

THE 2016 VICTORIAN DUAL DIAGNOSIS
INITIATIVE STATE-WIDE FORUM

WHAT'S
OLD IS NEW
AGAIN?

THE TREACY CENTRE
PARKVILLE

Tuesday 25th October 2016

9:30 - 4:00PM

Registration fee \$30

Register: <https://vddi.eventbrite.com.au>

Enquiries: (03) 9231 2083 or email: nexus@svha.org.au

WHAT WE KNOW?
WHAT WE'VE LEARNED?
WHAT'S NEW?



Welcome



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WHAT WE KNOW?
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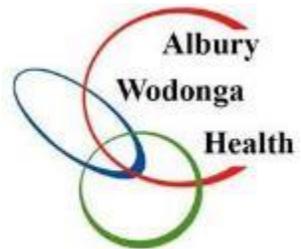


*'what we know /
what we've learned'*

Gary Croton

VDDI- Hume Border

Auspice: Albury Wodonga Health



who is '*we*'.....?

Defining 'we':

People experiencing dual diagnosis

Their significant others

MH workers

AOD workers

All healthcare workers.

Housing / support workers

DDx capacity building workers

VDDI

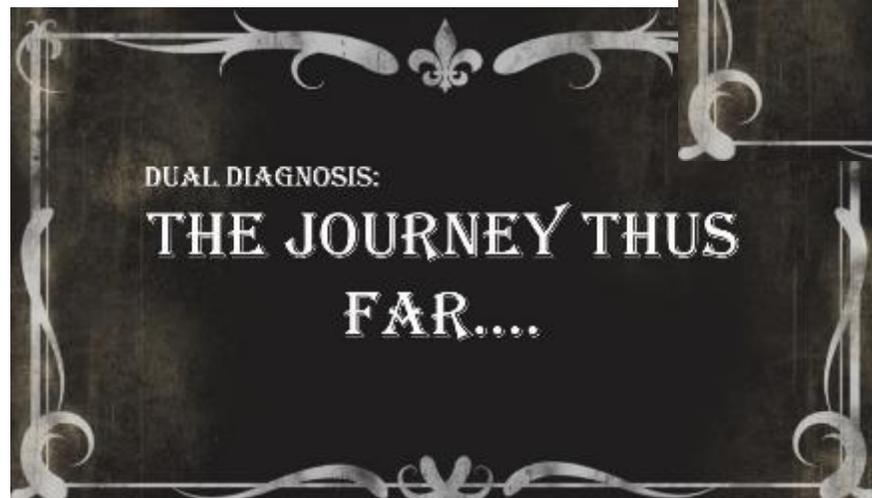
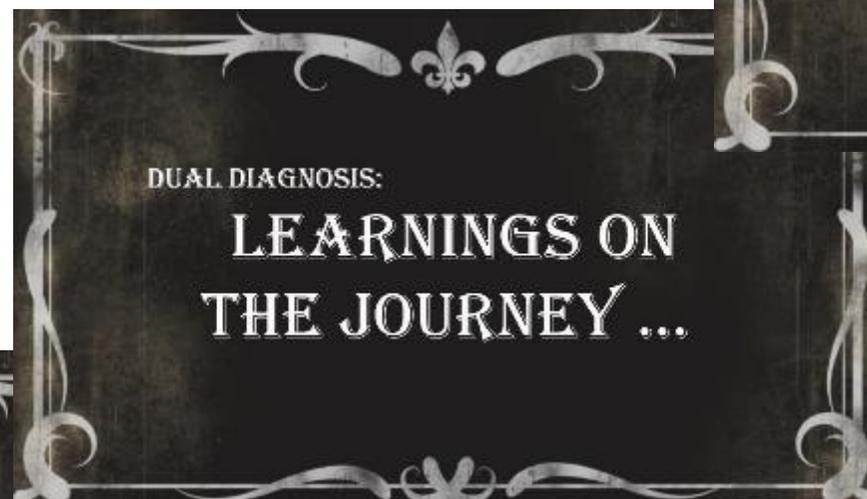
Managers

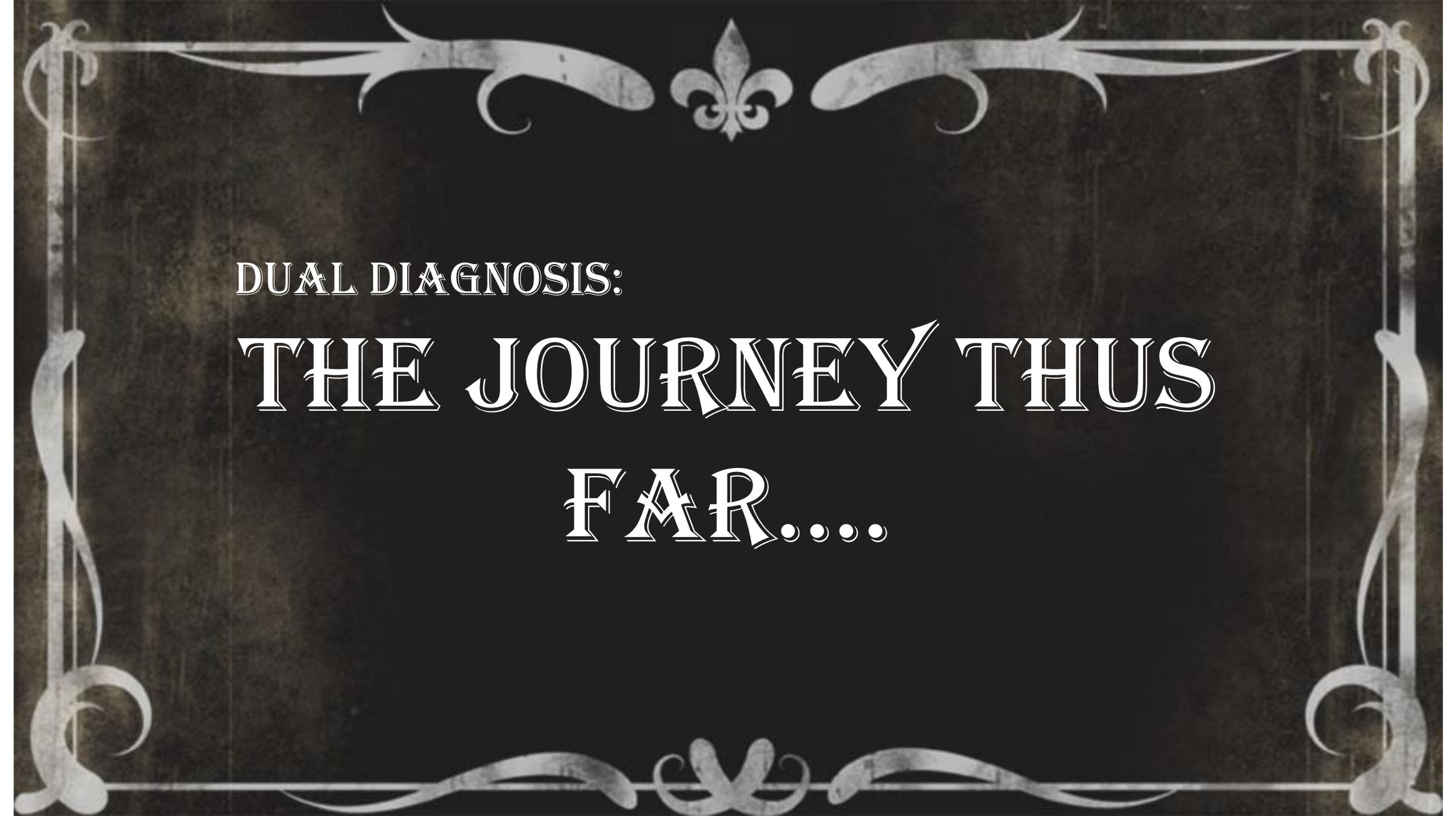


**EVERYBODY WHO WANTS BETTER OUTCOMES FOR
PEOPLE WITH
DUAL DIAGNOSIS & OTHER COMPLEX CONCERNS**



This talk:





DUAL DIAGNOSIS:

THE JOURNEY THUS
FAR....

Background

1994



All 14 state psychiatric institutions were closed

(Castle 2011)

1999

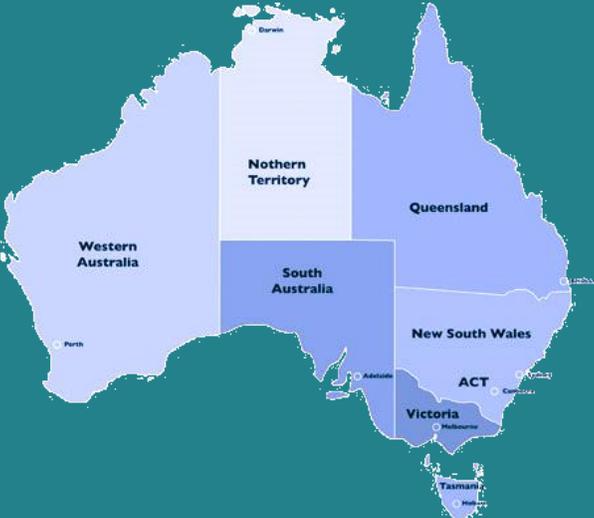
deinstitutionalization

VICTORIA



TIME

AUSTRALIA



LINE

INTERNATIONAL



**Late
1980s**

**Late
1980s**

concept of co-occurring disorders emerges..

NCBI Resources How To

PubMed.gov
US National Library of Medicine
National Institutes of Health

PubMed [dropdown] nosis of Psychosis and Community Psychiatry x Search

Create RSS Create

1989

Format: Abstract v Send to v

See 1 citation found using an alternative search:

[Hosp Community Psychiatry, 1989 Oct;40\(10\):1031-6.](#)

An integrated treatment model for dual diagnosis of psychosis and addiction.

[Minkoff K.](#)

⊕ Author information

Abstract

A model that integrates the treatment of patients with a dual diagnosis of psychosis and addiction has been developed on a general hospital psychiatric unit. The model emphasizes the parallels between the standard biopsychosocial illness-and-rehabilitation model for treatment of serious psychiatric disorders and the 12-step disease-and-recovery model of Alcoholics Anonymous for treatment of addiction. Dual-diagnosis patients are viewed as having two primary, chronic, biologic mental illnesses, each requiring specific treatment to stabilize acute symptoms and engage the patient in a recovery process. An integrated treatment program is described, as are the steps taken to alleviate psychiatric clinicians' concerns about patient involvement in AA and addiction clinicians' discomfort with patients' use of medication.

NCBI Resources How To

PubMed.gov [dropdown] Search

1989

Format: Abstract v Send to v

[Hosp Community Psychiatry, 1989 Oct;40\(10\):1019-25.](#)

Assessment and classification of patients with psychiatric and substance abuse syndromes.

