



# GAMIAN-Europe

Do what you can, with that what you have, wherever you are

## ***Impact of Financial Crisis on Mental Health- An Irish Dual Diagnosis perspective June 2013***

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ADDICTION & MENTAL ILLNESS  
TWO PROBLEMS. ONE PERSON

Mental illness and addiction can be two sides of the same coin.  
**If you don't treat them together you can't beat either.**

# What is Dual Diagnosis?

A person who has both an alcohol or drug problem and an emotional/psychiatric problem is said to have a dual diagnosis.

The term Co-morbidity is also used, and of course there may be more than two problems.

## How Common is Dual Diagnosis?

**74%** of patients of drug services

**85%** of patients of alcohol services  
experienced mental health problems.

**44%** of mental health service patients  
reported drug use.

UK Dept. of Health

# Common MH problems seen in addiction

## Depressive disorders

- Depression
- Bipolar disorder

## Anxiety disorders

- generalised anxiety disorder
- panic disorder
- obsessive-compulsive disorder
- phobias

## Other psychiatric disorders

- Schizophrenia
- Personality disorders
- ADHD
- PTSD

# Why does dual diagnosis matter?



Can't treat one without the other!

# 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” National Advisory Committee on Drugs 2004.”

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# Irish Psychiatrist

The official journal of the Irish Psychiatric Association

**TREATMENT OF DRUG AND  
ALCOHOL PROBLEMS:  
NOT THE FUNCTION OF MENTAL HEALTH SERVICES**



# Quote

“The study also highlighted that the integrated approach is more cost-effective. Other studies have had similar findings with individuals in the integrated treatment programmes making more progress towards recovery, better improvements in psychiatric symptoms, functional status and quality of life.”

# Article Conclusion:

Treatment of all drug and alcohol problems is not the function of mental health services. Agreed. But, treatment for the particularly vulnerable, marginalised so often rejected some? Yes in alliance with addiction services it is.

**NB: Addiction is listed in the DSM- the psychiatrist bible**

# What's happening?

- Move from pubs to drinking at home
- Increased public support to address alcohol issues
- Police drug unit staffing reduced
- Increasing poly drug use
- 2 Residential treatment centres closed
- Nurse prescribing legally allowed
- Increasing awareness of lack of treatment choices
- Debate about “war on drugs”/decriminalisation
- Increased focus on “outcomes”
- Role of Drug Task Forces
- Impact of technology for good & bad

# Cost Savings ?

- Integrating mental health care into physical health care for long term health conditions- a saving of £1 in every £8 spent could be achieved. See [http://www.kingsfund.org.uk/sites/files/kf/field/field\\_publication\\_file/long-term-conditions-mental-health-cost-comorbidities-naylor-feb12.pdf](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/long-term-conditions-mental-health-cost-comorbidities-naylor-feb12.pdf)

- From the US, the average total monthly expenditure for a person with a chronic disease and depression is \$560 dollars more than for a person without depression.

[http://www.rwjf.org/content/dam/farm/reports/issue\\_briefs/2011/rwjf69438/subassets/rwjf69438\\_1](http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf69438/subassets/rwjf69438_1)

# In conclusion

A paradigm shift is required within both the mental health and addiction communities, which recognises the problem of dual diagnosis as an artefact of how services have historically been developed.

Ironically the financial crisis may help drive this!

# Questions?

## A Note of Caution (Bracken, 2007)

- A shift from a 'medical model' to a 'recovery model'
- Move beyond models altogether
- Give primacy to issues to do with power and relationships, with contexts and meanings, with values and priorities, rendering the role of therapy, services, and research secondary
- When it comes to issues to do with values, meanings and relationships, patients are the most knowledgeable and informed, and are the real experts

# The Alcohol Figures

- Ireland's average adult consumption approached the mid-ranked OECD countries' levels in 2011, having declined by 17% since 2001 (Alcohol Industry figure)
- In 2011 average Irish person drank over 11.6 litres of pure alcohol. European average is 10.7
- One in five adults in Ireland don't drink alcohol
- Over half of all Irish drinkers have a harmful pattern of drinking,
- If every adult aged 15+ in Ireland drank to the maximum low-risk weekly limit every week, average consumption for the year would be 9.2 litres
- Average alcohol consumption in 2010 was 145% higher than the average amount consumed in 1960
- From 1980 to 2010, average alcohol consumption in Europe decreased by an average of 15 per cent, while consumption in Ireland over that period increased by 24 per cent



