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Centre for Mental Health
Realising a better future

Making recovery a reality in your community:

A briefing for commissioners of mental health, drug and alcohol services

Introduction

Since April 2013, local authorities across England have taken on responsibility for commissioning substance misuse services as part of their new role in public health. NHS clinical commissioning groups, meanwhile, have taken responsibility for community mental health services. A large proportion of the people using mental health and substance misuse services need support from both of them.

Until now, many people with overlapping mental health and substance use problems (sometimes called 'dual diagnosis') have received poorly integrated support. Many find themselves limited to one service or other, or batted between them. The outcomes in either case are poor, often at high cost to individuals, taxpayers and communities alike.

Recovery

Both mental health and substance misuse services are now refocusing their efforts to support recovery.

Recovery in mental health services is about enabling people to build better lives on their own terms, with or without the symptoms of mental illness. Clinical care supports individuals to get on with their lives instead of postponing personal goals while they 'get better' (Shepherd *et al.*, 2008). Recovery emerged from the stories of people using mental health services and their aspirations to better lives, and it is now centre stage in the Government's mental health strategy as a key goal for health and social care services (HM Government, 2011).

The language of recovery in drug and alcohol services has emerged more recently but in practice many services have been working in a recovery-oriented way for some time. The UK Drug Policy Commission (2008) defined recovery as a 'process' characterised by 'voluntary-sustained control over substance misuse' and 'which maximises health and well-being and participation in the rights, roles and responsibilities of society'. The Drug Strategy (Home Office, 2010) describes recovery as 'an individual, person-centred journey', recognises the role of 'medically assisted recovery' and focuses on 'recovery capital' and 'enabling reintegration'.

While there are differences between these two ideas, it is their shared focus on what matters most to people's lives (a home, a job, family and friends) that could help commissioners of local services to achieve better outcomes for people who have both mental health and drug or alcohol problems.

Why recovery matters

Building recovery in your local community should be a focus for local strategies both because it is the right thing to do and because it is smart and cost-effective commissioning.

- Recovery is about providing some of the most marginalised people in the local community with the opportunity to build full and satisfying lives, to integrate and to contribute.
- Recovery is about providing the support to enable people to live better and stay better. Without access to things like housing, work and meaningful activity, investments in health and treatment services may be wasted.
- Recovery is about integrated commissioning that is more than the sum of its parts, because it delivers outcomes for everyone that they couldn't achieve in isolation.
- Recovery is about creative commissioning that seizes the opportunities to develop services that people say they need, and that deliver

the outcomes that mean the most to them. For recovery to flourish, commissioning needs to include a greater emphasis on quality of services and not simply cost.

- Recovery mobilises the rich 'natural resources' of the local community, by empowering people to do things to support themselves and others – for example, by getting involved in peer mentoring, family support networks or mutual aid.
- Commissioning for recovery is cost effective commissioning at a time of financial austerity, because it delivers better and more sustainable outcomes, and saves on the high costs of picking up the pieces later on.

Who commissions what?

Since April 2013, most community mental health services in England have been commissioned by clinical commissioning groups. Some specialised services, such as healthcare in prisons and secure hospitals, are commissioned by NHS England through ten of its Local Action Teams.

Drug and alcohol services are now commissioned by local Directors of Public Health, based in local authorities. The former National Treatment Agency, meanwhile, has been abolished and its functions moved into Public Health England.

Local authorities also now host Health and Wellbeing Boards, whose role is to identify local priorities and bring together a range of services to achieve shared goals. Their core functions include conducting a Joint Strategic Needs Assessment for their areas and then producing a Joint Health and Wellbeing Strategy that sets priorities for commissioners in health and local government.

References

HM Government (2011) *No Health Without Mental Health*. London: Department of Health.

Home Office (2010) *The Drug Strategy 2010: Reducing demand, restricting supply, building recovery: supporting people to live a drug free life*. London: HM Government.

Shepherd, G., Boardman, J. & Slade, M. (2008) *Making Recovery a Reality*. London: Centre for Mental Health.

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Opportunities for action

1. **Health and Wellbeing Boards can ensure they include people with both mental health conditions and substance misuse problems in Joint Strategic Needs Assessments.** This is not a single group of people with a 'dual diagnosis'. It will include people of all ages and situations. For example, those with a severe mental illness alongside misuse of alcohol or cannabis, and those using Class A drugs while also living with depression or anxiety.
2. **Joint Health and Wellbeing Strategies can focus on the groups whose needs are least well met.** Many people with complex needs have a range of problems, none of which are seen as severe enough to merit specialist support, yet which together cause them (and sometimes their communities) a great deal of harm. Many have experiences of trauma and maltreatment and some end up in the criminal justice system.
3. **Health and Wellbeing Boards could nominate a 'recovery lead' to build up local partnerships to support these often neglected groups of people.** This is likely to include not just health and substance misuse services but adult and children's social care, housing, criminal justice, education and employment services.
4. **Clinical commissioning groups and directors of public health can ensure they jointly commission integrated support for people with overlapping mental health and substance use problems.** This should ensure that providers assess people's needs together, not separately, and agree packages of support between them.
5. **Both sets of services should focus on helping people to achieve recovery on their own terms.** Both mental health and drug and alcohol services can promote hope, control and opportunity in all of their service users. This will mean offering more help with housing, employment, family life and education.

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