



Dual diagnosis competencies: A systematic review of staff training literature^{☆, ☆ ☆}



Melissa Petrakis^{a,b,*}, Rebecca Robinson^{b,c}, Kevan Myers^d, Simon Kroes^d, Sarah O'Connor^c

^a Mental Health Service, St Vincent's Hospital, Melbourne, Australia

^b Faculty of Medicine, Nursing and Health Sciences, Monash University, Melbourne, Australia

^c Neami National, Melbourne, Australia

^d Nexus, St Vincent's Hospital, Melbourne, Australia

ARTICLE INFO

Keywords:

Mental health
Dual diagnosis
Substance use
Systematic literature review
Reasons for use scale

ABSTRACT

Objective: To conduct a systematic review of the literature regarding approaches to staff training in dual diagnosis competencies.

Methods: A search was conducted using eight databases: Informit, Taylor & Francis, Springer, Proquest, Expand, Sage, Psych info, Elsevier and Cinahl. The year range was 2005 to April 2015. An additional manual search of reference lists was conducted to ensure relevant articles were not overlooked.

Results: Of 129 potential results, there were only 11 articles regarding staff training in dual diagnosis. The limited studies included problems: small sample sizes, selection biases, and questions as to validity of some capability instruments, and low inclusion of service user perspectives. Organisational challenges to greater uptake of staff training including agency size, agency willingness to change, and a need to change policies.

Conclusions: There is a pressing need for more research, and quality research, in this important area of knowledge translation, dissemination and implementation of evidence-based practices. In particular there is limited literature regarding the efficacy of dual diagnosis competency resources, and a gap as to use of the mentoring in dual diagnosis capacity building.

1. Introduction

It is estimated that anywhere between 40 and 80% of service users who experience mental illness in Victoria, Australia also have issues with substance use. People who suffer from mental health disorders that are complicated by alcohol and or other drug use disorders are defined as having a dual diagnosis (Department of Human Services, 2010).

Living with a dual diagnosis can cause complex physical, psychological and social difficulties for a wide range of people (Roberts & Jones, 2012, p.664). Dual diagnosis is typically associated with negative consequences and widely affects many of life's domains. Research suggests that those with a dual diagnosis compared to those with a single disorder experience much higher rates of violent behaviour, suicidal ideation, suicide and physical health problems (Thornton et al., 2012 p.429). In addition to these complications, there are compounding impacts on a person's social circumstance including loss of support

networks, stress on family and anti-social behaviour. This can lead to possible homelessness and incarceration (Donald, Dower, & Kavanagh, 2005 p.1372). On a more positive note there is literature to suggest that outcomes for service users with dual diagnosis can be enhanced when services provide integrated evidence-based treatment (Drake et al., 2015).

There is little research on the role of supervision among those with dual diagnosis training however the minimal evidence suggests that it is necessary. Supervision led by qualified and competent staff in a helping environment has found to support staff in difficult situations and allow the opportunity to reflect on the process that is happening (Cookson, Sloan, Dafters, & Jahoda, 2014).

The need for dual diagnosis training to be standardised within the mental health and alcohol and other drug fields across agencies and different discipline occupations has been raised in order to ensure that care is more service-user-oriented (Hughes, 2011).

[☆] This paper is a Dual Diagnosis systematic literature review for the journal *Addictive Behaviors* intended as a full length article submission.

^{☆☆} Thank you for the encouragement regarding our team's December submission of 'Dual Diagnosis Assessment: A Case Study Implementing the Reasons for Use Package to Engage a Marginalised Service User' submitted as a short communications paper.

* Corresponding author at: Monash University, Caulfield Campus, Faculty of Medicine, Nursing and Health Sciences, PO Box 197, Caulfield East VIC 3145, Australia.

E-mail addresses: melissa.petrakis@svha.org.au, melissa.petrakis@monash.edu (M. Petrakis), rebecca.robinson@neaminational.org.au (R. Robinson), kevan.myers@svha.org.au (K. Myers), simon.kroes@svha.org.au (S. Kroes), sarah.oconnor@neaminational.org.au (S. O'Connor).

1.1. Aims and objectives of the study

To investigate the extent and quality of staff training innovations in the dual diagnosis field, aiming to enhance staff skills to work with people experiencing severe and persistent mental illness (SPMI) comorbid with substance abuse.

2. Materials and methods

2.1. Systematic approach

A search for the relevant literature was conducted using 8 online databases – Informit, Taylor & Francis, Springer, Proquest, Expand, Sage, Psych info, Elsevier and Cinahl through the Monash library database search. The database search was conducted of material between year ranges of 2005 to the end of April 2015. An additional manual search of articles from reference lists was conducted to ensure relevant articles were not overlooked.

The keywords and National Library of Medicine, USA, Medical Subject Headings (MeSH*) headings used in the search were: Severe and persistent mental illness, mental health*, schizophrenia*, bi-polar, psych*, substance use, substance misuse, alcohol abuse, alcoholism*, Dual Diagnosis*, staff training, workforce development, staff productivity, workforce training, workforce implementation and staff implementation. Search terms were used in various combinations in order to include the maximum amount of relevant articles.

