FRANK. fostering resources and new knowledge

The monthly newsletter for the youth coalition's alcohol and other drugs project

october issue 7 2004

dual diagnosis feature

inside yet another jam-packed issue:

To support Mental Health Week 2004, October 10th – 17th, the Youth Coalition of the ACT's Alcohol and Other Drugs Project has released a Special Issue of FRANK. which looks at Dual Diagnosis or also known as Co-Morbidity.

What is dual diagnosis?

Dual diagnosis is a term used to refer to co-existing conditions. This is also sometimes referred to as dual disorders or co-morbidity. This issue of **FRANK.** refers specifically to the existence of a mental health concern and problematic use of alcohol or other drugs (or both).

People suffer a variety of mental health related problems with mild depression or anxiety at one extreme and severe schizophrenia and chronic psychosis at the other. People may also use a variety of licit and illicit drugs in varying amounts with casual drinking on weekends or social marijuana smoking at one extreme and severe amphetamine dependency and chronic heroin addiction at the other. The morbidity associated with each of these conditions on their own is overshadowed when they coexist. It is this 'comorbidity' that has become a major concern for health care providers as complex interactions that occur between mental health and substance use may lead to significant social problems, difficulties with activities of daily living, worsening of physical and mental health and substantial legal and financial difficulties. In-fact, these two conditions often combine to produce substantially poorer health and greater impairment of function than would normally be attributed to either condition on its own.

For example, a man might be experiencing relatively minor depression. He starts to regularly consume alcohol to deal with the effect that this depression is having on his life. The depressive nature of alcohol serves to exacerbate his depression while creating a number of new problems all of which lead him to drink more. This perpetual situation results in a significant reduction of this mans general health and wellbeing.

Sources: Experts from *Take Action Now on Dual Diagnosis – a Factsheet*. NSW Association for Adolescent Health (NAAH) and Youth Action and Policy Association (YAPA) www.yapa.org.au Primary Mental Health Care 2001

What is dual diagnosis: some clues

How common is it?

There is a lack of detailed information regarding the prevalence of dual diagnosis in Australia. Estimates range between 30% and 90% of clients seen in either mental health services or drug and alcohol services being dually diagnosed. A comprehensive review of literature on the subject shows that up to 70% of people with schizophrenia may be dually diagnosed, with rates between 50% and 70% for other psychiatric disorders. Most research that exists has been undertaken in the United States and focuses mainly on adult populations. It is clear that more research needs to be done on the epidemiology *[science that deals with the study of disease in a general population]* of dual diagnosis, particularly as it relates to young people and with the regard to the situation in Australia.

What causes it?

There are many theories around the causes of dual diagnosis, with no one theory being definitive. One researcher had identified four relationships that are possible:

- One may directly cause the other (eg. Drug induced psychosis)
- One may indirectly lead to the other (eg. Through 'self-medication')
- They may develop from different causes, but interact with each other
- A common independent factor (eg. Childhood emotional trauma) may account for both.

Assessment

It is often difficult to get an accurate assessment of a dually diagnosed young person. Questions often arise around whether the young person's problems are caused by the drug or alcohol problem or the mental health disorder or both. Workers are often unsure whether the client would be better served in a drug and alcohol service or a mental health service. Some services are unwilling or unable to treat clients who present with dual disorders. Alcohol and Other Drugs Project supports the NSW Association for Adolescent Health (NAAH) and Youth Action and Policy Association (YAPA)'s position that it is more important to provide an adequate response to both issues than focusing on which problem appears first in the lives of young people.

What is the effect on young people?

There is no doubt that dual diagnosis can have a severe impact on young people developmentally, emotionally, socially and physically, and on their families. Research has identified a number of problems and concerns that can arise from young people having dual diagnosis, these include:

- Increased risk of relapse of both conditions
- Unstable living arrangements and homelessness
- Stress on the family
- Loss of support networks
- Contact with the criminal justice system
- Poor physical health
- Failure to develop appropriate social skills
- Disrupted motivation
- Disruptive behaviour and violence

Source: An expert and adaptation from *Take Action Now on Dual Diagnosis – a Factsheet*.
NSW Association for Adolescent Health (NAAH) and Youth Action and Policy Association (YAPA) www.yapa.org.au

A glimpse at the mental health of young people

Mental health disorders affect one in five of us at any point in time, and more than half of us across the whole life span. Crucially, these disorders cluster in young people from 15 – 25 years, when they usually occur for the first time and are the major health issue.

