Submission to Department of Public Expenditure and Reform on comprehensive review of public expenditure

An introduction to reducing costs and improving clinical outcomes for people with addiction issues.

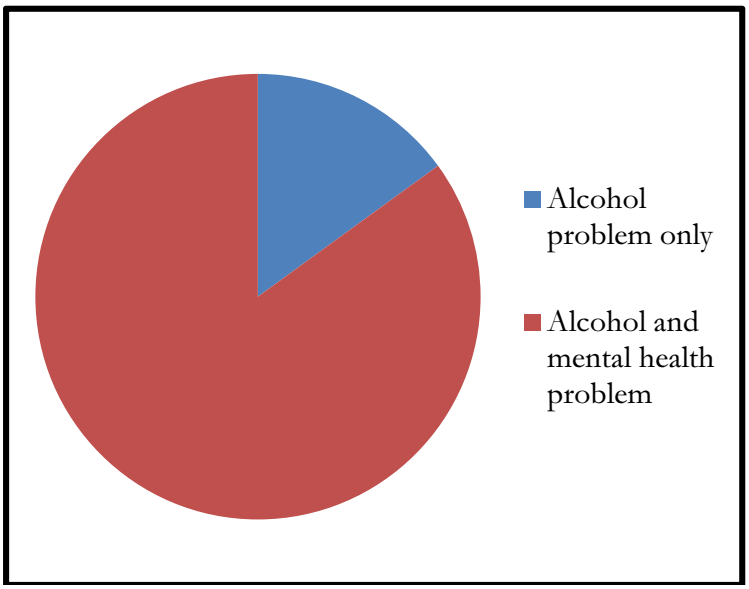
The problem is Mental Health and Addiction services do not cooperate together

In the photo above, think of the first fireman working on the mannequin head as the service provider working with mental health issues. The second fireman pressing the mannequin body is working on the addiction issues. Easy to see the firemen are wasting their time is n't it?

Yet this is exactly how the majority of addiction services work in Ireland. **Mental health and addictions issues are seen as two separate problems to be treated by different service providers**. 76% of Irish service providers are failing to offer a specific service for people with mental health and addiction problems (dual diagnosis)[1] **so expensive residential services are not working.**

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

The majority of people with an alcohol problem also have a mental health problem.



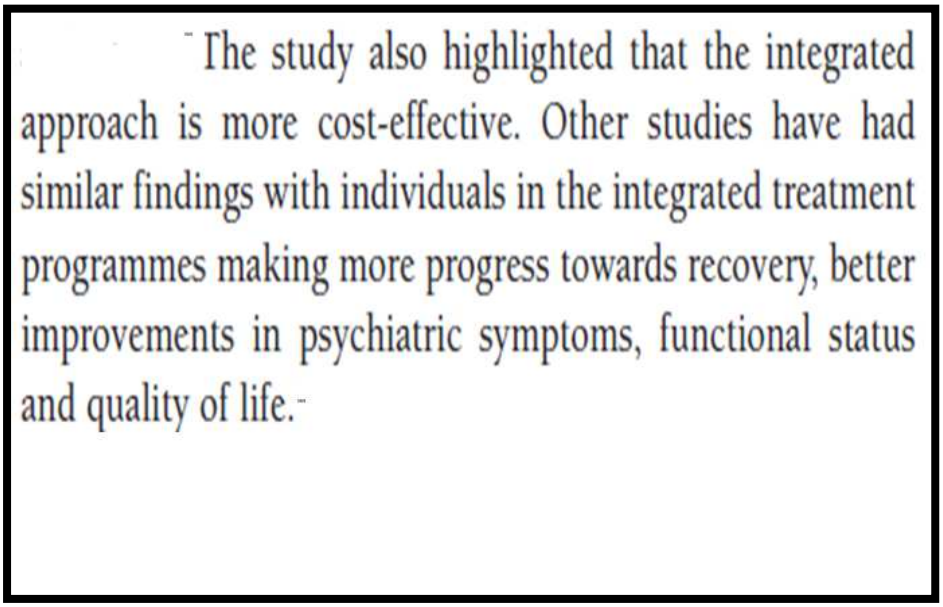
No figures are available for Ireland but from England, a report commissioned by the Dept of Health found **85% of people with an alcohol problem also had a mental health problem**. 75% people with a drug problem also had a mental health problem[2]

So addiction services which do not treat mental health issues are wasting money

[2] Weaver, T. et al (2002) *Co-morbidity of Substance Misuse and Mental Illness in community mental health and substance misuse services, Collaborative Study*
The British Journal of Psychiatry (2003) 183: 304-313 © 2003 The Royal College of Psychiatrists

To make the problem worse Mental Health services do not generally treat addiction issues

Yet Irish Psychiatrist also states more cost effective to treat both issues together


"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."

