



New Horizons Consultation

Response from DrugScope

October 2009

DrugScope is the UK's leading independent centre of expertise on drugs and the national membership organisation for the drugs field.

DrugScope's objectives are:

- To provide a national voice for the drug sector
- To inform policy development drawing on the experience and expertise of our members
- To support drug services and promote good practice
- To improve public understanding of drugs and drug policy.

All DrugScope's policy work is shaped by our core values and beliefs.

DrugScope believes in drug policy that:

- minimises drug-related harms
- promotes health, well-being, inclusion and integration
- recognises and protects individual rights
- recognises and respects diversity.

DrugScope is committed to:

- promoting rational drug policy debate that is informed by evidence
 - involving our membership in all our policy work
 - ensuring our policy interventions are informed by front-line experience
 - speaking independently, and free from any sectoral interests
 - highlighting the unique contribution of the voluntary and community sector.
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1. Introduction

- 1.1 DrugScope is the national membership body for the drug sector. Our aim is to inform policy development and reduce drug-related harms – to individuals, families and communities. We provide quality drug information, promote effective responses to drug use, advise on policy-making and good practice, encourage informed debate and speak to and for our members working on the front line in drug treatment, education, prevention and related areas.
- 1.2 The London Drug and Alcohol Network (LDAN) merged with DrugScope in March 2009. It provides second tier support across London: producing and disseminating information, facilitating peer support and other networks, enabling service providers to input into the development of policy in London and building capacity in the sector (with a current focus on domestic violence, homelessness and pathways into employment).
- 1.3 DrugScope and LDAN have a combined membership of over 800 agencies and individuals. We have consulted members in developing our response to this consultation. DrugScope hosted an expert seminar on New Horizons for around 20 members and other stakeholders in London on 30th September 2009. We have also drawn on our submission to Lord Bradley's review on diversion from prison – which was based on membership consultation - and on discussions of the practical challenges of working with people with co-occurring substance misuse and mental health problems at a number of regional DrugScope forums in England and Wales in 2008-09.
- 1.4 DrugScope has a long standing interest in the links between substance misuse and other problems, including mental health issues, homelessness and involvement in the criminal justice system. In 2005 we published a report called Using Women on the experiences of women prisoners. The relationship between substance misuse and mental health problems was a central theme for this report.¹ We are founding members of the Third Sector Forum on Criminal Justice and Mental Health, which is led by the Sainsbury Centre for Mental Health. In 2008 we joined forces with Clinks, Homeless Link and Mind to form the 'Making Every Adult Matter' coalition (funded by the Calouste Gulbenkian Foundation), which is campaigning for better services and outcomes for people with multiple needs and multiple exclusions.² We have been a partner in the 'We Need to Talk' coalition, which has campaigned for better access to psychological therapies, and is led by the mental health charities (Mental Health Foundation, Mind,

¹<http://www.drugscope.org.uk/OneStopCMS/Core/CrawlerResourceServer.aspx?resource=ACAAFF7D-E8C6-499D-B9D8-6EBA8DBE3F6E&mode=link&guid=72409accae654af3880d7db61a71f333>

² The Making Every Adult Matter website is at <http://www.meam.org.uk/>

Sainsbury Centre for Mental Health, Rethink and Young Minds).³ In March 2009 we co-hosted a national conference with Mind and the Sainsbury Centre for Mental Health on psychological therapies and drug treatment. We worked with these partners on a 2007 conference on dual diagnosis in the criminal justice system.

1.5 DrugScope’s response to the New Horizons consultation has a particular concern with the relationship between substance misuse and mental health problems, and the complex and multiple needs that often accompany ‘dual diagnosis’. We have therefore restricted our response to comments on these issues, indicating their direct relevance to the questions identified in the consultation document as and where appropriate.

Substance misuse and mental health problems - some key facts
<p>National Treatment Agency (DH/NTA 2002), <i>The Co-morbidity of Substance Misuse and Mental Illness – Collaborative Study (COSMIC)</i></p> <ul style="list-style-type: none"> - 74.5 per cent of drug service users and 85.5 per cent of people in alcohol services had a mental health problem - 30 per cent of drug service users had ‘multiple morbidity’ (or complex need) - over a third of drug users with a psychiatric disorder were receiving no treatment for their mental health problems. <p>Strathdee et al, 2002, Dual Diagnosis in a primary care group (PCG), DH/NTA (estimates the likely population of dual diagnosis cases in the London Borough of Bromley)</p> <ul style="list-style-type: none"> - 20% of clients of community mental health services - 43% of psychiatric inpatients - 56% of forensic patients - 83% of substance misuse service clients and - 8% of patients recruited through primary care.

