

Complex needs

Phil Cooper

Mental Health Link worker, Wellbeing Suffolk

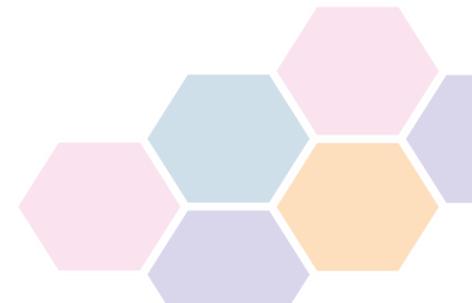
'We can see our work as either waiting at the bottom of a cliff to collect and treat the injured, or we can decide to go to the top and erect fences'.

Rev Len Blair



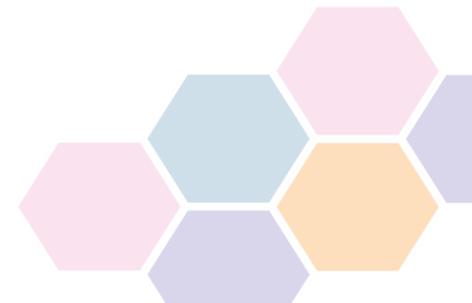
Aims

- To understand what we mean when we talk about '*dual diagnosis*'
- Understand why people with a mental health problem may use substances
- To identify some of the problems individuals, clinicians and services face when dealing with *dual diagnosis*



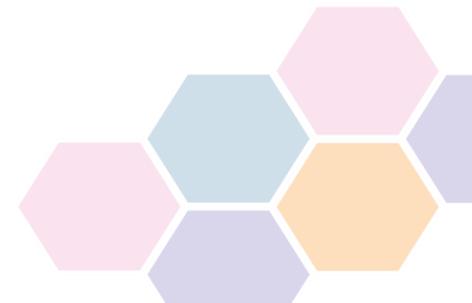
What is ‘*dual diagnosis*’?

- Co-existing mental health problem and substance use problem
- Co-existing/comorbid/co-occurring/Mentally Ill Chemical Abuser (MICA).....!
- Not a diagnostic label – restrictive and unhelpful label
- Encourages a focus on two distinct problems
 - ❖ May lead to inaccurate case formulations and inappropriate interventions – or no intervention at all!



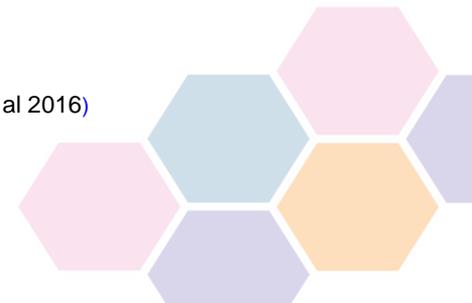
What is '*dual diagnosis*'?

- Mutual influence – one will impact on the other
- Complex needs rather than two distinct problems
- *A diverse group of individuals who have differing types of mental disorder, with varying degrees of severity, who may be using one or more psychoactive substances, with varying frequency and in varying amounts (Ryrie & McGowan 1998)*
- Co-existing problems



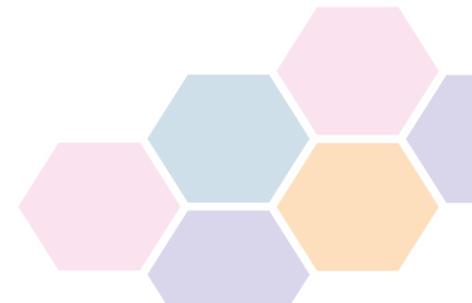
Characteristics and needs of difficult to engage groups

- More severe mental health problems
- Repeated brief admissions – ‘revolving door’
- Poor social functioning
- Increased risk of severe neglect
- Homelessness and unstable housing
- Increased risk of suicide/self-harm
- Increased risk of being violent
- Increased risk of victimisation
- More contact with criminal justice system
- Family problems
- History of childhood abuse (sexual/physical)
- They are also:
 - ❖ More likely to ‘slip through the net’
 - ❖ Less likely to be compliant (SCMH 1998; Banerjee et al 2002; Megnin-Viggars et al 2016)



