Chapter 6

Discussion & Recommendations

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1. Introduction

This Chapter is comprised of two related parts. ***Part One*** of this Chapter provides concluding comments on the Dual Diagnosis Project. Service developments for adults with a dual diagnosis in other Australian states and the international experience, specifically the UK and USA are also briefly considered. Concluding comments are then followed by ***Part Two*** of this Chapter that outlines the Dual Diagnosis Project Team's recommendations. An executive summary and concise list of recommendations contained in this Chapter can be found in the Foreward of this Report.

Part One

2. Global Perspective

Over the last twenty years, services for adults with an intellectual disability in western society have undergone constant transformation. A range of community-based services continues to evolve and emerge within different settings and facilities. Unfortunately life in the community can be compromised by unmet mental health problems. There is growing evidence that mental health problems are more prevalent in this group when compared to the general population, and are a primary reason for failure to adapt to community living (Bouras & Holt, 2001). Mental disorders and mental health problems may severely limit the functional capacity of adults with an intellectual disability, their quality of life generally and more specifically, adaption to the ordinary experiences and stresses of life within the community (Reiss, 1994).

In the same way that adults with an intellectual disability are a diverse group, the history of service development and the nature or characteristics of the services that support and assist this group, varies considerably between countries. Whilst there is significant interest in this population in the USA, Scandanavia and Western Europe, the development of specialist services for adults with a dual diagnosis are more advanced within the UK and The Netherlands (Chaplin & Flynn, 2000).

Most western nations have developed separate service systems to deal with disability and mental health. When assessing the needs of adults with an intellectual disability, the separate services systems have therefore tended to try to artificially separate the disability aspects of presenting problems from their mental health needs. This approach has not been successful, resulting in people becoming lost within systems. The UK is the exception to this rule (Holt et al, 2000). The national approach by the UK may account for the more advanced development of specialist dual diagnosis services and models. Service provision to adults with a dual diagnosis within the UK, the USA and Australia is briefly overviewed below.

2.1 United Kingdom

Service delivery to adults with an intellectual disability within the United Kingdom (UK), is by comparison to Australia, very different but worthy of careful consideration. Health authorities and social services across the UK differ in the ways in which they provide services to meet the needs of adults with a dual diagnosis. The type of service provision available varies between localities in response to the autonomy of each regional authority to design services to meet the needs of their local populations. The fact that these agencies do not always work effectively together as partners in care is an additional hardship. Old-fashioned demarcations persist between professional staff and barriers divide health and social services.

Ongoing reforms to the UK National Health Service have attempted to encourage patient-centred care that focuses upon being responsive to need (The NHS Plan, 1999). Despite major injections of funding and resources, the interface between community support teams that support adults with an intellectual disability and mainstream psychiatric services remains problematic (Bouras & Holt, 2001). Consistency of service provision remains an issue as models of care appear to reflect community profiles and therefore differ considerably across the UK. The following dual diagnosis service delivery models have been identified (Bouras & Holt, 2001):

- separate specialist psychiatric services within institutional/hospital settings;
- community based specialist services integrated with mental health services;
- community specialist psychiatric services integrated with both mental health services and learning disability services;
- separate "challenging" behaviour services as part of a specialist learning disability service (learning disability is a UK term that is interchangeable with intellectual disability).

Perhaps the most outstanding feature of services provided to adults with a dual diagnosis across the UK is the central role of Psychiatrists. A working group of the Royal College of Psychiatrists (1996) summarised the approach succinctly, "enabling people with learning disabilities to use ordinary mental health services is a complex and demanding task requiring input from specialists in the psychiatry of learning disability." The Project Team consulted with an Australian based but UK trained Psychiatrist, who specialised in learning disability psychiatry. This Consultant Psychiatrist advised the Project Team that there were four key elements operating within the UK that produced and maintained highly trained Psychiatrists with expertise in intellectual disability:

- specialist training curriculum that was monitored by the Royal College of Psychiatry (RCP);
- the active involvement of the RCP in learning disability policy and related agenda;
- Consultant Psychiatrists posts in Learning Disability Psychiatry across the UK; and
- Professorial Chairs in the Psychiatry of Learning Disability.

This Psychiatrist also suggested that the profile of adults with a dual diagnosis was enhanced by the fact that the RCP had an active group of Psychiatrists who were intellectually robust and academically oriented. In contrast, the Psychiatrist suggested that because there was no equivalent structure or approach within Australia, mental health services to adults with an intellectual disability were compromised. Further, any training relating to dual diagnosis, of Psychiatrists in Australia in a sporadic or piecemeal fashion.

UK Consultant Psychiatrists who have specialised in learning disability, are employed by National Health System (NHS) Trusts that are centrally regulated by the Department of Health. Distribution of mental health services across the UK is uneven, with inconsistencies between Trusts in the range of mental health services provided and also quality. Unlike Australia, there are very few Psychiatrists working in private practice in the UK (McCulloch et al, 2000). There is variation in how each NHS Trust provides services to adults with an intellectual disability, but specialist inpatient treatment and assessment units are a feature of dual diagnosis services in the UK. Further, specialist teams that work across agency boundaries have been established to work with this population.

2.2 USA

Similar to Australia, separate service structures exist within the United States of America (USA) for disability services (known as mental retardation services) and mental health services. USA federal and state governments also provide separate or complimentary services. These separate systems have contributed to diffusion of responsibility and jurisdictional disputes (Fletcher et al, 1999). Conflicts between these two service systems appear similar to those already described in this Report. When compared to the UK, the USA lacks specialised dual diagnosis services. However, when compared to Australia, the USA has more developed and well-resourced service infrastructure.

Whilst a comprehensive array of specialist dual diagnosis services does not exist in every US state, University Affiliated Programs (UAP) have been established under the auspices of the Developmental Disability Assistance and Bill of Rights Act. These UAPs, now called Centres of Excellence in Developmental Disabilities Education, Research and Services, are located in major cities and can be found in every state and territory in the USA. The Centres provide interdisciplinary academic, professional and community training. Staff of these centres are also involved in diagnosis, evaluation and treatment. Specialist inpatient mental health treatment and assessment units also operate on an ad hoc basis across the USA. These programs link clinicians, professionals and academics. They focus upon providing clinical services and are involved in teaching and education activities at the undergraduate and postgraduate levels.

3. Australian Perspective

The closure of institutions and the consequent movement of adults with an intellectual disability to the community resulted in generic services being expected to take ongoing responsibility for the primary health care, mental health care and disability support needs of this group. Although the disability service provision sector continues to grow, the mental health needs of this population have not received due attention. Responses to the mental health needs of adults with an intellectual disability have not only been limited by economic constraints, but also by widespread lack of formal recognition and acknowledgement that:

- adults with an intellectual disability living in the community ***DO*** have increased risk of mental health problems;
- mental health needs are complex and are often unmet by generic services;
- disability agencies and mental health services experience communication and collaboration difficulties;
- neglect of mental health needs of this population compromises quality of life; and
- professionals, clinicians, staff, carers, consumers – dual diagnosis stakeholders need support, expert assistance, training and education.

State governments within Australia have only recently begun to formally respond to the needs of adults with a dual diagnosis. Initiatives across Australia have tended to develop on a state-by-state basis that has resulted in isolated and uncoordinated service development. For example, the Dual Diagnosis Project Team attempted to make contact with each state to identify dual diagnosis initiatives. The task was made difficult when government agencies contacted (both disability and mental health) did not respond to Project Team requests for information. Some states failed to respond to the request.

