

## **IMHP DUAL DIAGNOSIS PORTFOLIO**

The policy document *Dual Diagnosis: Key directions and priorities for service development* was released by the Victorian Mental Health and Drugs Division in 2007 with the aim of increasing capacity to respond effectively to the co-morbidity between mental health problems and substance use disorders.

In September 2008, Professor Peter Birlson, Director of the Royal Children's Hospital Integrated Mental Health Program (IMHP), appointed a project coordinator to facilitate and support the implementation of these key directions in our organisation. The project's goals for service development were;

1. To establish a screening and assessment process to ensure that dual diagnosis clients were systematically identified and responded to in a timely, evidence-based manner as 'core business' in IMHP.
2. To establish a training program to assist all clinicians in IMHP to be *dual diagnosis capable*, that is, they have the knowledge and skills necessary to identify and respond appropriately to dual diagnosis clients. Clinicians from each clinical team were to be identified and trained as advanced practitioners.
3. To facilitate reciprocal relationships between IMHP and regional Alcohol and Other Drug (AOD) services to establish effective partnerships and agreed mechanisms that support integrated assessment, treatment and recovery and ensure a 'no wrong door' approach to treatment and care.
4. To establish processes to ensure outcomes and service responsiveness for dual diagnosis clients were monitored and regularly reviewed.
5. To enlist consumers and carers in the planning and evaluation of this service development.

In October 2008, a project leader was appointed and a comprehensive communication strategy, risk assessment and project action plan was devised to support the implementation of the project goals in a 1 year timeframe.

### Evidence

See “Dual Diagnosis Project Plan”

At conclusion of the project in November 2009, the IMHP had made considerable progress embedding the principles of the *Dual Diagnosis: Key directions and priorities in service development policy* into our clinical practice and staff development activities.

In order to firmly establish dual diagnosis as core business in the IMHP our primary task was to ensure the development of dual diagnosis capable staff. A comprehensive training program provided clinicians with the core knowledge, skills and tools required to enable the early identification of co-occurring substance use through screening at entry to the service, and to undertake a dual diagnosis assessment that would inform the development of an integrated treatment plan.

In our main teams, clinicians with an interest in developing advanced dual diagnosis competencies were trained and adopted the role of ‘Dual Diagnosis Consultants’ in their teams.

Agreements with our regional AOD agencies, DASWest and Moreland Hall evolved with plans to forge robust partnerships to enhance integrated treatment options for dual diagnosis clients and their families who enter either service. Dual diagnosis Consultants were assigned liaison roles with these agencies and time limited reciprocal rotations were proposed to commence in March 2010.

Processes to improve data collection of dual diagnosis clients were introduced during the project with demographics recorded in each team, and an emphasis on accurate multi-axial diagnostic entry on RAPID. Evidence suggested that whilst data was being recorded, it was likely to be inaccurate, hence these processes were given priority for further improvement.

Consumer participation during the project was limited to a carer's evaluation of our screening and assessment process. Further consumer involvement was planned by incorporating inclusions relating to dual diagnosis in the IMHP consumer satisfaction surveys being compiled for use in the future.

### Evidence

See “Executive Summary – Implementation of the Dual Diagnosis Service Development at the Royal Children’s Hospital Integrated Mental Health Program 2008-2009”

Recommendations from the Dual Diagnosis project were endorsed by the IMHP Executive Management team and work has continued to progress with the further implementation of the key directions as detailed hereafter.

<p><b>Service Development Outcome 1:</b></p>	<p><b>Embedded processes:</b></p> <ul style="list-style-type: none"> <li>• Screening tools are to be utilised throughout all departments of the IMHP.</li> <li>• From April 2009 all clients aged 10 and over are routinely screened for substance use as part of their comprehensive mental health assessment. This includes a parent screen which is completed at initial interview, and a child screen which is completed individually with the child. Additionally prompts are built into our mental health assessment proforma to encourage active enquiry about parental substance use and peer/environmental exposure.</li> <li>• Random file audits are continuously being performed at all sites to monitor clinician's enquiry about substance use.</li> <li>• Any reporting of substance use indicates further exploration with use of the IMHP AOD assessment form. SUMITT clinicians who liaise fortnightly with clinical teams offer support to co facilitate assessment with clinicians when requested.</li> </ul>	<p><u>Evidence</u></p> <p>See;</p> <ul style="list-style-type: none"> <li>• <a href="#">AOD screening tools for child and parent</a></li> <li>• <a href="#">See prompts in Assessment Summary</a></li> <li>• <a href="#">File audit comparison 2009/2010, Page 23.</a></li> <li>• <a href="#">AOD Assessment form</a></li> </ul>
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## Quality Improvement Action Plan

