

# Indigenous Dual Diagnosis Training Project

# Victorian Dual Diagnosis Education and Training Unit

# How will this project happen?

# **Stage 1.**Consultation

- Consult with workers
- Write up report
- Distribute to all participants and services

## **Stage 2.** Develop the Training

- Set up an Advisory Group so that the project will continue to head in the right direction
- Develop the training and other resources

# **Stage 3.** Deliver the training

- Organize and deliver the training in all the regions
- Evaluate the project
- Write final report and distribute



#### What is the project about?

The aim of the project is to provide training across Victoria to Aboriginal alcohol and drug workers and also to mental health workers

#### What sort of training?

Training on dual diagnosis, that is working with clients who have both alcohol or drug problems and also mental health issues



#### STAGE 1

### The Consultation Report

This report has been written for the 100 workers who participated in the consultation.

We hope we listened enough and got it right.

Thank you to all the workers and the services for your time and your stories.

# Indigenous Dual Diagnosis Training Project

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#### 1. The Indigenous Dual Diagnosis Training Project

The Victorian Dual Diagnosis Education and Training Unit have been funded by the Department of Human Services to develop and run training on dual diagnosis for Aboriginal alcohol and drug and mental health workers in Victoria.

The Education and Training Unit is auspiced by St Vincent's hospital and Turning Point Drug and Alcohol service. The project has been funded for twelve months and the project coordinator is employed two days per week.

The aim of the project is to assist Aboriginal workers to build their skills and confidence in identifying, assessing, and working with clients with a dual diagnosis. Dual diagnosis is when someone has both an alcohol or drug problem and mental health issues.

#### **Objectives**

- 1. To consult with the community regarding their experience in working with clients with a dual diagnosis and their training needs.
- 2. To develop and facilitate culturally appropriate and relevant dual diagnosis training and resources for the Aboriginal health workforce.
- 3. To use capacity building principles to guide the project and enable long term gains to evolve.

#### **Capacity Building**

The key focus of the project is capacity building for the Aboriginal workforce. This means that the project is developed in consultation with the community and resources are developed with the advice of Aboriginal workers. The training materials and other resources will remain with the local communities. The more workers know about how mental health and drug and alcohol affect each other, the more they can inform their community about that relationship and support clients to make informed decisions about what they want to do about their health.

The project will be developed through consultation and support the building of relationships and local partnerships with mainstream services. It is important that culturally relevant resources are produced and distributed on a local level and that the outcomes of the project are available for ongoing use. This will provide opportunity for workers to continue to learn and build their skills around dual diagnosis.

#### 2. The Consultation

#### A. The Purpose

The purpose of the consultation was to inform the project and to make sure the training includes the issues considered most important by Aboriginal workers.

Key questions we asked were;

- 1. What is your experience of working with clients with both drug and alcohol and mental health issues?
- 2. What training do you need so you can feel more confident and know what you are doing?
- 3. How would the training best work for you?

The consultation covered inner Melbourne and all the four DHS regions. We tried to cover as many health services and workers as possible, and apologize if we missed anyone along the way.

#### B. Who we yarned with in our travels

The good folk at

- Family Counselling Program at the Victorian Aboriginal Health Service
- VACCHO
- Maya Living Free and Healing Association
- Ngwalla Willumbong
  - Coordinator of the AOD Network and the Coordinator of the Outreach team
  - Clinical Services manager and the manager of Counselling
  - Winja Ulpna women's rehabilitation service
  - Galliamble men's rehabilitation service
  - Percy Green Rehabilitation service (Shepparton)
- Bendigo and District Aboriginal Cooperative
- Baroona Youth Healing Service (Echuca)
- Ballarat and District Aboriginal Cooperative
- Wathaurong Aboriginal Cooperative
- Gunditjmara and Kirrae Cooperatives
- Windamara Aboriginal Cooperative
- Murray Valley Aboriginal Health Service
- Koori Mental Health Workers Conference (Tooleybuc)
- Yarra Valley Indigenous Health Service
- Koori Youth Alcohol and Drug Healing Service (Bittern)
- Rumbalara Aboriginal Cooperative
- Ramahyuck and District Aboriginal Cooperative
- Gippsland and East Gippsland Aboriginal Cooperative
- Lake Tyres Aboriginal Cooperative
- Koori Mental Health Liaison officers Statewide Forum (Ballarat)

Approximately one hundred workers have been consulted for this project. We also gave out a questionnaire regarding training and a total of sixty-two were returned to us.

