



ADDICTION & MENTAL ILLNESS
TWO PROBLEMS. ONE PERSON

Mental illness and addiction can be two sides of the same coin.
If you don't treat them together you can't beat either.

Agenda

- Introductions
- Understanding Dual Diagnosis
- How families can advocate
- The big picture
- What needs to change

Dual Diagnosis Ireland

- Raise awareness of need to treat mental health and addiction together
- Founded February 2008
- Run by volunteers, Angela Moore, Eoin Stephens, Carol Moore
- Set up website (www.dualdiagnosis.ie)
- Mailing List
- Produced [A to Z of Irish mental health services](#)
- Registered Charity & members of Mental Health Reform

A simple aim....

**We want people with a
mental health and
addiction problem to
get the right kind of
treatment at the first
time of asking**

Irish Background-services

- MH & SA treatment services deficient
- Increasing awareness of dual diagnosis issues
- Proposed dual diagnosis clinical programme
- HSE head of service user engagement in MH
- Mental Health Director's office?
- Proposed supervised injection centres
- New substance abuse strategy being developed
 - Alcohol will remain in strategy

Irish Background-services

- Commitment to legal regulation of counsellors 2017
- Services not “evidence based”
- Many services not regulated
- Success rates not measured
- Corporate governance issues
- Lack of interest despite €6 billion economic cost

Irish gap in treatments

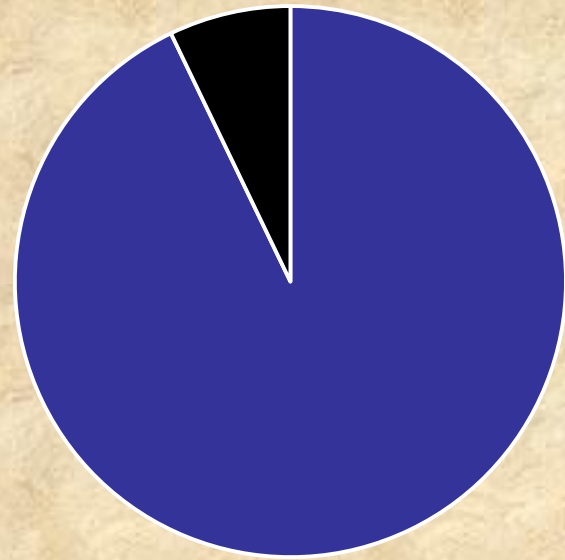
Alcohol abuse
1.5 million people

Recorded Treatments



Mental Health
650,000 people

Recorded Treatments



What is Dual Diagnosis?

Dual diagnosis exists where alcohol or drug problem and an emotional/psychiatric problem

Also known as Co-morbidity or co-occurring disorder

How Common Is Dual Diagnosis?

74% of users of drug services
85% of users of alcohol services
experienced mental health
problems.

44% of mental health service users
reported drug use.

UK Dept. of Health

Dual Diagnosis in Ireland

- “76% of services failing to offer a specific service for people with dual diagnosis”(NACD)
- Must be “dry” to access most addiction rehab services
- Can’t get dry because of mental health issue e.g. social anxiety issue -drink to reduce anxiety
- Addiction Treatment services usually don’t assess for other mental health problems
- Reduces chances of long term recovery
- Increases risk of suicide attempts

WHAT IS INTEGRATED TREATMENT?