Area for improvement	Action	By whom	By when	Evidence
Dual Diagnosis project highlighted that Banksia demonstrated particularly poor compliance rates using the screening tools.	<ul style="list-style-type: none"> <li>• Screening forms to be incorporated into standard admission paperwork pack used by admitting nurses in Banksia rather than reliance on admitting medical staff to undertake screening.</li> <li>• SUMITT liaison clinician to provide targeted intensive support to Banksia clinicians to ensure they use screening tools more consistently.</li> <li>• Compliance to be monitored through file audit process.</li> </ul>	<p>Grace Romeo (Banksia admin officer)</p> <p>Andrew O'Sullivan (SUMITT)</p> <p>Sean Ironside/Ric Haslam</p>	<p>October 2009</p> <p>Ongoing from June 2010</p> <p>Ongoing</p>	<p><a href="#">Banksia admission pack for nurses.</a></p>
2009/2010 file audit comparisons show that clinician's use of the screening tools in community teams has declined from 65% to 45% in 2010.	<ul style="list-style-type: none"> <li>• Ensure Dual Diagnosis is a standing item on all clinical teams business meeting agendas.</li> <li>• Discuss standing protocol that screening tools are to be routinely utilised as part of the assessment process in teams and highlight declining use.</li> <li>• Embed child and parent screening tools in Comprehensive Assessment schedule being devised for future use in IMHP.</li> </ul>	<p>Dual Diagnosis Consultants</p> <p>Dual Diagnosis Consultants</p> <p>Jo Winther</p>	<p>August 2010</p> <p>August 2010</p> <p>Completion of Assessment Schedule</p>	<p><a href="#">See agenda templates for team business meetings (Example Mid West Team)</a></p> <p><a href="#">See minutes of team business meetings.</a></p> <p><a href="#">See IMHP Assessment Schedule</a></p>

Area for improvement	Action	By whom	By when	Evidence
File audit identifies only if substance use enquiry is evidenced. Not specifically if both the child and parent screening forms are in evidence or if the AOD assessment has been completed for positive screens or if the outcome of the assessment is recorded in the Individual Treatment Plan.	<ul style="list-style-type: none"> <li>• Build specific questioning into next file audit to identify use of both screening tools use, AOD assessment in cases of positive screens, and treatment recorded in ITP.</li> </ul>	Sean Ironside to discuss with Ric Haslam	September 2010	

<p><b>Service Development Outcome 2A:</b></p>	<p><b>Embedded processes:</b></p> <ul style="list-style-type: none"> <li>• Basic Dual Diagnosis training was manualised and delivered as a 2 day package to all IMHP clinicians by SUMITT from May – September 2009.</li> <li>• Basic training for new staff entering the service since October 2009 has been integrated into the IMHP professional development calendar in line with training provided to rotating specialist registrars twice each year. This is a mandatory competency.</li> <li>• A 2 day motivational interviewing workshop is also scheduled to be provided in 2010 training calendar.</li> </ul>	<p><u><a href="#">Evidence</a></u> See;</p> <ul style="list-style-type: none"> <li>• <a href="#">Basic Dual Diagnosis Training Manual</a></li> <li>• <a href="#">IMHP Professional Development Calendar 2010</a></li> </ul>
<p>Staff in both mental health and AOD services are appropriately educated and are dual diagnosis capable</p>		