2. Overall response to New Horizons

2.1 Many people with mental health problems have drug or alcohol problems. The 1999 National Service Framework for Mental Health (NSF) identified dual diagnosis as a key issue. This has helped to drive policy development and improvements in practice in this area over the past decade. The NSF cited research evidence that around a third of people seeking help for mental health problems had a substance misuse problem.

³ The We Need to Talk website is at <http://www.weneedtotalk.org.uk/>

- 2.2 It is not just at the more severe end of the mental health scale that drug and alcohol issues are relevant to the New Horizons vision. For example, evidence from DrugScope/LDAN members suggests that high numbers of people accessing the Improving Access to Psychological Therapies programme with depression and/or anxiety have alcohol problems – including a significant proportion with alcohol dependency. Others will be using illegal drugs in ways that are linked to their mental health issues. More generally, binge drinking and widespread ‘recreational’ use of drugs is an indicator of, and has significance for, the mental health and emotional well-being of people in Britain.
- 2.3 DrugScope supports the holistic and contextualised approach to mental health and well-being that is a unifying theme for the New Horizons approach. We welcome the aim to ‘use the growing understanding of the wider determinants and social consequences of mental health problems and mental well-being to influence priorities in other parts of central and local government’. Many of the ‘wider determinants’ and ‘social consequences’ are the same for a range of problems that prevent individuals achieving their potential, damage families and communities and impose significant costs on the public. For example, the experience of growing up in a neighbourhood with little access to social capital, high levels of deprivation, crime and anti-social behaviour, poverty of aspiration and an impoverished physical environment will significantly increase the risk of developing both mental health and substance misuse problems. Losing your job may result in depression or increased alcohol intake or both.
- 2.4 We welcome the recognition in New Horizons that dual diagnosis ‘is one of the most challenging problems in mental health care’ and that it is ‘sufficiently common for dual diagnosis skills to be essential to all frontline services’. The framework for addressing links between substance misuse and mental health problems in New Horizons is built on solid research evidence and experience of good practice. The emphasis is on skilling up workforces to engage with clients with complex needs, joint work with clear clinical leadership, and multi-disciplinary approaches to working with clients of mental health services. We strongly support the prioritisation of dual diagnosis within the Care Programme Approach (CPA). We welcome the recognition that effective assessment and intervention depend on adopting a person-centred ethos with the full and active participation of the service user.
- 2.5 There has been genuine progress in the last ten years – in part, because ‘dual diagnosis’ was identified as a priority in the NSF. This strategic focus has had an impact on policy development and service delivery – as evinced by the publication of the Department of Health’s Dual Diagnosis Good Practice Guidance in 2002, greater local leadership on this issue, and a significant rise in the availability and quality of specialist dual diagnosis provision (for example, in many community mental health teams). The development of CPA has also been

2.6 But progress has been slower and patchier than Government had hoped. When DrugScope and LDAN talk to their memberships, there are still too many stories of clients 'falling down the gaps between services', and the experience of some stakeholders working to influence national policy is that the buck for dual diagnosis and multiple need can still be passed between Government departments and initiatives, with no clear sense of where overall responsibility for the issue lies.

Progress on 'dual diagnosis' within the NSF 1999

NSF for Mental Health – Five Years On report (December 2004)

- Only 18 per cent of Local Implementation Teams (or LITs) have a dual diagnosis strategy
- there is 'scope for improvement' in joint planning and commissioning
- assertive outreach team staff often lacked training in the management of substance misuse and
- dual diagnosis as a workforce development issue for specialist mental health services had 'not yet been adequately addressed' and needed 'urgent attention'.

Themed Review Report 07 – Dual Diagnosis (Care Services Improvement Partnership, June 2008)

- Eighty per cent of Local Action Teams (LITs) had a local definition of dual diagnosis in operation
- four out of 10 LITs still did not have a dual diagnosis strategy agreed with local stakeholders
- less than two thirds said that a local needs assessment had been done
- fewer than half had made an assessment of training needs
- there was wide variation in competencies in both Assertive Outreach Teams and acute inpatient wards
- there was a 'postcode' lottery in dual diagnosis services – for example, 83 per cent of LITs in the East Midlands reported that an assessment of training needs had been made compared to only 14 per cent in the South West.

