Government of **Western Australia**
Department of **Health**
Office of the Director General

Dr J M Woollard MLA
Chair
Education and Health Standing Committee
Parliament of Western Australia
PERTH WA 6000

Attention: David Worth

Dear Dr Woollard

INQUIRY INTO THE ADEQUACY AND APPROPRIATENESS OF PREVENTION & TREATMENT SERVICES FOR ALCOHOL AND ILLICIT DRUG PROBLEMS IN WESTERN AUSTRALIA

I refer to your letter of 29 June 2009 regarding the above.

Attached is a submission from the Department's Mental Health Division as follows:

1. **Improving Outcomes**
   The Mental Health and Alcohol and Other Drug Sectors Working Collaboratively to Improve Outcomes for People with Dual Diagnosis.

   The contact person for this submission is Dr Steve Patchett. Dr Patchett's contact details are as follows:

   Title: Executive Director
   Mental Health Division

   Phone: 9222 4114

   Email: Steve.Patchett@health.wa.gov.au

I am aware that the Drug and Alcohol Office will also be making a submission to the Committee under separate cover and that they have negotiated direct with Mr Worth for an extension to the 19th August.

Yours sincerely

Dr Peter Flett
DIRECTOR GENERAL

18 August 2009

189 Royal Street East Perth Western Australia 6004
Telephone (08) 9222 4002 Fax (08) 9222 4314 TTY 1800 067 211
Letters PO Box 8172 Perth Business Centre Western Australia 6849
ABN 28 684 750 332
http://www.health.wa.gov.au

Improving Outcomes:

The Mental Health and Alcohol and Other Drug sectors working collaboratively to improve outcomes for people with dual diagnosis

A submission prepared by the Mental Health Division, WA Department of Health

August 2009

Education and Health Standing Committee
Inquiry into the Adequacy and Appropriateness of Prevention and Treatment Services for Alcohol and Illicit Drug Problems in WA

Introduction:

The co-occurrence of substance use and mental health issues, generally referred to as dual diagnosis or comorbidity, is common and has been shown to be associated with poor outcomes across a number of key health and social domains. Providing appropriate service responses to help people affected by dual diagnosis is recognised as core business for both the mental health (MH) and alcohol and other drug (AOD) sectors in Western Australia.

The Mental Health Division (MHD) works in partnership with the Drug and Alcohol Office (DAO), the Western Australian Network of Alcohol and Drug Agencies, the Western Australian Association of Mental Health and a number of other key stakeholders to progress initiatives aimed at enhancing the ability of the MH and AOD sectors to respond to the needs of people with dual diagnosis. These initiatives have, since 2004, been driven through the State Strategic Dual Diagnosis Planning Group (SSDDPG).

The Mental Health Division welcomes the opportunity to contribute to this valuable inquiry. The mental health and AOD sectors through the SSDDPG are engaged in a sustained and committed process of collaborative reform.

Prevalence:

Despite the recognition that dual diagnosis is common, there is a dearth of accurate research data specific to Western Australia that quantifies actual prevalence rates. Indicative figures from population health research shows that of people with mental health problems, at least 50% also have an issue with alcohol or other drugs[1], whilst various studies indicate that between 55 – 75% of clients of AOD services have also experienced a mental illness.[2]

The type, intent and frequency of drug use, the nature and severity of illness, the age of the user and the physical and social impact of either or both disorders, all contribute to and expand the scope of the problems and complexity of diagnosis.[3]

Impacts of dual diagnosis:

Some of the impacts associated with dual diagnosis are:

- severe illness course and higher rates of relapse;
- high rates of violence, suicidal behaviour and suicide;
- infections and other health problems;
- social isolation and family distress;
- increased service utilisation but poor treatment compliance;
- antisocial behaviour and incarceration; and
- homelessness.

Barriers to effective service provision:

A range of factors can be seen to limit the effectiveness of mental health and AOD services in achieving successful treatment outcomes for people with dual diagnosis. Some of these are a result of the interplay between the dual disorders

---

[1] Victorian Government Department of Human Services (2007). Dual Diagnosis: Key directions and priorities for service development (p.4).
[2] George, T.P. & Krystal, J.H. (2000). *Comorbidity of psychiatric and substance abuse disorders*, Current Opinion in Psychiatry, 13:3, 327-362.
[3] Victorian Department of Human Services (2007).

themselves and the associated impacts and complexity. Others stem from the nature of the service systems themselves.

- Correct and timely diagnosis, and in turn treatment, can be hindered by the way in which drug use and symptoms of withdrawal can mimic or conceal some psychiatric symptoms and some symptoms of mental health problems can result from drug and alcohol use.
- The complex range of vulnerabilities which are often experienced by people with dual diagnosis; poor housing or homelessness, criminal justice issues and poverty, can limit their ability to participate in ongoing treatment programs.
- As mental health and AOD services are funded and managed by separate administrative structures, integration of care is often hindered and can result in clients being asked to seek care between two separate services rather than having their needs met in one place.
- The difference in treatment philosophies and culture between AOD and MH services can also pose problems for clients with comorbidity. AOD services often expect their clients to demonstrate motivation to change their drug using behaviour before accepting a referral and offering support. Where as MH services are often involved with clients who are receiving compulsory treatment and often fail to understand why AOD services are not provided in the same way.

