

Treatment for

Dual Disability

Project I2011: Developing effective treatment strategies for people with a serious mental illness and problematic substance use

Aims: This project was undertaken by the Royal North Shore Hospital (\$154,860). The project's key aims were to:

- improve integration between the Mental Health and Drug and Alcohol Services;
- provide an effective training and ongoing supervision program for service providers; and
- identify, implement and evaluate more flexible and tailored treatment programs, including a residential treatment program.

Description: A crucial principle of the project was to improve the integration and collaboration between mental health professionals, drug and alcohol health professionals, people with dual problems (serious mental illness and problematic substance abuse) and family members of people with dual problems. A working party was established which planned, coordinated, implemented and evaluated all activities during the life of the project.

Extensive consultation with clients affected by a serious mental illness and problematic substance abuse use, carers and family members, and mental health and drug and alcohol providers was undertaken.

Education and group therapy programs in a residential treatment facility were established to assist with integration of patients into the project.

In collaboration with the University of Wollongong, the working party commenced an intensive training program for service providers. The program attracted health professionals from all over Australia and

internationally and also for service users who later became consultants to the project.

People with both a mental disorder and substance use problems are often excluded from both mental health and substance abuse residential treatment facilities. As a response to this problem the concept of a “damp” house was created. A “damp” house is neither “wet” or “dry”. That is, while alcohol and other drug use is generally excluded from the house, individuals are not evicted due to the use of these substances. The “damp” house is designed to offer a therapeutic, safe and supportive living environment. The underlying principle is that rehabilitation and the reduction of substance misuse can be achieved when basic needs, such as the security of safe housing, are met first.

Outcomes: A number of important outcomes were achieved by the project. The project demonstrated that it is possible to improve cooperation between Mental Health and Drug and Alcohol Services within the existing system. The combined services were encouraged to support cross-training initiatives and to supervise case managers of people with a serious mental illness and problematic substance use. The implementation of a training program increased the participants' effectiveness in managing clients.

The report also indicated that the use of evaluation and outcome measurements to measure change were valuable. Further application of evaluation measurements and research to develop and evaluate these tools was recommended.

It was reported that there were significant outcomes on the quality of life of people involved in the project. This was indicated in the reduction of harmful use of substances, and fewer hospital admissions.

The provision of a safe, therapeutic “damp” house provided positive benefits for people with serious mental illness and problematic substance abuse. The project recommended that a “Damp House” concept is recognised as an alternative residential treatment program and encouraged the establishment of “Damp Houses” in each health service area in New South Wales.

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Project I4036: Specialist Dual Disability Project Mental Illness, Alcohol and Drug Dependence Program

Aims: This project was undertaken by the Dandenong Hospital - Westernport Drug and Alcohol Service (\$79,100). The aim of the project was to develop and implement an integrated service model to address the problems experienced by clients presenting with dual diagnosis.

Description: The Mental Illness, Alcohol and Drug Dependence (MIADD) program was piloted in an outpatient setting in the Dandenong and District Region to assist in the development of an integrated service model for clients with dual diagnosis. A survey was conducted to obtain information on the prevalence of dual diagnosis clients. The survey found that there was no coordinated approach that served the needs of the chronically mentally ill and substance dependent clients in the area.

The target group were people with dual diagnosis who had several previous hospital admissions and had experienced periodical exacerbation of acute symptoms of their mental illness, caused by drug interaction with their mental illness and treatment regime.

The MIADD Service Model pilot study comprised drug and alcohol education, a self-help support group, an integrated treatment program coupled with residential rehabilitation. Each component of the treatment model was facilitated and monitored by a dual diagnosis specialist officer and resourced by a project officer. Consultation, promotion and direct referral of clients was encouraged. Physical assessment of the client was undertaken. This included an evaluation of the clients' perception of their substance taking and liaison with medical and psychiatric professionals and case managers.

A Staff Education and Skill Development Program and an Information and Referral Kit were developed and evaluated for health workers.

