

Update from the National Coalition on Dual Diagnosis

December 22, 2009

BEST WISHES TO ALL FOR A HAPPY HOLIDAY SEASON AND THE NEW YEAR!

### **1. At Home/'Chez Soi' Homelessness Housing Projects**

Projects are now being implemented in 5 cities: Vancouver, Winnipeg, Toronto, Montréal, and Moncton. Across Canada, more than 2,225 homeless people living with mental illness will take part as research participants, advisors, and peer support workers. This is a 'multi-site randomized controlled trial' which means that: 1) Participants will be randomly assigned to either the new program or to usual services providing an objective way of conducting this type of research 2) It uses a 'control arm', which means it compares the difference between usual services ('control arm') and the new program ('intervention arm'). It does not simply look at the new program all by itself. 3) It is a trial (e.g., testing out something new).

Each site is focused on specific target groups e.g ethno-cultural, aboriginal, francophone. Additionally the projects are based on a 'Housing First' model. In this model people who experience homelessness and mental health problems are provided with good, quality housing as the first step to recovery. They agree to a minimum of one visit a week from a service provider and are then offered other services and supports on a voluntary basis. This approach is guided by two beliefs:

- a) Housing is a basic right for all people and should be an issue that is separate from treatment; and
- b) People should make their own choices about their lives.

What does this mean for individuals living with dual diagnosis?

The target population are those who are currently or in the last year homeless, i.e. living on the street or in a shelter. There are no exclusionary criteria regarding diagnosis or cognitive functioning. However, as with any research study, project participants will be asked to provide informed consent to participate in the randomization and data collection process and share their information with the research staff. We understand that the assessment of cognitive ability will occur at two points:

- a) at the point of intake: general questions regarding whether the person has had difficulties in school, and day to day difficulties with functioning. This information will be used to identify those who may have a developmental disability. The results of this assessment will be shared with the treatment providers to support their efforts with the

individual.

- b) in the follow up interview at approximately 3 months with all participants in both the study and control group a standardized instrument to assess cognitive impairments more specifically will be included.

Through these assessments the projects will be able to identify those participants who may have a developmental disability. One site in particular, Winnipeg, will also accept participants who are guardians of the Public Trustee to facilitate the involvement of those with Fetal Alcohol Spectrum disorders who are common in their homeless population.

The National Coalition is very interested in the results from this project particularly as it relates to understanding the number of referrals at the point of intake that do not meet the consent capacity requirements, as well as those participants in the project who may have a developmental disability.

*Community providers in the 5 cities are encouraged to refer individuals with a dual diagnosis who are homeless and can benefit from this support model.*

To find out who your local project contact is to follow up with what is occurring site - connect to this link

<http://www.mentalhealthcommission.ca/English/Pages/homelessness.aspx>

## **2. The Place of Dual Diagnosis in a National Mental Health Strategy**

On November 30, 2009, at the national Into the Light conference sponsored by the Mental Health Commission, Dr. Vikrum Dua, member on the Mental Health and the Law Advisory Committee, Susan Morris, National Coalition on Dual Diagnosis and Joan Rush, parent, lead a discussion on the complexities of dual diagnosis and the implications for mental health system design. Joan spoke of her son's growing agitation and an anxiety disorder were the result of inadequate access to appropriate dental care, illustrating the need for close connections among the developmental and health sectors (mental health, physical and dental care). The presentation slides are attached for your review. The Place of Dual Diagnosis within the National Mental Health Strategy

There was consensus among the participants that this population has specific needs that require attention - particularly with regard to health human resource training, understanding of the evidence that does exist that can inform practice, and the best practices associated with individualized and inter-sectoral approaches.

At that meeting the Mental Health and the Law Advisory Committee (MHLAC) drafted the following resolution for submission to the Commission Board to acknowledge the unique mental health needs of persons a dual diagnosis,

### **Mental Health and the Law Advisory Committee (MHLAC) Resolution on Persons with Dual Diagnosis**

In 2008, Canada signed the United Nations Convention on the Rights of Persons with Disabilities. This international agreement recognizes that disability results from an interaction between individual impairments and social barriers and can hinder full and effective participation in society on an equal basis with others.

Persons with developmental disabilities and mental health problems ("Dual Diagnosis") face multiple barriers that result in discrimination and social exclusion. The Convention acknowledges that such discrimination is a fundamental violation of human dignity and worth.