2.7 DrugScope believes that the issues of dual diagnosis and multiple needs should be more prominent in the New Horizons vision and strategy. Unless these problems are firmly embodied in national strategy and given real prominence by Government, they can be sidelined, particularly as the issues are complicated and challenging. We would like to see explicit discussion of the links between mental health and drug and alcohol issues in the Executive Summary of New

Horizons, and dual diagnosis and multiple need as themes in the vision statement for New Horizons. In the current version, the first direct reference to illegal drugs is on page 30, and the term dual diagnosis first appears on page 67. There is a reference to addictions in the Executive Summary on page 9, although this is the only use of this term in the document.

- 2.8 It would be beneficial to develop New Horizons in a way that emphasised the importance of co-ownership for the mental health strategy across Government, with leadership and co-ordination from the Department of Health. There would, for example, be merit in a public statement of the roles and responsibilities of different departments and agencies for delivering the New Horizons vision, negotiated across Government and with careful consideration of how this activity would contribute to key priorities and targets in other areas (such as alcohol policy and crime reduction). (One model for this might be the Action Plan that accompanied the 2008 Drug Strategy.)

Quotes from participants at DrugScope consultations

'New Horizons is a good document about mental health but it could be stronger still on the links between mental health and other areas of policy – this is certainly in there, but it could be more at the core of the vision'.

'New Horizons has a commendable vision on a whole range of issues like equality, mental well-being and early intervention ... and we should all be delighted to see a whole chapter on issues of transition to adulthood. Its important to also acknowledge the substantial achievements of the NSF ... and to welcome the way in which New Horizons makes clear links between poverty, social deprivation and mental health. But it is disappointing that it does not have more to say about dual diagnosis and complex need, given what we know about the prevalence of these problems ... while the links to the Bradley Review are excellent, I'd also like to have seen more on pushing forward on improving mental health in prisons and the criminal justice context'.

'It is good that New Horizons aspires to be about more than the future of mental health services, and talks about mental health and well-being in the broadest sense as something of wider importance and raising broader policy issues. One of the things I really like is that it talks about mental health in this broad sense. But the experience is that you've got drug treatment services full of people with mental health problems, you've got prisons full of people with mental health issues, you've got homelessness services full of people with mental health issues ... and then you've got people who are actually in mental health services (or primary care for mental health problems). These are different cohorts, although they overlap. Trying to articulate a vision and strategy that brings this all together is a challenge for New Horizons.'

3. Working within the economic constraints

- 3.1 With a strong imperative in the current economic climate for New Horizons to set out a strategy which gets 'maximum value for individuals and communities from the resources we invest', it is important that analysis of the returns on public investment in – for example - developing sustainable, connected communities or early interventions to ensure a positive start in life, is conducted across Government departments and in a way that identifies the impact on a wide range of outcomes and targets. For example, a programme of urban regeneration or development of better commissioning systems could have a significant impact on substance misuse, crime, mental health, homelessness and health inequalities. (We believe that the National Treatment Agency for Substance Misuse and the Department of Health are currently developing some guidance on commissioning for recovery.)
- 3.2 There are ways to improve outcomes for people experiencing mental health problems without substantially increasing public expenditure. This is particularly applicable to the areas of dual diagnosis and complex need. Improvements in outcomes can be achieved by recalibrating existing systems and processes – for example, through more joined up approaches to commissioning and procurement and better relationships between local partnerships and services. Joint training initiatives for providers in different sectors, clear and up-to-date information resources to aid effective referral processes, workforce development initiatives, and the establishment of peer support networks bringing together a range of local service providers are all comparatively inexpensive, but can result in improved outcomes for clients.
- 3.3 People with complex needs are often recycled by services, when they are not bouncing between them, without getting the help they need to address their problems and move on with their lives. As the Making Every Adult Matter four-point Manifesto (September 2009) argues 'we already know that criminal justice interventions and poor mental health are expensive and that drug treatment and homelessness services lead to far more savings across government and society than they cost to deliver. These savings could be even greater if people with multiple needs and exclusions did not "recycle" around the different sectors and services like they often do now, never quite getting the overall help they need'. It is inefficient to invest public money in a mental health intervention in isolation, if it can only deliver an outcome if housing or substance misuse needs are also met. Joining up provision in the public sector adds value in a similar way that economies of scale can with business enterprises.

