

INTEGRATED TREATMENT FOR DUAL DIAGNOSIS

1. EXECUTIVE SUMMARY

1.1 Dual Diagnosis Clients

This report proposes an urgently needed method of care and integrated treatment for mental health patients who misuse drugs and alcohol. These patients are referred to as Dual Diagnosis clients. Care and treatment of clients with a mental health illness and alcohol and/or drug misuse is one of the biggest challenges facing mental health services.

It is estimated that one third of all patients in the care of mental health services have a Dual Diagnosis. The substances concerned include legal and illegal drugs, but not tobacco. The most commonly misused substance is alcohol. Other misused substances purchased legally include solvents, as well as illegal drugs including opiates, stimulants and cannabis.

Currently there are a number of different services involved with the care of Dual Diagnosis client's without clear guidelines for integrated treatment. These clients have tended either to be treated within one service alone, which has meant that some aspects of their problems have not been dealt with, or have been shuttled between services, with a corresponding loss of continuity of care. This results in significantly poorer health outcomes for this third of mental health patients and is associated with increased rates of violence and suicidal behaviour.

1.2 Integrated Model

Urgent implementation of an integrated model which provides the concurrent provision of both psychiatric, and drug and alcohol interventions. This would require the same staff member (or clinical team), working in a single setting, to provide relevant psychiatric and substance misuse interventions in a co-coordinated fashion.

The following policy requirements are suggestions for developing integrated practice for dual diagnosis clients:

- Services must develop focused definitions of dual diagnosis
- These definitions must be agreed between relevant agencies
- Specialist teams of dual diagnosis workers should provide support to mental health services
- All mental health staff must be trained and equipped to work with dual diagnosis
- Adequate numbers of staff in crisis resolution, early intervention, community mental health teams and inpatient services must also be suitably trained
- All services, including drug and alcohol services, must ensure that clients with severe mental health problems and substance misuse are subject to the Mental Health Act and have a full risk assessment

This is not “new work” we are already dealing with the clients concerned. It is about achieving, through integration a more rational and effective framework for tackling the large percentage of co-morbidity clients covered by the term “dual diagnosis”.

Unless people with a dual diagnosis are dealt with effectively by mental health and drug and alcohol services, both these services will fail to work effectively. Integrated treatment in this country can be delivered by existing mental health services following training and support from drug and alcohol services.

Mental Health Service should not reduce the role of drug and alcohol services which treat the majority of people with addiction problems in Australia.

2. INTRODUCTION

The complexity of issues makes diagnosis, care and treatment more difficult with clients being at higher risk of relapse, readmission to hospital and suicide.

Very few services currently exist which explicitly deal with clients with both drug and alcohol misuse and mental health problems. These clients have tended either to be treated within one service alone, which has meant that some aspects of their problems have not been dealt with, or have been shuttled between services, with a corresponding loss of continuity of care. Some potential clients or patients have almost certainly been excluded from all the available services.

Guidelines need to be implemented so all mental health staff can strengthen services so that they have the skills and organisation to tackle this critical area of care and treatment. Historically drug and alcohol dependence services are not part of mental health services but have developed as a specialist services where clients are referred.

Drug and alcohol misuse among individuals with psychiatric disorders has been associated with significantly poorer outcomes including:

- Worsening psychiatric symptoms
- Increased hospitalisations
- Poor medication compliance
- Homelessness
- Increased risk of Hepatitis C and HIV infection
- Poor social outcomes including the impact on carers and family
- Contact with the criminal justice system.
- Premature death

3. DEFINING DUAL DIAGNOSIS

A dual diagnosis client is defined as an individual with concurrent needs arising out of their mental disorder(s) and their substance misuse, past or present. People with personality disorder or who are currently sober or drug free but who are at high risk of relapsing may be included. The substances concerned include legal and illegal drugs, but not tobacco. The most commonly misused substance is alcohol. Other misused substances that may be purchased legally are solvents, as well as illegal drugs including opiates, stimulants, and cannabis.

