



Dissertation Title:	A Mixed Method Study on Treatment Needs and Social Support Networks of Women with Alcohol and Substance Misuse Problems
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Study Aims

- Explore the needs of women with substance and alcohol misuse problems and the nature of their social support networks both within and outside an acute in-patient private psychiatric hospital in Dublin.
- To discover ways in which the addiction services may be improved to meet the needs of women with alcohol substance misuse problems.

Research Design & Methods

This is a mixed methods study employing both quantitative and qualitative methods:

- Researcher-administered Survey on Social Support and Social Networks
 - 34 female in-patients (a census of 2 full rotations of the 19-bed facility, excluding those deemed too ill to take part)
 - Survey (based on the International General Social Survey and Lubben Social Support Scale) designed to identify the women's social support needs and their sources of formal and informal support within and outside the facility.
- 3 focus group sessions with 25 women followed to gain more in-depth information about their needs and the nature of support they receive from clinicians and from their family and community.

Ethical approval for the study was sought from and granted by the HPM-CGH Research Ethics Committee Trinity College Dublin, ethical approval was also sought from and granted by the author's local hospital. The below table summarises the recruitment of participants by diagnosis category and by in-patient cohort:

Diagnosis	Cohort Population (Number of Individuals in Unit)	Target Population	Participants meeting inclusion criteria	Participants excluded due to behavioural issues	Final Population	Target Cohort Responses	Cohort Survey Responses	Cohort Focus Group Participants
1st Cohort (In-patients within the unit from April to June)								
Alcohol Dependence Syndrome	15	15	13	2	11	11	6	
Drug Addiction	1	1	1	0	1	1	1	
Alcohol and Drug Addiction	3	3	3	0	3	3	2	
Sub-total	19	19	17	2	15	15 (100%)	9	
2nd Cohort (In-patients within the unit from July to August)								
Alcohol Dependence Syndrome	14	14	14	0	14	14	5 + 5	
Drug Addiction	1	1	1	0	1	1	1 + 1	
Alcohol and Drug Addiction	4	4	4	0	4	4	2 + 1	
Sub-total	19	19	19	0	19	19	8 + 8 = 16	
Total	38	38	36	2	34	34 (100%)	25	

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Key Findings

Sources of social support within the service are concentrated only to two primary staff categories despite the availability of a multidisciplinary range of clinical and social support. Qualitative data from focus groups reveal that the **constancy of presence** of nurses and addiction counsellors are the key factor to their being seen as reliable sources of social support:

"The only support I know of will be from the nursing staff and also from my counsellor, basically you see your counsellor every day and the nursing staff" (G3P7).

"I found the nurses very good that in particular extremely they are there any time we need them (G2P6).

"...so am very grateful, the nurses are the first people to be there for any of us here in the centre when we have a problem" (G3P1).

There is a strong recognition of the **role of peer social support** by the study participants:

"Very often you get as much support you get from the staff from other service users particularly when you are new on the centre" (G3P6).

"...and even from service users I learned an awful lot of what I should have been told here by staffs" (G2P7).

"It's been really positive being in a specific treatment dealing with substance abuse and depression because it's opened my eyes to the fact to see the importance of having people who can truly understand and empathise with what you're going through" (G1P4).

The **importance of female support** – both within the informal family and peer support network and on the professional team – is especially highlighted by participants themselves. An adult female relative is the most relied-upon family member in providing social support, and participants expressed a preference for female addiction counsellor because of the perceived gendered understandings she could bring to bear on their problems:

"I think we should have a better choice of one sex [female] of the counsellor, it should be open" (G3P4)

"My reason behind that I have a male counsellor okay, but in the event that I have any issues of a sexual nature, everybody will be more comfortable with female counsellor than male counsellor" (G3P6).

The social support needs of these women were also explored, and their chief concerns are actually regarding recreating a **life without alcohol**, and they voiced in particular their **relational fears of getting well**:

"Being completely sober I did not know how to handle my marriage, just because alcohol wasn't involved I was so afraid I don't know how to go about things, it affects your sexual relationship".

"Starting any form of relationship without alcohol being involved is fearful, being sober is fearful it's a big thing".

Participants also reported on the **general lack of family support to help them maintain sobriety**:

"Nobody in the family backed me up I didn't speak to my mother for six months because I was the alcoholic and drug addict in the family" (G3P5).

