Dual Diagnosis in Ontario Quarter Century Plus Later

DOROTHY GRIFFITHS
BROCK UNIVERSITY

25 Plus Years Ago

FOCUS IN THE FIELD
WAS:
LARGELY INSTITUTIONAL BUT MOVING TO
DEINSTITUTIONALIZATION
(15 PROVINCIALY OPERATED FACILITIES
REMAINED)
LARGELY
BEHAVIOUR MANAGEMENT AND
EMPLOYED INTRUSIVE PROCEDURES

Behaviour Management was the prevailing approach

* The intervention goals were primarily the reduction of problem behavior.
The 5 Year Plan opened our eyes to Dual Diagnosis

- St. Lawrence Regional Centre in Brockville (closed in 1984/85)
- Bluewater Centre in Goderich (closed in 1984/85)
- St. Thomas Adult Rehabilitation and Training Centre (S.T.A.R.T.) in St. Thomas (closed in 1984/85)
- Pine Ridge Centre in Aurora (closed in 1984/85)

Psychiatric Pinball

- Resources in the 1980s
  - Psychiatric Aspects of Mental Retardation (Drs. Sovner and Hurley)
  - NADD, Kingston NY (Robert Fletcher and Frank Menolascino)
Report sparked:

- Why Can’t I Conference? and Provincial Symposium on Dual Diagnosis
  - Both cohosted by the Ministry of Community and Social Services and the Ministry of Health.
- Recommendations for service delivery were made and a white paper was produced.

It is hard to assess by professionals because

- It is misunderstood to be part of the disability? (Diagnostic Overshadowing, Reiss)
- The behavior was there before, just worse now (Baseline Exaggeration, Sovner & Hurley)
- Professionals seek uni-dimensional solutions or answers when often they are more complex (Diagnostic Oversimplification, Griffiths & Gardner)


The Integrated BioPsychoSocial Model (Gardner)
From NADD

TO NADD ONTARIO
(HABILITATIVE MENTAL HEALTH RESOURCE NETWORK)
INCORPORATED 1993

NADD Ontario’s Provincial Initiative (2002)

- **Dual Diagnosis**
  - An introduction to the mental health needs of persons with developmental disabilities
  - Text:
    - **Editors:**
      - Brooks M. Lott
      - Edward M. Smith
      - David M. Lott
      - Brian L. Karcher

Advances in Ontario (just to name a few)

- International Dual Diagnosis Certificate Programme (Brock University) 1999- current
  - Week long training for professionals in the field held as two summer institutes
  - Regional Networks of Specialized Care
    - Ongoing training throughout the province through conferences and videoconferencing
  - Primary Care Initiative (2011)
    - Document mailed to all Canadian Family Physicians to provide direction regarding the healthcare needs of persons with disabilities.
    - In 2011, MCSS funded health care facilitators in each region of the Community Networks of Specialized Care to help physicians use the guidelines and tools.
    - For 5 years annual training has been held for primary care providers on the use of the guidelines. The training includes 2 full days with case modules provided by internet in between. Ongoing initiatives to train healthcare professionals during university education and through continuing education have been encouraged; there have been efforts to develop curricula for residency and medical school programs.
So 25 years plus later

- We have closed all provincially operated facilities but we have not ended institutionalized thinking and settings.
- We have moved to a more biopsychosocial approach and the use of intrusives have been drastically reduced but have we fully integrated approaches to replace the old strategies or left a void.

The Facilities Initiatives

All provincially operated institutions for persons with Intellectual Disabilities in Ontario closed March 2009.

- The feedback from both the family and the agency surveys indicated that the vast majority of individuals who were placed in the community as a result of the Facilities Initiative have excellent or good quality of life.

Still to be done............

- Encourage agencies to break out of their silos and seek support when an individual is displaying unusual behaviours.
- Continued liaison with the physicians and dentists to bring greater levels of expertise locally, beginning with training in university.
- Multimodal assessment that is consistently available throughout the province and access for local physicians and professionals to more specialized expertise.
- Increased liaison with the colleges and university to provide professional credentials for front line staff.
- Increased training for professionals on integrating the biopsychosocial approach into their reports.
- Focus on prevention by understanding the whole person with regard to their history: abuse, behavioural phenotypes, etc.
- Ongoing research and sharing.