



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
- Some Irish developments
- Understanding Dual Diagnosis
- Working the system
- 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, Facebook, Twitter
- 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
- Temporary closure 11 Linn Dara beds

Irish Background-services

- Head of service user engagement & peer support workers
- Peer Support Groups
- ARI initiative
- Supervised injection centres
- Proposed secondary school programme

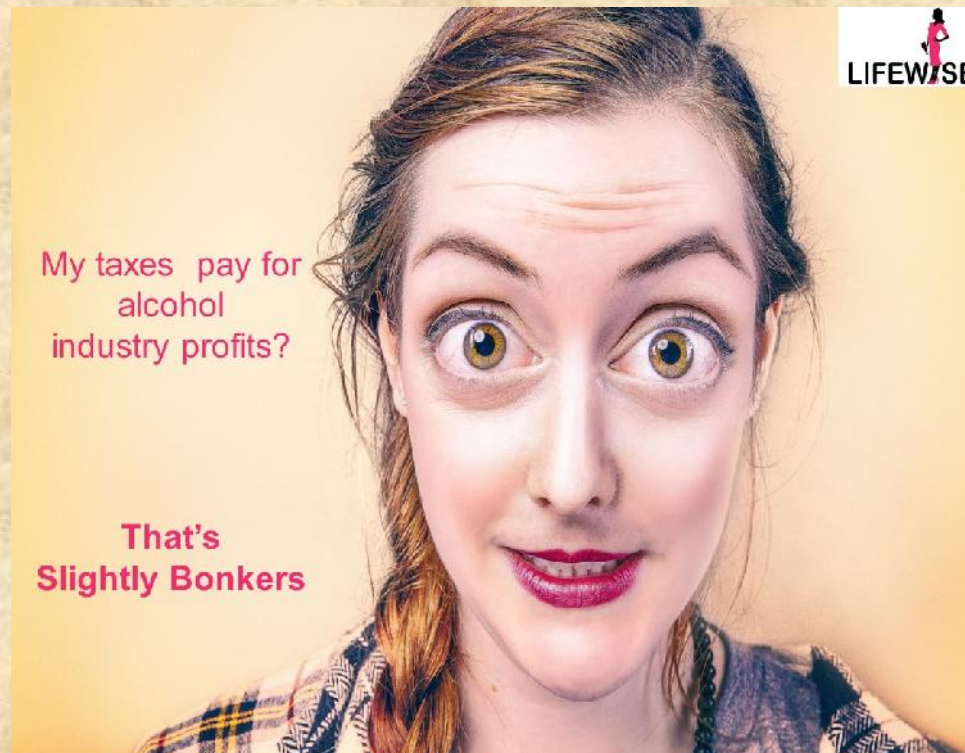
Irish Background-services

- New substance abuse strategy being developed
- Commitment to legal regulation of counsellors delayed



Irish Background-services

- Mental Health Director's reporting line
- Alcohol Public Health Bill unlikely to pass



Irish Background-services

- Services not “evidence based”
- Success rates not measured



Corporate Governance issues

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Jailing of former drug force boss raises governance fear

BY MICHAEL BRENNAN ON AUGUST 14, 2016 HUB PAGES: CATHERINE BYRNE, DIRECTOR OF PUBLIC PROSECUTIONS, HSE

Bank statements: cheques lodged by Bernard Cawley to his own account

Theft of €134,000 in HSE-supplied funding was uncovered after 20 months by the HSE

- Many services not regulated
- Lack of priority despite €6 billion economic cost

