

Dual Diagnosis: The Challenge in Providing Integrated Services

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Dual Diagnosis - Definition

The concurrent existence of a substance misuse problem and one or more mental disorders

Franey & Quirk (1996)

Dual Diagnosis - Prevalence

- 30-50% of people with a severe mental illness also have problems with substance misuse
- Likely to be higher in inner city areas and is increasing

What is the relationship between SM & MH?

The relationship between the two disorders is complex, controversial and varies from individual to individual. There are four possible relationships:

Dual Diagnosis Good Practice Guide (2002)

What is the relationship between SM & MH?

- A primary psychiatric illness precipitates or leads to substance misuse
- Use of substances makes the mental health problem worse or alters its course
- Intoxication and/or substance dependence leads to psychological symptoms
- Substance misuse and/or withdrawal leads to psychiatric symptoms or illnesses

Clinical Implications

Substance misuse among individuals with psychiatric disorders has been associated with significantly poorer outcomes including:

- Worsening psychiatric symptoms
- Increased use of institutional services
- Poor medication adherence
- Homelessness
- Increased risk of HIV and BBV infections
- Poor social outcomes including impact on carers and family
- Contact with the criminal justice system

Policy Context

There has been an increasing recognition of the extent of co-existing mental health and substance misuse problems in recent years. This is reflected both in legislation and frameworks affecting service delivery.

Dual Diagnosis Good Practice Guide

- For people with severe mental illness and SM problems care/treatment should be provided in mainstream MH services 'mainstreaming'
- For people with less severe MH and SM problems care/treatment should be provided in SM services

Department of Health (2002)

Models of Care

Explores the different models of working and their potential challenges including

- Limited communication between services
- Health problems treated separately
- Patients shunted between two services
- Medical responsibility not clearly defined
- Joint working and joint responsibility

Department of Health (2002, 2005)

Service Models

Three broad types of service model have been described in the literature: serial, parallel & integrated.

The Serial Model – implies treatment of one condition before progressing to treatment of the other condition.

Service Models

The Parallel Model – implies the concurrent but separate treatment of both conditions.

The Integrated Model – implies the concurrent provision of both psychiatric and substance misuse interventions from the same clinical team in a co-ordinated fashion.

Dual Diagnosis Practitioner Roles

- Joint assessment and ongoing work
- Source of information and advice
- Input into clinical meetings
- Emphasis of training, support and supervision
- Delivering 5 day DD course with ongoing practice development and supervision
- Facilitate care pathways between services

Exercise

- Identify the key challenges that your team or service could face in your work with service users with dual diagnosis
- What would be helpful in addressing these challenges?

Some challenges can be seen in:

- Applying care pathways
- Conducting comprehensive assessments
- Managing multiple risks
- Facilitating good communication between services
- Working with difficult-to-engage service users
- Gaining appropriate education, training, and supervision on dual diagnosis

Care pathways – challenges

- Limited knowledge of relevant policy
- Debate around focus of care
- Patchy communication between services
- Different perspectives on key issues
- Working with difficult-to-engage clients
- Concerns around role boundaries

Care pathway solutions

- Supported by policy
- “High quality, patient-focused, integrated care” for service users with dual diagnosis
(DoH, 2002)
- Service users with high MH and SM to be care co-ordinated within mental health
- Mental health to have protocols for treatment

Care pathway solutions

- Clients to have access to Tiers 1 – 4 in substance use treatment
- Pharmacotherapy and psychological interventions
- Increased support available in the community
- Access available to residential or community rehabilitation
- Services for groups with particular needs, such as the elderly, homeless, pregnant women, Black and ethnic minority, women-only services, youth

Care pathway solutions

- Adopt a common language
- Operate common referral criteria and processes
- Provide a range of interventions including assertive outreach, home visits, inpatient and outpatient treatment, involvement with carers and GP
- Apply longitudinal approach
- Use high levels of participation among staff

Care pathway solutions

- Training on dual diagnosis for statutory and non-statutory services
- Interagency training and collaboration between substance use services and mental health
- Practice development and supervision around dual diagnosis
- Use role shadowing, regular team teaching

Care pathway solutions

- Have a mechanism to discuss and resolve disputes and differences of opinion
- Discuss flash points, e.g., referral and admission criteria, abstinence v harm minimisation, risk and safety, consent and confidentiality
- Establish clear leadership and regular review

Rassool (2006)

Models of Care

Discusses key elements of treatment as:

- Engagement of clients into services
- Retaining clients in active treatment
- Providing interventions which facilitate change
- Addressing the relapsing nature of chronic conditions
- Facilitating re-integration in the community with appropriate support

Models of Care

Discusses key elements of skills and training:

- SM and MH service staff need to be adequately trained to assess psychiatric co-morbidity
- All staff need to be trained in risk assessment
- Training of staff should incorporate inter-agency collaboration and information exchange, theoretical and skills based training and practice development and supervision