The nature of the relationship between these two conditions is complex. Possible mechanisms include:

- A primary psychiatric illness precipitating or leading to substance misuse
- Substance misuse worsening or altering the course of a psychiatric illness
- Intoxication and/or substance dependence leading to psychological symptoms
- Substance misuse and/or withdrawal leading to psychiatric symptoms or illnesses

Defining the population of people who experience these dual problems, and identifying those sub-groups for whom the service has responsibility are necessary steps in this process. Services need to be clear at the outset which individuals they intend to provide interventions for. Many people who require help with substance misuse suffer from a common mental health problem such as depression or anxiety. Sweeping up all these people together would result in a huge heterogeneous group many of whom do not require specialist support for both mental health and substance misuse issues.

Integrating services therefore requires a clear and locally agreed definition of dual diagnosis supported by clear care pathways of care, coordination and protocols. It is essential to acknowledge that gate keeping by specialist services is a valid activity, which enables them to focus their efforts. Agreed and justifiable gate keeping practice with clear accountability should ensure that clients are included in the right services, rather than excluded from services they desperately need.

4. PREVALENCE

Increased rates of drug and alcohol misuse are found in individuals with mental health problems. Dual diagnosis is approximately a third to a half of people with severe mental health problems.

- Expect substance misuse to be the usual rather than exceptional.
- Alcohol misuse is the most common form of substance misuse.
- Where drug misuse occurs it often co-exists with alcohol misuse.
- Homelessness is frequently associated with substance misuse problems.
- Dual diagnosis problems are higher in inner cities.
- Prisons have a high prevalence of drug dependency and dual diagnosis.
- A propensity to use stimulants as a possible mechanism for alleviating negative symptoms in schizophrenia has been reported

5. INTEGRATED TREATMENT MODEL

The integrated model implies the concurrent provision of both psychiatric and drug and alcohol interventions. This would require the same staff member (or clinical team), working in a single setting, to provide relevant psychiatric and substance misuse interventions in a co-coordinated fashion. This approach originates in America where 'hybrid' case managers and services, with the necessary repertoire of skills, have been developed. Subsequent US evaluations of this model have tended to conclude that integrated treatment is more effective than either parallel or serial treatment for this dual diagnosis clients.

Research in the UK by the Department of Health concluded that integrated care, delivered by one team, appears to deliver better outcomes than serial care (sequential referrals to different services) or parallel care (more than one service engaging the client at the same time).

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As with severe mental illness, substance misuse is often a chronic relapsing condition. It is important that staff hold a realistic and longitudinal view of treatment in which different approaches may be necessary during different stages of the process. Services will need to ensure that they remain aware of new evidence as it emerges.

6. IMPLEMENTATION

In order to support service change it will be essential for each service provider to identify a lead clinician with specialist knowledge of the area, who can be a focus for advice to the project team, which has to implement this guidance. This could, for example, be a nurse consultant, dual diagnosis having been identified as a priority area within the nurse consultant initiative.

Service models that could be adopted, depending on local need, to include:

- Developing dual diagnosis teams which support services in dealing with the most challenging clients, working in “outreach” or “consultancy” mode and which are a focus for more general advice, support and training on dual diagnosis;
- Developing an assertive outreach team to specialise in dual diagnosis led by an expert team leader;
- Developing a local network of clinicians with expertise in dual diagnosis that will be located in teams and inpatient settings with high levels of co-morbidity. They would provide support and supervision to each other and act as a resource for the settings in which they work. The lead clinicians and networks must be linked to senior management and mechanisms must be in place for reviewing workloads and negotiating competing priorities.

7. SPECIFIC GROUPS

Certain groups of individuals warranting specific attention include:

Young People

Drug and alcohol misuse is a major contributory factor in the development of mental health problems in the young. Early onset of substance misuse is linked with higher rates of major depressive disorders and it is estimated that a third of young people committing suicide are intoxicated with alcohol at the time of death.