"My family knows that I'm in here, but no support from them, and they are frustrated, disappointed, angered, again, the stigma that they are putting the fact that not so much on mental health hospital but that of addiction and alcohol because that's my kind of family, I find them quite interfering and very negative" (G1P8).

"...so for me family don't understand and they put you under more pressure when you are trying to get better" (G1P9).

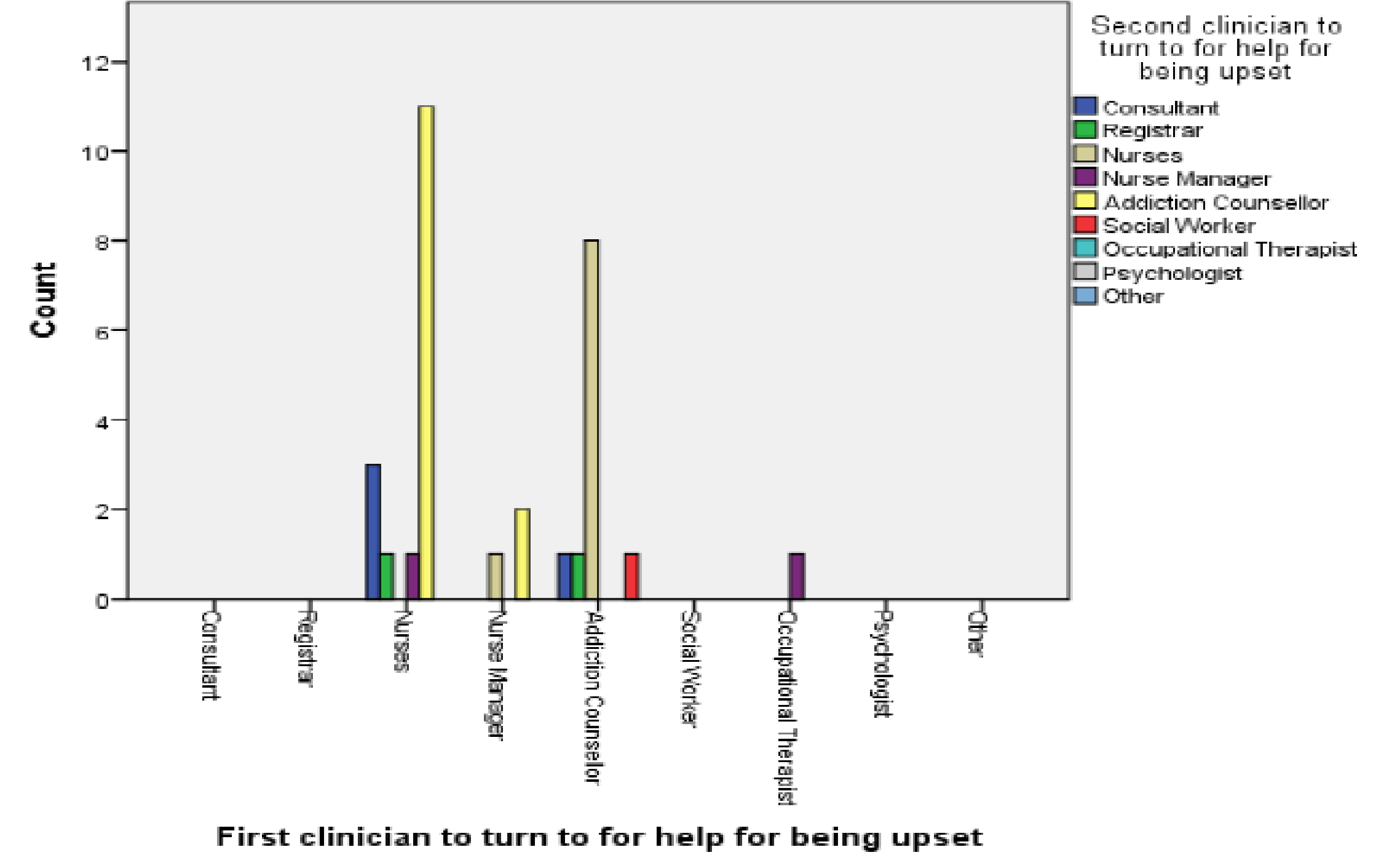
This finding echoes Hiller et al (1996) reported that women with substance misuse problems often lose the support of their families as a result of their drug misusing behaviour. They are also more likely than their male counterparts to receive disapproval from friends and family regarding their engagement in addiction treatment programmes.

