




# **Complex mental health & substance misuse – Dual Diagnosis**

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# Aims & objectives

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- **Aim:** To underline the importance of effective working with dually diagnosed clients
  - **Objectives:** To define 'dual diagnosis' & to estimate prevalence
  - To outline that enable us to manage substances in clients with complex mental health problems & discuss ways of talking to clients about their substance misuse (MI)
  - To discuss opportunities & barriers for service development, joint working & supervision
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# Gin Lane



# Beer Street



# Why is there so much concern?



**MARIHUANA**  
**NEW DRUG THAT MADDENS VICTIMS**

IT'S FIRST EFFECT IS SUDDEN, VIOLENT, UNCONTROLLABLE LAUGHTER; THEN COME DANGEROUS HALLUCINATIONS; SPACE EXPANDS; TIME SLOWS DOWN, ALMOST STANDS STILL; ...FIXED IDEAS COME NEXT, CONJURING UP MONSTROUS EXTRAVAGANCES - FOLLOWED BY EMOTIONAL DISTURBANCES; THE TOTAL INABILITY TO DIRECT THOUGHTS; THE LOSS OF ALL POWER TO RESIST PHYSICAL EMOTIONS... LEADING FINALLY TO ACTS OF SHOCKING VIOLENCE...ENDING OFTEN IN INCURABLE INSANITY.

**GREATER MANCHESTER POLICE**

# **DRUGS MEAN DEATH!**

**“... it’s the only thing addicts  
can look forward to...”**

**DRUG ABUSE — SOME OF THE  
TELL TALE SIGNS TO LOOK  
OUT FOR:**

**PERSONALITY CHANGES**

**GENERAL DECLINE IN  
APPEARANCE**

**MISSING MONEY**

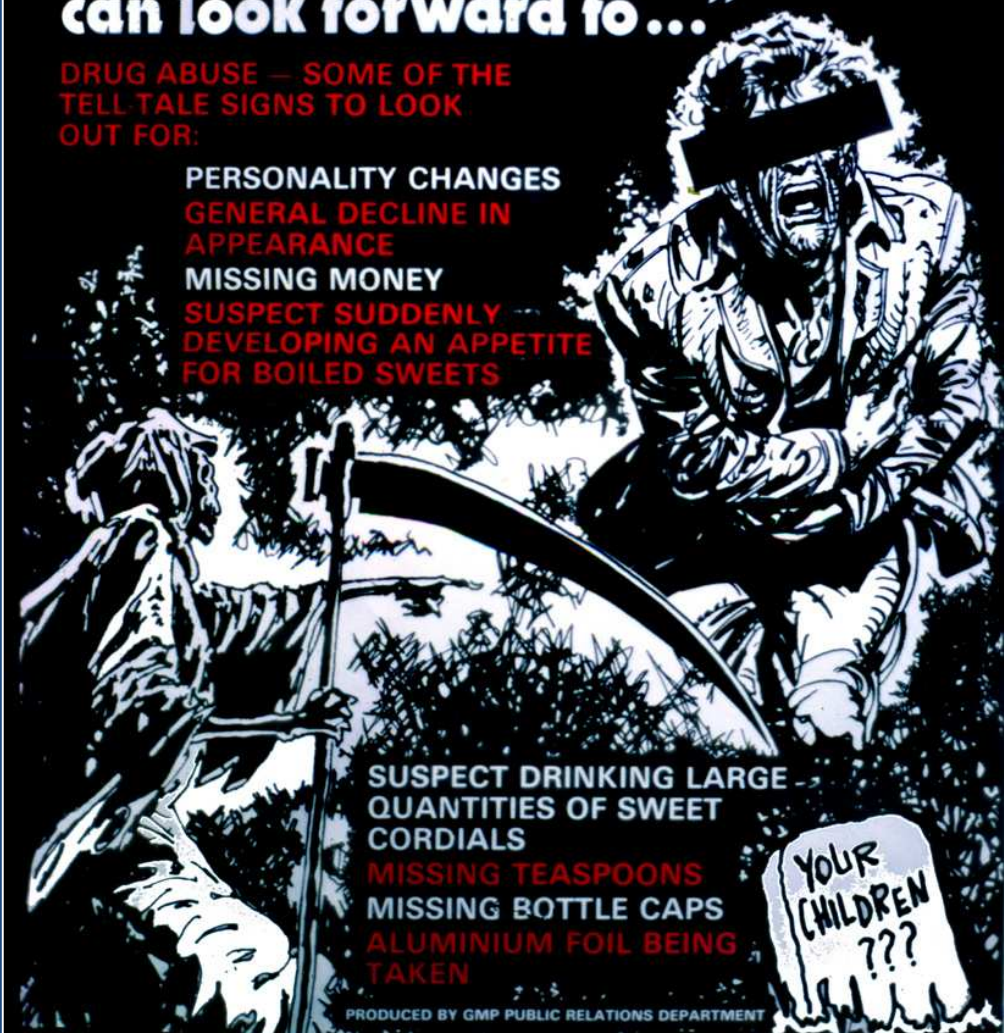
**SUSPECT SUDDENLY  
DEVELOPING AN APPETITE  
FOR BOILED SWEETS**