In summary:

- **Mental health problems already account for 27% of all disability costs in Australia** (Mathers et al. 1999). Only 30% of those on disability support for psychological problems participate in the workforce, compared with 50-70% in other countries (Trewin, 2003).

- **75% of all mental health problems commence before age 25 years.** 60 – 70% of all disability costs in 15-24 year olds are due to mental health problems (Mathers et al. 1999). This 15 – 24 year age group is the peak age group for mental disorders across the whole life span. 27% will suffer from a mental disorder during a single year (Andrews et al. 1999).

- **Typically, serious mental health problems like depression, anxiety and psychotic disorders commence in the teenage or early adult years, and when not treated lead directly to lifelong alcohol and other substance abuse, educational failure, youth unemployment, youth offending, accidental injury, self-harm and suicide** (Kessler et al. 1994; Kessler et al. 1997; Patton, 1998; Arseneault et al. 2002; Patton et al. 2002; New national comorbidity studies).

- **50% of teenage onset alcohol and drug problems in the population can be attributed directly to untreated depression, anxiety and other mental health problems** (Sawyer et al. 2000).

- **Youth mental health and resultant alcohol and drug problems also underpin many of the major physical health challenges in this age group** including cigarette smoking, accidents and injury, obesity, low levels of physical exercise, sexually transmitted diseases and hepatitis C (Sawyer et al. 2000; Goodman & Whitaker, 2002; Shrier et al. 2002; Borowsky & Ireland, 2004).

Our young people are very poorly served by the health care system as it is currently structured. Failure to intervene early and provide effective treatments means that young people with mental health problems don't return to education and training and often go onto a lifetime on the disability support pension.

Source: Cited MHCA Newsletter 9.7.04 This summary provided by Professors Ian Hickie & Pat McGorry
www.mhcc.org.au/Current_Issues/Aug2004/ A%20glimpse%20at%20the%20mental%20health%20of%20young%20people.pdf

What is dual diagnosis?

There is considerable ambiguity in the literature - this can create confusion about the concept of 'dual diagnosis'. Essentially, 'dual diagnosis' can be applied to any combinations of illness and disability, including sensory, intellectual and physical disabilities, mental illness and substance misuse or abuse:

- In Canada, for instance, the term generally refers to individuals with a developmental disability and a co-occurring mental health problem.
- In the USA and in Australia, however, dual diagnosis more commonly refers to the co-occurrence of serious mental health disorders (particularly psychosis) and problems of substance misuse or abuse.

> **"'dual diagnoses' is used by services to refer to people who have a mental health issue and problematic use of alcohol or other drugs (or both)"**

The term 'comorbidity'

, the co-occurrence of one or more diseases or disorders in an individual, is more commonly used in psychiatric literature. A variety of acronyms are found in the literature to describe dual diagnosis(es). These include:

- MICA: Mentally ill and chemically abusing
- MICAA: Mentally ill and chemically abusing or addicted
- MISA: Mentally ill substance abuser
- MIDAA: Mental illness, drug addiction and alcoholism in various combinations
- CAMI: Chemically abusing or addicted person with a mental illness
- MIDAS: Mental illness with problematic alcohol or drug abuse
- COMAD: Co-occurring addictive and mental disorders
- SMISA: Severe mental illness and substance abuse

The language in this area continues to lack clarity.

For example, what constitutes a mental disorder, substance misuse or abuse, or serious mental illness? Further, what constitutes a substance? Lindsay and McDermott (2000) describe the problematic use of alcohol and /or drugs as:

> **"When alcohol or other drugs has an impact on the person's health... and functioning"**

And serious psychiatric disorder as:

> **"A diagnosed psychiatric disorder... and the impact of the disorder on a person's life."**

A 'substance' can include illicit drugs such as heroin and cocaine,

marijuana, licit drugs such as nicotine and alcohol, prescribed medications such as valium or sleeping pills and inhalants such as petrol or glue. While many of the definitions in the literature focus upon the co-occurrence of substance misuse or abuse and 'serious' mental health disorders, dual diagnosis and dual / multiple disorders may include the following:

1. Severe/major mental illness and substance disorder(s)
2. Substance disorder(s) and personality disorder(s)
3. Substance disorder(s), personality disorder(s) and substance induced acute symptoms that may require psychiatric care, that is, hallucinations, depression and other symptoms resulting from substance misuse or abuse or withdrawal
4. Substance abuse, mental illness and organic syndromes in various combinations. Organic syndromes may be a result of substance abuse, or independent of substance abuse. (Sciacca 1996).

