

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.**

# In this document

- Understanding Dual Diagnosis
- Mental health Systems
- Working the system
- Learn about the campaign

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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**

# What is Dual Diagnosis?

**Dual diagnosis exists where alcohol or drug problem and an emotional/psychiatric problem**

Also known as **Co-morbidity or co-occurring disorder**

*Note : can have different meaning in different parts of health care system*

# How Common Is Dual Diagnosis?

**74%** of users of drug services  
**85%** of users of alcohol services  
experienced mental health  
problems.

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

*UK Dept. of Health*

# Mental or Emotional Problems seen in Dual Diagnosis

**Depressive disorders**, depression and bipolar disorder

**Anxiety disorders**, generalised anxiety disorder, panic disorder, obsessive-compulsive disorder, and phobias

**Other psychiatric disorders**, such as schizophrenia and personality disorders

**Other**, ADHD, PTSD

# Clues as to which comes first?

- Began before serious substance abuse
- Persists during past periods of abstinence
- Emerges during periods of stable substance use
- Severity of symptoms in relation to moderate levels of abuse
- Chronic and acute
- Family history
- Uniqueness of symptoms

# Key Takeaway's



- Mental health and addiction services are separate
- Do not expect one service to meet all your needs
- Discuss clues with services



# Key Takeaway's

- Impact on families huge
- Do not be surprised if your loved one relapses
- Families must become advocates



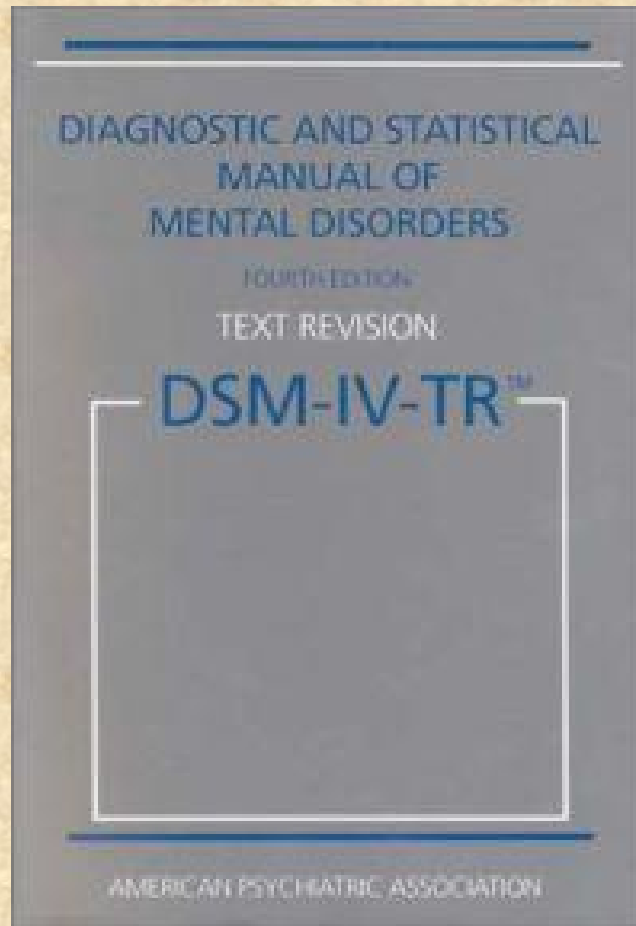
# Mental Health Systems

# Where we've come from

1958 Highest in world per capita proportion of patients in psychiatric hospitals

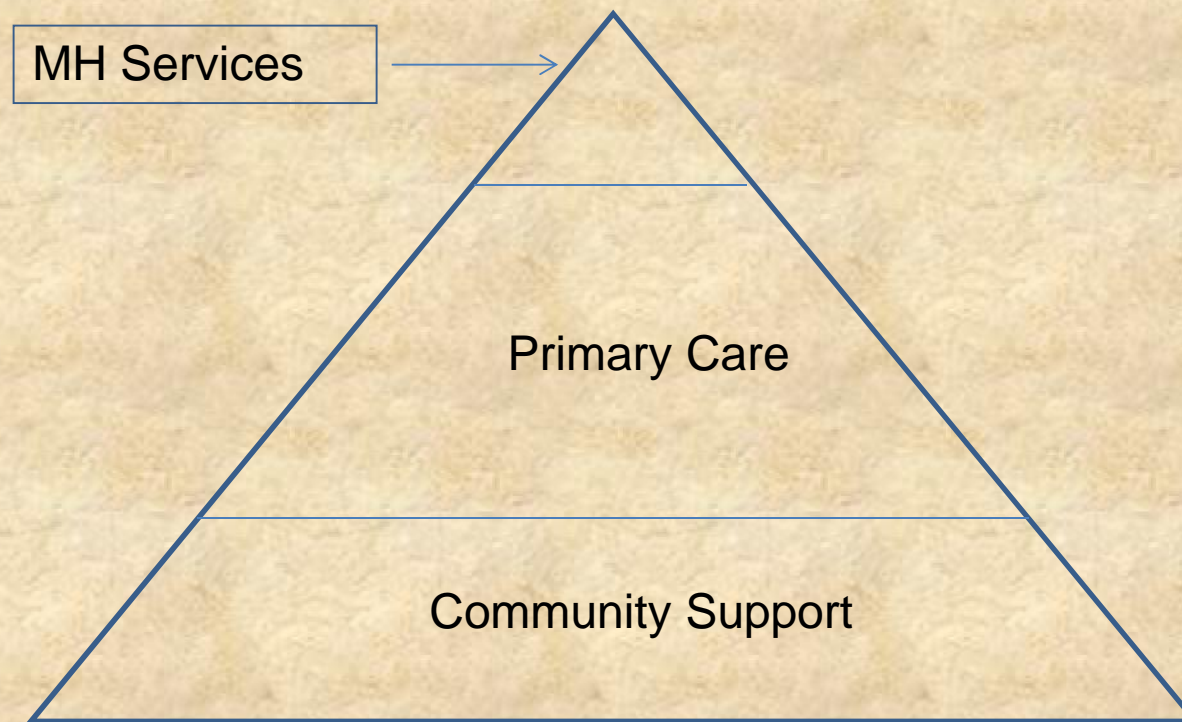


# The DSM: Psychiatrist Bible



# A Vision for Change : 2006 Policy Framework

The mental health service pyramid



# Vision for Change 2006

- Person Centred
- Recovery orientated
- Holistic
- Multi-Disciplinary
- Population Based
- Active and flexible