When contact was made with some state initiatives, it was immediately obvious that agencies or organisations involved in service provision to adults with a dual diagnosis were generally not aware of dual diagnosis developments or activities in other states. There were no mechanisms set in place for networking or sharing of expertise or resources across the states or between agencies.

Brief information provided below does not comment on dual diagnosis services delivery across all Australian states. Although the Project Team made contact with government service providers in each state, not all states responded. Accordingly, comments provided below on state initiatives should *not* be considered to provide a conclusive list of ***all*** dual diagnosis services and initiatives taking place across Australia.

3.1 Victoria

The most active state in regard to dual diagnosis appears to be Victoria where a range of innovative developments have been established. In addition to the development of a collaborative document entitled, "Protocol between Intellectual Disability Services and Psychiatric Services'" that guides service responses to adults with a dual diagnosis, a number of projects have been developed by the Victorian Government's Department of Human Services.

The Department of Human Services Disability Branch established the ***Gippsland Dual Disability Evaluation Project*** in the late 1990s (Chesters et al, 1998). This project was designed to conceptualise and analyse a model of service delivery for adults with a dual diagnosis. The Report of this project confirmed that sole reliance upon generic services did not result in optimal outcomes for people with a dual diagnosis. The Project identified the need for appropriate service models, adequate funding, well-trained personnel, dual diagnosis training programs and coordinated service delivery.

The Project Team was also advised of the ***Northern Region Dual Diagnosis Project***. Although there were no Psychiatrists employed, two mental health professionals are involved in assessment in the northern metropolitan region (Disability Branch). The Project Team was advised that referrals are made to other services discussed below where Psychiatrists are employed.

The Department of Human Services, through the Mental Health Branch, funds the ***Victorian Dual Disability Service (VDDS).*** The VDDS is a state-wide specialist service that commenced operating in 1999. This service is based at St. Vincent's Hospital Melbourne. One full time Psychiatrist, a full time Psychiatric Registrar and other mental health professionals are employed.

The VDDS service model provides assistance to generic services in servicing this population to improve their performance and aims to complement existing structures and service delivery mechanisms. It does not attempt to offer an alternative model of direct care eg provision of clinical services. It aims to improve the provision of mental health services to adults with dual disability across the state through:

- primary, secondary and tertiary consultation to consumers and service providers; and
- specialised training and education for mental health professionals.

The VDDS prefers not to undertake direct responsibility for case management. The preferred modus operandi is to complete case assessments in conjunction with Area Mental Health Services (AMHS) staff who undertake the primary treatment role. Joint assessment with mental health staff facilitates the transfer of skills during the process. Tertiary consultancy and advice takes place on a regular basis with staff from AMHS. Because the VDDS is funded by mental health priority is accorded to responding to their needs. The VDDS does receive a number of requests from other organisations (Disability Services, GPs, private Psychiatrists) but the VDDS has a limited capacity to respond.

The **Centre for Developmental Disability Health Victoria (CDDHV**) is also involved in the provision of clinical services to adults with a dual diagnosis although to a limited extent. CDDHV coordinates a General Psychiatric Clinic for Adults with Developmental Disabilities (three sessions per fortnight) and a Psychiatric Clinic for Older People with Developmental Disabilities (one session per fortnight). These services are provided by a full time Psychiatrist who is employed by the CDDHV. This Psychiatrist advised the Project Team that many people with a dual diagnosis access forensic services or are seen by Psychiatrists in private practice in Victoria who have an interest in people with an intellectual disability.

The CDDHV is a joint initiative between the Departments of Community Medicine and General Practice, Monash University and General Practice and Public Health, The University of Melbourne. The Centre is funded by the Disability Services Branch of the Department of Human Services but is managed by Monash University. The objectives of the CDDHV are:

- to improve the quality of health care available to people with developmental disabilities throughout Victoria
- to promote the awareness of health care issues of people with developmental disabilities amongst medical and other students, medical and other health professionals and service providers throughout Victoria.

The CDDHV provides clinical Services to adults with an intellectual disability, is involved in the delivery of educational programs, and has undertaken a number of research initiatives. Of particular relevance to the Dual Diagnosis Project is the Centre's development of dual diagnosis assessment guidelines (GAP MAP) for use by GPs and mental health professionals.

The CDDHV has also completed a training package for these professionals in the use of GAP MAP. The GAP MAP (Global Assessment of Psychopathology - Managing the Assessment process). This tool was developed by Jenny Curran, a Psychiatrist and Caroline Mohr, a clinical psychologist working together at the Centre for Developmental Disability Health Victoria (CDDHV) in 1999. It is a

guide to assessment for health professionals and carers to follow when they are concerned that a person with an intellectual disability, who has disturbed behaviour, may have a mental health problem. The CDDHV provides GAP MAP training that addresses:

- mental health for adults with an intellectual disability;
- how to write behavioural descriptions;
- addressing carer concerns and safety issues;
- medical review;
- maximising information reliability in assessment using checklists and rating scales; and
- a guide to diagnosis and treatment of the most common psychiatric disorders.

A fourth Victorian initiative is also of some interest. ***The Monash University Centre for Developmental Psychiatry & Psychology (CDPP)*** was established in 1989. This Centre has a mandate to provide research and teaching in the field of developmental psychiatry and psychology with a particular focus on child, adolescent and family mental health. There is close affiliation with the clinical services provided by the Monash Medical Centre Child and Adolescent Mental Health Service.

Special areas of interest include mental health in children with developmental and intellectual disabilities, pervasive developmental disorders, school refusal and truancy, sexual abuse and trauma, anxiety and depression. The CDPP and the University of New South Wales are currently investigating psychopathology in young people with intellectual and developmental disabilities. Current research activities included the Australian Child and Adolescent Development study, the development of an autism screening tool and an investigation of anxiety in children with intellectual disability. However, the CDPP focuses upon children and adolescents although research outcomes will have some relevance for adults with a dual diagnosis.

3.2 New South Wales

The Centre for Developmental Disability Studies **(CDDS)** began operating in 1997. This Centre operates through the University of Sydney where a Foundation Chair of Developmental Disabilities was created. The CDDS creates and disseminates knowledge that can improve the lives of people with developmental disabilities. In addition to research activities, the CDDS is involved in teaching and clinical contact with people with developmental disabilities.

Although this Centre carries out some research and educational outreach that addresses the needs of those who have a dual diagnosis, there are no formal or dedicated dual diagnosis services within this state. For example, Associate Professor Stewart Einfeld is a Psychiatrist and Clinical Associate with the CDDS. Dr Einfeld and Dr Seeta Durvasula (also from the CDDS) have experience in working with people with developmental disability and challenging behaviour. Both avail themselves to respond to queries that doctors and others may have about medical issues related to disability.

Late in the life of the Project, the Team became aware of other local dual diagnosis initiatives developing within New South Wales. For example, the South Western Sydney Area Health Service, Area Mental Health team has a Clinical Nurse Consultant working in the dual diagnosis area (developmental disability and mental illness). Difficulties in making contact or networking with clinicians and project workers is a significant barrier to dual diagnosis service development and enhancement.