Irish gap in treatments

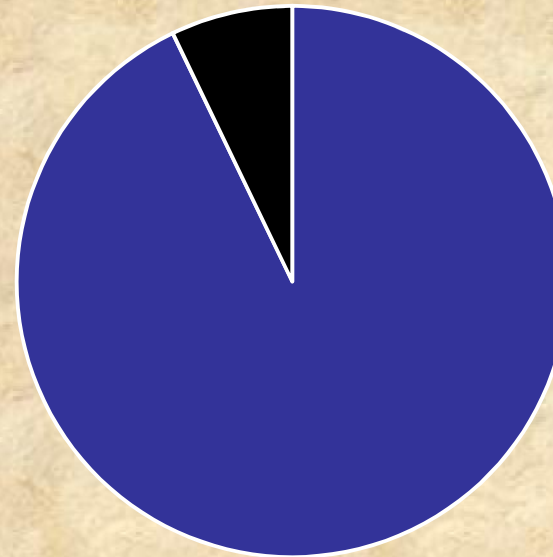
Alcohol abuse
1.5 million people

Recorded Treatments



Mental Health
650,000 people

Recorded Treatments



Understanding Dual Diagnosis

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**

Confusing term- multiple meanings

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

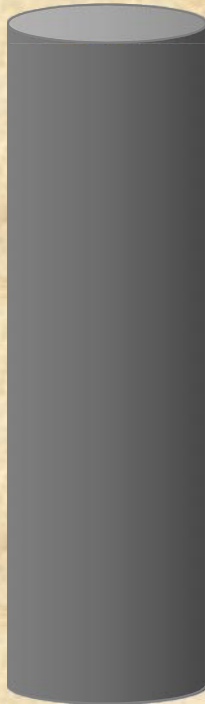
Dual Diagnosis in Ireland

- “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



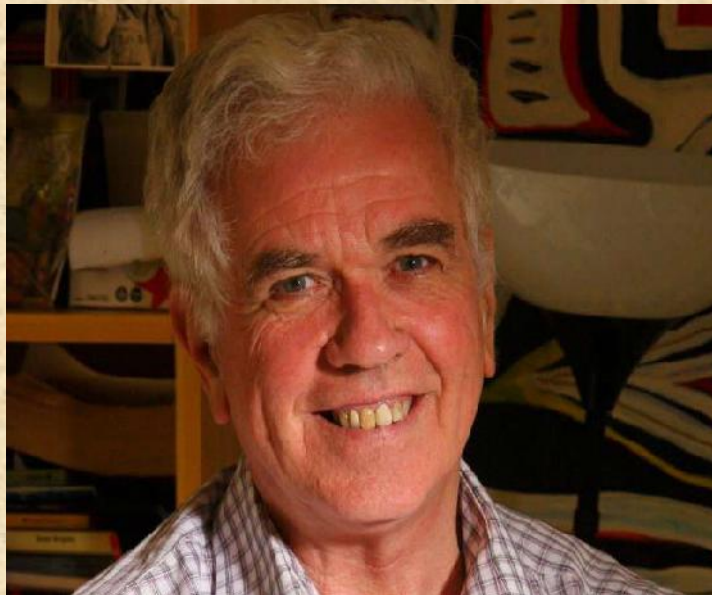
Addiction



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”

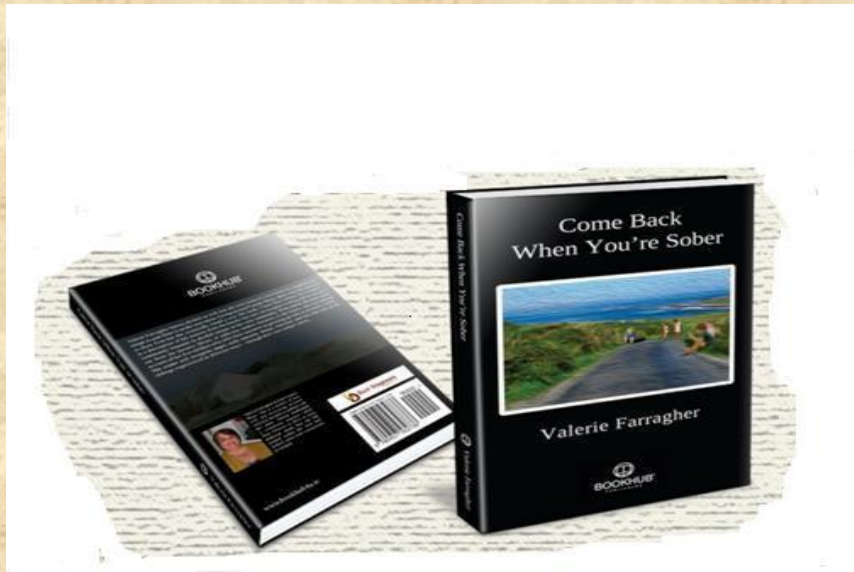




Valerie

**Drinking, Depression
Attempted suicide**

Multiple alcohol rehabs.
Only when her 18 year
old daughter screamed
at A&E staff, they were
not leaving until they
saw a psychiatrist was
post natal depression
diagnosed



Caoilte O Broin RIP



**Severe Psychosis,
violent, self harming,
drinking.
Now dead-Suicide?**

Multiple committals to
hospitals. Each time
released.

” We can’t help, treat alcohol problem first”

Dara Quigley RIP



***“Naked video of
dead woman
compounds
family’s distress”***

Dara's words

“A few weeks after the equality referendum, I was sitting with a counsellor in one of the drug outreach centres in the city.

“Well you have to admit,” she said in a nice, calm tone, “all that – addicts being treated with dignity and respect – I mean that was all a bit delusional. Wasn't it?”

.....

However, thanks to a few special individuals, I had just about enough strength to hold onto my sense of self, and to think that maybe a better life wasn't just something I deserved, but something that I and every other recovering addict and had a right to.

Today I can almost safely say that I believe that. **And that is one of the unseen struggles of recovery from addiction. A constant battle between what you know is true, a desire to make it out the other side, pitted against a society which views addicts – particularly women addicts – as moral hazards to be contained and controlled.”**

Treatment Centre Notice

*****PLEASE NOTE *****

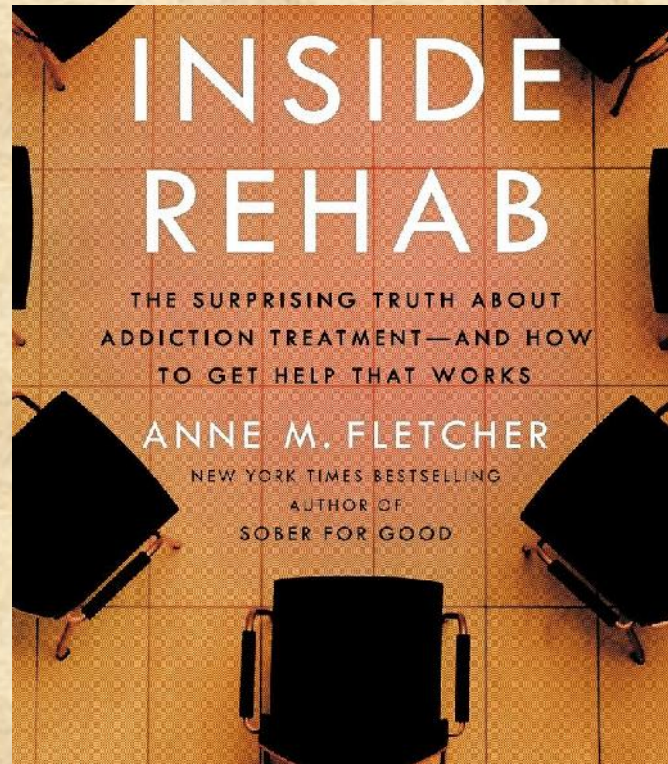
Urine samples must be provided within 5
minutes of a request (as per contract)

Any delays will be documented as a
REFUSAL

A refusal may lead to a script being withheld
OR a decrease in dose.

More than 1 refusal may result in DETOX
from the programme.