## Quality Improvement Action Plan

Area for improvement	Action	By whom	By when	Evidence
Refresher training needs to be provided to all clinicians who have completed basic training.	<ul style="list-style-type: none"> <li>Sean Ironside, Sandra Foulstone and Andrew O'Sullivan to meet to discuss the focus of refresher training for 2010.</li> </ul>	SI, SF, AO	July 2010	<a href="#">See Minutes of planning meeting 19/7/10</a>
Refresher training to be provided to all clinical teams throughout September 2010.	<ul style="list-style-type: none"> <li>A Dual diagnosis newsletter will be circulated to introduce the focus of September's targeted training.</li> <li>Dual Diagnosis Consultants in teams to be briefed of content of training to ensure their participation in its delivery.</li> <li>Training to comprise of 2 half hour sessions at end of clinical team meetings and consist of; Quiz about DD and focus on caffeine and energy drinks and discussion about ways of improving our diagnostic recording of DD. Poster to be compiled to be placed in waiting areas highlighting harmful effects of caffeine.</li> </ul>	<p>SI, SF, AO</p> <p>SI, SF, AO and all DD Consultants</p> <p>SI, SF, AO and all DD Consultants</p>	<p>September 2010</p> <p>August 2010</p> <p>September 2010</p>	<p><a href="#">See "Septopia" newsletter</a></p> <p><a href="#">See minutes Dual diagnosis Consultants meeting, 17/8/10</a></p> <p><a href="#">See training material used and presented at teams;</a></p> <ul style="list-style-type: none"> <li>• <a href="#">DD Quiz</a></li> <li>• <a href="#">Caffeine poster</a></li> <li>• <a href="#">Diagnostic ready reckoner and instructions for use</a></li> </ul>
Dual Diagnosis training provided throughout 2010 PD calendar needs to be evaluated to identify potential areas for improvement.	<ul style="list-style-type: none"> <li>Training clinicians from SUMITT to collate evaluation of each series of lectures and provide to Sean Ironside.</li> </ul>	Sandra Foulstone, Andrew O'Sullivan	November 2010	<a href="#">See evaluation of training</a>

Area for improvement	Action	By whom	By when	Evidence
Need to organise Dual Diagnosis training for 2011 calendar.	<ul style="list-style-type: none"> <li>Meet to organise training dates and content for 2011.</li> </ul>	Jo Winther, Sandra Foulstone	October 2011	<a href="#">Training calendar for 2011 organised. See minutes meeting 6/10/10. See Training calendar 2011</a>
New Dual Diagnosis resources need to be stored centrally and accessible to all clinicians.	<ul style="list-style-type: none"> <li>All new DD resources accumulated during 2010 to be organised and placed in Dual Diagnosis education folder on "M" Drive</li> </ul>	Sean Ironside	Ongoing	<a href="#">See Dual Diagnosis folder on "M" Drive</a>
It was identified during the Dual diagnosis project that IMHP Consultant Psychiatrists may benefit from training particularly around psychopharmacology from SUMITT Consultant Psychiatrist.	<ul style="list-style-type: none"> <li>Arrange SUMITT Consultant to provide training to IMHP Consultant group.</li> </ul>	Ric Haslam	November	<a href="#">Training provided on 11/11/10</a>

<p><b>Service Development Outcome 2B:</b></p>	<p>Embedded processes:</p> <ul style="list-style-type: none"> <li>• The clinician who coordinated the Dual Diagnosis project has assumed the IMHP Dual Diagnosis portfolio as an advanced clinician to continue the process of implementing and maintaining the key directions.</li> <li>• A clinician from each of the Community teams, Consultation and Liaison service, Banksia and all IMYOS/MHIYS clinicians have been provided with advanced dual diagnosis training by SUMITT.</li> <li>• These clinicians act as Dual Diagnosis Consultants in their clinical teams, advising and educating colleagues.</li> <li>• They provide orientation to DD to all new staff entering the service, prior to participation in formal DD training.</li> <li>• They also meet quarterly, along with SUMITT clinicians, to coordinate continuous improvement strategies, ensure standardised processes across all teams, and attain further specialist personal education and training.</li> </ul>	<p><u>Evidence</u> See;</p> <ul style="list-style-type: none"> <li>• See Advanced Training Manual</li> <li>• Terms of Reference – “Dual Diagnosis Consultants Group”</li> </ul>
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## Quality Improvement Action Plan

Area for improvement	Action	By whom	By when	Evidence
Dual Diagnosis Consultant group require more advanced training to expand their skill set.	<ul style="list-style-type: none"> <li>Meet to discuss and develop advanced training program for delivery in 2011.</li> </ul>	SI, SF, AO	October 2010	<a href="#">See minutes of planning meeting 28/10/10</a>
Advanced practitioner training manual devised for Adult Psychiatry by SUMITT needs to be revised to be more applicable to Child and Adolescent Psychiatry for use in IMHP.	<ul style="list-style-type: none"> <li>Working party to convene to revise adult manual.</li> </ul>	Sean Ironside, Jo Winther, Andrew O'Sullivan, Shane Sweeney	February 2011	<a href="#">See minutes of planning meeting 28/10/10</a>

**Service Development Outcome 3A:**

Mental health and AOD services will define client care pathways within and between services to ensure a “no wrong door” policy for clients seeking help from either service.