3.3 South Australia

The South Australian government has been proactive in responding to the needs of adults with a dual diagnosis through the Intellectual Disability Services Council (IDSC). The IDSC is the lead agency for people with an intellectual disability in South Australia. In 1995 recurrent commonwealth funds of approximately $70,000 were made available through the Commonwealth State Disability Agreement to address dual diagnosis within South Australia. These funds were used to establish a steering committee and appoint a project officer in 1996. Initially this committee was involved in the allocation of brokerage funds to support service provision to individual adults with a dual diagnosis. The committee was also involved in collaboration with agencies in policy development relevant to adults with a dual diagnosis, as well as cross-agency dual diagnosis training.

Additional funds allocated in 2000 enabled the IDSC to appoint a half time Psychiatrist to supplement the Social Worker who had been appointed to the project officer position. The Project was subsequently renamed the Dual Disability Program (DDP). The DDP continues to operate from the Specialist Intervention and Support Service (SISS) that was formed in 1997.

The Dual Disability Program provides face-to-face consultations for people with an intellectual disability who have suspected or diagnosed concurrent mental disorder. In addition to clinical contact, secondary consultations are provided to IDSC workers who are requiring assistance to work with a person who has a dual diagnosis. Services from the team are accessed through the IDSC case manager. These teams are also involved in research and provide training for IDSC and other agencies that work with people with a dual diagnosis. In 2001 the DDP maintains focus upon interagency responses to the needs of adults with a dual diagnosis through the provision of training and education initiatives, such as "Working in Partnership" workshops. The Program is also actively involved in dual diagnosis training that addresses the needs of Psychiatrists and trainee Psychiatrists.

Despite these initiatives there is room for improvement. A recent publication by the IDSC, "Development Priorities for People with Intellectual Disability 2002", outlines a range of unmet needs and includes a set of proposals that outlines possible responses. Key priorities cover a wide range of needs relating to children and adults but also include recommendations addressing the needs of adults with a dual diagnosis. Specific recommendations made regarding the extension, development and expansion of specialist services, include:

- healthcare plans and support in country areas;
- response capacity for those with dual disability of intellectual disability and mental illness;
- Intensive intervention for those with extremely challenging behaviours.

3.4 Tasmania

In Tasmania, OPTIA INC, a non-government agency supporting adults with an intellectual disability has developed a "Dual Diagnosis Outreach Program". OPTIA INC has negotiated with a Sydney based Psychiatrist, Dr Peter Wurth, to run a dual diagnosis clinic. OPTIA pays for Dr Wurth to fly from Sydney to Hobart to complete the dual diagnosis clinic on an "as required" basis. Dr Wurth consults with staff and adults with a dual diagnosis, when funding is available. This Consultant Psychiatrist has a private practice in Sydney. Dr Wurth has an interest in the area but the bulk of his practice is within general adult psychiatry.

The Project Team was also aware of the work of two registered nurses employed by the Department of Community Health Services in Hobart. These nurses were conducting a small scale study into models of care and models of nursing for adults with a dual diagnosis. Outcomes of this project however, were unable to be identified.

3.5 Western Australia

In Western Australia, the Disability Services Commission (DSC) and the Mental Health Services of the Department of Health have formally responded to the needs of adults with an intellectual disability who require access to services provided by both departments through the development of a protocol. The "Protocol Between the Disability Services Commission and the Department of Health: People with Intellectual Disabilities and Mental Health Disorders: Guidelines for Service Providers" was established in February 2002. The Protocol is modeled on the Victorian government's document, "Protocol between Intellectual Disability Services and Psychiatric Services", Human Services, Victoria, June 1994. The purpose of this protocol is to enable the departments to meet the needs of these consumers and ensure that they receive the services most appropriate to their needs in as smooth and coordinated a manner as possible.

Additionally, the Disability Services Commission (DSC) and the Metropolitan Mental Health Services (Department of Health) established a high level interagency committee in April 2001. This committee specifically meets to address the needs of adults with an intellectual disability who have concurrent mental health problems. Both government and non-government agencies representing disability and mental health service provision are involved at a senior level.

The Disability Services Commission (DSC) also advised the Project Team that a proposal exists to extend the DSC Specialist Clinical Psychology Service to people with mental health disorders (ie people with a dual diagnosis of intellectual disability and mental health disorders). The extended service would be made available to adults aged 18 years and over who have an intellectual disability and/or autism living in the Perth Metropolitan Area serviced by the Metropolitan Services Coordination Directorate. This proposal involves enhancement of a current service that consists of two specialist clinical psychology positions where one focuses upon challenging behaviour and the other on positive parenting/behavioural family interventions.

The proposal requests funding for one specialist Clinical Psychology position with specialist knowledge and skills in assessment and community based treatment of mental health disorders in people who have an intellectual disability. The proposed service would provide:

- assessment and intervention for adults with an intellectual disability who are considered to have a mental illness. This service would be involved in the provision of early interventions to prevent the breakdown of the person's place of work or home;
- consultancy and training to families, carers and service providers to enhance functional and adaptive skills and to support the individuals with mental health disorders in their own homes, communities and places of work; and
- a multi disciplinary service that will involve collaboration with DSC Local Area Coordinators, social workers, medical officers, clinical psychologists, medical specialists and other agencies including non-government organisations.

The proposed position would be working in direct partnership with the planned DSC sessional consultant Psychiatrist, sessional clinical Neurologists and the Western Australian Metropolitan Mental Health Service (WAMMHS). The position would also be involved in the provision of expertise and consultation interagency committee established between the Western Australian Metropolitan Mental Health Services and the Disability Services Commission (refer above comments).

3.6 Queensland

In Queensland, mental health treatment and rehabilitation services are provided by primary health care providers and specialised mental health services. Formal service infrastructure across Queensland that holistically and specifically addresses the needs of adults with a dual diagnosis is virtually non-existent. Some services and agencies contacted by the Project Team advised that they respond to the needs of adults with a dual diagnosis out of "goodwill" rather than having a funded or formal policy brief to serve this group. However, it should be noted that Queensland Health, Mental Health Services and Disability Services Queensland have updated an existing protocol and are trailing/evaluating the new version in four locations (two metropolitan and two non-metropolitan) across Queensland. This protocol guides a collaborative service response, between Mental Health Teams and Disability Services Queensland, when a consumer has an intellectual disability and diagnosed or suspected mental health problems.

The Project Team could only identify ***three*** services operating ***solely*** to meet the needs of adults with a dual diagnosis that operate in Queensland. None of these services holistically address whole of lifespan issues for adults with a dual diagnosis. Two of these, ARROS (non-government) and the Developmental Disability Unit Clinic (University) operate with large waiting lists due to limited resources.

- ***ARROS*** (At Risk Resource and Outreach Service) – is an outreach and support service for young people with an intellectual disability aged 15 to 25 years of age that is funded by Families, Youth and Community Care Queensland. ARROS provides assistance to a small number of consumers who are homeless, at risk of being homeless and also experiencing mental health problems. This service operates only in the Northern suburbs of Brisbane and auspiced by another non-government agency, the Community Living Program.

- Dual Diagnosis Unit (Jenner House), Wolston Park Hospital, West Moreton Health District – a hospital based, inpatient tertiary mental health service serving Health districts within Queensland Health. The service targets those adults with concomitant intellectual disability and mental disorder, who exhibit aggressive or violent behaviour that cannot be managed within an integrated mental health service. Jenner House provides specialist assessment, extended inpatient services on a medium to long-term basis, that enables people with a dual diagnosis to receive treatment and rehabilitation. The referring service retains responsibility for ongoing care and support consequent to successful treatment and rehabilitation.

