

## **Report on the Workshop to introduce Action Learning Sets (ALS) for those working with Dual Diagnosis patients.**

**Held Wednesday April 14<sup>th</sup> 2010 in Country Cottage St. James Hospital. And report on follow up action learning sets.**

### **Background.**

In 2007 Adult mental health services and the substance misuse service carried out a training needs analysis of all staff to ascertain the level of training previously received on dual diagnosis. This highlighted the need for a basic dual diagnosis day to be designed and delivered. This was produced by the training lead from each service and rolled out in 2008 and continues to be included in the training calendar. Part of this training was to introduce the new dual diagnosis strategy which was launched in July 2008.

Evaluations were positive but participants also asked for further information and training on dual diagnosis and services available.

In November 2007 and 2008 there was a full day workshop held to introduce the various teams who work with those with a dual diagnosis. Both these events were well attended by staff and service users. Once again the feedback was positive but staff still called for something more to ensure that dual diagnosis remained in the forefront.

### **Discussion.**

The evaluations from all the training days and workshops were fed back to the dual diagnosis strategy group and after discussion it was agreed that the way forward would be to set up Action Learning Sets to encourage practitioners from substance misuse and mental health to meet together on a regular basis and discuss the challenges that arise working with patients who have a dual diagnosis.

### **Pre meetings.**

A small team came together to plan for the Action Learning Sets. This was made up of Amanda Burree clinical tutor substance misuse service who had sat on the dual diagnosis strategy group and helped design and deliver the basic awareness training.

Jane Townsend team leader of the PORT team who had also sat on the strategy group and who had undertaken training as an action learning set facilitator.

Halina Pruchnicki, therapeutic coordinator at Baytrees, the substance misuse residential unit who had also undertaken the ALS facilitation training and Gordon Muvuti - Head of Clinical Governance and Quality Improvement

### **The Workshop.**

Wednesday April 14<sup>th</sup> 14 people attended the initial workshop to introduce Action learning Sets. These included staff from mental health teams, substance misuse teams and three service users.

The day began with everyone briefly introducing themselves.

Then there followed a summary of how the idea of action Learning Sets had developed.

After coffee we showed a PowerPoint presentation which explained some of the theory behind Action Learning Sets and finally we had a short question and answer session.

The participants were then asked if they wished to proceed and form ALS. All 14 agreed so they were then put into two groups, each with a facilitator.

After lunch the two individual groups met to establish ground rules, arrange future dates and venues and carry out an exercise called "Origins" which helps people to start getting to know each other and begins to create a safe environment where the ALS can take place.

The feedback from the participants was that they felt excited by the prospect of meeting, learning and working together.

Certificates of attendance were sent out after the event.

## **The Future.**

It was agreed at the workshop that the sets would meet approximately every 6 weeks. The facilitators had previously arranged that they would hold their own ALS every 6 weeks and share any common threads/concerns which were emerging.

According to the Dual Diagnosis strategy the November workshop is an annual event so the ALS are timed to end early November. It is hoped the challenges and common themes can be raised at the workshop and that the ALS participants can also share how Action learning has helped to overcome some of these challenges.

## **Action Learning Sets.**

Following the workshop held in April two action learning sets were arranged, each with a facilitator. One from mental health and one from substance misuse service. The facilitators then met regularly with the substance misuse clinical tutor who acted as their facilitator.

Straight away it became apparent that staff /service users were unable to commit to ongoing action learning sets. Reasons given included sickness, annual leave and heavy work loads, Each set met twice but numbers were dwindling.

On July 29<sup>th</sup> the facilitators met to discuss the way forward.

We agreed that there were many positives to the work already done.

- Learning from each others professions.
- Networking.
- Visits to each others units.
- Problem solving.
- Better understanding of the challenges faced by different teams.
- Increased input from AMH into Baytrees
- Increased input from Baytrees staff into AMH wards.

However there were also several challenges which included:-

- An apparent lack of understanding of reflective practice.
- An inability to commit to regular sets.

## **Suggestions for the future.**

The facilitators feel that little is to be gained by continuing the action learning sets in their current format. They will e mail all the participants of the two action learning sets informing them of this report. Much has been learned by this process but we feel that there are options that would take it further and foster better communication and joint working.

- Set up a series of one off groups to discuss challenges working with this client group rather than closed action learning sets which require long term commitment.
- Encourage reflective practice at all levels.

The facilitators have arranged to meet again in September to feedback. We have all found this to be a very interesting project and have appreciated the opportunity to meet new people, visit other teams and discuss concerns.

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