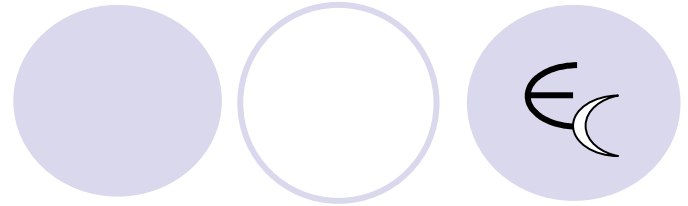
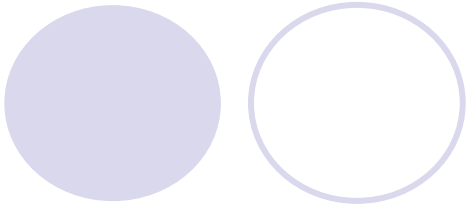


# The Eclipse Project

*improving Treatment Outcomes for co-existing Mental Health and Substance Use*

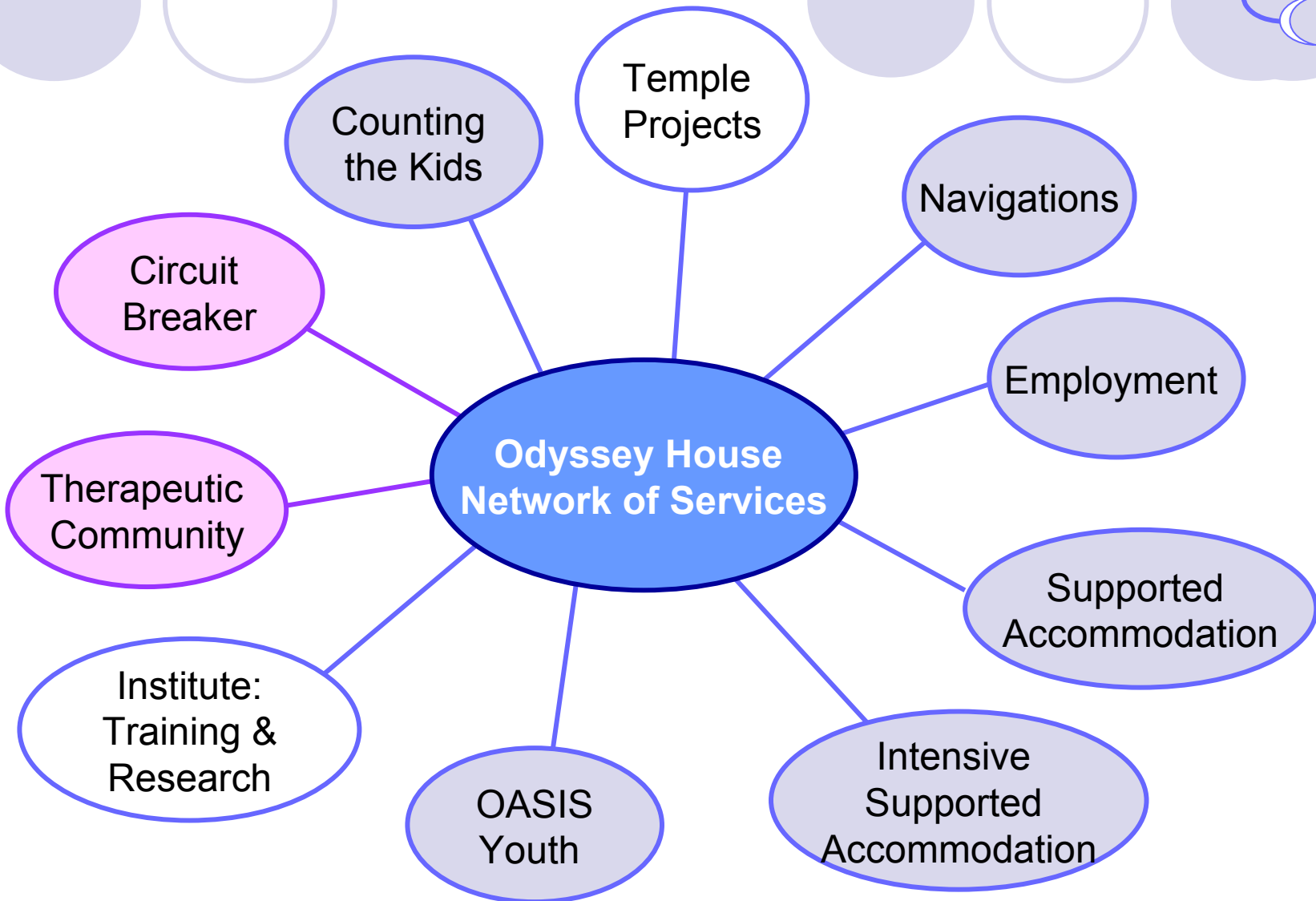
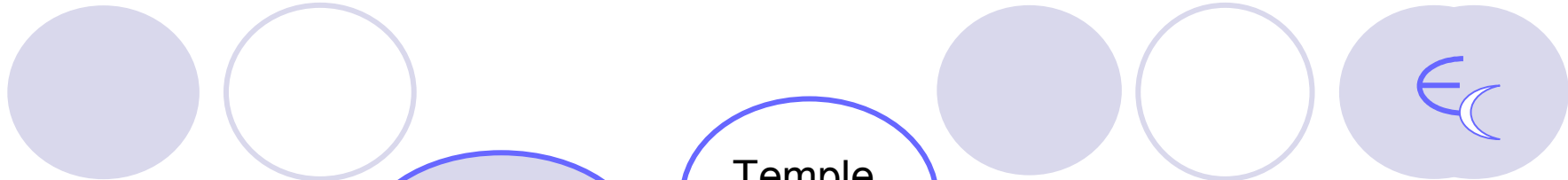
Project Team =  
Miranda Manning  
Samantha Ratnam  
Neos Zavros  
Margarita Frederico  
Levita D'Souza





