

Dual Diagnosis: Working with People with Mental Illness and Alcohol and Drug Concerns

A webinar presented by the
Eastern Health Dual Diagnosis Service

June 25th 2020

Slido (# X538)



Acknowledgement of country



Dual Diagnosis: Working with People with Mental Illness and Alcohol and Drug Concerns

Slido Poll (# X538)



Angliss
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Turning
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Dr John Robertson Psychiatrist



Steve West Psychiatric Nurse
and Peter Fairbanks Social Worker

[Email contact: EDDS@easternhealth.org.au](mailto:EDDS@easternhealth.org.au)

Introductions and Moderator of the webinar

Part 1 – Peter

Setting the scene and principles of dual diagnosis best practice

Part 2 – John

The interaction of mental health and substance use

Readiness to change and interventions across the stages of change

Part 3 – Steve

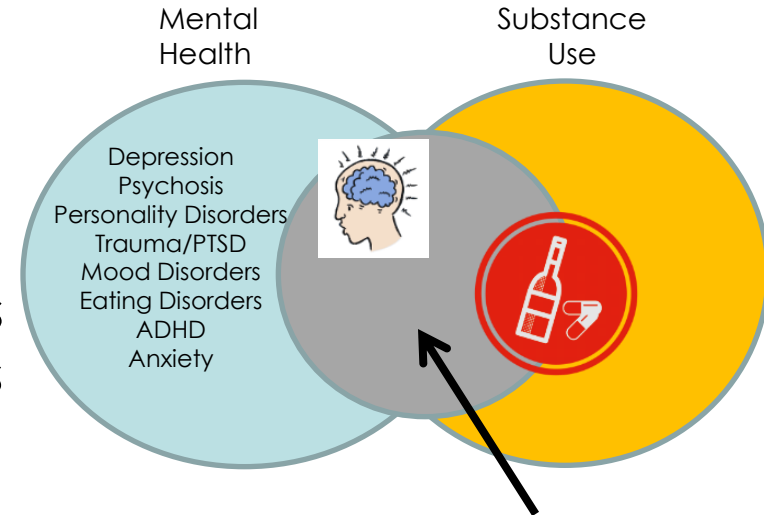
Engagement / Screening / Assessment, Motivational interviewing

Part 4 – Steve

Resources

Q & A

- Dual Diagnosis is the expectation and should be core business for Mental Health and AOD services
- Identifying and responding to both Mental Health and Substance Use is more effective, will improve outcomes and reduce harms



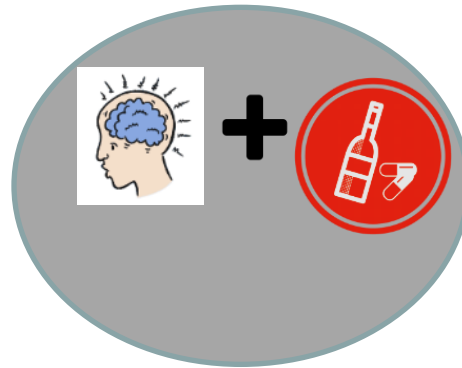
Dual Diagnosis
50% to 90% overlap
depending on setting

“The most effective way to improve treatment of comorbid problems is to ‘improve the understanding and skills of staff in drug treatment and mental health services **so that they can address both adverse health conditions**”. Productivity Commission inquiry in Mental Health Draft Report Volume 1 2019

Dual Diagnosis Interactions

Treatment & Recovery:

- Takes Longer
- Relapse of SU and MH occur more often
- Services need a longer term view



Increased Harms:

- Poorer Health
- Legal/Financial
- Poorer relationships
- Housing instability
- Increased suicide risk

Increased family harms



A dual diagnosis condition can include:

- a mental health problem or disorder leading to or associated with problematic alcohol and/or other drug use
- a substance use disorder leading to or associated with a mental health problem or disorder
- alcohol and/or other drug use worsening or altering the course of a person's mental illness

Integrated care means “Getting the right treatment at the right time”

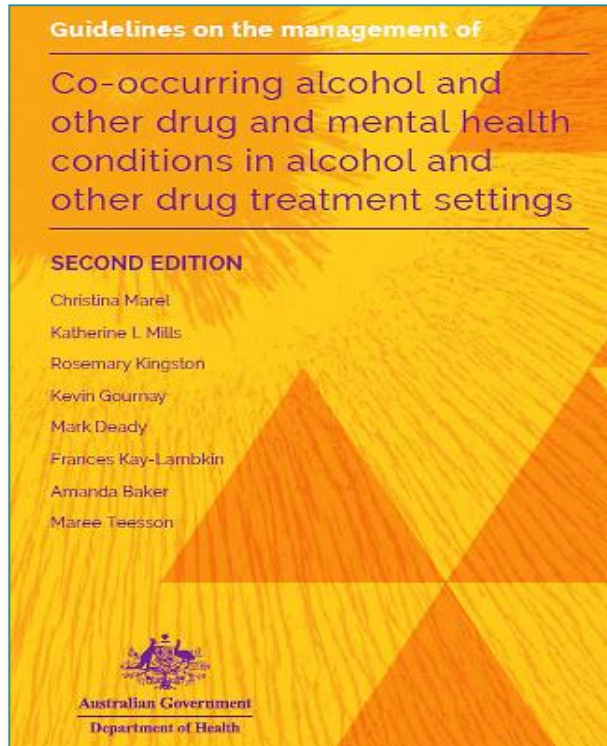
A Dual Diagnosis Integrated Formulation takes into account specific interactions between mental health and substance use including the impact they have on each other

Integrated Treatment

Occurs at the same time by either the same team or service or is arranged between different services in a co-ordinated and planned way

“If I was treated for my AOD issues when I was in mental health services, I would have recovered many years earlier” (Consumer)

<https://www.sydney.edu.au/matilda-centre/>



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What is MHPOD?

Who is it for?

How was it developed?

Effective Learning

Moving Forward

CPD Points

Help

Login to MHPOD

mhpod.gov.au



Dual diagnosis

INCOMPLETE

Dual diagnosis refers to the co-occurrence of mental illness and substance use disorder. The co-existence of mental health and drug and alcohol problems is very common: nowadays it is the expectation rather than the exception in clinical practice (Minkoff & Cline, 2004). Consumers with dual diagnosis problems often do not receive optimal treatment. They are at times excluded from one service until the 'other' service treats their 'other' problems. This topic presents general features of dual diagnosis and describe some evidence-based treatment interventions. On completion of this module, practitioners will understand how to screen and assess for dual diagnosis, and have a beginning grasp of possible interventions.

Open Topic

Download Previous Certificate

- People need to stay engaged to benefit from our interventions
- Engagement is a fundamental process in recovery, the strength of which, is an important predictor of good outcomes.



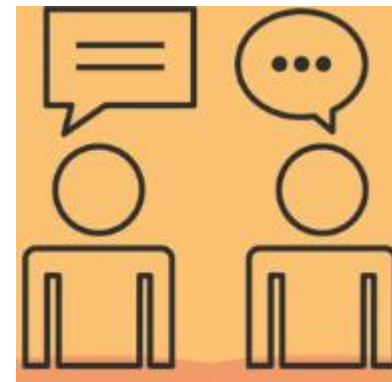
“Successful engagement is critical to effective intervention and/or treatment.”

