



Dual Diagnosis Position Paper

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What is Dual Diagnosis?

Dual Diagnosis is defined as the coexistence or co-occurrence of a mental health problem with some form of substance use disorder. Dual Diagnosis is sometimes used interchangeably with the term comorbidity or co-occurring mental health and substance use. Dual Diagnosis is also used to describe other co-occurring conditions that impact on clients with substance use disorders such as Fetal Alcohol Spectrum Disorders, intellectual impairments and chronic disease.

Prevalence of Co-occurring Mental Health and Substance Use Disorders

The Alcohol and Drug Treatment Services National Minimum Data Set report for 2010-11 identified that 34% of clients who received treatment in Queensland during the period were referred by a mental health care service. Further, a 2005 study conducted by the National Drug and Alcohol Research Centre (NDARC) found that 69% of people undergoing outpatient treatment for alcohol dependence had at least one co-occurring depressive or anxiety disorder (Burns, et al). This data reflects the on the ground experience of many QNADA members, who report that a significant proportion of clients accessing their service have a co-occurring mental health disorder.

In addition, the 2007 National Survey of Mental Health and Wellbeing found that of the 2.8 million respondents who reported that they drank every day, 21% had experienced a mental health disorder in the previous 12 months. Of those that drank once a month, 18% had experienced a mental health disorder in the previous 12 months.

From the same survey, 183,900 people reported they had used illicit substances or misused prescribed medicines nearly every day. Sixty three percent of these respondents had also experienced a mental health disorder in the previous 12 months (38% had an anxiety disorder and 31% had an affective disorder).

Implications for Clinical Practice

The co-occurrence of a mental health disorder with a substance use disorder may mean that the psychiatric symptoms make the treatment for substance misuse more complex. Clients with dual diagnosis generally present with greater drug use severity, poorer general health and poorer social functioning (Burns, Teeson, & O'Neill, 2005).

This should not be interpreted to mean that alcohol and other drug clinicians do not have the requisite skills and knowledge to deal with these more complex presentations. In fact recent studies have shown that alcohol and drug clinicians are more knowledgeable in the treatment of mental health issues than mental health clinicians are in the treatment of problematic alcohol and drug use. Add to this the fact



that many clients of alcohol and drug treatment services are not eligible for treatment through mental health services (because of their substance use), while most mental health clients are eligible for treatment through alcohol and drug services (Kavanagh, et al., 2000) and it becomes clear why it is so important for alcohol and drug services to be skilled in dealing with mental health disorders.

The Queensland Network of Alcohol and other Drugs (QNADA) supports the 2008 *Queensland Health Dual Diagnosis Policy, Service delivery for people with a dual diagnosis* document, also known as the “No Wrong-Door Policy”. This policy outlines 12 principles of care developed from consensus based clinical practices. The key concept of the policy is that the individual receives collaborative care between mental health and alcohol and drug services, without being passed on from one service to the next. The policy also emphasises that both the alcohol and drug issue and the mental health disorder should be treated concurrently.

Using Evidence Informed Practice

QNADA supports the use of evidenced based guidelines for the management of dual diagnosis, such as:

Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings (Mills, et al., 2010). This guideline is very comprehensive and is written from the perspective of an alcohol and other drug clinician. The guideline is available [online](#) and is a very informative reference guide for all alcohol and drug clinicians.

Queensland Health Dual Diagnosis Clinical Guidelines (Queensland Health, 2010) and its associated toolkit. These guidelines are written for the Queensland context and to put into practice the “No Wrong-Door Policy”. These can be accessed through the [QNADA website](#).

Dual diagnosis toolkit (mental health and substance misuse) (Hawkings & Gilbert, N.D) is a publication from the United Kingdom which is written for frontline staff of services who work with clients with a dual diagnosis. It is a very practical guide and includes case studies and learning exercises for individuals or group work. This also can be accessed through the [QNADA website](#).

Key Recommendations:

- QNADA supports the use of tools such as the Dual Diagnosis Capability in Addiction Treatment (DDCAT) by AOD services to guide a planning process to develop and improve their capacity to respond to clients with a co-occurring mental health and substance use disorder.
- QNADA supports the use of evidence based clinical guidelines in the delivery of services to clients with co-occurring mental health and substance use disorders.
- AOD and MH services should be supported to collaborate in assisting clients with a co-occurring mental health and substance use disorder. This support should take the form of appropriate resourcing from governments (state and commonwealth) for professional development and to support shared care or integrated service delivery.

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