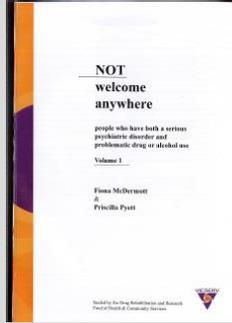
[Lehman AF.](#) [Myers CP.](#) [Corly E.](#)

⊕ Author information

Abstract

Patients with both mental illness and substance abuse pose a major clinical challenge to mental health and substance abuse clinicians. The literature seems to support the hypothesis that mental illness and substance abuse occur together more frequently than chance would predict. Assessment and classification of these patients should be guided by clinicians' needs to make meaningful therapeutic judgments and to communicate effectively with each other in coordinating treatment. Different phases of treatment require different approaches to assessment and classification. In initial classification, the clinician should recognize the problem of dual diagnosis and resist premature assumptions about which diagnosis is primary. Long-term treatment and rehabilitation may require systematic evaluation of alternative clinical hypotheses about why a patient exhibits both disorders. This approach eventually may lead to better ways to assess, classify, and treat these difficult patients.

VICTORIA



NOT WELCOME ANYWHERE
report McDermott & Pyett.
VICSERV

People falling through the gaps..

1993

AUSTRALIA



**Burdekin National Inquiry into
Human Rights of People with
Mental Illness**

*'mental health & drug and
alcohol services should assume
joint or collective responsibility, as
appropriate, for the assessment,
treatment & rehabilitation of
people with dual or multiple
disabilities'*

1993

INTERNATIONAL

1995

1995



Jesuit
Social Services
Building a Just Society

CONNEXIONS PROGRAM

Vic Govt. funded JSS- to establish. Collingwood
'professional outreach & therapy for young people with dual diagnosis of mental illness & substance abuse'

1996-7 Western Australia Alcohol
& Drug Authority
dual diagnosis project

1996

1996

1997

1997-8 Broadmeadows CMHS

Program for Integrated Care of Clients with
Dual Diagnosis Robyn Jackson

MIDAS - Mental illness with problematic drug and alcohol use website

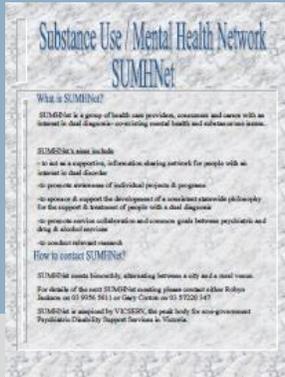
C ?1997 to

Bendigo: Dual Disability, Mental Health/Alcohol & Drugs Within Greater Bendigo"

Jill Hanlon Liz McDonnell
1997-1999



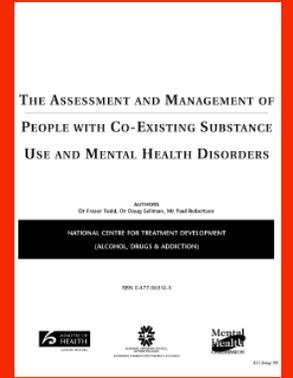
1997



SUMHNet: Substance Use Mental Health Network formed.

*State-wide coalition of providers,
consumers & carers with an interest in dual
diagnosis. Auspiced by VICSERV. Met
regularly 1998 till 2002*

Conference: Problematic Drug and Alcohol Use and Mental Illness auspiced by Connexions at Melbourne University

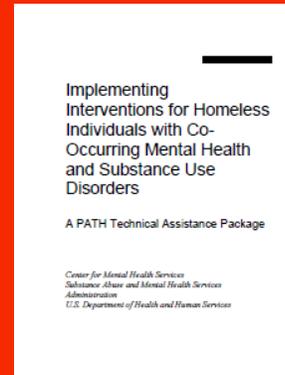




SUMITT: Substance Use Mental Illness Treatment Team

partnership of (then) Vic. MH Branch &
Drugs Policy Branch created SUMITT pilot in
western regions of Melbourne & rural
Victoria
Merged into VDDI in 2002

1998



1998- current Eastern Hume Dual Diagnosis Service . Merged into VDDI IN 2002

1998

1998-9 Barwon Region Dual Diagnosis Integration Program

1999-2001

Catch 22-Outer & Central East

\$200k Victorian \$
Cross-sector. Website

1999-2003

Ballarat Uniting Church Outreach Centre

\$241k Commonwealth \$

SANE

guidelines for G.P.'s to assist clients with psychiatric disability to stop smoking



1999-2002

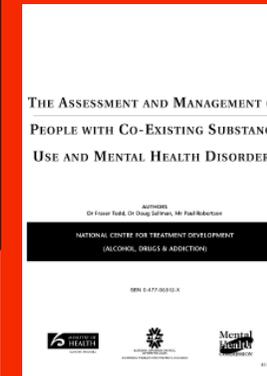
Dandenong AMHS, Dual Diagnosis Resource Centre

Internally funded. Training, education & research

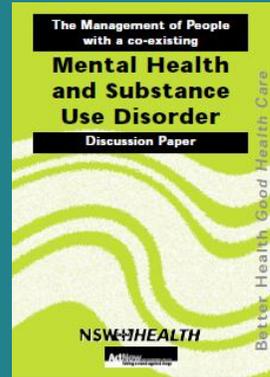
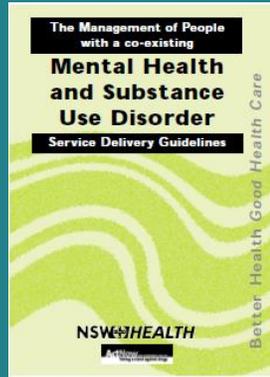
1999



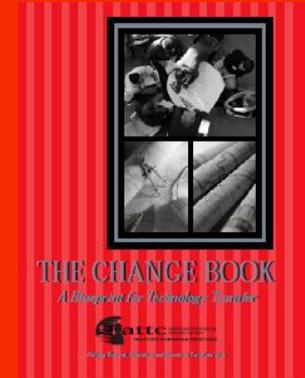
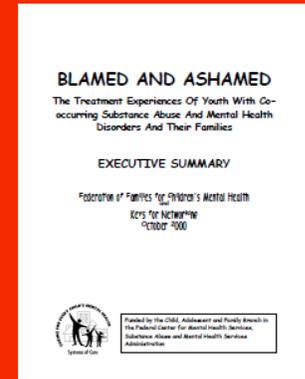
1999



2000



2000



2001

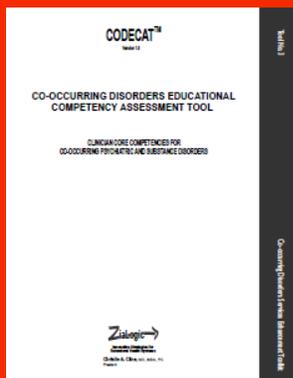
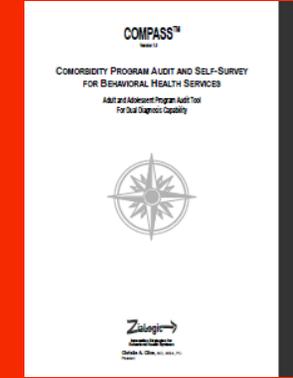
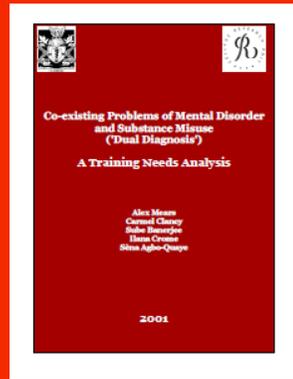
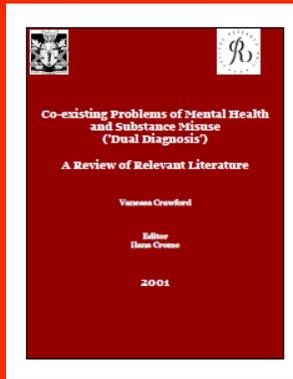
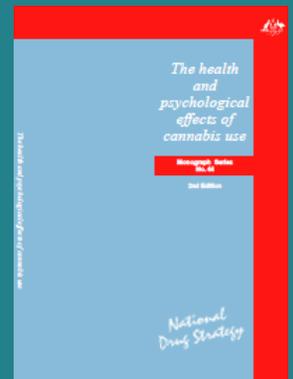
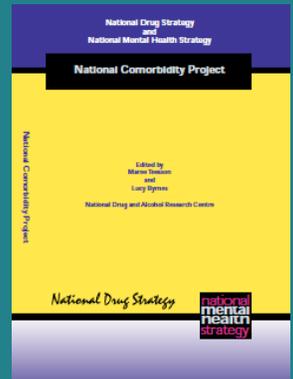


Policy: Illicit Substance Use in Acute Inpatient MH



2001

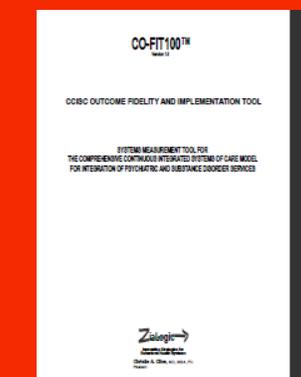
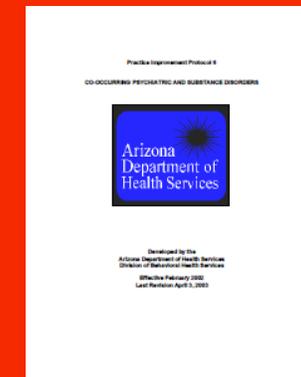
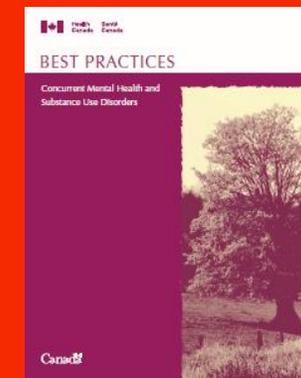
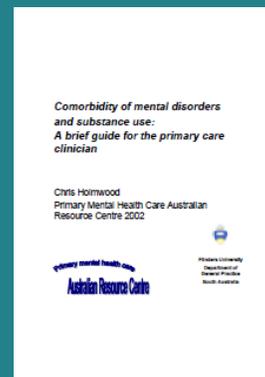
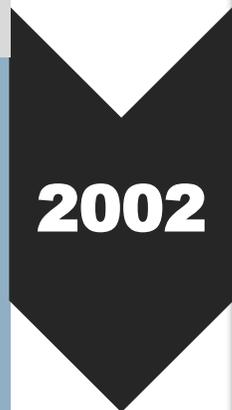
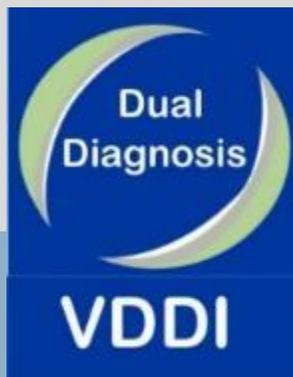
2001