# What's needed for effective Dual Diagnosis treatment?

- .Personal qualities
- .Assessment
- .Knowledge
- .Partnerships
- .Linkages
- .Communications
- .Integrated team working not isolation

# Essential Attitudes & Values

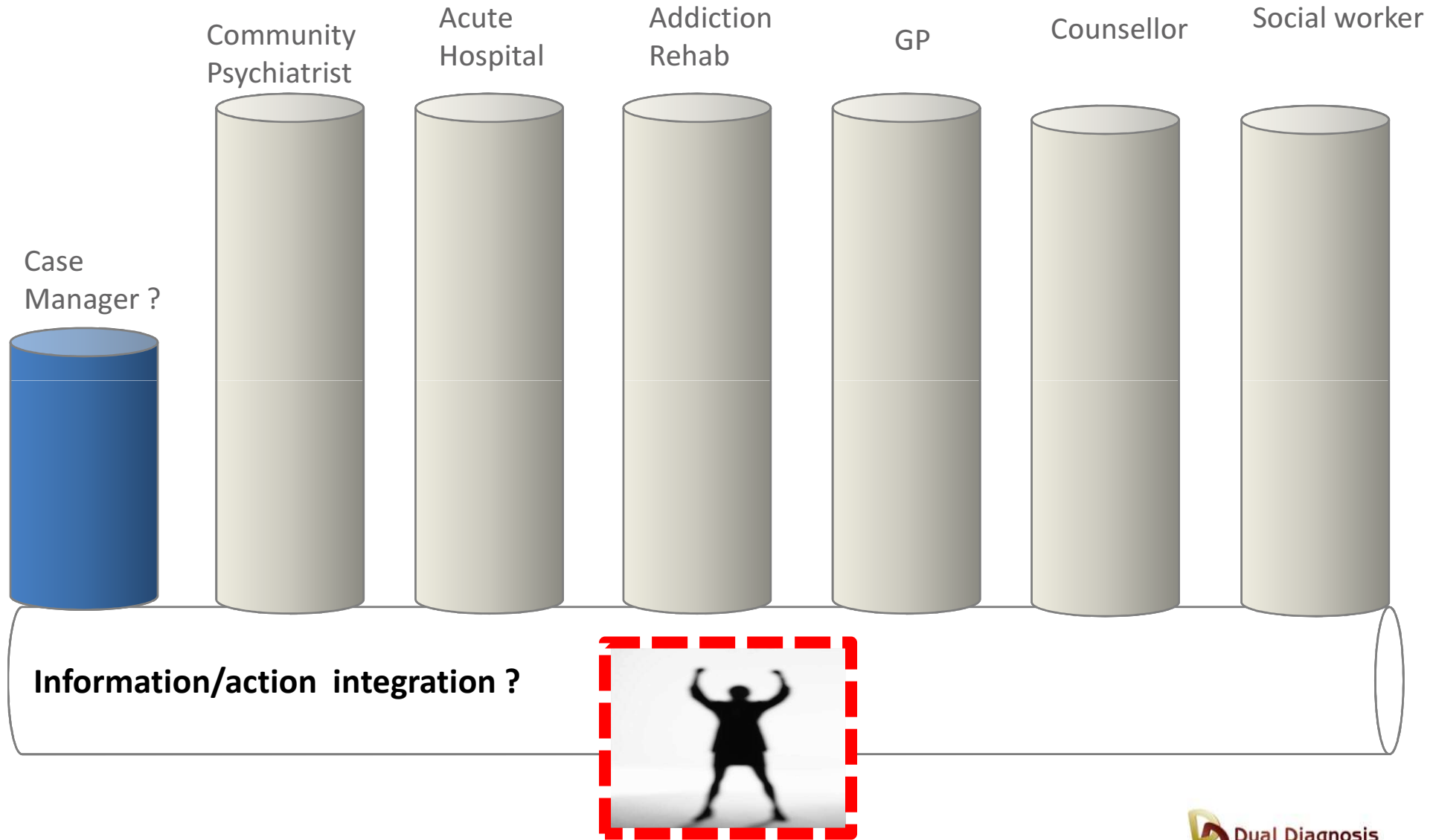
1. Desire and willingness to work with people who have DD
2. Appreciation of the complexity of DD
3. Openness to new information
4. Awareness of personal reactions and feelings
5. Recognition of the limitations of one's own personal knowledge and expertise
  
