomes, Figure 3 as desirable outcomes. However, they see them in a wider context that is informed by policy for their work. In line with the proposal, the deliverables emphasise process outcomes for the group: growth in confidence and skills, widened community networks, accessing and using resources to achieve change and improve practice of agencies working in the community. The community development team considers the open dialogue community forum the core transformation process.

Other stakeholders are interested in supporting the community forum for other reasons. For example, the local youth services are interested in the prevention and early intervention of mental health issues resulting in the use of substances as a coping mechanism. The Gardai seek outcomes related to reduced crime as a result of issues with mental health and substance use. Tusla, the child and family agency, are concerned with better outcomes regarding the safety of children and wellbeing of families experiencing mental and substance use in the home. The homeless housing services seek a pathway to which they can refer their clients experiencing Dual Diagnosis whilst maintaining housing supports. See community and wider stakeholder desired outcomes and indicators in **Figure 3** below.

Figure 3

Desired Outcomes and Outcome Indicators

The community want these outcomes

- No wrong door for people experiencing Dual Diagnosis in the North East Inner City
- A joined-up integrated community response to Dual Diagnosis
- A Community Network of professionals and community members
- A trauma informed community through regular and follow up training
- Improved links with specialist mental health services

The combined potential indicators of success

- Increased confidence and skills in staff who work with Dual Diagnosis
- Awareness of a clear community-based support pathway for individuals and family members seeking support
- The establishment of a sustainable network for sharing knowledge and best practice
- A network that is comprised with members from a variety of backgrounds.
- Secured funding for network coordination and regular training and support.
- Recognition of the community's role in future policies and models of care regarding Dual Diagnosis

Other stakeholders have identified these outcomes

- Growth and confidence in skills
- Widened networks in the community.
- Best practice policy regarding Dual Diagnosis
- Wrap around/holistic approach to Dual Diagnosis
- Access to more specialist psychiatry services that can support Dual Diagnosis
- More resources and training for addiction services in order to confidently offer appropriate support for clients with a mental health diagnosis.
- More accessible localised supports for people experiencing Dual Diagnosis

The Action Plan

The initial proposed NEIC Dual Diagnosis project aimed to enhance the community capacity to respond to Dual Diagnosis, through a number of specific objectives:

1. Establish an open dialogue community forum, comprising all stakeholders that have a vested interest or are effected by Dual Diagnosis in the community
    - Stakeholders will include people with lived experience, family members, statutory services, community services, ancillary services, peripherally involved services
    - The community forum will provide the vehicle (as a participatory network) for action orientated activities and engagement between stakeholders.
2. Establish rules of engagement between stakeholders, underpinned by an ecological view of trauma in personal and community contexts.
3. Explore existing capacity for service providers to respond to Dual Diagnosis and what they need to develop, so that they can enhance capacity.
    - This will include further training, personal and practice development and inter agency capacity.
4. Identify a potential integrated care pathway within the community for people who are affected by Dual Diagnosis.

Each objective and deliverable have been evaluated on both the level of participation from named people and organisations and the outcomes achieved individually and as part of the overall project.

Figure 4 below clearly outlines the proposed action plan including a timeline for each stage of the project. It was confidently predicted that stage 1 would be completed because the inputs are committed. However, aspects of stage 2,3 and 4 depended on further developments and commitments and were therefore more speculative. It should be said that the action plan was mostly sequential however the CDT were aware that it would not be a linear process. The action plan clearly set out what we proposed to do, however, the evaluation gives a sense of what has been achieved as a result of these actions. The below action plan was compiled based on early conversations with stakeholders and feedback and comments from previous workshops with the community.

Figure 4

Action Plan

Inputs/Resources	Processes/ Methods	Outputs/Specific Actions	Timeline	Achieved
Stage 1:	**Stage 1:**	**Stage 1:**	**Stage 1:**	**Stage 1:**
Project Coordinator (PC) and wider Project team(CDT)	Information gathering	PC to research NEIC area, the demographic, services that exist and funding structures	**Immediate**	✓
Participants from 2021 training	Outreach	Project Co-ordinator to engage with participants of previous training workshops to follow up on impact of training on practice and what is needed to build capacity regarding Dual Diagnosis	**Weeks 2-8**	✓
The wider community	Agency visits	PC to engage wider cohort PC to document information received through community engagement regarding challenges and barriers faced when working with DD	**Weeks 2-8** **Week 2 onwards**	✓
Venues	Acquiring Resources	PC to find suitable open dialogue venues that ensure we are accessible to all neighbourhoods in North East Inner City	**Week 4-16**	✓

Inputs/Resources	Processes/ Methods	Outputs/Specific Actions	Timeline	Achieved
Stage 2:	**Stage 2:**	**Stage 2:**	**Stage 2:**	
All of the above	Outreach/ Engagement	Team will identify targeted cohorts for participation in Open dialogue and workshops.	**Week 2 – Week 31**	✓
	Social Media	Use social media to promote the open dialogue	**Week 4 – Week 31**	✓
	Agency visits	The Team with collaboration from community stakeholders will advertise and promote the open dialogue forum to contact lists	**Week 4 – Week 31**	✓
	Open dialogue	Facilitate open dialogue sessions monthly	**Week 7 – Week 31**	✓
Infographic Facilitators	Resource development	Contact infographic facilitators to discuss proposal for project deliverables 3 and 4	**Week 16-20**	✓

Inputs/Resources	Processes/ Methods	Outputs/Specific Actions	Timeline	Achieved
Stage 3:	**Stage 3:**	**Stage 3:**	**Stage 3:**	
All of the above	Capacity Building	Delivering two 2-day workshops on ecological approaches to trauma Facilitating a community engagement day to capture what has been discussed to date on the project and measure where the community is at in terms of the sustainability of an integrated approach to Dual Diagnosis	**Weeks 24-32** **Week 32**	✓
Core Group	Networking and Resource development	Using evidence gathered and supported by the PC the group will prepare a plan regarding the capacity building approach to be used going forward. Taking into consideration how best to build sustainable community support and involvement and how to engage the interest of all service providers (community and statutory)	**Weeks 20-32**	✓
Politicians	Networking and raising awareness	Meeting with Constituency politicians and politicians with interest in Dual Diagnosis to raise the profile of the project at a national level. Discussing potential collaborations regarding Citizens assembly and Daíl/Seanad debates	**Week 12 – 44**	✓

