

A Peer-Led Dual Diagnosis Group Programme
at Eastern Health Mental Health and AOD Services

**Mental Health &
Substance Use**

Many Challenges

One Recovery Journey



Inspired by Samer

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A presentation to the 19th Victorian Collaborative

Mental Health Nursing Conference

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Setting the scene

The Victorian Dual Diagnosis Initiative (VDDI) was established in 2001 and funded by the state government in recognition of a need that mental health and alcohol and drug services be able to respond in a more timely and co-ordinated way to better meet the needs of consumers, with co-existing mental health and substance use problems, their families and carers. The Initiative established four teams in metropolitan Melbourne, and a number of rural-based clinical positions. The Eastern Dual Diagnosis Service started our work in 2002.

In the previous 15 years, from around the mid 1980`s, greater attention was being paid by mental health clinicians and also research academics, particularly in the USA and the UK, about the significant health impacts that co-existing disorders has on individuals, their families and social networks. Data gathered from large scale epidemiologic studies showed high prevalence rates of co-occurring presentations of consumers seeking or receiving care in mental health and/or alcohol and drug treatment systems.

A picture was emerging of inadequate recognition of dual diagnosis, limitations in the capacity of clinical services to respond effectively, of rigid system barriers including restrictive intake or admission policies, inadequate staff skills-training and bed-based and community mental health and substance treatment service systems operating in silos.

This evidence demanded a response and as a result, service re-design, increased funding by governments and the dedicated work of mental health and drug and alcohol treatment professionals have all contributed to better clinician knowledge, skills and understanding and fewer doors being closed on dual diagnosis consumers seeking or being referred for treatment, and health services` recognition that dual diagnosis is the expectation, not the exception.

In 2007 the Victorian Dual Diagnosis Initiative published an important policy document `Key Directions – priorities for service development` that identified five service development objectives (SDO). SDO 5 says: “Establish or strengthen mechanisms and processes that enable systematic input by dual diagnosis clients, families and carers in service planning and evaluation and the education and training of staff in each sector”.

With this objective in mind, in 2010 the Eastern Dual Diagnosis Service established a Consumer and Carer Advisory Council with 10 members, each of whom has a lived-experience of dual diagnosis. This

was, and continues to be a direct-action response in meeting our obligations under the Initiative, and to make SDO 5 an integral part of the day to day life of the Dual Diagnosis service. We call this our In-Tandem Model.

The In-Tandem Model

The consumer and Carer Advisory Council and the Mental Health Working Group

The Council consists of eight lived experience consumers and two carer members and is one part of this shared-governance approach which is led by our chairperson Paula Kelly, while the second element is made up of a group of clinical services staff who form the Mental Health Working Group. The MHWG also has a chairperson, who is the manager of the dual diagnosis service. He and Paula Kelly are the co-leaders of the In-Tandem model.

There are three values that frame the In-Tandem collaboration. The first is shared expertise, the second is individual and collective experience, and the third is a spirit of learning together. We meet on a monthly basis and have also set up regular peer-training sessions to further develop group leadership skills and knowledge.

Working Group members have a role to play in providing informal support and mentoring to council members over lunch or coffee, more often than not. In this way we strengthen our personal collaborations. We acknowledge the different roles we have, but through the In-Tandem approach there is a shared purpose underscored by the three values. The Council is also actively involved at regional and state-wide level providing a consumer and carer perspective to service management and to clinical treatment services.

Our members provided advice to a standing committee of the Turning Point Alcohol and Drug service in 2016-7, and are active members of the Association of Participating Service Users (or APSU). One Council member is presently on the APSU advisory committee. Both a consumer and a carer member are involved in a group therapy programme at the Monash Health secure extended care unit or SECU, while the Council, in partnership with the Eastern Peer Support Network has delivered a series of dual diagnosis Peer-led Forums at the Box Hill Town Hall over the past 4 years, attracting well over 100 participants on each occasion. These Forums have brought together services users, peer workers and staff working across Mental Health, AOD and community support agencies.