**Embedded processes:**

- 2 senior clinicians from SUMITT are established to liaise with each clinical team, attending client reviews fortnightly. They also participate as co-workers, when requested, in Integrated MH/AOD assessments supporting DD Consultants and IMHP case managers. This assessment then informs collaborative future treatment planning with clients, their families and carers.
- Client care pathways have been defined in collaboration with our regional AOD agencies, Moreland Hall and DASWest.

**Evidence**

See;

- [Statement of Intent - SUMITT](#)
- [Memorandum of understanding - Moreland Hall](#)
- [Memorandum of understanding - DASWest](#)

Quality Improvement Action Plan

Area for improvement	Action	By whom	By when	Evidence
Statement of Intent with SUMITT needs to be formally reviewed 1 year post implementation.	<ul style="list-style-type: none"> <li>• Convene formal evaluation process and meeting with Senior Managers/Clinicians from SUMITT and IMHP.</li> </ul>	Sean Ironside	March 2011	
Memorandum of Understandings with Moreland Hall and DASWest need to be formally reviewed 1 year post implementation.	<ul style="list-style-type: none"> <li>• Convene formal evaluation process and meeting with Senior Managers/Clinicians from Moreland Hall and IMHP.</li> <li>• Convene formal evaluation process and meeting with Senior Managers/Clinicians from DASWest and IMHP.</li> </ul>	Sean Ironside	March 2011	

**Service Development Outcome 3B:**

Mental health and local AOD services will establish mechanisms to develop and maintain collaborative service relationships to ensure that clients receive integrated assessment, treatment and recovery.

**Embedded processes:**

- SUMITT's role as our regional Dual Diagnosis agency is to support any capacity building activities between IMHP and our regional AOD services.
- Agreements have been formalised with our regional partner AOD agencies to support their clinicians to undertake 6 monthly secondments in IMHP, and clinical review rotations between AOD/IMHP to enhance interagency familiarity, cooperation, and collaboration over the year March 2010 – March 2011.

Evidence

See;

- See MOU's with Moreland Hall and DASWest.

Area for improvement	Action	By whom	By when	Evidence
Facilitate placement for Senior clinician from Moreland Hall	<ul style="list-style-type: none"> <li>Kerstin Henrichson (MH) to be accommodated in the North West Community Team on a secondment of 2.5 days a week from March – September 2010. Supervision to be arranged by SUMITT.</li> </ul>	Sandra Foulstone (SUMITT)	February 2010	Placement was executed successfully. See 'Septopia' newsletter for clinicians self appraisal of experience.
Commence rotation of clinician from IMHP with one from Moreland Hall to enhance collaboration between the 2 services	<ul style="list-style-type: none"> <li>Negotiate and formalise rotation of clinicians between both services with Wendy Moncur (MH)</li> <li>Tony Glynn from IMYOS to participate in monthly clinical reviews at Moreland Hall and 'buddy' Moreland Hall rep to participate in IMYOS reviews from March – September 2010. Both rotations to be supported by SUMITT.</li> </ul>	Sean Ironside, Sandra Foulstone (SUMITT)	February 2010	Clinical review rotations executed successfully. See 'Septopia' newsletter for clinicians self appraisal of experience.
Commence rotation of clinician from IMHP with one from Youth Outreach team to enhance collaboration between the 2 services	<ul style="list-style-type: none"> <li>Negotiate and formalise rotation of clinicians between both services with Richard Marks (DASWest) to commence rotation in February 2011.</li> </ul>	Sean Ironside, Andrew O'Sullivan (SUMITT)	December 2010	
Banksia inpatient unit would benefit from a 'rolling' AOD psycho educational group to enhance the client's therapeutic experience during their admission.	<ul style="list-style-type: none"> <li>Negotiate with DASWest to collaborate with Banksia to run an AOD group on an ongoing basis.</li> <li>Commence running of group.</li> <li>Formally evaluate client's experience of attending group.</li> </ul>	Sean Ironside, Andrew O'Sullivan (SUMITT)	June 2010	See "Banksia Dual Diagnosis project plan" See Banksia Staff Training manual. See Initial Harm Reduction and MI group. Banksia group commenced weekly in August 2010.

