Complex mental health & substance misuse – Dual Diagnosis

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Aims & objectives

- **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
Why is there so much concern?
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

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

- 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)
Prevalence of ‘dual diagnosis’

- 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

- 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

• 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)
The Stress-vulnerability Model
(Brabban & Turkington 2002)
The Stress Vulnerability ‘Bucket’

- Smoking Joints
- Staying out late clubbing and not getting enough sleep
- Stress of exams
- Debts building up

Brabben & Turkington 2002
The ‘super-sensitivity’ model

- 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)

- Stability
- Keeping it going
- Relapse
- Thinking about change
- Making changes
- Planning change
- Not thinking about change
Principles of Motivational Interviewing

- Avoid argumentation
- Roll with resistance
- Support self efficacy
- Express empathy
- Develop discrepancy
Manchester Dual Diagnosis Network

- 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

• **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

• 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
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

• 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

• 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

• 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