Council members' involvement in this wide range of activities reflects a maturing understanding within clinical mental health management and in direct care service settings that welcomes and

invites participation by dual diagnosis consumers and carers in service development consultations; and in the case of the dual diagnosis Group Programme, directly to consumers, in both community and admission settings.

The Peer-led Dual Diagnosis Group Programme

The programme has been running since 2010 with all groups led and facilitated by Council members. Most groups have two facilitators and are joined by a staff member from the clinical setting who provides a connection back to the treating team, if required. For example, on occasions consumer participants have asked peer-facilitators if they can stop taking their prescribed medications. Group peer leaders are able then re-direct that question to the attending staff member for a response. This element of the group programme is a further example of the In-Tandem model built around a commitment of the clinical teams to welcome and support the dual diagnosis group programme, in collaboration with the Council and Working Group.

The purpose of the groups is to provide an opportunity for discussion with consumers about their own mental health and substance use issues. The groups are not intended to be group-therapy as understood in the conventional sense, although it is clear from peer and staff observations and consumer feedback, that they are certainly therapeutic. Council members don't wish to be regarded in the same way as clinical staff in the treatment setting, but to be acknowledged for their own experience and wisdom through their lived-experience of dual diagnosis. This is an important distinction that has led consumer group participants to often comment during or after groups that the discussions have been helpful for being led by "people like us".

Peer facilitators have taken part in training sessions since 2010 which has the aim of skills development in group facilitation – from the perspective of both process and content management. Each member has a resources folder which is available for pre-group planning and running sessions. Each Group across the 6 service settings runs for one hour.

Table 1

12/07/2018	Thursday	Upton House Inpatient Unit	Denise & Russell	1 - 2pm
17/07/2018	Tuesday	Chandler House CMHC	Russell	11am - 12pm
17/07/2018	Tuesday	Maroondah Community Care Unit	Rose & Russell	2:15 - 3:15pm
18/07/2018	Wednesday	Maroondah PARC	Denise & Rose	12:30 - 1:30pm
18/07/2018	Wednesday	Maroondah Inpatient Units 1&2	Fred & Russell	1 - 2pm
19/07/2018	Thursday	Wellington House Detox Unit	Denise & Fred	10:30 - 11:30am

A common reflection by Council members is of the satisfaction and value that comes from being a member of the Council and how that has led to new opportunities as conference speakers, taking up part-time work or being part of a wider social network. But perhaps most important of all, is the contribution that council members make every week to the group programme by offering their skills, knowledge and wisdom in the service of those consumers who are on their own journeys of recovery.

Further reading

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Kessler, R. et al. *Prevalence, Severity and Co-morbidity of 12 month DSM 1V Disorders in the National Comorbidity Survey Replication Study*. Archives of General Psychiatry, 2005.Vol 62. 617-627

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Minkoff K. *Development of an Integrated Model for the Treatment of Patients with Dual Diagnosis of Psychosis and Addiction*. Hospital and Community Psychiatry, 40 (10), 1031-1036, October 1989

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Recovery Orientated Language Guide. 2nd Ed. Mental Health Coordinating Council. NSW, 2018

Regier, D.A. et al. *Comorbidity of Mental Disorders with Alcohol and Other Drug Abuse – Results from the Epidemiologic Catchment Area (ECA) Study*. JAMA 1990Vol 264. No 19



Paula Kelly is the Chairperson of the Eastern Dual Diagnosis Consumer and Carer Advisory Council and has a passion for inclusive and collaborative mental health care based on partnerships with consumer`s with a lived experience of dual diagnosis that supports consumer recovery. The Group Programme is a wonderful example of this collaboration with consumers, their carers and families

Steve West is a senior clinician with the Eastern Dual Diagnosis Service a position he has held since 2010. He has worked as a psychiatric nurse since 1978 in New Zealand, the United Kingdom and Australia.

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