

NATIONAL CO-MORBIDITY TASKFORCE

Background

The National Co-morbidity Taskforce was established in 2002 as a sub-committee of the National Mental Health Working Group (NMHWG) and the Intergovernmental Committee on Drugs (IGCD), in order to facilitate discussion and development of processes at jurisdictional level, for the identification and treatment of clients with co-morbidity of mental health and substance use disorders.

The National Co-morbidity Taskforce reports through the NMHWG to the Australian Health Ministers' Advisory Committee (AHMAC) and the Australian Health Ministers' Conference (AHMC), and through the IGCD to the Ministerial Council on Drug Strategy (MCDS).


Membership

Membership of the National Co-morbidity Taskforce includes a representative of each State and Territory, nominated by that jurisdiction to represent the views and concerns of both the mental health and alcohol and other drug sectors. It is acknowledged that this is a challenging task, but was adopted as a way of encouraging a dialogue at jurisdictional level, which will bring together both sectors in a collaborative framework. Jurisdictions have been encouraged to establish supportive processes to ensure full representation and dissemination of information.

In addition to each of the jurisdictional representatives, the Commonwealth is represented through the Mental Health and Suicide Prevention Branch, and the Drug Strategy Branch. The Taskforce is further enhanced by the inclusion of the Chair of the National Advisory Council on Suicide Prevention and representatives of mental health and alcohol and other drug consumer bodies.

Aim

To improve the quality of life and outcomes for people affected by, or at risk of, co-existing mental health and substance use problems.



Terms of Reference

1. Develop, promote and provide an understanding of co-existing mental health and substance use problems through the use of a common language and systemic initiatives to improve understanding and the delivery of services.
2. To be informed by current available literature, scientific research and clinical guidelines in this field, including the National Co-morbidity Project, and to share and disseminate such learning.
3. Make recommendations to:
 - a) Review information and data systems of mental health and alcohol and other drug programs to determine strategies to deliver key information at population, programmatic and individual levels;
 - b) Review information systems to monitor and evaluate the effectiveness of co-morbidity programs;
 - c) Promote evidence-based and effective practice models;
 - d) Promote innovation in program development and other initiatives;
 - e) Develop a population health approach to co-morbidity, including prevention;
 - f) Examine reports and recommendations stemming from studies of effective practice, including workforce development;
 - g) Promote ethical practice within services that supports equity and the health and human rights of consumers; and
 - h) Identify specific research priorities in this area and facilitate dissemination of this information to relevant research funding agencies.
4. Collaborate with the relevant and appropriate organisations and jointly make recommendations to facilitate improvement of co-morbidity services, programs and initiatives.

Workplan 2003-2004

The National Co-morbidity Taskforce Workplan 2003-2004, is developed in relation to the Terms of Reference:

1. Objective:

Develop, promote and provide an understanding of co-existing mental health and substance use problems through the use of a common language and systemic initiatives to improve understanding and the delivery of services.

Strategies:

- Develop protocols for the comprehensive assessment of patients and consumers for use in both AOD and mental health settings.
- Develop complementary policies, clinical guidelines and referral procedures for mental health and alcohol and drugs services. This might be considered at the federal, state and regional/area/distinct health service levels.
- Develop, identify and promote effective models of shared care and disseminate these to key stakeholders in AOD and mental health services
- Promote a biopsychosocial treatment approach and models for service delivery that identifies the “whole” person with a set of general and specific needs, rather than through a diagnostic framework which categorises the person into a particular service structure, particularly with respect to primary care and indigenous peoples. This approach should build on service strengths.

2. Objective:

To be informed by current available literature, scientific research and clinical guidelines in this field, including the National Co-morbidity Project, and to share and disseminate such learning.

Strategies:

- Consider whether the developments in practice of the early psychosis teams can be adapted for use in working with clients with Co-morbidity/Dual Diagnosis.
- Consider whether there is a place for specialised Co-morbidity/Dual Diagnosis facilities or if clients presenting with difficult conditions can be managed through cooperation and collaboration between mental health and alcohol and drugs services and general practitioners/ psychiatrists/other private practitioners.
- Identify and promote best practice models for coordination and linking AODS and mental health treatment services.
- Examine the impact of medications and their interaction with street drugs (eg. methamphetamine psychosis) and the development of guidelines and protocols

to ensure that AOD and mental health issues are appropriately addressed, through individualised care, once the initial psychosis has resolved.

- Examine and consider the implications of drug induced psychiatric symptoms (eg. psychosis, depression, anxiety) and the implications for care – particularly in relation to the use of some pharmacotherapies.
- Share feedback from meetings, as appropriate, and utilise email distribution to disseminate practical and effective documentation.

3.1. Objective:

Make recommendations to:

- Review information and data systems of mental health and alcohol and other drug programs to determine strategies to deliver key information at population, programmatic and individual levels.

Strategies:

- Discuss with the National Mental Health Information Group, National Mental Health Working Group Information Strategy Committee (NMHWG ISC) and AIHW the AODS data sets, to determine strategies for collection of data for patients presenting with co-morbidity.
- Identify/develop a standard description or set of descriptors for Co-morbidity/Dual Diagnosis, which can be adopted nationally.