BUDDYS: Youth Dual Diagnosis Resource Guide 2015

- “Engagement is important because it's the **foundation** of the therapeutic alliance that **prepares the way** to assist anyone to make changes - it is base one”

Christine Rampling (Nexus) 2013

- Minkoff and Cline: the foundation of a recovery partnership is an empathic, hopeful, integrated, strength based relationship

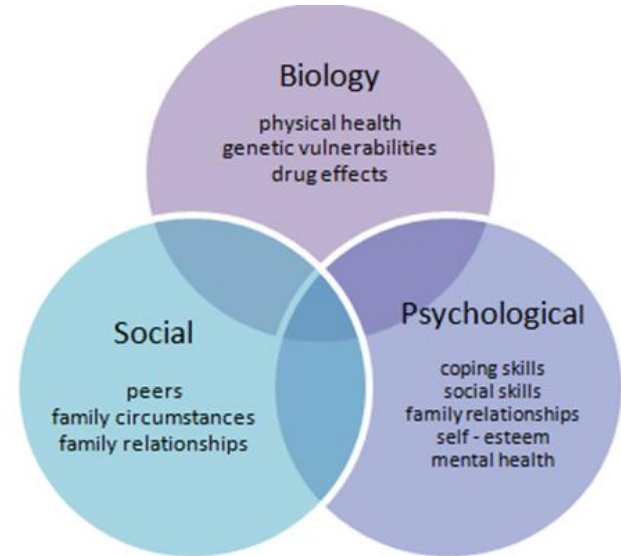


<http://www.ziapartners.com/resources/comprehensive-continuous-integrated-system-of-care-ccisc>

[Minkoff and Cline - Zia Partners](#)

- Consider broad longer term plans beyond Detox and withdrawal. Also plan to address underlying psychological needs and mental health wellbeing
- Also consider social needs like work or volunteering, recovery groups, peer supports and other relationships. Assess values and meaningful activities.

Dual Diagnosis Recovery needs each of these areas assessed and addressed



https://en.wikipedia.org/wiki/Biopsychosocial_model

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Dr John Robertson

Organic		
Psychotic		
Mood		
Mania		
Depression		
Anxiety (etc)		
Personality, Trauma		

Organic		
Psychotic	Antipsychotic, Psychosocial rehabilitaion	
Mood		
Mania	Lithium, Valproate, Quetiapine	
Depression	Antidepressant CBT	
Anxiety	SSRI, Quetiapine CBT	
Personality, Trauma	Psychotherapy: CBT, DBT, Psychodynamic	

Amphetamine/ THC -> Psychosis

Schizophrenia -> Nicotine

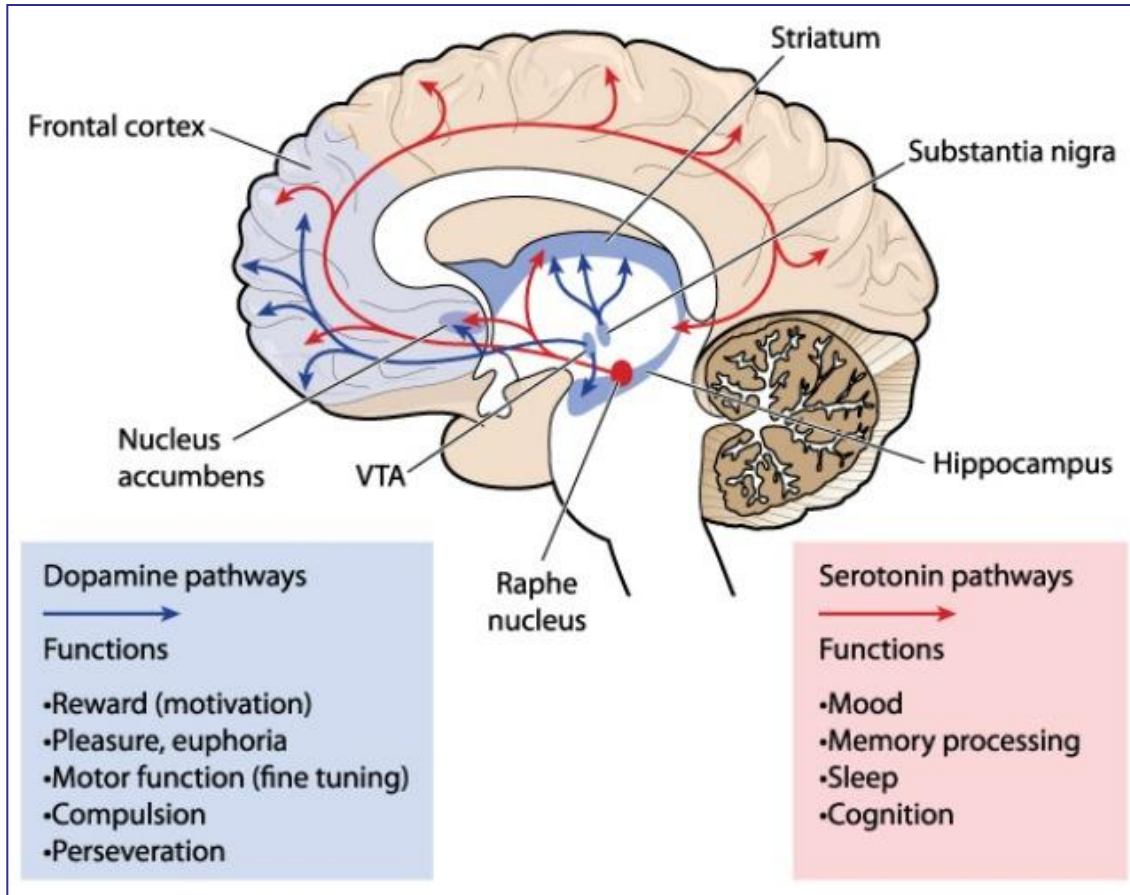
Anxiety -> Benzodiazepine dependence

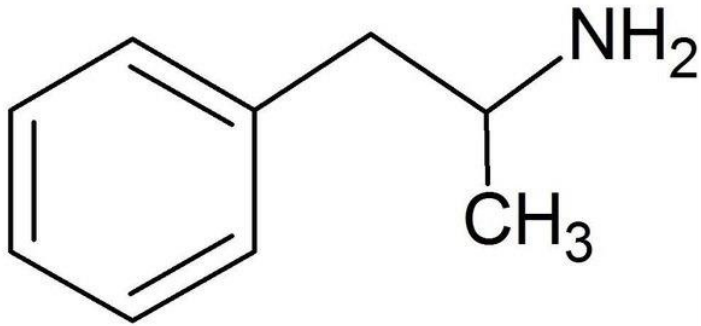
Anxiety -> Alcohol <-> Depression

Mental illness <-> Psychosocial decline <-> Substance abuse

Organic		
Psychotic	Dopamine Cannabinoid	
Mood		
Mania	Noradrenaline (etc)	
Depression	Serotonin	
Anxiety	GABA, Glutamate	
Personality, Trauma		
	Nicotinic Acetylcholine u + K, d	

