



2006 Co-existing Mental Health and Drugs and/or Alcohol Study

Executive summary

The occurrence of mental health and drug and/or alcohol issues in individuals is increasingly becoming an area of concern in our sector and the drug and alcohol sector. Current literature suggests that segregation between the sectors is one of the main barriers to providing effective services for individuals with both mental health and drug and/or alcohol issues. As suggested by Teesson and Byrnes (2001), there is an apparent need for collaboration and co-operation between mental health and drug and alcohol services, and that reliable information concerning the extent and nature of the issues is vital to addressing this need. In light of these concerns, research was undertaken by the Alliance to gain a snapshot of the current situation from the perspective of our member organisations, and some drug and alcohol organisations. The key findings of the research of our member organisations identified that nine out of ten responses agreed that their service often deals with individuals with mental health and drug and/or alcohol issues, highlighting the importance of this study and the need to understand this cross-sectional issue and its impact on our sector. Furthermore, confidence of respondents when supporting individuals with both mental health and drug and/or alcohol issues varied, with some service types less likely to feel more confident; consumer run organisations were either neutral (36%) or not confident (36%), while organisations with no links to drug and alcohol services as well as regional services were neutral on confidence levels. The idea of specialised training for workers who support individuals with both issues was supported with 98% of respondents indicating a need for this. The results also indicated that approximately half of consumer run organisations, organisations with no links to drug and alcohol services, and remote and rural organisations disagreed that their staff were trained to adequately support individuals with both issues. The value of organisational links was found to be important to the majority of respondents (96%), with 70% of the respondents indicating that they do have links to drug and alcohol services. From the interviews taken with drug and alcohol services, organisation links were also deemed as being important for assisting individuals with both issues.

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Introduction

Are individuals who have both mental health and drug and/or alcohol issues able to receive adequate services? Queensland Alliance has recently undertaken research to gain a snapshot of the current situation for non-government organisations for mental health and drug and alcohol organisations, specifically focusing on the experiences and attitudes in regards to individuals who have mental health issues and drug and/or alcohol issues. Current literature suggests that segregation between the sectors is one of the main barriers to providing effective services for individuals with both mental health and drug and/or alcohol issues. As suggested by Teesson and Byrnes (2001), there is an apparent need for collaboration and co-operation between mental health and drug and alcohol services, and that reliable information concerning the extent and nature of the issues is vital to addressing this need.

The purpose of the current research is to find out about the current state of non-government organisations for mental health in Queensland, along with drug and alcohol organisation views concerning individuals who have mental health issues with drug and/or alcohol issues. As previous research has identified, assisting individuals who have **both** mental health and drug and/or alcohol issues can become difficult and somewhat ambiguous for organisations in both fields, due to staff training that is specific to assisting individuals with **either** a substance use issue, or a mental health issue (Harwood, Kowalski, Ameen, 2004). Lee, Morrissey, Thomas, Carter and Ellis (2006) outline that linking services from different sectors can be problematic, however, clients who received assistance from services that are specifically designed for individuals with mental health and drug/alcohol issues functioned better in the community than clients not receiving services from such programs (Barnes and Rudge, 2003).

When referring to individuals who have mental health and drug and/or alcohol issues, many different terms have been used to describe and group these individuals, which can lead to problems of miscommunication, and marginalisation of individuals. The term, 'dual diagnosis' is commonly used when referring to individuals with mental health and drug and/or alcohol issues, which can be problematic as the term is used to illustrate a combination of diagnosed issues (Ogloff, Lemphers, and Dwyer, 2004). Not only could this term present problems of miscommunication across services and sectors, 'dual diagnosis' may also marginalise and categorise individuals with mental health and drug and/or alcohol issues, which can also present various problems.

As 'dual diagnosis' is becoming the most frequently used term within literature on mental health and drug and/or alcohol issues (Ogloff et al. 2004), there may be a concern that the term places an emphasis upon an individual's mental health issue and drug/alcohol issue as being two separate entities occurring simultaneously, instead of viewing an individual's issues in a holistic and collective manner as many other illnesses might be.

Rice (1989) presents the idea that individuals labeled as having 'dual diagnoses' are in fact, the product of 'dual programs' that operate within the boundaries of a specific diagnosis. In order to effectively assist individuals with a mental health issue and drug and/or alcohol issue, it may be more beneficial to use a case management process that assists individuals on holistic level, rather than creating a program specific to these particular issues (Rice, 1989).