6. Recognition of the value of client input into treatment goals and receptivity to client feedback
7. Patience, perseverance, and therapeutic optimism
8. Ability to employ diverse theories, concepts, models, and methods
9. Flexibility of approach
10. Cultural competence
11. Belief that all individuals have strengths and are capable of growth and development
12. Recognition of the rights of clients with DD, including the right and need to understand assessment results and the treatment plan

Source: SAMHSA Co-Occurring centre for excellence

# What's happening 2?

- Dublin region, homeless at a 4 year high
- 1 in 10 people experiencing food poverty
- Under 25, joblessness is 24%
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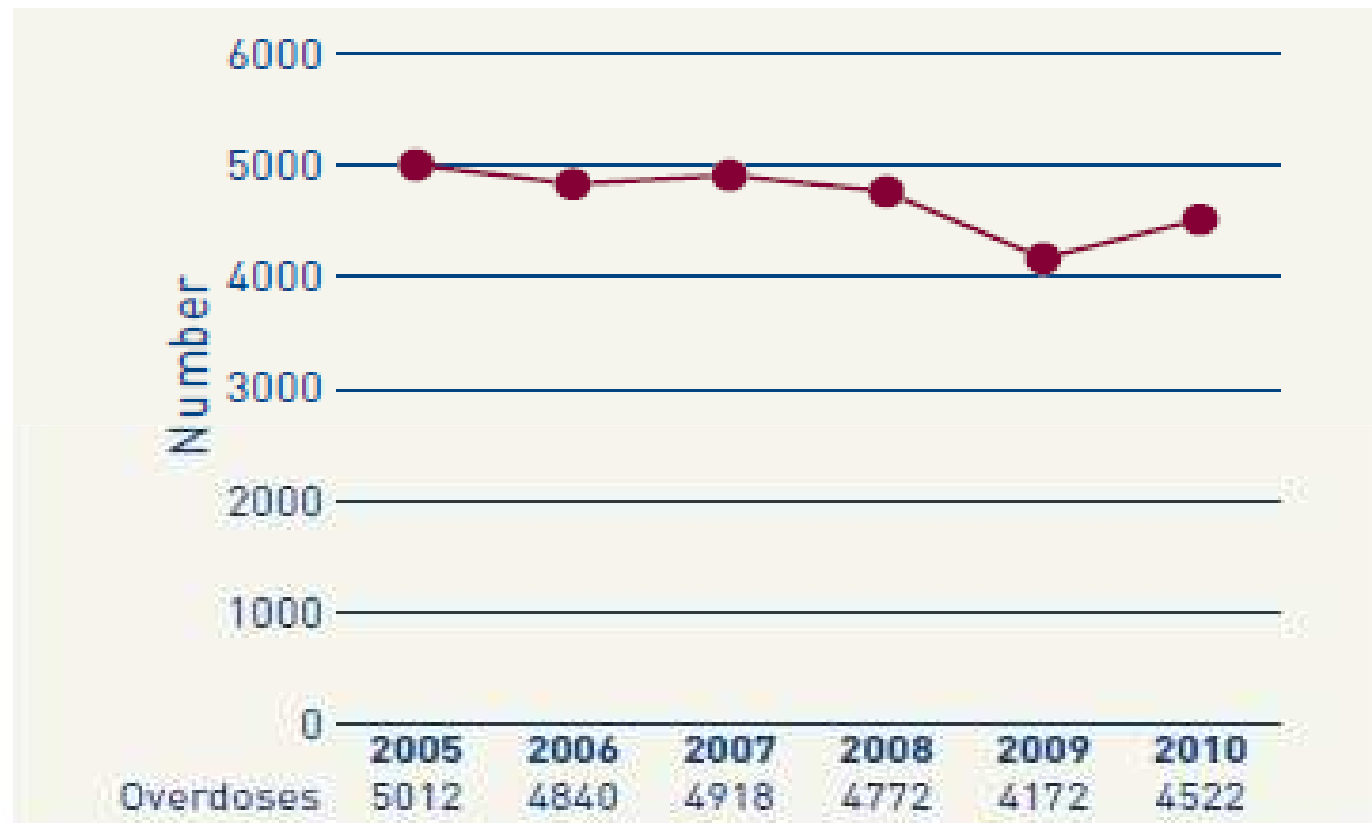
# Don't assume communication!