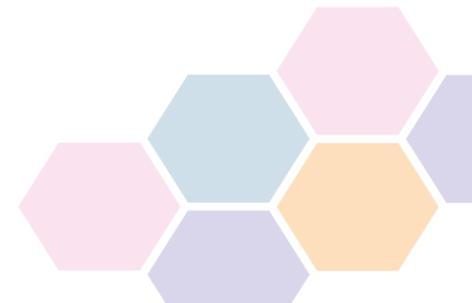
Prevalence

- Increased recognition of DD of past 25 years
- Approximately 1/3rd of UK mental health population
(Banerjee et al 2002; Megnin-Viggars et al 2016)
- Half of people seen by substance misuse services
(Banerjee et al 2002; Megnin-Viggars et al 2016)
- 70% of prisoners will experience co-existing mental health and substance use problems (Bradley 2009).
- Problematic substance use is implicated in up to half of psychiatric inpatient admissions (CSIP, 2008a; NHS Confederation 2011)



Diagnosis and substances used

- Diagnosis most commonly associated with substance use:
 - ❖ In MH services - schizophrenia
 - ❖ In D&A services - severe depression (Meginin-Viggars 2016)
- The most commonly used substances are:
 - ❖ Alcohol - 50 - 84%
 - ❖ Cannabis - 29 - 78%
 - ❖ Stimulants - 6 - 20%
 - ❖ Opiates - 0.9 - 10% (Meginin-Viggars 2016)

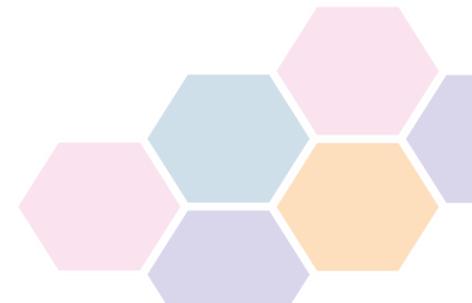


National Policy & Guidance

- DH 2002 - *Mental health policy implementation guide: dual diagnosis good practice guide*
- DH 2006 - *Dual diagnosis in inpatient and day hospital settings: guidance on the assessment and management of patients in mental health inpatient and day hospital settings who have mental ill-health and substance use problems*
- NPSA 2009 - *Preventing Suicide: a toolkit for mental health services (Standard 6)*
- DH 2009 - *A guide for the management of dual diagnosis in prisons*
- NICE 2011 – *Psychosis with co-existing substance misuse: assessment and management in adults and young people*
- HM Government 2011 – *No Health without Mental Health: a cross-government mental health strategy for people of all ages*
- DH 2012 - *Preventing suicide in England: a cross governmental strategy for saving lives*
- Home Office 2012 - *The Governments alcohol strategy*
- DH 2014 – *Closing the gap: priorities for change in mental health*
- NHS England 2016 – *5 year forward view for mental health*
- NICE 2016 – *Severe mental illness and substance misuse (dual diagnosis) – community health and social care services*

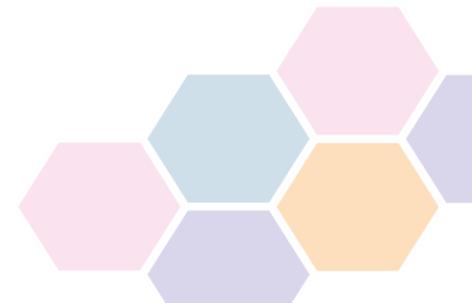


Why do some people with a mental health problem use substances?



Why do some people with a mental health problem use substances?

- **For the same reasons as others in the community**
 - ❖ To socialise, celebrate, relieve stress or simply to relax
- **As an attempt to alleviate the symptoms of a mental health problem**
 - ❖ Many mental health problems lead to people feeling unmotivated, socially withdrawn and anxious
 - ❖ Use of alcohol and/or drugs can induce feelings of motivation and confidence and reduce anxiety in certain situations



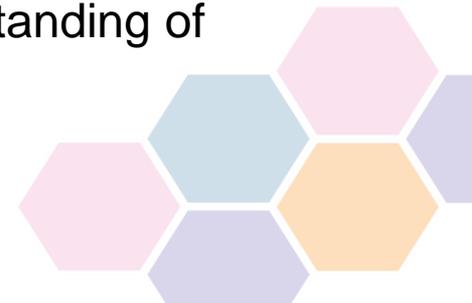
Why do people with a mental health problem use substances?