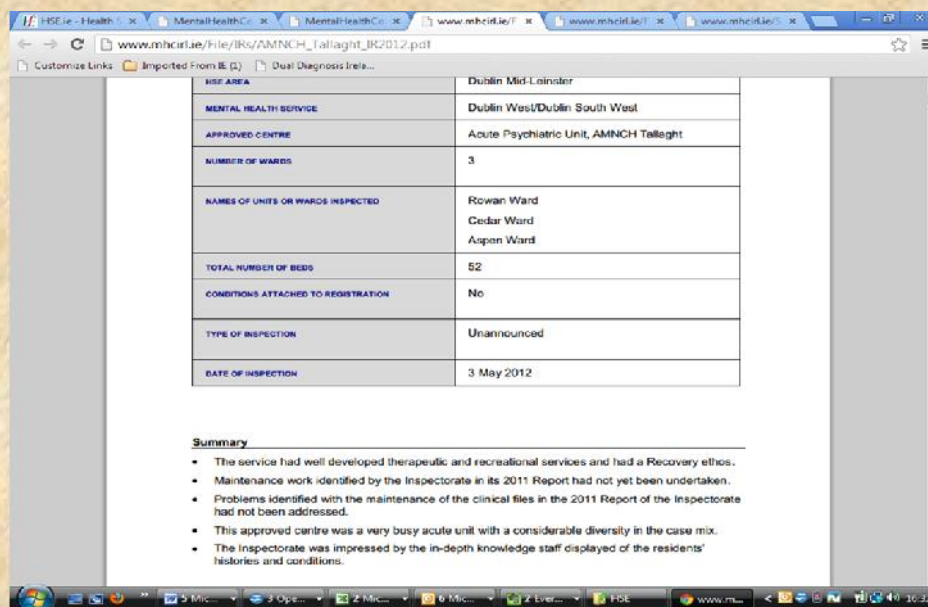
“No where else in medicine is it okay to blame the patient when treatment doesn’t work”



Working the system

Knowledge is power!

- Know quality framework & care planning guides
- MHC website for evaluations, staffing, different care plan templates, training, service user guides



HSE AREA	Dublin Mid-Leinster
MENTAL HEALTH SERVICE	Dublin West/Dublin South West
APPROVED CENTRE	Acute Psychiatric Unit, AMNCH Tallaght
NUMBER OF WARDS	3
NAMES OF UNITS OR WARDS INSPECTED	Rowan Ward Cedar Ward Aspen Ward
TOTAL NUMBER OF BEDS	52
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	3 May 2012

Summary

- The service had well developed therapeutic and recreational services and had a Recovery ethos.
- Maintenance work identified by the Inspectorate in its 2011 Report had not yet been undertaken.
- Problems identified with the maintenance of the clinical files in the 2011 Report of the Inspectorate had not been addressed.
- This approved centre was a very busy acute unit with a considerable diversity in the case mix.
- The Inspectorate was impressed by the in-depth knowledge staff displayed of the residents' histories and conditions.

Knowledge is power!

- Voluntary groups such as Grow, Shine, Mental Health Ireland
- Mental Health Reform
 - New developments, position papers on ECT, medication, recovery etc
- Choose catchment area if possible

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

Available on DDI website at <http://ow.ly/vW26306QaiB>

Do

- Take time to
 - understand services
 - how they work
- Request and understand
 - differing referral protocols,
 - including within services & new/returning clients
- Make accepting referrals from you "easy"

