Mental illness and addiction can be two sides of the same coin. If you don’t treat them together you can’t beat either.
What is Dual Diagnosis?

A person who has both an alcohol or drug problem and an emotional/psychiatric problem is said to have a dual diagnosis.

The term Co-morbidity, co-occurring disorders is also used, and of course there may be more than two problems.
Why does dual diagnosis matter?

Can’t treat one without the other!
The Problem

- No clear service pathways
- Professionals operating to their own model of service
- Over-medication/under medication
- GPs not fully trained/supported to deal with MH
- No regulation in certain areas
- Service users tend to be vulnerable & disempowered
- No measurement of outcomes
How Common is Dual Diagnosis?

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

44% of mental health service users reported drug use

UK Dept. of Health
MHC 2011 survey report
Addiction in MH services

- Dual Diagnosis rates reported between 30% to 88%

- Clinical governance issue- seeing clients not in MH service
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 aligned to organisations rather than complex needs of people with dual diagnosis”

“Mental health & addiction services and the management of dual diagnosis in Ireland” National Advisory Committee on Drugs 2004.”
Is addiction a mental health problem?
Common problems seen in addiction

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 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."
So as Valerie’s story illustrates we waste money and hurt people’s lives and wait until some one is at rock bottom before addiction and mental health services will work together
Helping the Dual Diagnosis Client

- Thought to be complicated?
- Is being done abroad
- 70% to 80% success rate integrated
- 24% to 51% - not integrated (Bauer, L.O. (2001).

- St Patrick's Dual Diagnosis programme claims 70% success rate
RTE1, Sunday the 1st of December at 10:35pm

10 years, estimated health care costs €130,000 to date

Book launch, Wed 27th of November

http://www.dualdiagnosis.ie/services/upcoming-events/
What’s needed for effective Dual Diagnosis treatment?

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

Source: SAMHSA
Technology can help

Service User

1. Find the right care

2. Give real time feedback

Mental Health Care providers

HSE/regulator
Technology can drive change

Service User

✓ Finds right care quicker
✓ Reduces costs
✓ Improves outcomes

Service Improvement

Mental Health System

✓ Real time actionable data
✓ Standardise care paths
✓ Reduced data capture costs
✓ Improved outcomes

HSE/regulator
Why are we waiting?

Troika unhappy at health budget overruns
Why are we waiting?

Lower Costs

Alcohol alone
€1.2 billion health care costs
2,000 hospital beds every night

Better Clinical Outcomes

Why are we cutting essential services & not transforming addiction/MH services?
It’s more than a change of ‘model’
It’s a Paradigm Shift


A scientific paradigm is an inherited view shared by a professional community:

• . . . and the textbooks and professional training processes whereby the dominant paradigm is passed on to the next generation of Professionals/scientists, the system that prepares, licences and initiates new members

• . . . an education system that is both rigorous and rigid and holds a firm grip on the mind because entry to the community involves passing an exam that demonstrates adherence to the paradigm.
We need a new paradigm which ensures:
When people take personal responsibility for recovery from addiction they receive a person centred treatment which meets their needs and supports them rather than hinders their recovery.
Thank You

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Multiple needs: understand the dynamic

Structural / environment
- Community
- Opportunities
- Quality services

Social
- Family
- Love
- Friends
- Group identity

Self: Mind / body
- Resilience
- Happiness
- Thoughts / Emotion
- Perceptions / Beliefs
- Childhood

Basic needs
- Housing
- Money
- Safety

Contribution
- Involvement
- Learning
- Work

Health
- Mental
- Physical
- Treatment

Public attitudes
- Media
Levels of Program Capacity for Co-Occurring Disorders

Beginning | Intermediate | Advanced
----------|--------------|----------
SA Only    | COD Capable  | COD Enhanced

Fully Integrated COD Programs

Advanced | Intermediate | Beginning
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COD Enhanced | COD Capable | MH Only

More Treatment for Mental Disorders

More Treatment for Substance Abuse Disorders

Dual Diagnosis