*“ A comprehensive model of mental health services for service provision in Ireland”*

# Person Centred Services

- Services centred on the needs and wishes of the client- not service organisation/discipline can provide
- Person centred plan includes assessment of need and recommendations on what service will be provided to best meet these needs

# Person Centred Services. contd

- Reviewed at regular intervals and modified according to progress or present difficulties
- Client must be in control & have choice
- Respect is key
- All services provide encouragement and support to reach person's full potential



# Partnership in Care

- Service users and carers at the centre of decision-making
- Local/regional level input (consumer panel)
- Peer advocacy
- Partnership in care/recovery planning

# Multi Disciplinary Teams

- Behavioural therapist
- Clinical psychologist
- Psychotherapist
- Cognitive behavioural therapist
- Community psychologist
- Counselling psychologist
- Counsellor
- Family doctor (GP)
- Mental health social worker
- Occupational therapist
- Psychiatric nurse
- Psychiatrist
- Psychologist
- Vocational supports trainer
- Speech & language therapists
- Art therapist

- Team Co-ordinators
- Business/Practise managers

# Key Takeaway's



- Moving from rigid institutional approach
- Good policies
- Can use policies to assert rights

Free **first line services**- you can ring them yourself

- GP(if medical card)
- Voluntary organisations such as Shine, Grow, Bodywhys, AA, Jigsaw etc provide a wide range of services
- Online supports such as Reachout, Aware
- Telephone help lines such as Samaritans
- HSE national counselling service (childhood abuse)
- A&E( if medical card)

Free services if you have a medical card, you need a referral from a doctor

- Hospitals dealing with mental health only, or psychiatric wards in acute hospitals, can be for acute problems or long term recovery
- Day hospitals
- Day centres
- Community Teams
- Day services
- Group homes
- Assessment services

- Counselling in primary care
- Residential addiction centres
- Rehab & training

Private Services (you must pay)

- Hospitals dealing with mental health problems or psychiatric wards in private hospitals

- GP's (if no medical card)
- Psychiatrists
- Organisations or individuals providing counselling. Some may have low cost options
- A&E(if no medical cards)
- Residential addiction centres

Black text indicates a doctors referral is normally needed to use the service. Red background indicates service must operate to Mental Health Commission standards.

# Can get lost in services

- Multiple different services

  - Primary care teams

  - GP's

  - Voluntary services

  - HSE led services

- Accessed in different ways

- Geographic differences

- Integrated services for MH & substance abuse rare

- Staffing differences

- Different approaches/unclear service pathways

  - Psychiatrist might prescribe medication or may insist on client seeing clinical psychologist leading to further delays on waiting list

- 41% of young people who had seen a health professional were unlikely / very unlikely to seek help from a professional again (REACHOUT)

# Mental Health Commission

Established 2001

Make sure mental health services maintain high standards and good practices

Protect the interests of people detained in approved centres

Inspector of Mental Health

Applies in public, voluntary, independent sectors

# MHC website: service users

The screenshot shows a web browser window with the URL [www.mhcirl.ie/Service\\_User\\_Information/](http://www.mhcirl.ie/Service_User_Information/). The browser tabs include 'HSE.ie - Health Service Ex...', 'directory of mental ealth...', and 'MentalHealthCommissior...'. The website header features navigation buttons for 'Inspectorate of Mental Health Services', 'Mental Health Tribunals', 'Registration of Approved Centres', 'Standards & Quality Assurance', and 'Training & Development'. The main content area is titled 'Service User Information' and includes a breadcrumb trail: 'Home > Service User Information'. The page text states: 'When you use mental health services in Ireland, your rights and interests are protected by the Mental Health Act 2001. All staff who give you care and treatment must follow this law. The Mental Health Commission has published different documents to provide you with information on the Mental Health Act 2001 and on other matters connected to the 2001 Act.' Below this, it lists available information: 'Your Guide to the Mental Health Commission', 'Your Guide to the Mental Health Act 2001', 'Information for Involuntary Patients', 'Information on Rules and Codes of Practice', 'Information for Young People', 'Information for People with Intellectual Disabilities', and 'Framework for Public & Service User Involvement'. A sidebar on the left contains links to 'Your Guide to the Mental Health Commission', 'Your Guide to the Mental Health Act 2001', 'Information for Involuntary Patients', 'Information Leaflets on Rules & Codes of Practice', 'Toolkit for Young People', 'People with Intellectual Disabilities', and 'Framework for Public & Service User Involvement'. At the bottom of the sidebar, there is an 'Annual Report:' section with a 'DOWNLOAD' button and a note about Adobe Acrobat Reader. The footer contains links for 'Useful Links', 'Accessibility', 'Freedom of Information', 'Privacy', 'Protected Disclosures', 'Re-use of Public Sector Information', and 'Site Map'.