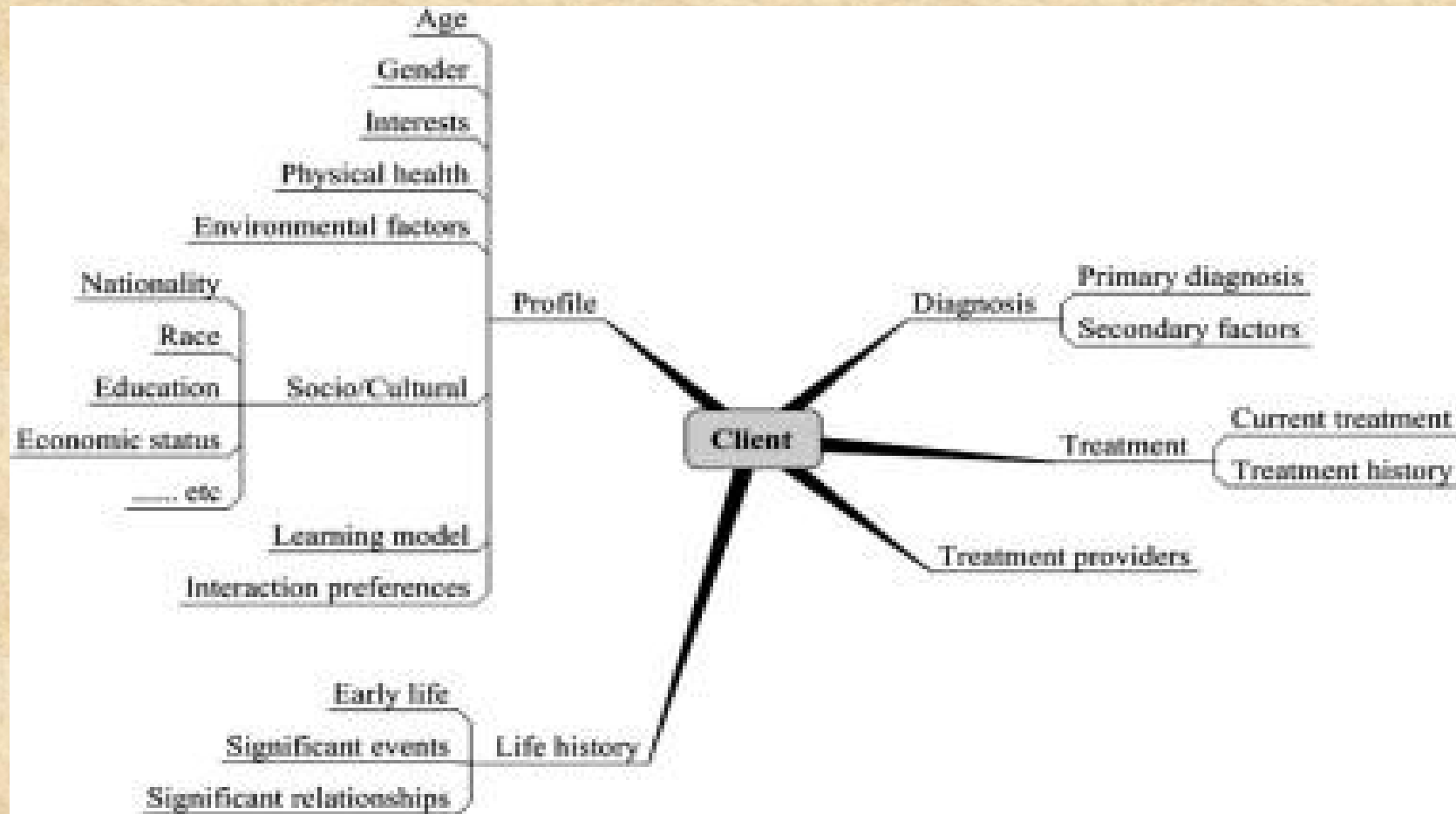
Do

- Insist on care plans
- Try to avoid NCHD change over dates 2nd Mon, Jan & July
- Use www.rxisk.org to see/print drug interactions — *quite clinical though!*
- Use complaints procedure as last resort
- Request mediation if necessary (subject to client capacity)

Do

- Build friendly relationships
- Brown paper bag lunches/sessions with interesting topics
 - Exchange mailing lists
 - Exchange information & resources
 - Use MHC teamworking document
 - http://www.mhcirl.ie/File/Teamwork_Within_MNS.pdf

Do understand client overview



Do

Use resources in homeless agency case

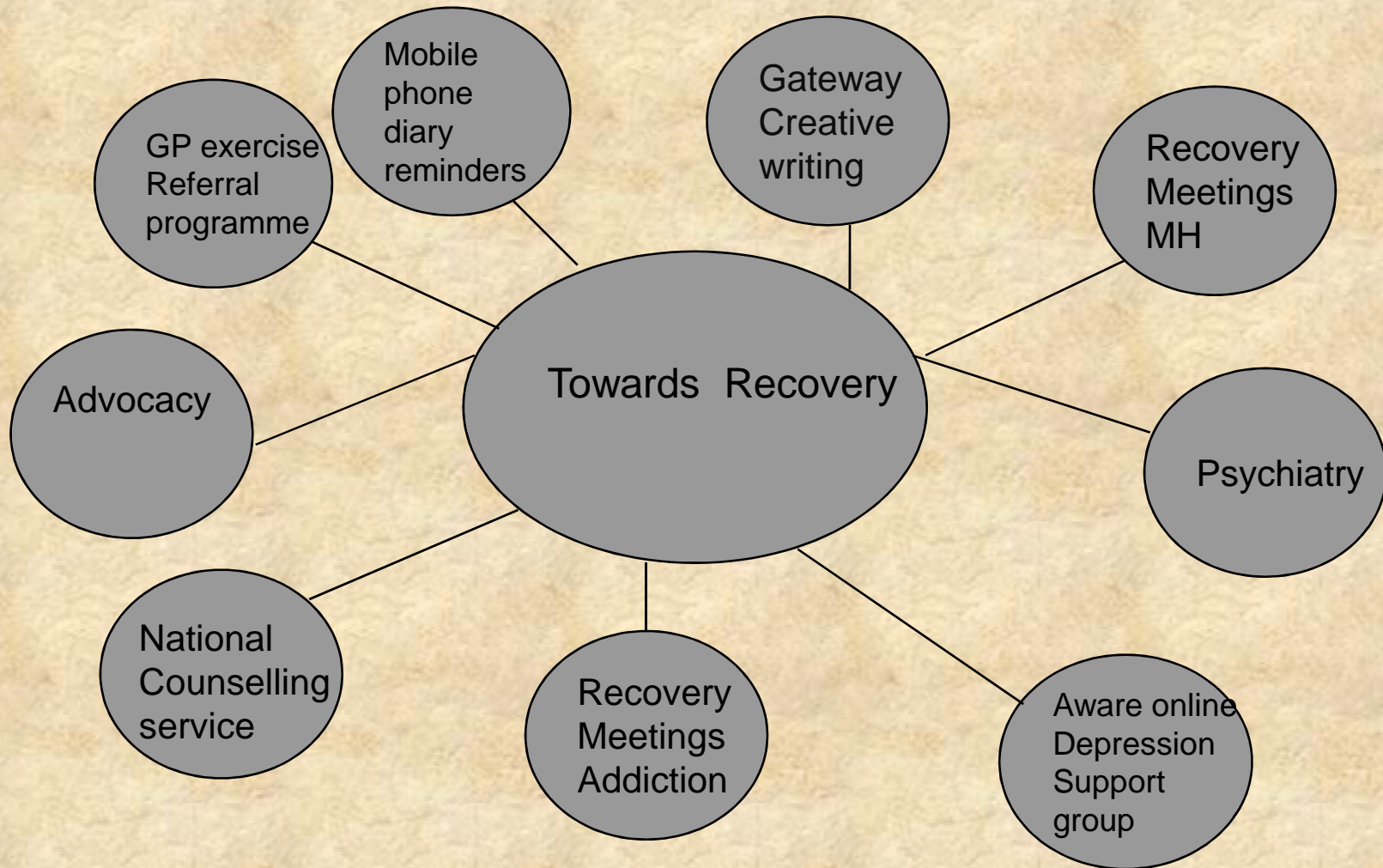
mgt <http://www.casemanagementguidebook.ie>

Obtain and use email !