Homeless people

Studies have identified high levels of concurrent drug and alcohol misuse and mental health problems among groups of homeless people.

Offenders

A significant percentage of prisoners have mental health problems and drug and alcohol misuse and play a major role in youth offending.

Women

Significant differences between men and women have been found in their patterns of substance misuse and psychiatric co-morbidity. Women frequently have a history of domestic violence, sexual abuse, patterns of re-victimisation and fear of children being removed by statutory services. The complexity and severity of need among women with a dual diagnosis requires the development of tailored services that are and relevant to their needs.

People from ethnic background

It is known that severe mental illness and substance misuse present differently across cultures and ethnic groups. Service provision must therefore be congruent with and sensitive to the needs of each ethnic group.

8. PRINCIPLES OF EFFECTIVE DRUG AND ALCOHOL TREATMENT

Current models of treatment of clients with drug and alcohol services need to be reviewed before the integration of services. Listed below is the researched based treatment from National Institute of Drug Abuse (NIDA) National Institute of Health. U.S.A.

- No single treatment is appropriate for all individuals.
- Treatment needs to be readily available.
- Effective treatment attends to multiple needs of the individual, not just their drug use.
- Treatment plans must be assessed continually and modified as necessary to ensure that the plan meets the persons changing needs.
- Remaining in treatment for an adequate period of time is critical for treatment effectiveness.
- Counselling both individual and/or groups and other behavioural therapies are critical components of effective treatment for addiction.

- Medications are an important element of treatment for many patients, especially when combined with counselling and other behavioural therapies eg Methadone.
- Addicted or drug abusing individuals with coexisting mental disorders should have both disorders treated in an integrated way.
- Medical detoxification is only the first stage of addiction treatment and by itself does little to change long term drug or alcohol use
- Treatment does not need to be voluntary to be effective
- Possible drug use during treatment must be monitored continuously.
- Recovery from drug and alcohol addiction can be a long-term process and frequently requires multiple episodes of treatment. As with other chronic illness relapses to drug use can occur during or after successful treatment episodes. Addicted individuals may require prolonged treatment and multiple episodes of treatment to achieve long-term abstinence and fully restored functioning. Participation in self-help support programs during and following treatment often maintains abstinence. The most successful is Alcoholic Anonymous or Narcotic Anonymous.

9. RESEARCH

It is evident that we have been held back by a lack of research in this field. Until a national comprehensive research into dual diagnosis has been done in Australia, we are unable to provide details on policy, practice or evidence base service models for dual diagnosis.

In order to develop comprehensive services, delivering integrated care for mental health patients with substance misuse problems, research and policy development should be national and with full co-operation of the Australian legal system.

10. KEY POINTS

- The relationship between psychiatric illness and substance misuse is complex.
- Expect substance misuse to be usual rather than exceptional among people with severe mental illness.
- Significantly poorer clinical outcomes are expected among mental health clients who also misuse substances.
- Substance misuse is strongly associated with increased rates of violence and suicidal behaviour.
- Alcohol is the most commonly misused substance by people with mental illness.
- Misuse of illicit substances will reflect local availability.

- Services are advised to generate focused definitions, which reflect the target group for whom their service is intended.
- Defining target client groups and agreements must be achieved through inter-agency collaboration across mental health and substance misuse services, both statutory and voluntary, and the criminal justice system.
- Nonetheless an optimistic approach to treatment is both warranted and appropriate.
- Assessment of substance misuse forms an integral part of standard assessment procedures for mental health problems.
- Treatments should no longer be staged according to an individual's readiness for change and engagement with services.
- A flexible and adaptive therapeutic response is important for the integrated management of these dual conditions.
- Sound pharmacological management.
- An optimistic and longitudinal perspective regarding the substance misuse problem and its treatment is necessary.

Nene Henry
Registered Nurse
Community Mental Health Case Manager
Date: May 2005

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Lyne Cochrane at Rockdale Community Mental Health Services, for editing and assisting in the preparation of the proposal of Integrated Treatment for Dual Diagnosis.