UNIVERSITY OF WEST LONDON
The Career University

DUAL DIAGNOSIS ANONYMOUS

Pacific University Oregon

Sir Halley Stewart Trust

DUAL DIAGNOSIS ANONYMOUS (DDA) MOVES ONLINE: Online peer support for co-existing mental health and addiction problems during the Covid19 lockdown in USA and UK

Assoc Prof Raffaella Marghe Milani (UWL)
Prof. Sean Roush (Pacific University, Oregon)
Doyal Smith (Exec Director, DDA Oregon)
Daniel Ware (Director and facilitator, DDAUK)

Special thanks: Annalise Keller (UWL)

Global impact of the Covid19 lockdown on mental health

- A review of 16 studies, spanning 5 countries, found an increase in all forms of depression, anxiety, stress, sleep disturbance, and psychological distress among the general public (Lakhan et al., 2020).
- In a longitudinal study of UK households, the prevalence of clinically significant mental distress rose from 18.9% to 27.3% (Pierce et al., 2020).
- 40.9% of Americans reported at least one adverse mental or behavioural issue during the pandemic (National Centre for Health Statistics, 2020a).

Impact of the lockdown on the experience and feeling of isolation

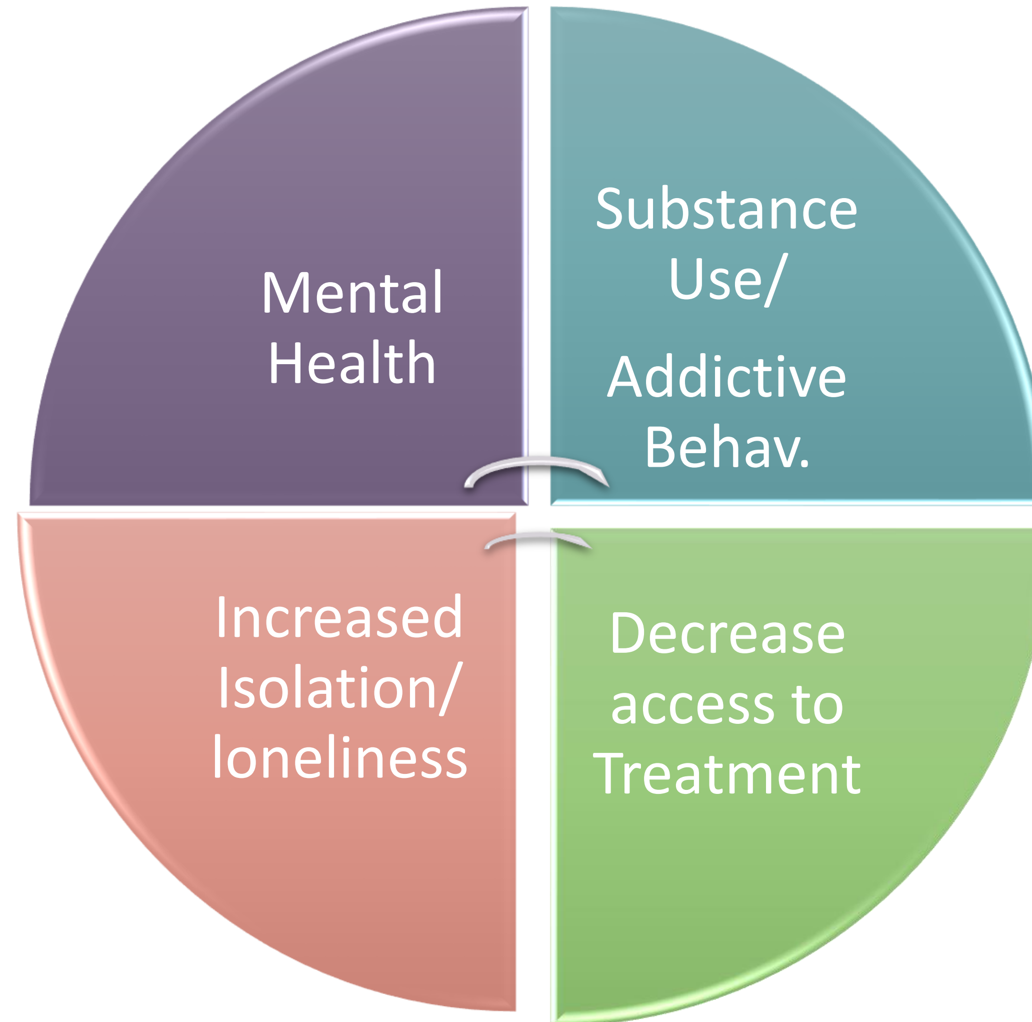
- In a survey of 1,964 UK adults, 27% reported loneliness during the nation's first lockdown (Groarke et al., 2020).
- In another survey, 1/3 of British adults have sometimes or often felt lonely since the beginning of the pandemic (Li and Wang, 2020).
- Loneliness mediates and exacerbates symptoms of depression (Switaj et al., 2013; Fortuna et al., 2020; Wang et al., 2020)
- Feelings of loneliness are linked to higher rates of mortality (Quadt et al., 2020).