#### 3. Key Themes from the Consultation

## A. Best to do the training for mental health/social and emotional wellbeing workers and alcohol and drug workers together

- We both need the training
- We work together
- Need the training for all health workers
- Each of us is a one-stop shop
- We are doing it all already, need training to make it easier for us

Almost every group we spoke to said that dual diagnosis training is important for all workers no matter whether you are an alcohol and drug, mental health, men's worker

or family and children or general health worker or domestic violence worker; people felt that this was an important issue in the community and across the workforce.

Some workers suggested that the community should also have an opportunity to do the training as families and parents were often the ones caring for their loved one and dealing with issues they did not understand.

Community education around dual diagnosis was considered important and had a personal impact on a number of workers involved in the consultation.

#### B. Introduction to Dual Diagnosis training as an induction for all new workers

- Would like to see dual diagnosis as part of induction for all workers
- Need to have dual diagnosis as a formal induction into the field
- Great for new people in the field because there is a high turnover in alcohol and other drugs
- Aboriginal clients move around a lot, good to know that wherever they go they would get good treatment

People spoke about the importance of training being available in an ongoing way so that all new workers had a chance to do it. Some people also said that if everyone got the same training then there would be a bit more consistency across the different organizations about the kind of treatment clients got.

#### Suggestions made were

- In some services, workers volunteered to take part in the training and then to run the training for other workers in their service
- Some Aboriginal Mental Health Liaison officers were also keen to be involved in running the training in their local area
- VACCHO are preparing to have the Aboriginal Mental Health First Aid as part of their new Social and Emotional Wellbeing course. It would be very complimentary to have an Introduction to Dual Diagnosis follow on from this
- VACCHO are running the train the trainer course for the Mental Health First Aid and possibly these trainers may be invited to be the trainers for The Introduction to Dual Diagnosis

We strongly support the local ownership of the training so that it stays within the regions. People are encouraged to use it as it is most useful and relevant locally. We are encouraging workers and organizations to build strong partnerships with their regional dual diagnosis consultants so that support continues to be available to run the training.

#### C. Access to mainstream mental health services

- Don't know how to make referrals to mental health and don't understand the language they use
- Psych services aren't receptive when the person is using drugs
- Concern that people present to emergency with suicidal thoughts and are sent home without after care
- We share lots of clients with psych service, important to work together

- Need to know what each service's job is and the language they use and the other services learning what we are capable of
- Psych service not responsive, we need to ring police or ambulance to get them involved
- No mental health support available in the country

The difficulty of accessing mental health services was a theme in most of the consultations.

The issue of access was in particular a concern in the regional areas especially in the more remote areas. Workers were also able to see how the relationship could be improved.

Suggestions for improving relationships were

- 1. Include in the training how the mental health systems works and get mental health to come and present that part of the training so we get to know them
- 2. Need formal structures for relationships to be ongoing and not depend on the individual worker
- 3. Maybe have rotations and exchanges of workers so see what the other does
- 4. Have monthly meetings with mental health and the DD consultants to talk about clients and working together
- 5. Important to have cultural consultants as mediators in mental health

It seems from the conversations we had, that workers had expectations of Psychiatric Services that did not always match what they are funded to do. Psychiatric services were thought to be unclear about the work that Aboriginal workers were doing and how they could best work together.