Play Tetris- a smorgasbord of services may be required in absence of holistic service



Smorgasbord



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

Involuntary admission

Section 8(2) of the 2001 Mental Health Act

It is not lawful to detain a person involuntarily in an Approved Centre **solely**

because that person is:

- suffering from a personality disorder,
- is socially deviant, or
- is addicted to drugs or intoxicants.

S. 8 is regularly ignored

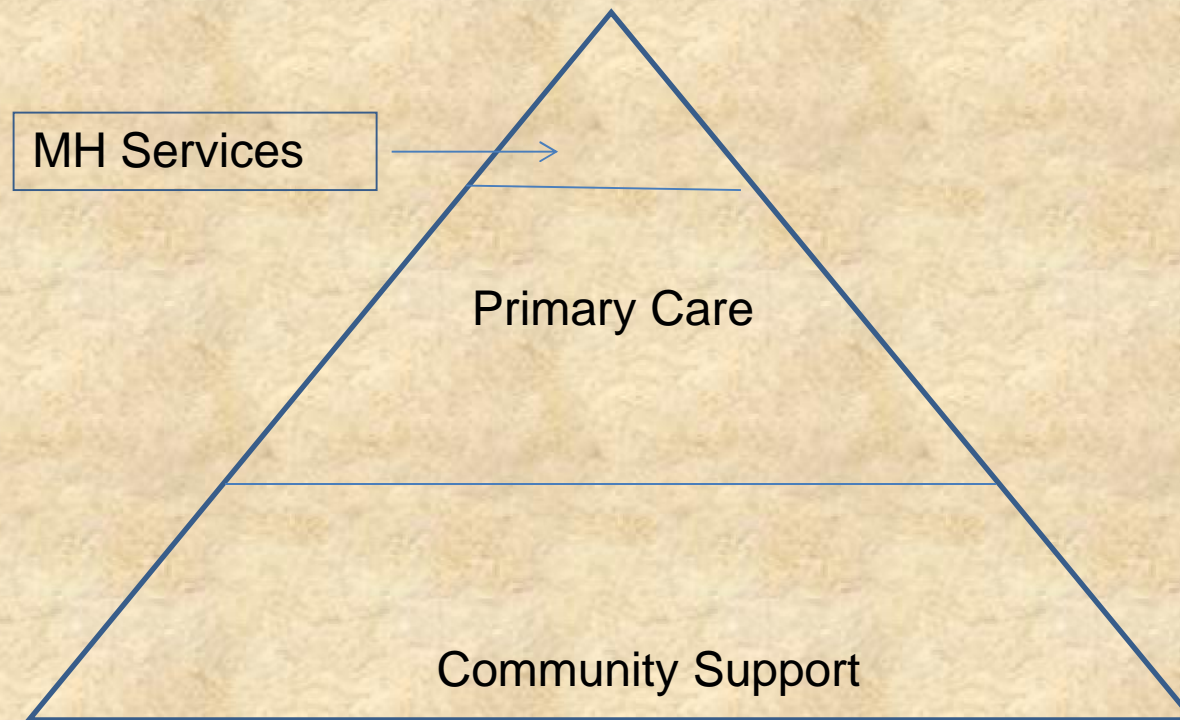


58 illegal detentions of people in 2007
Limited oversight: alcohol = exclusion

The big picture

A Vision for Change : 2006 Policy Framework

The mental health service pyramid



Excellent policy but flawed on substance abuse

Progress ?