# Approved centres reports

www.mhcirl.ie/Inspectorate\_of\_Mental\_Health\_Services/AC\_IRs/

Home Inspectorate of Mental Health Services Approved Centre Inspection Reports

## Approved Centre Inspection Reports

Abbreviations: IR = Inspection Report, Re-I = Re-Inspection, NI = Night Inspection

**HSE Dublin Mid Leinster**

Approved Centre Name	Previous IRs	2011 IRs	2012 IRs	2012 IR Publication date
Acute Psychiatric Unit AMNCH (Tallaght) Hospital	<a href="#">Click here</a>	<a href="#">IR 2011</a>	<a href="#">IR 2012</a>	18 Oct 2012
Central Mental Hospital	<a href="#">Click here</a>	<a href="#">IR 2011</a>		
Department of Psychiatry, Midland Regional Hospital, Portlaoise	<a href="#">Click here</a>	<a href="#">IR 2011</a>	NI 2012. <a href="#">IR 2012</a>	18 Oct 2012 & 22 Nov 2012
Elm Mount Unit, St Vincent's University Hospital	<a href="#">Click here</a>	<a href="#">IR 2011</a>	<a href="#">IR 2012</a>	7 Jun 2012
Jonathan Swift Clinic, St James's Hospital	<a href="#">Click here</a>	<a href="#">IR 2011</a> . <a href="#">NI 2011</a>		
Lakeview Unit, Naas General Hospital	<a href="#">Click here</a>	<a href="#">IR 2011</a>	<a href="#">IR 2012</a>	18 Oct 2012
Newcastle Hospital	<a href="#">Click here</a>	<a href="#">IR 2011</a>	<a href="#">IR 2012</a>	18 Oct 2012
St. Fintan's Hospital	<a href="#">Click here</a>	<a href="#">IR 2011</a>	<a href="#">IR 2012</a> . <a href="#">NI 2012</a>	9 Aug 2012
St. Loman's Hospital, Mullingar	<a href="#">Click here</a>	<a href="#">IR 2011</a>	<a href="#">IR 2012</a>	18 Oct 2012
St. Loman's Hospital, Palmerstown*	<a href="#">Click here</a>	N/A	N/A	

\*St Loman's Hospital, Palmerstown ceased to be an approved centre on 8 April 2011.

Abbreviations: IR = Inspection Report, Re-I = Re-Inspection, NI = Night Inspection

MentalHealthCommission - Approved Centre Inspection Reports - Google Chrom



# Inspector Reports- detailed

www.mhcirl.ie/File/IRs/AMNCH\_Tallaght\_IR2012.pdf

Customize Links Imported From IE (1) Dual Diagnosis Irela...

<b>HSE AREA</b>	Dublin Mid-Leinster
<b>MENTAL HEALTH SERVICE</b>	Dublin West/Dublin South West
<b>APPROVED CENTRE</b>	Acute Psychiatric Unit, AMNCH Tallaght
<b>NUMBER OF WARDS</b>	3
<b>NAMES OF UNITS OR WARDS INSPECTED</b>	Rowan Ward Cedar Ward Aspen Ward
<b>TOTAL NUMBER OF BEDS</b>	52
<b>CONDITIONS ATTACHED TO REGISTRATION</b>	No
<b>TYPE OF INSPECTION</b>	Unannounced
<b>DATE OF INSPECTION</b>	3 May 2012

**Summary**

- The service had well developed therapeutic and recreational services and had a Recovery ethos.
- Maintenance work identified by the Inspectorate in its 2011 Report had not yet been undertaken.
- Problems identified with the maintenance of the clinical files in the 2011 Report of the Inspectorate had not been addressed.
- This approved centre was a very busy acute unit with a considerable diversity in the case mix.
- The Inspectorate was impressed by the in-depth knowledge staff displayed of the residents' histories and conditions.

# Must have Care Plan

Date of care plan

ICD-10 Diagnosis (es):

Medical problems:

Pre Care plans

Proposed review date

Questions about how person feels about mental health & about own care

Goal setting

Desired outcomes

Mental health needs- anxiety, psychotic, MMSE scores etc

Physical health needs

# Care Plans continued

Activities of daily living

Skills of independent living

Social skills- relationships, communications, sustaining relationships

Medications and related issues, monitoring, adherence, contra-indications

Risks, -violence, exploitation, substance abuse, neglect, physical, fire, arson

Rehabilitation, therapies, activities, family, work, training

Strengths and resources analysis

Care plan recommendations

Discharge plans

Signature

# Sample Care plan extract

			By-
	<p>Continually assess Joe's potential for self-harm and ask Joe to contribute to this assessment.</p> <p>Evaluate the level of precautions to be taken at least daily.</p> <p>Initially provide Level 2 supervision and accompany off the ward.</p> <p>Remove overt risks from Joe's environment.</p> <p>Support Joe in writing his own safety plan.</p> <p>Efforts should be ongoing and supportive and focused on strengthening Joe's desire to live. Elicit from Joe positive reasons and motivations to live.</p>	Joe, Key-worker, Nurse and OT and designated other at times of Key-worker absence	Daily
a	<p>Explore with Joe the benefits and drawbacks of staying at home.</p> <p>Explore Joe's motivation to change and begin to support Joe to consider how staying at home negatively impacts on his wish to get back to work, identifying with Joe steps that he could take to overcome this challenge.</p> <p>Accompany Joe on activities, and as his mood/anxiety improves, expand the activities engaged in to the wider community.</p>	Joe, Key-worker, Nurse, Psychologist and OT and designated other at times of Key-worker absence	9/12/2011
b	<p>Explore the reasons why Joe is sleeping during the day including what Joe perceives to be the benefits and drawbacks of this pattern.</p> <p>Joe would like to get back to work and sleeping during the day is not conducive to this goal- time spent working with Joe on</p>	Joe, Key-worker, Nurse, OT and designated other at times of Key-worker absence.	Daily

# Progress ?

**“I think although we no longer practise in asylums our thinking is firmly in the grip of this approach.”  
Psychiatrist Pat Bracken, July 2012**