IMPACT OF THE LOCKDOWN ON PEOPLE WITH CO-EXISTING DISORDERS

- In general, people with DD are more likely to commit suicide (Crawford et al., 2003), experience homelessness, and face difficulties in receiving shelter, support, and healthcare (Schütz et al., 2019).

- The job loss, stress, and isolation caused by the pandemic can trigger relapses of both mental illness and substance use (Pancahl et al., 2020).

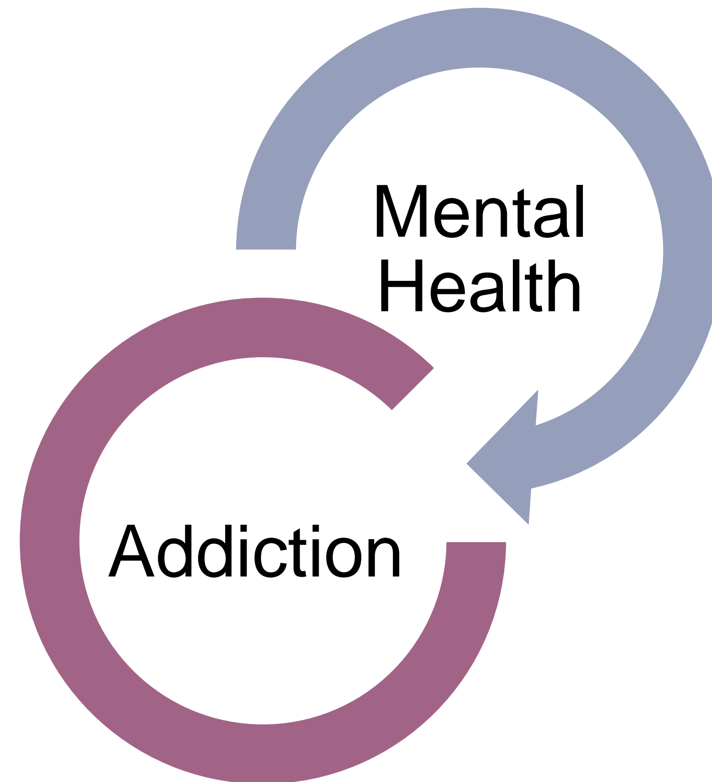
The impact of the Covid19 Lockdown on people with co-existing mental health and substance use/addictive disorders



CURRENT ISSUES WITH TREATMENT APPROACHES FOR

CO-EXISTING MENTAL HEALTH AND SUBSTANCE USE/ADDICTION PROBLEMS

- Sequential approach
- Disjointed parallel approach
- This “silo” approach is evident also in peer support meetings (e.g. AA, NA, CA…Mental health peer support groups…)



Dual Diagnosis Anonymous: a peer led integrated approach

- **What is DDA**

DDA was founded by Corbett Monica in 1996 in California, and relocated to Oregon in 1998, with the aim of meeting the needs of individuals with co-existing disorders (Roush, et al., 2015).

The first DDA UK was set up in West London in 2016 by Daniel Ware and Alan Butler, with Jon O'Donnell as facilitator

- **Why is it different from other AA fellowships?**

12 + 5 steps

DDA MOVES ONLINE

- DDA Zoom meetings
- Facebook Chat Room/DDA support

- Creative meetings DDA UK
- Sir Halley Stewart Trust awarded a small grant to carry out a study on the online delivery of DDA meetings

Milani,R.M., Keller, A. and Sean, R. (2021) Dual Diagnosis Anonymous (DDA) and the transition to online support during COVID-19. Journal of concurrent disorders. Issn 2562-7546

THEORETICAL FRAMEWORK

- The feeling of acceptance, not feeling judged by the group and the possibility of expressing themselves freely about both their mental health and addiction issues, were the main themes that emerged by the DDA studies in Oregon and UK (Roush et al. 2015; Milani et al. 2020).
- The establishment of social ties and the consolidation of a support network underpin the success of peer support groups for alcohol and substance misuse (Dingle et al., 2019).
- The process of identification has been found to promote sustained recovery within mutual aid groups in general (e.g. Buckingham et al., 2013) and DDA (Roush et al. 2015; Milani et al. 2020).
- As such, the researchers were interested in examining the social ties present within DDA through the lens of inclusion. The sub-component "Belonging" has been found to negatively correlate with both mental illness and substance misuse (Palis et al., 2020).

