

"Supports for Professionals working with Substance Abuse and Mental Health Issues"

Dublin, 28th January 2010



Eoin Stephens

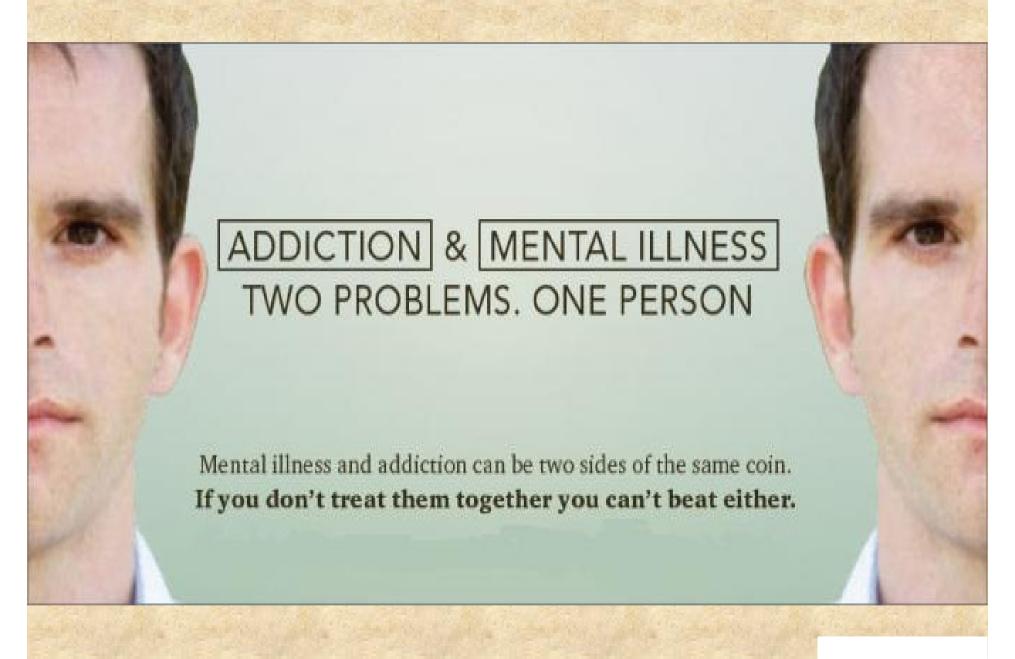
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Supports for Dual Diagnosis problems-

The Irish & international situations







Outline

- Dual Diagnosis the problem
- The current Irish Situation
- What is possible: international initiatives
- What we can do



What is Dual Diagnosis?

Dual Diagnosis is the term used where there is both a

- Substance abuse/addiction problem and
- an emotional/psychiatric problem

Also known as Co-morbidity, Co-occurring Disorders etc



Common Problems seen in DD

Depressive disorders

- Depression
- Bipolar disorder

Anxiety disorders

- generalised anxiety disorder
- panic disorder
- obsessive-compulsive disorder
- Phobias

Other psychiatric disorders,

- Schizophrenia
- Personality disorders
- ADHD
- PTSD



The Problem of Dual Diagnosis

DD doesn't just mean having more than one diagnosed mental health problem.

The concept arises because addictions are not seen in the same way as other mental health problems – addiction is often not thought of as a mental health problem.



Why is dual diagnosis a problem?

- An artifact of the way services are constituted
 Addiction services separate from mental health services
- Different level/type of stigma
 Addiction has often been seen as a moral issue, a behavioural issue, about irresponsibility
- Treatment required seen as different
 Traditional addiction treatment often against medication
- Ability to use addiction treatment services may be impaired by mental health difficulties



How Common Is Dual Diagnosis?

- 37% of people abusing alcohol
- 53% people abusing other drugs have at least one serious mental illness.
- 29% of people diagnosed as mentally ill abuse either alcohol or drugs.

 American Medical Association
- 74% of users of drug services85% of users of alcohol servicesexperience mental health problems.
- 44% of mental health service users report drug use.

 UK Dept. of Health



Also, the **relationships** between addictions and psychiatric may be complex, as seen in the following **classification model**:

(Landry et al., 1991a; Lehman et al., 1989; Meyer, 1986)



1. Addictions can cause psychiatric symptoms and mimic psychiatric disorders.

2. Acute and chronic addictions can prompt the development, provoke the re-emergence, or worsen the severity of psychiatric disorders.

