



**Toolkit for practitioners  
supporting families affected by  
someone else's co-occurring  
mental ill-health and substance  
use conditions  
(Dual Diagnosis)**

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# Introduction

This toolkit has been produced by Adfam and family members affected by the co-occurring conditions of substance use disorders and mental ill-health. It is designed for practitioners who support those caring for a loved one who is having difficulties with their mental health and substance use. This will include substance use and mental health practitioners, family support workers, housing officers and advocacy practitioners, among others.

To help us to understand the impact that this caring role can have, we have consulted with families and professionals across the country and heard a vast range of experiences. We learnt that many families supporting a loved one face barriers to support - such as stigma, strain on services and a lack of understanding among professionals- all of which can have a negative impact on their own mental and physical health.

The toolkit is intended to offer practitioners some simple but effective tools to help to overcome those barriers and help families to cope more effectively with the challenges they face. It contains suggestions and resources that practitioners can use in their work but is not intended as a substitute for counselling or therapeutic input for families.

Details of mental illnesses and their treatment options and descriptions of psychoactive substances and their risks lie outside the scope of this toolkit. Further information on these can be found on the NHS website e.g. Drug addiction: getting help - NHS ([www.nhs.uk](http://www.nhs.uk)) or One You ([www.nhs.uk](http://www.nhs.uk)).

There is an accompanying toolkit for families affected by co-occurring conditions. This was developed in co-production with family members in 2019/20 and is available to download from Adfam's website here: <https://adfam.org.uk/files/Toolkit-co-occurring-conditions.pdf>

## About Adfam

Adfam is the only national charity tackling the effects of alcohol, drug use or gambling on family members and friends. We improve life for thousands of people. Our mission is to do this by:

- empowering families and friends to get the support they need.
- building the confidence, capacity, and capability of frontline practitioners to provide effective services.
- influencing decision-makers to understand the needs of thousands of people coping with a family member or friend's drink, drug or gambling problem

Adfam has produced a number of resources for families and professionals, that can be found in the resources section at the back of this toolkit. You can also find out more about our work supporting families affected by co-occurring conditions, funded by the Sir Halley Stewart Trust, here on our website: <https://adfam.org.uk/dual-diagnosis>, as well as our other strands of work with families, professionals and policy makers: <https://adfam.org.uk>.  
<https://adfam.org.uk/>

## Definitions

### What is dual diagnosis/co-occurring mental health and substance use conditions?

The term dual diagnosis has long been used to describe the combination of a mental disorder and a substance misuse problem. However, after speaking to families, we felt that this didn't cover the range of experiences that they described.

- Some family members explained that their loved ones have multiple complex health needs, rather than 'dual' problems. Often, these needs also include relationship, housing, employment, financial and social isolation problems.
- We know from other research that people with this combination of problems are likely to live a more chaotic lifestyle and to have a greater risk of harm to self and others. They are also statistically harder to engage in treatment than other people.
- Moreover, many people who experience these issues don't get a diagnosis, although the barriers and difficulties that they and their families face are mirrored by those who do get single, dual or multiple diagnoses.

We have chosen to use the term 'co-occurring mental health and substance use conditions' rather than dual diagnosis. We want to ensure we reflect the broad range of conditions associated with both problems. This client group can cover a wide range of presentations, including people who have:

- schizophrenia but also use cocaine
- alcohol problems and chronic depression
- an opiate dependency that masks underlying psychotic illness
- an emotionally unstable personality disorder combined with a history of alcohol misuse.

Therefore, the definition that we will use in this toolkit describes:

*"Any individual (adolescent or adult) who is experiencing mental ill-health and is using alcohol or illicit drugs or misusing prescription medicines to the extent that it is impacting on their wellbeing."*

For ease of use, and in line with Public Health England's guide for commissioners<sup>1</sup>, we have shortened this to '**co-occurring conditions**'.

This toolkit is not a guide to co-occurring conditions. It is about how professionals can support the families and loved ones of people with these challenging conditions. It covers three elements:

- Core information about the response to co-occurring conditions e.g., national guidance, accessing help, dealing with problems in the response and details on key legislation. (Section 1)
- How to help family members deal with specific challenges associated with co-occurring conditions. (Section 2)

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<sup>1</sup> Better care for people with co-occurring mental health and alcohol/drug use conditions. A guide for commissioners and service providers; Public Health England, 2017.

Most importantly it offers:

- Information on how to support the family members themselves. (Section 3)

The toolkit follows this structure and is divided into three sections: one for each of these themes. A final section provides information on useful resources. (Section 4)

NB In the toolkit, we will use the term “family” and “family members”, but this guidance is equally applicable to the non-family carers, friends and loved ones of people with co-occurring conditions.

# SECTION 1:

Understanding how services can respond  
to co-occurring conditions

## Section 1

### Understanding how services can respond to co-occurring conditions

This section covers:

- Understanding the national guidance on co-occurring conditions
- Helping family members understand what they can expect from services for their loved ones, such as substance misuse and mental health services
- Services offering help for family members
- What if the family cannot find help for their loved one?
- Legal frameworks

### National Guidance

A number of pieces of national guidance on co-occurring conditions have been produced by governmental bodies in the last decade:

- NICE Clinical Guideline 120 – Psychosis with coexisting substance misuse – 2011<sup>2</sup>
- NICE National Guidance 58 – Co-existing severe mental illness and substance misuse - 2016<sup>3</sup>
- PHE / NHSE – Better care for people with co-occurring mental health and alcohol and drug use conditions – 2017 (England)<sup>4</sup>

In Wales, the Welsh Government has published a [Service Framework for the Treatment of People with a Co-occurring Mental Health and Substance Misuse Problem](#).

Some of the main points regarding families of people with co-occurring conditions are outlined below. Findings.org.uk have summarised the key legislation and you will find links to their summaries below, from which the extracts are taken. The guidance documents themselves are readily found via the NICE or PHE websites.

#### **Psychosis with coexisting substance misuse: assessment and management in adults and young people.**

*This guideline covers the assessment and management of people aged 14 and older with a clinical diagnosis of psychosis plus coexisting substance misuse. It aims to help healthcare professionals guide these people to stabilise, reduce or stop their substance misuse, to improve treatment adherence and outcomes, and to enhance their lives.*

*People with psychosis and coexisting substance misuse should have the opportunity to make informed decisions about their care and treatment, in partnership with their healthcare professionals.*

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<sup>2</sup> <https://www.nice.org.uk/guidance/cg120>

<sup>3</sup> NICE National Guidance 58 – Co-existing severe mental illness and substance misuse - 2016

<sup>4</sup> PHE / NHSE – Better care for people with co-occurring mental health and alcohol and drug use conditions – 2017 (England)

*If the person agrees, families and carers should have the opportunity to be involved in decisions about treatment and care. Families and carers should also be given the information and support they need.*

*When working with adults and young people with known or suspected psychosis and coexisting substance misuse, take time to engage the person from the start, and build a respectful, trusting, non-judgemental relationship in an atmosphere of hope and optimism.*

*For most adults with psychosis and coexisting substance misuse, treatment for both conditions should be provided by healthcare professionals in secondary care mental health services such as community-based mental health teams.*

[https://findings.org.uk/PHP/dl.php?f=NICE\\_120.txt&s=eb&sf=rel](https://findings.org.uk/PHP/dl.php?f=NICE_120.txt&s=eb&sf=rel)

### **For practitioners, this means**

- ✓ Seeking consent from the person with the co-occurring condition to involve families and carers in care planning and treatment
- ✓ Offering families and carers information and/or signposting to support to meet their own needs
- ✓ Providing families and carers with information about policies and procedures at the earliest opportunity after admission, if their loved one is being treated as an inpatient
- ✓ Developing a respectful, trusting and non-judgmental environment for families and carers as well as for the client.