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

Psychiatrist Pat Bracken

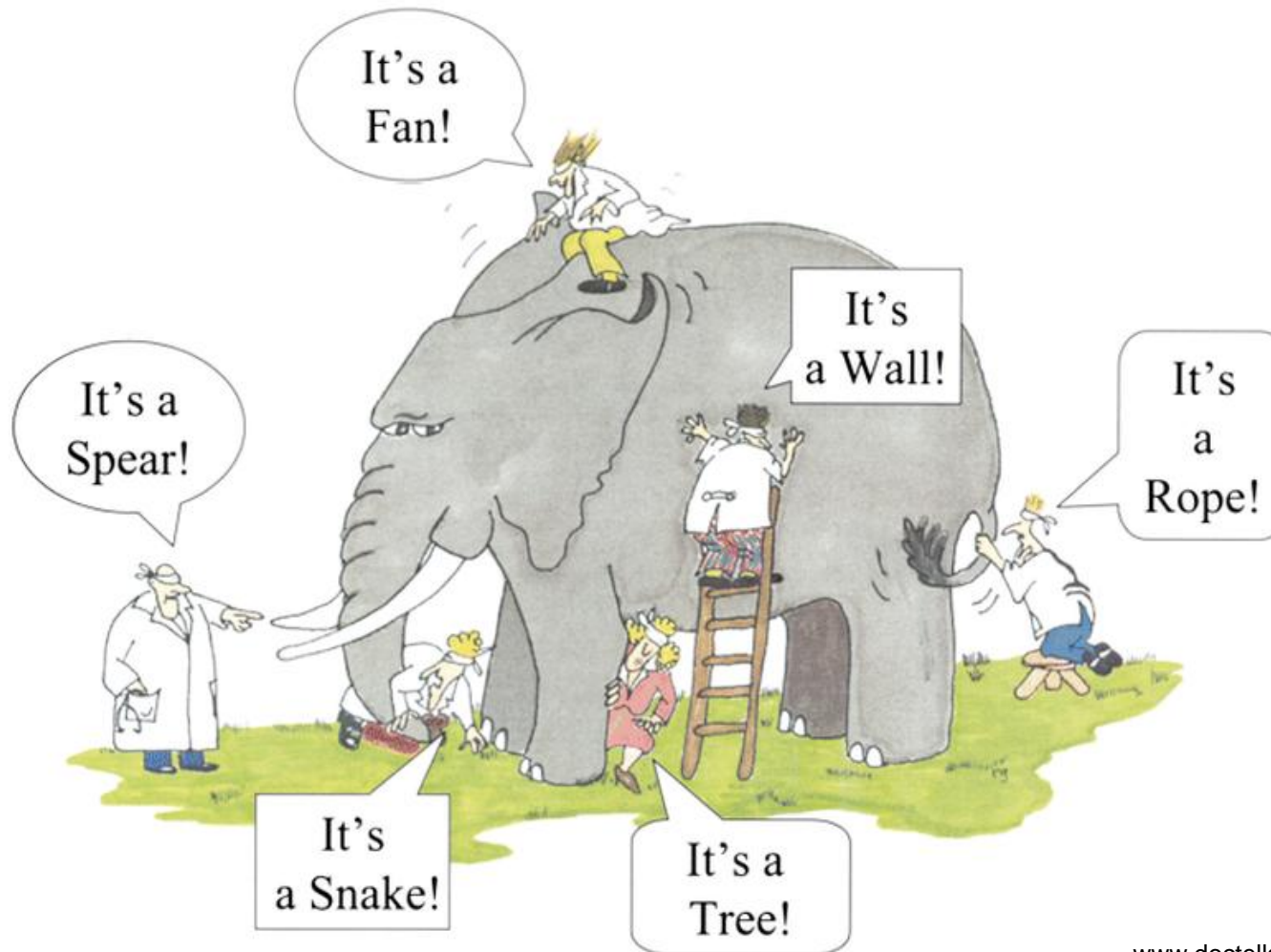
Kuhn's knowledge paradigm



The medical reductionist paradigm



Paradigm does not work with people



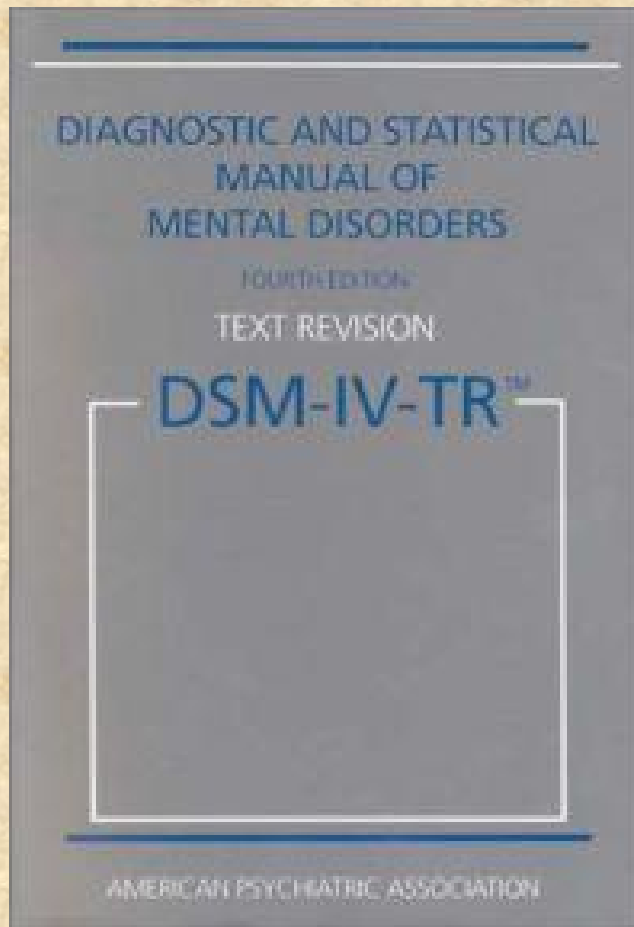
www.doctella.com

Emmm.....