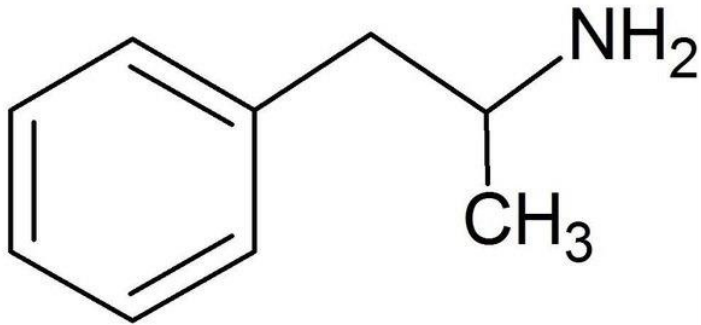
Organic		Intoxication / withdrawal
Psychotic	Dopamine Cannabinoid	Amphetamine THC
Mood		
Mania	Noradrenaline and others	Ecstasy, Cocaine
Depression	Serotonin	Ecstasy, Cocaine
Anxiety	GABA, Glutamate	Benzodiazepines, Alcohol
Personality, Trauma		
	Nicotinic Acetylcholine u + K, d	Nicotine Opioids



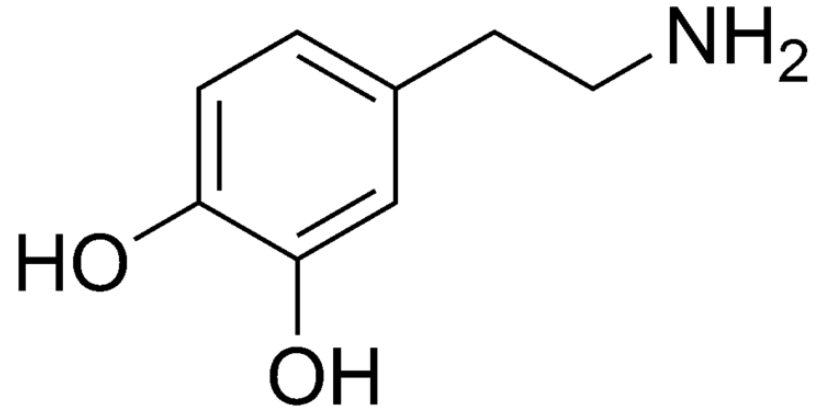


Amphetamine molecule

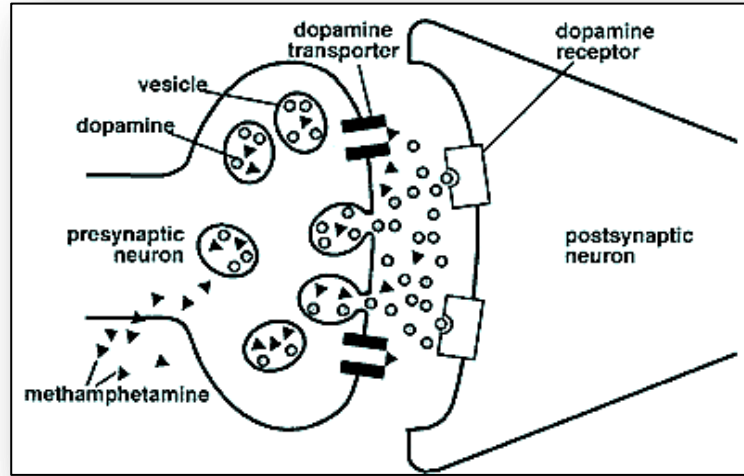
Alpha **Methyl Phenyl Ethyl Amine**



Amphetamine molecule



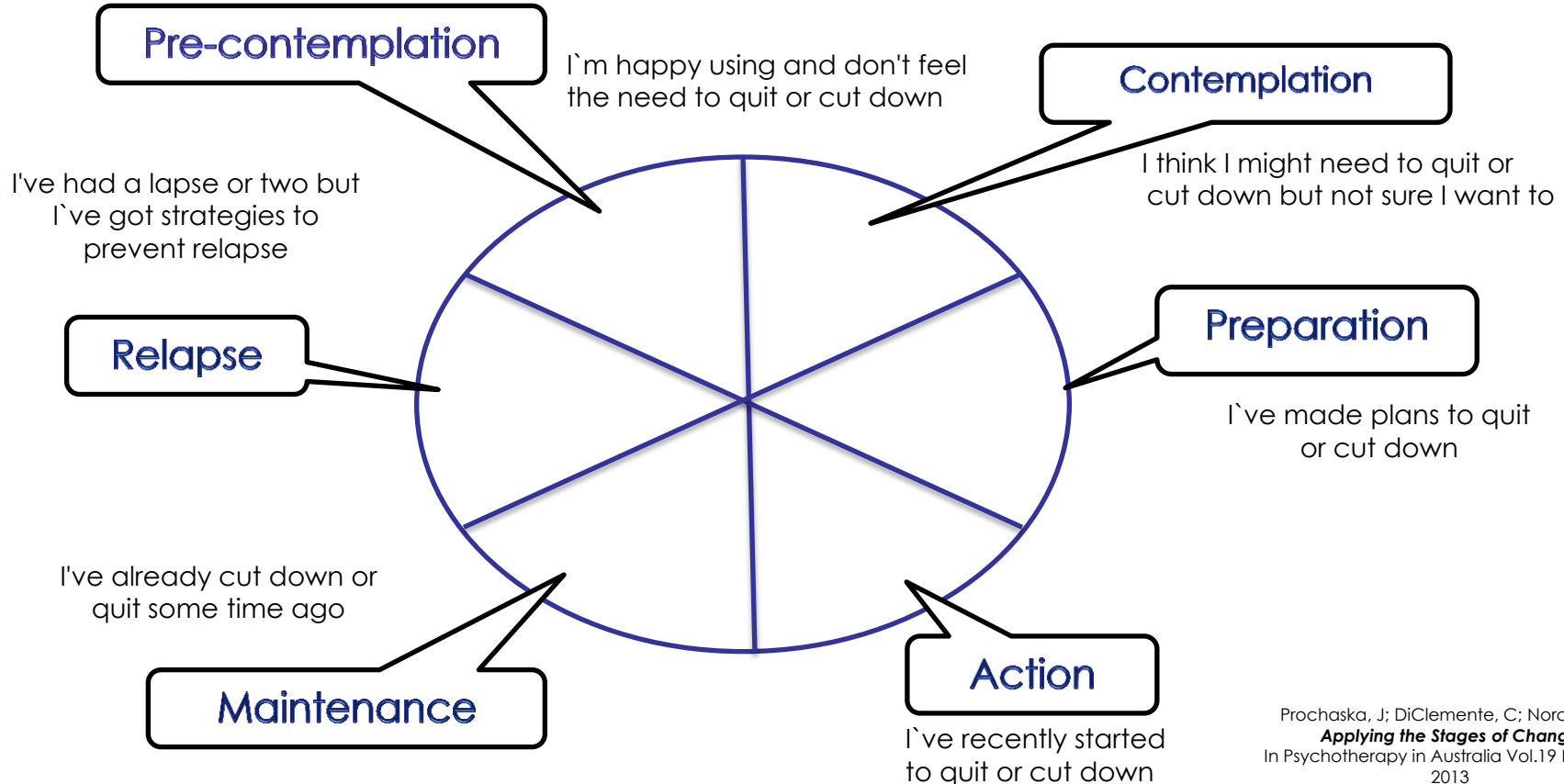
Dopamine molecule



<https://www.youtube.com/watch?v=T-duk-PilXo>

11 Criteria

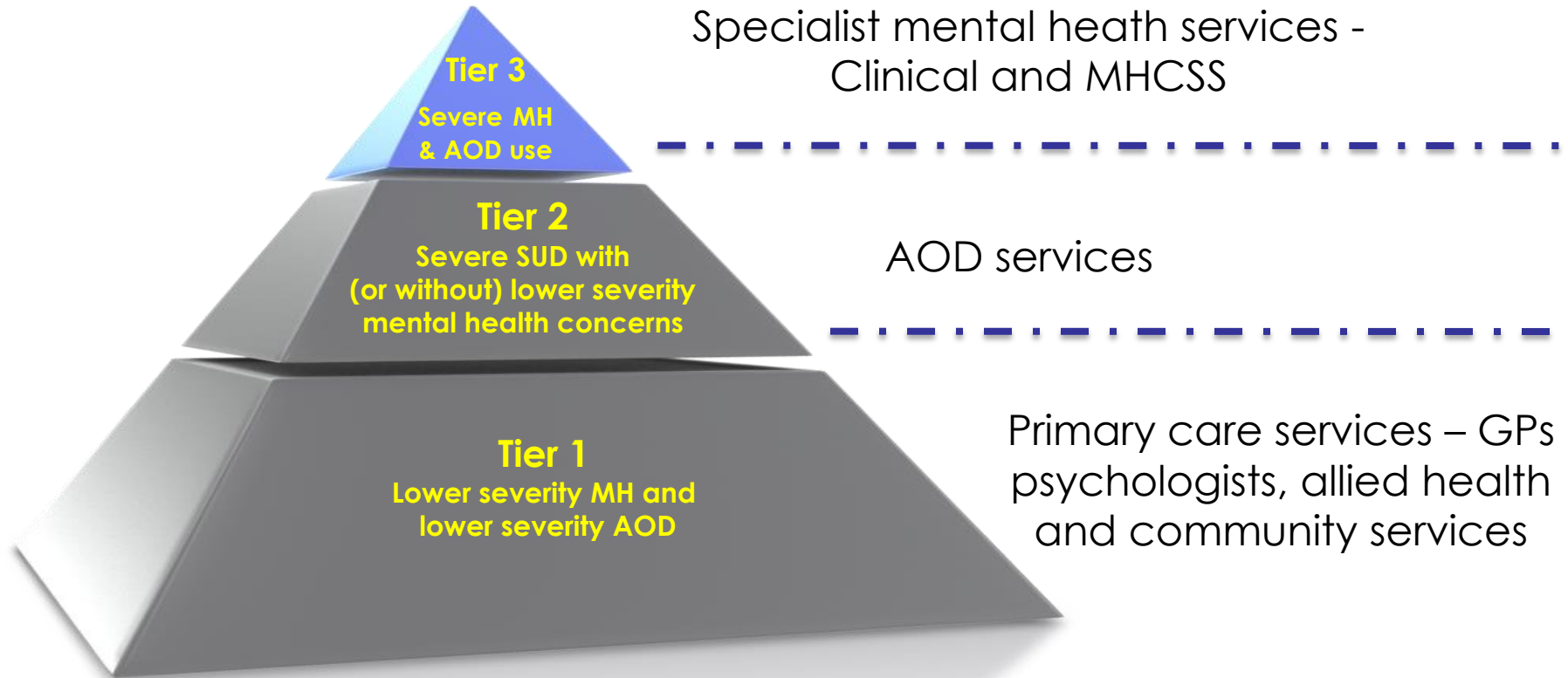
In the past year	2-3 = Mild	4-5 = Moderate	>5 = Severe
Loss of Control x 4	Use more than intended Can't stop Compulsive craving Excessive time		
Harmful Use x 5	Neglect responsibilities Neglect activities Interpersonal problems Mental/physical health concerns Use in hazardous situations		
Physiological dependence x 2	Tolerance Withdrawal		



Always include: Engagement and empathic assessment:
Use, context, reasons for & against, values & motivations,
successes and lapses. Motivational Interviewing

Stage of Change	Input
Pre-contemplation	Raise client concern and awareness, Give information, Harm minimisation
Contemplation	Decisional Balance (<i>values, ambivalence, imagery</i>)
Preparation	Strengthen change commitment. List of options.
Action	Help executing. Recovery capital (e.g. AA)
Maintenance	Relapse prevention. Stimulus control
Lapse/Relapse	Review & refine whole process

Key Directions Policy Framework 2007



Steve West

Duration



Route



Amount




Frequency



Type





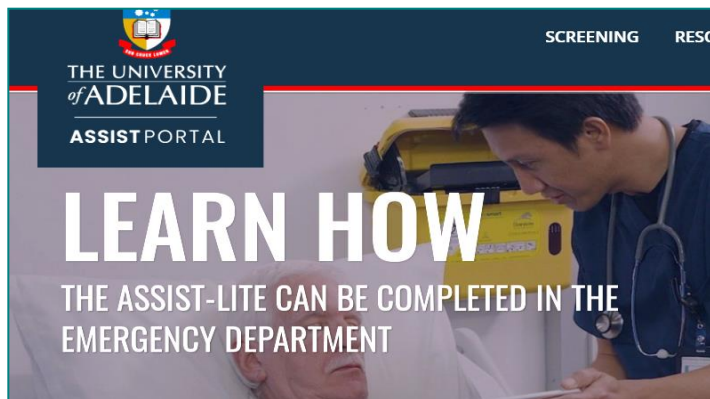
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WITH SUBSTANCE AND LEARN HOW NURSES CAN MAKE A DIFFERENCE.

[Learn more about this site](#)

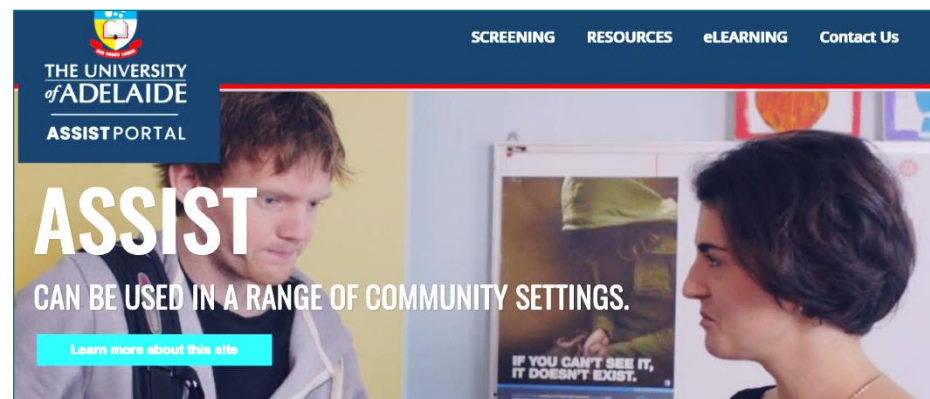
ASSIST Portal



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LEARN HOW

THE ASSIST-LITE CAN BE COMPLETED IN THE EMERGENCY DEPARTMENT



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ASSIST

CAN BE USED IN A RANGE OF COMMUNITY SETTINGS.