Inputs/Resources	Processes/ Methods	Outputs/Specific Actions	Timeline	Achieved
Stage 4:	**Stage 4:**	**Stage 4:**	**Stage 4:**	
Project Co-ordinator and wider project team	Evaluation, reflection and learning	Evidence of progress against intended outcomes will be recorded by group and PC and reviewed at the end of each stage of the action plan.	**Week 22-48**	✓
Core Group	Information Gathering, decision making, development of capacity building workshops	The group will develop and sustain contact, and where possible collaborate, with others with a shared interest in the need Using evidence gathered and supported by the PC the group will prepare a plan regarding the capacity building approach to be used going forward. Taking into consideration how best to build sustainable community support and involvement and how to engage the interest of all service providers (community and statutory)	**Week 22-48**	✓
Infographic facilitator	Resource development	Feed info and data to Infographic facilitator to develop infographic representing community integrated care pathway and complimentary Interactive map	**Week 40-48**	✓

Figure 5 provides a visual representation of the overall project process. The first stage outlines the overall planning of the project including what resources were available, what methodology for participation would be used and what actions we would take. The second stage captures the difference the project should make. The Third stage captures the overall need such as greater community health and wellbeing.

Figure 5


How will we go about it?
Stage 1
What resources will we use?
Past workshop participants
Existing community groups
Community services, community workers
Statutory services and staff
Youth services/ Youth workers
Community Representatives
People with lived experience of Dual Diagnosis
Ancillary Services
Politicians
What methods will we use?
Outreach work
Networking
Information gathering
Capacity building
Knowledge exchange
Implementation monitoring
Community engagement
Information dissemination
Seeking resources
Review and reflection
What actions will we take?
Open dialogues
Dual Diagnosis skills training in communities
Trauma informed
Training in communities
Community forums
Core group meetings
Raise project awareness through social media
Continuous evaluation
Stage 2
What difference do we want?
Interagency community response to Dual Diagnosis
Established Dual Diagnosis Forum
Trauma informed staff and community members
Collaboration and Partnerships
Increased capacity Built
NEIC Community awareness to respond better to Dual Diagnosis
How will we know?
Established Network of professionals and people with lived experience of DD
Co-designed integrated community care pathway for people experiencing DD
Increased collaboration between services and projects
Increased overall awareness of DD in the NEIC community
Stage 3
What is the need?
Greater community health and wellbeing
Better outcomes for individuals, families and community
Making recovery from Dual Diagnosis visible
Trauma informed community

Monitoring

Who will monitor?

The lead role in achieving change has been taken by the North East Inner City community itself. However, due to the infancy of the project and the continued growth in the community network with the addition of new members, the project coordinator (PC) along with the team have monitored the coordination of the action plan. This has been done using the minutes and topics discussed at community forums and core group meetings against the action set and completed. At each community development team meeting these actions were reviewed to ensure that progress has was made on the tasks identified. Any evidence of progress against the intended outcomes has been recorded by the Project Coordinator and relayed back to members of the community forum network. The community development approach that was used for this project created the ability to effectively monitor the results in real-time with the community.

The monitoring tools used to for the evaluation of this project where mainly linked to the engagement we had with the community. Firstly, we captured the needs of the community through desktop research and outreach to organisations. Informal communication was captured and themed. The community forums acted as our largest data collector. Each forum lasted approx. 2 hours and data was then collected and thematically analysed. As reported in the below evaluation, the forums topics moved from challenges to more solution focused. The results of this showed the level of sophistication of the dialogue spaces as a monitoring tool. Group discussions from workshops were captured and again themed for analysis. Evaluation surveys were sent to the participants of all workshops. This allowed use to collate qualitative and quantitative data which enabled us to measure capacity of participants and specific elements of the workshops. We sent evaluations for the last forum “Join the Dots” which again allowed use to measure expectations against actual outcomes.

Evaluation

Process Evaluation

The Project Co-ordinator and Community development team set out a proposed timeline that included several different stages which are set out in the table above. On completion of each stage the Project Coordinator evaluated the progress against intended outcomes of the project.

Stage 1

At the end of the first stage, the PC had engaged with several stakeholders across the community. Using a community development approach to engage with the community, the PC built trust through the formation of relationships with key stakeholders. The PC listened to the community's concerns and gathered information through conversations about the challenges with Dual Diagnosis and what change was needed in order to improve the way the community could respond. The PC gained commitment from key stakeholders that they would be willing and eager to participate in the Dual Diagnosis project by attending forums, availing of capacity building workshops and spreading the word within the community about the project.

During this first stage the PC identified suitable venues to host Community Forums. It was important that location was considered. The North East Inner city is a substantial geographical area with several residential neighbourhoods – Ballybough, Summerhill, Parnell Square, Sheriff St, etc. To encourage meaningful participation excluding accessibility as a barrier, the community development team chose to host moving forums so that each neighbourhood would have the opportunity to access a forum local to them.