# Key Takeaway's



- Know what type of service you're dealing with
- Mental Health Commission keep complaints on file
- Find local directory of services (if any)
- Take time to understand
- Can use policies to assert rights

# Working the system



**To get the right help**

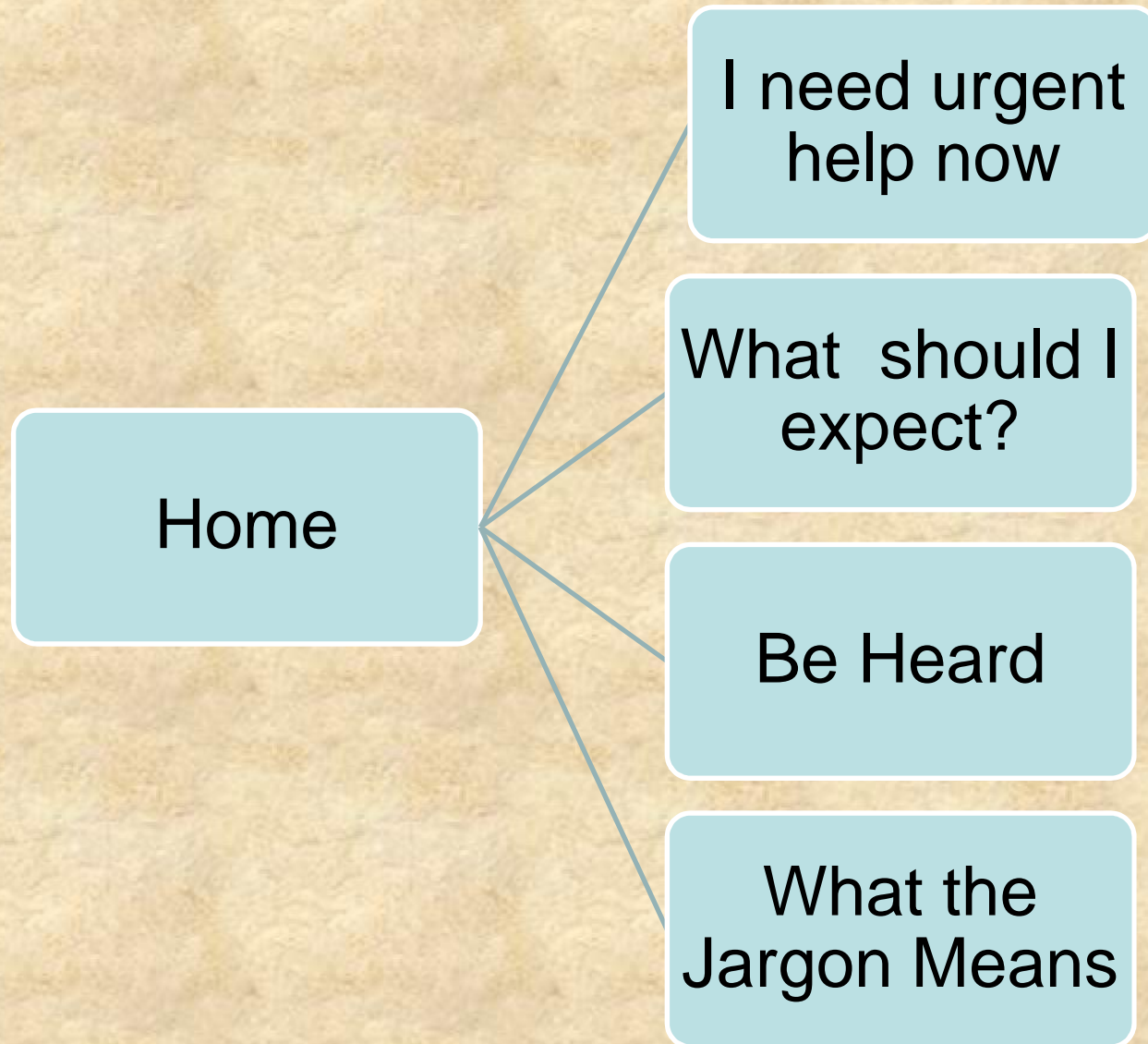
# Working the system

## Knowledge is power!

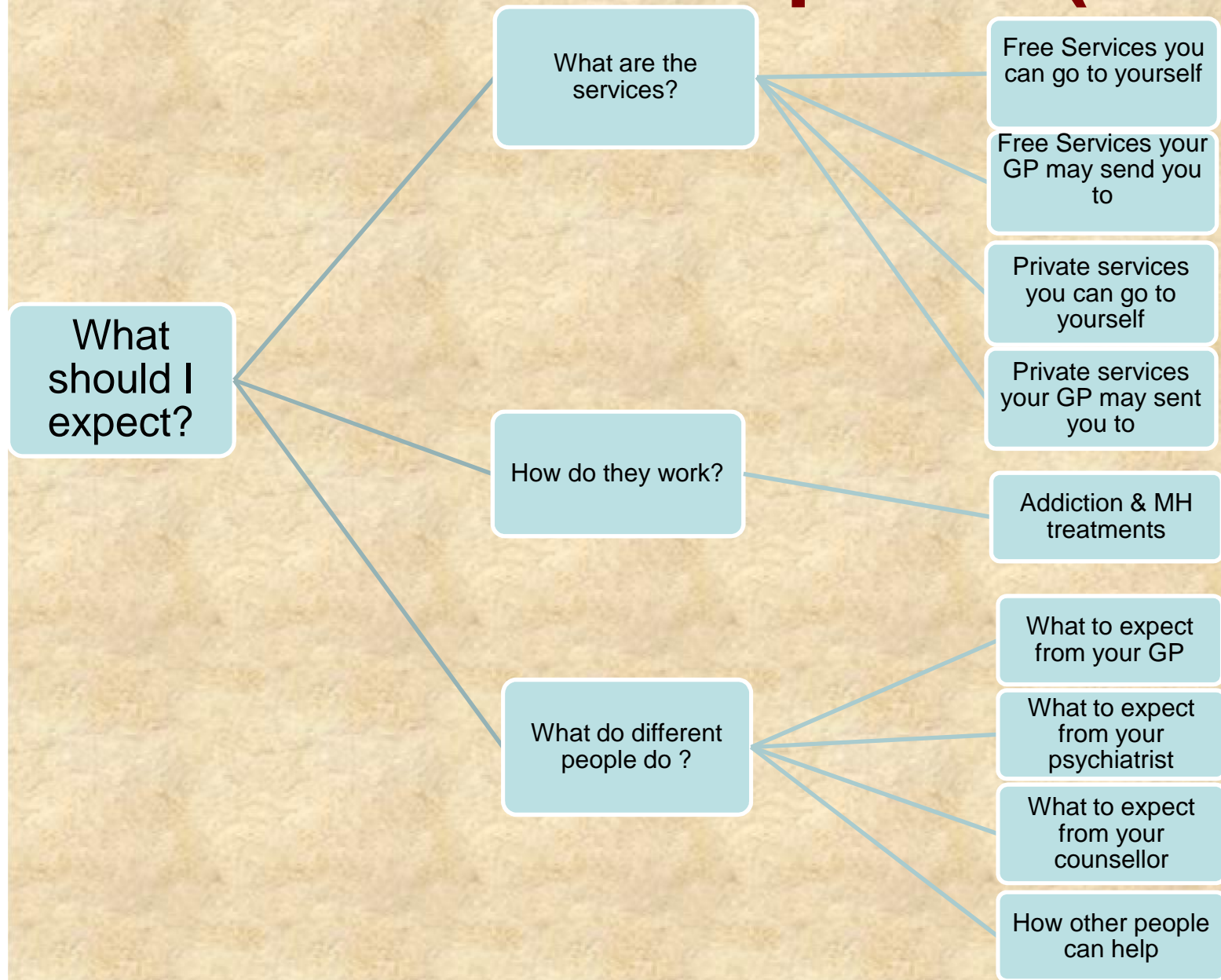
- [A to Z guide](#)
- Know quality framework & care planning guides
- [MHC](#) website for evaluations, service user guides
- Voluntary groups such as Grow, Shine, Mental health Ireland, Irish Advocacy network,
- [Mental Health Reform](#), new developments, position papers on ECT, medication, recovery etc
- HSE website for overview of services & new developments



