1. Background

Mental health and alcohol and drug services in the Eastern Metropolitan Region are becoming more aware of the high percentage of people presenting to services who are experiencing both mental health and drug and alcohol problems and disorders. The co-occurrence of these problems and disorders (dual diagnosis) adds complexity to assessment, diagnosis, treatment and recovery, and is known to increase the risk of relapse.

The prevalence and complexity of dual diagnosis requires an integrated approach to assessment and treatment delivered as ‘core business’ within specialist mental health and alcohol and other drug services.

Providing responses to consumers and carers experiencing dual diagnosis as core business in each sector ensures that people of any age are not excluded from a service because of their dual problems and that their needs are addressed within the most appropriate service setting, by suitably trained staff working from models of best practice.

Area mental health services (AMHS), Community Mental Health Support Services (CMHSS) formerly known as Psychiatric Disability Rehabilitation and Support Services and Alcohol and Other Drugs (AOD) Services supported by Dual Diagnosis Teams continue to take some important steps in this direction.

In the Eastern Metropolitan Region (EMR) the Eastern Health Dual Diagnosis Program (Eastern Dual Diagnosis Service) provides primary, secondary and tertiary consultation, education and training to staff who provide support and treatment to consumers and carers experiencing dual diagnosis.

The Eastern Dual Diagnosis Service is active in supporting alcohol and other drug and mental health services to incorporate consumers and carers in the implementation and delivery of service and system change. This has included the development of the Dual Diagnosis Consumer and Carer Advisory Council (DDCCAC) to work in tandem with the Dual Diagnosis Working Group (DDWG).

For this reason these Terms of Reference relate to two regional dual diagnosis committees working in partnership; the Dual Diagnosis Working Group and the Dual Diagnosis Consumer and Carer Advisory Council. This includes sharing the same terms of reference, action plan which will be reflected in the shared, minutes and agenda.

These distinct but closely linked working groups will meet on the same day as consecutive meetings and will provide representatives from each group for each meeting. The rationale for separate meetings is to provide consumer and carers and clinicians and practitioners with appropriate space and time to discuss matters from both a service recipient and a service provider perspective and ensures legitimacy for both perspectives.
Additionally, the DDWG and DDCCAC work in collaboration with the Eastern Mental Health Service Coordination Alliance (EMHSCA) as a key eastern metropolitan region leadership group to drive the implementation and innovation of key dual diagnosis activities.

2. Purpose

The purpose of the DDWG and the DDCCAC is:

- Development of the DDWG/CCAC Action Plan in line with the Victorian Dual Diagnosis Initiative and the Eastern Mental Health Service Coordination Alliance (EMHSCA).
- Provision of feedback and consultation on all aspects of regional Dual Diagnosis activities.
- Building a sustainable and effective collaboration with EMHSCA.
- Developing tools and processes to support improved service responses to people with a dual diagnosis, in particular for young people and people from Aboriginal & Torres Strait Islander and Culturally and Linguistically Diverse backgrounds.
- Supporting the development of evidence based models relating to dual diagnosis treatments and interventions.
- Active participation in the development of protocols, policies and pathways documents relating to dual diagnosis.
- Development and support of the DDCCAC so both consumer and carers contribute in services development in the eastern metropolitan region AOD and mental health services.
- Development of activities that enhance consumer and carer sensitive practice within AOD and mental health services.
- Provision of advice on the involvement of consumers in the dual diagnosis strategy.
- Evaluation of Dual Diagnosis activities including evaluation of consumer and carer participation using the Consumer and Carer Participation Model and similar models as a guide.

3. Terms of Reference

MEMBERSHIP

Dual Diagnosis Working Group

Membership will comprise representatives from:

- AOD organisations
- MHCSS
- Clinical Mental Health Services
- Dual Diagnosis Team
- Eastern Mental Health Service Coordination Alliance
- Dual Diagnosis Consumer and Carer Advisory Council Chair
- Dual Diagnosis Consumer and Carer Advisory Council member(s)
Members can be co-opted as required to address specific issues with the agreement of the group members.

The group will appoint a Chair from this group.

**Dual Diagnosis Consumer and Carer Advisory Council**

Membership will comprise representatives from:

- Consumers with experience of having both mental health and alcohol and drug problems: up to 8 members
- Carer representatives with experience of supporting consumers with both mental health and substance use problems: up to 4 members
- Dual diagnosis Working Group Chair
- Dual Diagnosis Working Group member(s)
- Regional AOD and mental health peers and carers

Members can be co-opted as required to address specific issues with the agreement of the group members.

The group will appoint a consumer or carer Chair from this group.

**RESPONSIBILITIES**

Members of the Dual Diagnosis Working Group and the Dual Diagnosis Consumer and Carer Advisory Council are responsible for:

- Ensuring a commitment to maintain communication and collaboration between the DDWG with the DDCCAC
- Commitment to the implementation of the aims of the DDWG and DDCCAC Action Plan
- Where possible create pathways and seek broader clinician, practitioner, consumer and carer input and feedback on Dual Diagnosis relevant activities and issues
- Representation of the needs of consumers and carers of mental health and AOD Services
- Commitment to attend 100% of meetings and to give an apology when this is not possible
- Commitment to communicate ideas and to ensure that everyone’s voice is heard respectfully

June 2014
MEETING PROCEDURES

1. For both the Dual Diagnosis Working Group and the Dual Diagnosis Consumer and Carer Advisory Council meetings to proceed, a quorum of 50% plus one must be present. If a quorum is not reached then discussion can be documented and decisions if required referred to the next meeting.

2. All meetings will be minuted and the minutes circulated to all members one week prior to the next meeting.

Relationships between Committees and Chairs

The chairs of the DDCCAC and the DDWG are required to attend both meetings or to delegate representatives as required.

Members of the DDWG can attend the DDCCAC on a rotational basis.

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REPORTING

Regular reporting of DDCCAC and DDWG activities is provided to EMHSCA. Minor report back is provided at bi-monthly EMHSCA meetings. Provision of Annual report to EMHSCA will occur in October 2014.

POSITIONS

The Dual Diagnosis Working Group and Dual Diagnosis Consumer and Carer Advisory Council will appoint a chairperson and/or secretary for the term of one year with election by the membership to be held at the start of each calendar year.

FREQUENCY OF MEETINGS

The DDWG and the DDCCAC will meet monthly or more regularly as required and discussed by the members of the council.
4. Dispute Resolution

In the event that there is disagreement between the members of the DDWG or the members of the DDCCAC or the members of the DDWG and the CCAC which prevents the agreed objectives being reached, the following will apply:

- Terms of reference will be considered the guiding document.
- In the event of unresolvable issues then the chair of the DDCCAC can seek support and mediation from the Chair for the DDWG.
- The Chairs of each committee will attempt to resolve any conflict between the DDWG and DDCCAC.
- If appropriate, additional people representing different interests may be invited to the meeting.
- If the matter cannot be resolved an independent arbitrator may be asked to mediate and assist in resolving the disagreement.