Department of Health (2002, 2005)

Orange Guidelines

- Collaborate working to meet health and social needs as key feature of treatment
- Assessment should include risk, MH problems, MH history & current symptoms
- Risk assessment undertaken at initiation of treatment and at other appropriate times take into account MH needs
- Care plan should include psychological health needs, contact with MH services

Orange Guidelines

- Prevention of drug related suicides – 1 in 4 drug related deaths due to suicide
- Notes that cannabis can trigger MH problems
- Majority of people attending SM service will have MH problems – if not managed appropriately can effect outcome and retention in service

Orange Guidelines

- Adequate care planning needed and interventions in line with appropriate guidance i.e. NICE
- Care plan should include psychological health needs, contact with MH services
- Appropriate care pathways in place
- Training required for staff in both MH and SM Service

Department of Health (2007)

References

- **Dual Diagnosis Good Practice Guide** – DoH 2002
- **Dual Diagnosis Toolkit** – Rethink 2004
- **Dual Diagnosis Good Practice Guidebook** – Turning Point 2007
- **Orange Guidelines** - Drug Misuse and Dependence – DoH 2007
- **Co-existence Problems of Mental Disorders and Substance Misuse** – DoH 2002
- **Drug Misuse** – Psychosocial Interventions – NICE 2007

References

- **Substance Misuse and Mental Health Co-morbidity –**
The Health Advisory Service 2001
- **Knowledge and Skill Framework – Five Years on –**
Appleby 2004
- **Models of Care – NTA 2002**
- **Dual Diagnosis Nursing - Rassool 2006**



Addendum:

**Additional notes on policy,
challenges and solutions**

Other policies relating to Dual Diagnosis:

The Mental Health National Service Framework

- It sets out how services will be planned, delivered and monitored. Its is relevant to all providers, the NHS, Social Services, voluntary and independent agencies.
- Seven standards set targets for - these span 5 areas
 1. Health promotion & stigma
 2. Primary care
 3. Access to specialist services
 4. The needs of those with severe & enduring mental illness
 5. Carers needs and suicide reduction.
- The NSFMH addresses dual diagnosis within these areas.

National Service Framework for MH

Areas highlighted for DD in MH services:

- Assertive outreach teams
- Dedicated services for people with a DD
- Better collaboration between community SM and MD services

National Service Framework for MH

- Training in the management of SM for staff in MH services
- Intensive effort to prevent SM in people with SMI
- Prevention of SM on in patient wards

Factors that may impact on dual diagnosis assessment

System barriers

- Parallel v sequential v integrated approaches
- Philosophical issues
- Lack of training
- Debate over focus of care
- Transcultural issues
- Protocols, procedures and policy

Factors that may impact on dual diagnosis assessment

Clinical barriers

- Understanding the nature of the symptoms and presentation
- Assessment tools (reliability, validity)
- Client's mental state
- Reliance on self-report
- Client's motivation
- Perception of risk

Factors that may impact on dual diagnosis assessment

Process barriers

- Setting
- Access
- Trust
- Interview skills
- Laboratory investigations
- Poor previous experience (staff and client)
- Confidentiality
- Timeframe
- Consent
- Collateral informants

Banerjee *et al* (2002), in Rassool and Winnington (2006)

Assessment solutions

- Assessment to be broader than substance misuse and mental health
- Person-specific
- Range of tools including observation, interview, screening tools, collateral information
- Observation after period of abstinence or reduction of use
- Consider dependence and abuse scales

Assessment solutions

- Use engagement techniques in assessment, and allow for time to assess
- Apply complex needs into care plan
- Focus on positive achievements
- Team approach, collaborative, multi-agency
- Use assertive outreach, engagement of carers and family

Risk assessment - Solutions

- Clear identification of risks, professionals involved, gathering of information
- Ongoing, standardised assessment, up-to-date jointly owned care plans
- Awareness and discussion of philosophical issues

Difficult-to-engage service users - Solutions

- Outreach in the community, practical assistance with basic needs, working with families
- Intensive supervision – voluntary/involuntary
- Integrated treatment programme (as opposed to serial or parallel treatment)
- Addresses multiple needs (social, health, vocational, housing, legal, etc) in lead service

Difficult-to-engage service users - Solutions

- Flexibility in working – willing to try new approaches
- Stage-wise treatment (engagement, persuasion, treatment, relapse prevention)
- Longitudinal approach (includes relapses and crises)
- Encourages hope amongst service user, family, professionals

Adapted from Drake *et al* (1993), in Rassool (2006)

Education, training, supervision - Solutions

- To support early detection of substance use and appropriate referral or treatment
- Supported by various policies
- Training based in systematic planning and part of service strategy
- Local area to develop training strategy
- To target statutory and non-statutory services
- Core competencies outlined for training