[Learn more about this site](#)

Lifetime use

Q1 – which substances ever used.

Last 3 months

Q2 – Frequency of use.

Q3 – Desire to use.

Q4 – Health, social, legal, and financial problems.

Q5 – Failure to fulfil role obligations.

Lifetime use

Q6 – Concerns expressed by others.

Q7 – Failed attempts to cease or control use.

Q8 – Injecting drugs

Alcohol
Smoking &
Substance
Involvement
Screening
Test

10 Brief
Interventions

The Reasons for Substance Use Scale

Spencer C, Castle D, Michie PT.
 Motivations that maintain substance use among individuals with psychotic disorders.
 Schizophrenia Bulletin 2002;28(2):233-47

GREAT HEALTH AND WELLBEING						Scoring / Tallying Columns					
REASONS FOR SUBSTANCE USE SCALE						A	B	C	D	E	
Given Name: _____ Sex: M / J / F											
Date of Birth: ____/____/____ Sex: M / J / F											
Affix Hospital ID Label If Available											
Which substance do you use the most, or causes the most concern for you? (Please specify):											
Considering your current use of that substance, how often do you use it for the following reasons? (For each reason #, please ✓ a box that best fits s)											
		Almost never / Never	Some of the time	Half of the time	Most of the time	Almost always / Always	A	B	C	D	E
1	To relieve boredom	1	2	3	4	5			3		
2	To make it easier to sleep	1	2	3	4	5			4		
3	To slow down racing thoughts	1	2	3	4	5			1		
4	To be sociable	1	2	3	4	5					E
5	To relax	1	2	3	4	5			3		
6	To be part of a group	1	2	3	4	5		E			
7	To get high	1	2	3	4	5					D
8	To decrease suspiciousness / paranoia	1	2	3	4	5	A				
9	To forget your worries	1	2	3	4	5				4	
10	Because it's fun	1	2	3	4	5					D
11	To reduce side effects of medication	1	2	3	4	5	A				

The RFUS asks 26 questions related to a specified drug the client is using. There are 5 possible answers across a range of "Never or almost never to Almost always or always ". Each answer has an associated score , 1-5

The client gives an answer and the score is recorded in the scoring columns as shown (in yellow)

25	It helps when you feel depressed	1	2	3	4	5			3			
26	Because it makes you feel good	1	2	3	4	5					D	
27	Other reason (Please specify): _____	1	2	3	4	5					N/A	
A	TOTAL (Qn's 8 + 11 + 14) Factor A =						A =					
B	TOTAL (Qn's 6 + 13 + 21 + 22 + 23) Factor B =						B =					
C	TOTAL (Qn's 1 + 2 + 3 + 5 + 9 + 15 + 16 + 19 + 20 + 24 + 25) Factor C =						C =		34			
D	TOTAL (Qn's 7 + 10 + 26) Factor D =						D =					
E	TOTAL (Qn's 4 + 12 + 17 + 18) Factor E =						E =					

On completion, the scores are added down each column and then matched against 5 reasons for use

The Reasons for Substance Use Scale

A = Coping with Positive Symptoms and Medication Side Effects:

This sub-scale acknowledges that substance use can be undertaken as a way of managing suspiciousness and paranoia, or to get away from distressing voices. It is also sometimes used to manage unwanted side effects of psychiatric medications.

B = Conformity / Acceptance:

Substance use in this category reflects peer pressure, and the need to be liked or be part of a group.

C = Coping with Unpleasant Affect:

This reason suggests that substance use is a way of dealing with depression, anxiety, insomnia, boredom and general distress. It is also a way of improving concentration and self-confidence.

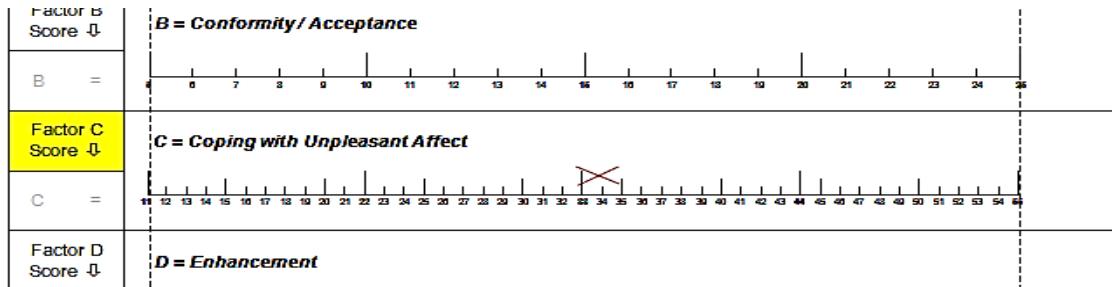
D = Enhancement:

This motive reflects substance use as a way of getting high, having fun and feeling good.

E = Social Use:

Substance use is undertaken as a way of celebrating, to make social gatherings more enjoyable and as an activity that is sociable.

Each category reflects the client's reasons for use and may assist the client and clinician to start a discussion about getting further help for substance use or related mental health concerns.



In this example, a score of 34 for Coping with Unpleasant Affect may indicate a need for additional mental health assessment or treatment.


Select with the client a current mental health or substance use concern to discuss

	Status quo	Change
Advantages	Good things about the status quo	Good things about change
Disadvantages	Less good things about the status quo	Less good things about change


The diagram shows a 2x2 table for Decisional Balance. The columns are 'Status quo' and 'Change'. The rows are 'Advantages' and 'Disadvantages'. In the 'Advantages' row, 'Good things about the status quo' is in the 'Status quo' column and 'Good things about change' is in the 'Change' column. In the 'Disadvantages' row, 'Less good things about the status quo' is in the 'Status quo' column and 'Less good things about change' is in the 'Change' column. A blue arrow points down from the 'Good things about the status quo' cell to the 'Less good things about the status quo' cell. A blue arrow points up from the 'Less good things about change' cell to the 'Good things about change' cell. A blue arrow points right from the 'Less good things about the status quo' cell to the 'Less good things about change' cell.