O'Reilly and Fitzgerald (1997) outline possible frameworks for service delivery, including the 'Parallel model' where mental health issues and drug and/or alcohol issues are treated simultaneously, however, under different settings. The 'Sequential model' refers to treatment of one area before another; in this case, it may be that mental health issues are addressed before drug or alcohol issues or similarly, drug and alcohol issues are addressed first. The 'Integrated model' ideally means that all issues are addressed at the same time, using the same

facilities, and adopting the same ideas. The Integrated model could be closely associated with Rice's (1989) idea of a case management process that assists individuals in a collaborative manner, rather than implementing a program with specific criterion for assisting individuals with mental health issues and drug and/or alcohol issues.

Method

Participants

Queensland Alliance invited all of its members to take part in a survey, which was distributed via email. Interviews were also taken from some non-government organisations in the drug and alcohol field.

Design

The current research employed survey measures to gain both quantitative and qualitative data. Measures were taken of participant's views on terminology use, staff training and experience, organisational links, services provided by the organisation for assisting people with both issues, and other general attitudes categorised on a likert scale

Example likert scale

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
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The general outline of the survey was adopted from the MacGabhann, Scheele, Dunne, Gallagher, MacNeela, Moore, (2004) and Mental Health Council of Australia (2005). Interviews were used to gain general attitudes and beliefs from a drug and alcohol organisation perspective concerning the current state of Queensland mental health non-government organisation's role in providing services for individuals with mental health and drug and/or alcohol issues.

Procedure

Queensland Alliance members were emailed a PDF and Microsoft Word format of the survey with an option to complete an electronic copy using Word and return via email, or to print out and fax/post a PDF copy with answers. A competition form was also placed on the survey coversheet, providing respondents with an opportunity to go into a draw for a \$50 book voucher. This was optional and all members were advised that their details would be separated from survey answers upon collection of data to protect anonymity (see page 15 for copy of cover sheet). Following collection of all responses by a specified date, all data was collated into groups, entered into Microsoft Access, and Excel before analysis and interpretation of results. Four drug and alcohol non-government organisations were interviewed to gain a brief synopsis of current attitudes and opinions concerning individuals with mental health and drug and/or alcohol issues.

Materials

The survey included a range of direct questions requiring participants to answer either yes or no, with one particular measure asking participants to enter a percentage identifying the ratio of staff who have experience in the drug and alcohol field, along with staff who have qualifications specific to this field. Qualitative responses were also incorporated within the survey to gain a clearer idea about what respondents believe is the appropriate terminology to use when referring to individuals who have a mental health issue and drug and/or alcohol issue. For the purposes of interpretation and analysis of results, respondents were asked to provide their organisation's postcode, number of staff from their organisation, and as an option, the name of their organisation. At the end of the survey, respondents were provided with a space for additional comments.

Discussion

Prevalence

The literature indicates that the combination of mental health and drugs and/or alcohol is a common occurrence. Ogloff, Lempers and Dwyer (2004) indicate that approximately 74% of their study participants had both mental health and drug and alcohol issues. Although others have suggested that while rates of occurrence were high, they varied in relation to the type of mental illness, age and gender; some as low as 20%, to as high as 60% (Saunders & Robinson, 2002; Teesson & Burns, 2001). It seems that in line with the literature, our sector is regularly confronted by the combination of mental health and drug and/or alcohol issues. 98% of respondents indicated that their organisation has individuals with both mental health and drug and/or alcohol issues. Nine out of ten responses either agreed or strongly agreed that their service often deals with individuals with mental health and drug and/or alcohol issues, highlighting the importance of this study and the need to understand this cross-sectional issue and its impact on our sector.

Who should be involved?

The results present the inference that individuals with both mental health and drug and/or alcohol issues should be supported by both mental health services and drug and alcohol services. The majority of respondents showed disagreement with the statements that individuals should not be supported by drug and alcohol (89%) or mental health services (94%). A clear contrast as to whether general practitioners need to take responsibility in the care of individuals with mental health and drug and/or alcohol issues was evident; 37% of respondents were undecided, 13% in disagreement, and a majority 48% agreed that general practitioners do need to take responsibility.

Confidence

While 41% of all respondents agreed they were confident when assisting individuals with mental health and drug and/or alcohol issues, some service types were less likely to feel more confident. In particular, Consumer run organisations were either neutral (36%) or not confident (36%) in assisting individuals with mental health and drug/alcohol issues, while organisations with no links to drug and alcohol services as well as regional services were neutral on confidence levels. Respondents who did not have experience in the drug and alcohol field were predominantly neutral (39%) on confidence levels, where as almost half of the respondents felt confident when assisting individuals with both issues.