Stage 2

Moving on to stage 2 of the project the PC and CDT began preparing for the facilitation of the Community Forums. It was decided that the team would take an open dialogue approach to the forums. Open Dialogue as a form of open communications; a therapeutic process; and as a process for organisational/community development has a long-standing tradition. One of the crucial strengths of Open Dialogue is the capacity for people engaged in this process to take on board multiple perspectives, to internalise these and to work with whoever they are engaged with to form mutual realities and possibilities (Piippo & MacGabhann, 2018). Considering that there are multiple perspectives on Dual Diagnosis, the open dialogue approach enabled the space to be a one of rich discussion and ultimately transformative. Stage 2 was also the phase of the project that allowed us as a team to identify key stakeholders whose participation was required for a community wide change to a response to Dual Diagnosis to occur. We did this in several ways. Firstly, desktop research, the PC researched the area and the listed services that self-identify as working with mental health and/or substance use issues. The PC met with these services initially in stage one and was advised of other less obvious key stakeholders that should be invited to forums. The PC made a conscious effort to engage with as many stakeholders as possible in the community including members of the Garda Síochana and local politicians. Overall 50+ services were contacted in the two initial stages of the project.

The first community forum was held in Ballybough Community Centre on 26th of October. A total of ten people participated in this forum, all attending from community services and majority staff. A more in-depth evaluation of the Community Forums can be found further on in this report. Following on from this forum the PC took a more target approach to engagement with the key stakeholders. The PC requested to meet with staff from statutory services and used newly formed relationships with the community to disseminate information about the project aims and upcoming meetings.

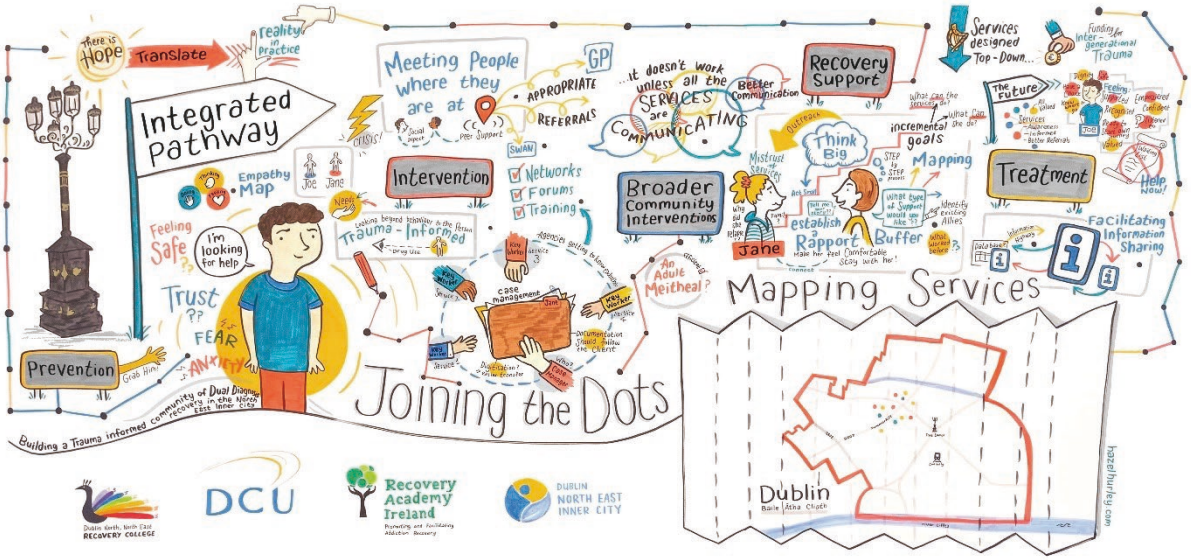
The second meeting had 23 attendees, over double the number from the first. This meeting had different participants from the first, some of which were from new organisations working with mental health and substance use that were looking for a space to network. The topic for discussion focused mainly on the barriers to support and care for clients experiencing Dual Diagnosis. All information was recorded in order to feed into the wider piece about how the community can overcome the challenges and barriers by creating an integrated service pathway and map for the community to use as a resource. Overall, we received positive feedback through word of mouth from participants, mainly focusing on the benefit of having a space to network with other organisations working in the sector.

Stage 2 also focused on the contracting of graphic designers to start the initial stages of building a map of services in the area that can offer support to people and families experiencing mental health and substance use. The graphics team would also be responsible for designing an interactive resource that can guide people through the different services available, what they offer in terms of Dual Diagnosis support and how the services work together in order to provide a more integrated response.

Stage 3

Stage 3 saw the project move to the next level of capacity building. Participation at community forums grew from 23 at the second meeting to over 45 participants at the third and fourth meeting. This suggested that there was a genuine and increasing interest and willingness to become involved in the project and work towards real change. The CDT decided to incorporate a wellbeing session into the forums, allowing participants a space to focus on their wellbeing and selfcare, a topic which was regularly brought up at forums as needing more emphasis. This was a positively welcomed aspect to the forums. Alongside the forums we also met with a smaller number of stakeholders mainly from community services across the area to develop a plan for capacity building workshops. It was agreed that we would deliver trauma informed community training in the form of a 2-day workshop co-facilitated by a professional and team member with lived experience of Dual Diagnosis. This workshop would be delivered twice and would cater for a total approx. 60 participants. A second shorter workshop was agreed by the core group, this workshop would focus mainly on enabling the community to identify what strengths and skills they already had and finding ways to enhance them in order to work more confidently with Dual Diagnosis. Members of the core group also agreed to co-design and co facilitate the Dual Diagnosis workshops with the CDT in order to share specific knowledge and experience of working in the local area, adding to the needs-based approach of the project.

Stage 3 also involved the facilitation of a community engagement day called **"Join the Dots"** to capture what has been discussed to date on the project and measure the community's capacity in terms of sustaining an integrated approach to Dual Diagnosis. This engagement day was crucial for the co-creation of an integrated community care pathway. It also facilitated a space for reflection and meaningful conversation about the direction and potential of the overall project whilst placing the service user at the centre.