The report states that of the 14 clients initially referred, five clients actively participated in the study. The most common psychiatric diagnosis of the participant group was schizophrenia (60%), followed by paranoid schizophrenia (20%) and major depression (20%). The most common substances of abuse in the group were alcohol and cannabis (60%), prescribed medication (20%) and amphetamines (20%).

Outcomes:

The report concluded that the MIADD Service Model provided a framework for the delivery of integrated services. The pilot study was small and lasted only six months, and therefore long term stable remissions in clients could not be observed.

Findings of the pilot study indicated that gains were made by several participants where the combined efforts of the case worker and project worker occurred in developing and assessing client treatment plans. Participants were more responsive to coordinated case management. Where there was a reduction of substance abuse in clients, clear behavioural gains were observed. The report states that retention of clients during the pilot was dependent on the continual engagement of both the case-worker and the project officer. Participants who appeared to develop a level of independence and self-control over their substance abuse behaviour, required support and persuasion to maintain that stability.

The final report of the project proposed that an integrated model would be effective, provided that it was designed as a flexible comprehensive treatment guide for the individual client and that the roles of the case workers were defined and coordinated.

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Project 22023: The Gemini Project: An integrated treatment approach for persons with serious mental illness and substance abuse.

Aims: This project was undertaken by the Inner City Mental Health Services, St Vincent Hospital, Eastern Suburbs Area Health Service (\$306,680). The project aimed to develop an innovative treatment program for persons with a dual diagnosis of serious mental illness (schizophrenia or bipolar affective disorder) and substance use disorder, which worked in conjunction with existing case management systems.

Description: The Inner City Mental Health Service established a pilot project (the Gemini Project) to provide people with comorbid mental and substance use disorders with access to appropriate treatment services. The project was established because despite the common co-occurrence of drug and alcohol and mental health disorders, service delivery systems do not adequately meet the complex service needs of this group of people. The project sought to demonstrate that following provision of appropriate treatment, persons with serious mental illness would reduce substance misuse, HIV risk-taking behaviours, and improve social functioning.

A project team was established which comprised 3.5 full-time equivalent clinical staff, 3 registered general psychiatric nurses, and a drug and alcohol worker. The project team worked in conjunction with staff from the Inner City Mental Health Service and clients with a serious mental illness and substantial substance misuse over the previous 6-month period.

The project team undertook to integrate the drug and alcohol and mental health systems, based on principles of harm minimisation. A number of strategies were implemented in order to link the services effectively including the development of referral protocols for clients to the Gemini Project, the negotiation of priority access positions to public methadone units, the provision of training to drug and alcohol workers in the treatment of persons with serious mental illness and concurrent substance misuse. Referred clients were interviewed and assessed for treatment and then provided with clinical interventions tailored to individual's needs.

One hundred and forty-nine clients were referred to the project. Of these, 83 people were assessed. The other 66 people refused assessment, had moved outside the catchment area, or were inappropriate for treatment (did not have a serious mental illness, had not used substances in the previous 6 months, or had alcohol-related brain damage). Of the 83 clients, 67 received treatment. Twelve-month follow-up data was completed for 37 of the treated clients.

Outcomes:

The 83 clients comprised 59 males and 24 females ranging in age from 18-74 years. The most common diagnoses were schizophrenia, neurotic disorders, affective disorder, depression, and personality disorder. The most commonly used drugs were tobacco, alcohol and cannabis. Over half the respondents reported using substances to relieve boredom, feel less anxious or relaxed, or to be able to do something with friends. A high proportion of the clients had undergone previous treatment for substance misuse – on average the clients had tried two or three types of treatment although nearly a quarter had tried at least five to eight different treatments.

After 12 months of intervention, clients showed only moderate change. There was a trend, although not statistically significant, towards reduced substance use and improvements in social functioning and psychiatric symptomatology. Greater benefits following treatment may have been evident given a longer follow-up.

The most significant outcome of the project was an increased link between drug and alcohol and mental health services and an increased awareness among clinicians of dual diagnosis issues. A staff training manual and a program of inservice courses was developed. The courses were well attended by staff from non-government organisations and participants found the sessions extremely valuable and informative.

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