

# PEEL REGION COMMITTEE FOR PERSONS WITH A DUAL DIAGNOSIS REPORT ON SERVICE GAPS, MAY 2005

## **Introduction**

The Peel Region Committee for Persons with a Dual Diagnosis has been in existence since 1990. In that time, we have had a consistent membership with respect to agencies and even some individuals. This is a report of an extensive discussion regarding service gaps held on May 3<sup>rd</sup>, 2005, with the full Committee.

## **Positive Changes**

The Committee would like to open this report by stating that there have been improvements over the past 15 years in services for people with a dual diagnosis and their families in Peel and Halton.

Some of these improvements are:

- The development of a common understanding among service providers in both major sectors regarding the existence of dual diagnosis and what it is.
- Front line workers in both sectors who are better educated about dual diagnosis and more skilled in supporting individuals with a dual diagnosis. This is due to considerable training for staff in the field and the addition of dual diagnosis to the curriculum at many colleges and a few university programmes.
- More access to generic services for people with a dual diagnosis. This includes crisis response, day programmes in the mental health sector, mental health case managers, ACT teams, and some hospital programmes.
- Better linkages between the sectors on the level of individual staff and agencies
- More housing, such as HASP.
- A small number of professional clinicians who are willing to accept patients with a dual diagnosis.
- Crisis services have greatly improved with the development of Peel Mobile Crisis and the new Peel Crisis Capacity Network.

## **Service Gaps**

The major service gaps are listed below.

*Gap 1: Clinical Professionals*

There is an urgent need for more professionals with specific dual diagnosis expertise to provide diagnosis, medications, and therapeutic services. This includes clinical professionals such as psychiatrists, psychologists, doctors, behavioural therapists, and CCAC nurses. While there are some professionals who are willing (i.e. not afraid) to work with this population, there are not enough to meet the need and they usually don't have much expertise. Often, these professionals are overwhelmed with referrals and burn out on dual diagnosis. Once a professional is located who is willing to work with a client with a dual diagnosis, there is a long wait for his/her services.

The ideal model would be a consultation approach through which professionals outside our Regions with expertise would provide information/support to those who work in Peel and Halton. This would build local expertise.

#### *Gap 2: Housing*

There is a general lack of housing for people with a dual diagnosis across the entire spectrum: crisis, short term, and long term. This is particularly evident with respect to people with severely challenging behaviours such as aggression.

#### *Gap 3: Meaningful Day Activities*

There is also a lack of day activities across the spectrum: employment, employment training, educational, and social. While the mental health agencies are supporting some people with a dual diagnosis in their day programmes, they can't meet the need.

#### *Gap 4: Social/Recreational Activities*

There are very few social recreational programmes for this group. Agencies report long waiting lists up to 3 years for programmes that serve individuals with specialized needs such as autism.

#### *Gap 5: Support to Families*

Families are stretched to the breaking point. They are requesting more coordinated access to information and services. As well, they want education regarding symptoms of mental illness, how to deal with behaviours, and planning. There are not enough case managers to meet the need. More respite is also needed to support families.

### **Conclusion**

In spite of the gains made, it is clear that the system cannot keep up with the increasing needs. It is particularly unfortunate that so many of the missing

services are ones which contribute to prevention of mental illness, resilience, and recovery.