Training

Interestingly, 98% of respondents indicated that there is a need for specialised training for workers who support individuals with both mental health and drug and/or alcohol issues. Our initial research established there was a need for specialised training for workers who support individuals with both mental health and drug and alcohol issues, as there are fundamental differences between mental health and drug and alcohol ideology (Deans & Soar, 2005; O'reilly & Fitzgerald, 1997). Conversely 30% of respondents agreed that their staff were trained to work with mental health and drug and/or alcohol issues, while 24% remained neutral on the issue. Of particular interest are consumer run organisations, organisations with no links and remote and rural organisations: approximately half indicated that they disagreed that their staff were trained.

Confusingly, while only 45% of respondents indicated that their staff were trained to identify individuals with both mental health and drug and/or alcohol issues, almost two thirds indicated that their service effectively identifies individuals with mental health and alcohol and/or drug issues. This result seems to be suggesting that organisations believe training is

not needed in the identification of individuals with both mental health and drug and/or alcohol issues.

61% of respondents indicated that they have staff with training or experience in the drug and alcohol field, increasing to 79% of consumer run organisations indicated with staff with training or experience in the drug and alcohol field. Those with links to drug and alcohol were marginally more likely to indicate that they had staff with training or experience in drug and alcohol.

- An average of 40% of staff had drug and alcohol qualifications, with remote and rural services having 51% of staff with drug and alcohol qualifications.
- An average of 44% of staff had drug and alcohol work experience, with consumer run organisations indicating that 49% of staff hold drug and alcohol work experience.

Links

Barnes and Rudge (2003) identified the need for links between services to increase successful outcomes. Our sector agrees, with 96% indicating it is valuable to have organisational links with drug and alcohol services. The results also indicate that 70% of all responding organisations have links to drug and alcohol services, but the same proportion imply that communication between drug and alcohol services and mental health is inadequate to work with individuals with mental health and drug and/or alcohol issues. It is unknown whether this response is related to the respondent's links. There seems to be a division between having a link and the quality of that link.

Service Provision

While 83% of all organisations indicated that they provide services for individuals with mental health and drug and/or alcohol issues, more than two-thirds responded that individuals are excluded from services once their drug and/or alcohol issue is identified, that is, they would only assist an individual with mental health issues. Three quarters of the respondents indicated that it is not easy for homeless individuals with mental health and drug and/or alcohol issues to access appropriate services.

17% agreed that the decision to support individuals with mental health and drug and/or alcohol issues is related to funding, however, 59% of respondents from consumer run organisations agreed that funding was a determinant in their capability to support individuals with both mental health and drug and/or alcohol issues.

Access to advice and information

Three quarters of the respondents indicated that they know how to access information and advice about co-existing mental health and drug and/or alcohol issues. Links with drug and alcohol services greatly enhanced respondents' capacity to access information: nine out of ten of organisations with links to drug and alcohol services indicated that they know how to access information and advice about mental health and drug and/or alcohol issues. In contrast, almost two thirds of organisations *without* links indicated that they did not know how to access information and advice. It could be said that organisational networking and links is beneficial to both mental health and drug and alcohol services, as there may be a greater level of knowledge on how to access information and advice about co-existing mental health and drug and/or alcohol issues.

General discussion

The results indicated a high prevalence of mental health and drug and/or alcohol issues within our sector and 45% of respondents have shown that their staff are not trained to work with individuals with both issues. All of the respondents have suggested that there is a need for specialised training for workers who support individuals with mental health and drug and/or alcohol issues. Worker's confidence in assisting individuals with both issues showed that experience was one of the main factors influencing a higher level of confidence (47%), which may suggest that specialised training could lead to improved levels of confidence for supporting individuals with mental health and drug and/or alcohol issues. Organisational links were believed to be very important to our sector (97% in agreement) and 71% indicated that they do have links with drug and alcohol services.

Limitations

Through the analysis of the survey, it has been recognised that question interpretation was a possible issue. It was found through the collation of data that there was some misunderstanding around the use of percentages as a response in question 7a and 7b. Question 3 presented a few problems with some respondents accidentally hitting letters on keyboard instead of the number required to reflect number of staff; as a result, no response could be identified for this question in the survey.

In conducting this research, drug and alcohol organisations were not able to participate in sufficient amounts to enable an accurate representation of the sector.