2.2. Inclusion criteria

This study was conducted in the state of Victoria in Australia. In that state the government Department of Human Services published the review and planning document *Dual Diagnosis key directions and priorities for strategic development* in 2010. The authors of the current study set out to canvas the international situation in dual diagnosis capacity building in services at that time through a review of studies in the 5 years prior (what was going on?) and 5 years post (what is or is not changing?). Studies were included in the current review if they were published after 1st April 2005 through until the end of April 2015 (when the systematic review was conducted). Literature was only included if participants were suffering from severe and persistent mental illness (SPMI) comorbid with substance abuse (of any kind), and also discussed the role of staff training.

2.3. Exclusion criteria

Studies were excluded if they were published prior to 2005, in order to canvas the most up to date literature. If the studies focused on service users with other mental health conditions and did not have comorbidity with substance abuse they were excluded because they did not meet the criteria of dual diagnosis. Studies were also excluded if they focused on children or adolescents under 18 years of age, as the focus for services in the current study setting was adult service users who would be receiving diagnosis and treatment. Articles were also excluded if they were not in English language, or if the article lacked sufficient detail to be clearly relevant.

3. Results

3.1. Database search results

Initially, 129 articles met the criteria through electronic database searching, with an additional 3 articles sourced through searching reference lists of eligible articles. The screening process was carried out by removing 2 duplicate articles and examining 34 article abstracts to remove further irrelevant articles. Following this process, 20 articles met the eligibility criteria. Of these articles, following a full review of

the text of the articles, 11 were included in this review due to their discussion on staff training with relation to dual diagnosis in adult service users.

The articles included after the screening process ranged from behavioural studies, pilot studies and longitudinal studies with both qualitative and quantitative results. Articles were studies from Australia, the United Kingdom and the USA.

Themes that emerged from the articles were supervision, staff training and education, training programs and tools, organisational changes, and changes to policy and mission statement.

3.2. Supervision

Within the dual diagnosis training literature, there is little research regarding the role of supervision. The minimal evidence however suggests that it is necessary. Supervision led by qualified and competent staff in a helping environment has been found to support staff in difficult situations, allowing the opportunity to reflect on the process that is occurring (Cookson et al., 2014).

The article by Brunette et al. (2008) employed a longitudinal exploratory study method. They researched 13 community agencies within the USA over a 2-year period that had a new dual diagnosis training treatment program. They applied both a quantitative and qualitative approach to their research. Program data was collected using a quantitative fidelity scale to see the degree to which the new service adhered to established principles for integrated dual disorders treatment. The qualitative approach involved interviews, meetings and ethnographic observations to elicit responses regarding facilitators and barriers to implantation of the training program (Brunette et al., 2008, p.990).

Barriers to implementation of the program were researched. A major barrier to successful delivery was the lack of staff supervision. It was found that supervision played a key role in the success of the integrated dual disorder treatment teams in other, successful, agencies. The absence of high-quality clinical supervision was a common barrier observed in organisations with moderate or low fidelity (Brunette et al., 2008, p.994).

Sacks et al. (2013, p.489) produced similar findings to Brunette. This research reported on the capability of New York State outpatient programs to provide integrated services for dual diagnosis. They completed a longitudinal study over 3 years in which 447 outpatient programs dealing with dual diagnosis service users were researched, using the Dual Diagnosis Capability of Addiction Treatment (DDCAT) and Dual Diagnosis Capability in Mental Health Treatment (DDCHMT) tools.

One criterion in the DDCAT tool specifically looks at staff training. This criterion includes the element of staff supervision. Within these programs supervisory sessions with staff were not routinely scheduled; instead, supervision was conducted primarily on an as needed basis, which tended to narrow its focus or concentrated on specific problems that staff members were having. The 56% of staff who were surveyed suggested that having routine supervision would make them feel more capable in using the dual diagnosis training with service users (Sacks et al., 2013 p.489). However the instrument validity in this study has to be reviewed. It has been suggested that even though considerable effort has been put into developing both the DDCAT and DDCHMT indices, further study is needed to determine, among other things, the importance and proper weighting of each of the dimensions included, which in return may skew the findings in the study by Sacks and colleagues (Sacks et al., 2013 p.492).

Schulte, Meier, Stirling, and Berry (2010) also found that clinical supervision is a major element that needs to be in place to ensure careful monitoring of staff who work with dual diagnosis service users. Schulte et al. (2010) studied 124 service users with a dual diagnosis through use of a semi-structured interview and assessment, alongside 46 practitioners who were in charge of their treatment over six

Download English Version:

<https://daneshyari.com/en/article/7261355>

Download Persian Version:

<https://daneshyari.com/article/7261355>

[Daneshyari.com](https://daneshyari.com)