If the majority of people with addictions also have a mental health problem why do addiction services not treat mental health problems?

There are many reasons for this, from historical developments, stigma, inter professional rivalry, to lack of service provider training. The problem continues because addiction services are not regulated, and there is little measurement of how effective they are as shown by the reports below.

CAG: Need to track addiction treatment effectiveness and treatment outcomes
Comptroller & Auditor General (2009) Special Report, Drug Addiction & treatment, March(2009)
http://audgen.gov.ie/viewdoc.asp?DocID=1142&CatID=5&StartDate=1+January+2009

Calls for radical change to chaotic addiction services across Ireland
http://www.medicalindependent.ie/23758/calls_for_radical_change_to_chaoti c_addiction_services_across_ireland

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One person's true life story illustrates the scale of the problem

After 10 long years of misery, with numerous treatments in government funded residential addiction rehabs, (daily mass & stay off bread was part of the rehab) detoxes in A & E, Valerie Farragher had attempted to kill herself. Later, in Mayo hospital A&E, Valerie's 18 year old daughter Louise screamed at hospital staff that this time they were not leaving until they saw a psychiatrist.

After those 10 long years of misery for Valerie, her husband and their five children, it turned out the major reason why Valerie could not stay off alcohol was untreated postnatal depression. She

calculates so far she had cost the state €130,000 in health cares. As a result of the depression she over ate and in an alcoholic binge, hurt her knee and is currently waiting for a surgical operation.

Alcohol alone adds costs of €1.2 billion every year to health care costs

"75% of all drink consumed was done as part of a binge drinking session[3].

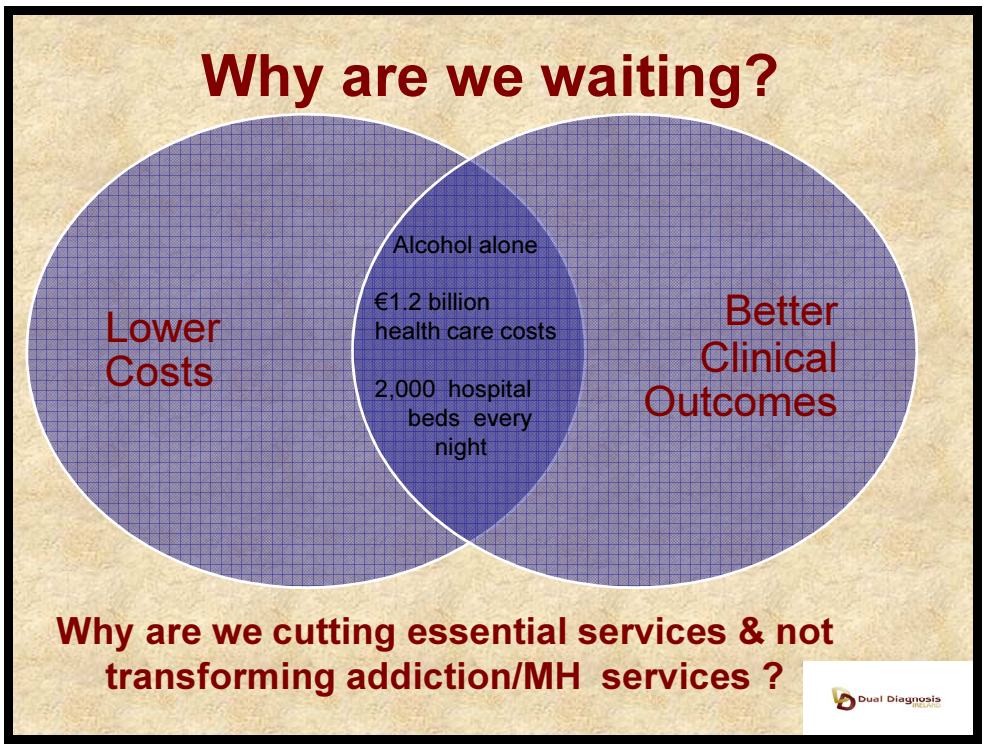
According to the Chief Medical Officer of Ireland, a 30% reduction in alcohol-related harm would result in a cost saving to the Exchequer of €1billion.[4]

"Alcohol Action Ireland report[5]

- 88 deaths every month in Ireland are directly attributable to alcohol
- One in eleven children in Ireland say parental alcohol use has a negative effect on their lives – that is about 109,684 children
- There are 1,200 cases of cancer each year from alcohol in Ireland
- One in four deaths of young men aged 15-39 in Ireland is due to alcohol
- One in three road crash deaths is alcohol-related

So why are we ignoring the opportunity to reduce costs, improve population health and improve services?