Stage 4

Moving on to the fourth and final stage of the project saw the development of the integrated community care pathway and map. The PC and CDT compiled all of the information gathered through agency visits, desktop research, community forums, capacity building workshops and the wider stakeholder day to identify what services are on offer in the North East Inner city including ancillary services that enable people to avail of the support of mental health and addiction services. A list of different services was established and categorised into different areas of support – prevention, intervention, treatment and Recovery Support. We collected more in-depth information from each service regarding what specific supports are on offer, how and where you can find them and what the referral process is. This was sent to a graphic designer who created an interactive map that included all aforementioned information and an interactive infographic that acts as a complimentary resource. All information included was gathered through the meaningful participation of the community members who gave up their time to be involved. We celebrated the finished result by hosting a launch event in local venue D-Light Studios that showcased the potential care pathway and Map and also the work of many of the services in the area through Art, song and performance expression. We felt it was of utmost importance to use the opportunity to make it visible that Recovery is happening in the community supported by the hard work and dedication of services. The Launch was a free event with 100 tickets available which fully sold out. The attendance included people from many backgrounds – local community members, people with lived experience, community and statutory services.

Workshops Evaluation

Trauma informed Communities Workshop

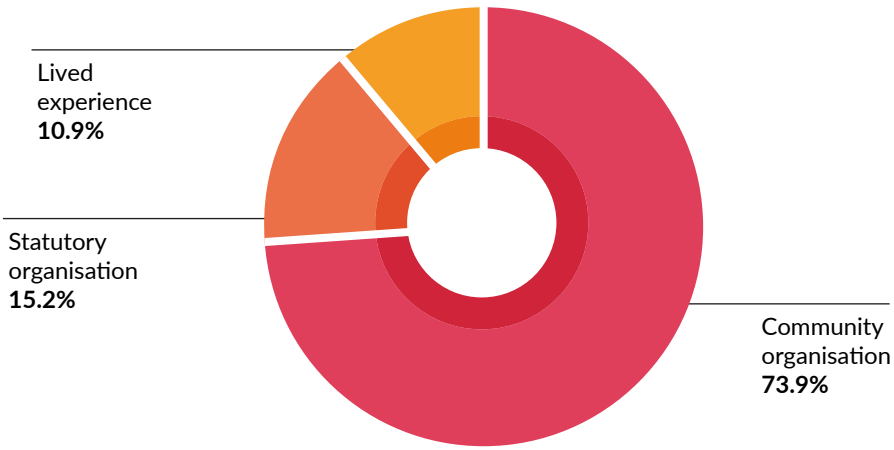
It has been widely recognised that people with Dual Diagnosis often have a history of trauma which can lead to disruptive attachments and challenging behaviour as well as an abundance of other health issues. In April and May of 2023, the Community Development team delivered two 2-day trauma informed Community workshops as a recognised response to this issue. The intention of these community specific workshops was to work towards building capacity of the community to respond to mental health and substance use through a trauma informed lens. It is recognised by many studies including the DCU Finglas/Cabra Community Study (Proudfoot, *et al.*, 2019) that in terms of organisational requirements to work with Dual Diagnosis, services aren't always adequately equipped to treat trauma and there are a lot of models of trauma Informed Care that people are not aware of or do not understand. It was also reported many times throughout the community forums, the need for education around the effects of trauma on a community for workers. Therefore, the need to provide further training and opportunities to upskill is crucial in terms of addressing the organisational requirements to better respond to the needs of the community.

The two-day workshops were held from 10am – 4.30pm. They were held in areas central to the North East Inner City making them accessible to the local community.

Number of Participants

Across the two workshops there was a total of 54 participants. We received 32 feedback responses. We asked participants to disclose what their main perspective was as many would have had personal experience with mental health and substance use but may have attended in their professional role. We felt it was important to capture this information in order to understand the reach of the project. As the below chart (figure 6) shows, the majority of participants came from community organisations, it was noted that there was a lack of participation from statutory addictions and mental health services plus a minority of people with self-experience**.** Participants came from services such as; Community Addiction Services, Mental Health services, local youth services and a remarkably high volume of people from the homeless sector.

Figure 6



Workshop outcomes – Combined Findings

Participants were asked to comment on their experience of workshops in relation to trauma informed with the following mixed method questions:

How useful were the topics covered?
Was there anything about the course you found particularly useful?
Was there any part of the course that felt was of little use?
Was there anything else that either hindered or contributed to your learning?
General experiences?

87% of participants who completed the evaluation form deemed all ten topics either very useful or useful. The topic deemed most useful for participants was Awareness of the impact Trauma can have on health and wellbeing.

In terms of general experiences of the workshop, 93% of participants considered both the level of invited participation and opportunity to engage in course learning the most useful. This is a positive reflection of the style of learning used which provides participants with the opportunity to meaningfully engage with the workshop.

The main reoccurring themes across the 32 responses were:

Awareness of trauma as a Concept
Participatory Learning
Delivery Method
Personal Development
Learning Outcomes

Awareness of trauma as a Concept

Many participants expressed that they had already received training in relation to trauma however that they found it interesting to learn about the body's response and the impact of trauma on the wider community. Some participants expressed their desire for more in-depth trauma training. Overall participants felt that going forward they were more aware of their interactions with people in the community bearing in mind the potential existence of trauma.

Participatory Learning Style

There were mixed opinions on the participatory style of learning. Many respondents praised the fact that there were many different professions in the space which added to their learning. Others expressed their preference for more targeted training aimed at a specific profession.

"I feel that my learning was extended due to the fact that there was a big variety of professionals from all different aspects of the community who had huge knowledge in their experiences"

"I would prefer to be learning with peers in my own sector as we could share our common experiences and discover shared learning to improve practice"

Delivery Method

Overall responses regarding the method of delivery were positive. The Grounding exercises were well received as a tool for enhancing the conditions for learning. The mixture of PowerPoint slides, examples and group work was also praised. Some participants felt that the group discussions had a tendency to be focused on one sector, i.e. youth and this had at times hindered their learning.

"I found that the Powerpoint was not over used. I can get easily distracted or very tired from looking at slides for too long. The methods of delivery used were perfect for my learning style."