## Aims of the Project:

- Improve assessment & treatment support services for people who have co-existing mental health & drug and alcohol problems
- Improve the skills of clinicians to enhance treatment for clients
- To pilot a cost effective service enhancement model that has the potential to be adopted across a range of settings.



# Key Directions

- That Dual diagnosis is **systematically identified and responded to** in a timely evidence-based manner. (2008/10)
- Staff in mental health and alcohol and other drug services have the **knowledge and skills necessary to identify and respond** appropriately to dual diagnosis clients and advanced practitioners are able to provide integrated assessment, treatment and recovery. (2010)
- Specialist mental health and alcohol and other drug services **establish effective partnerships** and agreed mechanisms that support integrated assessment, treatment and recovery. (2008/09)
- Outcomes and service responsiveness for dual diagnosis clients are **monitored and regularly reviewed**. (2008/09)
- **Consumers and carers are involved** in the planning and evaluation of service responses. (2007/09)





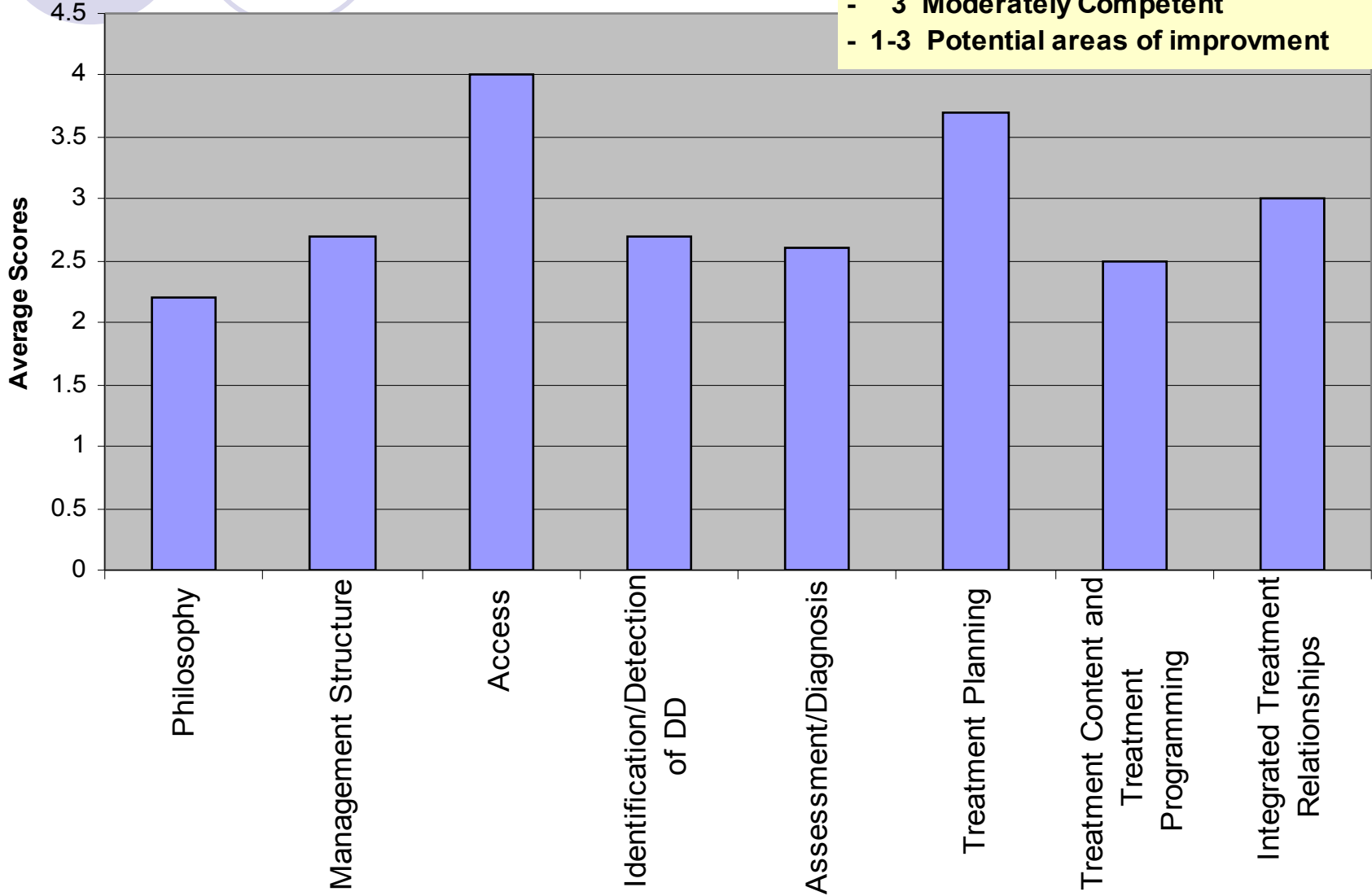
# Building an integrated system

## What will it involve:

- **Assessment and treatment** of mental disorder issues
- **Referral networks** and pathways to mental health services; formal protocols developed.
- **Treatment guidelines** for specific disorders
- Provide **resource directory**
- **Treatment interventions** incorporated into existing AOD treatment.
- Regular **case discussions** and **staff development**
- **Identify training needs**