Recommendations

The prevalence of contact with individuals with both mental health and drug and/or alcohol issues within our sector is extremely high. Continued research and investigation is warranted to specifically understand this issue within our sector. Therefore we recommend:

- I. Consumers need to be surveyed to understand their needs and to ensure we are meeting them.
- II. Training should be instigated to increase levels of worker's confidence in supporting individuals with mental health and drug and/or alcohol issues
- III. Input from consumers of programs may also be beneficial in gaining a wider scope of knowledge and understanding of the issues.
- IV. Networking and building links with drug and alcohol services may be beneficial for the sharing of useful information and practical steps in supporting individuals.
- V. Funding would be advantageous in the implementation of a training program, which aims to provide all organisations with a level of practical knowledge on how individuals with both mental health and drug and/or alcohol issues can be supported.
- VI. Queensland Alliance could play a key role in establishing a program that seeks to develop strong organisational links with mental health non-government organisations and drug and alcohol non-government organisations.

Appendix

Results

<i>Response Rate: 34% of membership</i>	Abbrev	N	Percentage
All	A	46	100
Consumer Run Organisations	CR	14	30
Not Consumer Run Organisations	NCR	32	70
Organisations with Less than 10 staff *	LS	21	47
Organisations with More than 10 staff *	MS	17	37
Drug and alcohol Experience	E	28	61
No drug and alcohol Experience	NE	18	39
Links with drug and alcohol organisations	L	32	70
No Links with drug and alcohol organisations	NL	14	30
SE QLD organisations	SE	17	37
Rural & Remote organisations	RR	8	17
Regional organisations	R	21	46

* No organisation indicated 10 staff members only.

NOTE: The results were rounded to the nearest whole number and respondents did not answer some questions, therefore totals may not equal 100%.

Q4. Are you a consumer run organisation?

A	70% No	30% Yes
LS	62% No	38% Yes
MS	76% No	24% Yes
E	61% No	39% Yes
NE	83% No	17% Yes
L	66% No	34% Yes
NL	79% No	21% Yes
SE	76% No	24% Yes
RR	88% No	13% Yes
R	57% No	43% Yes

Q6. Does your organisation have clients with both mental illness and drug and/or alcohol issues?

A	2% No	98% Yes
CR	0% No	100% Yes
NCR	3% No	97% Yes
LS	0% No	100% Yes
MS	0% No	100% Yes
E	0% No	100% Yes
NE	0% No	100% Yes
L	0% No	100% Yes
NL	7% No	93% Yes
SE	0% No	100% Yes
RR	0% No	100% Yes
R	5% No	95% Yes

Q7. Do you and your staff have experience in the drug and alcohol field?

A	39% No	61% Yes
CR	21% No	79% Yes
NCR	47% No	53% Yes
LS	43% No	57% Yes
MS	41% No	59% Yes
L	31% No	69% Yes
NL	57% No	43% Yes
SE	35% No	65% Yes
RR	38% No	63% Yes
R	43% No	57% Yes

(7a) What percentage of staff have drug and alcohol qualifications (eg. TAFE, University)?

A	Average 40%	Answered 79%
CR	Average 39%	Answered 73%
NCR	Average 41%	Answered 82%
LS	Average 41%	Answered 92%
MS	Average 39%	Answered 90%
E	Average 40%	Answered 79%
L	Average 43%	Answered 89%
NL	Average 28%	Answered 67%
SE	Average 41%	Answered 91%
RR	Average 51%	Answered 63%
R	Average 31%	Answered 58%

(7b) What percentage of staff have work experience in the drug and alcohol field?

A	Average 44%	Answered 82%
CR	Average 49%	Answered 82%
NCR	Average 41%	Answered 82%
LS	Average 43%	Answered 92%
MS	Average 45%	Answered 100%
E	Average 44%	Answered 82%
L	Average 48%	Answered 86%
NL	Average 26%	Answered 67%
SE	Average 44%	Answered 91%
RR	Average 41%	Answered 75%
R	Average 42%	Answered 67%

Q8. Do you provide services for individuals with both mental illnesses and drug and alcohol issues?

A	17% No	83% Yes
CR	21% No	79% Yes
NCR	9% No	91% Yes
LS	33% No	67% Yes
MS	0% No	100% Yes
E	11% No	89% Yes
NE	28% No	72% Yes
L	19% No	81% Yes
NL	14% No	86% Yes
SE	18% No	82% Yes
RR	13% No	88% Yes
R	19% No	81% Yes

Q9. Does your organisation have any links with any drug and alcohol organisations?