### **Coexisting severe mental illness and substance misuse: community health and social care services.**

*At first contact with services, aim to meet these service user's immediate needs, wherever they present. This includes looking out for multiple needs (including physical health problems, homelessness or unstable housing) and remembering that stigma may make it difficult for them to access services.*

*Provide direct help, or get help from other services, for any urgent physical health, social care, housing or other needs, and ensure their safeguarding needs and those of their carers and wider family are met. Ensure that the focal patient is referred to and followed up within secondary care. Mental health services should take the lead in assessment and care planning.*

*Mental health services should adopt a person-centred approach to reduce stigma, address any inequity in access to services, and undertake a comprehensive assessment of the person's mental health and substance misuse needs.*

*On the patient's acceptance at a secondary care mental health service, provide a care coordinator working in mental health services in the community to act as a contact for the patient, identify and contact their family or carers, and help develop a care plan with the patient and coordinate it.*

*Care plans should also take into account the concerns of the patient's family or carers. If they agree, share a copy of the care plan with the patient's family or carers and (in line with local information-sharing agreements) with other services as needed.*



*Mental health services should ensure carers are offered an assessment of their own needs. Advise the carer that, based on their assessment, they may be entitled to their own support; for example, using a personal budget to buy care or to have a break from their caring responsibilities. Give information and advice on how to access services in the community; for example, respite or recreational activities or other support to improve their wellbeing.*

[https://findings.org.uk/PHP/dl.php?f=NICE\\_58.txt&s=eb&sf=rel](https://findings.org.uk/PHP/dl.php?f=NICE_58.txt&s=eb&sf=rel)

#### **For practitioners, this means**

- ✓ Identifying any safeguarding issues that may impact on family and carers and responding to these appropriately
- ✓ Making contact with the person's family/carer and sharing the engagement and care plans, where appropriate
- ✓ Taking account of family concerns
- ✓ Arrange for a needs assessment for families and carers with regard to their caring duties and their own needs whilst they care for their loved one
- ✓ Updating family when their loved one's care needs or circumstances change.

#### **Better care for people with co-occurring mental health and alcohol/drug use conditions: a guide for commissioners and service providers.**

***Everyone's job.** Co-occurring conditions are the norm rather than the exception, and commissioners and providers of mental health and alcohol and drug use services have a joint responsibility to work collaboratively to meet the needs of people with co-occurring conditions.*

***No wrong door.** Providers should have an open-door policy for people with co-occurring conditions, supported by commissioners that enable services to respond collaboratively, effectively and flexibly to presenting needs; offering compassionate and non-judgemental care centred around the person's needs, accessible from every access point.*

***Collaborative delivery of care.** Care may be provided by the same person or by relevant practitioners/services working in close collaboration. This requires accountability and clarity of role, information-sharing agreements, and shared care planning, with the individual at the centre of the process.*

***Care that supports and involves carers and family members.** Carers have needs in their own right. As part of delivering timely, compassionate and effective care to people with co-occurring problems, practitioners should identify carers and family members who may have unmet needs, making appropriate referrals for carers' assessments and/or to family support services. This may include considering the impact of caring on their mental and physical health; that carers may not be aware of or included in any plans or decisions made by the person; the extent to which the carer can/will meet the person's support needs; and the need to create support networks.*

***Therapeutic optimism.** Practitioners should demonstrate a genuine belief in the possibility of recovery, and all interaction and engagement with people using services should be undertaken in a spirit of optimism, with a clear commitment to helping them achieve recovery.*

*Episodes of intoxication are safely managed. People can be at risk of harm to self and/or others when experiencing a mental health crisis, and the risks are heightened if they are intoxicated. Services need to ensure that they are equipped to respond, which means having staff able to identify the signs of intoxication and respond appropriately to the associated risks such as not being able to maintain one's own safety, physical risks and disinhibition.*

[https://findings.org.uk/PHP/dl.php?f=PHE\\_83.txt](https://findings.org.uk/PHP/dl.php?f=PHE_83.txt)

#### For practitioners, this means

- ✓ Meeting the needs of people with co-occurring conditions may also meet the needs of their families/carers, and this is the job of all practitioners working to support this client group
- ✓ Services should have policies that support a person-centred ethos for both the person and their carers
- ✓ Services should develop effective local care pathways for this group
- ✓ Ensuring that there is a lead professional who is the point of contact for both the person and their family
- ✓ Identifying family and carers' unmet needs and making appropriate referrals for them
- ✓ Engage with families where their input is likely to be beneficial to the holistic recovery of the person

#### **Service Framework for the Treatment of People with a Co-occurring Mental Health and Substance Misuse Problem (Wales)**

*It is important to fully engage with and involve carers of people with a dual diagnosis as early as possible, subject to usual requirements around consent.*

*Carers may feel excluded by health and social care professionals from the care and treatment provided by statutory services. This is particularly so when a carer or family disclose to professionals that the person is exhibiting symptoms of relapse.*

*Practitioners should ensure that they follow the requirements of the Carers Strategies (Wales) Measure 2010 and from 2016 the Social Services and Wellbeing Act 2014. The Mental Health (Wales) Measure 2010 has introduced an additional duty upon Health Boards and local authorities to undertake an assessment of a person's need for specialist mental health services where they seek such assessment, without requiring referral from a G.P or other agency. The duty covers those people over the age of 18 who have been discharged from secondary care services within the previous three years.*

*Reminding service users of these duties and keeping their carers informed that the service user has the option to request an assessment is important.*

*Carers and families should have access to appropriate information and be supported to have further learning opportunities to develop skills for dealing with a person's symptoms. There is a good evidence base that family interventions can reduce relapse and improve outcomes for those with serious mental illness.*

### For practitioners, this means

- ✓ Engaging with the families/carers of people with co-occurring conditions from the earliest point.
- ✓ Ensuring families/carers have access to relevant information.
- ✓ Involving family and carers in interventions wherever possible.
- ✓ Supporting families to develop skills to cope with their loved one's symptoms.

### Helping family members understand what they can expect from services for their loved ones

A small number of areas in the country have a specialist dual diagnosis worker or service. However, this is changing over time and it is beyond the scope of this toolkit to list these services. The best way to find out about any specific service is to talk to the specialist substance misuse and mental health services described below. It is likely that people will have to go through these services to access any dual diagnosis response.

#### Substance misuse services

Every local authority area in the country has a designated substance misuse service. There will also be local Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) groups that people may benefit from. A few areas may have some very specialised services such as residential rehabs, although these tend to be for a national rather than a local catchment area.

The easiest way to find your local service is to go onto the internet and search “drug and alcohol services” plus your local authority name. If this is not possible or does not provide you with the information you need, ring your GP: they will provide the details you need.

To find information on AA or NA simply go to their websites, and you can use a postcode finder facility to access the nearest group. If that is not possible, look in local libraries or ring directory inquiries and be asked to be put through to AA or NA.

The designated local substance misuse service will be run by either a not-for-profit organisation (e.g. CGL or Turning Point), or by an NHS trust. This is down to local commissioners to decide. However, all of these services will offer advice and information, needle exchange, assessment, one to one support, group support and access to more intensive interventions such as detoxification, residential rehab or prescribed substitutes to drugs like heroin.

Some will offer an open access drop-in service that people can just walk in to. Others will offer an assessment appointment as the starting point. You will need to contact them to determine how the local service operates.

Alcoholics Anonymous and Narcotics Anonymous are self-help groups that run weekly meetings all over the country for people with drug or alcohol problems. Members may also support other members on a one-to-one basis.

#### Mental health services

The average local authority area will have more mental health services than substance misuse services. As a result, there may be much more variety in the organisations providing mental health support and the types of support on offer. However, at the core of mental health services there is a fairly standardised model across the country:

an NHS trust will provide community mental health services, crisis services (e.g. in hospital), inpatient services and some more specialist services e.g. an eating disorder service. These will primarily be for people with serious mental disorders.

- an NHS, not for profit or private sector organisation will offer Improving Access to Psychological Therapies to help people to overcome less serious mental disorders such as depression and anxiety, and better manage their mental health. These will generally offer one to one interventions based on cognitive behavioural approaches.
- the local authority may offer social work support to some people with mental health problems.
- not for profit organisations may provide a range of services offering ongoing support e.g. recovery cafés, day support etc.