Conclusions and Implications:

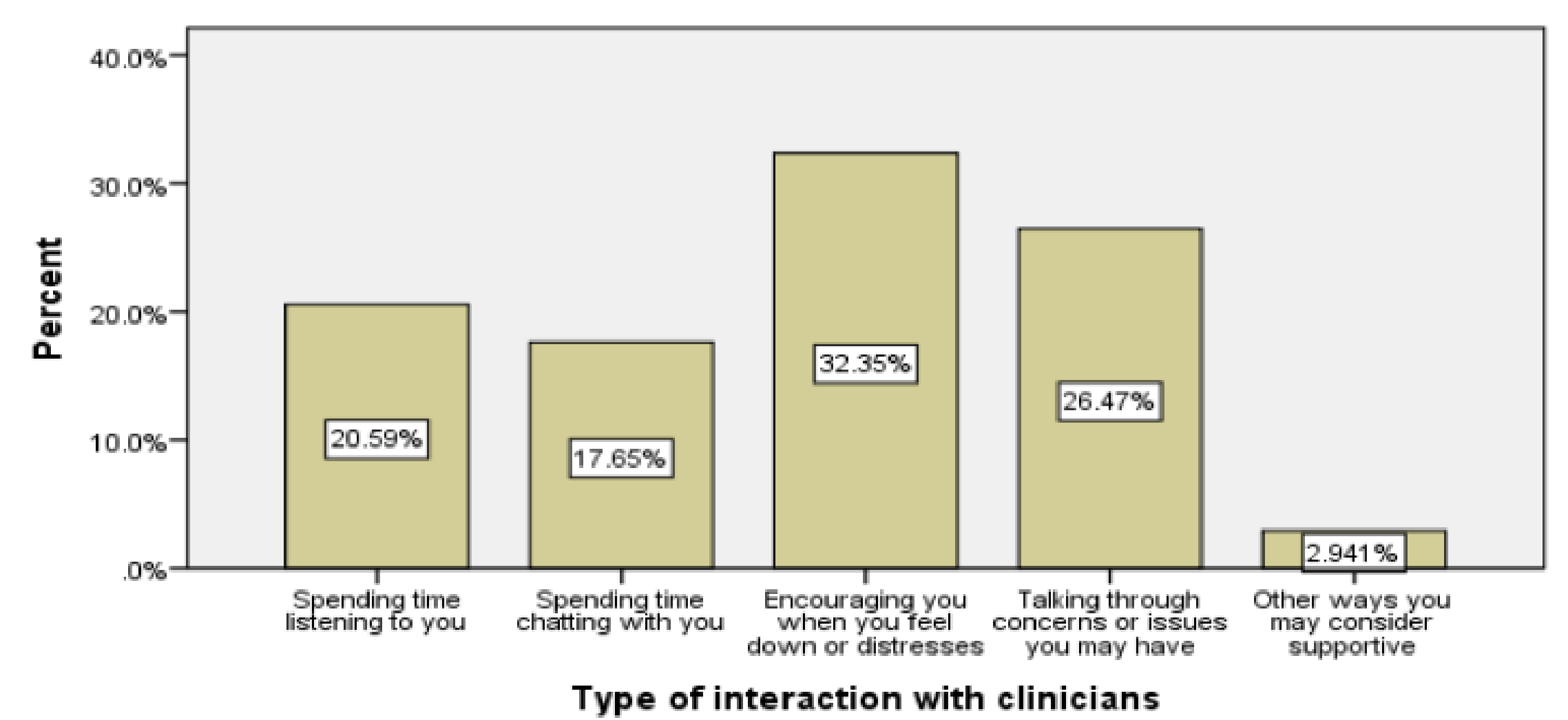
This study is a single-site study with a small sample size, so findings should not be understood as unproblematically generalisable to the wide population of women with alcohol and substance misuse problems. Nevertheless, in this small study, we have identified that women with alcohol and substance misuse problems have complex, *relational* needs that go beyond clinical treatment. Implications of sobriety for their existing relationships, and the social stigma attached to these women for seeking treatment and being in recovery impact on their motivation to get better and maintaining sobriety. Concerns raised by women about rehabilitation in the community suggest the need for the strengthening of links between acute and community services in helping women transition from one care setting to the next, but not only involving healthcare professionals to provide clinical support, but also in (re-)building / (re-)creating social support networks outside of the facility, with people who will "always be there" for them in enabling them to live a socially fulfilling life without substance misuse.