"Dual diagnosis" is a nomenclature [*a system of words used in a particular discipline; "legal terminology"; "the language of sociology", etc*] that is used to include a large number of individuals, often with different psychotherapeutic and pharmacologic treatment requirements. It is an unfortunate misnomer given that there are other dual diagnosis populations and given that this population is heterogenous and individuals within it often suffer from a range of disorders, both mental health and substance misuse or abuse, varying in severity and changing over time.

People with a dual diagnosis can be described in other ways:

> **They have multiple interacting disabilities, psychosocial problems and disadvantages, that is, intertwined problems. Such individuals are found across the mental health and substance misuse or abuse systems and have various combinations of these dual/multiple disorders. They are also found outside of these systems of care, often among the homeless and within the criminal justice system.**

Source: An excerpt from *Caught in the Gap. Dual diagnosis and young people. A report on the issues.* August 2003. NSW Association for Adolescent Health. www.naah.org.au. Italics added.

Something to consider in our work with young people

In Brief: Drug Abuse Treatment Delay

Figures compiled from four large North American surveys indicate that although most substance users eventually seek treatment, on average it takes them 10 years or more after the onset of the problem. The surveys were conducted in the province of Ontario, in Mexico City, among Mexican-Americans in Fresno, California, and in a population chosen as a sample from the United States as a whole. All together, nearly 17,000 people were interviewed, and about 3,500 were found to have met the American Psychiatric Association's diagnostic criteria for substance abuse or dependence at some...

Source: Adapted from *Harvard Mental Health Letter May 2002*
http://www.health.harvard.edu/hhp/article/content.do?name=M0502e

Drugs and mental illness: a SANE factsheet

What are signs that you might have a drug problem?
Using any type of recreational drug – be it nicotine, alcohol or a street drug – can be a problem if it changes the way you act (less motivated, irritable, anxious, aggressive), the way you live your life (not getting on with people, not having enough money, finding it hard to keep living in the same house, getting in trouble with the law) or even the way you look (losing or gaining weight, for example).

Do drug problems cause mental illness or does mental illness cause drug problems?
In many cases, it is hard to tell which problem came first – the drugs or the mental illness. Having a mental illness can make a person more likely to abuse drugs, to make their symptoms feel better – if only in the short-term. Some people have drug problems that may trigger symptoms of mental illness. Some drugs can cause a condition called drug-induced psychosis which usually passes after a few days. If someone has a predisposition to a psychotic illness such as schizophrenia, however, these drugs may trigger the first episode in what can be a lifelong mental illness. Using drugs in the long term can also make mental illnesses worse and make treatment less effective.

How common are drug problems among people who have mental illnesses?
People with mental illnesses often have drug problems. Statistics show that: Around 64 per cent of people in psychiatric in-patient wards have or have had a drug problem.
Around 75 per cent of people with drug problems may have a mental illness. About 90 per cent of males with schizophrenia may have a drug problem.

What kind of help can I get?
There are a number of ways that you can go about getting help for your drug problem. These include:

Withdrawal programs: These programs involve detoxifying the person of the drug and can be run at a residential centre or in the community.

Self help: Sharing experiences and providing support for each other can be a good way of finding ways of dealing with drug use. The main type of self-help treatments are mental illness support groups run through community support agencies and Narcotics or Alcoholics Anonymous.

Controlled use: This type of treatment can help you use drugs in a safer way. This is usually offered by a community support agency who can provide information, accommodation, help with finding suitable work and housing as well as training and education.

Counselling: Counselling can help rechannel damaging thoughts about taking drugs and develop different ways of coping with these thoughts.

Medication: Certain medications can help ease the cravings that can make it hard to stop using some drugs.

