Recommendation for Dual Diagnosis Training for Mental Health Services

Submission for the Royal Commission into Victoria's Mental Health System

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The Royal Commission into Victoria's Mental Health identified wanting information and focus on how to better support people living with a mental illness and a co-occurring substance use issue. This is often referred to a having a dual diagnosis. There is evidence that people with a dual diagnosis make up a significant number of Victorians interacting with the mental health system. People with dual diagnosis often struggle in access to appropriate supports as mental health services are often unprepared and ill-informed about how to support someone with multiple issues across the alcohol and other drug sector and the mental health sector. Education and knowledge building will assist in building a bridge between these areas. Mental health workers often have inadequate knowledge and training with regards to dual diagnosis, and addressing this will assist in making mental health services more accessible. Online training is an efficient and cost effective way of disseminating information and allows people to access it within their own schedules. Face to face training allows for more group discussion that can enhance learning. Evidence shows that involving consumers in training makes the training more effective and inclusive. In this submission three options are presented that incorporate the three ideas mentioned above. Development of training materials will take funding and resources. The deployment of online training will understandably be cost effective and able to reach a large number of workers. However face to face training may be more effective in educating and engaging workers but will require funding for the training and recruitment of facilitators to deliver the material. Organising face to face training especially coordinating skilled consumers and facilitators will require more resources and will take longer to reach every service and worker. A combination of these policy options with all three being available depending on the service type, location, worker skillset would be a complex multi-tiered approach and therefore require more resourcing. However it is the opinion of the author that this is the best option and would elicit the best outcomes in terms of overall access to learning for services and potential for greater support and access for people with a dual diagnosis.

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Notes on the author:

As a RMIT social work student looking to graduate in 2020 the issue of mental health is an important one, and will impact many of the people that I will work with. Implications for the outcomes of the Royal Commission in to Victoria's Mental Health System will affect many marginalised groups with overlapping issues such as domestic violence and drug and alcohol use. As a student on placement, I encountered many people who had been disadvantaged by the current mental health system and therefore feel that I have a useful knowledge base from which to make recommendations in relation to the current Royal Commission. In addition, I have a strong interest in the intersection between mental health and drug and alcohol issues, and have made it a point to focus my studies on this area when possible which is why I felt it important to make a submission to the Commission on this specific subject area.

Background and Issues:

By starting the process of the Royal Commission in to Victoria's Mental Health System, the Victorian government has demonstrated that it acknowledges the current system has inadequacies that need to be addressed. Part of the Commission's focus as per their Terms of Reference is to create recommendations to best support people living with mental health issues and problematic substance use (Royal Commission in to Victoria's Mental Health, 2019).

The 2007 National Survey of Mental Health and Wellbeing identified dual diagnosis as a significant issue for Victoria and Australia where many people were dealing with a substance abuse issue alongside mental illness (Teesson, Slade, & Mills, 2009; Teesson et al., 2010). People suffering from a dual diagnosis are much more likely to have a risk of suicide and struggle with accessing the right services and supports (Posselt, McDonald, Procter, de Crespigny & Galletly, 2017; Roberts, & Jones, 2012) and therefore should be considered a target group for the Victorian government especially considering the focus of the Royal Commission in to Victoria's Mental Health System.

As identified by Roberts and Mayberry (2014), there is an historical issue with regards to psychiatry and clinical mental health services and attitudes relating to patients with co-occurring mental health diagnoses and addiction. Different cultures and values in the mental health sector versus the substance abuse sector highlight the inconsistency that individuals may have to face to access treatment for their co-morbidity. Roberts and Jones (2012) detail how the historical structuring of Victoria's medically supported mental health services and the separate non-government specialised alcohol and other drug services have created dual systems for what is an issue that bridges both sectors and specialisations.

A State Government ordered evaluation into a 10 year dual diagnosis capacity building initiative found that clinical mental health services were unwilling to reform practices to allow for people with substance abuse issues to be welcomed into the service (Australian Healthcare Associates, 2011 as cited in Roberts & Mayberry, 2014).

However Wheeler, Crozier, Robinson, Pawlow, and Mihala (2014) found that while mental health service workers were keen and confident in interacting and assisting to treat people with comorbidity, in practice there was a lack of knowledge around alcohol and other drug treatment and specific skills required to work effectively with this treatment group. Workers within the mental health system lack knowledge and key understandings and that is contributing to people being left out of the system and not being able to access treatment, therefore potentially becoming more unwell and interacting with the justice system or more acute health services.

Policy options:

To address the lack of understanding in mental health services with regards to dual diagnosis a training package should be developed to better inform and educate mental health workers. This could occur in a number of forms that could be implemented at the mental health service level. All below options would require significant funding to create training material that allowed for input from appropriate consumer and professional groups, and delivers useful learning material for mental health services and their varied workforce (Wheeler, Crozier, Robinson, Pawlow and Mihala (2014).

Option 1

An online training package delivered to mental health services to be accessed by the workers would be a relatively easy and accessible option. The current Ice: Training for Frontline Workers developed by the National Centre for Education and Training and Addiction (NCETA) as part of the state governments Ice Action Plan provides a model for increasing knowledge and understanding through delivering online training (Victorian State Government, 2015).

This online training can be delivered easily as mental health workers can easily access it, and a package that incorporated facilitator training materials would allow there to be face to face training as best fits organisations. The option for online training allows for easy access to material and does not require workers to attend face to face training and be able to access resources within their own schedules. However it has been found that workers within the mental health field often find it hard to get away from their duties to complete training as there are many demands on their time (Ftanou et al, 2014).