A	30% No	70% Yes
CR	21% No	79% Yes
NCR	34% No	66% Yes
LS	29% No	71% Yes
MS	29% No	71% Yes
E	21% No	79% Yes
NE	44% No	56% Yes
SE	29% No	71% Yes
RR	50% No	50% Yes
R	24% No	76% Yes

Q10. Do you think it is valuable to have organisational links with drug and alcohol services?

A	4% No	96% Yes
CR	0% No	100% Yes
NCR	6% No	94% Yes
LS	5% No	95% Yes
MS	0% No	100% Yes
E	0% No	100% Yes
NE	11% No	89% Yes
L	0% No	100% Yes
NL	14% No	86% Yes
SE	6% No	94% Yes
RR	0% No	100% Yes
R	5% No	95% Yes

Q11. Do you think there is a need for specialised training for workers who support individuals with both mental health and drug and alcohol issues?

A	2% No	98% Yes
CR	0% No	100% Yes
NCR	3% No	97% Yes
LS	0% No	100% Yes
MS	0% No	100% Yes
E	0% No	100% Yes
NE	6% No	94% Yes
L	0% No	100% Yes
NL	7% No	93% Yes
SE	0% No	100% Yes
RR	0% No	100% Yes
R	5% No	95% Yes

MHDA = Both Mental Health and Drug and/or Alcohol		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	
<i>Q13.</i> Individuals with MHDA issues should <u>not</u> be supported by mental health services	A	0%	2%	4%	37%	57%	
	CR	0%	0%	7%	21%	71%	
	NCR	0%	3%	3%	44%	50%	
	LS	0%	0%	0%	29%	71%	
	MS	0%	0%	6%	41%	53%	
	E	0%	4%	4%	32%	61%	
	NE	0%	0%	6%	44%	50%	
	L	0%	0%	3%	44%	53%	
	NL	0%	7%	7%	21%	64%	
	SE	0%	0%	6%	29%	65%	
	RR	0%	13%	0%	25%	63%	
	R	0%	0%	5%	48%	48%	
	<i>Q14.</i> Individuals with MHDA issues should <u>not</u> be supported by drug and alcohol services	A	0%	2%	9%	41%	48%
		CR	0%	0%	7%	29%	64%
NCR		0%	3%	9%	47%	41%	
LS		0%	0%	5%	33%	62%	
MS		0%	6%	6%	41%	47%	
E		0%	0%	11%	43%	46%	
NE		0%	6%	6%	39%	50%	
L		0%	0%	9%	50%	41%	
NL		0%	7%	7%	21%	64%	
SE		0%	0%	6%	41%	53%	
RR		0%	13%	25%	25%	38%	
R		0%	0%	5%	48%	48%	
<i>Q15.</i> Staff in my service are trained to work with individuals with MHDA issues		A	2%	28%	24%	39%	7%
		CR	0%	14%	43%	43%	0%
	NCR	3%	34%	16%	38%	9%	
	LS	5%	19%	24%	48%	5%	
	MS	0%	41%	24%	24%	12%	
	E	0%	29%	29%	39%	4%	
	NE	6%	28%	17%	39%	11%	
	L	3%	38%	25%	31%	3%	
	NL	0%	7%	21%	57%	14%	
	SE	0%	29%	29%	35%	6%	
	RR	13%	38%	0%	50%	0%	
	R	0%	24%	29%	38%	10%	

cont'd MHDA = Both Mental Health and Drug and/or Alcohol		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	
<i>Q16.</i> Staff in my service are trained to identify individuals with MHDA issues	A	2%	43%	30%	20%	4%	
	CR	0%	43%	50%	7%	0%	
	NCR	3%	44%	22%	25%	6%	
	LS	5%	43%	29%	14%	10%	
	MS	0%	53%	24%	24%	0%	
	E	0%	50%	36%	11%	4%	
	NE	6%	33%	22%	33%	6%	
	L	3%	47%	31%	13%	6%	
	NL	0%	36%	29%	36%	0%	
	SE	0%	53%	18%	18%	12%	
	RR	13%	63%	13%	13%	0%	
	R	0%	29%	48%	24%	0%	
	<i>Q17.</i> Our service often deals with individuals with MHDA issues	A	24%	65%	2%	7%	2%
		CR	29%	71%	0%	0%	0%
NCR		22%	63%	3%	9%	3%	
LS		29%	62%	0%	5%	5%	
MS		29%	59%	6%	6%	0%	
E		32%	64%	0%	4%	0%	
NE		11%	67%	6%	11%	6%	
L		34%	66%	0%	0%	0%	
NL		0%	64%	7%	21%	7%	
SE		35%	53%	0%	6%	6%	
RR		25%	63%	13%	0%	0%	
R		14%	76%	0%	10%	0%	
<i>Q18.</i> Communication between mental health and drug and alcohol services is adequate to treat individuals with MHDA issues effectively		A	0%	11%	20%	30%	39%
		CR	0%	7%	0%	50%	43%
	NCR	0%	13%	28%	22%	38%	
	LS	0%	10%	14%	43%	33%	
	MS	0%	18%	29%	18%	35%	
	E	0%	11%	11%	32%	46%	
	NE	0%	11%	33%	28%	28%	
	L	0%	16%	22%	31%	31%	
	NL	0%	0%	14%	29%	57%	
	SE	0%	6%	35%	35%	24%	
	RR	0%	13%	0%	50%	38%	
	R	0%	14%	14%	19%	52%	

