



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.

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

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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.

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

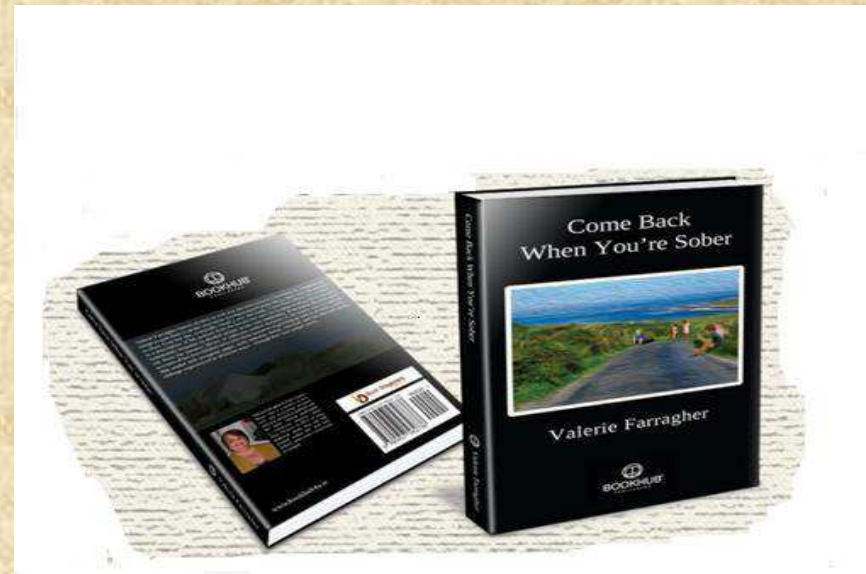
- Thought to be complicated?
- Is being done abroad
- 70% to 80% success rate integrated
- 24% to 51% - not integrated (Bauer, L.O. (2001).