The starting point for accessing this is likely to be a GP. They will be best placed to guide you through local services.

### **For practitioners, this means**

- ✓ Ensuring information is available on local substance misuse and mental health services.
- ✓ Making themselves familiar with local services, so that families can be given information about how the service operates

### **Services offering help for family members**

Alongside services for the person with co-occurring conditions, there are support services for the families of people with substance misuse problems and also for the families of people with mental health problems.

Some specialist substance misuse services may offer support to the family members of people using substances– whether or not the loved one is in treatment. The best way to find out if this service is available is to make contact with the substance misuse service and ask. Occasionally there are separate services for families of people with substance use problems; the local substance misuse service should also be able to tell you about those.

In the substance misuse field, there are also self-help groups for family members. These work on the same basis as support groups for those in recovery, but are specific to family members and carers.

Please visit the [Adfam website](#) for a full list of support options for families and friends affected by the drug or alcohol use of someone else.

Support is also available for the family members of people with mental health problems; however, this will be more varied than in the substance misuse field. The best advice is to contact your local MIND group ([Local Minds | Mind](#)) or your local community mental health service.

### For practitioners, this means

- ✓ Ensuring information is available on local support for the family members and carers of people with substance misuse and mental health problems.

### What if the family cannot find help for their loved one?

The national guidance outlined above supports and encourages services to work with people with co-occurring conditions. However, many family members will have seen or experienced less positive responses.

- Their loved ones may have been told they did not meet the service's criteria.
- They may have been told that they need to deal with their mental disorder before they receive help for their substance misuse.
- They may have been turned away because they were intoxicated.
- The family member may have struggled to access information about what is happening to their loved one.

In some cases, these responses may be justified. However, practitioners need to ensure that family members understand that they have a right to complain about or challenge a decision.

In the first instance this will be through an agency's complaint procedure. Simply ask a worker about this. Alternatively, families can contact the PALS (Patient Advice and Liaison Service) which can support addressing problems with NHS services.<sup>5</sup>

If this does not deliver a satisfactory outcome, family members may want to contact the commissioners of mental health and substance misuse services. They will need to understand that these two services are commissioned by different bodies:

- Mental health services are commissioned by the local Clinical Commissioning Group (CCG) in England and by local authorities and health boards in Wales.
- Substance misuse services are commissioned by the Public Health team in the local authority in England and Area Planning Boards in Wales.

### For practitioners this means

- ✓ Ensuring family members understand that they have a right to challenge decisions
- ✓ Providing information on how this can be done
- ✓ Providing or accessing advocacy to support them through any procedure to challenge a decision.

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<sup>5</sup> [Find Patient advice and liaison services \(PALS\) services - NHS \(www.nhs.uk\)](http://www.nhs.uk)

## Legal Frameworks

For some families, the challenges presented by people with particularly severe co-occurring conditions will be of such gravity that they will raise questions about safeguarding and mental capacity. Occasionally, their loved one's behaviour will be so disturbed that families will ask whether their loved one can be detained under the Mental Health Act. It will be important to give families accurate information and realistic expectations about the legal frameworks that can manage these complex clients.

The three key powers are:

- The Care Act 2014 (England) or the Social Services and Well-being (Wales) Act 2014
- The Mental Capacity Act 2005
- The Mental Health Act 1983 / 2007

National guidance exists on all of these powers and this can readily be found on the internet. The following three sheets provide handout information that you can give to a family member about these powers.

### For practitioners this means

- ✓ Being familiar with the national guidance on each of these legal powers and wider information on these frameworks
- ✓ Being familiar with the Alcohol Change UK briefing on legal powers
- ✓ Providing copies of the information sheets below

### The Care Act 2014 and the Social Services and Well-being (Wales) Act 2014

*The Care Act 2014 provides the statutory framework for social care in England. The Social Services and Well-being (Wales) Act 2014 does the same for Wales. The two Acts are very similar with regard to the themes described in this section.*

*The Acts aim to ensure the wellbeing of people in need of care and support services. They also aim to bring about the personalisation of care services: putting the person at the centre of the process. They aim to strengthen the voice of people who use services, and their carers, over the process of assessing, care planning and safeguarding.*

*The Acts cover people experiencing substance misuse and mental health problems. They have two broad functions:*

- *Helping determine who is eligible for care and support from a local authority; &*
- *Requiring that local authorities safeguard vulnerable people.*

*Both of these will benefit people with co-occurring disorders. However, the focus of this handout is the safeguarding powers.*

*Under the Acts, each local authority must: make enquiries, or ensure others do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to stop or prevent abuse or neglect, and if so, by whom. This will again cover people experiencing substance misuse and mental health problems.*

*It is important to note that neglect includes self-neglect. This can include people who self-neglect because of dependency on alcohol or drugs. Self-neglect by vulnerable people should never be regarded as a "lifestyle choice".*

*Professionals should submit safeguarding alerts to the local authority about cases of self-neglect as well as those involving abuse and exploitation. It is important to note that a family member or friend can also submit a safeguarding alert.*

*In the wake of a serious incident, a Safeguarding Adult Board (SAB) may arrange for a Safeguarding Adults Review (Adult Practice Review in Wales) to learn lessons from the case. This will be important in driving service improvement.*

### The Mental Capacity Act 2005

*The Mental Capacity Act applies to people over 16 years of age. It helps determine whether someone can take a decision on somebody else's behalf because that person lacks the capacity to take that decision at the time it needs to be taken.*

*To be regarded as lacking mental capacity to take a decision, a person must:*

- *have an impairment or disturbance in the functioning of the mind or brain. This may be due to a number of factors including mental disorders and the symptoms of alcohol or drug use.*

*However, the person must also be unable to:*

- *understand information about the decision to be made*
- *retain that information in their mind*
- *use or weigh that information as part of the decision-making process, or*
- *communicate their decision.*

*Some people with substance use problems, e.g. chronic dependent drinkers with alcohol related brain damage, may be unable to understand or retain information about decisions, therefore, they will fail to meet the first two criteria.*

*However, the third of these criteria may be the most relevant to people with substance misuse problems. They may understand and retain information about the impact of alcohol or drugs on their lives but are unable to use that information to make changes because of the compulsion to use substances. Therefore, there are circumstances under which a decision could be made on somebody else's behalf.*

*The court case London Borough of Croydon -v- CD [2019] EWHC 2943 (Fam) provides an example of a situation where it was determined that a man with a chronic alcohol problem lacked capacity in relation to decisions concerning his care and the court made orders about actions to be taken in his best interest.*

*A person for whom these powers are relevant will almost certainly already be engaged with services and capacity decisions will be made within the context of that ongoing engagement. It is most likely that someone from a local authority or health service will make decisions about mental capacity.*

*However, information from family members and other carers will be valuable in making these assessments.*

*Once it has been determined that someone lacks the capacity to take a particular decision, decisions can and should be taken in the person's "best interest". Again, family could have a role in determining what is in their loved one's best interest.*



### The Mental Health Act 1983 / 2007

*The Mental Health Act (1983) is the main piece of legislation that covers the assessment, treatment and rights of people with a mental health disorder. It covers a range of issues but it is best known as the framework that determines when a person can be detained in a hospital (also known as “being sectioned”) and treated without their agreement.*

*People who are detained under the Mental Health Act will invariably need urgent treatment for a mental health disorder and are at risk of harm to themselves or others.*

*The various sections of the Act set out specific powers under which people can be detained. The three most common are:*

- *Section 2 – Assessment (hospital detention for assessment up to 28 days) - A 28 day period of detention would provide an almost ideal framework for assessing whether the person’s behaviour was the result of alcohol dependence alone, or whether it had some other origin e.g. cognitive impairment.*
- *Section 3 – Treatment (hospital detention for treatment for an initial period of up to six months).*
- *Section 136 - Gives the police power to remove someone from a public place to a place of safety because of concerns about their mental health. This will largely be used to help people who are behaving in a bizarre and risky way in public.*

*These powers should not be used on someone simply because they are dependent on alcohol or drugs. However, the Mental Health Act (2007) defines a mental disorder as “any disorder or disability of the mind” and the Act’s definition of a mental disorder includes “Mental and behaviour disorders caused by psychoactive substances”.*