# Residential provision

Bed type	Current provision	Total beds required	Shortfall
Medical detoxification and stabilisation	23	127, of which: 50% for alcohol (64), and 50% for drugs (63)	104
Community-based residential detoxification	15	Assessment not completed	
Residential rehabilitation	634.5, of which 31% are reserved for use by people with problem alcohol use only	887, of which: between 14 and 37 for a specific adolescent service; 205 for illicit drug users transferring from inpatient detoxification services; 382 for problem alcohol users transferring from inpatient detoxification services; and 300 to address the needs of drug or alcohol users who have attended outpatient detoxification services	252.5
Step-down/halfway house	155, of which 76% are for use by men only	296 (required by 30% of service users)	141

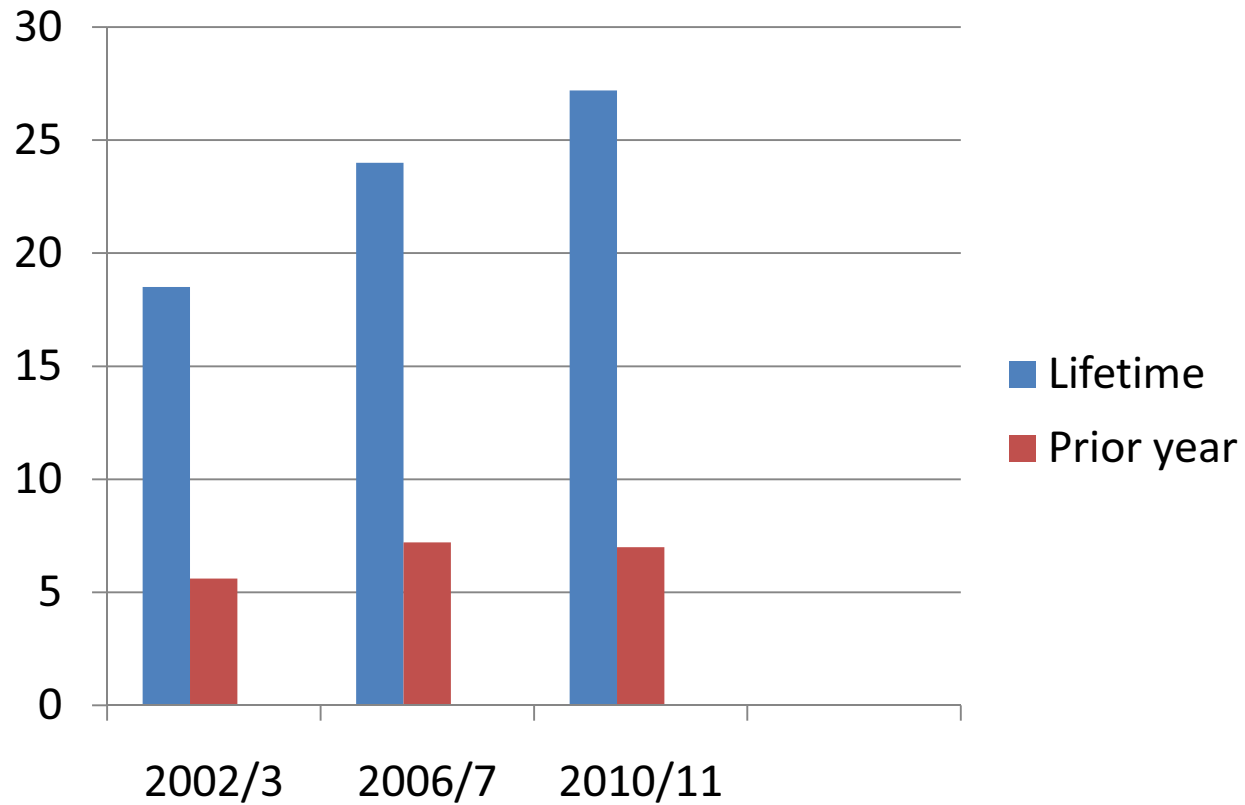
# Overdose discharges from hospitals



**Figure 1** Overdose cases by year, 2005–2010  
(N=28,236)

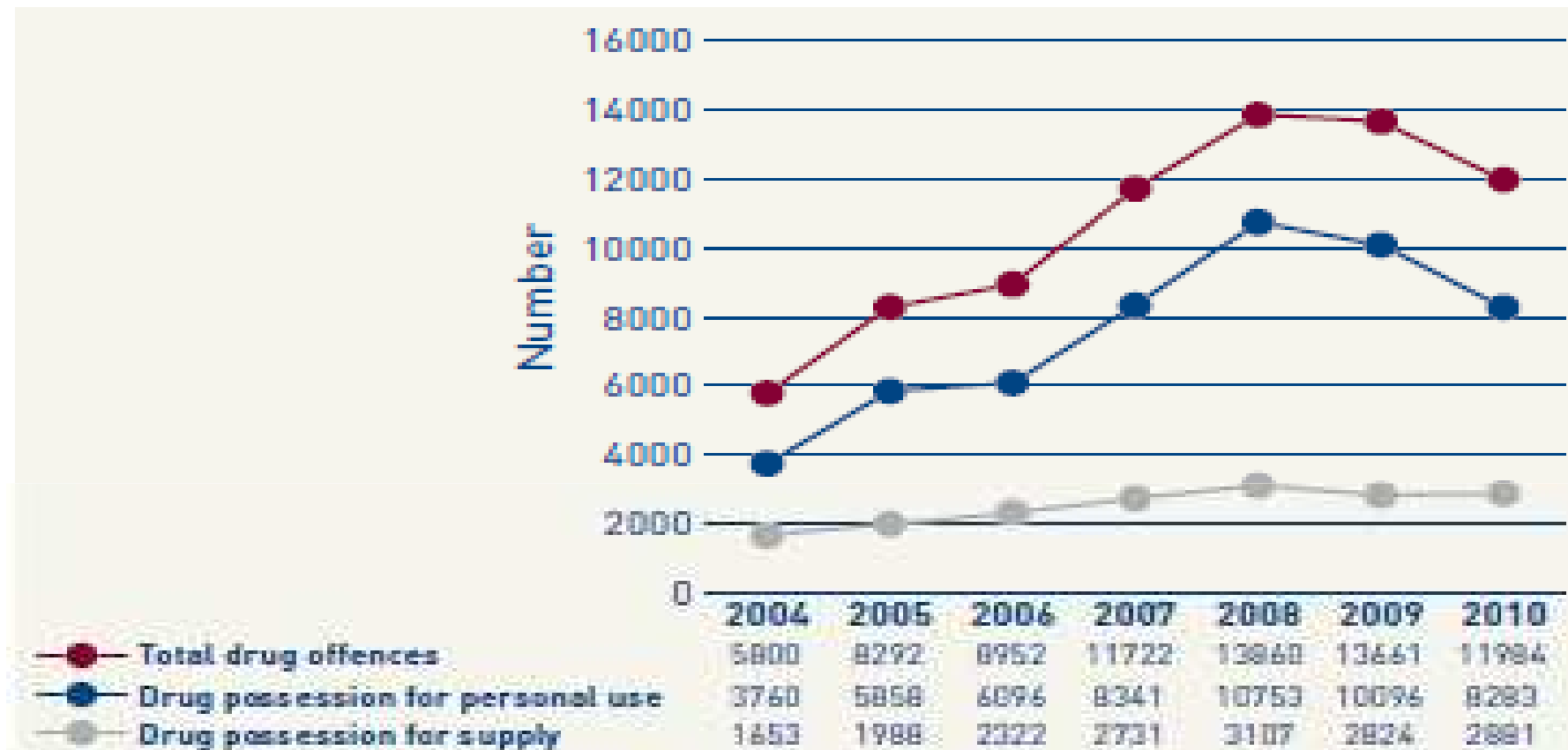
Source: Unpublished HIPE data

# % Reported illegal drug use



Data source: National Advisory Committee on Drugs and Public Health Information and Research Branch (2012)