4. The criminal justice system

4.1 DrugScope welcomes the links made in the New Horizons strategy to the Bradley Review on diversion of offenders with mental health problems and/or learning difficulties from prison, and the criminal justice system more generally.⁴ We responded to the Bradley Review, and facilitated a meeting for our members to discuss the issues with Lord Bradley as part of the consultation process. The links between mental health and substance misuse problems are critical for this population, as the Bradley Report acknowledges. The evidence suggests that 'dual diagnosis' is more the norm than the exception for prisoners (a point that was made with particular reference to women offenders in Baroness Corston's 2007 report⁵).

4.2 However, a recent review of mental health care in prisons from the Sainsbury Centre for Mental Health found a 'big gap' in dual diagnosis provision⁶; a review of court diversion schemes conducted by Nacro in 2004 found that only 17 per cent of schemes had a protocol or policy for dual diagnosis and only three schemes had a dedicated dual diagnosis worker⁷; and evidence suggests that people with a dual diagnosis may be considered unsuitable for available community penalties – notably Drug Rehabilitation Requirements and Mental Health Requirements. Thus Lord Bradley's report states that 'services are not well-organised to meet this need ... in fact, services are currently organised in such a way as to positively disadvantage those needing access to services for both mental health and substance misuse/alcohol problems'.

4.3 We strongly support Lord Bradley's comments, and are encouraged by what appears to be a greater focus on this issue from Government – for example, with the publication of the Ministry of Justice guide for the management of dual diagnosis in prisons (March 2009). We would like to see the New Horizons strategy giving priority to the issue of dual diagnosis and complex need in prisons, and the criminal justice system more broadly. We would welcome clear and explicit links to the offender health strategy.

4.4 This is another area in which workforce development is critical. DrugScope notes that Lord Bradley recommends training for all professionals in mental health and learning disability awareness (including school staff, primary health care, police and community support officers, the judiciary, probation staff and prison officers). It seems logical that this training should cover awareness about drug and alcohol

⁴ Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system (Ministry of Justice, 2009)

⁵ The Corston Report: A review of women with particular vulnerabilities within the criminal justice system (Home Office, 2007)

⁶ SCMH (2009), Mental Health Care and the Criminal Justice System at http://www.scmh.org.uk/criminal_justice/publications.aspx

⁷ Available at <http://www.nacro.org.uk/data/resources/nacro-2005042200.doc>

issues and their links with mental health too. We would also like to see a practical strategy for identifying (notably through assessment) and addressing co-occurring mental health and substance misuse problems at each stage in the offender pathway. This could join up with Drug Intervention Programme (DIP) systems and structures.

5. Young people and the process of transition

5.1 DrugScope welcomes the focus in New Horizons on the links between mental health and substance misuse problems among young people. As argued in the consultation document, youth mental health services need to develop referral routes with education, primary care and substance misuse services, and comprehensive multi-disciplinary assessment for young people and their families.

5.2 Young people's substance misuse problems tend to take a different form to those of adults. The large majority of the 21,000 young people who engaged with specialist treatment services in 2008-09 were experiencing problems with alcohol/cannabis, with only a very small minority involved with heroin and or crack cocaine. Typically, their substance misuse is linked to other problems or issues in their lives, which will often include mental health issues.

5.3 There is, therefore, a stronger policy emphasis on integrating drug and alcohol treatment for young people with mainstream childrens services. This is evinced by the Memorandum of Understanding between the Department of Children, Schools and Families and the National Treatment Agency for Substance Misuse (NTA), which sets out 'the overall aim' to ensure 'there are substantial improvements in the effectiveness, quality and accessibility of young peoples substance misuse treatment systems and ensure that these services are commissioned and delivered within an integrated children's services framework'. Clearly, integration with emotional support and mental health services is vital if this aim is going to be achieved.