*Therefore, although it is not possible to use the Act simply because someone is dependent on alcohol or drugs, it is possible to detain someone under the Act if they have disordered mental functioning associated with or due to their chronic substance misuse.*

*Action under the Act is, therefore, possible but is likely to be rare. It would need to be a last resort and represent the least restrictive option available to meet the person’s treatment needs.*

*Decisions about actions to be taken under the Mental Health Act will be taken by an Approved Mental Health Professional in conjunction with doctors. It is likely that this process will be initiated by someone else involved with the person, but families could request that an approved mental health professional assesses someone and families also have rights under the Act.*

## SECTION 2:

Helping family members  
deal with specific challenges  
associated with co-occurring  
conditions

## Section 2

### Helping family members deal with specific challenges associated with co-occurring conditions

This section covers:

- Helping family members to stay safe
- Helping family members think about the risks their loved ones face
- Helping family members use a harm reduction approach

The material in this section draws on Adfam and Alcohol Change UK's Blue Light Family Toolkit which focuses on supporting families living with or caring for a change resistant drinker. Practitioners may find it helpful to look at the material in that guide. It is available to download

#### Helping family members to stay safe from risky loved ones

People with co-occurring conditions are most likely to pose a risk to themselves or be vulnerable to harm from other people. However, they can pose a risk to other people. The combination of the disinhibition associated with substance misuse and the disordered thinking associated with some mental disorders can lead to violence. It can also put other people at risk through accident or misadventure e.g. accidentally or misguidedly starting a domestic fire.

Family members need to be alert to the risks involved in caring. The key messages for families and loved ones are:

- If you feel unsafe take all necessary steps to move away from the danger.
- You should not stay with people who are violent or put you in danger.
- If necessary, call the police, even if it means that the loved one is likely to be arrested.

Risk awareness is of especial importance with older parents living with adult children with substance misuse problems. Physical frailty may put them at far greater risk of harm e.g. from a drunken shove.

However, it is important to balance making families risk aware and making them unreasonably fearful. To help to talk about risk with family members, we have developed the checklist below to help practitioners explore risks with family members.

#### For practitioners, this means

- ✓ Exploring with family members the potential risks they could face
- ✓ Using the harm reduction techniques in this section
- ✓ Using the support materials in Section 3

### Key risk assessment questions for the family of people with co-occurring conditions

Checklist	
<p>Do they recognise that they may be at risk from the loved one's deliberate or accidental actions?</p> <ul style="list-style-type: none"> <li>● Do they recognise the range of possible risks e.g. violence, abuse, exploitation, fire, floods, etc.?</li> <li>● Do they understand that serious harm can result from intoxicated accidents as well as deliberate violence?</li> <li>● Do they understand that the risk of discovering a loved one who has collapsed, self-harmed, killed themselves or died as a result of substance misuse or an accident is significant and traumatic?</li> </ul>	
<p>Are they living in a constant/regular state of fear/anxiety?</p> <ul style="list-style-type: none"> <li>● It is unacceptable for someone to live in a state of fear or anxiety.</li> </ul>	
<p>Do they understand the physical and mental health risks of caring?</p> <ul style="list-style-type: none"> <li>● Is the carer considering / monitoring the impact of the stress of caring on their own health?</li> </ul>	
<p>Is their assessment of the risk realistic?</p> <ul style="list-style-type: none"> <li>● Do they recognise factors that make a situation more dangerous?</li> <li>● Are they at risk from others associated with their loved one?</li> <li>● Do they recognise the impact on other people e.g. children, neighbours?</li> <li>● Do they recognise the impact of their own drinking or drug use?</li> <li>● Have they reviewed practical home safety measures e.g. smoke alarms, trip hazards?</li> </ul>	
<p>Do they have any plans to deal with the risk and with risky situations?</p> <ul style="list-style-type: none"> <li>● Do they recognise that at times stepping back is safer than confrontation?</li> <li>● Do they know how to access immediate and longer-term support or help?</li> <li>● Would they be willing to call emergency services, especially the police, to their family member and that sometimes this may be the most helpful approach?</li> </ul>	

<p>Do they recognise indicators of developing risk and harm?</p> <ul style="list-style-type: none"> <li>• e.g. changes in behaviour, decline in mental health, changes in drink or drug of choice, storing up or stopping medication?</li> </ul>	
<p>Do they recognise things that trigger riskier situations?</p> <ul style="list-style-type: none"> <li>• e.g. benefits day, gambling wins or losses, being with certain people, particular anniversaries, high profile football matches?</li> </ul>	
<p>Do they understand the impact of specific mental health problems?</p> <ul style="list-style-type: none"> <li>• The combination of substance misuse and mental disorders increases risk to all parties. Intoxicated individuals are more likely to act on delusions; alcohol will increase depressed moods which lead to suicide etc.</li> </ul>	
<p>Are there specific factors which make the family member more vulnerable?</p> <ul style="list-style-type: none"> <li>• Someone who is frail, low weight, or in ill-health may be more at risk of harm, both deliberate and accidental, from a younger, larger or stronger deluded or intoxicated individual</li> </ul>	
<p>Do they recognise that in certain circumstances they may pose a risk to their loved one?</p> <ul style="list-style-type: none"> <li>• The caring role is stressful and can lead to “carer to cared for” violence (as well as vice versa).</li> <li>• Are they drinking or using drugs?</li> <li>• Do they have their own mental health problems?</li> </ul>	

## Helping family members think about the risks their loved ones face

Family members want their loved ones to make permanent changes to their substance misuse and pursue help for their mental disorders. However, if change is not taking place, family members may want to think about how they can keep their loved one as safe as possible. Families and carers do not have to pursue this route; they may legitimately prefer to keep themselves safe from the choices the other person is making. However, many family members will want to think about keeping their loved one safe.

People with co-occurring conditions are far more likely to harm themselves than to harm other people. They are at significant risk of:

- Suicide or self-harm
- Self-neglect
- Physical decline
- Accidental harm
- Abuse and exploitation by others

The risks and harms they face will be very individual, but it is worth going through this checklist to start people thinking.

### For practitioners, this means

- ✓ Exploring with family members the potential risks their loved ones could face
- ✓ Using the harm reduction techniques in the next section

### Checklist of potential risks associated with people with co-occurring conditions

<b>Health</b>	
Have they had recent physical health checks including dental check-ups, eyesight and hearing tests?	
Has their mental health been checked?	
Are they complying with any treatment regimens?	
Is there adequate heating in their home? Are they at risk of hypothermia?	
Is there a smell of urine, faeces or rotten flesh which may indicate serious health problems?	
Are they smoking?	
Have they considered their sexual health and contraception needs?	
<b>Environment</b>	
Is their home environment satisfactory?	
Are there trip hazards in the house such as holes in carpets?	
Are there body fluids in the house?	
Are there any other environmental hazards e.g. an unstable television or simply the risks of general clutter?	
Are glasses, bottles or injecting equipment littering the home?	
<b>Suicide and self-harm</b>	
Have they attempted suicide or have histories of self-harm?	
Are they depressed?	
Are they talking about or threatening suicide or self-harm?	
Do they have a family history of suicide?	
Are they hoarding medications which may be a suicide risk?	
Do they have ready access to other means to commit suicide?	
<b>Medications</b>	
Are medications being taken as prescribed?	
Are they taking dangerous drug combinations?	
Are alcohol or drugs reducing the effectiveness of any medication?	
Do they have out of date medications that need to be disposed of?	
Are drugs (and alcohol) safely stored if young people have access to their property?	
<b>Diet</b>	
Are they eating a good diet?	
Do they appear malnourished or vitamin deficient?	
Do they keep hydrated?	
<b>Fire</b>	
Do they have a smoke alarm fitted?	
Are they cooking in dangerous ways e.g. deep frying when intoxicated?	
Do other aspects of their lifestyle suggest a fire risk?	
Are there cigarette burns on clothes or carpet indicating a fire risk?	