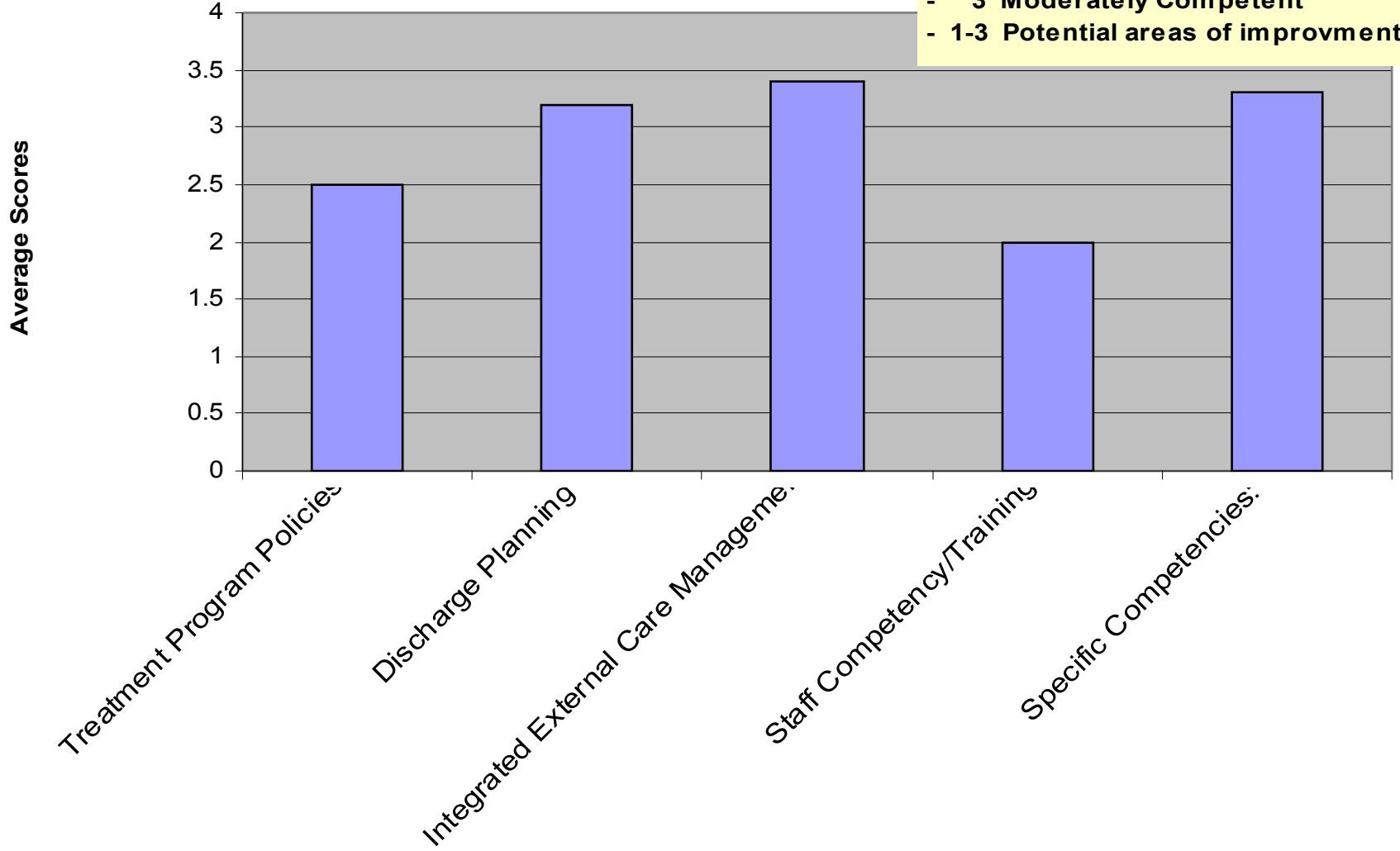
COMPASS survey/audit April 2007

- 4-5 Strongly Competent
- 3 Moderately Competent
- 1-3 Potential areas of improvement



COMPASS survey/audit April 2007

- 4-5 Strongly Competent
- 3 Moderately Competent
- 1-3 Potential areas of improvement



# File Audit (Odyssey Community Services) Results Demographics *n*=90



<b>Mean Age</b>	29 years		
<b>Gender</b>	Male	56%	
	Female	44%	
<b>Length of Drug Use</b>	11.59 years (Average)		
<i>ADIS quarterly report</i>			
<hr/>			
		<i>March</i>	<i>Dec. 2006</i>
		<i>2007</i>	
<hr/>			
<b>Principle Drug Used</b>	Heroin	25.6	13.5
	Alcohol	22.2	44.1
	Cannabis	17.8	22.4
	Amphetamines	13.3	6.8
	Morphine	1.1	1.5
	Volatile Subs.	1.1	0.7
<hr/>			
<b>Mental Health Issue Documented</b>	Yes	77.8%	
	No	21.1%	
<hr/>			

c. Comparison of **File Audit (Odyssey Community Services)** prevalence to research prevalence of specific co morbid disorders