**SUSPECT DRINKING LARGE  
QUANTITIES OF SWEET  
CORDIALS**

**MISSING TEASPOONS  
MISSING BOTTLE CAPS  
ALUMINIUM FOIL BEING  
TAKEN**

**YOUR  
CHILDREN  
???**

PRODUCED BY GMP PUBLIC RELATIONS DEPARTMENT



**CANNABIS**

**WILL GET YOU THROUGH**

**TIMES OF NO MONEY**

**BETTER THAN MONEY WILL**

**GET YOU THROUGH**

**TIMES OF NO**

**CANNABIS**

# Prevalence

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- MH PIG for DD (DOH 2002) – “Substance use should be regarded as ‘usual’ rather than exceptional in this client group
- Prevalence studies have shown widely varying rates – from 20% to 75% (Menezes et al 1996)
- Banerjee et al (2002) & Maslin (2003) provide a more detailed overview of prevalence rates



# Prevalence of 'dual diagnosis'

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- 74.5% of users of drug services and 85.5% of users of alcohol services experience mental health problems
- 26.9% of drug treatment users and 46.8% of alcohol treatment users suffered from severe depression
- The figures are 19% and 32.3% for severe anxiety
- 7.9% of drug treatment users and 19.4% of alcohol treatment users have a psychosis





# Local prevalence figures

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- Prevalence rates across Manchester Mental Health and Social Care Trust (Schulte & Holland 2008) showed some wide variations in the rates of dual diagnosis among clients from different parts of the service
- Psychiatric intensive care units (PICUs) - 90%
- Assertive outreach team – 71%
- Inpatient wards – 56%
- Acute home treatment team – 12%
- Community mental health teams - prevalence rates of between 10% & 75%
- Substance use services – 59%