2001

Victorian Dual Diagnosis Initiative

2002 - current



2002

REPORT TO CONGRESS
ON THE
PREVENTION AND TREATMENT OF
CO-OCCURRING SUBSTANCE ABUSE DISORDERS
AND
MENTAL DISORDERS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration

Pen London Dual Diagnosis Dissemination
Project

DD3T Trainers Manual



© DD3T/CFM 2002

2002



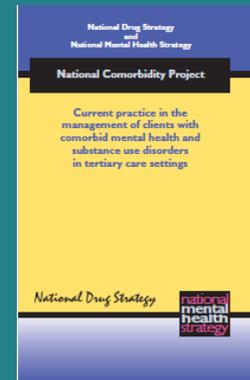
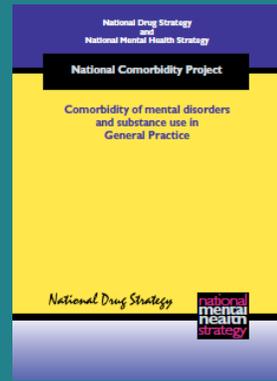
Rural Forum
(VDDIRF)
2003 - current



Victorian Travelling
Fellowship –
Integrated treatment
6-weeks, UK, USA, NZ



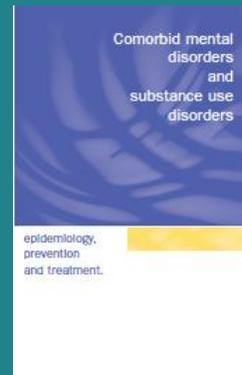
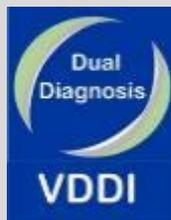
2003



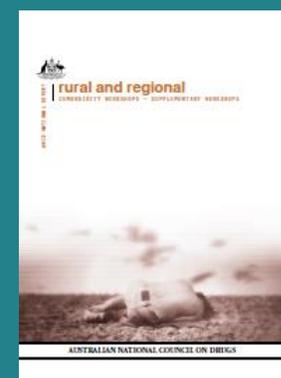
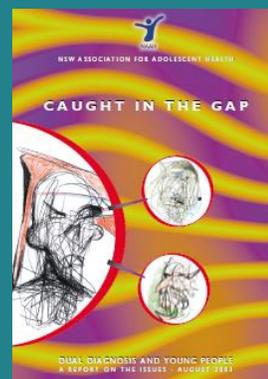
2003



21 Mobile Support
& Treatment Teams
DDx positions
2003 - current

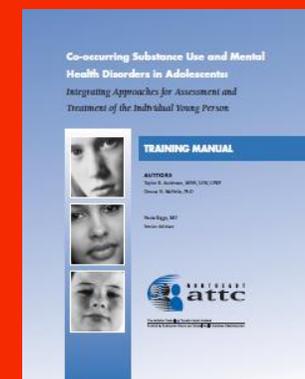
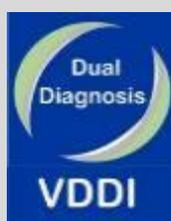


2003

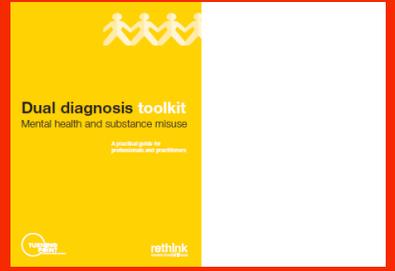


2003

5 x specialist youth
dual diagnosis
workers positions
2003 - current



2004



2004 EVALUATION

Turning Point

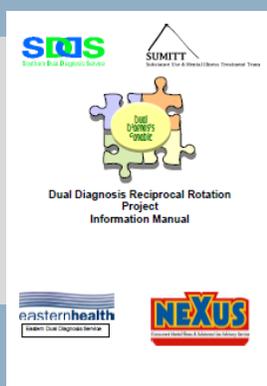
Dual Diagnosis Australia & New Zealand website

www.dualdiagnosis.org.au

2004-current
C 8000 visits/month

2004

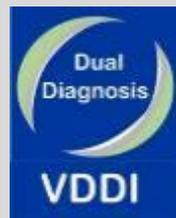
Rotations project



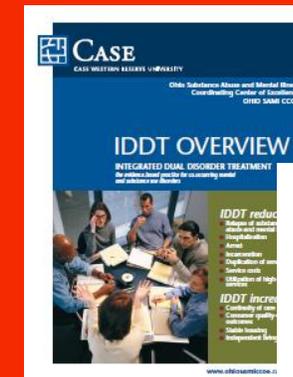
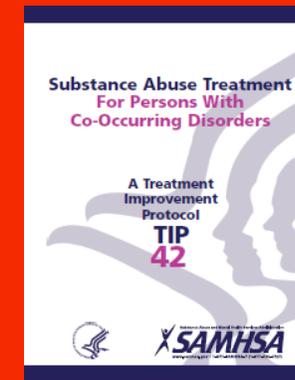
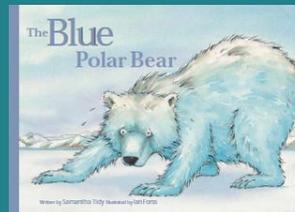
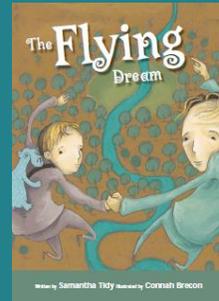
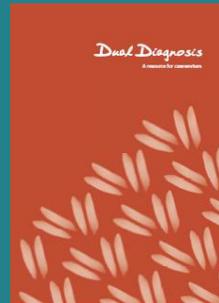
State-wide Dual Diagnosis Education & Training Unit 2005-14



Strengthening psychiatrist support project 2005-current



2005



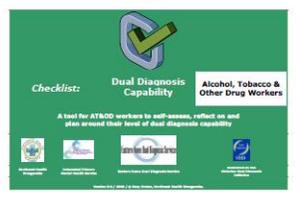
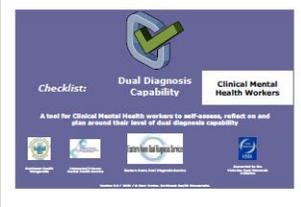


2008

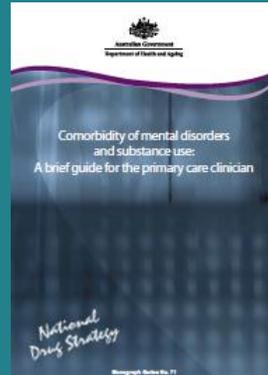
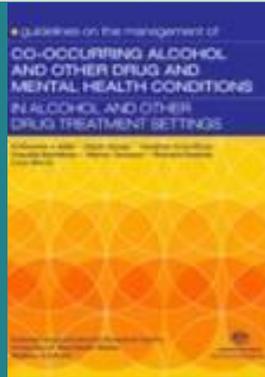
Improved Services Initiative (ISI): 2007/8-2010/11

National project funded by DoH -build capacity of NGO AOD orgs. to identify & treat comorbid alcohol & other drug use & mental illness. \$44.8 million to 122 AOD NGO services from 2007-08 to 2010-11.

27 Victorian NGO AOD agencies funded under ISI



2008



Suite of Checklists of Dual Diagnosis Capability – Agency & Clinicians levels

Dual Diagnosis Support

Victoria web2 social networking site (c. 3,000 members) 2009-15



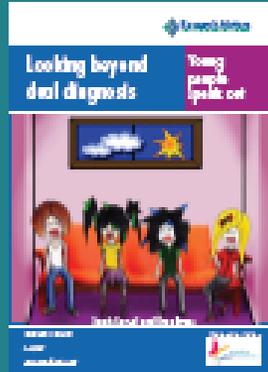
Beechworth ISI / VDDI conference

BUDDYS

Building Up Dual Diagnosis in Youth Services

BUDDYS – Building Up Dual Diagnosis Youth Service

– VDDI/ ISI partnership addressing DDx in younger people & their families



HYDDI – Homeless Youth Dual Diagnosis Initiative commenced

Lorne VDDI/ISI conference

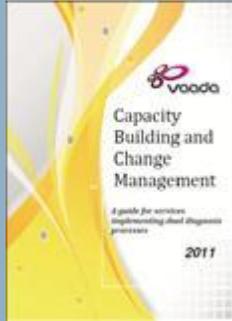


2010

2010



Evaluation of the Victorian DDx Initiative



Werribee ISI/VDDI conference



BUDDHAS – Building Up DDx Holistic Aged Services commences

VDDI capability project



2011



2011

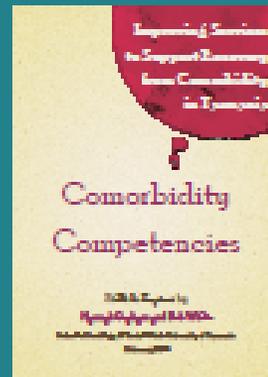
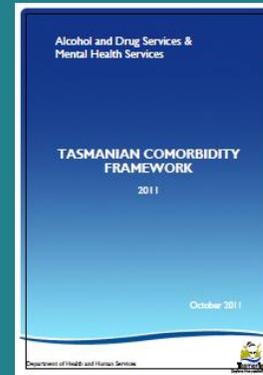
PSYCHOSIS WITH COEXISTING SUBSTANCE MISUSE

Psychosis with coexisting substance misuse: assessment and management in adults and young people

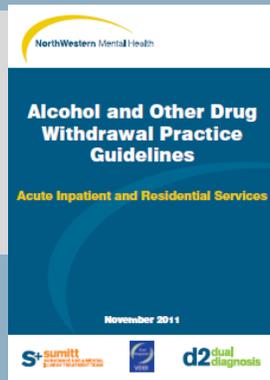
National Clinical Guideline Number 120

National Collaborating Centre for Mental Health
Commissioned by the
National Institute for Health and Clinical Excellence

Version with consulting evidence issued 10 July 2010 (March 2011)



Mental Health Withdrawal Guideline



2012

VDDI/ISI/HYDDI Conference

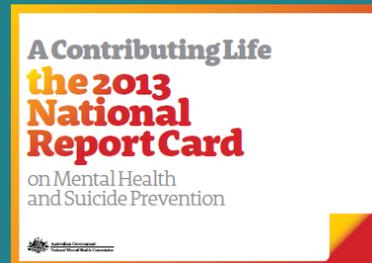
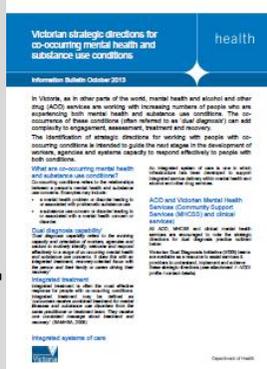
Preston