Personal Development

Since many of the participants were actively working in the area of mental health and substance use, it wasn't surprising that the workshop gave them the opportunity to reflect on their own trauma experiences. Many found it beneficial for their own personal development to learn about the impacts of vicarious trauma on themselves as workers and how this impacts their work. This led to discussions about how staff can support themselves and what support should be offered by their employers.

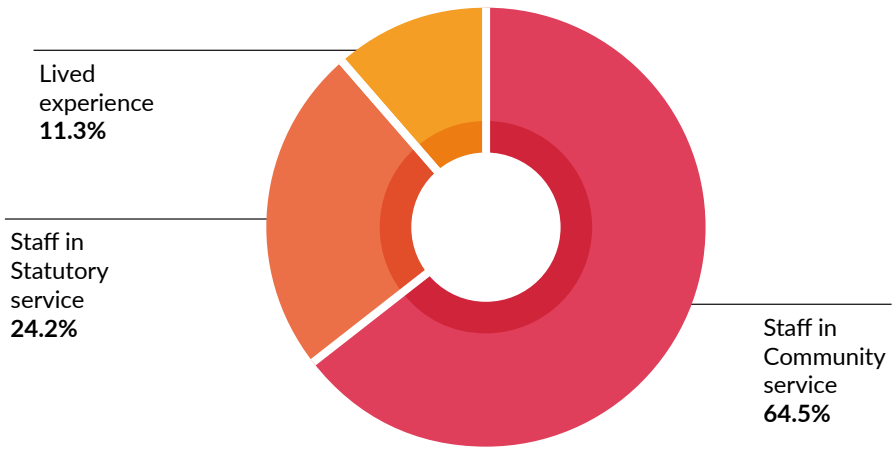
Dual Diagnosis Workshops

Following on from the delivery of the trauma informed communities workshop the community development team delivered two further capacity building workshops focusing on how to enhance the skills of people working with Dual Diagnosis. These workshops were co-designed with the NEIC core group that consisted of different professionals from across the community. It was felt that dividing the 1-day workshop into two half days would be beneficial to those working. We again organised venues in central locations to cater for the whole community. The workshops were co facilitated with the community development team and others with lived experience or professional experience of working in the community with Dual Diagnosis. This meant that the content was relatable in terms of the issues and concerns of the area and provided awareness of services that are available for clients and family members.

Number of Participants

In total we had full registration for the workshops with 62 people signed up. However, there were 44 participants with 23 attending the first session and 21 at the second. It must be noted that it is not unusual to have a certain amount of no shows and cancellation for community training events. As discussed previously, resources such as staff are currently at a low level in both the community and statutory sectors resulting in a lack of availability to be released from work duties. Similarly, to the trauma informed workshops these sessions mainly consisted of participants from the community sector. However, it should be noted that there was a 10% increase in attendees from the Statutory service in comparison to the trauma informed community's workshop. Perhaps indicating a need or desire from staff to gain more understanding of the issue.

Figure 7



Dual Diagnosis Workshops Outcomes – Combined Findings

The evaluation form was sent to both cohorts of participants with 17 completing the form. The evaluation form asked participants to rate the level of usefulness of the **intended learning outcomes**, the **learning processes** and how they rated the **cooperated learning approach. Positively, 100% of participants that completed the evaluation form deemed all intended outcomes very useful or useful.** From analysing the data received from the **intended learning outcomes**, it appeared that the most useful topics were;

Conceptualising Dual Diagnosis
Dual Diagnosis Indicators
Case Management as a Tool
Behaviours and Coping Mechanisms

With regards to the learning process, the course material and topics were deemed the most useful by 82% of participants with the PowerPoint presentation deemed the least useful.

In terms of the Cooperative learning approach used, 76% agreed that they were listened to and understood during the sessions. Over 60% also agreed that they felt they had the opportunity to inform group learning and course development.

Was there anything else that either hindered or contributed to your learning?

All responses to this question were positive. Many participants stated that they found the variety of attendees to be beneficial to their learning. The cooperative learning style encourages participants to explore a collective response to an issue, in this case Dual Diagnosis. This contributed to the overall aim of the project to create and encourage an integrated care process for people experiencing Dual Diagnosis.

"The people contributed to help the learning experience be less challenging for me, both staff and people attending the course"

"To be able to share the points of view with professionals from different organisations"

Was there anything you would have liked to have seen done differently on the course?

Some participants expressed a need for more time to go more in depth with discussions, but others agreed that there wasn't anything they would like to have seen differently given the short timing of the session.

"I think facilitators talking more in depth about DD and explaining concepts more fully would have led to more proactive group discussions"

Anything else to add

Given that this workshop is the first of its kind in its bespoke nature, we felt it was important to offer a space for participants to add anything they felt we the team could learn from for future similar workshops. One participant added that it would be useful to include a group agreement on diagnostic concepts, assessment and treatment. Most responses expressed their gratitude for the workshop, their desire to attend further trainings and offered positive feedback around the facilitators and the style of learning used.

"Training was great, trainers were very approachable and delivered information clearly"

Open Dialogue Community Forums

Over the 11 months of the project, the Community development team facilitated 6 open dialogue community Forums. The first forum took place in October 2022 and the last in May 2023. The aim was to host a forum every 4-6 weeks and to build on discussions and sustain momentum. In total there was roughly 182 attendees across the six forums across a variety of different backgrounds. The open dialogue forums created a space for community members and workers from different perspectives to gather in a space which allowed for conversations to develop regarding mental health and substance use in the community. Initially the conversations revolved around the current landscape regarding access to services and what people's experiences were. Topics differed from forum to forum however considering the infancy of the project, there was a great deal of curiosity which meant we had new members participate in each forum. Topics weren't necessarily progressive for the first three forums as we as a team felt it was important to allow discussions to naturally evolve and with new members each time this meant that there was a great deal of frustration around barriers to care. As the participants became familiar with engaging in the forums the dialogue aspect came more sophisticated by evolving towards solution focused discussion. Taking this into consideration, the first three topics were heavily related to challenges for both people with experiencing Dual Diagnosis and the staff working with them. For the final three forums the topics moved into the direction of what can we do as a community using an assets-based approach. The participants contributed to the conversation with ways in which the community could use what they have to respond to the issue.

