From institutions to community care in Victoria: what difference has evaluation made?

...especially for people with complex needs in a complex system

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The landscape

Evidence and policy

Mental illness

Alcohol and other drug problems

Context of this paper

- **Increasing prominence of 'dual diagnosis' and 'complex needs' in policy and practice discourse**

- **Curiosity about the long term effects of the shift from large mental hospitals to community, and other changes we have seen in the last 20-25 years**

- **PhD**

My sources

- Personal observation
- Academic literature and Australian (mainly Victorian) policy documents, evaluation reports, NGO monographs from 1990-2009
- Brief consultations with key informants

Caveat

- Work-in-progress

Overview

- **Mental health – everyone's business**
- **Policy in the State of Victoria**
- **Reflections on evaluation and its strengths**

'One in five'

- **Mental illness**
  - Depression & anxiety
  - Psychosis, bipolar/mood disorders
  - 13% of the total disease burden in Australia
  - Two thirds untreated

- **Alcohol and other drug use**
  - Alcohol – 82.9% risky , past year (NDHS 2007)
  - Other licit and illicit drugs – 13.4% (NDHS 2007)
  - Harms to self and others
  - Two thirds untreated

Complexity

- **Mental health and alcohol and other drug use - complexity**
- **Stereotypes - Mad and/or bad/weak-willed**
- **Multiple personal and social factors**
- **The quick fix?**
- **Systemic complexity**

There's a bunch of different workers and one person deals with that thing, and another person deals with that thing and this thing. And they all say that they have not got enough funding. The DHS has to fund this organisation and that organisation and that one and that one and that one. (Participant, Russell, 2009)

Russell, S. (2009). *Looking Beyond Dual Diagnosis: Young people speak out. beyondblue research report. Melbourne: Research Matters.*

It feels divided. AOD and mental health workers are from completely separate worlds – that is how it feels. I think there is a bit of resentment – it's like an unspoken war – the mental health workers think they are better than the AOD workers and the AOD workers feel a bit invalidated/sidelined by the psychiatrists.
(Participant, Russell 2009)

Example: Dual Diagnosis Policy in Victoria, late 1980s to 2009

- **Series of national and state drug strategies and mental health strategies, with evaluations**
- **Vic Dual Diagnosis Initiative**
- **'Dual Diagnosis: Key Directions'**

Parallel strategies – towards integration?

1980s	NCADA (later 'National Drug Strategy') – harm minimisation. Vic psych hospital closures begin. US research on dual diagnosis: Drake, Minkoff
Early 1990s	Nat Mental Health Plan #1 – mainstreaming, community based care 2nd Nat Drug Strategy evaluation 'No Quick Fix'
1993	'Not Welcome Anywhere' (McDermott & Pyett); HREOC Burdekin Report Kennett - mainstreaming, purchaser/provider
1997	Howard – 'Tough on Drugs'; 3rd NDSF Evaluation (Single & Rohl) – workforce development
1998	Nat Mental Health Plan #2; National Drug Strategic Framework – partnership and links, EBP; SUMITT
2000	Evaluation of SUMITT (Fox & McDermott)
2001	Vic Dual Diagnosis Initiative – capacity-building
2003	Nat Mental Health Plan #3
2004	Evaluation of National Drug Strategic Framework (SuccessWorks). New Framework 2004-2009
2005	Vic Dual Diagnosis Initiative Evaluation. National Comorbidity Project launched.
2007	Vic 'Dual Diagnosis: Key Directions & Priorities for Service Development'
2008	COAG Improved Services Initiative Vic 'Because Mental Health Matters'; Blueprint for AOD;

Evidence and practice

- **Treatment outcomes - problems with causality**
- **Treatment research exclusion criteria – study of homogeneous groups**
- **'Everyone's different'**

Evidence and policy

- **Multiple interests and pressures are added to the individual's multiple issues**
- **Systemic problems – structural change, fragmentation, multiplication of services, linkage programs not enough**
- **Theories of policy change**

Strengths of evaluation

- **Inclusiveness in describing and value adding**
- **Adjudicating**
- **Capacity-building**

Have we moved forward ?

Thoughts from this conference – how do we generate and use evidence that will help us realise the vision of joined-up, wrap-around services?