- **To reduce the side effects of medication**
 - ❖ Psychotropic medication can lead to feelings of apathy, poor motivation and depersonalisation.
 - ❖ Some studies have shown cannabis to have an anticholinergic effect, reducing tremors and muscle stiffness commonly found in Parkinson's disease, or as the result of side effects of antipsychotic medication
- **Substance use as a coping strategy**
 - ❖ Individuals may have learnt and believe that the use of a substance aids their ability to cope with the stresses of daily life or certain situations



Why do people with a mental health problem use substances?

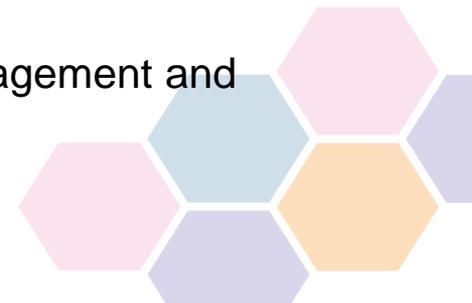
- **Understanding why a person uses substances is essential**
 - ❖ For some, the use of alcohol and/or drugs can be a pleasurable experience that does not result in harm
 - ❖ For others, the use of substances assists them in managing life and/or physical and/or mental health problems
- **The perceived benefits of substance use short lived**
 - ❖ Risk of harm is increased with repeated use
- **Important to explore reasons for using substances**
 - ❖ Provide interventions based on their beliefs and understanding of substance use



The 4 Stage Model

Osher and Kofoed (1989)

- 4 Stages of treatment for individuals with co-existing problems
- Aids clinicians in acknowledging long-term nature of work and identifying appropriate & timely interventions
- **Engagement**
 - ❖ The development and maintenance of a therapeutic clinician-client relationship that is empathic, non-judgemental and non-confrontational
- **Motivation (Persuasion)**
 - ❖ Principles of motivational interviewing, exploring ambivalence and motivation to change
- **Active treatment**
 - ❖ Can only take place if goals are realistic and set by the client - unrealistic goals will reinforce feelings of failure and self worthlessness if the client is unable to achieve them
- **Relapse prevention**
 - ❖ Educating clients about their early warning signs; anxiety management and coping skills training



Barriers to engagement

Heraghty (2005) identifies 3 main barriers to engagement:

1. Services

Separate systems of care – ‘inversive care law’ (Rankin & Regan 2004); exclusion criteria; focus on ‘primary’ diagnosis

2. Staff

Inadequate training – pre/post registration (average 5 hours; not relevant – substance use training considered in isolation); negative attitudes; Role Legitimacy, Role Adequacy, Role Support (Shaw et al 1978)

3. Service users

Stigma; fear; recovery style; readiness to change; not being listened to/heard; fear of losing peers/symptom control/side-effect management



Service delivery

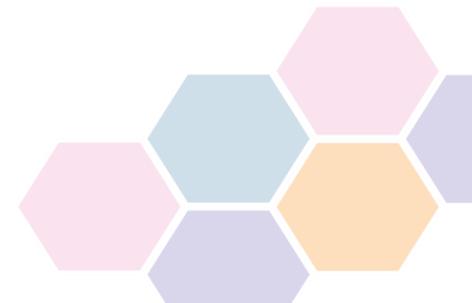
- Traditionally, the NHS has provided two service models of care:
 - ❖ **Serial** - individuals are treated for one condition before progressing to treatment for the second, or;
 - ❖ **Parallel** - individuals are treated for both conditions simultaneously but by different services
- Serial and Parallel approaches are viewed as inadequate for individuals with co-existing problems



Service delivery

- Integrated Services

- ❖ 'Mainstreaming' – MH services take lead in DD
- ❖ Psychiatric & substance use problems addressed by one worker/team
 - ❖ Development of teams specialising in dual diagnosis
 - ❖ 'Embedded' dual diagnosis workers
 - ❖ Training and supervision for all mental health workers in substance use and in mental health issues for all substance use workers



‘the most challenging clinical problem that we face’

(The NSF for MH – 5 years on, DH 2004)

Thank you for listening