				Still requires formal evaluation by clients.
IMHP local operational procedures do not state that Dual Diagnosis is integrated into our core business.	<ul style="list-style-type: none"> <li>• Compile a section on Dual Diagnosis that describes how this is integrated into our core business for inclusion in IMHP Operations Manual</li> <li>• Submit to Operational management meeting for ratification and insertion in manual,</li> </ul>	Sean Ironside	October 2010	See Dual Diagnosis excerpt for inclusion in IMHP Operations Manual submitted for approval.

**Service Development Outcome 4A:**

Data about problematic drug use among clients of mental health services is systematically collected on RAPID.

**Embedded processes:**

- Multiaxial diagnoses are expected to be recorded on RAPID at initial registration of client, and updated at the completion of the 6 week assessment, at each 3 monthly review thereafter, and at discharge.
- IMHP Standardised assessment, clinical review and discharge documentation has been altered to provide prompts to clinicians to reconsider if there is any unrecorded AOD data.
- Standardised outcome measures are routinely collected and reviewed by case managers which reflect the domain of AOD use. These OM are used to inform discussion with clients and their carers about their progress and future treatment planning.
- Dual Diagnosis Consultants in team meetings regularly prompt clinicians to be mindful to capture all forms of AOD diagnostic data on RAPID.
- Consultant Psychiatrists are expected to prompt clinicians in Clinical Governance Supervision to accurately record multiaxial diagnoses.

**Evidence**

See;

- [IMHP Assessment summary, review and discharge summary](#)

## Quality Improvement Action Plan

Area for improvement	Action	By whom	By when	Evidence
Dual Diagnosis project highlighted that it is likely that dual diagnosis data is not being accurately recorded on RAPID.	<ul style="list-style-type: none"> <li>• Compare and evaluate recording of AOD diagnostic entries one year following dual diagnosis project.</li> <li>• Provide specific refresher training to all clinicians to highlight the need for AOD use to be recorded as Primary/Secondary diagnoses or contextual factor(s) in multi-axial format.</li> <li>• Provide laminated ready reckoners with all ICD-10 substance use codes and related contextual factor codes.</li> </ul>	<p>Pam Marland, Sean Ironside</p> <p>Sandra Foulstone, Andrew O'Sullivan and all DD Consultants</p>	<p>October 2010</p> <p>During 'Septopia' refresher training in teams in September 2010.</p>	<p><a href="#">See comparative data 2008/09 and 2009/10</a></p> <p><a href="#">Ready reckoner for Dual Diagnostic entries.</a></p> <p><a href="#">Instructions how to use ready reckoner.</a></p>
Clinicians have not been accustomed to record intervention codes on RAPID. This data may be helpful when evaluating our services treatment responses and effectiveness when providing care to Dual Diagnosis clients and their families.	<ul style="list-style-type: none"> <li>• Provide specific training to all clinicians to assist them to record AOD intervention codes in multi-axial format.</li> <li>• Include ICD-10 intervention codes in laminated ready reckoners along with all ICD-10 substance use codes and related contextual factor codes.</li> </ul>	<p>Sandra Foulstone, Andrew O'Sullivan</p>	<p>During 'Septopia' refresher training in teams in September 2010.</p>	<p><a href="#">Ready reckoner for Dual Diagnostic entries.</a></p> <p><a href="#">Instructions how to use ready reckoner.</a></p>

<p>Comparative data of 1 year periods from 2008/09 and 2009/10 indicates that there has been a 1 % increase in reporting of Primary/Secondary Diagnoses and a 16% decrease of in the recording of contextual factors.</p>	<ul style="list-style-type: none"> <li>• Request more assertive support from Dual Diagnosis Consultants and Consultant Psychiatrists to prompt clinicians to report AOD diagnoses.</li> <li>• Evaluate impact of Septopia training in 6 months to establish whether there has been any improvement in capturing primary/secondary diagnoses, contextual factors, and intervention codes.</li> </ul>	<p>Sean Ironside</p> <p>Pam Marland, Sean Ironside</p>	<p>November 2010</p> <p>April 2011</p>	
<p>Comparative data of 1 year periods from 2008/09 and 2009/10 indicates that clinician's contacts with AOD agencies have increased by 26%.</p>	<ul style="list-style-type: none"> <li>• Evaluate contacts with AOD agencies in 6 months to ascertain if this progress is sustained.</li> </ul>	<p>Pam Marland, Sean Ironside</p>	<p>April 2011</p>	

Service Development Outcome 4B:

Data is used to inform local service planning and development at individual service level and at intersectoral levels.