[3] http://www.hrb.ie/home/media/press-release/?no_cache=1&tx_ttnews%5Btt_news%5D=535&tx_ttnews%5BbackPid%5D=566&cHash=70e1bd6595cacb59697b527e3f6e9ef6
[4] http://alcoholireland.ie/facts/alcohol-related-harm-facts-and-statistics/
[5] http://alcoholireland.ie/facts/alcohol-related-harm-facts-and-statistics/



A 20% reduction in the number of hospital beds occupied by people with alcohol problems would solve the A&E trolley bed problem.

So it's very worthwhile for DEPR to focus on the effectiveness of population health and addiction treatment services.

What can DEPR do to start saving money?

Actions not requiring investment

1. **Simply start asking basic questions about addiction and mental health services**
    a. What progress has been made on implementing the CAG report?
    b. How are addiction and mental health services measuring treatment effectiveness?
    c. What information is available on the effectiveness of methadone as a rehab treatment?
    d. Have addiction services evolved from a single drug treatment approach to treating multi drug addiction which is much more common e.g. heroin services predominate but cannabis addiction a significant problem
    e. What are the protocols for ensuring people with substance abuse problems receive an appropriate intervention & aftercare e.g. people presenting in A&E requiring detox
    f. How available are home based detox services which are much cheaper than hospital based detoxes and are routinely used in other countries?

2. **Start asking questions about progress on implementing recommendations to reduce substance abuse in the general population**
    a. Have the cost savings resulting from implementation of the recommendations of Steering Group Report on the National Substance Misuse Strategy being identified [6]
    b. What action has been taken to progress these?
    c. Would the introduction of a benzodiazepines protocol (similar to the methadone protocol) with the HSE monitoring individual doctors and psychiatrists reduce the costs of benzodiazepines which are currently over prescribed by European standards[7] (criminalisation of possession works toward fixing the tap leaking, but it is not better to stop the tap leaking?)
    d. What progress has been made on implementing the recommendations of the National Advisory Committee on Drugs?

[6] http://alcoholireland.ie/reports/strategies-to-reduce-harmful-alcohol-use/#sthash.p1NTlNye.dpuf

[7] For details, see http://www.medicalindependent.ie/4879/an_addiction_on_prescription. Also 54% of over 65 year patients in Sligo hospitals were overprescribed. Leads to increased risks of falls & cognitive impairment. http://www.drugsandalcohol.ie/18863/

3. **Make the issue of dual diagnosis a top priority for the Oireachtas Joint Committee on Health and Children to consider.**

The Oireachtas Committee should also review progress on implementing the recommendations of the HSE Working Group on Residential Treatment & Rehabilitation (Substance Users)[8].

4. **Agree with the HSE that they will tell all addiction service providers that they will no longer fund them unless they adopt the Governance Code which commits them to recording and publishing their client outcomes.**

Actions requiring a small investment

5. **Regulate the use of the terms Counsellor and Psychotherapist so that only those with appropriate qualifications can practise**

Ask for a detailed implementation plan for when therapists and counsellors will be regulated by CORU so this date is not missed.

6. **5. Use the new client information system for mental health in addiction services.**

The HSE state they are going to bring in a computerised information system to help improve services for people with mental health problems. This system should also be introduced into the addiction services as well because then it will be become easier to see how many people have an addiction and a mental health problem and it will help the health care professionals co-ordinate treatments.

7. **Support funding to use technology to allow clients and their families provide real time feedback on services**

Questionnaires have been used by the Mental Health Commission to collect information on patients' experiences in mental health inpatient centres. The HSE also have a licence to use the English NHS questionnaires to collect people's experiences in outpatient mental health services. These questionnaires could easily be adapted for use in addiction services.

The technology now exists to capture people's experiences as they happen on a Smartphone app. This really helps to drive improvements in services as the information is being collected in "real time" and is available to managers as soon as people provide the information.

To develop this app would probably cost about €50,000, which is a very small investment when considering the improvements it could drive in services.

[8] http://www.drugs.ie/resourcesfiles/reports/3966-42381118.pdf

Actions which will cost more money but will be offset by savings

8. **Put government regulation of addiction services in place.**

HIQA is responsible for monitoring general health care services, with the Mental Health Commission responsible for monitoring mental health services when a psychiatrist is involved.

No Government agency is responsible for monitoring addiction services and making sure they work well.

9. **Set up a joint working group of representatives from the health care professions with service user input managed by a full time international expert in dual diagnosis.**

A working group with representatives from GPs, psychiatrists, nurses, counsellors, psychologists, social workers, and service users should be set up to develop:

1. Guidelines for screening for dual diagnosis.
2. Guidelines for treating dual diagnosis, explaining what works and when to use it or avoid it - for example forcing clients to read letters from family members that have abused them when they were children, or when home based detox can be used instead of going to hospital.
3. Guidelines for measuring outcomes- how well a person is doing when they leave the service. There are lots of international standards for doing this.
4. A rating framework for measuring at what level services are able to treat dual diagnosis, e.g. America is using the dual diagnosis capability in addiction treatment tool (DDCAT)to see how good services are at treating dual diagnosis.[9]
5. Develop service user pathways of care which everybody can understand and recognise different treatments are required for different people. At the moment it is very difficult for ordinary people and their health care providers to know which service would be best for them and how to get into the services. When cancer services were being developed a one page leaflet[10] was developed for GPs to explain how people should be treated. A similar guideline should be developed for addiction and mental health services which also deals with dual diagnosis
6. Develop separate treatment models for young people and children because their needs are different.