The DSM: Psychiatrist Bible

Mental
health



Substance
abuse

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**

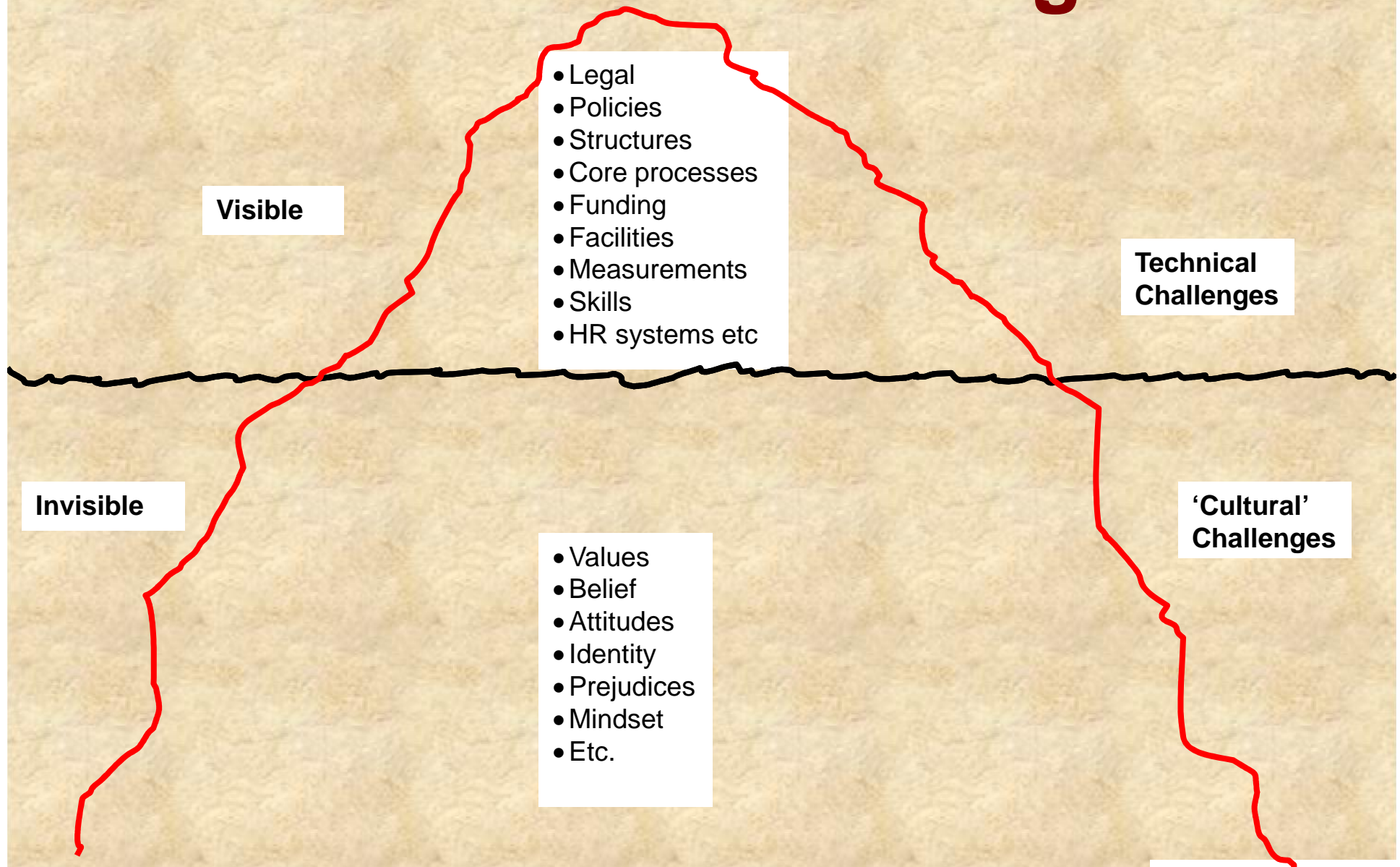
Quote

The study also highlighted that the integrated approach is more cost-effective. Other studies have had similar findings with individuals in the integrated treatment programmes making more progress towards recovery, better improvements in psychiatric symptoms, functional status and quality of life.-

Article Conclusion:

Treatment of all drug and alcohol problems is not the function of mental health services. Agreed. But, treatment for the particularly vulnerable, marginalised so often rejected some? Yes in alliance with addiction services it is.

The hidden iceberg



What's needed ?

A total paradigm shift

Services planned to treat **people** not conditions

Accept SA with MH problem is the norm



No wrong door principle



Measure DD capability

Implement Alcohol Bill

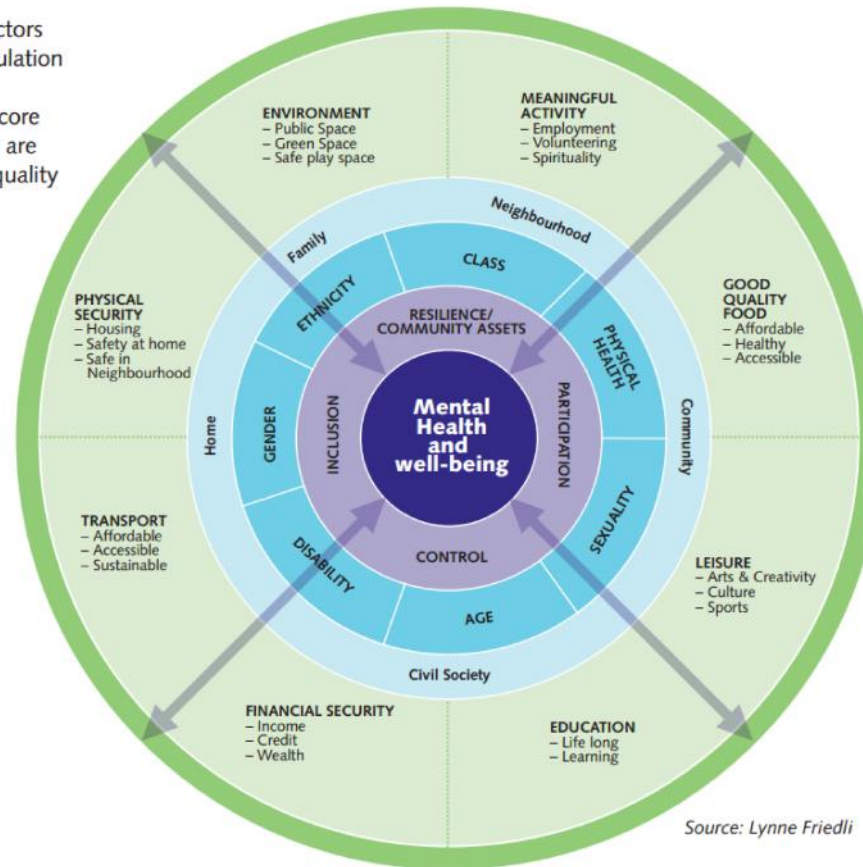


1,500 beds on alcohol related illnesses

Mental health proofing all future government actions

Figure 2.2: A dynamic model of mental well-being for assessing mental well-being impact