2012

Chief Psychiatrist's investigation of inpatient deaths 2008-2010

Victorian strategic directions for co-occurring mental health and substance use conditions

- October 2013



anxiety+
substance
use

mood+
substance
use

2014

psychosis+
substance
use

trauma+
substance
use

personality+
substance
use



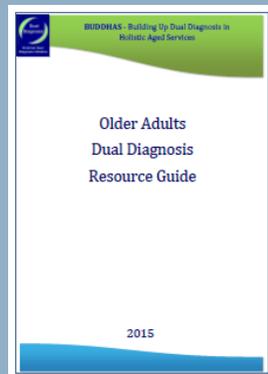
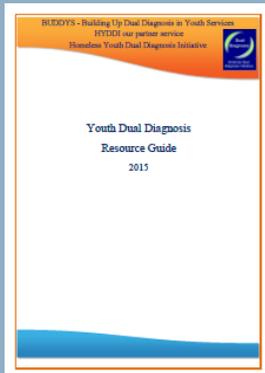
persons receiving MH services should have their medical and other health needs, **including any alcohol and other drug problems, recognised and responded to**

2014



NHMRC CENTRE OF RESEARCH EXCELLENCE
in MENTAL HEALTH and SUBSTANCE USE

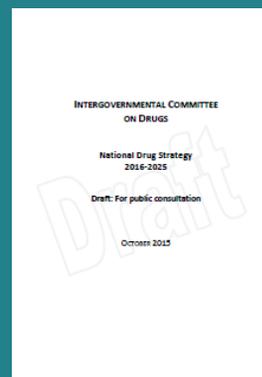
**Centre of Research
Excellence in Mental Health
and Substance Use**

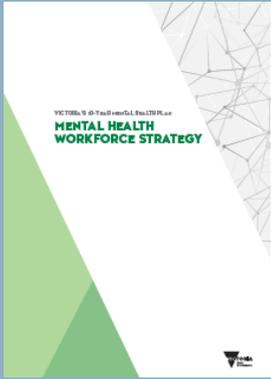


2015



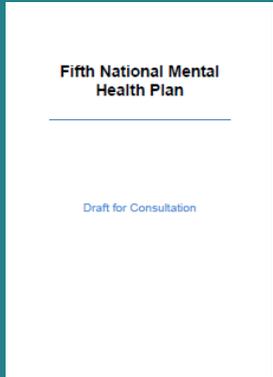
2015

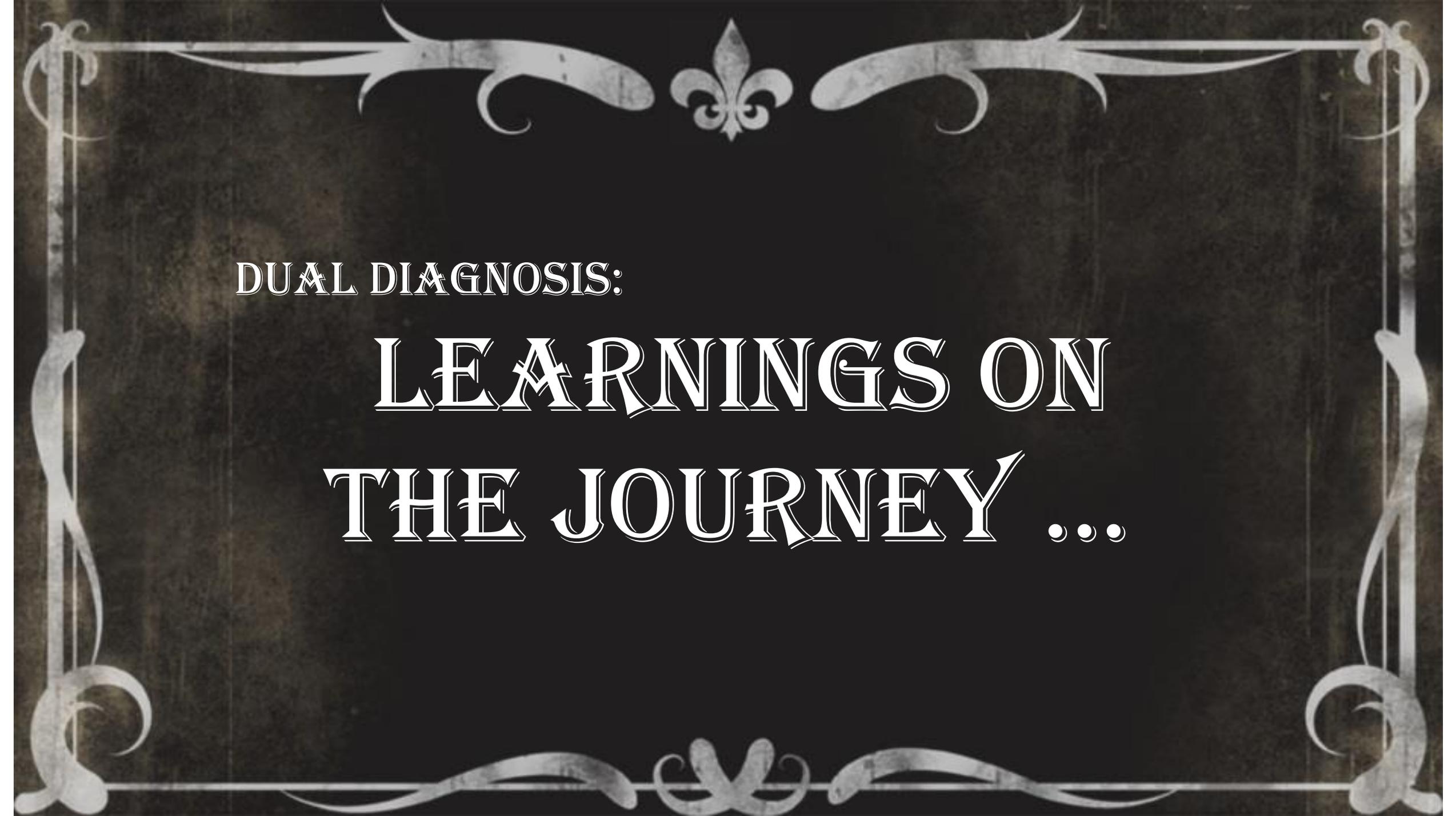




VDDI Conference

Parkville

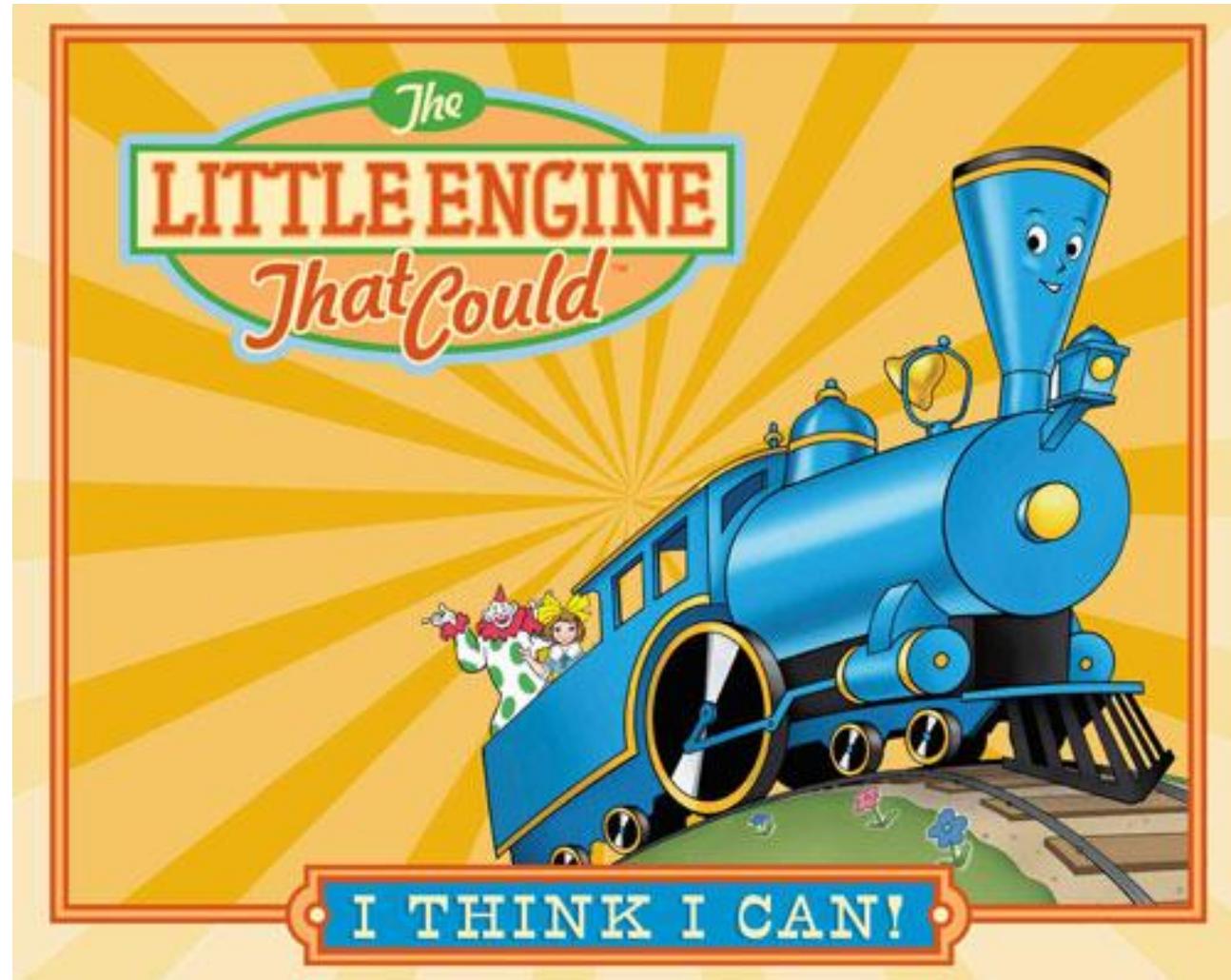




DUAL DIAGNOSIS:

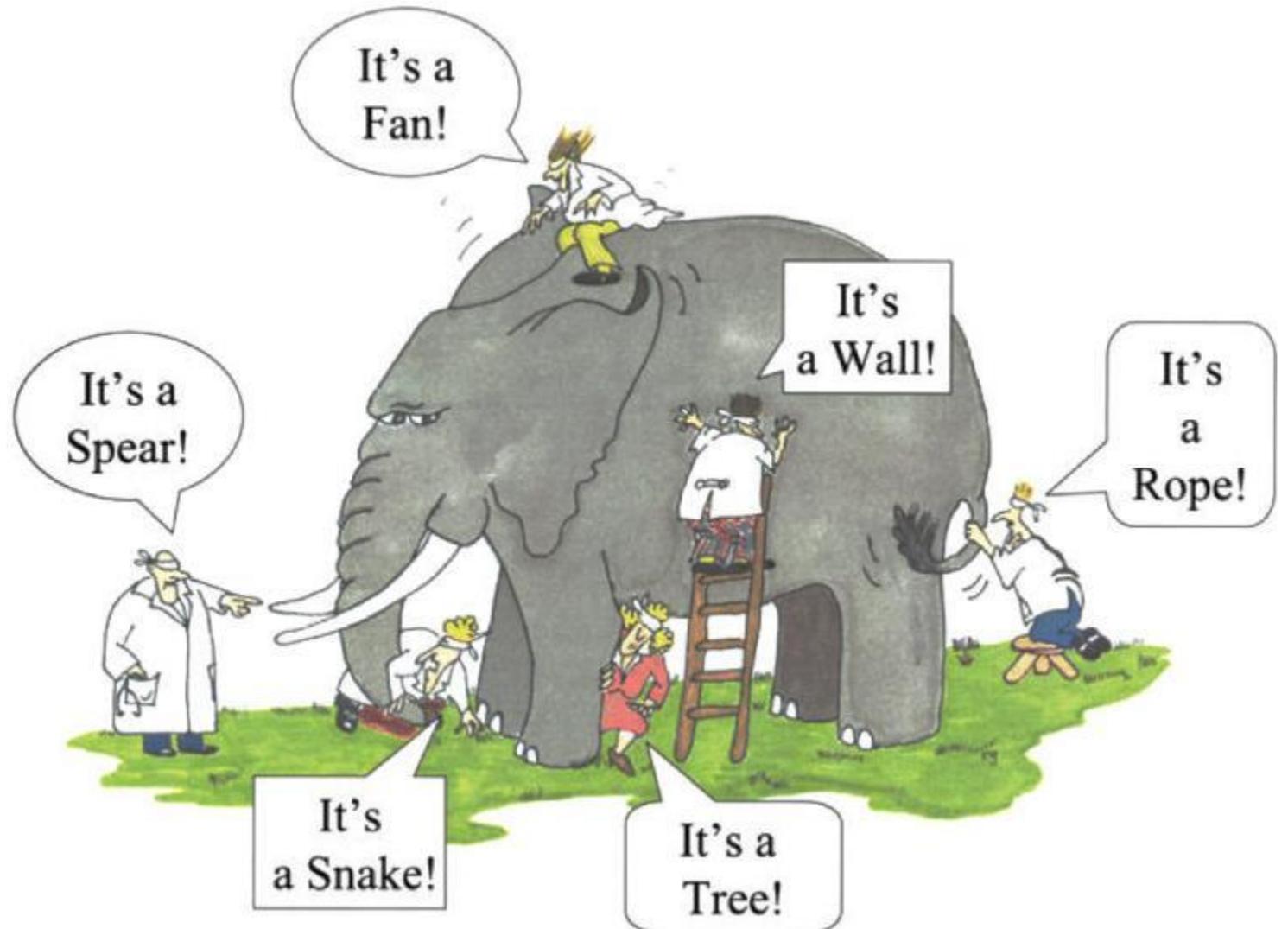
LEARNINGS ON
THE JOURNEY ...

1. We are now much more effective than we were

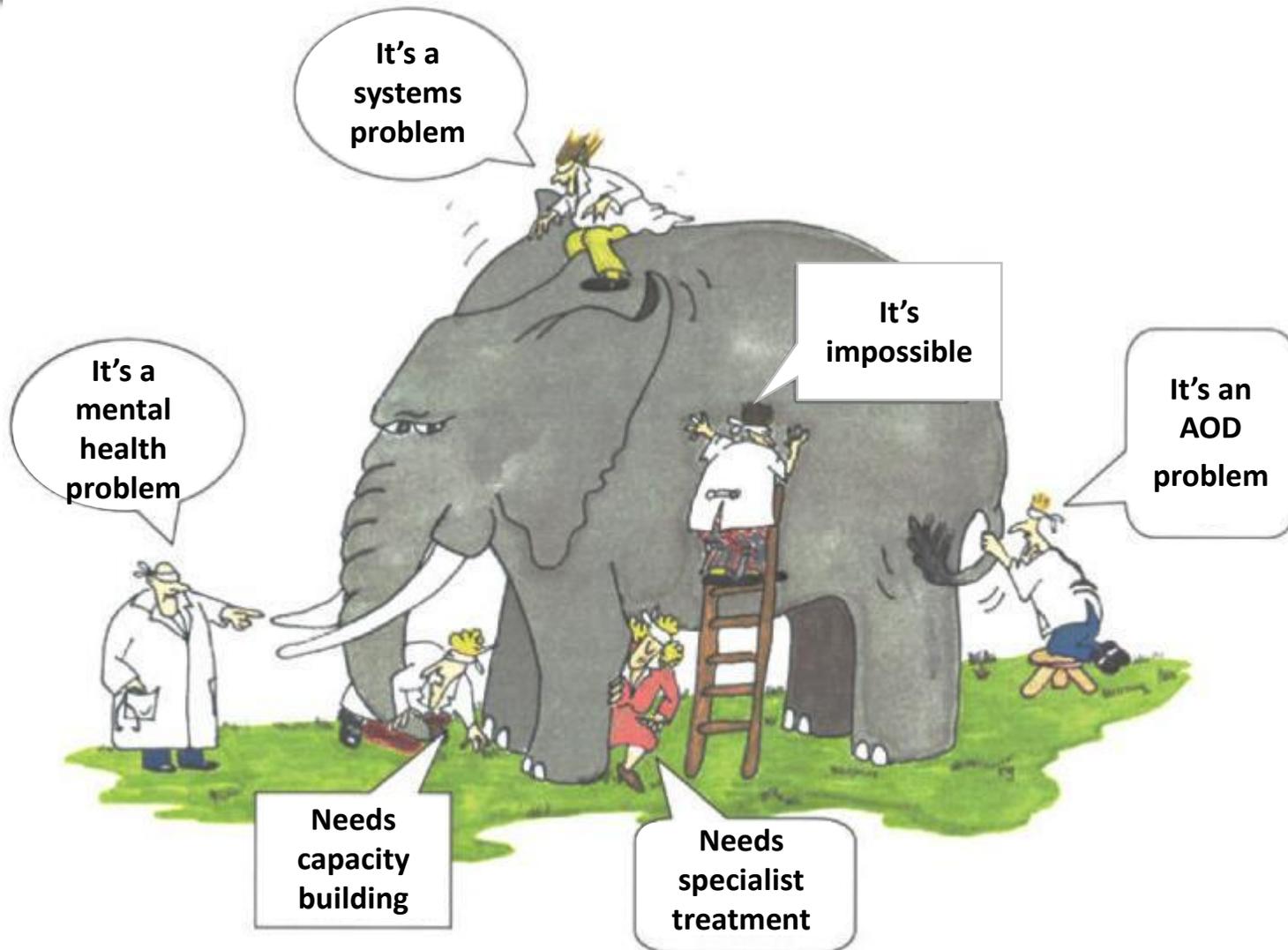


2. We know more about the nature of dual diagnosis

The Blind Men & the Elephant



2. We know more about the nature of dual diagnosis



Stakeholders & Dual Diagnosis (c.1998)

2. We know more about the nature of dual diagnosis

**We know it's a
'wicked problem':**

Difficult to define



Conflicting views re nature of the problem



Differing perspectives of different stakeholders



No consensus re best solutions



Problem isn't easily separated from other problems & the environment



No clear agreement about who is a legitimate problem solver



Problems are unique & changeable ...



Necessary information is unclear & changing



Every problem is a symptom of another problem



The effects of interventions aren't obvious



2. We know more about the nature of dual diagnosis

We know it's
seldom 'DUAL'
diagnosis



Complex needs

dual diagnosis
capable

(clinicians / agencies / systems)



complexity capable
(clinicians / agencies / systems)

2. We know more about the nature of dual diagnosis

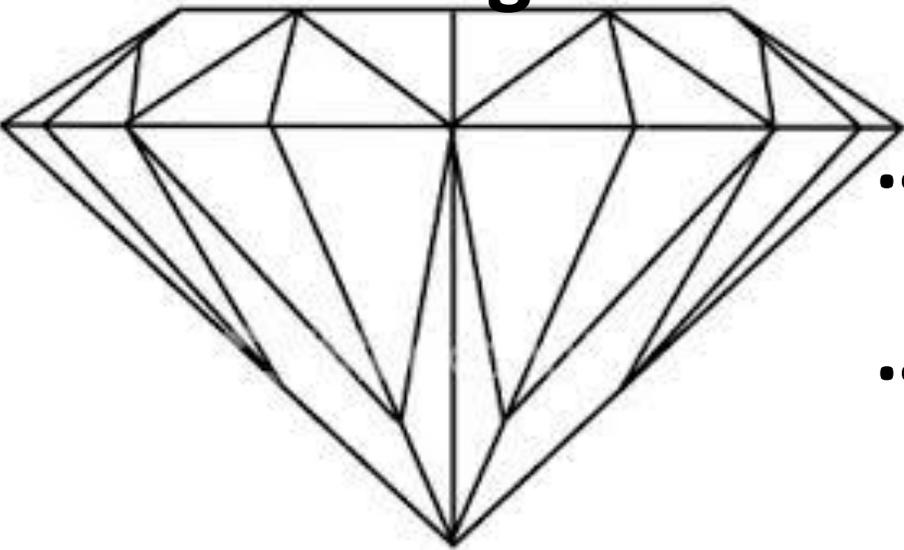
People with dual diagnosis are not homogenous



~~homogenous~~

2. We know more about the nature of dual diagnosis

Dual diagnosis: ...is about unique individuals ...
...with unique strengths
...& unique (combinations of) concerns....
....with unique treatment needs
.....& unique pathways to recovery



