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27 February 2012

Health Overview and Scrutiny Committee
Legal and Democratic Services
Brighton and Hove City Council
Kings House, Grand Avenue
Hove BN3 4LS.

Dear Sir/Madam,

May I first start by welcoming the Council's decision to look into the way in which it helps facilitates Dual Diagnosis Services within the Brighton and Hove City Council area.

I myself have a Dual Diagnosis - I would like to bring it to the attention of the Committee that I was referred to the Dual Diagnosis Worker by the Central Hove Surgery on the 15th January, I got a letter back stating that the nearest date that I could get for an assessment was the 28th February - I think that tells you everything that you need to know.

I would like to suggest a few proposals that may help the Committee to develop the Service,

Dual Diagnosis Group.

I would demand that some kind of group could be piloted and run in conjunction with both Mental Health Services and Drug Service Teams. The group would ensure that nobody would slip the net. I find that people who have a Dual Diagnosis find life incredibly isolating, the group would be a chance to vent feelings and act as an important gateway into other services without slipping the net and causing more problems and more complications.

Dual Diagnosis is much underfunded and much misunderstood, especially within Brighton and Hove. I'm sure some kind of Dual Diagnosis Service would alleviate a lot of problems.

I feel this would also be a greater way of training staff who have no experience in Dual Diagnosis.

I'm pretty sure that Community Base in Brighton or any community mental health setting would allow the Dual Diagnosis Service facilities.

I have researched what is on offer currently within the borough - I have to say that there is not very much, which I'm sure you are quite aware of. It seems that time and time again that mission statements set out by both the National Treatment Agency and local treatment plans are failing to meet the needs of people with a Dual Diagnosis.

I urge the councillors to not let this enquiry be a smokescreen for what is really needed within Brighton and Hove.

If it's true that Brighton is the drug capital of Britain then why are we looking at the Kingston CDAT model as a beacon - Brighton should in real terms be a centre of excellence. Maybe the enthusiasm of staffing should be channelled to see if their expertise should be exercised to the full.

I would also question whether the Council believes in social exclusion, or social inclusion. I have been turned down for a bus pass, just because I'm only entitled to middle rate Disability Living Allowance, because of these new regulations thousands of people with my condition are finding themselves ever more isolated.

And I also feel that Service users could play a role in the long term delivery of recruitment for both staff and new services.

I have recently played a role in the setting up of A Dual Diagnosis Service in a London Borough, and know one though it was possible, but two letters to my mp, one letter to the National Treatment Agency and a meeting with the Chief Executive of the Mental Health Service - and the enthusiasm of the staff at the local Drug team - I'm pleased to say the group is now in its third week of a twelve week pilot - which due to its positivity is securing both more funds and mutual admiration between those staff who set the group up and those working in other mental health services. We already have a football coach and a poet lined up to take a positive role within the group.

I demand the best and would hope that you would concur with the opinion that we need a Dual Diagnosis group/and or service to cope with the demand within Brighton and Hove

If you feel the need to contact me regarding any of the issues that I have raised, then please do not hesitate to get in contact with me

yours truly

MR D. Curtis BSc Hons, Bps, Acp.

British Psychological Society.