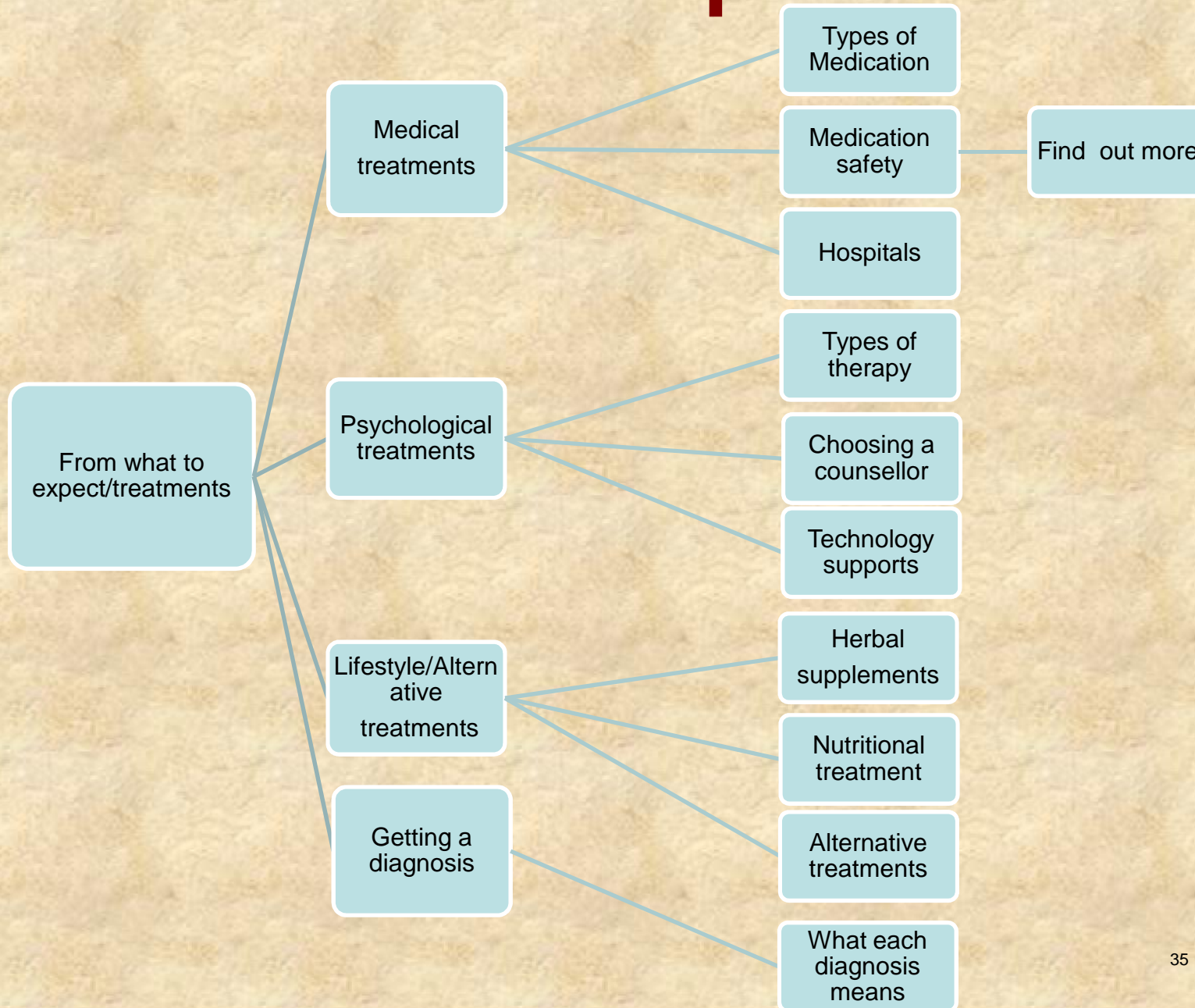
# A to Z Overview



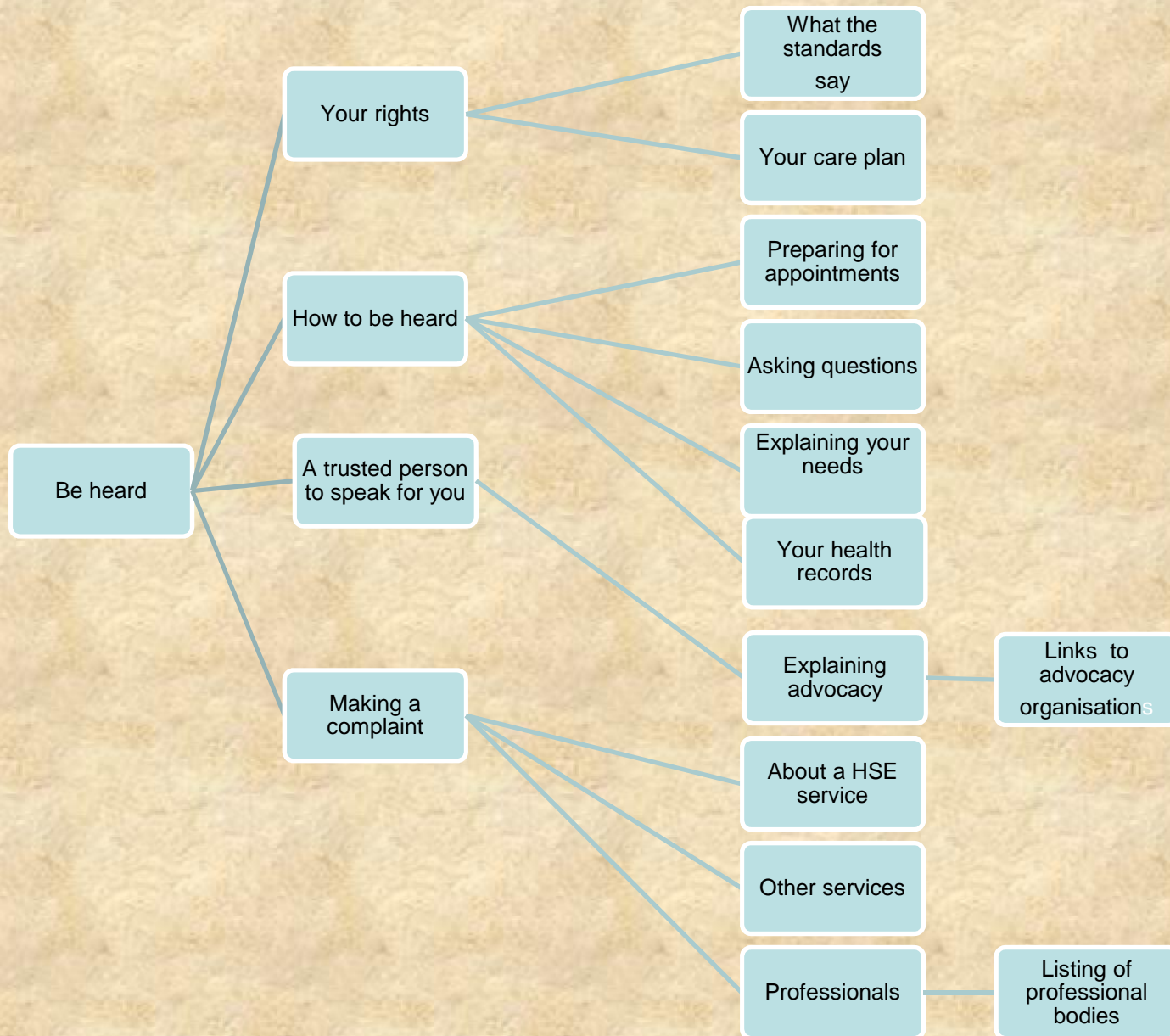
# What should I expect? (level 1)