AIMS AND OBJECTIVES

- **Aims**

- To explore DDA members' perceived effectiveness of online support during the COVID-19 lockdown
- To explore feelings of group inclusion during the online meetings in comparison to face to face meetings
- To investigate strengths and limitation of on-line in comparison to face to face meetings
- To explore the facilitators' perspectives of conducting online meetings

- **Objective**

- To expand knowledge about the effectiveness of online peer-led support for mental health and addiction;
- make recommendations for DDA and other peer support groups

PARTICIPANTS

Recruitment of DDA attendees

- Participants were recruited through the online DDA meetings, which took place multiple times per week in the US and twice per week in the UK. .
- For a period of 4 months from June to October 2020, the facilitators advertised the survey at the end of each meeting and periodically encouraged participation.
- DDA attendees were provided a link in the “chat” of the online meeting which led them to the survey.
- Participants were also recruited via the DDA Facebook page, DDA Facebook group, the DDA US website, and WhatsApp messages during the same period.

Sample

- 92 (57 females) completed questionnaires.
- 71 participants were from the USA and 18 participants were from the UK (reflecting the younger history of DDA UK).
- All participants reported having mental health and substance use problems.

METHOD

Method

-An online survey was distributed and participants were asked to compare online to previous face to face meetings.

-Interviews with 8 attendees of online meetings in the UK

-interview with 2 facilitators who supported DDAUK members who did not attend online meetings

Materials

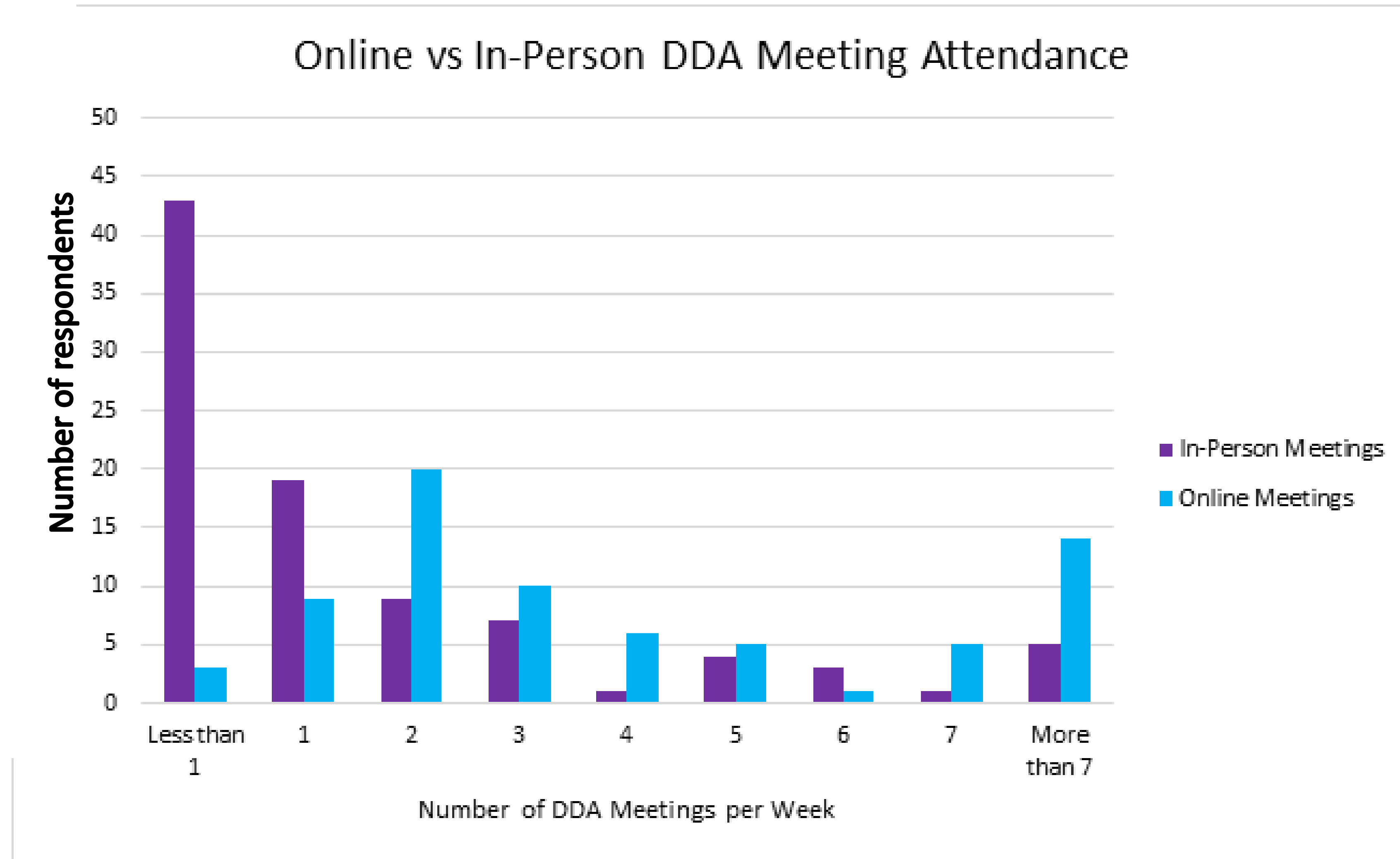
- Online survey
  - Open questions about the kind of support received by DDA, strengths and limitations of online meetings, positives and negatives of the lockdown
  - Feeling of group Inclusion – adapted from the Work Group Inclusion Measure (Chung et al., 2020), 5 points Likert scale (Completely disagree to Completely agree)