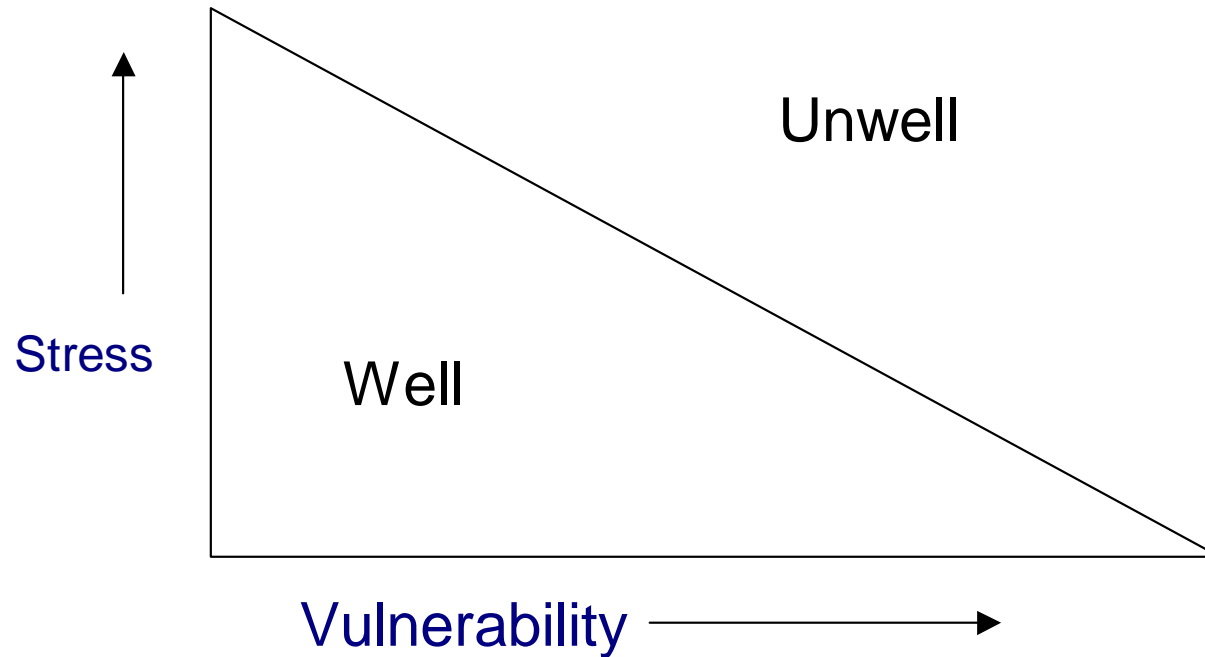
# Dual diagnosis – a simple definition

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- A simple working definition of ‘dual diagnosis’ is: “A mental health problem and a substance misuse problem, both of which require some form of intervention and may or may not have been medically diagnosed” (Alcohol Concern, 1999) – OR –
- “The combination of severe mental illness (usually psychotic) and problematic substance use” (Holland & Midson 2003)

# Stress-vulnerability Model (Zubin and Spring, 1977)

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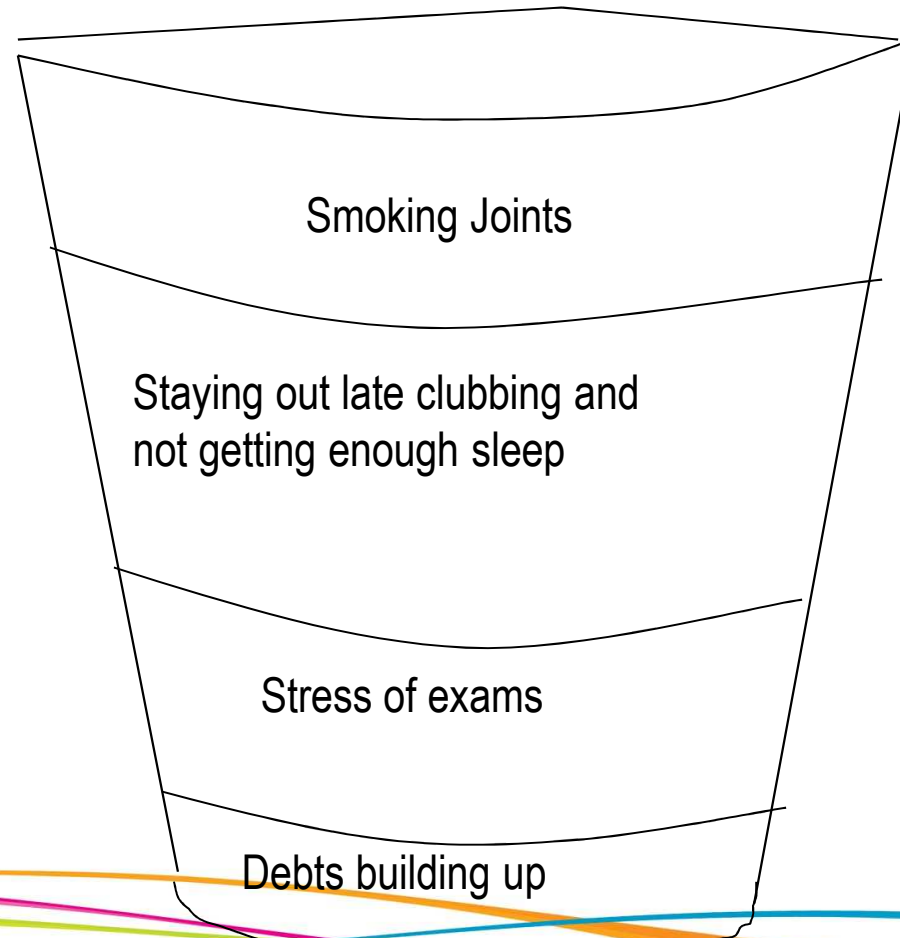