Symptoms (%)	Total Percentage Documented	Research Data %
<b>Depression</b> Depression(65.6) Depressed or Down Thoughts (1.1)	<b>66.7</b>	*25%
<b>Anxiety</b> Anxiety(34.4) Panic Attacks(2.2)	<b>36.6</b>	+24%–27%; 14.9%
<b>Self-Harm</b> Deliberate/Attempted Self Harm(14.4) Thoughts about self-harm (1.1)	<b>15.5</b>	
<b>Suicide</b> Suicidal Ideation (18.9) Attempted Suicide(15.5)	<b>34.4</b>	*33%
<b>Bipolar Depression</b> ((3.3)	<b>3.3</b>	
<b>Psychotic Illness</b> Schizophrenia (2.2) Paranoia (1.1) Hallucinations(3.3) Delusional Thoughts (1.1) Disorganised Behaviour(1.1) Psychosis(1.1)	<b>13.2</b>	@7.2%
<b>Personality Disorder</b> Antisocial (1.1) Borderline (2.2)	<b>3.3</b>	+18%–20% +17%–18%; ^^45%;
<b>Obsessive Compulsive Disorder</b>	<b>2.2</b>	
<b>Posttraumatic Stress Disorder</b>	<b>2.2</b>	*41%; *90%
<b>Other Mental Health Disorder</b> ADHD Chronic Adjustment Disorder with Depression	<b>6.6</b>	

# Phase 1 Findings

c. **File Audit** (Odyssey Community Services) Total Sample Percentage and percentage (number): with Mental Disorders, Who Reported and Active Symptoms, Current Treatment, Clinician Treatment and ITP (number) Documented In Treatment File n= 90



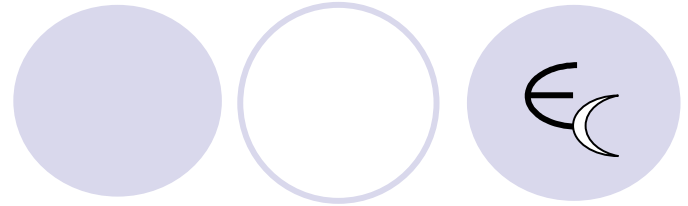
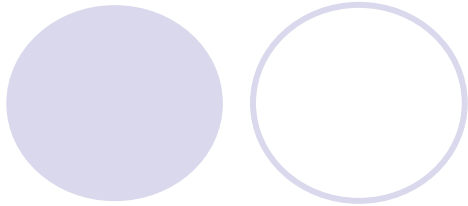
Symptoms (Percentage)		Total Percentage Documented	Active Symptoms	Current Treatment (External)	Clinician Engaging in Treatment	Included in ITP		
						Yes	No	No ITP
<b>Depression</b>	Depression(65.6) Depressed or Down Thoughts (1.1)	<b>66.7</b> <b>(60)</b>	70.7	40.1 (24)	25.4 (16)	27.8 (16)	34.5 (20)	37.9 (22)
<b>Anxiety</b>	Anxiety(34.4) Panic Attacks(2.2)	<b>36.6</b> <b>(33)</b>	73.3	32 (8)	39.3 (11)	48.3 (14)	31 (9)	20.7 (6)
<b>Self-Harm</b>	Deliberate/Attempted Self Harm(14.4) Thoughts about self-harm (1.1)	<b>15.5</b> <b>(14)</b>	69.2	9.1 (1)	16.7 (2)	23.1 (3)	61.5 (8)	15.4 (2)
<b>Suicide</b>	Suicidal Ideation (18.9) Attempted Suicide(15.5)	<b>34.4</b> <b>(31)</b>	22.6	17.9 (5)	16.1 (5)	25.9 (7)	51.9 (14)	22.2 (6)
<b>Bipolar Depression</b>	((3.3)	<b>3.3</b> <b>(3)</b>	Not stated	33.3 (1)	0	0	33.3 (1)	66.7 (2)
<b>Psychotic Illness</b>	Schizophrenia (2.2) Delusional Thoughts (1.1) Paranoia (1.1) Hallucinations(3.3) Disorganized Behaviour(1.1) Psychosis(1.1)	<b>13.2</b> <b>(9)</b>	44.4	14.3 (1)	37.5 (3)	33.3 (3)	44.4 (4)	33.3 (2)
<b>Personality Disorder</b>	Antisocial (1.1) Borderline (2.2)	<b>3.3</b> <b>(3)</b>	Not stated	33.3 (1)	33.3 (1)	0	50 (2)	50 (2)
<b>Obsessive Compulsive Disorder</b>		<b>2.2</b> <b>(2)</b>	Not stated	50 (1)	0	0	50 (1)	50 (1)
<b>Posttraumatic Stress Disorder</b>		<b>4.4</b> <b>(4)</b>	75 (3)	0	25 (1)			
<b>Other Mental Health Disorder</b>	ADHD Chronic Adjustment Disorder with Depression	<b>6.6</b> <b>(6)</b>	16.7 (1)	16.7 (1)	0	0	83.3 (5)	16.7 (1)



