‘Falling Between Two Stools’

Dual Diagnosis:

The need for multidisciplinary awareness and cooperation

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"Dual Diagnosis" is a term used when a person suffers from both an *addiction* and another *mental health problem* such as depression or an anxiety disorder.

This talk will look at:

- How addiction is viewed differently from other Mental Health problems
- How “Dual Diagnosis” may be an artefact of the way services are constituted
- Understanding clues as to which is the Primary Problem
- Three categories of option for therapy provision
- Issues of competence, resources, inter-professional and inter-disciplinary cooperation, client expectations, specialist supervision, appropriate insurance, abstinence versus medication

A person who has both a (substance) addiction problem and an emotional/psychiatric problem is said to have a dual diagnosis.

DD doesn't just mean having more than one diagnosable mental health problem.

To recover fully, the person needs treatment for both problems.

The concept arises because addictions are not seen in the same way as other mental health problems – addictions are generally not thought of as mental health problems (despite the DSM).

Why?

An artifact of the way services are constituted?

Different level/type of stigma?

Treatment required seen as different?

Level of responsibility seen as different?

Common MH Problems in DD

Depressive disorders

- Depression
- Bipolar disorder

Anxiety disorders

- Generalised anxiety disorder
- Panic disorder
- OCD
- Phobias

Other psychiatric disorders,

- Schizophrenia
- Personality disorders
- ADHD
- PTSD

Common Addictions in DD

Substance Addictions

- Alcoholism
- Street drug addiction
- Prescribed drug addiction

Behavioural Addictions

- Gambling addiction
- Sex addiction
- Food addiction

The causal pathways may run in either direction (or both):

A person may self-medicate with alcohol or other drugs/behaviours in order to cope with a mental health problem. They may then become addicted and the addiction becomes the most visible problem.

Equally, an ongoing addiction may lead to the development of serious emotional/psychiatric problems.

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

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"

MacGabhann et al, *National Advisory Committee on Drugs 2004.*

Assessment of Dual Diagnosis

The *possible relationships*
between addictions
and psychiatric symptoms or disorders
are the following,
according to McDowell & Spitz, 1999:

1. Primary Mental Illness

Many psychiatric disorders can lead to symptoms associated with many addictions.

Example:

Pathways: Self-soothing, self-medicating, self-damage

+?

2. Primary Addiction, including Withdrawal Symptoms:

Many addictions can lead to symptoms associated with almost any psychiatric disorder.

Example: Alcoholism → Depression

Pathways: Physiology, behaviour, cognition

+?

3. Simultaneous and independent conditions.

One disorder may prompt the emergence of the other, or the two disorders may exist independently.

Example:

History of Depression (inc. family history)
History of Alcoholism (inc. family history)

Interaction pathways as above

Clues to Primary Problem
(not always clear)

- Began before serious secondary problem
- Persists during remission periods of secondary problem
- Severity of symptoms in relation to moderate levels of secondary problem
- Chronic, acute, uniqueness of symptoms
- Family history

Treatment of Dual Diagnosis – *Professional issues arising*

- **Competence**
- **Resources**
- **Inter-professional and inter-disciplinary cooperation**
- **Client expectations**
- **Specialist supervision**
- **Appropriate insurance**
- **Abstinence, maintenance & medication**

Treatment of Dual Diagnosis - *Categories*

Low MH **Low Add**	**High MH** **Low Add**
High Add **Low MH**	**High MH** **High Add**

Treatment of Dual Diagnosis - *Options*

- **Sequential?**
- **Parallel?**
- **Integrated?**

Vision: Inclusiveness

- Accepting that there are many approaches through which clients can be helped
- Supporting the provision of as many options as possible for clients
- Interdisciplinary cooperation/integration
- Education of clients as to options available
- Encouraging self-help wherever possible
- Sound professional ethics/boundaries
- Acceptance of shared humanness in diversity