# The Stress-vulnerability Model (Brabban & Turkington 2002)



# The Stress Vulnerability 'Bucket'

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**Brabben &  
Turkington 2002**

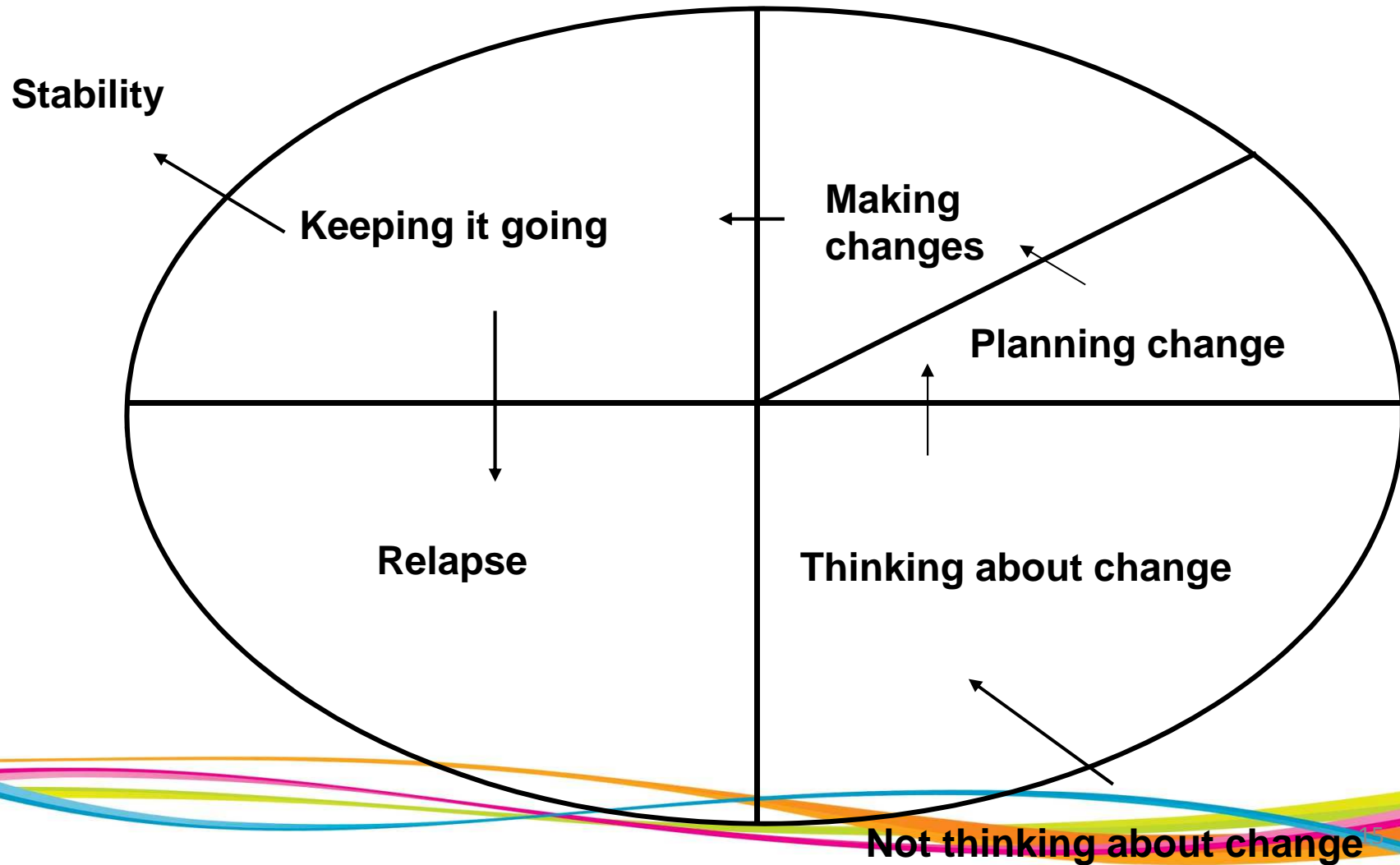
# The 'super-sensitivity' model

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- Some people seem to be 'super-sensitive' to the effects of different types of drugs (think of examples among your own friends!)
- For some, this sensitivity manifests itself in the development of psychotic symptoms (Holland 2002)
- Even quite small amounts of substances can have significant effects on some people
- This 'super-sensitivity' can be very harmful for them and upsetting for their families



# Transtheoretical model of change (Prochaska and DiClemente 1982)



# Principles of Motivational Interviewing

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- Avoid argumentation
- Roll with resistance
- Support self efficacy
- Express empathy
- Develop discrepancy





# Manchester Dual Diagnosis Network

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- In response to the needs of dual diagnosis clients in Manchester, a network has been established to overcome existing boundaries between services
- A directory is being produced with all key services and referral routes clearly mapped
- Each clinical area should have at least one named person to act as an advocate/adviser for DD clients
- Network events and core/specialist training enhances the work of this initiative



# Drug & alcohol services in Manchester

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- **Drug Services:**

**Intake Service:** ADS – 0800 998 1948

**Clinical Service:** Crime Reduction Initiative –  
0845 241 0460

**Recovery Service:** Lifeline – 0161 839 2054

- **Alcohol Services:**

Community – CAT

Abstinence-based day treatment (BHU)

Residential detox (CBU & private provision)



# Where to go for help and advice

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- **GP**
- **Manchester Dual Diagnosis Service** – 0161 882 2097
- **MMH&SCT Single Point of Access:** 01618822150
- **Gateway Project** (clinical assessment unit): 01618822400
- **National Drugs Helpline FRANK** 0800 77 66 00  
talktofrank.com