Other issues that could be associated with this could be around the online component that requires workers have time to spend at their desks and have access to computers with the appropriate technical specifications. Online training often has mixed results in that most evaluation have been based around self-report rather than measured learning or behaviour changes so this could again be a limitation for this option. However the delivery of online based learning is cost-effective and can be made available to large groups of people regardless of location.

Option 2

Facilitator led training would be a more directed way of delivering information and face to face attendance could allow for more discussion and therefore learning opportunities. A dynamic training session with different sections and activities has been shown to be very effective in increasing the confidence and understanding for mental health workers in dealing with people with a dual diagnosis (Rani & Bryne, 2012). This means including different presentation tools such as worksheets, role plays, short video material in addition to traditional PowerPoint/lecture presentation styles.

Option 3

Facilitator led training that also incorporates a consumer led portion would further extend the level of understanding to mental health workers (Roussy, Thomacos, Rudd, & Crockett, 2013). In addition to a clinician led session, an opportunity for workers to meet and discuss experiences with an individual that has lived experience and can express their own stories led to increased empathy and understanding.

Impact and Resourcing:

Developing a training package will require time and resources as it would require consultation with all appropriate groups and actual creation. While by no means in the authors area of expertise, the training created as part of the Ice Action Plan (Victorian State Government, 2015) was initially budgeted $400 000. This allowed for NCETA to create a training package to be used in a broad range of services to enact education and understanding with relation to users of Ice and a range of issues such as legal issues, interactions with other substances, how best to communicate with someone on Ice. This was primarily an online training package that had options for facilitation, and could be used as an approximate budget for the development of this policy.

Funding to mental health services may be necessary for Option 1 in order to allow for workers to have time to access the material as part of their working days and professional development. Sourcing facilitators for Options 2 and 3 of the policy would need to be done and would also require funding for the recruitment and training of appropriate individuals. It may be the case that an organisation such as Victorian Alcohol and Drug Association (VAADA) may be helpful to find appropriate facilitators.

Consumers willing to participate and tell their story as part of Option 3 may be found through organisations such as Australia Participating Service Users (APSU) or the government may reach out to alcohol and other drug services so they can contact past service users who may have an interest in contributing to the sector through educating services about the unique issues faced by people with a dual diagnosis.

As there should be no barrier to mental health services accessing this as a resource, training should be provided free which would mean government funding required for hiring and training facilitators and consumers.

Due to the nature of reporting and limited data sources, it is outside the scope of the author to suggest a number of Victorians that could be positively affected by the introduction of this policy be they members of the mental health or alcohol and drug workforce or people with a dual diagnosis. As is has been noted that mental health services lack skills in dealing with people with a coexisting substance abuse issue, it is expected that this policy will improve engagement for people with a dual diagnosis within the Victorian mental health system.

Implementation and Evaluation:

Given the current Victorian Labour Government's interest in mental health issues and the Royal Commission in to Victoria's Mental Health System this policy can be viewed as priority. The final Royal Commission report is due in October 2020 and it could be expected that this training package (in any of its iterations) be available to be released within a year (October 2021). This allows time for a consultative process by the Department of Health and Human Services to develop the necessary training material.

The Department of Health and Human Services will be able to filter down the training packages to all the specialist mental health services as soon as the package is ready to be delivered. A Department briefing to the media and relevant peak bodies will assist in encouraging organisations to access and make use of the training materials. There may be some reluctance in organisations given past

assessments of attitudes towards dual diagnosis, so pressure and information from peak bodies on the individual specialisations (eg: Australian Association of Social Workers, Australian Nursing and Midwifery Federation, etc.) should continue in order to remind organisations of the resource available to them.

The timeline for when and how the training is delivered will depend on each organisation and how they are able to either schedule time for workers to access the online materials or schedule actual training sessions with consumers and/or facilitators. It would be expected that all organisations have completed the training (depending on which policy option is implemented) within 1.5 years. Follow up on organisations that cannot advise the Department that they have enacted the training on all relevant staff will need to elaborate on why that is the case and schedule an appropriate time frame for that to be addresses or make other arrangements in accordance with the government.

Evaluation of the policy option would need to occur differently due to the differences in knowledge delivery. With the online package, Ftanou (2014) details how the structure of the online modules can be used to evaluate the outcomes of the learning with knowledge checks/quizzes required for participants to be able to complete each section. This can be used to check on the progress of service workers as well as their competency in different areas.

With the face to face training policy options there is the potential to evaluate in directly after the sessions and in the following days and weeks. While it is assumed that the training will lead to change in behaviours research has shown that while any facilitated training will increase understanding, specific training that incorporates consumer's direct stories and experiences are much more likely to remain in participants working knowledge (Rani & Bryne, 2012; Roussy, Thomacos, Rudd, & Crockett, 2013).

Evaluation on the actual changes to behaviour with regards to addressing the issue of dual diagnosis within mental health services will have to be done over time with individual services assessing and reporting back to the Department of Health and Human Services on to the diagnoses of their client base. Ideally there will be an increase in people with co-occurring substance use and mental illness making use or being successfully referred to mental health services.

Conclusion:

People with a dual diagnosis are an at risk group within the Victorian Mental Health system and have therefore been identified as a group that needs recommendations regarding their support and how they can be assisting to navigate and participate in the system to move towards recovery. Educating mental health service workers addresses a gap in knowledge that will assist in moving mental health

services to be much more accessible and welcoming to people with a dual diagnosis wanting support to address their complex needs. A training program either online or face to face is a small, necessary step towards inclusive, integrated mental health and alcohol and other drug services.

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