There are thirteen departmental funded Aboriginal Mental Health Liaison Officer positions across the state, however only about half of these were filled at the time of the consultation. It was suggested the people in these positions could build the relationship with mental health and help to get a better understanding of each other.

Some services reported good relationships and partnerships with their local mental health service. Some of the ways this had been achieved

- The mainstream mental health service had allocated a mental health worker to work from the Aboriginal service for a period of time each week
- Having a psychiatric registrar attend the service for one or two sessions each week
- Having an Aboriginal mental health liaison officer working between the both services

#### D. The stigma of mental health issues

The issues of shame/stigma around mental health involved;

- i. Shame and the difficulty of getting people support
- Something has to be done about the stigma of having a mental illness so people/families can deal with it
- Being blackfella is shame with mental health, don't want to go to someone they know, the community is small, workers need to be able to refer mainstream
- Before we were dealing with it as a community and locking it away, it was taboo
- Need to break the stigma of mental illness, it is important to educate the persons family and significant others
- People don't talk about mental health, keep it secret, because big gossip and it's a small town
- You know they got stuff going on but you can't ask and they don't tell you

Workers often talked about how difficult it was to get clients support for their mental health issues because they were too shame to admit they had a problem. It seems that clients were more willing to admit to having a drug or alcohol problem than they were to any mental health problems, so often their mental health remained poor.

- ii. Having the language and confidence to talk to clients about mental health
  - Need more on how to talk to people about mental health
  - We don't know how to talk about it to people, how you do it, can't just say it straight, people feel shame

A further relationship with stigma was workers difficulty in talking to clients about their mental health issues. Workers were concerned they did not knowing enough to feel confident to raise the issue. People also worried that they would shame clients if they raised mental health issues.

- iii. The importance of community and carer education
- The impact on the family is huge
- Family are carers, the stress is very high
- Parents need information to know what to do with kids with a dual diagnosis
- How do parents talk to kids how do they raise the issue

The issue of stigma is closely linked with providing education and training to the community and to carers. This would assist the whole community including carers to get a better understanding of issues around mental health and drug and alcohol and how they affect each other.

The issue of stigma is also connected to the great pressure that families and parents experience as carers of people with a dual diagnosis.

Some workers who were part of the consultation were also parents of children with a dual diagnosis. They stressed the importance of community education so that they can know what to do and how to tell the difference when their kid is using drugs or when their illness is the issue and to know what they can do and what services they can use.

Suggestions made were

- Once workers do the training maybe we could provide the information to the parents and carers
- Could get support from the local dual diagnosis consultant or mental health service and provide education to the community

#### E. Access to detox and rehab services

- There are long waits and for rehab often have to go to Melbourne
- They are isolated from community, cut off from family so don't want to stay the whole time
- There are no detox beds in Ballarat and we can spend months waiting for a bed in Melbourne
- Usually a 3 week wait for an alcohol and drug bed and then go to Melbourne for rehab program

Access to specialist drug and alcohol services was again a particular concern for rural workers. Workers reported that clients often had to wait long periods before they could go to a detox or rehab service and secondly had to travel a long distance. This meant they were away from families and community and often did not last long because of the isolation they experienced.

#### F. Aboriginal workers are a one-stop-shop

- Workers have to be flexible, one-stop-shop, we work across all fields not just alcohol and drugs, housing, education all are important to know
- Do lots of referrals to other services, link people in
- We are expected to do all things, there is pressure for one worker to meet all the needs, don't want to go to another worker and then another worker

Working holistically is what Aboriginal workers said they do and it is the expectation of the community that they do it all.

This was a very strong theme throughout the consultation. Regardless of their main job, many workers felt they had to know about everything and especially how to make good referrals. Workers also commented that because they were so busy they did not really do "treatment" type work but more linking in to services where they could get that.