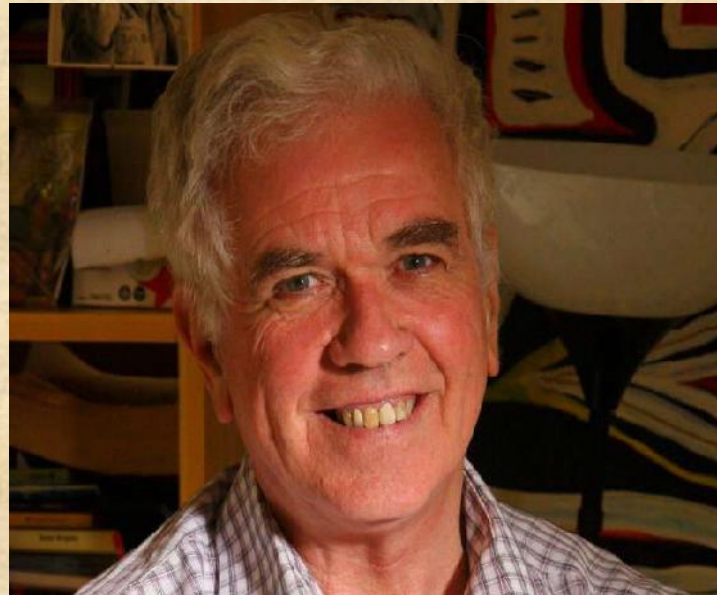
The four protective factors are influenced by population characteristics, wider determinants and the core economy. All of which are influenced by levels equality and social justice.



Source: Lynne Friedli

Equality and social justice	Wider determinants	Social relationships and the core economy	Population characteristics	Four protective factors	Lynne Friedli MWIA Collaborative April 2009
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“The Leaving Certificate is a form of child abuse”



<http://www.irishtimes.com/news/education/change-one-thing-the-leaving-certificate-is-a-form-of-child-abuse-1.1565897>

From January onwards.....



What's needed

- Independent regulation
- Person centred principle
- Family count principle
- Service user feedback

What's needed for effective Dual Diagnosis treatment?

- Personal qualities
- Assessment
- Knowledge
- Partnerships
- Linkages
- Communications
- Integrated team working not isolation

Source: SAMHSA

Key Takeaway's



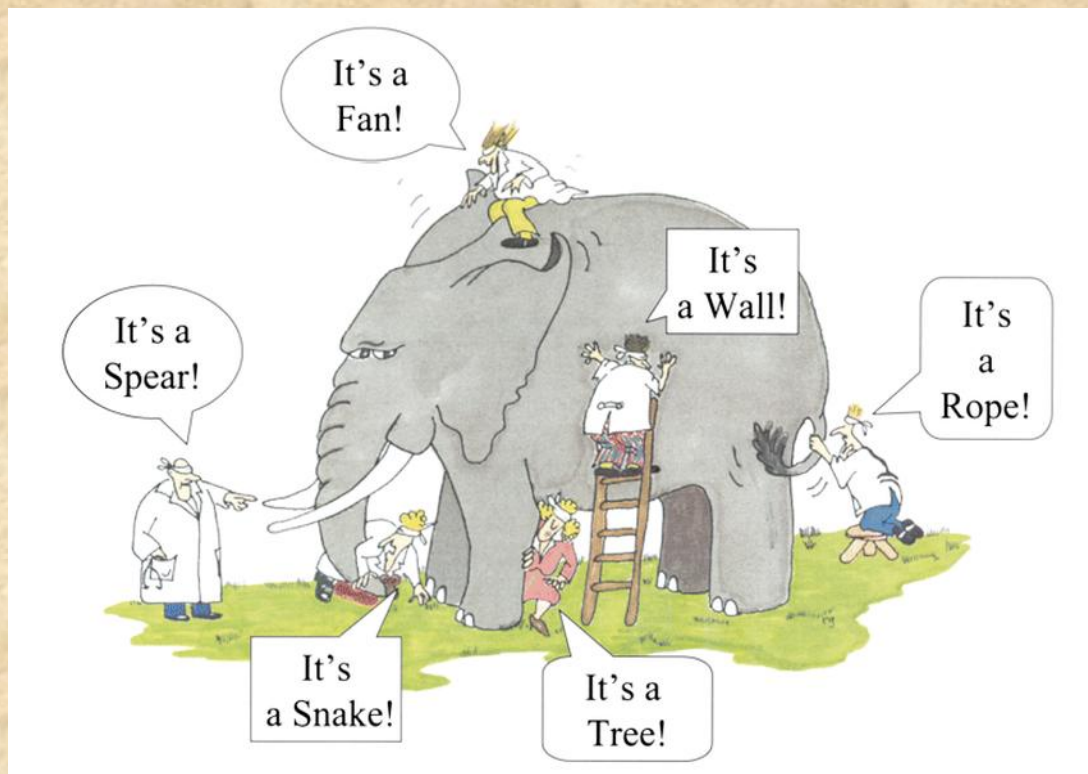
- Do not create a super specialism
- Do not argue about what is primary problem
- Do not use a “No motivation, no service argument”
- Tailor support to client's stage of readiness
- Do not assume abstinence is the only goal

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



A Note of Caution (Bracken, 2007)

- A shift from a 'medical model' to a 'recovery model'
- Move beyond models altogether



A Note of Caution (Bracken, 2007)

- Give primacy to issues to do with
 - power and relationships,
 - with contexts and meanings,
 - with values and priorities,
- rendering the role of therapy, services, and research secondary
- When it comes to issues to do with values, meanings and relationships, users are the most knowledgeable and informed, and are the real experts

**You never really understand
a person, until you consider
things from his point of view,
until you climb into his skin
and walk around in it**

**Atticus Finch, “To kill a
mockingbird”**



“Our economy and society is modelled on the behaviour of pigeons, survival of the fittest, everybody out for themselves.

The reality is more complex and beautiful than this regime can possibly imagine. In reality, we are more like a flock of starlings, producing intricate, amazing patterns all arising from one fundamental rule:

no one bird is allowed to get lost

This is the type of society I want to see, where no one person is allowed to fall between the cracks, nobody gets lost and no person is homeless”



Dara Quigley RIP 12/4/2017

Thank you

Irish Aftercare Network/Breaking Through Conference *May 2017*

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