- 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

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



Mental Health System

Service Improvement



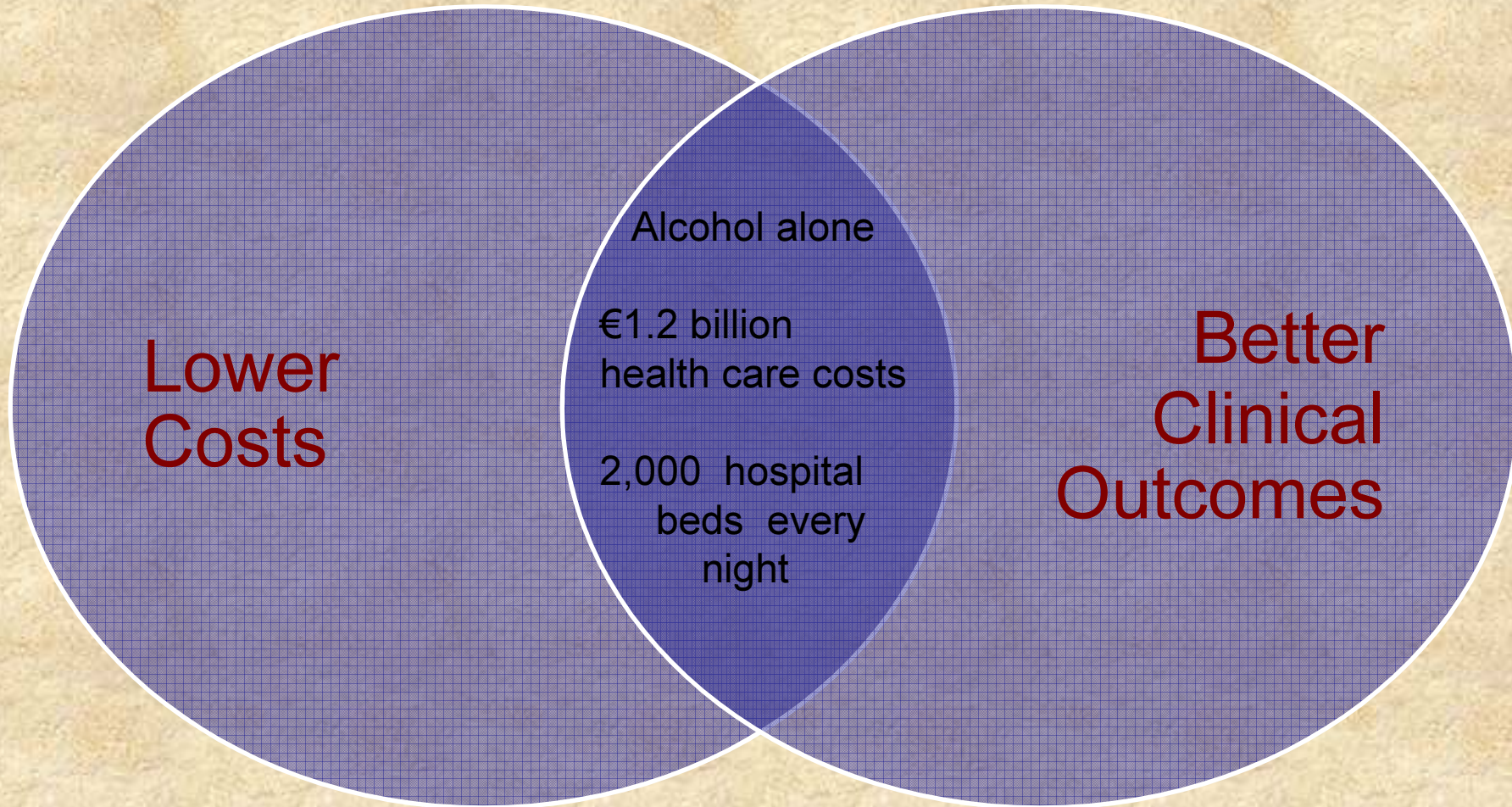
HSE/regulator

Why are we waiting?

**Troika
unhappy
at health
budget
overruns**

■ Final review of economy ends but

Why are we waiting?



Why are we cutting essential services & not transforming addiction/MH services ?

It's more than a change of 'model' It's a Paradigm Shift

From: **The Structure of Scientific Revolutions** 2nd Edition,
1970, Thomas. S. Kuhn

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**

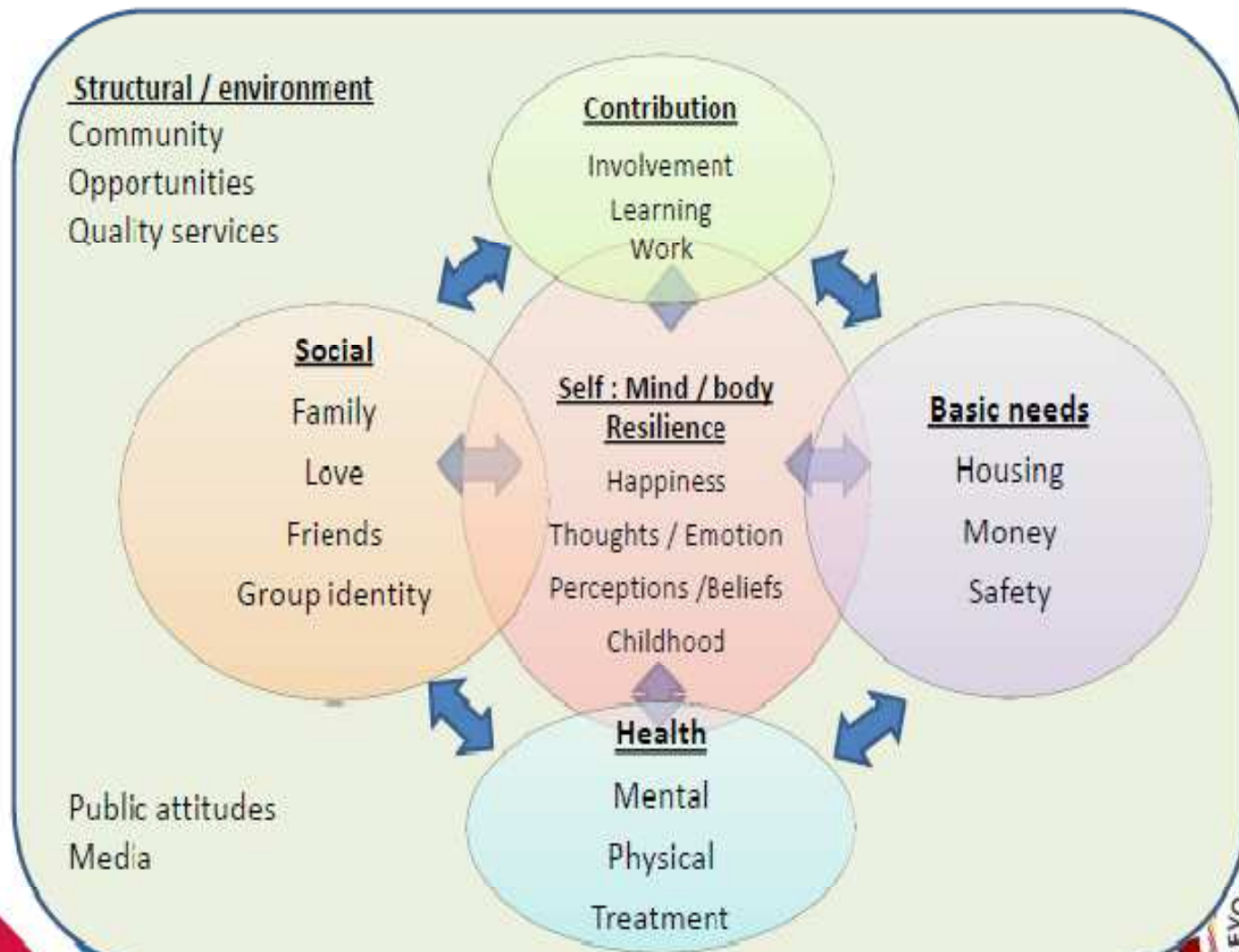
Thank You

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Multiple needs: understand the dynamic



Levels of Program Capacity for Co-Occurring Disorders