A focussed conversation can help to understanding client *ambivalence*

1. How **important** is it for you to make this change?




--	--	--	--	--	--	--	--	--	--




1 2 3 4 5 6 7 8 9 10

2. How **confident** are you in your ability to make this change?




--	--	--	--	--	--	--	--	--	--




1 2 3 4 5 6 7 8 9 10

3. How **ready** are you to make this change?



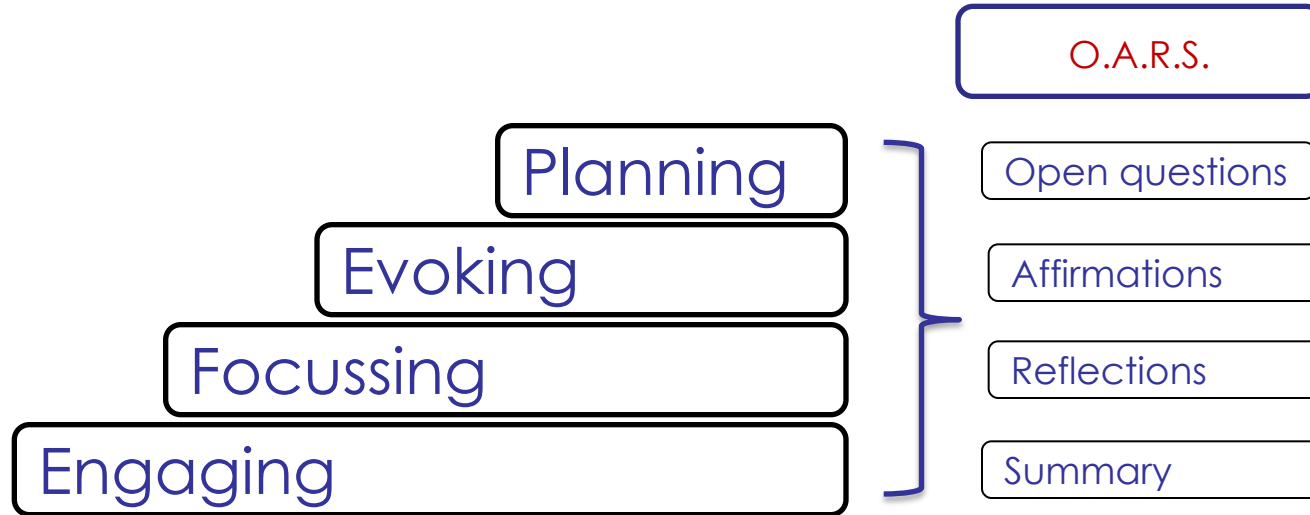
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1 2 3 4 5 6 7 8 9 10

For each ruler, ask the following questions

1. Why are you at your current score and not lower on the scale?
2. What would it take for you to get to a higher score?



Preparatory change talk

1. **D**esire – “I want, I would like to ..(*want, like to, wish*)
2. **A**bility – “I can or I could . . .”(*can , could*)
3. **R**easons – “I should . .because . . .”
4. **N**eed – “I need to . . .” (*need to, got to*)

Most likely contemplation

Mobilising change talk

2. **C**ommitment – “I will . . .” (*intention, decision*)
3. **A**ctivation – (*willing, ready , able..*)
4. **T**aking **S**teps – (*Doing the change*)

Most likely contempt /prep

Action

Or taking up the argument for change for the client using persuasion, 'expert advice' or arguments based on consequences – Bill Miller

Why don't you want to change?

Why don't you try... ?

Okay then, how about...

What makes you think you are not at risk?

The client will usually defend the status quo



What supports you when you need help?

My Wellness Plan for Mental Health and Substance Use Concerns

My RED light signs – Mental Health

• I know things are really not going well with my mental health when I notice that:



• When I notice things are really not going well with my mental health, the things I need to do are:

More: _____ Less: _____

My RED light signs – Substance Use

• I know things are really not going well in the area of substance use when I notice that:

• When I notice things are really not going well in the area of substance use, the things I need to do are:

More: _____ Less: _____

My AMBER light signs – Mental Health

• I know things are not quite right with my mental health when I notice that:



• When I notice things are not quite right with my mental health, the things I need to do are:

More: _____ Less: _____

My AMBER light signs – Substance Use

• I know things are not quite right in the area of substance use when I notice that:

• When I notice things are not quite right in the area of substance use, the things I need to do are:

More: _____ Less: _____

My GREEN light signs – Mental Health

• I know things are going well with my mental health when I notice that:



• When I notice things are going well with my mental health, the things I need to keep doing are:

My GREEN light signs – Substance Use

• I know things are going well in the area of substance use when I notice that:

• When I notice things are going well in the area of substance use, the things I need to keep doing are:

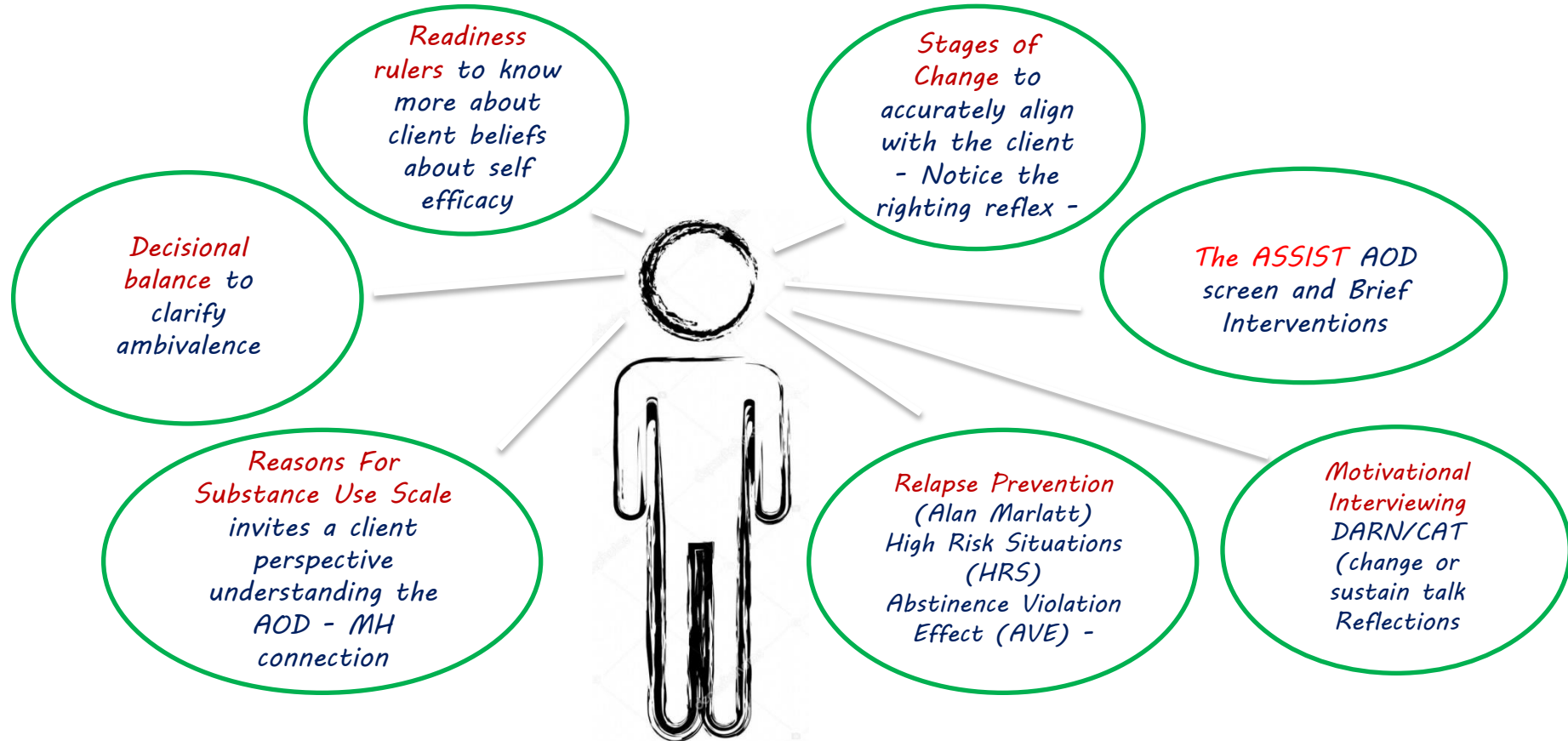


A Wellness Plan could also be useful for families, carers and support people

Talk to your case manager or a mental health support person about filling out a Wellness Plan together

Put it on the fridge and keep doing your self - care check

If you or someone you care about want to try a Wellness Plan feel free to take one. There should be some nearby.