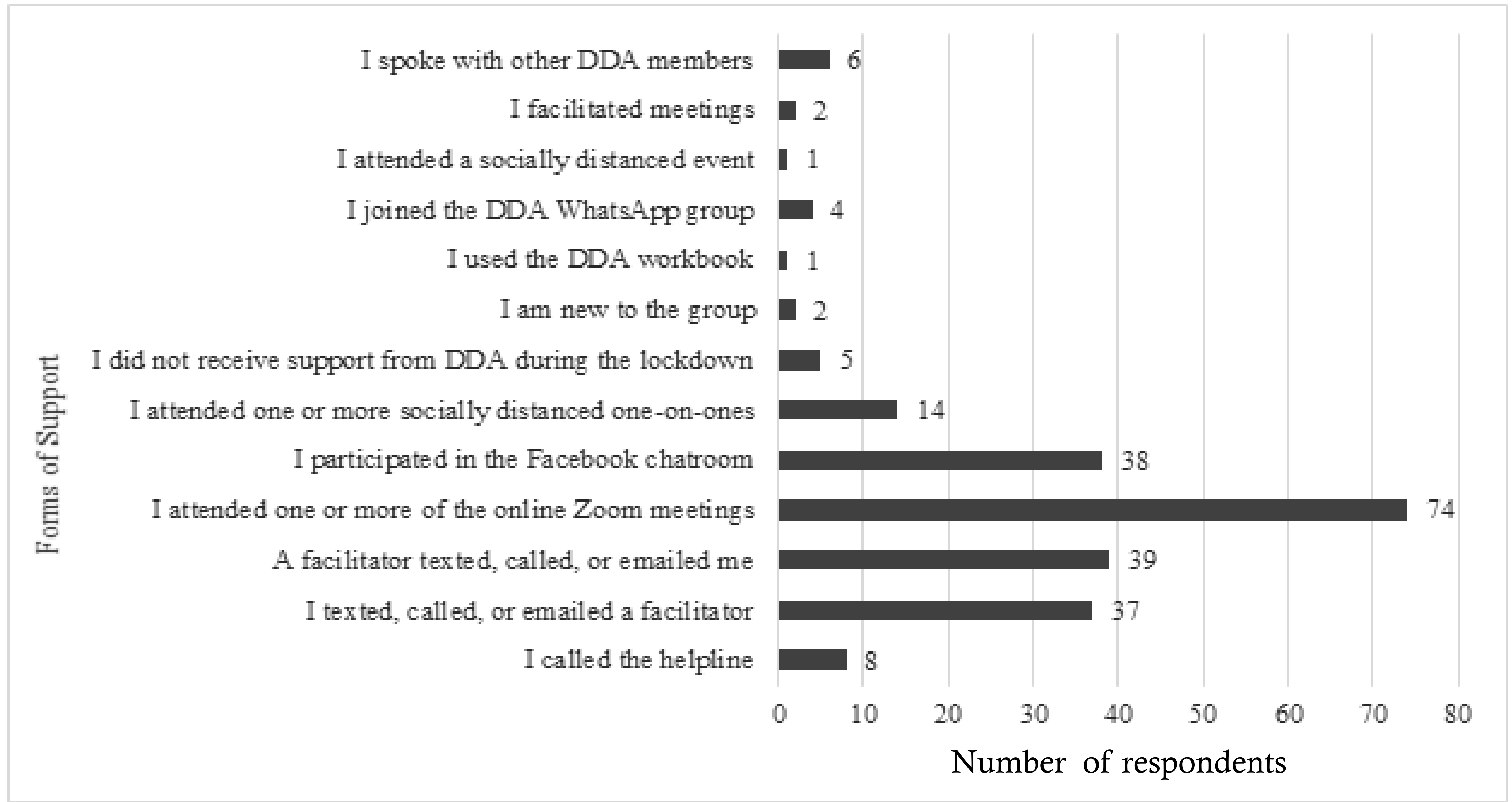
RESULTS

- **Attendance**

DDA **expanded its reach**, people from outside London and outside the UK started to attend DDAUK online meetings (from Spain, Italy, South Africa…)

There was a significant **increase in number of meetings** attended per week: average of 4.97 $\pm$ 2.81 online vs 3.82 $\pm$ 2.29 per week, $p<0.01$.