cont'd MHDA = Both Mental Health and Drug and/or Alcohol		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<i>Q19.</i> Our service effectively identifies individuals with MHDA issues	A	4%	59%	24%	11%	2%
	CR	0%	57%	29%	14%	0%
	NCR	6%	59%	22%	9%	3%
	LS	10%	52%	14%	19%	5%
	MS	0%	82%	18%	0%	0%
	E	0%	64%	25%	7%	4%
	NE	11%	50%	22%	17%	0%
	L	3%	66%	22%	6%	3%
	NL	7%	43%	29%	21%	0%
	SE	6%	59%	12%	18%	6%
	RR	13%	63%	25%	0%	0%
	R	0%	57%	33%	10%	0%
	<i>Q20.</i> GPs need to take responsibility in the care of individuals with MHDA issues	A	15%	33%	37%	11%
CR		29%	14%	21%	29%	0%
NCR		9%	41%	44%	3%	3%
LS		14%	10%	48%	19%	5%
MS		18%	59%	18%	6%	0%
E		18%	29%	36%	11%	4%
NE		11%	39%	39%	11%	0%
L		16%	38%	28%	13%	3%
NL		14%	21%	57%	7%	0%
SE		6%	35%	35%	12%	6%
RR		0%	25%	75%	0%	0%
R		29%	33%	24%	14%	0%
<i>Q21.</i> I often find individuals with MHDA issues are excluded from services once their drug and/or alcohol issue is identified		A	33%	35%	20%	11%
	CR	43%	29%	7%	14%	0%
	NCR	28%	38%	25%	9%	0%
	LS	38%	33%	24%	5%	0%
	MS	35%	24%	18%	24%	0%
	E	36%	43%	7%	11%	0%
	NE	28%	22%	39%	11%	0%
	L	31%	44%	16%	9%	0%
	NL	36%	14%	29%	14%	0%
	SE	24%	47%	18%	12%	0%
	RR	25%	38%	13%	25%	0%
	R	43%	24%	24%	5%	0%

cont'd MHDA = Both Mental Health and Drug and/or Alcohol		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	
<i>Q22.</i> We do not support individuals with MHDA issues because we are not funded to do so	A	2%	15%	24%	46%	13%	
	CR	0%	36%	29%	14%	21%	
	NCR	3%	6%	22%	59%	9%	
	LS	5%	24%	19%	38%	14%	
	MS	0%	6%	18%	59%	18%	
	E	0%	14%	25%	50%	11%	
	NE	6%	17%	22%	39%	17%	
	L	0%	19%	22%	47%	13%	
	NL	7%	7%	29%	43%	14%	
	SE	6%	6%	29%	59%	0%	
	RR	0%	0%	25%	63%	13%	
	R	0%	29%	19%	29%	24%	
	<i>Q23.</i> It is easy for an individual with MHDA issues and who is homeless to access appropriate services	A	2%	13%	7%	28%	46%
		CR	0%	21%	7%	21%	43%
NCR		3%	9%	6%	31%	47%	
LS		0%	24%	5%	19%	43%	
MS		6%	6%	6%	35%	47%	
E		0%	14%	7%	29%	43%	
NE		6%	11%	6%	28%	50%	
L		3%	13%	6%	31%	44%	
NL		0%	14%	7%	21%	50%	
SE		0%	18%	12%	29%	35%	
RR		0%	13%	0%	38%	38%	
R		5%	10%	5%	24%	57%	
<i>Q24.</i> I feel confident when dealing with individuals with MHDA issues		A	2%	39%	37%	22%	0%
		CR	0%	29%	36%	36%	0%
	NCR	3%	44%	38%	16%	0%	
	LS	5%	38%	33%	24%	0%	
	MS	0%	35%	47%	18%	0%	
	E	4%	43%	36%	18%	0%	
	NE	0%	33%	39%	28%	0%	
	L	3%	44%	34%	19%	0%	
	NL	0%	29%	43%	29%	0%	
	SE	6%	41%	35%	18%	0%	
	RR	0%	63%	13%	25%	0%	
	R	0%	29%	48%	24%	0%	