How do I find out more?
It is important to ask your doctor about any concerns you have. SANE Australia also produces a range of easy-to-read publications and multimedia resources on mental illness. For more information about this topic go to www.sane.org

Source: Its All right. SANE Australia. *Drug and mental illness factsheet.*
http://www.itsallright.org/document/default.asp?FilePath=/facts/drugs/drugse.pdf&page=Drugs English

Why do young people with a mental illness use drugs?

Australian research indicated that individuals with a mental illness take drugs for the same reasons as everyone else:

- To feel good
- To change or elevate mood
- To reduce anxiety
- To increase confidence
- For socialising
- Avoidance or escape
- As part of a celebration
- Peer group activity
- For recreation
- To sleep
- Experimentation
- Rebellion
- To reduce pain
- For excitement
- To treat their disorders
- As self-medication
- To assume an identity as 'drunk' or 'drugged' rather than as 'mad' because this is more socially acceptable
- To reduce the side effects of medication
- To regain a sense of self that has been subdued by medication
- To experience the 'special' symptoms of their illness ('friendly voices')

These findings echoed those of Test et al (1989) who argued that possible motivations for substance abuse among people with psychosis include self medication for positive or negative symptoms, gaining access to a social group, relief from boredom, inactivity and poverty and difficulty coping with stressful relationships or situations.

Source: An excerpt from *Caught in the Gap. Dual diagnosis and young people. A report on the issues.* August 2003. NSW Association for Adolescent Health. www.naah.org.au.

Something to consider in our work with young people

Engagement

Engagement is the first step in developing a trusting alliance between the client and a service provider. Successful engagement is critical to effective intervention or treatment and is dependent on a number of factors including a clear delineation of the interventions that can be offered and their potential value. Rapport building and the development of a strong therapeutic relationship is paramount and the following strategies can enhance this process:

- Empathic,non-judgemental and compassionate attitudes.
- Individualised care that includes identified strengths as well as problems.
- Ability to assist with the basic and practical needs of clients.
- Availability of appointments that follow shortly after the initial contact.
- Protection of confidentiality and privacy.
- Promotion of self-efficacy.
- Matching interventions to a person's readiness to change.

Source: The Management of People with a co-existing Mental Health and Substance Use Disorder. Service Delivery Guidelines. 2000. NSW Department of Health. www.health.nsw.gov.au/ health-public-affairs/publications/mhsubuse/

How to promote mental health?

Protective factors reduce the impact of stressful life events on our mental health, thereby reducing the likelihood of mental illnesses, disorders or mental health problems. Ways to promote mental health are:

- **Share thoughts and feelings with friends, family or a counsellor.** Talking can help solve problems and relieve stress and anxiety.
- **Eat nutritious food, get adequate sleep and exercise regularly**. These can trigger a chain of healing affects - especially when we feel anxious or under stress.
- **Learn to Relax.** There are many relaxation techniques and resources available to suit personalities and lifestyles; e.g. hobbies, reading, meditation.
- **Seek Help.** At times, a problem can be too hard to solve alone - or with the help of friends and family - so it is important to seek professional help. There are many people to turn to: the family doctor, a community group, psychiatrists, nurses, occupational therapists, psychologists, social workers and counsellors.

Source: Mental Health Council of Australia. *How to promote mental health.* http://www.mhca.com.au/Public/AboutMentalHealth/PromoteMentalHealth.html

Home and Away character as 'drug-crazed'

***TV Week* magazine**

Home and Away television drama on Network 7 portrays in both the series and on air promotions Sarah Lewis (Luisa Hastings Edge), a character with mental illness, as violent and a criminal. *TV week* has called Lewis 'drug-crazed, psychotic and delusional'. **SANE Australia** wrote to Emma Nolan, Editor 'TV Week' on 23.07.04 expressing concern at the way the storyline has been publicised. It is also questionable if the character is 'drug-crazed'.

SANE has also written to *Home and Away* Executive Script Producer Bevan Lee at Network 7, expressing concern at the storyline itself.

***Home and Away*, Network 7**

Home and Away television drama on Network 7 portrays in the series and on air promotions Sarah Lewis (Luisa Hastings Edge), a character with mental illness as violent and a criminal. Lewis is called a 'lunatic', a 'nutter' and a 'whack job' as well as a 'screwball' by other characters who treat her as an outcast who should be avoided.