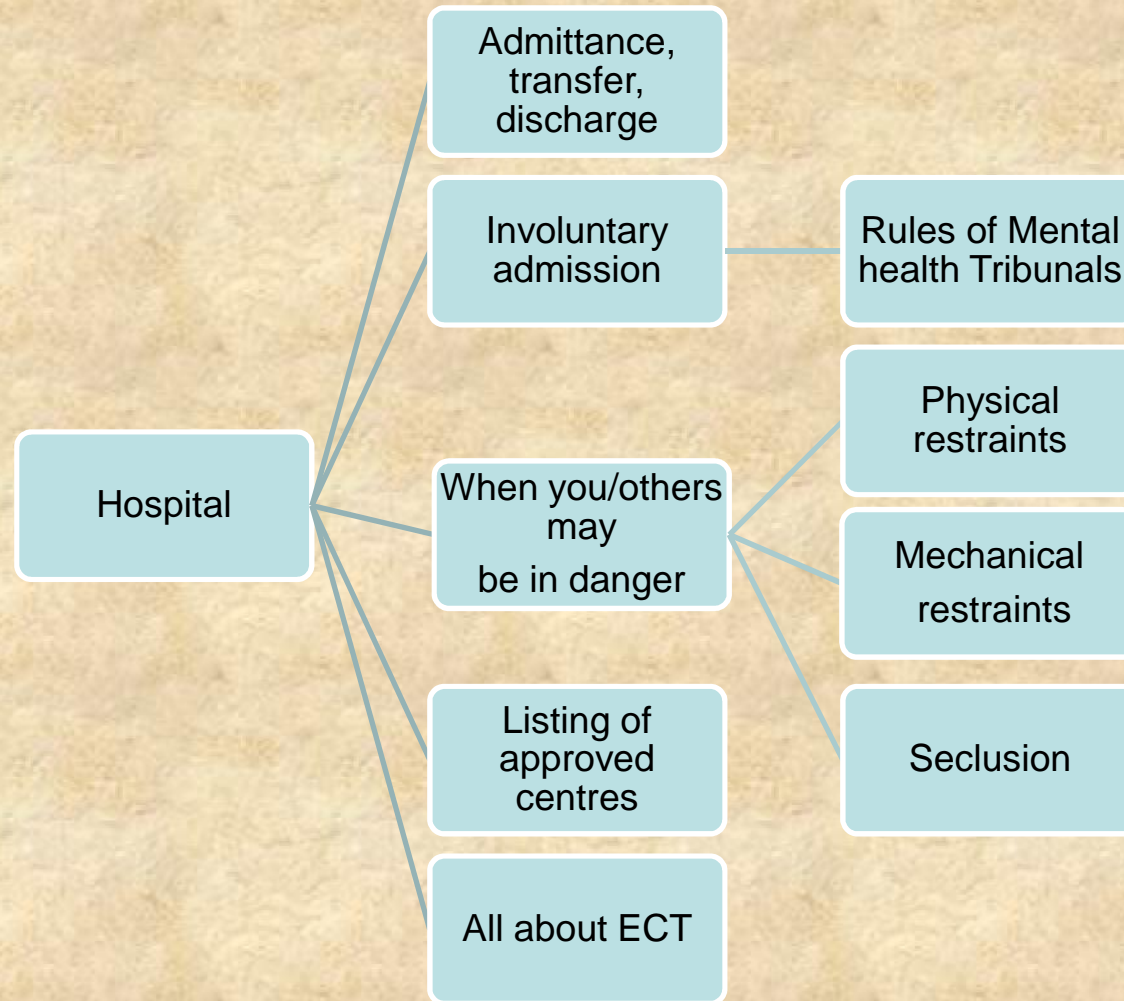
# What to expect level 2



# Be heard



# Hospital treatments



# Do

## Document, document, document!



# Do summarise background

Profile

Social

Diagnosis?

Physical  
Health

Life  
history

Communication  
Preferences

Learning  
Style

# Do use written letters or emails

Samples on [website](#) include

- *Asking who has overall clinical responsibility (vital)*
- Samples of agreement to share information
- Letter to raise issues at appointment
- Letters requesting review- individual issues and overall case management
- Letter requesting case conference
- Letter requesting provision of services
- Letter making complaint



## Example :

Hello Dr,

As discussed I'm now summarising our concerns at the moment. John is still very anxious and sad and we're worried he will start drinking and attempt suicide again.

His memory/general sharpness is not as good as it was and is impacting on activities of daily living. We'd like this investigated to see if anything can be done about it.

He is finding it difficult to sleep at night.

He is on a lot of medication and we're wondering if this can be reviewed.

# Do

- Ask open ended questions :
  - What other service could help?
  - Will they accept your loved one?
  - Have they agreed to accept your loved one?
  - What is their waiting list ?
- Can you provide a copy of the referral letter for this service?
- Is there any thing else available while you are waiting? E.g support groups, social worker etc

# Do

- Take time to understand services & how they work
- Choose catchment area if possible
- Request and understand differing referral protocols
- Focus on clinical risk
- Insist on care plans

# Do

- Try to avoid NCHD change over dates 2<sup>nd</sup> Mon, Jan & July
- Use [www.rxisk.org](http://www.rxisk.org) to see/print drug interactions — *quite clinical though!*
- Use complaints procedure as last resort
- Request mediation if necessary (subject to loved one capacity or ability)