Do they use gas in their house?	
Do they use candles?	
<b>Accidents</b>	
Are they driving, including on bicycles or mobility scooters?	
Are they using any other machinery?	
Are they isolated? Will anyone know if they come to harm?	
Do they allow baths to overflow or fall asleep in the bath?	
<b>Abuse and exploitation</b>	
Are they at risk of exploitation or abuse e.g. for their benefits or for sex?	
Do they have unexplained bruises or injuries?	
Do they have safe storage facilities for drugs or cash?	
Is their property used by others e.g. for drinking or for drug dealing?	
Is the way they are buying alcohol or drugs putting them at risk?	
<b>Anti-social behaviour</b>	
Is their noise a nuisance to neighbours?	
Are they a nuisance on public transport?	
Is their disposal of refuse causing nuisance to their neighbours or putting their tenancy under threat?	
<b>Other</b>	
Are they responsible for children or grandchildren?	
Do they have any animals under their care?	
Do they lose keys when ill or intoxicated?	



## Helping family members use a harm reduction approach

In the face of the risks faced by their loved one, families may wish to think about possible harm reduction measures. It is important to emphasise that they do not have to do this. If they prefer or need to prioritise their own well-being that should be supported. However, some families may want to try and help to keep their loved one safe.

The checklist below suggests a range of harm reduction measures that families could think about.

### For practitioners, this means

- ✓ Exploring with family members the harm reduction techniques that they could use
- ✓ Using the support materials in Section 3

### Checklist of harm reduction techniques for family members

<b>Health</b>	
Encourage a physical health check	
Encourage vitamin therapy via the GP or vitamin pills	
Encourage a visit to the dentist to detect oral hygiene problems such as ulcers and cancers	
Ensure they carry identity, ICE (in case of emergency) details and details of any medical conditions in case of collapse	
Encourage exercise as a way of reducing depression	
Identify ways of improving sleeping patterns	
Encourage a switch to electronic cigarettes to potentially reduce the risk of tobacco related health problems	
Encourage regular monitoring of blood pressure and weight	
<b>Medication</b>	
Consider a dosette box for medication regimes	
Consider a locked box for specific medications	
Dispose of excess or hoarded medication	
Encourage a TB vaccination, Hep A & B vaccinations	
Ensure that they have a flu jab and coronavirus vaccine if appropriate	
<b>Diet</b>	
Help them to have a nutritious diet	
Encourage drinkers to change the type of alcohol consumed to a lower strength brand	
Encourage cooking before drinking or drug use not the other way around	
Consider a nutritionist referral	
Work to improve cooking skills	
Encourage eating (preferably nutritiously) if drinking alcohol	
Encourage hydration	
<b>Fire safety</b>	

Ensure a smoke alarm is fitted	
Consider whether it is safe for them to use gas	
If smoking, consider using a bucket of sand or water as an ashtray: a bucket is harder to miss than an ashtray	
Reduce the risk of cooking in dangerous ways e.g. by providing a microwave, an electric deep fat fryer or encouraging the use of oven chips	
Review heating methods to reduce any fire risk	
Encourage the use of a timer when cooking	
Arrange a home fire safety check	
<b>Accidents</b>	
Try and prevent drinking and driving	
Ensure there are safety catches on high windows to prevent falls	
Prevent the use of any dangerous machinery	
Review and remove trip hazards in the house, e.g. holes in the carpets at the top of stairs, discarded bottles	
Ensure the removal of other environmental hazards such as an unstable television or simply the risks of general clutter	
Provide a key chain or ensure someone reliable holds keys to a property, so that they can access their home if they lose keys when intoxicated	
Encourage the use of timers or bath plugs with floats to ensure baths do not run over if they fall asleep	
<b>Abuse and exploitation</b>	
Ensure alcohol and drugs are safely stored if children and young people have access to the property	
Provide a lockable storage box to avoid exploitation or theft	
Consider whether they are being exploited e.g. younger drug users befriending them and using their property for drug dealing or stealing their benefits	
<b>Anti-social behaviour</b>	
If they are playing televisions or stereos loudly and annoying neighbours, consider the use of noise limiting devices on equipment or timers which shut the equipment off if they fall asleep	
Remove animals that are making a noise or making a mess	
If a client is making inappropriate 999 callouts, arrange for emergency service staff to come along and talk about it with them to explain the harm they are causing	
<b>Other</b>	
Suggest they take less money when they go out	
Suggest not taking a bank card when they go out	
The family member sends daily text messages or makes phone calls which support and encourage the drinker	
Remember the importance of a positive attitude: promote self-belief. Change is possible!	

# SECTION 3:

## Supporting family members who are caring for someone with a co-occurring condition

### Section 3

#### Supporting family members who are caring for someone with a co-occurring condition

This section covers how to support family members. The checklists in this section are designed as a guide to the kind of questions and points that practitioners may consider when offering support to families.

##### Tools for practitioners

- Engaging families
- Engagement plan template
- Exploring what families and carers want
- What can your service offer?
- Responding to the risk of suicide in a carer

##### Tools for families / carers

- Carer needs checklist
- Carer's Assessments
- The impact of caring for someone with co-occurring conditions
- Identifying and recognising stress
- Coping with stress
- Wellbeing
- Resources

## Engaging families

Families may be reluctant to engage with services. There are many reasons for this, including:

- ✓ Stigma/shame
- ✓ Lack of awareness of support available
- ✓ Not seeing themselves as legitimate recipients of support
- ✓ Too busy 'firefighting' to focus on their own needs
- ✓ Fear of social services involvement with them or with their family member
- ✓ Negative experiences of services in the past
- ✓ Self-blame for their loved one's conditions
- ✓ Not able to be honest about their needs
- ✓ Denial about the severity of their loved one's condition
- ✓ Their own substance use or mental health needs

Before offering support to families and carers, it is useful to think about how we can encourage them to engage. Use the following checklist of suggestions to review how your service is doing.

<b>Engaging families and carers to access support</b>		✓
1	Establish referral routes from other services	
2	Assign a main point of contact for families within the organisation	
3	Develop clear pathways to support	
4	Ask clients/family members about their experiences	
5	Disseminate information about your offer for affected family members via:	
a	Posters/leaflets	
b	Regular emails/bulletins to contacts	
c	Regular mentions in your newsletter	
d	Inclusion of family support information at assessment of patient/client	
e	Encouraging volunteers to share information with families	
f	Raise the topic at team meetings	
g	A family support section on your website, e.g. with a FAQ list	
6	Develop joint working protocols with other local services	
7	Develop a peer support offer e.g. via a closed Facebook page, online support, buddy system etc.	
8	Hold an awareness raising event	
9	Have (and disseminate) a clear and explicit confidentiality policy	
10	Be aware of and avoid discriminatory language (e.g. enabling, co-dependent)	

## Engagement plan template

This template is for practitioners to note down ways to overcome some of the key barriers that a family member may face.

Engagement plan	
1	Respite care for their loved one Is there another relative who can provide care whilst the client is receiving support? Who? How often? How will this work?
2	How would they prefer to be contacted for appointments? e.g. phone, email, text? Do they need to be reminded the day before?
3	What action have you agreed if an appointment is missed? Follow up contact method(s) and timescale? How many attempts at contact? What will you agree re cancelling appointments in advance?
4	What does the client hope to gain from their engagement? Does this match what you can offer? Can you establish SMART goals with them?
5	How can the client feedback about their experience with your service? Do you have a comments/compliments/complaints procedure? Are feedback opportunities built into the structure of the service?
6	What are the limits of your service? Appointment length? Number of appointments? Type of support? Follow on support?
7	Other

## Exploring what families and carers want

Carers often don't recognise their caring role and when they seek help it is often for their loved one rather than themselves. However, it's important that their own needs are met in order for them to effectively support others. Our work with families has identified some of the key areas in which families feel that they need support.