To make sure this working group does not become just another talking group, (one such group is still arguing over 2008 medication protocols[11] for people abusing opiates) the group should be managed by a full time international expert and give regular reports to the Oireachtas Health

[9] http://www.samhsa.gov/co-occurring/ddcat/
[10] http://www.cancer.ie/sites/default/files/content-attachments/nccp_breast_cancer_gp_referral_guidelines_june_2009.pdf
[11] http://www.medicalindependent.ie/23758/calls_for_radical_change_to_chaotic_addiction_services_across_ireland

Committee on progress. A lot of good work has been done already, for example, the report of the HSE Working Group on Residential Treatment & Rehabilitation (Substance Users) and could be used to inform the working group's discussions. It is crucial that these discussions lead to action.

10. **Set aside a separate fund to develop a culture of continuous improvement and learning**

A big problem is addiction services are so separate to general health care services. While there are many problems in general healthcare, they have a strong culture of learning and innovation and a focus on using evidence to decide what treatments work and what treatments don't work.

Establish an annual ring fenced fund which supports learning and transfer of knowledge amongst all the different people involved in the addiction and mental health communities. Research should be focused on practical aspects of screening, treating and dealing with dual diagnosis.

Conclusion

There are significant savings to be achieved by integrating mental health and addiction services. By focusing on this area the DEPR can act as an independent agent to ensure these necessary changes happen sooner rather than later. DEPR can position itself not just as a cost cutter but as making a positive difference to the lives of those with a dual diagnosis. As the personal stories in the appendix shows, integrated services can save money and lives.

About Dual Diagnosis Ireland

Dual Diagnosis Ireland is a registered charity, all volunteer team which aims to raise awareness of the need to treat addiction and mental health issues together. We are available to discuss these recommendations.

www.dualdiagnosis.ie or email info@dualdiagnosis.ie

https://www.facebook.com/pages/Dual-Diagnosis-Ireland/186851388160166

https://twitter.com/dualireland

Appendix: Personal stories

(All Case histories verified by Dual Diagnosis Ireland)

Mary's story

I was desperately worried about my mother Mary. Eight months ago she had attempted to take her own life, she was taken to hospital and released two days later as she had told the psychiatrist that she had "felt fine" and wanted to go home. The psychiatrist agreed she needed addiction treatment which they did not provide. Mary's original diagnosis of depression was over 10 years ago and this was her third suicide attempt since then.

My Mother had only started drinking two years previously, but it was a big problem, and she had agreed to get help and was due to go into a residential addiction treatment centre. She had been waiting two weeks for a bed. The day before she was to be admitted, the treatment centre phoned to say she was not eligible for their programme. The treatment centre had noticed on her GP referral that she had attempted suicide previously and they did not "deal with mental health problems".

I spent months with my GP's help emailing and ringing, treatment centres, the mental health commission, my TD to no avail. The Mental Health Commission do not deal with individual cases, the TD sent me some aware brochures. Eventually one treatment centre agreed to take my Mother on a week's trial.

I was so relieved that at last my mother was at last going to get some help. Sadly the morning my Mother was due to go into the centre she took her own life.

She was 57.

Mark's story

It had been a year since I had come out of residential treatment for alcohol addiction. I spent three months in the treatment centre learning about the damage alcohol does, part of the programme was attending mass every day, daily chores were also given. I did not receive one to one counselling or have any kind of assessment. I had been told that once I gave up the drinking I would feel better and start to enjoy life. I actually felt worse than I had ever felt.

So I picked out the place where I would take my life and had the tablets organised.

I had not drank alcohol in that year and the only thing that had stopped me drinking was the valium and sleeping tablets my doctor prescribed. I could not face going back to my old drinking life but this new sober one wasn't any better, the depression and anxiety were all too much. I just wanted it all to stop.

I broke down one day while having coffee with a friend; my friend gave me a number of a professional counsellor and asked me "please try talking to someone before making any rash decisions"

Two years on, and I'm doing much better. With the help of my counsellor I worked through the under lying problems and realised that along with depression I had social anxiety. I'd describe my experience in the residential treatment centre as:

"It's like if your car broke down, you bring the car to a mechanic. He tells you it has no oil because there is an oil leak. He fills your car back up with oil and sends you on your way. At some point down the road you are going to break down again because he hasn't fixed the leak"