

Introducing Well Ways Duo

A support and education program for families and friends of people with co-occurring disorders of mental illness and substance use (dual diagnosis)

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Why focus on Families of people with dual diagnosis ...

- **Experience the stigma**
- **Experience trauma** associated with the advent of both the mental illness and the drug or alcohol use
- **Experience frustration** with treatment services
- Experience lack of information

Families of people with dual diagnosis ...

- Are the '**front-line**' of treatment
- Can have a significant impact on the course and outcome of both mental illness and the drug and alcohol problem

Families of people with dual diagnosis ...

- Often feel overwhelmed related to behaviors associated with dual diagnosis
- Have been saying for many years that they need more support and information

Collaboration

Contributors:

- Southern Dual Diagnosis Service - Dr. Tim Rolfe
- Rebecca Sheils
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- Swinburne Centre for Neuropsychopharmacology
- Mental Illness Fellowship Victoria
- SUMITT Substance Use & Mental Illness Treatment Team - Nth West AMHS.

Program Aims

- Improve caregiver well-being
- Increase knowledge about dual diagnosis and service options
- Increase communication and basic coping skills
- Teach process of problem solving
- Empower families
- Provide support
- Recognition of early warning signs

Themes

Key themes were selected for inclusion:

- Interrelation between mental illness and substance use. Helpful interventions by the family.
- Involuntary hospitalization. Public Advocacy services
- Violence connected to substance use and mental illness
- Causes of mental illness/drug use- bio-psycho-social models for cause and relapse
- Understanding mental illness and substances
- Parental guilt and grief
- Understanding the mental health system and drug and alcohol services
- Harm minimization

Problem-based learning

- A dual diagnosis creates complex problems for family members that can cause the family to become 'stuck' and not know how to move forward
- The problem solving approach assist families to think about the problems, identify the main issues, explore what can be done, implement an action and evaluate the outcome.
- An interactive approach to learning
- Teaches the process of problem-solving which can be applied to different situations

Problem solving



Problem solving approach..

- A real life problem provides the basis for learning

Peer Delivery

Family members present this program

The Intervention

- 6 sessions / 6 weeks
- Each session = 3 hours
- Group format
- 8-12 people / group
- Facilitator/ Co-Facilitator
- 4 follow-up sessions over 12 months

The Vignettes

You are married with 4 children. Your eldest son, Jared, is 21 years old. You have a daughter aged 19, a daughter aged 11 and a daughter aged 5. Your husband works long hours and is rarely home. You also work part-time, approximately 5 hours per day.

Vignette 1 Part A

You arrive home after a long day and Jared meets you at the front door. None of your children are home and your husband is still at work. Jared appears **agitated** and **asks you for money**. You gave him \$20 that morning after he asked for money for a haircut. He hadn't had a hair cut and the money is gone. You are tired and become angry and start thinking that this is the last thing you need at the end of a long day. It seems that the only time Jared talks to you is when he wants money from you. You also notice an unusual **smell** coming from Jared's bedroom.

Vignette 1 Part B

Jared was diagnosed with **schizophrenia** about 6 months ago. His only income comes from his casual job at the local video store but in the last couple of months he has not been getting out of bed to go to work, even though his shifts usually start late in the afternoon. You constantly have to go into his bedroom and prompt him and encourage him to get up. When he does eventually get out of bed, usually late in the afternoon, you are on his back to have a shower and put on clean clothes. Most of the time however, he doesn't take much notice.

Jared has recently been missing a lot of his shifts at work. As a result, he has not had much money of his own to spend and, although his boss is understanding of his illness, it looks like he is going to lose his job. You decide not to give Jared any more money. You have already given him \$100 at different times over the last week and he has spent it all. This time you actually don't have any money to give him and you believe the more money that the more money you give him

the more money he wants. Over the years, Jared has also stolen a lot of money from you and other members of the family. It is to the point where you cant leave your wallets lying around because he will take whatever money is in them. You also know that Jared has been using cannabis and you believe that Jared wants the money for cannabis. However from what you see the **cannabis makes his schizophrenia worse**

Group Observations:

Effective Communication

Session 1 Continued...

- Barriers to effective communication
- Basic communication skills
- Verbal and Non Verbal communication
- Static and dynamic features of non verbal communication that provide information
- Saying no

Participant's Impressions

'Thank-you so much for the course. It really helped me to be a far better carer. My son has improved significantly over the past few weeks and I have been able to cope much better.'

'Thanks. For the first time I am finding I can say 'No' and that is helping both of us!'

Participant's Impressions

'In the last session we learnt about communication. This week I have been communicating with my son for the first time in many years. We talked about his schizophrenia and his use of heroin and the impact this has on his wellbeing and I told him how it affected me. He asked me to help and we already have been to the methadone program to start treatment. I am so happy.'