We plan services to treat conditions not people

Diabetes



Psychiatry



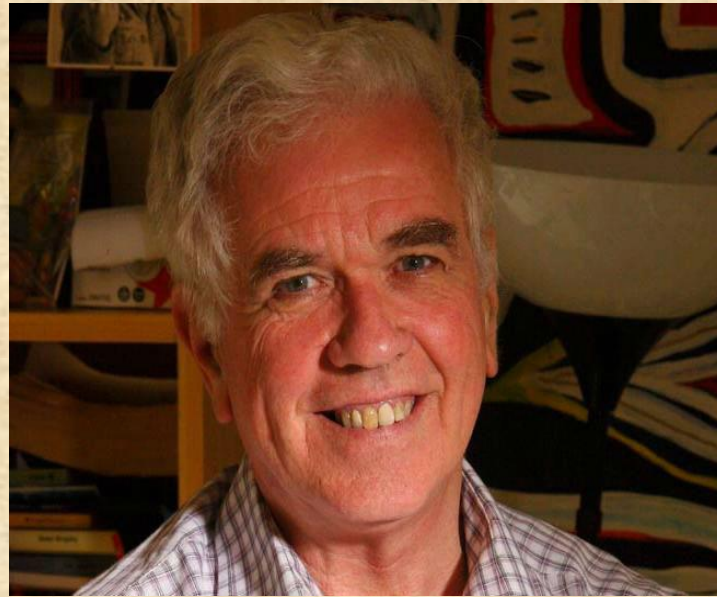
Addiction



Acquired
brain injury



“To put it in the simplest terms if someone has multiple problems you make treatment more difficult by treating each problem in isolation”



Do

Document, document, document!



Do use sample templates

- Asking who has overall clinical responsibility
- Samples of agreement to share information
- Letter to raise issues at appointment
- Letters requesting review- individual issues and overall case management
- Letter requesting case conference
- Letter requesting provision of services
- Letter making complaint

- A to Z guide

Quia Timet Injunctions

Prevent anticipated infringement of a legal right occurring.

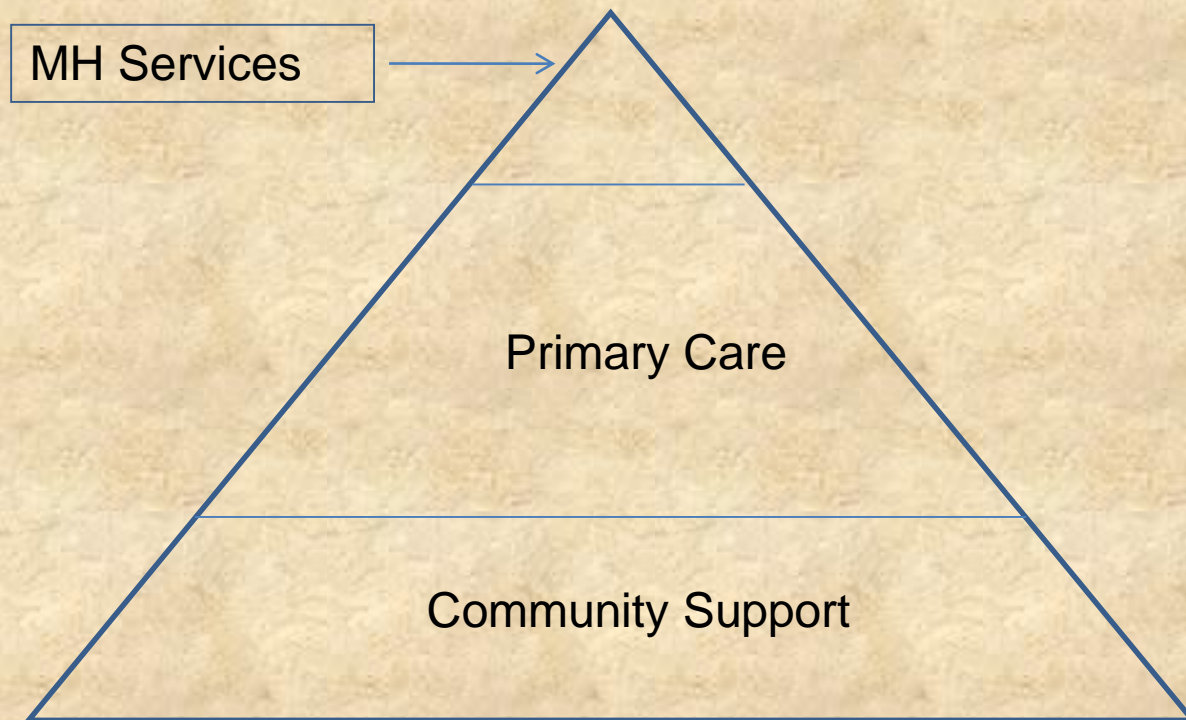
Plaintiff must have a well grounded apprehension of injury, “almost amounting to a moral certainty”

Rabone case

Irish Mental Health Lawyers Association

A Vision for Change : 2006 Policy Framework

The mental health service pyramid



Progress ?