5.4 For example, in February 2007, the NTA and the Department for Education and Schools presented a report to Ministers on the young people's treatment system. It found that CAMHS support was patchy but vital for good outcomes, and emphasised the need for substance misuse commissioners and providers to engage with Child and Adolescent Mental Health Services (CAMHS). A more recent NTA report, 'The Role of CAMHS and Addiction Psychiatry in Adolescent Substance Misuse Services' (2008), highlighted 'the intricate and complex relationships between adolescent mental health and adolescent substance use', demonstrating 'the need for all CAMHS staff to ask questions about substance misuse' and showing 'a range of different models to illustrate how some CAMHS services have developed useful partnerships with substance misuse services'. New Horizons could aid this process of integration by making explicit reference to

5.5 DrugScope is strongly supportive of the detailed discussion in New Horizons of the issue of ‘transition from adolescence to adulthood’. This is a major concern for our membership in the substance misuse field. Too often young adults struggle to get the support they need from adult services and may feel they are inappropriate for them. They may be lost to services in this transition process. It is vital to recognise that these processes of transition can be multiple (for example, involving transitions to both adult mental health and substance misuse provision) and careful thought needs to be given to how they can be properly managed in a holistic and integrated way. A strong lead has been given on this issue by the T2A Alliance, funded by Barrow Cadbury and supported by DrugScope.⁸

6. Cannabis and mental health

6.1 DrugScope notes that New Horizons cites evidence of ‘an association ... between regular use of cannabis and a doubling of the risk of developing schizophrenia.’ It is important to recognise the mental health risks associated with the use of cannabis. For a full and balanced recent assessment of all the evidence on this, we would refer the New Horizons team to the Advisory Council for the Misuse of Drugs report on Cannabis: Classification and Mental Health (2008).⁹ This clearly states that ‘cannabis can produce immediate and long-term harm to mental health’. However, its overall conclusion highlights the need to take a careful and balanced view of the available evidence. It concluded: ‘On balance, the Council considers that the evidence points to a probable, but weak, causal link between psychotic illness and cannabis use. Whether such a causal link will become stronger with the wider use of higher potency cannabis products remains uncertain.’

6.2 We would also emphasise the evidence of changing patterns of young people’s patterns of substance misuse. It is important that legitimate concerns about the mental health risks of cannabis do not overshadow messages about other drugs used by significant numbers of young people, such as ketamine and so-called ‘legal highs’ (as well, of course, as alcohol). For example, DrugScope’s magazine DrugLink conducts an annual street drugs trend survey. In 2009, it found evidence of a fall in purity of illegal drugs and of a trend applying to young people’s drug use for people to experiment with a range of new, more powerful and less well-researched alternatives. The use of a range of ‘new’ and emerging substances – such as BZP, ketamine and ‘spice’, particularly when used with

⁸ The T2A website is at www.t2a.org.uk

⁹ At <http://drugs.homeoffice.gov.uk/publication-search/acmd/acmd-cannabis-report-2008?view=Binary>

other controlled drugs and/or alcohol – has potentially important implications for mental and emotional health. It is therefore vitally important that mental health policy is engaging with emerging drug trends and not exclusively focussing on cannabis.

7. Common mental health problems and access to psychological therapies

7.1 The development of policy on 'dual diagnosis' has tended to focus on the severe ends of the substance misuse and mental health continuums. There are strong links across the whole spectrum. The 2002 study for the National Treatment Agency - by Tim Weaver and colleagues at Imperial College - estimated that over two thirds of drug treatment clients have depression and anxiety. It concluded that 'most of those with anxiety or depression had no contact with services for their mental health problems'. It argued that substance misuse services needed to work collaboratively with local psychotherapy and GP services to provide better support for people who fell below the criterion for access to community mental health teams - particularly those with anxiety and depression.

7.2 DrugScope has therefore been in discussions with the Improving Access to Psychological Therapies (or IAPT programme), which is rightly highlighted as a key initiative in the New Horizons consultation document. IAPT should be accessible to people with common mental health problems in drug and alcohol services, with IAPT staff at all levels able to recognise drug and alcohol problems among their existing clients, and engage with dual diagnosis issues where they are working with specific populations. We note that the emphasis on recovery in both mental health and substance misuse, and on supporting people into training, work and other meaningful activity (as highlighted in the No-one Written Off Green Paper on Welfare Reform) is expanding the common policy framework for mental health and drug and alcohol policy. For example, the IAPT programme has been given a particular focus on helping people hit by the recession, who may also have a greater vulnerability to unhealthy patterns of drug and/or alcohol use.