  Some Queensland Health districts also provide non-hospital based extended inpatient mental health units that are intended for people with a chronic mental disorder and associated disability who cannot maintain independence within the community. Adults with a dual diagnosis may access these Community Care Units although clinical services are

not specifically tailored to meet their complex needs. These Community Care Units comprise cluster style housing that is community based and substitutes for hospital based extended inpatient treatment. Eligibility criteria, treatment and services parallels Jenner House as described above. It is possible for adults with a dual diagnosis to move from Jenner house to a Community Care Unit through to community based living options.

- Developmental Disability Unit Clinic – a clinic operating at the Mater Hospital Brisbane. Dr Nick Lennox sees adults with an intellectual disability one day per week. Dr Paul White, Consultant Psychiatrist and a Psychiatric Registrar from Wolston Park Hospital provide limited psychiatric sessions to the Clinic specifically for adults with a dual diagnosis.

The Dual Diagnosis Project team also visited and consulted with some clinical staff from the St Vincents Hospital at Robina, on the Gold Coast. This hospital is an innovative collaboration between Queensland Health and the non-profit Sisters of Charity organisation. The hospital provides public mental health inpatient facilities including 16 beds for adults with a dual diagnosis. The Team was advised by consultation participants that demand for dual diagnosis inpatient services was so low that these beds had been used for other needs. Consultations with other dual diagnosis stakeholders suggested an alternative explanation, eg criteria for admission was problematic. Some agencies advised the Project Team that adults with an intellectual disability with suspected mental health problems had been refused admission or presenting psychopathology had been reduced to "challenging behaviour" or that the person did not warrant admission for assessment or treatment.

Many Queensland services advised the Project Team that they felt unable to cope with the complex needs and challenging behaviours that adults with an intellectual disability can display. Many were unsure of how to proceed in supporting the needs of those with intellectual disability. Co-existing mental health problems exacerbated pre-existing lack of confidence. Key informant interviews and consultations with stakeholders revealed the following "shared" experiences when working with adults with an intellectual disability with a diagnosed mental disorder or suspected mental disorder:

- inadequate skills and knowledge in understanding dual diagnosis;
- under-funding and resource constraints;
- lack of collaboration between agencies or service providers;
- negative stereotypes of the consumers/clients;
- conflicting professional language/discourse;
- difficulty in identifying mental health problems;
- restricted cross service system entry eg eligibility problems;
- limited treatment and interventions;
- isolation and remoteness; and
- need for expert dual diagnosis support and expertise transfer.

These outcomes need to be carefully considered in regards to not only the obvious training and education ramifications, but also policy, practice and strategic planning.

4. Psychiatry and Intellectual Disability

"Psychiatry does not take a lead role for adults with an intellectual disability, and neither does any other key discipline eg clinical psychologist…hope expressed that an individual professional with expertise can single handedly lead psychiatry out of its Dark Ages, in relation to intellectual disability"

This comment to the Project Team from an Australian Psychiatrist was shared in the context of the shortage of Psychiatrists with expertise in the area of intellectual disability. The small number of Psychiatrists with an interest in intellectual disability is a significant barrier to dual diagnosis service development within Australia.

The Project Team are only aware of two Psychiatrists in Australia who work in the area of dual diagnosis in dedicated positions, on a full time basis. Similarly, the Team is only aware of one Psychiatric Trainee (Registrar). One Psychiatrist is based in Adelaide, with the second Psychiatrist (and Registrar) in Melbourne. Chapter Four of this Report, the survey of Queensland Psychiatrists, showed that Psychiatrists working in adult psychiatry ***DO*** see adults with an intellectual disability but they too lack access to relevant training, believe that specialist services should be available and are concerned about support available for this group in the wider community. Psychiatrists have a critical role in maintaining the health and well-being of adults with an intellectual disability. They need to be persuaded, encouraged and supported to work with this population.

In Australia, few specialist services exist that concentrate on the provision of mental health care to adults with an intellectual disability. When psychiatric admission is required, acute mental health units within the hospital system are expected to respond. Difficulties associated with assessment, diagnosis and treatment may challenge even the experienced clinician. Too frequently admission is declined or quality treatment compromised. Australia needs multidisciplinary teams of intellectual disability specialists with a range of professional backgrounds. A Psychiatrist must be a member of such a team.

5. Policy

The Dual Diagnosis Project highlights the need for an integrated and collaborative approach. Policy and legislative development should not only cut across local, state and national boundaries but local boundaries as well. Demarcation and disputation between professionals, agencies, mental health and disability services, medical professionals and carers are only some of the experiences raised in consultations and key informant interviews.

Mental health and disability services must learn to work together to focus upon the needs of the person with the intellectual disability, rather than demarcated service issues. "Mental health and well-being" will only be achievable when stakeholders, in particular mental health and disability services, adopt a genuinely collaborative approach. They must move beyond traditional professional or agency boundaries and clearly aim to address the needs of the individual who is under scrutiny rather than meeting their own agendas (Kitson, 1996).

Adults with an intellectual disability often require "care" throughout their entire lifespan. Those individuals who experience the additional burden of mental health problems, may require additional support and assistance to access appropriate services and then maintain lifestyles that maximize

mental health and well-being as well as physical health and well-being. Few carers, whether paid or unpaid, would disagree that care is a complex, inter-professional process that is undertaken by a variety of staff, both clinical and non-clinical (Sharp & Kilvington,1993). However, the Dual Diagnosis Project cannot prescribe the best way or "how" care can be most effectively and efficiently provided.

Perhaps the next National Mental Health Plan could be lobbied to be more inclusive of the mental health needs of adults with an intellectual disability. Perhaps a national approach could assist with linking isolated but committed dual diagnosis stakeholders together – to learn together and from one another, to share resources and ideas, and to support one another through training or education initiatives. In the interim, cross-boundary, inter and intra disciplinary, team based specialist services for adults with an intellectual disability are only a vision. Education and training initiatives can assist in networking. Research activity also needs to be stimulated within Australia to ensure models of service delivery are evidence based.

6. Diagnosis Networks/Associations

There are no formal dual diagnosis support or educational networks established within Australia to link stakeholders together. The Association for the Scientific Study of Intellectual Disability (ASSID) has state branches and does recognise support interstate collaboration and dual diagnosis themes feature at conferences. The International Association for the Scientific Study of Intellectual Disability (IASSID) maintains a Mental Health Special Interest Research Group (SIRG) that meets regularly with events addressing dual diagnosis always well attended. Whilst some academics and clinicians from Australia do attend IASSID and the Mental Health SIRG when limited budgets allow, participants have on occasion voiced concerns that they are "preaching to the converted". The inference is that those with responsibility and the power to make changes eg the bureaucrats and politicians, would benefit from exposure to the growing evidence base about the negative effects of mental health care neglect of this population.

The USA hosts the National Association for Dual Diagnosis (NADD) that operates "chapters" in most large cities. These chapters are comprised of interested dual diagnosis stakeholders, including paid and unpaid carers, professionals, and interested others, who meet to provide support and share information. Conferences are a regular feature aimed at providing varied professional and clinical education opportunities. NADD encourages interaction and collaboration between agencies and stakeholders. Medical practitioners and Psychiatrists are actively engaged, in addition to other professionals, carers, staff, consumers etc. This organisations maintains a website and a substantive dual diagnosis resource collection.

