

Dual Diagnosis

Policy and implementation in Victoria

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LRH DD Program

- The DD Program covers the whole of the Gippsland region, an area of 41000 square kilometers, and links into LRH clinical MH, 7 PDRS and 6 AODT services, as well as two Aboriginal health organisations, to assist them in becoming DD capable – “No wrong door policy”.

- One of these AOD service providers is Bass Coast Community Health Service in South Gippsland, where I work with Karen Graham, the Improved Service Initiative worker. Together, we capacity build this organisation (and in turn other identified stakeholders) to identify co-morbidity and improve the outcome for the person suffering from DD, as well as, the carer and the organisation.

What does it all mean?

- ‘*co-existing disorders*’
- ‘*comorbidity*’
- ‘*concurrent disorders*’
- ‘*co-occurring disorders*’
- ‘*dual diagnosis*’
- ‘*Mental Health–Substance Use*’

Why does dual diagnosis matter?

- Co-morbid mental health and substance use disorders are very common
- There is poorer treatment response and worse course of illness over time
- It has important implications for treatment
- Impact on other services

How common is it?

- Research estimates – 20 to 80%
- Different disorders have different rates of substance use problems e.g.
 - Depression 30%
 - Antisocial Personality Disorder 80%
- Different patterns of dual diagnosis are seen in different services – e.g. anxiety, affective & personality disorders more common in AOD services

Prevalence of dual diagnosis

- ECA (USA 1990) lifetime prevalence rates for any substance use disorder (%):
 - General population 16.7
 - Schizophrenia 47.0
 - Bipolar disorder 56.1
 - Major depression 27.2
 - OCD 32.8

7

Prevalence of dual diagnosis

- Co-occurring substance use and mental illness is usual rather than exceptional.
- International surveys, and census of clients in Victoria's specialist mental health services (2002), note ~ 45% of clients have dual diagnosis.
- At least 50% of clients walking through the door at AOD services have a co-occurring mental illness.

- Both mental health and substance use disorders are highly prevalent among young people. One in ten young people aged 15–17 have a mental health disorder (AIHW, 2006) Around a quarter of young people aged 12–14 years drink alcohol to some extent (AIHW, 2006).

What happened?

- Mental Health and AOD separation
- Little recognition of both in training
- Little knowledge, skills and confidence in dealing with the 'other' problems
- Leads to
 - Sequential Treatment
 - Parallel Treatment

Fall through the gaps



International Approaches

Reference: Croton, 2005

- Similar processes around the world regarding the establishment of separate systems of expertise and care
- Broad international recognition that there is a need to bring services back together in some way to provide integrated treatment approaches

Timeline: Victoria's evolving response to dual diagnosis

- 1998:** SUMITT / Eastern Hume Dual Diagnosis established
- 2000:** Statewide Services Established
- 2001:** Victorian Dual Diagnosis Initiative (VDDI) established
- 2003:** Youth Dual Diagnosis Positions Created

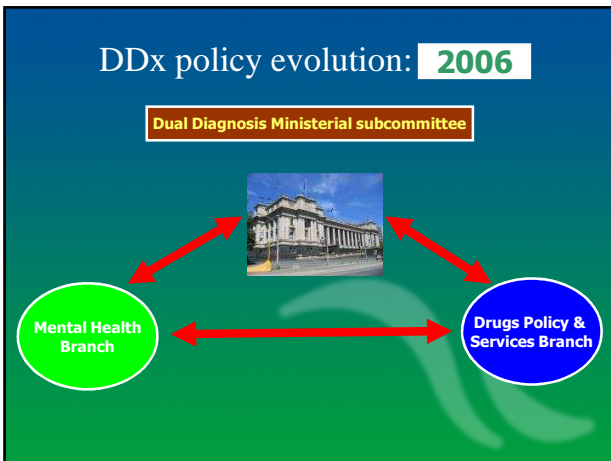
Latrobe Regional Hospital

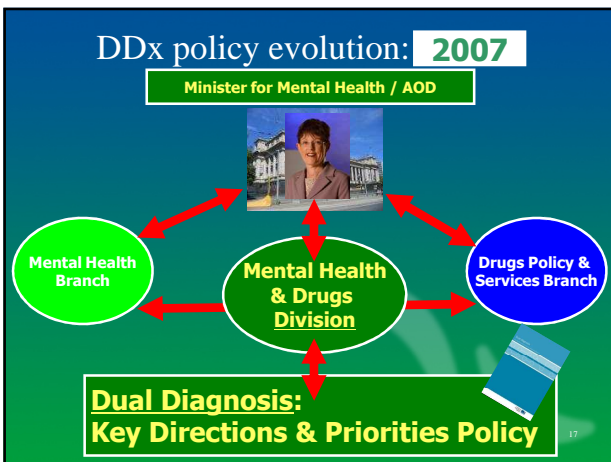
Dual Diagnosis Teams

- Eastern DD Service
 - Eastern metro
 - Hume Region
- Southern DD Service
 - Southern metro
 - Gippsland Region
- Nexus DD Service
 - Northern metro
 - Bendigo/Southern Mallee Region
 - Mildura / Northern Mallee Region
- SUMITT
 - Western metro
 - Grampians Region
 - Barwon Region
 - South West / Glenelg Region
 - Goulburn Valley/Hume Region