### Practical support

- ⇒ First aid skills
- ⇒ Carer's Assessment
- ⇒ Peer support
- ⇒ Improved coping skills
- ⇒ Support to develop an emergency or crisis plan
- ⇒ Respite care
- ⇒ Harm reduction techniques
- ⇒ Family mediation
- ⇒ Counselling
- ⇒ Safeguarding support
- ⇒ Techniques for dealing with conflict
- ⇒ Help to set and maintain boundaries
- ⇒ Advocacy (e.g. for liaison with mental health/addiction /other services)

### Information

- ⇒ Mental health conditions – symptoms, treatments etc.
- ⇒ Substances – awareness, treatments, side effects etc.
- ⇒ Specialist support for their loved one
- ⇒ Signposting to support for themselves
- ⇒ Benefits
- ⇒ Appointeeships or Powers of Attorney
- ⇒ Self-care
- ⇒ Drugs and the law
- ⇒ Treatment options
- ⇒ Domestic abuse

### Validation

- ⇒ Someone to listen without giving advice
- ⇒ Acceptance
- ⇒ A coffee and a chat
- ⇒ Not to be considered the cause of the problem
- ⇒ Sharing experiences and meeting others
- ⇒ A space to think about themselves
- ⇒ Reassurance
- ⇒ To be honest without fear of judgement

## What can your service offer?

Use the checklist below to consider what you and your organisation are able to offer. You can also use this checklist with carers to prioritise their support needs.

<b>Can your service offer any of the following:</b>		✓
<b>Practical support</b>		
1	A short first aid demonstration (e.g. via St. John's ambulance/online)	
2	Leaflets about common first aid techniques (e.g. recovery position, CPR)	
3	Contact details of local Citizen's Advice Bureau	
4	A mediation service	
5	A volunteer 'buddy' to offer support and advocacy	
6	Conflict resolution sessions	
7	Safety planning advice	
8	Carer's Assessment	
9	Crisis plan templates	
10	Boundaries workshops	
11	Counselling	
12	Peer support	
13	Other:	
14	Other:	
<b>Information</b>		
1	Benefits information	
2	Leaflets about the effects of different drugs (including alcohol)	
3	Leaflets about local substance use recovery services	
4	Leaflet on the Cycle of Change	
5	Posters defining domestic abuse	
6	Leaflets on local domestic abuse services	
7	Signpost to Carers UK website <sup>6</sup> for information on Carer's Assessments	
8	Self-care tips	
9	Other:	
10	Other:	
<b>Validation</b>		
1	Coffee mornings/social groups	
2	Creative sessions	
3	Structured support group for families/carers	
4	Drop-in/online support group for families/carers	
5	Peer support/buddy system	
6	Wellbeing activities	
7	Signposting to local therapeutic support (e.g. counselling services, mindfulness courses)	
8	Facebook/Whatsapp groups	
9	Other:	
10	Other:	

<sup>6</sup> www.carersuk.org



## Responding to the risk of suicide in a carer

It's not unusual for someone to struggle with their caring role, so anxiety and depression are common among carers. However, sometimes the carer can feel so overwhelmed that they consider taking their own life. If you are concerned about a client, signpost them to their doctor. Health professionals are well-placed to find the appropriate support. You may want to offer the following suggestions:<sup>7</sup>

- Visit your GP promptly: Like any other illness, depression may become worse if left untreated.
- Be honest and say exactly how you feel: Whatever you say will be in total confidence – even if you know the doctor socially. Depression is not unusual and your GP can provide support, referral to counselling, psychotherapy or medication.
- Understand your treatment: Take any medication exactly as prescribed by your doctor. If you are unsure or don't feel that you're getting better, go back again.
- Contact a counsellor: Your doctor will be able to provide details. Talking therapies such as cognitive behaviour therapy or psychotherapy can help you to understand why and how you feel as you do. They can help you develop strategies to change how you think about things and are useful when used on their own or in combination with medication.
- Talk to family, friends or colleagues:
- Don't feel embarrassed about admitting how you feel. It is far more common than you may think.

## Signs that someone is struggling<sup>4</sup>

The most powerful indicator of a risk of suicide is a past history of suicide attempts and self-harm. Having a family history of suicide is also a predictive factor. Planning and talking about suicide or having access to the means to kill oneself are also important markers.

However, a number of other signs are also indicators of a heightened risk of suicide. The following do not necessarily mean that someone is considering suicide but may indicate that they are struggling. You can use this checklist with a client.

Changes in productivity	✓	Changes in personality or behaviour	✓
Deterioration in personal hygiene		Extreme mood swings	
Lethargy		Intrusive thoughts	
Missing appointments/lateness		Anxious or agitated behaviour	
Inability to concentrate		Increased alcohol or drug use	
Over/undersleeping		Changes in eating patterns	
Procrastination about everyday tasks		Reckless behaviour	

Not everyone who is thinking about suicide will display these warning signs. Some people will show no outward signs of suicidal thoughts prior to planning suicide, and you will not always be able to see that someone's behaviour has changed. However, it is worth being aware of these possibilities, which might help you to identify people who are showing warning signs.

<sup>7</sup> Adapted from: Reducing the risk of suicide: a toolkit for employers at: <https://www.bitc.org.uk/wp-content/uploads/2020/02/bitc-wellbeing-toolkit-PHESuicidePreventiontoolkit-Feb2020.pdf>

## How to respond to warning signs

It can be difficult to talk about such a sensitive topic but it's important to reach out to someone who may be feeling suicidal:

- ✓ Ask how they are doing
- ✓ Listen without judging
- ✓ Mention changes that you've noticed in them and let them know that you are concerned about their wellbeing
- ✓ Suggest that they talk to a health professional or signpost them to helplines such as The Samaritans and CALM
- ✓ Continue to provide support, making it clear that you're willing to listen
- ✓ Share information as appropriate to your safeguarding policies
- ✓ Discuss in supervision where appropriate

## Imminent risk

If you have concerns about immediate risk so someone who is considering suicide:

- ✓ Stay with them and contact the local mental health crisis team or the emergency services
- ✓ Ensure that they are in a safe place and are not left alone
- ✓ Encourage them to talk about how they're feeling
- ✓ Do not promise confidentiality if you're safeguarding policies require you to inform others
- ✓ Ask whether they would like to call someone and give them space to do so immediately, if they agree
- ✓ Get support for yourself

The charities Mind and The Samaritans have a range of excellent resources for suicide prevention on their websites.

## Tools for Families/Carers

### Carer needs checklist

This checklist is designed to help family members to identify their own needs. It can be used at the start of a support session to help to establish what the client's priorities are and to explore the difficulties that they may be experiencing. The right-hand column can be used as a tick box or to rank the issues in order of priority.

The tool can be used as a simple checklist or detail added to get more in-depth information about the carer's needs.

Do you get enough sleep? If not, why not?	
How is your health affected by your caring role?	
Do you get any time for yourself?	
Are your other family and friendship relationships affected?	
Do you have any financial concerns?	
Are you finding it difficult to juggle work and caring?	
Is the person you care for getting enough help for both their mental health and their substance use?	

<p>What sort of services might help you - services that give you a break, emotional support, help with household tasks, help with caring tasks during the day/night, activities for the person you care for? etc.</p>	
<p>Does the person you care for have difficulty moving about in the home?</p>	
<p>Would aids or adaptations to your home make life easier for you and the person you look after?</p>	
<p>Other interests – are you interested in training or adult education? Do you want to pursue leisure interests but feel you can't because of your caring role?</p>	
<p>How many hours a week do you care? Include all the time you spend with the person you care for and the tasks you do for them.</p>	
<p>How would you deal with emergencies and unplanned events - Do you know who to contact in an emergency?</p>	
<p>What support do you need right now? What might you need in future?</p>	
<p>How has your situation changed and what new challenges are you facing?</p>	
<p>Other</p>	

## **Carer's Assessments**

Carers who regularly provide a substantial amount of care to a friend or relative, and their caring role impacts on their life, have the legal right to ask social services to carry out a 'Carer's Assessment'.

### **What is a Carer's Assessment?**

The purpose of the Carer's Assessment is to look at the help and support that carers provide and the stresses that it places on them. It is their opportunity to tell social services about the things that could make caring easier and to discuss any concerns they may have about the future. Social services use the assessment to decide what help to provide. It should not assume that they want to continue to provide the same amount and level of support. It also does not matter if the person that they are caring for refuses services from social services.