The response in WA – the State Strategic Dual Diagnosis Planning Group:

In 2004, the State Strategic Dual Diagnosis Planning Group (SSDDPG) was established as a joint initiative of Mental Health Division (MHD) and the Drug & Alcohol Office (DAO). The aim of the group was, and remains today, to facilitate the development, implementation and evaluation of effective and appropriate service delivery for people with alcohol and drug, and, mental illness comorbidity throughout Western Australia. The membership of the SSDDPG has remained relatively stable throughout the past five years, with new members being added in response to particular state or commonwealth initiatives. A list of current members is attached.

The initial objectives of the group focused on four key themes:

- the enhancement of current services through the establishment of **improved service models**
- to support **workforce development initiatives**
- to develop an **effective communication strategy**, and
- to **facilitate the establishment of local service protocols** between mental health and AOD services.

Whilst the stated objectives of the SSDDPG were altered in 2006 to become broader, much of the work undertaken to date has actually adhered closely to the themes outlined above.

A number of underlying principles can be seen to guide all work undertaken by the SSDDPG. These principles include:

- Consumer and Carer Participation: the perspectives of consumers and carers are considered fundamental and will be taken into consideration in all work undertaken by the SSDDPG. Opportunities for consumers and carers to actively inform and participate in planning, implementation and evaluation processes will be sought and adopted wherever possible.

- Evaluation: all work driven by the SSDDPG will ensure an evaluative process is undertaken to inform future planning processes.
- Governance and Leadership: initiatives undertaken by the SSDDPG will be underpinned by appropriate governance structures. Members will wherever possible, exercise appropriate and effective leadership to ensure the identification and nurture of 'enablers' and that solutions are sought to overcome 'showstoppers'.
- Inter-Sector Relationships and Connectivity: members will seek to build rigorous and sustainable inter-sector relationships which support the ongoing provision of services to people with dual diagnosis. Such relationships and connectivity should not be reliant upon individuals and personal relationships.

Key Areas of Reform:

Workforce Development

Mental health and AOD services capable of providing a timely and effective response for people with dual diagnosis must have staff who are 'dual diagnosis capable', that is, have the knowledge and skills necessary to identify and respond appropriately to dual diagnosis clients.[4] Implementing initiatives to assist staff in developing this capability has long been a priority of the SSDDPG and remains one of the key areas of reform.

Established in 2007, the Workforce Development Subcommittee of the SSDDPG, meet to progress initiatives which will enhance the capacity of the Alcohol and Other Drug and Mental Health workforce to respond to the needs of consumers with a dual diagnosis.

The objectives of the subcommittee are:

- To identify, recommend and progress common workforce development strategies relevant to both the mental health and AOD sectors.
- To promote collaboration between sectors which will support workforce development initiatives and enhance service delivery.

Developing formal partnerships

The SSDDPG has played a key role in initiating the development of formal partnerships between mental health and AOD services. Efforts will continue to ensure that these partnerships are robust, sustainable and deliver operationally useful relationships at the local level, underpin continuity of care and integrated treatment and recovery.

Developing a model of care for dual diagnosis

In order to respond effectively to the varying complexity of dual diagnosis presentations and enhance capacity for early intervention, initiatives need to be targeted across all tiers of health services, including primary care. The development of a model of care will help to ensure that resources and skills are able to be utilised to maximum benefit and that strategies are targeted appropriately. This area of work has been identified by the SSDDPG as a priority and will be pursued in 2009/10.

Further Challenges:

[4] Victorian Department of Human Services (2007).

It is widely recognised that rather than purely a 'dual' diagnosis, many people seeking treatment from mental health and AOD services suffer a wide range of complex health and/or social issues which require a coordinated service response. Other service areas which commonly see people with dual diagnosis are child protection, housing, disability support, justice and sexual assault. Partnerships and collaborative approaches need to be developed with these service sectors to ensure that all of the individuals needs are addressed appropriately to support the recovery process.

State Strategic Dual Diagnosis Planning Group

Current Membership - Revised August 2009

Organisation	Position	Current Member
DAO	Executive Director - Co Chair	Neil Guard
DAO	Principal Workforce Development Officer	Kathryn Kemp
DAO	A/Manager Workforce Development	Judi Stone
DAO	Director, Client Services	Eric Dillon
DAO	Director, Clinical Service	Allan Quigley
DAO	Manager, WA Diversion Program	Andrew Salter
Next Step	Director, Operations	Susan Alarcon
MHD	Executive Director - Co Chair	Steve Patchett
MHD	Manager Mental Health Network Support Team	Wynne James
SMAHS	Area Manager, Mental Health	Mark Pestell
NMAHS	Head of Clinical Service, Mental Health	Nathan Gibson
WACHS	Area Director, Mental Health	Richard Menasse
DoHA	Commonwealth Rep	Paul Purdy
DoHA	Commonwealth Rep	Sharon Daniells
Youthlink	Youth Comorbidity Rep	Denise Follett
SIMHS	Statewide Indigenous MH Rep	Michael Mitchell
Cyrenian House	AOD NGO Rep	Carol Daws
Carers WA	Carer Rep	Chris Zammit
WAAMH	Mental Health NGO Rep	Ann White
WASUA	Manager	Mark Lowrey
PPCN	Perth Primary Care Network	Heather Waite
WANADA	Executive Director	Mike Seward
WANADA	Project Manager, Sector Development Coordination	Angela Corry
WA GP Network	Development and Liaison Officer Mental Health	Naomi Green
WA GP Network	Comorbidity Project Officer	Darren West
DAO	Senior Program Officer	Lisa Willesee
MHD	Program Officer	Michele Evans