In the UK, the Association for Mental Health in Mental Retardation is an active association that provides well-planned conferences and educational opportunities. Similarly, the European Association for Mental Health in Mental Retardation, that includes some of the eastern nations, recently hosted a conference in Berlin therefore linking the "east" with the "west". Both Associations have published excellent resource material and host one day and half day dual diagnosis education and training events during the year for "local" members. These associations attract Psychiatrists and other medical specialists, as well as allied health professionals, disability service providers and other interested stakeholders including family members and carers.

7. Education and Training

Consumers with a dual diagnosis and their carers need to have confidence that the clinicians and professionals they seek treatment from have appropriate expertise in the mental health problems of adults with an intellectual disability. Although mental health treatment that is generally available to the broader population would benefit adults with an intellectual disability, such effective treatment needs to translate from theory through to practice. The Project reveals wide general consensus amongst stakeholders, that access to quality dual diagnosis education and training is critical to the health and wellbeing of adults with an intellectual disability. Few had training in the recognition and treatment of adults with a dual diagnosis.

The Project suggests that although a number of stakeholders who participated were providing well-intentioned care, this occurred because there were few alternatives. There were no others services to pick up the needs of the consumer group, and few opportunities for these services to upskill or seek expert assistance. In the UK, a recent government report (DoH, 2001) provided a snapshot of direct care and professional staff who support adults with an intellectual disability:

- estimated 75% of staff are unqualified;
- difficulties in recruitment and retention of professional and care staff;
- low status among the workforce;
- few recognised accredited training qualifications;
- little attention to workforce planning;
- variable involvement of service users and carers in training or planning.

Outcomes from the Dual Diagnosis Project share views and perspectives discussed in this UK report. Findings clearly demonstrate the need for both paid and unpaid carers who support adults with an intellectual disability to:

- have access to quality training and education opportunities with an understanding that ongoing as opposed to “one-off” learning will be required;
- possess skills in networking, liaison and partnership with the different sectors or agencies involved in service provision to adults with a dual diagnosis, particularly primary health care, mental health and disability services;
- understand the need for and participate in multidisciplinary or interdisciplinary teams that may work across agency or service provider boundaries; and
- be sensitive to cultural and philosophical underpinnings of service delivery such as normalisation, the least restrictive alternative, autonomy, choice etc.

The Project highlights that service providers share a general lack of knowledge, training and confidence when consumers have a dual diagnosis. Knowledge and skill deficits may be at a very fundamental level. For example, health, mental health and disability staff (government and non-government) lacked knowledge about even basic characteristics and features of intellectual disability. Professional behaviour and attitudes may be shaped and modified by enhancing knowledge, training and skills as well as organizational practices (Hatton & Emerson, 1993). Training and education is also important in regard to maintaining morale and commitment to the complex needs of adults with an intellectual disability who have a dual diagnosis or a suspected dual diagnosis.

Research evaluating the impact of education and training in the disability field has tended to concentrate upon the effect of behavioural principles for people with challenging behaviour (Carr et al, 1990). Staff training in relation to mental health issues has received minimal attention within the literature. However, some training has been found to be effective in increasing staff knowledge and impacting practice (Allen et al, 1997).

8. Conclusion

This Report has stressed the reality that adults with a dual diagnosis have complex behaviours that pose significant challenges to both clinicians and non-clinicians. Project outcomes demonstrate that the majority of services provided to adults with an intellectual within Queensland are NOT saturated with those who have a concurrent mental disorder. However, despite acknowledged methodological and practical limitations associated with the Project, contact with 156 Queensland agencies providing services to adults with an intellectual disability estimated that there were 1,353 adults with a dual diagnosis or suspected dual diagnosis.

Out of approximately 7,000 adults with an intellectual disability that were served by these agencies, it was then estimated (upper limits of prevalence) that more than 20% had a "dual diagnosis". Managers, staff and professionals associated with these services, clients and their families and carers, described unmet need for adults with a dual diagnosis. Although the numbers of adults with an intellectual disability are estimates and more likely an underestimation, there is little doubt that this small group of Queenslanders consume vast resources and place enormous pressure upon government and non-government services.

The Dual Diagnosis Project is a rich descriptive source of information on the needs of consumers with a dual diagnosis, their carers **and** services and agencies that support them. Findings from the Project enhances understanding of the number of adults with a dual diagnosis within Queensland, and the need for a more formalised prevalence study. The Project also demonstrates the increasing demands that adults with a dual diagnosis, or suspected dual diagnosis, will continue to place upon Queensland services and agencies, within disability, health and other sectors.

Specialised dual diagnosis services are a scarce and often unknown entity within Queensland. Adults with an intellectual disability must attempt to access generic health and mental health services, often with poor outcomes. Many rely heavily upon disability services professionals who often have minimal or absent mental health expertise. Despite the best of intentions, inadequate assessment or diagnosis of mental health problems are common results. Even where a diagnosis or assessment suggests a mental health problem exists, entry or access to clinical and therapeutic services are never guaranteed.

Responses to the various surveys and consultations organised by the Project Team clearly show that there is a high level of concern evident within the broader Queensland community regarding the capacity of mainstream mental health and disability services to "deliver" and cope with the mental health problems experienced by adults with an intellectual disability. Concerns are exacerbated by the limited capacity of many services, agencies and carers to cope with complex and challenging behaviour. Challenging behaviour is a common reason why a mental health consultation is sought and yet, often the very reason why mental health services are refused. The challenging behaviour of adults with an intellectual disability places major demands upon services

(Dudley et al, 1999). Many clinicians and professionals lack the skills to differentiate between challenging behaviour and mental illness. Treatment and intervention is often compromised by diagnostic problems and dilemmas. Understanding psychopathology in adults with an intellectual disability can be a daunting task.

There is obvious need for well planned and resourced education and training in dual diagnosis. Recipients of dual diagnosis training and education should not be limited to Psychiatrists and other clinicians such as psychologists. All service providers and carers need to participate in training events, including consumers. However equally critical is the development and implementation of a coherent conceptual framework to guide service development and delivery. This is the rationale behind two sets of Project recommendations: Gaps in Dual Diagnosis Skills and Knowledge of Clinicians, Professionals, Carers and Other Stakeholders; and Gaps in Service Delivery to Adults with a Dual Diagnosis, their Carers and Other Stakeholders. Without a coherent conceptual framework of service provision to adults with a dual diagnosis, education and training will only have limited success. Their mental health needs of adults with an intellectual disability often need to be met by disability and mental health professionals working collaboratively together. Logically, joint training and educational opportunities should take place.

In recent years, Australia has had access to the growing evidence base regarding the mental health needs of adults with an intellectual disability. Most concur that this group are at increased risk of mental illness when compared to the general population (Moss et al, 1997). Regardless, there is great international disparity regarding best practice within this field and various western nations are at stages of development as they attempt to meet the needs of this population. The Dual Diagnosis Project attempted to describe how Queensland services and agencies were responding to the mental health needs of this group of people. Outcomes from the Dual Diagnosis Project can inform and enhance service development or enhancement as well as guiding state-wide dual diagnosis training and educational strategies.

The health care and mental health care needs of adults with an intellectual disability needs to be prioritised by both government and non-government services within Queensland. Obviously, there is huge room for improvement, and a timely, prompt response is required. It is the hope of the Developmental Disability Unit that not only will Queensland Health rise to the challenges presented in this Report, but their colleagues in Disability Services Queensland and other government agencies will also come on board. After all, adults with an intellectual disability are one of the most vulnerable groups within contemporary Australian society. Their overwhelming needs are undeniable and deserve response.