I spoke with other DDA members
6
I facilitated meetings
2
I attended a socially distanced event
1
I joined the DDA WhatsApp group
4
I used the DDA workbook
1
I am new to the group
2
I did not receive support from DDA during the lockdown
5
I attended one or more socially distanced one-on-ones
14
I participated in the Facebook chatroom
38
I attended one or more of the online Zoom meetings
74
A facilitator texted, called, or emailed me
39
I texted, called, or emailed a facilitator
37
I called the helpline
8
Forms of Support
0
10
20
30
40
50
60
70
80
Number of respondents

TWO COMPONENTS OF THE FEELING OF INCLUSION MEASURE MEASURE

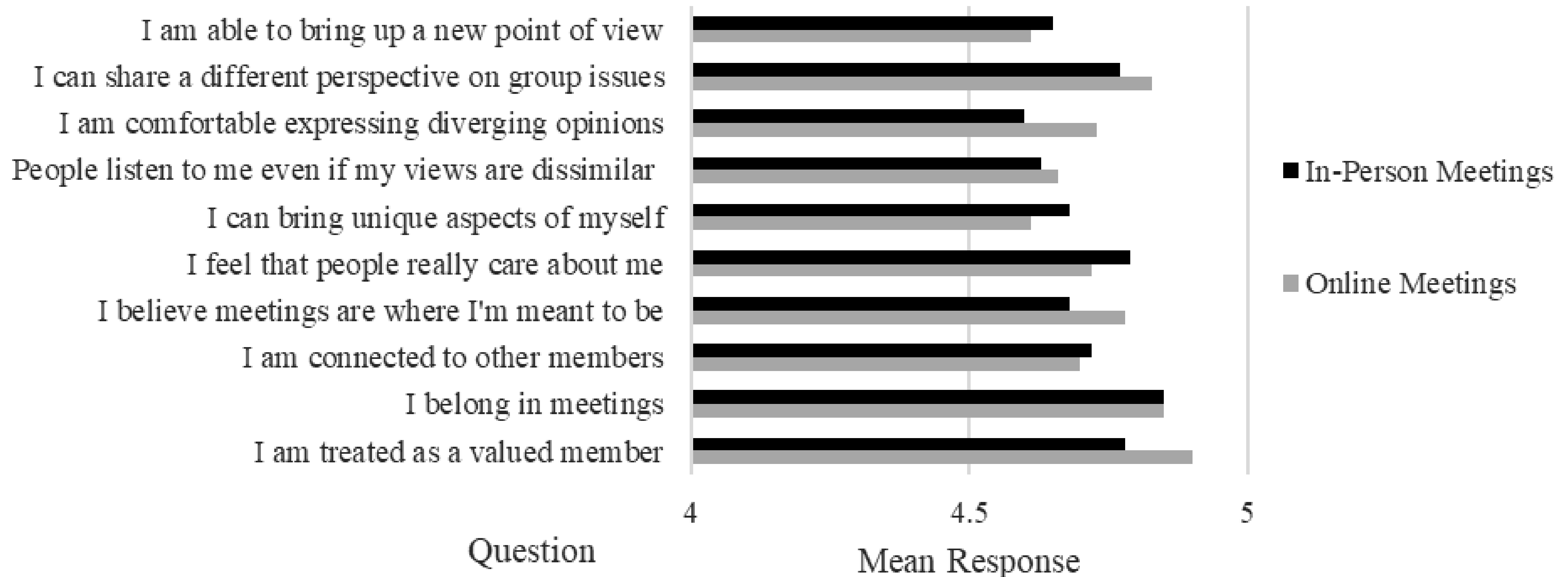
BELONGINESS
Feeling accepted, valued, and cared for by other group members

- I am treated as a valued member of DDA.
- I belong in DDA meetings.
- I am connected to other members of DDA.
- I believe that DDA is where I am meant to be.
- I feel that people really care about me during DDA meetings.

UNIQUENESS
Feeling comfortable expressing own views even if different from others, and these differences are valued and respected by the group

- I can bring aspects of myself to DDA meetings that others in the group don't have in common with me.
- People in DDA meetings listen to me even when my views are dissimilar.
- While at DDA meetings, I am comfortable expressing opinions that diverge from my group.

There was no significant difference in the overall feeling of groups inclusion, nor in the sub-component of belonginess or uniqueness, between the online and face to face group meetings.