3. Addictions can mask psychiatric symptoms and disorders.



4. Withdrawal from active addiction can cause psychiatric symptoms and mimic psychiatric syndromes.

4. Psychiatric and addictive disorders can coexist.

6. Psychiatric behaviours can mimic behaviours associated with addiction problems.



Clues to Primary Psychopathology

- Began before serious substance abuse
- Persists during periods of abstinence
- Emerges during periods of stable substance use
- Severity of symptoms in relation to moderate levels of abuse
- Chronic and acute
- Family history
- Uniqueness of symptoms



Treatment of Dual Diagnosis

- Sequential?
- Parallel?
- Integrated?



The current Irish situation

Most mental health services and addiction treatment centres in Ireland are currently not organised to treat dual diagnosis sufferers holistically.

For example, if you have difficulties abstaining from alcohol due to anxiety, you cannot enter many rehabilitation services (most residential drug services insist you must be "dry" before entry).

So you cannot get your mental health problem treated until your addiction to alcohol has been addressed or vice versa.

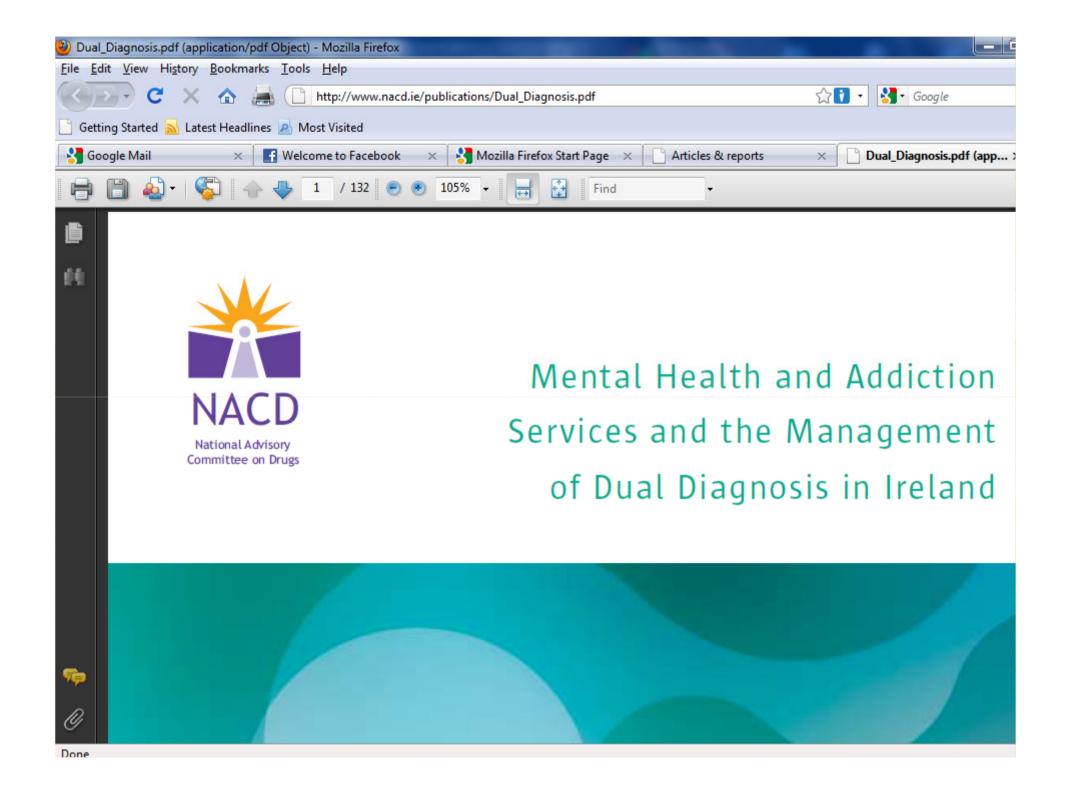


Dual Diagnosis in Ireland

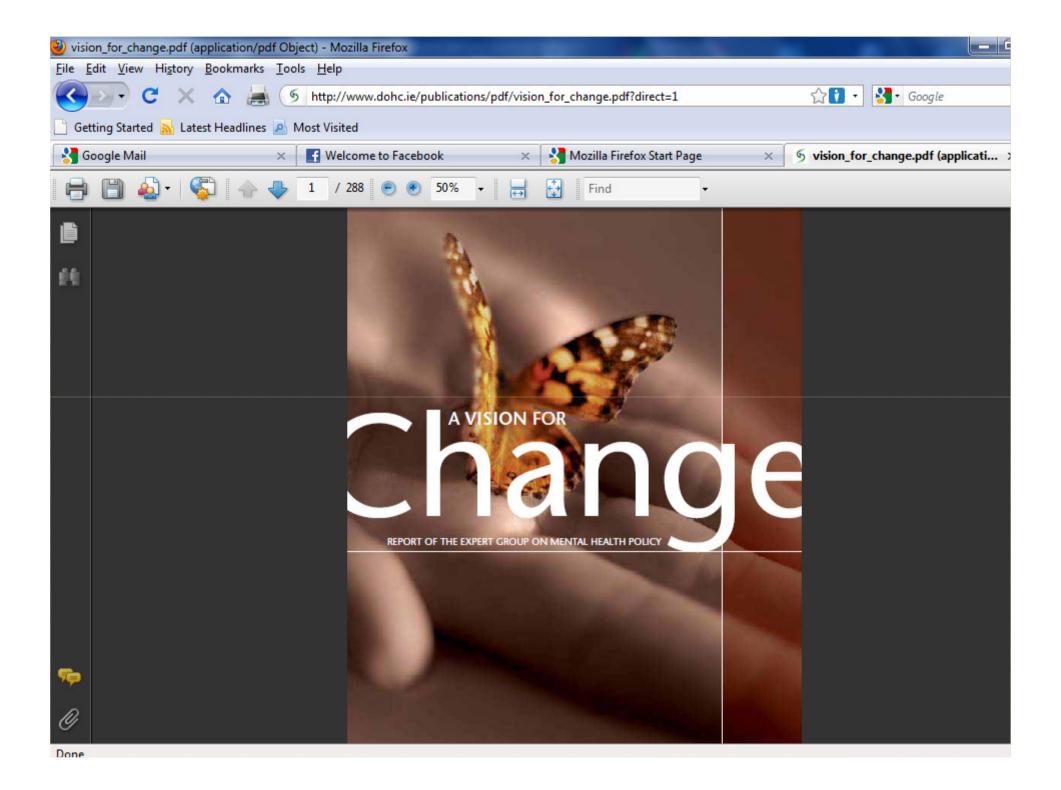
- 76% of services failing to offer a specific service for people with dual diagnosis
- Dual Diagnosis not clearly understood or formally recognised
- Service models used are aligned to organisations rather than complex needs of people with dual diagnosis



[&]quot;Mental health & addiction services and the management of dual diagnosis in Ireland" - National Advisory Committee on Drugs 2004.







15.3: MENTAL HEALTH SERVICES FOR PEOPLE WITH CO-MORBID SEVERE MENTAL ILLNESS AND SUBSTANCE ABUSE PROBLEMS

RECOMMENDATION 15.3.1: Mental health services for both adults and children are responsible for providing a mental health service only to those individuals who have co-morbid substance abuse and mental health problems.

RECOMMENDATION 15.3.3: The post of National Policy Coordinator should be established to deliver national objectives and standards pertaining to primary care and community interventions for drug and alcohol abuse and their linkage to mental health services.

Dual Diagnosis

Person Centred Services

- Services centred on the needs and wishes of the client, not the service
- Person centred plan includes assessment of need and recommendations on what service will be provided to best meet these needs
- Reviewed at regular intervals and modified according to progress or present difficulties
- Client must be in control & have choice



Enhancing Mental Health model addresses many areas/issues (Multi-Diagnosis):

- Addictions
- Depression/anxiety
- Trauma
- Sexual dysfunction
- Anger management
- etc