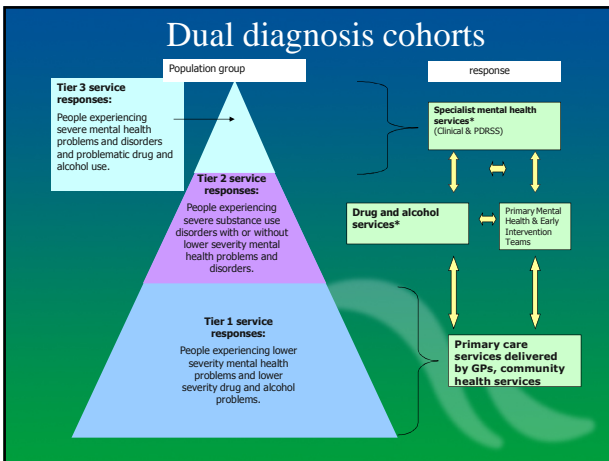
Timeline: Victoria's evolving response to dual diagnosis

- 2005/06:**
 - 1) Rotations project
 - 2) Statewide Dual Diagnosis Education & Training Unit
 - 3) Strengthening psychiatrist support project
- DDx: Key directions & priorities for service development policy**
- 2007:**
 - Screening & Assessment Guidelines
 - Compass Auditing





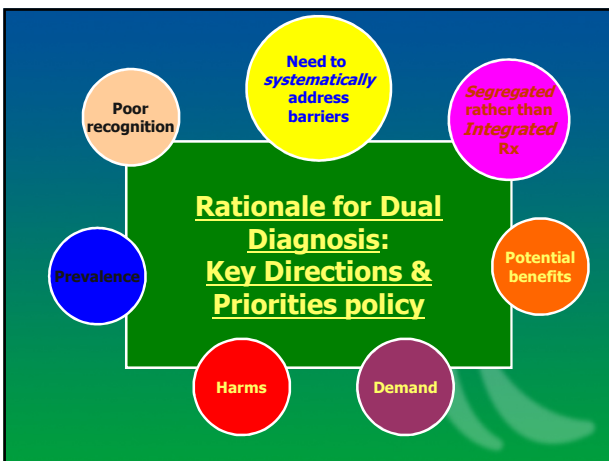




Screening for and assessment of co-occurring substance use and mental health disorders by Alcohol & Other Drug and Mental Health Services

Available from <http://dualdiagnosis.ning.com>

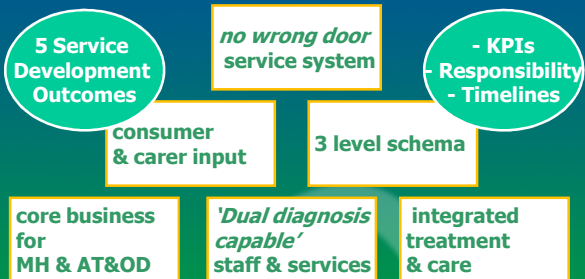
Victorian Dual Diagnosis Initiative



**Dual Diagnosis:
Key Directions & Priorities policy**

*...the most significant evolution
in the orientation & delivery of
Victorian mental health services
since deinstitutionalisation...*

Dual Diagnosis: Key Directions & Priorities policy



FOUNDATIONS

SDO 1

Dual diagnosis is systematically identified and responded to in a timely, evidence-based manner as core business in both mental health and drug and alcohol services

- People are screened for mental illness and substance misuse at triage and intake, with both sectors incorporating dual diagnosis screening (ASSIST, AUDIT, PsyCheck, modified mini and IRIS).

- The screening AOD & MH screening tools are attached to an S2S referral to be fast-tracked for a full AOD or MH assessment towards developing an episode of shared care.

- To date, most of the Mental Health (PDRSS & Clinical MH) and AOD services have received training on the AOD & MH screening tools, and this is ongoing. Indigenous training on an 'Introduction to DD' has been delivered to Indigenous AOD and Social & Emotional Wellbeing workers within Morwell, Sale, Bairnsdale and Lake Tyres.

SDO2

Staff in mental health and alcohol and other drug services are 'dual diagnosis capable', that is, they have the knowledge and skills necessary to identify and respond appropriately to dual diagnosis clients and advanced practitioners can provide integrated assessment, treatment and recovery

- Within every organisation and program area there are identified DD portfolio holders (DDPH) who are supported with completing a Cert IV in DD and/or a Diploma in AOD.
- These DDPH are offered the reciprocal rotation placements to become advanced DD practitioners, and are supported to capacity build their organisation to become and remain DD capable.
- There are 34 DDPH to date. Vacancies exist due to staff moving on.

SDO 3

Specialist mental health and alcohol and other drug services establish effective partnerships and agreed mechanisms that support integrated assessment, treatment and recovery.

- A managers' forum was held in November 2009 for all identified stakeholders. A Gippsland-wide DD MOU and referral pathways were discussed.
- This DD MOU now has TOR for a DD Alliance meeting, as the MOU will soon be signed by all agencies' CEOs.
- This MOU will supersede all existing service agreements, and support the wraparound model of care for DD clients within inpatient and community settings.

- Identified AOD and MH services are now running regular weekly, fortnightly and monthly shared care linkage meetings, for example, Bass Coast AOD service meets with the Wonthaggi clinical mental health team on a regular basis to discuss shared care clients.
- Draft TOR for these meetings were developed to promote a unified approach throughout the Gippsland region to be discussed at the next DDPH forum.

SDO 4

Outcomes and service responsiveness for dual diagnosis clients are monitored and regularly reviewed.

SDO 5

Consumers and carers are involved in the planning and evaluation of service responses

- On the 21st April a DD Carers' forum is being run in South West Gippsland, in conjunction with the APSU, FaPMI & MIF
- There will be two other such forums occurring in Latrobe Valley & Bairnsdale. Karen and I formed a steering group with the other agencies.

Shared objectives & goals:

top-down policy complementing, guiding & reinforcing bottom-up strategies

Clear goals

Multiple strategies

systems evolution requires

Sustained effort / long term view

Cross sector planning for ALL cohorts

Strategies to achieve buy-in from all stakeholders