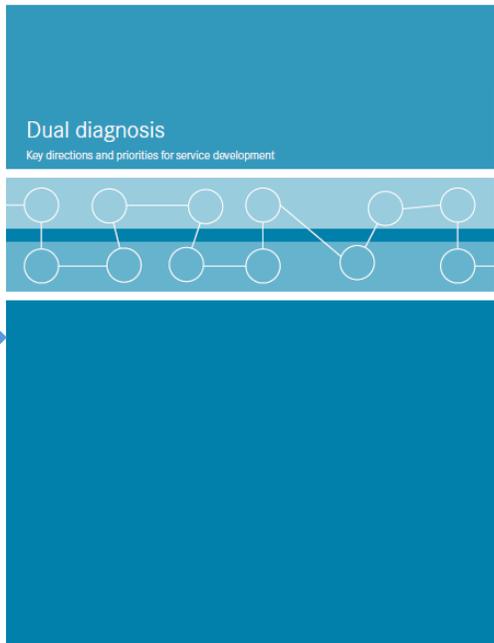
3. We know why dual diagnosis matters



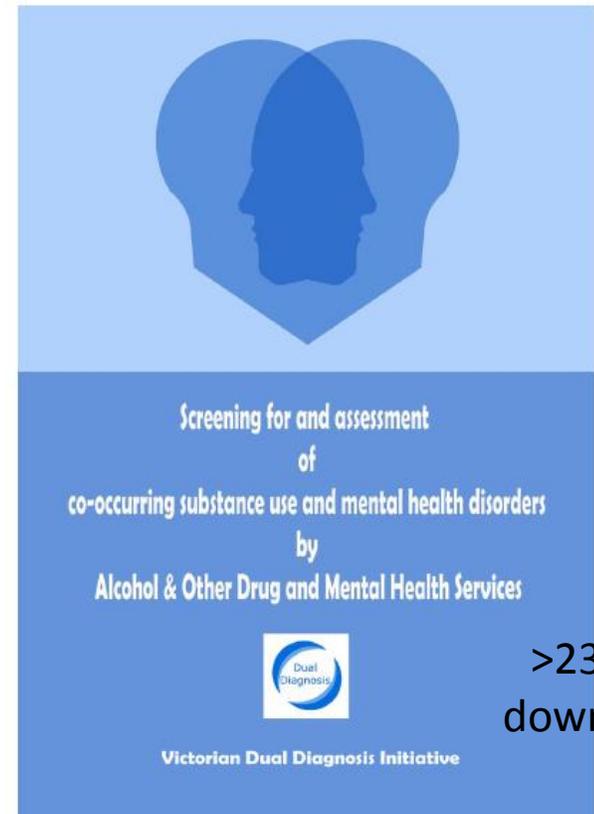
4. We've learnt about recognising & assessing DDx ..

To address DDx you first need to recognise it.....

2006/7



DDx is **SYSTEMATICALLY IDENTIFIED & responded to** in a timely evidence-based manner as **CORE BUSINESS** in both mental health & AOD services



4. We've learnt about recognising & assessing DDx ..

The screenshot shows a YouTube playlist page for 'Screening videos' by the channel 'DualDiagnosisANZ'. The page includes a navigation bar with links for Videos, Playlists, Channels, Discussion, and About. The playlist title is 'Screening videos' and it contains 10 videos with 1,040 views, last updated on Jun 16, 2014. A description states that in 2008, Greg Logan, with the Victorian Dual Diagnosis Initiative, developed a suite of training videos to demonstrate the use of several screening tools and approaches useful for detecting co-occurring mental health-substance use concerns. Below the description are buttons for 'Play all', 'Share', and 'Save'. The video list includes:

Video Number	Video Title	Duration
1	ASSIST screening tool for problematic substance use - FULL INTERVIEW by DualDiagnosisANZ	22:17
2	ASSIST screening for problematic substance use - SCREENING ONLY excerpt by DualDiagnosisANZ	15:47
3	K10 screening for psychological distress - FULL INTERVIEW by DualDiagnosisANZ	19:00
4	K10 screening for psychological distress - SCREENING ONLY excerpt by DualDiagnosisANZ	7:55
5	MINI screening for mood, anxiety or psychotic disorder - FULL INTERVIEW by DualDiagnosisANZ	28:01

At the bottom of the page, there is a URL: [&list=PLekKh-SBT4cV07ybVMzULN8yCwkmkM5&index=3](#)

4. We've learnt about recognising & assessing DDx ..

VALIDATED

SCREENS

AUDIT

ASSIST

CRAFFT

Universal

K10

PsyCheck

MAST

PAT

AUDIT-C

DAST

SSI

SENSITIVE

QUESTIONING

Normalising

Guidelines

Orientation

Policy

DDS

Proformas

PRISM

SASSI

Severity

UNCOPE

MMF

ROUTINE

ASSESSMENT

URICA

Self-efficacy

Stage Change

DSM criteria

BSI

Recording

CAGE

CAGE-AID

MINI

Brief

UDS

SOCRATES

Specificity

GAINS

BECK

Routine

SMI

BDI

Reliability

ICD-10 criteria

Harmful Use

MHSF

Sensitivity

Diag

DAST

MSE

Training

Role validity

Dependence

Protocol

4. We've learnt about recognising & assessing DDx ..



Alcohol Screen

How risky is your drinking?

Instructions completed your results will be shared with your GP, counsellor and pharmacist. Answer the 10 questions below and then see how to use the outcome of your screening. Follow the advice on the back of this card.

Full strength beer 100% 4% alcohol	Low strength beer 100% 2.5% alcohol	Pre-mixed spirits 100% 15% alcohol	Wine 100% 12% alcohol	Spirits 100% 40% alcohol	Half strength beer low or medium 50% 4% alcohol	Strength percentage of 100% of each drink

Read the instructions on the back of this card for more information on how to use the results of your screening. Try to answer the questions honestly - "no" or "not sure".

1. How often do you have a drink containing alcohol?

0 never	1 1 or 2 times a week	2 3 or 4 times a week	3 5 or 6 times a week	4 7 or 8 times a week	5 9 or more times a week
---------	-----------------------	-----------------------	-----------------------	-----------------------	--------------------------

2. How many standard drinks do you have on a typical day when you are drinking?

0 one or less	1 2 to 3	2 4 to 5	3 6 or more	4 7 or more
---------------	----------	----------	-------------	-------------

3. How often do you have six or more standard drinks on one occasion?

0 never	1 less than monthly	2 monthly	3 weekly	4 2 or 3 or more times a week
---------	---------------------	-----------	----------	-------------------------------

4. How often during the last year have you found that you were not able to stop drinking once you had started?

0 never	1 less than monthly	2 monthly	3 weekly	4 2 or 3 or more times a week
---------	---------------------	-----------	----------	-------------------------------

5. How often during the last year have you failed to do what was normally expected from you because of drinking?

0 never	1 less than monthly	2 monthly	3 weekly	4 2 or 3 or more times a week
---------	---------------------	-----------	----------	-------------------------------

6. How often during the last year have you someone that asks to be coming to get yourself going after a heavy drinking session?

0 never	1 less than monthly	2 monthly	3 weekly	4 2 or 3 or more times a week
---------	---------------------	-----------	----------	-------------------------------

7. How often during the last year have you had a feeling of guilt or remorse after drinking?

0 never	1 less than monthly	2 monthly	3 weekly	4 2 or 3 or more times a week
---------	---------------------	-----------	----------	-------------------------------

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

0 never	1 less than monthly	2 monthly	3 weekly	4 2 or 3 or more times a week
---------	---------------------	-----------	----------	-------------------------------

9. Have you or someone else been injured as a result of your drinking?

0 no	1 yes, not in the last year	2 yes, in the last year	3 yes, regularly in the last year
------	-----------------------------	-------------------------	-----------------------------------

10. Has a health, a friend, a doctor or another health worker ever expressed concern about your drinking or suggested you cut down?

0 no	1 yes, not in the last year	2 yes, in the last year	3 yes, regularly in the last year
------	-----------------------------	-------------------------	-----------------------------------

11. How often do you have a headache or other health problem because of your drinking?

0 never	1 less than monthly	2 monthly	3 weekly	4 2 or 3 or more times a week
---------	---------------------	-----------	----------	-------------------------------

eASSIST | 1/12 : Instructions | Drug and Alcohol Services South Australia (DASSA)

Alcohol, Smoking & Substance Involvement Screening Test (V3.1)

An electronic version of the ASSIST questionnaire for health workers, designed to screen for risky drug and alcohol use, and link into a brief intervention (BI).

The eASSIST and linked Ten-Step Brief Intervention each take around 5 - 10 minutes to administer.

Instructions for Use

The ASSIST comprises 8 questions covering frequency and recency of substance-related events over the last 3 months, and over the client's life. All substance groups are covered including **tobacco, alcohol, cannabis, cocaine, amphetamine-type stimulants, inhalants, sedatives, hallucinogens, opioids, and other miscellaneous drugs**. **Injecting risk** is also investigated.

The ASSIST determines a 'low', 'moderate' or 'high' risk score for each substance used by the client, which is used to start a discussion (brief intervention) with the client about their substance use.

Give the client a copy of the **Response card** and familiarise yourself with the **frequency definitions**.

Read the introduction to the client (next screen) and commence with Q1 on lifetime substance use completing all parts of the question. If the client has used an 'other' miscellaneous drug, this needs to be recorded in the space provided.

Complete Q2 through to Q8. It may not be necessary to ask a client all parts of a question, depending on their previous answers; and such questions will be disabled by the program.

The calculated ASSIST risk scores will be displayed on screen in two results tables for viewing by

Don't Accept and Exit | **I Accept and Start**

Intro

The Alcohol, Smoking and Substance Involvement Screening Test was developed by the World Health Organization in response to the overwhelming burden of disease caused by substance use world-wide.

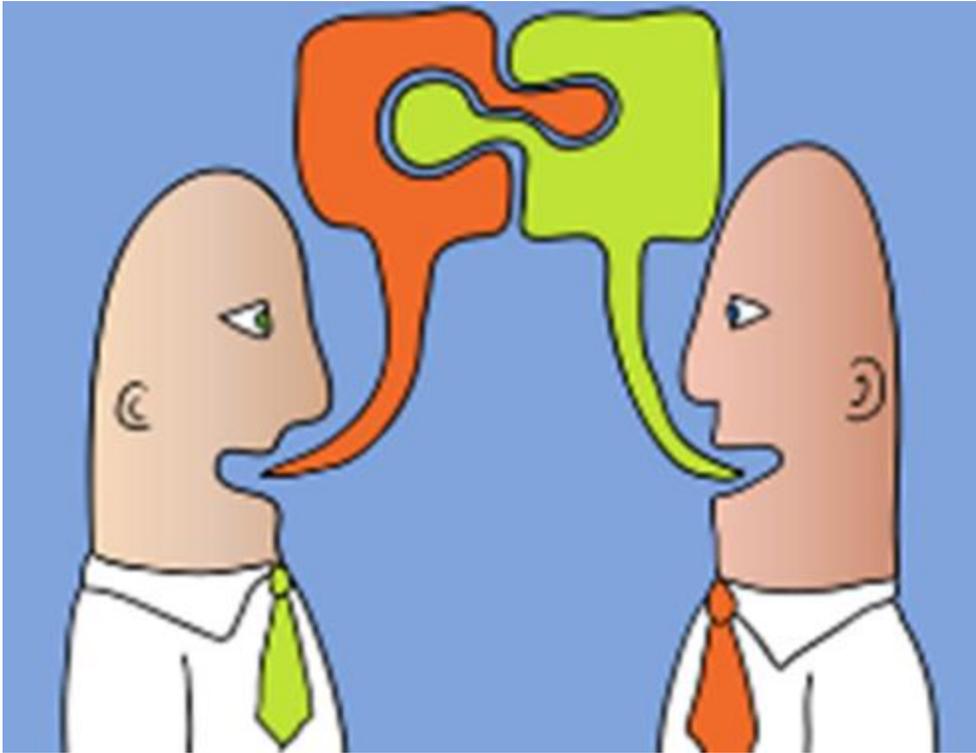
It is reliable and valid for use in a range of health care settings and in a range of different cultures.