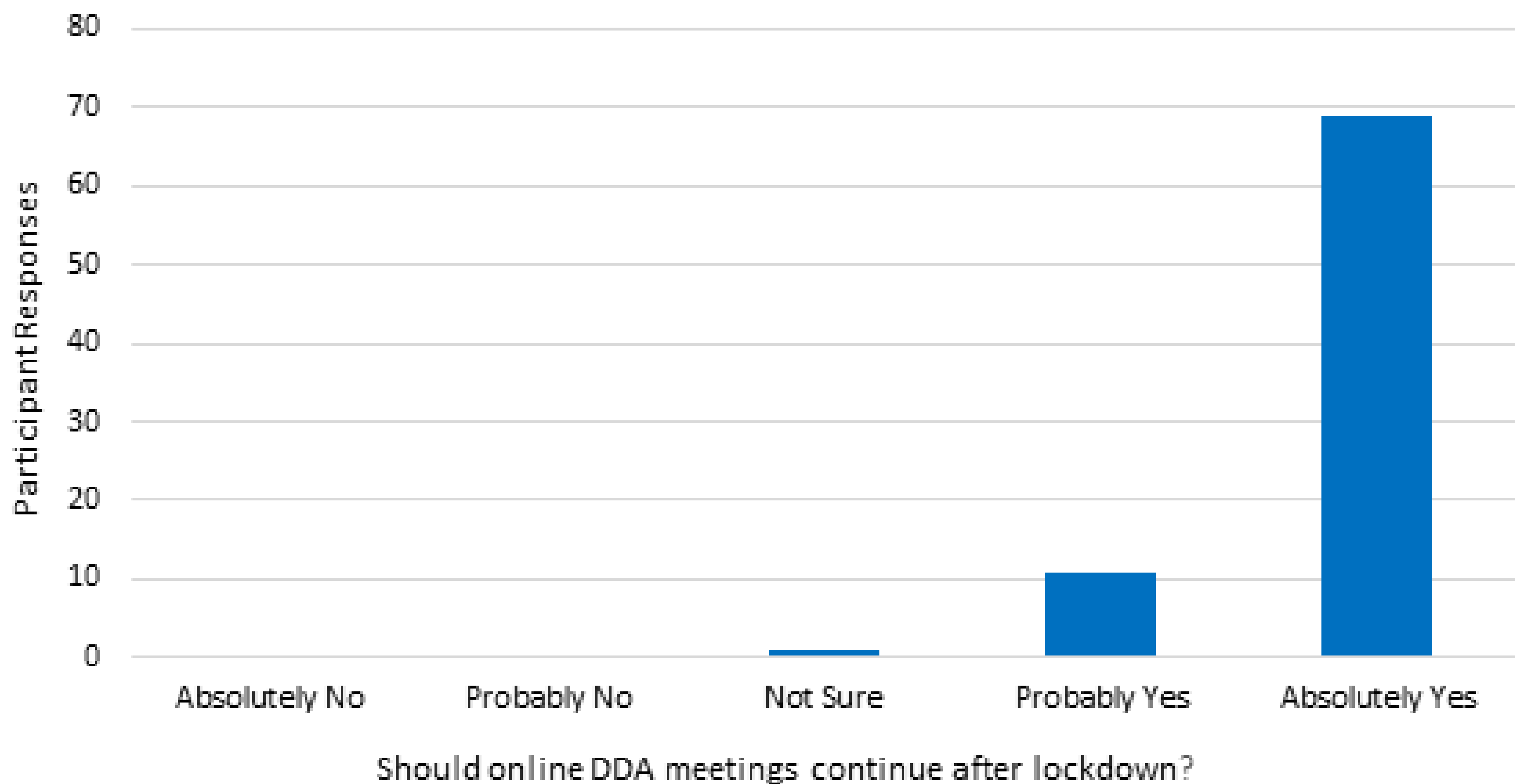


		N	%
Support Received from Other Organisations	Other support groups	22	29
	Unspecified support	13	17
	Individual therapy/counselling	12	16
	Mental health services	9	12
	Psychiatric care	8	10
	Sponsorship/peer support	8	10
	Friends and family	2	2
	Religion	1	1
Most Helpful form of support	Online Zoom meetings (DDA, AA, other)	47	51
	Sponsorship/peer support	12	13
	Informal online contact (phone calls, texting, social media)	8	9
	No preference	8	8
	In-person meetings (one-on-one, groups)	7	7
	Mental health/psychiatric care	5	5
	Support group 'step' work	2	2
	Other	3	3