**Where does this lead us?**

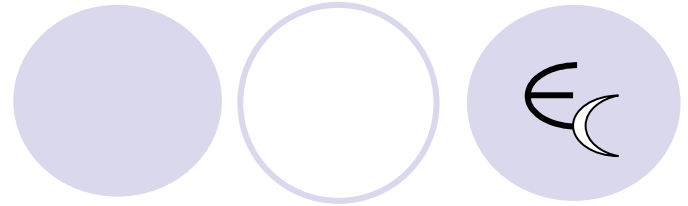
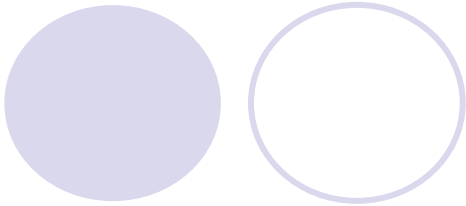
**Increase identification of mental disorders**

- i. **Trial the MINI Modified Screener (MMS) and Mini Neuropsychiatric interview**
  - Screens in domains of mood, anxiety and psychotic disorders.
  - 22 Item Self Report Tool (10-15 minutes)
  - Chosen because it provides more specific information and leads to further assessment tool



## ii. Trial use of the **Personality Disorder Questionnaire – Version 4 (PDQ-4)**

- Chosen because we do not seem to be identifying or documenting symptoms of personality disorder's
- PDQ-4 assesses 10 personality disorders
- 100 item self-report tool (20-30 mins)
- Both tools can provide information that will help communication with mental health services and providing or sourcing suitable treatment



- Project activities so far highlight the importance of the ***process*** of introducing change
- All activities have focused on consulting with staff to prepare and manage changes
- Integrated system will take shape as we move forward
- Several considerations emerge as we consider these changes including resource availability, different practice frameworks, introducing new language and identifying appropriate interventions and referral pathways

Once identified... What is the best Response?

What treatment do we integrate?

Specific interventions are required for each disorder...

*research indicates those with a substance use and :*

- ***A psychotic type disorder*** respond better in a Mental Disorder setting that uses an integrated treatment model rather than in an AOD treatment setting that uses an integrated treatment model .
- ***anxiety or depression:*** treating the substance use prior to treatment for anxiety or depression is more likely to lead to positive outcomes. Contrary to this; Lynkskey, (1998) reported for those with depression, the use of SSRIs reduces both depressive and alcohol dependence symptoms in those who have a co morbid disorder.
- ***An affective disorder,*** there is an additional benefit on outcomes for both disorders, by treatment for the affective disorder alone.