9. Recommendations

The Developmental Disability Unit encourages the Queensland Government to carefully consider the Recommendations that are detailed in Part Two of this Chapter. Recommendations are multidisciplinary in nature. For convenience, possible solutions and strategies have been divided into ***two sets of complimentary recommendations*** that address:

- Gaps in Dual Diagnosis Skills and Knowledge of Clinicians, Professionals, Carers and Other Stakeholders; and

- Gaps in Service Delivery to Adults with a Dual Diagnosis, their Carers and Other Stakeholders.

Key areas of need that the recommendations are embedded within include:

- clinical practice including assessment, diagnosis and treatment/management;
- training and education;
- networking and multi-agency collaborative practice;
- research activity; and
- an evidence based care approach.

Part Two

Recommendations: Gaps in Dual Diagnosis Skills & Knowledge of Clinicians, Professionals, Carers & Other Stakeholders.

The training and education needs of a the range of dual diagnosis stakeholders needs to be prioritised by not only the Queensland Health Mental Health Services, but also Disability Services Queensland and other government agencies, including Queensland Education. Similarly, strategic responses should not be limited to government sectors, but also embrace the non-government sectors. A holistic approach, that adopts the biopsychosocial approach to understanding health, and specifically mental health and well-being must be adopted. There are four critical domains that stakeholders require dual diagnosis training and education within:

- effective assessment and diagnosis;
- effective communication (with consumers, their carers, other professionals);
- effective treatment & interventions; and
- effective networking & cross agency collaboration.

Recommendation 1: Evidence-Based Approach to Dual Diagnosis

Queensland Health, Mental Health Services must ensure that clinical and professional decisions about the mental health of adults with an intellectual draw upon and reflect the emerging evidence-base about adults with a dual diagnosis. Clinical decisions and service delivery should be based upon knowledge, rather than *ad hoc* experiences.

Services provided to adults with an intellectual disability need to draw upon and reflect the growing body of research and evidence about dual diagnosis. Specifically service development within Queensland should:

- form part of "frontier" scientific research, working with colleagues across Australia and other western nations to improve understanding of the causes and effects of mental health problems, and to enable improvements in the prevention, diagnosis and treatment of mental disorders and mental health problems in adults with an intellectual disability;
- be actively and purposefully involved in both evaluation and assessment of new technologies and existing practices, through access to and familiarity with up to date information that reflects contemporary developments and changes in the field of intellectual disability/dual diagnosis; and
- adopt and encourage an interdisciplinary and cross-agency approach that enables health, mental health care and disability professionals to work cooperatively and collaboratively to ensure all disciplines contribute to maintaining the mental health of adults with an intellectual disability.

Recommendation 2: Highly Skilled Dual Diagnosis Mental Health Clinicians

Queensland Health, Mental Health Services must allocate appropriate resources and commit to supporting continuous training, education and learning opportunities tailored to the needs of the range of clinicians, professionals and carers involved in assessing, treating and maintaining the mental health of adults with an intellectual disability. Dual Diagnosis education and training must be implemented to ensure the result is a highly trained and skilled mental health workforce.
Dual diagnosis education and training needs to be inclusive of clinical skills and also a wider range of competencies, including the ability to:

- comprehend problems and issues arising from the perspective of the consumer or carer, and to be an effective communicator;
- understand and access human services holistically ie health, disability and other social services fitting together to meet consumer need;
- work in teams using a multidisciplinary or interdisciplinary approach, with the capacity to cross agency or organisational boundaries;
- identify mental health and broader health needs and understand the opportunities for mental health and health promotion as well as treatment and care;
- collaboratively involve other carers, family members, relatives and the consumer in decisions and choices involving their services, support, treatment or care.
- provide individual training and education initiatives should be tailored to meet the needs of general practitioners and Psychiatrists.

Recommendation 3: Cross Agency Dual Diagnosis Education, Training and Ongoing Learning Opportunities

Queensland Health, Mental Health Services needs to collaborate with Disability Services Queensland to facilitate or provide, and actively promote the importance of a range of informal and formal dual diagnosis education and training opportunities for a range of stakeholders. Cross agency and interagency dual diagnosis training initiatives should be implemented.

Cross agency dual diagnosis education, training and learning opportunities must broadly target stakeholders from government and non-government services including: professionals and service providers, paid and unpaid carers and consumers ie medical practitioners (Psychiatrists, GPs and other medical officers), professionals and clinicians (nurses, psychologists, social workers, therapists), direct care staff (residential care officers, lifestyle support workers and other staff including managers involved in the provision of direct care services), family members and relatives; and consumers.

Recommendation 4: Promotion of Mental Health in Intellectual Disability

Queensland Health, Mental Health Services should fund the Developmental Disability Unit to develop dedicated resources that facilitate improved and better understanding of the complex needs of adults with a dual diagnosis amongst members of the broader community. The needs of adults with a dual diagnosis or suspected dual diagnosis, cuts across a wide range of community agencies and services providers including primary health care providers, education, police, human services etc.

Mental health promotion activities within the broad community needs to be inclusive of the needs of dual diagnosis consumers who are often "invisible" in health promotion campaigns. Community groups and services would benefit from a broad and improved understanding of the needs of people with an intellectual disability so as to overcome any lingering prejudice and enable adults with an intellectual disability to make appropriate use of services on an equal basis with community members.

Recommendation 5: Clinical and Professional Dual Diagnosis Leadership

Queensland Health, Mental Health Services should collaborate with Disability Services Queensland and jointly fund the appointment of a:

- Psychiatrist to provide clinical services to adults with an intellectual disability;
- dual diagnosis education and training coordinator (full time lecturer/senior lecturer); and
- clinical psychologist (full time lecturer/senior lecturer).

These three positions should be located within the Developmental Disability Unit. These positions would make substantial contributions to mentoring and supporting dual diagnosis stakeholders; the provision of education and training initiatives; research; and clinical services.

Queensland government must ensure that the clinical and professional workforce permanently maintains and supports experts in dual diagnosis. Health, mental health professionals and disability professionals must have adequate access to clinicians and professionals who can provide appropriate training and education that addresses the mental health needs of adults with an intellectual disability. Additionally, these experts should provide support to the clinical and professional workforce, in addition to the provision of clinical services.

Recommendation 6: Dual Diagnosis Development Fund

Queensland Health, Mental Health Services should initiate, establish and fund a Dual Diagnosis Development Fund that would resource and support a range of initiatives aimed at enhancing clinical, educational and research capacity across Queensland.

It is recommended that Queensland Health approach Disability Services Queensland and Queensland Education for joint commissioning of this fund, including major shared contributions and oversight responsibilities. This initiative should be located within the Developmental Disability Unit, but overseen by a committee approved by Ministers of all three Government Departments.

The establishment of this fund would contribute to the much needed recognition of the valuable role that needs to be played by the academic and research communities in creating and supporting through an evidence based care approach, appropriate dual diagnosis services, including education and training activities and resources.

Recommendation 7: Dual Diagnosis Training and Educational Resource Package

Queensland Health, Mental Health Services should fund the Developmental Disability Unit to develop a Dual Diagnosis training and educational resource package. This educational resource package would embrace a multidisciplinary/interdisciplinary approach but would be used to train and educate key dual diagnosis stakeholders ie Psychiatrists/general practitioners, professionals, paid and unpaid carers and consumers.