The primary aim is to identify people at moderate risk from their substance use, and provide them with a brief intervention.

Recommended Reads

First read these WHO self-training guides on administering the ASSIST and linked Brief Interventions (BI).

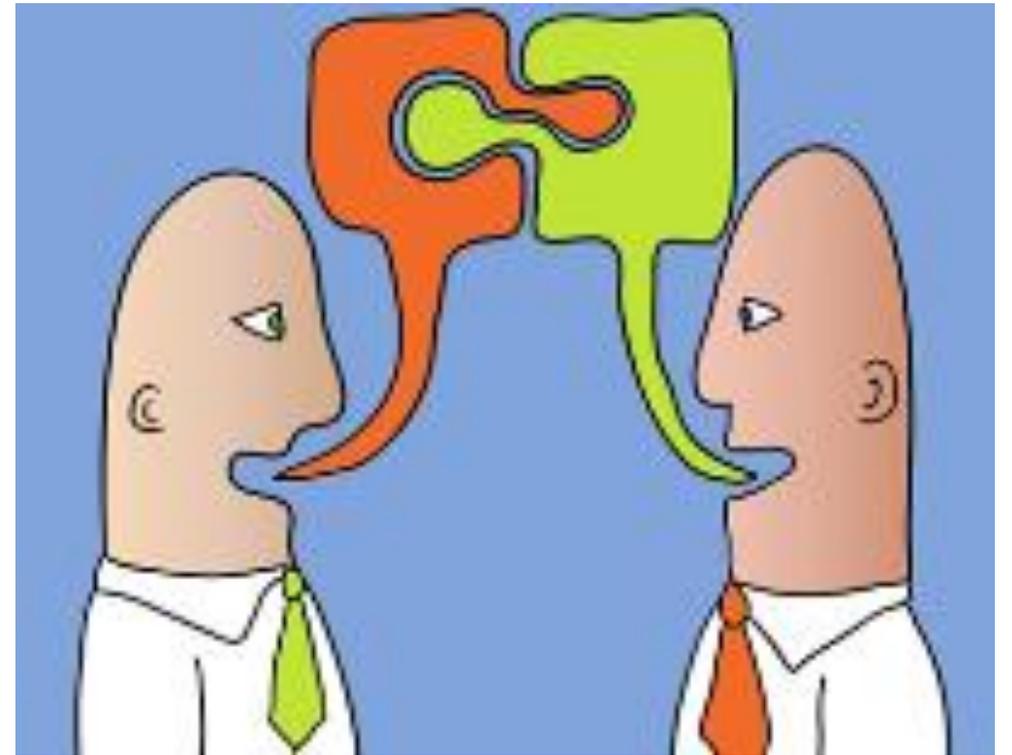
5. We know more about the most effective 1:1 responses



- Engagement engagement engagement....
- **WELCOMING**
- Warmth, genuineness, empathy, respect, partnership, collaboration
- Flexible / responsive / **accessible** / **timely** / opportunistic
- **Complex needs orientation** (housing / physical health / education, financial, forensic)
- Attending to the needs of **family** / **significant others**
- **Integrated treatment**
- **Stepped care**

5. We know more about the most effective 1:1 responses

- Motivational interviewing
- Brief interventions
- Single session therapy
- CBT
- DBT
- Trauma informed
- Recovery



6. We have learned about meeting the needs of special populations

YOUTH with DDx

BUDDYS

BUDDYS - Building Up Dual Diagnosis in Youth Services
HYDDI our partner service
Homeless Youth Dual Diagnosis Initiative

Youth Dual Diagnosis
Resource Guide
2015

Guidelines

BUDDYS
Building Up Dual Diagnosis in Youth Services

Volume 1, Issue 1
March 2012

BUDDYS Youth Service Provider's FORUM 2015
Theme: FYI - Future Youth Interventions
Where: Department of Health & Human Services, 30 Lonsdale St Melbourne
When: October 16th between 10am and 3pm.

BUDDYS Youth Service Provider's FORUM 2015
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Newsletters

BUDDYS
Building Up Dual Diagnosis in Youth Services

Youth Dual Diagnosis Service Provider's Forum
16th October 2012

The first BUDDYS service provider's forum will address key issues in service provision in the Victorian youth justice context, with a youth dual diagnosis focus.

Introduction and Welcome:
Rebecca Patton, BUDDYS Chair

Guest Presenters:
Professor Andrew H. Lewin
Dr. Simon K. Jones
Dr. Simon K. Jones
Dr. Simon K. Jones

Workshop Facilitator
Simon K. Jones

3rd Annual Youth Dual Diagnosis Service Providers Forum 2015
Monday 19th October

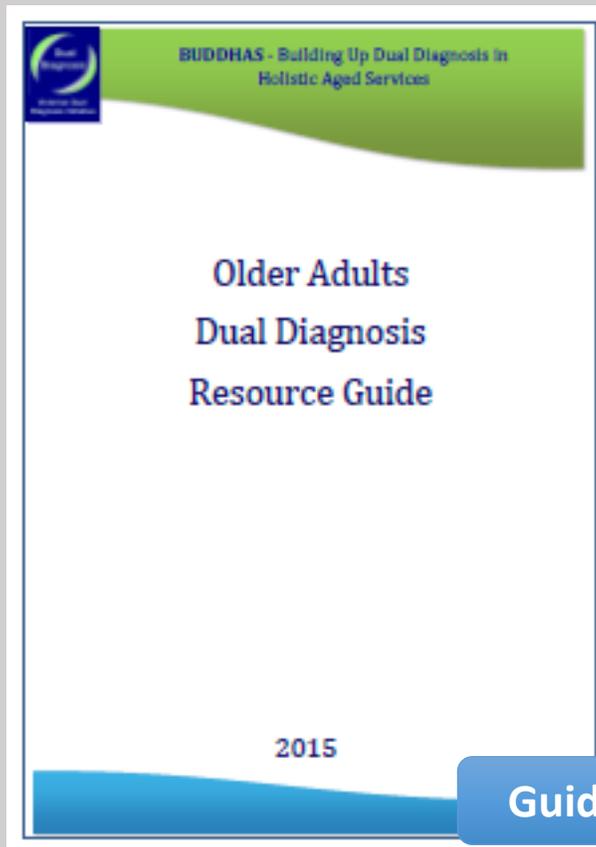
FYI
Future Youth Interventions

Forums

6. We have learned about meeting the needs of special populations

OLDER ADULTS

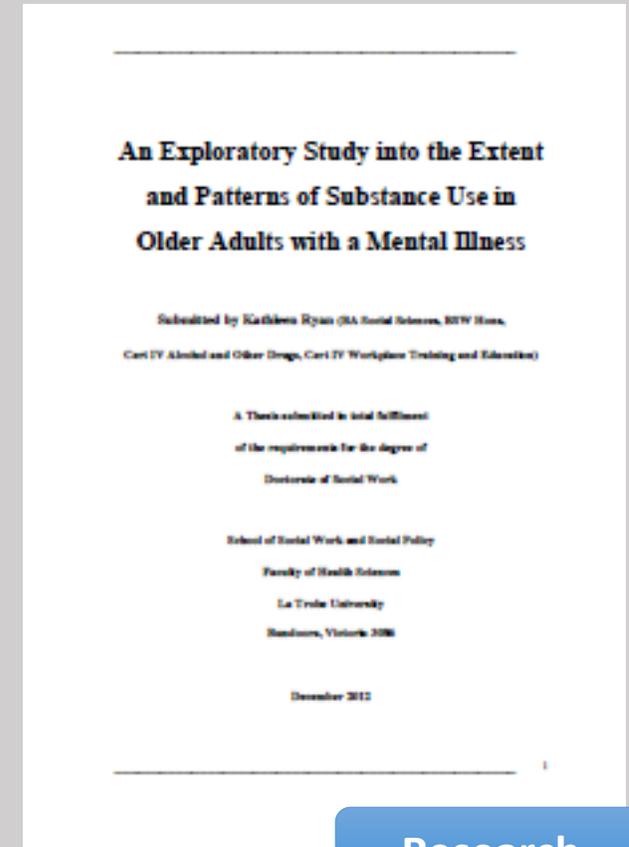
BUDDHAS



Guidelines

This flyer is for training sessions. It features a green header with the BUDDHAS logo and the text 'BUDDHAS building up dual diagnosis in Holistic Aged Services'. The main title is 'BUDDHAS Older Adults Dual Diagnosis Resource Guide Training'. Below the title, it states: 'Increase your understanding and implementation of interventions with older adults experiencing Dual Diagnosis.' The flyer lists two training sessions: one on 14th September 10am - 1pm at Kingston Education Centre, and another on 24th November 10am - 1pm at St Vincent's Hospital. It also includes a list of topics to be covered in the workshop, such as 'What about older adults and dual diagnosis?', 'Screening and assessment', 'Biomedical interventions', 'Psychological interventions', and 'For carers'. A photo of a diverse group of older adults is at the bottom.

