

DUAL DIAGNOSIS CAPABILITY: Mentoring Program

Mentoring to Increase Dual Diagnosis Capability

Preamble:

Since the introduction of Dual Diagnosis Services in Victoria in 2002 a mentoring model has been adopted by many teams with the aim of enhancing the Dual Diagnosis Capability of staff in Dual Diagnosis stakeholder services. Portfolio Holders are identified in each service and a mentoring relationship between the Dual Diagnosis clinician and the portfolio holder is developed. Skills transfer occurs through regular meetings and case discussions. The Eastern Dual Diagnosis Service Mentoring Program was modified in October 2010 in order to embed Dual Diagnosis capability in Mental Health, Alcohol and Other Drug (AOD), and Homelessness services. In February 2013 the Mentoring program and the Dual Diagnosis Capability training programs began to merge to improve the effectiveness of both.

Mentoring Definition:

"A deliberate pairing of a more skilled or experienced person with a lesser skilled or experienced one, with the agreed-upon goal of having the less experienced person grow and develop specific competencies*."

(M Murray and M Owen, *Beyond the Myths of Mentoring: How to Facilitate an Effective Mentoring Program*, Jossey-Bass, San Francisco 1991. p xiv)

*For the purpose of this paper please substitute 'dual diagnosis capability' instead of 'competencies'.

Aims:

To develop a sustainable mentorship program in stakeholder services.

To improve the knowledge and skills of Mental Health, Alcohol and Other Drug, and Homelessness Service workers in relation to their work with people who have co-occurring Mental Health and Substance Use problems.

To enhance the learning for participants of the Eastern Dual Diagnosis capability training.

These aims are in accordance with the DHS Key Directions and priorities for service development document (2007) which quotes the following:

"All staff in both mental health and alcohol and other drug services should, at the most basic level, be able to administer a screening tool appropriate to their service age group, undertake a dual diagnosis assessment, and consult others with more advanced knowledge and skills in making decisions about the most appropriate course of action to be taken" *Key Directions Document 2007, p.18.*

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“The education and training of staff must take into account the diverse practice settings and treatment approaches employed in each sector and be delivered in ways that are seen as relevant, building upon existing knowledge and skills and be useful in working with the different populations served” *Key Directions Document 2007, p.18.*

It is expected the mentoring program will incorporate reciprocal placement opportunities, where available, and will foster and support attainment of the DDB5 Dual Diagnosis competencies via Recognised Training Organisations (RTOs) and universities.

Method:

Pre-Phase: Eastern Dual Diagnosis clinician will mentor one person in a designated sector regarding Dual; Diagnosis Capability. This may include participation in the Dual Diagnosis Capability Training Program specific to their sector.

Phase 1: An Eastern Dual Diagnosis clinician will supervise one person in a designated sector as they engage in mentoring 2 selected mentees. The mentoring will continue for a period of 9 months followed by a 3-month period for evaluation.

Phase 2: The mentor from phase 1 will provide leadership and support to the new mentors. The mentees from phase 1 will be supported via this process to mentor 2 interested co-workers in their sector. The Dual Diagnosis Clinician will continue to oversee this process.

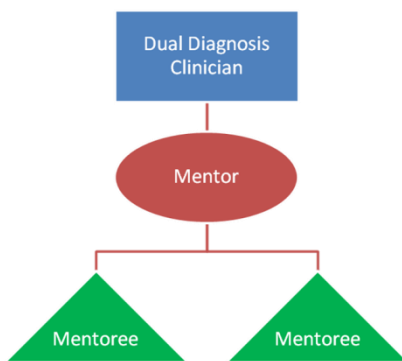


Fig.1 - Phase 1 of DDx Mentoring program

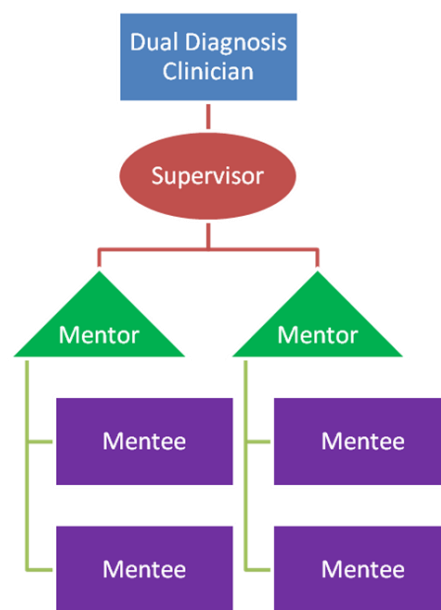


Fig.2 - Phase 2 of DDx Mentoring program

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Phase 3: It is intended that the Dual Diagnosis Clinician will no longer be involved by Phase 3 creating a sustainable model of developing Dual Diagnosis Capability in stakeholder services.