The mental health care needs of adults with an intellectual disability are commonly managed by Psychiatrists and General Practitioners. These medical specialists need access to succinct and relevant training and educational resources that ensure they have the necessary skills to undertake assessment, diagnosis and treatment of mental health care problems experienced by adults with an intellectual disability. GPs and Psychiatrists would require the dual diagnosis and educational resources package to be tailored specifically to meet their needs.

In general, the dual diagnosis training and resource package should be developed to enhance skills, knowledge and expertise in (Bouras & Holt, 1997):

- recognition of signs and symptoms of mental health problems in adults with an intellectual disability;
- treatment methods, including therapy and psychopharmacology;
- problem solving approaches when faced with behavioural problems or challenging behaviour;
- networking with other staff, professionals and key resources; and
- liaison and collaboration with key stakeholders eg mental health services and disability services.

Recommendation 8: Dual Diagnosis Information and Support Network for Professionals and Paid Carers

Queensland Health, Mental Health Services should collaborate with Disability Services Queensland to establish and trial a Dual Diagnosis Support Network. This network should aim to link the range of professionals and paid carers. Service providers, working within the government and non-government sectors need to be encouraged to interact together, share resources and information and therefore enhance conjoint problem solving approaches.

The Queensland Government needs to increase the help and support professionals and carers receive from both government and non-government services so that they are able to be effective in enhancing the mental health of adults with an intellectual disability. Service providers face complex problems and challenges while they are supporting an adult with a dual diagnosis. Their specific needs include:

- quality and practical information regarding dual diagnosis;
- insight into the nexus between mental health services and disability services;
- better assessment of their own needs;
- improved access to support services; and
- advice regarding services eg eligibility and access details.

Recommendation 9: Information and Support Network for Consumers, Families and Other Unpaid Carers

Queensland Health, Mental Health Services should fund the Developmental Disability Unit to establish an Information and Support Network for carers and consumers with a dual diagnosis.

The network would link unpaid carers supporting adults with a dual diagnosis and also provide regular opportunities for interaction and information sharing. Networking and information exchanges

will never negate the important need for contact with competent and experienced professionals but carers and consumers would benefit from effective collaboration and problem solving. Carers and consumers need access to networks that provide them with the opportunity to share information, strategies and support when caring for an adult with a dual diagnosis.

Recommendation 10: Carers and Consumers Contributing to Dual Diagnosis Education and Training Initiatives

Queensland Health, Mental Health Services should ensure that dual diagnosis education and training initiatives actively involve the contribution of consumers and their carers. Funding should be provided to ensure consumers and their carers have an integral and effective role in the design and delivery of dual diagnosis education training to all stakeholders. Whether those receiving training or education in dual diagnosis are clinicians, professionals or managers, they will benefit from the opportunity to hear directly from adults with an intellectual disability about their experiences and expectations.

Carers have dual diagnosis training and education needs but they can also be an effective training resource. Adults with an intellectual disability and their carers need to be actively supported and encouraged to participate in the development and implementation of training and educational initiatives.

Recommendations: Gaps in Service Delivery to Adults with a Dual Diagnosis, their Carers & Other Stakeholders

Quality multi-disciplinary specialist services are urgently required to meet the needs of adults with an intellectual disability who have a dual diagnosis or a suspected mental health problem. Ideally, services provided to adults with an intellectual disability should be locally based and either co-located or closely linked with generic mental health services.

Queensland mental health services aim to provide seamless services to those people who have mental health problems. Although the provision of appropriate services is a challenge for the general population, seamless services for adults with an intellectual disability clearly means that:

- organisational boundaries should never impede consumers;
- planning and provision of services and support is practical, realistic and workable;
- roles and responsibilities are clearly defined;
- multidisciplinary teams (or representative members), from different agencies come together to provide high quality services for consumers and make the best use of the specialist skills and experience of the clinicians/professionals/staff involved; and
- there is support in working across organisational boundaries.

The model of service delivery most appropriate for adults with a dual diagnosis involves cross-boundary team working functions. The complex needs of this population are compromised by the lack of a shared vision and shared commitment across agencies. There is a tendency for clinicians, professionals and service providers to be unaware of what "rules" are in operation or concurrently what their professional obligations are to adults with an intellectual disability. A serious but direct effect is the harsh reality that when an adult with an intellectual disability requests mental health services, the service response tends to focus upon the agency resources or relationships rather than the concrete needs of the person needing assessment or treatment.

The Dual Diagnosis Project identified many tensions between service providers regarding the mental health needs of adults with an intellectual disability. There were few suggestions that the majority of agencies and service providers, whether mental health services or disability services, were prepared to substitute functions or responsibilities in the interests of "seamlessness" or client needs. Although the Project Team was made aware of a number of key initiatives where seamlessness and client needs ***were*** put ahead of organisational agendas eg the Cairns and District Dual Diagnosis Group, there is definite room for improvement. A background theme in many of the recommendations listed below argues for strategies and initiatives that promote linkages and bridgework between key stakeholders, particularly mental health services and disability services.

Recommendation 1: Health Care Equality

Policy and program development or activity across the Queensland Government should consistently ensure adults with an intellectual disability enjoy the same right of access to mainstream health services, mental health services and disability services as is experienced by the general population when in pursuit of reasonable quality of life, specifically in regard to health status. Specifically, this policy approach should form part of local policy and practice within not just mental health services, but all Queensland Health Districts, including hospitals. Mechanisms, such as the dual diagnosis protocols developed by Queensland Health Mental Health Services, with Disability Services Queensland should be adequately funded to ensure trialing and evaluation is both practicable and realistic.

Recommendation 2: Collaborative Focus Upon Care

Queensland Health, Mental Health Services needs to work collaboratively with Disability Services Queensland to meet the mental health needs of adults with an intellectual disability. Collaboration will require a new focus and cultural shift within government and non-government services that recognises the importance of developing and enhancing skill development within and between health, mental health and disability staff.

Opportunities for collaboration need to occur at the coalface through to policy and senior bureaucrat levels. Mental health policy and services provided to adults with an intellectual disability need to aim to provide services through collaborative arrangements by stakeholder agencies rather than exclusionary approaches that attempt to make unitary responsibility eg where one agency is solely responsible.

The needs of adults with a dual diagnosis, or a suspected dual diagnosis clearly cut across agencies, rather than being able to be allocated to one sole agency of responsibility. Mental health services provided through Queensland Health *and* disability services provided through Disability Services Queensland need to re-focus the orientation of services provided to adults with an intellectual disability. In particular, at the point of initial access, where eligibility is determined or referrals are made to "appropriate services", the focus must be upon care and the needs of the individual and their carers. Despite philosophically appropriate policy and practice manuals that exist in both services sectors, services are not consumer focused or client focused.

Recommendation 3: Cross-agency Dual Diagnosis Service Development

Queensland Health, Mental Health Services must encourage community based agencies and service providers to work collaboratively together to meet the needs of adults with a dual diagnosis, and their carers. Services need to reflect multidisciplinary teamwork– assessment, treatment, support, case management & coordination, education, training, mentorship & referral.

The Mental Health Program should provide non-recurrent funding opportunities that encourage and induce government and non-government agencies, services and organisations to join together to develop services to meet the needs of adults with a dual diagnosis. Funding or additional resources should aim to:

- maximise contributions & potential of each agency to provide services to adults with a dual diagnosis;
- stretch boundaries of participating agencies and make them need to the needs of adults with a dual diagnosis; and
- support and encourage the development of a new kind of professional eg who is able to work comfortably & to interact simultaneously within many disciplines.