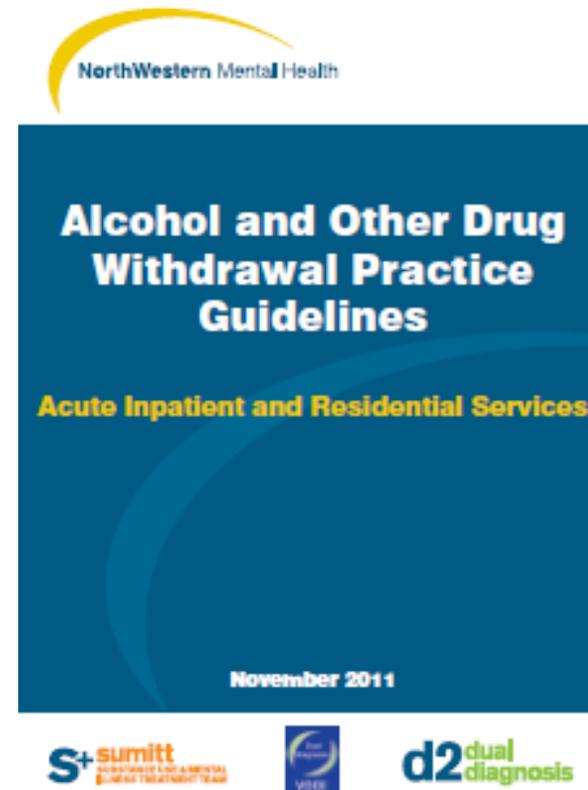
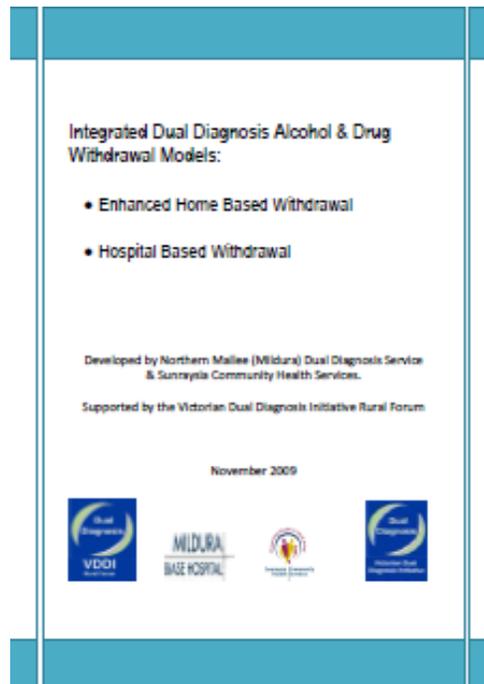
Forums



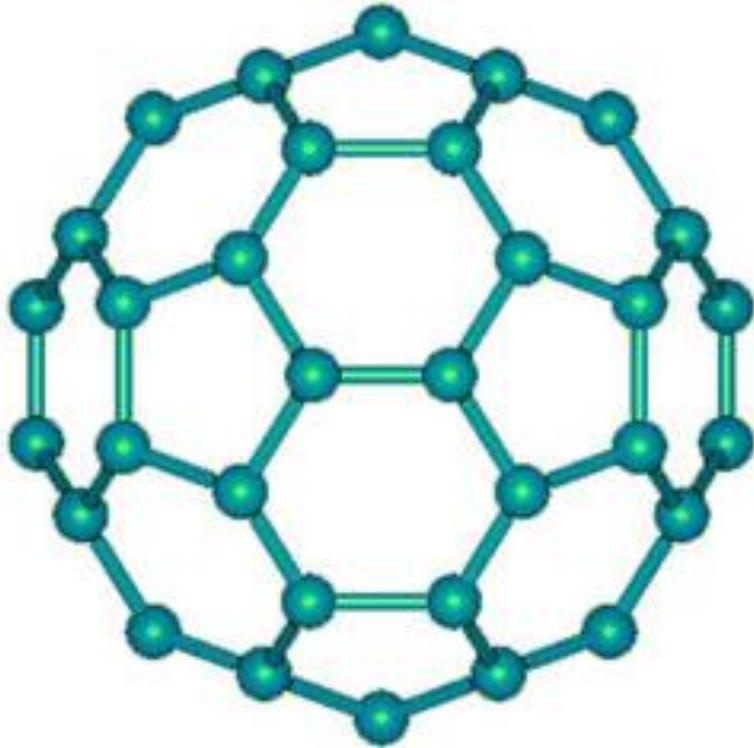
Research

6. We have learned about meeting the needs of special populations

People with **withdrawal** needs



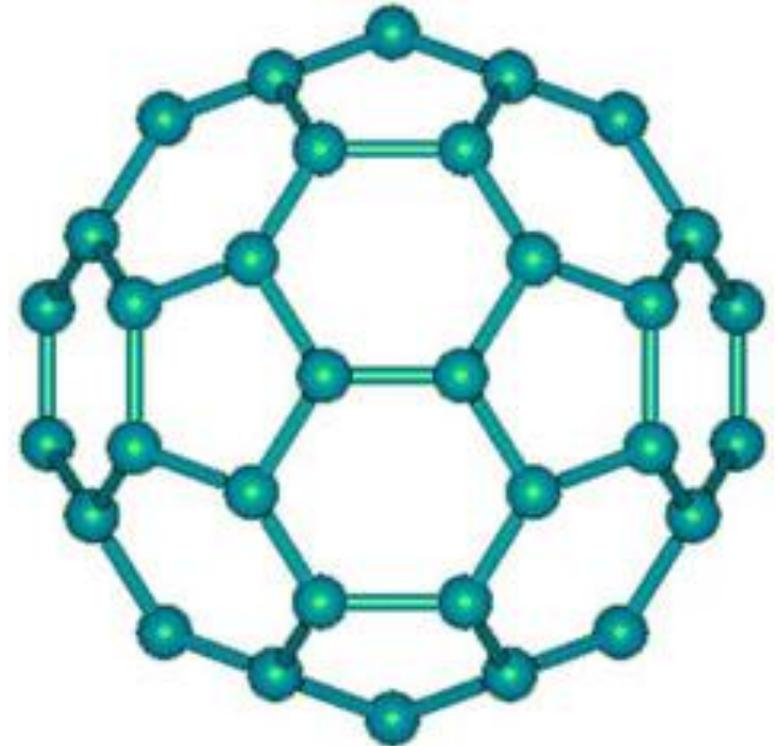
6. We know more about effective SYSTEMIC responses



- **VISION** / Plans / policy
- Designed around multiple needs
- Interlocking strategies
- **Welcoming**
- Integrated treatment
- No Wrong Door

6. We know more about effective SYSTEMIC responses

- Treatment pathways
- Cross-sector understanding / relationships
- Portfolio holders
- Orientation manuals / procedures
- Treatment guidelines
- Education & training & meaningful f/up (mentoring & CS)
- Record prevalence



7. We have learned about CHANGE-AGENCY

- Flexibility, resilience, acceptance, non-judgemental
- Incremental steps / evolutionary perspective
- SOC analysis of systems / agencies / workers
- Work with those who want to work with you
- Measurable, achievable goals

7. We have learned about CHANGE-AGENCY

- Strengths focused
- Celebrate & amplify successes (build enthusiasm / self-efficacy)
- Training fallacy
- Tools / checklists

8. We have helped address specific comorbidities

REDUCING HARM FROM ALCOHOL

Low risk drinking is considered to be:

- 2 standard drinks per day for men and women
- No more than 1 standard drink on a single drinking occasion
- None or 1-2 standard drinks per week

Other ways to reduce harm:

- Always designate a sober driver after drinking
- Never drink and drive
- Fill a graduated plate to drinking
- Drink non-alcoholic drinks to balance alcoholic drinks such as soft drinks, water or juice
- Go slowly when you drink
- Food you eat before getting a tip-up so you can look after it tomorrow you drink
- Try to stay with people you know when drinking
- Always carry someone at home if there is any chance you may have an

WHAT IF YOUR FRIEND PASSES OUT?

- If the person is unconscious, check that they are breathing, place them on their side and call the emergency services
- Call an ambulance on 000 and stay with them
- If breathing has stopped, continue to do so until they awaken. CPR if you are trained

USEFUL PHONE NUMBERS

Emergency 000
 Drug Care 1800 000 000
 Drug Info 1300 000 000
 South and Western States and ACT Drug Service Centre
 1300 000 000
 Family Drug Help 1800 000 000
 Healthline 1800 000 000
 Queensland Health 1300 000 000
 South Coast Health 1300 000 000

ALCOHOL AND YOUR MENTAL HEALTH



REDUCING HARM FROM CANNABIS

- Do not mix cannabis with other drugs such as alcohol or medication
- To reduce the harm to your health, do not use cannabis if you are on any other medication or if you are pregnant or breastfeeding
- Do not use cannabis if you are on any other medication or if you are pregnant or breastfeeding
- Do not use cannabis if you are on any other medication or if you are pregnant or breastfeeding

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CANNABIS AND YOUR MENTAL HEALTH



REDUCING HARM FROM METHAMPHETAMINES

- Use of methamphetamine has been associated with:
- Acute toxicity
- Cardiovascular disease
- Psychosis
- Substance use disorder
- Depression
- Self-harm
- Violence
- Overdose

WHAT IF YOUR FRIEND OVERDOSES?

- Overdose from methamphetamine can be fatal. If you suspect an overdose, call 000 immediately. Stay with the person until help arrives. Do not leave them alone.
- Call an ambulance on 000 and stay with them
- If breathing has stopped, continue to do so until they awaken. CPR if you are trained

USEFUL PHONE NUMBERS

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 South Coast Health 1300 000 000

Methamphetamines AND YOUR MENTAL HEALTH



REDUCING HARM FROM HEROIN

- Having a clean needle to use when injecting, you can reduce the risk of infection and other health problems
- Use clean injecting equipment, including the needle, water, filter and cookers on the stove
- Use clean injecting equipment, including the needle, water, filter and cookers on the stove
- Use clean injecting equipment, including the needle, water, filter and cookers on the stove

WHAT IF YOUR FRIEND PASSES OUT?

- If the person is unconscious, check that they are breathing, place them on their side and call the emergency services
- Call an ambulance on 000 and stay with them
- If breathing has stopped, continue to do so until they awaken. CPR if you are trained

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 South Coast Health 1300 000 000

Heroin AND YOUR MENTAL HEALTH



REDUCING HARM FROM BENZODIAZEPINES

- Only ever take benzodiazepines as prescribed by your doctor, and do not take more than prescribed
- Do not mix benzodiazepines with alcohol or other drugs
- To reduce the harm to your health, do not use benzodiazepines if you are on any other medication or if you are pregnant or breastfeeding
- Do not use benzodiazepines if you are on any other medication or if you are pregnant or breastfeeding

WHAT IF YOUR FRIEND PASSES OUT?

- If the person is unconscious, check that they are breathing, place them on their side and call the emergency services
- Call an ambulance on 000 and stay with them
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 South Coast Health 1300 000 000

Benzodiazepines AND YOUR MENTAL HEALTH



REDUCING HARM FROM INHALANTS

There is no known safe level of inhalant use. It is highly addictive and can cause serious health problems.

WHAT IF YOUR FRIEND PASSES OUT?

- If the person is unconscious, check that they are breathing, place them on their side and call the emergency services
- Call an ambulance on 000 and stay with them
- If breathing has stopped, continue to do so until they awaken. CPR if you are trained

USEFUL PHONE NUMBERS

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 South Coast Health 1300 000 000

Inhalants AND YOUR MENTAL HEALTH





DUAL DIAGNOSIS:

THE ROADS AHEAD
.....

Next frontiers:

- Demonstrating economic value (\$)
- Outcome measures

- Influencing regional planning

- Advocacy for the most disenfranchised
- 'High-prevalence DDx' (non-SMI/dependent)

- Facilitating partnerships (NWD)
- Sustainability (iteration)
- Complex needs (transferrable learnings: DDx → complexity)
- Flexible tools: Sc, Ax, integrated Rx

- ASSISTANCE rather than ASSESSMENT

References

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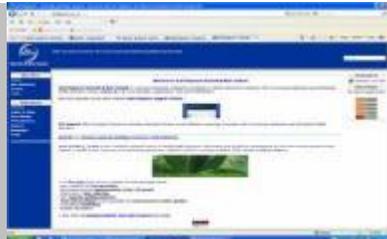
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www.dualdiagnosis.org.au