SANE Australia wrote to Bevan Lee, Executive Script Producer of ***Home and Away*** expressing disappointment at the storyline and the way the portrayal of Lewis reinforces the myth that people with mental illness are prone to violence. SANE also wrote to Tim Barrett, Head of Promotions at the Seven Network and Emma Nolan, Editor of 'TV Week' magazine expressing concern at the on-air promotions of this storyline.

Bevan Lee, Executive Script Producer, replied on 11.08.04 stating 'a few things went to air on Friday night that in my newly enlightened and alerted state, I would have done differently. I can only say that I now regret them...the good thing that has come out of this is that I will always be much more sensitive from now on to [sic] representations of mental illness...'.

Source: Sane Australia. Stigma watch. *Home and Away character as 'drug-crazed'.* http://www.sane.org/index.php?option=displaypage&Itemid=696&op=page

What are some issues for young people who are dually diagnosed?

A range of possible sequelae [*conditions resulting from a disease or injury*] of dual diagnosis for the individual have been identified in the literature. These include:

- Higher rates of rehospitalisation
- Precipitates symptoms of mental illness
- Exacerbates symptoms of mental illness
- Increased hallucinations, depressive symptoms and suicidal ideas
- Relapse
- Reduced compliance with treatment programs
- Reduced/exaggerated effects of medication
- Unstable living arrangements and homelessness
- Poor problem solving skills
- Familial problems
- Loss of support networks
- Lack of educational qualifications
- HIV infection (and presumably Hepatitis B and C)
- Contact with criminal justice system
- Poor physical health
- Failure to develop appropriate social skills
- Disrupted motivation
- Disruptive behaviour and violence
- Poor self care

Of particular concern is the tendency for dually diagnosed people to relapse and the frequently stated observation that having co-occurring mental and substance use disorders places an individual at greater jeopardy of a marginalised social existence.

What is mental health?

Mental Health is our capacity as individuals to interact with others and our environment. It is a state of emotional and social wellbeing in which we can:

- achieve goals
- cope with the normal stresses of life
- work productively
- contribute to our community

Source: Mental Health Council of Australia. *What is mental health?*
http://www.mhca.com.au/Public/AboutMentalHealth/default.html

DARE TO CARE:
The SANE Mental Health Report 2004

Australian Capital Territory

Good news

While the ACT is one of Australia's most compact, affluent jurisdiction, it had until recently the lowest per capita expenditure mental health services in the country. With the introduction of the ACT Mental Health Strategy and Action Plan 2003 – 2009, consumers, carers and workers in the national capital are cautiously hopeful that funding will follow and things will improve.

Community-based programs have been expanded, with a new outreach worker in the southern as well and the northern region: tow dual diagnosis workers working with Aboriginal and Torres Strait Islanders, and the introduction of a Forensic Mental Health Team.

CarersACT (funded by the Australian government) is very active, providing a Mental Health Carer Peer Support Program; KFC (Keeping Families Connected), a dual diagnosis initiative, and FaST (Family Sensitive Training) for mental health professionals, as well as respite and other carer support services.

Canberra Institute of Technology operates a well-established and highly-regarded Skills for Carers course.

Bad news

The lack of supported and other forms of affordable accommodation is a persistent problem in the ACT. This shortage not only has a direct impact on people living with a mental illness, it also creates an additional stress on carers who feel pressured to provide accommodation as well as other support.

The ACT government announced a $63.6 million Housing Affordability Strategy in 2004, and it remains to be seem whether this will alleviate the shortage.

Consumers and carers reported staff shortages as a problem at the Canberra Hospital in particular, leading to limits being placed on acute care admissions.

<u>NATIONAL ISSUE Shortage of mental health professionals</u>
The shortage of psychiatric nurses and other mental health professionals is a major issue. Low recruitment and retention is due in part to perceived low status, inadequate training and extreme workloads.

The average age of as psychiatric nurse (2004) is	46 years
% of nursing graduates entering the mental health system	4%

The SANE Mental Health Report recommends that this workforce issue be urgently addressed at a national level.