# Trends in legal proceedings

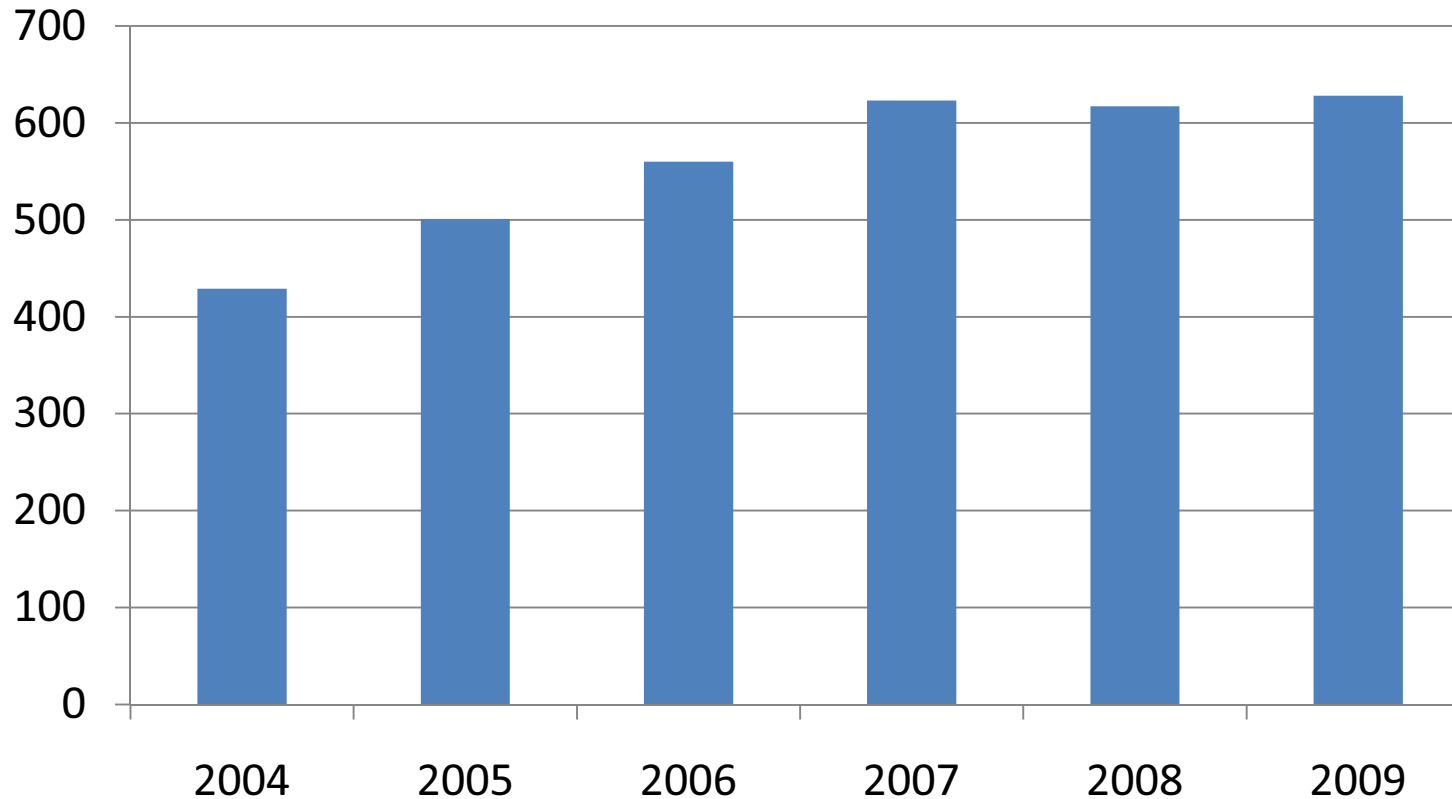


**Figure 1** Trends in relevant legal proceedings for total drug offences, drug possession for personal use and for supply, 2004–2010

Source: Central Statistics Office (2012) unpublished data



# Drug related deaths trend



Revised 2009 figures from the National Drug-Related Deaths Index (includes alcohol)

# A change management model

**D+V+S > resistance**

- **D** is dissatisfaction with present situation.
- **V** is vision for the future.
- **S** is skills required to implement the vision.

# Waiting lists improved

Fall in numbers on waiting lists for methadone treatment

Newly published data from the HSE<sup>1</sup> show a reduction in the number of people waiting for methadone treatment in Ireland between March 2011 and April 2012. At the end of April 2012 there were 187 people waiting for treatment, compared to 230 in March 2011.

# Exclusion

- Determine the nature of exclusion
- Identify possible triggers (if possible)
- Clarify the reintegration process underway;
- Determine the likely length of the exclusion period,
- Clarify relevant conditions/stipulations for returning to the services
- Arrange meeting & agree re-integration plan
- If necessary, request referral & case notes

THE GOVERNMENT MUST REMEMBER THAT IT IS THE IRISH WAY TO MAKE SURE THE CHILD IS PROTECTED COMPLETELY FROM THE MOMENT OF CONCEPTION TO THE MOMENT OF BIRTH.....



AFTER THAT IT IS EVERY ~~MAN~~ PERSON FOR HIMSELF ... OR HERSELF...



Martin Turner 13.84.

Irish Times Thurs May 30<sup>th</sup>, Martin Turner