cont'd MHDA = Both Mental Health and Drug and/or Alcohol		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<i>Q25. I know how to access information and advice about co-existing mental health and drug and/or alcohol issues</i>	A	11%	63%	7%	15%	4%
	CR	14%	64%	0%	14%	7%
	NCR	9%	63%	9%	16%	3%
	LS	19%	57%	5%	14%	5%
	MS	6%	71%	0%	18%	6%
	E	11%	71%	7%	11%	0%
	NE	11%	50%	6%	22%	11%
	L	13%	78%	6%	3%	0%
	NL	7%	29%	0%	43%	21%
	SE	12%	65%	0%	18%	6%
	RR	13%	63%	13%	0%	13%
	R	10%	62%	10%	19%	0%

Question 12 asked respondents what term should be used by the mental health sector when referring to individuals with mental health and drug and/or alcohol issues, as well as the reasoning behind their response. The results are as follows:

Terminology used	No. Respondents using term	(%) all responses
<i>Dual Diagnosis</i>	20	43
<i>Unsure</i>	12	26
<i>Comorbidity</i>	3	.06
<i>No label</i>	2	.04
<i>Individuals with mental health and drug and/or alcohol issues</i>	2	.04
<i>Service users/people</i>	2	.04
<i>Multineed</i>	1	.03
<i>Menthad Group</i>	1	
<i>Mental Health, Drug and Alcohol Unit</i>	1	
<i>Mental health and substance abuse issues</i>	1	
<i>Disadvantaged job-seekers</i>	1	

Collation of responses for question 12 identified reasoning for the use of the term ‘dual diagnosis’, as well as reasons for not using the term. Some respondents, who suggested the use of the term, believe that mental health and drug and/or alcohol issues affect client wellbeing, and mental health issues often occur before drug or alcohol dependency. Other respondents stated that the term often refers to comorbidity of mental health and drug and/or alcohol issues, while it also reflects that both mental health issues and drug and/or alcohol issues can impact on each other and form a separate and complex condition.

Respondents who stated that ‘dual diagnosis’ was not appropriate for use in our sector, acknowledged that in other health related areas, multiple diagnoses are identified as their own separate components, begging the question as to why mental health and drug and/or alcohol issues require a unique label. It was also outlined that there can be a level of confusion when using the term as it could also be referring to intellectual disability and mental health issues.

Survey respondents were provided with an opportunity to add extra comments at the end, including criticisms of the survey, or any extra information they felt may be of use. The main themes identified from the suggestions were in regards to terminology use. Some respondents suggested that there was a need for a term, which recognised a relationship between drug and alcohol use and individuals with mental health issues. Within this section, some respondents also suggested that the words, ‘dual impaired’ and ‘dual affected’ be used to refer to individuals with mental health and drug and/or alcohol issues. It was further noted by other respondents that labels should not be used at all, as they have the ability to ‘dehumanise’ an individual, as well as become misleading when clients can have many health issues- not only mental health and drug/alcohol issues.

The following is a list of the names of programs identified by respondents within their service (question 8a)

Accommodation support
Advocacy
Case management
Community access
Community linking
Counselling
Employment support
Home support
Intervention
Legal services
Living skills
Medical support
Mental health support
Peer support
Personal support program
Referral
Social support
Support group services

Drug and Alcohol Services perspectives

A range of drug and alcohol services were contacted to take part in a short face-to-face interview. Out of the organisations contacted, we were able to speak to four who had the available time and resources to take a short interview. The interview included a brief list of questions such as, whether their organisation had ever recognised individuals with mental health and drug and/or alcohol issues within it's services, whether they provide a service for assisting individuals with both issues, if they feel that there is a requirement for programs in assisting individuals with both issues, whether they feel that mental health non-government organisations are adequately assisting individuals with both issues, and do they have any links with mental health non-government organisations.

The participant's responses showed a consensus in a range of areas, including a level of misunderstanding of the role that Queensland Alliance takes in mental health, and the differences between Queensland Government mental health and non-government organisations for mental health. Most services were receptive to the idea of some form of training which would enable them to adequately assist individuals with mental health and drug and/or alcohol issues; however, it was also stated by some organisations that they are structured in a way that they assist individuals with specific issues and may refer individuals with a mental health issue to a mental health service before assisting them with a drug/alcohol issue.