Source: expert from SANE Australia. 2004. *SANE Mental Health Report*. http://www.sane.org/index.php?option=displaypage&Itemid=203&op=page

IN THE MEDIA
Helping youngsters in double trouble

By Ruth Pollard, Sydney Morning Herald, September 4, 2003

For some it is the struggle between chaos and control, for others, it is life or death. One thing is certain: for young people with a dual diagnosis - both a mental illness and a drug problem - appropriate support is rarely on hand. It is estimated that at least 25 per cent of people with a mental illness also have a substance abuse problem, and experts say the reverse is also true.

The substance could be tobacco, prescribed medication, illicit drugs or alcohol; the mental illness anything from schizophrenia or depression to anxiety disorders, according to the NSW Association for Adolescent Health. For Nick Gray, 25, the struggle with anxiety and depression as a teenager led to heavy drug use. By 18 he had been diagnosed with schizophrenia.

"I thought drugs would help me - they didn't," says Gray. He accessed one of the state's few services targeted at young people with a dual diagnosis - the South Sydney Youth Service dual diagnosis program. Now a musician and electronic music creator, he takes drugs only to manage his illness. "I still have trouble with motivating myself - which is one of the side effects of the treatment - but I have a case manager and things have really improved."

Suzie Walker runs the dual diagnosis program, which helps people aged 18 to 25. She says that contrary to myths surrounding mental health and substance abuse in young people, basic interventions make a big difference. "This kind of support program can really turn people's lives around - these young people are being encouraged to make choices themselves, and, given the support, they can." Those who access Walker's program are not supported by any other services, and often not welcomed by either mental health or D&A programs. As with many young people with dual diagnosis, their lives are defined by one common factor - chaos.

"They might have legal issues, their benefits cut off, they . . . tend to become homeless - and it is all written off as bad behaviour," says Walker. "You can just about guarantee they have been excluded from programs because they are seen as mean or manipulative or troublemakers."

A complicating factor is that the onset of dual diagnosis often occurs during adolescence, as young people face significant physical, emotional and social changes in their lives. It takes programs targeted at young people with dual diagnosis - not focused only on mental illness or substance abuse - to get them through it, says Walker.

Vinnie May, 20, is one such success story. After turning his life around in just a few months he is now relishing the calm that replaced his chaotic existence. Arriving in Sydney this year after moving around, he became homeless. Four years earlier, he had turned to drugs to escape family problems and was using "everything I could get my hands on". Assisted by the South Sydney service, he has detoxed and is now a youth advocate, studying for his year 10 certificate and planning to become a youth worker. "Now I want to settle down, I've found myself wanting to have a normal life," he says. He has secure accommodation and is dealing with his depression, which was diagnosed when he was seven. "Most of my drug use issues were related to depression . . . I was self-medicating to deal with it," says May.

Reconnecting with his family was also a priority, as was facing the music on an outstanding court matter. His sights are firmly set on a TAFE course next year.

For the full article visit: http://www.smh.com.au/articles/2003/09/04/1062548935877.html

What is drug induced psychosis?

Drug induced psychosis is psychosis brought on soley by the use of drugs. With a drug induced psychosis, symptoms usually appear quickly and last a relatively short time – hours or days – until the effects of the drug wear off. Disorientation, memory problems and visual hallucinations are the most common symptoms. Certain drugs are associated with the development of psychosis symptoms – marijuana, cocaine, speed, ecstasy, amphetamines, LSD and magic mushrooms for example.

Diagnosis of psychosis is made more difficult when drugs are involved. Sometimes the drug is responsible for a brief period of drug related psychosis. Sometimes it can be a trigger for a psychotic illness, such as schizophrenia in someone who already has a vulnerability to it. Alternatively, sometimes people take drugs as a way of coping with the symptoms of a psychotic illness, which is already developing. Unfortunately, this can exaggerate the symptoms and make diagnosis and treatment more difficult.

The use of drugs is very common among people with other psychotic illnesses – often bringing on further episodes. In this situation it is sometimes assumed that the drug causes the symptoms, when in fact it is a diathesis stress model (predisposition with and environmental stimuli).

Source: SANE Australia. *Psychosis – The SANE Guide to schizophrenia and other psychotic illness.*

A **FRANK.** fact:

FRANK. is designed so that all of the information can be found out there on the big bad internet. All of the information contained herein can be accessed through any search engine. Check the bottom of each article for the link.