Emerging Themes

Participants of the forums expressed frustration regarding the lack of commitment across services to a **case management** model. They felt that many services and workers were committed to the process however unless all services that interact with a client are participating, gaps in care appeared which contributed to a lack of care for the client. The **Meitheal programme** was reported as a possible model to follow. Meitheal is an old Irish term that describes how neighbours would come together to assist in the saving of crops or in other tasks. In a Meitheal, a lead practitioner will identify a child's and their family's needs and strengths and then bring together a 'team around the child' (Tusla, 2013). Meitheal is a programme and framework that already exists and that could be adaptable to an adult engaging in services. In terms of case management, it became clear through discussions that there are project workers taking on the role of case managers, something that needs to be rectified through the hiring of case managers or an increase in project workers salary to reflect their duties.

Along with case management it was suggested that a **single assessment tool** should be used for each client. An assessment that can follow the client and avoids the need for the client to retell their story which may result in re-traumatisation of the client or a disengagement with services. There is currently a paper based common assessment tool in use in the North East Inner City. However, it was suggested that a shorter digital version of this could be more useful for services and clients.

There was a clear discussion around the needs for **family support** to be included in the client's care plan. When a person engages with a service, wrap around care should be provided encompassing the needs of the whole family. It was also reported that there is a need for separate services that cater specifically to family members of people experiencing Dual Diagnosis. Targeted supports for client's children must also be provided when creating a wraparound care plan. Having a parent experiencing Mental Health and/or substance use can be traumatising for a child so in order to break the cycle, supports must be provided at an early stage.

GPs were reported as the gatekeepers for care for people experiencing mental health and substance use issues. Many perceived GPs as the only way to access support. However, throughout discussions it became apparent that many services operate through self-referral or referral via other services. More community awareness around pathways to access services is needed. A user-friendly map of services with clear criteria referral methods was suggested and as a result was created.

The importance of a **no one size fits all** approach was discussed. Many services operate off a specific pathway to recovery. It is important that at assessment stage and throughout a person's journey service providers reflect on whether they are the most appropriate service for that person. If not, they should work using an **interagency approach** to link the person with a more appropriate care provider. This would ensure that each person is getting the most appropriate care for their needs resulting in a more successful journey of recovery. At times, services can end up holding onto client's as it may be perceived that there is no alternative service that can better suit their needs. **Recovery Coaches** are trained Peers that can support a person through their journey, advising them of the different pathways available to them throughout their journey. Recovery Coaches are currently voluntary roles. However, if coaches were paid and directly employed by services, they could act as a guide for people in accessing the most appropriate treatment.

In-reach and Outreach were discussed as important ways to work. The question was asked, "are people hard to reach or are services hard to reach?" Services, specifically addiction services can lack visibility to both protect anonymity and to blend in with the surrounding areas. However, this can result in a lack of awareness around what is available for a person seeking care and support. Services need to commit to making their services known to the community by carrying out community outreach activities. More recently services have begun carrying out in-reach into existing services such as methadone clinics and homeless services. Addiction support services now have staff attending these services and introducing themselves to potential clients. It is meeting the needs of people by meeting them where they are at and building relationships through regular engagement. It would beneficial if mental health supports could also offer in-reach supports. In-reach to youth services was specifically mentioned as there can be a added barrier for young people in attending services especially if they lack the support from family.

24-hour community support was also an unmet need. If a person is needing support out of hours the only service available are the acute services such as A&E that could see a person waiting for an extended period in an environment that may exasperate their symptoms.

Staffing and Resources were regular challenges reported. Many services, both community and statutory are battling staff shortages which makes its difficult for them to offer appropriate care to clients. This also acts as a barrier to building interagency relationships and attending networking events. Ultimately, staff shortages and low paying roles can add to high staff turnover in the area. Understaffed teams have also seen a rise in burnout amongst their teams which leads to further staffing issues. Increased funding would allow for the employment of more staff and improved pay and conditions.

Trauma informed awareness and practice were discussed as the foundation to responding to Dual Diagnosis. The understanding that trauma can affect mental health and that substance use can at times be used to treat the those affects is crucial when in a supportive role. This type of awareness can allow a person to adapt how they interact with people who may have a history of trauma.

Overall, a **Dual Diagnosis Best Practice guide** was reported as a useful tool that workers and services could use to inform how they work with people experiencing Dual Diagnosis. There are several International best practice guidelines that could be adapted for the Irish context. With the recent launch of the Dual Diagnosis model of care, it would be timely to create a best practice toolkit that workers could avail of.

The need to address issues around **criminal activity** that affects the supply and use of drugs in the North East inner city was discussed. Laws and policies need to be designed and implemented regarding Drug Intimidation and Child trafficking. There is a huge issue with young people being groomed into criminal activity. This is an issue that affects the area as a whole and that Youth Services in particular are trying to tackle. **"Cuckooing"** is also an activity that is on the rise in the area, it is where individuals take over a vulnerable person's home to use or sell drugs. It is important for supports to be put in place that deters this type of activity happening to a person who has entered into a recovery journey.

In terms of stakeholders, participants felt that the forums were well represented however it was noted that there was a lack of representation from **local politicians and statutory services**. For a community wide approach to be achieved, participants felt it was only possible with all stakeholders involved.

Staff specifically from addiction services expressed a need for further support to prevent **vicarious trauma** resulting in burnout. Staff also requested better support mechanisms like **external supervision**. In order to gain more confidence to work with mental health diagnosis they voiced the need for **mental health specific training**. There was a lack of awareness regarding the **indicators** of a person experiencing both mental health and substance use issues.