In order to be sustainable this model requires the support of Position Descriptions that aim to ensure that a group of Dual Diagnosis Capable practitioners exist in each service. A group mentoring model may be adopted once an identified supervisor in each service (supported by Position Description) is able to provide DDx-based group supervision.

Evaluation:

The mentoring program will be evaluated using a pre- and post- format. The aim of evaluation is to identify if the mentoring program has assisted the participants in increasing their skills, knowledge and confidence in dealing with dual diagnosis clients.

Dispute Resolution:

Parties involved in a disagreement should attempt to achieve a mutually acceptable resolution to the disputed issue.

If a dispute arises during the mentoring program and has not been resolved sufficiently by attempts of the involved parties then the parties should seek the support and advice of the DDx Team. If the parties cannot resolve the issue, it may be appropriate for the DDx Team to contact the parties' organisation to seek support in the resolution of the issue. Every attempt must be made to resolve the issue locally.

Responsibilities:

The **Dual Diagnosis (DDx) clinician** will arrange to meet with the Mentor on a fortnightly basis (or more or less frequently as required over the course of 9 months). The DDx clinician will support the Mentor via the provision of supervision, guidance, education and resources. The Dual Diagnosis clinician will conduct evaluation of the mentoring program at commencement and completion. They will support the establishment of sustainable Change Agent roles in stakeholder services.

A Mentoring Agreement will be drawn up prior to commencement of Phase 1 and Phase 2 respectively (See appendix A).

Involvement in this mentoring program is with the agreement and support of the mentor's and mentee's team leader/ manager/ supervisor.

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The **Mentor** will engage in regular supervision with the DDx clinician with a view to developing their skills in providing mentoring around DDx issues. The Mentor will support the Mentees via the provision of supervision, guidance, education, and resources.

The Mentor will commence the Mentoring relationship by outlining the aim and expectations for the Mentees. They will conduct a self-evaluation of the Mentees' pre program knowledge and skills regarding DDx. They will provide a menu of training modules and collaboratively tailor a mentoring program that is designed to meet the needs of the Mentees.

The **Mentee** will engage in a self audit at commencement of program and work with the Mentor to develop a learning plan. This plan will include SMART goals (see Appendix B) regarding the attainment of increased Dual Diagnosis capability. The Mentee will make themselves available for meetings with the Mentor at least fortnightly initially and by mutual negotiation after first 2 months.

Definitions:

Mentor – Phase 1 – Typically these people will be in a supervisory/senior role within their team.

Phase 2 – Mentees from phase 1.

Phase 3 – Mentees from phase 2.

Mentee – Suitably interested participants who wish to enhance their skills, knowledge and confidence regarding their work with people who have co-occurring substance use and mental health concerns.

Stakeholder service – Any service in the Eastern Metropolitan Region who receives support from the Eastern Dual Diagnosis Service. These will be Mental Health, Alcohol and Other Drug, Mental Health Community Support Services and Homelessness Services.

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Appendix A:

Mentoring Agreement

Features of our mentoring relationship will include:

Duration of the mentoring program _____

Likely frequency of meetings _____

Maximum length of each meeting _____

Expected outcomes

- Advanced Knowledge Base regarding Dual Diagnosis issues
- Capacity to enhance skills/ knowledge/confidence of other staff in this area
- Confidence in ability to support staff regarding work with consumers who have dual diagnosis

We have discussed the basic principles underlying our mentoring relationship as a developmental opportunity. We agree to a no-fault conclusion of this relationship if necessary.

Mentee _____ Mentor _____

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Appendix B:

Goal	
S pecific	
M easureable	
A chievable	
R elevant	
T ime-Bound	
E motive	
R eviewable	