Drug and alcohol non-government organisations in Queensland do not currently have a peak body, and some organisations expressed the requirement for a peak body for their sector and commented on the practical role that it could play in establishing service links with non-government organisations for mental health in Queensland. The relevance of service links was held as important for effectively assisting individuals with both mental health and drug and/or alcohol issues.



We invite you to take part in a brief survey, which explores some of the current issues that have been recognised within a wide range of research concerning the combination of both mental health and drug and/or alcohol issues. As a thankyou for being a part of this research, you will go into the draw to win a \$50 book voucher.

All aspects of the study, including results, will be strictly confidential. Only Queensland Alliance staff will have access to any information you provide. When surveys are received this page will be removed and kept separately from survey responses, therefore your responses will be unidentifiable unless you choose to answer the optional question 5. A discussion paper on this study will be produced, but individual participants will not be identifiable in such a paper.

Participation in this study is entirely voluntary: you are not obliged to participate and - if you do participate – you can withdraw at any time. Whatever your decision, it will not affect your relationship with Queensland Alliance.

If you would like to know more at any stage, please feel free to contact Queensland Alliance on (07) 3832 2600 to speak to Molly Galea, Kieren Needham and Karen Owens. If you agree to participate in this study, please complete the following questionnaire. It should take you no more than 10-15 minutes to complete.

You have the option of filling this survey out on paper and sending back to us, or completing it electronically and returning via email:

EMAIL please answer the attached electronic survey, save it on to your own computer, and then attach and send the saved answered copy to the following email address:

students@qldalliance.org.au

Or, BY POST please print out the pdf survey, complete and send to this address:

**Queensland Alliance
PO BOX 919
Spring Hill, QLD 4004**

Alternatively, you can phone/email Queensland Alliance and request us to send you a copy of the survey:

Phone: (07) 3832 2600

Email: students@qldalliance.org.au

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To enter the competition for a \$50 book voucher, please enter the following details and return with survey by Friday September 15th.

Organisation
Contact name
Phone no. and/or email

Queensland Alliance: mental health and alcohol and/or drug issue survey

SECTION ONE (Questions 1-4): Your Details

Q1. Your Role:

Q2. Postcode of organisation:

Q3. Number of staff:

Q4. Are you a consumer run organisation?

No

Yes

Q5. Name of organisation (optional):

SECTION TWO (Questions 5-11): Please check the appropriate box, and provide details where asked

Q6. Does your organisation have clients with both mental illness and drug and/or alcohol issues?

No

Yes

Q7. Do you and your staff have experience in the drug and alcohol field?

No go to Q7

Yes

(7a) What percentage of staff have drug and alcohol qualifications (eg. TAFE, University)?

%

(7b) What percentage of staff have work experience in the drug and alcohol field?

%

Q8. Do you provide services for individuals with both mental illnesses and drug and alcohol issues?

No go to Q8

Yes

If yes, what services?

Q9. Does your organisation have any links with any drug and alcohol organisations?

No

Yes

Q10. Do you think it is valuable to have organisational links with drug and alcohol services?

No

Yes

Q11. Do you think there is a need for specialised training for workers who support individuals with both mental health and drug and alcohol issues?

No

Yes

Q12. What term should be used by our sector when referring to individuals with both mental health and drug and alcohol issue? And why?

SECTION THREE (Questions 12-24): Please check the box that is appropriate for each question

MHDA = Both Mental Health and Drug and/or Alcohol	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Q13. Individuals with MHDA issues should <u>not</u> be supported by mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q14. Individuals with MHDA issues should <u>not</u> be supported by drug and alcohol services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q15. Staff in my service are trained to work with individuals with MHDA issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q16. Staff in my service are trained to identify individuals with MHDA issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q17. Our service often deals with individuals with MHDA issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q18. Communication between mental health and drug and alcohol services is adequate to treat individuals with MHDA issues effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q19. Our service effectively identifies individuals with MHDA issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q20. GPs need to take responsibility in the care of individuals with MHDA issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q21. I often find individuals with MHDA issues are excluded from services once their drug and/or alcohol issue is identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q22. We do not support individuals with MHDA issues because we are not funded to do so	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q23. It is easy for an individual with MHDA issues and who is homeless to access appropriate services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q24. I feel confident when dealing with individuals with MHDA issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q25. I know how to access information and advice about co-existing mental health and drug and/or alcohol issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Thankyou for taking the time to complete this survey

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