FRANK. aims to link you up with information that is already out there. We have done the homework, found the sites, the reports, the factsheets and more. We've assessed the information and offered it up to you because we know how busy you are.

We know that keeping on top of alcohol and other drug information is just one of the many things you need to know about in your work with young people.

Youth Coalition of the ACT
Submission to the ACT Budget 2004-05

Recommendation 17
That the ACT Government provide resources for the development of mental illness education for youth workers, teachers, young people and their parents

Young People and Families, Drugs, Alcohol and Dual Diagnosis

Dual Diagnosis Dual Diagnosis/Co-morbidity refers to an individual who has a concurrent mental illness and substance misuse issues without a determination of which disorder is causative or primary. Co-morbidity is widespread and often associated with poor treatment outcomes, severe illness and high service use (National Drug and Alcohol Research Centre (2001)).

The commitment by the Department of Health, Housing and Community Care (DHHCC) to addressing the gaps in the continuum of care for people with dual diagnosis is evidenced in the commissioned Audit of the Progress on the Implementation of Stopping the Merry-Go-Round (2001). Continued commitment and resourcing, by the now Department of Health and Community Care, is required to advance the remaining recommendations of 'Stopping the Merry-Go-Round', the report on services for people with dual diagnosis. The audit report reveals that the special needs of adolescents had neither been mentioned nor considered. This has begun to be addressed via the establishment of the Co-morbidity project under ACT Community Care.

The evidence indicating an increasing number of young people who have intercurrentmental health and substance abuse issues (Prosser and McCardle (1996)) calls for a committed and coordinated response, with the trends suggesting that young people area particularly vulnerable group for developing co-morbid/dual diagnosis disorders. The report of the Review of Service Arrangements for Child and Adolescent Mental Health in the ACT (2001) was critical of current services available for treating adolescents with co-morbidity, and the need to be able to treat both issues (substance abuse/psychiatric disorder) together. The Youth Coalition supports the report's recommendation that an independent review of this matter (the nature of dual diagnosis in adolescents and treatment models) be undertaken by an expert in the field.

Recommendation 18
That the ACT Government resource the development of a suitable plan for services for young people with dual diagnosis

Young People in Families Affected by Drug Dependence

International studies have shown that children and young people in families affected by drug dependence are in high risk categories for suicidal ideation, depression, drug and alcohol misuse, domestic violence, crime, truancy and low achievement in education and employment. Though a large number of children and young people in the ACT are living in families affected by drug dependence, little research has been completed or strategies developed to best support these young people. Instead, it has been shown that many children and siblings of drug dependent family members are only identified when they, themselves, have developed a drug dependence and or have entered the juvenile justice system. The Youth Coalition believes that this is unacceptable and that a range of responses (including early intervention) must be developed to better address the needs of these young people.

Source: Youth Coalition of the ACT Budget Submission 2004 – 2005 www.youthcoalition.net.

National Comorbidity Project

Current practice in the management of clients with comorbid mental health and substance use disorders in tertiary care settings

Australian Capital Territory

In 1998, the Mental Health Strategy Unit within the ACT Department of Health and Community Care commissioned a project to develop a service framework for dual diagnosis services in the ACT. The project report, Dual Diagnosis: Stopping the Merry-Go-Round, outlined key issues emerging in the international search for effective responses to the development of dual diagnosis services and how those were reflected in the ACT; identified a preferred service approach and training strategy for the ACT; made recommendations to advance the development of services in the ACT and provided costings for the implementation of the recommendations.

In early 2000, the ACT implemented a Dual Diagnosis Project based on the Dual Diagnosis report. The first phase of the project targeted government alcohol and other drug and mental health services and aimed to raise awareness and improve partnerships between services. The strategies adopted in this phase included resource development (screening tools and pathways); service development, including joint clinical planning forums; and education and training. In addition Dual Diagnosis/Comorbidity Senior Clinicians were employed in the Alcohol and Drug Program and Mental Health Services. Their roles are to provide consultation liaison services to their respective sectors and to facilitate and coordinate joint ventures. The following two services were identified in the ACT:

ACT Community Care, Alcohol and Drug Program and the Canberra Hospital Mental Health Servcie Public Parallel Psychologist, psychiatric nurse, registered nurse	As part of a Dual Diagnosis Project Model, appointments have been made to the positions of Project Co-ordinator and two Senior Clinicians. The role of the Project Co-ordinator is to develop systems, policy and procedures on a macro level to assist in service collaboration and cultural change in dealing with clients with comorbid conditions. Senior Clinicians have been employed in both the Alcohol and Drug Program and the Mental Health Service to liaise with service providers in relation to education, case management, assessment, referral and advocacy on a micro level.
Toora Women Inc. Not for Profit Integrated Some staff have done Wollongong dual diagnosis training program Some are former nurses	This organisation provides crisis accommodation to women over 16 who are homeless. Given that over 50% of service users have comorbid mental health and substance use problems, all workers are trained in drug and alcohol and mental health skills. Toora Women Inc. also run the Women's Information, Resources, Education on Drugs and Dependency (WIREDD) which provides drop-in support, counselling, support groups and outreach to women with drug and alcohol issues and those affected by someone else's drug and alcohol use, as well as training to providers in the community. They are establishing a program to support women, and women with children before and after supervised withdrawal. The program will also work with women with comorbidity.

To read the full report go to:
Department of health and ageing. 2003. *National Comorbidity Report.*
http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pubhlth-publicat-document-metadata-comorbidity.htm

Dual Diagnosis: Stopping the merry-go-round

Prepared for the ACT Department of Health and Community Care April 1999
by Leigh Cupitt, Elizabeth Morgan and Marilyn Chalkley

Final report on dual diagnosis* treatment options for the ACT

Executive Summary

(*mental illness and alcohol or drug issues)

The provision of high quality services to people with a dual diagnosis of mental illness and alcohol and substance abuse is a major challenge for policy makers and providers across the world. The literature indicates that many modern health systems are engaged in activities to rethink their service approach to people experiencing co-existing mental illness and substance abuse. The separate administration and delivery of mental health and alcohol and other drugs services poses major problems for a co-ordinated and integrated system of care, able to address the functional needs of a very vulnerable group of citizens.
The prevalence of co-existing mental illness and substance abuse is well documented in international research. It is estimated that in the vicinity of up to 80% of people with a diagnosed mental illness also has a diagnosis of problematic substance use. In alcohol and drug services, up to 20% of people presenting, are estimated to have a co-existing mental illness. Many studies assert that people with a dual diagnosis are not a separate population group, rather they are represented in the current client base of existing services, are receiving poor services and are generally seen as too hard by many professionals.
This project found that the ACT demonstrates many of the same issues and problems identified in the international literature on the management of dual diagnosis or dual disorders. Some of these issues and problems included:

- access barriers to services from both ACT Mental Health Services (ACTMHS) and Alcohol and Drug Program (ADP) for both consumers and their families;
- the absence of a co-ordinated and shared case management approach with people being shunted between services;
- significant professional differences between the two fields, underpinned by different professional orientations to treatment and support and a limited understanding of the respective diagnoses by the other service area;
- the absence of mechanisms to involve consumers and families in service planning and evaluation;
- a lack of respect for consumers;
- a failure to understand the need for a commitment to engagement and long-term interventions;
- limited understanding of and active involvement with other sectors including NGOs and the private sector services;
- a poor understanding of dual diagnosis and a lack of adequate and ongoing training.

However despite these problems the ACT also exhibits considerable goodwill between sectors and evidence of several existing initiatives to improve services. These include joint initiatives between ACTMHS and ADP, between government and non-government sectors and between consumers and carers and providers. The goodwill between the two government services in the ACT is not a feature of the relationship between services in other states. Thus the nature of relationships in the ACT is a significant and positive indicator for the potential to improve services.

To read the remainder of the Executive Summary including Recommendations visit www.health.act.gov.au

NOT ANOTHER DRUG SUMMIT 2004

staring

Paul Dillon

National Drug and Alcohol Research Centre

December 2nd – REGISTER NOW!!!

Youth Coalition of the ACT is the peak body for youth affairs in the ACT. Some of the things the Youth Coalition does includes:

- **Alcohol and Other Drugs Project:** aims to build the capacity of the youth sector to better work with young people with alcohol and other drug issues and to facilitate links with the alcohol and other drugs sector
- **Policy development**
- **Advocacy and representation**
- **Sector development**
- **Youth consultation**
- **Information development**
- **Events and projects**

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