

# Dual diagnosis of mental health and alcohol and other drug problems



Dual diagnosis is when someone has a mental health condition and an alcohol or other drug (AOD) use problem at the same time.



Around 50% of people experiencing a mental health condition also have a substance use problem and vice versa.



People who live with a dual diagnosis often find it challenging to access support services.

*Services are not set up to deal with people who have poor mental health and substance abuse issues and you get the run around from one to the other without ever meeting anyone who gets it.*

- Community member with dual diagnosis

## Policy and planning



The Victorian Royal Commission into Mental Health made two specific recommendations regarding integration of mental health and AOD service responses:



**Recommendation 35:** All mental health and wellbeing services across all age-based systems, including crisis services, community based services and bed-based services provide integrated treatment, care and support to people living with mental illness and substance use or addiction, without exclusion of consumers living with substance use and addiction.



**Recommendation 36:** Calls for a new statewide service for people living with mental illness and substance use or addiction which will lead research into mental illness and substance use or addiction, support education and training, provide specialist care for complex support needs, support mental health and AOD workforce.

The Victorian-Commonwealth Bilateral Agreement seeks to improve mental health and suicide prevention outcomes for all Victorians. New community based Local Adult and Older Adult Mental Health and Wellbeing Services (Local Services) will provide an integrated response for consumers experiencing dual diagnoses. The local service in Latrobe opened in 2023, with the second announced for late 2023 for East Gippsland.

The Gippsland Alcohol and Other Drug Catchment Based Plan 2022-2025 includes integration with mental health reform as one of three priority areas.

## Data



- Mental and substance use disorders was the second leading cause (**23%**) of non-fatal burden of disease.
- There is a strong association between illicit drug use and mental health issues:
  - ◇ **26%** of people who had recently used drugs experienced high or very high levels of psychological distress
  - ◇ **26%** of people who recently used drugs had a mental health diagnosis or recent treatment.

People with a mental health condition are more likely to have used drugs (compared to people without a mental health condition):

- ◇ **1.7x** as likely to have recently used any illicit drug (**26.0% compared to 15.2%**)
- ◇ **1.8x** as likely to have used cannabis (**19.4% compared with 10.7%**)
- ◇ **2.2x** as likely to have used meth/amphetamine (**2.6% compared with 1.2%**)
- ◇ **1.4x** as likely to have used ecstasy (**4.1% compared with 3.0%**) or cocaine (**6.2% compared with 4.3%**)
- ◇ **2.1x** as likely to use pharmaceuticals for non-medical purposes (**7.6% compared with 3.6%**)

There are **3,800 people in Gippsland** with a current dual diagnosis of mental health and AOD issues based on general practice data. **65%** of people with an AOD diagnosis had a mental health diagnosis too.

Vulnerable population groups may be at higher risk of dual diagnoses.

### People with dual diagnosis have higher rates of:

- severe illness course and relapse
- violence, suicidal behaviour and suicide
- infections and physical health problems
- social isolation and family/carer distress
- service use
- anti-social behaviour and incarceration
- Homelessness

### There are often significant underlying factors related to mental health and AOD issues, especially for people with a dual diagnosis:

- Trauma
- Homelessness
- Lack of community spaces and social activities
- Poverty
- Shame and stigma
- Family violence and/or breakdown
- Lack of affordable housing

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## Community perspective



### Dual diagnosis service users have told us:

- Reliable and local information is needed
- Primary care providers need to be better equipped, including GPs.
- Better coordination of services is needed, regardless of timing or location.

” *There’s been a culture in these services, they don’t want to share and then ... people have to tell their story, again.* ”  
- Community member with dual diagnosis

### Consumers and carers have told us:

- Carers and families may be under pressure to obtain substances for their loved one
- Lack of supported accommodation options places significant burden on carers
- Carers can experience isolation and lack of support
- Carers and families are often trying to support their loved ones with very complex conditions
- Eligibility criteria for some services may restrict consumers and carers from access
- People don't know about available services until they are involved in the justice system

## Services and support



[Gippsland Indigenous Dual Diagnosis Service delivered by Aboriginal Community Controlled Organisations.](#)

[Headspace](#)

[Gippsland Family and Carer Support Service, Australian Community Support Organisation](#)

Your local GP or community health service.

Latrobe Regional Health Area Mental Health Service is the main provider of acute mental health services, including a dual diagnosis service.

The National Alcohol and Other Drug Hotline **1800 250 015** will transfer you to the Alcohol Drug and Information Service in your state

SANE Helpline **1800 187 263 SANE** (also online)

Arafmi **1300 554 660** 24-hour hotline for carers.

Carers Australia **1800 422 737**

## Professional perspective



### Professionals have told us:

- Dual diagnosis support is a gap everywhere
- A more flexible funding approach is needed
- More dual diagnosis training needed
- More Nurse Practitioners would benefit all AOD services in Gippsland
- Regional planning is required for a more streamlined system
- Workforce gaps include addiction medicine, psychology for AOD and peer workforce
- Currently very limited services for people living with dual diagnosis
- Service providers reported a positive community response to the new dual diagnosis service for Indigenous clients

## Opportunities to improve



Permanent, secure supported accommodation with casual employment opportunities and integrated rehabilitation



Ensure involvement of families and carers especially around hospital discharge if there are safety concerns



Co-location of mental health and AOD services can improve coordination and integration of services to better meet client needs



Increased workforce training and development



Collaboration and shared care with area mental health teams, health and welfare services, housing and employment services and the judicial system



Joint funding model that covers both mental health and AOD



Joint commissioning of services by State, Commonwealth and other funders



Early access to information, coordinated care and supports for family and carers



Information provided in many formats and 'no wrong door' approach



Fund outreach services where people gather