“I think although we no longer practise in asylums our thinking is firmly in the grip of this approach.”

Psychiatrist Pat Bracken, July 2012

Kuhn's knowledge paradigm



The medical reductionist paradigm

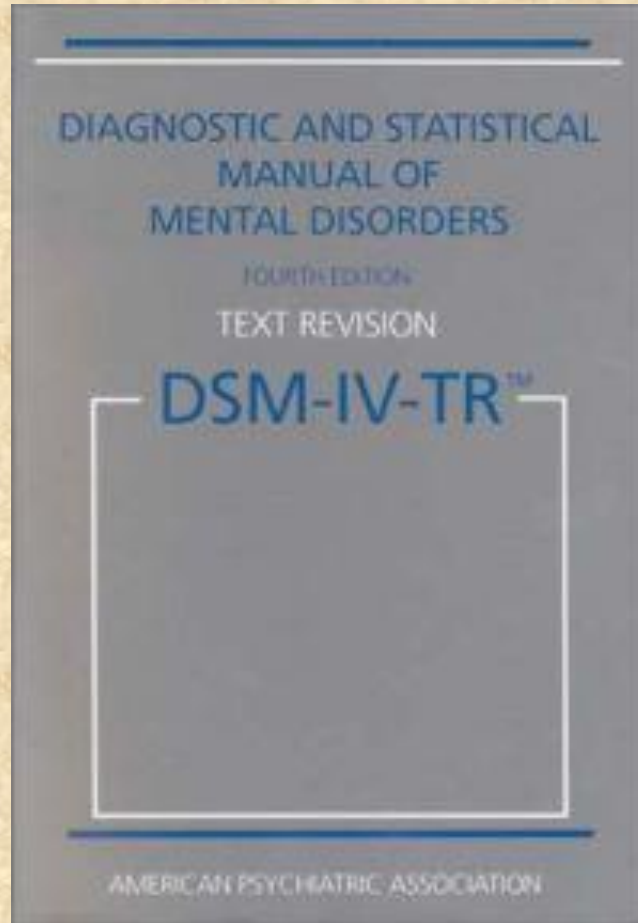


Errr.....



The DSM: Psychiatrist Bible

Mental
health



Addiction

VOL 8 ISSUE 3
JUNE/JULY 2007

Irish Psychiatrist

The official journal of the Irish Psychiatric Association

**TREATMENT OF DRUG AND
ALCOHOL PROBLEMS:
NOT THE FUNCTION OF MENTAL HEALTH SERVICES**

The hidden iceberg

Visible

- Legal
- Policies
- Structures
- Core processes
- Funding
- Facilities
- Measurements
- Skills
- HR systems etc

Technical Challenges

Invisible

- Values
- Belief
- Attitudes
- Identity
- Prejudices
- Mindset
- Etc.

'Cultural' Challenges

A paradigm shift is needed

Services planned to treat **people** not conditions

Accept SA with MH problem is the norm



What's needed- No wrong door principle



Measure DD capability

What's needed

- Independent regulation
- Person centred principle
- Family count principle
- Service user feedback
- Mental health environment screening

Key Takeaway's



- Do not create a super specialism
- Do not argue about what is primary problem
- Do not use a “No motivation, no service argument”
- Tailor support to client’s stage of readiness.
- Do not assume abstinence is the only goal

Do not create an environment where staff refuse to accept responsibility for complex cases and are risk adverse



Thank you

Dual Diagnosis Network Conference
September 2016

Carol & Angela Moore

info@dualdiagnosis.ie



@Dualireland



Dual Diagnosis Ireland