Carers also have a right to an assessment if they intend to look after someone – for example, if the person they are caring for is in hospital and they expect to look after them when they return home. If the carer has already had an assessment but their caring situation has changed, they have the right to ask for a review. They also have the right to have a Carer's Assessment away from the person that they are supporting if it is easier for them to talk openly and honestly about their situation.

### **How do carers get an assessment?**

Carer's Assessments are usually completed by a social worker. Carers can refer themselves to Social Services or be referred by a local Carer's Centre or their GP.

The carer should be given a written copy of the Carer's Assessment after it has been completed, this should summarise the discussions and form an action plan if social services are able to offer any further services as a result.

Completing a Carer's Assessment can be a daunting prospect so you may be able to help your client to prepare themselves. Use the checklist above to identify topics they may wish to discuss during the assessment.

### The impact of caring for someone with co-occurring conditions

Families describe a range of effects that their caring role has on them and other family members. It can help them to break the impacts down into different domains and work on different aspects separately. The following worksheet gives family members prompts to journal the impact that their caring role has on them and their family life.

<b>PERSONAL IMPACT LOG<sup>8</sup></b>	
<b>How has your caring role impacted on your life in different ways?</b>	
Physical health	Emotional health
Social life	Spiritual life
Relationships	Work/education

<sup>8</sup> Adapted from EDAS Family Toolkit Project

## Identifying stress

Stress is cited as a common feature of caring roles. You can work through the following list of stress symptoms with a family member<sup>9</sup>. It may be useful to stop at each symptom that they tick and discuss the frequency and intensity of these symptoms.

<b>PHYSICAL</b>	<b>EMOTIONAL</b>	<b>SPIRITUAL</b>
Headaches	Anxiety	Emptiness
Muscle tension	Being easily frustrated	Loss of meaning
Fatigue	The 'blues'	Doubt
Insomnia	Nightmares	Being unforgiving of self
Weight change	Crying spells	Unforgiving of others
Frequent colds	Irritability	Sense of martyrdom
Muscle aches	Feeling that no-one cares	Looking for magic solutions
Digestive upsets/nausea	Depression	Loss of direction
Pounding heart	Worrying	Cynicism
Teeth grinding	Being easily discouraged	Apathy
Rashes	Lack of joy	Needing to 'prove' self
Restlessness	Lethargy	
Foot tapping		<b>COGNITIVE</b>
Increased chronic pain	<b>RELATIONAL</b>	Forgetfulness
	Isolation	Difficulty making decisions
<b>BEHAVIOURAL</b>	Intolerance	Low productivity
More time on computer	Resentment	Confusion
Watching TV more	Loneliness	Whirling mind
Eating more/less	Lashing out	Loss of creativity
Excessive shopping	Hiding	Boredom

<sup>9</sup> Adapted from: Tubesing, N. and Tubesing, D, 1983, Stress exhaustion symptoms. *Structured exercises in stress management*, Duluth, MN in Coping Strategies to Promote Occupational Engagement and Recovery, 2017

Driving recklessly		Clamming up	Spacing out/losing time
Biting nails		Increased/decreased sex drive	Negative self-talk
Being accident prone		Lack of intimacy	Increased cognitive distortions
Nervous laughter		Distrust/paranoia	Suicidal thoughts
Increased alcohol/drug use		Nagging	Increased psychotic symptoms
Repetitive behaviours		Using people	Poor concentration
Self-harm behaviours		Less contact with friends	Ruminating about a problem/ event

### Recognising Stress<sup>10</sup>

Use the table provided to explore and identify situations and events that trigger physical and emotional symptoms of stress in you.

In the first column, list some situations that you feel or suspect are eliciting a stress response in you. Write any physical and emotional sensations you experience in the second and third columns respectively. Finally, use the final right-hand column to rate how much stress you experience from that trigger, where 0% is the lowest and 100% is the highest.

Situation <i>When ...</i>	Physical symptoms <i>I feel...</i>	Emotional symptoms <i>I feel...</i>	Stress rating <i>(0-100%)</i>

<sup>10</sup> Adapted from: <https://positivepsychology.com/wp-content/uploads/Coping-With-Stress.pdf>



Now, use the triggers above to develop some coping mechanisms for when they arise. List the triggers you'd like to work with in the first, left-hand column. In the second column, try to distinguish between what you can and cannot control about the trigger you've listed.

The third column is for listing how you currently cope with the stressful situation, and the final column is where you are invited to think of new ways to cope with the situation. You may wish to consider both practical and emotional mechanisms that you find helpful.

Situation	Control	Current coping mechanism	Adaptive coping mechanism

## Coping with stress<sup>11</sup>

Identifying the sources of our stress and anxiety - *our Stressors* - empowers us to target them effectively. By pairing them with successful and healthy coping strategies, we can create a plan for tackling obstacles that we face.

In this way, even when we are confronted with obstacles, being prepared with a plan allows us to draw on any resources we have, so we can overcome those barriers and better manage stress.

The worksheet has four columns to work through. Use the first column in this table to list the Stressors that are bothering you - they may be current stressors, stressors from the recent past, or future, anticipated sources of stress.

In the second column, create a list of resources that you can implement to cope with the stressors. These might include strategies, techniques, meditations, or activities that you've learned or which have helped you cope before.

In the third, Obstacles column, brainstorm potential things that might impede your coping.

The last column invites you to plan how you can overcome these obstacles to effective coping. The fourth is for methods you believe will be effective.

Stressors	Coping Responses	Obstacles	Methods for overcoming obstacles
Present sources			
Past sources			
Expected future sources			

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<sup>11</sup> From: Brianna Steinhilber, everup.com on positivepsychology.com

## Evaluating your coping strategies<sup>12</sup>

**What is the problem?**  
Be specific

**How do I cope with the problem?**  
*What things make me feel better, at least temporarily?*

**How effective are these coping strategies?**

**What are the pros?**

**And cons?**

**What else could I try to do to cope?**

**What are the pros?**

**And cons?**

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<sup>12</sup> See: <https://positivepsychology.com/wp-content/uploads/Coping-Styles-Formulation.pdf>

## Wellbeing

This section introduces some tried and tested wellbeing strategies that can help clients to feel more positive about their situation and improve their mental health. You can use the following worksheets to give to clients or for completing together during support sessions.

Alongside the sections below, journaling, bibliotherapy, mindfulness and meditation are also used to great effect to support carers.

### Gratitude practices

Gratitude practices have been shown to improve mood, reduce symptoms of stress and aid in coping. The list below can be used by family members to start considering things they are grateful for. It can be used reflectively, for example at the end of the day/week or to alleviate the immediate symptoms of stress.

Gratitude as a practice takes time to develop and regularly revisiting these lists can help to establish a gratitude habit.

### Gratitude journal<sup>13</sup>

- List five small ways that you can share your gratitude today.
- Write about a person in your life that you're especially grateful for and why.
- What skills or abilities are you thankful you have?
- What is there about a challenge you're experiencing right now that you can be thankful for?
- How is where you are in life today different than a year ago—and what positive changes are you thankful for?
- What activities and hobbies would you miss if you were unable to do them?
- List five body parts that you're grateful for and why.
- What about the city you live in are you grateful for?
- What are you taking for granted about your day to day that you can be thankful for?
- List 5 people in your life who are hard to get along with—and write down at least one quality for each that you are grateful for.
- What materialistic items are you most grateful for?
- Write about the music you're thankful to be able to listen to and why.
- Who has done something this week to help you or make your life easier and how can you thank them?
- What foods or meals are you most thankful for?
- What elements of nature are you grateful for and why?
- What part of your morning routine are you most thankful for?
- Write a letter to someone who has positively impacted your life, however big or small.
- What is something you're grateful to have learned this week?
- When was the last time you laughed uncontrollably? —relive the memory.
- What aspects of your work environment are you thankful for?

