Welcome
‘what we know / what we’ve learned’

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Auspice: Albury Wodonga Health
who is ‘we’.....?
Defining ‘we’:
People experiencing dual diagnosis
Their significant others
MH workers
AOD workers
All healthcare workers.
Housing / support workers
DDx capacity building workers
VDDI Managers
EVERYBODY WHO WANTS BETTER OUTCOMES FOR PEOPLE WITH DUAL DIAGNOSIS & OTHER COMPLEX CONCERNS
This talk:

DUAL DIAGNOSIS:
THE ROADS AHEAD ..... 

DUAL DIAGNOSIS:
LEARNINGS ON THE JOURNEY ... 

DUAL DIAGNOSIS:
THE JOURNEY THUS FAR....
DUAL DIAGNOSIS:

THE JOURNEY THUS FAR....
Background

All 14 state psychiatric institutions were closed

(Castle 2011)
concept of co-occurring disorders emerges..
An integrated treatment model for dual diagnosis of psychosis and addiction.

Assessment and classification of patients with psychiatric and substance abuse syndromes.
Burdekin National Inquiry into Human Rights of People with Mental Illness

‘mental health & drug and alcohol services should assume joint or collective responsibility, as appropriate, for the assessment, treatment & rehabilitation of people with dual or multiple disabilities’
CONNEXIONS PROGRAM
Vic Govt. funded JSS- to establish. Collingwood ‘professional outreach & therapy for young people with dual diagnosis of mental illness & substance abuse’

1996-7 Western Australia Alcohol & Drug Authority
dual diagnosis project

1996
1997-8 Broadmeadows CMHS
Program for Integrated Care of Clients with Dual Diagnosis Robyn Jackson

Bendigo:
Dual Disability, Mental Health/Alcohol & Drugs Within Greater Bendigo"
Jill Hanlon  Liz McDonnell
1997-1999

1997

MIDAS - Mental illness with problematic drug and alcohol use website
C ?1997 to


Conference: Problematic Drug and Alcohol Use and Mental Illness auspiced by Connexions at Melbourne University
SUMITT: Substance Use Mental Illness Treatment Team

partnership of (then) Vic. MH Branch & Drugs Policy Branch created SUMITT pilot in western regions of Melbourne & rural Victoria
Merged into VDDI in 2002

1998- current
Eastern Hume Dual Diagnosis Service. Merged into VDDI IN 2002

1998-9
Barwon Region Dual Diagnosis Integration Program
1999 - 2003
**Ballarat Uniting Church Outreach Centre** $241k Commonwealth $

1999 - 2001
**Catch 22-Outer & Central East**
$200k Victorian $
Cross-sector. Website

**SANE**
guidelines for G.P.’s to assist clients with psychiatric disability to stop smoking

1999 - 2002
**Dandenong AMHS, Dual Diagnosis Resource Centre**
Internally funded. Training, education & research
Policy: Illicit Substance Use in Acute Inpatient MH
Victorian Dual Diagnosis Initiative

2002 - current
Rural Forum (VDDIRF)
2003 - current

Victorian Travelling Fellowship – Integrated treatment
6-weeks, UK, USA, NZ
21 Mobile Support & Treatment Teams (DDx positions) 2003 - current

5 x specialist youth dual diagnosis workers positions 2003 - current
2004 EVALUATION
Turning Point

Dual Diagnosis Australia & New Zealand website
www.dualdiagnosis.org.au
2004-current
C 8000 visits/month
Rotations project

State-wide Dual Diagnosis Education & Training Unit 2005-14

Strengthening psychiatrist support project 2005-current

2005

2005-14

2005-current
Improved Services Initiative (ISI): 2007/8-2010/11
National project funded by DoH - build capacity of NGO AOD orgs. to identify & treat comorbid alcohol & other drug use & mental illness. $44.8 million to 122 AOD NGO services from 2007-08 to 2010-11.

Suite of Checklists of Dual Diagnosis Capability – Agency & Clinicians levels
Dual Diagnosis Support Victoria web2 social networking site (c. 3,000 members) 2009-15

Beechworth ISI / VDDI conference

BUDDYS – Building Up Dual Diagnosis in Youth Service – VDDI/ ISI partnership addressing DDx in younger people & their families 2009
HYDDI – Homeless Youth Dual Diagnosis Initiative commenced

Lorne VDDI/ISI conference

2010
Evaluation of the Victorian DDx Initiative

Werribee ISI/VDDI conference

BUDDHAS – Building Up DDx Holistic Aged Services commences

VDDI capability project
2012

Mental Health Withdrawal Guideline

VDDI/ISI/HYDDI Conference
Preston

Chief Psychiatrist's investigation of inpatient deaths 2008-2010

2012
Victorian strategic directions for co-occurring MH & substance use conditions - October 2013
persons receiving MH services should have their medical and other health needs, including any alcohol and other drug problems, recognised and responded to.
DUAL DIAGNOSIS:

LEARNINGS ON
THE JOURNEY ...
1. We are now much more effective than we were
We know more about the nature of dual diagnosis.