- Self Help groups e.g. Narcotics Anonymous (NA), Tranquiliser Support Groups, [www.marijuana-anonymous.org](http://www.marijuana-anonymous.org)



# Treatment



- Recovery-focused approaches at all stages of treatment
- Substitute prescribing – methadone, subutex
- Help with alcohol: antabuse, campril (anti-craving)
- Harm reduction
- Structured Day Care
- Psychological treatments - MI, CBT, counselling
- Complementary therapies
- Detoxification & Residential rehab



# Principles of joint working

- Try to have as good a knowledge as possible about existing services, including their eligibility criteria
- Know how to communicate with those services – don't use acronyms or professional jargon – keep language simple!
- If possible, get to know someone within as many services as possible (“networking”)
- Be persistent – if services don't respond in ways that you believe they should, escalate the referral
- Treat colleagues who refer to your service the same way that you would like to be treated



# Training plan for inpatients

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- **Aim**
- To increase the specific dual diagnosis competence of practitioners working with inpatients who experience co-existing mental illness and substance misuse



# Training plan

- **Objectives**
- To develop an understanding of the needs of clients with co-existing mental ill health and substance misuse problems
- To introduce effective interventions for this client group, based on the 'cycle of change' & motivational interviewing
- To encourage and support dual diagnosis link workers in their leadership role

# Course content

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- **Outline of Five-day programme:**
- **Day One: Overview of Dual Diagnosis**
- **Day Two: Alcohol Awareness**
- **Day Three: Drug awareness**
- **Days Four & Five: Introduction to motivational Interviewing**





# Conclusion

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- Drugs and alcohol are freely available and often used by many people
- Effects on people with vulnerability to psychosis can be profound (super-sensitivity model)
- However, if the person decides to control their drug/alcohol use, their mental health can improve. There are ways of working (ESPECIALLY JOINT WORKING) with them that can support them