3.2. Objective:

Make recommendations to:

- Review information systems to monitor and evaluate the effectiveness of co-morbidity programs.

Strategies:

- Continue monitoring through the National Mental Health Information Group, Information Strategy Committee (NMHWG) and AIHW to ensure effective evaluation of co-morbidity programs and including relevant outcome measures.

3.3. Objective:

Make recommendations to:

- Promote evidence-based and effective practice models.

Strategies:

- Promote effective practice models through national audit and examination of Australian and overseas literature with regard to peer program development, shared care, case management models, and partnership development – particularly in linking of primary care to specialist settings and including integrated patterns of service delivery.
- Promote good practice models for special needs groups – particularly in primary care, and for indigenous clients and young people with co-morbidity.

3.4. Objective:

Make recommendations to:

- Promote innovation in program development and other initiatives.

Strategies:

- Examine the philosophical, cultural and structural barriers to service delivery.
- Consider the effective management of clients within the community and continuum of care model.
- Promote innovation, understanding that cultural change will take time and continuing effort to achieve and sustain.
- Give particular attention to the special needs of young people with co-morbidity. In particular, what is an 'adequate' range of service provision for young people with co-morbidity? What needs to be enhanced, and what needs to be established?

3.5. Objective:

Make recommendations to:

- Develop a population health approach to co-morbidity, including prevention.

Strategies:

- Explore substance use prevention and harm reduction approaches among families/communities where there is a high prevalence of mental health disorders.
- Consider the client as a “whole person”, taking into account issues of physical and mental health, including substance use, within a framework that encompasses continuity of care.
- **Develop collaborative approaches for working with children and young people, which specifically targets prevention and early intervention.**
- **Explore ways in which specifically focussed early childhood and related interventions can work together.**

3.6. Objective:

Make recommendations to:

- Examine reports and recommendations stemming from studies of effective practice, including workforce development, and consumer and community perceptions of service effectiveness.

Strategies:

- Workforce issues are of particular concern in both the mental health and alcohol and other drug service arena. Added to this are the issues of training of staff in

both sectors to meet the needs of clients presenting with co-morbid disorders to each service. These issues will be addressed through:

- National audit of training opportunities and courses of study through Registered Training Organisations (RTOs), TAFE and university systems to be undertaken by NCETA **to ensure equitable access to training and education,**
- Development of guidelines on curriculum content, which take into consideration effective ways to influence curriculum at tertiary level, and to disseminate information,
- Examination of ways in which workers may be able to value existing skills, and look to develop where possible, partnerships between AOD and mental health, such as workshops and work place exchange between mental health and AOD,
- Examination of the ways in which resources are allocated and utilised, and
- Development or identification of outcomes and performance indicators that are consistent with a comprehensive approach to co-existing mental health and drug-related problems.

3.7. Objective:

Make recommendations to:

- Promote ethical practice within services that supports equity and the health and human rights of consumers, and the encouragement of peer involvement and peer initiatives, such as peer education and peer support

Strategies:

- Promote at a jurisdictional level, Principles for Service Delivery and Statement of Rights and Responsibilities for Clients, which are endorsed by the National Co-morbidity Taskforce,
- Identify philosophical and practical barriers to treatment entry and management, and identify strategies to overcome these barriers (eg. continuation of medication of clients with AOD and mental health problems in residential services).
- Consider the discriminatory barriers for people with co-morbidity. This links to attitudes and skills of professionals with whom clients have contact, and to the wider issue of pharmaceutical benefits. In particular, the funding of medications for some clients, and not others, presents a fundamental barrier to coordinated care for people with complex disorders.
- **Identify and collaborate with other agencies and bodies (such as the NMHWG Mental Health and Homelessness/Housing Taskforce) to address structural discriminatory barriers to access and treatment, including appropriate accommodation and housing.**

3.8. Objective:

Make recommendations to:

- Identify specific research priorities in this area and facilitate dissemination of this information to relevant research funding agencies.

Strategies:

- Co-morbidity/Dual Diagnosis in custodial settings and the prospects for diversion.
- Exploring substance use prevention and harm reduction approaches among families/communities where there is a high prevalence of mental health disorders and/or substance use disorders.

4. Objective:

Develop collaborative partnerships with the relevant and appropriate organisations and jointly make recommendations to facilitate improvement of co-morbidity services, programs and initiatives.

Strategies:

- Linking in with the NDS Prevention Agenda, Pathways to Prevention, and Promotion, Prevention and Early Intervention for Mental Health. Also important to link with Aussienet - the Australian Early Intervention Network - which is particularly about prevention mental health problems and suicide in youth.
- Shared meeting of groups involved in prevention and harm reduction – including mental health, alcohol and other drugs, crime and suicide prevention, and involving consumer and carer groups, non-government organisations, and other services.
- Develop strategies for carer involvement or participation in the care continuum for consumers.
- Build on strategies with primary care providers, through general practice, mental health, AODS, psychological support for General Practice, *beyondblue* and other initiatives.
- Examine the issues faced by young people in accessing services – and particularly where service access is denied on the basis of age.