

Mental Health and Addiction Services in Ireland and the Management of Dual Diagnosis (2004)



Research conducted by:

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Aim:

To identify the health and social care needs of people with dual diagnosis and the models of assessment and treatment appropriate to clinically effective healthcare provision; to identify the manner of care delivery and to analyse the organisational structure and effectiveness of Irish services for this group. Dual diagnosis refers to the co-existence of substance misuse and mental health problems for an individual.

Method:

A comprehensive literature review, an open forum comprising 45 people and agencies involved in the care of people with dual diagnosis, and a national survey (n=141) of clinicians, middle and senior managers from the addiction and mental health services. Further information was elicited from in-depth interviews (15) with key people who had responded to the survey.

Key Findings:

- Dual diagnosis is not clearly understood as a concept nor is it formally recognised in mainstream addiction and mental health services, nor is it formally recognised in national policy in Ireland. A nationally accepted definition is required.
- The majority (76%) of services fail to offer a specific service for people with dual diagnosis.
- Only 21% of services indicated they had a policy on dual diagnosis but there was no consensus on what policies were in place.
- Access to services is limited because of exclusion criteria which operate in both addiction (58%) and mental health services (43%). Exclusion criteria used are: if substance abuse is the primary disorder, if person is on a methadone programme, if violent

behaviour is present, or if it is perceived that there is an inability to cope with the rigours of treatment.

- Service providers found that clients with dual diagnosis were hard to engage because of their lack of co-operation and apathy; clients could also be non-compliant, disruptive, aggressive and anti-social. Staff working with clients with dual diagnosis reported a lack of knowledge, awareness or skills for dealing with the issue.
- The majority (75%) of service providers agreed that a fully integrated service would provide the most effective management of dual diagnosis.
- There was consensus in the study that GPs should be more involved in the management of dual diagnosis.

NACD Recommendations to Government:

- The establishment of a committee under the Department of Health and Children to address and develop guidelines based on international best practice for the management of dual diagnosis in Ireland.
- Any patient in receipt of methadone prior to admission to a psychiatric facility should be continued on that prescription while under psychiatric care.
- Improved training and education should be provided across all disciplines in both sectors. Discussions should take place with all the key players in the delivery of training such as the HEA, ICP, medical and nursing schools, An Bord Altranais, IPTC (Irish Psychiatric Training Council) and Medical Council.
- The introduction of a clinical nurse specialty in addiction for psychiatric nurses would be helpful.
- The presence of an infrastructure arising from the implementation of the above recommendations will facilitate research on the prevalence of dual diagnosis.