The Blind Men & the Elephant
2. We know more about the nature of dual diagnosis

It's a systems problem

It's a mental health problem

Needs capacity building

Needs specialist treatment

It's impossible

It's an AOD problem

Stakeholders & Dual Diagnosis (c.1998)
2.  **We know more about the nature of dual diagnosis**

**We know it’s a ‘wicked problem’:**

- Difficult to define
- Differing perspectives of different stakeholders
- Problem isn’t easily separated from other problems & the environment
- Problems are unique & changeable …
- Every problem is a symptom of another problem
- Conflicting views re nature of the problem
- No consensus re best solutions
- No clear agreement about who is a legitimate problem solver
- Necessary information is unclear & changing
- The effects of interventions aren’t obvious
2. We know more about the nature of dual diagnosis

We know it’s seldom ‘DUAL’ diagnosis

*complexity capable*

(clinicians / agencies / systems)

Complex needs

*dual diagnosis capable*

(clinicians / agencies / systems)
2. **We know more about the nature of dual diagnosis**

People with dual diagnosis are not homogenous.
We know more about the nature of dual diagnosis.

Dual diagnosis: is about unique individuals.

...with unique strengths.

...& unique (combinations of) concerns.

.....with unique treatment needs.

.....& unique pathways to recovery.
3. We know why dual diagnosis matters .......

PREVALENCE

POTENTIAL FOR BETTER OUTCOMES

HARMS

PREVALENCE
4. We’ve learnt about recognising & assessing DDx..

To address DDx you first need to recognise it.....

DDx is SYSTEMATICALLY IDENTIFIED & responded to in a timely evidence-based manner as CORE BUSINESS in both mental health & AOD services.

>23,000 downloads
4. We’ve learnt about recognising & assessing DDx..
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4. We’ve learnt about recognising & assessing DDx..
5. We know more about the most effective 1:1 responses

- Engagement .... engagement .... engagement....
- WELCOMING
- Warmth, genuineness, empathy, respect, partnership, collaboration

- Flexible / responsive / accessible / timely / opportunistic

- Complex needs orientation (housing / physical health / education, financial, forensic ....)

- Attending to the needs of family / significant others

- Integrated treatment
- Stepped care
5. We know more about the most effective \(1:1\) responses

- Motivational interviewing
- Brief interventions
- Single session therapy
- CBT
- DBT
- Trauma informed
- Recovery
6. We have learned about meeting the needs of special populations

YOUTH with DDx

Buddys

Guidelines

Newsletters

Forums
6. We have learned about meeting the needs of special populations

OLDER ADULTS
6. We have learned about meeting the needs of special populations

Naanggabun Yarning
Katherine Bakos
6. We have learned about meeting the needs of special populations

Naanggabun Yarning

Katherine Bakos
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People with withdrawal needs
6. We know more about effective systemic responses

- **VISION / Plans / policy**
- Designed around multiple needs
- Interlocking strategies
- **Welcoming**
- Integrated treatment
- **No Wrong Door**
6. We know more about effective **SYSTEMIC** responses

- Treatment pathways
- Cross-sector understanding / relationships
- Portfolio holders
- Orientation manuals / procedures
- Treatment guidelines
- Education & training & meaningful f/up (mentoring & CS)
- Record prevalence
7. We have learned about CHANGE-AGENTRY

- Flexibility, resilience, acceptance, non-judgemental
- Incremental steps / evolutionary perspective
- SOC analysis of systems / agencies / workers
- Work with those who want to work with you
- Measurable, achievable goals
7. We have learned about CHANGE-AGENTRY

- Strengths focused
- Celebrate & amplify successes (build enthusiasm / self-efficacy)
- Training fallacy
- Tools / checklists
8. We have helped address specific comorbidities.
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DUAL DIAGNOSIS:

THE ROADS AHEAD .....
Our changing environment - Challenges & Opportunities

- Australian MH Care Classification
- Commissioning / competitive tendering

Structural changes:
- Public service
- NDIS
- MHCS
- Amalgamations
- MH Mainstreaming

Locus of Planning responsibilities from Central to Regional (local communities):
- National policy / plans
- Primary Health Networks
Next frontiers:

• Demonstrating economic value ($)
• Outcome measures

• Influencing regional planning

• Advocacy for the most disenfranchised
• ‘High-prevalence DDx’ (non-SMI/dependent)

• Facilitating partnerships (NWD)
• Sustainability (iteration)
• Complex needs (transferrable learnings: DDx → complexity)
• Flexible tools: Sc, Ax, integrated Rx

• ASSISTANCE rather than ASSESSMENT
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