

Section one

Introduction

Who should use this toolkit?

This toolkit is written for frontline staff working with adult clients who have a combination of substance misuse and mental health problems. They may be working in a variety of settings in both the statutory and voluntary sectors. The impetus for the toolkit was the recognition that people working within substance misuse would benefit from a basic understanding of mental health services and vice versa.

In addition, workers in a broad range of community-based services also provide relevant care including people in social services, housing, probation, prison services, primary care, hospital wards and Accident and Emergency.

Whilst the toolkit is not specifically aimed at dual diagnosis specialists, it may be useful to them in providing references and signposts to further information. We also hope that specialists will provide a vital dissemination link to frontline workers.

Similarly, although the toolkit is not aimed at service users and carers, they may also find it useful. (Rethink has also produced a shorter leaflet that is aimed at carers.)

What does the toolkit contain?

The toolkit is both a practical guide and a reference source. It provides a basic introduction to key issues, service models and good practice in both substance misuse and mental health. The material is arranged so that busy practitioners can quickly identify the information they need without having to read the whole document.

Accompanying materials

The toolkit is part of a suite of materials designed to improve understanding and practice around dual diagnosis. These comprise:



Networking Tool for Practitioners

An A2 poster suggesting a range of relevant services and designed to support practitioners in identifying and accessing services in their area.



Suggestions Booklet

A4 booklet containing suggestions and explanatory notes to accompany the Networking Tool.



Families and Carers Leaflet

4 page leaflet produced in association with Adfam – a leading UK charity supporting families affected by drugs and alcohol. Designed as an introduction to dual diagnosis for families and carers and lists useful organisations.

To order copies of the Leaflet and Networking Tool call Rethink on 0845 456 0455 or download from www.rethink.org/dualdiagnosis. To order further copies of this Toolkit call Turning Point on 020 7702 2300 or download from www.turning-point.co.uk or call Rethink on 0845 456 0455 or download from www.rethink.org/dualdiagnosis

What is dual diagnosis?

“Dual diagnosis is a label they give you, but even at my most buoyant I think I’ve got more than two problems.”

Service user

“In short, an individual’s needs are often multiple rather than dual and include social as well as medical needs.”

Lehman et al 1989 quoted by The Centre for Research on drugs and health behaviour

There is no common understanding about what is meant by “dual diagnosis”. For the purposes of this toolkit, we have defined it as: ‘the co-existence of mental health and substance misuse problems’.

For services, diagnostic labels have value in defining a client group and enabling the commissioning and delivery of care. However, practitioners should be aware that both service users and staff often see the label “dual diagnosis” as problematic.

“Dual” diagnosis can suggest that there are only two problems. In fact many people have multiple needs. These might include one or more medical problems and a range of social issues such as housing, income, employment and social isolation. In practice, people are usually only given a formal diagnosis of dual diagnosis if they have severe mental health problems (generally psychotic disorders) **and** severe substance misuse problems that meet the criteria for specialist services. The issue then arises of how to access appropriate care for people whose problems, whilst distressing, are not considered “serious” enough to meet the threshold for specialist care. For example someone who has serious substance misuse problems but “moderate” mental health problems (such as anxiety or depression) or vice versa.

The term “dual diagnosis” does not specify the disorders and so could potentially apply to a person with any two conditions eg a learning disability and a mental health problem.

A label of dual diagnosis can lead to stigma and barriers in accessing services. Paradoxically, it can also be a passport to services, especially when specialist care is in short supply. It is important to note that the label “dual diagnosis” does not indicate a specifically new condition but rather identifies that the person has concurrent issues.

How common is dual diagnosis?

In the UK it is estimated that a third of patients in mental health services have a substance misuse problem. At the same time, around half of patients in drug and alcohol services have a mental health problem (most commonly depression or personality disorder¹). In a major study² of people involved in substance misuse treatment, one in five people reported recent psychiatric treatment. Prevalence amongst the prison population is high. A study³ by the Office of National Statistics indicated that:

10% of male remand prisoners had moderate dependency

40% had severe dependency

79% of male remand prisoners who were drug dependent had two additional mental disorders

What is the relationship between substance misuse and mental health?

The relationship is complex, controversial and varies from individual to individual. *'The Dual Diagnosis Good Practice Guide'* from the Department of Health describes four possible relationships:

- 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

There is a range of factors that may make some people more vulnerable to either or both problems. These include genetic make up, environment and behaviour. The triggers are also diverse and may include a range of adverse life events such as homelessness, relationship breakdown or bereavement.

There remains debate about the extent to which substance use can **cause** mental illness. Drug induced psychosis is one area of study as are the effects of cannabis. There is more agreement that substance misuse may **trigger** or **exacerbate** mental illness. However, in practice it may be difficult to identify whether use caused the problem or is merely associated with it. Substance misuse can also mask a mental health problem which is then revealed when use is decreased. For example, a person with anxiety or depression may use stimulants as a means of coping with their situation.

It is important to recognise that people's mental health and substance misuse problems may vary over time. For example:

- People may vary the type and amount of substances they use – eg they may stay clear of illegal drugs but use alcohol or cannabis occasionally
- They may react differently to the same substance depending on the supply, their environment or their general health
- Their mental health problems may fluctuate. For example they may have episodes of ill health followed by long periods of stability
- Fluctuating vulnerability – for example a person may be vulnerable to using alcohol during periods of mania

Case study

In her late twenties, Sally began experiencing deep periods of depression and unusual shifts in mood. She was diagnosed as having bipolar disorder in 1994, aged 32 and was prescribed lithium. During initial assessment, she admitted to often not taking her medication when she felt well and this, and her escalating cocaine use, resulted in multiple compulsory hospital admissions under Section 3 of The Mental Health Act. Sally reported low self-esteem due to difficult family dynamics and said that cocaine made her feel more confident, but also made her take risks, which frightened her.

Counselling and support began whilst Sally was in hospital. This built on Sally's wish to control her illness and lead a "more productive" life. Sally began to realise that, to help reach her goals she needed to take her medication. She acknowledged that it helped "keep me well" and that, if she experienced side effects, she could talk to her care team. She also recognized that her cocaine use exacerbated her mental illness and put her at risk of sexual and financial exploitation.

Sally was able to remain drug free while in hospital, but realized that on discharge, this would be more difficult to maintain. Cocaine had left "a hole" in her life and it was important to replace it with meaningful activity. She therefore attended relapse prevention sessions and life skills groups run by a local voluntary agency and also looked forward to the complementary therapies on offer. Sally remains drug free and has had no hospital admission for over a year. She is currently studying beauty therapy in the hope of working in the future.