The *MHLAC* affirms:

That this discrimination takes the form of inequitable access to services and supports, and also unfair legislation and policy;

The *MHLAC* recommends:

-That the MHCC include the unique mental health needs of persons with Dual Diagnosis as a part of their obligations to ensure equality and social inclusion;

-That the *MHCC* ensure that best knowledge and practices for treatment, social supports, and legislation to address the needs and challenges of individuals with Dual Diagnosis are incorporated into the Mental Health Strategy for Canada.

Dual Diagnosis refers to the presence of both a developmental disability and mental health challenges.

<http://www.un.org/disabilities/convention/conventionfull.shtml>

### **3. MHCC release of Toward Recovery and Well-Being: A framework for a Mental Health Strategy in Canada**

The good news in the document is there is reference on page 12 (bottom) noting that mental health problems and illnesses are often complicated by other conditions. People with developmental disabilities, learning disabilities and autism are referenced. Additionally, the language in the document is generally inclusive. For example the definition of diversity and diverse needs on page 120 includes 'different abilities'.

However now the Coalition is faced with a new and more significant challenge: how to ensure that within the final strategy - described as "an action plan for

change", that meaningful actions for individuals with a dual diagnosis, their families and care providers are included. The Commission envisions the action plan being carried forward through a social movement - therefore the National Coalition on Dual Diagnosis needs to have a place in that movement. As part of that social movement the Commission has established Partners for Mental Health an internet based network to support this direction. (See item 4 below) The Coalition will be talking more with Partners for Mental Health to discuss the best way for how our site and information can be linked.

To access the full report:

[http://www.mentalhealthcommission.ca/SiteCollectionDocuments/boarddocs/15507\\_MHCC\\_EN\\_final.pdf](http://www.mentalhealthcommission.ca/SiteCollectionDocuments/boarddocs/15507_MHCC_EN_final.pdf)

**4. Launch of Stand in the Light:** <http://standinthelight.ca/>

The Mental Health Commission has launched its web-based platform for Stand in the Light: Partners for Mental Health. The Commission envisions this site as place where Canadians can participate in the movement by joining groups, writing blogs and responding to and taking action on mental health in Canada. The official launch will be in the spring of 2010, but it is available now for you to browse and give your feedback. The National Coalition on Dual Diagnosis has been in contact with the designers to

**Resource information**

2009 CACL National Report Card on Inclusion

[www.cacl.ca/english/reportcard.asp](http://www.cacl.ca/english/reportcard.asp)

The CACL beginning in 2007 established a 10 year ten-point agenda. This 2009 edition reports on progress in relation to deinstitutionalization, income and employment. Some highlights:

-Three large institutions (more than 100 beds) remain in Canada compared to 31 in 1986

-73% of individuals with intellectual disabilities who live alone live below the poverty line, compared to 23% of Canadians without disabilities.

-Employment rate for working age adults with intellectual disabilities is one third (25%) of people without disability (75%)

-Anecdotal evidence from families indicate that the transitional planning process in secondary schools is inadequate in preparing for the world of work

## **Psychiatric training and FASD**

Psychiatric training in fetal alcohol spectrum disorders (FASDs) is described as "inaccurate and inadequate" in a national survey of psychiatric trainees. The survey showed although 40% reported receiving supervision with a patient with suspected or confirmed FASDs, 70% reported never diagnosing a patient with an FASD, and 51% reported they had never treated a patient with the condition. "Results from our study show that FASDs are under recognized by psychiatry trainees, representing missed opportunities for prevention and intervention," lead investigator Roy Eyal, MD, from the Semel Institute for Neuroscience & Human Behavior at the University of California-LosAngeles, told Medscape Psychiatry.

<http://docs.google.com/fileview?id=0B7cfOvLWoXJJODZjNGIwODYtNTRIZi00NDVjLWJiNjMtMTMwNDY3YTU4ZGU5&hl=en>

The convention on the rights of persons with disabilities  
[www.cacl.ca/infoat/index.asp](http://www.cacl.ca/infoat/index.asp)

Toronto is hosting the NADD 2010 International Congress & Exhibit Show! A great opportunity to hear about the latest research in dual diagnosis. April 14-16, 2010. Keynote Speakers: Tony Holland, PhD on Behavioral Phenotypes, Nirbhay Singh, PhD and Richard Hastings, PhD on Mindfulness-Based Interventions. Pre-Conference topics (April 14, 2010) include: Mental Health Diagnostic Systems for People with ID, Innovations in Autism, NADD Competency-Based Certificate Program, Behavioral Phenotypes and Cognitive Psychotherapy. Respite services will also be available for families with children with developmental disabilities. Stay tuned for more information in the new year!

## **REMINDER**

*Your feedback on the survey regarding the use of psychotropic medication in Canada is appreciated. Please respond to Dr. Elspeth Bradley by January 11, 2010*