

Dual Diagnosis - Victorian Update

Key activities and directions



What's the Problem?

- Known high prevalence of substance use problems in those with mental illness, and vice versa
- But – often different categories of illness and type of substance abused in these groups
- Workforce unclear re role and skills to manage where both issues present
- High demand for services leads to tightened eligibility criteria

Policy imperatives

- Dual diagnosis is **core business** of both specialist mental health and drug and alcohol services
- Responsibility for '**mainstreaming**' dual diagnosis within each sector sits with each individual service
- **VDDI supports AMHS** and drug and alcohol services in achieving mainstreaming through:
 - Co-consultation and supervision
 - Managing reciprocal rotations and placements
 - Education and training

Requirements of 'mainstreaming'

- The needs of people of any age with dual diagnosis are met through timely, **integrated treatment and care delivered** as core business in both mental health (clinical and PDRSS) and drug and alcohol services.
- Access to the most appropriate service response is via either sector – ***no wrong door***.
- A **collaborative approach** between both policy and service delivery organisations.
- Appropriate **consumer and carer input** into policy and service development centrally and locally.

So what has happened ?

- Dual diagnosis teams commenced in late 1990's.
- 2002 – expanded to 4 teams across metro area with rural links
- 2003 – additional DDx positions in all 21 AMHS as well as 8 youth specific workers within the DDx teams
- 2004/05 – DDx workers funded in NGO sector to support youth resi-rehab services, homeless services and VAHS

And there is more

- 2005/06 – funding to expand direct care services and to support 3 projects aimed at workforce development and improved knowledge and skills
 - Reciprocal rotations – 150 in total
 - Enhanced statewide training (NEXUS)
 - Increased consultant psychiatrist support
- In 07/08 funding to DDx is approx \$1.4m and staff in AMHS 37.7 FTE

Current situation

- Dual diagnosis now enshrined in policy
- November 2006 – Minister for Mental Health
- March 2007 - Division of Mental Health and Drugs
- June 2007 – after a long gestation 'Dual Diagnosis. Key Directions and Priorities for Service Development' launched

Elements

Leadership

- MHB and DPSB leading policy development
- **AMHS senior clinicians/managers jointly leading 'mainstreaming' in their services**

Partnerships

- Collaborative practices between mental health and D&A services
- Joint service innovation

Workforce development

- Education and training
- Change management

Systematic approach (Action Plan)

- Staged approach with clear expectations and KPI^s
- Monitoring of progress

But...

- Still a long way to go
- Need to consider major service reform – where and how services are provided
- Need better use of workforce, better education, early intervention
- Most substance use first presents in primary care sector. Engagement of general practitioners and further development of addiction medicine within health sector required. Action is required across the health and community services sectors