Recommendation 4: Funding Injections to Enable Mental Health through Meaningful Day Activities

Queensland Health, Mental Health Services needs to work collaboratively with Disability Services Queensland to ensure active steps are taken to enable and encourage the development of a wider range of daily, recreational or leisure opportunities that take place within appropriate community-based settings. People with an intellectual disability are living in sub-optimal conditions therefore it is of little surprise that their mental health, as well as physical health and well-being is being severely compromised. "Meaningful" day activities can make a significant contribution to improving quality of life, can help to tackle social exclusion, and most importantly, encourage the promotion of mental, social and emotional health and well-being Government and non-government service providers require substantial injections of recurrent funds to enable this recommendation to be realised.

The Office of the Public Advocate Queensland has sole responsibility for systems advocacy. The Public Advocate recently highlighted the deep-rooted and historic legacy of neglect in regard to the way people with impaired capacity are supported. In the Annual General Report of the Office of the Public Advocate (2001), this Office argued that Queensland would require the injection of an additional $125-$150 million per year to reach the national per capita average.

Although a range of factors combine to stop adults with an intellectual disability from participating in ordinary community activities, economic restraints are often the underlying denominator. Where employment is not possible, meaningful day activities or leisure and recreation appears to be considered a rare luxury and often fails to be embedded within daily routines. Lack of meaningful or interesting day activity contributes to boredom, anxiety and stress and may increase the likelihood of mental health and or challenging behaviour problems developing.

Recommendation 5: Tertiary Clinical Outreach Service

Queensland Health, Mental Health Services needs to provide enhanced funding to the Developmental Disability Unit so that a Dual Diagnosis Clinical Outreach Service can be provided on a state-wide basis. This Dual Diagnosis Clinical Outreach Service would support Psychiatrists, general practitioners, professionals, disability service providers and unpaid carers and consumers across Queensland. The Mental Health Program should seek collaborative supportive funding from Disability Services Queensland to enhance this initiative.

All adults with an intellectual disability should enjoy equitable access to generic mental health and disability services. However, research has clearly demonstrated that adults with a dual diagnosis challenge service delivery (see Bouras et al, 1994). Specialist, tertiary services need to be planned, developed and delivered. These specialist services should operate at a tertiary level eg consult with, work with and support generic services eg primary health care services to continue to provide quality evidence based care to adults with an intellectual disability.

The Developmental Disability Unit, working collaboratively with the Wolston Park Hospital is an excellent example of tertiary consultancy services that can work effectively together to support generic health and disability services to support and assist adults with a dual diagnosis living in community settings. However, the DDU is chronically under funded in the provision of specialist dual diagnosis services. Waiting lists acknowledge demand and unmet need.

The Queensland Health Mental Health Program should recurrently enhance the funding of the DDU to enable recruitment and employment of staff for the Clinical Outreach Services, including:

- one sessional Psychiatrist;
- one sessional clinical psychologist;
- one sessional social worker; and
- a part time administrative support.

Recommendation 6: Dual Diagnosis "Triage" Positions

It is strongly recommended that each Queensland Health District employs at minimum, one full time professional or clinical position designated with Dual Diagnosis Mental Health Advocacy and Liaison or dual diagnosis "triage" responsibilities. This position would adopt a local level advisory role for adults with an intellectual disability entering the mental health system and mental health staff working with that individual. Other responsibilities would include:

- networking and liaison responsibilities to maintain communication links with disability services at a local, middle management and senior level;
- familiarity with disability discourse, relevant protocols and policies;
- consultation and networking with primary health care services, particularly general practitioners in the local area;
- regular in-service dual diagnosis training that involves mental health and disability staff; and
- access to literature, information and resources relevant to dual diagnosis.

Recommendation 7: Multidisciplinary and Cross-Disciplinary Professional Practice

Queensland Health, Mental Health Services and Disability Services Queensland need to adopt cross-disciplinary and multidisciplinary practice as the model of professional service delivery required to meet the needs of adults with an intellectual disability who have a dual diagnosis or suspected dual diagnosis. The multidisciplinary approach required needs professionals recruited and trained who are able to have a wide rather than narrow focus of the mental health needs of adults with a dual diagnosis and therefore, have the capacity to look beyond their discipline "over the walls."

Interdisciplinary practice is a preferred model of care emerging within the literature (McCallin, 2001). The model is best understood as professionals with distinct discipline specific training working together for a common purpose eg mutually supportive relationships. Multidisciplinary in nature, the contribution of each discipline is understood as being "different" and yet at the same time complimentary.

Collaborative professional practice that crosses traditional professional boundaries is increasingly demanded in the contemporary context of human, health and disability services. This is a response to policy and legislative demands for cooperation and integrated or seamless care pathways. The

complex needs of adults with a dual diagnosis require professionals from a range of backgrounds, who need to work together to provide cohesive care within an environment that reflects specialisation, rationalisation, maximisation and avoids duplication (Leathard, 1994).

Recommendation 8: DDU based Dual Diagnosis Colloquia

Queensland Health, Mental Health Services has a unique opportunity to develop an initiative that will ensure a "leading Australian voice in dual diagnosis" emerges in the Queensland setting. Funding of a Dual Diagnosis Colloquia would contribute to the development of dual diagnosis services and initiatives that are high quality, evidence-based and continuously improving. Although brief details are provided below, funding needs to be drawn from key stakeholders making this initiative truly collaborative and co-operative.

Queensland Government should establish the Dual Diagnosis Colloquia as a centre of excellence to contribute to improvements in services to adults with an intellectual disability who have a concurrent mental health problem. The main responsibility for this Colloquia would be the promotion of evidence based practice across Queensland, to guide and address current service delivery problems and challenges to this complex client group.

Outcomes from the Colloquia will ensure improved approaches to the measurement of quality services that emphasizes improved outcomes for adults with a dual diagnosis, informed by quality research and therefore evidence based care. The establishment of this initiative would demonstrate that the Government is genuine about raising standards and improving quality of services for adults with a dual diagnosis living in Queensland.

Responsibilities

The colloquia would operate as a forum that encouraged the development and dissemination of expertise in dual diagnosis across Queensland. Characteristically multifunctional, the forum could achieve a range of activities including:

- education and training initiatives for professionals & carers tailored to meet individual audience needs;
- collation of and distribution of evidence based information, advice and support to dual diagnosis service providers across Queensland including tertiary medical & health related support;
- website development and maintenance including an online discussion network and clearing house for relevant, current evidence based research;
- coordination of brokerage funds to support service provision to adults with a dual diagnosis;
- policy, program and protocol development regarding collaborative interactions and initiatives that meet the needs of dual diagnosis stakeholders;
- generation of and support the development of collaborative partnerships;
- problem solving and non-adversarial resolution of cross-agency problems; and
- research activity and outcome distribution.

Location

Colloquia should be located in a neutral environment that provides appropriate status eg university setting. The Developmental Disability Unit, an independent academic unit with a mission to improve the health status of adults with an intellectual disability, is the ideal site for the Dual Diagnosis Colloquia.

Funding

Funding to establish the Colloquia should be collaboratively contributed by stakeholders. Specific roles, responsibilities and activities of the Colloquia could therefore be further negotiated with stakeholders. The model described could be implemented in a "staggered" approach eg role and responsibilities could be introduced over a number of years as funding became available.

However, the minimum staffing profile at commencement of the Colloquia would have to include: a full time Project Officer (AO 6) who would assume project responsibilities and key teaching role in addition to a full time Psychiatrist.