ADVANTAGES AND DISADVANTAGES OF ONLINE MEETINGS

		Number	%	Total N who answered the questions
Advantages of Online Meetings	• Convenience	38	39	98
	• Meeting new people (international, transcontinental)	17	17	
	• Access in areas without meetings	13	13	
	• Support during COVID-19	13	13	
	• Safety during COVID-19	8	8	
	• Preference for online format	5	5	
	• No advantages	3	3	
	• Anonymity	1	1	
Disadvantages of Online Meetings	• No disadvantages	21	29	72
	• Lack of in-person interaction	20	28	
	• Not being able to hug	13	18	
	• Improper meeting etiquette	7	10	
	• Technological error	4	6	
	• Unfamiliar with technology	3	4	
	• Poor privacy	2	3	
	• Generally not as good	2	3	

		Number	%	Total N who answered the questions
Positives of Lockdown	Online Zoom meetings	20	30	66
	Learning experience/opportunity for personal growth	14	21	
	Increased time for hobbies and relaxation	12	19	
	Decreased social pressure	7	11	
	Increased time for recovery	5	7	
	Increased family time	4	6	
	Not contracting COVID-19	2	3	
	Other	2	3	
Negatives of Lockdown	Isolation	52	63	83
	Disruption of normal life	11	13	
	No negatives	7	8	
	Decrease in mental wellbeing	6	7	
	Boredom	3	3	
	Fear of COVID-19	2	2	
	Unable to attend in-person DDA meetings	2	2	


80
70
60
50
40
30
20
10
0
Participant Responses
Absolutely No
Probably No
Not Sure
Probably Yes
Absolutely Yes
Should online DDA meetings continue after lockdown?

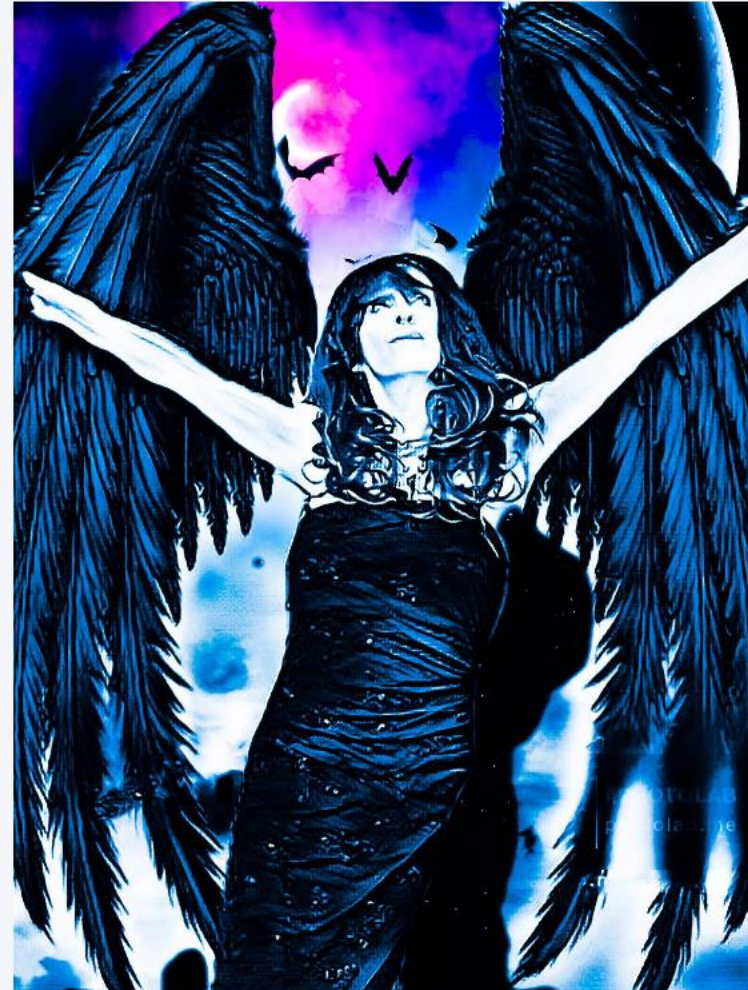
CREATIVE ONLINE MEETINGS

work - DDA ✕ +

https://www.ddauk.org/dda-creations/drawings-and-artwork/

ABOUT

Home Meetings About News Resources DDA Creations Contact Donate



By Purple Raven

"The Rise of Batilda", self portrait exploring psychosis.

Search

DDA MEMBERS WHO DID NOT ATTEND ONLINE MEETINGS:

INTERVIEW WITH THE FACILITATORS

- **What were the main reasons for not accessing online meetings?**

- inability to access technology and paranoid ideation.

- **What were the facilitator observations about those who did not attend?**

- DDA members who did not participate in online meetings experienced an overall deterioration in mental wellbeing, as well as an increase in the feeling of isolation during the lockdown period.
- non-participating members felt isolated from other DDA members by being left out.
- Were also less likely to be receiving support from other organizations.

- **How were DDA attendees who did not attend online meetings supported?**

- These participants received support by phone calls and when possible, socially distanced one to one meetings in an open space.