What is possible – international initiatives

- UK
- USA
- Canada
- Australia & New Zealand

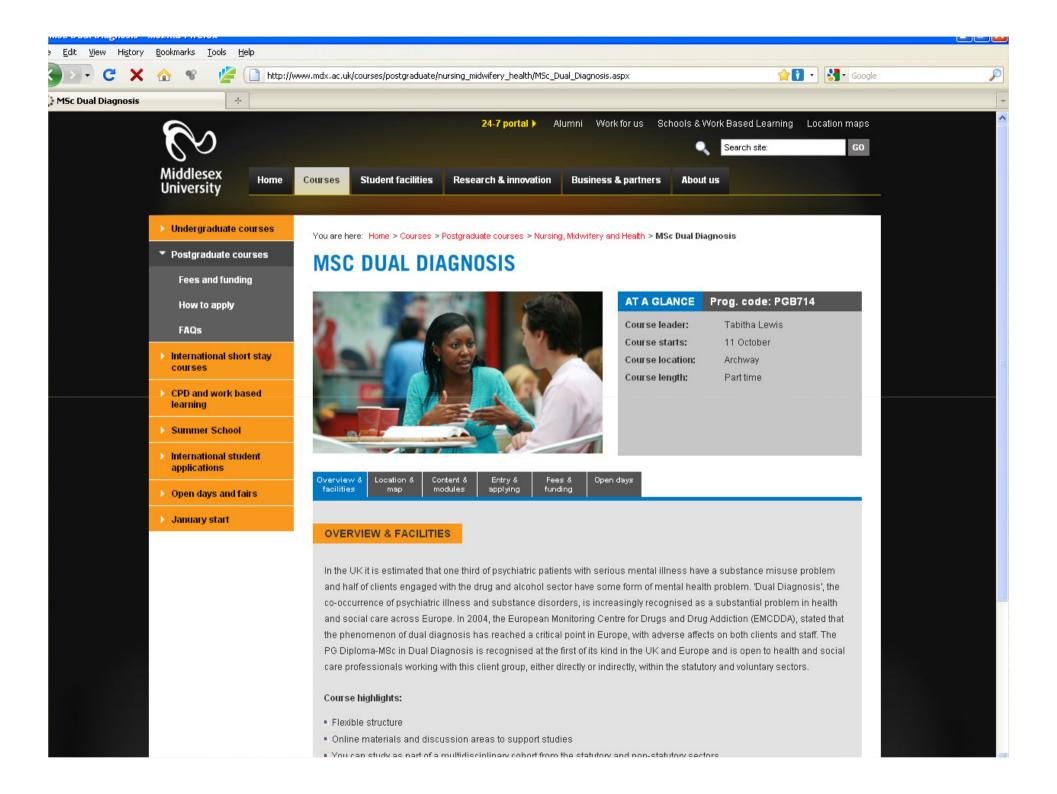


<u>UK</u>

Middlesex University

MSc in Dual Diagnosis





USA

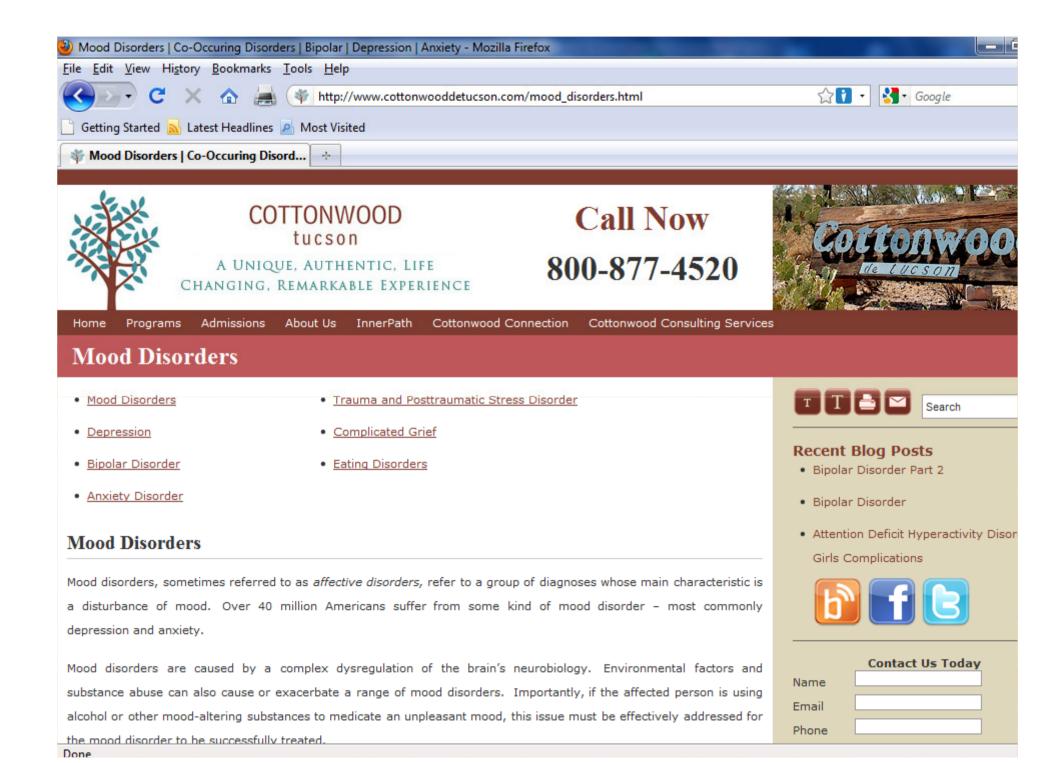
Cottonwood de Tucson centre

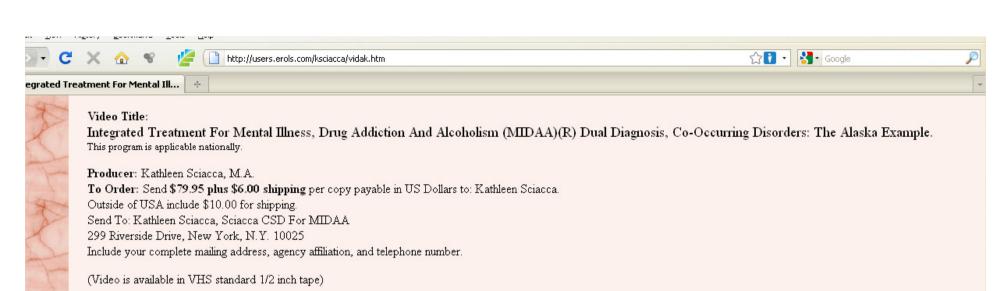
Mood Disorders/Co-occurring Disorders Program

Kathleen Sciacca web resources

Video: Integrated Treatment For Mental Illness, Drug Addiction And Alcoholism (MIDAA)(R) Dual Diagnosis, Co-Occurring Disorders: The Alaska Example.







Abstract:

This video addresses dual diagnosis of co-occurring mental illness and substance disorders: It includes education and training in:

- a) Elements of getting started and the issues inherent in the need for special treatment and programs for persons who have Dual or Multiple disorders that include Severe Mental Illness, Drug Addiction, and Alcoholism (MIDAA) in both urban and rural settings;
- b) Working definitions of various profiles of persons who have Dual or Multiple disorders developed by K. Sciacca;
- c) Consumer self-report descriptions of their symptoms and experiences of dual disorders;
- d) Direct clinical content provided by footage from an actual MIDAA seminar, including examples of MIDAA trainee provider participation, and some content of training by K. Sciacca;
- e) Educational content pertaining to program development for MIDAA, and treatment interventions for MIDAA;
- f) Inter-agency model of training and program development adapted to teleconference training across the state of Alaska, and providers' experiences in large urban settings, small villages, and in working with the Native American Consumer;
- g) outcome, including consumer's experiences of participating in MIDAA treatment, and future directions.

The video is designed to be viewed in segments of topics of interest, or in its entirety, 55 minutes.

AUDIENCE: This video received an excellent reveiw in the <u>Psychosocial Rehabilitation Journal 1995</u>, and special notice at the Hospital and Community conference in 1994. It is must for program administrators, service providers in both M.H. and S. A., educators, students, consumers, and their families.