Engagement via personal values discussion, strengths and recovery language, integrated practice, respect for autonomy



<http://www.turningpoint.org.au/>

24 Hours 7 Days Free And Confidential ☎ 1800 888 236

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Confidential alcohol & drug counselling and referral in Victoria
For people of all ages and backgrounds

<http://www.directline.org.au>

The Eastern Health Mental Health Program is a publicly funded mental health service operating within the Eastern Region of Melbourne providing mental health assessment and interventions for people experiencing severe mental illness. Working from a recovery oriented model, clinicians provide an array of hospital-based, community and specialist services for children, youth, adults and aged people across the Eastern Region.

Entry and advice for consumers, carers and health professionals should call via our **24/7 triage line on 1300 721 927**.

EMPHN Referral and Access Team
(Ongoing) P: (03) 9800 1071 or
referral.access@emphn.org.au

Access Health & Community P: 1800
378 377 or (03) 9810 3070 or Email:
mentalhealth.intake@accesshc.org.au

[Stepped care model
video](#)

sharc Menu

FAMILY DRUGHELP
We've been there

Family Drug Helpline
1300 660 068

HELP
SUPPORT
ASSISTANCE
SERVICE
PROBLEM

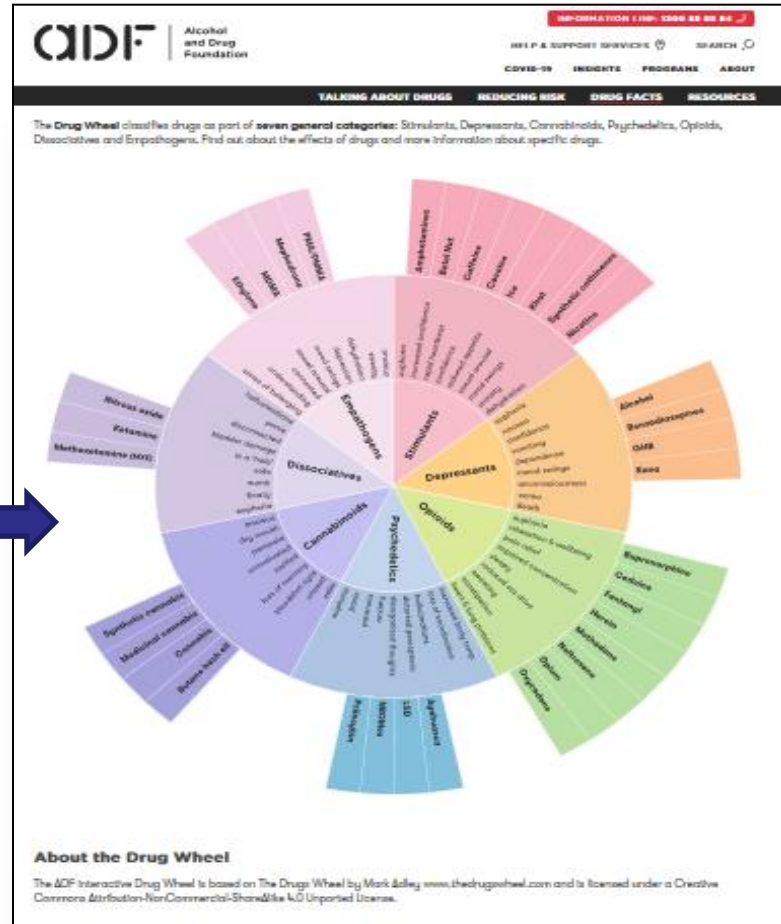
FDH About InFocus Education Program News Contact

<https://www.sharc.org.au/family-drug-help/>

<http://adf.org.au/>

The Drug Wheel – a handy guide to many psychoactive drugs used in Australia

1 page fact sheets can be printed from this website for clients, family or carers



yodaa.org.au/



YoDAA YOUTH DRUGS + ALCOHOL ADVICE

WORKERS ▾

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Jobs
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CONSULT WITH YODAA

WORKING IT OUT WITH YODAA

SERVICE FINDER

SCREENING + ASSESSMENT

FAQ'S

DRUG + ALCOHOL INFO

NEWS + EVENTS

TOOLBOX



WORKERS

Information, tools, advice and news for professionals helping young people with AOD related issues.

ENTER SITE

YOUNG PEOPLE

Advice, options, support and understanding for young people worried about drug or alcohol use.

ENTER SITE

FAMILIES + CARERS

Strategies, advice and acknowledgement for those concerned about a young person's drug use.

ENTER SITE

SCHOOLS

Knowledge, skills and support for school wellbeing staff to assist young people.

