



Dual Diagnosis Program

National Coalition on Dual Diagnosis Main Messages

July, 2010

Members of our coalition are determined to improve the lives of those who live with both a developmental disability and mental illness. These main messages will allow us to speak clearly and consistently about a population whose mental health needs have been ignored. This document was written for use by Coalition members when talking to local, regional, provincial or national representatives/groups regarding solutions to service and system challenges to meet the needs of individuals with a dual diagnosis.



Developmental Disabilities Section of the
Canadian Psychiatric Association



NADD Ontario

People with a dual diagnosis are citizens of this country. They're entitled to health equity and equal opportunity to live and participate - with respect and dignity – when and how they choose – in Canada's communities
(National Coalition on Dual Diagnosis, 2008)

Canadians living with a dual diagnosis (developmental disability and mental health needs) represent the worst case example for how the system fails people with complex needs.

Experience and research tell us that there are effective solutions:

I Enabling Government Policy

- Dual diagnosis is specifically recognized in national and provincial mental health policy
- National and provincial mental health policy and procedures must support a flexible system structure. This means having:
 - **Integration at both the system and service levels** - We need consistent, ongoing leadership from government departments, working together by way of inter-ministerial structures to support ongoing discussion, communication, collaboration and monitoring
 - **Flexibility in movement** - Service systems that facilitate the movement of people into and through various types and levels of care, as required and over their lifetime
 - **Resources for system and service level integration** – System navigators, facilitators and case managers, who have an integrated understanding of the complexity of dual diagnosis. These professionals provide support and leadership at an individual, program and system level.

People with dual diagnosis often present to service providers as having intertwined and complex physical and mental health needs. Therefore federal and provincial government policy must:

1. Integrate both physical and mental health perspectives and remove barriers to collaborative practice across different professions and provider groups
2. Support inter-ministerial system and service integration, including funding for service networks and system facilitators to knit the pieces together on the ground.
3. Facilitate funding that supports flexibility at the service level, so people can move within and across child, youth, health, social service, and education systems over their lifetime.
4. Reflect a culture committed to getting people the appropriate service, at the appropriate time.

II Human resources - developing a competent workforce through training and education

- Undergraduate, post graduate and ongoing professional training should include dual diagnosis
- Training and education that emphasizes collaborative / inter-professional education and care
- Evaluating the education of professionals and their confidence to care for people with dual diagnosis
- Human resource strategies that establish and invest in career paths to work in dual diagnosis within mental health, addictions and social services

Building a competent, capable workforce serving Canadians with a dual diagnosis will require a range of strategies:

1. Knowledge and skill competencies. For example, the generalist (e.g., family physician, nurse or psychiatrist) who comes into contact with a person with a developmental disability must be able to recognize their unique needs, and have basic knowledge and skills for providing mental health care. Advanced and specialist trained professionals must be available to those individuals who have additional and or more complex needs
2. Benchmarks are needed for the number of graduates per profession and levels of practice required e.g. generalist, advanced generalist and specialist
3. Funding incentives for professionals to serve populations with more complex multi-system needs
4. Education and training for all disciplines regarding attitudes and stigma related to cognitive and developmental disabilities as well as inter-professional collaborative models of care.
5. Salaries in the social service sector must keep pace with the level of skill required in the field

III. Help for individuals, families, friends and caregivers

- Continuum of accessible, available services and supports that includes mental health promotion and prevention
- Easy access to information, financial support, mental health care, respite, counselling and support for themselves when they need it
- Inclusion in service and system planning and design

A continuum of accessible, available services and supports contains these key elements:

1. Outreach / early identification to at-risk individuals and families e.g. those living in isolation, poverty
2. Education for families and individuals about how to access services
3. Simplified access points and procedures -- particularly when needing to 'cross over' from one service sector to another (e.g. between child, adult, developmental, health, justice, education systems)
4. Adequate funding and better service system management to address the insurmountable wait lists for community resources

5. Services and supports when families need them, or become unable to continue as the primary provider of support, such as case management and housing
6. Access to intensive, specialized and continuing physical and mental health care in community or hospital based services, similar to other areas of health care (e.g., diabetes, cardiac care)
7. Services include coordinated inter-professional assessment and treatment
8. Legal barriers prohibiting information sharing with parents of adult children are addressed
9. Quality assurance program standards are established and are a requirement for program licensing

IV Accurate data and research

- National funding of epidemiological, practice and outcome studies

Service planning depends on reliable prevalence and treatment data. Obtaining this data is an enormous challenge, however, due to different administrative definitions of developmental disability across Canada, as well as the varying aetiology and presentation of a heterogeneous population.

Dual Diagnosis is also a field that hasn't attracted researchers and research funding. The dearth of research leads to difficulties in describing the population, as well as planning and implementing effective practice. This in turn leads to further marginalization within academic, research and care environments.

Commitment and investment are required:

1. To attract high quality research and highly trained researchers to the field
2. To study the prevalence of specific psychiatric disorders across the lifespan, within different subgroups and risk factors contributing to the onset of psychiatric disorders (both biological e.g., genetic syndromes or predispositions and psychosocial e.g. poverty, trauma)
3. To study service needs and determine which approaches are most successful (such research should be interdisciplinary).
4. To understand the cost effectiveness of current models and promising models of care.

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About the National Coalition on Dual Diagnosis

The Coalition is a group of individuals, families, professionals and organizations that respond to advocacy opportunities related to pan Canadian initiatives pertaining to the mental health needs of individuals with developmental disabilities.

For more information and to access the Advocacy Toolkit and additional reports:

<http://care-id.com>