LIMITATIONS

- The sample size in the UK was significantly smaller than that in the US.
- The length, severity and specific parameters of the lockdown differed between cities in both the US and the UK, which may have influenced how respondents interpreted the survey questions.
- The difference between lockdown and later rules was also not elaborated in the survey due to the rapidly evolving global COVID-19 restrictions.
- The scale used to measure inclusion was adapted, and is not validated in the dual diagnosis population (internal reliability was confirmed via Chronbach's Alpha test).
- The fact that a large number of participants started attending DDA with the online meetings, reduced the sample for the face to face vs online comparison.
- Questions regarding in-person meetings were retrospective, which allowed for potential bias in participants' recollection of previous meetings.
- Respondents may have experienced bias in favour of online meetings due to recruitment through online DDA meetings.

CONCLUSIONS

- Online meetings can be a valuable resource for individuals with complex needs and provided essential support for both new and regular DDA members during the lockdown.
- It is recommended that in the future, online meetings should continue as a supplementary feature of DDA and other mutual aid programs, due to their potential for convenience, accessibility, and inclusivity.

Methodology

- “Borrowing” concepts and tools from non-clinical sectors can help understand the processes and group dynamics, which can be similar contexts

Get in touch!

Assoc. Prof Raffaella Milani
Raffaella.Milani@uwl.ac.uk

https://www.ddauk.org/
info@ddauk.org

REFERENCES

Boden, J. M., & Fergusson, D. M. (2011). Alcohol and depression. *Addiction*, 106(5), 906-914.

Carrà, G., & Johnson, S. (2009). Variations in rates of comorbid substance use in psychosis between mental health settings and geographical areas in the UK. *Social Psychiatry and Psychiatric Epidemiology*, 44(6), 429-447.

Chung, B. G., Ehrhart, K. H., Shore, L. M., Randel, A. E., Dean, M. A., & Kedharnath, U. (2020). Work group inclusion: Test of a scale and model. *Group & Organization Management*, 45(1), 75-102.

Dingle, G. A., Haslam, C., Best, D., Chan, G., Staiger, P. K., Savic, M., Beckwith, M., Mackenzie, J., Bathish, R., & Lubman, D. I. (2019). Social identity differentiation predicts commitment to sobriety and wellbeing in residents of therapeutic communities. *Social Science & Medicine*, 237, 112459.

Hunt, G. E., Malhi, G. S., Cleary, M., Lai, H. M., Sitharthan, T. (2016). Prevalence of comorbid bipolar and substance use disorders in clinical settings, 1990-2015: Systematic review and meta-analysis. *Journal of Affective Disorders*, 206, 331-349.

Kushner, M. G., Abrams, K., Thuras, P., Hanson, K. L., Brekke, M., & Sletten, S. (2005). Follow-up study of anxiety disorder and alcohol dependence in comorbid alcoholism treatment patients. *Alcoholism: Clinical and Experimental Research*, 29(8), 1432-1443.

Lakhan, R., Agrawal, A., & Sharma, M. (2020). Prevalence of depression, anxiety, and stress during COVID-19 pandemic. Journal of Neurosciences in Rural Practice, 11(4), 519.

Milani, R. M., Nahar, K., Ware, D., Butler, A., Roush, S., Smith, D., Perrino, L. & O'Donnell, J. (2020). A qualitative longitudinal study of the first UK Dual Diagnosis Anonymous (DDA), an integrated peer-support programme for concurrent disorders. *Advances in Dual Diagnosis*, 13(4), 151-167.

Monica, C., Nikkel, R. E., & Drake, R. E. (2010). Alcohol & drug abuse: Dual Diagnosis Anonymous of Oregon. *Psychiatric Services*, 61(8), 738-740.

National Centre for Health Statistics. (2020a) Early release of selected mental health estimates based on data from the January–June 2019 National Health Interview Survey. Center for Disease Control and Prevention (CDC), Department of Health and Human Services.

Palis, H., Marchand, K., & Oviedo-Joekes, E. (2020). The relationship between sense of community belonging and self-rated mental health among Canadians with mental or substance use disorders. *Journal of Mental Health*, 29(2), 168-175.

Pierce, M., Hope, H., Ford, T., Hatch, S., Hotopf, M., John, A., Kontopantelis, E., Webb, R., Wessely, S., McManus, S., & Abel, K.M. (2020). Mental health before and during the COVID-19 pandemic: A longitudinal probability sample survey of the UK population. *The Lancet Psychiatry*, 7(10), 883-892.

Roush, S., Monica, C., Carpenter-Song, E., & Drake, R. E. (2015). First-person perspectives on Dual Diagnosis Anonymous (DDA): A qualitative study. *Journal of Dual Diagnosis*, 11(2), 136-141.

Scudellari, M. (2020) The Pandemics Future. *Nature,* 584, 22-25.