Embedded processes:

- National and local data informed our decision to commence screening of children at age 10 years.
- Local comparative data collected during the Dual Diagnosis project and reinforced in latest data collection highlighted that Banksia and IMYOS teams serviced the greatest numbers of dual diagnosis clients requiring treatment from our service.
- This informed our decision to introduce an AOD group program in Banksia focussing upon psychoeducation re their most commonly used substances; caffeine, tobacco, alcohol and cannabis
- This data also advised that **all** IMYOS clinicians be trained at advanced level due to high numbers of their clients commonly using substances.

Evidence

See;

- See Characteristics of positive AOD screens in Community teams, IMYOS and Banksia – Dual Diagnosis project 2008/09
- See comparative data 2008/09 and 2009/10

## Quality Improvement Action Plan

Area for improvement	Action	By whom	By when	Evidence
Comparative data of 1 year periods from 2008/09 and 2009/10 indicates that South West Community team contacts with AOD agencies are remarkably low.	<ul style="list-style-type: none"> <li>Liaise with South West team Dual Diagnosis Consultant and Team Coordinator to ascertain why contact is limited and take any necessary remedial measures to improve contacts with AOD services.</li> </ul>	Sean Ironside, Sara Tatlow, Evelyn Man	February 2011	
Data needs to continue to be reported every 6 months which outlines diagnostic entries, use of AOD interventions and contact with AOD agencies.	<ul style="list-style-type: none"> <li>Continuously analyse available local data to establish if there are any trends or evidence to suggest potential areas for service improvement.</li> </ul>	Sean Ironside	April 2011	

Service Development Outcome 5:

Consumers and carers are involved in the planning and evaluation of service responses

Embedded processes:

- IMHP Consumer Consultant was a key member of the IMHP Dual Diagnosis Steering Group, and has continued to provide a carer perspective in planning and development activities since.
- Dual Diagnosis consultants in clinical teams have a responsibility to report any incidence whereby a client or family object to any part of the AOD assessment or treatment process in the first instance to their Team Coordinator but also the Dual Diagnosis portfolio holder so that this can be monitored.

Evidence;

- Dual Diagnosis project plan
- Executive report

Area for improvement	Action	By whom	By when	Evidence
There has not been any formal evaluation of the young people's experience of attending the group in Banksia.	<ul style="list-style-type: none"> <li>Formal evaluation process to be established to enlist consumer perspective.</li> </ul>	Andrew O'Sullivan	February 2011	
There were a limited number of participants who offered carers feedback about our screening and assessment processes in 2009.	<ul style="list-style-type: none"> <li>Enlist support of Consumer Consultant to repeat the consumer survey of potential/past carers to gain wider evaluation of our processes.</li> <li>Modify screening and assessment tools accordingly in consultation with Consumer Consultant and IMHP Operational Management Group.</li> </ul>	Sean Ironside, Rosemary Lawton	March 2011	<a href="#">See Carer evaluation of screening and assessment tools.</a>
There is no formal process to establish consumer satisfaction in relation to the enquiry about their child and families AOD use or consequent treatment.	<ul style="list-style-type: none"> <li>Liaise with Consumer consultant to include evaluative enquiry about consumers satisfaction in newly developed Consumer Survey which will be provided to all families at discharge.</li> <li>Consumer Consultant to liaise with Dual Diagnosis portfolio holder and team Dual Diagnosis Consultants to advise of any reported dissatisfaction.</li> </ul>	Rosemary Lawton, Sean Ironside  Rosemary Lawton, Sean Ironside, Dual diagnosis consultants	September 2010  Ongoing	<a href="#">Question re satisfaction with AOD enquiry and treatment now included in final draft of Consumer survey.</a>

This document has been prepared and amended accordingly by Sean Ironside, Dual Diagnosis Project Coordinator, RCH IMHP.