–Potential for involving family members especially female relatives in enabling women with alcohol and substance misuse

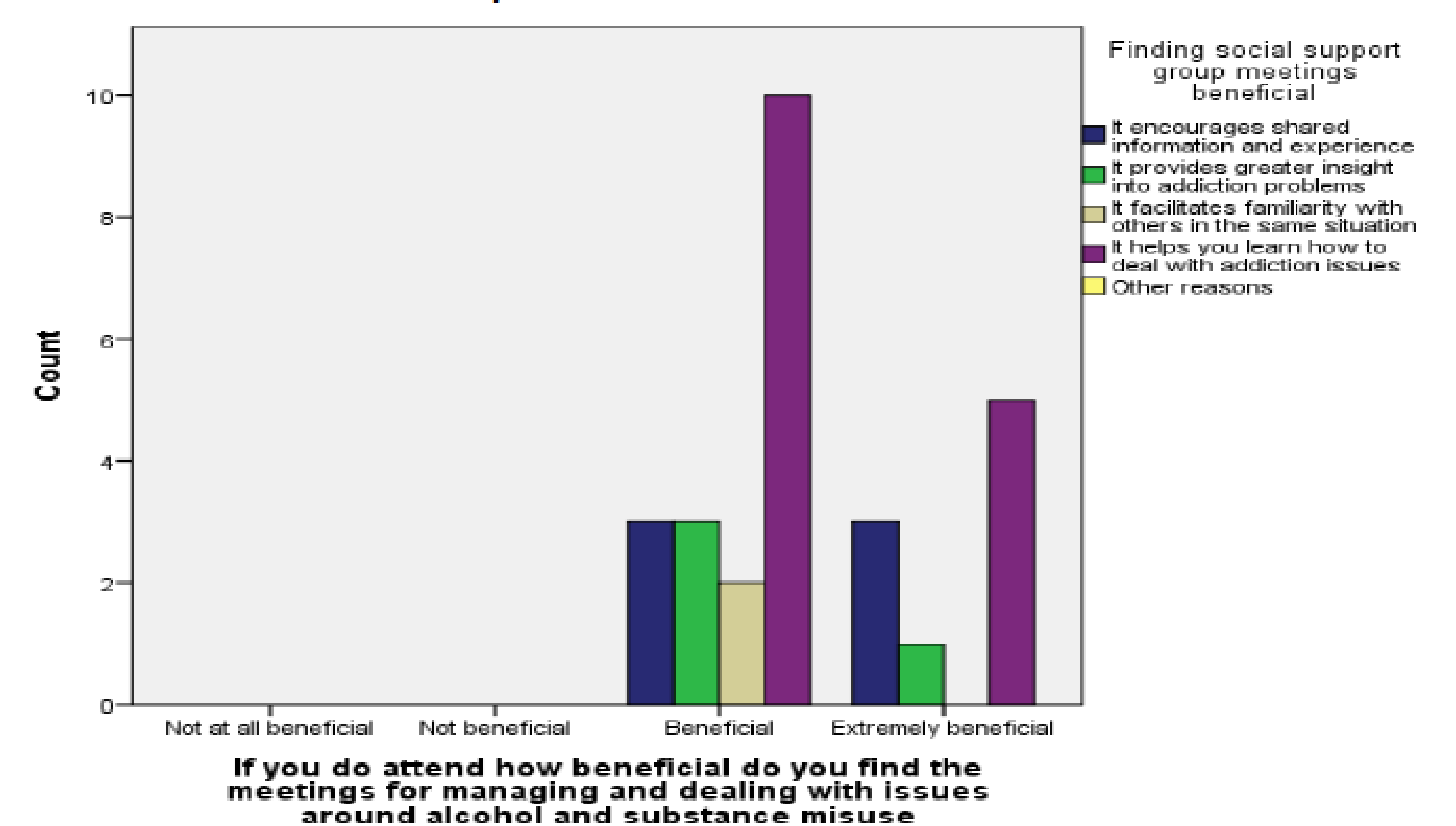
Primary & Secondary Sources of Support within the Service in Specific Scenarios ("Being Upset")



Types of Social Support Provided within the Service



Formal Peer Social Support within the Service – Helpful Interactions



Primary Sources of Support within the Family Network

