I work at a DAT and have responsibility for improving service user involvement. It's one thing to say it, but another thing to do it - I've found not all service users want to be engaged. Can anyone give me inspiration? *Jim, West Midlands.*

It's working for us!

Hi Jim
I'm an ex-service user, who got involved with a service user group six months ago. I agree with your experience that not all service users want to be involved. Nevertheless, three of us carried on regardless, attracting the odd one or two here and losing the odd one or two there. So long as we had a core few who were willing, we found things began to happen.

We found that establishing what the user group stands for and its aims can be a rallying point for support. If we are willing to stand up and be counted we needed to know what we stood for. Social activities were a good way of attracting people and seeing if they wanted to be involved. A drop-in service was another way of looking for service users who wanted to be involved.

We are currently drafting a questionnaire to try to find out what we are doing right, what we are doing wrong, and what else we might be doing, but aren't.

All of this has taken time to happen, six months so far. I spoke to one fellow from another SUG who were applying for a £20,000 grant. Wow I thought, then he told me that it had taken them five years to get to that stage.

As well as social activities, drop-ins, a peer-supporter/befriending program, we have also used noticeboards and newsletters to attract interest. But we are finding out that sometimes the treatment centre can be a victim of its own success – people have become successfully employed or re-enter higher education and do not have the time.

There is also the sensitivity we have to have towards clients who are currently going through treatment, that they are not pushed into taking on to much at this delicate time for them. And finally we are learning the hard way that there are just some people who do not want to get involved, no matter what.

With that in mind, we are trying to empower the ones who wish to, and are willing to, belong. We are not counting our success at our meetings as the number of bums on seats, but rather encouraging and enriching the lives of the ones who do turn up.

We are currently thinking of developing the idea of having a families group.

God bless.
David Jones, Manchester

Stick with it

Dear Jim
Listen to what the service users in your area want, there is not a one size fits all solution to this. Not all service users want to be writing magazines holding meetings and forming service user groups, you can't impose your vision of how involvement should work on the service users in your area.

Try different methods of discussing involvement within your area. Don't get despondent if you arrange a meeting and no one shows, it will not happen overnight and it is down to you to keep trying. You need to stress the benefits they will get from involvement, and how they really will be listened to and will have an opportunity to influence the way their service operates. When you do get a dialogue, listen to all of the ideas discussed and only agree to things that you will be able to deliver. The quickest way to loose the confidence of the service users in your area is to make promises you can't keep. Above all keep working at it, the end results will benefit everyone involved.
Collette, London

Invaluable advocacy

Dear Jim
I myself am an ex service user with the DAAT. The main reason I started to get involved was because I had had some bad experiences within the treatment sector and the advocacy worker was very supportive towards me; she really made me feel like my opinion was valuable. She had provided lots of training, so it wasn't just all one way. I have attended lots of meetings with service providers and other service users. This experience and extra knowledge I have gained through the DAAT has been invaluable.

I am now starting work very soon as a drug worker within a tier two service. I am extremely grateful to my advocacy worker at the DAAT because she has supported me 100 per cent, which has helped me a great deal, because I found that being an ex service user with a criminal record made it very difficult for me to try and find employment in this field.
Annie, West Midlands

Reader's question

As a small alcohol agency with a good reputation (we're always in the local press) we find it quite easy to attract inexperienced staff for interview. Our huge problem is holding onto them once they have some training under their belt. We're in a constant state of turmoil, because as soon as we've trained someone up to a decent level, they're off looking for a job somewhere else with more benefits – good pension, flexi-time and twice the salary. A very demanding question – but has anyone hit on ways to inspire loyalty?
Jenny, Sheffield

Email your suggested answers to the editor by Tuesday 22 November for inclusion in the 28 November issue of DDN.

New questions are welcome from readers.

Letters

Korsakov info wanted

I am currently attempting to find a suitable residential placement for a 45 years old male with Korsakov's Syndrome. I would be grateful for any information on relevant specialist and non-specialist resources (such as nursing homes). I would also appreciate any examples of effective community-based programmes for people with Korsakov's Syndrome (day centres, *etc*). Please send details to alan.alker@penninecare.nhs.uk
Alan Alker, Pennine Care Trust

Battle for fair treatment is so frustrating

I was reading the very frank article written by David Wright surrounding Hep C (*DDN*, 31 October, p8). I feel so frustrated as a mental health nurse in this field, attempting to get fair treatment for IV users and any substance users. My main area of interest is dual diagnosis. I support many sufferers in isolation from any other services due to the constant request for abstinence before an assessment is offered by mental health services.

This makes the journey through treatment more difficult for the person, due to not being able to treat both problems concurrently. In my experience, suffering from mental health concerns often delays the progress in treatment for drug use.

Another barrier to treatment is often GP services. They can be offering support for mental health in the way of antidepressant and anti-psychotic medication and referrals; when a drug problem comes to light, they stop all medication and send them to the drugs team. This is so unfair to the person who then presents severely unwell alongside their drug concerns.

A recent patient of mine had been seeing his GP for two years and being prescribed an antidepressant. He had made a good recovery and was feeling motivated to tackle his heroin addiction. The GP referred him to us and refused to treat his depression. Although we attempted to joint work with the practice, they refused and will only reassess his mental health when he is drug free. That just seems crazy to me. If the two problems had been treated together as part of a wider approach, this young man would be well on his way to recovery now.

I feel for anyone who is attempting to access services who is using drugs. We are by far from living in a non-judgemental NHS. The battle for the treatment of dual diagnosed patients goes on.
Lisa Cookson (RMN), Leyland Substance Misuse Service
(A very frustrated mental health/substance misuse treatment nurse)

I enjoyed 'letting go'

I felt that I just had to respond to Mr Angry's sarcastic letter (*DDN*, 31 October, page 8) regarding the 'Letting Go' article in *DDN*, 3 October. Like Mr Dickson, I too am from an 'academic background', and work on the 'front line' of a criminal justice team. But unlike Mr Dickson, I thought that the article was an interesting and useful exploration of the human condition. Thanks for publishing it. I wonder which 'real world' Mr Dickson inhabits?
Moyeen Low, DDR Team, Exeter, Devon.