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<sup>13</sup> From: <https://positivepsychology.com/gratitude-journal/>

## Bullet Gratitude journal<sup>14</sup>

A quick and simple gratitude practice for every-day use

# ✦ gratitude journal ✦

<p><b>morning gratitude</b> before you begin your day, list 10 things you're grateful for:</p> <ol style="list-style-type: none"><li>1.</li><li>2.</li><li>3.</li><li>4.</li><li>5.</li><li>6.</li><li>7.</li><li>8.</li><li>9.</li><li>10.</li></ol>	<p><b>what I'm learning from my challenges</b> list three obstacles and what you're learning from them</p> <ol style="list-style-type: none"><li>1. what I'm learning:</li><li>2. what I'm learning:</li><li>3. what I'm learning:</li></ol>
<p><b>people I'm grateful for</b> list 5 people who made your life a little happier today. these could be friends, family or strangers !</p> <ol style="list-style-type: none"><li>1.</li><li>2.</li><li>3.</li><li>4.</li><li>5.</li></ol>	<p><b>the best part of my day</b> choose one moment of your day that made you happy and focus on it for 5 minutes before bed</p>

<sup>14</sup> From: <https://i.pinimg.com/736x/71/ac/24/71ac24206eabb101cf91028c253d0ce0.jpg>

### My Self-Care Chart

It's important to take care of your own wellbeing and have something to look forward to.

Fill in the chart with enjoyable activities that you would like to do. Start with the small, today activities and work your way through to the larger things.

Things I can do:	Today	This week	This month	This year
For free				
That cost a little				
That cost a lot				
That I'll need to save for				

**My self-care statement is:**

### Stop, start, continue

An opportunity to identify positive changes that you would like to make in your life.

**I would like to stop...**  
(things that are unhelpful)

- 1.
- 2.
- 3.

**I would like to start...**  
(things that can improve your wellbeing or that you may find enjoyable)

- 1.
- 2.
- 3.

**I would like to continue...**  
(things that you already do that you find helpful)

- 1.
- 2.
- 3.

## Five Ways to Wellbeing

Evidence from the New Economics Foundation suggests that building these five actions into our day-to-day lives is important for well-being:

Tick if you achieved the action today:		✓	✓	✓	✓	✓	✓	✓
<b>Connect</b>	With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.							
<b>Be Active</b>	Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness.							
<b>Be Mindful</b>	Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.							
<b>Keep Learning</b>	Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving. Learning new things will make you more confident as well as being fun.							
<b>Give</b>	Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding and creates connections with the people around you.							



# SECTION 4: Resources

### My resources

This page is where you can record details of helpful resources that you can offer to clients

<b>Apps for...</b>	
Wellbeing	
Coping with stress	
Mindfulness	
Anxiety	
Mental health	
Positivity	
Help with sleep	
Other	

<b>Websites for...</b>	
Wellbeing	
Dealing with stress/anxiety	
Support	
Mental health/mental health awareness	
Substance use awareness	

CBT	
Other	
Other	

<b>Books about...</b>	
Substance use	
Mental health	
Self-help	
Other	
Other	

<b>Local services for...</b>	
Substance use recovery	
Mental health recovery	
Carers	
Peer support	
Advice and advocacy	
Other	
<b>Other</b>	

Other resources	

## Adfam Resources

The following resources are available on Adfam's [website](#).

### **Dual Diagnosis and Families**

A research report detailing recommendations for policy and practice when working with families affected by co-occurring conditions.

### **Working with women affected by domestic abuse and someone else's substance use**

A research report detailing recommendations for policy and practice when working with women affected by these issues.

### **Families in Lockdown**

A report detailing findings from Adfam's survey of families and friends affected by someone else's substance use during lockdown.

### **Supporting parents affected by child-to-parent-abuse (CPA) from substance- using adult children**

A toolkit for practitioners.

### **State of the Sector Report 2019**

Insight into the state of the drugs and alcohol family support sector.

### **Fighting Their Own Battle: Families of Veterans with Substance Use Problem**

A research report, written in collaboration with the University of York, and funded by the Forces in Mind Trust, outlining the experiences and needs of families of veterans with substance use problems (FVSUs)

### **Challenging Stigma**

Tackling the prejudice experienced by the families of drug and alcohol users

### **Making it happen**

Support for families and carers affected by someone else's drug or alcohol use

### **Consultation findings for the BEAD Project (Bereaved through alcohol and drugs)**

### **Between a rock and a hard place**

How parents deal with children who use substances and perpetrate abuse

### **Living with a drug user: for partners of drug users**

Booklet answering questions that partners may have

### **Living with a drug user: for the parents of drug users**

Booklet answering questions that parents may have

### **Setting up a family support group**

A guide to help people to set up support groups for affected others

### Other resources

The mental health charity, Mind, has produced a leaflet called **Understanding the mental health effects of recreational drugs and alcohol**. Available online at:

<https://www.mind.org.uk/media-a/2951/recreational-drugs-and-alcohol-2016.pdf>

**Better care for people with co-occurring mental health and alcohol/drug use conditions**. A guide for commissioners and service providers. Available online at:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/625809/Co-occurring\\_mental\\_health\\_and\\_alcohol\\_drug\\_use\\_conditions.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/625809/Co-occurring_mental_health_and_alcohol_drug_use_conditions.pdf)

## Helpful organisations

This is a selection of organisations you may find helpful. This list is by no means exhaustive and only covers national organisations, so doesn't cover those that are local to your area.

Most of the telephone numbers provided are available during normal office hours. However, some of the larger charities are available during some night hours as well as during the day. Adfam cannot guarantee the service of these organisations, but it does give an idea of what help is available.

<i>Al-Anon Family Groups</i> 020 7403 0888 <a href="http://www.al-anonuk.org.uk">www.al-anonuk.org.uk</a>	Support for anyone who is, or has been, affected by someone else's drinking.
<i>British Association for Counselling and Psychotherapy</i> <a href="https://www.bacp.co.uk/">https://www.bacp.co.uk/</a>	Training for therapists and a register of professional practitioners across the country.
<i>Carers UK</i> 020 7378 4999	Information, advice and support for carers.
<i>Drinkline</i> 0300 123 1110	Advice to those worried about their own, or a loved one's, alcohol use.
<i>Families Anonymous</i> 0845 1200 660 <a href="http://www.famanon.org.uk">www.famanon.org.uk</a>	Support for families and friends concerned about drug abuse or related behavioural problems.
<i>FRANK</i> 0300 123 6600 <a href="http://www.talktofrank.com">www.talktofrank.com</a>	National drug information service with fact-files and FAQs.
<i>Mind Helpline</i> 0300 123 3393	Helpline providing advice and support for anyone experiencing a mental health problem.
<i>National Domestic Violence Helpline</i> 0808 2000 247	Provides a free, fast emergency injunction service to survivors of domestic violence regardless of their financial circumstances, race, gender or sexual orientation.
<i>Release</i> 020 7324 2989 <a href="http://www.release.org.uk">www.release.org.uk</a>	Organisation providing services to meet the health, welfare and legal needs of drug users and their families.
<i>Rethink Mental Illness</i> <a href="http://www.rethink.org">www.rethink.org</a>	Support groups, local services and information.
<i>Revolving Door Agency</i> <a href="http://www.revolving-doors.org.uk">www.revolving-doors.org.uk</a>	National charity supporting people affected by mental ill health and the criminal justice system
<i>Samaritans</i> 116 123 <a href="http://www.samaritans.org">www.samaritans.org</a>	Immediate emotional support for anyone in emotional distress, struggling to cope or at risk of suicide.
<i>SANE</i> <a href="http://www.sane.org.uk">www.sane.org.uk</a>	Charity supporting individuals and families affected by mental illness.
<i>Shelter</i> <a href="http://www.shelter.org.uk">www.shelter.org.uk</a>	Support for people who are homeless or in housing need.
<i>Turning Point</i> <a href="http://www.turning-point.co.uk">www.turning-point.co.uk</a>	Works with individuals and their communities in the areas of drug and alcohol misuse, mental health and learning disabilities. Has particular expertise in working with people who have complex needs and are facing multiple social challenges.