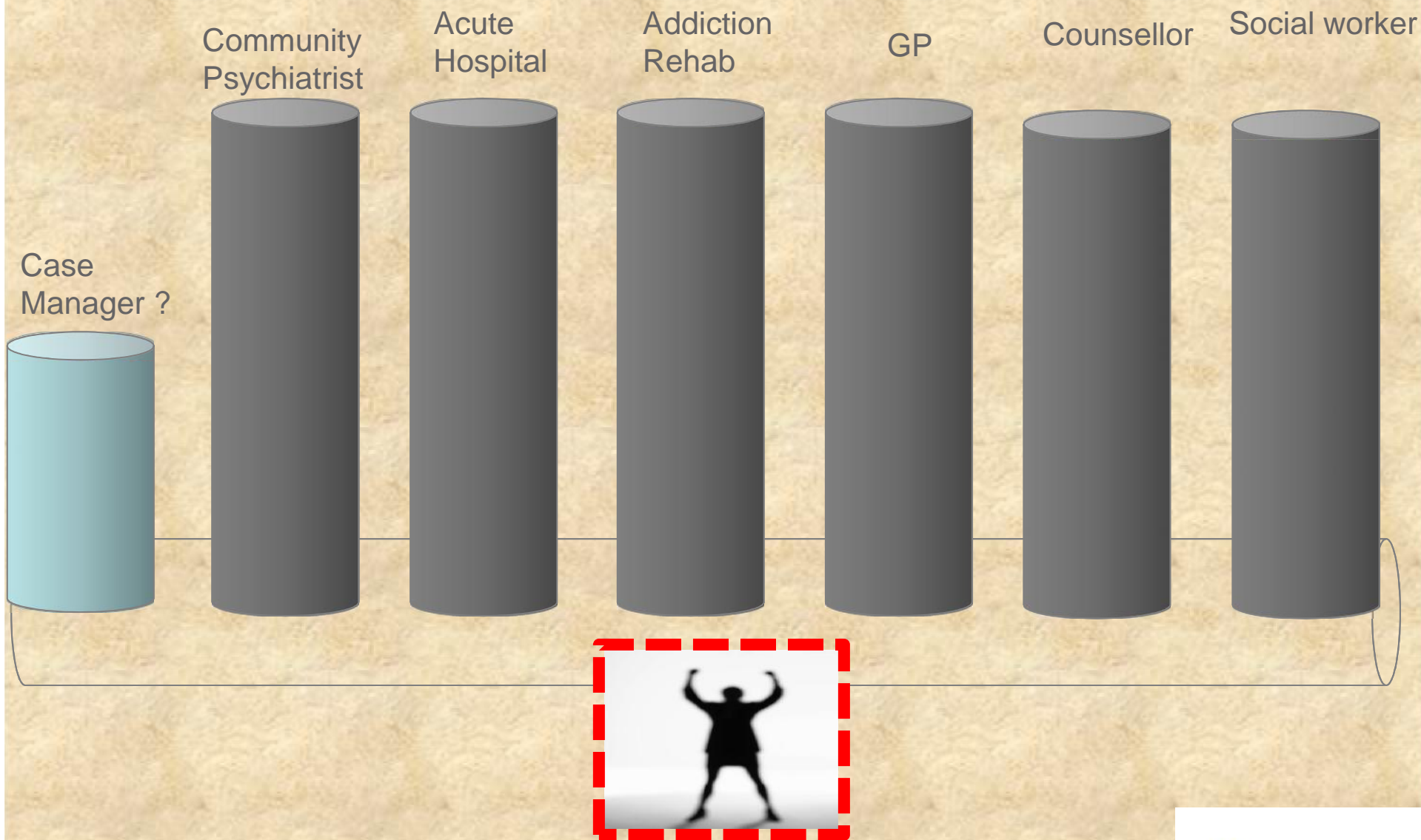
# Do

- Appreciate different clinical disciplines
- Recognise limitations
- Try to influence consumer panels!

# Don't

- Use adversarial approach
- Assume loved one is communicating well
- Rely on one individual in service
- Assume terms are understood
  - Care plans understood to be medication scripts!
- Assume service is integrated
- Assume Health Care Professional knows your loved one better than you

# Don't assume communication!



# Avoid !





# Key Takeaway's



- Time & effort needed to get help
- Tools available to help
- Ask questions
- Writing best
- You are the “glue” helping services work together

# Approved centres

## Section 62

**“centre” means a hospital or other in-patient facility for the care and treatment of persons suffering from mental illness or mental disorder”**

# Approved Centres

- When an approved centre refuses to accept you special rules apply.
- If you have been referred to an approved centre, but the health professionals there decide not to admit you, a member of staff should tell you why.

# Refused service continued

- Ask for written policy on who is eligible to be treated
- Request the written policy on reasons for excluding people from their service.
- Ask service to tell you in writing how the service proposes to meet needs as the standards say they must provide

*“.....a holistic, seamless service and the full continuum of care”.*

- Request the name of a member of staff, who will help you get the treatment as required under the standards.

# Refused service : Approved centres

- Must refer you to a more appropriate service for your needs
- Must keep a record of this.
- You can request a copy of this.

# Refused service continued

- Use this information to see what you need to do to obtain treatment.
- For example, turning up to the service drunk the service may not be able to help you, so need to show that you can attend the service without being drunk.

# **Involuntary admission**

**You have a mental illness, severe dementia or significant intellectual disability and there is a serious risk that you may cause immediate and serious harm to yourself or others.**

**OR**

**You have a mental illness, severe dementia or significant intellectual disability and your judgement is so impaired that your condition could get worse if you were not admitted to hospital for treatment that could only be given to you in hospital**

**AND**

**Going into hospital would be likely to improve your mental health significantly.**

# **Involuntary admission Exclusions**

**You have a personality disorder.**

**You are socially deviant.**

**You are addicted to drugs or toxic substances, for example alcohol.**



# 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

# Key Takeaway's



- Working the system is essential
- Documentation (your's and health care providers) is essential
- It is possible to challenge decisions



**If all else fails there is a  
legal route "a  
Qui Timet injunction"  
but is very expensive & not  
tested in Irish courts (yet)**

# Quia Timet Injunctions

Prevent anticipated infringement of a legal right occurring.

Plaintiff must have a well grounded apprehension of injury, “almost amounting to a moral certainty”.

Further information

[Irish Mental Health Lawyers Association](#)

**You never really understand  
a person, until you consider  
things from his point of  
view, until you climb into  
his skin and walk around in  
it**

**Atticus Finch, “To kill a  
mockingbird”**



# The campaign

Mental Health Reform

Our state of mind

**DISTRESSED**

**75% of mental health difficulties start between ages 15 and 25.**

Remind every candidate to make Mental Health a priority. Go to: [mentalhealthreform.ie](http://mentalhealthreform.ie) to learn how.

# The campaign

If you would like your voice  
to be heard or to help visit  
the  
[Mental Health Reform](#)  
website to find out how

# About Dual Diagnosis Ireland

- Raise awareness of need to treat mental health and addiction together
- Founded February 2008
- Run by volunteers, Angela Moore, Eoin Stephens, Carol Moore
- Set up website ([www.dualdiagnosis.ie](http://www.dualdiagnosis.ie))
- We're on [twitter](#) and [facebook](#).
- You can join our mailing list on the bottom of any page of our [website](#).



# Finally

- Do look after yourself
- Look for help and support for your self