In order to remain up to date on Dual Diagnosis supports and education it was suggested that a specific **Dual Diagnosis website** could be useful to stay informed.

Young People experiencing Dual Diagnosis had their own unique challenges. There is a lack of **residential services** for young people to receive treatment throughout the country. The **waiting lists** of mental health support services can be up to two years resulting in further deterioration of a young person's mental health which can result into use of substances to manage their symptoms. This challenge reflects the need for investment into **prevention** measures and **early intervention** supports. If fully functional supports were in operation at prevention and intervention stages, there would be a reduction in the need for further treatment and recovery supports.

In terms of building a **Dual Diagnosis integrated pathway** in the North East Inner City, concerns were raised around the current lack of integration across community services. It was reported that there is a particular **barrier to communication** between the community services and the statutory even though they may both be working with the same person. This challenge reflects an **organisational structure shift** that needs to occur within and across services in order to be able to operate through clear lines of communication. The issues discussed weren't isolated to statutory and community. There was also an apparent barrier to communication across the community as a whole. Understandably, long serving staff tended to have relationships built over time with particular workers in different organisations which results in **person-to-person connections** instead of organisational connections, something which is needed for an integrated community approach. It was also mentioned that cross agency communication is an important factor when ensuring that **duplication of services** is avoided.

There was agreement that forums such as the community open dialogue offered a space to network and build lines of communication with other services and to educate staff on what already exists in the area that their client's could possibly avail of.

Recovery and **Recovery Capital** was an important topic of conversation at the open dialogue forums. The need for specific aftercare supports to ensure the person remains engaged once they have started their journey of Recovery. Treatment is one component of the support that's needed but some people may require more long-lasting sustainable supports. Many community addiction services offer targeted aftercare supports so it is important that anybody working with an individual is aware that these services are on offer. These aftercare supports consist of personal development and tools for supporting their own wellness and mental health. By offering these services, it gives the individual back the power to take charge of their own recovery whilst leaning in for support if and when needed. Moving on from this type of support, individuals in recovery should have the opportunity to avail of activities in their own community that encourage and support their journey. **Sports at Arts initiatives** are a useful tool for maintaining wellness and something which should be utilised for recovery in the community. **Recovery Cafés** were also described as an important part of recovery maintenance within a community. **Recovery Capital** can be built by offering people a safe space for them to enjoy pro social activities and to connect with others.

Overall, the feedback for the forums was positive in terms of a space for sharing knowledge and networking with other services in the community. When asked "was there anything about the forums that you found useful?" some responded with the below comments

"Hearing alternative options and information sharing. Interesting to hear different perspectives"

"The similar and differences of opinion shared by each group"

"Networking with other services was able to make a direct referral to the staff member"

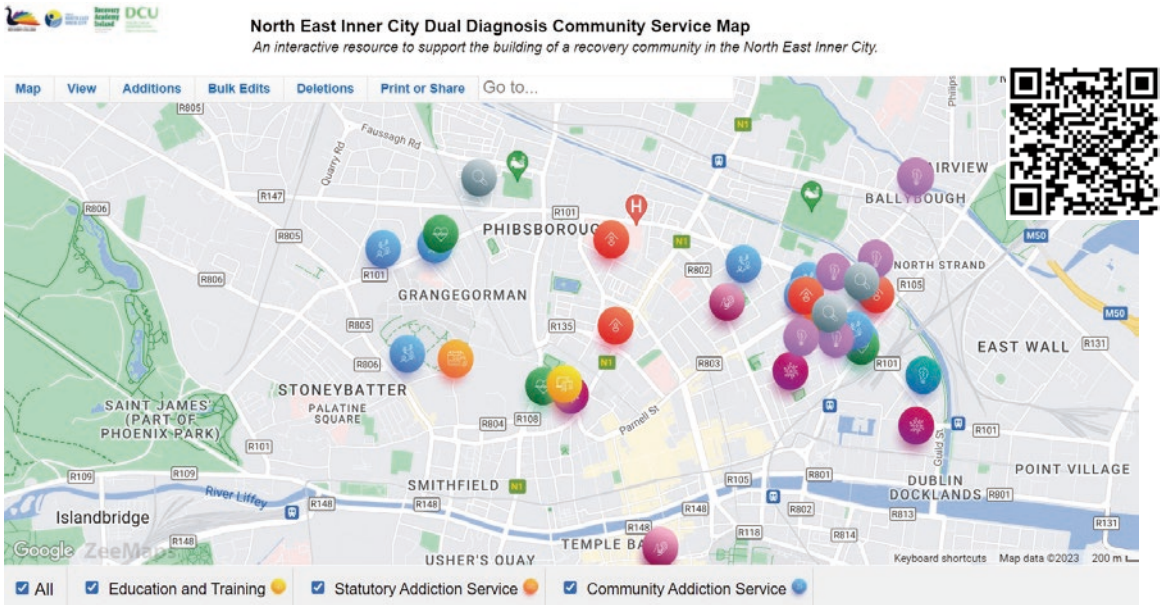
Integrated Care Pathway Resource and Map

The accumulation of data collected through the previously mentioned methods of engagement with the community allowed the CDT to create an interactive infographic and map of services that have engaged with the Dual Diagnosis project.

The aim is that this map compliments the integrated care pathway that was designed with the community through several methods such as forums, workshops, and one on one discussions. The Interactive infographic represents the potential integrated care pathway that responses to Dual Diagnosis in the community. The pathway also includes a section on “ways of working”. This section gives a snapshot of the different methods and tools reported by project participants that can be used to better support professionals when working with Dual Diagnosis. The visual pathway can act as a guide for professionals. It was agreed at forums that there is no possible way to create a one stop shop for Dual Diagnosis in the community. However, appropriate support can only be offered when services work together, the integrated car pathway will act as resource to support this interagency work and the map will act as a supporting tool.