ENTER SITE

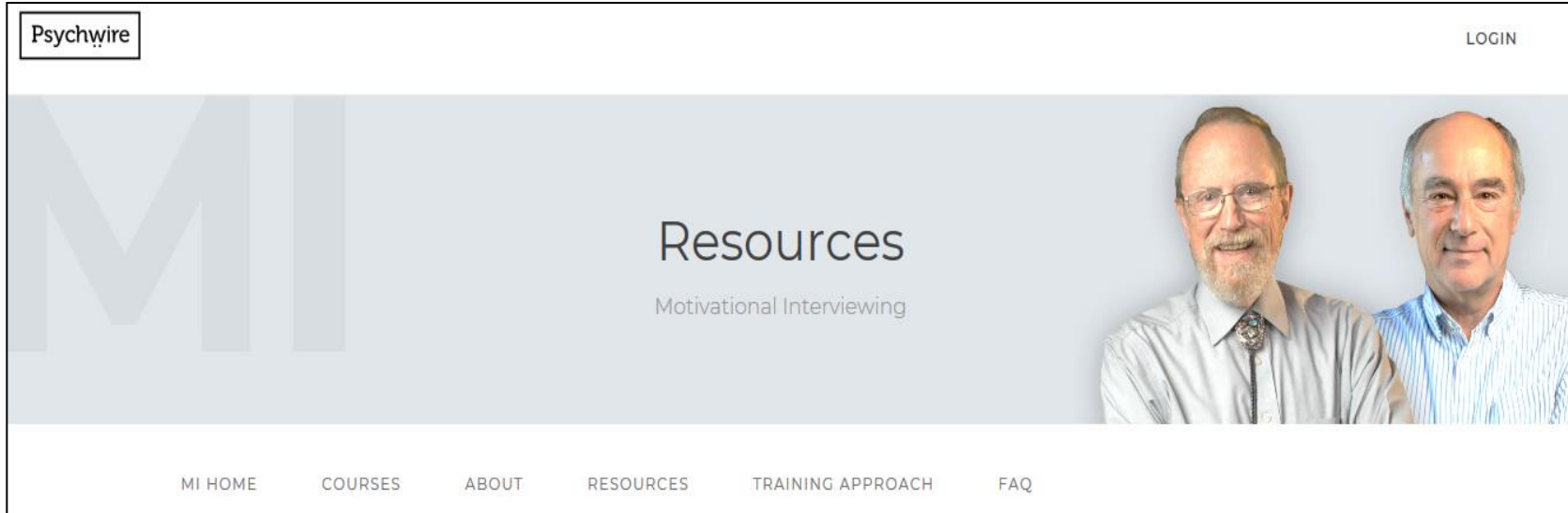
Self directed AOD screen on-line



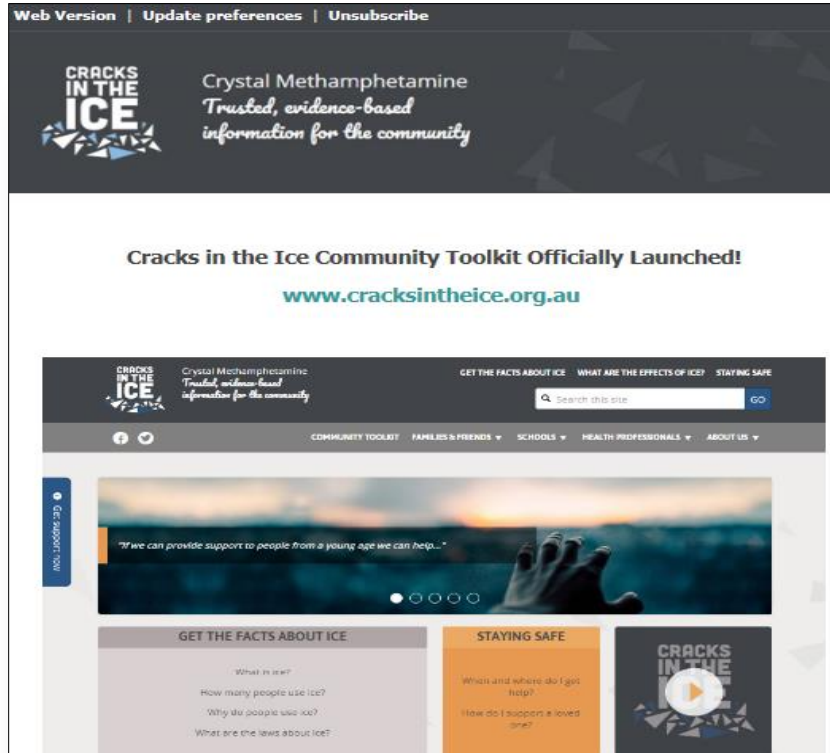
WORKING IT OUT WITH YODAA

is a digital tool designed to help young people (and their supporters) consider where they are at in relation to their drug and alcohol related needs. It encourages help seeking where necessary and offers next steps for help and support.

GO TO TOOL



<https://psychwire.com/motivational-interviewing/resources>



The Matilda Centre



www.cracksintheice.org.au

🏠 The First Stop

A guide for families affected by alcohol and other drugs

FIND FAMILY SUPPORT SERVICES

The First Stop is a website for people affected by a friend or family member's alcohol or other drug use. It includes information on where to find quality support and treatment services which are funded by the Victorian and Australian governments.

The First Stop provides contact details for services Victoria-wide, so that anybody can get help, no matter where they are in Victoria. Click on the buttons below to find more information.

<http://thefirststop.org.au/>



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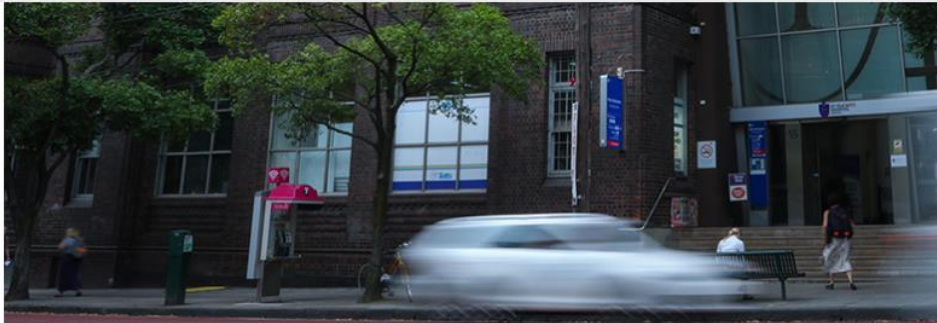
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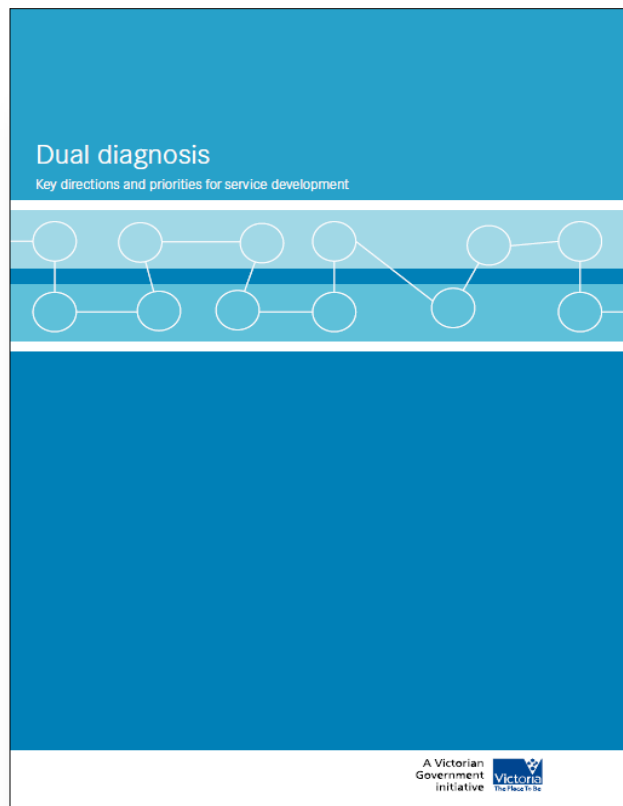


Serving something greater, Seeing something greater, Striving for something greater

RFU Package

[Reasons for Substance Use Package](#)
[Nexus Dual Diagnosis Advisory Service](#)
[St Vincent's Hospital](#)

Key Directions Policy Framework 2007



Service Development Objectives

1. Screening & Assessment
2. Dual Diagnosis Capability
3. Partnerships & Integration
4. Outcomes measured
5. Consumers & Carer inclusive

Event development and delivery - EMHSCA Implementation

committee members

Moderators – Peter Fairbanks (EDDS) and Bronwyn Williams (EMHSCA)

Webinar delivery – Brad Every (Live Streaming Services)

Executive producers - Eastern Melbourne PHN and Eastern Health



Webpage

<https://www.emphn.org.au/>