# G. Importance of understanding the relationship between loss and grief and trauma and mental health and drug and alcohol use

- What's the relationship between loss and grief and trauma and alcohol and drug use, this is very important
- Dual diagnosis is seen as being connected to spiritual and emotional wellbeing of the person their family and the community
- You can't separate family violence and trauma from dual diagnosis
- Need to include about responding to traumatic issue
- Domestic violence and mental health and drugs and alcohol are very close together
- Parents often have the same issues and pass them on
- People with dual diagnosis are more likely to have experienced violence and aggression and more likely to do that

Workers stressed that mental health and drug and alcohol abuse cannot be looked at on its own. It was attributed to the history of loss and grief and current losses and ongoing grief, experiences of trauma and domestic violence and racism.

#### 4. TRAINING

#### A. Conversations

From our conversations the most common themes for training were;

- How do you know how severe mental health is People felt it was really important to know how to assess how severe someone's mental health issue was and to know where to refer
- Knowing what symptoms to look for
- Knowing what triggers people and to look out for it
- Impact of medication and the importance of it
- Learn more about how to talk to people about mental health Again this was a very strong theme throughout the consultation
- > Dealing with the fear of not knowing what to do
- How one affects the other
- > How do you tell which is which
- Dealing with challenges of engaging clients
- How do people self medicate
- Learning what to do for parents with kids with a dual diagnosis
- Dealing with self harm
- Working with the adolescents, early intervention, how it effects their development
- How do presentations of mental health and alcohol and drugs differ, what do they look like

#### **B. Dual Diagnosis Training Survey**

Table 1. Rating of Dual Diagnosis Issues

TOPIC	Not Important	A little important	Important	Very Important
Completing an Assessment for both mental health and Alcohol and drugs	-%	3.2%	17.7%	79%
Understanding the relationship between Alcohol and Mental Health	-	1.6	22.6	74.2
Understanding Mood disorders and interactions with alcohol and drugs	-	3.2	25.8	69.4
Psychotic disorders and alcohol and drugs	-	6.5	22.6	67.7
How drugs effect Medications	-	3.2	27.4	66.1
Anxiety disorders and alcohol and drugs	-	6.5	22.6	66.1
Yarndi and Mental Health	-	3.2	30.6	63
Brief Interventions and Motivational Interviewing for dual diagnosis	-	4.8	29	62.9
Doing a Mental State Assessment	1.6	3.2	29	62.9
Heroin and Mental Health	-	6.5	33.9	59.7
Inhalants and Mental Health	1.6	4.8	30.6	59.7
Better understanding of models of Integrated Dual Diagnosis Treatment:	-	4.8	37.1	58.1
Amphetamines and Mental Health	-	8.1	29	58.1
Doing a Suicide Risk Assessment	-	1.6	21	58.1
Grief and Loss and the relationship with dual diagnosis	-	3.2	41.9	54.8
Developing strong partnerships both internal/external to support access for clients	3.2	-	45.2	53.3
Case Planning for clients with complex needs	1.6	1.6	41.9	53.2
Understanding how the mental health system works	1.6	3.2	45.2	50
Anything else?  • Family violence  • Talking to people about it, how to raise it				

Table 1 shows the percentage of people who rated the importance of each subject. A total of 62 surveys were completed throughout the consultation. In this table the subject areas have been placed from the most important to the least as rated by workers

#### C. What people said about getting DD training

#### Value in training

- One washes the hand of the other, very important to deal with both
- People have a sense of inadequacy around dual diagnosis
- Important to know what to prioritize
- It is great for new people in the field because there is a high turnover in drug and alcohol
- Dual diagnosis is really important for us
- Understanding what is going on for the young person and being able to explain it to them
- We want to develop insight and knowledge to better deal with dual diagnosis issues, be more prepared
- There is a fear for us not knowing what to do
- We need to understand the pattern of detox and the emergence of mental health issues
- It is important to know how to make referrals to mental health and how to use their language
- Dual diagnosis has been an important issue in the community for a long time
- We are doing it already, need training to make it easier for us
- Would be good to have mentors after the training

#### Concerns about training

- Does this mean we'll get more referrals if we do the training
- Does this mean we will have to work with more difficult clients
- We don't get paid as much as mental health workers why do their work

In a few of the consultations some of the workers were concerned about the training making more work for them or having to work with more complex clients. Some workers also felt that if they were working with both issues that they should get paid more for the work they do.