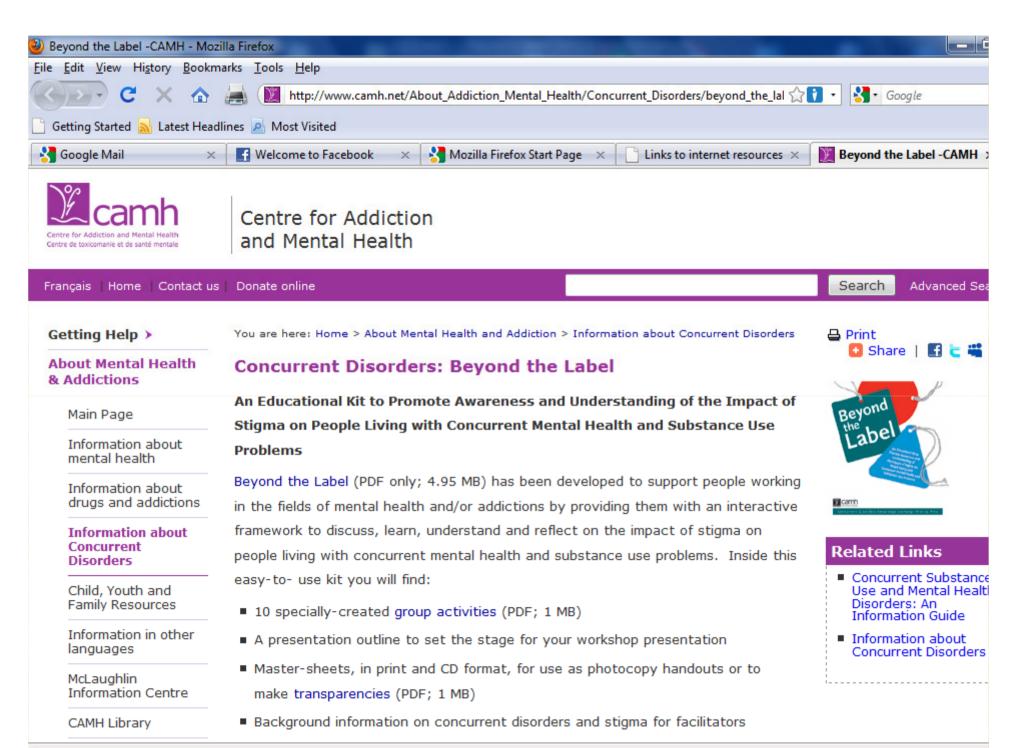


Canada

Centre for Addiction & Mental Health

Concurrent Disorders: Beyond the Label An Educational Kit to Promote Awareness and Understanding of the Impact of Stigma on People Living with Concurrent Mental Health and Substance Use Problems



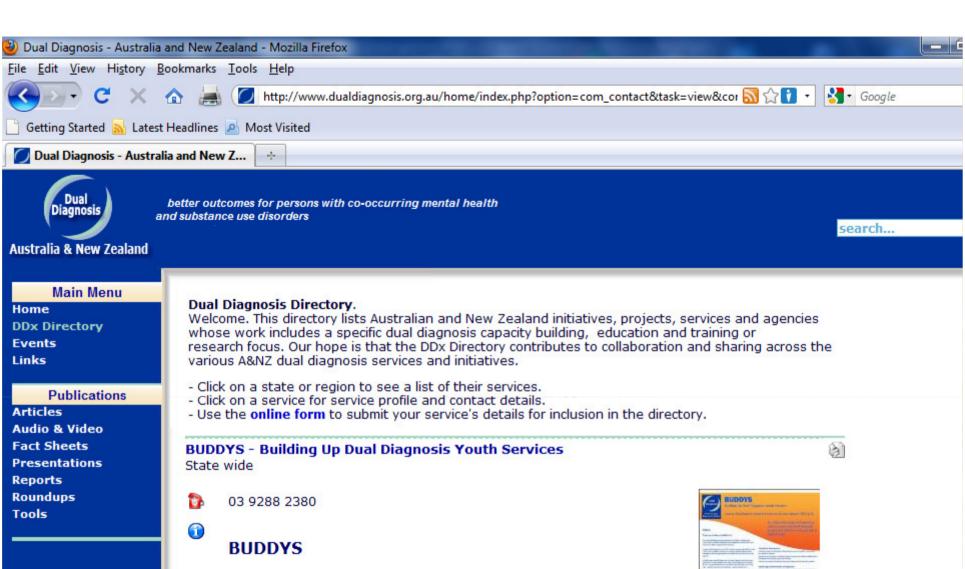


Australia/New Zealand

Dual Diagnosis Australia& New Zealand website

BUDDYS - Building Up Dual Diagnosis Youth Services





Building Up Dual Diagnosis Youth Services

Victorian Dual Diagnosis Initiative (VDDI) & Improved Services Initiative (ISI)

Download the Buddy's flyer

A collaborative statewide working alliance enhancing dual diagnosis services for children, young people & their families.

The group has been established to:

Enhance dual diagnosis responsiveness to children, adolescents.



What can be done in the absence of best practice services?

- Developing a good theoretical understanding of Dual Diagnosis through education
- Awareness raising
- Mutual support and networking
- Lobbying



What we can do

- Provide point of contact
- Provide place to share information
- Facilitate discussions
- Provide sounding board
- Facilitate networking & learning from each other
- ?



Further Information

www.dualdiagnosis.ie