7.3 Finally, we would stress the importance of the issue of misuse of prescription and over-the-counter drugs as part of a broad mental health strategy. This issue is examined in detail in a 2008 report from the All-Party Parliamentary Group (APPG) on Drug Misuse on misuse of prescription and over-the-counter drugs for which DrugScope provided the Secretariat support.

We are grateful for the opportunity to respond to the New Horizons consultation and we hope our comments are helpful. We have found it easier to comment in this way given our specific concerns and focus, rather than to structure our comments around the specific questions identified in the consultation document. We hope it is clear how

our responses would relate and respond to those questions, and would be delighted to discuss any of the issues we have raised with the New Horizons team.

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APPENDIX

Some key points from DrugScope consultation with stakeholders 30/09/2010

This event has informed our response to the New Horizons consultation. Some additional points are noted below which came out of the group discussions that formed part of this consultation event.

- The importance of workforce development to equip people in mental health, substance misuse and other services to work effectively with people with dual and multiple needs.
- The importance of the focus in New Horizons on more personalised services for mental health. A more personalised approach will necessarily engage with the more complex needs of real individuals presenting to services. Progress has been made in responsiveness to user need and the planning of effective care pathways for individuals with multiple needs, but more needs to be done.
- Young offenders often combine drug and alcohol misuse with mental health problems (for example, depression, anxiety, poor interpersonal skills or other forms of severe mental health condition). They require a user-centered approach that provides them with the mentoring and support they need both in prison, with personal officers, and on release on their way to reintegration.
- The role of one-to-one support and designated key workers to manage the recovery of people with complex needs.
- The need to move away from linear understandings of care pathways and design services which can engage with people in a more holistic way, and recognise that recovery journeys are not linear and multi-dimensional (including plotting and measuring recovery by use of devices like the 'recovery star').
- Integrated services would have the task to help the user to navigate through all the steps of recovery and social reintegration. It would not be up to the service user himself to make all these steps and connections between services thereby allowing the service user's only task to be focusing on his/her way to recovery and reintegration. This means services should join up to minimise the risk of those with multiple needs to slip through gaps, as it is often happening.
- We need a greater emphasis on recovery and the possibility for each individual to find his/her own way to reintegration. Recovery is a central concept across disciplines and sectors, and is essentially about individual journeys. .
- The success of this journey can only be achieved by tackling one of the strongest barriers to reintegration: stigma and discrimination

What do you think are the three most important changes for mental health and mental health care in the next 10 years? And why?

Personalised approach in which it is not the individual who is fitted into existing structures but in which support is built around the individual's needs. This means joined up services that minimize the risk of those with chronic and complex problems slipping through gaps.

Preventing drug addiction being a barrier to mental health services Substance misuse shouldn't be a barrier for the treatment of the mental illness.

Anti-stigma and discrimination policy. Stigma and labelling ('drug addict', 'care leaver', 'rough sleeper', 'offender') not only affect how others see individuals and groups but also the way they see themselves. Negative labels can therefore prevent people from seeking help and increase their feeling of rejection. They define people by their problems, not their needs, rights and potential.

An effective approach to recovery must work on changing people's attitudes and addressing stigma that service users are facing throughout their journey, from the staff and officials within the care system to the discrimination they face when it comes to housing or employment.

3. Are the guiding values described in section 1 the right ones? Please explain your view giving examples, if possible.

These guiding values (equality, justice and human rights, reaching our full potential, being in control of our lives, valuing relationships) are certainly the right ones for dealing with mental health in general and dual diagnosis in particular.

People with such complex needs, should, from an equality and human rights perspective, be given the right to recovery and reintegration. It is essential that an anti-stigma policy regarding drug addiction and mental health is framed to fight discrimination when it comes to housing and employment.

It is also certain people from a poor background are more at risk to face mental health and substance misuse problems. It is therefore important, from a prevention perspective, to work on building a society that offers equal opportunities to each individual to build a healthy life.

There is still a need for understanding how user involvement can help services develop to meet their needs. Service users must have a voice but it must be clear how this contribution can best be made.

People with multiple needs, such as dual diagnosis, can contribute to a supportive community. All sectors involved should therefore play a role in reconnecting individuals with their community and their family in particular.

Relationships can be a great source of practical and psychological support for recovery. But it must be acknowledged that family and community environments may contribute to the very problems and needs of the service user. The "community" can also have certain discriminatory attitudes towards this group.

There is still a gap in the understanding of how people are successfully put back into the family and community network.