

Executive Summary, CMHA Ontario Position Paper on Dual Diagnosis, 1998

There are approximately 80,000 individuals with a developmental disability in Ontario¹, with a significant number living in the community with their families, in group homes, or receiving other residential services. A number of these people also suffer from a mental health problem. We must keep in mind that mental illness in persons with a dual diagnosis has traditionally been under reported because it is often unrecognized, undiagnosed, and untreated. Using a conservative prevalence rate of 30% (some researchers have estimated the incidence of mental illness in a person with a developmental disability to be within the 50-60% range) it can be said that approximately 24,000 individuals in Ontario have a dual diagnosis.

In 1985, approximately 8,000 individuals with a developmental disability lived in institutions and nursing homes. By 1996 this number had been reduced to 2,182 in six Ministry of Community and Social Services (MCSS) institutions². In 1975, 4,600 individuals with developmental disabilities were serviced in community-based settings. By 1995, an estimated 34,000 were receiving community-based supports and services³. It has been estimated that a further 978 people with developmental disabilities will have moved from institutions into local communities across Ontario by the year 2,000⁴. Many of these individuals will have complex medical and psychiatric needs and will present a difficult and complex challenge for communities to ensure that the appropriate supports and services are in place. Furthermore, there are many dually diagnosed individuals already residing in communities across Ontario who will continue to require supports and services, furthering the necessity of timely, adequate and appropriate community services for this unique population.

Defining dual diagnosis has been problematic over the years, particularly in terms of having a definition that enabled persons with a developmental disability and a mental illness to access both mental health and developmental services when needed. As such the CMHA, Ontario Division, Dual Diagnosis Task Force supported and proposes the following definition for dual diagnosis: **Individuals with a developmental disability and mental health needs**. Although this definition is more inclusive, there are still barriers to services that the dually diagnosed commonly are required to overcome.

Individuals with dual diagnosis frequently require services from both the developmental and mental health systems. However, there are few community-based programs providing an appropriate range of supports in Ontario that are comprehensive and integrated between the mental health and developmental services sectors that are fully accessible to the dually diagnosed. Often, individuals with developmental disabilities are excluded from existing generic mental health services for a number of reasons, ranging from exclusionary program admission criteria, misunderstanding the needs of this population, or stigma, to name a few. There may be restrictions on providing services to individuals

with severe intellectual impairment, or a lack of expertise in addressing the needs of individuals with dual diagnosis. In recognition of these gaps in mental health services the Ministry of Health (MoH) specifically included dual diagnosis in its definition of priority populations for Mental Health Reform in 1993.

One of the overriding issues facing persons with a dual diagnosis is the lack of information and understanding about the disorder. Service providers and communities are often uninformed and unaware of these issues. This not only can lead to misdiagnosis; it can also lead to the perpetuation of stereotyping as “hard to serve or treat” and increased stigma.

Conceptual and operational differences between the mental health and developmental service sectors and lack of interagency communication, information sharing, and expertise, further decreases accessibility to services for the dually diagnosed. All these barriers, and more, demonstrate the need to examine the issues surrounding dual diagnosis and to plan for the elimination of barriers and the creation of an integrated continuum of care for individuals with a dual diagnosis.

Policy directed at developing community-based alternatives to traditional institutional care is now firmly in place in Ontario. Its implementation raises a number of concerns about the size and nature of the dual diagnosis population and effective and appropriate services; issues that are relevant to all sectors of the community including education, social services, health care and law enforcement and to the families of and advocates for disabled persons. It is hoped that this paper will draw attention to the unique needs of persons with a dual diagnosis and the service systems in order that jurisdictions designing services and supports will be able to do so in a coordinated, timely and responsive manner.

While work has been done in the recognition and understanding of dual diagnosis during the last few years, much still remains to be accomplished. The CMHA, Ontario Division, would like to emphasize the need to maintain this momentum for change. It is imperative that organizations remain committed to attaining the best possible dual diagnosis system possible.