As mentioned previously the pathway captures the different stages of a potential response to issues regarding mental health and substance use in both Young People and Adults – Prevention/ intervention/treatment and Recovery. Most services that self-identified as working with people or families that may be experiencing issues with Dual Diagnosis were able to be categorised into one or more of the above stages. This will allow services to recognise were they fit in terms of the wider sustainable community response.

The community deemed it crucial that this map is user friendly to anybody that is looking for information, whether that is the individual themself, family members or professionals in the community. Therefore, the information needs to be up to date, relevant and easy to read. Each Map pin contains picture of the front of the service, this was included because it had been reported several times at forums and workshops that services can be hard to locate due to lack of signage. The pin contains relevant information for each service such as referral methods, specific services on offer and up to date contact details for a staff member that has awareness of the Dual Diagnosis community response project. The maintenance of the map is important for the provision of up-to-date information for people and professionals.



Recommendations

- The project has identified the capacity within the community to respond to the issue of Dual Diagnosis. In order to move to the next stage of sustainable capacity building, services in the community would be required to engage in an organisational shift. By doing this, there would be greater hope for a more successful long term approach to the issue of Dual Diagnosis.
- The report has acknowledged the development of the HSE model of care for Dual Diagnosis. Whilst this clinical programme commits to the establishment of specialist services, there is a need for a more cohesive interagency approach between both community and specialist services to ensure the provision of timely appropriate care. The development of a clear cross sector response would ensure that there are no gaps in service delivery.
- To implement the above recommendation, further capacity building for staff is essential. Specifically, capacity building that addresses the needs of staff working with Dual Diagnosis. This can be done through cross agency cultural competency workshops such as skills enhancement, Dual Diagnosis Terminologies, behavioural presentations and bespoke workshops that explore how to work systemically between services.
- To support the growth of the informal community network that has been created, a sustainable dialogical space for services and people with lived experiences of using services is needed. This space is crucial for nurturing an integrated care process. The forum is an essential method for facilitating meaningful interagency communication.
- Considering the report's findings regarding the prevalence of vicarious trauma in the community, developing further training that focuses on this issue in the context of working with Dual Diagnosis would be highly beneficial. This would enhance worker wellbeing and potentially avoid high levels of staff burnout and turnover.
- Develop an awareness campaign that promotes the use of the Integrated care pathway and interactive map resource that have been created. This would include the delivery of short community presentations and workshops that promote the use of the tool as a means to identifying services working with mental health and substance use in the community encouraging interagency collaboration. It is also important to have a space to reflect on the map and its use and make amendments if needed.
- To support an effective community-wide multi-agency approach to providing improved access to services for people experiencing Dual Diagnosis requires the development of Good Practice Guidelines. The development of such guidelines would require the collaboration of all organisations involved in Dual Diagnosis service delivery and the commitment to work within an agreed set of practice guidelines.

Conclusion

This community development project has demonstrated through a participatory process that the community can and do respond to Dual Diagnosis. Capacity to do this and competency to engage in the complexity of Dual Diagnosis has evolved; and community youth and adult workers in particular have a well-developed skill mix to relate to people and families affected by Dual Diagnosis.

With the publication of a Clinical Programme for Dual Diagnosis (2023) we have the potential for specialist services to meet the needs of a minority of people with Dual Diagnosis and support organisations that are providing care to the majority. We now have a publicly acknowledged mandate that the majority of people with Dual Diagnosis will be cared for by the generic statutory mental health & addictions services supported by community organisations, including section 39 services. With this it is likely and imperative that the required education, cultural transformation and organisational resources can be sought and provided, which can ensure that finally people who have complex needs associated with Dual Diagnosis can bridge the gaps, rather than their present experience of falling through them.

In the NEIC Dublin, the community have shown that an integrated community response is possible and through dialogue, creative networking and the establishment of an integrated care resource map; that a recovery community in relation to Dual Diagnosis is possible and given the required impetus and support, sustainable.

References

Adelman, C., 1993. Kurt Lewin and the origins of action research. *Educational Action Research*, p. 7-24.

Department of Health, 2020. *Sharing the Vision*, Dublin: Department Of Health.

Dublin City Council North East Inner City Programme Office, 2019. *The social and economic regeneration of Dublin's Noth East Inner City 2020-2022 strategic plan*, Dublin: DUBLIN CITY COUNCIL NORTH EAST INNER CITY PROGRAMME OFFICE.

Lewin, K., 1958. *Group Decision and Social Change*. New York: Holt, Rinehart and Winston.

Mulvey, K., 2017. *"Creating a brighter future". An outline plan for the social and economic regeneration of Dublin's North East Inner City.*, Dublin: Government Of Ireland.

National Working Group for Dual Diagnosis, 2023. *Model of Care for People with Mental Disorder and Co-existing Substance Use Disorder Co-existing Substance Use Disorder*, s.l.: Department of Health.

Piippo, J. & MacGabhann, L., 2018. *Open Dialogue: Offering possibilities for Dialogical Practices in Mental Health and Psychiatric Nursing*, s.l.: s.n.

Proudfoot, D., MacGabhann, L. & Phelan, D., 2019. *Dual Diagnosis: A community perspective.* Dublin: School of Nursing, Psychotherapy and Community Health, Dublin City University.

Quimbo, M. A. T., Perez, J. E. M. & Tan, F. O., 2019. Community development approaches and methods: Implications for community development practice and research. *Community Development*, 49(5), pp. 589-603.

Scottish Community Development Centre, 2007. *LEAP manual.* Edinburgh: Government of Scotland.

Tusla, 2013. *Metheal, A National Practice Model for all Agencies working with Children Young People and their Families*, Dublin: Tusla.


Dublin North, North East
RECOVERY COLLEGE
Supported by:
DCU
Ollscoil Chathair
Bhaile Átha Cliath
Dublin City University