What people clearly said to us is that they are already doing this work; they want to do it better and with less pressure. This training does not change people's work load or the clients. Hopefully it helps to change the confidence workers feel when working with clients and helps workers to continue to build their skills.

#### 5. OTHER ISSUES THAT CAME OUT OF THE CONSULTATION

#### A. Pressures workers experienced

- Being a one-stop shop
- Being part of the community
- Community can point the finger when something goes wrong
- Dealing with lots of crisis
- Pressure from the community, get blamed if people get into trouble

People talked about both the advantages and the disadvantages of being part of the community .The greatest advantage was that workers know more than 85% of their clients and their families and so know who to contact if the person is not behaving right.

The greatest disadvantages were the pressures put on them by the community to be available often after work hours and on the weekend. Some workers told us about being called out when someone was threatening to be violent or "going off their head". As one person said "there's risk if you go and risk if you don't go". The risk of going is the violence may be turned to the worker. If they don't go they risk their reputation as a worker and the getting the blame if anything happens.

#### C. Who owns the Project?

There was some concern raised at the Statewide Koori Mental Health Workers conference about who owns this project and what would happen to the resources produced by the project.

The project is owned by the Victorian Dual Diagnosis Initiative Education and training Unit and is auspiced by St Vincent's Hospital and Turning Point Drug and Alcohol Service. All participants will receive a copy of the consultation report and any other resources or reports produced through this project.

Our aim is to resource workers through the training and anything else we produce. Our goal is to get as much information as possible about dual diagnosis out to as many workers as possible and hopefully workers take it to their clients and the community.

#### 6. WHERE TO FROM HERE

#### The Advisory Group

This group will be made up of Aboriginal drug and alcohol and mental health workers. The project Advisory Group will meet three to four times over the next six months with the aim of being cultural consultants for the project. This will ensure that the training and resources produce are culturally relevant and that evaluation of the training will be done in an appropriate way. This group will also provide advice for any further recommendations with regards to;

- Identifying any further training that may be needed in dual diagnosis
- To keep the issue of dual diagnosis on the agenda in Aboriginal health services

 To develop and maintain partnerships with relevant services in order to provide the best possible service to clients with a dual diagnosis

#### The Dual Diagnosis Working Party

This group consists of dual diagnosis consultants across the state. The role of this group is to provide a capacity building and support role on the local level. They have assisted in the organization of the consultations and in building relationships with relevant organizations. They will assist with the development and organization of the training again at the local level.

#### Stage Two

Over the next two months a draft of the training will be developed and taken to both groups for feedback and changes. We are aiming to have the training completed by the end of February. This will be followed by a train the trainer workshop for all the dual diagnosis consultants and for any Aboriginal workers who are interested in running the training.

#### Stage Three

In March, April and May of 2009 the training will be organized and facilitated in all of the regions. In June we will complete the final evaluation and report for the project. This will go to all participants and the Department of Human Services, Mental Health AND Drugs Division who initiated and part funded the Project.

#### 7. CONTACT DETAILS FOR PROJECT

If you would like more information on this project please contact

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#### 8. VICTORIAN DUAL DIAGNOSIS WEBSITE

If you would like more information on dual diagnosis, the Victorian Dual Diagnosis Initiative has a website that you can join. Here you can look at resources and have conversations with others around dual diagnosis issues.

In the very near future we hope to have an Indigenous Dual Diagnosis section that you are all welcome to contribute to. Here is the link, click on it to get to the site

Visit Dual Diagnosis Support Victoria at: http://dualdiagnosis.ning.com